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Introduction

We are really ambitious for children and young people in the London Borough of Bromley. We want to work with innovative people and organisations who are equally ambitious and passionate about children and young people’s wellbeing.

We are seeking to work collaboratively with a partnership of providers to radically transform emotional wellbeing and mental health support across the borough for children and young people aged up to 25 years old. We are eager to receive inventive bids that mirror our commitment to prevention and early intervention as well as clinical interventions and are based on collaborative working, championing young people’s voices, and co-design and co-production.

We want to hear from forward-looking providers, be they NHS, statutory, community and voluntary sector or private sector. We are especially interested in user led and community based organisations, and we are keen to hear from any groups of providers who can demonstrate to us that they are committed to improving the lives and experiences of young people.

We know that we need different skills and ideas and we anticipate that the group of providers we will work with will be about four to six in number. We value diversity and expect providers will be a mix of large and small organisations, some or all with a local presence in and knowledge of Bromley.

This document sets out our vision and requirements for the future. There is a lot of good work taking place in Bromley around mental health and emotional wellbeing, but we are aware that there are challenges to overcome and more to do. We hope you want to work with us to achieve this.

We want to hear from innovative, forward-looking providers.
Our vision for children and young people

We want all children and young people across the borough to reach their full potential and to grow to be confident young adults and parents themselves.

Our objectives for children and young people in Bromley are that they:

- are equipped to keep well in the community, are resourceful and able to bounce back from adversity
- can access the right support at the right time and in the right place for them
- feel and are seen as part of the solution, they are able to contribute to their and other’s wellness
- live in a community where there is positive awareness of support for emotional wellbeing and mental health

These objectives will drive all the developments and measures of success for these services. They mean we have a strong focus on prevention, early intervention and support based in the community. Where children and young people need more help, we need to ensure it is right for them with minimal waiting times and in places that they find welcoming. And lastly, we are embedding, in all we do and commission, the role young people play in their own wellbeing and that of their friends and family.

Our vision for the health system in Bromley

We intend to build on the good work already taking place in Bromley. In 2015 we launched a transformation plan to improve emotional wellbeing and mental health services for children and young people in Bromley. We have made solid steps in the right direction and are starting to have a positive impact.

We have been engaging with children, young people, teachers, parents, carers, the voluntary and statutory sectors about what needs to change and designing solutions and ideas together. But there is still much to do to transform our system.

We want to see children and young people, youth services, community groups, schools, parents, clinical and specialist services are all working together to design, plan and deliver services and support, that are fit for today’s digital age and young people’s wishes and ways of living.

We strive to deliver through a system that is:

Led by children and young people – So it can address their needs better and be supported by evidence based interventions and innovations where evidence can be collected as the system develops.

Integrated – By using a multi-agency collaborative approach in the system to work with children and young people and their families.

Co-designed and co-produced – As part of the co-production process, we are anticipating a radical change in the way that services offer and young people access support. This will include new approaches in the way services are commissioned and delivered.

Effective and transparent – This includes managing and sharing risk and changing the current pathways for entering the system.
National context
Our vision aligns with national policy that is driving change throughout children’s and young people’s mental health services across England including The NHS Long Term Plan published in January 2019.

The Department for Health’s Future in Mind (2015) created a vision describing how the system could work better for young people, emphasising that prevention and early intervention are core to creating a system that properly supports the emotional wellbeing and mental health of children and young people. It explains that to make this vision a reality requires the involvement of young people and those who care for them in making decisions about key priorities, and the adoption of a joined up approach with linked services that have care pathways that are easier to navigate.

The Five Year Forward View for Mental Health (2016) described the government’s ambition of creating equal status and funding for mental and physical health for children, young people, adults and older people. It again emphasised the importance of preventative care and integrated services, encouraging providers to work collaboratively.

The Government’s 2017 Green Paper Transforming Children and Young People’s Mental Health Provision builds on Future in Mind in terms of prioritising prevention of early intervention and identified the vital role schools and colleges key played for opportunities to intervene early and prevent problems escalating. The NHS Long Term Plan restates these and commits to funding growth and investment in priority areas including transition to adulthood and mental health crises.

