









Needs Assessment Presentation Pack

  <h2 style="text-align: center;">Emotional Wellbeing and Children and Adolescents Mental Health Services Needs Assessment and Service Review</h2> <p style="text-align: center;">David Loyd-Hearn Commissioning Lead Children and Young People</p>								
  <h3>Scope of Review</h3> <p>The Emotional Wellbeing and Children and Adolescents Mental Health Services Strategy and Review Programme (EWCAMHS) comprises of both a collaborative commissioning agreement between the newly formed Nene Clinical Commissioning Group and Corby Clinical Commissioning Group with pooled budget with Northamptonshire County Council.</p> <p>The review has looked at via 167 stakeholder meetings and a document review:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>The emotional wellbeing and mental health needs across the county</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>The services jointly commissioned by the NHS and Northamptonshire County Council, benchmarked nationally</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>The services delivered by partner agencies e.g. Schools Targeted Support</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>The informal and formal support networks in the community</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Services that are provided outside of the county and why we use them</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>The changes to services, devolved funding, and their impact on access to services</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>Views of children and young people (904)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Views of parents and professionals (121)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>The emotional wellbeing and mental health needs across the county</li> </ul>	<ul style="list-style-type: none"> <li>The services jointly commissioned by the NHS and Northamptonshire County Council, benchmarked nationally</li> </ul>	<ul style="list-style-type: none"> <li>The services delivered by partner agencies e.g. Schools Targeted Support</li> </ul>	<ul style="list-style-type: none"> <li>The informal and formal support networks in the community</li> </ul>	<ul style="list-style-type: none"> <li>Services that are provided outside of the county and why we use them</li> </ul>	<ul style="list-style-type: none"> <li>The changes to services, devolved funding, and their impact on access to services</li> </ul>	<ul style="list-style-type: none"> <li>Views of children and young people (904)</li> </ul>	<ul style="list-style-type: none"> <li>Views of parents and professionals (121)</li> </ul>
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  <h3>Key Findings of the Review</h3> <p>Northamptonshire is a very average county regarding need and performance, with some pockets of excellent practice and also, a number of measures for improvement that are required.</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>The Talk Out Loud Anti Stigma project is nominated for a CYP Now national award</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Serenity and the support services received an award for outstanding service</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>In the national benchmarking of 2011/12, the recommended models of interventions highlighted as best practice, Northamptonshire have already implemented most of them</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>We have a 4.5 in 1000 prevalence for CAMHS referrals. National average is 4.11 and we are median across 140 comparators</li> </ul> </td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>We have some of the lowest DNA figures (national average is 21.24%) – our CAMHS is c&lt;10% (though closer to 20% in counselling)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Maximum waiting times average for 40 CCGs is 14 weeks (the national target is 18). One organisation reported a waiting list of 41 weeks and the lowest reported was 2 weeks. The national trend has been an increase in waiting lists and wait times. Our waiting times are: More than 14 weeks for &gt;5% of CAMHS cases</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>The Talk Out Loud Anti Stigma project is nominated for a CYP Now national award</li> </ul>	<ul style="list-style-type: none"> <li>Serenity and the support services received an award for outstanding service</li> </ul>	<ul style="list-style-type: none"> <li>In the national benchmarking of 2011/12, the recommended models of interventions highlighted as best practice, Northamptonshire have already implemented most of them</li> </ul>	<ul style="list-style-type: none"> <li>We have a 4.5 in 1000 prevalence for CAMHS referrals. National average is 4.11 and we are median across 140 comparators</li> </ul>	<ul style="list-style-type: none"> <li>We have some of the lowest DNA figures (national average is 21.24%) – our CAMHS is c&lt;10% (though closer to 20% in counselling)</li> </ul>	<ul style="list-style-type: none"> <li>Maximum waiting times average for 40 CCGs is 14 weeks (the national target is 18). One organisation reported a waiting list of 41 weeks and the lowest reported was 2 weeks. The national trend has been an increase in waiting lists and wait times. Our waiting times are: More than 14 weeks for &gt;5% of CAMHS cases</li> </ul>		
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### Key Findings of the Review




- Recommend Contacts per 100,000 pop review – national average is 3,750 per 100,000. 2960 face to face. Telephone 620

- The national DH/ Durham Child Health Mapping shows £800k per 100,000. However another NHS benchmarking exercise in 2012 showed a funding average is £1.1m per 100,000. In Northamptonshire we spend £810,624 per 100,000 if we look at Tier 3 CAMHS. When including work in Tier 1, 2, 3 our spend is £951,580 per 100,000 population, still £150k less than the mean average expenditure by other CCGs who do not likely have pulled budgets with social work, education psychology etc.


