

28 January 2021		ITEM: 10
Thurrock Health and Wellbeing Board		
Children and Young People’s Emotional Wellbeing and Mental Health Services in Thurrock		
Wards and communities affected: All	Key Decision: N/A	
Report of: Helen Farmer Assistant Director of Integrated Commissioning for Children and Young People Thurrock CCG.		
Accountable Head of Service:		
Accountable Director: Mark Tebbs, Alliance Director Thurrock NHS		
This report is Public		

Executive Summary

This report provides an update to Thurrock Health and Wellbeing Board in regards to the service provision for children and young people’s emotional wellbeing and mental health. The paper describes the system wide and collaborative commissioning approach taken locally and highlights how the partners across Thurrock are addressing the needs of the youngest in our population. The benefits of collaboration and integration is well presented in national strategic plans including the NHS Long Term Plan (2019) and evidence base such the Thrive Framework for System Change (Wolpert et al, 2019) and Whole School Approach Public Health England (2015).

An amended version of this paper has been presented to the Brighter Futures Partnership Board in November 2020.

1. Recommendation(s)

1.1 This paper is for noting by the HWB Membership.

2. Introduction and Background

2.1 The Brighter Futures Childrens Partnership Board are currently refreshing their strategic plan and have identified a priority area for development as:

All Children and their families experience good emotional health and wellbeing.

2.2 This paper summarises the CCG and Council commissioned services currently in place or in development as a brief for Thurrock Health and Wellbeing Board and includes the current and anticipated impact of the Pandemic in relation to emotional wellbeing and mental health for our children and young people.

It excludes specialist commissioning (NHSE/ Tier 4) and other commissioning bodies such as Police and Crime Commissioners.

2.3 Although not included in detail the importance of all services and professionals involved in delivering care to either to children directly or their families have an important role to play. Identification and ensuring emotional wellbeing and mental health is a focus and supported proactively aligning with a whole family approach is considered best practice. Schools and Colleges and services such as Childrens Centres, Prevention and Support Services, Early Years provision, Community Health Services and the 0-19 Brighter Futures Childrens services all provide vital support in this respect.

2.4 The development of this area within the Brighter Futures Strategy will be underpinned by the principles of coproduction with a series of events in 2021, service mapping and analysis of available data to inform needs and greater understanding of the services in Thurrock. The ambition is to be able to further enhance integrated and systematic approach to supporting emotional wellbeing and delivering the National ambitions of the *NHS Long term plan* Jan. 2019 and DOH and DoE *Green paper: Transforming CYP Mental Health provision 2017*.

2.5 Thurrock services across the Council, NHS, Voluntary sector have a strong partnership ethos with opportunities for shared pathways, integrated care founded on good relationships which facilitate positive dialogue and joint problem solving. Although there has been progress and much to celebrate there is undoubtedly significant need and much more to achieve. This foundation is well established and will support continued improvement as there remains considerable challenges to face if we are to address health inequalities and ensure our children have the best start in life.



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3.0 Pandemic- Impact on Children and Young People Emotional Wellbeing and Mental Health

3.1 Whilst for some children there were certain aspects of the pandemic that bring benefits such as spending more time with the family and minimising the impact of peer pressure and school attainment many of our most vulnerable children the continued disruption will lead to escalating needs and compounding of inequalities.

NHS Digital completed a survey in 2020 and found that:16% of CYP aged 5-16 years have a probable mental health disorder, significantly higher than the proportion reported in the 2017

survey of 10.8%. The survey also found that for those with a probable mental health disorder the impact of the pandemic is heightened compared to those without.

Alongside those with mental health disorders a variety of literature papers and surveys which highlight the heightened impact on groups of children who would be considered more vulnerable and at risk of mental health issues either relating to direct exposure or impact of quarantine or lockdown periods.

These groups include:

- CYP who have been bereaved by covid
- Children who suffer from severe covid
- Children with special educational needs and disabilities
- Young carers
- Children of key workers
- Children in families with low income or unemployment
- Children kept in stricter isolation or quarantine
- Children whose parents have a long term physical or mental health condition

3.2 It is also estimated that this pandemic has impacted upon mental health of the general population of CYP. The Centre for Mental health has estimated the prevalence of depression in this age group may increase to over 21% which would equate to 9,647 new cases in Thurrock.

Nationally we expect a prolonged surge in demand for services and an increased prevalence among certain types of mental health problems for children and young people (CYP) due to the impact of lock down and the pandemic. NHSE/I and DfE are currently reviewing plans to enhance and accelerate the CYPMH capacity LTP ambitions.

