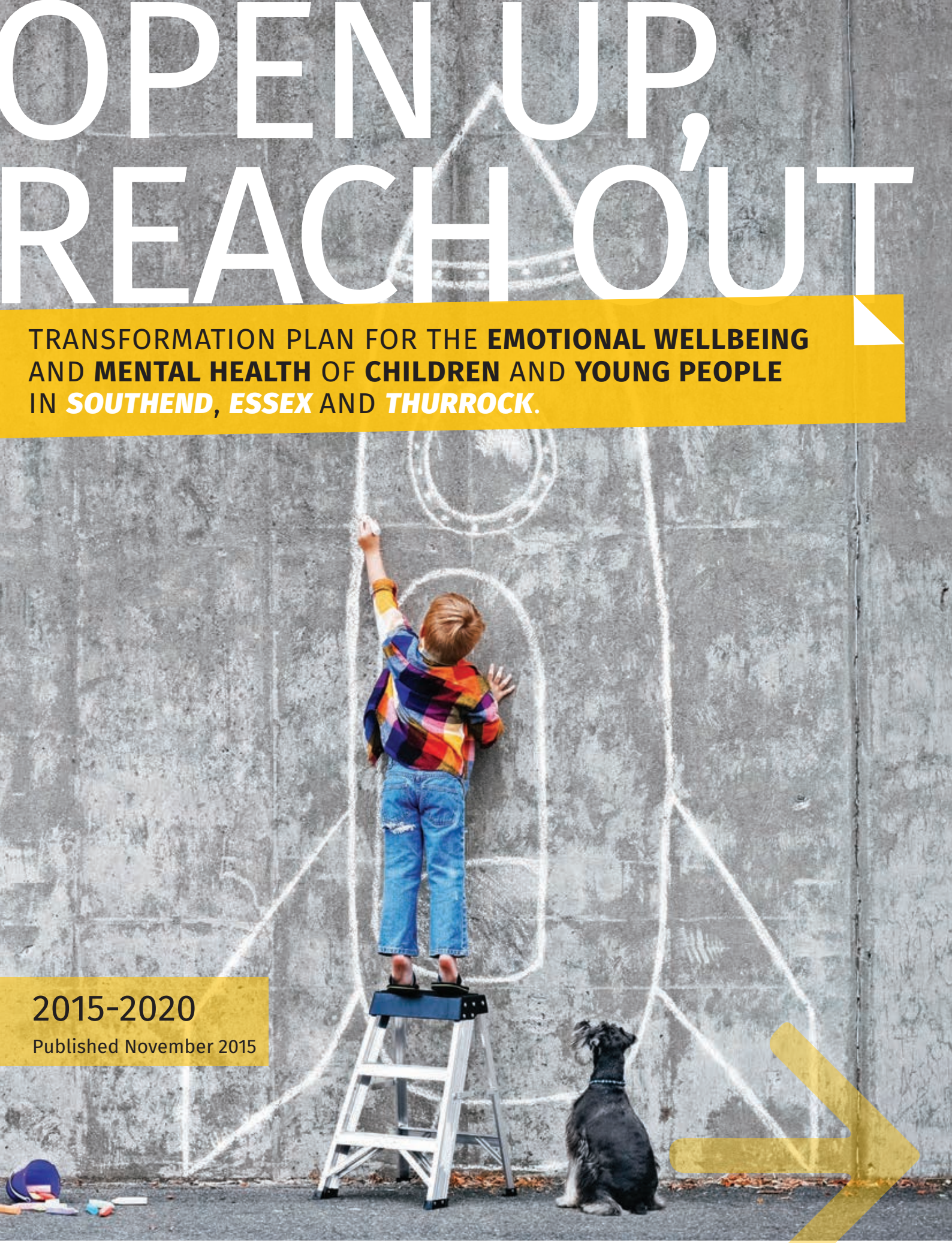
OPEN UP, REACH OUT

TRANSFORMATION PLAN FOR THE **EMOTIONAL WELLBEING** AND **MENTAL HEALTH** OF **CHILDREN** AND **YOUNG PEOPLE** IN ***SOUTHEND***, ***ESSEX*** AND ***THURROCK***.



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Open up, Reach out

Here is what we're going to do...

→ Improve access and equality

→ Build capacity and capability in the system

→ **Build resilience in the community**

Open up, Reach out – Our ambition

Our plan to improve the mental health and emotional wellbeing of children and young people sets the wheels in motion for an extensive transformation across three local authorities and seven clinical commissioning groups. It is currently the biggest transformational change in progress across the health and care systems of Southend, Essex and Thurrock.

Our goals are ambitious and reach beyond health and care services to schools, clubs, groups, families and every public service that protects and supports children and young people.

Preparations are well advanced after three years in the making. The ten commissioners behind this transformation already have a well-established partnership, secured by a legally binding contract and matured through joint working.

Since 2012, the partnership has charted a course away from fragmented and inconsistent services and towards a single integrated emotional wellbeing and mental health service for children and young people. We started with a joint needs assessment and several consultations. The views of children, young people, parents and professionals led us to an agreed service model. Then followed a successful major procurement exercise to select a single provider.

The new service will begin on 1 November 2015.

On day one, services will transfer from four previous provider organisations to North East London NHS Foundation Trust (NELFT). This transition is in itself a complex and substantial undertaking, requiring detailed mobilisation plans and management.

But this is just the start. The national guidance, *Future in Mind*, sets the challenge and provides the steer for the next five years, with a focus on early intervention, evidenced-based treatment and achieving measurable outcomes. With our newly procured service and significant additional investment, arises the opportunity not just to increase the professional help available to children and young people, but to lead the cultural transformation from a traditionally reactive service to one that invests in prevention, resilience and better mental health.

Using the best of modern care, our new service will nurture resilience and a collective responsibility for the emotional wellbeing and mental health of children and young people.

Barbara Herts
Director for Integrated Commissioning and Vulnerable People
Essex County Council

Clare Morris
Chief Officer
NHS West Essex Clinical Commissioning Group

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Executive Summary

Open up, Reach out

This transformation plan describes a major change in Southend, Essex and Thurrock to improve the emotional wellbeing and mental health of children and young people.

Seven clinical commissioning groups (CCGs) and three local authorities have pooled their funds to reduce inequalities across the patch, maximise the impact of services and deliver consistent high quality care for some 416,000 children and young people.

We are investing some £3.3 million to make more professional help available and easier to access.

We are moving from a traditional tiered service delivered by fragmented, multiple providers to a single integrated service across seven localities.

Over the next five years, we are promoting a cultural transformation from a traditionally reactive service to one that invests in prevention, early intervention and resilience for children, families and communities.

Our plan is to:

Improve access and equality → Build capacity and capability in the system → Build resilience in the community

National context

The transformation of emotional wellbeing and mental health services for children and young people has a high national profile and the support of significant additional funding. The national guidance, *Future in Mind*, sets the challenge and provides the steer for the next five years, with a focus on early intervention, evidenced-based treatment and achieving measurable outcomes.

For Southend, Essex and Thurrock, the total additional funding to meet the requirements of Future in Mind is anticipated to be £3.3 million. The Government's expectation is that health and care systems will use these additional funds to plan and implement radical step-change.

Summary of the transformation plan

Principles

The plan is built upon six agreed principles:

1 **Early action** – avoiding and preventing mental health problems

2 **No judgement, no stigma** – with care that is right for each individual, delivered in safe places and with children and young people having a say in decisions

3 **Support for the whole family** – with care as a part of daily life, backed up by professionals and specialists when needed

4 **Inform and empower** – with information there for everyone and simple to access, providing the tools for self-care and resilience, as well as recovery

5 **Joined-up services** – efficient, effective and clear for all to understand

6 **Better outcomes** – through evidence-based care and listening and responding to feedback

Where we are now

Our baseline is a complex, fragmented and poorly understood set of services with substantial variation in levels of care. While there have been notable improvements in services over the past five years, the system is essentially the product of a traditionally reactive model, designed mainly to respond to mental health needs as they arise.

However, services have not kept up with rising demands. For many children and young people with mental health problems, the support and care that they need is simply unavailable.

Some of the key points from our assessment of current needs:

- From our Joint Service Needs Assessment (JSNA) we found that support for children with low to moderate needs is extremely low (less than 20%) compared with national estimates of the number of children and young people in our local population who need this type of care. In Thurrock, for example, services at this level are restricted to children in care and children with highly complex mental health needs.
- The provision of services for serious mental health problems is also significantly lower than expected when compared with national estimates. Given the data available (which is also variable), services appear to be seeing less than 50% of the children and young people who need these services.
- Eating disorder services are in need of investment to respond to the increasing prevalence of eating disorders and are only available currently in north Essex.
- Feedback from service users and stakeholders has strong common themes, which are:
  - // Difficulties in accessing services
  - // Referral criteria are unclear and inequitable
  - // There is a need for better information, advice and signposting
  - // There is a need for significant development in capacity and skills to deliver early intervention.

Our baseline information included in the transformation shows the 2014/15 combined investments to be £13.87 million.

Vision

The plan is to move from a traditional tiered service delivered by multiple providers to a single provider providing a coherent range of care across communities as described below:

A new emotional wellbeing and mental health service starts from 1 November 2015

Support in daily life	◥ Information and advice for children and young people, available from our website and places in the community ◥ Information and advice for parents and carers ◥ Training and support for schools and others
Help from local services	◥ Services working with families at home ◥ Services in schools, GP surgeries, community and children's centres ◥ Evidence-based interventions and therapies for children, young people and families ◥ A confident and empowered children's workforce
Expert help from specialists	◥ Specialist help for long-term and serious problems ◥ Joined-up services for several problems ◥ Referral to more specialised services
Help in a crisis	◥ Fast response with support at home ◥ Links with other emergency services ◥ Overnight and short stays in specialist services, if needs be

How the new model of care will work for children and young people

The new model builds system resilience to respond to needs, community resilience to encourage collective responsibility and individual resilience to cope with the challenges that life brings.

- To begin with, the right kind of support should be there for children and young people in daily life - people will have a better understanding of the risks to mental health and how to cope.
- Families and professionals will be able to find out where to get help quickly and easily and have the support and tools they need for self-help.
- Where extra help is needed, services will be ready to step in at an early stage, in convenient, friendly places where young people feel safe, listened to and respected.
- Workers within services will have the confidence and skills to understand needs early on and give the right support.
- Children and young people will have a say about their own care and in the design and development of services.
- Expert help for long term and serious problems will expand across Southend, Essex and Thurrock.
- Experts will be ready to act quickly in a crisis, whenever and wherever that may be.

Measurable outcomes

The specification for the new service includes measures and key performance indicators (KPIs) to monitor progress against the following outcomes:

1. Improvements in mental health for children and young people in Southend, Essex and Thurrock, using better methods to monitor and measure our progress
2. A joined-up system with no barriers
3. Reduction in inequality - no discrimination, no stigma
4. Easier access to services with shorter waiting times
5. Other services working with children and young people are enabled to promote and support good emotional wellbeing and mental health
6. Better advice, support, training and guidance for parents, teachers and others
7. Fewer visits to A&E
8. Priority for assessment of children and young people from vulnerable groups, including proactive outreach.
9. Young people aged 14-25 to get the right support and, if necessary, a smooth transition to adult services
10. Opportunities for children and young people to influence services, not just for their own care but also as part of collaboration between services and young people.

Plan of action

In year 1 (2015/16) – we mobilise and embed the new service (which starts on 1 November), using some funds non-recurrently to support transition. We will undertake a deeper dive needs assessment and a number of specific service reviews and pilots for full implementation in years 2 and 3. We will develop proposals for a new eating disorder service.

In year 2 (2016/17) – we will invest in workforce expansion and development and roll out new schemes designed on the basis of our review findings. We will continue and complete reviews.

In years 3, 4 and 5 – we will refresh the transformation plan and continue to develop new and better services in response to our detailed needs assessment and service reviews.

Building capacity and capability in our seven locality teams

With the additional investment and new ways of working we are expanding the people and skills in locality teams. The following table summarises key developments:

Identified gaps in services	Increase in staffing and skills
Services for eating disorders	Increase in clinical and support staff to cover all localities.
Specialist services to help with developmental and behavioural problems	New posts for junior doctors in training, in partnership with Health Education East of England.
Improving access to psychological therapies (IAPT)	Upgraded clinical psychology leaders. New posts in each locality.
Faster access to help for low to moderate needs – not always available currently	Recruitment and training for lower grade clinical staff.
Faster access to advice, information, support and assessment where needed.	Additional resources to support locality teams and their work with partners within the community e.g. schools, children's centres, GPs, voluntary sector. More staff for single points of access in Southend, Essex and Thurrock.

Specific service developments described in the transformation plan

Improving access and equality

- Establishment of a single point of access for each of the three local authority areas, enhanced by an increased workforce and workforce development
- Enhance crisis services and extend home treatment.
- Extended children's and young people's IAPT, with the aim of achieving 100% coverage by 2018
- Increased capacity to respond to complex needs (such those of children with learning disabilities and mental health needs) and serious disorders (such as ADHD), supported by a new intake of junior doctors
- A significant investment and development in eating disorder services
- Improvements in support for vulnerable and disadvantaged children and young people
- Improvements in transitions between services e.g. for long term needs of young people moving into adulthood
- Medicines management review

Building capacity and capability in the system

- Additional posts, including five new medical posts
- Upgrading for some posts
- Wide scale workforce development and training
- Improvements in data and IT systems
- Improvements in performance monitoring

Building resilience in the community

- Embedded and sustainable engagement with children and young people, universal services and community networks
- Structured support and training for schools
- Building relationships with other health and care professionals, including joint work on operational protocols
- Building relationships with other public services, including developing joint strategies and agreements e.g. implementation of action plans under the Crisis Care Concordat
- Building community relationships with the voluntary sector and other networks
- A review and development of comprehensive support to prevent suicide and self-harm

The mobilisation of the new service and ongoing implementation of the transformation plan will be supported by a programme management office and improved performance and outcomes monitoring.

Investment

The new service will start on 1 November with an initial cost of £13.2 million per year, but, on the basis of this transformation plan, we are anticipating additional investments totaling £3.3 million to be deployed as follows:

Action	£
Improving access and equality	
Enhanced crisis services to cover 9am-9pm, 7 days a week across Southend, Essex and Thurrock	190k
More staff in crisis teams to provide emergency care at home	241k
Expansion in services for eating disorders	953k
More staff in local teams to improve single points of access	144k
Building capacity and capability in the system	
More medical cover with five new junior doctor posts. This will increase our ability to support children and young people with special educational needs and complex needs	208k
More senior clinicians in psychological services	76k
More practitioners in psychological services	421k
More staff in locality teams to respond to low to moderate needs	598k
Extra management capacity	104k
Training for therapy services (children and young people's IAPT)	100k
Building resilience in the community	
Support and training for schools	100k
Support and resilience training in the voluntary sector	210k
Total	**3.34m**

Non-recurrent costs in 2015/16

Publication of the transformation plan, with an accessible version for young people	£15k
Engagement with children and young people	£115k
Needs assessment “deep dive”	£150k
IM&T infrastructure	£175k
Programme management office for transition	£142k
Medicines management review	£50k
Suicide and self harm audit and training	£100k
Locality partnership development sessions	£21k
Total	**£768k**

1 WHERE WE ARE NOW

Our young population and their mental health needs

A demographic picture of Southend, Essex and Thurrock

Ref. Essex Joint Strategic Needs Assessment for Children's Emotional Wellbeing and Mental Health: http://www.essexinsight.org.uk/grouppage.aspx?groupid=19

There are three areas of local government in Essex: the two-tiered, non-metropolitan county of Essex, which covers 12 district, borough and city councils, and the unitary authority areas of Southend-on-sea and Thurrock. Health is the responsibility of seven NHS clinical commissioning groups (CCGs), which are shown on the map on the next page.

These 10 co-commissioners of services cover a total population close to 1.75 million of which around 24%, some 415,856, are under the age of 19.

Current projections expect the young population to rise to 441,632 by 2021. Thurrock Council is expected to see the largest growth of 13%, with Southend-on-sea Borough Council expecting 8% and Essex County Council expecting 6% growth by 2021.

Ref. Office for National Statistics Mid 2011 projections

1.75 million population

24%

under **19**

The map below shows the local authority boundaries and localities covered by the seven clinical commissioning groups (CCGs). The annotations show the number of children and age ranges.

