Emotional Wellbeing and Mental Health Services (inc. CAMHS)

Position Statement – Report on Northamptonshire 2014

1. Executive Summary

1.1. This report provides clarity about the direction of services for children and young people to support mental health and emotional wellbeing. The scope of services does not just cover the traditional CAMHS clinical services, but a range of prevention and early intervention services as well.

1.2. In 2013/14, the c£6m emotional wellbeing and mental health services commissioned by the Northamptonshire Young Healthy Minds Partnership (YHMP) NHS Nene CCG and NHS Corby CCG, Peterborough and Cambridgeshire CCGs and Northamptonshire County Council (NCC) supported c11,000 children and young people (6.5% of the 0-18 population of Northamptonshire, these figures exclude paediatrics). The services include:

- Tier 1 Universal Services e.g. The Anti-Stigma Programme (£180,000 – 3%) to support c171, 000 children – Focusing on promotion of positive emotional wellbeing and enhancing infrastructure, self-help.
- Tier 2 Early Help Services e.g. Youth Counselling (£344,000 – 5%) support circa 7500 young people – average wait is 4 weeks.
- Tier 3 Targeted e.g. Theraplay (£260,000 = 4%) supporting variable numbers of CYP with variable waiting lists
- Tier 4 Specialist e.g. psychology (£5,429,000 = 88%) provision of traditional Child and Adolescent Mental Health (CAMHS) with c3500 cases a year
- There is also a Tier 4A Highly Specialist – Inpatient CAMHS Services which is commissioned by the specialist commissioning part of NHS England (annual average 50 CYP), as well as our cohort of Complex and Continuing Care Cases (approximately 26 referrals a year and an active case load of 17).

1.3. These figures do not include the numbers of children accessing community paediatrics as there is not enough robust data available. Audits at Northamptonshire Health Foundation Trust (NHFT) and Northampton General Hospital (NGH) suggest as many as 60% of paediatric referrals are for behavioural issues. In the north of the county, NHFT accepted 1152 children onto their caseload in 2013/14. This would suggest there are behavioural concerns for 691 children presenting to paediatrics.

The data is not available for children in the south of the county (including Northampton) as it is not provided by NGH.

1.4. The main reasons for requiring services were due to anxiety, depression, eating disorders, relationship issues and behavioural issues including suspected autism or ADHD. Psychosis and high levels of mental health needs accounted for a very small proportion of the referrals received.

1.5. The total number of young people in Northamptonshire who self-harm as a coping mechanism is unknown, but remains a concern for those working with them. Northamptonshire is perceived as a national outlier for self-harm according to Public Health England CHIMAT data. However, this is not necessarily due to the numbers of presentations (c25 per month – average for the region). It is due to the fact that Northampton General Hospital (NGH) and Kettering General Hospital (KGH) admit all children who self-harm for mental health assessment in line with the NICE guidance to ensure children and young people are safe. Very few authorities in the UK fully adhere to this guidance and therefore Northamptonshire appears to be an outlier where in fact the numbers admitted to hospital over the last 4 years have reduced (though there is a concerning increase in children aged 11-16 presenting). At the same time there have been large increases reported nationally.

1.6. Acute self-harm and suicidal ideation must not be confused with behavioural self-harm (cutting, self-punching etc.). There have been reported instances locally and nationally suggesting that 50% of teenage girls (vs. 10% in 1984) in exam years use behavioural self-harm as a coping mechanism (in the 2013 survey of 775 Northamptonshire CYP, 65% of young people think that self-harm is used as a way of coping with stress). A number of LSCBN training events took place in 2013/14, and there is a working group that are developing a refreshed toolkit for all professionals and families concerned about self-harm, the acute pathway and a guide for young people, written by young people. These will be launched at 3 county wide conferences on 2nd October 2014.

1.7. There has been a steady rise in referrals across all areas of the services. Some schools appear to signpost or refer to health rather than directly commission services and other schools have good systems and processes in place. The use of the Common Assessment Framework (CAF) also may have changed the access routes for services and this is currently being monitored.

1.8. To address the issues within the services, the YHMP are engaged in a children and young people community health transformation programme to include a central referral management system, better quality management information, a specialist team for autism and ADHD and better integration of multi-agency/multi-specialist locality teams. Underpinning this has been a £30,000 investment in a website to better advise on behaviours, concerns and conditions on www.asknormen.co.uk; and continuing to enhance areas of prevention and early intervention as outlined in the current draft "Northamptonshire's Strategy for the Emotional Wellbeing and Mental Health of Children and Young People 2014-2017".

1.9. There have been 3 'reviews' of CAMHS in the 12 months

- A Needs Assessment and Service Review of all emotional wellbeing and mental health services across the Tiers (including overlaps with Paediatrics, Speech and Language Therapy etc.);
- Work with Prof Jonathan Campion (UCL, London & Maudsley Trust, WHO advisor on public health – Emotional Wellbeing) on reviewing cradle to grave needs;
- A refresh of the Joint Strategic Needs Assessment (JSNA) where only inpatient provision was seen as a further area of development to better understand need. This is commissioned by NHS England.

The first review included 167 review meetings, desktop evaluations (inc. benchmarking of 140 authorities), mapping 233 services/interventions and using surveys and questionnaires to reach c1000 children and young people. Healthwatch also undertook an independent engagement exercise to seek the views of Children, Young People and their families.

1.10. The findings of these reviews demonstrated that Northamptonshire:

- Is an average performer in most dimensions when compared to other areas of the UK;
- The funding of services are slightly lower than average;
- There are areas of excellence in practice such as the Anti-Stigma Programme, Targeted Mental Health in Schools, Theraplay, adhering to self-harm NICE guidelines that other areas do not. (See Nice Guidance at Appendix 9) etc.

There are areas for improvement through the better joining of services to reduce waiting times, and ensuring the right services are engaged.

1.11. There appears to be some lack of understanding across stakeholders including:

- how universal and targeted services can engage with CYP prior to referral;
- a lack of expectation setting about the CAMHS thresholds and pathways;
- how to access the appropriate services and similar to the Multi Agency Safeguarding Hub (MASH) – there are a number of referrals being made with limited information or that do not meet the thresholds.
- inaccuracies around the CAMHS service (e.g. schools telling people they cannot make referrals, agencies claiming CAMHS are doing nothing, and upon investigation seeing referrals have never been made).

1.12. To resolve a number of these issues, it was agreed that all community health services for children and young people, including those mental health and emotional wellbeing services currently under a pooled budget arrangement, be recommissioned. The aim is to maximise service integration between physical health and mental health/emotional wellbeing services, and alignment between health and social care services. This is taking place as a transformation programme encompassing not only emotional wellbeing and mental health, but also SEN, Disability and physical health services.

1.13. There have been regular briefings across the partnership including

- Local Safeguarding Children's Board Northamptonshire (LSCBN) and the Children and Young People's Partnership Board (CYPPB),
- Joint Commissioning Board;
- Various working groups – Young Healthy Minds Partnership Board; Enhancing Early Years Board; Disabled Children and Young People Partnership Working Group; Looked After Children (LAC) Be Healthy Subgroup; LAC mental health group; Universal Targeted Mental Health Working Group; Communications Group; Self-Harm Working Group; Highly Sexualised Behaviours Working Group and partner facilitated fora such as the Early Help Forums; Sexual Health Networks; Troubled Families and Novell Psychotropic Substances (so called legal highs) working group.

1.14. Engagement with partners have varied:

- The engagement with Education is very good, especially with Education Psychology, Youth Offending, Early Years and Drug and Alcohol.
- Engagement with Early Help and Public Health has been variable subject to their capacity (CCGs supported the 'Early Help' recommissioning).
- Engagement with social care has room for improvement as the focus has largely been on safeguarding issues as a primary concern. Partners are working together to bring together approaches in health, social care, education and other agency partners to improve the support we all provide.
- CCGs have been regular attenders of CYPPB shadow board and its subgroups; Northamptonshire Parents Forum; Youth Organisations; Health Watch and working with NAYC and the 3rd sector to ensure effective engagement and governance.
- CCGs have developed work with GPs, police commissioners and schools.

1.15. Next steps.

- There are issues for resolution in CAMHS and other health services, but the information is available to take forward all Emotional Mental Health and Wellbeing Services with a new draft strategy in development.

