

# APPENDIX 1

## Southend, Essex and Thurrock

### Children and Young People Emotional Wellbeing and Mental Health

#### Service Model

#### Final Consultation Version

17 1 14

**COMMENTS** Please send comments to Jane Bloom on [Jane.Bloom@essex.gov.uk](mailto:Jane.Bloom@essex.gov.uk) as soon as possible and by 28<sup>th</sup> February at the latest.

#### Background

Across Southend, Essex and Thurrock partners have been engaged since 2011 in reviewing the response to children and young people's emotional wellbeing and mental health needs. Commissioners, providers and wider stakeholders including users have recognised for some time that the current model of emotional wellbeing and mental health provision for children, young people, their families and carers is not providing sufficient integration. Consultations with partners, children and young people and their parents/carers during 2011, 2012 and 2013 focused on the experience of CAMHS Tier 2 and Tier 3 and what a good service would consist of. Findings are reported in separate papers. The key emerging themes were:

- Supporting parents/carers and the whole family
- Having local or community based services and engaging with young people
- Improved access to support, advice with quick and easy access/referral to appropriate services.
- Workforce training (including universal staff)

The independent Joint Strategic Needs Assessment of Child and Adolescent Emotional Wellbeing and Mental Health (JSNA EWMH) completed in summer 2013 concluded that there is no overall coherent integrated strategy within which services are commissioned and there is a complex, fragmented and poorly understood and accessed set of services in place. The Health and Social Care reforms together with the current financial climate have given added impetus for an integrated commissioning approach. A desk top analysis of good practice was also undertaken.

The three Local Authorities (Southend, Essex and Thurrock), the seven Clinical Commissioning Groups (CCGs), current providers and a wide range of stakeholders have been working in partnership during 2013 to develop a service model that integrates the Tier 2 and Tier 3 Services (which are currently separate), reflects good practice and addresses the gaps and approaches identified in these consultations and the JSNA EWMH. The model which has been agreed in principle is set out in this document.

### **Existing model of provision**

Information on the current Child and Adolescent Mental Health Service provision is set out in the 2013 JSNA on Emotional Wellbeing and Mental Health.

### **Planned Engagement on the redesigned model**

In order to involve key partners, stakeholders and service users, stakeholder events will be held during January and February 2014 to address the following questions:

- Does this model ensure that the concerns, needs and requirements of stakeholders from an EWMH Service are met?
- Does this model ensure that the concerns, needs and requirements of children, young people and families/carers from an EWMH Service are met?
- Does this model ensure that the concerns, needs and requirements of Commissioners from an EWMH Service are met?

A soft market testing exercise (Request for Information) is being undertaken during January 2014 enabling current and potential providers to review aspects of the delivery of this service model.

Following feedback from stakeholder events the service model will be revised and plans for securing future service delivery will be finalised by end March 2014

### **Key delivery objectives of the redesigned service model**

The model will deliver an improved response to children's emotional wellbeing and mental health needs and improve their emotional wellbeing and mental health. The specific outcomes from this redesigned service are to:

- provide easier and swifter access for children and young people with emotional wellbeing and mental health needs and their family/carer to appropriate interventions by introducing a single point of access, the doorway, reducing handoffs, and having a service which will see children and young people and their family/carer quickly and provide some support even while waiting for more specialist intervention.
- ensure more children/young people and their family/carer are appropriately supported within universal and other services by making provision for the doorway to provide advice and support.
- introduce an easier access route and ensure referrals are directed to appropriate services and referrers receive feedback by having this as a function of the doorway.
- ensure services respond appropriately and in a timely manner to current need and support more children/young people and their family/carer by improving support to other services, directly providing interventions locally, encouraging skill mix and innovative approaches, setting clear targets and implementing strong integrated performance management.
- ensure more children/young people and their family/carer receive timely and appropriate evidence based interventions from services by building this into service specifications.
- ensure more children/young people and their family/carer have improved emotional wellbeing and mental health as a result of receiving evidenced effective interventions by building use of NICE/IAPT recommended outcome measure tools into the performance management framework.
- use resources effectively and efficiently, making required efficiency savings, by integrating Tiers 2 & 3 delivery across health and the LAs.

