



Staffordshire County Council's Children, Children & Families Health & Wellbeing
Commissioning Portfolio

Service Specification for the provision of Improving the Emotional Health and Wellbeing of Children and Young People in Staffordshire.

THIS DOCUMENT FORMS PART OF THE CONTRACT FOR THE PROVISION OF THE SERVICE

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Contract Commencement Date: 01/04/2020

Contract End Date: 31/03/2024 (with the option to extend for a further 1 year until the 31/03/2025)

{This document will form part of the final Contract for the provision of Service and will be Schedule B}



CONTENTS

SERIAL NUMBER	TOPIC	PAGE
0.0	GLOSSARY	4
0.1	DEFINITIONS TABLE	5
1.0	BACKGROUND	9
1.1	National Context	9
1.2	Local Context	10
2.0	CURRENT SERVICE CONFIGURATION	12
3.0	THE VISION	13
4.0	SERVICE SCOPE	13
4.1	Service Principles	14
4.2	Eligibility	15
4.3	Aims	16
4.4	Objectives	16
5.0	SERVICE DESCRIPTION	17
5.1	The THRIVE Framework	17
5.2	Preventative	17
5.3	Access Arrangements	18
5.3.1	Place Based Approach	18
5.3.2	Presenting Conditions	19
5.4	Referral Arrangements	19
5.4.1	Response Times and Prioritisation	21
5.4.2	Inappropriate referrals	22
5.4.3	Re-referrals	22
5.5	Initial Assessment	22
5.6	Support Planning	23
5.7	Intervention	23
5.8	Direct, Indirect and Structured Interventions	23
5.9	Number of interventions	24
5.10	Did Not Attend Arrangements	24
5.11	Transition and Exit Planning Arrangements	24
5.11.1	Transition Plans	24
5.11.2	Planned Exit	24
5.11.3	Unplanned Exit	24
5.12	Service User Voice / Participation	25
5.13	Innovation and the Digital Offer	25
6.0	OPERATIONAL SERVICE REQUIREMENTS	25
6.1	Service Availability	25
6.2	Personnel Requirements	26
6.2.1	Recruitment	26
6.2.2	Structure	26
6.2.3	Competencies, Qualifications and Professional	26
6.2.4	Registration	
6.2.5	Management and Professional Support	27
6.3	Collaborative Working	27
6.4	Service Mobilisation	27
6.4.1	Phased Approach Plan	28
6.5	Safeguarding	29

□

6.6	Record Keeping, Data Collection and Information Sharing	30
6.7	Performance	31
6.7.1	Contract Review Meetings	31
6.8	Complaints, Compliments and Customer Feedback	31
6.8.1	Complaints regarding the Council	32
6.9	Other Relevant Services	32
6.9.1	Children and Young People's Health and Wellbeing Programme (0-19 years)	32
6.9.2	Chat Health	32
6.9.3	Universal Provision and Preventative Services	33
6.9.4	Acute/Crisis and Intervention Services	33
6.9.5	Child and Adolescent Mental Health Service (CAMHS)	33
7.0	VULNERABLE CHILDREN AND YOUNG PEOPLE	33
7.1	Special Educational Needs and Disability (SEND)	34
8.0	INSPECTIONS	34
9.0	RISK STRATIFICATION	34
9.1	Exit Planning	34
10.0	SOCIAL VALUE	35
11.0	COMMERCIAL OFFER	35
12.0	PERFORMANCE MANAGEMENT FRAMEWORK	35
	APPENDIX	
A.1	Place Based Approach	43
A.2	South Staffordshire Needs Analysis for Trailblazer	44
A.3	North Staffordshire Needs Analysis for Trailblazer	49
A.4	Staffordshire County Council Residential Placement Information	52
A.5	Commissioned Services across Staffordshire for Adult's Emotional Health, Social Inclusion and Recovery Contracts	55
A.6	Premises Information	57



0.0 GLOSSARY

Care Leaver	CL
Care Quality Commission	CQC
Children and Adolescent Mental Health Services	CAMHS
Children and Young People/Child and Young Person	CYP
Clinical Commissioning Groups	CCGs
Cognitive Behavioural Therapy	CBT
Competitive Dialogue	CD
Disclosure Barring Service	DBS
Early Help Assessment	EHA
Education and Health Care Plan	EHCP
Emotional Health and Well Being	EHWB
English as a Second Language	ESL
General Data Protection Regulation	GDPR
General Practitioner	GP
Key Performance Indicators	KPI
Information, Advice and Guidance	IAG
Initial Assessment	IA
Initial Consultation	IC
Joint Strategic Needs Assessment	JSNA
Looked After Children	LAC
Local Transformation Plan	LTP
Mental Health Service Data Set	MHSDS
National Health Service	NHS
National Institute of Health & Care Excellence	NICE
Phased Approach Plan	PAP
Place Based Approach	PBA
Special Educational Needs or Disability	SEND
Staffordshire Safeguarding Children Board	SSCB



0.1

DEFINITIONS TABLE

Term/Abbreviation	Definition
Annual Report	The Provider is required to produce and supply an Annual Report to the Council. The content and format of the Annual Report will be discussed between the Authorised Officer and Contract Manager. The final decision regarding the content and format of the Annual Report will be decided by the Authorised Officer, acting reasonably. The Annual Report must be submitted to the Authorised Officer by the 31 st May each year and will be discussed at the next scheduled quarterly Contract Review meeting or an additional meeting specifically scheduled for this purpose.
Brief Intervention(s)	Involves making the most of an opportunity to raise awareness, share knowledge and get a CYP thinking about making changes to improve their health and behaviours. Can also be used to identify a real or potential problem and then increase motivation and understanding on how to deal with it. Brief Interventions would not exceed two (2) direct or structured contacts.
CCGs	<ul style="list-style-type: none"> • Cannock Chase Clinical Commissioning Group • East Staffordshire Clinical Commissioning Group • North Staffordshire Clinical Commissioning Group • South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group • Stafford and Surrounds Clinical Commissioning Group
CYP	Refers to CYP aged between five (5) and eighteen (18) years, three hundred and sixty-four (364) days of age and CLs and/or individuals with special education needs or disabilities (SEND) until the age of twenty (24) years and three hundred and sixty-four (364) days.
Corporate Parent	Means the role of the Council as described in Section 1 (Corporate Parenting Principles) of the Children & Social Work Act 2017 (as amended or re-enacted from time to time).
De-escalation	Means CYP being supported from Direct or Structured Interventions to Indirect, IAG or the Digital Offer within this Service.
Digital Offer	<p>Refers to the digital platform, which is available on any web-enabled, internet connected device (including laptop, smart phone, tablet) and that enables CYP to access self-directed support. The Digital Offer must incorporate the following:</p> <ul style="list-style-type: none"> • Mental health or emotional wellbeing applications (consider referring or signposting to pre-existing, reputable applications).

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	<ul style="list-style-type: none"> • Online peer support forums. • Online training and tools. • Online therapy options that must be NICE compliant in their approach and delivered by well-trained clinicians or therapists. • An interactive website that offers IAG for CYP, their Families and professionals. • Online questionnaires. • Social media to develop peer support initiatives, advertise the Service and cascade information (to possibly include Instagram, YouTube and Facebook). • Use of Skype / Facetime and other similar video messaging options to deliver support to CYP, Families and professionals.
Direct, Indirect and Structured Intervention(s)	<p>Interventions are either Direct, typically involving a meeting with the CYP in question, or Indirect, involving work with a Family or professionals to encourage them to be more effective in helping the CYP. Structured Interventions are where there is an agreed plan, and this is linked to clinical input and a basis for treatment / support.</p> <p>Direct, Indirect or Structured interventions would not be expected to exceed six (6) separate interventions.</p>
Early Help	<p>Requires the Provider to identify emerging problems and potential unmet needs of CYP and to work in partnership with CYP and/or their Families in order for:</p> <ul style="list-style-type: none"> • CYP/Families to help themselves, • build on their strengths to resolve the issue(s), and • to become more resilient to prevent the issue(s) from reoccurring.
Early Intervention	Means identifying and providing effective early support to CYP who are at risk of poor outcomes.
Escalation	<p>Means CYP being supported from:</p> <ul style="list-style-type: none"> • Indirect, IAG or the Digital Offer to Direct or Structured Interventions within this Service. • This Service to other services such as CAMHS, Safeguarding etc.
Evidence Base(d)	Means any practice/interventions/support that are based on / informed by objective evidence, rather than intuition or other unproven methods.
Family / Families	Refers to a person or group of people that are related by birth, affinity or co-residence to the child or young person requiring emotional health and wellbeing support. (For example, parents or carers)
Goal Based Outcome(s) (GBOs)	<p>Means a way of evaluating progress towards a goal in clinical work with CYP and their Families. GBOs compare how far a CYP feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention.</p> <p>GBOs used by the Provider for this Service must be discussed and agreed with the Authorised Officer.</p>



Initial Consultation(s)	The initial contact made following receipt of referral. Consultation should ideally involve the CYP or someone significant who can articulate the needs and experiences of the CYP. Can be via phone, online conversation or face to face.										
Initial Assessment(s)	An initial assessment is to build up an accurate picture of needs. Different professionals and agencies should be involved in the assessment and decisions around care should be jointly agreed.										
Local Transformation Plan (LTP)	A joint plan developed in partnership by CCGs with commissioners and providers across health, social care, education, youth justice and the voluntary sector to design and provide the best possible children & young people's mental health services locally.										
Paired Outcome(s)	A pair of scores repeating the same questionnaire with the same person at the beginning and the end of an intervention - in order to track change across the intervention.										
Pan-Staffordshire Emotional Health & Wellbeing Strategy	A joint strategy across Staffordshire and Stoke-on-Trent; developed by the Council, Stoke-on-Trent City Council and the CCGs; aimed at ensuring children & young people achieve good emotional wellbeing and positive mental health.										
Pathway(s)	The process of assessing, triaging and directing contact to ensure that CYP are directed to the most appropriate service available to them at the time of contact.										
Performance Report	<p>A report to be produced by the Provider and submitted to the Authorised Officer each quarter, as follows:</p> <table border="1" data-bbox="794 1227 1412 1541"> <thead> <tr> <th>Quarter:</th> <th>*Reporting deadline (*or nearest Working Day to the reporting deadline):</th> </tr> </thead> <tbody> <tr> <td>1 (1st April to 30th June)</td> <td>14th July</td> </tr> <tr> <td>2 (1st July to 30th September)</td> <td>14th October</td> </tr> <tr> <td>3 (1st October to 31st December)</td> <td>14th January</td> </tr> <tr> <td>4 (1st January to 31st March)</td> <td>14th April</td> </tr> </tbody> </table> <p>The format and content of the Performance Report is to be decided by the Authorised Officer, acting reasonably, but will include the Provider reporting Service performance against the Performance Management Framework of this Service Specification.</p>	Quarter:	*Reporting deadline (*or nearest Working Day to the reporting deadline):	1 (1 st April to 30 th June)	14 th July	2 (1 st July to 30 th September)	14 th October	3 (1 st October to 31 st December)	14 th January	4 (1 st January to 31 st March)	14 th April
Quarter:	*Reporting deadline (*or nearest Working Day to the reporting deadline):										
1 (1 st April to 30 th June)	14 th July										
2 (1 st July to 30 th September)	14 th October										
3 (1 st October to 31 st December)	14 th January										
4 (1 st January to 31 st March)	14 th April										
Premises	A building or venue occupied by a business. Co-location or shared premises could be considered where appropriate to usage. Premises do not need to be static or fixed throughout the Contract Period.										
Prevention / Preventative	Methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviours.										

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Risk Assessment(s)	A Risk Assessment should identify key factors that indicate a pattern or that risk is increasing. It should also identify a CYP strengths to off-set or reduce risk. Risk is dynamic and can be affected by circumstances that can change over the briefest of time-frames.
Social Value	A process whereby organisations meet their contractual commitment to provide goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society, the environment and the local economy by contributing to the long-term wellbeing and resilience of individuals, communities and society in general.
Staffordshire	Staffordshire only refers to the eight districts detailed in section 1.2 of this Specification. It does not include Stoke on Trent.
Sustainability and Transformation Partnership	Partnerships developed to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.
Trailblazer(s)	New mental health support in schools & colleagues funded by NHS England. Details regarding Trailblazer within Staffordshire can be found in Appendix A.2 and A.3.
Transition(s)	The transfer of 'care' from one professional to another (this could be within a Clinical, Educational or Health and Social Care setting). It can refer to the nature of the support required or indeed the age of the CYP.
Universal Provision	Services, information, support, that are available to all CYP i.e. not targeted at some groups of CYP.
Vulnerable	A child or young person who is exposed to the risk of emotional instability.

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1.0 BACKGROUND

1.1 National Context

The Government's aspiration for improving the EHWB of CYP was outlined in the Department of Health's report entitled 'Future in Mind', which was released in 2015.

The key themes emerging from the report which are fundamental to creating a system that effectively supports the EHWB of CYP are:

- Promoting resilience, prevention and early intervention.
- Improving access to effective support.
- Care of the most vulnerable.
- Accountability and transparency.
- Developing the workforce.

The full report can be accessed using the following hyperlink:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

In January 2019, the NHS published their Long-Term Plan. It is a plan that was drawn up by frontline staff, patient groups and national experts with an ambitious but realistic vision for the NHS over the next ten (10) years. The plan specifically references the need for a strong start in life for children and young people, recognising EHWB as an important element.

The document also included information detailing the characteristics of children and young people suffering from poor EHWB. These characteristics must be recognised, considered and incorporated into the Service model in Staffordshire. Highlighted within the Long-Term Plan is further detail explaining how EHWB support and services will be developed and funded to benefit children and young people.

The full report can be accessed using the following hyperlink:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

In conjunction with the aforementioned documents, there are numerous additional national policies and publications related to the subject of this Service Specification. These include:

- No Health Without Mental Health (DH, 2011).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf
- Children and Families Act (DfE, 2014).
<https://www.local.gov.uk/sites/default/files/documents/get-act-children-and-fami-act.pdf>
- Crisis Care Concordat (DH & signatories, 2014).
<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>
- Five Year Forward View (NHSE, 2014).
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- Delivering With and Delivering Well (NHSE, 2014).
<https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf>
- Promoting the Health and Wellbeing of Looked-After Children (DfE and DH March 2015).
<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

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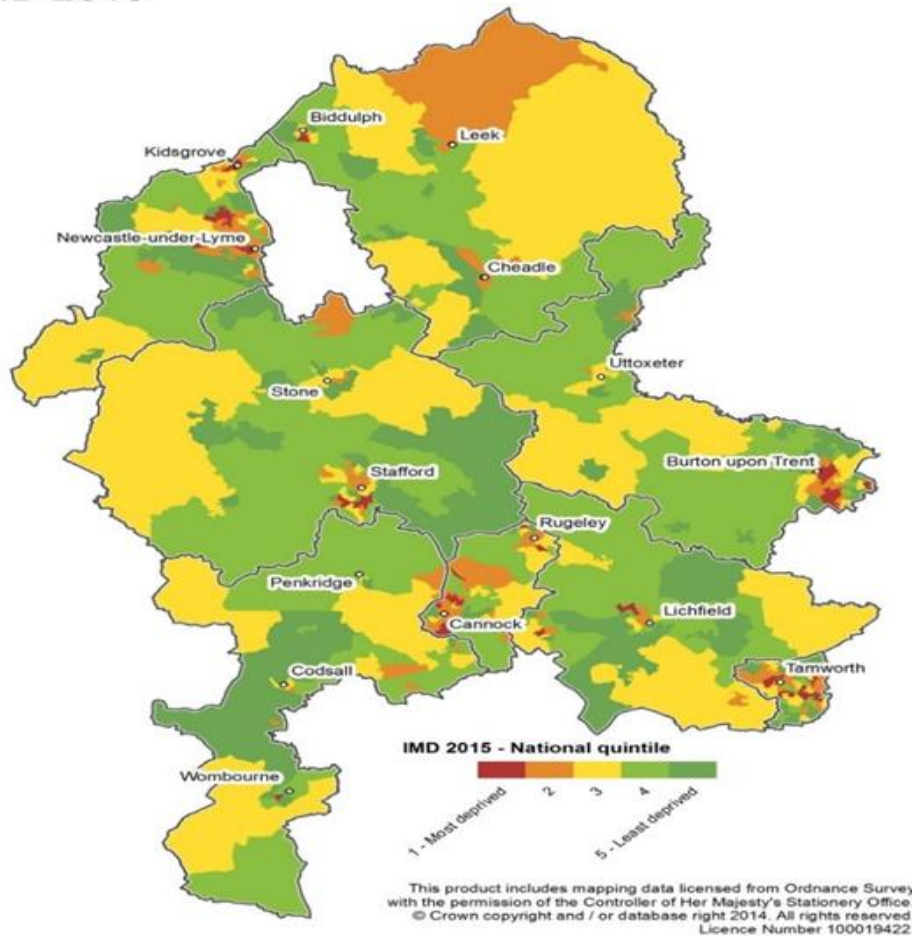
- Promoting CYP's EHWB (A Whole School and College Approach) (Public Health England, March 2015).
<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>
- NSPCC Achieving Emotional Wellbeing for Looked After Children (June 2015).
<https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>
- Mental Health and Behavior in Schools (DfE, 2015).
<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>
- Counselling in Schools, A Blueprint for the Future (DfE, 2015).
<https://dera.ioe.ac.uk/25515/>
- SEND Code of Practice: 0 to 25 years.
<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

1.2 Local Context

Staffordshire has a diverse population with differing needs; it has large rural areas as well as highly populated urban areas. Although it is classed as one of the least-deprived, upper-tier local authorities in England (ranking 116th out of 152 authorities in terms of level of overall deprivation), there are pockets of deprivation and disadvantage within the county. The map below illustrates patterns of deprivation using the most recent Indices of Multiple Deprivation (IMD) data.