- The strengthening of partnerships are key so we may all better understand the issues and engage joint solutions.

- The key driver is the children's community health transformation programme Phase 1 went live in June 2014 and the further integration of multi-agency teams with managed step up and step down through the tiers of services are developing in a trial due to inform commissioning intentions for April 2016.

2. Overview of Services

2.1. This brief has been drawn together so that there is clarity about the direction of services for children and young people to support mental health and emotional wellbeing. The scope of services does not just cover the traditional CAMHS clinical services, but a range of prevention and early intervention services as well.

2.2. The c£6m services commissioned by NHS Nene CCG (67%) and NHS Corby CCG (12.5%) are under a pooled budget arrangement for the CCGs (with a peppercorn amount from Peterborough and Cambridgeshire CCGs) and Northamptonshire County Council (20%) and they include:

- Tier 1 Universal Services (£180,000 – 3%) to support c171,000 children – Focusing on promotion of positive emotional wellbeing and enhancing infrastructure, self-help through:
    - Baby Room Project
    - Talk Out Loud Stigma and Participation Programme
    - Parent Participation
    - Workforce Development Programme
    - Ask Normen Website www.asknormen.co.uk and Conferences (e.g. Self-Harm).
    - Five to Thrive for improving positive attachment and resilience in under 5s and vulnerable older Children and Young People
    - Also the Young Healthy Minds Partnership oversees the Targeted Mental Health in Schools Programme (TAMHS), funding is from education.

- Tier 2 Early Help Services (£344,000 – 5%) support circa 7500 young people – average wait is 4 weeks.
    - Youth Counselling by 5 providers (Time2Talk, The Lowdown, Service Six, KYI and CHAT)
    - Specialist bereavement counselling
    - Out There support group for LGBT families
- Tier 3 Targeted (£260,000 = 4%) supporting variable numbers of Children and Young People (CYP) with variable waiting lists
    - Hospital Education Outreach (30-60 CYP monthly)
    - Post Sexual Abuse Counselling (c25 CYP a month)
    - Domestic Abuse Family Support (18 families currently supported in pilot)
    - Video Interactive Guidance and Theraplay (mix of direct provision and training across workforce)
    - Behavioural Emotional and Social Difficulties support to 3 schools
    - Children Looked After mental health support
    - Sleep Service (contract managed by NCC)
    - ADHD Support commissioned by NCC but interfaces with the YHMP
    - Positive Attachment work for infants in high risk families (drug and alcohol, young parents etc.)
- Tier 4 Specialist (£5,429,000 = 88%) provision of traditional Child and Adolescent Mental Health (CAMHS) with approximately 3500 cases a year :
    - Primary Mental Health Workers – support to localities
    - Psychology
    - Psychiatry
    - Paediatrics for behavioural support
    - Community Psychiatric Nurses (CPNs) for Young Offenders
    - Crisis and Home Treatment team

2.3. There is also a Tier 4A Highly Specialist – Inpatient CAMHS Services which is commissioned by the specialist commissioning part of NHS England (annual average 50 CYP), as well as our cohort of Complex and Continuing Care Cases (approximately 26 referrals a year and an active case load of 17).

2.4. It was agreed that all community health services for children and young people, including those mental health and emotional wellbeing services currently under a pooled budget arrangement, be recommissioned. The aim is to maximise service integration between physical health and mental health/emotional wellbeing services, and alignment between health and social care services.

3. The Process to Develop Services

3.1. There has been a significant amount of activity to ascertain the needs, gaps and priorities on behalf of the Young Healthy Minds Partnership, a Subgroup of the Children and Young People's Partnership, working closely with the Health and Wellbeing Board, the Local Safeguarding Children's Board and Disabled Children and Young People Partnership Board. A new lead commissioner commenced the needs assessment and service review in April 2013. Undertaking a needs review across 167 stakeholder meetings between June and October 2013; including the views of over 900 children and young people through surveys and engagements; a pathway review of demand, referrals, cases and interventions across 27 service areas; a desktop review and national benchmarking. See appendix 1 for further information.

3.2. To further the holistic approach to understanding the scope of need and impact, the Young Healthy Minds Partnership widened the relationships and engagements with University of Northamptonshire and participated with an in depth needs assessment working with the Health and Wellbeing Board and Professor Jonathan Campion, internationally renowned Public Health Consultant from UCL, South London Maudsley Trust and WHO adviser on mental health. See Appendix 2 Draft Report from the Health and Wellbeing Board. This report includes the Public Health Data.

3.3. While undertaking the service review, there were findings relating to referrals for behavioural issues, neurological developmental delays, and other service areas where there was a need to streamline the thresholds and pathways across disciplines and agencies to improve outcomes, demonstrating the need to undertake a whole-scale business transformation of community health services.

3.4. A Children's Community Health Steering Group and Programme Board were established in September 2013 to oversee the approach to undertaking the recommissioning of children's health services. The group consisted of parent and young people representation, clinical, NCC and Healthwatch with input from various professionals.

3.5. The findings of the review and initial vision were shared across the partnership on October 8th 2013. Here the vision for children's health services and the key themes for improvement were shared with over 200 key stakeholders across children

services, who through workshops and discussions contributed to the work plan to develop the new blueprint and target operating model. The group were informed of the Clinical Commissioning Groups' intentions to procure a new model starting January 2014 with a go live for 1st October 2014. See the slides presented on the day http://www.neneccg.nhs.uk/resources/uploads/files/Re-%20commissioning%20stakeholder%20workshop%208%2010%202013%20FINAL%20for%20Publishing.pdf

3.6. On the 3rd of December 2013, after engaging in over 120 further workshops and engagement events, the findings were shared with the group setting the priorities that would be drawn together in the new recommission. Work was also undertaken to see where the CCGs may be able to jointly commission with NCC (e.g. Early Help, Health Visitation and/or school nursing – key components in improving emotional wellbeing and mental health outcomes) or the police. It was agreed to undertake to combine the Children's Community Health Services with the Drug and Alcohol provision with Public Health. Pulling upon the results of the workshop, further data from providers, the findings of a Healthwatch Survey, it was felt that the recommissioning of Children's Community Health Services should resolve a number of systemic and procedural issues that encumbered the CAMHS (and aligned services such as paediatrics, children's therapies etc.). The timeframes were confirmed for the recommissioning and procurement to take place for a go live of October 2014. http://www.neneccg.nhs.uk/resources/uploads/files/CYP%20Recommissioning%20Final%20Presentation%20031213.pdf

3.7. In January 2014, the CCG boards queried whether the transformation could be undertaken sooner to establish and test the model without going to market in the first instance. There were also questions about how the transformation programme may dovetail into the Healthier Northamptonshire Programme of interactivity between the hospitals, GP surgeries and adult social care. There were also queries about whether procurement would have a negative impact while the Children's Improvement Board worked to create more effective children and young people services. Legal advice was sought with a number of options appraisals being undertaken. The executive agreed that a 2 year trial should take place between 2014 and 2016.

3.8. There are rightly concerns regarding the levels of self-harm issues and hospital admissions for mental health issues in the county. There is a Self-Harm Task and Finish Group who will be launching new tools in the next academic year in October 2014. There is also a project working with the acute hospitals to understand why Northamptonshire is a national outlier, especially as NHS England does not believe referrals are of significant concern. The following possible explanations are being assessed:

- 3 in-patient provisions in the county showing out of county children and young people impact upon Northamptonshire figures
- The approach to coding by the acute hospitals is being analysed

- Are children and young people presenting at A&E with self-harm doing so because of the lack of support elsewhere in the system

- There is a general consensus that Northamptonshire is one of the few counties that adheres to the NICE guidance to admit all 'self-harmers' for assessment. If the county were to alter the criteria for assessment, the figures would reduce.

3.9. There have been regular briefings across the partnership including LSCBN, CYPPB, Joint Commissioning Board (JCB)JCB and through the various working groups – Young Healthy Minds Partnership Board; Enhancing Early Years; Disabled Children and Young People Partnership Board; LAC Be Healthy Subgroup; LAC mental health group; Universal Targeted Mental Health Working Group; Communications Group; Self-Harm Working Group; Highly Sexualised Behaviours Working Group and partner run for a such as the Early Help Forums; Sexual Health Networks; Troubled Families and Novell Psychotropic Substances (so called legal highs) working group.