SOUTHEND, ESSEX AND THURROCK

All ages	1,753,052
0-4	107,960
5-9	103,937
10-14	99,113
15-19	104,846
Total 0-19	415,856
Total 20-24	99,495
Total 0-24	515,351

- 458 infant, junior or primary schools
- 17 special schools
- 78 secondary schools
- Independent schools

All ages	381,530
0-4	22,422
5-9	22,450
10-14	21,823
15-19	22,118
Total 0-19	88,813
% of CCG population	23%
Total 20-24	20,327
% of CCG population	5%
Total 0-24	109,140
% of CCG population	29%

All ages	293,225
0-4	19,136
5-9	18,050
10-14	16,892
15-19	17,415
Total 0-19	71,493
% of CCG population	24%
Total 20-24	15,485
% of CCG population	5%
Total 0-24	86,978
% of CCG population	30%

All ages	316,347
0-4	18,200
5-9	17,086
10-14	16,557
15-19	18,814
Total 0-19	70,657
% of CCG population	22%
Total 20-24	21,713
% of CCG population	7%
Total 0-24	92,370
% of CCG population	29%

All ages	252,822
0-4	16,106
5-9	15,531
10-14	14,866
15-19	15,534
Total 0-19	62,037
% of CCG population	25%
Total 20-24	14,024
% of CCG population	6%
Total 0-24	76,061
% of CCG population	30%

All ages	172,481
0-4	8,555
5-9	9,029
10-14	9,616
15-19	10,698
Total 0-19	37,898
% of CCG population	22%
Total 20-24	9,103
% of CCG population	5%
Total 0-24	47,001
% of CCG population	27%

All ages	160,849
0-4	12,150
5-9	11,398
10-14	9,723
15-19	9,899
Total 0-19	43,170
% of CCG population	27%
Total 20-24	9,340
% of CCG population	6%
Total 0-24	52,510
% of CCG population	33%

All ages	175,798
0-4	11,391
5-9	10,393
10-14	9,636
15-19	10,368
Total 0-19	41,788
% of CCG population	24%
Total 20-24	9,503
% of CCG population	5%
Total 0-24	51,291
% of CCG population	29%

- 39 infant, junior or primary schools
- 2 special schools
- 10 secondary schools
- 1 pupil referral unit
- Independent schools

- 37 infant, junior or primary schools
- 5 special schools
- 15 secondary schools
- Independent schools

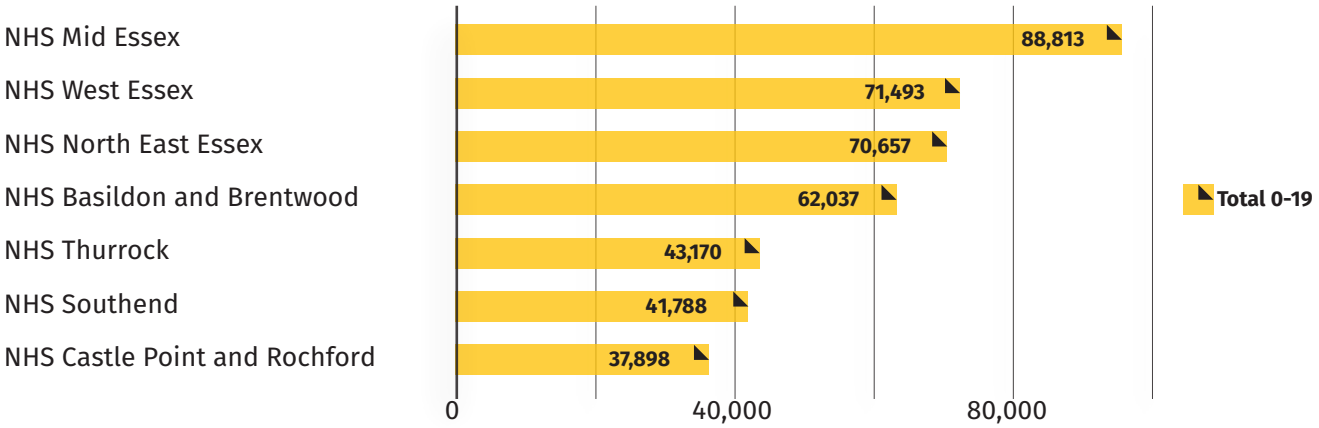
Essex County Council

Southend-on-Sea Borough Council

Thurrock Council

Thurrock has the least all age population; however Thurrock has the largest population of under 19 year olds, equating to 27% of the population. Basildon and Brentwood, Southend, Thurrock and West Essex have larger populations aged 0-4 years. North East Essex CCG and Castle Point and Rochford CCG have a larger population in the 15-19 year age group. Mid Essex CCG has a larger population in the 5-9 years age group.

Total 0-19 population by CCG



Estimated number of children and young people (2014)

CCG Area	All 5-10 years	All 11-16	All 5-16	Boys 5-10	Boys 11-16	Boys 5-16	Girls 5-10	Girls 11-16	Girls 5-16
NHS Southend	955	1,350	2,300	640	775	1,415	315	575	885
NHS Thurrock	1,105	1,425	2,530	740	815	1,555	370	615	980
NHS Castle Point, and Rochford	780	1,255	2,030	525	710	1,235	255	545	800
NHS Basildon and Brentwood	1,410	2,045	3,455	950	1,165	2,115	465	885	1,345
NHS Mid Essex	1,815	2,695	4,510	1,220	1,545	2,765	600	1,150	1,750
NHS North East Essex	1,620	2,340	3,960	1,085	1,325	2,410	535	1,020	1,550
NHS West Essex	1,540	2,095	3,635	1,045	1,205	2,245	500	895	1,390

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Current services prior to 1 November 2015

Up to 1 November 2015, health and care in Southend, Essex and Thurrock provides child and adolescent mental health services working in tiers 2, 3 and 4 as guided by the 1995 national policy, *Together We Stand*.

Highly specialised services
Tertiary level services for children and young people with the most serious problems.

Tier 4

NHS England Specialised Commissioning commissions tier 4 services for young people between the ages of 13 and 18. Services include some local inpatient services provided by NEP and SEPT and highly specialised services in London and elsewhere.

Specialist services
Multi-disciplinary services for more severe, complex or persistent mental health problems.

Tier 3

Service providers in north Essex:
North Essex Partnership University NHS Foundation Trust (NEP)
Provide, a community interest company
Colchester MIND - informal advocacy

Service providers in south Essex:
South Essex Partnership University NHS Foundation Trust (SEPT)

Targeted services in education, social care & health
Specialist practitioners in primary and community settings. Assessment, care and interventions for children and young people with emerging emotional health needs.

Tier 2

Service providers in north Essex:
Essex County Council (ECC)
Range of voluntary sector agencies

Service providers in south Essex:
South Essex Partnership University NHS Foundation Trust (SEPT)
Range of voluntary sector agencies

Universal services
Practitioners who are not mental health specialists, people working in universal settings such as schools, voluntary sector, primary care and general hospitals.

Tier 1

Variations in service provision

In Thurrock, tier 2 services are only available for children in care.

Tier 3 services in south Essex provide community based services for children up to age 18. SEPT also provides a children's learning disability service for children aged 5-12 with learning disabilities and mental health problems, and a crisis home treatment team providing assessments in two hospital accident and emergency departments.

Tier 3 services in north Essex provide community based services for children up to age 18. NEP also provides a community eating disorder service, a children's learning disability service for children aged 5-18 and a crisis outreach team providing intensive, home-based intervention and assessments in three hospital accident and emergency departments.

Other tier 3 services (provided by NEP and SEPT) include:

- Youth offending mental health workers seconded to Youth Offending Teams in each of the three local authority areas
- Support and joint assessment services with substance misuse services in Southend, Essex and Thurrock.

Partnership with specialised commissioning

Although tier 4 services are technically outside the scope of this transformation plan, we have worked closely with NHS England Specialised Commissioning to ensure coordinated and seamless care for children and young people that, wherever possible, avoids the need for tier 4 referrals.

Current access to services (prior to 1 November)

There are single points of access for referrals to tier 2 and 3 services in the Essex County Council area. NEP provides a single point of access for the three CCGs in north Essex and SEPT provides the single point of access for two of the CCGs in south Essex, both in partnership with Essex County Council.

These integrated gateways, provided by tier 2 and 3 clinicians, manage referrals and aim to avoid delays in assessment and treatment. As well as signposting referrers to the most appropriate mental health service, they offer expert advice and guidance to ensure the best possible response to children, families and practitioners.

Although referral processes in Southend and Thurrock have similar aims, they do not operate a formal single point of access (prior to 1 November).

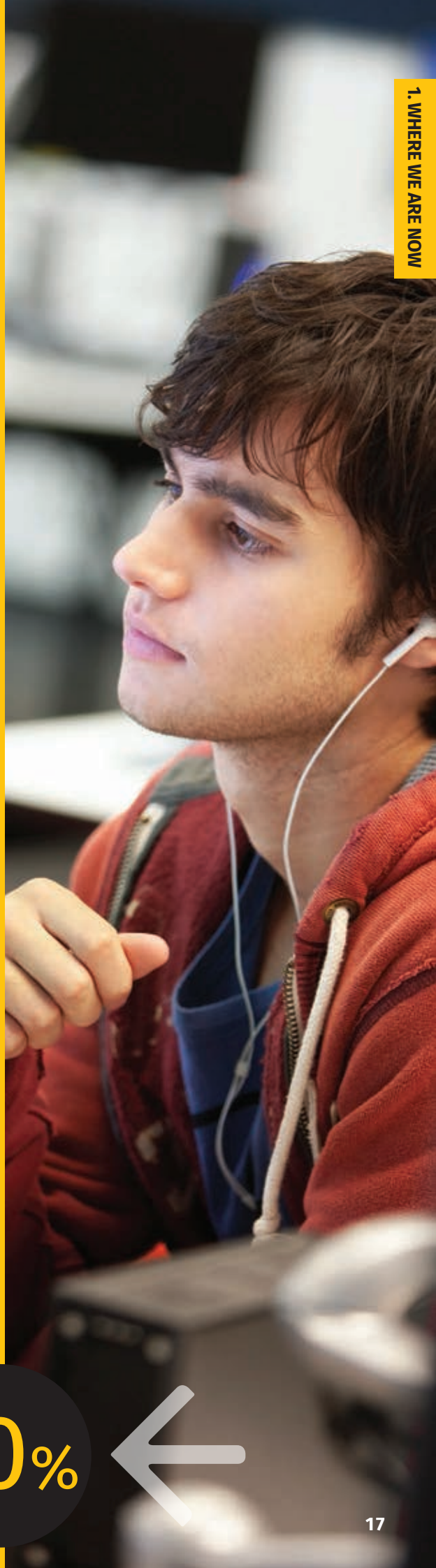
Managing inequality

Essex as a whole is relatively affluent and the health of the population within Essex is significantly better than the England average. Southend and Thurrock are considered relatively deprived areas compared to other areas in the eastern region. In Essex, Harlow, Basildon and Tendring are the most deprived local authority areas with Uttlesford, Chelmsford and Rochford being the least deprived.

Our Joint Strategic Needs Assessment (JSNA) shows that around 15% of children were living in poverty in 2012 (Essex average) but there are higher rates in Harlow, Tendring, Basildon and Colchester. In Thurrock, around 20% of children live in low-income families and the under 16 child poverty rate in Southend is nearly 22%.

The links between deprivation and mental health problems are well documented nationally, with children in poverty around three times more likely to have mental health problems.

This inequality across our area is one of the main issues that we are addressing by moving from fragmented and variable services to a single integrated system of health and care.



Children living in **low-income** families in Thurrock **20%**

Estimated prevalence of mental health problems in Southend, Essex and Thurrock

Broad indicators from national data

Ref. National Child and Maternal Health Intelligence Network

Nationally, nearly 10% of children aged 5-16 years have a diagnosable mental health condition and a further 10% have an emotional or behavioural problems requiring targeted support. These children will have a wide range of conditions including conduct disorders, self harm depression hyperactivity and less common disorders such as autistic disorders and eating disorders.

It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18. In addition, there are well-identified increased physical health problems associated with mental health. Mental illness in children and young people causes distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health.

The National Child and Maternal Health Intelligence Network (ChiMat) provides information on prevalence rates that enables us to estimate the number of children likely to have mental health problems in Southend, Essex and Thurrock. Some of the relevant estimates are as follows:

- 9.6% or nearly 22,420 children and young people aged between 5-16 years have a mental disorder
- 7.7% or nearly 9,225 children and young people aged between 5-10 years have a mental disorder
- 11.5% or approximately 13,205 children and young people aged between 11-16 have a mental disorder.

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).
Green, H. et al (2004).

Estimated number of children and young people who may experience mental health problems that need help from mental health services

CCG Area	Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
NHS Southend	5,755	2,685	710	30
NHS Thurrock	6,105	2,850	755	35
NHS Castle Point, and Rochford	5,210	2,430	645	30
NHS Basildon and Brentwood	8,810	4,115	1,090	45
NHS Mid Essex	11,820	5,515	1,460	60
NHS North East Essex	9,825	4,585	1,215	50
NHS West Essex	9,760	4,555	1,205	50
Total	57,285	26,735	7,080	300

Source: Office for National Statistics mid year population estimates for 2014. CCG population estimates aggregated from GP registered populations (Oct 2014). Kurtz, Z. (1996).

Estimated number of children between the ages of 5 and 16 in Southend, Essex and Thurrock who could have a mental health problem that needs specialist help.

22,500

ChiMat data also indicates prevalence rates for the most common disorders, which for Southend, Essex and Thurrock are as follows:

- 5.8% or approximately 13,475 children and young people per annum may have a conduct disorder
- 4.2% or approximately 8,670 children and young people per annum may have emotional disorders
- 1.5% or approximately 3,755 children and young people per annum may have hyperkinetic disorders, such as attention deficit hyperactivity disorder (ADHD).

***Appendix 1** provides information from ChiMat showing the prevalence of mental health problems by CCG area.*

The Essex Joint Strategic Needs Assessment (JSNA) for Children's Emotional Wellbeing and Mental Health includes further information on prevalence estimates for Southend, Essex and Thurrock.

Understanding more about the needs of vulnerable groups

Ref. Essex Joint Strategic Needs Assessment (JSNA) for Children's Emotional Wellbeing and Mental Health (2013/14)

All ten partners commissioned a Joint Strategic Needs Assessment in 2013 of the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock. Examining the evidence of the needs of disadvantaged groups from previous reviews, the JSNA identified four main groups of children with a greater risk of developing mental health problems:

- Children with learning difficulties and disabilities, developmental disorders and children in residential schools
- Children in short stay schools
- Children on a child protection plan
- Looked after children in care

Ref. The Essex Child and Adolescent Mental Health Service (CAMHS) Strategy 2012-14

Examples of needs within these main groups:

Children with learning difficulties, disabilities and developmental disorders

National evidence suggests that children with learning disabilities are up to six times more likely to have mental health problems than other children; and more than 40% of families with children with learning disabilities feel they do not receive sufficient help from health and care services.

Using the ChiMat prevalence data, we have estimated the following numbers of children with both learning disabilities and mental health problems.

CCG Area	Children aged 5-9 yrs	Children aged 10-14 yrs	Children aged 15-19 yrs
NHS Southend	**45**	**90**	**115**
NHS Thurrock	**50**	**95**	**115**
NHS Castle Point and Rochford	**40**	**90**	**120**
NHS Basildon and Brentwood	**65**	**145**	**175**
NHS Mid Essex	**90**	**195**	**240**
NHS North East Essex	**75**	**160**	**205**
NHS West Essex	**75**	**155**	**185**
Total	**440**	**930**	**1155**

In 2014, only 11% of children in the Essex County Council area with special education needs (SEN) with behavior, emotional and social difficulties as their main category of need, had achieved a good level of development by age 5, compared with the Essex average of 61%.

Ref. 'Groups at risk of disadvantage: a JSNA topic report, Essex County Council, 2015

We also found that 12% of children known to Essex County Council mental health services also had a special education need.

Children on the edge of care and/or known to youth justice

Children and young people in the criminal justice system are more likely to experience mental health problems than their peers; and rates of psychosis, self-harm and suicide are higher for young people in secure facilities.

In Essex, around 33% of children and young people on the edge of care and known to the Essex Council Divisional Based Intervention Team (DBIT) were also receiving mental health services in 2014/15. This is a significant proportion, but the likelihood is that there are more young people in these groups who do not seek help from mental health services.

These young people may require assertive outreach and a coordinated response from skilled professionals.

Children in care and children with child protection plans

It has been found among children aged 5-17 looked after by local authorities in England that:

- 45% had a mental health disorder
- 37% had clinically significant conduct disorders
- 12% had emotional disorders, such as anxiety or depression
- 7% were hyperkinetic (e.g. with ADHD)

Children in care are more likely to experience mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care.

Whilst the number of children in care in Essex has reduced in recent years, there continues to be a higher percentage of children in care and entering care aged 14 and over. In Essex in 2014/15, around 17% of referrals to Tier 2 mental health services were for children who were known to children's social care services.

Following the JSNA, there was deeper dive into Essex children and young people in residential care using data as at March 2015. This found that they were more likely to be young males (aged 15), and that 26% had a Statement of Special Education Need with a high proportion having behavioural and/or learning difficulties, including autism and Asperger's.

Other vulnerable groups

Our JSNA provides further information based on national evidence on a range of other factors known to put certain groups of children at higher risk of mental health problems, including:

- children who suffer bullying
- children with substance misuse problems
- teenage parents
- young offenders
- children with physical disabilities
- children with parents who have mental health issues
- children with parents who have substance misuse problems.

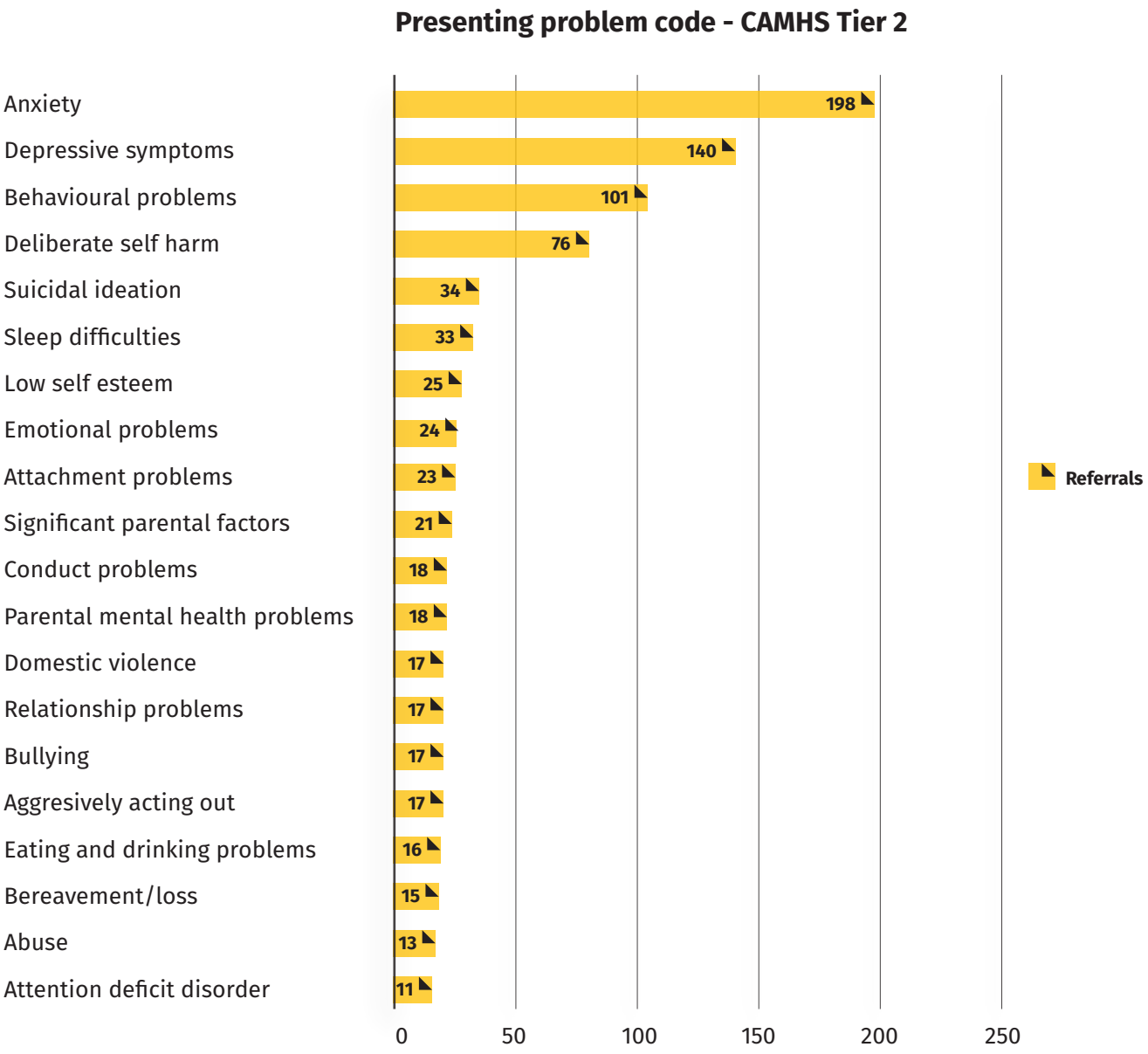
Given the potential impact of international conflicts, we are also monitoring the number of unaccompanied asylum seeking children arriving in Essex. These young people are likely to have experienced severe emotional trauma as well as physical health problems.

