

Emotional Wellbeing & Mental Health Service

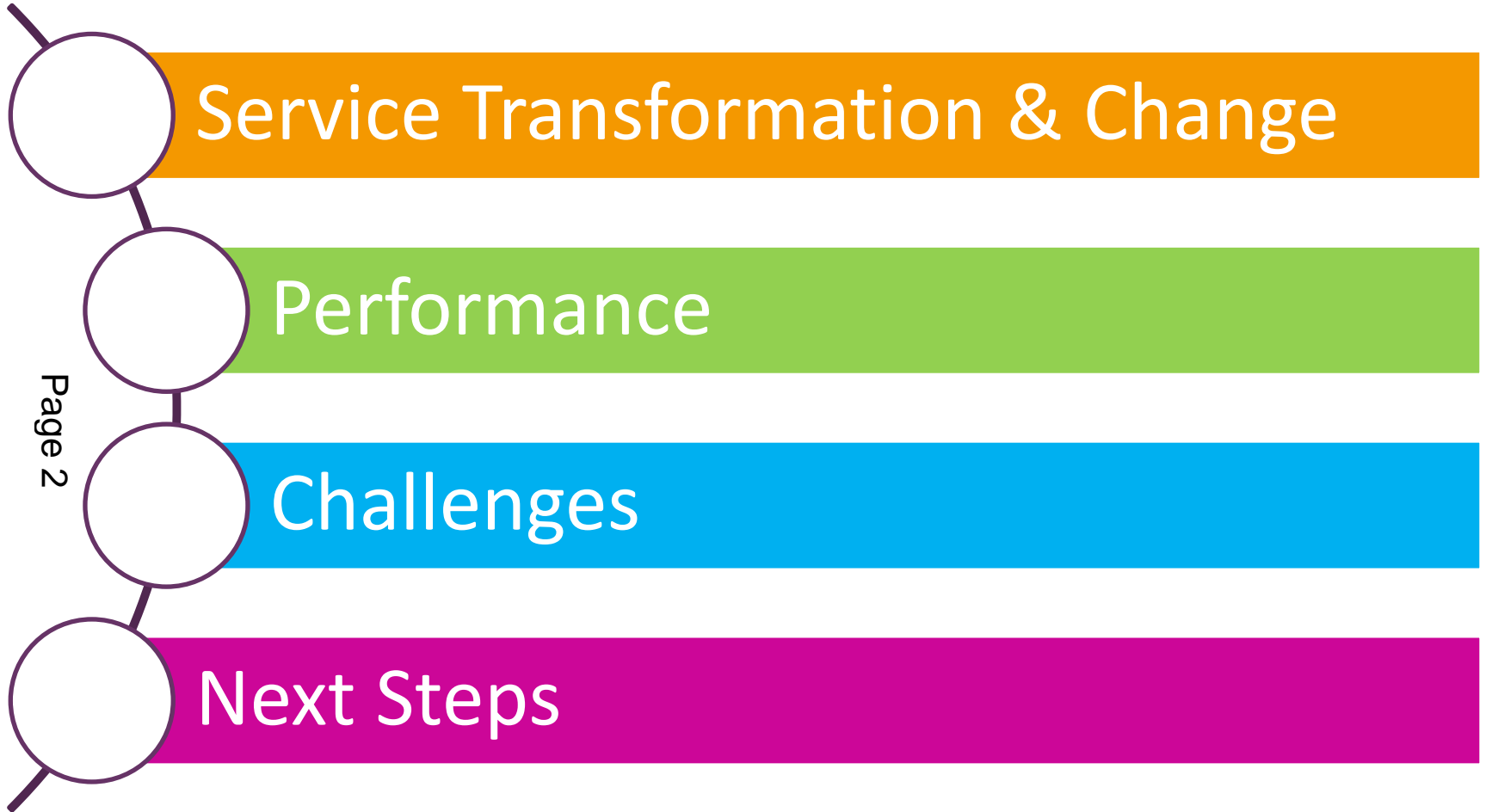
Overview Scrutiny Committee

Tuesday 12th December 2017

Agenda Item 7



EWMHS Our Journey So Far...



Commissioning Collaborative Forum:

The Ambition

Establish a collaborative partnership agreeing a legally binding contract

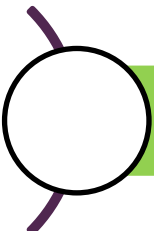
Major re-procurement

Improve the mental health and emotional wellbeing of CYP

Extensive transformation across three local authorities and seven clinical commissioning groups

Single integrated EWMHS for CYP replacing traditional health and social care offers





