

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Community and Inpatient Mental Health Services – Children and Young Adults 0 up to 25 years of age
<b>Commissioner Lead</b>	NHS Birmingham and Solihull CCG
<b>Provider Lead</b>	Birmingham Women’s and Children’s NHS Foundation Trust
<b>Period</b>	October 2015 - September 2020
<b>Date of Review</b>	Annual

### Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>1. Population Needs .....</b>	<b>5</b>
1.1 National context .....	5
1.2 Local context .....	6
1.3 National Trends .....	7
1.4 Local Trends .....	7
<b>2. Outcomes .....</b>	<b>9</b>
<b>Vision for 0-25 Mental Health Services in Birmingham .....</b>	<b>9</b>
2.1 NHS Outcomes Framework Domains & Indicators .....	9
2.2 Local defined outcomes .....	11
Outcomes .....	11
<b>3. Scope .....</b>	<b>19</b>
3.1 Aims and objectives of service .....	19
3.2 Service description/care pathway .....	24
Relationships .....	24
Care Pathway .....	25
3.3 Specialist Cohorts .....	29
Looked after children .....	30
Children at Risk of Sexual Exploitation .....	30
Learning Disability Service Provision .....	30
Substance Misuse Provision .....	31
Deaf or hard of hearing CYA referred to the service .....	31
Offenders .....	32
3.4 Conditions Covered .....	32
3.5 Interventions Offered .....	33

<b>3.6</b>	<b>Population covered</b> .....	<b>33</b>
	<b>Geographic coverage/boundaries</b> .....	<b>33</b>
	<b>Location(s) of Service Delivery</b> .....	<b>33</b>
<b>3.7</b>	<b>Facilities</b> .....	<b>34</b>
<b>3.8</b>	<b>Any acceptance and exclusion criteria and thresholds</b> .....	<b>34</b>
<b>3.9</b>	<b>Interdependence with other services/providers (this is not an exhaustive list)</b> .....	<b>34</b>
<b>3.10</b>	<b>Safeguarding</b> .....	<b>35</b>
4.	Applicable Service Standards .....	35
	<b>4.1 Applicable national standards (eg NICE)</b> .....	<b>35</b>
	<b>4.2 Applicable local standards</b> .....	<b>36</b>
5.	Applicable quality requirements and CQUIN goals .....	37
	<b>5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])</b> .....	<b>37</b>
	<b>5.2 Applicable CQUIN goals (See Schedule 4 Part [E])</b> .....	<b>39</b>
6.	Location of Provider Premises .....	39
7.	Individual Service User Placement .....	39

## Executive Summary

### National and Local Trends

Mental Health is increasingly becoming a priority both nationally and locally. Closing the gap report prioritizes for essential change in mental health published by the Department of Health sets out to challenge health and social care to transform support and care available to adults and children with mental health problems. Parity of Esteem has also become a focus in which mental health should be viewed in a similar light to physical health. Some of the key messages from both these documents encourage

- Person centred services
- Early identification and intervention
- Focus on recovery
- Addressing inequalities in access
- Linking with other services

Birmingham is super diverse city and this has led to some rethinking about how services are delivered, including how to encourage access to those who are at risk of health inequalities especially the most vulnerable. Some of the ways to start to address this are by developing healthy villages, wellbeing hubs and also piloting the Head Start programme funded by Big Lottery programme which aims to build emotional resilience.

There are a plethora of services that are commissioned by the NHS, Birmingham City Council, educational establishments, as well as a range of Third Sector organisations with the primary aim of supporting emotional wellbeing and mental health. However these are disjointed and fragmented. The new 0-25 service aims to address some of the issues identified nationally and locally, with a strong focus on co-production and collaborative working to resolve some of the inequalities that currently exist for those who have emotional wellbeing or mental health concerns.

### National and Local Data

#### *Demography*

- 28.8% of the population of Birmingham is under 20
- 62.9% of school children are from black and minority ethnic groups

#### *Prevention*

- Effective health promotion, prevention and evidence based early intervention for those at risk of emotional and mental health issues which may significantly limit them where with support most of this can be prevented from escalating and becoming serious and complex issues
- Some disorders are persistent and will continue into adulthood if they are not treated effectively

#### *Prevalence*

- 50% of lifetime mental illness begins by 14 years old
- There is an estimated increase between 8-10% for CYP to develop emotional, conduct or hyperkinetic disorder, eating disorder and be diagnosed with autistic spectrum disorder by 2021 locally
- The number of Adults who are suffering from mental health concerns are estimated to increase by 1% per year.

### Vision of the service

Our vision is for a proactive early intervention approach to identifying, supporting and promoting emotional resilience and wellbeing, that leads to a specialist integrated approach when required based on joint thinking, joint working and direct work, supported by evidence and best practice, with a constant emphasis on learning and innovation. We will expect the service to emphasise building the capacity of the front line (ranging from families to recognised services) and delivery of a wide

range of treatment options for those who are experiencing mental health problems. Recognising and working with primary care services will form the basis of therapeutic and recovery options, particularly in the interface between moderate and severe problems. Children, Young People and Young Adults (CYPYA) up to 25 and their families will experience services that engage with them holistically, when they need to be seen, that understand them and which operate within an integrated system of organisations (Community, Third Sector, Private and Public). The service will be solution focused and use interventions that meet the CYPYA needs, it will be a service that works in partnership with the front line and is underpinned with the principles of enablement, empowerment and education ensuring fewer CYPYA will have a need for long term mental health services. The service will understand the risk factors that may lead to potential mental health problems and mitigate against these through effective early intervention.

The service will offer community and inpatient (18+ only) services for 0-25 year olds. It will actively in reach to universal provision and build capacity to reduce mental health concerns escalating.

### Service Outcomes

The new service aims to achieve some key outcomes these include:

- Increased emotional wellbeing
- Improved availability and access to early interventions
- Reduced stigma of mental health through improved knowledge and awareness
- Improved mental health and recovery
- Increased resilience
- Improved physical health
- Improved relationships with service users and partners
- Improved opportunities to enjoy and achieve economic wellbeing

### Research and Evaluation

As we are pioneering a new service and there will be a strong emphasis on research and evaluation. The service provider(s) should be willing to engage in learning together in an open and transparent way with commissioners and evaluators and where possible to link into other research and evaluation and best practice. There is an expectation that service provider(s) understand that the service specification drafted in 2014 is subject to change and will be updated for April 2017 to reflect the learning that we have made across the first 12 months of the service being delivered.

## **1. Population Needs**

### **1.1 National context**

Mental Health Services should be developed and delivered in the context of current national legislation, alongside understanding local need. The CAMHS National Review and the National Proxy Indicators provide a framework for changes to service delivery that have been used to shape this service specification. The National Support Team (CAMHS) recommends the development of a strategic 'whole system' vision for Mental Health and provides a framework for commissioning and planning of all services at every level.

In January 2014, the Department of Health published ***Closing the gap: priorities for essential change in mental health<sup>1</sup>***. This sets out a challenge to the health and social care community to transform the support and care available to adults and children with mental health problems. This document aims to bridge the gap between long term ambition and short term action. It identified 25 areas within mental health care where there is an expectation for them to change over the next couple of years. These changes should be visible and experienced by the patient. Further guidance is expected therefore requirements of the provider for this service are expected to change and become aligned to the short term priority actions set out in this document. The provider will need to understand the priority actions and embed them within the service. Some of the key areas of action include:

- A focus on recovery
- Improving access to services, with an expectation that waiting times are reduced
- Address inequalities in access to, and outcomes from mental health services
- Improve access to psychological therapies for Children, Young People and Young Adults (CYPYA)
- Service users will be given the right to make choices about the mental health care they receive
- Use Friends and Family Test to allow all users of mental health services to comment on their experience
- Carers will be better supported and more closely involved in decisions about mental health service provision
- Contribute to the development a 'crisis care' concordat – services must be able to respond during a crisis rather than retrospectively
- Contribute to the development of support for new mothers (under 25) to minimise risks of post natal depression

The revised SEN code of practice published in January 2015 outlines a requirement for greater access to mental as well as MH services contributing to the development of education healthcare plans as well as identification of health services having a different relationship with schools.