Needs indicated by presenting problems in Southend, Essex and Thurrock

Anecdotal reports from tier 2 services show the following strong themes:

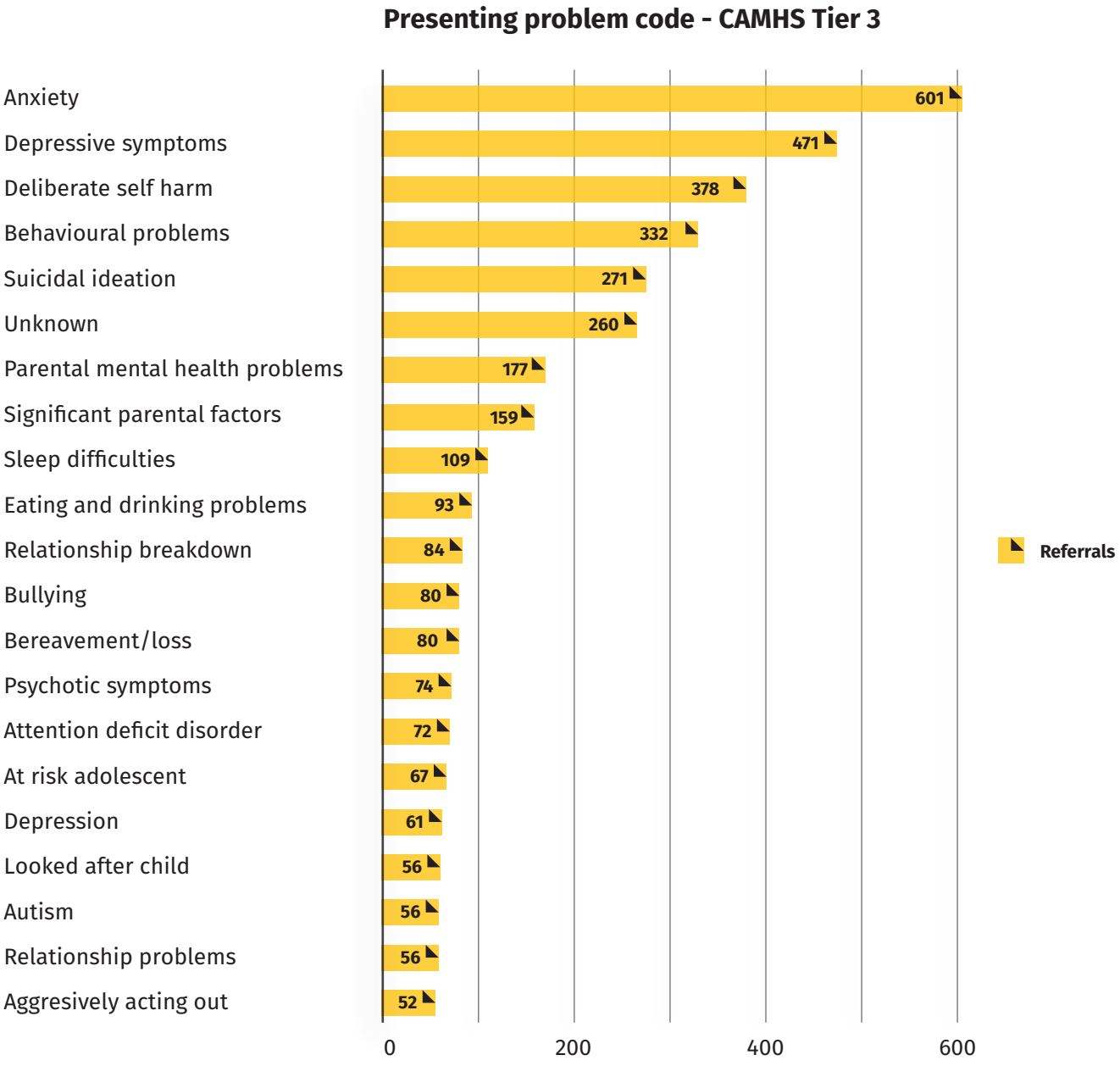
- Rising numbers of requests for advice and guidance from people who work with children and young people
- Increase in referrals for anxiety, including children avoiding or refusing to go to school.
- Concerns, particularly raised by school staff, about children and young people who harm themselves or think about suicide.

These themes are reflected in our snapshot information covering the period April to June 2014, as shown in the chart below:



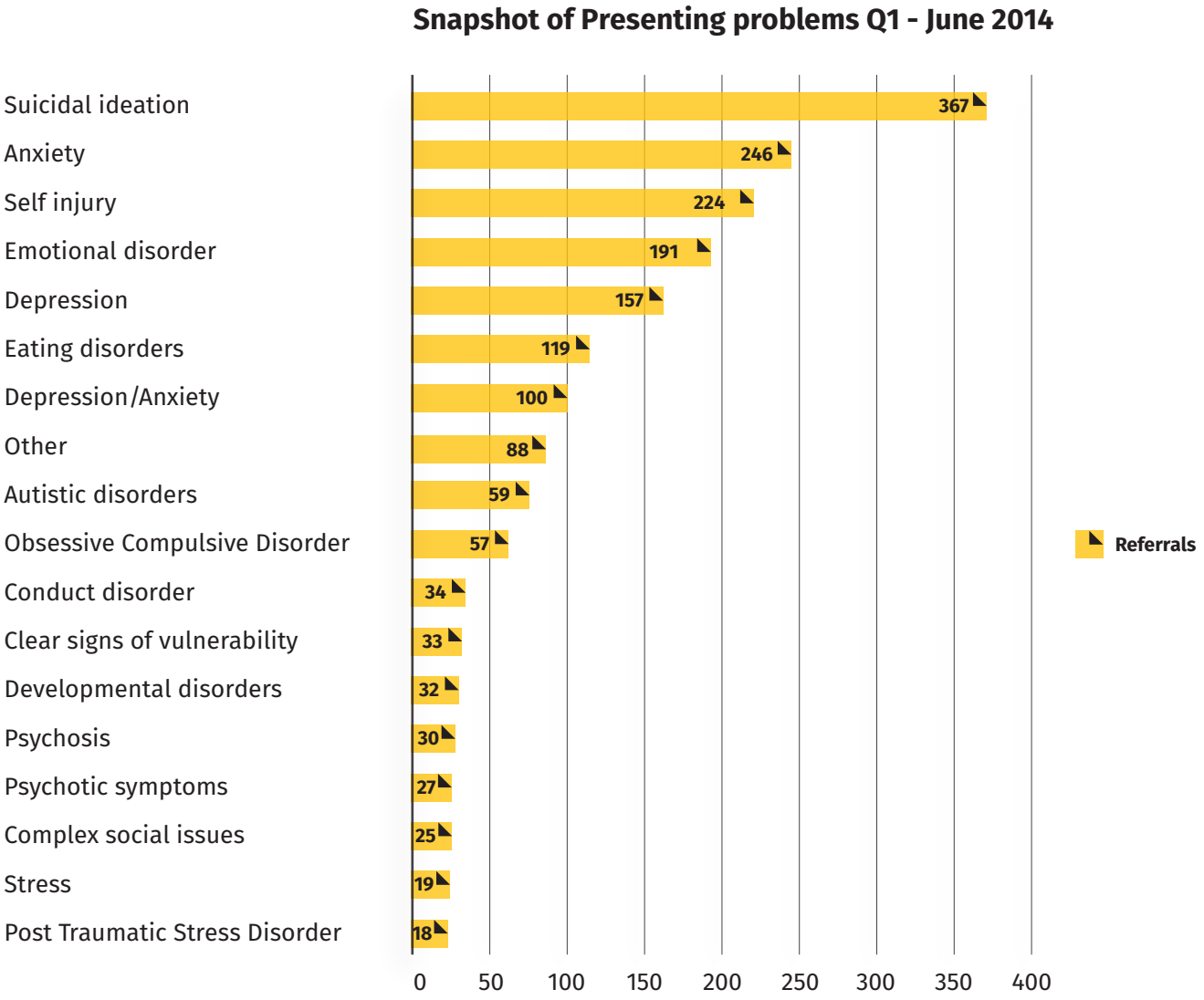
For tier 3 services, data is available from 2014/15 for SEPT providing services in south Essex and NEP in north Essex. The trusts use different methods of data capture and we have therefore kept the information separate overleaf.

Presenting problems for tier 3 services 2014/15 – data captured by SEPT



The data charted above shows that the main reason for referral to tier 3 is for anxiety, followed by depressive symptoms, deliberate self-harm, behavioural problems and suicidal ideation. This reflects national trends and, in discussion with colleagues in the voluntary sector, we are told that self-harm and anger management issues are on the increase.

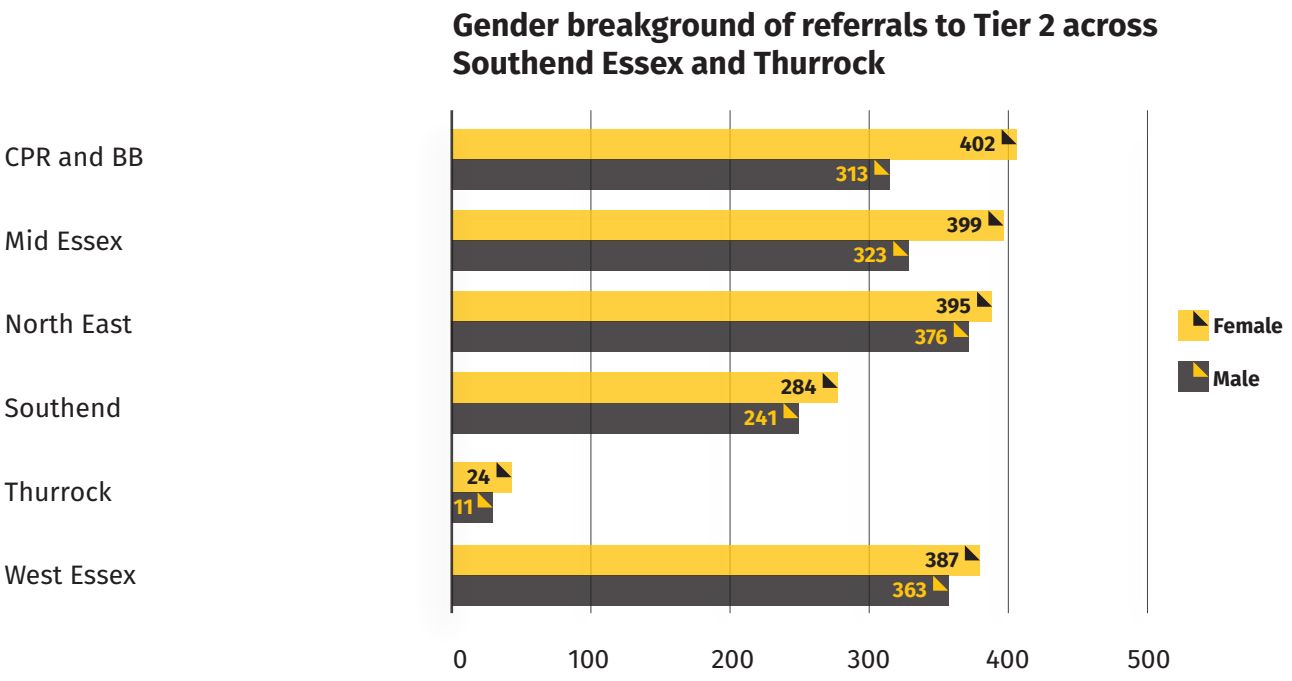
Presenting problems in tier 3 based on a snapshot relating to April to June 2014 – data captured by NEP



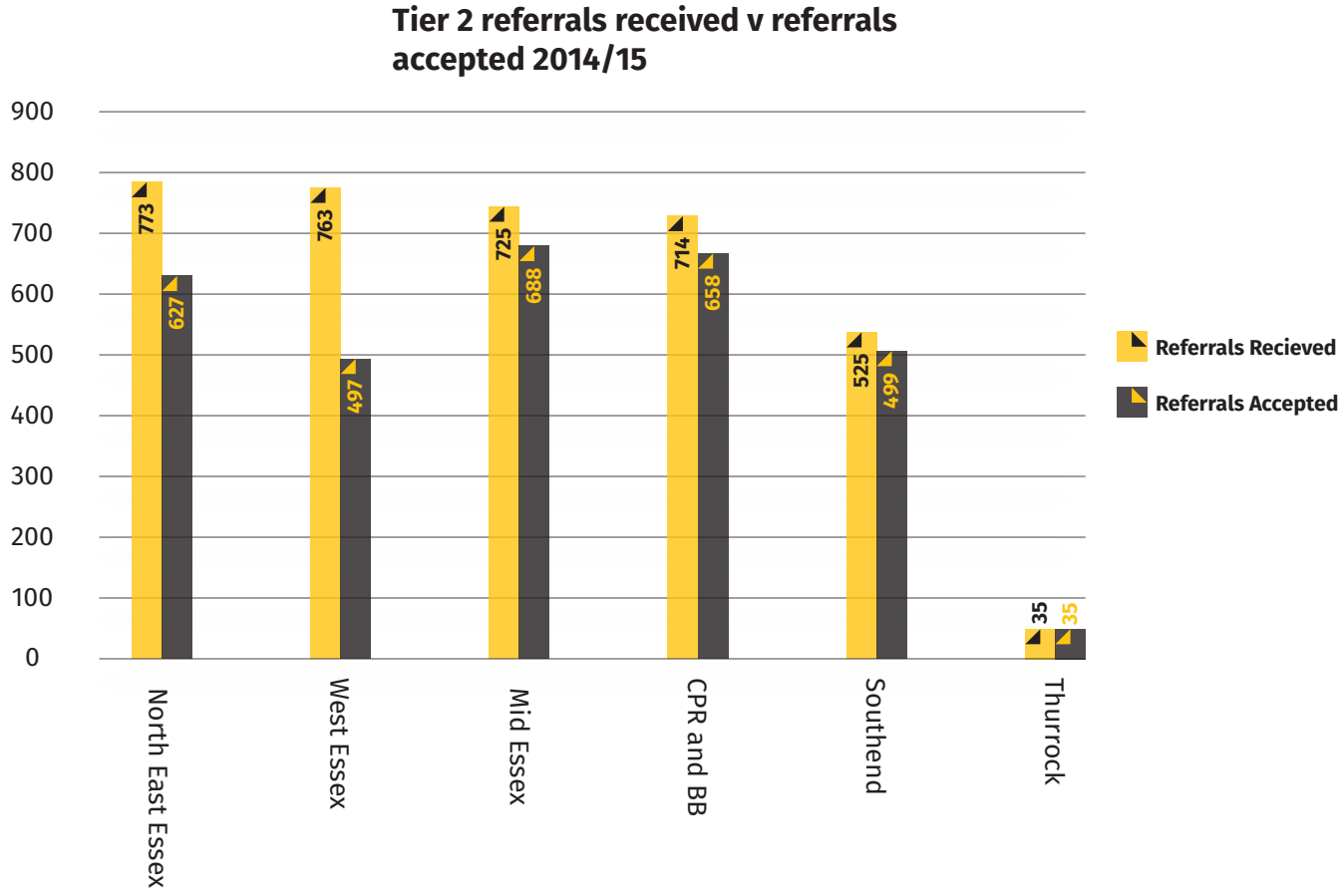
Again the data from north Essex, shows that the main reason for referral to tier 3 services is suicidal ideation followed by anxiety, self-harm, emotional disorders and depression.

Evidence from activity in 2014/15 in tier 2 services

The chart below shows a comparison of number of referrals to tier 2 services in 2014/15. Given that Thurrock has a growing population of young people, it is clear that we need to develop services in Thurrock.



The chart below shows the number of referrals received and the number accepted for tier 2 services in 2014/15, by CCG area.



The following table compares the recorded number of referrals accepted by tier 2 services against the ChiMat estimate of numbers needing a tier 2 service.

Actual referrals in 2014/15 appear to be extremely low in the light of expected demand. However, data quality is somewhat unreliable due to there being a wide range of independent sector service providers in tier 2 in Southend, Essex and Thurrock, for which we do not hold data. Even so, the information we have provides a strong indicator that we are not meeting demand for tier 2 services.