4. Analysis

4.1. Overall

The findings of the review highlighted a number of key activities for resolution. These are set out in more detail in Appendix 5 - Northamptonshire Young Healthy Minds Partnership (YHMP) Strategic Direction and Commissioning Intentions 2013/14 and Appendix 6 - Northamptonshire Young Healthy Minds Partnership (YHMP) Strategic Priorities 2014-2017

4.2. Information Analysis

4.2.1. Northamptonshire is an average county regarding need and performance when compared to national and statistical comparators, with some pockets of excellent practice, but also, a number of measures for improvement that are required.

4.2.2. Northamptonshire has a 4.5 in 1000 prevalence for CAMHS referrals. National average is 4.11 and Northamptonshire are median across 140 comparators. The rate of referrals has grown over the last 3 years, and there appear to be more referrals from schools since the pupil premium transferred, but it is recommended further analysis takes place. Conversely, the parent forum

4.2.3. Northamptonshire has some of the lowest Do Not Attend (DNA) figures (national average is 21.24%) – Northamptonshire CAMHS is c <10% (though closer to 20% in counselling).

4.2.4. Northamptonshire works to follow NICE guidance with an 18 week target for waiting times, working to ensure children and young people commence their assessment within 13 weeks or sooner. The majority of referrals are seen within the timescales. More than 14 weeks for >5% of CAMHS cases 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.

4.2.5. While the waiting times are within the NICE timescales, there had been a lack of visibility of time between referral and interventions (post-assessment). While some may start their interventions during the assessment process, there may be a need for other specialists that can lengthen wait times. NHFT as lead provider are reporting on time from referral, assessment, interventions and discharges since April 2014.

4.2.6. The national Department of Health (DH)/ Durham Child Health Mapping show £800k per 100,000 is the average expenditure for CAMHS. 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 pooled budgets with social work, education psychology etc.

4.2.7. Northamptonshire is a national outlier on self-harm according to the CHIMAT data. Feedback regionally from NHS England suggests that Northamptonshire self-harm rates are 'average'. There is further work in this area and the LSCBN is monitoring. There is a lack of understanding across all sections of the workforce of the difference between behavioural self-harm (cutting, rubbing etc.) and acute self-harm (overdoses, ligatures etc.) With three inpatient settings within the county, this seems to account for some of the differential in admissions as children from other authorities placed within the county are counted in the CHIMAT data. Review has confirmed that practice in the county adheres to NICE guidance in admitting and assessing all acute self-harming patients. The admission rate is higher than other areas that do not follow the guidance (the majority of authorities appear not to). Some have estimated that if NICE guidance were not followed (i.e. to not admit patients), Northamptonshire self-harm figures would be lower than the average. The current commissioner and provider viewpoint however is that it is best to assess all children presenting to safeguard them and agree the appropriate support plan to help them improve their emotional wellbeing and mental health. There is still work to validate this hypothesis and a view of holding a series of events in October 2014 across the workforce to launch the newly revised Self-Harm Toolkits and pathways.

4.3. <u>Perspectives on Services</u>

4.3.1. There is a significant lack of knowledge of services from referring stakeholders – what is available and how to access them which is manifested in several ways:

- There are some issues around the appropriate management of step up and down through the levels of needs and services as well.

- There are a number of myths perpetuated across the county e.g. the view that schools cannot make referrals;

- The perception of the CAMHS service as offering a poor service range whereas the breadth of offer is greater than in a number of other counties. The challenge has been a lack of knowledge on what is available and how to access it. The website development www.asknormen.co.uk and the Children's Community Health Transformation programme with the establishment of the Referral Management Centre are key solutions to reduce these issues.

4.3.2. The perception of the families are variable:

- Families accepted into the service report a good experience;
- Families not accepted into the service or experience long waiting lists express understandable frustration

4.3.3. There is a need, therefore to:

- Improve the managed step up and step down of cases; and
- Better understand how the services can work with partners to signpost and refer more effectively; and
- Work across the workforce to enable them to not only refer appropriately but to support better prevention and early intervention; and
- Improve the visibility and evidence for improved outcomes.

4.4. Referral and Diagnosis

4.4.1. The top reasons for referral into targeted and specialist services are for behaviour/neurological developmental reasons (60% of paediatric referrals are for this reason, a significant level of CAMHS cases as well), depression, anxiety, self-harm and body image (including eating disorders). This corresponds with children and young people's perception of need.

4.4.2. There are specific referrals for specialist work for attachment issues, children in care, young offenders, post abuse work etc. The high end specialist mental health volumes of referrals for emerging traits of bipolarism, psychosis, emerging personality disorder etc. is minimal in comparison.

4.4.3. There are a number of inappropriate referrals made that do not meet the thresholds (e.g. behavioural self-harm, anger, other behavioural concerns) without comorbid needs (e.g. depression). However this leads to unmet needs elsewhere and requires all partners to work together to better support these children, young people and their families.

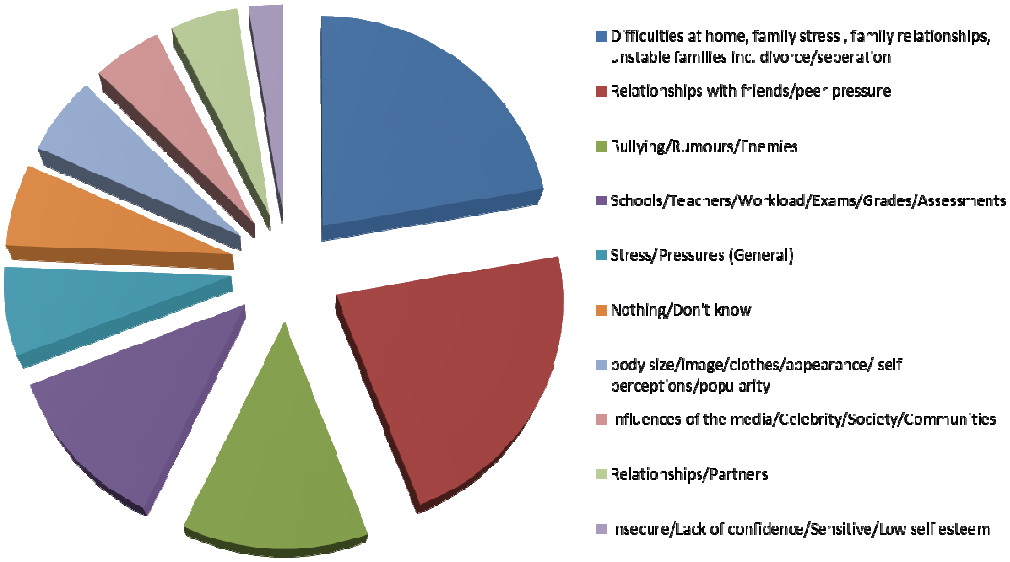
4.4.4. There are issues with children being 'handed-off' within the system having to see a number of professionals before receiving a diagnosis, perhaps taking a number of years to do so in the case of behavioural and neurological developmental issues.

There are potentially 5 pathways dependent on the referrer's knowledge or presenting needs. Therefore there is a greater need to reduce the silo approach to working and integrate processes. The recommissioning and transformation programme for Children's Community Health Services should facilitate the required changes to improve the service.

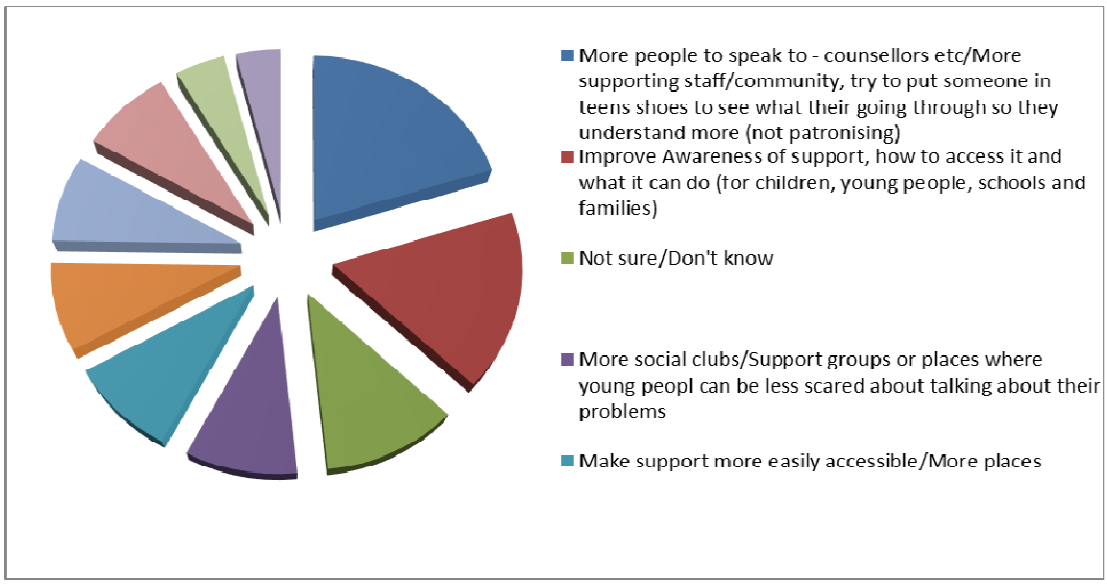
4.5. <u>The Views of Children and Young People</u>

4.5.1. There are a key number of areas that are of concern to children and young people according to the engagement with more than 900 participants.