Service Transformation

**Agile Working model
for Staff**

**Removal of Tiers &
re-modelling of Care
Pathways**

**User Engagement for a
co-designed model**

CYPIAPT

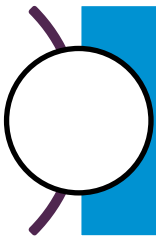
**Outcome
Measurement using
ICan**

**CAMHS Currency
Development project
Site**

**Schools Engagement &
Training provision
across Essex**

**Digital Innovation &
Development**





Challenges – still high on the agenda

**Size & Scale of
Transfer**

Expectations

Transformation Agenda

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Culture Change

Staff Training

**Emotional
Wellbeing &
Mental Health
Service**

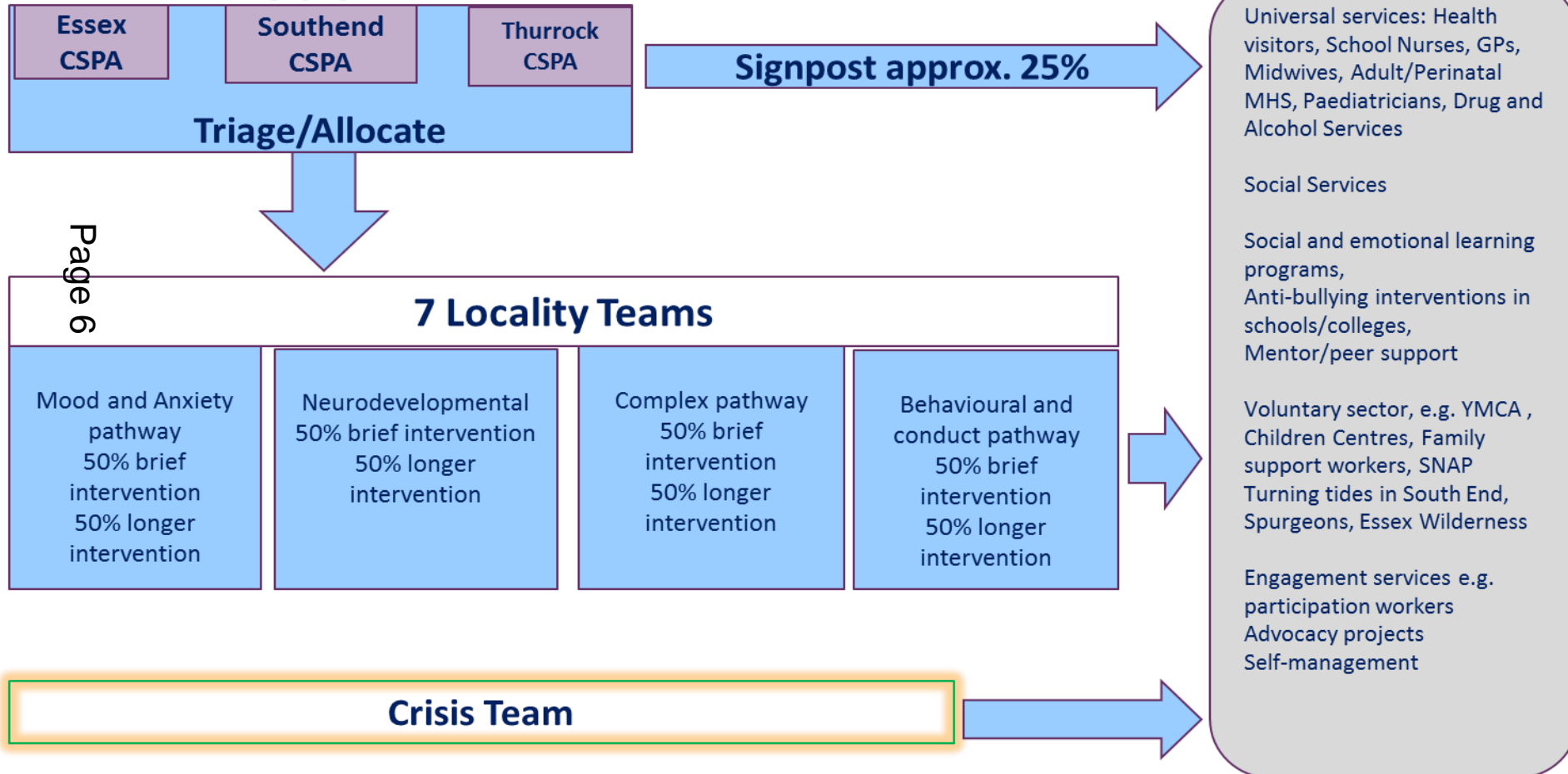
Staff Integration

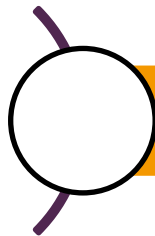
IT Provision



Our “Hub and Spoke” model explained

NELFT Model





Single Point of Access (SPA)

**Essex CSPA
(including Southend &
Thurrock)**

Links to early help and advice hub

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All staff working
in the CSPA will
be part of a
linked locality
team
(9am - 5pm)