Local context
Located in South-East London, Bromley is the largest London borough in the city. At approximately 150 square kilometres it is 30% larger than the next largest borough. The borough has a thriving community and voluntary sector, leading schools and almost a quarter of the population are aged 18 and under. There are over 78,000 children and young people aged 0-18 years old living in Bromley.

In the past two years Bromley exceeded the national target for access to assessment and treatment for children and young people’s mental health. This is an exceptional outcome and places Bromley ahead of many other local areas. It is the result of embedded joint commissioning arrangements between the Clinical Commissioning Group (CCG) and Local Authority which has enabled resources to be deployed efficiently and effectively.

There has been a significant push to embed co-production and co-design in Bromley. Approximately 2,000 children, young people and parents have been involved in changing support, providing insight and testing and prioritising outcomes that matter to them.

However, children and young people in Bromley still face challenges. A recent national survey found that one in eight (12.5%) of 5 to 19 year olds had at least one mental disorder when assessed in 2017.

In 2017/2018, 297 children and young people presented to A&E in Bromley with mental health crisis. 2018/2019 data shows a projected annual increase of 35% and a projected 5 year increase of 212%. Latest figures from 2017/2018 show that Child and Adolescent Mental Health Services in Bromley had an average caseload of 890 children and young people per month, an increase on the previous year.

In addition, the 2018 Bromley Children and Young People’s Joint Strategic Needs Analysis has highlighted significant needs rising in Bromley’s population with regards to gangs, violence, knife crime, drug alcohol. This affects the rise in children and young people’s mental health in Bromley. See Section 4, page 10 for more information about challenges children and young people face.

78,000+
the no. of children and young people aged 0-18yrs old living in Bromley

890
CAMHS average monthly caseload 2017/18

“I’ve seen lots of people passionate about campaigning for mental health”
16 year old boy
Drivers for change

1. **Demand for support**
   Both nationally and locally, there has been an increase in the number of children and young people accessing mental health services, particularly for specialist interventions. Bromley Child and Adolescent Mental Health Services caseloads have increased by approximately 7% since 2014.

   We know that childhood and teenage years are a time of rapid change and that half of all mental health conditions are established before the age of fourteen. Challenges such as relationships, exam pressures and unfamiliar situations can be tough to manage. This year it has been reported that young people’s happiness is at its lowest since 2010 and those aged 16-24 year olds have been found to feel lonelier than any other age group. Young people face many social and health challenges whilst growing up. Unemployment is on the rise, with many young people struggling to find work and significant numbers of children and young people are self-harming, with girls estimated to be twice as likely to self-harm as boys. Suicide rates in England and Wales amongst young people are also on the rise.

2. **Fragmentation and gaps in services and support**
   We know that there are gaps and fragmentation within our current system. For example, we have no offer of support for children placed outside of the borough and some services are limited and are not always accessible. Many children and young people only receive treatment when their needs have escalated and they meet certain thresholds for clinical services. Those who do not meet these thresholds are often not able to access any alternative help. Therefore, some vulnerable groups of children and young people receive support, when others don’t. Our current system is not always equitable for all children and young people.

3. **Financial pressures**
   We are facing an increase in demand for services and support alongside static resources. There is a tight financial envelope for mental health provision for children and young people and we need to use what we have to work in the best way. We believe that innovation and collaborative working is the only way to overcome financial challenges and provide the best support for children and young people.

4. **Recruitment**
   Although the government’s aim is to increase the mental health workforce by 21,000 practitioners by 2021, we must acknowledge this will take time and we currently have a shortage of clinicians. In order to overcome workforce challenges, it is important to think about how we can mix a wide range of skills, use specialist clinicians’ skills wisely and deploy them across the system. We need more diversity in our workforce with practitioners from various social and education backgrounds. We need to improve our retention of staff.

5. **Waiting times**
   Children and young people in Bromley and recent national reports have told us waiting times for initial assessments and particularly treatment, are far too long. Across the country only 14% of children and young people began treatment within the national target of four weeks. Some, are not treated 18 weeks after initial assessment. Similarly, this year, only 30% of children were assessed within four weeks of referral, with 4,309 children waiting more than 18 weeks, and 992 waiting for over a year.