4.5.2. Children and Young People highlight the priorities as:



4.5.3. Children and Young People believe the following priorities for improvement are:



4.6. Healthwatch also undertook an exercise with young people to consult on their views that will also be used to help guide the transformation of children's community health services. For more information please refer to Appendix 9 – Healthwatch Children and Young People Consultation.

4.6.1. Children and Young People told us they would want the following:

• Need shorter waiting times/greater availability	• Access at home and school – on line too inc. blogs
• More activities and groups	• More people to talk to
• Less patronising	• Some want to be listened to, others want active advice
• A number have not felt helped or felt patronised – recommend exploring further	• Confidentiality concerns/Trust
• Stereotyping	• Trust
• Embarrassing	• Accessibility (information, places to go and contact) - May not know where to go
• Some want to talk to people they already know/ Talking to people with relatable experiences	• Approachable/Understanding People
• Disabled access to help	• Some people may be worried about talking to anybody

5. Issues to be Tackled

There are a number of areas of improvement arising from the work undertaken:

5.1. Support provision required for non-traditional CAMHS pathways e.g. challenging behaviour, self-harm without comorbid needs, unstable environment

5.2. Improving body image and reducing the risks of eating disorders

5.3. Improve the impact of transitions (preschool to school, primary to secondary, secondary education to adulthood) and positive interventions

5.4. More prevention, early help and effective interventions to reduce incidences in anxiety and depression

5.5. Reducing self-harm and suicidal ideation e.g. by looking at interventions that reduce incidences and severity. There needs to be improved, documented pathways across the tiers.

5.6. Increase awareness of work around anti stigmatisation, especially in primary years

5.7. Need to understand whether therapeutic play interventions are popular due to positive outcomes or due to the lack of other services. Waiting list currently 6 months for Video Interactive Guidance (VIG). There are 21 children currently on the Theraplay waiting list, play therapy referrals for sexual abuse cases are high.

5.8. Parenting support are often the best models for intervention, not only pre-birth and early years, but with primary and particularly secondary school age children.

5.9. There is a need to develop and improve step down pathways. Evidence of step down is limited.

5.10. It seems like the new models for education and government reform 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. The inclusion of emotional wellbeing in the Ofsted inspection framework would likely derive a number of benefits to improve emotional wellbeing outcomes and demand for services.

5.11. Early years interventions need strengthening with a joined up approach regarding attachment and child development (increase in Speech Language Therapy referrals too).

5.12. There is a need for more effective joint working with NCC:

- The engagement with Education is very good, especially with Education Psychology, Youth Offending, Early Years and Drug and Alcohol. Engagement with Early Help and Public Health has been variable subject to their capacity. CCGs have supported the Early Help recommissioning work;

- Engagement with social care has been variable and is improving;
- CCGs have been
  - Regular attenders of CYPPB, the CYPPB shadow board and sub-groups;
  - Worked with Northamptonshire Parents Forum; Youth Organisations; Healthwatch and the 3rd sector to ensure effective engagement and governance.
- CCGs would value
  - Greater engagement with partners, especially as the issues faced regarding safeguarding issues are very similar to the issues regarding CAMHS referrals.
  - Working together on engagement events and so demonstrate the interdependencies of the issues. Example – for older child protection referrals, are more emotional abuse cases than any other, and that often can be down to poor emotional wellbeing in the home.
  - Continuing the work with GPs, police commissioners and schools that has been developing over the last year.

5.13. There is a need to work more with schools, GPs, police and communities to pull county initiatives together e.g. Early Help, Community Safety, Youth Offending Service (YOS), Drugs and Alcohol, Sexual Health etc. While there have been significant improvements in this area over the last year, there are still improvements to be made.

5.14. A whole system approach is needed to better support Children and Young People with traits of ASD/ADHD/Asperger's prior to diagnosis and post diagnosis. This is not simply traditional educational support, but also must address issues such as are dangerous sexualised behaviour, hate crimes, YOS issues etc.

5.15. 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. This is an area to explore further with a view to try and establish a similar level of provision.

5.16. Post adoptive support has been an area highlighted where the needs are not being fully met, as has support for foster carers.

5.17. There is a much greater need to reinvigorate the multidisciplinary workforce development programme and monitor the outcomes of the TaMHS programme.

5.18. A locality approach to support schools, GPs and other agencies is desired with a view to strengthening pathways through a greater awareness of issues, service availability and ensure pathways allow access across the tiers.

5.19. Third sector partners are very popular with young people, however financially they are at risk and there is a variation in the evidence and professional framework approaches that require greater clinical oversight.

5.20. There is scope to try to actively return some Tier 4 In Patient young people back to the county subject to capacity.

5.21. There is a large demand for on line support, and self-help tools. Young people also have an appetite for online counselling and self-help groups.

5.22. Issues with data quality and availability are an area for improvement across all the partners. A dashboard is required to help better manage the programme on a day to day basis.

5.23. Communication with families and agencies has to improve including updates on waiting times, alternative interventions while awaiting an assessment/service and when clients are discharged/stepped down.

5.24. There is a gap during the school holidays in provision with schools closed and smaller pools of staff, concern about interventions being interrupted.

5.25. Reducing waiting lists is necessary in some areas but as importantly there is a need to review support not only when on waiting lists, but also in the time between waiting and commencing interventions.

5.26. Young people have requested services nearer their homes/schools as the buses can mean one appointment can take 3 hours of their time.

5.27. There is a need for work force development training/accreditation that staff need to be aware of how to access appropriate services across the workforce.

5.28. The main concerns are the lack of understanding of the thresholds and pathways, inconsistent approaches to assessment and interventions and a concern around waiting times. There are also early intervention models that are likely to need to be developed once the transformation programme delivers more management information on its outcomes.

6. Improvements to Date

Since undertaking the needs assessment and service review, there have been a number of improvements and areas of success, some of which are listed below

6.1. <u>Neurological Development Delay</u>

There has been a reduction in Neurological Developmental Delay (NDD) e.g. ASD, Asperger's, ADHD assessment times – Educational psychology went from 2 years to 8 months by April 2014. There are variable waits of up to 1 year in clinical settings. There is a need to do more. Our leads in this area undertook a field trip to

Lincolnshire on 22nd May 2014 to see Professor Sami Tamimi's de-medicalised model for this vulnerable cohort. The intention is to develop an integrated NDD team to go live in summer 2014.

6.2. "Ask Normen"

The Ask Normen website www.asknormen.co.uk had a £30k investment and the input of over 40 stakeholders to transition it from a service directory to an information, advice and guidance website. The aim of the website is to support professionals and families understand:

- Behaviours and Concerns
- Conditions
- Emotional Wellbeing themes
- National and Local Policies
- Child Development & Parenting Support
- Links to services
- Training Directory
- News stories and news letters
- Referral pathways

The website helps support people working with families in universal, early help, and targeted areas, or to better understand conditions after receiving a diagnosis.

Further investment has enabled the site to be used on smart phones and tablets, and to translate into 80 languages and being compatible with adaptive technologies for disabled users. Since redeveloping the website, utilisation has dramatically increased with a peak of 632 users in March and an average of 433 users a month for the last quarter of 2013/14. The presence on social media has increased with 769 users reading a story within 48 hours of publication. There is a monthly newsletter that also works thematically to share case studies, research and best practice as well as delivering news about emotional wellbeing and mental health. It also received coverage across the local media including BBC Northampton and Inspiration radio.