IMD 2015



Staffordshire covers a large geographical area and it is divided into eight (8) districts: Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth.

Relevant data from the 2017 Joint Strategic Needs Assessment (JSNA) for Staffordshire and Stoke-on-Trent is outlined below:

- Staffordshire had a population of 862,600 people.
- Approximately 168,800 people were children and young people aged zero (0) to eighteen (18) years of age, representing 19.5% of the total population.
- Within this element of the population, the Council fulfils Corporate Parent responsibilities for 1,122 Looked After Children (LAC) and 504 Care Leavers (CL). On the 29th of May 2019, 119 of Staffordshire's LAC were residing in residential care placements across the United Kingdom. 27 CYP within the figure have special educational needs and disability (SEND). For a further detailed breakdown of the cohort of children and young people placed within residential settings, please refer to Appendix A.4.
- Overall, the JSNA findings present a positive picture of Staffordshire children and young people enjoying positive EHWB. In determining the priorities, it is recognised that some children and young people are more vulnerable and susceptible to poor mental health than others.
- There are estimated to be around 10,400 children and young people in Staffordshire aged five (5) to sixteen (16) years old with a recognised mental health disorder. It was viewed that this figure accounted for some of the 12% of Staffordshire children and young people who had reported low-life satisfaction, which is comparable to the national average of 14%.

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The full report can be accessed using the following hyperlink:

<https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>

A JSNA based on emotional wellbeing needs of children and young people in Staffordshire was conducted in May 2018. It highlighted some salient points and further strengthened the need to improve relevant services for children and young people. Commissioners' priorities can be found in section 8 of the document where key points and emerging priorities can be found. The full report can be accessed using the following hyperlink:

<https://www.staffordshireobservatory.org.uk/documents/Health-and-Wellbeing/Emotional-wellbeing-JSNA-July-2018-FINAL.pdf>

In May 2019, a Public Health Epidemiologist completed two pieces of work to support the Clinical Commissioning Groups (CCGs) in making Staffordshire's bids to become a Trailblazer site in the second and third wave of the programme. Needs analysis was carried out to cover North Staffordshire and South Staffordshire. Please refer to Appendix A.2 and A.3 for these documents.

Various stakeholders have a key role in transforming the way in which the Council and CCGs support children and young people to ensure positive EHWP outcomes. The Council and CCGs aspirations for children and young people are to receive the right level of support at the earliest opportunity, allowing them to build their confidence, resilience and reach their individual goals. children and young people should be empowered to:

- Make a positive contribution to society and the communities in which they live.
- Understand the support mechanisms available and take responsibility for accessing the appropriate services as and when required.
- Actively participate in the design and implementation of services to meet their requirements.

2.0 CURRENT SERVICE CONFIGURATION

EHWP services for children and young people in Staffordshire are currently commissioned to offer a LAC and CL service alongside a range of Tier Two (2) services. Arrangements are in place for these services; either with the Council or with the CCGs, until the 31st March 2020.

The first contract delivers services for LAC and CLs. It is currently delivered by the Sustain Plus service within Midlands Partnership NHS Foundation Trust. It provides a bespoke offer that addresses physical health needs alongside EHWP. The service includes training provided by the Sustain Plus service to parents/foster carers with the intention of educating and facilitating maintenance of good emotional health for LAC.

The second set of contracts, Tier Two (2), deliver services to provide targeted emotional wellbeing support for Staffordshire children and young people aged five (5) to eighteen (18). These contracts are currently delivered by voluntary & community sector (VCS) providers throughout Staffordshire. These providers deliver a diverse range of interventions within a host of settings, delivering group therapy and peer support programmes alongside the more clinical model of one-to-one therapies. The current offer is not standardised, providing an inconsistent service across Staffordshire.

Current Tier Two (2) activity is commissioned based on numbers of referrals. Different service models mean it is not possible to consistently and accurately identify the number of children and young people receiving intervention across Staffordshire. This is because children and young people have different needs and require different levels of intervention, particularly in relation to the number of support sessions. The below figures will give some indication to the historical uptake of these services.

New Referrals for Tier Two (2) Services	2015/16	2016/17	2017/18
The Council	1,672	1,370	3,852
North Staffordshire CCG	150	258	

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South Staffordshire CCGs (Cannock Chase, Stafford and Surrounds, East Staffordshire, South East Staffordshire & Seisdon Peninsula (SES & SP) CCG)		263	
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Statistics from the LTP, 2018, refer to section 3 for further information.

Beyond the current contract configurations there are wider links to the commissioning of services in relation to Public Health, Early Help, Early Years, Education and Youth Justice. As per the opening paragraph in this section, it is imperative that a collaborative commissioning approach is maintained to provide value for money, efficiencies and effectiveness. For further information relating to existing commissioned services across Staffordshire for Adult Emotional Health, Social Inclusion and Recovery Contracts, please refer to Appendix A.5.

3.0 THE VISION

There is a national focus, as outlined in section 1.1 of this Specification, of the need to transform EHWB services for CYP. Locally the Council and CCGs are working collaboratively to devise a joint approach to address children and young people's EHWB in Staffordshire. The Pan-Staffordshire Emotional Health and Wellbeing Strategy 2018 – 2023, which outlines this vision, can be accessed through the icon below:



pan Staffordshi
Emotional Health and Wellbeing Strategy 2018 – 2023

The LTP for CYP's Mental Health can be accessed by using the following hyperlink:

<https://www.staffordsurroundsccg.nhs.uk/our-services2/children/local-transformation-plan-for-children-and-young-people-s-mental-health>

It is recognised that this Service commissioned by the Council and CCGs needs to tackle the 'root causes' of EHWB issues, follow an Early Intervention model and be more accessible and consistent to meet the needs of all CYP. This ambition shall be realised, in part, through a community-based approach that will require the Provider to work efficiently and effectively in partnership with all stakeholders. The Service shall develop an understanding of the issues faced by children and young people in Staffordshire with regard to their emotional health and wellbeing. In doing so, the Service will ensure economy of effort, equity and consistency and improve clarity throughout the whole system.

This Service will improve the outcomes for CYP with mild to moderate EHWB problems. The Service is required to respond to CYPs' needs at the earliest possible opportunity using short, Evidence Based interventions along with information, advice, guidance (IAG), signposting and a robust self-help offer through a Digital Offer. The Service must also enhance the offer for those CYP who need more specialist support than is currently provided by schools, primary care, local authorities and more general services for children and young people in communities, as well as those that do not meet current specialist Child and Adolescent Mental Health Service (CAMHS) thresholds. In the longer term, this Service will reduce the likelihood of children and young people developing a more serious mental health condition by providing timely and appropriate support when it is needed most.

4.0 SERVICE SCOPE

By tailoring this Service to meet the individual needs of CYP, specifically CYP who are Vulnerable and at risk (including the LAC, CL and CYP with an EHCP), with a wider offer to Staffordshire's CYP, the intention is to provide a comprehensive Service that enables CYP to access help within their communities. The Service needs to consist of a broad range offer that is inclusive of LAC/CL, CYP with an EHCP and others with additional vulnerabilities. There then will need to be a differentiated Service offer and level of support based

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on risk and risk management. The level of support a CYP is assessed to require will determine the time frames for response, the modality, timeliness and length of intervention (refer to section 5.4 and 5.5 of the Service Specification for further information).

4.1 Service Principles

The Provider is required to adhere to the following principles:

An emphasis on Prevention and Early Intervention. The Service should make appropriate use of Universal Provision and information, advice and guidance (IAG). The Service shall also include a Digital Offer that is accessible and CYP focused. This approach is supported within the NHS England 'Five Year Forward View' published in October 2014 which outlined the importance of opportunistic Prevention in EHWB services and that every contact counts. The full report can be accessed using the following hyperlink: <https://www.england.nhs.uk/five-year-forward-view/>

Effective use of Evidence Based practice. The Service shall deliver interventions that are based on examples of good practice and a strong Evidence Base, including those advocated through the National Institute of Health & Care Excellence (NICE).

Community focus with an emphasis on evidencing Social Value. The Service shall clearly demonstrate a Place Based Approach (PBA) (refer to section 5.3.1 of the Service Specification) to Services, creating seamless, professional relationships within and alongside communities. This will provide CYP with a flexible support system that ultimately drives the Prevention of and support for addressing of EHWB issues. The Service shall also demonstrate a clear understanding of community and statutory services that offer different types and levels of support in this specialised area. Finally, the Service shall raise wider awareness and reduce the negative perception of poor EHWB.

Empowerment of CYP. The Service shall support Staffordshire's CYP with the aspiration of improving their EHWB and building the individual's resilience and confidence. In line with the Anna Freud THRIVE Framework (refer to section 5.1 of the Service Specification) there shall be collaboration and shared decision making between CYP and their Families in identifying and addressing their EHWB needs. All CYP shall develop the knowledge to be able to make the right choices to access services appropriate to their need, at a time and in a way that they are comfortable with. Furthermore, CYP shall be encouraged to actively participate in the design, delivery and evaluation of the Service.

Innovation. Innovation and creativity in meeting outcomes is strongly encouraged. The Service shall provide a proactive and flexible approach to EHWB, including a Digital Offer. Alongside this, innovative Direct Interventions will be available in a range of formats including: peer support, group therapy and one-to-one therapeutic input. Also, embedding participation and engagement structures across services to capture the voice of CYP will inform practice and drive innovation.

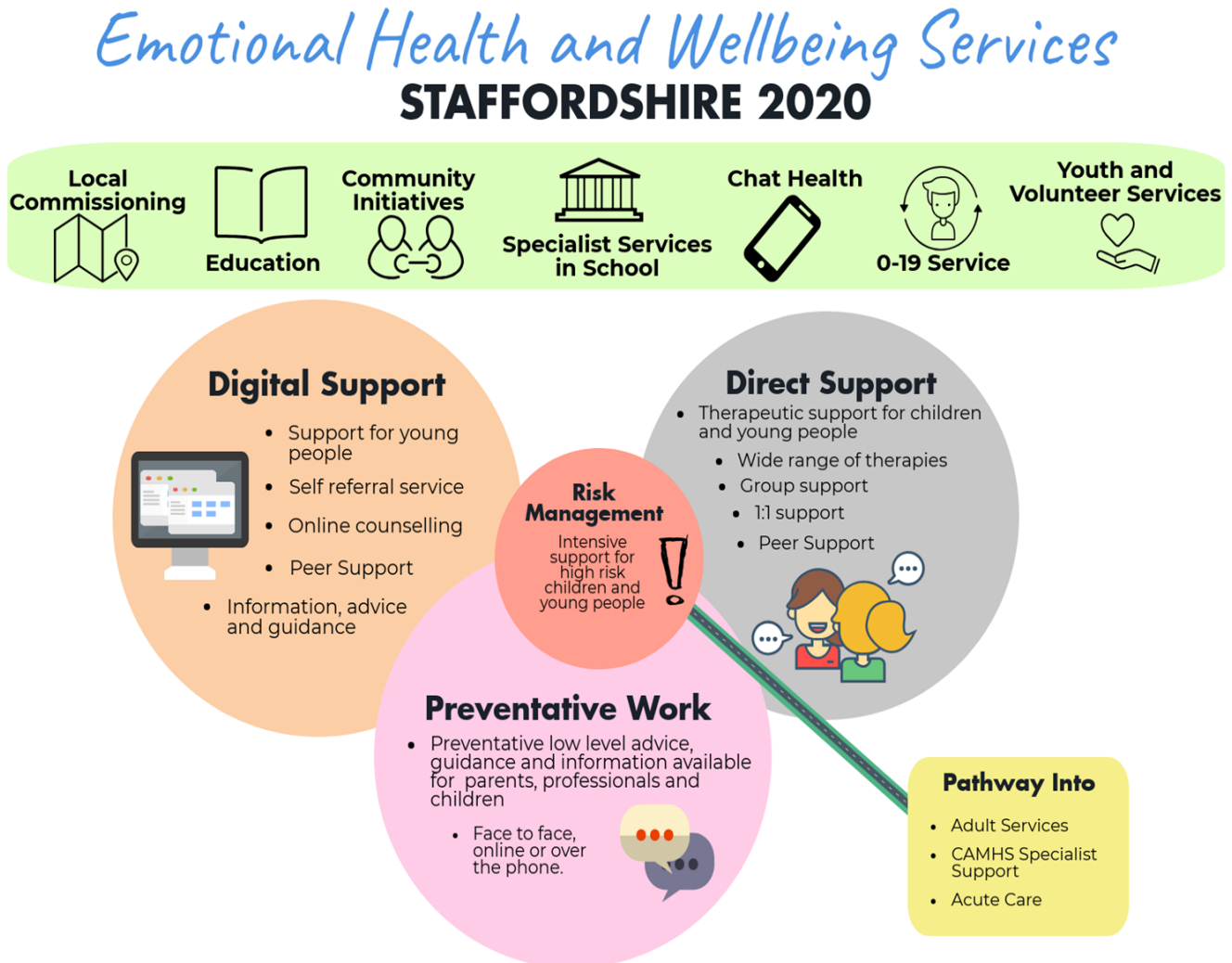
Participation. Comprehensive and positive engagement with CYP, their Families and relevant stakeholders will guide the development and evaluation of appropriate Services. Meaningful, consistent participation should come from a wide range of sources and should take many forms.

Workforce Development. The Personnel shall be appropriately trained and suitably experienced, providing a real choice of interventions which are supported by the appropriate level of resources, ensuring delivery meets the highest standard and all aspects are open to both internal and external scrutiny. Ultimately, each CYP shall be given the right level of support to achieve realistic and meaningful outcomes to meet their individual needs.

Targeted and focused approach to reduce health inequalities. The Service shall be tailored to meet individual needs, specifically CYP who are Vulnerable and at risk (including the LAC, CL and CYP with an EHCP cohort). It shall contribute to the alignment of community resources and efforts, ensuring that local policies, programmes and interventions support EHWB, tackle stigma and address health inequalities.

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The infographic below visually demonstrates the elements of the Service and offers some insight into the proportional representation of each individual element. It also refers to inextricably linked services and stakeholders.



4.2 Eligibility

Eligibility to access the Service is as follows:

- All CYP residing in Staffordshire, aged between five (5) and eighteen (18) years plus three hundred and sixty-four (364) days, whose Families have given their consent for support. Eligibility will increase to twenty-four (24) years and three hundred and sixty-four days (364) for CLs and/or CYP with SEND.
- LAC and CLs only, for which the Council is the Corporate Parent, will be eligible to access the Service if they reside within thirty (30) miles of Staffordshire's border. Those CYP would need to travel into Staffordshire for Direct Interventions, Structured Interventions or utilise other methods for online/skype interactions to take place.
- The Digital Offer (refer to Section 5.13 of the Service Specification) is available to children and young people, aged between eleven (11) and eighteen (18) years plus three hundred and sixty-four (364) days and residing in Staffordshire, in accordance with relevant NICE guidance. Where LAC or

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CLs live outside of Staffordshire, but within the United Kingdom, they will still retain access to the Digital Offer. CLs and/or CYP with SEND will be eligible to use the Digital Offer up to the age of twenty-four (24) years and three-hundred and sixty-four (364) days.

- An Initial Assessment (refer to section 5.5 of the Service Specification) will determine those CYP that meet the criteria for Direct Interventions and Structured Interventions.

4.3 Aims

The key aims of this Service are:

- Wholeheartedly believe in the concept and our collective ambition; displaying the necessary professionalism, drive and commitment to promote positive EHWB in Staffordshire's CYP and treat everyone with respect.
- Possess a high-level of suitable knowledge, experience and skills to deliver the full array of support needed.
- Recognise that the promotion and provision of EHWB amongst CYP will require strong professional relationships with multiple stakeholders.
- The recruitment, organisation, management and development of skilled Personnel is embedded within the core values of the organisation to support CYP and their families across all levels of need, displaying professionalism, compassion and respect in an environment that is free of stigma or judgement.
- Ensure the active participation of CYP and their families will be at the heart of all service development, delivery and evaluation.
- Establish the platform whereby CYP, their Families and the communities in which they reside can support themselves and each other to maintain good EHWB.
- Ensure CYP are receiving early help and support to manage their EHWB needs, reducing the need for referrals to specialist services. This is intended to assist Staffordshire's CYP in their long-term recovery, built on the foundations of the principles of 'Five Ways to Wellbeing'; the full report can be accessed using the following hyperlink:
<https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/>
- Provide Families with the ability to better understand normal behavioural development in CYP, allowing them to recognise and act appropriately to support a CYP displaying early signs of emotional distress.
- To make sure clear Pathways are available and movement between Services is efficient and simple to understand and navigate.

4.4 Objectives

The key objectives of this Service are:

- The successful adoption of the THRIVE Framework over the Contract Period (refer to section 5.1 of the Service Specification).
- The effective promotion of the Preventative agenda (refer to section 5.2 of the Service Specification).
- Ensuring Prevention and Early Help practices are embedded within the Service model through a progressive, comprehensive approach, allowing CYP access to the most appropriate level of support in a timely manner.
- Ensure that effective leadership is demonstrated across the organisation with the appropriate governance and management structures in place to assure accountability and responsibility for Service delivery.
- Effective facilitation and engagement with a wide range of stakeholders from all sectors can be evidenced to build relationships and deliver an integrated approach to the EHWB of Staffordshire's CYP (at an operational and strategic level).
- A targeted and tailored Service that focuses on reducing health inequalities.
- A committed and co-ordinated delivery of a PBA (refer to section 5.3.1 of the Service Specification) to Services, with community focus and Social Value at the core.