3.3. Although there have been a variety of published reports so far in the pandemic which indicate both short and long-term impact for CYP quantifying this is challenging and often based on previous experiences and studies. Between 20-30% of young people who are survivors of an incident are at risk of developing a major depressive disorder in the first few months compared to the general population of 4-10%. The prevalence of PTSD is also high in CYP exposed to an incident or emergency.

3.4 We expect to see a rise in depression and anxiety not just as a direct impact of Covid 19 but wider determinants including bereavement, relationship breakdown, job loss, financial hardship and the wider economic impact. There is also a greater risk of Children being exposed to adverse childhood experiences (ACEs) including:

- Domestic abuse
- Parental abandonment through separation or divorce
- A parent with Mental health condition
- Being the victim of abuse (physical, sexual and /or emotional)
- Being the victim of neglect
- A member of household being in prison
- Growing up in a household which there are adults experiencing alcohol and drug use problems.

We also expect the rise in prevalence to be prolonged and measured in years rather than months.

3.5 The State of the Nation: Children and young people's wellbeing published Oct 2020 focussed on the impact of Covid 19. Although this found that elements of wellbeing have

remained stable key areas of concern included friendships, worries and the future employment and the differential impact for some groups.

4.0 Mental Health Support Teams in Schools (MHST's)

4.1 14 schools are part of this National programme in Thurrock together with South Essex College

Mid and South Essex Health and Care Partnership have successfully applied to be part of the National DfE and NHSE/I programme securing additional investment for 6 MHST teams in total. Commissioners have worked very closely with NELFT who are delivering this service commissioned by the 5 CCGs. NELFT have developed significant experience and expertise in this National programme providing both teams in Kent and Essex and one of the largest providers in England currently. The close working with our EWMHs service is seen as a significant advantage enabling early identification and providing an important link between our CYP MH service and schools and colleges.

4.2 Mental Health Support Teams (MHSTs) is a new service designed to help meet the mental health and emotional wellbeing needs of children and young people in education settings. They are made up of Children and Young People's Mental Health Practitioners and Education Mental Health Practitioners (EMHPs) and senior clinical staff.

4.3 The MHSTs have remained operational during Covid-19 with development of ongoing support being adapted to meet the needs of educational settings with online 1:1 interventions and virtual workshops/groups delivered to parents/carers and teaching staff. However, EMHP course requirements and clinical hours have been impacted and this has caused a time delay to achieve qualification. However, it is anticipated that 12 EMHPs are now expected to pass their course by January 2021 rather than September 20 as originally intended.

4.4 As part of the MHST national programme, Mid and South Essex Health and Care Partnership have three operational teams as part of the wave 1 2019/2020 programme which has continued work towards a fully operational service with soft launches across 25 schools and college, these include:

- Thurrock MHST
- Southend MHST
- Further Education MHST (South Essex College and Chelmsford)

We have subsequently successfully bid for 3 additional new teams as part of the wave 4 2020/21 programme and this footprint include these Essex geographical areas: -

- Basildon MHST
- Braintree MHST
- Maldon MHST

The MHST service has three core functions:

- To deliver brief evidence-based interventions to support children and young people with mild-moderate mental health problems;
- To support schools in developing their whole school approach to mental health;
- To provide timely advice to school staff and liaison with external services, to help children and young people to get the right help and stay in education.

Co-production and engagement approach - emphasis on planning, developing, delivering and evaluating services in true partnership with service users, providers and provide ongoing communication resource to schools and colleges taking part in the MHST programme so there are consistent messages.

4.5 Impact and Outcomes:

As well as direct referrals for individual support indicated in the tables below a range of activities have been delivered since September for Thurrock including:

- Education Staff Training reaching 90 staff
- Assemblies, classroom and workshops reaching 184 CYP

MHST case referrals reporting period includes Q4, Q1 and Q2			
	Further education MHST	Southend MHST	Thurrock MHST
Total number of referrals received: count of referrals submitted in the reporting period, where the person was under 18 at the time of referral	15	53	48
Total number of referrals accepted: new referrals received that were not rejected	14	49	46
Number of people being supported by MHST: count of people with an open referral	29	102	94

The data analysis shows the primary reason for referral was recorded as anxiety.

MHST number of referrals by age reporting period includes Q4, Q1 and Q2			
	Further education MHST	Southend MHST	Thurrock MHST
0-4	0	2	2
5-7	2	8	7
8-10	1	9	20
11-13	0	15	12
14-16	7	11	4
17-19	4	4	1

The data analysis shows the age breakdown of referrals received by age with the highest recorded in 8-10 years.