   In August 2018 the average waiting time from referral to assessment in Bromley was nine weeks and from assessment to treatment was six weeks. Research by Young Minds suggests that around three-quarters of young people who seek mental health treatment become more unwell while waiting for help. Too often, they are not signposted to other forms of support.

   We need to address waiting times in Bromley and work to provide other interventions and types of support for people whilst they are waiting for treatment.

   “I have friends who have turned to recreational drugs rather than be on a waiting list for Child and Adolescent Mental Health Services”
   young person

   “Getting referred to a counsellor takes so much time, the waiting list makes it pointless as by the time you get to talk you are in a worse state”
   16 year old boy
Emotional and mental wellbeing in Children and Young People in Bromley

Wellbeing

We initially engaged with over 1,000 children and young people face to face and using surveys. This is what they told us:

The three most common ways identified to help children stay emotionally well are:

- **22%** Support and being helped
- **19%** Being cheered up
- **14%** Talking/listening

Children are most likely to rely on family, friends and parents to help them stay emotionally well.

* of 1,392 respondents

How do your tools/resources help you to cope?

Over 16s are more likely to mention distraction and talking/listening

-16

Under 16s are slightly more likely to mention cheering me up and being there for me.

* of 1,009 respondents

When asked which other skills children feel are needed to cope with emotional wellbeing the most common answers were:

- **11%** Keeping calm
- **11%** Communicating
- **22%** Self-reflective exercises
- **22%** Don’t know 22%

* of 854 respondents

The top 3 tools/resources mentioned by children to help them cope when they are emotionally not well are friends, family and parents.

* of 1,392 respondents

Around ¼ of children said talking/listening and the provision of support or help are how their tools/resources help them cope.

* of 1,009 respondents

Working together with partners, local services and children and young people, together we identified a number of service qualities that are need to deliver a transformed service model.

These are:
- Coproduction
- Early intervention and prevention
- Diversity of offer
- Appreciative and asset based
- Learning and reflective

Private
- Person-centric
- Connected
- System view of children and young people’s wellbeing

* of 1,153 respondents
We use the New Economic Foundations definition of co-production which is that co-production is “The relationship where professionals and citizens share power to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make in order to improve quality of life for people and communities”.

All service models should demonstrate how they will work towards the six key elements of co-production so that children, young people and parents work in equal partnership with commissioners and providers to design, plan and deliver services.

We know this will not be achieved overnight. Co-production requires a genuine culture change, and this can take time to come about even for the most dedicated practitioners. Nor is it desirable to move directly from a state of not co-producing to one of transformative co-production. It is more helpful to think of a transition towards co-production, with everyone working from where they are now towards the goal of co-production.

There are six key elements which combine to create a co-productive relationship.

These are:
1. Recognising children and young people as valuable assets
2. Building on children and young people’s capabilities
3. Promoting mutual benefit and a more equal relationship between children/young people and professionals
4. Developing and utilising peer support networks
5. Breaking down barriers between professionals and children and young people
6. Facilitating support rather than delivering.

Principles

A range of different characteristics emerged during co-design sessions services with children, young people, parents and practitioners. We heard inspiring ideas and are keen to ensure we stay true to them. We have adopted some as guiding principles for any future services.

Co-production

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Appreciative and asset based

All services and support must promote and strengthen the factors that support good mental health and wellbeing. Children and young people’s skills, capabilities, experience and knowledge should be as much a focus as their needs and problems and be a core part of any therapeutic intervention.

“Drawing, singing and playing are all expressions of myself and make me feel good about myself and my unique-ness”

Learning and reflective

We want a system where all services and the workforce embody a culture which encourages learning, prototyping and flexibility and enables the system to change and adapt over time in response. We know staff value this as much as people who access service and support.
Services and support

Who we are there for
The services and support are for all children and young people up to the age of 25 years who are registered with a Bromley GP and those ordinarily resident in the borough. This includes young people transitioning to adult services. Existing support for children and young people currently only goes up to 18 years old and we know that the transition to adult services is often not a smooth one. We want to address this by providing services and support to children and young people up to the age of 25 years old.