- deliver a more holistic service for professionals and users with less hand off between services by integrating Tiers 2 and 3 and ensuring that coordination with other services is part of the specification and monitored through contract management meetings.
- avoid and reduce the inappropriate use of A&E to access EWMH Service by quick screening and direction to appropriate service through the doorway, quick provision of help from services which operate for longer hours and ensuring crisis services are effective and adopt an assertive outreach approach.
- ensure children and young people 14-25 needing long term mental health support receive appropriate support and have a smooth transition to adult mental health services.

### **Key Policy and Strategy influences on the Service Model**

This Service Model has been influenced by relevant National policy and guidance which the EWMH Service will also adhere to. This includes:

- National Service Framework for Children and Young People and Maternity Services - Standard Nine (2004)
- No Health Without Mental Health (2011)
- Improving access to child and adolescent mental health services (2009)
- The NHS Operating Framework (2012/13)
- Commissioning Framework for Health and Wellbeing (2007)
- Children and Young People in Mind: the final report of the National CAMHS Review
- Working Together to Safeguard Children
- The Health and Social Care Act 2012
- National Outcomes Frameworks for the NHS
- Commissioning Outcomes Framework for Clinical Commissioning Groups
- Adult Social Care Outcomes Framework
- Public Health Outcomes Framework for Local Authorities
- Healthcare Standards for Children and Young People in Secure Settings June 2013 RCoPCH; RCGP and RCN.

Local policy and guidance includes:

- SET Procedures for Safeguarding
- The Essex CAMHS Strategy (2012-14)
- Providers' own local policy and guidance
- Southend Integrated Locality Working Toolkit
- Effective Support for Children and Families in Essex
- The Thurrock CAMHS Strategy (2013 – 2017)
- Thurrock Early offer of Help Strategy (2012 – 2015)
- Essex Transition Protocol (2012 – 2015)

The list above is by no means complete - the EWMH Service will need to remain informed about and work to new and emerging policy guidance which relates to and links with the emotional wellbeing and mental health of children and young people.

## Key principles to underpin the service approach

These have been categorised as goals for the system; goals for the user; and imperative enablers and are as follows.