Better managed transitions to adult services

NHS England have written a discussion paper 'A Call to Action: Achieving Parity of Esteem' that recommends that mental health is seen in an equal light to physical health. The service will adopt a similar ethos with an emphasis on striving towards excellence and knowing what good looks like for service users. Some of the key messages include:

- Person centred services
- Early identification
- Improved impact of service/intervention
- Supporting patient voice
- Ensuring links to other services

NHS England are also in the process of developing generic service specifications to which some of the core components of this service will also be updated as and when they are agreed and finalised.

## 1.2 Local context

Birmingham is a super diverse city with over 187 different nationalities living here. Alongside this there are some communities that are stable and others which are more transient. In general, people from black and minority ethnic groups living in the UK are:

- more likely to be diagnosed with mental health problems
- more likely to be diagnosed and admitted to hospital
- more likely to experience a poor outcome from treatment
- more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health (Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))

Emotional Wellbeing and Mental Health is one of the key areas where there is a drive to make improvements to services offered to Children, Young People and Young Adults. Birmingham is currently one of the pilot sites for the 'Head Start' programme which aims to build emotional resilience. There are also other innovative practices within the city to reach out to those who need support e.g. Healthy Villages and the development of the Early Help offer, including family support and safeguarding hubs, young peoples accommodation hub, and Adult MH commissioning is working on developing Wellbeing hubs with the voluntary and universal sectors supplying a range of social support options.

There are a multiplicity of services commissioned by NHS commissioners and these are provided by a range of organisations from NHS providers, Birmingham City Council, Schools and other educational establishments, charitable organisation, third sector, community and private sector that support

emotional wellbeing and mental health. These at times lack integrated working and joined up approaches to support CYPYA. Therefore, this new service will need to promote a joined up approach from all these services. The CAYAMHS service will have a key role in promoting capability and capacity in these services to work in tandem with their specialist services in delivering cohesive packages.

Taking into account the local context it is important that the provider is outward facing, and delivers true partnership working with universal services (tier 1), specialist inpatient care for children services (tier 4) and Adult Mental Health services. Being outward facing the provider will be visible to primary care services, social care, educational establishments, community settings, children's centres, housing, welfare services, employers and any other area/service who may interact as the first point of contact for Children.

Young People and Young Adults (CYPYA). Visibility includes actively identifying existing and new organisations that this service can work with, providing advice, guidance and training to develop emotional wellbeing capacity in front line services and champions to support CYPYA effectively to prevent emotional wellbeing concerns escalating. The service will be flexible in how it offers support and will utilise community assets to enable the best outcomes for CYPYA to be achieved. Where CYPYA under 18 have accessed tier 4 provision the service will proactively work with providers to step them down to access the appropriate services within the community. Equally, it is important that those needing to move into adult services (25+) do so seamlessly enabling continuity of care and reducing duplication of assessments by effective partnership and good practice transition arrangements.

As the service develops additional services may be included as part of the service specification. This will be subject to negotiation with the provider.

### 1.3 National Trends

- Mental disorder starts at an early age and can have lifetime consequences. Opportunities to promote and protect good mental health begin at conception and continue throughout the life-course, from childhood to old age. (10 key messages- Public Health)
- A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by age 14. Fortunately there is a growing evidence-base for a range of interventions which are both clinically and cost effective.
- Referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10. 10 key messages CAMHS)

### 1.4 Local Trends

#### Numbers of Children and Young People in Birmingham

There are a rising number of children and young people (CYP) in Birmingham, and consequently, there will be an increase in the numbers of those who have the potential to develop mental health problems over the lifetime of this service specification.

- There are currently estimated to be 420,938 (2011) people in Birmingham aged 0-25. This is projected to increase by 6% to 445,513 by 2016, and by 8% to 453,373 people by 2021.
- The population growth is projected to be greatest in the age 0-4 and 5-9 age bands; estimated to grow by 12% and 19% respectively by 2021.
- The number of CYP in the age 15-19 age band is projected to decline by 4% over the next 10 years. (Source - ONS PCT population projections 2011)

#### Numbers of Children and Young People with Specific Conditions in Birmingham

This projected increase in CYP in Birmingham will, without taking an early intervention approach result in an increase in the numbers with mental health problems. Estimates of the numbers in the absence of effective early intervention, and the consequent rising demand on Birmingham services, based on published prevalence rates are as follows:

- The number of people aged 5-16 with an emotional, conduct or hyperkinetic disorder is

currently estimated as 19,430, and is projected to increase to 20,936 by 2021 – an increase of 8%.

- The number of people aged 5-16 with depression is currently estimated as 1,495 and is projected to increase to 1,552 by 2021 – an increase of 4%.
- The number of people aged 5-16 with an eating disorder is 630 and is projected to increase to 688 by 2021 – an increase of 9%.
- The number of people aged 5-16 with an Autistic Spectrum Disorder (ASD) is currently estimated as 1,580 and is projected to increase to 1,741 in 2021 – an increase of 10%. *(Estimated using published prevalence rates from Mental Health of Children and Young People in Great Britain (ONS/DH/Scottish Executive, 2004)*
- The number of people age 5-19 with learning disabilities in Birmingham is expected to increase by 11% from the 2012 ONS estimate of 4,500, to 4,995 by 2021. Of these, around 40% would be expected to also have mental health problems.
- *(Estimated using Office for National Statistics mid-year population estimates for 2012. Emerson E. at al (2004))*
- The number of people with a diagnosis of probable psychosis aged 16-25 in Birmingham is projected to increase from 615 people currently to 635 people by 2021 – an increase of 3%.
- *(Source: APMS 2007)*
- Approximately 45% of Looked After Children in the UK have a diagnosable disorder and that up to 70-80% have a recognizable problems *(EP22 – LAC 12.2b The Mental Health of looked after children under 5 years – NICE)*
- It has been reported that between 16% and over 30% of very young looked after children show clear signs of mental health problems, emotional distress and behavioural problems *(EP22 – LAC 12.2b The Mental Health of looked after children under 5 years – NICE)*
- Approximately 3,000 under 5's in the UK will have mental health difficulties *(EP22 – LAC 12.2b The Mental Health of looked after children under 5 years – NICE)*

#### Adults with Mental Health Disorders in Birmingham

The 2011 Birmingham Joint Strategic Needs Assessment for Mental Health (JSNA) incorporates the following estimates of the adult mental health needs and prevalence across the city:

- Estimates in the JSNA show that one in five people in Birmingham aged 18-64 are likely to experience mental health problems. The analysis in the document shows this would equate to around 140,000 adults.
- On average 4,000 18 to 35 year olds per year accessed mental health services in Birmingham<sup>2</sup> between April 2008 and March 2011 (The NHS information Centre for Health and Social Care)
- There were around 91,500 adults (18-64) on the GP Quality and Outcome Framework Registers in Birmingham who were recorded as having mental health problems, which equated to around 14% of the adult population of the city.
- Data collection showed that 26% of people with mental health problems had access to services across Specialist Mental Health Services and Birmingham City Council Adults and Communities (A&C).
- Using national Institute of Public Care estimates, the adult population with common mental health conditions would be expected to increase by 1% every 5 years, implying an increase of 3,000 more people between 2011 and 2015 in need of care. However, incorporating local knowledge, the JSNA reported an expected increase of 4,400 for Birmingham.
- Compared with other core cities Birmingham had the highest number of people with mental health problems, but did not have the highest prevalence in the population, according to Quality and Outcome Framework (QOF) statistics. In 2009/10 Birmingham had 8.0% of its population (91,467) on primary care QOF mental health registers, whilst Manchester had 10.0% and England overall had 9.3%.
- The JSNA reports that when compared to the whole population, those aged 18 to 29 and those Black and Minority Ethnic (BME) communities appear to be less represented in



services, than would be expected. (Source - 2011 Birmingham Joint Strategic Needs Assessment for Mental Health)

