

## **Decision Maker:** EXECUTIVE

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10<sup>th</sup> January 2017

**Decision Type:** Non-Urgent Executive Key

**Title: EXTENSION OF BROMLEY Y COMMUNITY WELLBEING SERVICE FOR CHILDREN AND YOUNG PEOPLE**

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**Chief Officer:** Lorna Blackwood, Director, Health Integration Programme

**Ward:** Borough-wide

## **1. Reason for report**

- 1.1 Bromley Y was awarded the contract for the Bromley Community Wellbeing Service for Children and Young People for a period of three years commencing 1st December 2014 to 30th November 2017.
  - 1.2 The contract permits a two year extension beyond November 2017, subject to satisfactory contract monitoring and satisfactory service delivery.
  - 1.3 This service introduced a new delivery model for children and young people's mental well being provision which is now embedding.
  - 1.4 Bromley Clinical Commissioning Group is supporting the Council's investment by providing additional investment to enhance the service provision.
  - 1.5 The report provides evidence and rationale to support an extension to the contract for a two year period commencing 1 December 2017 and terminating on 30 November 2019.

## **2. RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to the Council's Executive being requested to:

  - i) Consider and comment upon the current service outcomes; and,
  - ii) Agree an extension to the existing contract with Bromley Y for a two year period commencing 1 December 2017.

## Corporate Policy

1. Policy Status: <please select>. Existing Policy Context/Statements
  2. BBB Priority: Children and Young People. (i) Supporting independence, (ii) Safeguard Children & Young People,  
Healthy Bromley (i) work with health partners, (ii) ensure integration of health & wellbeing priorities
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## Financial

1. Cost of proposal: Estimated cost £446kp.a. for two years
  2. Ongoing costs: Recurring cost. £446k
  3. Budget head/performance centre: 834130
  4. Total current budget for this head: £ 446k
  5. Source of funding: Revenue Support Grant
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## Staff

1. Number of staff (current and additional): External provider
  2. If from existing staff resources, number of staff hours: n/a
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## Legal

1. Legal Requirement: Statutory requirement. Children Act 1989 places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need.  
Children Act 2004 - duty to co-operate with relevant partners including NHS  
Children & Families Act 2014 Social, Emotional and Mental Health to be classed as SEND
  2. Call-in: Call-in is applicable
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 2000
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

### **3. COMMENTARY**

#### **BACKGROUND**

- 3.1 Following a joint review by the Council and Bromley Clinical Commissioning Group (BCCG) of all child and adolescent mental health services in 2013/14, Bromley Y was awarded the contract for the Bromley Community Wellbeing Service for Children and Young People, for a period of three years from 1st December 2014 to 30th November 2017.
- 3.2 The contract introduced a new service model, intended to provide a clear care pathway into well being and mental health services through a ‘single point of access’. The expectation noted in the contract describes that children and young people who are referred into the service are contacted and initially assessed within 72 hours of that referral.
- 3.3 The single point of access determines whether individuals should be (i) signposted to universal preventative services, (ii) receive a short intervention from the Wellbeing Service or (iii) be referred onto the higher level Child and Adolescent Mental Health Service (CAMHS) which is commissioned by BCCG. This determination is underpinned by scores from Strength and Difficulties Questionnaires (SDQs).
- 3.4 The aim of early identification, referral and service provision is to ensure that children and young people are prevented from moving to higher levels of needs and, wherever possible, their prevailing levels of need also reduce.
- 3.5 An annual performance review of the service was presented to Care Service Policy Development and Scrutiny Committee in June 2016 (CS17014.)

#### **REVIEW OF CONTRACT OUTCOMES TO DATE**

- 3.6 Bromley Y reports that although referrals do not tend to identify one with one discrete issue, there are clear themes emerging for the referred population. Data from the first full year of operation of the Service (December 2014 to December 2015) noted that the most common referral issue was anxiety (53%) and/ or low mood (37%). In addition:-
  - 22% of those referred reported having a parent with a mental health problem and 36% reported problems in their family relationships
  - 15% report experience of being bullied
  - 17% report having eating issues
  - 12% have a history of Social Care involvement
  - Many of the young people referred are struggling to attend school or engage positively with life outside of home.
- 3.7 Since December 2015 Bromley Y has continued to monitor the referral data and report that the current presenting issues remain very similar. This information is helpful as it means that (i) this data can increasingly be relied upon to represent the Bromley demographic and (ii) it will enable more targeted planning for future service delivery.
- 3.8 From April 2015 to March 2016 the Bromley Community Wellbeing Service received 2,206 referrals. Of those referrals all required some level of intervention either from (i) the short-term interventions provided by Bromley Y as part of this contract, or (ii) from longer term interventions via a separate contract provided by Bromley Y which is commissioned by Bromley CCG or (iii) from more specialist services.

