

10 January 2017		ITEM: 7
Corporate Parenting Committee		
Emotional Wellbeing and Mental Health Service		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Andrew Carter – Head of Children’s Social Care		
Accountable Head of Service: Andrew Carter – Head of Children’s Social Care		
Accountable Director: Rory Patterson – Corporate Director of Children’s Services		
This report is Public		

Executive Summary

Members will be aware that in 2015 health and social care partners across Thurrock, Southend and Essex joined together in a Commissioning Collaborative to procure a new Children’s Mental Health service. The North East London Foundation Trust (NELFT) commenced the Emotional Wellbeing and Mental Health (EWMH) contract in November 2015. The service has the long term aim of responding earlier to children’s needs to help prevent, reduce or delay the need interventions. NELFT also has a model of service delivery which is more community and outreach based.

This report provides members with an update on progress made with the development and performance of this new service, with a specific focus on support for looked after children.

Nationally, mental health support services are on a significant transformation journey which will take time. Locally, in children’s mental health we have taken significant steps in commissioning a new integrated service with a more community based approach but we recognise that this will also take time to transform our offer. The transfer from four providers across Thurrock, Southend and Essex into one has been complex; however the new components of the approach are now in place and we have seen a doubling of the young people being supported.

We recognise the importance of taking stakeholders with us on this journey and therefore communications to partners are ongoing. Details of the new service have been presented and approved at a number of partnership forums including the Health and Wellbeing Board, Local Safeguarding Board and Schools Forum.

1. Recommendation(s)

- 1.1 That members request a presentation from the new provider on the specific needs of children looked after children and the impact the service has had on the wellbeing of children in care.**

2. Introduction and Background

- 2.1 Research shows that looked after children generally have greater mental health needs than other young people, including a significant proportion who have more than one condition and/or a serious psychiatric disorder (McCann et al, 1996). But their mental health problems are frequently unnoticed or ignored. There is a need for a system of early mental health assessment and intervention for looked after children and young people, including those who go on to be adopted. The new service has been designed to respond to these needs and prioritise this vulnerable group.

Looked after children are prioritised for assessment, with the referral being responded to within twenty four hours and the referral to assessment (RTA) taking place within 7 days. Treatment is then provided based on need and wait times will vary accordingly.

- 2.2 Additional investment of £3.3m across the partnership was secured through the Local Transformation Plan 'Open Up, Reach Out'. The plan is our response to the 5 year forward view for Mental Health, which is part of a significant national transformation of mental health and it will take a number of years to move to a position of parity with physical health and a more wellbeing based approach.

- 2.3 'Open Up, Reach Out' sets our key ambitions for the first stage of transformation:

- improving access and equality;
- building capacity and capability in the system; and
- building resilience in the community.

These include support with early intervention being piloted with our schools and improved information, advice and support on emotional wellbeing. This contributes to the ongoing work in relation to the wider mental health needs of children and young people in the community. This recognises growing awareness and concern about children's emotional wellbeing and mental health.

3. Issues, Options and Analysis of Options

- 3.1 The new service takes into consideration the wider developments in relation to bullying and emotional wellbeing in schools as a part of the key priorities outlined below.

Improving access and equality

- Single point of access established - significant increase in referrals.
- Implemented self-referrals and these are being used by parents and young people.
- Completed a joint strategic needs analysis to better understand local need.
- Prioritisation of looked after children, children with LDD and children on a child protection plan for assessment within 7 days.
- More effective work with schools to ensure wider access to vulnerable children

Building capacity and capability in the system

- Transfer of staff from four previous services into a single integrated service across Thurrock, Southend and Essex.
- Established dedicated children's crisis teams (core hours 9:00am -9:00pm plus 24/7 out of hours support).
- Significant number of staff going through training as part of the Children's Increasing Access to Psychological Therapies.
- Staff recruited to a new community eating disorder service.
- Changes in approach to ensure children and young people attend.

Building resilience in the community

- Engagement with schools to develop a schools training programme which will be piloted in Thurrock from January 2017
- An anti-bullying strategy and the impact on emotional wellbeing will be taken to Overview and Scrutiny Committee in February 2016.
- Review of suicide and self-harm prevention complete with action plan.
- Working with young people around stigma and emotional wellbeing.
- Big White Wall app in place and securing/ developing apps & web solutions.
- The development of integrated service delivery through the 0-19 Wellbeing Service, which includes wraparound services in children's centres.