- We are a national outlier on self harm and need to do work in this area. LSCBN is monitoring

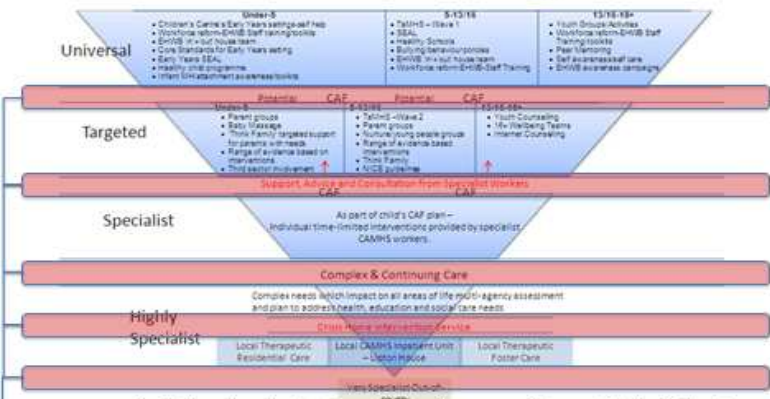
- There is a significant lack of knowledge of services, what is available and how to access.




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### The Gaps are indeed widening






**And there is a lack of services where needs do not fit in defined CAMHS criteria e.g. self harm or behavioural issues**