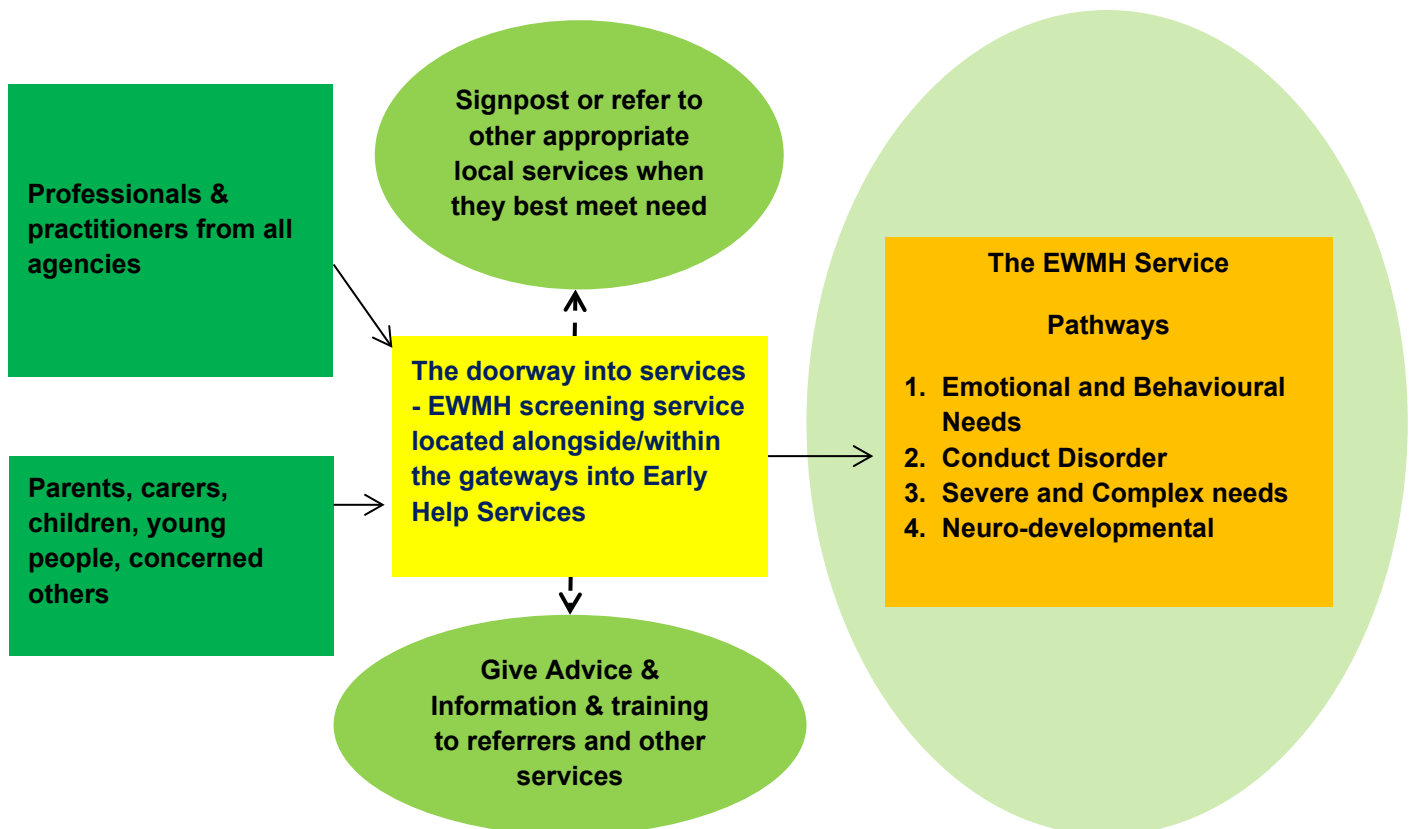
Table 1 - System goals	Table 2 - User Goals
<ul style="list-style-type: none"> <li>Customer centric and whole family approach</li> <li>Supports Early Intervention</li> <li>Efficiency savings</li> <li>Facilitates seamless De-escalation/ Escalation</li> <li>Enables transition</li> <li>Reduces inappropriate service demand</li> <li>Reduces duplication</li> <li>Effective and delivers measurable outcomes</li> <li>Cohesion with wider service delivery</li> <li>Synergy with other access points and pathways</li> <li>Informs wider commissioning decisions</li> </ul>	<ul style="list-style-type: none"> <li>Easy to locate (telephone; web)</li> <li>Easy to access and in the community</li> <li>Responsive and supportive</li> <li>Enables effective decision making</li> <li>Operationally aligned and flexible (e.g. opening times)</li> <li>Appropriate environments</li> <li>Supports safeguarding</li> <li>User-friendly interface</li> <li>Works to service standards</li> <li>Provides timely information and advice</li> <li>Enables easy navigation of wider systems</li> <li>Linked to other practitioners</li> <li>Supports family and carers</li> </ul>
<p style="text-align: center;"><b>Table 3 - Imperative Enablers</b></p> <ul style="list-style-type: none"> <li>Integrated workforce development</li> <li>Effective leadership and management</li> <li>Trust and respect across partners</li> <li>Clinical and non-clinical, competent and knowledgeable workforce</li> <li>Communications strategy</li> <li>Effective and efficient data systems</li> <li>Information sharing</li> <li>Appropriate referral mechanisms</li> <li>Robust performance framework and measures</li> <li>Service specification with room for innovation in order to evolve and develop</li> <li>Robust integrated commissioning approach</li> <li>Effective contract management</li> <li>Service user agreements for two way accountability</li> <li>Links to wider other strategic developments and plans e.g. community resilience</li> </ul>	