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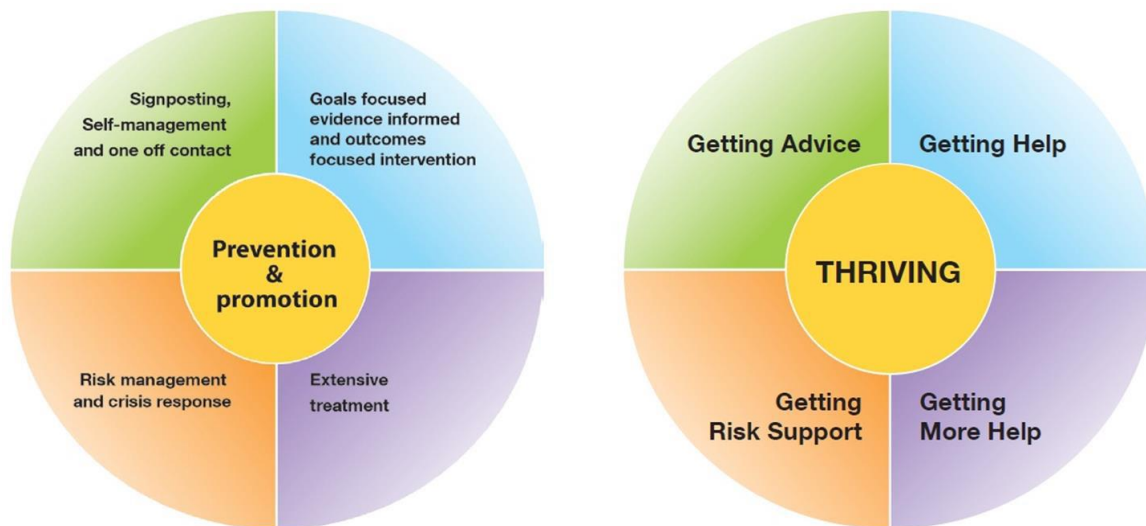
- Identification of those CYP who are at higher risk of EHWP problems, working to support them and their Families in an integrated, holistic way to keep them safe and minimise risks.
- Ensuring that relevant data is accurately recorded on the Mental Health Services Data Set (MHSDS); enabling access information and outcome metric information to be representative of the work being conducted with Staffordshire's CYP (refer to Section 6.6 of the Service Specification).

5.0 **SERVICE DESCRIPTION**

The Provider is required to deliver an inclusive Service for CYP as outlined below:

5.1 **The THRIVE Framework**

The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre presented a new perspective on visualising and delivering CYP mental health services through their publishing of the THRIVE Framework in November 2014. The Council and CCGs have recognised the need for this Service to evolve from a tiered approach to that of the THRIVE Framework over the Contract Period. The Provider must adopt this approach in their Service model.



This Service will align with the 'Getting Advice' and 'Getting Help' quartiles of the THRIVE Framework.

Getting Advice: Within this element of the THRIVE Framework would be CYP and Families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. It may also include those with chronic, fluctuating or ongoing severe difficulties, where CYP choose to manage their own health and/or are on the road to recovery.

Getting Help: This element of the THRIVE Framework comprises those CYP and Families who would benefit from focused, Evidence Based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This would include CYP with difficulties that fall within the remit of NICE guidance but also where it is less clear which NICE guidance would guide practice.

Further information relating to the THRIVE Framework can be accessed using the following hyperlink:
<https://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>

5.2 **Preventative**

The emergence of need for a Preventative approach to EHWP is something that is reflected in both national and local policy and strategy. The Service must work collaboratively to offer a range of Services, with a flexibility in modality, access arrangements and to adhere to the following:



- Build emotional resilience and a 'Healthy Start' (No Health without Mental Health, 2011).
- Plan, engage in and promote Transition points across the life course of a CYP, providing a joint and holistic approach to support CYP and Families.
- Seamless Pathways and a speedy, organised response to referrals that ensure that CYP get timely, appropriate support.
- Flexibility in Services are required. The utilisation of the Digital Offer is one example of this.
- Shared training opportunities and regular updating of resources to support Personnel development, capacity and the building of skills.
- Reducing stigma and raising awareness of EHWP issues within communities, Families, peer groups and education settings.
- Making every contact count, offering robust signposting or IAG will also drive the preventative approach.

5.3 Access Arrangements

5.3.1 Place Based Approach (PBA)

PBA is a different way of thinking and working. It is not an activity, a meeting or a department. It is a collection of appropriate partners and individuals who share a common purpose and principles, agreeing to work together within a specific locality which creates the PBA.

A PBA to Service delivery, partnership working, and community cohesion will ensure that CYP are able to easily access responsive EHWP Services within their local area. The aim of a PBA is to make best use of public sector and community assets to:

- Reduce demand on higher tier services.
- Improve outcomes for CYP and their Families by providing support as early as possible.
- Build resilience and encourage independence within communities.
- Provide high quality statutory services when required.
- To ensure that all CYP seeking help because of an EHWP risk or issue, receive the appropriate level of help and support.

Further information around the needs and priorities that have been identified at District/Borough level can be found via the data packs accessible via the hyperlink below:

<https://www.staffordshireobservatory.org.uk/publications/thestaffordshirestory/Locality-Data-Packs.aspx#.XSSdXExFxyP>

Local, district level partnership strategies can be accessed via the hyperlink below:

<https://www.staffordshire.gov.uk/health/News/Local-Working-In-Staffordshire-Place-Based-Approach.aspx>

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The PBA diagram illustrates a basic PBA model that has emerged through partnership dialogue in Staffordshire. Further information can be found in Appendix A.1



5.3.2 Presenting Conditions

The Provider shall use Evidence Based therapeutic intervention approaches and provide self-help through a Digital Offer to identify and support several presenting conditions. These include (but are not limited to):

- Self-esteem/assertiveness.
- Anxiety and depression.
- Attachment and bonding.
- Bereavement/loss.
- Friendships/relationships.
- Parental separation.
- Bullying/trauma.
- Problem solving.
- Anger management.
- Fears and worries.
- Behavioural management.
- Cyber bullying.
- Eating disorder.
- Isolation.
- Self-harm.

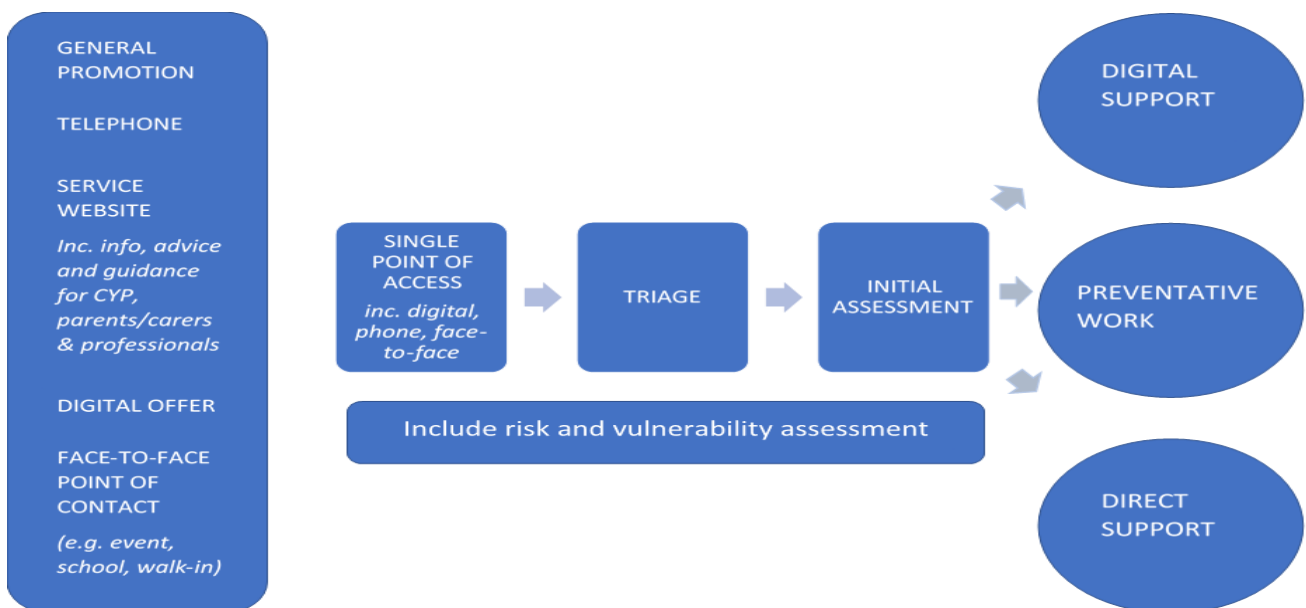
5.4 Referral Arrangements

A 'whole system approach' to Services will ensure effective relationships are developed to deliver care Pathways. Collaborative partnership working will enable the Escalation and De-escalation of support that is

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reflective of the needs of the CYP. The Provider must ensure open referral routes in to the Service. It is recognised though that within the Service model the Provider may utilise their triage and IA process to ascertain how a CYP's needs can be most effectively met. Consideration will need to be made to the elements of the Service, as per the infographic in section 4.1 of the Specification. A method for identifying CYP with vulnerability and risk (including LAC, CLs or CYP with an EHCP) should be in place. Risk management plans are to be developed if appropriate and should involve Families and all key partner and stakeholder organisations involved in holding the risk (particularly Health and Social Care). Communication with Families and pertinent professionals (especially where LAC and CLs are concerned) will need to be timely and informative to ensure that decision making at all stages is robust and well-articulated to inform any wider support in place for a CYP.

Triage and IA of CYP with complex needs, particularly those CYP that have been identified at the point of referral as at risk or Vulnerable (including LAC, CL or with and EHCP) will need to be carried out by appropriately skilled Personnel. A diverse, wide-ranging triage and IA Personnel team with expertise or knowledge from Health, Social Care, Education and Youth Work sectors for example, will be required. Please see the diagram below for further information of the referral Pathway.



There will be a phased approach to the mobilisation of this Service (refer to section 6.4.1 of the Service Specification). With an innovative Digital Offer it should be possible to offer an 'open' referral process, for those CYP of appropriate age, who opt to access support online. Contract management and reporting during the Contract Period will allow the Council, CCGs and the Provider to explore the uptake of this element of the Service and any future development needs.

The more specialist, face-to-face element of the Service will need to have a consistent and unambiguous referral process throughout Staffordshire. For example, one standardised referral form, one referral process. A standardised operating procedure will be utilised to ensure any referral, triage and IA processes are consistent but also across any different elements of the Service. These operating procedures should link effectively with CAMHS, reducing any likelihood of CYP oscillating between Services or 'falling through gaps'.

This Service Specification refers to the following terms 'referral, triage, Initial Consultation, Initial Assessment'. It is recognised however that this terminology has medical connotation. The Provider has flexibility to use alternative terms during Service delivery.

The Provider will be required to prioritise, and caseload manage the file transfer of any children and young people who are currently waiting for / receiving support from an existing Tier Two (2) service or the existing

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Sustain Plus service. Current children and young people referral and support figures, dated Sept 2019 are detailed within the table below (to be populated with September 2019 data).

Provider	Area	Referrals (On hold / waiting for IC/IA/support)	Referrals (receiving support)
YESS 1:1 Counselling	East Staffs	69	61
YESS 1:1 Counselling	Cannock Chase,	72	79
YESS 1:1 Counselling	Tamworth and Lichfield	14	3315 (figure based on Q1 19/20 stats)
Younger Minds 1:1 Counselling	North Staffs NUL and Moorlands	56	116
Younger Minds 1:1 Counselling	Stafford	98	47
Kaleidoscope CBT	South Staffs	20	37
Sustain Plus (LAC) A range of therapeutic support.	Across Staffordshire, county-wide service for LAC and CL's	Through Exit Planning this figure is expected to be 0 by March 2020.	193 (number expected to significantly reduce following impending file audit.)

Referral figures for the services outlined above totalled 2581 in 2018/19. This number can be broken down to 2337 for the Tier Two (2) services and 244 for Sustain Plus. These figures represent both CCG and the Council's contracts.

Positive, close-working relationships with relevant stakeholders will enable the Provider to meet the requirements of CYP in a timely way. Shared assessment and outcome recording with CAMHS would also be of benefit when looking to support a CYP whose needs cannot be met within this Service due to their complexity.

The Provider shall gain the following information at the point of referral (but not limited to):

- The full name, address, date of birth, gender and ethnicity of the CYP.
- GP and surgery name and address.
- NHS number.
- The name and details of any professionals offering support to the CYP or parent/carer.
- An overview of current difficulties, reasons for the referral, risk factors.
- Early Help Assessment (EHA) open/closed, and any child protection / vulnerable adult matters.
- Confirmation that the referrer has seen and gained consent from the CYP or Family for the referral to take place where Services are requested.
- Further consent needs to be sought for General Data Protection Regulation (GDPR) compliance and to ascertain permission for 'opt out' where information is shared with an external source (MHSDS is an example of this). This can be accessed by using the hyperlink below:
<https://www.intra.staffordshire.gov.uk/governance/igu/Getting-ready-for-GDPR/GDPR-Consent/Consent.aspx>

5.4.1 Response Times and Prioritisation

CYP with needs relating to vulnerability and risk (including LAC, CLs and those with an EHCP) will require some priority within the Service. An effective system for identifying any CYP within this cohort, should then ensure that they are able to access timely Services that are appropriate to age, capability and need. The level of support a CYP is assessed to require will determine the time frames for response, the modality, timeliness and length of intervention. It is expected that a Risk Assessment and management process will inform any prioritisation and will be developed in conjunction with Families, and key agencies who share

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responsibility for 'holding' any risk associated with a CYP and reacting to changing need. The Provider will be expected to discuss complex cases with the Authorised Officer via quarterly Contract Review meetings.

Response times will be kept to a minimum and where 'waiting lists' are necessary, the Provider shall build in a robust monitoring process, incorporating a system to maintain links with the CYP, their Families and relevant stakeholders; and make use of the Digital Offer to support CYP. Regular contact with the CYP and their Families is required to ensure that needs have not changed and to review whether an alternative offer of support may be more appropriate. The Provider must adhere to the following timeframes:

Activity:	Response times:
From response to referral to the Service The response from the Provider should include information on: - what will happen next and the timeframe - the Digital Offer - local / national crisis support	Within five (5) Working Days
From referral to Initial Consultation	Within ten (10) Working Days
From Initial Consultation to Initial Assessment (where appropriate)	Within ten (10) Working Days
From Initial Assessment to accessing appropriate support within the Service	Within twenty (20) Working Days

5.4.2 Inappropriate referrals

Upon the receipt of a referral, following a triage and Initial Consultation and or Initial Assessment process, if it is deemed that the CYP's needs cannot be suitably met through the provision of the Service then the Provider will be responsible for ensuring referral or signposting to alternative services. Where a CYP is thought to require CAMHS input the Provider will manage the CYP's case as it Transitions. Effective partnership relationships will be utilised to ensure timely, appropriate referrals occur and are effectively managed.

Where a referral is deemed inappropriate, the Provider shall inform the referrer of the rationale for the decision.

5.4.3 Re-referrals

A re-referral is defined by the following circumstances:

- CYP is re-referred to the Service within twelve (12) weeks of their case being closed.
- CYP is being referred due to a different 'presenting condition'.
- Consent was originally withdrawn and has now been given.

Re-referrals should be recorded separately so that differentiation can be made with successful referrals, ongoing cases, closed cases or inappropriate referrals.

5.5 Initial Assessment

Information should be gathered at the Initial Consultation stage, and prior to, an Initial Assessment taking place. It is recognised that sources of information will vary depending on the age of the CYP, the reason for the referral and the stakeholders that may be involved. The Provider shall co-ordinate the Initial Assessment process as part of a seamless offer. Systems around referral, Initial Consultation, Initial Assessment, delivery, outcome measuring, and evaluation will need to be consistent across Staffordshire and part of a standardised operating procedure.

There are a range of different assessment tools and processes that can be used to inform and support the process. The Provider shall identify any tools / processes they intend to utilise for assessment purposes,



identify the strengths and benefits of them, discuss and agree these with the Authorised Officer during the mobilisation period for this Service.

The assessment process for access to the Digital Offer will ensure that CYP are of an agreed and appropriate age. CYP should have the initial option to remain anonymous. Clear Safeguarding and Escalation processes shall be in place to support a CYP if there are any immediate Safeguarding concerns (refer to section 6.5 of the Service Specification).

5.6 Support Planning

Each CYP shall have access to a clear support plan if they are in receipt of Services that will require multiple contacts/interventions. Where LAC, CLs and CYP with an EHCP are concerned there will be a requirement for effective communication with pertinent case holding professionals. The case holding professional should be clearly identified within the support plan. Plans must:

- Take account of the CYP’s Goal Based Outcomes.
- Be guided by the CYP’s physical and emotional capabilities, mental capacity and age.
- Take regard of the health and safety of the CYP and others.
- Take a whole family approach where appropriate.