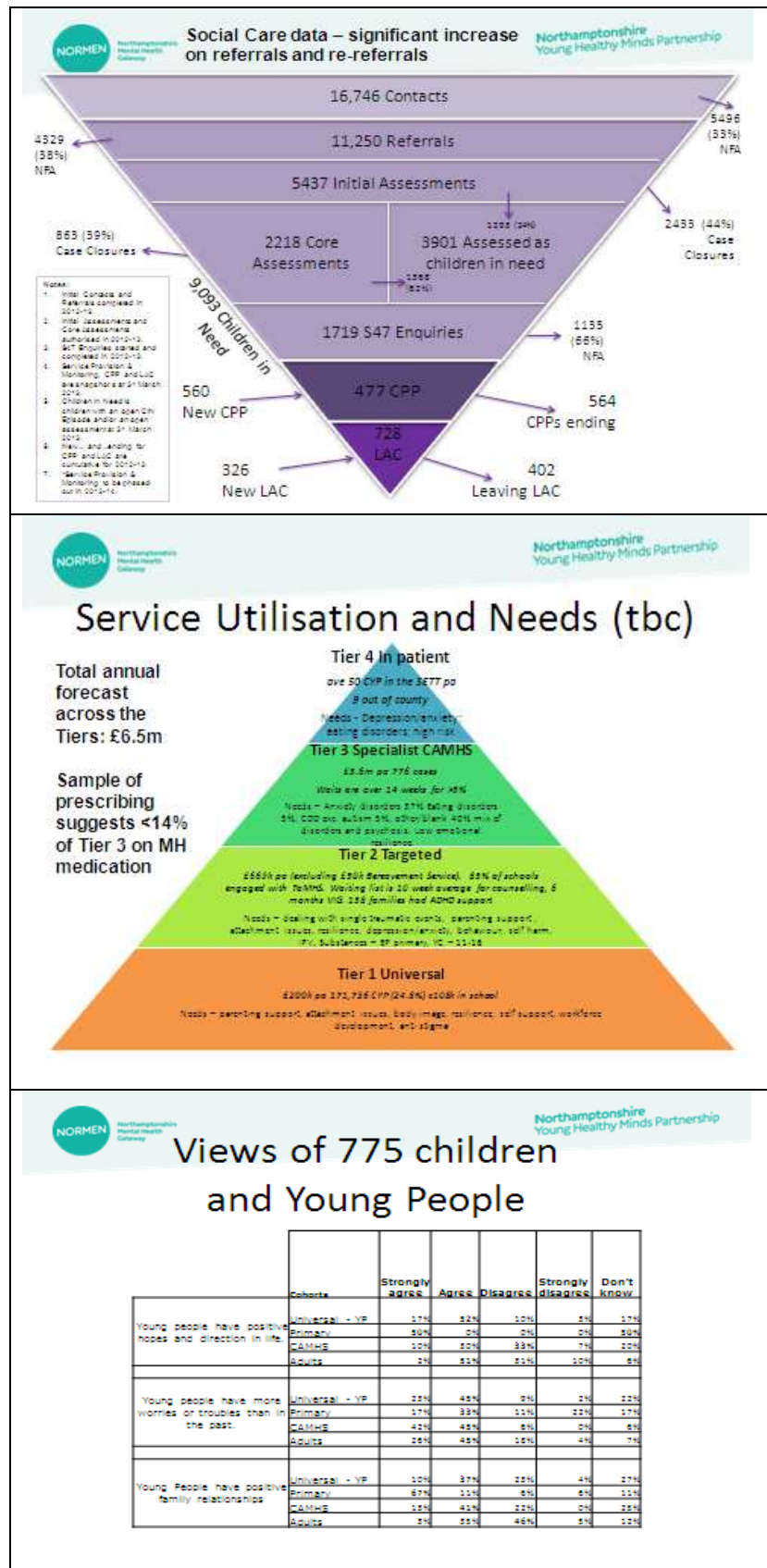


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### Profile of families



- Northamptonshire has a population of 691,952 of which 171,736 (24.8%) are children and young people aged 0 to 19 years
- We can expect 1000 more children living in Northamptonshire each year up to 2020
- There were 9,229 births in 2011 of which 21% of births were to mothers born outside the UK
- Around 24,000 children in the county live in poverty, which is approximately 1 in 6 children, ranging from 21% in Northampton to 6% in South Northants.
- 75% of the children in poverty live with a lone parent
- 50% of families in poverty have a child aged 0-4.



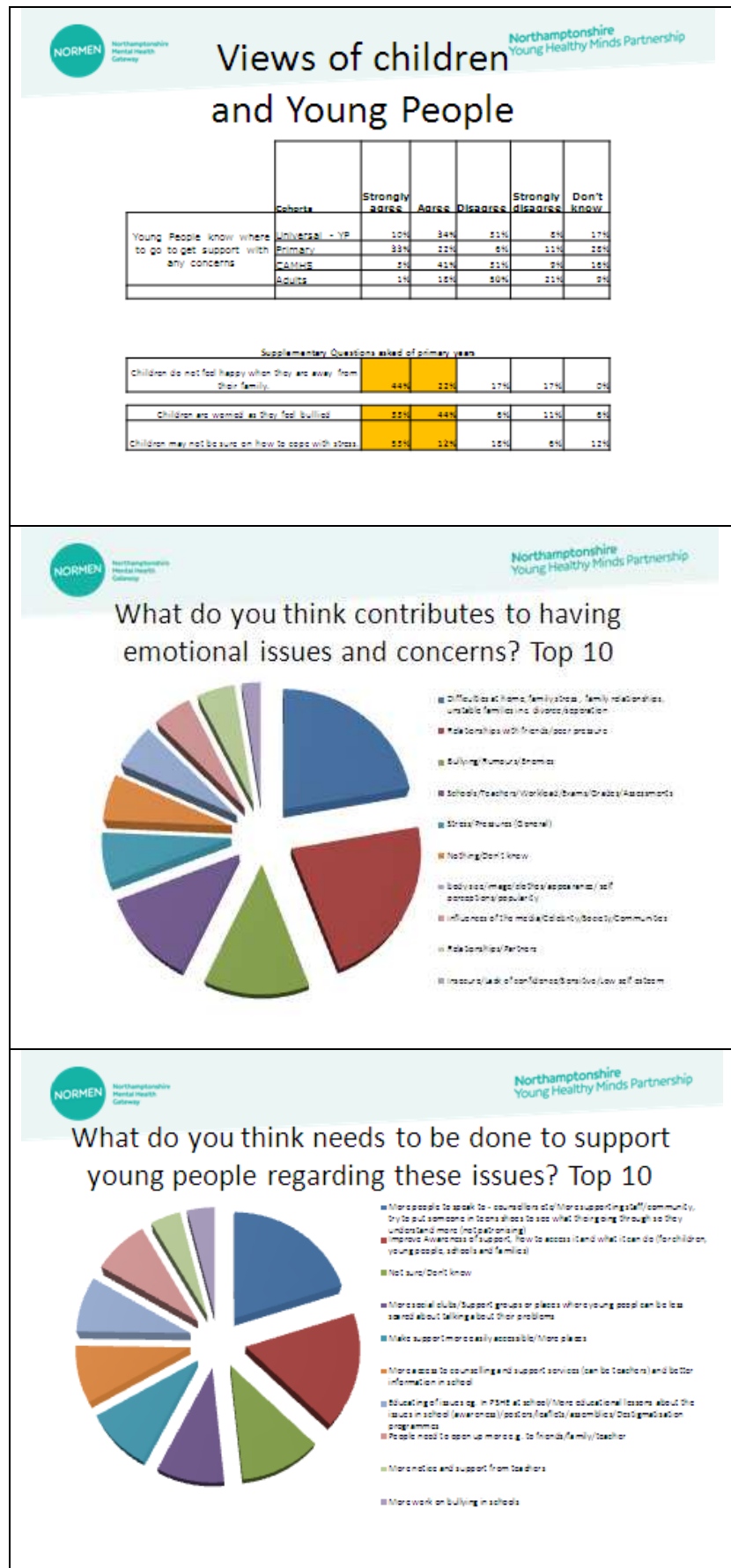
		Northamptonshire Young Healthy Minds Partnership				
		Views of children and Young People				
	Comments	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
There is a rise in mood swings and lack of self-control.	Universal - YP	22%	46%	12%	2%	18%
	Primary	21%	32%	16%	5%	26%
	CAMHS	27%	47%	10%	0%	17%
	Adults	22%	59%	10%	0%	2%
There is a lot of worry about body size and image.	Universal - YP	44%	29%	2%	5%	18%
	Primary	15%	24%	41%	12%	6%
	CAMHS	71%	19%	0%	5%	6%
	Adults	44%	45%	7%	1%	2%
Low mood and feeling sad are common place.	Universal - YP	20%	42%	15%	5%	22%
	Primary	6%	17%	39%	22%	22%
	CAMHS	40%	22%	7%	5%	17%
	Adults	14%	32%	14%	1%	3%