## 2. Outcomes

### Vision for 0-25 Mental Health Services in Birmingham

Our vision is for a proactive early intervention approach to identifying, supporting and promoting emotional resilience and wellbeing, that leads to a specialist integrated approach when required based on joint thinking, joint working and direct work, supported by evidence and best practice, with a constant emphasis on learning and innovation. We will expect the service to emphasise building the capacity of the front line (ranging from families to recognised services) and delivery of a wide range of treatment options for those who are experiencing mental health problems. Recognising and working with primary care services will form the basis of therapeutic and recovery options, particularly in the interface between moderate and severe problems. Children, Young People and Young Adults (CYPYA) up to 25 and their families will experience services that engage with them holistically, when they need to be seen, that understand them and which operate within an integrated system of organisations (Community, Third Sector, Private and Public). The service will be solution focused and use interventions that meet the CYPYA needs, it will be a service that works in partnership with the front line and is underpinned with the principles of enablement, empowerment and education ensuring fewer CYPYA will have a need for long term mental health services. The service will understand the risk factors that may lead to potential mental health problems and mitigate against these through effective early intervention.

The service will offer community and inpatient (18+ only) services for 0-25 year olds. It will actively in reach to universal provision and build capacity to reduce mental health concerns escalating.

To achieve our vision there will need to be co-production at every level, from commissioning, service development, performance management and evaluation and review. In addition it will be predicated upon a coherent commitment to the effective management of an equal partnership approach with the contributing resources within the whole system. The service will understand how the various agencies interact and engage to support emotional wellbeing and mental health for CYPYA in Birmingham. There will be an expectation that the service will support a more community/consultation model for specialist Mental Health provision.

#### 2.1 NHS Outcomes Framework Domains & Indicators

The 2010 White Paper: Liberating the NHS<sup>3</sup> outlined the Government's intention to shift the NHS from a focus on process targets to a focus on measuring health outcomes, with the first version of the NHS Outcomes Framework being published in December 2010. The indicators in the NHS Outcomes Framework are grouped around five domains (see table 1), setting out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there is a small number of overarching indicators followed by a number of improvement areas. These improvement areas include both sub-indicators (for outcomes already covered by the overarching indicators but meriting independent emphasis), and complementary indicators (extending the coverage of the domain).

The Clinical Commissioning Group (CCG) Outcomes Indicator Set<sup>4</sup> (formerly the 'Commissioning Outcomes Framework') has been published to support and enable CCGs and their health and wellbeing partners to plan for health improvement and service quality. The CCG outcomes indicators have been selected on the basis that they help to contribute to better outcomes across the five domains of the NHS Outcomes. These are outlined in Table 1.

A number of the CCG Outcome Indicators are applicable both to the cohort of children and young people traditionally served by CAMHS, and also young adults aged up to 25 years in need of mental health services. Many of these indicators are still in development and are without national targets. It will be expected that the provider would work with the independent evaluators and the CCG to develop the reporting of these in line or ahead of national requirements.



Domain	CCG Outcome Indicators applicable to Children and Young People and Young Adults
<b>Domain 1: Preventing people from dying Prematurely</b>	<ul style="list-style-type: none"> <li>• C1.12 People with severe mental illness who have received a list of physical checks</li> <li>• C1.13 Reducing deaths in babies and young children</li> <li>• C1.23 Reducing premature death in people with severe mental illness</li> </ul>
<b>Domain 2: Enhancing quality of life for people with mental illness</b>	<ul style="list-style-type: none"> <li>• C2.1 Enhancing quality of life for people with long term conditions</li> <li>• C2.9 Increasing access to community mental health services for people from BME groups</li> <li>• C2.10 Increasing access to psychological therapy services for people from BME groups</li> <li>• C2.11 Increasing recovery following talking therapies for people of all ages</li> <li>• C2.15 Increasing the quality of life for carers</li> <li>• C2.16 Increasing the quality of life for people with a long-term mental health condition</li> </ul>
<b>Domain 3: Helping people to recover from ill health or following injury</b>	<ul style="list-style-type: none"> <li>• C3.14 Improving recovery from mental health conditions</li> <li>• C3.16 Improving recovery from Mental health readmissions within 30 days of discharge (<i>Definition specifies adults</i>)</li> <li>• C3.17 Reducing the Proportion of adults in contact with secondary mental health services in paid employment</li> </ul>
<b>Domain 4: Ensuring that people have a positive experience of care</b>	<ul style="list-style-type: none"> <li>• C4.1 Improving peoples experience of services</li> <li>• C4.2 Improving service users experience of hospital</li> <li>• C4.3 Improving family, friends and wider professionals experiences of services</li> <li>• C4.4. Improving services users experience of outpatient services</li> <li>• C4.5. Improving responsiveness to personal needs</li> <li>• C4.8 Improving experience of healthcare for people with mental illness</li> </ul>
<b>Domain 5: Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<ul style="list-style-type: none"> <li>• C5.1 Improved readiness to report harm and learn from</li> </ul>

Table 1: CCG Outcomes Indicators mapped against NHS Outcomes Framework applicable to all children and young people and young adults using mental health services

## 2.2 Local defined outcomes

We expect to implement a payment by outcomes model where a significant proportion of payment will be based on outcome achievement and service user feedback. This will not be fully implemented in the first year until robust data collection has been established, and it will need to take account of the national payment framework currently being developed as part of the Closing the Gap 25 action areas.

The following table outlines a number of potential indicators that we are considering and will be

developed further through the independent evaluation process. These will aid the evaluation of the service in the first year and may well reduce thereafter.

### Outcomes

As the service will be outcome focused it is imperative that a grounded baseline of service activity is established. This will be completed within the first year of operation and will encompass a research and development approach please see below:-

See contract schedules for KPI's, information requirements, CQUIN's and service outcomes

#### *Research, Evaluation and Service Development*

As this is a new approach extending service provision into adulthood it is vital that we evaluate how services are developing. It will be imperative that the provider is willing to be part of independent action research and understand that the service will evolve over the first year of the contract. Learning and development will be integral to the service, the provider will need to be flexible and reflective. A mutual relationship of trust between commissioner and provider must be established whereby transparency and leadership is essential that foster the development of an excellent service for CYPYA. There will be key service components that may include:

- Work with the West Midlands CLARHC to further knowledge, expertise and good practice for current and future generations of CYPYA experiencing mental health issues.
- Participation in independent action research commissioned by the CCG's that will evaluate the process and outcomes achieved for CYPYA over the first year of implementation to inform the first year review of the service specification and inform the development of the second year service specification.
- Keep abreast of new evidence based approaches as well as new ways of working with CYPYA to improve mental health and emotional wellbeing.
- Actively engage with an external evaluation of the service to learn lessons and revise service approaches as agreed with commissioners.

This service specification is intended to encourage and incentivise providers to innovate and be creative in terms of the provision of services for 0-25 year olds. Commissioners have focused on outcomes in order to allow providers to develop their expertise when thinking about how they can meet the needs of children and young adults with mental health concerns. It is intended to represent a bio-psychosocial/psycho-educational model of care, support and treatment

## 3. Scope

### 3.1 Aims and objectives of service

#### Aim

The overall aims of the service is to:

- Promote emotional resilience that increases the likelihood of social inclusion and opportunities to gain employment/education and training by 25
- *Offer a service that recognises and addresses the stigma associated with mental illness*
- Offer support as locally as possible, imaginative in venues and methods of engaging with service users
- Promote and facilitate targeted and opportunistic early intervention at the vulnerable stages in development ,through integration and collaborative multi-disciplinary working
- Have clear access and exit points to the services but also proactively linking to other services available to support CYPYA
- Ensure effective transition processes that do not allow YPYA to get 'lost' in the system at a time that is appropriate for the young person and that encourages continuity of care
- Promote recovery that is personalised and meaningful to the individual
- Ensure that all children and young people with mental health issues have every opportunity

access and/or continue in education, training and employment so they have a life that is not defined or limited unnecessarily by their condition.