The scope covers services and support for all emotional health and wellbeing for all children.

The Thrive Model developed by Anna Freud Centre

For everyone
• Awareness and reducing stigma – we want conversations about mental health to become the norm in schools, amongst parents and the workforce. Young people will be able to self-manage and understand their emotional and mental health, and what they can do for themselves if they start to feel unwell.
• Local presence – with a collaboration between organisations who have good local knowledge and links with Bromley communities and specifically with children and young people. Children and young people should feel valued in their local communities and in turn, value what is around them.
• Early intervention and prevention – as the primary focus, to prevent children and young people requiring more specialist intervention and to keep them well

and out of the various levels, depending on their needs and wishes at the time.

Although it is likely that certain problems or severities may be more common in some groups, there is no one-to-one relation between severity or type of problem and grouping. Rather, groupings are primarily organised around different supportive activities provided by the collaborative system of children and young people services in response to mental health needs and strongly influenced by the child or young person’s choice.

What we offer
We expect to see the following core elements in place. We have arranged these under headings adapted from the Thrive model (see diagram). This is an example model and there are also many others that can be used:

For everyone
• Awareness and reducing stigma – we want conversations about mental health to become the norm in schools, amongst parents and the workforce. Young people will be able to self-manage and understand their emotional and mental health, and what they can do for themselves if they start to feel unwell.

Co-location

Co-produced map of possible wellbeing hubs across Bromley

after they have received interventions. This includes those with protected characteristics and those in the more vulnerable groups mentioned later.

• Alternative approaches to prevention – such as mindfulness, yoga and cognitive behavioural therapy. We expect to see a range of creative approaches across the borough, utilising all the resources available, including children, young people and parents.

“When I have problems, I like to write them down…I don’t always like talking face to face to someone. This would let me get everything that I want to say down without getting interrupted or side tracked”
19 year old girl

For getting help
• The digital offer – we know that children and young people are using digital platforms, apps and social media to stay connected with each other, get information and access interventions. We want to see how digital offers can be firmly embedded into other support and services. They increase people’s choice and their autonomy and can potentially mean we can provide continuity for those who are out of borough.

• People to help all in one place – with co-location of multidisciplinary teams (ideally including clinicians, youth workers, therapists, community practitioners and other related disciplines) in community venues. We expect our workforce to be deployed throughout the borough, with more home visiting and in places such as children’s centres, youth clubs and local authority premises. See map below for ideas of suggested locations to deliver support. We have called these wellbeing hubs, but they can have a different name.

“You can see you broke your finger, you go to the hospital. What if you don’t know what’s wrong with you? Where do you go?”
secondary school student, 17 years old
“I advise people to try sport. I play in a baseball team with friends... I like to run it makes me happy” 15 year old girl

Peer support

• Welcoming venues – that are already trusted by and designed around young people. These open onto an array of opportunities, including peer support, diversionary activities (sport, music), mindfulness and CBT, digital support and clinical treatment where necessary. We expect these options are available to everyone, regardless of whether they have special educational needs, physical disabilities or are receiving clinical treatment.

• Single point of access – we already have a successful phone based single point of access. It is available to anyone to refer into, a person themselves, a family member, GP, teacher, youth worker, etc. We expect this to continue in the future.

• Diversity of offer – children and young people have told us that they would like choice in how they receive support with access to a range of different types of support from specialist, clinical interventions and beyond to more informal options including: diversionary activities; support groups and peer-to-peer self-help.

• Peer support – one element that has come up time and again is the value of peer support, both between young people and between parents. Bringing young people and parents into the system as a resource in their own right will grow the capacity of the system and build the confidence and agency of the people involved. This needs to be thought through carefully, with young people and parents to ensure it is supported appropriately and enables all young people and parents to contribute to their and other’s wellness should they wish to.

Getting more help

• Clinical interventions – risk management and a crisis response. This may include nursing, children wellbeing practitioners, child psychotherapy, psychology, family and systemic therapy, social work and psychiatry. We expect these to be integral and co-located within the collaborative system rather than separate to enable cross fertilisation of skills, knowledge and expertise between people as well as creating a full community response to the needs of the local population. The clinical offer will be responsible for authorising access to in-patient support, where clinical need is of a more specialist nature.