		Northamptonshire Young Healthy Minds Partnership				
		Views of children and Young People				
	Comments	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Young people feel safe about their exposure to alcohol, tobacco and drugs.	Universal - YP	14%	34%	21%	5%	25%
	Primary	33%	16%	16%	16%	0%
	CAMHS	19%	16%	39%	5%	22%
	Adults	4%	22%	40%	0%	12%
Self-harm (cutting etc.) is increasingly used as a way to cope with stress.	Universal - YP	21%	36%	15%	5%	22%
	Primary	See below	See below	See below	See below	See below
	CAMHS	45%	16%	7%	0%	22%
	Adults	25%	48%	5%	1%	16%
Relationships (including sexual) are safe and comfortable.	Universal - YP	10%	33%	22%	5%	20%
	Primary	34%	5%	0%	5%	5%
	CAMHS	5%	10%	25%	0%	52%
	Adults	2%	10%	50%	15%	20%

		Northamptonshire Young Healthy Minds Partnership				
		Views of children and Young People				
	Comments	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
There has been an increase in life threatening self-harm.	Universal - YP	16%	40%	15%	5%	27%
	Primary	N/A	N/A	N/A	N/A	N/A
	CAMHS	22%	26%	5%	0%	39%
	Adults	2%	43%	17%	5%	20%
Young people feel comfortable and supported regarding their sexual identity.	Universal - YP	2%	33%	25%	5%	20%
	Primary	N/A	N/A	N/A	N/A	N/A
	CAMHS	7%	20%	37%	5%	22%
	Adults	0%	10%	48%	0%	22%
There is adequate emotional support in the community to help young people.	Universal - YP	10%	33%	22%	5%	22%
	Primary	24%	16%	0%	5%	5%
	CAMHS	6%	44%	25%	0%	16%
	Adults	1%	17%	45%	22%	6%







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## Who would you go to now if you were concerned about any of these issues? Top 10