## Summary Outline of the EWMH Service Model

The redesigned model consists of a Single Point of Access (The doorway) and a service providing direct interventions to children and young people with emotional wellbeing and mental health needs. The doorway will receive, screen and direct referrals and provide advice, information, consultation and support to referrers and other local services. The doorway will be an integral part of the gateways to early help services in Southend, Essex and Thurrock and ensure there are named clinicians who have good locality links with and knowledge about local services.

This model eliminates the separation between Tiers 2 & 3 CAMHS, collapsing them to deliver an integrated service known within this document as the Emotional Wellbeing and Mental Health Service (The EWMH Service). It will provide a comprehensive, outcomes based and innovative approach using targeted and specialist, evidence based interventions and an integrated pathway approach across health, social care, education and the voluntary and community sector to respond to the emotional wellbeing and mental health needs of children and young people. It will advise, inform and support universal services and provide training to them to enable them to maximise their capacity to build resilience and provide appropriate early intervention to children and young people with emotional wellbeing and mental health needs. It will work closely with a wide range of partners and linked services to ensure joined up, integrated, effective services.

The EHWB Service will deliver interventions locally from accessible local venues and in children and young people's own homes. The overall system model is set out below.



The redesigned doorway and the EWMH Service will work together with the range of other local services to ensure all levels of emotional wellbeing and mental health need are addressed appropriately and improved outcomes are achieved. This will ensure comprehensive and seamless provision.

Universal Tier 1

The EWMH Service (Tier 2 & 3)

Inpatient Tier 4



### Outcomes expected from the EWMH Service

The following are the high level overarching outcomes that the EWMH Service will contribute to.

#### NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

#### Relevant Public Health Outcomes

Increased healthy life expectancy

Reduced differences in life expectancy and healthy life expectancy between communities.

#### The overarching objectives as set out in No Health Without Mental Health are that

- More children and young people will have good mental health
- More children and young people with mental health problems will recover
- More children and young people with mental health problems will have good physical health
- More children and young people will have a positive experience of care and support
- Fewer children and young people will suffer avoidable harm
- Fewer children and young people will experience stigma and discrimination

#### The specific outcomes expected from the EWMH Service are as follows:

- a. Improved emotional wellbeing, emotional intelligence, resilience and self-esteem for children, young people, their families and carers
- b. Children, young people, their families and carers receive easier access to services with a quick response to their needs.
- c. More children, young people and their families and carers are appropriately supported by universal services.

- d. Practitioners have easier, increased and improved access to Services for children, young people and their families and carers they identify need support and receive improved consultation, advice, support, training and guidance from the Service for themselves.
- e. Reduced inappropriate use of A&E to access EWMH services
- f. Vulnerable groups such as Children Looked After, Fostered/Adopted, leaving Care, on the edge of Care, with a Disability and/or Statement of Educational Need and their families and carers receive appropriate evidence based interventions from EWMH services
- g. More young people aged 16-25 and their families and carers receive appropriate mental health support experience a smooth transition to adult mental health services
- h. More children, young people and their families and carers experience integrated service provision with EWMH provision coordinated with other services without discriminatory, professional, organisation or location barriers getting in the way.
- i. More children, young people and their families and carers contribute to, participate in and influence service provision and development.
- j. Parents and carers of infants under 5 years old will have increased access to emotional wellbeing and mental health services/interventions that enable and support positive attachment.

## **Outline of the components of the EWMH Service**

- **A Locality Approach**

The total children and young people population for the whole area is 412,400 (ONS Mid 2011 Population Estimates). Given this population, the physical size of Essex and the variation between localities, the EWMH Service will be delivered on a locality basis (NE, West, Mid, SW and SE CCG areas, Thurrock and Southend). A description of the localities is available in the 2013 JSNA (see Appendix1). This locality approach also enables delivery to be tailored to take account of local needs, systems, resources and services. It facilitates easier links with stakeholders and users, hence greater local responsiveness.