5.7 Intervention

Support shall be tailored to the individual CYP’s needs, which should be effectively met through the:

- Delivery of a broad spectrum of community-based and self-help interventions.
- Effective use of community networks, VCS provision and peer support.
- Delivery of innovative approaches to achieve outcomes as well as Evidence Based practice.
- Effective and timely Escalation and De-escalation to meet an individual CYP’s need.
- Clear assessment of need, vulnerability and risk that informs referral Pathways and support for CYP accessing the Service.

5.8 Direct, Indirect and Structured Interventions

The Service shall provide a range of Direct, Indirect and Structured Interventions as well as a wider, Preventative offer. The table below is a guide only but provides an indication of the type of support activity that could be deemed appropriate. The Digital Offer may also include some of the activity outlined below.

Activity	Description	Example
Home visiting	A member of Personnel delivering the Service within a CYP’s home.	Parenting support.
Evidence Based Therapeutic Interventions	Dependent upon an Initial Assessment, interventions could take various forms. The frequency and intensity of interventions is expected to vary according to need. These interventions could be delivered on a one-to-one or group work basis.	Counselling skills/techniques. Low intensity CBT. Solution focused brief therapy. Positive approaches to problem solving.
Peer Support	Peer support is a system of giving and receiving help founded on the key principles of respect, shared responsibility and agreement of what is helpful. Peer support is provided by people considered an equal.	Support for CYP offered by peers or those with similar experiences.

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Signposting and referring to other agencies	Providing CYP and their Families with information on other relevant agencies. Referral to specialist services, for example substance misuse, school nursing, CAMHS.	Referral to Universal Provision, groups and associations.
IAG	This is a broad term describing the support needed by CYP and their Families to assist them in making informed decisions. An interactive, Digital Offer is intended to offer accessible IAG.	Provision of leaflets, contact details, introduction to Universal Provision and associations. Signposting to services.

5.9 Number of interventions

The number of interventions will be determined first and foremost by the CYP's vulnerability and risk, following the Initial Assessment process. However, it is envisaged that the majority CYP will not require more than six (6) separate interventions.

5.10 Did Not Attend Arrangements

Failure to attend appointments by CYP or Families shall not be viewed as a lack of motivation and automatically act as a trigger for case closure. Any CYP subject to a Child Protection Plan, that can be recognised as a LAC, CL or CYP with an EHCP who fails to attend appointments shall require a follow-up by the Service Provider within three (3) Working Days. Links should be established with any referring professionals as well as attempts made to contact the CYP directly. Non-attendance at appointments will require access arrangements to be reviewed by the Provider.

5.11 Transition and Exit Planning Arrangements

5.11.1 Transition Plans

The Service must ensure that any known Transition points in a CYP's support or life are planned for well in advance. As a minimum, the Provider must ensure that CYP moving on from the Direct, Indirect or Structured Interventions elements of the Service have:

- At least one (1) contact with both their current support worker and a counterpart from the onward, signposted service prior to Transition. Recognition is required that more than one (1) contact may be necessary to support LAC/CLs in Service Transition.
- IAG, if no further interventions or treatment are planned, so that the CYP, and where appropriate their Families, know what to do if the CYP requires future support from the Service.

5.11.2 Planned Exit

The Provider shall ensure that CYP leaving the Service have an agreed and documented exit plan. Interventions should come to an end in a planned way that is in line with the individual outcomes (where appropriate GBOs) of the CYP.

5.11.3 Unplanned Exit

In the instance of unplanned exits from the Service, the Provider shall use reasonable endeavours to evidence what outcomes have been achieved for CYP, ascertain the reasons for the exit and ensure that the CYP has been provided with relevant IAG.

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5.12 Service User Voice / Participation

The Provider must embed the views of Service Users in Service design, delivery and evaluation.

5.13 Innovation and Digital Offer

The Provider will be required to offer from the Commencement Date a self-help Digital Offer that will enhance the Service model. The Digital Offer should be age/capacity appropriate and must consider how it may meet the needs of CYP with SEND or English as a Second Language (ESL). Where LAC or CLs live outside of Staffordshire, they will still retain access to the Digital Offer. The Provider is responsible for ensuring that the Digital Offer is compliant with all relevant guidance, including; the Data Protection Act (2018) and NICE Guidance.

There are some key drivers behind the desire for a Digital Offer, including:

- Exploring how digital technology can support CYP to build resilience, manage their own demands and achieve better outcomes.
- Finding and implementing new technologies in a health, social care and educational settings.
- Empowering CYP; they will readily engage and utilise the Services they feel are appropriate for them.
- User data shall inform how the Council, the CCGs and the Provider improve Service delivery, manage demand and achieve optimum value with limited resource.
- To inform needs analysis and future commissioning intentions.
- Ensuring that the technology in place for delivering the Service includes effective, integrated mechanisms to support and underpin practice in a clinically meaningful way.

6.0 OPERATIONAL SERVICE REQUIREMENTS

6.1 Service Availability

Through consultation, CYP and their Families have communicated that they would welcome the Service offering flexibility of availability. The Digital Offer shall be accessible to CYP, twenty-four (24) hours per day, seven (7) days per week, throughout the Contract Period. It is recognised that Direct, Indirect or Structured Interventions will not be available twenty-four (24) hours per day, but that the Service shall incorporate flexibility to provide professional and direct engagement with CYP outside of school hours, ensuring minimum disruption to education.

As this Service Specification has developed, so too has the children and young people's mental health workstream as part of the Sustainability Transformation Partnership (STP). A clear priority within this transformation, supported by the Staffordshire and Stoke LTP, is to achieve single points of access for referrals for children and young people requiring EHWB and mental health services. The delivery of this priority is at different stages in the respective Trusts (North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership NHS Foundation Trust). In North Staffordshire there is a single point of access via a hub. It is expected that the Service will utilise and contribute to the provision within hub in the north in order to triage referrals for the EHWB Service. The perceived benefits of this include improved pathways at point of referral, consistency in response and best use of resources across the CAMHS system. Nicola Griffiths, Associate Director within North Staffordshire Combined Healthcare NHS Trust will be the most appropriate person to contact on this matter.

Nicola Griffiths: Tel - 01782 441696
Email - Nicola.Griffiths@combined.nhs.uk

In South Staffordshire, there is an ambition to move towards a single point of access, however presently this is not the operating model in place. It is expected that the Provider of this Service will become actively involved in the STP transformation work that is currently underway, therefore remaining conversant with any future developments.

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As a minimum requirement, the Provider shall operate from two (2) Premises from the Commencement Date (refer to Appendix A.6 for further information). The Service shall provide capacity to deliver consistency across Staffordshire by the end of the phased approach (refer to section 6.4.1). The utilisation of a broad range of venues within communities is something that is actively encouraged. The Council and CCGs foresee this Service being one that offers support to CYP and their Families in surroundings where they feel comfortable, safe and affords the right level of privacy. Examples of possible alternative venues include (but are not limited to): CYP's home environment, education establishments, community facilities and GP surgeries. There will be occasions when the Service will be required to review access arrangements for a CYP. A flexible and innovative model of delivery shall ensure that CYP's needs are met effectively and in line with their desired outcomes. It is this flexibility in any support planning arrangements that will ensure that CYP gain maximum value from every contact and every intervention. As detailed in the paragraph above, the flexibility afforded to CYP through a robust, Digital Offer shall have the benefit of providing access to support for CYP, irrespective of location.

6.2 Personnel requirements

6.2.1 Recruitment

The Provider shall implement a formal system of Personnel selection. This system shall include a job application form which requires the applicant to disclose full details to ensure their suitability to provide services to CYP and their Families. At least two (2) references shall be requested from each potential employee, along with an enhanced Disclosure Barring Service (DBS) check. Additionally, references and enhanced DBS checks shall be carried out for all volunteers working within the Service (even if not in direct contact with CYP and their Families).

The Provider shall comply with the following standards:

- Safer Recruitment Standards with new Personnel.
- Record keeping in line with Data Protection Legislation and Care Quality Commission (CQC) Essential Standards (where applicable, refer to section 6.6 of the Service Specification).
- Appropriate Personnel training & development, updates and supervision to enable Personnel to fulfil their duties. It is expected that where appropriately aligned to a clinical intervention, supervision shall be delivered through formal clinical arrangements in line with NICE Guidelines.
- Ensure that there is compliance with the recommendations of the Duty of Candour outlined by the General Medical Council, this can be accessed via the hyperlink below:
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/candour---openness-and-honesty-when-things-go-wrong/the-professional-duty-of-candour>

6.2.2 Structure

The Provider shall be responsible for designing a Personnel structure that will enable flexible and responsive Service provision during the Contract Period. Each member of paid Personnel shall be employed under a formal Contract of Employment and have a detailed job description.

6.2.3 Competencies, Qualifications and Professional Registration

The Provider shall be responsible for keeping up-to-date records of Personnel accreditation and membership to recognised professional bodies. All Personnel and volunteers shall have the required accreditation and registration/memberships in place to perform in their roles. As a minimum, this is to include a level one Safeguarding qualification.

Counsellors and Psychotherapists must be accredited with the British Association for Counselling and Psychotherapy. Health, Psychologist or Social Work professionals must be registered with the Health and Social Care Professionals Council. Clinical Personnel shall need to be skilled and competent to understand the impact of complex trauma on CYP and trained in delivering attachment-related interventions. Specific

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qualifications and registration requirements are required to deliver specialist therapy options such as Cognitive Behavioural Therapy. Where alternative and innovative forms of intervention are utilised, the Provider shall ensure that they are conversant with the level of experience, expertise and formal qualifications required to deliver such methods.

6.2.4 Management and Professional Support

The Provider shall employ and deploy a suitably qualified Personnel to lead and be accountable for the following positions:

- Day-to-day administration and management of the Service.
- Promotion and progression improvement of the Service.
- Carry out Initial Consultations, Initial Assessments and Risk Assessments in relation to the Service and CYP.
- Recruiting and training of all Personnel and volunteers.
- Providing regular, meaningful Personnel and volunteer supervision.
- Providers delivering psychological and/or psychosocial interventions must have local arrangements in place for the provision of regular clinical supervision in accordance with relevant NICE guidelines.
- Responsibility for the management and response to complaints.
- Evaluation, monitoring and reporting on the performance and quality of the Service.

6.3 Collaborative Working

Working cohesively and collaboratively shall enable both the PBA and the THRIVE Framework to be implemented effectively. A child centred approach to support, intervention and Pathways will require collaboration to cut across the Provider model and the Services available.

Throughout this Specification there is reference to building effective, professional and symbiotic relationships with other stakeholders. The Provider shall be expected to provide a management, leadership and co-ordinating role in this area. The Provider shall work effectively with a range of stakeholders to ensure that services are not duplicated and that Pathways between services are open and effective:

- **The Council.** Staffordshire First Response, Multi-Agency Safeguarding Hubs, Families First, Locality Teams and Leads, Education, Health Support Service for LAC and CLs in Staffordshire, Building Resilient Families and Communities Services and Public Health provision.
- **Health.** CCGs, Primary Care, Hospital Trusts, NHS Trusts, Child Adolescent and Adult Mental Health Services, Community Paediatricians, Health Improvement Services, Drug and Alcohol Support Services, Adult Community Mental Health Services, Health Visitors and School Nurses, Inpatient or Highly Specialist Services, Emergency Departments and Sexual Health Services.
- **Other Partners.** Education Providers (Primary, Secondary, Further Education and Training Providers), Entrust, Police, Criminal Justice Agencies including Youth Offending, District Council Provision. There are also voluntary and community sector partners plus social enterprises and community groups.

The Provider shall ensure appropriate representation is secured at both local and county strategic groups as determined with the Council and the CCGs.

6.4 Service Mobilisation

To meet the Commencement Date, collaborative working with current EHWP providers (refer to section 2 of the Service Specification) shall be necessary to agree and achieve a seamless Transition. Further consideration will be required to prioritise, and caseload manage the file transfer of any CYP who are currently waiting for/receiving support within an incumbent Tier Two (2) service and the Sustain Plus service. Key milestones shall form part of the mobilisation plan in the lead up to the new service along with clear strategic and operational planning.

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6.4.1 Phased Approach Plan

There shall be a Phased Approach Plan (PAP) to Service delivery from the Commencement Date. It is recognised that it will take time to implement the change and innovation that is required. As a minimum the PAP must consist of:

The Mobilisation Phase. From Contract Award to the Commencement Date:

- Key stakeholders and partnership relationships will be established.
- Re-design and finalise any referral, triage and IA forms/processes. These should consider Pathways for CYP within and outside of the Service.
- Development of a communication strategy with the Authorised Officer.
- Use of local knowledge of Staffordshire to inform the roll-out of the Service model.
- Introduction of a Digital Offer from the Commencement Date.
- Therapeutic intervention options will be developed and outlined along with a system for prioritising CYP with complex, risk-based needs (including LAC/CLs). Systems and therapy modalities will be developed in readiness for the Commencement Date, ensuring a Service for CYP moving across from incumbent providers and any CYP waiting for support.
- Two (2) Premises will be established offering geographical coverage in opposing locations within Staffordshire, the location of the two (2) Premises are subject to agreement by both Parties (refer to Appendix A.6).
- Work with current providers will take place to ensure Transition of any relevant case files and data migration.
- Induction on an operational and strategic level will take place to ensure that the Provider has had opportunity to meet with key partners and stakeholders in advance of the Commencement Date.
- Finalise TUPE arrangements (where relevant) and ensure that any Personnel receive an effective induction and have their training & development needs identified.

Period 1. Zero (0) to six (6) months from the Commencement Date:

- Delivery of a wider range of creative, Direct, Indirect and Structured Interventions.
- Establish CYPs and Families participation arrangements to inform the development of the Service.
- Marketing and communication around the launch of the Service will be delivered via the communication strategy.
- Relationships between key stakeholders and Partners will continue to develop and inform practice.
- Representation at strategic and operational boards will be agreed with the Authorised Officer.
- Quarterly Contract Review meetings will commence. All elements of the Service will be subject to monitoring and quarterly Contract Review meetings with required attendance from both the Provider and any Sub-contractor(s).
- Mechanism for measuring Social Value will be in place and will be reported on as part of the Performance Report along with any development of a commercial offer.

Period 2. Six (6) to twelve (12) months from the Commencement Date:

- The development of function and Services delivered to CYP, Families and professionals from the two (2) existing Premises will increase.
- An increase in coverage across Staffordshire will require a minimum of two (2) further Premises, in opposing locations within Staffordshire, the location of the two (2) further Premises are subject to agreement from both Parties (refer to Appendix A.6).
- Active participation and evaluation of the new Service from CYP informing future Service development proposals.
- Quarterly Contract Review meetings will continue. All elements of the Service will be subject to monitoring and quarterly Contract Review meetings with required attendance from both the Provider and any Sub-contractor(s).
- Production of an Annual Report.

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Period 3. Twelve (12) to eighteen (18) months from the Commencement Date:

- Regular Services for CYP are fully operational, incorporating the eight (8) districts (refer to Appendix A.6).
- A collaborative review of the Digital Offer will take place between the Authorised Officer and the Provider to ascertain usage and functionality.
- A wide range of therapeutic interventions will be on offer for those who require it, providing flexibility in modality.
- Development and growth in participation work will continue with evidence that input has influenced Service improvements. Evidence of peer support and group support structures.
- Quarterly Contract Review meetings will continue. All elements of the Service will be subject to monitoring and quarterly Contract Review meetings with required attendance from both the Provider and any Sub-contractor(s).

6.5 Safeguarding

The Provider shall:

- Deliver Safeguarding services and best practice in line with local inter-agency and internal Safeguarding policies, procedures and standards as determined by the Staffordshire Safeguarding Children's Board (SSCB) (<http://www.staffsscb.org.uk/Home.aspx>). Keep abreast of current and emerging Safeguarding board priorities such as neglect.
- Have a thorough knowledge and understanding of child protection and Safeguarding responsibilities pertaining to children, young people and vulnerable adults, and for this to be appropriately reflected within written policies and procedures.
- Ensure the Provider's Safeguarding Lead has completed SSCB Level 2 Safeguarding training every three (3) years.
- Ensure all other Personnel have completed SSCB Level 1 Safeguarding training which is kept up to date in line with SSCB guidelines.
- Have a written recruitment and selection policy and procedure which is fully compliant with 'Safer Recruitment' principles and recommendations, and reflects an embedded commitment to Safeguarding children, young people and vulnerable adults.
- Have a written policy in relation to the employment of ex-offenders including the assessment of positive Disclosure and Barring Service (DBS) disclosures.
- Seek to ensure that at least one member of any interview panel has successfully undertaken safer recruitment training.
- Ensure it only recruits and deploys Personnel that have been subject to an enhanced DBS check and can demonstrate this has been completed by the Provider and ensure

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- future compliance with any requirements introduced by the DBS.
- Maintain a current record of all Personnel and volunteers DBS information including the issue date, number and counter signatory body.
- Report in a timely manner any Safeguarding concerns to Staffordshire's First Response Team.
- Maintain a current record of all Personnel's training and development.
- Respect confidentiality of users unless there is a Safeguarding concern.
- Complete risk assessments for the Service and promote safe practices during delivery.
- Complete relevant accident and injury records where necessary.
- Ensure a lone working policy where applicable is implemented to ensure the welfare of Personnel.
- Contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and LAC and CLs.
- Where appropriate, and a CYP is known to the Service the Provider will attend child protection case conferences, and / or meetings to contribute to Individual Management Reviews (IMRs) and Serious Case Reviews (SCRs) in a timely manner.