	ChiMat estimated numbers needing a Tier 2 (2014) service	Actual number of referrals accepted into the service	% of expected number
NHS Southend	**2,685**	**499**	**19%**
NHS Thurrock	**2,850**	**35**	**1.2%**
NHS Castle Pointand Rochford NHS Basildon and Brentwood	**6545**	**658**	**10%**
NHS Mid Essex	**5,515**	**688**	**12%**
NHS North East Essex	**4,585**	**627**	**14%**
NHS West Essex	**4,555**	**497**	**11%**

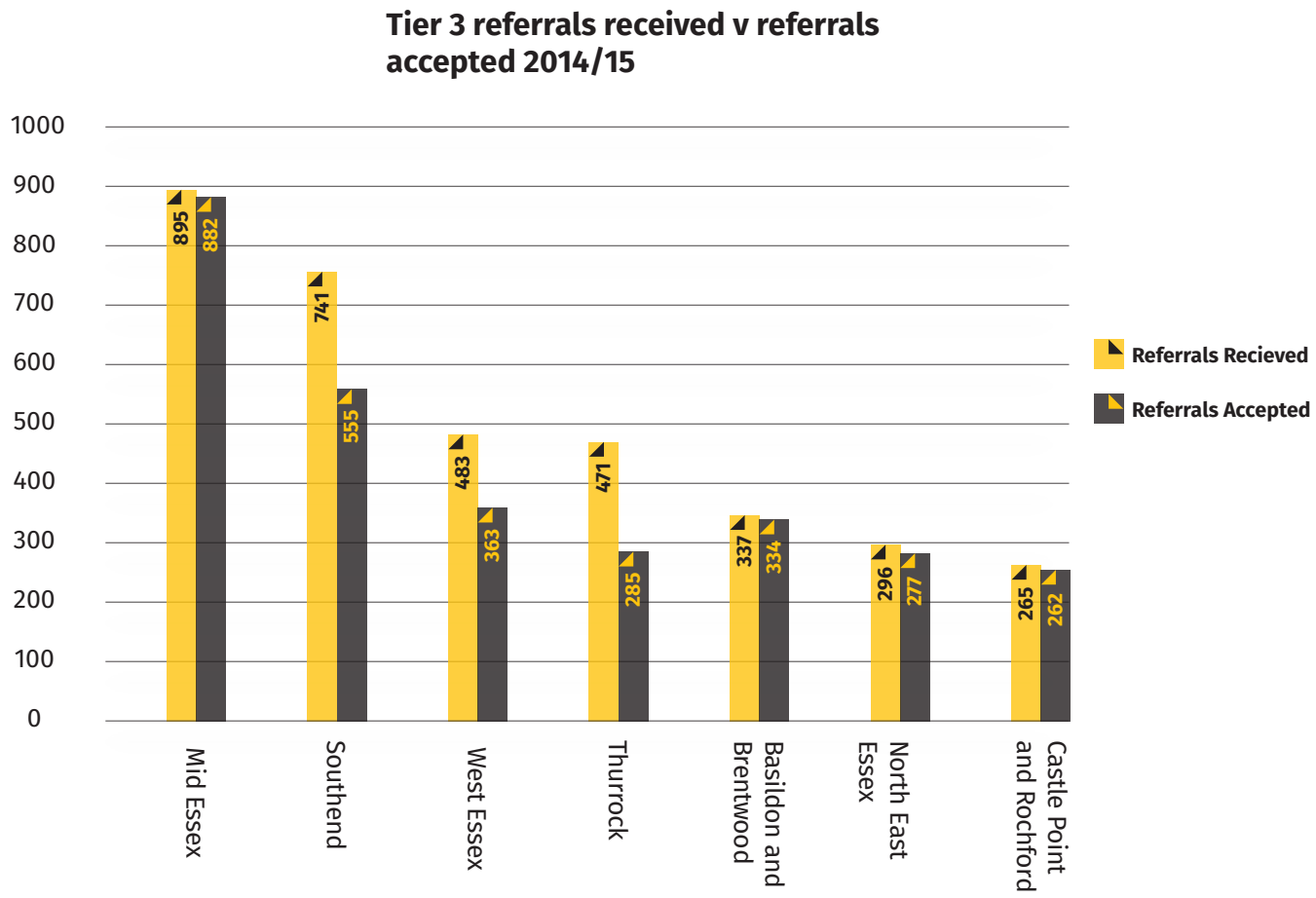
Comparing the data with our general knowledge of current services

In Thurrock, the low numbers accessing Tier 2 services are explained by the fact that services are restricted to children in care and children with highly complex mental health needs.

More generally, we know from listening to children, families and services that there are barriers to children and young people getting the help they need. There remains a stigma attached to mental health services and lingering associations with past institutions. The fragmentation of services makes it difficult to see know is available and difficult to gather reliable data on how families are using them.

Evidence from activity in 2014/15 in tier 3 services

The chart below suggests significant variation across Southend, Essex and Thurrock in terms of the number of referrals accepted compared with the number received.



The figures for Southend and Thurrock are low at 75% and 61% respectively. One reason, may be that there are currently no formal Single Points of Access in Southend and Thurrock. Evidence locally and nationally shows that Single Points of Access improve the quality of referrals.

Currently, we have no clear information to explain why only 75% of referrals received are accepted in West Essex.

The table below showing actual referrals accepted by tier 3 services compared with ChiMat estimates also suggests wide variation across Southend, Essex and Thurrock.

CCG area	ChiMat estimated numbers needing a Tier 3 (2014) service	Actual number of referrals accepted into the service	% of expected number
NHS Southend	710	555	78%
NHS Thurrock	755	285	38%
NHS Castle Point, and Rochford	645	262	41%
NHS Basildon and Brentwood	1,090	334	30%
NHS Mid Essex	1,460	882	60%
NHS North East Essex	1,215	277	23%
NHS West Essex	1,205	363	30%
Total for Essex	7080	2958	42%

The ChiMat data gives us an indication of need. The % figure suggests the level to which we are responding to need. In Southend, the data suggests that we are meeting apparent needs by 78%, in Mid the level is at 60%. The figures for the other CCG areas appear very low. This may be down to data quality and needs further investigation.

Further information on activity in eating disorder services and tier 4 services is included in ***appendix 2****.*

Inequities in current services (prior to 1 November 2015)

In levels of current services prior to 1 November 2015, there are wide variations because of historic commissioning arrangements.

Our transformation plan addresses these gaps in service, such as:

- Eating disorder services are only available in north Essex
- The tier 2 service in Thurrock is currently only available to children and young people in care
- There is no independent informal advocacy service for children and young people in the south of the county
- Specialist services for children and young people with learning disabilities in the south are limited to those who have co-morbid mental health needs, and only provide support for children up to the age of 12.

The next section summarises our analysis of service gaps and where we are aiming for transformational improvement.

Unmet needs and gaps in services

Data quality

One of the main findings from our JSNA in 2013/14 was that there was a wide variation in type and quality of information, a need in itself to be addressed as part of our transformation plan. For example, it was not possible to achieve a clear understanding of the full extent of tier 2 services and whether the proportion of children and young people who might need tier 2 interventions actually receive these services.

Unmet needs identified by local stakeholders

The JSNA process included interviews, consultation events and written submissions from a range of people working with children and young people. It also took into account previous feedback gathered from children, young people, parents and others to inform the Essex CAMHS strategy.

Consistent themes from feedback were:

- Consensus about the need for early intervention, both in terms of the stages of problems and stages of life
- The need to work with families, not just the child
- A need for more support for schools, such as:
- Training and support for school staff
- Clear information about the range of resources available for schools to use
- Better links between mental health service and schools e.g. through clear referral criteria.

What children and young people say

When asked about mental health services, most of the feedback from children and young people is about accessing services and what can be done about helping people to feel it's OK to get help. This comes out strongly from the 2013 Joint Strategic Needs Assessment and echoes again in 2014 when Healthwatch Essex went out to find out what young people feel about health and care.

The main feedback themes from children and young people:

People **don't know enough** about **mental health** or the **services** available. We need to **raise awareness** and understanding.

Support in schools was the most **popular** choice of **comfortable places** to get help.

There is still a **strong stigma** attached to mental health problems. We need to **reduce** this moving away from **institutional style services** and putting more support into **familiar** and **friendly settings**.

"My best friend has an **eating disorder**, and was **treated badly** in school. We were **never taught** about eating disorders, and therefore she **never spoke to anyone** and was eventually admitted to hospital. My school dealt with her **badly** when she returned. If we had been **taught** about it, maybe it wouldn't have become such a problem for her if she knew **who to talk to**."

"I was **scared** about getting help (the **tiny amount** of help that was available), so **no-one knows** and my issues could still continue. It would be a lot better if everyone was **aware**. Everyone should be **informed**."

"I have experienced **self-harm**, **depression** and maybe other mental illnesses. I decided to get **counselling**, but I **didn't know** where to go."

Some of the relevant findings from the **Healthwatch Essex YEAH! Project**

8 in 10 young people did not know how to get mental health support

9 in 10 wanted to learn about mental health

Some suggested that learning about mental health should be mandatory in schools, like sexual health and drugs

Many observed that people need help for self-harm and eating disorders

Young people who had tried to get services had waited too long

Some described the place they went to for help as unfriendly and not in tune with their situation or needs.

YEAH stands for Young Essex Attitudes on Health and Social Care. For further information, visit: **http://www.healthwatchessex.org.uk/wp-content/uploads/2015/03/The-YEAH-Report-Healthwatch-Essex-March-2015.pdf**

What parents say

As with children and young people, the main concern was access to help when needed and concerns about stigma.

Parents of children who had experienced mental health problems talked about the need for wider understanding, particularly at school and when dealing with other services, such as emergency services. They appreciated help by way of counselling, being listened to and developing coping strategies.

"We need **better communications** with staff. Sometimes staff need to feel more **confident** about being able to **help** families."

"People need to be **prepared** to deal with **mental health problems** in A&E and other services."

Key issues raised by non-specialists and universal services:

Feedback from people who work in education, health and care has come from several sources over the last two years, but the main themes are broadly the same throughout the range of discussions.

- Difficulties in accessing services
- Lack of clarity about referral criteria
- Better information and signposting
- Need to develop skills to enable early intervention.

Consistent views on service gaps included:

- General lack of capacity to do early intervention
- Need to empower children, young people, families and carers to help themselves where safe and appropriate, using good information and technology
- Behaviour management, notably help to manage violent behaviour at home
- Services for children with learning disabilities
- Lack of clear pathways for disorders on the autistic spectrum and ADHD
- Limited services for children with development disorders
- Children in care being unable to access services until they are in a settled placement
- Support and transition for young people who continue to need services as adults, including for some vulnerable groups of young people such as care leavers.

Those who work with children and young people see a need for services to be more joined up, for example between psychiatrists and paediatricians, between the NHS and local authorities and between schools and mental health services. They describe lower levels of need as an area that needs attention, where there is inconsistency, least clarity about what support is available and how it should work. There is a strong agreement that more support is needed in schools, such as training for staff, information about available resources and better links with services, so that schools can access support and advice.

Suggestions for improvements included:

- Better service mapping and awareness of available services
- Clarity on referral criteria and better feedback with referrals that are rejected
- More opportunities for information, advice and guidance before making a referral
- Training (e.g. emotional first aid training) for non-specialists and universal services including in schools and children's centres
- Development of relationships and joint working arrangements between services.

Summary of findings

It is important to note at this point that feedback from the JSNA and from our further engagement as part of the procurement process in 2014/15 does include many positive comments about current services and few concerns raised about the quality and outcomes of existing services. However, for planning purposes, we are concentrating on unmet needs and areas for improvement.

From the JSNA emerges a picture of a complex, fragmented and poorly understood set of services across Southend, Essex and Thurrock. This includes variations in pathways and criteria for services available to some children and young people and not to others.

One example of inequality, is the availability of eating disorders services in north Essex but not in the south.

The complexity of the system, lack of clarity and lack of awareness of services is undoubtedly part of the reason why our level of referrals to tiers 2 and 3 overall is much lower than the nationally estimated number of children and young people that may be in need of services.

Among the findings of the JSNA, it is notable that, from feedback across the board, the key priorities for improvement were:

- Early intervention, both in terms of problems and stages of life
- Work with families, not just the child
- More support for schools

Among the main recommendations of the JSNA:

- There is a need for all ten Essex commissioners to understand the full extent of provision and support in schools
- Non-specialists need better information and clarity around access to services
- The provision of tier 2 services seems to cause the most concern amongst professionals. These are possibly the most fragmented services currently, making it difficult to achieve the full potential of early intervention.

Set against the national context, in particular the findings and recommendations of *Future in Mind*, we have already drawn our conclusions that our services should be radically transformed from a traditionally reactive service to one that invests in effective prevention and support. Our response, even before the publication of *Future in Mind*, was to design a new service model that would realise our common vision for the emotional wellbeing and mental health of the children and young people of Southend, Essex and Thurrock.

In the next section, we summarise what the new service model will look like and how we intend to expand and invest in the capacity and capability of both services and children and young people themselves.

Ref Future in Mind
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

SUMMARY TRANSFORMATION PLAN

How we will transform over the next five years...

- Improve access and equality - with a single integrated service across Southend, Essex and Thurrock
- Build capacity and capability in the system – with additional resources, staff development and a unified, coherent network of services
- **Build resilience in the community – through support for self-help, stronger partnerships, agreed protocols and a rolling training programme for those involved in protecting children and young people.**

What drives our plan - six principles

1. **Early action** – avoiding and preventing mental health problems

2. **No judgement, no stigma** – with care that is right for each individual, delivered in safe places and with children and young people having a say in decisions

3. **Support for the whole family** – with care as a part of daily life, backed up by professionals and specialists when needed

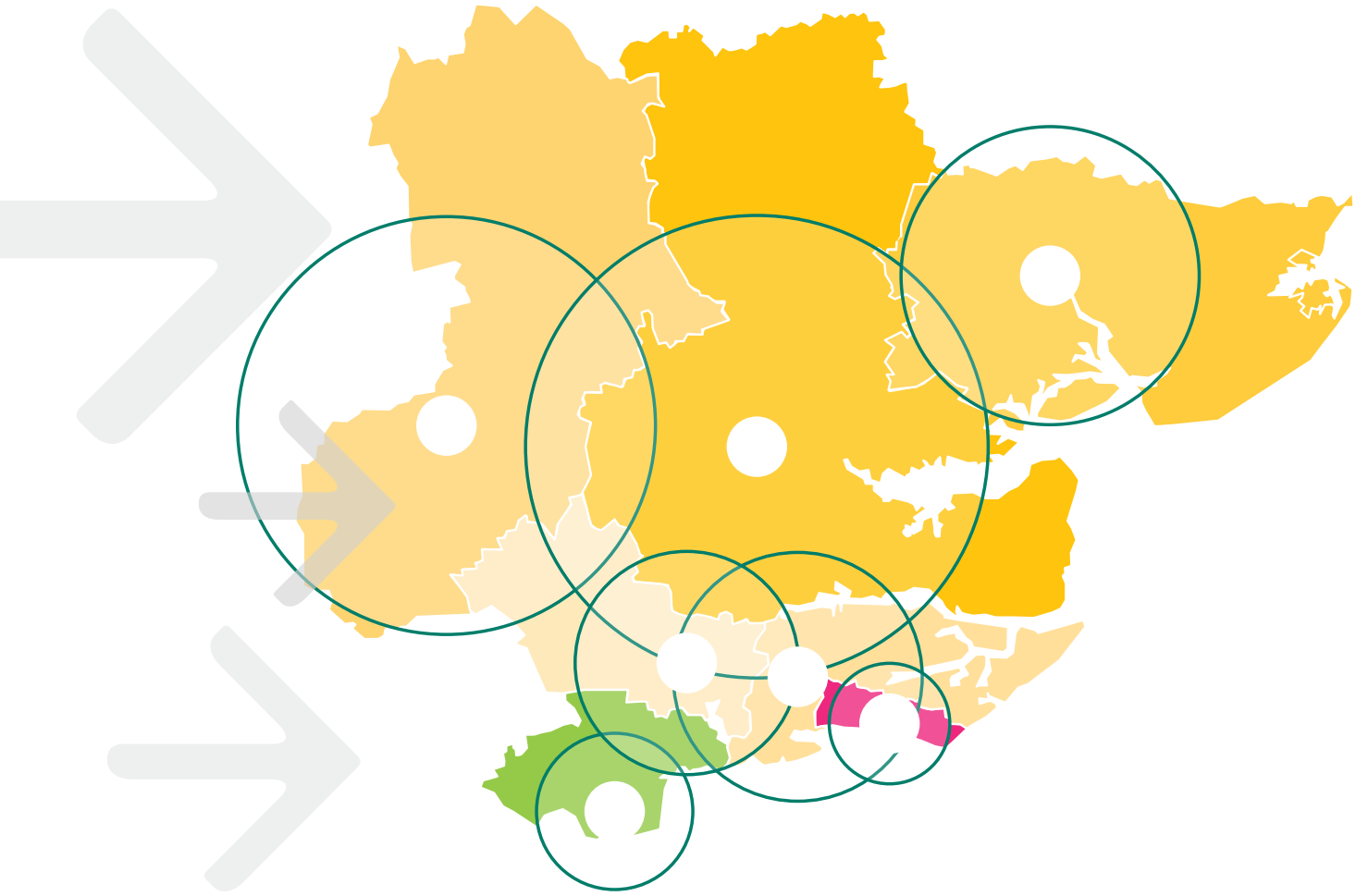
4. **Inform and empower** – with information there for everyone and simple to access, providing the tools for self-care and resilience, as well as recovery

5. **Joined-up services** – efficient, effective and clear for all to understand

6. **Better outcomes** – through evidence-based care and listening and responding to feedback

Moving to a new single integrated service

On 1 November 2015, we are changing from the traditional tiered services delivered by four main providers (Essex County Council, SEPT, NEP and Provide) to a single integrated emotional wellbeing and mental health service for children and young people across Southend, Essex and Thurrock.



Support in daily life

Information and advice for children and young people, available from our website and places in the community

Information and advice for parents and carers

Training and support for schools and others

Help from local services

Services working with families at home

Services in schools, GP surgeries, community and children's centres

Evidence-based interventions and therapies for children, young people and families

A confident and empowered children's workforce

Expert help from specialists

Specialist help for long-term and serious problems

Joined-up services for several problems

Referral to more specialised services

Help in a crisis

Fast response with support at home

Links with other emergency services

Overnight and short stays in specialist services, if needs be

Transformation at scale

Our transformation starts on 1 November with a transition from four previous providers to a single provider for Southend, Essex and Thurrock.

Year 1

In year 1 (2015/16) – we will mobilise and embed the new service, using some funds non-recurrently to support transition, a further needs assessment, reviews and pilots for full implementation in years 2 and 3. We will develop proposals for a new eating disorder service.

Year 2

In year 2 (2016/17) – we will invest in workforce expansion and development. We will continue and complete reviews.

Year 3+

In years 3, 4 and 5 – we will continue to develop new and better services in response to our findings from a more detailed needs assessment and service reviews from year 2.

Commissioning as one across 10 agencies

The commissioners, the three local authorities and seven NHS clinical commissioning groups, have joined together to form a single "Commissioning Forum". This is a legally binding partnership that makes one body responsible for planning and funding mental health services and care for children and young people in Southend, Essex and Thurrock.

The new single service provider

Together with children and young people, schools and other partners, we have agreed a unified service model – the **Emotional Wellbeing** and **Mental Health Service for Children and Young People of Southend, Essex and Thurrock**.