- Telephone advice and triage
- Signposting, preventative planning and an early offer of help
- Allocation of the referral to a locality team for a NICE compliant care “Pathway”
- Feedback to the person making the referral



Referral Criteria

Informed by NICE guidelines

- Mood & anxiety disorders
- Behavioural & conduct disorders
- Emerging personality & attachment disorders
- Eating disorders
- Psychotic disorders
- Deliberate self-harm & suicidal ideation
- Substance misuse including dual diagnosis
- Autistic spectrum disorder (ASD) with co-occurring MH presentation
- Prolonged bereavement problems
- Attention deficit hyperactivity disorder (ADHD) with co-occurring MH presentation

Referral Process & Response Times

Referrers seeking advice will be contacted within 24 hours of the initial request

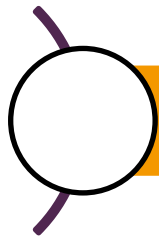
Referrals to the CSPA will be reviewed daily, screened within two working days and responded to within five working days once allocated to the locality team

All referrals will be prioritised according to the presenting clinical need

All assessments will take place within 18 weeks

All consultant and non-consultant led treatment will start within 18 weeks of the referral (RTT)

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Single Point of Access (SPA)

Essex SPA

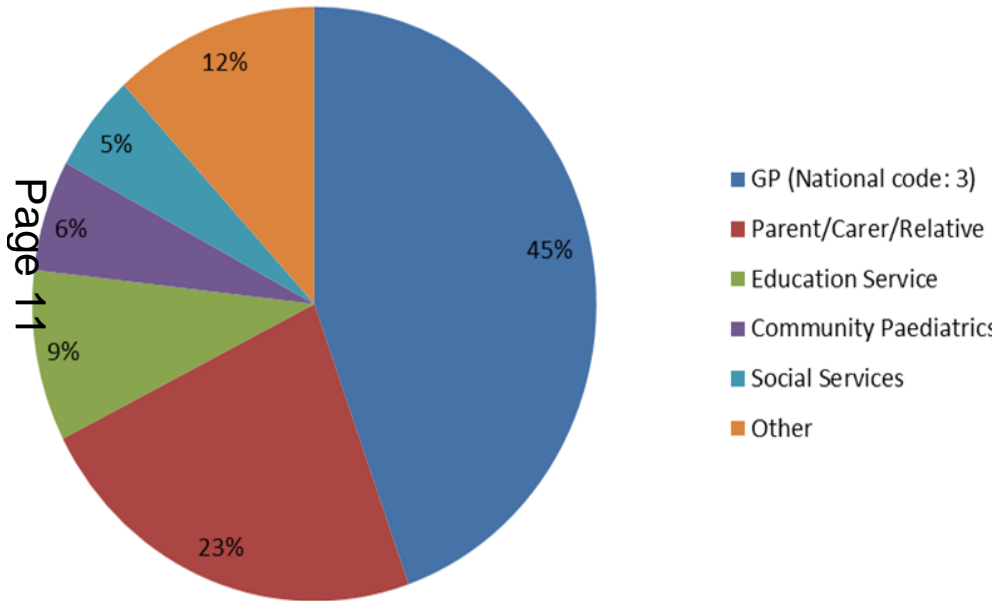
- Strong day to day referral management in place
- Full compliment of staff attained
- Risk screening and management
- Integration of Southend & Thurrock SPA
- Accommodation

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Single Point of Access – Performance Data

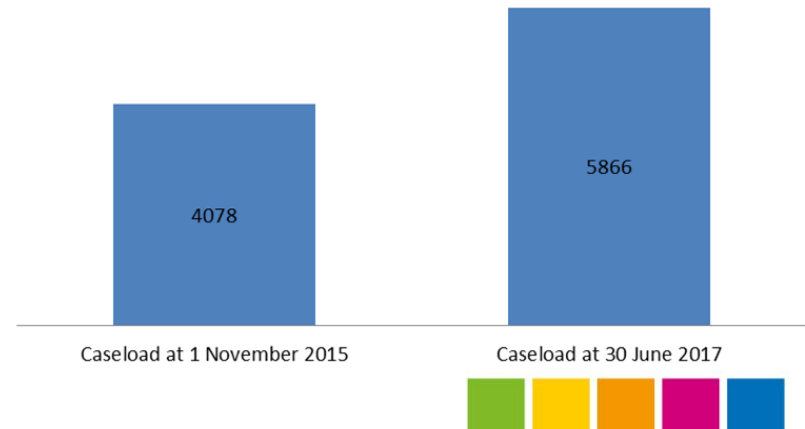
Referrals through SPA
by referral Source as %



