

Northamptonshire Young Healthy Minds Partnership (YHMP) Strategic Priorities 2014-17

Strategic Direction 2014-17

Strategic Priority: - Improving Prevention

50% of lifelong mental health issues start before the age of 14 and accounts across the local economy wider annual cost of mental illness equates to £1.347 billion (this is a combination of costs to the NHS, County Council, Police, Benefits system or lost time at work in sick pay). In a number of cases, measures can be taken to prevent mental health episodes. In order to improve the initiatives for prevention, the YHMP will work towards the following:

- Reduce incidences in anxiety and depression
- Improving body self-image
- Reducing self-harm and suicidal ideation.
- Promotion of positive emotional wellbeing in line with the Health and Wellbeing board lifelong Wellbeing Strategy
- Reducing stigma to encourage children, young people and their children to act sooner
- Explore and develop good “Digital Hygiene” in recognising the impact of technology on wellbeing and mental health through a strategy for promoting positive use
- Offer appropriate prevention measures at key age milestones such as:
 - Promotion and support of perinatal mental health and positive attachment
 - Enhancing the early years emotional wellbeing in preparation for school
 - Developing resources and interventions in primary settings to develop resilience and a nurturing environment at home and school
 - Enhancing the preparation of transitions to secondary school by working with partners to embed the promotion of positive emotional wellbeing as a part of the process
 - Create resources for targeted groups e.g. foster parents and children looked after to promote positive wellbeing
 - Work with partners to develop pathways and resources to re-enable young people stepping down from specialist services to try and reduce the potential for repeat episodes.

Improve Communication and access to information

- Continue development of the Ask Normen website to be fully utilised as the access point for all information about emotional wellbeing and mental health
- Develop a strategy to continue to raise awareness of EWB&MH and improve access to information through multiple campaigns and channels.

Therefore, over the next 3 years, the YHMP will work on the following areas:

- Develop toolkits across community partners to raise aspirations of children and young people, build resilience and enable them to find healthy ways to manage stress & anxiety
- Work with Children and Young People to develop resources to support diversity and promote strategies to feel good about our bodies creating a positive self-image
- Engage schools, early years settings and youth organisations to promote the strategy and use the services and resources provided across the YHMP.
- Embed a self-harm strategy that looks to promote alternative coping mechanisms for dealing with stress, anxiety and depression; raises the ability of the workforce, parents and young people to recognise the issues and support self-harming young people appropriately; streamlines the pathway when services are required.
- Further the utilisation of the Ask Normen Children and Young People’s Mental Health Gateway and Newsletters as the one stop shop to support people who are concerned about emotional wellbeing issues and suggest tools and practice that may prevent poor mental health in the hopes that it may reduce inappropriate referrals or ensure referrals are made to the appropriate services where required.

Improving Early Intervention

Poor mental health affects at least 1 in 4 adults (some recent sources suggest it may even affect 1 in 3) at any one time. 1 in 10 children and young people are known to have additional emotional wellbeing needs. On that basis, c17, 000 children and young people in Northamptonshire could be affected at any one time. Once again, early intervention makes a significant difference. Therefore, the YHMP will work together to:

- Increase awareness of work around anti stigmatisation, especially in primary years by expanding the remit of the Talk Out Loud anti stigma programme that works with the young people reference group on Personal Health and Social Education (PHSE) programmes, support materials and campaigns to reduce the stigma associated with mental health
- Identify vulnerable parents as early as possible and provide proactive preventive services which promote emotional attachment and build emotional resilience
- Focus resources upon geographical areas, early years forums, schools and early years settings with the greatest need.
- Embed the use of Common Assessment Framework (CAF) and Team Around the Family (TAF) prior to access to specialist services unless there is significant evidence of complex mental health needs
- Strengthening parenting and carer support across the partnership from pre-birth to teen years (e.g. reduce family/placement breakdown)
- Early years interventions are critical, and therefore there needs to be inclusion of the early years settings in the scope of the offer

- A whole system approach to supporting children and young people with traits of ASD/ADHD/Asperger’s prior to diagnosis and post diagnosis – not simply traditional educational support, but also supporting issues around isolationism, school exclusions, dangerous sexualised behaviour, hate crimes, youth offending issues etc. A new approach to be explored and developed
- Focus upon Early identification of need for vulnerable families with tools that can be used across the universal and targeted workforce
- Focus upon deprived areas and schools with greatest need, to enable this, the partnership will need to work together to gain a better understanding of needs
- Easier to understand pathways through the use of Ask Normen in universal settings and Pathfinder within Primary Healthcare settings.

Improving the Experience

While many within the specialist CAMHS services or receiving Youth Counselling seem to benefit and enjoy their experiences, there are frustrations regarding access to services, confused pathways and a number of myths regarding the service. In 2013, Healthwatch undertook a consultation which highlighted CAMHS as being an area for continued improvement. Therefore, it is essential that the partnership continue to improve the service and reputation within CAMHS.