Common experiences across primary case studies

Experiences that led to referral:

Feeling worried, not being able to do school work, not feeling able to go into school, finding it hard to describe worries, being unable to ask for help, feeling upset but not knowing why, not wanting to be away from parents, difficulty concentrating, not knowing what to do, having big worries all the time.

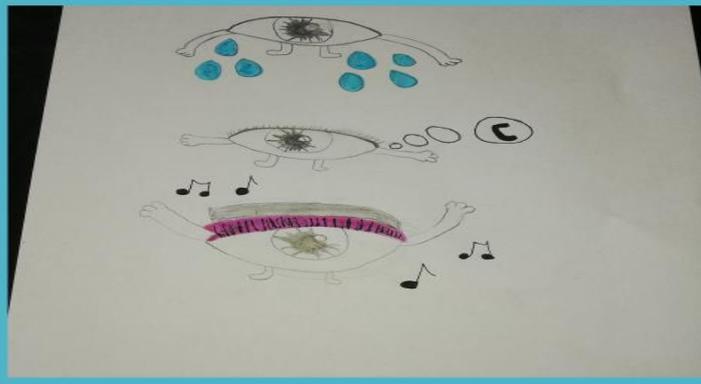
Experiences of working with the EMHP:

Sessions began quickly, they were good listeners, friendly and easy to talk to, good at getting me to explain things, helped me say what I needed, gave me things to do each week, explained things to my parent too, had lots of ideas for how I could learn to cope, gave me handouts I still look at, made me feel a lot better about my worries.

Outcomes of working with MHST:

Made me feel more like myself again, felt more able to talk about feelings, learned new ways of coping with big worries, able to ask for help when I need it now, don't worry about going into school anymore, feel a lot better, don't worry about my friends thinking bad things about me so much.

Year 6/7
student art
work for the
project (1)



5.0 Schools Wellbeing Service

5.1 The Schools Wellbeing Service is jointly funded by partners in Thurrock and launched in September 2019. The service integrates and strengthens existing services to provide training, workshops and reflective practice for Educational Mental Health Leads and Staff. The SWS provides a whole school approach rather than direct interventions to enhance the knowledge, skills and confidence in promoting good mental health, supporting those experiencing difficulties and knowing when to provide universal, targeted or refer to specialist services.

5.2 Covid 19 impacted on the delivery and the plans were adapted and modified to meet the emerging needs. A support line was established that could be easily accessed by phone or email for school, staff and families. It was open from 8am-6pm and staffed by Educational Psychologists and SWS providing immediate and expert advice and support. A range of resources was developed and distributed across the system for both health and school professionals to ensure maximum reach for families.

5.3 The service also worked with MIND to produce a range of short videos to increase awareness of maintaining positive wellbeing and how to support transition back to school. As a result of this and wider excellent work by schools in Thurrock the attendance rate when schools reopened achieved normal expected rates of 92% and seen as exceptional achievement regionally when compared to other areas.

5.4 The SWS has supported individual school needs assessment to enable bespoke packages of support and intervention meeting the individual needs of their CYP. The Brighter Futures Survey is being re-established and a full external evaluation of the service has commenced but required adaptation from the original model due to Covid19. All schools now have an identified MH lead and further investment to enhance training from DfE has been received.

5.5 The SWS is currently being externally evaluated by University of East Anglia although some amendments to the evaluation model have been agreed due to the impact of the pandemic.

6.0 Emotional Wellbeing and Mental Health Service

6.1 The current contract for EWMHs ends In Jan 2022 and the collaborative commissioning forum (CCF) has initiated the procurement process. This is supported by Attain and led by West Essex CCG as the Host Commissioners. Market engagement events have been held in October 2021. It is anticipated that contract award will take place by September 2021 with new service mobilisation between Sept 21- Jan 22 and contract start date of the 1st February subject to any impact of the pandemic.

6.2 EWMH service has continued as a priority service during the Pandemic and Thurrock are delivering business as usual albeit through altered models of delivery. Clinical triage and risk assessments are in place to ensure direct interventions are delivered where required following the infection control and PPE measures. Reporting approaches have been adapted to ensure the system continues to understand the needs, presentations and performance.

6.3 As the national picture indicates the referral rates have increased especially within the crisis teams. This is following a significant decrease during the first months of the pandemic, a concerning picture seen by all childrens services.