In 2015, we completed a major procurement to select North East London NHS Foundation Trust (NELFT) as our single provider, on the basis of an outstanding bid.

NELFT will take over from 1 November 2015. Following the transfer of staff and services from the current four providers, NELFT will work with staff to develop new roles, new structures and protocols to become fully operational as the new model by 1 April 2016.

What the new service will look like

From 1 November, services will no longer be operating as a tiered system with several different organisations.

It will work as one organisation with local teams managing a range of services.

Open up, Reach out – what the transformation will mean for children and young people

- To begin with, the right kind of support should be there for children and young people in daily life - people will have a better understanding of the risks to mental health and how to cope.
- Families and professionals will be able to find out where to get help quickly and easily and have the support and tools they need for self-help.
- Where extra help is needed, services will be ready to step in at an early stage, in convenient, friendly places where young people feel safe, listened to and respected.
- Workers within services will have the confidence and skills to understand needs early on and give the right support.
- Children and young people will have a say about their own care and in the design and development of services.
- Expert help for long term and serious problems will expand across Southend, Essex and Thurrock.
- Experts will be ready to act quickly in a crisis, whenever and wherever that may be.

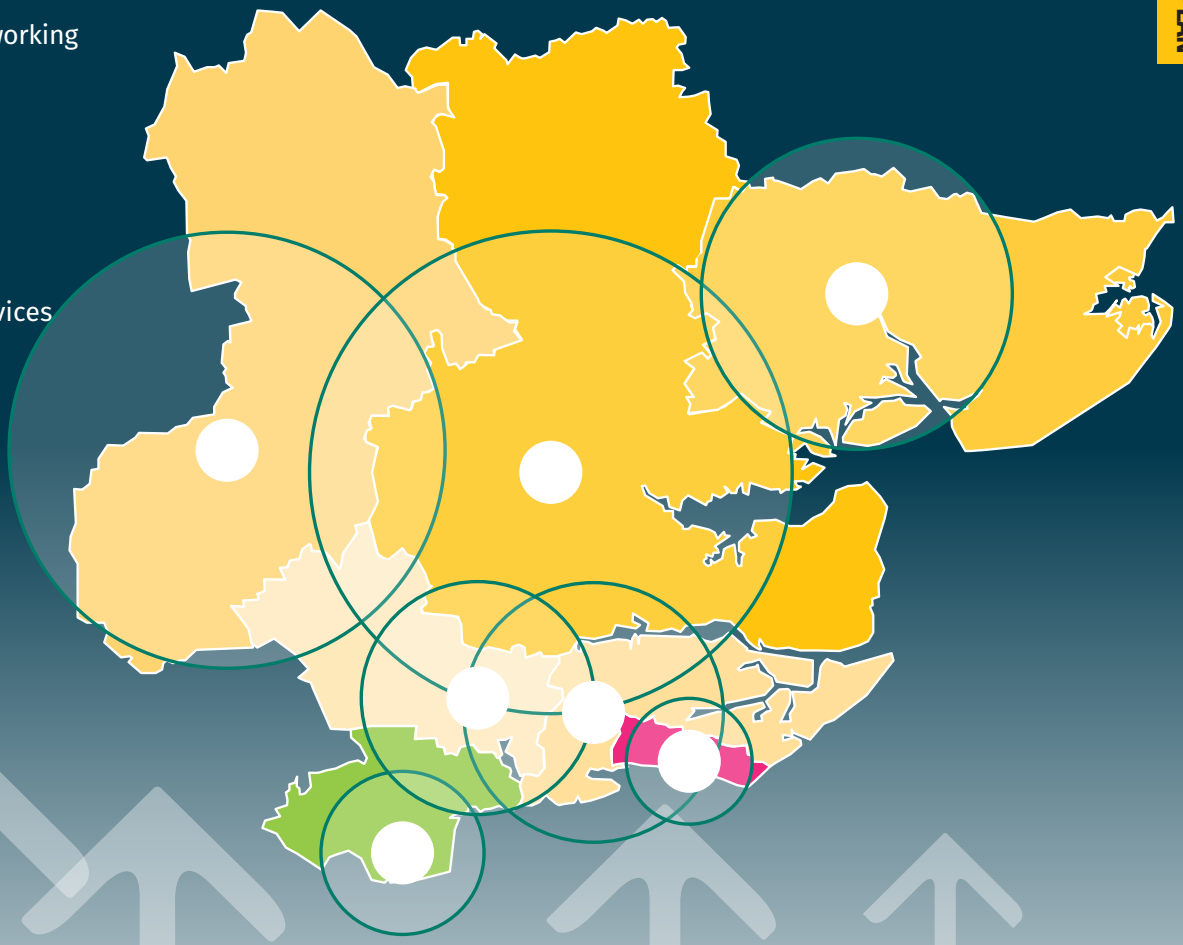
We will achieve this vision by building system resilience to respond to needs, community resilience to build collective responsibility and individual resilience to cope with the challenges that life brings.

Information, support and services from seven locality teams

The seven locality teams will have a base, but they will work out in local communities with children, young people and their families at home, in local schools and children's centres, at GP practices and in other familiar and convenient places.

They will build strong working relationships with;

- Schools
- Public health
- GPs
- Pharmacists
- Children's centres
- Children's health services
- Police
- Youth justice teams
- Services for substance misuse and a range of local voluntary organisations.



Support in daily life

Support at home, at school and in other familiar places

Back-up from information, advice and training and support for people who work with children and young people.

Help from local services

Range of evidence-based interventions for mild to moderate needs, including psychological therapies (IAPT) and brief interventions.

One to one, professional support for families

Assessment, care plans and review

Expert help from specialists

Services to meet severe and complex needs, suicide prevention, help for self-harm

Anxiety disorders, challenging behaviour

Eating disorders

ADHD

Learning disabilities

Help in a crisis

Fast response teams, available 24 hours a day to work with children and families at home to avoid a hospital admission.

On call for accident and emergency units and police.

Goals for **children** and **young people** and **families**

- Easy to find support by telephone, Internet and email
- Easy to get to services and convenient opening times
- Services in a safe place, no stigma
- Services that are responsive in the right way for you
- Guaranteed standards
- Immediately available information and advice
- Connections with other services and shared information with your permission
- Support for all the whole family

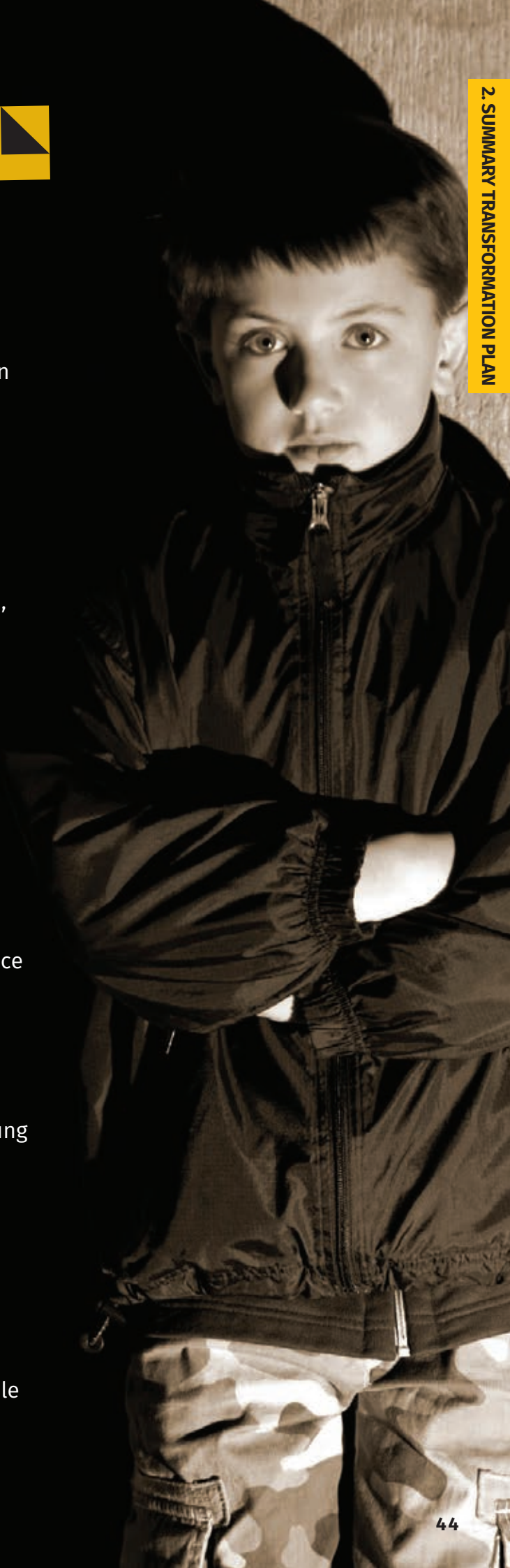
Goals for the **system**

- Whole family approach
- Whole system approach
- Skilled and confident workforce
- Early intervention
- Evidence-based interventions
- Measurable outcomes and improvement
- Better use of resources, less duplication
- Smooth transition between services and specialists
- Reduced demand on emergency and specialised services

Measurable outcomes

The specification for the new service includes measures and key performance indicators (KPIs) to monitor progress against the following outcomes:

1. Improvements in mental health for children and young people in Southend, Essex and Thurrock, using better methods to monitor and measure our progress
2. A joined-up system with no barriers
3. Reduction in inequality - no discrimination, no stigma
4. Easier access to services with shorter waiting times
5. Other services working with children and young people are enabled to promote and support good emotional wellbeing and mental health
6. Better advice, support, training and guidance for parents, teachers and others
7. Fewer visits to A&E
8. Priority for assessment of children and young people from vulnerable groups, including proactive outreach
9. Young people aged 14-25 to get the right support and, if necessary, a smooth transition to adult services
10. Opportunities for children and young people to influence services, not just for their own care but also as part of collaboration between services and young people



Month by month improvements in mental health and services

In the past, it has been difficult to measure how we are doing. Different organisations have grown up with different ways of recording information. Until now, there has been no common data set to give a clear picture. New systems in year 1 will provide better monthly reports on outcomes in year 2 onwards.

Measures of progress are built in to every service and treatment, including feedback in real time from children and young people. The new model will use a system called ICAN to capture this information. Children and young people will have the evidence to see their own recovery and monthly monitoring will have a consistent and in-depth quality.

Improving access

In year 1, we will check monthly performance against national standards, including waiting times. Over time, we have agreed to broaden thresholds to support more children and young people. By April 2016, we will have new targets for improving against local as well as national access and waiting times.

PRIORITIES FOR ACTION

Our top priority for year 1 (November 2015 to April 2016) of our transformation plan is to manage a safe transfer to the new Emotional Wellbeing and Mental Health Service for Children and Young People

From year 2 onwards, we will roll out developments to tackle unmet needs and service gaps in order to:

- Improve access and equality - with a single integrated service across Southend, Essex and Thurrock
- Build capacity and capability in the system – with additional resources, staff development and a unified, coherent network of services
- **Build resilience in the community – through support for self-help, stronger partnerships, agreed protocols and a rolling training programme for those involved in protecting children and young people.**

Further needs assessment – a "deeper dive"

Building on the previous Joint Service Needs Assessment, we intend to commission a deeper dive needs analysis during 2015/16 to inform years 2 to 5 of the plan. There is a paucity of quality assured local data and much of the information that we have so far is an extrapolation of national data, which simply offers an indicative assessment.

Our targeted needs analysis will reflect locality specific issues and provide a richer local picture of risk factors and vulnerable groups. It will identify vulnerable groups and also develop our knowledge map of services and resources throughout our communities.

Investment

Currently, we spend just under £14 million in total per year on emotional wellbeing and mental health services for children and young people in Southend, Essex and Thurrock.

Appendix 3 *shows baseline investment for 2014/15.*

The new service will start on 1 November with an initial cost of £13.2 million per year, but, on the basis of this transformation plan, we are anticipating an additional £3.3 million to be invested in new services as follows:

Recurrent costs

Action	£
Improving access and equality	
Enhanced crisis services to cover 9am-9pm, 7 days a week across Southend, Essex and Thurrock	190k
More staff in crisis teams to provide emergency care at home	241k
Expansion in services for eating disorders	953k
More staff in local teams to improve single points of access	144k
Building capacity and capability in the system	
More medical cover with five new junior doctor posts. This will increase our ability to support children and young people with special educational needs and complex needs	208k
More senior clinicians in psychological services	76k
More practitioners in psychological services	421k
More staff in locality teams to respond to low to moderate needs	598k
Extra management capacity	104k
Training for therapy services (children and young people's IAPT)	100k
Building resilience in the community	
Support and training for schools	100k
Support and resilience training in the voluntary sector	210k
Total	**3.34m**

Non-recurrent costs in 2015/16

Publication of the transformation plan, with an accessible version for young people	£15k
Engagement with children and young people	£115k
Needs assessment “deep dive”	£150k
IM&T infrastructure	£175k
Programme management office for transition	£142k
Medicines management review	£50k
Suicide and self harm audit and training	£100k
Locality partnership development sessions	£21k
Total	**£768k**

Years 1 and 2 - Transition to the new service

1 Nov 15 - Start of new service

- Publish transformation plan
- Enhance single points of access for Southend, Essex and Thurrock
- Further needs assessment
- Start of recruitment

1 Apr 16 - Set up new locality teams

- Recruitment continues
- Develop protocols
- Develop joined-up working and links with other services
- Implement new models of care

1 Jun 16 - Engagement

- Pilot peer support for young people
- Launch “Reprezent” - connecting with young people

During Year 2 – Transformation in 2016/17

Developing services

- Enhance crisis services and extend home treatment
- Training to improve response to self-harm
- Roll out IAPT
- Improve services for eating disorders

Reviews and planning

- Suicide and self-harm prevention
- Medicines management
- Weekly, monthly and quarterly monitoring
- Data and information technology
- Review outcomes

Building resilience in commnunities

- Pilot with schools
- Develop website and self-help tools
- Developing relationships

Year 3 and beyond

Implement and test new practice

- Suicide and self harm prevention
- Medicines management
- Better waiting times standards for eating disorders

Reviews and planning

- Improve service for Attention Deficit Hyperactivity Disorder (ADHD)
- Support for schools and other services

Building resilience in commnunities

- Continue building capacity with schools, health and care services
- Further development of technologies for service users

IMPROVING ACCESS AND EQUALITY

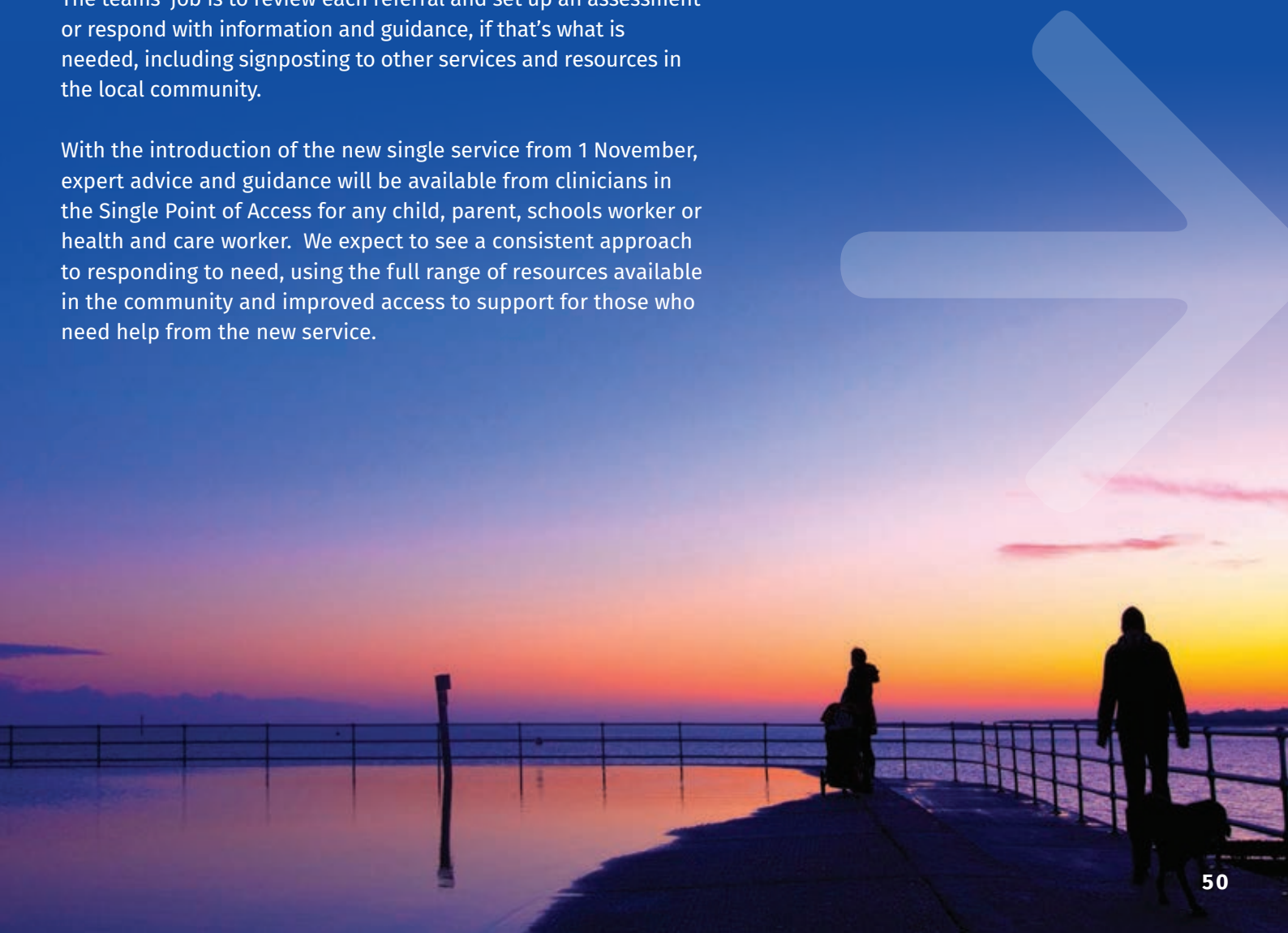
Single points of access – "one way in" to better information, support and services

There are three single points of access, one for each local authority area.

These single points of access deal with referrals from people who work with children and young people and all general enquiries.