6.6 Record Keeping, Data Collection and Information Technology

All providers who offer services to children and young people must record information to the MHSDS, which contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. It is a data set which has been approved by the Information Standards Board for Health and Social Care as an information standard for the NHS in England. In 2019, there will be the introduction of a new metric and the Service must report on this as well as access. The national children and young people's outcome measure was confirmed by NHS England recently. Thus far it has been communicated as being consistent with existing CYP Improving Access to Psychological Therapies outcomes measurement. Reliable improvement (and reliable change) is the basis for measurement. The new metric is:

"Of all CYP, aged 0-18, discharged after treatment, how many show reliable improvement in presenting problem following treatment?"

MHSDS information can be found in more detail by using the following hyperlink:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>

The Provider shall be responsible for ensuring compliance with Information Governance requirements appropriate to that specified by the Council. Data Protection Legislation must be adhered to by the Provider.

The Provider is required to:

- Deliver an efficient and effective information governance system and Service that complies with statutory and legal requirements.
- Provide support and infrastructure to ensure effective Information Governance across the organisation.
- Comply with Data Protection Legislation.
- Assist the Council and CCGs, when required, with their requirements to achieve transparency. The Provider shall also assist with requests for information made under the Freedom of Information Act 2000 (as amended or enacted from time to time).
- Identify specific information which is regarded as Confidential Information or Commercially Sensitive and may therefore be exempt from disclosure.
- Ensure long term storage, retention and retrieval of data is adequate to support operational needs.
- Have appropriate technical and organisational measures in place to safeguard manual and electronic information from accidental loss, damage and/or destruction.
- Have security incident management processes in place to deal with potential or actual security breaches.
- Ensure back up, recovery and contingency arrangements are in place to guarantee continuity of Service delivery.

In line with the above detail and following good practice guidance, the Provider shall have agreed information sharing protocols with partner agencies, including other healthcare providers, Children's Social Care and the

Author: Sarah Newton, 22/08/2019

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Police to enable effective holistic services to be provided to CYP and their Families. The Provider shall ensure that all Personnel have access to information sharing guidance, including sharing information to safeguard or protect CYP, to improve co-ordination and to communicate between services.

The Provider must have robust data and intelligence gathering systems to facilitate sharing and ensure routine data reporting and analysis to support the delivery, review and performance management of Services, including KPI reporting.

6.7 Performance

The Provider will be responsible for:

- Delivering Services outlined within this Service Specification and meeting the targets for the KPI's detailed within the Performance Management Framework (refer to section 12 of this Service Specification).
- Reviewing the CYP's Service offer to ensure that they are receiving appropriate types and duration of support.
- Only keeping electronic records of individual CYP case information in order to support performance reporting.
- Completing the quarterly Performance Report and returning this to the Authorised Officer as specified.
- Participating in quarterly Contract Review meetings. These meetings are likely to take place on Council premises. More frequent meetings may be required during the first twelve (12) months of the Contract Period.
- Production and submission of an Annual Report to the Authorised Officer.

The Council will undertake periodic audits of the Service. These audits may include, but not be limited to, a review of:

- The Provider's compliance with this Agreement.
- The strategic relevance of the Service.
- The demand for the Service.
- Service performance.
- The effectiveness of the Service in achieving the Service Outcomes.
- Quality of the Service.
- Best Value of the Service.
- Service User feedback.
- Stakeholder feedback.

The Provider shall cooperate with the Authorised Officer when undertaking periodic assessments. The Provider shall cooperate with the Authorised Officer in arrangements for implementing, delivering, monitoring and adapting quality, performance and outcomes frameworks in relation to the Service. The Authorised Officer reserves the right to visit the Provider as part of the Council's quality and performance monitoring role.

6.7.1 Contract Review Meetings

The Authorised Officer will arrange quarterly Contract Review meetings which require the attendance of the Provider and any Sub-contractor(s).

Where targets for Key Performance Indicators are not met by the Provider, the Authorised Officer and Contract Manager will work together to understand the reasons for the underperformance. During the eighteen (18) months of the PAP (refer to 6.4.1 in the Service Specification) the Authorised Officer will take into consideration performance in relation to the phased approach to the development of the Service, where appropriate. If performance does not improve to the satisfaction of the Authorised Officer over two (2) subsequent quarterly Performance Reports, a Default Notice will be served by the Authorised Officer to the Provider.

6.8 Complaints, Compliments and Customer Feedback

The Council is committed to ensuring that commissioned services deliver the best possible service. The Provider must ensure that every complaint is investigated, and action taken where necessary. This will include putting things right if something has gone wrong.



The Provider must:

- Record all complaints and feedback.
- Have a complaints procedure and complaints form.
- Ensure that CYP and Families are aware of the procedure and form.
- Ensure that complaints are acknowledged within five (5) Working Days of receipt.
- Give a response within fifteen (15) Working Days of receipt.
- If the complainant is still unhappy, they should be referred to the Council so that the complaint can be handled under the Council's customer feedback process.
- Copies of the complaints record shall be retained and be made available to the Council if requested. These shall also be made available as part of performance reporting and monitoring arrangements.

6.8.1 Complaints regarding the Council

If the Provider has a complaint about a member of staff or service from/provided by the Council a Compliments, Comments and Complaints online form should be completed via the Councils' website. The procedure for dealing with the complaint by the Council is outlined below:

- An acknowledgement will be sent within two (2) Working Days if a full response is not immediately possible.
- A full response to email complaints will be sent within fifteen (15) Working Days, and other emails within seven (7) Working Days.

When the Council replies, the response will detail:

- Who is dealing with the issue.
- The name and contact number for queries.
- What is being done.
- What will happen and by when.
- In circumstances where it is unable to provide a full reply within these timescales, the Provider will be notified why and when you can expect a full response.

Further information can be found using the following hyperlink:

<https://www.staffordshire.gov.uk/yourcouncil/consultationandfeedback/complimentscommentscomplaints/home.aspx>

6.9 Other Relevant Services

6.9.1 Children and young people's Health and Wellbeing Programme (0-19 years)

The new Health and Wellbeing Programme aimed at zero (0) to nineteen (19) year olds launched on the 1st April 2018. This integrates health visiting and school nursing services. The programme seeks to deliver improved health and wellbeing outcomes to children, young people and families. It offers families universal reviews and checks alongside additional professional support. The programme has two (2) hubs across the County, one (1) in the East, one (1) in the West. These are single points of access for parents, children, young people and professionals that will provide timely access and appropriate advice, support, guidance and signposting when needed.

One specific aspect of this new service is school nursing provision. Within middle and high school education settings across Staffordshire, children and young people are being offered access to booked appointments, drop in clinics or group support to review their health and wellbeing. This offer is one that is based on postcode and locality so will ensure that those not in mainstream education settings get equal access to services. All school nurses have specialised training to deal with low level EHWP issues and have robust referral links with local CAMHS.

6.9.2 Chat Health (delivered by Midlands Partnership NHS Foundation Trust as part of the 0-19 Health and Wellbeing Programme)

This is a text and application service that is available for eleven (11) to nineteen (19) year olds across Staffordshire. All text messages are responded to by school nurses. Confidential advice and support is

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offered within normal working hours (Monday – Friday from 9am – 5pm) and any messages received after this time are answered by staff at the start of the next Working Day.

The text number for children and young people to use is: 07520 615723.

The phone number of the central hub, that can be used by families or relevant stakeholders for advice is: 03301240362.

6.9.3 Universal Provision and Preventative Services

A range of services are provided through Primary Care arrangements and Universal Provision to support the physical wellbeing of children, young people and their families. The wellbeing service outlined via the following hyperlink is one example of this.

<https://northstaffswellbeing.co.uk/how-do-i-get-help/#selfhelp>

The Provider shall liaise with agencies including (but not limited to): The Citizens Advice Bureau, Housing Support Agencies, Children's Centres, community-based organisations which provide a wide range of leisure, recreational and sports activities, GPs, dentists, opticians, schools and educational establishments, sexual health services where this is in the best interests of the children and young people.

6.9.4 Acute/Crisis and Intervention Services

Acute/crisis intervention services provided at Tier 4 are essentially deemed to be tertiary services such as day units, highly specialised outpatient teams and inpatient units for older children and young people who are severely mentally ill or at risk of crisis. The Provider shall have a sound understanding of the structures around Tier 4 provisioning and how they can access services should the needs of an eligible CYP Escalate to the point where such crisis intervention provision is required.

6.9.5 Child and Adolescent Mental Health Services (CAMHS)

CAMHS in the North and South of Staffordshire offer specialist mental health services to CYP (up to eighteen (18) years) and their Families. Two (2) different Healthcare Trusts deliver CAMHS across Staffordshire, with subtle differences between them. Please use the hyperlinks below to gain access to further information on each.

North Staffordshire: North Staffordshire Combined Healthcare Trust

<https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=61CECU6Mmy0>

South Staffordshire: Midlands Partnership NHS Foundation Trust

https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=CT6_miwW_1A

7.0 VULNERABLE CHILDREN AND YOUNG PEOPLE

There are some key groups within Staffordshire who face significant difficulties that can prevent them from reaching their full potential. Some children and young people's needs are greater than others as they are multiple or complex, increasing their risk of suffering poor EHWB.

The prevalence of poor EHWB is higher in vulnerable children and young people such as those living with a parent with mental illness, those living in toxic family environments, LAC, offenders and children and young people with SEND. Whilst not all children and young people who experience these factors will go on to develop EHWB issues more can be done to mitigate the level of these risks and build the resilience of children and young people from an early age.

Where need is identified the Provider shall deliver specialist support, based on vulnerability and risk (to include LAC, CLs and those children and young people with an EHCP) for those who require it. The Provider should also seek to identify and therefore report on Service uptake, outcomes and impact for the following group of CYP (this list is not exhaustive):

- Teenage parents.



- Children in Need and those who are subject of a Child Protection Plan.
- LAC and CLs.
- Children with disabilities including those with special educational needs and/or disabilities (SEND).
- Young carers.
- Asylum seekers.
- Homeless.
- Travelling families.
- Offenders.
- Those not in education, employment or training.
- Those persistently absent from school, not in education because of exclusion or accessing alternative provision (e.g. pupil referral units).
- Those at risk of child exploitation.
- Workless households.

7.1 Special Educational Needs and Disability (SEND)

The Service will ensure that it is accurately represented on the Staffordshire SEND Local Offer and that this information is kept up to date. Families, professionals, CYP will be able to understand the eligibility criteria and access routes of the Service. For more information on the Staffordshire SEND Local Offer use the hyperlink below;

<https://www.staffordshireconnects.info/kb5/staffordshire/directory/localoffer.page?localofferchannel=0>

Where there is a request from the Council for input into an EHCP it must be responded to within the agreed and statutory timescales of six (6) weeks. Clinical Personnel will prioritise attendance at multidisciplinary meetings and reviews for CYP with an EHCP. Clinicians and/or appropriate Personnel will prepare reports and attend SEND tribunals, as per statutory legal process, for CYP on the current caseload. For CYP who are not on the caseload this will be agreed with the Authorised Officer on a case by case basis.

8.0 INSPECTIONS

The Council and CCGs are subject to Ofsted and CQC inspections respectively. The Provider is expected to contribute to any processes relating to inspections, where deemed relevant. During an inspection, an inspector can request to interview partner agencies and to talk to CYP who have experience of the Service.

9.0 RISK STRATIFICATION

The Authorised Officer shall work with the Provider to ensure that Business Continuity Plans and risk management measures are in place so that Service delivery always remains available and effective.

When looking to manage CYP's risk, the Provider will need to consider the different needs of CYP across Staffordshire; any CYP that is Vulnerable or at risk should have their needs clearly identified via the Initial Assessment process. Whilst a range of different delivery options (such as face-to-face contacts, telephone conversations, Digital Offer or a combination of the aforementioned) should be available to any CYP as part of an inclusive offer, it is important that a risk management plan is in place for a CYP who is assessed as having heightened risk. Such plans should include Families and professionals from key partner and stakeholder organisations to ensure risk is adequately assessed and regularly reviewed. The Provider will be expected to hold regular meetings to manage risk effectively for CYP, will have a mechanism for escalating any high-risk cases (and mitigating risk) and will record this effectively on the CYPs electronic case file. Information shall be cascaded and communicated with the Authorised Officer where appropriate to ensure both Parties are conversant with any escalating risks and learning taken from work undertaken.

9.1 Exit Planning

Exit planning arrangements will form part of the quarterly Contract Review meetings. Upon serving Notice to terminate the Agreement the Council will arrange within seven (7) days for Providers and/or their partners to attend an exit meeting.

Pursuant to clause 37 of the Agreement and upon serving Notice to terminate the Contract the Council will require the Provider and/or their partners to agree the following:



- The scope of Services of the Agreement and detail any additional requirements on either Party.
- Tasks, timescales and responsibilities to ensure a professional and smooth transition to any other third party.
- Final payment due to the Provider.

10.0 **SOCIAL VALUE**

Social Value is the ‘catch-all’ term used to describe the difference an organisation, service or project can make to the community they are operating within. There is a recognised need for high quality, flexible EHWPB Services that promote choice to CYP and communities but also add value and sustainability to the market. The Provider will be required to demonstrate within their submission how they will embed and deliver Social Value.

The Authorised Officer requires the Provider to utilise a framework or tool to provide a minimum reporting standard and measurement of Social Value across this Contract and will report on this via quarterly Contract Review meetings. An example of a basic tool which could be used is the National TOMS Framework, however it is recognised that a Provider may already have a preferred, robust mechanism for identifying, tracking and calculating Social Value. Further information on the TOMS Framework can be found via the hyperlink below:

<https://socialvalueportal.com/national-toms/>

The Provider must focus any Social Value within the Agreement on: -

Theme	Outcomes	
Social	Healthier, Safer and More Resilient Communities	Reducing health inequalities Creating healthier communities More working with communities
Jobs	Promoting Local Skills	More opportunities for disadvantaged people Improved skills for local people Improved employability of young people
Innovation	Additional initiatives	Any initiatives that promote social innovation

11.0 **COMMERCIAL OFFER**

The commercial offer is something that the Authorised Officer wants the flexibility to utilise throughout the Contract Period, should the need arise. Where commerciality could have a place, as an addition to the Service offer, is when education, social care, CCGs or the Council would want to spot purchase individual or group packages of EHWPB support.

It is expected that any requests relating to a commercial offer would be brought to the attention of the Authorised Officer (via email or telephone) by the Provider at the point of request. Clearly defined resource allocation, finance and outcomes would be required to assure that there are separate resources being utilised to deliver services outside of this Agreement. Quarterly Contract review meetings will provide a mechanism to discuss the growth and development of the commercial offer.

12.0 **PERFORMANCE MANAGEMENT FRAMEWORK**

The below table outlines a series of high-level outcomes that can be found within the Pan-Staffordshire Emotional Health and Wellbeing Strategy; Starting Well, Living Well, Supporting Well. It is recognised that this Service will be able to significantly contribute to the achievement of these but will not be able to do so in isolation.



High Level Outcome	How will we know if we have achieved this?
<p>Children and young people have improved EHWB and lead healthier lifestyles.</p> <p>Children and young people exercise their choice, control, and feel empowered to make healthier and/or safer choices in relation to their EHWB.</p>	<p>More children and young people supported to achieve positive outcomes in relation to their emotional wellbeing.</p> <p>Increased levels and models of self-help and mutual/peer support.</p> <p>Better understanding of personal rights and options.</p>
<p>Staffordshire's children and young people are supported to develop the resilience and capacity to manage their emotional stresses effectively, to step down and move on from statutory and intervention services and to access more support in their community.</p>	<p>An improvement in the capacity of children and young people to access self-help following period of intervention.</p> <p>Increased numbers of children and young people accessing early intervention support including: self-help information, advice and access to universal services.</p>
<p>Families have an increased confidence and knowledge to be able to better manage their children and young people's needs.</p>	<p>Increased confidence and ability of the families to manage EHWB issues.</p> <p>Children and young people are being supported in safe, stable family environments where their needs are being met.</p>
<p>Relevant stakeholders have improved knowledge and skills to better understand and support children and young people to positively manage the impact of poor mental health.</p>	<p>Improved support achieved through collaborative working between primary care, health and social care services to meet the totality of individual and family needs.</p> <p>Improved skills and confidence to support children and young people experiencing mental health distress.</p> <p>Stakeholders engaged in supporting children, young people and their families are aware of the local pathways and services and are confident in referring individuals.</p>
<p>The wider community has improved awareness and understanding of mental health issues.</p> <p>Staffordshire's communities are supported to make the best use of their skills, time and other resources to increase self-esteem, confidence and resilience among vulnerable children and young people.</p> <p>Children and young people and their families that need support with their EHWB needs are well connected with their communities.</p>	<p>Increased awareness/knowledge in Staffordshire's communities of EHWB problems, risk and protective factors, self-help and coping strategies.</p> <p>Reduced stigma and discrimination regarding poor mental health.</p> <p>Improved access to a wide range of opportunities and locally responsive Services to support children and young people.</p>
<p>Children and young people are supported to live safely and independently and optimise recovery.</p> <p>Where there is a need for additional support children and young people will be supported to access the right type of support to meet their needs at the right time and in the right place.</p>	<p>An increase in the number of children and young people accessing appropriate support including information, advice and signposting.</p> <p>Clear, integrated service pathways supporting children and young people, their families and relevant stakeholders to better navigate access to services to best meet their needs.</p> <p>Reduction in the number of children and young people needing crisis interventions or admissions to acute health and social care services.</p> <p>Reduction in the number of children and young people entering secondary mental health care.</p> <p>A reduction in suicide rates and suicide attempts.</p>



	<p>Improved access to early intervention services, that enable Children and young people to continue to function in their daily lives and help prevent escalation of need.</p> <p>An improvement in children and young people's transition experience from CAMHS services to adult mental health services.</p> <p>Children and young people are appropriately supported to manage their recovery and where relevant their long-term mental health conditions.</p> <p>Improved knowledge of professionals and communities of any local EHWB service provision.</p>
<p>Children, young people and their families shall be actively involved in shaping the design, access and performance of the services, making a positive contribution to sustainable service transformation and improvement planning.</p>	<p>Children and young people will feel satisfied with service delivery and the outcomes they have achieved.</p> <p>Where service improvement is required, children and young people will play a fundamental role in developing new ways of working.</p> <p>Involvement will lead to increased social and communication skills, increased confidence and self-esteem.</p>

This Service will be accountable for the following **Service Outcomes**:

- CYP accessing the Service have improved EHWB, lead healthier lifestyles and have choice, control and feel empowered to make positive decisions around their EHWB and mental health.
- CYP accessing the Service are supported to live safely and independently but can access the right element of the Service, at the right time, in the right place to meet their needs when required.
- CYP accessing the Service are supported to build resilience and capacity to manage their emotional wellbeing effectively.
- Families whose child/ren have accessed the Service have increased confidence and knowledge to be able to better support the CYP's needs.
- Through this Service the wider community has improved awareness and understanding of emotional and mental health, building capacity and resource to support CYP effectively.