- Flexible service that meets the needs of the CYPYA holistically
- To ensure marginalised groups including looked after children are enabled to remain in their placements through support to children, young people and their carers.

### Objective(S)

To provide a robust integrated MH Services for 0-25 year olds which includes:

- Commissioning of third sector provision to provide some elements of targeted services
- In –reach into Early Help/Primary care services (Universal Interventions and Primary Mental Health)
- Targeted care provision to include assessment, and brief interventions
- Early years interventions
- Specialist care provision for complex case management
- 24/7 Home Treatment service
- In and Out of hours Crisis Resolution service
- In and Out of hours Emergency Psychiatric assessment service
- Place of Safety Sec 136 suite for 0 – 18 year olds.
- Bespoke Early Intervention team for Psychosis
- Co Morbid presentations, where Mental Health is the primary condition for those with:
  - Child in Care
  - Learning Disability
  - Substance Misuse
  - Youth Offenders

*NB: the provision should outline clear streams of care appropriate to age, development and presentation / diagnosis*

- To provide inpatient beds capacity for 18 to 25 year olds
- To provide information and support to parents and carers where a Child or Young Adult is recipient of the service

A Values Based Service (taken from – A Diagnostic Framework for CCGs commissioning Community Mental Health Services, Oct. 2013) proposes delivering good health care is a collaborative process between individuals, communities and health providers. Common values and principles across all partners will lead to greater success in achieving the aims of these services. The Joint Commissioning Panel for mental health propose a number which this service will be guided by. These are:

- User-centred
- Equitable
- Non-discriminatory
- Capable
- Multidisciplinary
- Available and making use of evidenced-based interventions
- Outcome focused
- Recovery-focused
- Based on user involvement and that of their support network, including carers

Also we expect the service:

- To treat children, young people and their carers with respect & dignity, ensuring they are appropriately safeguarded in line with the expectations of Birmingham Safeguarding Children's Board, and are enabled to contribute to planning their care, enabling choice and care that is personalised wherever possible
- To empower CYPYA by informing and explaining to them what their mental health issue

is(are) and to develop the necessary skills to deal with some of the symptoms

#### Integration and Partnership working

- To work closely with and enable universal services to manage early presentations of emotional distress in order to support demand management for specialist services.
- To ensure that protocols for engagement/referral, early intervention and support are agreed between all agencies.
- To ensure that the needs of children and young adults with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach
- To reduce admissions to inpatient care through ensuring that appropriate community services are available closer to or in home.
- To ensure that when children and young adults are discharged from in-patient services into their community, they have seamless access into community services when necessary.
- To ensure that Home Treatment/Crisis Resolution service have established relationships and protocols to ensure effective bed management with inpatient arrangements and providers.
- To attend respective panels that meet to determine mental health packages of care

#### Staffing

- To provide high quality, comprehensive, multi-disciplinary, and multi-modal targeted and specialist mental health provision to the children, young adults and families in Birmingham
- To ensure that all staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families, and to identify early indicators of difficulty
- To ensure that specialist mental health professionals provide a balance of direct and indirect services
- To ensure that arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively
- To be willing and open in thought and action to cross professional boundaries and act and collaborate beyond specialisms to solve problems together and achieve the right outcomes for people (rather than passing people around the system).
- The provider will at the commissioners request provide detailed workforce information such as numbers of staff, qualifications and employment/pension status as part of quality assurance and re-procurement requirements
- Some additional skills that staff may need include:
  - Knowledge and awareness of post-traumatic stress
  - Knowledge and awareness of risk of sexual exploitation
  - Knowledge and awareness of parental support
  - Knowledge and awareness of physical and emotional trauma
  - Rehabilitative and therapeutic approaches

#### Capacity Building

- To oversee the development of post treatment support groups
- To oversee the development and facilitation of peer support groups within universal settings (where appropriate)
- To provide training, develop resources and facilitate sessions for frontline practitioners from multi disciplines to become mental health champions including reflective practice workshops and follow up of implementation of training
- To develop a toolkit for users and families that support mental health resilience
- Psychological informed environments
- To provide a number of online support services to enable self help

#### Access

- To provide a seamless access via frontline staff/services through supervision and support, co-working and additionally specialist interventions engaging front line workers in these interventions where possible.
- To co-locate services where possible, this can be within the community and/or across primary care settings to enable swift easy access, where the experience of mental health services is the same as access as physical health
- To provide drop in sessions supported by appropriately skilled staff at appropriate locations such as children's centres, primary care facilities and schools
- To develop and offer services in local settings where children, young people have the choice of where they want to access services that is flexible about where service users and their families are seen
- To support patients to access services through signposting to wrap around services that will facilitate CYPYA to attend appointments including and not exclusive to services such as:
- Crèche facilities
- To provide a range of mediums to access and use/support services whether this is online, app based and or face to face based on the needs and wants of the CYPYA accessing it
- To ensure that children and young adults are able to receive urgent mental health care when required, in a timely manner and at an age appropriate location
- To develop a transparent pathway into and out of specialist and targeted services that has knowledge of alternative provision available to support emotional wellbeing and mental health
- To meet the waiting times and access standards for Early Intervention into Psychosis and Eating Disorders and any other standard that is introduced during the contract

#### Supporting Families

- To ensure that the mental health needs of the family unit are assessed and appropriately signposted for support
- To ensure that where both parent(s) and child(ren) are accessing services from a number of different agencies – joined up approaches where possible are used to support the family to stay together
- To ensure that the under 25 year old parents of service users who have a diagnosed mental health problem are in receipt of appropriate support and treatment and that parents with such issues over 25 are encouraged to engage with appropriate services
- To ensure that families are communicated with, enabling them to build resilience by understanding:
- the process i.e. navigating through the system, accountability of the service and managing expectations,
- what the mental health problems are
- and how they can support their child
- To offer parenting programmes that support the family to manage behaviours
- To develop relationships that foster trust with parents/carers
- To adopt a whole family approach when assessing family and social factors – where there are risky adults and or those presenting with mental health issues these will be referred to appropriate services in a timely manner

#### 0 – 5 year olds

- To support parents where there are attachment concerns, or who fall into a category of high risk for the development of such problems
- To support young parents (under 25) who have suffered from post natal depression
- To work closely with specialist services who are supporting expectant and perinatal mothers (under 25) to access services

#### Transition

- To support transition to adult services where appropriate and if not to ensure that the young

adult has the tools/resources to help themselves and reduce the likelihood of them experiencing a crisis or need of adult mental health services

- To ensure that when young adults are transferred to adult community services, their continuity of care is secured, by application of appropriate community transition protocols
- To develop transitions process that include handover where possible joint clinics with both 0-25 service provider and AMHS provider
- To develop appropriate internal transition differentiation as clinically appropriate within the service to ensure that CYPYA receive appropriate services that meet their neurodevelopmental and maturity levels

#### Young Adults (under 18-25)

- To provide and or source Inpatient beds for acute, psychiatric intensive care (PICU) and rehabilitation needs as appropriate and required

#### Specialist Groups

- To ensure that children and young adults with a learning disability whose primary difficulty is a mental health disorder have access to appropriate specialist mental health clinicians
- To ensure that children and young adults within Youth Offending Services receive direct access to a comprehensive range of mental health services appropriate to their needs.
- To ensure that children and young adults who have mental health difficulties due to substance misuse receive direct access to a specialist mental health team
- To provide services for Children who are Looked After as well as supporting social care to support children to remain where possible within their placements (within Birmingham and 30 miles of the Birmingham boundary). Should the Child or Young Person be placed outside of the 30 mile boundary responsible commissioner guidance will be implemented
- To support other front line staff for specialist groups that may have an increased likelihood of developing a mental health issue such as: those with hearing impairments, physical disabilities children at risk of sexual exploitation, homeless young people/adults, LGBT etc. to provide early support and where necessary offer specialist input.