**13,066 total referrals received from
April 2016 to June 2017**

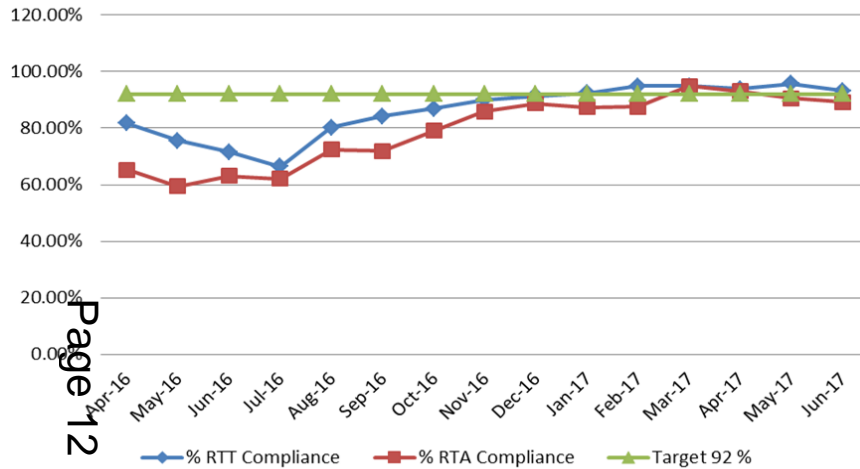
30% of referrals are currently sign-posted