We will expect service delivery from local settings including primary care centres, GP practices, family homes, children's centres, schools and community centres. The EWMH Service will link and working closely with the wide range of local services in each locality.

- **Referrals to a Single Point of Access - the doorway**

Referrals will be through a Single Point of Access, the EWMH doorway, acting as a single point of entry to EWMH services. The doorway will:

- Receive telephone calls from all practitioners who work with children and young people and from parents/carers and respond in a timely manner by providing advice, information and support by phone or online. The advice, information and support given will enable practitioners and parents/carers to respond and provide appropriate support and interventions to children and young people themselves
- Receive referrals (by post, fax or email with the agreed information provided by the referrer on the appropriate local form), review, obtain any additional background information needed to enable effective screening, check/link with other relevant databases and run appropriate checks to establish other services involved in working with the child/young person/family/carer and then screen the referral and direct it to the EWMH Service or other appropriate services including crisis or Tier 4 services if necessary. It is unlikely that assessment at this stage could be sufficiently detailed for decisions on the appropriate type of need and diagnosis to be taken and for the appropriate pathway and type of intervention to be determined. Feedback will be given to referrers on the service the referral is directed to.
- Answer queries from other agencies about EWMH Service involvement.
- 

The EWMH doorway will work closely with and join up with the existing route/doorway into Early Help services in each Local Authority area. There will be co-location if possible. Advisors will receive calls, obtain information and access relevant databases so information shared to ensure joined up working across agencies and full information is available for screening. Clinically qualified staff will screen referrals to determine the appropriate service response in light of awareness of the level of mental health need and involvement of other services. They will also provide advice, support, consultation and guidance.

The doorway will:

- Provide rapid and robust screening and initial assessment by an appropriately clinically competent mental health professional with a quick decision on where the response should be provided
- Provide a pathway that enables appropriate intervention at the earliest opportunity
- Provide for holistic needs of child, young person and their family/carer to be considered and appropriate multi-agency responses identified
- Work to a model of supporting and constructively challenging those working directly with children, young people and their families/carers to ensure they fulfil their role and provide sufficient information at referral to enable a swift and effective response
- Offer advice and information on how professionals might best employ interventions that they can carry out themselves
- Suggest community based organisations to which a referral can be made to support the child or young person and their family/carer
- Ensure a consistent and clear pathway to specialist Emotional Wellbeing and Mental Health Service

### **Activities that the EWMH Service will provide**

The EWMH Service will combine the current Tier 2 and Tier 3 level of services. It will provide direct individual, family and group interventions to children and young people up to 18 or as appropriate up to 25 if they will require ongoing support from adult mental health Services. The JSNA, using CHiMAT expected numbers, indicates there are likely to be some 25,815 children and young people with emotional wellbeing and mental health needs, requiring Tier 2 services and 6,823 needing to access Tier 3 services across Southend, Essex and Thurrock. The EWMH Service will respond to this need through provision of advice, support and training to enable universal and community services to respond appropriately and through provision of direct evidence based individual, family and group



interventions. We would expect some 50% of the Tier 2 need to be met through direct work provided by the Service for children, young people and their family/carer.

- **Advice, information, training and support to universal and other targeted services**

The EWMH Service will provide advice, information, appropriate training and support to the full range of health, education, Local Authority and community and voluntary sector practitioners and services in the local area to build the capacity, resilience and skills of services in supporting and providing early help to children and young people with emotional wellbeing and mental health needs and their families/carers and to support development and provision of a comprehensive emotional wellbeing and mental health service in each local area. Universal and targeted services all play a vitally important role in building children, young people and their family/carer's resilience and responding early on to emotional wellbeing and mental health needs. The EWMH Service will publicise information about the thresholds for referral so other agencies are aware and confident about their own role and know when to refer to the EWMH Service.