6.3. "Talk Out Loud"

Northamptonshire's "Talk Out Loud" Group was the national runner up in the Children and Young People "Now" awards. "Talk Out Loud" is a participation programme of work for young people, by young people. It is designed to increase awareness of emotional wellbeing and mental health issues in secondary schools,

enabling young people to talk more openly about concerns and understand where to go if they or their peers have any concerns. The group also serves as a major part of governance along with the Children and Young People Partnership Shadow Board and other young leadership groups). The "Talk Out Loud" programme offers:

- PHSE and core subject lesson plans for schools http://talkoutloud.info/who-can-help/talk-out-loud/aqa-unit.aspx
- A young people website http://www.talkoutloud.info/
- A mental health awareness day across the county town centres, schools and media http://talkoutloud.info/who-can-help/talk-out-loud/mental-health-awareness-day.aspx
- An Art's competition to raise awareness of positive emotional wellbeing practices including a touring Arts exhibition to raise awareness across 2014/15 http://talkoutloud.info/information/mhsp-art-competition-2014.aspx
- A secondary schools accreditation programme to enhance how schools can promote positive emotional wellbeing, destigmatise mental health issues, and better support students with special requirements. http://talkoutloud.info/information/secondary-schools-accreditation.aspx
- A regular forum for the 23 volunteer young people across the county to come together to help shape our commissioning and campaigns, while also developing their own skills.

6.4. Self-Harm

Given the concerns regarding self-harm, there is a working group across health, education and social care. There is a concern that self-harm is seen by some young people as a behaviour that is socially acceptable, and some schools are estimating as many as 50% of students in the older years are self- harming. This kind of self-harm is often confused with acute self-harm where someone tries to take their life. International evidence suggests that this happens in less than 4% of cases, and the acute self-harm levels are largely higher due to the adherence of NICE guidance to assess all A&E presentations as well as the presence of inpatient provision having some impact. Two training events have been given to the LSCBN events, as well as work with the SENCO's forum. The group is developing the following:

- A clear guide to the referral pathways and thresholds (not all self-harm cases are appropriate for CAMHS and need to be signposted appropriately)
- A refresh of the Universal Self-Harm Guidance notes, to include not only schools, but also GP surgeries, community groups etc. The guide also looks at new elements such as cyber self-bullying. It explores alternatives and highlights opportunities to cope with anxiety and depression

- A guide for young people from young people where the group have worked with the CYPPB shadow board to develop a guide on emotional wellbeing including self-harm.

- A series of tools and interventions people can use in universal, early help and targeted settings.

- A survey for CYP admitted into hospital to better understand their reasons for presentation

- A better aligned approach with the 2 acute hospitals, the crisis and home intervention team and universal settings.

- A series of conferences and training events in October 2014 to embed across the workforce.

- There is a new Highly Sexualised Behaviours group working on developing the model further.

6.5. <u>"Improving Access to Psychological Therapies" (IAPT)</u>

Implementation of "Improving Access to Psychological Therapies" has standardised the practice of counselling using cognitive behavioural therapies (CBT) and help manage step up and step down through the tiers. Most of the youth counselling agencies, as well as Tier 4 CAMHS service have been trained and have now embedded the practice in their organisations. This was a part of a national pilot and the evaluation report should be available in summer 2014. Initial feedback from service users, providers and the evaluators has been positive.

6.6. <u>Referral Management Centre/Single Point of Access (SPOA)</u>

For many children and young people, their mental health/emotional wellbeing needs are part of a wider picture with other health and social care needs. In order to treat the young person in a 'holistic way' there is a need to consider all of their requirements, address the biggest priority first and where possible, and address multiple needs concurrently. Therefore the development of the model of care for community health services is one where mental health and physical health issues are brought together and where possible ensure a clear and effective interface with social care services and between the NHS and voluntary sector organisations. The transformation of Children and Young People's Community Health Services (including Mental Health and Emotional Wellbeing) is set out in greater detail in section 7.

The piloting of the model has started and the embodiment of this is to establish a single point of access (SPOA) to a referral management centre where eventually all referrals will be sent in order to help navigate the young person through the various services most effectively. There has been a shadow running of a central referral

management system to reduce waiting times and improve the teams around the families. Phase 1 'Go Live' took place in June 2014 for all NHFT services (including all of that organisation's mental health and emotional wellbeing services) , with services with other organisations to follow.

6.7. "5 to Thrive"

In recognition that good mental health starts pre-birth with the early years being crucial, there is a need to try to give families the best start for positive attachment and build emotional resilience. "5 to Thrive" (Talk, Play, Relax, Cuddle, Respond) http://www.fivetothrive.org.uk/ aims to achieve that. Vulnerable young people e.g. looked after children, young offenders etc., can also benefit from similar principles.

Northamptonshire has launched a local "5 To Thrive" initiative to embed the same principals across disciplines in ensuring the best way to assist neurological brain development or try to repair damage, this is to include:

- PHSE in preparing teens who will one day become parents
- Midwifery services to educate parents of the considerations to help their baby
- Health visitation and early years
- Disability support
- Foster Carers
- Youth Justice workers

Engagement of social workers and schools in the programme would be beneficial.

6.8. Further 'Early Years' Pilots

In addition to 5 to Thrive, a number of Early Years pilots are taking place to try to improve prevention and early intervention with a Baby Room Project, positive attachment with vulnerable families with NORPIP (Northamptonshire Parents in Partnership), a special educational psychology intervention with families who have been subject to domestic violence. This is over and above the existing Theraplay and Video Interactive Guidance interventions already commissioned.

6.9. Educational Psychology and TAMHS

Educational psychology has worked well with Targeted Mental Health in Schools (TAMHS). 85% of schools use at least one intervention from the team. The Social Emotional Aspects of Learning (SEAL) programme is embedded across the county, utilising the Solihull Approach model to understanding behaviour approaches.

6.10. Joint Working With Police and Crime Reduction Initiative (CRI)

CCG emotional wellbeing and mental health commissioning has been working with NCC and the Police Commissioners on their re-provision to help achieve alignment with Support Services, Early Years, Drugs and Alcohol, Sexual Health and Conduct Disorder. This should help to reduce the gaps between services thresholds and pathways, with much more work to be done as new contracts come on line within NCC and the health transformation programme transitions into operation.

6.11. Performance Information

There was a limited amount of contract information inherited from the former PCT. The CCGs, working with the providers, has agreed new datasets and performance information have been agreed that should provide a better quality and quantity of information to measure outcomes against.

7. The New Model of Care

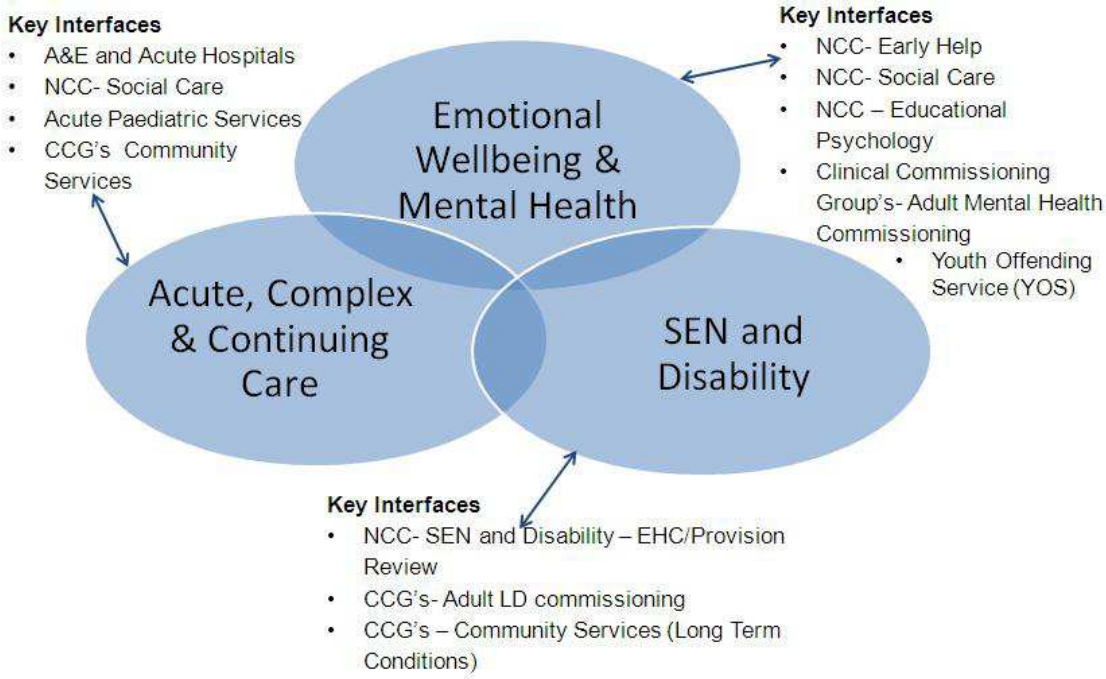
7.1. As a result of the needs assessment and service review, it was agreed the best way to resolve many of the challenges and improve services would be to recommission children's community health services. This should enable the county to:

- Respond to national and local drivers
- Reduce the impact of having a northern and southern model of delivery
- Reduce the gaps between the service models
- An opportunity to improve cohesion with NCC/Police and Communities
- Improve practice and service outcomes for children and young people
- Put children at the centre of everything we do

7.2. There will be one main provider to ensure:

- Multi-disciplinary expertise where required
- Equity and continuity across the county
- Clinical governance across all the lots
- A joined up infrastructure across Children Services
- Consistency of reporting across services

7.3. There are three key interdependent areas that will be encompassed within the transformational programme.



7.4. There will be a single point of access for all referrals that will encompass specialist and targeted services

- It will enable more robust triaging to appropriate services
- Improve the opportunity for specialists to support in the 10 early help locality areas
- Support targeted interventions
- Create multi-agency and multi-disciplinary specialist assessments and interventions

7.5. Services will be delivered in local community locations wherever possible

7.6. There will be a key professional identified where there are multiple needs

7.7. Managed 'Step up' and 'Step down' will be put in place across all levels of the pathway

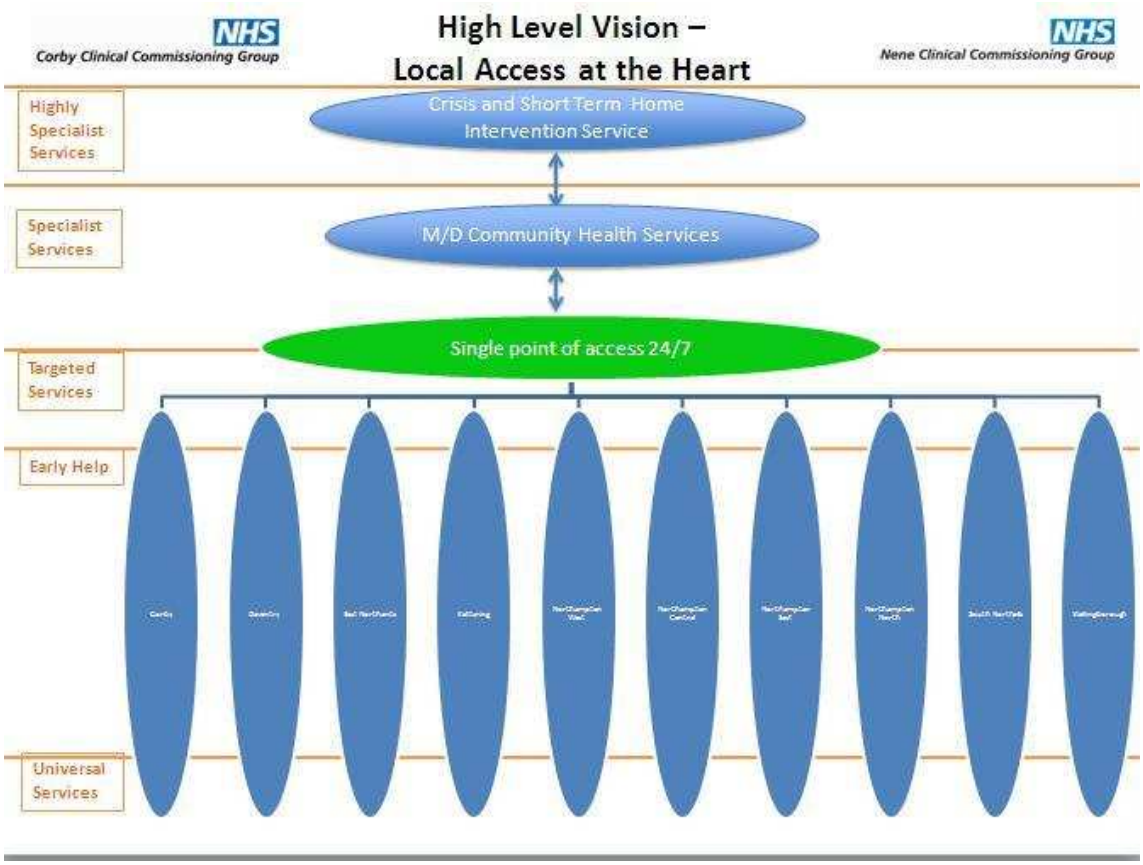
7.8. Specialist services will be responsible for developing the skills, knowledge and competencies across the pathways

7.9. Clinical oversight/responsibility in place where appropriate, with NHFT having clinical governance over all the other partners.

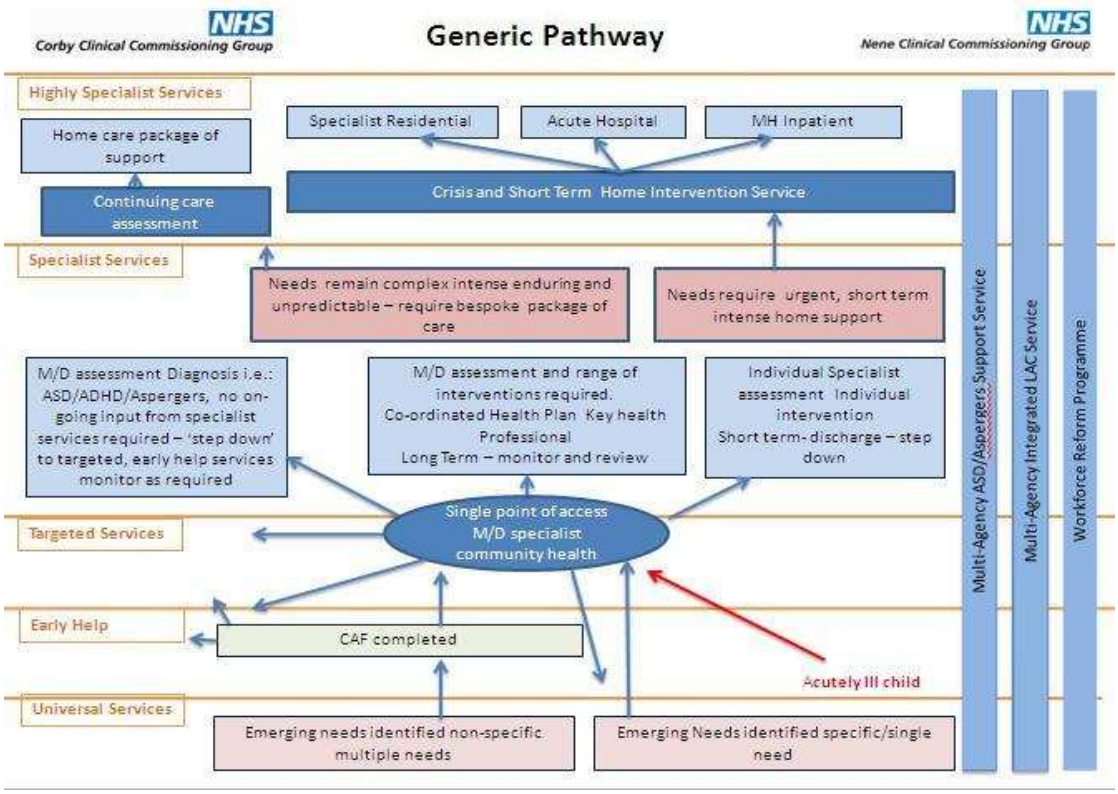
7.10. CYP Drug and Alcohol Specialist Service will integrate with health services to reduce the gap between traditional Drug and alcohol and CAMHS referral conflicts. There will be a county-wide service providing (NICE and PHE approved) specialist

interventions for CYP presenting with substance misuse and related mental health problems. It will provide training in the identification, advice and referral pathway for substance misuse and develop an appropriate strategy for all LAC and support for those who have substance misuse problems.