The teams' job is to review each referral and set up an assessment or respond with information and guidance, if that's what is needed, including signposting to other services and resources in the local community.

With the introduction of the new single service from 1 November, expert advice and guidance will be available from clinicians in the Single Point of Access for any child, parent, schools worker or health and care worker. We expect to see a consistent approach to responding to need, using the full range of resources available in the community and improved access to support for those who need help from the new service.



Improving crisis services

Currently, children have access to mental health services 24 hours a day, but there are inconsistencies across Southend, Essex and Thurrock in the way that services respond to crises. For example, while teams in both the north and south of Essex are able to do emergency assessments, usually in hospital A&E departments and paediatric wards, actual crisis intervention and home treatment is only offered in north Essex.

Our new model of care will be much better placed to intervene in a crisis at the earliest possible stage. The aim is to offer intensive treatment at home or wherever a young person needs help, rather than having to go into hospital or a specialised service.

A review of crisis resolution and home treatment by the national Joint Commissioning Panel for Mental Health concluded that evidence showed:

- A reduction in repeat admissions after the initial crisis where children and young people were supported in their own home.
- A positive impact on family burden and in general a higher satisfaction with the quality of care.
- Sustained improvements in mental state after a 3 month follow-up.

We plan to enhance the current crisis services with additional, trained and experienced staff. The service will work 9am-9pm, 7 days a week across all localities in Southend, Essex and Thurrock.

*See **appendix 2** for further information showing current crisis referrals in Southend, Essex and Thurrock during the period April 2014 to March 2015.*

Crisis Care Concordat Mental Health

The Mental Health Crisis Care Concordat sets out how organisations work together to avoid crises in the first place and deal with them in the right way when they happen.

A commitment to improve crisis services for children and young people is already written into the action plans for the three Concordats for Southend, Essex and Thurrock and linked to this transformation plan. This will help to improve our common understanding of what children and young people with behaviour and mental health problems might need should they run into extreme difficulties, with the aim of avoiding a visit to A&E or an admission to hospital.

Commissioners for children's and young people's mental health services are represented at monthly meetings of the concordat working groups and will continue to manage developments and interdependencies.

Improving Access to Psychological Therapies (IAPT) for children and young people

Ref. Children and Young People's IAPT
http://www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php

A national transformation project

Improving Access to Psychological Therapies (IAPT) is a transformation project run by NHS England. It offers training and development for all staff working in mental health services for children and young people, to promote evidence-based interventions and measurable outcomes.

IAPT changes the way clinicians work with children and young people, enabling a more personalised approach that is clinically more effective. The training improves skill and knowledge in evidence-based interventions. It introduces new ways to involve children and young people in decisions about their care. It offers a way of recording outcomes session by session.

For a child or young person receiving treatment, it will be possible to see how things are improving. This becomes crucial for rapid recovery and reduces the risk of either stopping therapy too early or keeping young people in therapy longer than necessary.

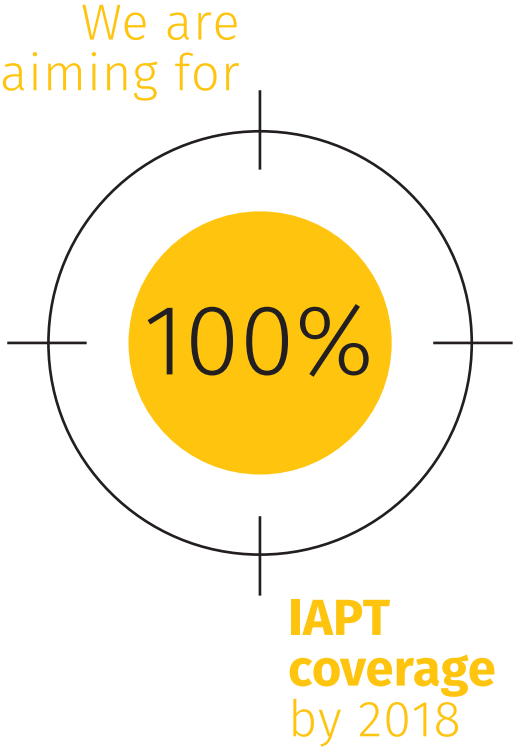
How we are changing locally

Essex County Council, previous providers of tier 2 services in Essex, and North Essex Partnership (NEP), previous providers of tier 3 services across north Essex, were part of the London and south east learning collaborative for IAPT. Several groups of our existing staff completed the IAPT training in 2015 and will continue to put learning into practice following their transfer to the new emotional wellbeing and mental health service on 1 November 2015.

NELFT, our new single service provider from 1 November 2015, was part of the first wave of the national IAPT programme for children and young people. The principles of IAPT are already in practice in NELFT and will continue to guide and strengthen the seven locality teams of our new service across Southend, Essex and Thurrock. NELFT will bring in a tried and tested, bespoke IT system (ICAN) that gives children and young people, as well as professionals, a way of recording and monitoring their outcomes.

Once we have completed transition to the new service in year 1, the commissioners will work with the London and south east IAPT collaborative to formalise our IAPT status for year 2 onwards.

We are expanding and training our workforce to make more therapy available in a range of places, such as schools and children's centres. Our aim is to demonstrate 100% IAPT coverage across our mental health service by 2018.



Attention Deficit Hyperactivity Disorder - ADHD

Parents and people in general are largely uneducated about neurodevelopmental and behavioural problems. They are unaware of the potential to tackle these problems in early life and avoid distress in the family, problems at school, and the risks of depression and self-harm in later years.

For those who do seek help, the feedback we have heard from parents, schools and health and care professionals locally is that the pathway to services is unclear or that services are unavailable at an early stage.

How we are changing locally

Our transformation plan includes investment to improve access to specialist care for disorders such as ADHD. Each locality team in our new service will have the backing of senior clinicians and medical specialists. During year 1, for example, the service will gain five new posts for junior doctors, which will increase capacity to manage early intervention for neurodevelopment and behavioural problems.

Building skills with professionals and families

At the same time, we will review and improve existing protocols to improve shared care, not just between specialists within the new mental health service, but also including GPs, paediatricians, social workers, health visitors and others, such as schools.

Parent training and education training programmes are the first line treatment for families with children with ADHD (recommended by NICE guidance). The new service will offer training that looks at ways to unlock the power of ADHD, including how to improve outcomes, how to motivate children and young adults with ADHD and offer support to build resilience.

Creating a community service for eating disorders

National evidence shows that if children and young people are treated at an early stage by eating disorder specialists, rather than in generic mental health services, the risk of a hospital admission in the future is greatly reduced.

How we are changing locally

Currently, specialist services for eating disorders are available in north Essex, but not in the south. In year 2 of our transformation plan, we will invest in a new community-based specialist service in line with NICE Guidance for eating disorders. This will provide intensive support for families at home and in the communities of Southend, Essex and Thurrock.

There will be one specialist team covering the whole area, but with a network of eating disorders clinicians working in each of the seven localities.

Families and professionals will be able to refer directly to the specialist service. In line with NICE guidance, treatment will begin within four weeks and within one week for urgent cases. The whole family will be involved in treatment and some aspects will be about developing their skills in self-help.

Building skills with professionals and families

The new service will use the principles and training of the national children's and young people's IAPT programme, which emphasises evidence-based treatment, routine outcome measures and children and young people having more say in their care. The service model includes having a group of local children and young people who will be part of the team, for example helping to shape the service and information so that it remains accessible for young people.

Workforce development for the community eating disorder service

The service will require the following skills and competencies from its workforce:

- A rapid response to referrals
- A skilled workforce competent in assessing and treating eating disorders
- Qualifications to deliver the NICE concordant modes of treatment
- Psychiatric assessment from by a specialist CAMHS consultant in eating disorders
- Medical assessment and monitoring by appropriately trained medical and nursing staff
- Access to clinical leadership and supervision in CBT, CBT-E and family based treatments
- Confidence in providing home treatment and family support
- Established strong links with acute and paediatric services
- Sufficient administrative staff to support data collation and analysis

Clinical staff will include clinical psychology, dietetics and family therapy.

Workforce capacity and costing for the new eating disorder service

Using an algorithm based on 156 new referrals per calendar year (covering north, west and mid and South Essex current and predicted rate for South) the predicted workforce capacity needed to meet the waiting time standard across Essex is shown in the table below.

This reasonably assumes that 50% of the local prevalence will seek treatment. This table does not reflect the current staffing of the north, mid and west Essex team. It shows the predicted workforce capacity needed to meet the waiting time standard in the area. Based on the population of South Essex and the national prevalence of eating disorders, it is reasonably suggested that south Essex would generate 29 new referrals per calendar year.

Staffing	WTE	Cost £
Head of service (Band 8b)	1	67,390
Specialty doctor	1	81,570
Paediatric medical consultant	0.2	24,000
Senior clinical staff (band 8a/8b)	1.7	105,310
Clinical staff (band 7)	6.7	307,330
Home treatment specialist (band 6)	2.5	96,080
Dietician (band 6)	1.5	57,650
Support staff (band 4)	1.8	47,470
Total pay		786,800
Total non-pay		48,720
Estates		25,000
Overheads		91,910
Total cost of the service		**952,430**

Children's learning disability services

It is often the case that children with learning disabilities also have mental health problems, and the complexity of this requires specialist expertise. In north Essex, there is a stand alone service for 5-18 year olds with moderate to severe problems. In south Essex, there is a limited service for children with complex mental health needs and learning disabilities up until the age of 12. Both of these teams work closely with social care services, however, the service offer is limited.

How we are changing locally

With our additional money for transformation, we intend to offer specialist services to the whole of Southend, Essex and Thurrock. We will also work with adult mental health services to support young people, if they need it, up to the age of 25.

We have identified a number of options for services for children with specialist health needs. These include:

- Combining services into an all age pathway
- Creating a joint service offer between health and the local authorities e.g. by combining with behavioural teams
- Maintaining a simpler alliance between specialist health and social services.

In year 2 of our transformation plan, we will conduct a thorough review, appraise options and refine move towards the most appropriate model of care.

Support for vulnerable and disadvantaged children and young people

There are visible differences in Essex, Southend and Thurrock as there are in other parts of the country, between affluent and deprived areas. Surveys with children and young people as part of the 2013 Joint Strategic Needs Assessment showed a 17% difference in perceptions about the quality of life between the best and worst districts of Southend, Essex and Thurrock.

From the information we have about children's care services, we know that young people who are in care, on the edge of care, or who come into contact with the police and justice system are among the most vulnerable people in terms of mental health needs. A significant number of children known to be "on the edge of care", are also known to mental health services.

We also know that there are children and families with complex and multiple needs including mental health needs who may need additional support in order to prevent escalation to social care, or to successfully 'step down' from social care. The Essex Family Solutions Service (which includes support for those families known nationally as 'Troubled Families') works with these families to help them identify their own solutions to their problems.

Our transformation plan includes specific actions for these vulnerable groups of children and young people. Some of these include:

- Mental health clinicians being linked to each youth offending team (four in Essex and one each in Southend and Thurrock)
- Joint work between mental health teams and domestic abuse services and the Sexual Assault and Referral Centre
- Joint work with substance misuse services
- Joint assessments and case reviews with a range of children's care services.
- Dedicated consultation and potentially joint assessment between the NELFT and Divisional based intervention team (DBIT) working with children on the edge of care and supporting reunification for children returning from residential care to home or long term fostering who may have significant mental health and behavioural needs.
- Developing operational links between NELFT and Family Solutions including training for Family Solutions staff. This will build capacity to support children and young people in families with multiple and complex needs.

Support for children and young people who move between services

Historically, services for vulnerable young adults with neurodevelopmental difficulties, including ADHD and ASD, have fallen outside the remit of adult mental health services and adult learning disabilities services. Some young people with mental health needs fall below the threshold for adult services, but they continue to need specialist help after the age of 18 years.

Our new service model will involve these young people in making a formal transition plan, which will offer alternatives to adult mental health services if their needs do not match the criteria for adult services.

Planning for transfer to adult services should start at least six months prior to turning 18. For those with a learning difficulty or disability this may begin from the age of 14. Children in care will also benefit from multi-agency transition planning.

Development of interagency relationships is crucial to facilitate the transition process. Key partnerships need to be developed with transitions and interfaces between services and agencies

Typical working relationships include connections with:

- Adult mental health services
- Paediatricians
- Specialised services
- Community and primary care
- Children's social care to support care leavers
- Social care services support for children and young people moving in and out of area, including children in care and residential placements.

The service will ensure continuity of care for children and young people discharged or transferred from one service to another, including, for example, primary care, adult mental health services, continuing healthcare and young people leaving care.

In year 1 of our transformation plan we will build on the existing work of a Transitions Steering Group to review the national Model Transfer of and Discharge from Care Protocol for young people with mental health problems. The aim is to establish whether the guiding principles could be applied locally to one new consistent protocol across Southend Essex and Thurrock.

Areas for development

Not all children and young people receiving mental health services need to transfer to specialist adult mental health services. However, young people may need support at this crucial point in their life.

In year 2 of our plan, we will review existing best practice transition process for young adults between the ages of 15-18 years, in particular considering what information and support will enable them to develop their capacity to self manage.

We will ensure that robust transition processes are in place for vulnerable children and young peoples groups including:

- Children in care
- Care leavers – moving to independent living
- Children and young people entering or leaving inpatient care
- Children and young people entering or leaving prison
- Young offenders
- Children and young people with neurodevelopmental disorders
- Children and young people with caring responsibilities
- Children and young people with with chronic illnesses
- Children and young people who have suffered significant harm such as sexual abuse, neglect, physical and emotional abuse and/or have posttraumatic stress syndrome.

All planning for children and young people with severe educational needs will take account of and be part of an Education, Health and Care Plan for children and young people.

In year 2 (2016/17) we will:

- Develop a single transition protocol across Southend Essex and Thurrock
- Implement training for professionals
- Ensure young people and their families contribute their expertise and experience in development of local transition processes
- Consider the needs of those young people with a wide range of developmental disorders
- Consider the needs of care leavers
- Provide resources, information and choices
- Consider arrangements for follow up and monitoring for those leaving services.

Medicines management review

Medicines is one the most frequent topics of enquiries from children and young people with mental health needs. Good practice recommends regular medicines reviews with service users. Our information about how much this happens and whether it has a positive impact is currently unclear. Given the frequency of queries about medicines, we know this is an area that needs our attention.

A full-scale medicines management review is planned for year 1 of our transformation plan. This will include looking at how we can achieve more from services working together, including children's health specialists, GPs and the role of community nurses in prescribing medicine.

Action for equality

Mental health problems in childhood can badly affect opportunities in later life. In every part of this transformation plan we include specific and proactive plans to protect young people from disadvantage and inequality. We do this by improving access, building capacity and capability in the system and by building resilience in the community, including the resilience of individuals.

Alongside service developments, our locality teams will work with others to create a wider understanding of mental health problems. By making services more responsive and easier to get to, by bringing support into places where young people feel safe and by educating families and communities we intend to eliminate discrimination and stigma.

Within our transformation plan we are taking particular action to prioritise the needs of the most vulnerable children and young people, as guided by the Equality Act and other national guidance. This includes children known to youth justice services, children in care or, "on the edge of care", children leaving care and children with complex needs such as physical or learning disabilities.

We will ensure that these young people are fully engaged in our plan as it develops, working through the routes described above and through our existing mechanisms, including our children in care councils and engagement routes within the Youth Offending Service and Divisional Based Intervention Teams.

Using the non-recurrent funding available in year 1, we will commission a detailed needs audit by locality, including targeted research on the needs of vulnerable and protected groups.

BUILDING CAPACITY AND CAPABILITY IN THE SYSTEM

Building capacity and capability in our seven locality teams

With additional investment and new ways of working we are expanding the people and skills in locality teams. The following table summarises key developments:

Identified gaps in services	Increase in staffing and skills
Services for eating disorders	Increase in clinical and support staff to cover all localities.
Specialist services to help with developmental and behavioural problems	New posts for junior doctors in training, in partnership with Health Education East of England.
Improving access to psychological therapies (IAPT)	Upgraded clinical psychology leaders. New posts in each locality.
Faster access to help for low to moderate needs – not always available currently	Recruitment and training for lower grade clinical staff. Additional resources to support locality teams and their work with partners within the community e.g. schools, children's centres, GPs, voluntary sector.
Faster access to advice, information, support and assessment where needed.	More staff for single points of access in Southend, Essex and Thurrock.

Appendix 4 *shows our baseline staffing in 2014/15*

Training and development for staff

Transition in year 1 (2015/16)

Our immediate priority in year 1 is to support staff in transition to the new service model. This includes formal induction training across the new organisation, and informal development through discussion and consultation with the new teams.

Reviews starting in year 1 (2015/16) and continuing in year 2 (2016/17)

Many of the new service developments within our transformation plan require a review process to assess the needs and the case for change. These processes, focusing on a particular service area, will also be an opportunity to listen to staff views and develop working protocols.

Opportunities within IAPT

Earlier in this section we have written about the national training programme to improve access to psychological therapies for children and young people. This will ensure that we develop the right skills and approaches to deliver our vision of preventative, responsive and listening services for the emotional wellbeing and mental health of children and young people.

Given the sheer size and scale of the transformation we are undertaking across seven CCGs and three local authorities, we are investing £100k in our own bespoke IAPT scheme, through an innovative partnership with a local university, alongside existing support from Health Education England and NHS England.

Improving outcomes

We expect to see evidence of change in working practice in year 2 and substantial improvements in treatment outcomes in year 3 onwards. In year 2, we expect to make immediate progress in real time outcomes measurement and the start of a cultural shift towards collaboration between professionals and young service users.

Improving data and IT

Development of the new service over five years needs investment in information technology, equipment and training.

Most staff will be out in the community and will work from laptops and mobile phones so that they can access systems and electronic records in any location. They will be able to log in to a clinical portal and share in an instant any clinical information. This will open up for children, young people and families over the time span of the plan.

The service provider, NELFT, has installed a new electronic patient record system with a dedicated part for our service. NELFT has also developed a measurement tool for emotional well-being services for young people, called ICAN. Children, young people and families will be able to rate the help they have received by using an iPad. This then allows NELFT to track their progress whether they feel that their therapy is making a difference to their life.

The anonymised data then goes to a performance dashboard, which enables full data interrogation for a range of performance and quality indicators.