• Specific groups – some children and young people are at a higher risk of developing emotional and mental health issues. While we do not want to label them, we also need to ensure there are skilled and experience practitioners to support and work with them if needed.

The groups include:

- Young people in the youth justice system

We know children who enter the criminal justice system are vulnerable with high mental health needs. We expect providers to work closely with justice services and provide emotional wellbeing support to young people and the practitioners who work with them.

- Looked after children and young people – especially those placed out of borough

We expect a robust and seamless service for looked after children and young people living in the borough, with bespoke offers for them as individuals. Those who are placed out of borough, often have limited mental health services to access and at times are waiting far too long. This is a problem as we know moving away is a particularly challenging time. We expect different approaches for these children, including online provision so they maintain continuity with people they have developed trusting relationships with.

- Young carers

Young carers have described a wide range of caring roles from making telephone calls and administering medicine to supervising other children in the household and helping family member (usually sibling) get washed, dressed and toileted. Young carers said that being a carer would sometimes prevent them from being able to attend school and may stop them from being able to sleep. We are keen to ensure we can give young carers equal access to mental health support and services if needed.

- Children and young people with special educational needs

We know that this group can often experience mental health issues. We expect providers to have practitioners who understand the social and educational context and provide interventions that are suited to their diverse needs.

- Children and young people with autism spectrum disorder and/or learning difficulties

We expect providers to provide mental health to children, young people and their families in the home and through community based interventions. We are keen to avoid inpatient and assessment admissions whenever possible.

- Children and young people at risk of sexual exploitation

The numbers of those at risk or affected by childhood sexual exploitation is rising. We expect the system to be able to connect with those affected and to have a range of interventions delivered by experienced practitioners in this field.

- Children and young people affected by drug/alcohol use

The recent Joint Strategic Needs Analysis has reported many young people are affected by drug and alcohol use. We expect the system to encourage young people to access advice and support and, where needed, provide appropriate support and interventions.

Looking after people in their own homes

We expect different approaches for these young people, including online provision so they contribute to their and other’s wellness should they wish to.
Important linkages
The future providers will be delivering much of the services and support themselves. However, they will be part of wider communities and networks and we expect them to foster and maintain relationships with many others. It is essential that they attend multiagency meetings for individual children and young people when asked by other agencies.

Schools are key partners and we are interested in proposals for working alongside them. Bromley is a pilot for the school trailblazer programme, an NHS England initiative to trial having two new mental health teams to support 16,000 children and young people in and near their schools with early intervention and prevention initiatives, training for designated mental health leads in schools and colleges. The learning from this will be important for the future and how we run similar activities for schools not involved in the pilot.

Children and family centres, colleges and other places where children and young people spend time are also key as are other agencies such as family services, youth justice and many community groups and organisations.

There are some services that are out of scope yet interrelated to this set of services. Close working, strong partnership and reciprocal arrangements with these will be needed. They include services for those with:

- Primary diagnosis of learning disability and/or neurodevelopmental disorder with no significant mental health co-morbid conditions that require specialist clinical intervention.
- Primary diagnosis of drug/alcohol use with no significant mental health conditions that requires specialist clinical intervention.
- Young people affected by eating disorders, severe treatment resistant obsessive compulsive disorder, forensic assessments, complex gender identity development problems, complex neuropsychology assessment, inpatient or day patient assessment or treatment.
- Assessments for court although contributions if needed.
- Perinatal mental health.
Outcomes

We asked ourselves how we will know we have been successful. Firstly, we asked children, young people and parents in Bromley, over 2,000 of them over two years. Then we added in other aspects that are important to the system as a whole. This has created four main areas: children and young people wellbeing outcomes, system outcomes, workforce outcomes and financial outcomes.

These outcomes will continue to be refined. They will also need to be supplemented by mandatory NHS England and NHS Improvement benchmarking and performance measures.