**High volume experienced over exam period
with over 1,000 referrals received in May 17**

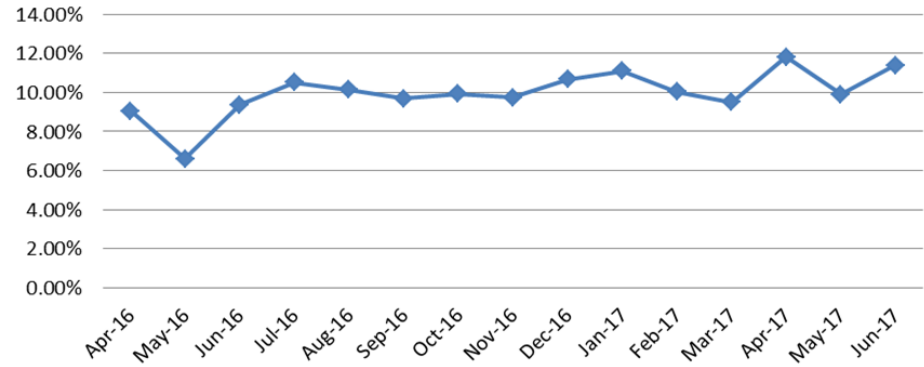


Performance

RTT and RTA Compliance



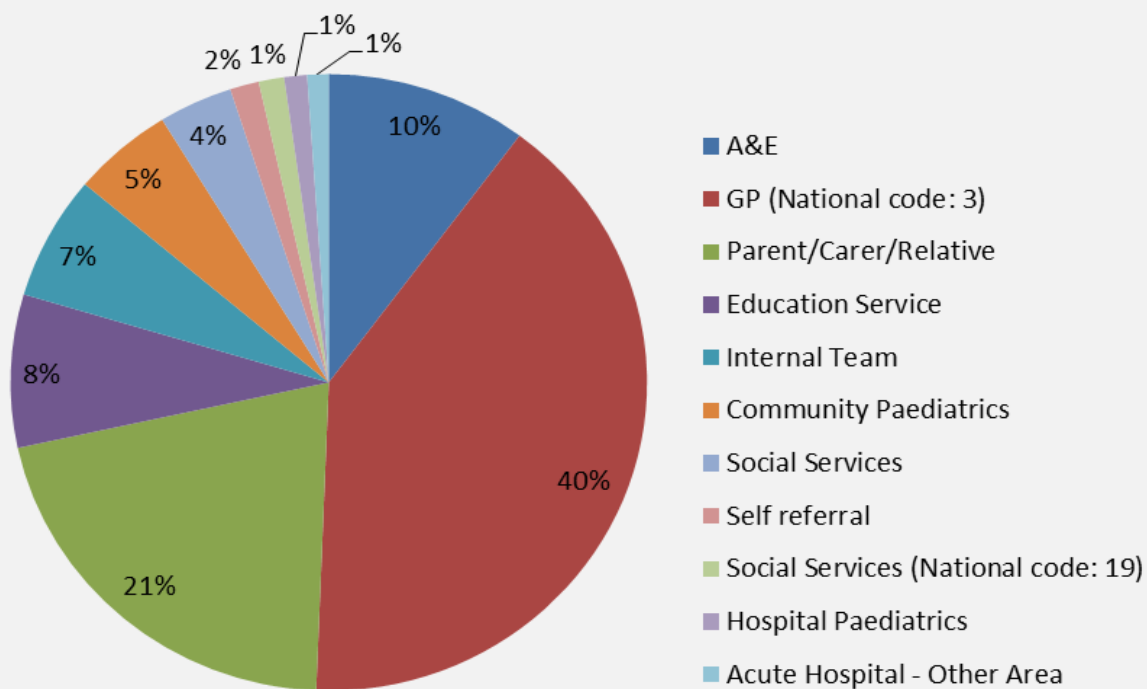
% DNA
April 2016 - June 2017



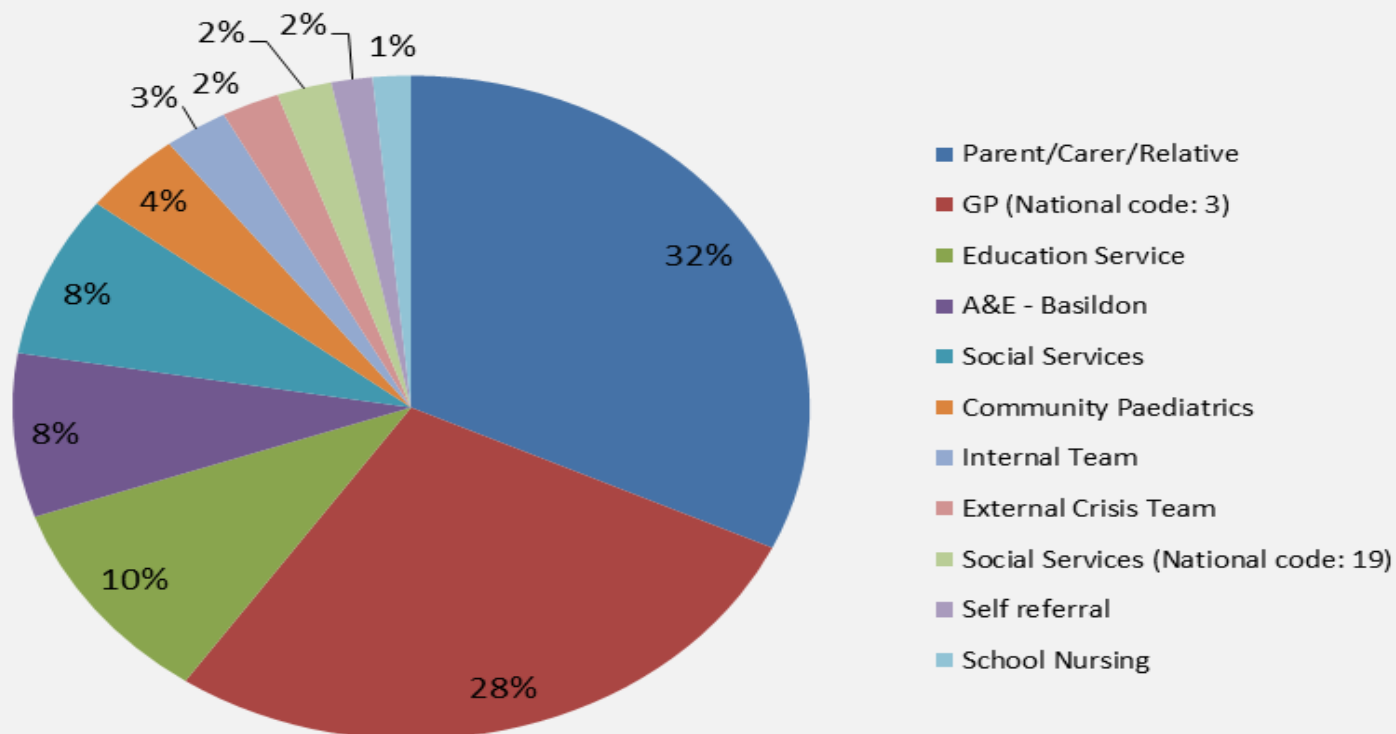
Performance Tracking and Monitoring

- Key targets remain challenging due to management of increased referral & caseload management within current establishment.
- RTT & RTA compliance has improved significantly over the last year and continues to improve at a steady pace.
- DNA data remains relatively low at an average of 9.96%