Thurrock data set:

	July	Aug	Sept	Total
SPA Non-urgent	78	62	109	249
SPA Urgent	36	22	37	95
Crisis Team/Intensive Support Service	15	8	15	38

NELFT have a Command and Control Trust wide Tactical group to manage Covid19 and planning for the second wave with meetings with the Lead Commissioner to ensure effective communication of risks and issues.

6.4 The Youth Offending Team is supported by the integrated model with an allocated EWMHs practitioner, speech and Language therapist and Educational Psychologist providing an effective response and care for this complex cohort of CYP. The ISS and Crisis Model for Essex has been recognised as good practice and presented at a number of regional forums. The National requirement to have a 24/7 crisis provision

implemented due to Covid was already established as part of business as usual and enhanced last year through the ISS.

6.5 There has been an increase to the ISS offer to reduce A&E attendances and reduce tier 4 admissions.

6.6 The Care Education and Review (CETR) process has remained in place to ensure identification and joint working for those with escalating needs. From April 2019 to date 19 CETR were carried out resulting in no admissions for those young people. There were 81 CETR in total across the MSE. As at August 2020 there were 2 admissions to Tier 4 specialist inpatient provision for CYP.

6.7 The request for additional A&E MH support for CYP has been submitted as part of the winter planning for Mid and South Essex and we were successful at securing funding for 3 additional posts.

6.8 The Collaborative Commissioning Forum and West Essex CCG are working closely with NELFT with further investment planned for key areas in 2021/22 these include

1. Build capacity within the specialist LD MH team
2. Introduce a digital offer for CBT via Silver Cloud
3. Build greater capacity for Crisis Support
4. Build capacity within the MH offer for CYP with Autism.

7.0 Triple P Online

7.1 This is online parenting resource for families and has been commissioned across Essex and is being delivered through 30 services from a variety of sectors. This resource went live in February 2020 and since then over 1100 families have been issued codes and accessing the support. 15 Practitioners also completed the 3-day targeted Stepping Stones Training for Autism support. The contract has been extended until Feb 2022 with an additional 30 training places for Stepping Stones.

7.2 During Covid 19 this digital approach has been suited to the delivery models of many services enabling families who cannot attend face to face appointments to work alongside their practitioner through this evidenced based approach. The test and learn approach in Southend Essex and Thurrock have been one of the largest programmes undertaken by this International Company and is being fully evaluated. The programme is being targeted for those families struggling with conduct and behaviour concerns and the possibility of early onset neurodevelopmental presentations.

7.3 A supported digital platform response and resource provides a reliable approach which offers the following:

- ✓ Consistency and quality approach
- ✓ Delivery at scale with a wide reach
- ✓ Effective implementation timescale
- ✓ Value for money
- ✓ Applicable to access targets (currently being explored)
- ✓ Applicable to NHS 10-year plan regarding neurodevelopmental support.

The anticipated impact includes:

- Early intervention and advice for families
- Increased access for families
- Upskilling and empowerment for families.
- Support appropriate referrals to secondary care services

- Support demand management approaches
- Additional resource/capacity within EWMHs and other Community services.

7.4 The pre-intervention data is suggesting that there has been effective recruitment of parents with substantial challenge. Conduct problems and hyperactivity are the most severe with 79% and 74% of parents in the non-typical range.

The data so far indicates at the end of TPOL parents show a higher level of confidence at managing behaviours effectively.

8.0 Infant Mental Health -Together with Baby Service

8.1 It is important to note the impact not only for school age children but babies and toddlers. The evidence is unequivocal that the first 1,001 days of a child's life, from conception to age two lays the foundations physiologically for good physical and mental health in the long term and the influences of attachment and nurturing at this stage is vital.

8.2 There have been over 2500 new births during this period in Thurrock without the social networks or normal delivery of service provision available to support during this time. The PNMH service and Infant Mental health Service (Together with baby) have reported an increase in acuity of need and the continuing risks of social isolation during lockdown not only on the parents but the development of the babies. This has been evidenced by an increase in admission rates to Mother and Baby Units for those with most serious and life-threatening cases.

8.3 The Babies in Lockdown report captures the experiences of respondents and highlights the range of issues parents faced, the lack of support for families, and the inequalities in babies' early experiences. For example:

- Almost 7 in 10 found their ability to cope with their pregnancy or baby had been impacted as a result of COVID-19.
- Nearly 7 in 10 felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.
- Only one third expressed confidence in being able to access mental health support if required.
- Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic and were less likely to receive the support they needed. This is likely to have widened existing inequalities.