- 3.9 From April 2016 to November 2016 1,232 referrals have been received and have been managed as illustrated in Table One below.

Table One : Referral pathway April 2015 to November 2016 and full year projection

Service required	April 2015 to March 2016	April 2016 to November 2016	April 2016 to March 2017 Projection
Bromley Y Community Wellbeing Service	1,491	1,126	1,689
Specialist CAMHS provided by Oxleas (*may be assessed prior to referral)	531	230*	345
Specialist Eating Disorder service provided by South London & Maudsley (SLAM)	18	10	15
Bromley Children Project (BCP)	67	29	44
Specialist ASD/ADH Service provided by Bromley Health Care (BHC) (*may be assessed prior to referral)	99	58*	87
<b>TOTAL</b>	<b>2,206</b>	<b>1,453</b>	<b>2,180</b>

- 3.10 The figures in Table One show that referrals to specialist CAMHS are projected to reduce from 24% of total referrals in the year 2015/16 to 16% of total referrals in 2016/17. This is a significant reduction which would indicate that the early intervention service is providing interventions which are preventing escalation to the more costly CAMHS provision.

- 3.11 Bromley Y have costed a session at £52 although the duration of a session will differ dependant upon the intervention being delivered. A session may consist of counselling, individual therapy, resilience building, family work and/or group work. For the period 1 April 2016 to 30 November 2016 , the service has provided 6,600 short term intervention sessions for a total value of £297,047 (i.e 8 months of the annual contract value of £445,570). This equates to £45 per session, with the additional cost being borne independently by Bromley Y. There is no requirement for a pre determined number of sessions per annum noted within the contract as the contract refers to 'contacts' (see 3.15 below)

- 3.12 Children and young people are contacted and assessed within 72 hours of referral which is effective in improving outcomes and reducing crisis. Whilst this contact is immediate the individual may have to wait for an intervention to be put in place. The current average waiting time for treatment from Bromley Y is 41 days. This is compliant with the contracted service standard of treatment being undertaken with 4 to 6 weeks of the triage process. However, the 41 days average masks some longer waits as identified in Table Two below.

Table Two : Current average waiting times for treatment

Waiting time from referral to treatment (days)	Number of children and young people	% of children and young people
4 – 6 weeks	149	59%
6 – 8 weeks	45	18%
8 – 10 weeks	38	15%
More than 12 weeks	19	8%

Some longer waiting times are inevitable due to clinical information being awaited, information awaited from schools and GPs and ‘no shows’ - all of which are chased up in a systematic way.

3.13 Additional activity includes:

- Team Around the Child meetings (TAC)
- Contact with Social Worker
- Meeting with family
- Liason with initial referrer
- Initial assessment
- Administration – gathering of information

3.14 Those accepted for treatment from the Wellbeing Service receive short term interventions of 6 to 8 sessions. Bromley Y can demonstrate a positive impact on the outcomes for children and young people. Using the Strengths and Difficulties Questionnaire (SDQ) as a measure there is an 81% improvement for individuals in early intervention. This compares with a national improvement average of 33%. Positive outcomes include young people returning to full time education, reduction in self harming behaviours or suicidal ideation and improved family relationships.

3.15 The service specification estimated an expected number of contacts to the service to be approximately 10,000 per annum. However, there was very little prevalence data available at the time to support this number. It was assumed that a large percentage of contacts would be seeking one off information but this has not been borne out in practice as the majority of referrals are for children and young people who require a level of intervention/support, usually of a complex nature. There are a number of enquires from Social Workers and School staff seeking general information on referral processes but these numbers are not recorded.

3.16 The Council’s Public Health Department has recently sought feedback on this service from GPs. Feedback received was positive and recognise that the new triage system has much improved access to the early intervention service.

#### ADDED VALUE

3.17 Children and Young People’ Improving Access to Psychological Therapies Programme : Bromley Y is a national demonstration site for the Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) which is a service workforce transformation programme delivered by NHS England that aims to improve existing emotional Wellbeing and Child and Adolescent Mental Health Services (CAMHS) working in the community. Bromley Y as an organisation have successfully embedded the principles and practice in all its service delivery and has recently been awarded Level Four Accreditation (the highest level achievable).

3.18 SE Learning Collaborative : Bromley Y has recently been awarded a contract by the South East Learning Collaborative for an additional 4 Psychological Wellbeing Practitioners (PWP) who are ‘introductory level’ practitioners’, i.e. new entrants into children’s psychology services, which will develop the Bromley capacity. These practitioners will be asked to commit to a two year term in Bromley.

3.19 Mentoring Programme: Bromley Y has a mentoring programme aimed at supporting children and young people who have received a service from Bromley Y, but require some extra support. Mentoring is a one-to-one relationship between a young person and an adult which provides consistent support, guidance and assistance. The mentor is an experienced and trusted

advisor, who shares their knowledge, skills and experience with a young person to achieve an agreed set of goals. This programme is independently funded by Bromley Y.