- Young people have requested services nearer their homes/schools as the buses can mean one appointment can take 3 hours of their time.
- Communication has room for improvement with families and agencies being updated on waiting times, alternative interventions while awaiting an assessment/service and when discharged/stepped down.
- While the Crisis Team performs well with limited resources, there are concerns from GPs and Hospitals that there is not enough provision. 86% of England have a 24/7 provision. Working together with the multi-agency services hub, the out of hours teams and reviewing acute duty cover provision would likely improve the perceptions greatly as there are very few presentations when the Crisis Team is closed.
- Single Point of Access

Improving Partnership Working

- Develop new models for engaging and co commissioning with schools
- Improve engagement with GP’s, Children’s centres and schools as commissioners for the future
- Work closer with NCC, GPs, Schools, Early Years settings, Police, Community Groups, Faith Groups, Youth Groups

Improving Processes

- Support provision required for non-traditional CAMHS pathways
- Consistency of approach and terminology for pathway planning with the Integrated Working Group, Early Help and Targeted Prevention as well as the pathway for Specialist Education.
- Improve the impact of transitions
- There needs to be a managed approach to step up and step down (Inc. where appropriate bringing CYP back into the county where placed outside)
- Eased pathways with a greater awareness of issues, services and access pathways across the tiers.
- Need to further reduce waiting lists and nonattendance at appointments
- Need to ensure there are no provision gaps during the school holidays
- Waiting lists only tell a part of the story, there is a need to review support in the time between waiting and commencing interventions.

Develop Integrated Pathways to services

- Ensure the Integrated Working Guidance and the Special Educational Needs (SEN) ‘Local Offer’ are understood by all agencies and targeted provision is accessed prior to a request for specialist EWB&MH services.
- Ensure principles of CAF/TAF and early intervention contained within the IWG are fully utilised prior to accessing specialist MH services
- Manage and evaluate the Improving Access to Psychological Therapies (IAPT) pilot linking youth counselling and Tier 3 CAMHS.
- Review the pathway for neurological developmental delays and disorders

Improving Workforce Development

- There is a much greater need to reinvigorate the multidisciplinary workforce development programme
- Is there scope for an e training/accreditation that staff needs to do to be aware of how to access appropriate services across the workforce? CAF training and usage should include the emotional wellbeing needs.
- Build awareness, knowledge, skills and ‘resilience’ in the workforce.
- Implement the EWB&MH workforce training programme to ensure skills, knowledge and competency framework is adopted, co-ordinated EWB&MH training programme is agreed and accessed by all relevant staff.

- Ensure programme is delivered alongside the safeguarding training and is seen as an integral element of the skills for the workforce
- Develop training programme to build staff resilience and strengths to manage in a challenging and changing environment.
- Audit of specialist interventions – identify gaps

Improving the Business

- Providers and contracts need to be financially sustainable especially to be able to be able to support individual budgets
- There needs to be transparent and easy to access data across children services.
- Better evidence the outcomes of programmes such as TaMHS and understand demand/impact of alternative creative/play therapies
- Respond to the changing commissioning environment where – schools, early years centres and GP’s are also commissioners who may commission services over and above what is available as the ‘core offer’ for the EWB &MH pathway
- Build greater engagement and shaping of the community and voluntary sector to respond to the changed commissioning environment

Challenging Behaviour

- Challenging behaviour accounts for the largest number of referrals to Paediatrics and the largest number of inappropriate referrals
- Challenging behaviour does not always meet the threshold for accessing Tier 3 CAMHS
- Challenging behaviour can take many forms from self-harm, aggression, sleeplessness, risk taking behaviours, anti-social behaviour and may lead to poor outcomes such as school and social exclusion.
- Support for children and young people (including their parents, grandparents and siblings) may take many forms, but can be fragmented and difficult to access.
- Parenting support is required for all age groups from pre-birth and especially in teenage years.
- Implement multi-agency pathway for ADHD and develop ASD pathways

Other key factors:

- LAC/Post Adoption/Special Guardianship/Connected Placements
- YOS
- Drugs and Alcohol Integration

- Conduct Disorder
- LGBT
- Post Sexual Abuse Counselling
- Early Years
- Engagement
- Peer networks
- Locality Advisory
- Youth Counselling

Actions

- Strengthen membership, role and governance of YHMP
- Review all services commissioned through the pooled budget inc.
 - Specialist CAMHS services
 - Targeted CAMHS services
 - Develop a forum for engagement and shaping of the community and voluntary sector to enhance their ability to secure funding to deliver services in the future
- Ensure vulnerable young people access services that are responsive to their needs and address their particular vulnerabilities.
- Develop a seamless approach to the provision of services for emotionally vulnerable young people and those with mental health needs as they move from children’s to adult services.