8.4 Southend, Essex and Thurrock are one of a few areas across the UK to have a dedicated Infant Mental Health Service. Since the service launched in April 2019 293 referrals have been received with 121 having currently received direct intervention.

A 6-week module for all practitioners involved in infant care has been developed and benchmarked and quality assured against the Association of Infant Mental Health Competencies Framework. 120 practitioners completed this course between Oct-Nov 2020 with further cohorts planned for 2021.

8.5 The development of this service has continued during lockdown and has seen an increasing number of referrals and levels of need. Discussions with universal service provisions and wider partners through the Covid 19 workstream has identified the continued prioritisation of early years and universal provision along with the specialist services remains essential.

8.6 Professionals across agencies have identified that families sit below the threshold of targeted support but due to lockdown are presenting with high levels of anxiety and concerns with isolation being a key feature.

8.7 The commissioning and development of Together with baby a pan Essex service has been a partnership between the CCG, EPUT, Parent Infant Foundation and Big Lottery. This collaborative model of commissioning is now being replicated across Scotland and Devon demonstrating the innovation and success of the approach so far.

9.0 National Mentor for Personal Health Budgets in CYP Mental Health

9.1 Thurrock CCG has been selected to be a National Mentor for Persona centre care plan model for children and young people's mental health services following the success of Thurrock Positive Pathways.

This pathway is delivered by Thurrock and Brentwood Mind for children progressing to discharge from EWMHs who would benefit from support to transition into a bright and resilient future in their community.

9.2 The model focusses on co-producing with the young person a personalised care and support plan that agrees what is important for that young person and how to develop and strengthen protective factors to ensure good mental health and wellbeing. If community services are not available to help achieve those outcomes the practitioner can request consideration of a Personal health Budget.

Since inception the model has seen 42 young people, all who have a personalised care and support plan of which 7 have an active PHB in place.

9.3 This model demonstrates the Thurrock strengths based, community approach that is person centred and outcomes focussed as many opportunities have been accessed for both the young person and their family with the additional support and expertise of the youth facilitator from MIND. This has led to young people returning to school, being successfully employed and becoming volunteers as trained MIND mentors themselves.

A suite of videos has been produced that tell the story of the Positive Pathway development and showcases the journeys through the eyes and voices of the young persona and their family.

<https://www.youtube.com/watch?v=U7wL0UMiGH0>

<https://www.youtube.com/watch?v=3Q3A1MKz4n8>

9.4 As a member of the mentor programme, Thurrock are host of the Community of Practice and have organised a programme of events for sharing and learning to build and promote personalised care and PHBs in CAMHS services as well as presenting at National events.

10 Open Door

10.1 Open Door are a well-established third sector provider in Thurrock with close working relationships with schools and childrens services. Open Door offer a range of services including Counselling, Anger Management. Play therapy and mediation.

10.2 During Covid 19 referrals into this service have remained consistent and in fact are reflective of similar figures to last year. We received 46 referrals for September 2020 and 51 in September 2019. The only month that dropped slightly was in April 2020 which was realistically the first full month of lockdown with everyone adjusting to the new procedures and measures. Attendance via zoom and other virtual platforms have remained high and in line with the same period from last year when we were only carrying out face to face. Young

people and parents have adapted well to the current conditions and ways in which sessions have been carried out. The main referral reasons have changed slightly with anxiety being the highest referral reason recently in comparison to anger/behaviour last year. Anxiety is generally around parents, financial and employment issues and fear of death of loved ones/bereavement and returning to school.

10.3 The difficulties that we have encountered are lack of devices within a family home so many young people have to share or borrow for a session and also not all families have enough data throughout the month for sessions to be via a virtual platform. In this instance phone sessions are utilised.

Conclusion

The refresh of the Brighter Futures Strategy provides an opportunity to further strengthen the integration of service provision in Thurrock. This will take an appreciative enquiry approach learning and building on the positive outcomes demonstrated by local models of practice. Thurrock have developed a variety of integrated approaches for children where effective collaboration is having a positive impact for children. Examples can be seen in our Youth Offending Team, Brighter Futures 0-19 Services, SEND Early Support Panel, Multiagency Safeguarding Hub and our positive Pathways, MHSTs and Integrated Community Teams.

Further integration of service provision and delivery of health and care can undoubtedly deliver the continuous improvements we all strive to deliver and in doing so address the needs emerging as a consequence of the pandemic and also address the longer-term health inequalities.