#### Data and Sharing Information

- To ensure clear and robust workable information sharing protocols are in place that link across services/organisation boundaries
- To identify ways that will reduce the number of times that a patient needs to 'tell their story'
- To ensure the collection of appropriate data to inform case planning, evidence performance and support future commissioning
- With appropriate permissions, staff make contact with all other relevant agencies to assess, plan and deliver a coordinated care package for the whole family, for example through use of a fCAF
- To ensure that the 'Triangle of Care' best practice guide is used as part of the service planning and delivery
- To provide any information (patient level) related to any sub-contracting that is commissioned as part of this service specification/contract
- To support the Education and Healthcare Planning Process meeting the timelines stipulated as part of the SEND agenda

#### Birmingham Transformation Plans

- To support and be engaged in the strategic and operational development and revision of Transformation Plans for Birmingham
- To work alongside commissioners and local partners to develop an integrated pathway of services that increases access to emotional wellbeing and mental health services
- To develop a bespoke service for Community Eating Disorders that has an ethos of prevention, early intervention and specialist interventions that reduce inpatient admissions and meets the waiting time and access criteria
- To provide dedicated workforce of 5 full time equivalent Primary Mental Health Workers that



is aligned to Birmingham Education Partnership or strategic lead for Education in schools to roll out Headstart Programme and or other initiatives should Headstart be unsuccessful

- To develop a bespoke team that supports:
  - Care Treatment Reviews (pre and post)
  - Birmingham Complex Care Panel
  - Education Healthcare Planning Process

#### Other

- To sign up to and adhere to the Birmingham Local Authority Business Charter
- Support the development of philanthropic relationships with local and national organisations that contribute and improve service delivery across emotional wellbeing and mental health services for the diverse communities within Birmingham
- To work alongside the Primary Care Mental Health model for over 25's – this is in development and will inform future working together

### **3.2 Service description/care pathway**

As this is a new service that is adopting an integrated approach to service delivery it is essential to develop good relationships with partners, service users, families and commissioners in order to achieve the desired outcomes outlined above.

#### Relationships

##### With Service Users

The provider must develop provision to fit around the needs of the individual considering them holistically taking into account their family, social relationships, education, employment and environment. Developing effective relationships that enable CYPYA to use resources that alleviate their mental health concerns. No Health Without Mental Health promotes service user control and involvement in treatment: “putting individuals at the heart of services is a key driver of the Government’s Equity and Excellence: Liberating the NHS reforms. This means that people can, as far as possible, control and manage their own support so that it matches their needs and aspirations. People feel they are respected as equal partners, and know what choices are available to them and who to contact when they need help”

“The aspects of care correlating most closely with good patient experience are relational. Patients want to be listened to with genuineness to have clear explanations from professionals, to have their questions answered, to share in decisions (positive regard), and to be treated with empathy and compassion”(Crossing Boundaries 2013)

Therefore it is essential that the service strives to develop effective relationships with the service users. Where evaluations of services are completed for everyone who is offered the service. Evaluation extends beyond the patient and also includes families and frontline practitioner that are supporting the CYPYA.

##### With Other Providers

“Relationships are the way in which integration occurs, not elaborate models or new ways of working. Focusing on allowing people in teams to build relationships would go a long way to enabling integration.” (Crossing Boundaries 2013)

It is essential that positive relationships are formed across the system providing emotional wellbeing and mental health services. The service will establish links within communities alerting them to services offered and building capacity within the community to support prevention and early intervention. The service will understand the assets and limitations and culture that are intrinsic to each provider. There will be a ‘team approach’ across organisations to ensure that positive outcomes are achieved for CYPYA and their families.

##### Commissioners and Evaluators.



Children And Young Adults Mental Health Service

Where outcomes described in this specification do not have baseline indicators, these will be developed in collaboration between independent evaluators, service provider(s), users, commissioners and an expert reference panel. There will be an action learning/service development approach that will be developed over Year 1 that will establish a baseline of outcomes and outputs. This approach will help to further develop the blueprint for the service through co-production and mitigate against any undesired and unintended consequences. This will be used to evaluate the service at year 1 and set outcomes and inputs, process and service user targets from 2017 onwards. The service will have the flexibility to support children, young people and young adults ensuring that their needs are met in the right types of environments to support their age/neurodevelopment and maturity needs.

Community and Inpatient Mental Health Services – Children and Young Adults 0 up to 25 years of age service will provide a range of services through ‘Streams of Care’ at Targeted and Specialist levels of Care. These streams of care do not need to be provided by one provider, however, the contracted provider will ensure that the patient does not experience any disjointed services nor should they receive any reduction in quality of provision. The pathway should function as an integrated element of wider multi-agency provision which promotes emotional wellbeing and mental health of children and young adults in Birmingham.

Levels of Care



Care Pathway

**Universal (Tier 1)/ Level 1 (Universal) and 2 (Universal Plus Partnership) :** Whilst direct service delivery is **not** the responsibility of this service, the service must evidence its partnership, interaction and support of, and with, universal, early help and emotional well-being services. In particular is the need to engage with GPs, schools, school nurses, colleges, Higher Education, third sector agencies and Birmingham City Council’s commissioned and provider services.

There is an expectation that by supporting Universal services this will reduce the demand on Targeted and Specialist provision through increasing capacity to solve low level emotional wellbeing concerns and potentially halting the trajectory and onset of mental health issues.

Targeted Services (Tier 2/ Level 3 – Brief Interventions)	
Assessment & brief interventions offering short term intervention and stabilisation and resolution of a range of Mental Health issues	
Sub Component	Key Elements
Referral	<ul style="list-style-type: none"> <li>•Open proactive engagement and referral system available to children, young adults, parents/carers and the range of staff working</li> <li>• Access to specialist (tier 3) intervention will follow the framework / model approach and after targeted provision is insufficient or has been unsuccessful.</li> <li>• Where CYPYA are known to the services a new referral does not need to be generated but CYPYA have direct access to aid step up/down process unless discharged from service.</li> </ul>

## Children And Young Adults Mental Health Service

Initial response	<ul style="list-style-type: none"> <li>•Initial screening to check for current/previous involvement of other key agencies (for e.g. pre CAF).</li> <li>•Threshold/pathway decision within 7 working days.</li> <li>•Feedback to family and referrer including explanation why a service has or has not been offered within: 7 working days of the decision being made</li> <li>•Provision of information to the CYA or family regarding the assessment framework/ model.</li> <li>•Where services are not appropriate effective referral and signposting onto alternative provision will be completed</li> </ul>
Assessment and Early Intervention	<ul style="list-style-type: none"> <li>•Take a systemic and socially inclusive approach to assessments.</li> <li>•Use of assessment framework/ model (e.g. CAPA/CPA) to assess need and clarify with CYP/family their hopes for change.</li> <li>•Where appropriate and agreed, provide structured, brief Partnership and evidence based interventions.</li> <li>•Where appropriate provide individual guided self help</li> <li>•Use clinically validated, assessment and outcome tools (e.g. SDQ, HoNOS, CHIESQ).</li> <li>•Develop good working relationships with other professional / agencies to ensure appropriate information-sharing and joint assessment.</li> <li>•Where appropriate to support family intervention programmes including an not exclusively to Think Family, Children at risk of Sexual Exploitation and other Parenting Programmes</li> </ul>
Review and discharge	<ul style="list-style-type: none"> <li>• Assess effectiveness of interventions using appropriate clinical and qualitative measures, evidencing outcomes and service users/ parent/carer satisfaction where possible using evidence based evaluation tools</li> <li>• Onward referral to appropriate agencies as required – step down to universal or step up into tier 3 services</li> <li>• Where possible support services who are working with CYPYA to provide interventions through consultation, advice, guidance and or tools/resources that have an evidence base that support recovery</li> <li>• Provide consultation to other services to reduce the need for CYPYA to access targeted and specialists services</li> <li>• To develop and deliver: training, resources and tools to help universal services as well as parents/carers/families and CYPYA</li> </ul>
Specialist (Tier 3) – Level 4 Complex Complex Case Management, Ongoing treatment and management of long term Mental Health conditions.	
Sub-Component	Key Elements
Referral	<ul style="list-style-type: none"> <li>• Following assessment from a specialist worker the service will accept appropriate routine referrals from either Targeted services (tier 2) or directly for Condition specific Specialist services (tier 3) e.g. early interventions for Psychosis from a range of professionals within agreed office hours.</li> <li>• The services will take referrals via the point of access.</li> </ul>
Initial response	<ul style="list-style-type: none"> <li>• Threshold/pathway decision for a further intervention will be made by competent assessors with reference to a multi-disciplinary team.</li> <li>• Threshold/pathway decision will be made within 7working days.</li> <li>• Feedback to family and referrer including explanation why a service has or has not been offered within 7working days of the decision being made</li> <li>• Provision of information the CYA or family regarding the assessment framework/ model.</li> </ul>
Further intervention	<ul style="list-style-type: none"> <li>• Ongoing targeted and time limited work which manages a range of complex disorders within a multi-agency approach aimed at reducing illness and moving the CYP to lower level interventions.</li> <li>• To be provided by suitable skill mix including nursing, medical, psychology or psychological therapy practitioners using interventions</li> </ul>