- **Work closely with and support nursery schools, children's centres, schools (including Special Schools) and further education provision**

The EWMH Service will provide telephone or on-line advice, information and training (generic and specific about individuals and intervention methods). It will link with other providers of emotional wellbeing, mental health and behaviour training to avoid duplication. It will provide consultation and support to these organisations so they can appropriately support children and young people. This will help ensure the counselling and other emotional wellbeing support these organisations provide is of consistent quality across each locality. The Service will also work closely and communicate well with staff in these organisations, sharing information and advising of plans so they are informed and there is joint working. The Service will also deliver direct individual and group interventions to children, young people and their families/carers in these settings where appropriate.

- **Quick assessment and response**

After receipt of the referral from the doorway, the EWMH Service will complete a full assessment in a timely manner that is appropriate to the level of need. It will then assign the child/young person to the appropriate intervention pathway. Every child and young person will have a care plan developed and agreed with the child/young person and their family/carers. Decisions about which team is responsible when there are cross border issues, should be taken quickly and should not delay interventions.

- **Evidence based interventions to children and young people with emotional wellbeing and mental health needs**

Assessment and treatment options appropriate to respond to the wide range of mental health needs that children and young people present with will need to be considered. The EWMH Service will be able to provide for children and young people in each locality a range of effective evidence based therapeutic interventions including psychological therapies as identified by NICE and inspired by the guiding principles of children's and young people's talking therapies (IAPT) on an individual, family and/or group basis as appropriate for the particular assessed need/diagnosis and pathway.

- **Take a whole family approach**

The EWMH Service will work with the family as a whole, where appropriate involving the family in assessment and planning and providing advice and support to parents/carers on

how to best respond to and manage the child or young person's needs. There will be joint working with adult mental health and other services when the parent/carer's mental health or parenting underpins the child's emotional wellbeing and mental health needs.

- **A Pathways Approach**

Pathways can be used at whole system level to describe the journey or route through services; they can also be developed to set out the interventions for individuals.

Early help when the problems are developing and an appropriate response to crisis situations which should be minimised by early intervention and careful follow through would be applicable to all pathways. Allocation to a pathway will facilitate the most appropriate professionals being available as quickly as possible to support the individual in need. As need changes, so will the interventions. It may also involve collaboration by way of multi-agency working by working together with a range of professionals and services and in particular targeted family services for families/carers with complex needs when the need is greater than that just of the child or young person requiring specialist services.

There will be four intervention pathways broadly reflecting need categories within the model, these being:

1. Emotional and behavioural needs – undiagnosed and non-specific emotional and behavioural problems and likely to account for most referrals but may also include trauma and anxiety disorders, somatisation, depression and comorbid conditions associated with behavioural and neurodevelopmental disorders
2. Conduct disorder – challenging, disruptive behaviour. This is often found in young people who may not readily engage with services and where there are significant comorbidities (e.g. those with complex trauma histories, development and/or attachment support needs)
3. Severe and complex needs (including psychosis, suicidal ideation, self-harm, eating disorders and reactive attachment disorder) - small numbers but requiring intensive care and often transition to adult services
4. Neuro-developmental(including ASD,ADHD, Learning Disability) – long-term conditions with children and young people likely to need to be able to drop in and out of services. Where these children and young people have emotional wellbeing and mental health needs the EWMH Service will need to work closely with other professionals and services working with children and young people such as paediatricians, Child Development Centres and Local Authority services. The EWMH Service will also need to respond to children/young people who have long-term physical conditions and their family/carer and who develop emotional wellbeing and mental health needs and will need to work closely with other services involved.

The EWMH Service will develop and set out clear pathways for the above need categories. Once agreed by Commissioners and stakeholders the pathways will be widely publicised.

A flexible approach is required as there will be times when a child/young person and their family/carer has needs that cross several pathways, including with pathways other than emotional wellbeing and mental health, eg substance misuse.