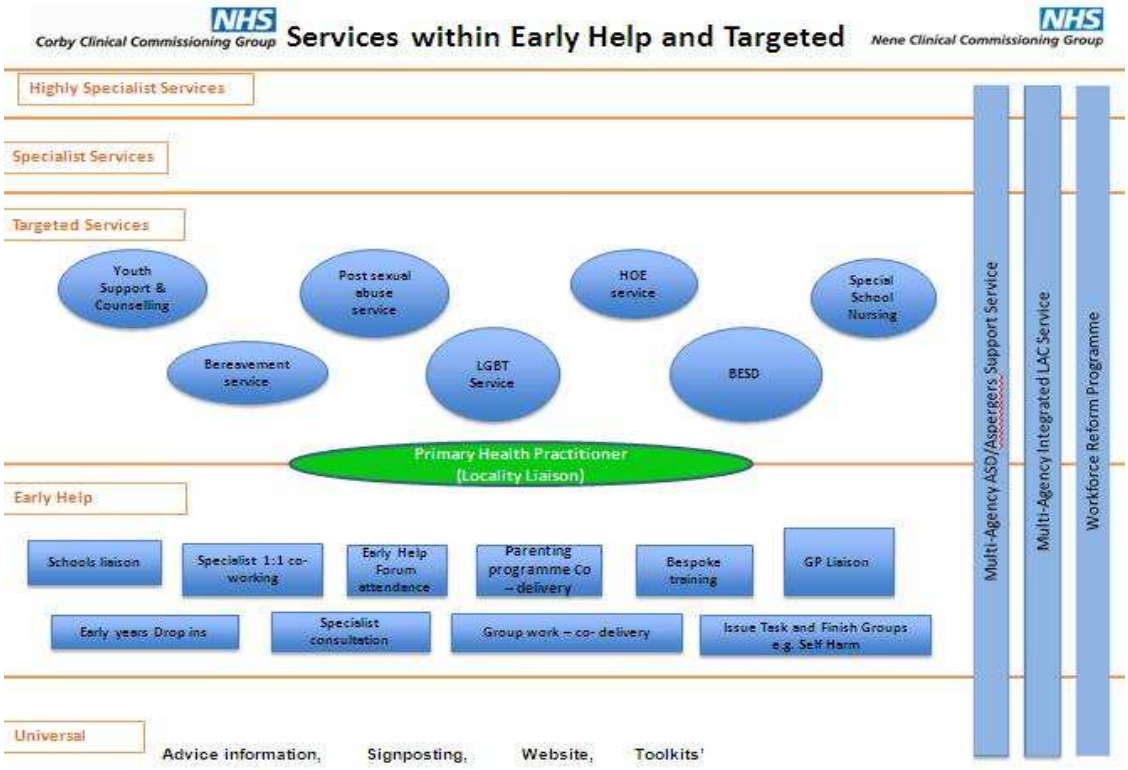
7.11. The pathways will align with the county council thresholds and pathways as well as the locality areas.

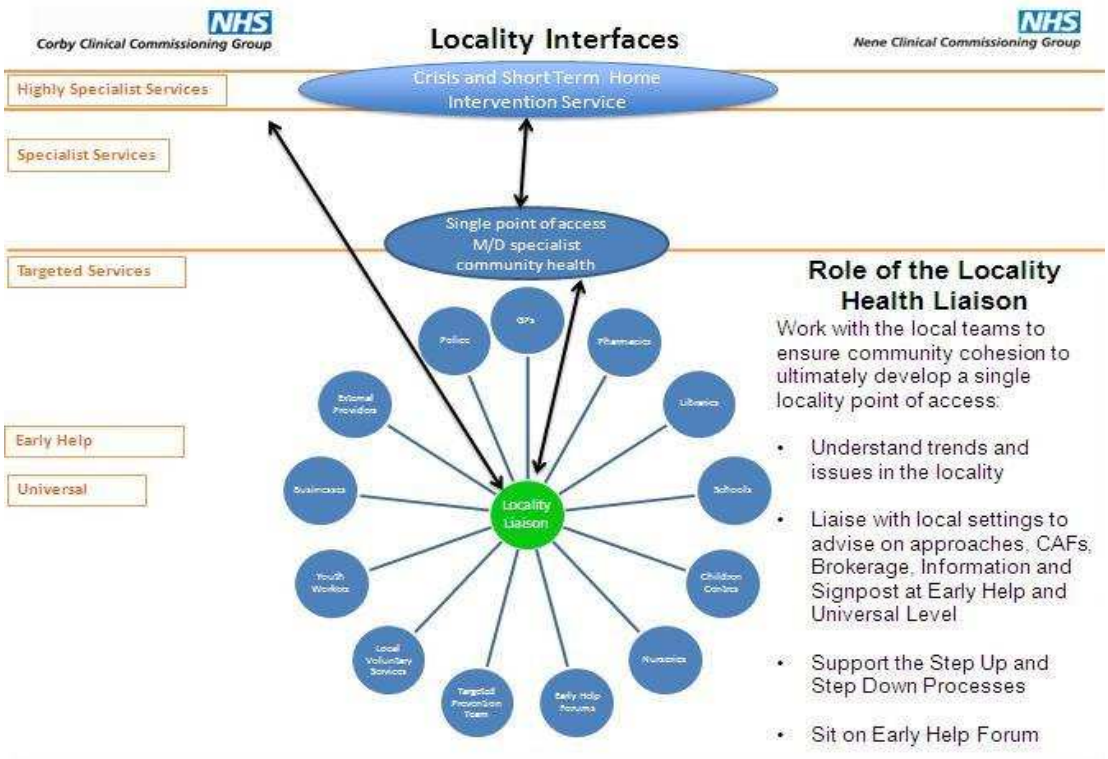


7.12. Once completed, the pathways should be simplified and clearly documented with some of the functions working across the levels of needs. The CAF is going to be promoted as the best way to access services as it enables specialist practitioners to have a better view of a child and their family's needs. Currently there are very few CAFs received by health.

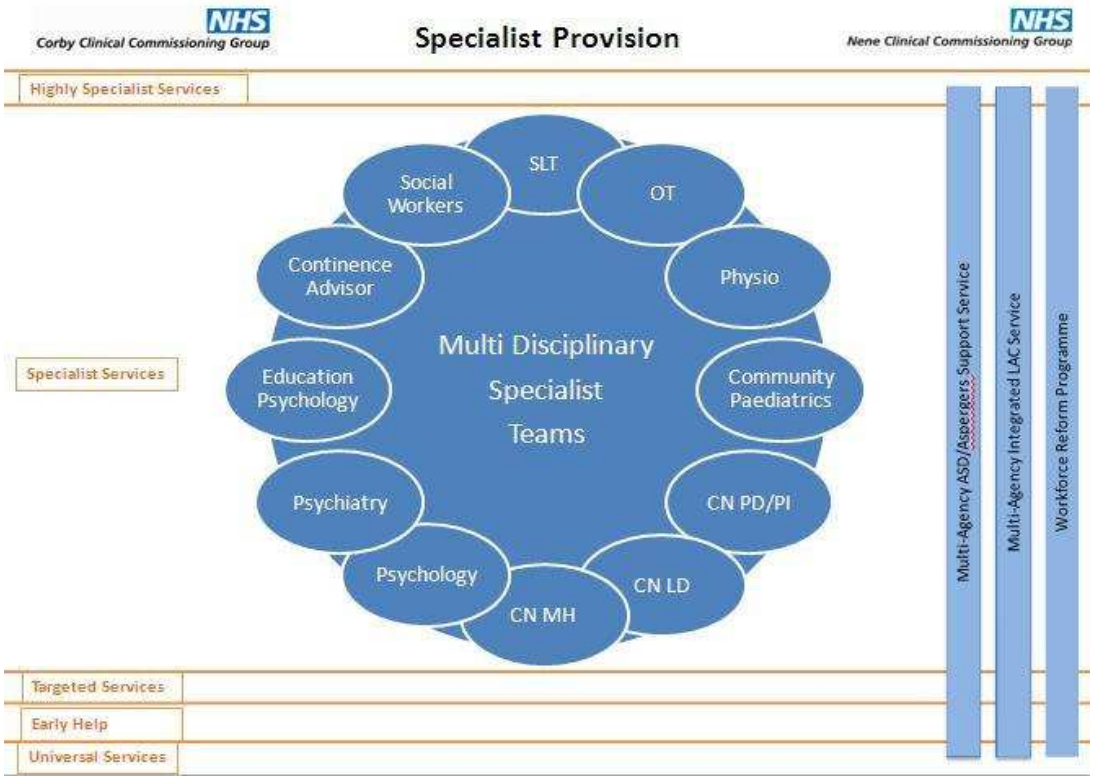


7.13. There is an intention to provide better mapping and integration within the Early Help and Targeted areas. This will include working with the locality forums and community based settings. Where possible, there may be clinics in local rural areas.