## SUMMARY

- 3.20 The Bromley Y WellBeing Service represents good value for money. The additional value added by Bromley Y's own resources enhance the commissioned service to the extent that the demand for the service is now over and above that which can be borne within the Council commissioned provision and Bromley CCG are therefore contributing additional resource to enable the sustainability for the immediate future. The government is making Transformation Funding available to CCGs nationwide for a 5 year period, which commenced in 2015, and which is intended to enable the transformation of Child and Adolescent Mental Health Services (CAMHS) by 2020 (see Appendix One). BCCG is currently applying that funding to ensure that existing services can maintain and further develop their functions.

## 4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The service user profile is made up of children and young people aged 0 – 25 who experience social, emotional and mental health issues and who require support to manage these issues by way of information, advice and guidance or by way of a programme of early intervention which is aimed at minimising the impact of the issue and which can enable them to maintain good health without further referral into services.
- 4.2 The service also supports families, GPs, other health professionals, Social Workers and school staff who are working in a 'front line' way with children and young people.

## STAKEHOLDER CONSULTATION

- 4.3 The Bromley Community Wellbeing Service was developed in consultation with stakeholders to ensure that the emotional and mental wellbeing needs of children and young people aged up to 18 years, and up to 25 years for young people subject to an Education, Care and Health Plan, were met at the earliest opportunity, with information on the service available via a wide range of stakeholders including GPs and schools who can make referrals to the service.
- 4.4 To progress joint Council and Bromley CCG commitments on engagement and involvement, NEF Consulting were commissioned by Bromley CCG in June 2016 to engage young people and other stakeholders in to make a start in our journey towards fully co-designed transformation of emotional wellbeing and mental health care pathways in Bromley. A co-production approach was pursued in order to enable young people and their families to be partners in shaping the design of the system of support and how services for mental wellbeing and emotional health for children and young people (CYP) should be delivered in Bromley.
- 4.5 These recommendations will be further tested and explored as part of the further development of Bromley Y's Wellbeing Service.
- 4.6 Bromley Social Care Head of Safeguarding for Children and young People is supportive of the continuation and further development of the early intervention and wellbeing service.

## 5. SERVICE PROFILE / DATA ANALYSIS

- 5.1 National KPI's currently focus on access and waiting times but these are only important if people are being seen effectively. Providers should be transparent and be able to show the impact they are having on children and young peoples lives.

- 5.2 Early data submissions from Bromley Y indicate that the needs of an increasing number of children and young people are being effectively met through the Wellbeing service and that the number of referrals through to the Tier 3 CAMHS is reducing.
- 5.3 Bromley Y recognises the key role that consistent data collection and analysis plays in understanding need and shaping commissioning responses. Bromley CCG has invested additional resources to focus on data collection and analysis and is committed to addressing the existing data gaps across the local provider network which will develop a local minimum dataset that will be analysed jointly by the Council and BCCG.
- 5.4 The local minimum dataset is in its first iteration and sits alongside the national datasets. It will be available by mid 2017. The local dataset will provide commissioners with patient level activity data that will follow any given patient through the system of support (from early intervention through to specialist community CAMHs) and to the point of discharge.

The benefit of this commitment is that it will allow commissioners to:

- To develop a baseline of need and service performance at a local level
- To have a more sophisticated understanding of local need
- To develop appropriate system outcome measures across the whole pathway and to support this with new approaches to pathway commissioning
- To allow the commissioning partnership, alongside communities, schools and social care, to direct where future resources should focus in order to address identified needs and trends.
- Provide as close to real time and accurate picture as possible of how the system is working

## **6. MARKET CONSIDERATIONS**

- 6.1 This service was procured as a result of an open market tender in 2014 and introduced a whole system change for services for children and young people with emotional or mental health needs. The service has taken some time to embed and is delivering the desired outcomes in terms of having established a single point of entry and triaging into wellbeing services.
- 6.2 The new service has been in place for only two years. This paper recommends extension of the existing contract to enable the service to be fully tested. The minimum local dataset is expected to inform proposals for a significantly transformed service beyond 2019 which will be subject to open market tendering in the later half of 2018.
- 6.3 NHS England are currently seeking a national sustainable transformation of emotional and mental health services for children and young people by 2020 and it is proposed to continue with this existing service and, in tandem, work with the range of providers within Bromley's marketplace, and further afield, in order to ensure a cost effective and outcome driven service for the future.
- 6.4 Before the extension is put in place officers will be evaluating with Bromley CCG the appropriate funding arrangement for the service given the reduction in Tier 3 CAMHS activity.