Governance and Performance Framework

Collaborative Commissioning Forum

Each of the ten commissioners, the three local authorities and seven clinical commissioning groups are statutorily accountable for the delivery of this transformation plan. Through a legally binding agreement, the ten commissioners have established a Collaborative Commissioning Forum, which is delegated to set budgets, authorise spending and manage operational delivery of the five-year transformation plan.

The Collaborative Commissioning Forum:

- Oversees the transformation plan
- Monitors delivery against plan
- Monitors the new service contract
- Monitors performance of the forum against its objectives
- Monitors provider performance against key performance indicators (KPIs)
- Monitors mobilisation of the new service against plans

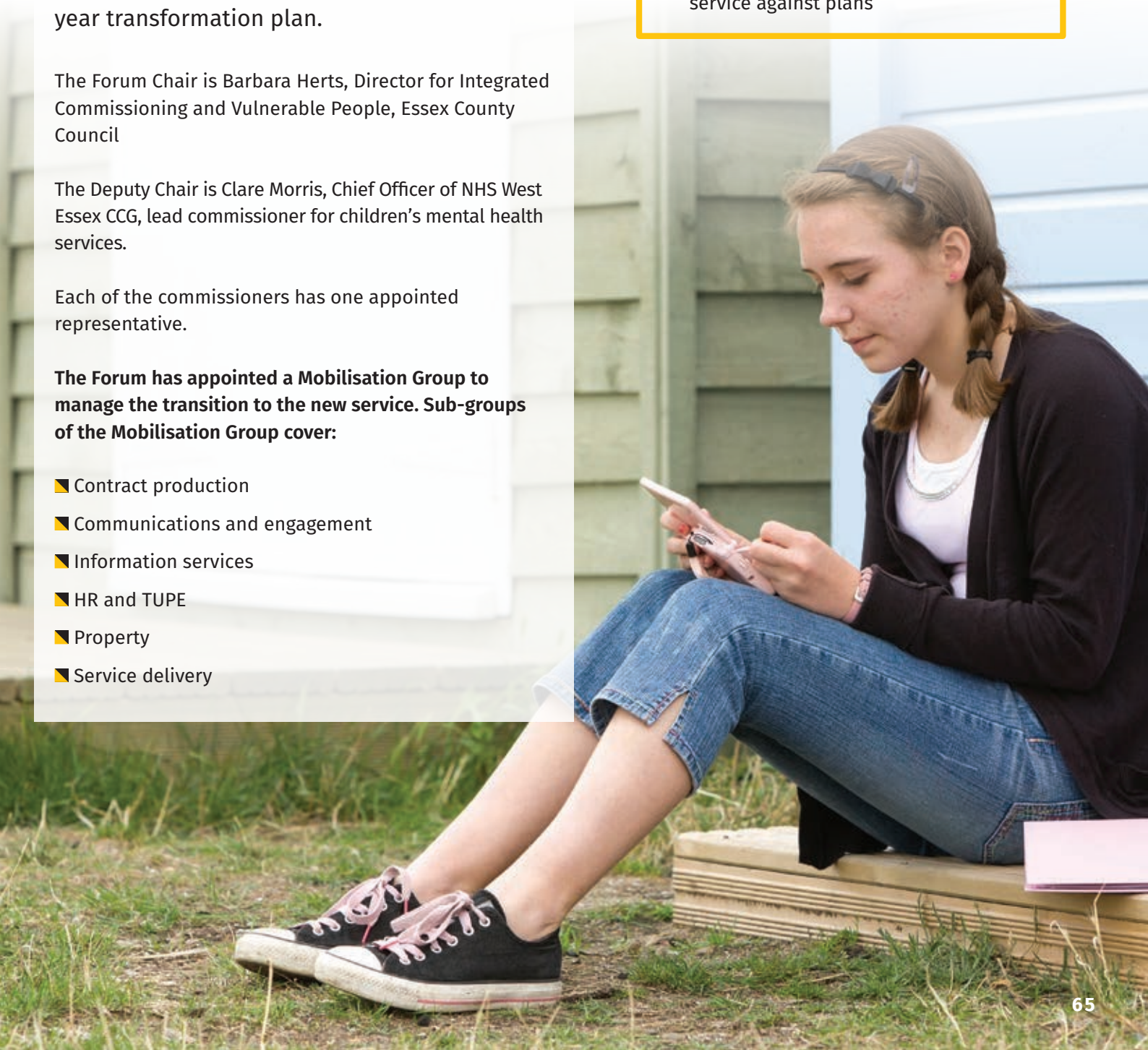
The Forum Chair is Barbara Herts, Director for Integrated Commissioning and Vulnerable People, Essex County Council

The Deputy Chair is Clare Morris, Chief Officer of NHS West Essex CCG, lead commissioner for children's mental health services.

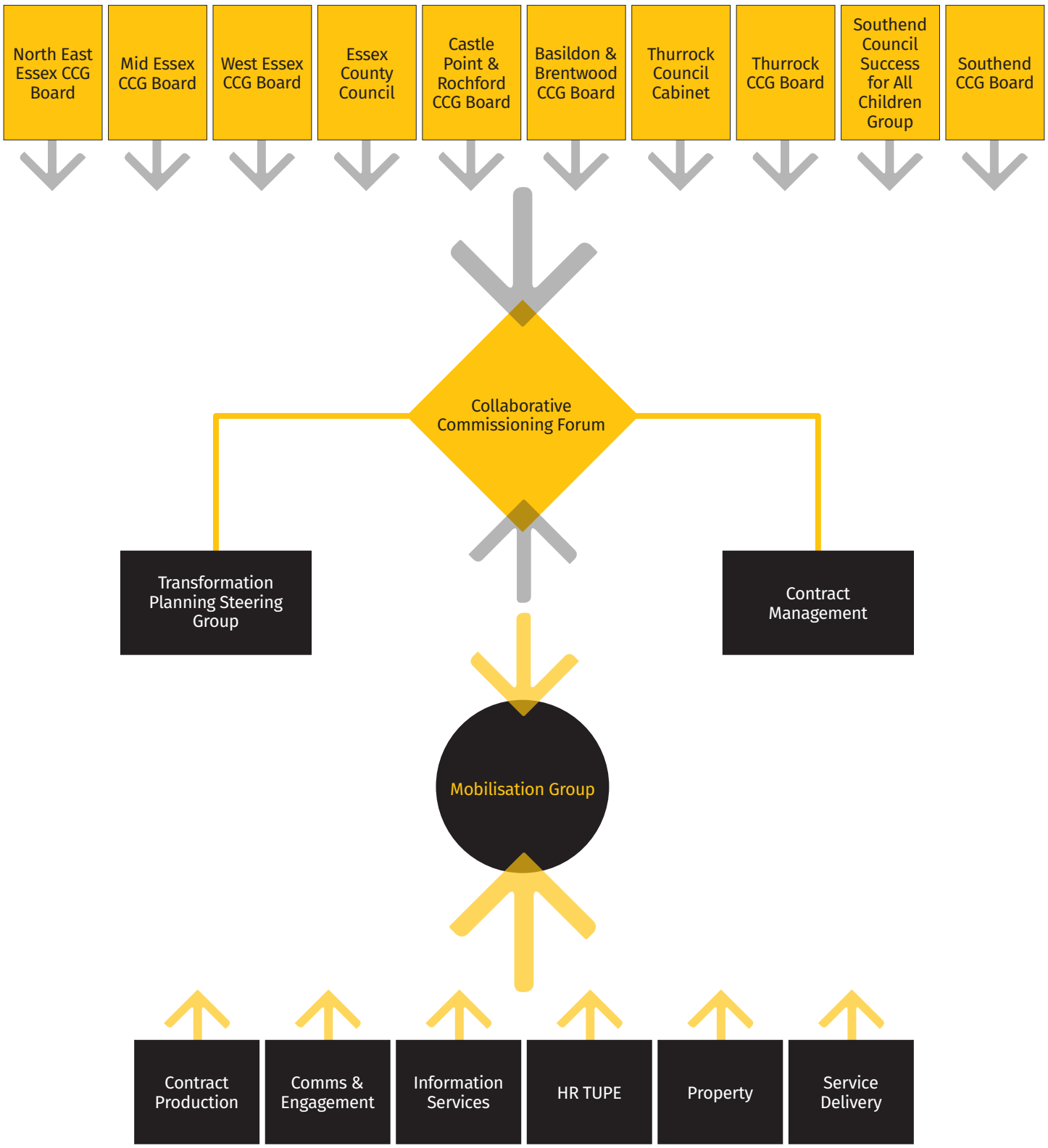
Each of the commissioners has one appointed representative.

The Forum has appointed a Mobilisation Group to manage the transition to the new service. Sub-groups of the Mobilisation Group cover:

- Contract production
- Communications and engagement
- Information services
- HR and TUPE
- Property
- Service delivery



Children & Young People Emotional Wellbeing and Mental Health Partnership Governance



*See **appendix 5** for terms of reference of the Collaborative Commissioning Forum.*

Performance and quality framework

Within the service contract there is a comprehensive performance and quality framework, monitored monthly and reported to the Collaborative Commissioning Forum.

Our high level key performance indicators (KPIs) demonstrate our commitment to measuring improvement in outcomes year on year. The following shows our focus on a smaller number of meaningful outcomes measures, rather than a broader list of outputs-based measures.

Improved emotional wellbeing

Staff monitor individual clinical outcomes using IAPT validated outcome tools. Real time sessional outcomes monitoring will be phased in in year 1. (ICAN)
Performance monitoring will look at the number and percentage of service users with improving validated outcome scores between start of treatment and up to 6 months.
Targets for further improvements to be agreed for year 2 onwards.
Information is by locality
6 monthly reports

Satisfaction with services

Data gathering will be via an experience questionnaire and the national “friends and family test”.
Monitoring will look at the number and percentage of service users reporting satisfaction
Year 1 performance will set the baseline and targets will be set for year 2
Monthly reports

Easier access

Intervention without delays monitored against nationally recommended timescales
Monitoring will look at referral to treatment within 6 weeks, 12 weeks and 18 weeks and waiting times referral to assessment of new cases
Year 1 performance will set the baseline and targets will be set for year 2
Monthly activity reports
Single point of access
Catch and carry – no bounce
Signposting or direct intervention
Looks at referrals received, redirected, rejected

Prompt response to crisis

Monitoring will look at the number of assessments in A&E within 4 hours, aiming for 100% achievement
Monthly activity reports

Proactive outreach

Monitoring will look at DNA rates
Year 1 performance will set the baseline and targets will be set for year 2
Monthly activity reports

Delivery

We will establish a programme management office to oversee the delivery of the plan. This will be an extension of the current mobilisation team with a new remit to deliver the priorities in this transformation plan.

Partners in the transformation plan – Transformation Planning Steering Group

Because the Southend, Essex and Thurrock transformation involves a major change to create a single integrated emotional wellbeing and mental health service for children and young people, it has built-in and embedded partnerships and stakeholder engagement over three years of development.

Further details about the history and future of engagement are included in the next section.

Specifically for the transformation plan, we have established a Transformation Planning Steering Group, which has among its membership the following:

- Commissioning and strategic leads for the three local authorities and seven CCGs
- Strategic lead for NELFT, the new service provider
- Existing Tiers 2 and 3 CAMHS provider leads
- Head teacher/education commissioner representative
- Voluntary sector
- Healthwatch Essex
- Youth Offenders Services
- NHS England Specialised Commissioning
- Adult Mental Health Commissioning
- GP leads
- Public Health Commissioning

A regional forum, plus monthly meetings and teleconferences have also supported liaison with NHS England Specialised Commissioning with specialised commissioners and representatives of the Clinical Network.

*See **appendix 5** for terms of reference of the Transformation Planning Steering Group*

Key links with other strategies

Good mental health and wellbeing for children and young people is a priority for all three health and wellbeing boards in Southend, Essex and Thurrock. It is part of an overall commitment to children and young people having the best possible start in life and being able to maintain their resilience.

Using the findings from JSNAs, the Joint Needs Assessment for Children's Emotional Wellbeing and Mental Health and the Essex Corporate Outcomes Framework ensures coordination and consistency between this transformation plan and the wider health and wellbeing strategies for Southend, Essex and Thurrock.

Our plans are in line with the *Winterbourne View – Time for Change* and national plans to transform commissioning of services for people with learning disabilities and / or autism. The lead commissioner for CAMHS is also a partner of the learning disabilities workstream across Southend, Essex and Thurrock.

The prioritites for action in this transformation align with all those of the system resilience groups for Southend, Essex and Thurrock and the five A&E departments across the patch.

BUILDING RESILIENCE IN THE COMMUNITY

"Although we are taught how to recognise some mental health issues within our school, education about mental illnesses is very limited if not non-existent."

"I know many people who suffer from mental health issues. It is vital that teachers in charge of pastoral care receive adequate mental health training and that every teacher is taught about mental health. All teachers undergo physical first-aid training, so why do they not receive this training for mental health?"

Ellie, a participant in the **Healthwatch YEAH! Project** to hear the views of young people

Access to information and support is one of the main themes of feedback in any discussion with children, young people and families.

Over the next five years of our transformation plan, we are investing in resources that will reach further into our local communities than we have ever been done before.

Engagement

History of engagement that has helped to shape our transformation plan

We have gathered the views of children and young people in several different ways over the last three years, as part of the work to design a new service for emotional wellbeing and mental health.

Some of these listening exercises include:

- Consultation with children and young people to develop the Essex Child and Adolescent Mental Health Services Strategy (2012)
- The Essex Healthwatch YEAH! Project in partnership with Essex Boys and Girls Clubs, which held focus groups on health and social care with over 400 young people across Essex (2014)
- Discussions with Young Essex Assembly Southend and other young people as part of the development of this plan.

A group of young people was also part of the procurement team and we continue to keep in touch for their advice. We are currently conducting a survey with a range of groups of children and young people and local voluntary sector organisations to inform our detailed plans for transformation.

Publication and further engagement in our transformation plan

The publication of this transformation plan, subject to the outcome of national assessment, will launch our long-term information and engagement campaign. A version of the transformation plan that is aimed at young people will be widely available from websites across our system and communities.

During the development of the transformation plan, we have connected with children and young people mainly through the youth councils and similar arrangements in each of the three local authorities, Southend, Essex and Thurrock. We are planning a launch in partnership with these groups that will include press, radio, TV, social media and direct messages to schools and other stakeholders.

Continuing communications, information and relationship-building

Year 1 of our plan will see the start of a detailed "service mapping" exercise in each local area to build up a comprehensive database of community and voluntary organisations that can play a part in the emotional wellbeing of children and young people. This will provide the start of a growing infrastructure for the seven locality teams to make emotional wellbeing everybody's business.

The seven locality teams will be available to schools and other public services, ready to support with advice and guidance. They will build upon existing partnerships with GPs, community health services, hospitals and children's care services to set new protocols for responding to children with mental health problems.

Part of the infrastructure for reaching out to children, young people, families and professionals will be an online resource, already well-established in NELFT and known as "The Big White Wall".

The Big White Wall is a comprehensive online resource, offering online counseling, self-help apps and coping tools, as well as information.

In year 2 of the transformation plan, we will increase access to tested, evidence-based resources, working with children and young people from a range of backgrounds to test self-help techniques and tools.

Developing systematic and built-in engagement

Healthwatch Essex has done a study of existing methods of engagement across all ten commissioners involved in this transformation plan.

What works for children and young people

- Social media and online resources
- Building a campaign
- Getting young people involved as trained ambassadors
- Incentives to take part, such as opportunities to develop skills.

Reprezent

We are in partnership with a charity called Reprezent which specialises in recruiting and training young volunteers to run a peer support service, operating through a radio station and website.

Reprezent has built up a successful movement across the south east of England by bringing the voice of children and young people into public life. We are investing in a tailor-made Reprezent programme in Southend, Essex and Thurrock with training and opportunities for young people to have a powerful influence on the way we improve emotional wellbeing and mental health over the next five years.

Real-time feedback

Listening to children, young people and families will be an explicit part of frontline services. Standards for the new emotional wellbeing and mental health service require that teams will ask people for feedback, which will be recorded and used to monitor progress.

A clear role for schools

Many children and young people talk about school life when giving their views about mental health. They see a clear role for schools in understanding mental health problems and providing support. In our experience, the majority of schools already take on this responsibility and are often the first to raise concerns when someone is experiencing problems.

There is an army of skilled professionals across our 700 plus schools that form a substantial support network, including teachers, school nurses, counsellors, pastoral care staff, educational psychologists and special educational needs coordinators.

However, the potential of this resource is largely untapped. Although health, care and education for children and young people works side by side, it is not as joined up as it could be. Learning could be shared, for example, the experience of education, health and social care staff in working with young people with SEND to develop joint outcomes-focused plans, for children who require an Education Health and Care Plan or who need joined up early planning to prevent their needs escalating.

What our schools say

- We could do more with better information, advice and training
- We need easier and quicker access to expert help. It is not always clear which service to contact or how to manage an ongoing situation
- Communication around how to access on call cover for crisis and the definitions of the crisis threshold should be very clear
- We need a partnership that develops our capability, with training for staff, for example, and agreed protocols for action
- To make this work, capacity building needs to be for groups of schools and should help schools to support each other
- We need better systems to support children and young people during school holidays and when they transfer from school to school
- Some schools have their own schemes in place for emotional wellbeing and mental health problems; some have their own counseling service. We will use this opportunity to harness best practice and create a consistently effective approach for all schools, building on what works already.
- Services should support the emotional and mental health needs of parents, carers and siblings, not just the child or young person.

Partnership in action

A programme to build capacity and capability in schools is one of the most important actions in our transformation plan. In discussions with education leaders and head teachers, we have agreed to co-design a programme in year 1 that can be rolled out to schools in phases during years 2, 3 and ongoing.

This will include:

- From 1 November, fast access to advice and guidance through a single point of access in each area of Southend, Essex and Thurrock.
- From year 1, a developing website for children's and young people's emotional wellbeing and mental health, giving information to schools and online techniques, such as self-help toolkits.
- Together with young people, schools and community leaders we will develop a peer mentoring scheme that equips young people themselves to be able to help others.
- We will co-design a pilot with schools to develop training and capacity within groups of schools. This will cover training, development of a common understanding about emotional wellbeing and mental health and testing stronger links between school staff and the new service.

Suicide prevention and support for children who harm themselves

The risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff. Our first priority is to increase support with dedicated people in the locality teams who have particular skills in suicide prevention and managing self-harm.