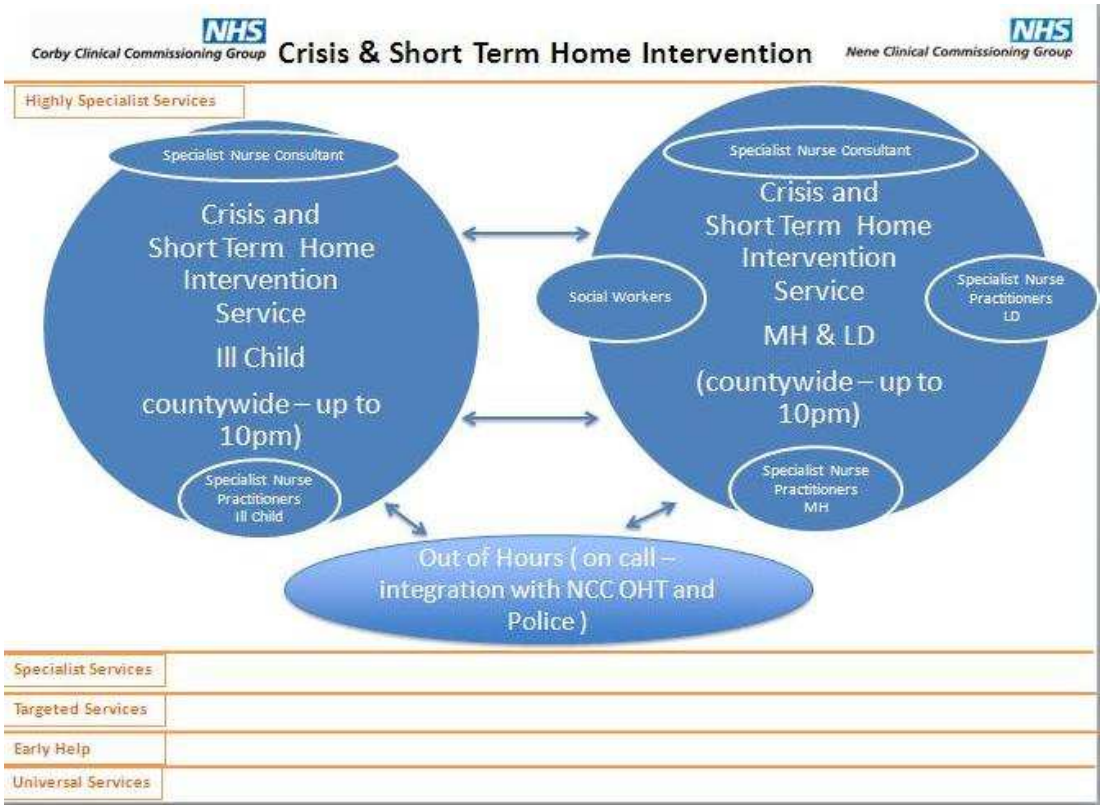




7.14. When specialists are required, the referral management centre will have a multi-disciplinary team engaged to meet the holistic needs of a child.



7.15. In the crisis service, the aspiration is to provide services for physical and mental health services across the county, working with all the other out of hour's surgeries.



7.16. The draft main service specification is provided at Appendix 8 to this report.

7.17. Set out below is the service mapping for current and future service configuration.

Corby Clinical Commissioning Group — **Where Does This Fit** — Nene Clinical Commissioning Group

	NCC service delivery	Locality health service delivery	Schools delivery	Other service delivery
Highly specialist	• Residential special school • Secure Accommodation	• Acute hospital, MH Inpatient • Residential special school • Continuing Care Support • Admissions Avoidance	• Residential special school	• Young Offender Institutions
Specialist	• Looked After Children • Children in Need • Disabled children in need 0-14 • Multi-systemic Therapy	• Range of interventions – therapeutic and medical • Community Children's Nursing/ CTPLD	• Special school • SEN Units	• Youth Offending services • Disabled Children in Need 14-25
Targeted	• Targeted Prevention Teams • Family support • Troubled families Programme • Children's centre – targeted offer	• Primary health care Practitioner • Youth Counselling • Post sexual abuse services • Bereavement service • LGBT service • HDS • BESD service • Liaison line	• Resourced provision	• Troubled families project • Police community safety initiatives • Drug and alcohol services
Early Help	• Parenting Programmmes • Challenging behaviour management • Domestic abuse support • Children's Centre early help offer • Youth provision • Housing support • drug and alcohol support • Early Help for disabled children • Connexions • Disabled children commissioned support	• Toolkits • Specialist co-working • Specific parenting programme – with early help provider • Specialist consultation • Health facilitation • Bespoke training • Attendance early help forums • GP liaison • Specialist oversight – challenging behaviour • Schools liaison • Drop in's children's centres • Sleep service	• Primary and secondary Schools 'local offer' – see descriptors	Community Voluntary sector services : • ADHD • Autism • Disability • Pharmacy advice
Universal	• Children's centres – universal offer • Libraries	• Advice information, signposting, Website, • Whole system training • 'Toolkits'	• Schools 'universal offer'	• Dentist • GP • HV • School nurse

8. Next Steps

8.1. Northamptonshire will implement this Lead provider model over the next two years working with NCC and the existing providers. The key driver is the transformation programme where phase 1 went live June 2014. A full programme including benefits to be realised will be agreed by 30th September 2014.

8.2. In 2 years' time, the commissioning intentions are to go to market to select a provider from a competitive tendering process.

8.3. This process should put children's community health services into a position where integration with the county council should be possible should that be desirable.

8.4. Similarly, this process should put children's community health services into a position where commissioning can be extended into acute paediatrics should that be desirable.

8.5. There are issues for resolution in CAMHS and other health services, but the information is available to take forward all Emotional Mental Health and Wellbeing Services

8.6. The strengthening of partnership with NCC is key so they may better understand the issues and engage on joint solutions.

8.7. The YHMPB are drafting the Children and Young People Emotional Wellbeing and Mental Health Strategy 2014-2017 for finalisation in the Autumn 2014.

8.8. The support and energy of the Improvement Board is sought to help deliver in these areas and the succeeding papers (Improvement Board and CAMHS Strategy) will help the Board to understand and help direct these areas.

Emotional Wellbeing and Mental Health Services –
Background to Report for the Children and Young People's Improvement Board

Appendices

Appendix 1 Needs Assessment Presentation Pack

Appendix 2 Prof. Jonathan Campion Draft Report from the Health and Wellbeing Board

Appendix 3 October 2013 presentation of service review findings and the vision for recommissioning

http://www.neneccg.nhs.uk/resources/uploads/files/Re-%20commissioning%20stakeholder%20workshop%208%2010%202013%20FINAL%20for%20Publishing.pdf

Appendix 4 December 2013 presentation of the recommissioning target operating model
http://www.neneccg.nhs.uk/resources/uploads/files/CYP%20Recommissioning%20Final%20Presentation%20031213.pdf

Appendix 5 Northamptonshire Young Healthy Minds Partnership (YHMP) Strategic Direction and Commissioning Intentions 2013/14

Appendix 6 Northamptonshire Young Healthy Minds Partnership (YHMP) Strategic Priorities 2014-2017

Appendix 7 Healthwatch Children and Young People Consultation

Appendix 8 Children's and Community Health Services – Draft Service Spec

Appendix 9 NICE Guidance on Self-Harm

http://publications.nice.org.uk/self-harm-cg16/guidance