## **7. SUSTAINABILITY / IMPACT ASSESSMENTS**

- 7.1 It is recognised that, whilst it is important to continue to invest in services in way that leads to improvements across the current referral and care pathways, there is concurrent need to think about and plan for sustainability.

- 7.2 It is proposed to develop a Bromley Mental Health Strategy, to be completed in 2017/2018. The strategy will clearly identify the aspiration to ensure a more proactive and preventative approach to reducing the long term impact for people experiencing mental health problems and for their families.
- 7.3 The strategy and subsequent Action Plans will provide the platform to bring about change over a sustained period of time which will allow distribution of investment from acute and chronic hospital and community based services to supporting activities that prevent or significantly delay the onset of serious mental health problems.

## **8. OUTLINE PROCUREMENT STRATEGY & CONTRACTING PROPOSALS**

- 8.1 This paper is recommending an extension of the existing contract until December 2019. During that time work will be undertaken to ensure the transformation of emotional wellbeing and mental health provision for children and young people in Bromley with an expectation of procuring for this purpose during late 2018. (Separate permission for any procurement linked to this exercise will be sought at the appropriate time).
- 8.2 Appendix Two notes the Council's required timescale for this purpose.

## **9. POLICY IMPLICATIONS**

- 9.1 Building a Better Bromley 2016/18 : Key Priorities : Early intervention for vulnerable residents, Providing the best possible service to deliver appropriate support to all children and young people, fulfilling the Council's duty of care to ensure the health, wellbeing and achievement s of our vulnerable children
- 9.2 Children Services Improvement Plan

## **10. PROCUREMENT IMPLICATIONS**

- 10.1 The Contract makes provision for an extension of two years and at the value indicated, and as provided for in CPR 23.7 and 13, can be Authorised by The Portfolio Holder (or Executive). As the original tender and contracting arrangement allowed for the envisaged action it is not necessary to complete a re-tender process at this time, and provision is made for this within the Public Contract Regulations 2015.

## **11. FINANCIAL IMPLICATIONS**

- 11.1 The current value of the contract is £446kp.a. Agreeing the extension of the contract for two years results in committing expenditure totalling £892k. Budget is currently available to cover the extension of the contract.

## **12. LEGAL IMPLICATIONS**

- 12.1 This extension is permitted within the Public Contracts Regulations 2015 as the current contract allows for an extension.
- 12.2 The Council's Contract Procedure Rule 23 allows extensions to be granted where the contract already provides for an extension subject to satisfactory outcome of contract monitoring. Any extension for a contract must comply with the Council's Financial Regulations
- 12.3 Children Act 1989 places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need.

12.4 Children Act 2004 places a duty on local authorities co-operate with relevant partners including NHS

12.5 Children & Families Act 2014 require children and young people's health needs to be identified, assessed and provision to meet assessed need to be documented within Education, Health & Care Plans

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	Care Service PDS Report June 2016 - Annual Review Report No: CS17014 'Future in Mind' 2015 Implementing the Five Year Forward View for Mental Health Plan" [2016].

## **TRANSFORMATION FUND**

Nationally, the CAMHS priorities are identified as :-

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Developing the workforce
- Co-design of future systems with children & young people and communities

CCGs have been allocated additional resources to be distributed over a five year period on the proviso that they can evidence that change is being experienced on the ground.

Bromley CCG's Plan 2016 and beyond sets out the next steps towards a sustainable local and proactive system of support and treatment that responds to the needs of individuals and communities set in the context of broader strategies that are developing concurrently across health, education, social care, youth offending.

Bromley CCG and its partners are now launching into a three year period of further significant and sustainable change to improve community resilience and supporting communities to "keep well" and have access the right services at the right time and the right place.

## PROCUREMENT TIMETABLE

<b>Activity</b>	<b>Target date</b>
Notify existing providers and potential suppliers of requirement to register with Pro Contract	January 2019
Develop project plan and communications strategy and arrange any consultation/open days before tender is advertised	February 2019
Finalise tender documents and collate TUPE information from current provider.	End February 2019
Evaluation panel to meet and establish protocols. Arrange training on ProContract as required	March 2019
Publish tender opportunity through ProContract and notify Community Links of tender opportunity	March 2019
Tender return date	End April 2019
Completion of Stage 1 evaluations submissions	Mid May 2019
Completion of Stage 2 evaluation submissions completed	End May 2019
Clarification interviews	June 2019
Finalisation of tender submissions including consolidation of scores	June 2019
Draft reports for LBB Executive	July 2019
Report to LBB Executive	August 2019
LBB minutes published/Award of Contract by Executive	By 1 September 2019
Tenderers notified, including Alcatel period	1 September 2019
Feedback to unsuccessful tenders as required	September – October 2019
TUPE staff as appropriate	September 2019
Contract commencement	1 December 2019