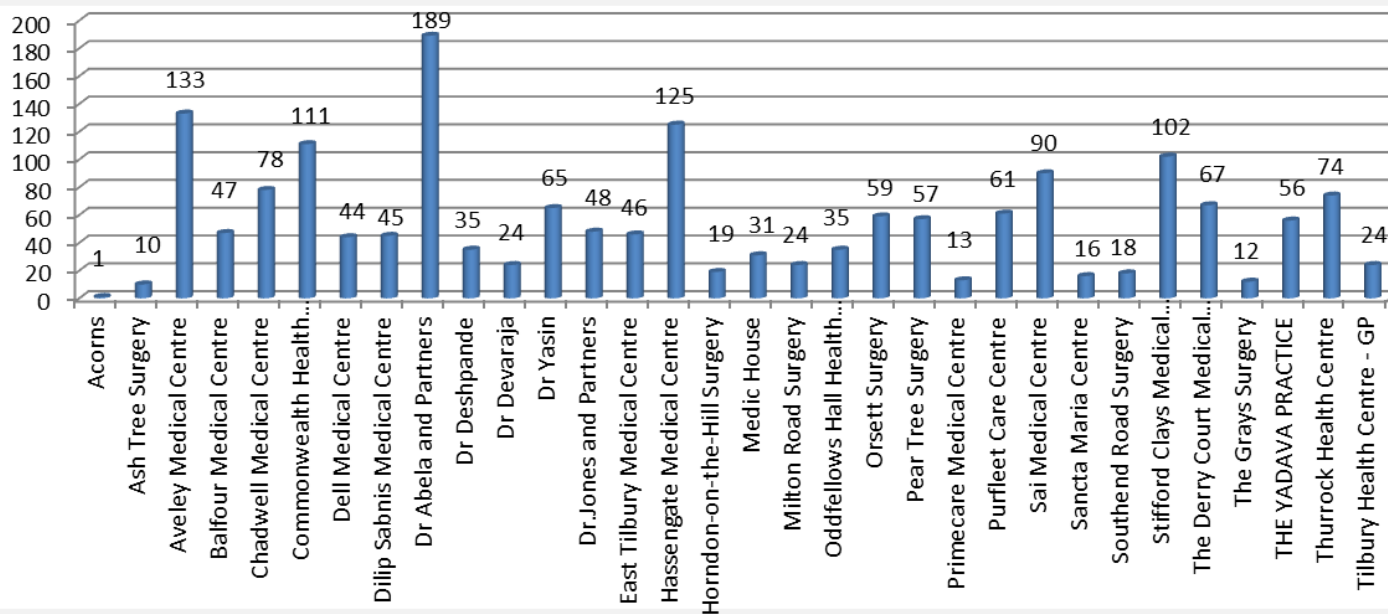
Top 11 Referral Source - All EWMHS

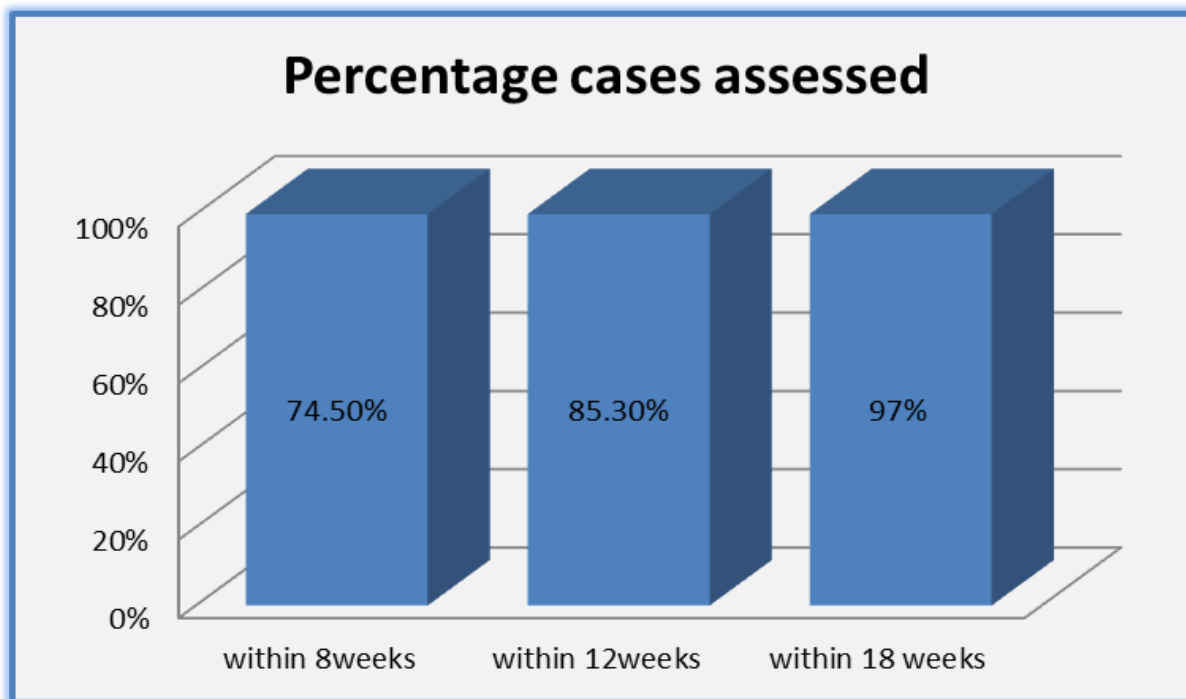


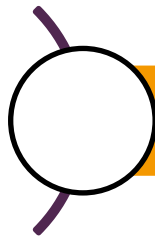
Top 11 Referral Source - Thurrock



Referrals by GP Practice







Thurrock Performance

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
89	98	108	87	67	85	84	91	87	98	82	125	79	124	108	96	60	88	112