3.2 In the period between April and September 2016, of the 462 Thurrock referrals received 33 were identified as looked after children, 2 have Learning Disabilities and Difficulties and 24 as being subject to a Child Protection Plan. All vulnerable children referred to the service have received their assessment within 7 days after which children are all prioritised for treatment dependent on need. We are aware there have been some delays in accessing treatment, largely due to the significant increase in volumes alongside recruitment challenges and we are currently working with NELFT to address these.

4. Performance

- 4.1 A robust reporting process is now in place across the partnership, this has included better definition of performance targets, although we acknowledge there is more work to do on monitoring outcomes for individual children.
- 4.2 Since 2015 the number of young people supported has increased from 3200 to 6200 and data suggests that these referrals are appropriate. In Thurrock this increase equates to an increase from 282 to 463 children and young people being supported.
- 4.3 This significant increase in referrals together with the mobilisation of a new contract and subsequent staffing changes has led to the challenges of meeting waiting time targets.
- 4.4 The two key waiting time targets are:
- 12 weeks from referral to assessment and
 - 18 week from referral to treatment (NICE Standards).

Initially we were seeing good performance on waiting time, however in recent months, performance has declined as a result of a significant increase in the number of referrals accepted. In November 2016, 46 young people had their assessment within 12 weeks and 56 started treatment within 18 weeks.

- 4.5 The change in waiting time performance is also linked to a staff restructure. The restructure is to facilitate the move to a more community based model of operations and to take account of new services. The restructure has led to a high number of vacancies (45%), which has impacted on performance. NEFLT is recruiting with a national recruitment campaign which has received a very positive response.
- 4.6 A cross partnership action plan with weekly monitoring has been put in place and significant progress had already been made, with performance better than the agreed trajectory (appendix one, chart one). It is fully expected that by mid February 2017, there will a significant decline in the numbers of children waiting in excess of 18 weeks for treatment after their initial assessment. In moving to the new service, commissioners understood that it would take time to embed the new approach and that the initial transitional stage would be challenging but necessary for the longer-term gains.
- 4.7 The increase in demand leading to increases in waiting times is a national picture. At the end of September 2016 NHS England announced an additional £25m for CCGs to target waiting lists. The Thurrock, Southend and Essex partnership has been allocated £400k to reduce in year waiting times.

5. Reasons for Recommendation

Members will be aware that the nature and increasing prevalence of emotional well-being and mental health issues both locally and nationally will

mean this remains a key priority. The challenges currently being experienced are in line with those nationally and we are working in partnership to ensure those in need of support have improved and increased access. This report provides a general overview of the performance including specific details of how vulnerable groups are supported.

6. Consultation (including Overview and Scrutiny, if applicable)

There has been no consultation directly linked to this report however the strategy was developed following extensive consultation, in addition updates on the delivery of this work have been presented to various committee's and partners.

7. Impact on corporate policies, priorities, performance and community impact

The delivery of this support directly supports the following corporate priorities:

Create a great place for learning and opportunity
Improve health and wellbeing

8. Implications

8.1 Financial

Implications verified by: **Kay Goodacre**
Finance Manager

The funding for this service has been budgeted for and is provided in partnership with the Thurrock Clinical Commissioning Group and other partners across Thurrock, Southend and Essex. There are no financial implications to this report.

8.2 Legal

Implications verified by: **Lindsey Marks**
Principal Solicitor Children's safeguarding

There are no legal implications to this report as it provides an update on a previously commissioned service.

8.3 Diversity and Equality

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

The service is working to ensure those most in need of support are able to access it quickly with priority given to children who are looked after, those with

LDD and those subject to a child protection plan. In addition the provision of 24/7 crisis support and the option to self-refer means that the service offers equality of access for those who may not use the traditional referral routes.

8.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

9. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Open Up, Reach Out

<http://www.thurrockccg.nhs.uk/about-us/our-key-documents/ccgpublications/publicationsarchive/2321-full-version-open-up-reach-out?format=html>

10. Appendices to the report

Appendix 1 - Performance Tables.

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