	approved by the professional practice team following NICE guidelines.
Review and Discharge	<ul style="list-style-type: none"> <li>Assess effectiveness of interventions using clinically appropriate measures to inform either discharge from service, transfer to universal (tier 1), targeted (tier 2) provision or maintenance of specialist provision (tier 3). This will be informed by regular (maximum 6 months) reviews which will be undertaken to assess the effect of interventions and determine with the CYP and family the next phase of work.</li> </ul>
Specialist/Tier 3.5: - Level 5 Intensive	
Home Treatment: To be available 24/7 to known clients of the service. Home Treatment should be seen as an alternative to inpatient admission where appropriate.	
Crisis Resolution / Out of Hours Psychiatry support: To provide an emergency response service for children and young adults who present a significant risk to themselves or others. This may be via presentation at A&E, POS, or escalation within services.	
Sub Component	Key Elements
Referral	<ul style="list-style-type: none"> <li>Home Treatment routine referrals from a range of professionals will be accepted within agreed office hours.</li> <li>Crisis Resolution, emergency referrals are to be accepted from RAID / Emergency Duty Teams and other emergency services..</li> <li>Crisis Resolution services will support services users into Home Treatment if appropriate.</li> </ul>
Initial response	<ul style="list-style-type: none"> <li>Decision for any further intervention will be made by competent assessors with reference to the multi-disciplinary team.</li> <li>Home treatment is to undertake a gatekeeping function of the requirement for inpatient admission. Where appropriate presentations should be managed within the home.</li> <li>When admission is required, Home Treatment services are to ensure effective processes are implemented to retain oversight of the service users throughout the admissions and to facilitate early discharge.</li> </ul>
Further intervention	<ul style="list-style-type: none"> <li>To respond with 4 hours of notification of a patient in A and E, PDU</li> <li>Home Treatment intervention must compliment the service users wider community provision to ensure continuity of care planning and discharge planning.</li> <li>To be provided by suitable skill mix including nursing, medical, psychology or psychological therapy practitioners using interventions approved by the professional practice team following NICE</li> </ul>
Review and Discharge	<ul style="list-style-type: none"> <li>Facilitate timeliness of discharge at earliest point possible and secure care plan objectives for onward care.</li> <li>Assess effectiveness of interventions using clinically appropriate measures to inform either discharge from service, transfer to universal (tier 1), targeted (tier 2) provision or maintenance of specialist provision (tier 3)</li> </ul>
Specialist (Tiers 4) – Level 6 Inpatients	
This is a range of hospital admission facilities for 18 to 25 year olds. It should include the ability to manage acute and ongoing psychiatric conditions. The service will meet all statutory regulatory requirements.	
Sub-Component	Key Elements

Referral	<ul style="list-style-type: none"> <li>•Acute PICU admission via Home Treatment gatekeeping role for 18+</li> <li>•Transition from NHS England at 18th birthday</li> <li>•Rehabilitation requirements via referrals from acute facilities</li> </ul>
Initial response	<ul style="list-style-type: none"> <li>•Bed management facility to identify a suitable bed</li> <li>•Rehabilitation beds – assessment and response from individual provider</li> <li>•Availability of Psychiatric Intensive Care Units (PICU)</li> </ul>
Further intervention	<ul style="list-style-type: none"> <li>• Specialist Personality Disorder (DBT units)(via Adult Joint Commissioning Team)</li> <li>• Eating Disorders – via NHS England</li> </ul> <p>Via weekly ward rounds using family Common Assessment</p>
Review and Discharge	<ul style="list-style-type: none"> <li>• Framework and CPA will involve home treatment and other community clinicians as required and will seek earliest possible discharge to community</li> <li>• Home Treatment will support early discharge and resettlement into the community following a hospital episode. All efforts will be made for the patient to be placed in the least restrictive environment possible</li> </ul>

### Specialist Cohorts

Birmingham is a super diverse city with a fluid population living within the city. The service needs to be responsive to this and ensure that it is able to support all. It needs to consider the cultural diversity as well as the range of ethnicities within the city. The service needs to consider how it will:

- Encourage access by those who are underrepresented in Child and Young People Services but over represented in Adult Mental Health Services
- Support those who have English as a second language or minimal English comprehension
- Reduce the stigma associated with mental health especially from communities that have been affected by war crimes
- Build community capacity to support those who have a mental health concern but choose not to engage in services

There are other groups that the service will need to consider how it supports them this list is not exhaustive :

- Support those who have communication difficulties, directly or by referrals/signposting, including Those who have a hearing impairment
- Speech and language difficulties
- Have physical disabilities
- Have life limiting illnesses

The specialist cohorts identified in this section are will be eligible to access the 0 to 25 service however, they may be known to specialist services where they are already engaged and it may be more appropriate for them to access services there e.g. such as LD services for Adults in Birmingham Community Healthcare who support adults to access to mainstream services). Where such a service is not available Forward Thinking Birmingham should support these patients and where necessary provide/commission additional support to enable them to access services Should need arise and the staff skills within some of these specialist cohorts are not available then the CYPYA should be offered a service within the mainstream CYPYA mental health service

### Looked after children

The interaction with Birmingham City Councils 'Therapeutic Emotional Support Service' (TESS) is paramount to ensure the continuity of support to 'Looked after Children' (LAC). This service will see all LAC who meet service criteria. It is essential that for LAC that the service works collaboratively to support a Looked After Children has complex needs and in need of specialist support the service will support. This will ensure there is no gap in provision for this vulnerable cohort of CYP.

**Planning**

- To work in accordance with the Who Pays : Responsible Commissioners guidance for local mental health provision use and recharges in respect of the originating CCG.
- The Service will coordinate/identify a local RC under the RCG guidance. Liaise with identified placement and review the proposed therapeutic intervention via BCCP or LAC clinical lead in order to ensure it is appropriate and delivering effective interventions.
- Work closely with 16+ Care Leavers mental Health Service commissioned by the Local Authority
- Some children and young people who are LAC also have additional needs as described in the specialist groups below. The service will work alongside Birmingham City Council Social Care to support the repatriation of CYP who have been admitted to inpatient care and secure accommodation.
- Complete mental health assessments required for placement of LAC
- Ensure that necessary documentation is completed to ensure that there is no delay in placements

**Children at Risk of Sexual Exploitation**

There is increased awareness of children and young people at risk of sexual exploitation. The Local Authority will be commissioning additional children's home places locally to reduce the number of children placed at a distance from the local authority.