- **Crisis provision**

The EWMH Service will provide assertive outreach and home treatment for children and young people and their family/carer. It will respond quickly and effectively to any crisis and work closely with acute and community services to avoid inappropriate use of Accident & Emergency services and to ensure that an alternative to inpatient provision is available.

- **Priority and appropriate provision for Children/Young People Looked After, Fostered/Adopted, Leaving Care, on the Edge of Care**

Children and Young People Looked After, Leaving Care, adopted and fostered children and those on the edge of care have a range of mental health and behavioural needs and would follow the relevant pathway and be prioritised based on their need and diagnosis. Self referrals from Children Looked After should be accepted. Interventions should recognise and address the interrelationship between emotional/mental and behavioural needs including inappropriately sexualised behaviour. The EWMH Service should recognise the frequent movement of this group and ensure intervention commences quickly and intervention is provided through all stages of a child's placement including between placements with joined up working between all professionals involved. The EWMH Service will help support children and young people to deal with their emotions about their family situation and coming into and moving through care. The EWMH Service will need to analyse the completed annual SDQ assessments for all Children Looked After and ensure those with high scores receive appropriate interventions to address their needs. Performance management data will be analysed to ensure Children Looked After are prioritised and that those needing help receive it. Close liaison with Children's Social Care and Looked After Children Nurses will be expected, including provision of information for Social Care assessment, planning and review meetings. Feedback about service interventions and their progress will be provided. The EWMH Service will also provide advice, support and feedback to Social Workers, foster carers, adoptive parents and carers of Children Looked After and to birth parents as part of the reunification plan for children and young people enabling them to respond appropriately to the emotional wellbeing and mental health needs of children in their care.

The EWMH Service will contribute to or compile reports for courts when requested to do so and within the set timescales.

The EWMH Service will ensure capacity and expertise to work with Children Looked After is included as an integral component of the locality teams.

- **Priority and appropriate provision for Young Offenders**

The EWMH Service will make a clinician available to be based with and work as an integrated member of each Youth Offending Team across the area (6 teams – 4 in Essex, and 1 each in Southend and Thurrock). The seconded worker will act as a conduit to access additional specialist services from the locality teams should they not be best placed to respond to the needs of the young person themselves.

- **Priority and appropriate provision for Children/Young People Misusing Substances**

The EWMH Service will ensure where substance misuse (Drug and/or Alcohol) issues are identified from within its existing caseload or referrals to its provision, appropriate joint working is developed and formalised to ensure these co-existing issues are managed effectively in partnership with local substance misuse services.

- **Priority and appropriate provision for children with a physical or learning disability or social, mental and emotional health difficulty (including those with an Education Health and Care Plan)**

The EWMH Service will respond to the emotional wellbeing and mental health needs of children and young people with a physical or learning disability or social, mental and emotional health difficulty and their families/carers, providing appropriate interventions. Service staff will participate in integrated Education, Health and Care Planning for children with a disability and/or complex needs. The EWMH Service will work closely with other local services that support children with a physical or learning disability taking a Team Around the

Family approach. The EWMH Service will also provide training, education, support and advice to frontline teams.

It should be noted that information to be published by the local authority in their local offer for children and young people with special educational needs and/or disability (SEND) will include services relating to mental health including any criteria that must be satisfied before this provision can be provided.

- **Addressing behaviour and emotional and mental health in a joined up way**

The pathway approach will ensure close working with paediatricians and Child Development Centres and other appropriate services. The EWMH Service will recognise the interplay between emotional/mental and behavioural issues including inappropriate sexualised behaviour issues and that challenging behaviour is often an expression of emotional and mental health needs. It will provide appropriate interventions that address the behaviour and emotions.

- **Appropriate provision for young people 14-25 and coordination with and smooth transition to Adult Services**

This model with its comprehensive approach aligns fully with the five step model adopted in Adult Mental Health, ensuring a continuum of provision from mental health promotion to assessment via a Single Entry Point to early intervention (IAPT) and on to community or inpatient specialist care.