Number of LAC referrals from Thurrock over past 12mts - 81

Longest waiter – 21 Weeks

Performance Tracking and Monitoring

For Thurrock;

- Number of cases transferred over from Thurrock in Nov15 – 225
- Number of current open cases Nov 17- 600
These equates to 267% increase in Caseload
- LAC referrals in last 12mths = 81 (Longest wait 21 weeks for treatment)
- DNA data remains relatively low at an average of EWMHS 12.01% **Thurrock 7.34%**
- Demand & Capacity Work stream

Crisis Model & Development

Integrated service with NELFT
Mental Health Direct (MHD)
for telephone advice after
hours



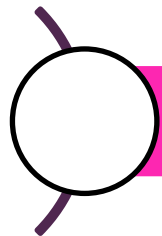
24 hour cover across five
Acute Hospitals in Essex



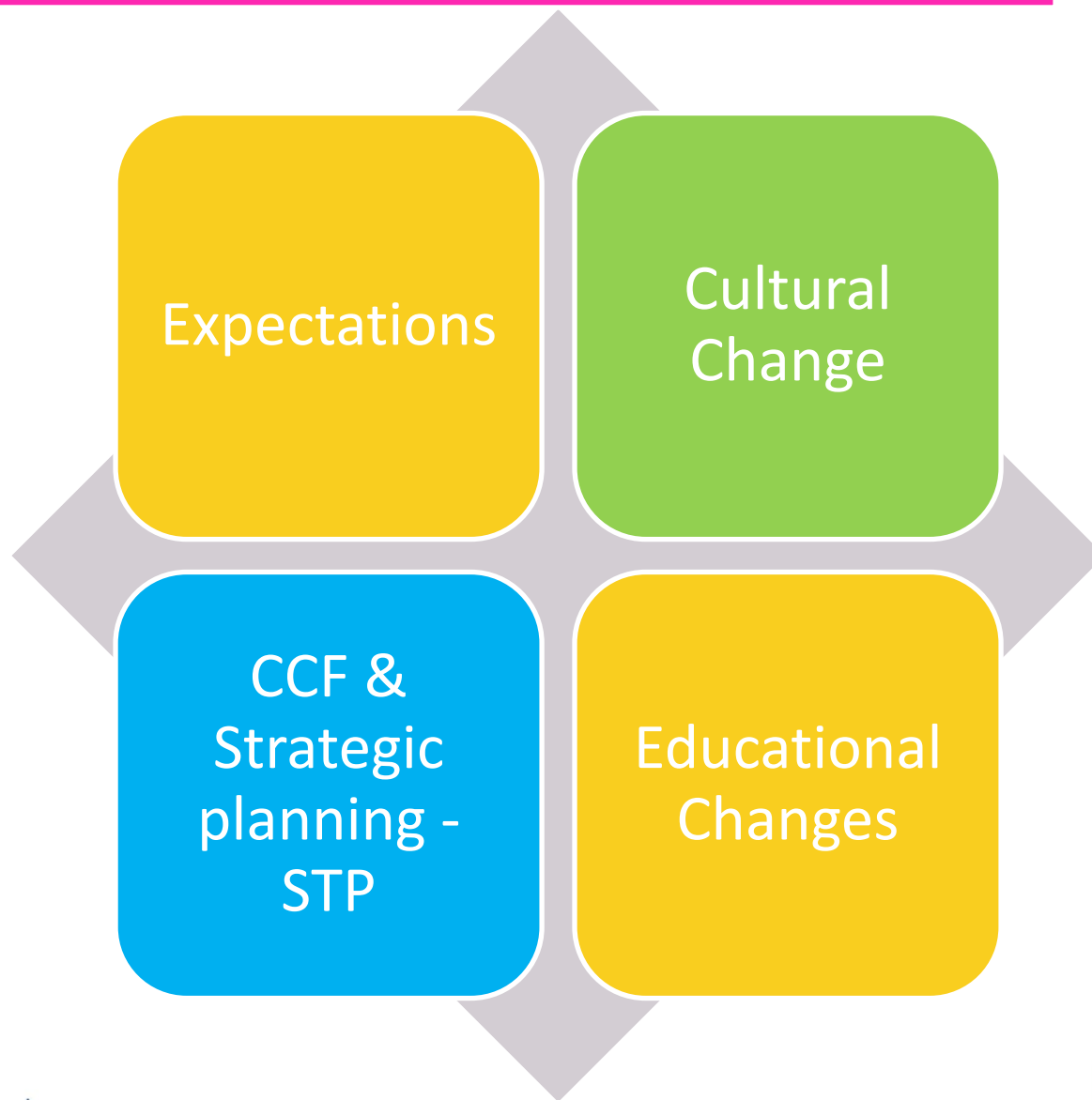
Additional support
provision in place from an
on-call Consultant &
NELFT Manager on-call
rota out of hours &
weekends