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### Key Requests/Concerns

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<ul style="list-style-type: none"> <li>• Need shorter waiting times/greater availability</li> <li>• More activities and groups</li> <li>• Less patronising</li> <li>• A number have not felt helped or felt patronised – recommend exploring further</li> <li>• Stereotyping</li> <li>• Embarrassing</li> <li>• Some want to talk to people they already know/ Talking to people with relatable experiences</li> <li>• Disabled access to help</li> </ul>	<ul style="list-style-type: none"> <li>• Access at home and school – on line too, inc blogs</li> <li>• More people to talk to</li> <li>• Some want to be listened to, others want active advice</li> <li>• confidentiality concerns/Trust</li> <li>• Trust</li> <li>• Accessibility (information, places to go and contact) - May not know where to go</li> <li>• Approachable/Understanding People</li> <li>• Some people may be worried about talking to anybody</li> </ul>
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## Review of Self Harm (National Outlier)

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- 72% of people who seek help for depression are female
- 75% of people who take their own lives are men.
- National rates of self-reported self-harm are 7% for 11-16 year olds but several times higher in those with:
  - emotional disorder (28%)
  - conduct disorder (21%)
  - ADHD (18%).
- Applying national rates to Northamptonshire would mean that 2940 11-16 year olds would report self-harm. Our actual figure is lower, though in schools anecdotal evidence suggests the rates could be as many as 50%.

**Review of Self Harm (National Outlier)**

- 287 Children and Young People have presented at A&E for self harm. Highest prevalence was 17-19, however the 11-16 year olds continue to rise
- Child and adolescent admissions for self harm per 100,000 (2010/11): Northamptonshire 169.9 compared to England 124.8 (although we adhere to the NICE guidelines)
- A number of young people present to Youth Counselling with self harm as an issue - Within Northampton alone there have been 23 young people discussing self harm or suicide (or both) with counsellors over the Q1 of 2013 in youth counselling sessions.

**Review of Self Harm (National Outlier)**

Locality	Incident Admissions of 0-19s in 2009-10	Incident Admissions of 0-19s in 2010-11	Incident Admissions of 0-19s in 2011-12	Incident Admissions of 0-19s in 2012-13
Western Northampton	51	60	54	55
Kettering	35	31	40	46
East/Southern Northampton	30	48	35	40
Central Northampton	44	49	55	34
East Northants	15	18	20	28
Deanshale/Isleham	26	30	22	22
Corby	25	28	24	25
Willingborough	15	21	14	20
Deanshale/South	14	17	14	17
Corby & Wansford	1	0	1	4
Willesden	19	14	22	11
<b>Total</b>	<b>282</b>	<b>302</b>	<b>287</b>	<b>300</b>

**Need to review and suggest pilot working**







**Need Priority Areas**

There are 22 priorities identified that require further development and attention in the Emotional Wellbeing strategy.

- **Support provision required for non traditional CAMHS pathways e.g. challenging behaviour, self harm without comorbid needs, unstable environment**
- **Improving body image and reducing the risks of eating disorders**
- **Improve the impact of transitions (preschool to school, primary to secondary, secondary education to adulthood) and positive interventions**
- **More prevention, early help and effective interventions to reduce incidences in anxiety and depression**
- **Reducing self harm and suicidal ideation. Looking at interventions that reduce incidences and severity. There needs to be improved, documented pathways across the tiers.**
- **Increase awareness of work around anti stigmatisation, especially in primary years**