The Service will adhere to and implement the Essex Transition Protocol. Further to this, when children and young people aged 14 onwards are likely to have ongoing mental health and complex needs that will require support from Adult Mental Health Services, the Service will work closely with Adult Mental Health and other appropriate Adult Services to jointly assess, plan and provide appropriate services and ensure a seamless transition to adult life. The Service will continue to work with those vulnerable young people with complex needs beyond 18 where they do not meet Adult Mental Health criteria to complete interventions and link them to other community support.

- **Coordinated working with other services**

The EWMH Service teams will work closely with other services, ensuring joint liaison and joined up working adopting a Team Around the Family approach so that children, young people and their families receive the services they need and that services are integrated. Specifically this will include working with:

- 0-5 Services – Maternity, Health Visiting, Early Years Settings and Children’s Centres
- 5-19 Healthy Child Programme and Services including Youth Services
- GP and other Primary Care services
- Universal health services
- Targeted and Specialist health services eg Child Development Centres and Paediatricians
- Community, voluntary and independent sector services

- Substance Misuse Services
- The Sexual Assault and Referral Centre (SARC)
- Domestic Abuse Support Services  
The EWMH Service will build identification of possible domestic abuse within the assessment and intervention processes and will ensure children, young people and their families/carers are supported to access specific domestic abuse support provision as appropriate.
- Targeted Family Support Services
- Children's Social Care
- Local Authority Special Educational Needs Services (e.g. Educational Psychology Service)
- CAMHS Tier 4
- Acute Health Services
- **Accessible and responsive service provision**

The EWMH Service will be delivered by locality teams. It will offer a flexible and accessible delivery model operating from a range of local venues e.g. schools, children's centres, GP practices and community venues as well as families own homes. It will ensure children, young people and their families/carers are seen at times that suit their needs and those of their family and able to respond to users' needs. More provision will take place in local venues than in clinics.

The EWMH Service will introduce timely and appropriate discharge and use of shared care protocols and passports to expedite access without the need for re-referral for those needing on-going interventions.

The EWMH Service will take a proactive and creative outreach approach to ensure children and young people and their families/carers who do not travel to appointments but who need the service. Cases will not be immediately closed after two missed appointments; there will be follow up and outreach to engage them and/or their family/carer.

The EWMH Service will ensure it reaches and provides support to all children, young people, their families and carers who need that support beyond office hours.

- **Joint working with specialist Inpatient Tier 4 provision**

The model seeks to avoid unnecessary escalation and inpatient treatment and ensure children and young people and their families/carers are supported as near to home as possible.

The CAMH Tier 4 (inpatient) services are now commissioned directly by NHS England. However, the EWMH Service will be expected to work closely with Tier 4 provision as

required to ensure effective care pathways between locally and nationally commissioned services for children and young people. When requested, staff will attend multidisciplinary and multiagency team meetings from the point of admission to ensure parallel planning. Staff will also contribute information as appropriate so that when children/young people are discharged from inpatient provision appropriate local support is provided.

The EWMH Service will provide a specific service to assess and support young people resident in Leverton, a secure children's residential home near Brentwood. There are 15 beds available and young people are placed here by a wide range of Local Authorities. NHS England East Anglia Area Team Health and Justice have responsibility for this and are a Commissioning partner. The Service will work with the relevant GP practice (Beechwood), with other services and with social workers from young people's placing Local Authority and any former CAMHs providers as required to ensure effective and integrated response to the emotional wellbeing and mental health needs of young people resident in Leverton. It will adhere to the national standards for provision in secure settings.

The EWMH Service will also work with GPs and other appropriate services when necessary to ensure appropriate care and support is provided to respond to any continuing emotional wellbeing and mental health needs of children and young people when they are discharged from Leverton into other accommodation in Essex.

### **Workforce and workforce development**

The EWMH Service will ensure there is a mix of skills and that staff are qualified and trained to deliver a wide range of interventions.

The EWMH Service will ensure all staff have ongoing training and development so they can meet the needs of the local population.