Children and young people wellbeing outcomes

Listening to young people and their families showed us we needed a fresh look at how we commission and which outcomes are important. We need to focus on outcomes related to a child or young person’s social and emotional capabilities, for example:

- Children and young people are more autonomous
- Children and young people have increased self confidence
- Children and young people are resilient

These outcomes have always been at the centre of good youth work, but until recently their importance has not often been explicitly valued by commissioners. These capabilities are valuable for young people in the long term because the evidence shows that they have long term impacts on the life chances of young people: their future relationships, educational achievements, job and career prospects. Furthermore, they are outcomes that make a difference beyond the individual, for example, to whole communities.

We used the Dynamic Model of Wellbeing developed by the New Economics Foundation (NEF) for measuring human wellbeing to help us organise our findings. The model describes the interplay between:

- an individual’s external conditions (bottom left) – such as their income, employment status, housing and social context – act together with
- their personal resources (bottom right) – such as their health, resilience and optimism – to allow them to
- function well (middle) in their interactions with the world and therefore experience
- positive emotions and good feelings (top).

Interestingly, the over-arching message from our engagement work was to focus on wellbeing and the different components that this includes, for example, connectedness, contributing, feeling valued and learning.
Section 7

From the above framework, the outcomes that resonated most with children and young people in Bromley were:

1. An increased sense of autonomy – particularly in terms of anonymity, choice of intervention and opportunities to contribute to their own and other’s mental wellbeing.

2. Emotional intelligence – their need and wish to learn about their own mental health, the nature of emotions and thinking processes and ability to self-manage.

3. Relatedness – that a good, trusting relationship with the person helping them is fundamental to the efficacy of the intervention and that this should precede or be a priority over other service requirements.

4. Wellbeing focused schools – that the school environment may be too focused on academic achievement to the detriment of the students’ wellbeing. If there is a shift towards prioritising students’ wellbeing, then a supportive learning environment should follow hand-in-hand. Happier students are likely to achieve more both academically and emotionally.

The fourth outcome is being partially addressed through the trailblazer pilot. We also want to address something children and young people have said is important to them – the feeling of connection with the person who is supporting and working with them.

“I went through three counsellors over 3 years before I finally found the person I could really trust and talk to”

19 year old girl

Workforce outcome

Children and young people have told us how important continuity is to them. It takes time to develop trusted relationships and it can be difficult when people leave.

In addition, staff wellbeing is very important too. We want people to be keen to work with young people in Bromley, feel fulfilled themselves and want to stay.

Therefore, we have a specific outcome related to workforce turnover as a reflection of both continuity and improved staff wellbeing.

Finance outcome

Over the life of the contract, as early intervention and prevention provision becomes more seamless and robust, therefore reducing specialist caseloads, we expect current specialist provision to have a substantial decrease with a safe and appropriate step down of provision.

We expect to see a shift from specialist support to prevention. In the first year it is anticipated resources will be deployed 60% specialist, 40% early invention and prevention. In year two and three we would like to see specialist provision resources decreasing and an increase of early intervention and prevention provision.

In year four to five we expect to see a switch on the first year of 60% early intervention and prevention provision and 40% specialist provision.

A summary of Bromley’s full set of outcomes is given below

Please note, where it says ‘children and young people’ this means – children and young people including those with protected characteristics and from vulnerable groups. It is important to measure each outcome overall and for specific groups.

<table>
<thead>
<tr>
<th>No.</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Children and young people feel there is a supportive environment in their schools and in other places they spend time in.</td>
</tr>
<tr>
<td>2</td>
<td>Children and young people report an increased sense of autonomy</td>
</tr>
<tr>
<td>3</td>
<td>Children and young people report improved awareness and understanding of their mental health and wellbeing and how they can manage their emotions</td>
</tr>
<tr>
<td>4</td>
<td>Children and young people have a good trusting relationship with the person helping and working alongside them</td>
</tr>
<tr>
<td>5</td>
<td>Children and young people report an increased sense of belonging in their community and feeling valued</td>
</tr>
<tr>
<td>6</td>
<td>Reduction in waiting times for assessment</td>
</tr>
<tr>
<td>7</td>
<td>Reduction in referral to treatment waiting times</td>
</tr>
<tr>
<td>8</td>
<td>More children and young people report they feel a positive connection with the person or people supporting them</td>
</tr>
<tr>
<td>9</td>
<td>Drop out rates from treatment and support are reduced</td>
</tr>
<tr>
<td>10</td>
<td>Reduction in staff turnover in all provider organisations</td>
</tr>
<tr>
<td>11</td>
<td>Investment is shifted toward prevention and early intervention</td>
</tr>
</tbody>
</table>
How we will work together