- To support the multi-agency child sexual exploitation team
- To support children and young adults who have or at risk of sexual exploitation
- To link with the Child sexual exploitation team

**Learning Disability Service Provision**

To be made available to children and young adults (0-25 years old) with a Primary Mental Health problem who also have learning disability that meet the service threshold for intervention. The provision should be provided alongside mainstream mental health services but make reasonable adjustments to enable access and effective treatment. Staff who are allocated to support patients with a learning disability must:

- Understand the needs of children and young adults with a learning disability
- Understand the complexities of those with co-morbidities
- Use the appropriate tools and adapted interventions to support recovery
- Work in conjunction with special and other schools and colleges where such CAYP receive their education
- To support the operational and strategic actions outlined as part of the transforming care programme

**Substance Misuse Provision**

To provide a dedicated team of professionals to work with the under 18 substance misuse service to assess and treat service users with co morbid / dual diagnosis of Substance Misuse. The service provider must:

- Provide dedicated staff support who will be embedded within YP Substance Misuse Services
- Offer direct work/interventions with CYP up to the age of 18 including and not restrictive to
  - Assessment and diagnosis of mental health issues including detection and early identification
  - Substitute prescribing
  - Prescribing for complex mental health problems
  - Blood born virus testing
  - Person centred therapeutic harm reduction intervention including Cognitive Behavioural therapy, Motivational Interviewing, Education, Relapse Prevention

- Co work with other organisations to ensure seamless holistic person centred services are provided to CYPF who have complex mental health and substance misuse problems, including signposting, referring etc.
- Support to agencies/families who work with CYP with substance misuse issues include and not restricted to:
  - consultation with agencies/families that have CYP with SM problems
  - Providing interventions and solutions to families with a CYP with complex mental health and substance misuse concerns
  - Work in an integrated way with Lifeline and other treatment providers for case discussion
  - To work alongside key partners (YOS, Schools, Colleges, Training Providers, Housing, Youth Services etc.)
- For over 18 year olds a similar approach will be undertaken wherever possible.
  - The provision of this element of the service will be ring fenced to an agreed amount agreed between the CCG's and the Local Authority commissioners. The new service will agree with the substance misuse service working arrangements.

#### **Deaf or hard of hearing CYA referred to the service**

The provider will ensure that the appropriate communication tools are available to support children and young people under 18 who are deaf or have a hearing impairment. The service will provide a mental health service and:

- Use tools that meet the CYPYA communication needs including:
  - Sign language
  - ICT or any other medium

#### Young Adults

NHS England commissions specialist in and outpatient mental health services for adults 18 and over. The service must ensure that:

- Effective handover/transition into specialist commissioned services provided by NHS England

#### **Offenders**

##### Young Offenders

There is an embedded model of staff dedicated to area based Youth Offending Services provided by Birmingham City Council. The service will provide a multi-disciplinary skill mix of staff including those who can:

- Offer advice and mental health assessments
- Provide therapeutic interventions
- Complete non direct work including an not exclusive to:
  - Consultation
  - Risk assessments
- To actively identify CYP who are at risk of Emotional Wellbeing and Mental Health concerns
- To support parents/carers and families by delivering:
  - Parenting programmes
  - Group work
  - 1 to 1 and complex family work

##### Young Adult Offenders

Diversion system – anyone who is detained because of criminal activity has the opportunity to be assessed for mental health. This is completed by the DAPA team who are commissioned by NHS England. Following the outcomes of the DAPA should a Young Adult be identified as having a mental



health concern the service will support. This will include working collaboratively with other providers who are supporting the Young Adult.

The provision of this element of the service will be ring fenced to an agreed amount agreed between the CCG's and the Local Authority commissioners. Forward Thinking Birmingham will develop arrangements with CRI providers of adult substance misuse services how they work together to support young adults who offend.

### 3.3 Conditions Covered

**A range of presentations to include:** (This list is not exhaustive)

- Anxiety and other Neurosis
- Mood disorders
- Conduct disorders
- Disruptive behaviour disorders
- Developmental disorders
- Neurodevelopmental disorders in liaison with community paediatricians
- Eating disorders
- Elimination disorders
- Emerging and established personality disorder
- Schizophrenia & Psychosis
- Tic disorders & ADHD
- Comorbid mental health and learning disability

### 3.4 Interventions Offered

**Evidenced based Treatments and interventions to include:** (This list is not exhaustive and provides an example of some of the interventions that the provider may offer that is aligned with partners and based on need)

- Family therapy
- Systemic therapy
- Individual therapy
- Cognitive Behavioural therapy
- Solution focused therapy
- Behavioural therapy
- Group therapy
- Multi systemic Family Therapy
  - Parent counselling skills/parenting programmes
  - Counselling
  - Creative therapies, including play, art, music and drama
  - Medication provision and administration using shared care arrangements where possible
  - Dialectical Behaviour Therapy which will provide transitional links between the service and over 25 mental health services.
  - Talking Therapies (as outlined in No Health without Mental Health, 2011, DoH).
  - Peer group involvement
  - The use of social media and web based tools.

### 3.5 Population covered

#### **Geographic coverage/boundaries**

All children and young adults who are registered with Cross City, South Central and those patients of Sandwell and West Birmingham who are registered with the West Birmingham group of GP's (a



list is available) up to their 25th birthday and or resident in Birmingham but not registered with a GP.

CYP who are looked after and placed no more than 30 miles outside of Birmingham that were registered with a Birmingham facing GP. These patients will be reviewed on a case by case basis and treatment will be informed via a risk assessment. Non Birmingham LAC will not be offered treatment by FTB.

### **Location(s) of Service Delivery**

Services to be available in community settings across the Birmingham City area and must be accessible for clients with disabilities and/or parents/carers of young children.

Services should be welcoming for the developmental age and maturity of CYPYA who are accessing the service.

Practitioners will work in a variety of settings, including in-reach e.g. into acute provision, GP practices, Children's Centre's, Schools, Colleges, Pupil Referral Units, residential care settings, Housing, Welfare Services, Workplaces, family homes and any other venue that is deemed clinically as appropriate. Any cost associated with accommodation and access to such premises will be borne by the provider.

Service delivery will take place at central and local settings across Birmingham, with a commitment to arrange service delivery in a setting of the service user's choice as far as is practical.

Appropriate literature will be available and multi-media forms of communication will be used to inform clients of location of service, public transport routes, and parking to be made available when first appointment is arranged.

The use of online facilities is to be available where appropriate.

### **3.6 Facilities**

The service provider shall ensure that premises used to deliver services meet the Department of Health's Quality Criteria for Young People Friendly Health Services (2001) and be:

- Warm and welcoming and age or maturity appropriate
- Furnishing and equipment congenial for children and families
- Access to toys and play equipment
- Rooms suitable for the full range of assessments and treatments that have confidential spaces that can facilitate:
  - Physical examination,
  - Individual psychotherapy,
  - Family therapy.
- Video facilities should also be available in at least one setting in each area.
- Appropriate reception and waiting areas.
- IT and access to internet
- Access to appropriate inpatient beds that meet statutory requirements

### **3.7 Any acceptance and exclusion criteria and thresholds**

- If a person is residing temporarily within the area, but are registered with a GP elsewhere (i.e., student or child placed in the area by another authority) discussion will need take place in relation to who is best placed to meet the needs of an individual and a shared care
- agreement will need to be negotiated by the provider involving the person's originating area's service, following responsible commissioner guidance. <http://www.england.nhs.uk/wp-content/uploads/2012/12/who-pays.pdf> . This process should not lead to unnecessary delay in the patient receiving the support necessary to ensure their emotional wellbeing.
- The services will work together to ensure that there are clear pathways between this service and over 25 Adult Mental Health Services, and that these will be continuously refined in response to need.