<p style="text-align: right;">Northamptonshire Young Healthy Minds Partnership</p> <p><b>Need Priority Areas</b></p> <ul style="list-style-type: none"> <li>• Need to understand whether <b>therapeutic play interventions</b> are popular due to positive outcomes or due to the lack of other services. <b>Waiting list currently 6 months for VIG! 21 on the Theraplay waiting list, Serenity play therapy referrals high</b></li> <li>• <b>Parenting support</b> - the best models for intervention, not only pre-birth and early years, but in primary and particularly secondary school age children.</li> <li>• There is a need to develop and <b>improve step down pathways</b>. Evidence of step down is limited.</li> <li>• It seems like the the new models for <b>education and government reform</b> may be having an increased negative impact on emotional wellbeing and mental health, need to explore what models may be appropriate to improve outcomes in this area?</li> <li>• <b>Early years interventions</b> need strengthening with a joined up approach regarding attachment and child development (increase in SLT referrals too). Delay in baby room</li> <li>• There is a need to <b>work more with schools, GPs, police and communities</b> as well as pulling county initiatives together e.g. Early Help, Community Safety, YOS, Drugs and Alcohol, Sexual Health etc.</li> </ul>
<p style="text-align: right;">Northamptonshire Young Healthy Minds Partnership</p> <p><b>Need Priority Areas</b></p> <p>The priorities that require further attention and interventions</p> <ul style="list-style-type: none"> <li>• A whole system approach to supporting CYP with traits of <b>ASD/ADHD/Asperger's</b> prior to diagnosis and post diagnosis – not simply traditional educational support, but also issues are dangerous sexualised behaviour, hate crimes, YOS issues etc. A new approach is recommended</li> <li>• <b>Eased pathways with a greater awareness of issues, services and access pathways across the tiers.</b> Recommend a locality approach to support schools, GPs and other agencies.</li> <li>• While the <b>Crisis Team</b> perform well with limited resources, there are concerns from GPs and Hospitals that there is not enough provision. 86% of England have a <b>24/7</b> provision. This is an area to explore further</li> <li>• <b>Post adoptive support</b> has been an area highlighted where the needs are not being fully met, as has support for foster carers</li> </ul>
<p style="text-align: right;">Northamptonshire Young Healthy Minds Partnership</p> <p><b>Need Priority Areas</b></p> <p>The priorities that require further attention and interventions</p> <ul style="list-style-type: none"> <li>• There is a much greater need to reinvigorate the <b>multidisciplinary workforce development programme</b> and monitor the outcomes of the <b>TaMHS programme.</b></li> <li>• <b>Third sector partners</b> are very popular with young people, however <b>financially they are at risk</b> and there is a variation in the evidence and professional framework approaches that require greater clinical oversight.</li> <li>• There is scope to try to actively <b>return some Tier 4 young people back to the county</b> subject to capacity.</li> <li>• There is a large demand for <b>on line support, and self help tools.</b> Young people also have an appetite for online counselling and self help groups.</li> <li>• <b>Issues with data quality and availability</b> is an area for improvement across all the partners. A dashboard is required to help better manage the programme on a day to day basis.</li> <li>• <b>Communication</b> 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.</li> </ul>



<p> Northamptonshire Mental Health Gateway</p> <p> Northamptonshire Young Healthy Minds Partnership</p> <p><b>Other key consideration</b></p> <p>Additional elements for consideration</p> <table border="1"><tr><td><ul style="list-style-type: none"><li>• There is a <b>gap during the school holidays</b> in provision with schools closed and smaller pools of staff, concern about interventions being interrupted.</li></ul></td><td><ul style="list-style-type: none"><li>• Young people have requested <b>services nearer their homes/schools</b> as the buses can mean one appointment can take 3 hours of their time.</li></ul></td></tr><tr><td><ul style="list-style-type: none"><li>• <b>Waiting lists only tell a part of the story</b>, there is a need to review support not only when on waiting lists, but also in the time between waiting and commencing interventions.</li></ul></td><td><ul style="list-style-type: none"><li>• Is there <b>scope for an e training/accreditation</b> that staff need to do to be aware of how to access appropriate services across the workforce.</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• There is a <b>gap during the school holidays</b> in provision with schools closed and smaller pools of staff, concern about interventions being interrupted.</li></ul>	<ul style="list-style-type: none"><li>• Young people have requested <b>services nearer their homes/schools</b> as the buses can mean one appointment can take 3 hours of their time.</li></ul>	<ul style="list-style-type: none"><li>• <b>Waiting lists only tell a part of the story</b>, there is a need to review support not only when on waiting lists, but also in the time between waiting and commencing interventions.</li></ul>	<ul style="list-style-type: none"><li>• Is there <b>scope for an e training/accreditation</b> that staff need to do to be aware of how to access appropriate services across the workforce.</li></ul>
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<p> Northamptonshire Mental Health Gateway</p> <p> Northamptonshire Young Healthy Minds Partnership</p> <p>If you have any comments or queries to support the review, please email:</p> <p><a href="mailto:asknormen@nhs.net">asknormen@nhs.net</a></p> <p>For the latest news and information, please visit our website:</p> <p><a href="http://www.asknormen.co.uk/">http://www.asknormen.co.uk/</a></p>				