The Service Outcomes will be measured by the following **Key Performance Indicators (KPIs)**.

Ref No	KPI:	Target:	*KPI Methodology:	Frequency of reporting to the Authorised Officer:
Digital Offer (There is a target of 70% response rate for CYP or Families, in relation to the below KPIs).				
EHWB 1	% of CYP accessing the Digital Offer for IAG (excluding 1-to-1 counselling) that report satisfaction with the Digital Offer. <i>(The Provider to be able to report the findings against the Vulnerable groups detailed in section 7 of the Service Specification.)</i>	80%		Quarterly Additional reporting requirements: - Information to be provided on CYP feedback i.e. what was useful and what was not useful / could be improved
EHWB 2	% of CYP receiving an Initial Consultation from referral within 10 Working Days (only required for online 1-to-1 counselling)	90%		Quarterly
EHWB 3	% of CYP receiving Initial Assessment from Initial Consultation within 10 Working Days (only required for online 1-to-1 counselling)	90%		Quarterly
EHWB	% of CYP receiving 1-to-	n/a		Quarterly

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4	1 counselling from Initial Assessment within 20 Working Days (only required for online 1-to-1 counselling)			
EHWB 5	% of CYP accessing the Digital Offer that go onto receive online counselling	n/a		Quarterly
EHWB 6	% of CYP accessing the Digital Offer for counselling that report satisfaction. <i>(The Provider to be able to report the findings against the Vulnerable groups detailed in section 7 of the Service Specification.)</i>	80%		Quarterly Additional reporting requirements: - Information to be provided on CYP feedback I.e. what was useful and what was not useful / could be improved
EHWB 7	% of CYP that have accessed the counselling element of the Digital Offer and report achievement of <u>their</u> goals (as measured via a Goal Based Outcomes tool) at planned exit of the Service.	80%		Quarterly
Direct, Indirect and Structured Interventions (There is a target of 70% response rate for CYP or Families, in relation to the below KPIs).				
EHWB 8	% of CYP receiving an Initial Consultation from referral within 10 Working Days (only required for Direct and Structured Interventions)	80%		Quarterly
EHWB 9	% of CYP receiving an Initial Assessment from Initial Consultation within 10 Working Days (only required for Direct and Structured Interventions)	80%		Quarterly
EHWB 10	% of CYP receiving intervention from Initial Assessment within 20 Working Days (only required for Direct and Structured Interventions)	80%		Quarterly
EHWB 11	% of CYP that have accessed Direct Interventions and report achievement of <u>their</u> goals (as measured via a Goal Based Outcomes tool) at planned exit of the Service.	80%		Quarterly
EHWB 12	% of CYP that have accessed Structured	80%		Quarterly

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	Interventions and report achievement of their goals (as measured via a Goal Based Outcomes tool) at planned exit of the Service.			
EHWB 13	% of CYP that have accessed a Structured Intervention that report satisfaction with the support they have received at planned exit from the Service. <i>(The Provider to be able to report the findings against the Vulnerable groups detailed in section 7 of the Service Specification.)</i>	80%		Quarterly Additional reporting requirements: Information to be provided on CYP feedback I.e. what was useful and what was not useful / could be improved
EHWB 14	% of CYP that have accessed a Direct Intervention that report satisfaction with the support they have received at planned exit from the Service. <i>(The Provider to be able to report the findings against the Vulnerable groups detailed in section 7 of the Service Specification.)</i>	80%		Quarterly Additional reporting requirements: Information to be provided on CYP feedback I.e. what was useful and what was not useful / could be improved
EHWB 15	% of CYP who report improved EHWB as a result of Direct Interventions (to be captured during the Service).	80%		Quarterly
EHWB 16	% of CYP who report improved EHWB as a result of Structured Interventions (to be captured during the Service).	80%		Quarterly
EHWB 17	% of Families who were engaged in the support for their CYP that report increased confidence to be able to support their CYP's needs at planned exit from the Service.	80%		Quarterly
EHWB 18	% of CYP who report that they are confident, following a Direct Intervention, that they have acquired the tools to sustain their own EHWB at planned exit from the Service.	80%		Quarterly
EHWB 19	% of CYP who report that they are confident, following a Structured Intervention, that they have acquired the tools to	80%		Quarterly

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	sustain their own EHWB at planned exit from the Service.			
General				
EHWB 20	% of complaints investigated and concluded within 20 Working Days	95%		Quarterly Additional reporting requirements: Information to be provided regarding: - any common themes of complaints in relation to the Digital Offer - any common themes of complaints in relation to the Direct, Indirect and Structured Interventions. - What actions the Provider has taken as a result of the complaints.
<p>Where targets for Key Performance Indicators are not met by the Provider, the Authorised Officer and Contract Manager will work together to understand the reasons for the underperformance. During the eighteen (18) months of the PAP (refer to 6.4.1 in the Service Specification) the Authorised Officer will take into consideration performance in relation to the phased approach to the development of the Service, where appropriate.</p> <p>If performance does not improve to the satisfaction of the Authorised Officer over two (2) subsequent quarterly Performance Reports, a Default Notice will be served by the Authorised Officer to the Provider.</p>				
Management Information required (to be reported by the Provider as part of the Performance Report)			Frequency of reporting to the Authorised Officer:	
<p>Digital Offer:</p> <ul style="list-style-type: none"> - Information regarding <ul style="list-style-type: none"> • CYPs most frequently reported presenting conditions i.e. as per 5.3.2 and the Provider's response / actions / service developments in relation to these. Information must be provided separately for each element of the Digital Offer. • Data regarding how CYP became aware of the Service; such as, but not limited to, school, Facebook, etc. • Regarding the online counselling service; details of the number and type of referrals Escalated to other partners i.e. Safeguarding, CAMHS etc. • A minimum of two (2) case studies to evidence the impact the Service has had on a CYP. The detail and nature of the required case studies will be discussed with the Provider during quarterly Contract Review meetings and decisions made by the Authorised Officer, acting reasonably. • The use of social media by the Provider as per 5.13. <p>Direct, Indirect or Structured Interventions The Service Specification details the information that needs to be recorded, it is required that this information can be disaggregated. For example, what are the most frequently presenting conditions for females, LAC, etc.</p> <ul style="list-style-type: none"> • CYPs most frequently reported presenting 			<p>Quarterly</p> <p>Quarterly during the first 12 months of this Agreement; then every 6 months.</p> <p>Quarterly</p> <p>Quarterly</p> <p>Quarterly during the first 12 months of this Agreement; then every 6 months.</p>	



<p>conditions i.e. as per 5.3.2. and the Provider's response and actions in relation to these. Information must be provided separately for each element of the intervention.</p> <ul style="list-style-type: none">• Details regarding the number / % and type of referrals Escalated to other partners i.e. Safeguarding, CAMHS etc.• Details regarding the number / % of case closures by reason i.e. successful closure, unsuccessful etc.• Details regarding the number / % and type of cases De-escalated i.e. De-escalated and closed successfully; De-escalated, closed successfully and signposted; etc.• Number of referrals, source of referrals, number / % of appropriate / accepted referrals, number / % of inappropriate referrals (and why / from which source) and actions taken by the Provider.• A minimum of two (2) case studies to evidence the impact the Service has had on a CYP. The detail and nature of the required case studies will be discussed with the Provider during quarterly Contract Review meetings and decisions made by the Authorised Officer, acting reasonably.• Number / % of referrals that go on to Initial Consultation, number/% of Initial Consultations that go on to Initial Assessment, number/% of Initial Assessments that go on to access Direct, Indirect or Structured Interventions.• The number /% of CYP accessing the different elements of the Direct, Indirect or Structured Interventions, following the Initial Assessment, as outlined in the referral Pathway (5.4 of the Service Specification).• Number of Direct or Structured Interventions (reported in the quarter of case closure).• Number / % of Direct or Structured Interventions broken down by:<ul style="list-style-type: none">- Brief Intervention: two (2) or less separate interventions- three (3) to six (6) separate interventions- six plus (6+) separate interventions• The average number of interventions delivered per quarter, per individual child or young person (reported in the quarter of case closure).• Number of Structured or Direct Interventions per individual CYP at the point that the CYP is Escalated to CAMHS.• Number / % of re-referrals (5.4.3 of the Service Specification) within twelve (12) weeks of case closure and information regarding the common themes for re-referrals to the Service.• Number / % of scheduled appointments not attended by CYP or Families. Information to be provided of the common themes regarding non-attendance where known by the Provider.	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
	Quarterly
Mental Health Services Data Information regarding	
<ul style="list-style-type: none">• The number / % of CYP accessing the Service	

□

<p>where there have been two or more separate interventions, these may be Indirect Interventions relating to CYP. A CYP can only be counted once in each financial year (1st April to 31st March).</p> <ul style="list-style-type: none">• The number / % of CYP who have shown reliable improvement following a therapeutic intervention.	Quarterly Quarterly
<p>The requirements outlined in Section 12 of this Service Specification and denoted with an asterix (*) are to be discussed between the Authorised Officer and Contract Manager during the mobilisation period. The final decision will be the responsibility of the Authorised Officer, acting reasonably.</p>	

A.1 PLACE BASED APPROACH



A.2 SOUTH STAFFORDSHIRE NEEDS ANALYSIS FOR TRAILBLAZER

Information to support South Staffordshire Trailblazer bid, May 2019

This paper pulls together some of the key needs for the four South Staffordshire CCGs. The CCGs are coterminous with six local authority areas: Cannock Chase, East Staffordshire, Lichfield, South Staffordshire, Stafford and Tamworth.

As part of the Children’s Joint Strategic Needs Assessment (JSNA) a number of geographical locations in Staffordshire were identified where children and families faced multiple issues such as unemployment or low incomes, low educational attainment, poor housing and poor health, care and wellbeing outcomes as illustrated in Figure 1.¹

The JSNA identified these areas as needing focus and an integrated partnership response that promotes prevention and early help to reduce the risk of negative outcomes before they escalate. Many of the risk factors used to identify these areas are associated with poor mental health and it is likely these areas will therefore also experience higher levels of children with poor emotional wellbeing.

Schools from each CCG area which primarily fall within areas of higher need are proposed as being approached for their readiness to participate. The schools selected cover a range of primary and secondary schools; summary characteristics are shown in Table 1.

Table 1: Summary characteristics of proposed schools by CCG

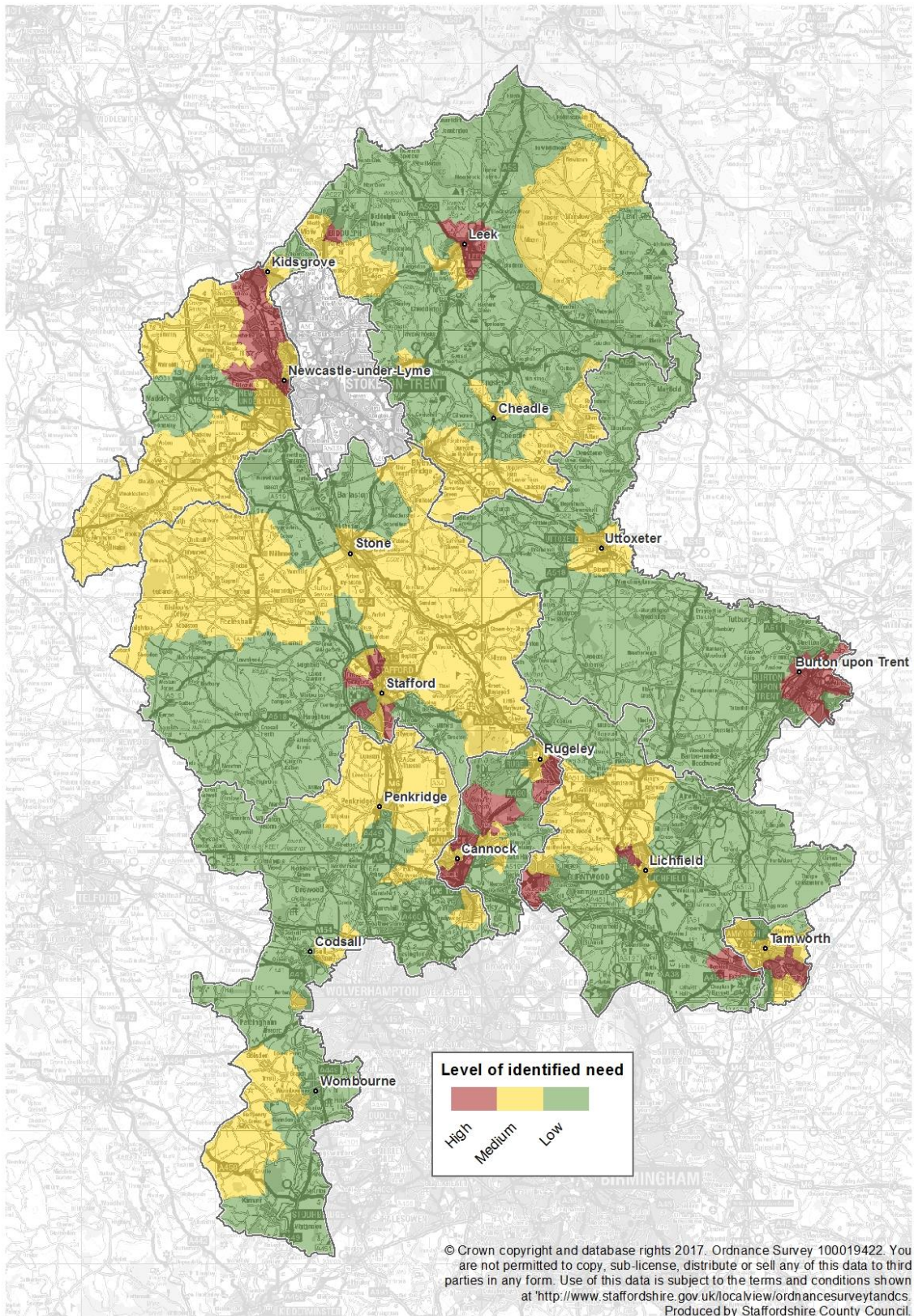
	Cannock Chase	East Staffordshire	South East Staffordshire and Seisdon Peninsula	Stafford and Surrounds
Number of schools	31	31	34	30
Of which primary	27 (87%)	19 (61%)	22 (65%)	22 (73%)
Of which secondary	3 (10%)	8 (26%)	7 (21%)	5 (17%)
Of which special	1 (3%)	3 (10%)	3 (9%)	3 (10%)
Of which Pupil Referral Unit	0 (0%)	1 (3%)	2 (6%)	0 (0%)
Located in rural areas	2 (6%)	3 (10%)	0 (0%)	9 (30%)
Schools rated as good or outstanding	25 (81%)	29 (94%)	30 (88%)	22 (73%)
Total number on school roll	10,000	12,600	11,300	7,600
Boys	5,000 (50%)	6,400 (51%)	5,800 (52%)	3,900 (51%)
Girls	5,000 (50%)	6,100 (49%)	5,500 (48%)	3,700 (49%)
From a minority ethnic group	700 (7%)	4,300 (35%)	1,000 (9%)	1,000 (13%)
Eligible for Pupil Premium	2,200 (22%)	2,500 (20%)	2,600 (23%)	1,800 (24%)
Eligible for free school meals	1,400 (14%)	1,500 (12%)	1,700 (15%)	1,000 (14%)
Special educational needs	1,300 (13%)	1,800 (15%)	1,800 (16%)	1,300 (16%)
Looked after children	50 (<1%)	50 (<1%)	70 (1%)	30 (<1%)

Note: Numbers and percentages may not add up due to rounding

Source: School Census (January 2019) and State-funded school inspections and outcomes: management information as at March 2019 <https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes>

¹ <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>

Figure 1: Children's need ward level index for Staffordshire, 2017



Source: <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>



CCG based data

Cannock Chase

There are around 21,600 children aged five to 19 registered to GPs in the Cannock Chase CCG area covered by 48 schools (includes two special schools and one Pupil Referral Unit). Based on national prevalence estimates around one in eight (12.8%) of children aged five to 19 are estimated to have a mental health disorder equating to around 2,800 children in Cannock Chase.² In terms of factors which increase the risk of poor emotional wellbeing;

- Around 10% of Cannock Chase CCG's population live in deprived areas and higher than average proportions of households under financial stress; around 14% of children live in poverty which rises to 22% after housing costs.
- Around 29% of Cannock Chase CCG's area is classified as being rural with 13% of its population living in these areas.
- The proportion of children within this age group from minority ethnic groups within the area is around 6%.
- The proportion of school-aged children eligible for Pupil Premium within the area is 22%.
- Around 4.7% of children and young people under 20 in Cannock Chase have a limiting long-term condition or disability and 14% of school-aged children were identified as having special educational needs (of which one in nine have a primary need identified as social, emotional and mental health).
- The CCG area has higher levels of adults who have depression.
- As at March 2019 there were around 160 looked after children in Cannock Chase with some wards having rates higher than the England average. Pupil absence is higher than the national average in Cannock Chase.
- As at March 2019 there were around 40 young people aged 16-17 not in education, training or employment (NEET).
- Cannock Chase also has a higher proportion of children who are obese or have excess weight
- Cannock Chase experiences higher levels of violent crime and incidents of anti-social behaviour. The latest juvenile reoffending rate for the 2016/17 cohort in Cannock Chase was 48%; higher than the national rate (41%). The CCG area also has pockets where levels of domestic abuse levels are higher than average.