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- Crisis review undertaken
- Options paper presented to CCF
- Cost/VFM
- System wide integration options with Adults
- Challenges system-wide: Tier 4, Learning Disabilities and Social Care
- Political pressures



Transformation & Progress



Digital Innovation



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Dedicated digital leads



Youth engagement & co-design



Partnership projects on-going



NHS Digital Pioneer Awards



Digital Support

My Mind App

- ✓ Interactive
- ✓ Confidential, safe and secure
- ✓ Track recovery and check appointments
- ✓ View and amend care plans
- ✓ Easy access to online resources

<https://apps.nelft.nhs.uk/MyMind>



Digital Support

Big White Wall

- ✓ Online access for young people aged 16 to 18 years old
- ✓ Anonymous, safe and secure with 24 hour access
- ✓ Self-management materials available
- ✓ Evidence-based therapies available online
- ✓ Online guided support courses
- ✓ 1:1 live therapy (via text, audio & video)

www.bigwhitewall.com



Using digital technologies to support young people



Big White Wall[®]

Meet Katie...

I have been involved with services for most of my young life.

I have struggled with depression, anxiety, self-harm and anti-social behaviour for years.

I finally received a diagnosis of borderline personality disorder.

In 2016 I was asked to become an Involvement Representative, which initially made me apprehensive.

I wasn't sure if I would be taken seriously.

I began to work with the EWMHS team on a recruitment drive and found myself surrounded by a very supportive and dedicated team.

I feel that I am really listened to and that there is real opportunity to help develop services.



LAC Referrals

- Page 24
- **Looked After Children are triaged by the SPA. If appropriate the SPA provide advice and support and may signpost to a community resource.**
 - **If a referral is made by a professional, who is not the Social Worker then the SPA make the Social Worker aware and invite them to a Consultation. The Social Worker can decide whether to invite the Foster Carer or other professional.**

LAC Consultations and work with the system

- Page 25
- **The Social Worker is contacted and offered a consultation as the Initial Assessment. Consultation to social worker to ensure clear planning, risk management and contain their anxieties.**
 - **The Social Worker is asked to bring full details of the child's history and any prior Psychological Assessments. From this consultation it is decided whether the child/young person needs to be seen to complete the Assessment.**
 - **Having the full chronology, Psychological Assessments and work already undertaken is important in order to plan effectively.**
- Ensuring work is not duplicated. How the Young Person responds.**

Consultations and work with the system

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- **Consistent thoughtful and safe care provided by the foster family is the most valuable resource for the young people.**
Consultation to foster carer to offer advice about the kinds of problems they might face; to offer a perspective from the child's position as to why they may act the way they do (don't take it personally!). This forms part of the work we undertake with a young person.
- **Support to the wider network – schools, teachers, wider foster family.**
- **When appropriate referrals to other specialist services, e.g. Specialist Health Assessment/Treatment.**
- **Specific intervention / treatment to the young person – e.g. group work, individual work, medication, admission to inpatient unit**



Consultations and work with the system

- **A Formulation is then arrived at and this is communicated to the Social Worker along with a Care Plan/recommendations.**
- **The Social Worker should receive a letter providing a summary of the Assessment, the Formulation and Care Plan.**
- **Care plan to outline treatment & identifying the goals to be achieved**
- **Appropriate resource allocated from pathways**
- **Treatment is then prioritised on clinical need.**



Looked after children from other areas

- There are a number of private residential establishments and fostering services that have set up in Thurrock. Many of these promote that they can work with challenging children/young people and that they have Therapists to work with them.
The children placed in these services by other Local Authorities are often presenting in Crisis.
- Sometimes we have had no prior knowledge of these children.
- Consultations are currently offered if these LAC are referred and offered consultation within 7 days. As they are Out of Area it can be more difficult to arrange.

Performance

- **Regular monitoring of data to ensure performance.**
- **Lead Area Manager works at interface with EWMHS Teams and Social Care to identify any issues and resolve. Regular meeting. Attendance at CIC Partnership Forum, Corporate Parenting Board and Thurrock Social Care and Health Steering Group.**

Challenges:

- **Social worker availability to attend consultation meeting.**
- **Choose and book model- place pressure on clinical slots.**
- **Volume of referrals of other vulnerable young people-clinical presentation rather than vulnerable group.**
- **Out of county placements.**

School Collaboration Work Stream

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EWMHS – Schools Offer

We propose three levels of support in the EWMHS and schools collaboration:



Training whole staff teams or smaller groups of pastoral & leadership staff - confidence building for live situations & increasing an awareness of the impact of adult behaviours.

Bespoke training covering self-harm, suicidality, anxiety, depression, bereavement & on request in depth, whole day training for groups of schools and staff, off-site



Regular & specialist consultations on complex cases with groups of pastoral & leadership staff



Regular clinical & reflective supervision with groups of pastoral staff & school leaders



Thank you....

Any Questions?