- Children and Adolescents under 18 requiring Tier 4 / Inpatient services (commissioned by NHS England)

### 3.8 Interdependence with other services/providers (this is not an exhaustive list)

- General Practitioners and other members of the primary healthcare teams
- Pediatric, child health and other children's services
- School health services including community pediatricians and school or college nurses
- Pediatric neurological services
- Children's social care service
- Adults Social Care
- Schools and education support services
- Youth justice services
- Learning disability services
- Inpatient, day-patient and out-patient child and adolescent mental health service
- Over 25 Adult mental health services
- Substance misuse services
- Smoking cessation clinics
- Laboratory and all diagnostic services
- Accident and emergency facilities in emergency departments
- Voluntary sector services
- Think Families service

### 3.9 Safeguarding

There will be an expectation that the service is fully aware of, committed to and engaged with the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board and actively delivers its part in the holistic safeguarding agenda across Birmingham.

There is an expectation that, where appropriate, the provider will put forward representatives within a strategic and operational context, working with commissioners and/or other agencies to fulfil safeguarding requirements across the city.

## 4. Applicable Service Standards

### 4.1 Applicable national standards (eg NICE)

- The Choice and Partnership Approach. A guide to CAPA. York, A, Kingsbury, S. London: 2009
- Talking therapies: A four-year plan of action: A supporting document to No health without mental health: A cross-government mental health outcomes strategy for people of all ages. London: DH, 2011
- Overlooked and forgotten: A review of how well children and young people's mental health is being prioritised in the current commissioning landscape. Oliva, L, & Lavis, P. 2013
- Children and Young People's Mental Health Coalition
- National Service Framework for Children, Young People and Maternity Services: Disabled Children and Young People and those with Complex Mental Health Needs. London: DH, 2004
- National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Wellbeing of Children and Young People. London: DH, 2004
- NICE public health guidance PH40 Social and emotional wellbeing: early years. Issued: October 2012
- NICE public health guidance, PH12 Social and emotional wellbeing in primary education Issued March 2008
- NICE public health guidance, PH20 Social and emotional wellbeing in secondary education Issued September 2009

**Specific to child and adolescent services:**

- Improving Access to Child and Adolescent Mental Health Services, DH/DFES 2009
- Findings of the National CAMHS Review, 2009
- Your Welcome Standards, 2009
- CG 28: Depression in Children and Young People: Identification and management in primary, community and secondary care. London: NICE, 2005
- CG 72: Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults, 2008 (modified March 2013)
- CG 155: Psychosis and Schizophrenia in children and young people. London: NICE, 2013
- CG 82: Schizophrenia, core interventions in the treatment and management of schizophrenia in adults in primary and secondary care. London: NICE, 2009
- CG 38: Bipolar disorder-The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. London: NICE, 2006.

#### Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

CG 158: Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management]

London: NICE, 2013

- CG 9: Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. London: NICE 2009.
- CG 31: Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder. London: NICE, 2005.
- CG 26: The management of PTSD in adults and children in primary and secondary care.

London: NICE, 2005.

- CG 16: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. London: NICE, 2004.
- CG 133: Self-harm (longer term management) London: NICE, 2011.
- Looked after children: knowledge, skills and competence of health care staff, Intercollegiate Role Framework, RCN, RCPCH May 2012
- PH28 Promoting the quality of life of looked after children and young people NICE 2010

Specific to adult services:

- CG90 Depression in adults (update) NICE, 2009, updated 2012
- CG123 Common mental health disorders, NICE, 2011
- CG136 Service user experience in adult mental health, NICE 2011,
- CG159 Social anxiety disorder, NICE 2013

#### 4.2 Applicable local standards

- *'Inter-agency commissioning strategy for the emotional wellbeing and mental health of children and young people in Birmingham 2009-2012'* (CAMHS Consultants, 2009).
- *'Needs Assessment for Child and Adolescent Mental Health Services for Birmingham'* (Public Health Action Support Team - PHAST, 2010)
- *'Shaping the Future of Mental Health Services for Birmingham's Young People: A review of need, current provision, evidence base and user experience'*, (Burt C, 2010)
- *'Better Mental Health for Birmingham' – An overarching strategic direction for Mental Health services for adults 2011-2016.* Adult Joint Commissioning Team, Birmingham City Council / Birmingham Cross City CCG
- JSNA Mental Health Adults 18-64 years. Birmingham Public Health, 2011.
- Birmingham Business Charter

5. Applicable quality requirements and CQUIN goals			
5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])			
Quality Outcomes for Safeguarding			
Quality Requirement	Threshold	Method of Measurement	Consequence of Breach
<b>TCS 16&amp;42:</b> Children's Mandatory Level 1 Safeguarding TRAINING	90%	No. of staff who have received mandatory Level 1 child protection awareness training as per national guidance  Reported monthly on a rolling 12 month basis from local information systems based on a TNA and reported by staff group	General Condition 9
<b>TCS 16&amp;42:</b> Children's Safeguarding - Level 2 Training	(85%) Appropriate levels (2 - 6) to be achieved as indicated for specific professionals.	No. of staff who have received Higher level safeguarding Children's training as per national guidance  Reported monthly on a rolling 12 month basis from local information systems based on a TNA and reported by staff group	General Condition 9
<b>CHSAF 1:</b> Children's Safeguarding - Levels 3 Training	(85%) - Appropriate levels (2 - 6) to be achieved as indicated for specific professionals.	No. of staff who have received Higher level safeguarding Children's training as per national guidance  Reported monthly on a rolling 12 month basis from local information systems based on a TNA and reported by staff group	General Condition 9
<b>CHSAF 2:</b> Safeguarding supervision for appropriate frontline staff who work with children	Benchmarking exercise in Quarter 1 (April 16)– with trajectories set for Q2-Q4 (Jul 16 – Mar 17)(85% target)	% compliance with provider protocol for clinical supervision (for frontline staff who work with children).	General Condition 9
<b>CHSAF 3:</b> Specialist Safeguarding supervision for Named Professionals	Attendance 3 x per year	Attendance at 1:1 specialist safeguarding supervision with agreed supervisor.	General Condition 9
<b>CHSAF 4:</b> Executive Attendance at Birmingham Children's Safeguarding Board	100%	Attendance of Executive Level representative at Birmingham Children's Safeguarding Board as per BSCB Terms of Reference.	General Condition 9

## Children And Young Adults Mental Health Service

<b>ADSAF 1:</b> Adults Mandatory Safeguarding Training	85%	No. of staff who have received basic mandatory Adult protection training in line with any local guidance set out by Birmingham Safeguarding Adults Board  Reported monthly on a rolling 12 month basis from local information systems. based on a TNA and reported by staff group	General Condition 9
<b>ADSAF 2:</b> Adults Safeguarding TRAINING - Higher Level Training	85%	No. of staff who have received Higher level safeguarding Adults training in line with any local guidance set out by Birmingham Safeguarding Adults Board  Reported monthly on a rolling 12 month basis from local information systems.	General Condition 9
<b>ADSAF 3:</b> PREVENT Training	50% ( <i>difficult to put in a percentage - NHS England are doing bench marking on this) TBC once more information is received</i>	Number of staff have received Government approved Healthwrap training as per national guidance.	
<b>ADSAF 4:</b> Mental Capacity Act/ Deprivation of Liberty Safeguards Training	85%	Number of staff who have received MCA/DoLs training in line with the Mental Capacity Act 2005 statutory guidance.	General Condition 9
<b>ADSAF 5</b> Provider Safeguarding Lead1:1 Meetings	Attendance 4 x per year	Attendance of Provider Safeguarding Leads 1:1 meetings as arranged by the CCG Safeguarding Lead Nurses.	General Condition 9
<b>ADSAF 6</b> Executive Attendance at Birmingham Adults Safeguarding Board	100%	Attendance of Executive Level representative at Birmingham Adults Safeguarding Board as per BSAB Terms of Reference.	General Condition 9

## 5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

**6. Location of Provider Premises**

The Provider's Main Premises are located within Birmingham at suitable facilities for children and young adults in keeping with the ethos of culture change for services. Possibilities include co-locating in places or facilities that provide activities for children and young adults.

**7. Individual Service User Placement**

N/A

2015/16 NHS STANDARD CONTRACT PARTICULARS

Children And Young Adults Mental Health Service