East Staffordshire

There are around 25,000 children aged five to 19 registered to GPs in the East Staffordshire CCG area covered by 63 schools (includes three special schools and one Pupil Referral Unit). Based on national prevalence estimates around one in eight (12.8%) of children aged five to 19 are estimated to have a mental health disorder equating to around 3,200 children in East Staffordshire.

In terms of factors which increase the risk of poor emotional wellbeing;

- Around 17% of East Staffordshire CCG's population live in deprived areas and higher than average proportions of households under financial stress; around 15% of children live in poverty which rises to 23% after housing costs.
- Around 84% of East Staffordshire's area is classified as being rural with 28% of its population living in these areas.
- The proportion of children within this age group from minority ethnic groups within the area is around 29%.
- The proportion of school-aged children eligible for Pupil Premium within the area is 16%.
- Around 3.7% of children and young people under 20 in East Staffordshire have a limiting long-term condition or disability and 12% of school-aged children were identified as having special educational needs (of which one in eight have a primary need identified as social, emotional and mental health).
- As at March 2019 there were around 200 looked after children in East Staffordshire with some wards having rates higher than the England average.
- As at March 2019 there were almost 30 young people aged 16-17 not in education, training or employment (NEET).

² Mental Health of Children and Young People Survey 2017, NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>



- East Staffordshire experiences higher levels of violent crime as well as hotspots where overall levels of crime level, as well as anti-social behaviour and domestic abuse levels are higher than average. The latest juvenile reoffending rate for the 2016/17 cohort in East Staffordshire was 37% which is similar to the national rate (41%).

South East Staffordshire and Seisdon Peninsula (Lichfield, South Staffordshire and Tamworth district)

There are around 35,600 children aged five to 19 registered to GPs in the South East Staffordshire and Seisdon Peninsula CCG area covered by 102 schools (includes eight special schools and two Pupil Referral Units). Based on national prevalence estimates around one in eight (12.8%) of children aged five to 19 are estimated to have a mental health disorder equating to around 4,600 children in South East Staffordshire and Seisdon Peninsula. In terms of factors which increase the risk of poor emotional wellbeing;

- Around 8% of South East Staffordshire and Seisdon Peninsula CCG's population live in deprived areas (although this varies across the CCG with Tamworth having around 18% of its population living in deprived areas and higher than average proportions of households under financial stress;). Around 12% of children live in poverty which rises to 19% after housing costs.
- Around 68% of South East Staffordshire and Seisdon Peninsula's area is classified as being rural with 17% of its population living in these areas.
- The proportion of children within this age group from minority ethnic groups within the area is around 10%.
- The proportion of school-aged children eligible for Pupil Premium within the area is 18%.
- Around 4.1% of children and young people under 20 in South East Staffordshire and Seisdon Peninsula have a limiting long-term condition or disability and 13% of school-aged children were identified as having special educational needs (of which one in eight have a primary need identified as social, emotional and mental health).
- As at March 2019 there were around 275 looked after children in the three districts primarily covering South East Staffordshire and Seisdon Peninsula with some wards in Tamworth having rates higher than the England average. The proportion of children looked after from South Staffordshire who commit crime is much higher than the average.
- As at March 2019 there were almost 70 young people aged 16-17 not in education, training or employment (NEET).
- Based on data from the 2011 Census around 90 children live in Lichfield whose parents are within the armed forces.
- The CCG area also has pockets where levels of crime level (including violent crime), as well as anti-social behaviour and domestic abuse levels are higher than average. The latest juvenile reoffending rate for the 2016/17 cohort for the three districts in the CCG area was 43% which is similar to the national rate (41%).
- Pupil absence is also higher than the national average in the Tamworth locality.
- Tamworth also has higher than average teenage pregnancy rates.

Stafford and Surrounds

There are around 23,200 children aged five to 19 registered to GPs in the Stafford and Surrounds CCG area covered by 74 schools (includes three special schools and one Pupil Referral Unit). Stafford has a higher than average suicide rate. Based on national prevalence estimates around one in eight (12.8%) of children aged five to 19 are estimated to have a mental health disorder equating to around 3,000 children in Stafford. In terms of factors which increase the risk of poor emotional wellbeing;

- Around 5% of Stafford and Surrounds CCG's population live in deprived areas; around 10% of children live in poverty which rises to 17% after housing costs.
- Around 93% of Stafford's area is classified as being rural with 41% of its population living in these areas.
- The proportion of children within this age group from minority ethnic groups within the area is around 12%.
- The proportion of school-aged children eligible for Pupil Premium within the area is 18%.
- Around 4.1% of children and young people under 20 in Stafford have a limiting long-term condition or disability and 11% of school-aged children were identified as having special educational needs (of which one in eight have a primary need identified as social, emotional and mental health).



- As at March 2019 there were around 135 looked after children in Stafford with some wards having rates higher than the England average. The proportion of children looked after who commit crime is also much higher than the average.
- As at March 2019 there were almost 70 young people aged 16-17 not in education, training or employment (NEET).
- Based on data from the 2011 Census around 265 children living in Stafford whose parents are within the armed forces.
- The latest juvenile reoffending rates for the 2016/17 cohort in Stafford was 50%; higher than the national rate (41%).
- Stafford has pockets where levels of pupil absence, obesity and crime levels (including violent crime, anti-social behaviour and domestic abuse) are higher than average.

Further information:

- <https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>
- <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>
- <https://www.staffordshireobservatory.org.uk/documents/Health-and-Wellbeing/Emotional-wellbeing-JSNA-July-2018-FINAL.pdf>
- <https://www.staffordshireobservatory.org.uk/publications/thestaffordshirestory/Locality-Data-Packs.aspx>



A.3 NORTH STAFFORDSHIRE NEEDS ANALYSIS FOR TRAILBLAZER

Information to support Trailblazer bid, May 2019

This paper pulls together some of the key needs for North Staffordshire CCGs. The CCG is coterminous with two local authority areas: Newcastle-under-Lyme and Staffordshire Moorlands.

As part of the Children’s Joint Strategic Needs Assessment (JSNA) a number of geographical locations in Staffordshire were identified where children and families faced multiple issues such as unemployment or low incomes, low educational attainment, poor housing and poor health, care and wellbeing outcomes as illustrated in Figure 1.³

The JSNA identified these areas as needing focus and an integrated partnership response that promotes prevention and early help to reduce the risk of negative outcomes before they escalate. Many of the risk factors used to identify these areas are associated with poor mental health and it is likely these areas will therefore also experience higher levels of children with poor emotional wellbeing.

Schools from each CCG area which primarily fall within areas of higher need are proposed as being approached for their readiness to participate. The schools selected exclude those from Phase 1 but cover a range of primary, secondary and special schools; summary characteristics are shown in Table 1.

Table 2: Summary characteristics of proposed schools in North Staffordshire (Phase 2)

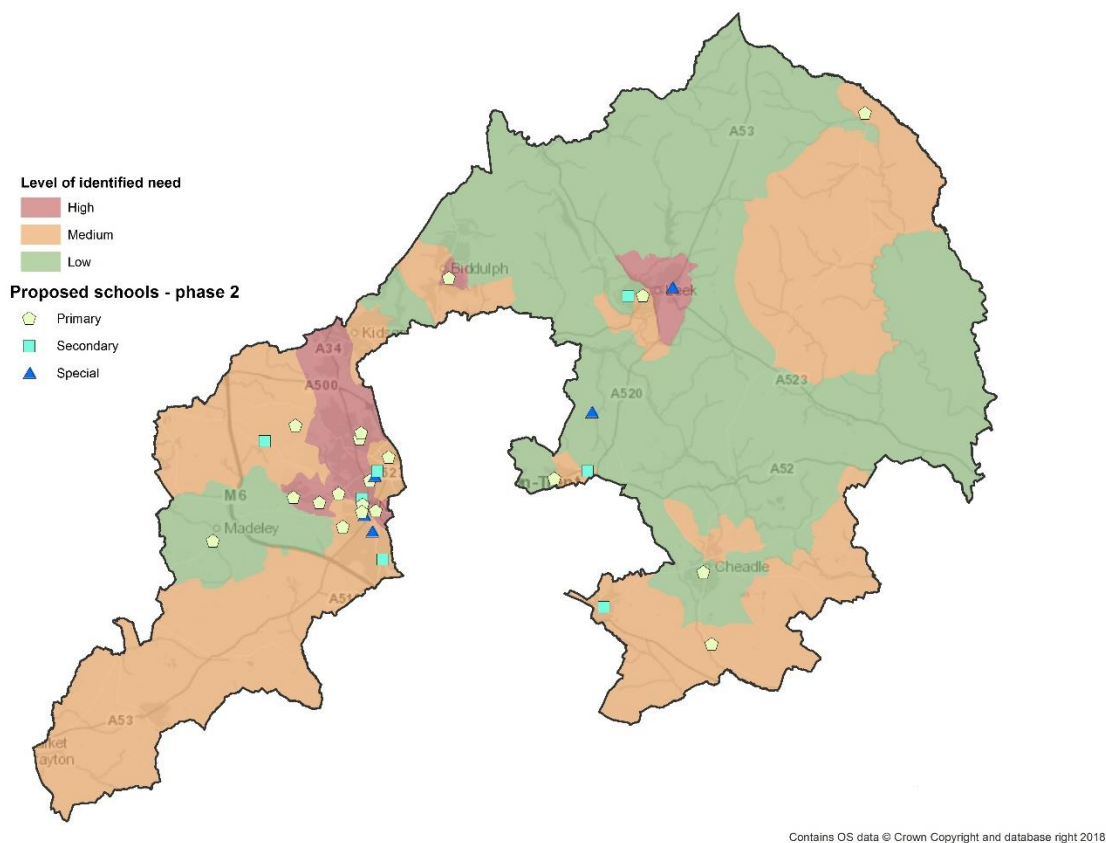
	North Staffordshire
Number of schools	32
Of which primary	20 (63%)
Of which secondary	7 (22%)
Of which special	5 (16%)
Located in rural areas	7 (22%)
Schools rated as good or outstanding	26 (81%)
Total number on school roll	10,900
Boys	5,700 (52%)
Girls	5,200 (48%)
From a minority ethnic group	1,300 (12%)
Eligible for Pupil Premium	2,300 (21%)
Eligible for free school meals	1,300 (12%)
Special educational needs	1,600 (15%)
Looked after children	50 (< 1%)

Note: Numbers and percentages may not add up due to rounding

Source: School Census (January 2019) and State-funded school inspections and outcomes: management information as at March 2019 <https://www.gov.uk/government/statistical-data-sets/monthly-management-information-ofsted-school-inspections-outcomes>

³ <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>

Figure 2: Proposed schools and children's need ward level index (Phase 2)



Source: Staffordshire County Council and <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>

Health needs and inequalities in North Staffordshire CCG

There are around 34,700 children aged five to 19 registered to GPs in the North Staffordshire CCG area covered by 113 schools (includes seven special schools and one Pupil Referral Unit). Based on national prevalence estimates around one in eight (12.8%) of children aged five to 19 are estimated to have a mental health disorder equating to around 4,500 children in North Staffordshire.⁴ In terms of factors which increase the risk of poor emotional wellbeing;

- Around 9% of North Staffordshire CCG's population live in deprived areas; the proportion of households under financial stress is higher than the England average in some parts of Newcastle and Staffordshire Moorlands.
- Around 13% of children live in poverty which rises to 21% after housing costs – for some wards the rate of children living in poverty after housing costs rises to one in three.
- Around 83% of North Staffordshire CCG's area is classified as being rural with 24% of its population living in these areas.
- The proportion of children within this age group from minority ethnic groups within North Staffordshire CCG is around 8%.
- The proportion of school-aged children eligible for Pupil Premium within the North Staffordshire CCG area is 18%.

⁴ Mental Health of Children and Young People Survey 2017, NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>



- Around 3.8% of children and young people under 20 in North Staffordshire have a limiting long-term condition or disability and 12% of school-aged children were identified as having special educational needs (of which one in eight have a primary need identified as social, emotional and mental health).
- Based on data from the 2011 Census around 50 children live in Newcastle who have at least one parent within the armed forces.
- The CCG area has higher levels of adults who have depression; Newcastle also has a higher rate for admissions to hospital due to self-harm.
- As at March 2019 there were around 260 looked after children in North Staffordshire with some wards having rates much higher than the England average.
- Pupil absence in North Staffordshire is around 4.7%, whilst this is lower than the England average some schools have higher rates.
- As at March 2019 there were around 65 young people aged 16-17 not in education, training or employment (NEET) across the North Staffordshire area.
- Newcastle has a higher proportion of children who are obese or have excess weight.
- Newcastle has the eight highest teenage pregnancy rate in the Country.
- The Newcastle locality also experiences higher levels of violent crime and incidents of anti-social behaviour; there are also pockets in Staffordshire Moorlands where rates for both or one of these crimes are higher than average.
- The latest juvenile reoffending rate for the 2016/17 cohort in North Staffordshire was 36%; similar to the national rate (41%). The CCG area also has pockets where levels of domestic abuse levels are higher than average. The proportion of children looked after, particularly in Staffordshire Moorlands, who commit crime is much higher than the average.

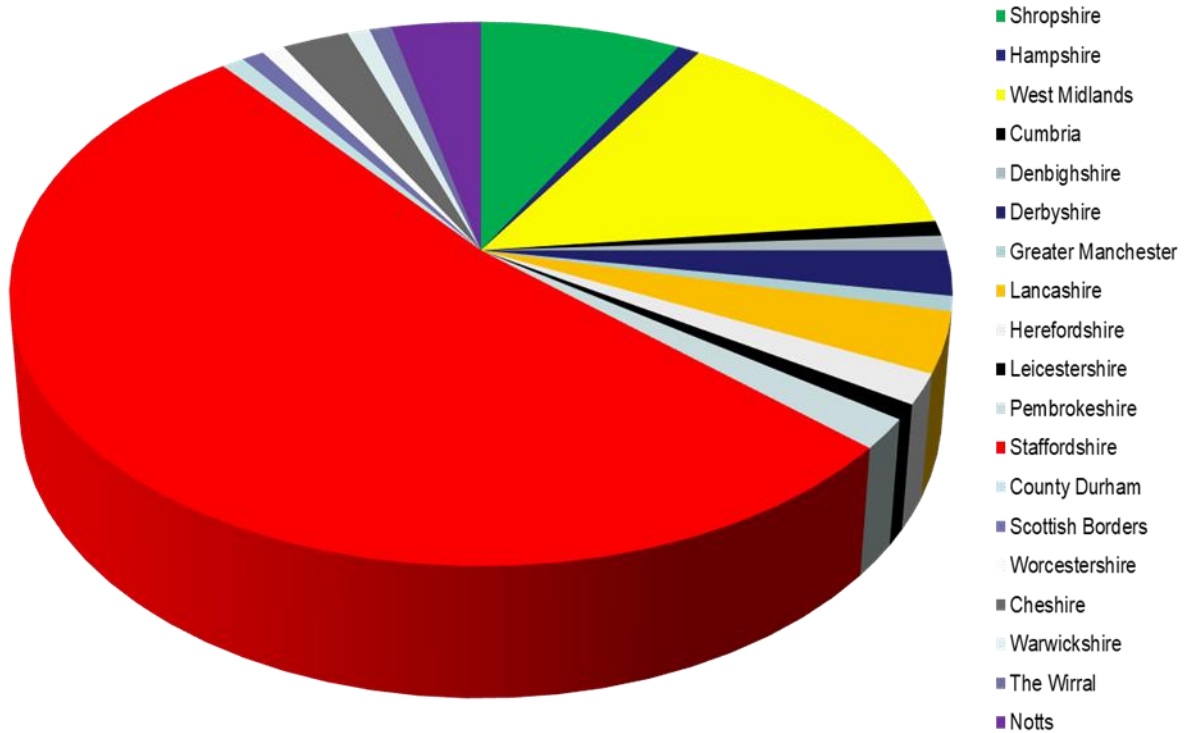
Further information:

- <https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>
- <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>
- <https://www.staffordshireobservatory.org.uk/documents/Health-and-Wellbeing/Emotional-wellbeing-JSNA-July-2018-FINAL.pdf>
- <https://www.staffordshireobservatory.org.uk/publications/thestaffordshirestory/Locality-Data-Packs.aspx>