There are many people, teams and organisations involved with the emotional health and wellbeing of children and young people in Bromley. Good collaboration between all these is essential.

A Group of Providers
We are looking for a group of providers who can work together to provide a joined up set of support and services. They will take responsibility for creating, leading and co-ordinating the collaborative of partners. One of the group will act as a lead provider for practical contracting purposes. This will not take away that it is a collaboration of several providers who we wish to see running the services and support.

The successful group of providers will have demonstrated a track record of, and commitment to, collaboration and innovation as well as the essential capabilities and mind-set to deliver our vision and outcomes. Specifically, they will:

a) have a person-centred culture demonstrated by concrete examples;
b) a track record of innovations in service design, technology and workforce;
c) demonstrate a credible and affordable operating model that will deliver the functions and meet the outcomes;
d) have the capacity and capability to implement change and continuous improvement;
e) present as a unified group who are committed to sharing responsibility, risk and opportunity; and
f) have the capacity for whole system coordination including data and digital management.

It is expected that the provider group will include, but not be restricted to, organisations from health, social care and the voluntary and community sector and a variety of clinical, social, housing, employment and community support and services.

We are interested in multi-agency provider groups who demonstrate a breadth of perspectives and expertise. We are particularly interested in provider groups which include new capabilities such as integrator functions, technology development, change management and community development.

Collaboration Principles
All providers in the collaboration will commit to follow a set of principles:

a) to assume collective responsibility for all of the risks involved in providing services under this Agreement;
b) to make decisions on a ‘Best for Service’ basis;
c) to commit to unanimous, principle and value based-decision making on all key issues;
d) to adopt a culture of ‘no fault, no blame’ between the participants and to seek to avoid all disputes and litigation (except in very limited cases of wilful default);
e) to adopt open book accounting and transparency in all matters;
f) to appoint and select key roles on a best person basis;
g) to act in accordance with the agreed collaboration values and behaviours at all times.

Collaboration Values and Behaviours
A set of Collaboration values and behaviours will be developed. These, together with the Collaboration Principles, will form the business rules guiding actions and behaviours and assisting in decision making. These principles, values and behaviours are fundamental ‘must haves’ and will be consistently and repeatedly demonstrated by all leaders and team members.
Contract and procurement

**Contract Commencement and Term**
We expect the contract will commence on 1 April 2020. The term will be 5 years with an option to extend for a further 3 years. This is a major change from annual contract negotiations or 2–3 year contracts. It will enable the partnerships to develop and evolve, focusing on delivery of the outcomes and innovation in transforming care.

It should also be noted that a longer contract term also presents the opportunity for providers to bring in additional resources. While the funding envelope set by the CCG and Council is expected to reduce over time, providers may be able to source additional resources over a longer term, (such as through the use of social impact bonds).

**Contract value**
The proposed total funding for 2020/21 will be a minimum of £3million and the final figures will be clarified in the coming months. We hope to maintain this annually through the life of the contract, but this is reliant on national fiscal policy and local circumstances.

**Procurement**
Depending on the responses to the expression of interest, we will determine the procurement route and process. It is expected that procurement will commence in Spring 2019 and complete in Autumn 2019.

As this is an outcome based approach, we have laid out the vision, objectives and outcomes to be achieved. We will be looking for bidders who can describe the detail of how these will be achieved in innovative and evolving ways. They will need to demonstrate how they will continue to listen and respond to children, young people and families.

Evaluation criteria will relate to the competences and capacity of the provider group, their commitment to innovation, co-production and collaboration and the robustness of the delivery, implementation, financial and performance reporting plans.
References


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