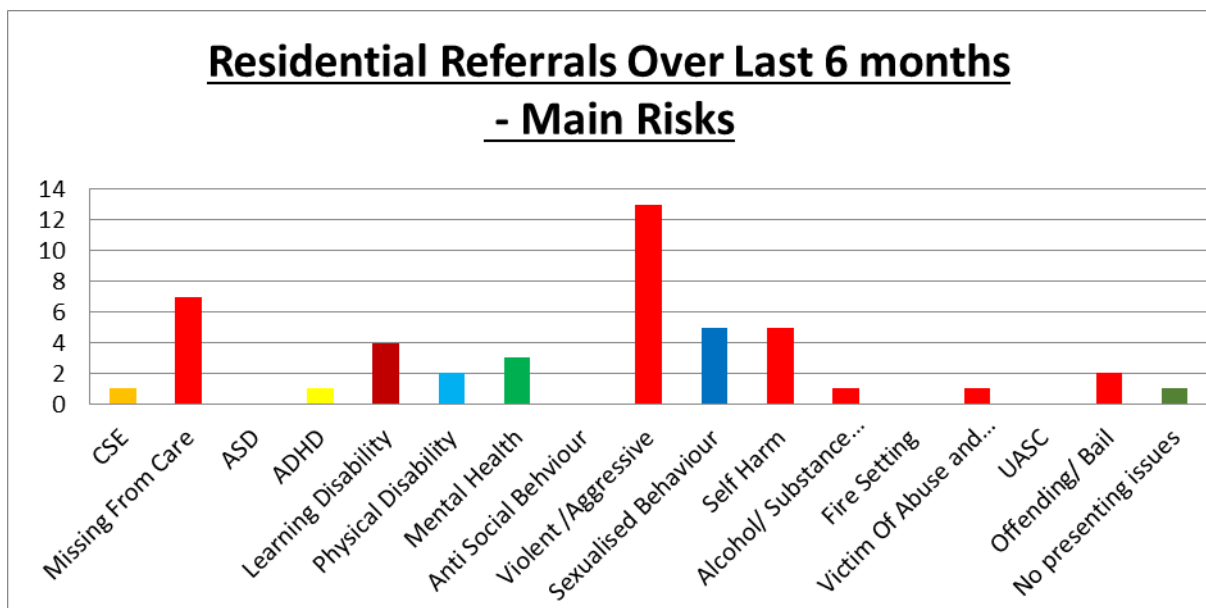


A.4 STAFFORDSHIRE COUNTY COUNCIL RESIDENTIAL PLACEMENT COMMISSIONING ANALYSIS (April 2019)

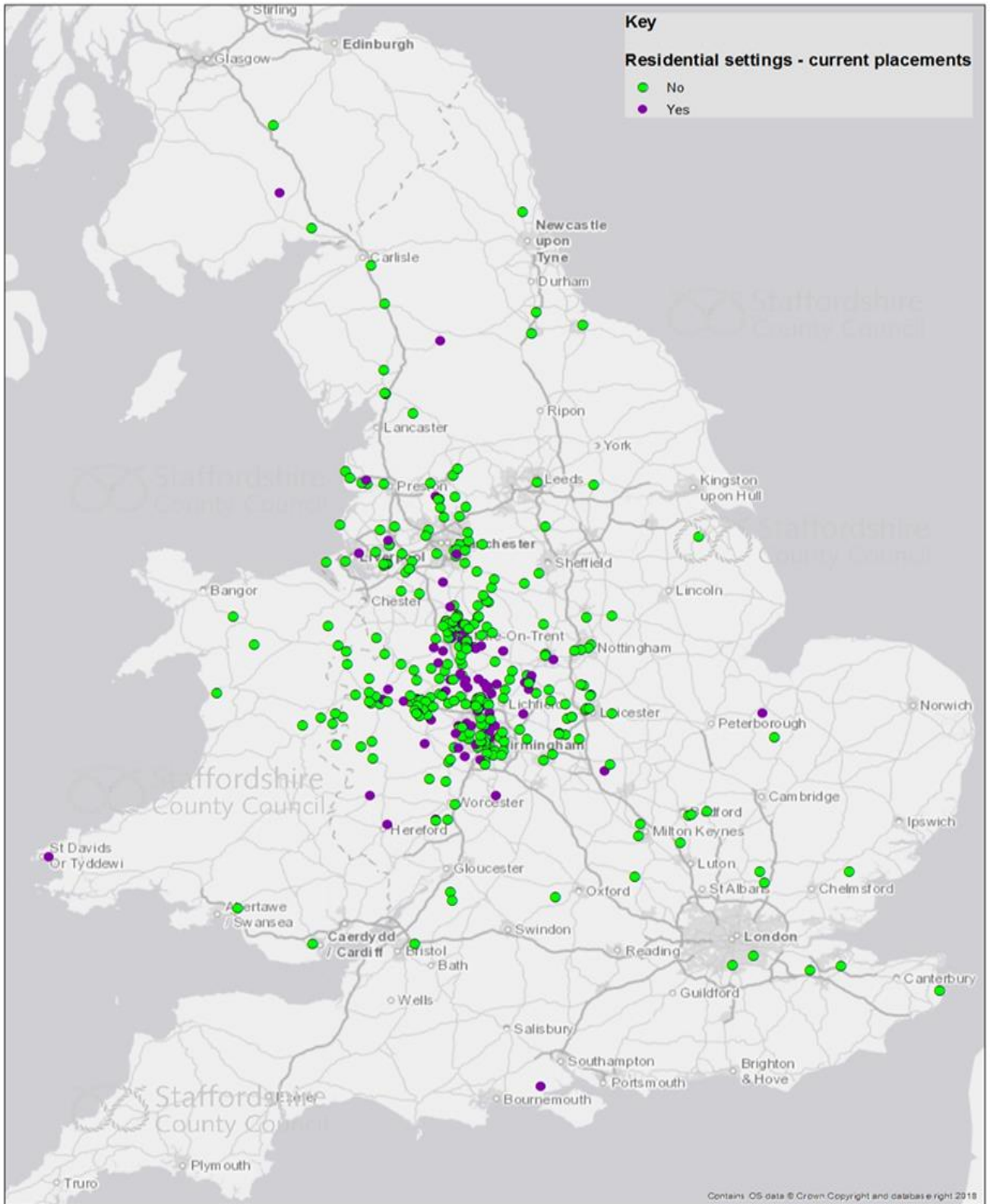
Residential Placement Location



Residential Referrals Over Last 6 months - Main Risks



Residential Placements - All

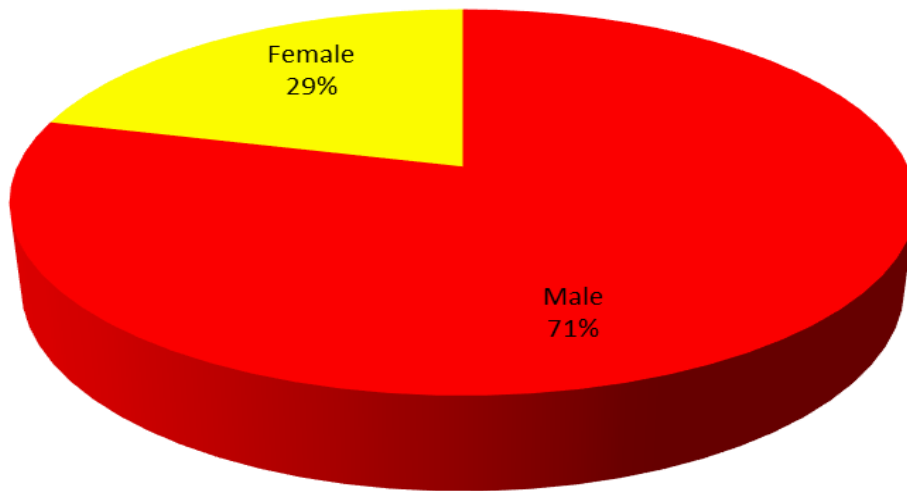


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 Produced by Staffordshire County Council, 2019.

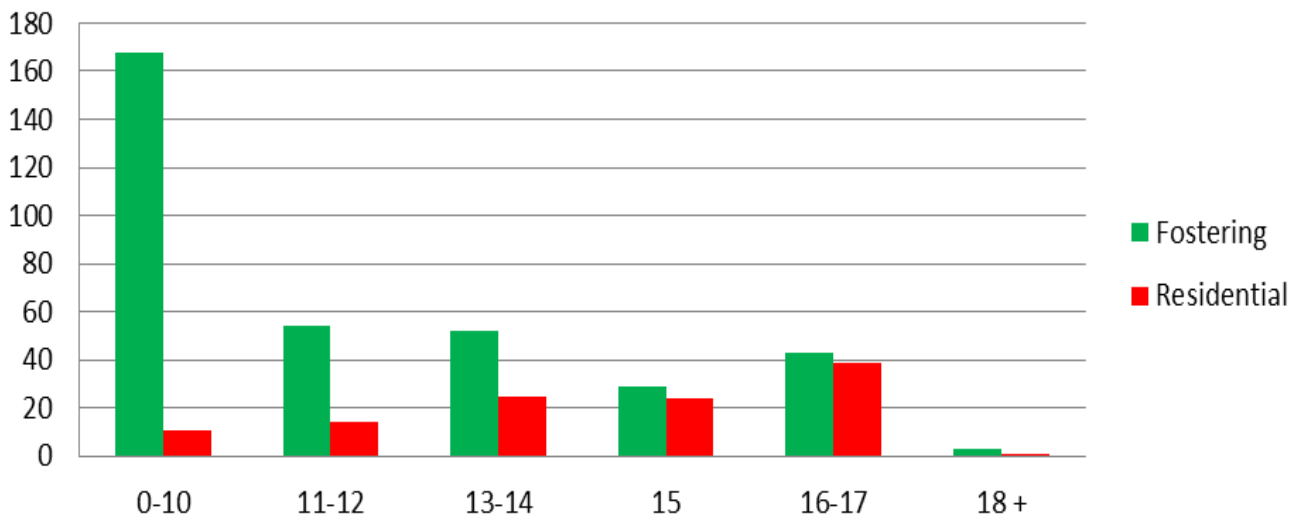




Gender Split - Residential Placements



Age Breakdown





A.5 COMMISSIONED SERVICES ACROSS STAFFORDSHIRE FOR ADULT EMOTIONAL HEALTH, SOCIAL INCLUSION AND RECOVERY CONTRACTS

- Social Inclusion and Recovery Contracts - Stafford, Cannock and South Staffs:
https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=r2pv10VqT_w&adultchannel=0
- Social Inclusion and Recovery Contracts – Burton, Tamworth and Lichfield:
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=85-dTQpRSVM&adultchannel=0>
- Social Inclusion and Recovery Contracts – Newcastle and Moorlands:
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=s-JoMkcHWFk&adultchannel=0>

There are three services that cover Staffordshire. Below are the eligibility criteria:

A person shall only be entitled to access the Service and shall therefore constitute an Eligible Adult for the purposes of this Contract, if they comply with the following criteria:

- (1) they are over sixteen (16) years of age, and;*
- (2) they have a primary need of substantial, and functional, mental health, and;*
- (3) they are permanently or ordinarily resident in the Contract Area; or*
- (4) they are registered with a general practitioner within the Contract Area.*

The Provider shall not unreasonably refuse access to the Services to any individual who is either permanently or ordinarily resident in close proximity to the boundary of the Contract Area or who is registered with a general practitioner whose base is in close proximity to the boundary of the Contract Area in circumstances where it is more practicable for the individual to access the Services in the Contract Area than elsewhere in the Council's administrative area.

Eligible adults who are referred to the service and have assessed eligible social care needs shall be prioritised in the provision of the service. Any adults with SEND will be supported within the service.

And below is what they are expected to deliver in terms of methods of support:

It is envisaged that Service Users will have a choice of a range of methods of support to enable their Recovery as an individual. The principle being that the care and support will fit the person and not the person having to fit the care and support provided. The provider will therefore deliver as a minimum the following range of opportunities:

Direct One to One support and interventions (1) Eligible Adults will have a named Mental Health Support worker (2) Mental Health Support workers will provide emotional and motivational support (3) Mental Health Support workers will carry a caseload of Eligible Adults. This caseload is intended to be dynamic with Eligible Adults exiting this element of the provision as needs are met to create capacity for new Eligible Adults. (4) Mental Health Support workers will act as community bridge builders facilitating eligible adults to access the following but not limited to universal opportunities, finance and benefits advice, support to maintain or gain settled accommodation; healthy lifestyle interventions as defined in their Outcome Action Plan. (5) Mental Health Support workers, will work peripatetically, including in community venues, the service users own home, and health and social care settings.

Peer Support (1) A range of types and methods of Peer support on an individual and group basis- (a) 'informal' (naturally occurring) support; (b) peers participating in consumer, or peer-run, programmes; and direct one to one support and (c) employing people with lived experience within services. (2) All forms of peer support and peer roles should follow and maintain several core principles including mutuality, reciprocity, a 'non-directive' approach, being recovery-focused, strengths-based, inclusive, progressive and safe. (3) The



provider will develop a range of resources led by Service Users to aid personal recovery and to promote mental wellbeing in the community.

Safe Spaces Sessions (1) provide access to safe space opportunities designed to promote recovery and facilitate access to universal resources; (2) This is time when Service Users can just 'turn up' and 'drop in' and receive support for either their emotional distress or to care navigate them or facilitate signposting to the right support that they need. (3) Receive emotional and practical advice and information

Structured Courses and Activities. (1) All course and activities will be co-produced between professionals and Service Users; (2) Courses can be condition, activity, or topic specific but will be time limited with agreed outcomes, and a bridge building component to universal provision, enabling Service Users to access community resources and assets; (3) Help people develop their skills and understanding; (4) Help people identify personal goals and ambitions; (5) Create a fun, positive and safe environment for learning and activities and exploring recovery (6) Give people the confidence and support to access opportunities and resources available to them.

In addition, there is also the Staffordshire Mental Health Helpline

The Helpline can help you if you are:

- Aged over 18 and living in Staffordshire
- Feeling pressured
- In debt or worried about your finances
- Not coping
- Having a relationship or family breakdown
- Concerned about your physical or mental health
- Unemployed
- Isolated or lonely
- Sad because someone has died
- Concerned about a friend, colleague or family member
- Looking after somebody and need some support

The Helpline will:

- LISTEN to your worried and concerns
- SUPPORT you when you need it most
- INFORM you about services that may be able to help
- HELP you to plan your next steps

Adults can call FREE from landlines and mobile networks on 0808 800 2234 Text: 07860 022821 (FREE)

Email: Staffordshire.helpline@brighter-futures.org.uk

<https://www.brighter-futures.org.uk/staffordshire-mental-health-helpline/>



A.6 PREMISE INFORMATION

Co-location or shared premises could be considered where appropriate to usage. Premises do not need to be static or fixed throughout the life of the Contract. There are a host of potential opportunities for premise sharing or co-location across Staffordshire. The suitability and relevance of these will depend on the service model ultimately. Some options for consideration or exploration could include the following:

There are **11 Children's Centres** in total are situated in every district across Staffordshire. Whilst costings may be similar throughout, availability may vary from Centre to Centre. Sarah Edgerton the Early Years Coordination Service Manager is the preferred initial contact on 07901 350546 / sarah.edgerton@staffordshire.gov.uk

Venues include:

- Cannock Children's Centre
- East Staffordshire Children's Centre in Burton-on-Trent
- Hill Street Children's Centre in Stapenhill, Burton-on-Trent
- Charnwood Children's Centre in Lichfield
- Landywood Children's Centre in Great Wyrley
- Silkmore Children's Centre in Stafford
- Maryhill Children's Centre, Kidsgrove
- Staffordshire Moorlands Children's Centre in Biddulph
- Glasgote Children's Centre in Tamworth
- Leyfield's Children's Centre in Tamworth
- Newcastle-under-Lyme Children's Centre
- <https://www.staffordshire.gov.uk/Children-and-early-years/ccentres/Childrens-centres.aspx>

The Families' Health and Wellbeing Service (0-19) has two Hubs that provide families and CYP with advice and support from professionals within the 0-19 services. The teams based within the Hubs are the point of access for professionals and healthcare services.

- **West Hub** (covering Moorlands, Newcastle-under-Lyme, Stafford surrounds and Seisdon)
FHWS.west@mpft.nhs.uk or FHWS.west@nhs.net
0300 303 3923
- **East Hub** (covering East Staffordshire, Tamworth, Lichfield and Cannock)
FHWS.east@mpft.nhs.uk or FHWS.east@nhs.net
0300 303 3924
- <https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=9-dAgSBtWGg>

SCVYS (Staffordshire Council of Voluntary Youth Services) are willing to be an initial point of contact for knowledge around potential premise sharing or co-location opportunities within the voluntary sector. Additionally, on the SCVYS website there is a host of information on youth activities that take place across the County.

Contact details are as follows:

42a Eastgate Street

Stafford

ST16 2LY

Phone: 01785 240378

Email: office@staffscvys.org.uk

<http://staffscvys.org.uk/find-activities/>

CAMHS locations can be limited for space however refer to section 6.9.5 (page 27) for further contact details.

Schools and Education Settings across Staffordshire may also present opportunities for accommodation.

Amity Hub is an SCC commissioned hub based in Newcastle Under Lyme that supports UASC.

<http://amityhub.co.uk/>