During 2015/16, we will audit the existing Essex suicide prevention guidelines to identify next steps and improvements, which will include training.

In Essex, guidelines were locally developed and issued to all schools and other partners. There is limited information relating to their use and, currently, the guidelines have not been tested in Thurrock or Southend. Our audit using non-recurrent funds in year 1, will highlight any gaps and what partners perceive is needed to include suicide prevention becomes a routine. This may include further training and development across the Essex economy.

CONCLUSION 4

This transformation plan is the product of a genuine collaboration between the ten commissioners responsible for Southend, Essex and Thurrock.

A formal collaborative commissioning agreement joins us together, but more importantly, the plan has bonded us with a greater determination to improve mental health for children and young people.

We agree that bigger and better things will be possible when we work together, which is why we have pooled our funds, avoiding the differences in allocations to each CCG area. We anticipate £3.3 million additional resources from the Government for 2016/17 onwards. This money will be invested in meeting the needs we have identified locally and implementing the recommendations of *Future in Mind*, the national guidance on children's mental health.

To deliver the transformation plan, we have a commissioned a completely new service from 1 November 2015. Our first priority is to shepherd the new service safely to full-scale operation in 2016, quickly followed by developments to close gaps in services, improve outcomes and reduce inequalities.

Eating disorders is one of the most serious and urgent needs that we need to tackle over the next five years. We have set aside £950,000 to expand and improve our current services. With the remaining £2.4m additional money, we will fund more posts and build our capability in dealing with self-harm, suicide prevention and disorders such as ADHD. Our crisis teams will move to a 9 to 9 service, seven days a week, and concentrate on home treatment that avoids a hospital stay wherever possible. We are also investing in evidence-based therapies making these more widely available to children, young people and their families.

All of these investments will open up our services and reach out to children and young people with mental health problems, but the "Open up, Reach out" message of our transformation plan goes very much wider than this. Our aim is to build resilience in our schools, communities and among young people themselves. From the basics of making information available, to training staff in schools and other public services, to specialists building relationships with families and communities, we will promote a collective responsibility for the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock.

Appendix 1
Prevalence of mental health problems taken from ChiMat

Ref. National Child and Maternal Health Intelligence Network

Estimated number of children with conduct disorders by age group and sex

Estimated no. of CYP (2014)	All 5-10 years	All 11-16	Boys 5-10	Boys 11-16	Girls 5-10	Girls 11-16
NHS Southend	620	775	450	485	170	290
NHS Thurrock	715	835	515	525	205	315
NHS Castle Point and Rochford	510	700	375	435	135	265
NHS Basildon and Brentwood	910	1,160	660	725	255	440
NHS Mid Essex	1,175	1,500	855	950	325	555
NHS North East Essex	1,055	1,345	760	840	295	505
NHS West Essex	1,005	1,170	735	735	270	435
Total	**5,990**	**7,485**				

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of children with emotional disorders by age group and sex

Estimated no. of CYP (2014)	All 5-10 years	All 11-16	Boys 5-10	Boys 11-16	Girls 5-10	Girls 11-16
NHS Southend	285	605	130	265	160	345
NHS Thurrock	335	630	150	270	185	360
NHS Castle Point and Rochford	230	555	100	230	130	330
NHS Basildon and Brentwood	425	920	190	395	235	530
NHS Mid Essex	545	1,210	245	515	305	695
NHS North East Essex	490	1,045	220	445	270	605
NHS West Essex	455	940	205	405	250	540
Total	**2765**	**5,905**				

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of children with hyperkinetic disorders by age group and sex

Estimated no. of CYP (2014)	All 5-10 years	All 11-16	Boys 5-10	Boys 11-16	Girls 5-10	Girls 11-16
NHS Southend	210	175	185	150	30	30
NHS Thurrock	250	190	215	160	35	30
NHS Castle Point and Rochford	170	165	150	140	25	30
NHS Basildon and Brentwood	315	265	270	225	45	45
NHS Mid Essex	395	350	340	290	60	60
NHS North East Essex	355	300	310	255	45	45
NHS West Essex	340	275	290	230	50	50
Total	**2035**	**1720**				

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of children with less common disorders by age group and sex

Estimated no. of CYP (2014)	All 5-10 years	All 11-16	Boys 5-10	Boys 11-16	Girls 5-10	Girls 11-16
NHS Southend	170	150	135	105	35	50
NHS Thurrock	190	155	155	110	35	50
NHS Castle Point and Rochford	140	145	110	100	35	45
NHS Basildon and Brentwood	260	230	205	160	60	75
NHS Mid Essex	340	310	260	215	80	95
NHS North East Essex	280	260	225	175	60	85
NHS West Essex	290	240	225	165	60	75
Total	**1670**	**1490**				

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of males aged 16 to 19 with neurotic disorders

	Mixed anxiety and depressive disorder (males 16-19 yrs) (2014)	**Generalised anxiety disorder** (males 16-19 yrs) (2014)	**Depressive episode** (males 16-19 yrs) (2014)	**All phobias** (males 16-19 yrs) (2014)	**Obsessive compulsive disorder** (males 16-19 yrs) (2014)	**Panic disorder** (males 16-19 yrs) (2014)	**Any neurotic disorder** (males 16-19 yrs) (2014)
NHS Southend	225	75	40	30	40	25	380
NHS Thurrock	215	70	40	30	40	25	360
NHS Castle Point and Rochford	235	75	45	30	45	25	390
NHS Basildon and Brentwood	340	110	60	40	60	35	570
NHS Mid Essex	465	150	85	55	85	50	785
NHS North East Essex	410	130	75	50	75	40	685
NHS West Essex	360	115	65	45	65	40	610

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of females aged 16 to 19 with neurotic disorders

	Mixed anxiety and depressive disorder (females 16-19 yrs) (2014)	**Generalised anxiety disorder** (females 16-19 yrs) (2014)	**Depressive episode** (females 16-19 yrs) (2014)	**All phobias** (females 16-19 yrs) (2014)	**Obsessive compulsive disorder** (females 16-19 yrs) (2014)	**Panic disorder** (females 16-19 yrs) (2014)	**Any neurotic disorder** (females 16-19 yrs) (2014)
NHS Southend	510	45	110	90	40	25	785
NHS Thurrock	505	45	110	90	40	25	780
NHS Castle Point and Rochford	510	50	115	90	40	25	790
NHS Basildon and Brentwood	775	70	170	135	60	40	1,195
NHS Mid Essex	1,060	95	235	180	80	55	1,645
NHS North East Essex	935	85	205	160	70	50	1,450
NHS West Essex	800	75	175	140	60	40	1,240

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Estimated number of children with autistic spectrum disorders

	Autism in children aged 9-10 years (2014)	Other ASDs in children aged 9-10 years (2014)	Total of all ASDs in children aged 9-10 years (2014)	Autism-spectrum conditions disorders in children aged 5-9 years (2014)
NHS Southend	20	35	55	180
NHS Thurrock	20	40	60	200
NHS Castle Point, and Rochford	15	30	45	150
NHS Basildon and Brentwood	30	55	80	270
NHS Mid Essex	40	70	105	355
NHS North East Essex	30	60	90	305
NHS West Essex	30	60	90	310
Total	**185**	**350**		

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

Suicide and self-harm

Suicide is a complex issue and one that requires further research to understand better the specific risk factors associated with it. Looking at suicides in the UK between 1997 and 2003, one study has made the following observations (Windfuhr, K., 2008):

- Three times as many young men as young women aged between 15 and 19 committed suicide
- Only 14% of young people who committed suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.
- Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men

According to ONS, in 2014 there were 476 deaths of 15 to 24 year olds from intentional self-harm or undetermined intent in England and Wales. This is a rate of 6.6 deaths per 100,000 population aged 15 to 24 years.

Self-harm is a related issue:

- Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14 year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young men the rates of self-harm averaged 67 per 100,000 in 10-14 year olds and 466 per 100,000 in 15 to 18 year olds (Hawton, K., 2012). Self-poisoning was the most common method, involving paracetamol in 58.2 % of episodes (Hawton, K., 2012)
- Presentations, especially those involving alcohol, peaked at night. Repetition of self-harm was frequent (53.3 % had a history of prior self-harm and 17.7 % repeated within a year) (Hawton, K., 2012). Common characteristics of adolescents who self-harm are similar to the characteristics of those who commit suicide (Hawton, K., 2005)
- Young South Asian women in the United Kingdom seem to have a raised risk of self-harm. Intercultural stresses and consequent family conflicts may be relevant factors (Hawton, K., 2005)
- As many as 30% of adolescents who self-harm report previous episodes, many of which have not come to medical attention. At least 10% repeat self-harm during the following year, with repeats being especially likely in the first two or three months (Hawton, K., 2005)
- The risk of suicide after deliberate self-harm varies between 0.24% and 4.30%. Our knowledge of risk factors is limited and can be used only as an adjunct to careful clinical assessment when making decisions about after care. However, the following factors seem to indicate a risk: being an older teenage boy; violent method of self-harm; multiple previous episodes of self-harm; apathy, hopelessness, and insomnia; substance misuse; and previous admission to a psychiatric hospital (Hawton, K., 2005)

Information about hospital admission for self-harm and for mental health conditions is included in Local Authority Child Health Profiles, available at **www.chimat.org.uk/profiles**

Appendix 2
Further information on baseline activity in 2014/15

Waiting times

NHS England is gradually developing and introducing waiting times standards for mental health services to deliver its objective of parity of esteem, which will bring waiting times for those with mental health issues in line with those in other services

The current access standard for tier 3 services requires that no one will wait for more than 18 weeks from referral to treatment. Treatment is defined as being the initial assessment.

The 2013 NHS benchmarking network report stated that the average waiting times for children and adolescent mental health services (CAMHS) had increased consistently since the first report published in January 2011. This may reflect increasing levels of demand for CAMHS and restrictions on funding. Data from 2012/13 shows that maximum waiting times for specialist CAMHS average 15 weeks across the participating providers.

SEPT – Tier 3 CAMHS waiting times

The table below provides a snapshot of the number of children and young people waiting based on the period January–March 2015

CCG	Basildon and Brentwood	Castle Point and Rochford	Southend	Thurrock
Weeks waiting	Q4 2015	Q4 2015	Q4 2015	Q4 2015
0 - <3	28	22	73	53
3 - <6	13	16	31	36
6 - <9	10	6	28	21
9 - <13	4	4	21	16
13 - <18	1	0	9	1
18+ wks	0	0	6	1
Total	**56**	**48**	**168**	**128**

SEPT waiting times compare positively with the CAMHS average of 15 weeks, with 95% of children and young people across all south Essex CCGs being seen in less than 13 weeks for this particular quarter in 2014/15.

The table below shows the numbers waiting in each of weekly waiting time cohorts as a percentage of the total children and young people waiting in the same quarter, for each of the four south Essex CCGs.

CCG	0 - <3	3 - <6	6 - <9	9 - <13	13 - <18	18+ wks
Basildon and Brentwood	50%	23%	18%	7%	2%	0%
Castle Point and Rochford	46%	33%	13%	8%	0%	0%
Southend	43%	18%	17%	13%	5%	4%
Thurrock	41%	28%	16%	13%	1%	1%

NEP – Tier 3 CAMHS waiting times

The table below provides a snapshot of the number of children and young people waiting based on the period January –March 2015

CCG	North East Essex	Mid Essex	West Essex
Weeks waiting	Q4 2015	Q4 2015	Q4 2015
< 4 weeks	34	49	28
4-12 weeks	47	63	42
13-15 weeks	4	2	9
16-17 weeks	0	1	2
18-20 weeks	1	0	0
20 + weeks	0	0	0
Total CYP	**86**	**115**	**81**

NEP waiting times compare positively to the CAMHS average of 15 weeks, with 98% of children and young people across all North Essex CCGs being seen in less than 15 weeks for this particular quarter in 2014/15.

The table below shows the numbers waiting in each of weekly waiting time cohorts as a percentage of the total children and young people waiting in the same quarter, for each of the three north Essex CCGs.

CCG	<4	4-12	13-15	16-17	18-20	20+ wks
North East Essex	40%	55%	5%	0%	1%	0%
Mid Essex	43%	55%	2%	1%	0%	0%
West Essex	35%	52%	11%	2%	0%	0%

93% of the total children and young people waiting were seen within 12 weeks for this particular quarter in 2014/15

Tier 2 – Southend, Essex and Thurrock waiting times

The table below provides a snapshot of the number of children and young people waiting based on the period January –March 2015

	Castle Point and Rochford+Basildon and Brentwood	Southend	Thurrock	North East Essex	Mid Essex	West Essex
Weeks waiting	Q4 2015	Q4 2015	Q4 2015	Q4 2015	Q4 2015	Q4 2015
0 - <3	121	76	2	128	128	66
3 - <6	13	56	2	40	39	26
6 - <9	7	54	1	1	9	28
9 - <13	3	50	4	4	1	14
13 - <18	0	31	0	0	0	0
18+ wks	0	7	0	0	3	0
Total CYP	**144**	**274**	**9**	**173**	**180**	**134**

The referral to treatment national waiting time standard of 18 weeks does not apply to tier 2 services, as this is a standard applicable to the NHS and not to local authority services.

However, in Southend there is a requirement that all children and young people are seen within 10 weeks. Currently waiting times do not meet this requirement. SEPT is delivering against an action plan to ensure that there will be no children and young people waiting in excess of 10 weeks by the time services transfer to the new model on 1 November.

There are no waiting lists in Thurrock.

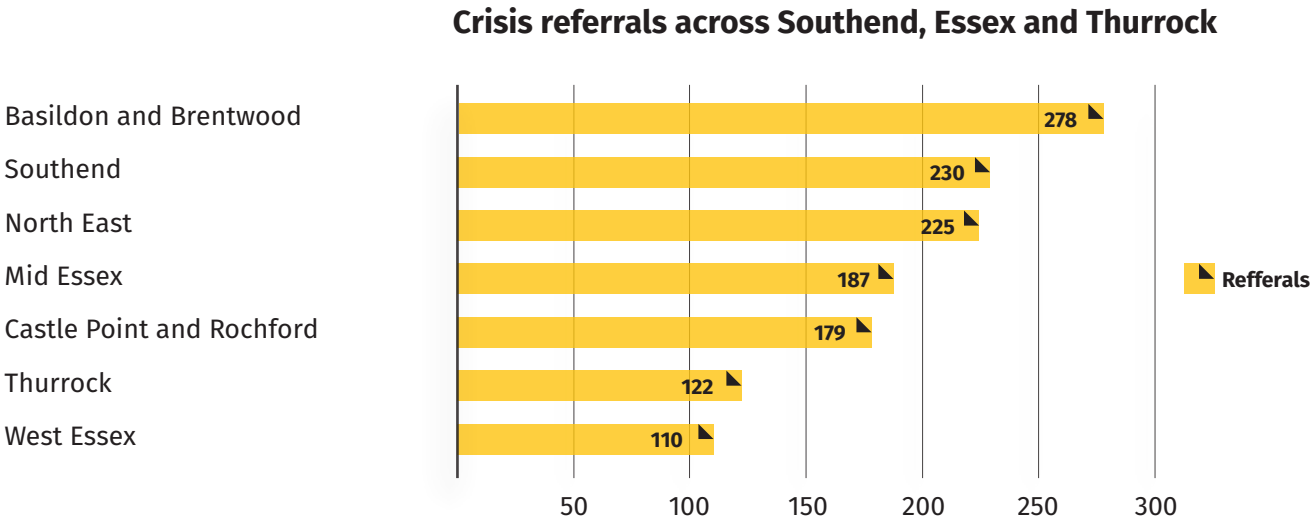
The table below shows the numbers waiting in each of weekly waiting time cohorts expressed as a percentage of the total children and young people waiting in the same quarter, for each of the CCG localities.

CCG	0 - <3	3 - <6	6 - <9	9 - <13	13 - <18	18+ wks
Castle Point and Rochford and Basildon and Brentwood	84%	9%	5%	2%	0%	0%
Southend	28%	20%	20%	18%	11%	3%
Thurrock	22%	22%	11%	44%	0%	0%
North East Essex	74%	23%	1%	2%	0%	0%
Mid Essex	71%	22%	5%	1%	0%	2%
West Essex	49%	19%	21%	10%	0%	0%

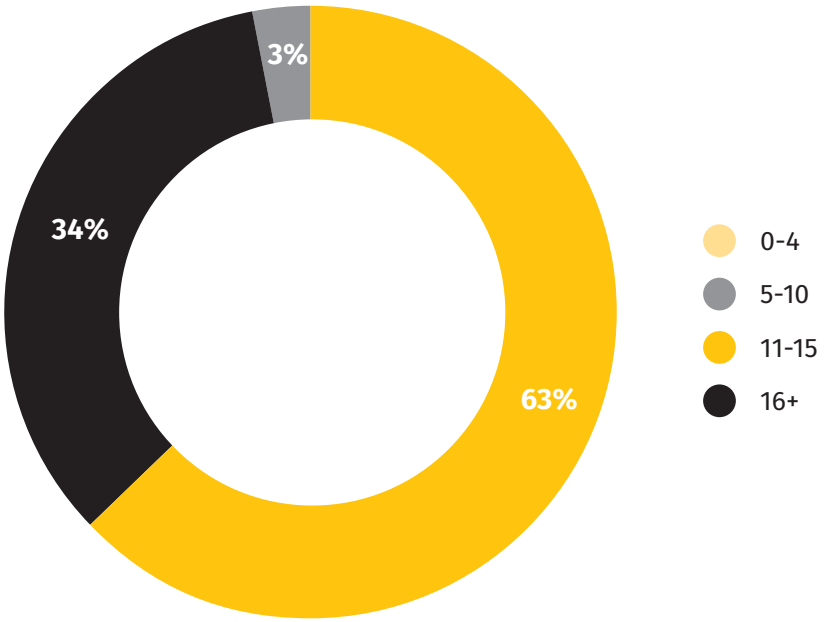
As the new service model rolls out, commissioners expect to see significant improvements in waiting time standards during 2016/17. Robust KPIs have been developed to routinely monitor referral to assessment, and referral to treatment waiting times with the aim of achieving year on year improvements over the life of the contract.

Additional information on referrals to crisis services

The chart below shows the number of crisis referrals received from the seven Essex CCGs during the period April 2014 to March 2015. Across Southend Essex and Thurrock there has been a year on year increase in referrals to crisis services which could be a reflection on the capacity and unmet demand in Tier 3 services.

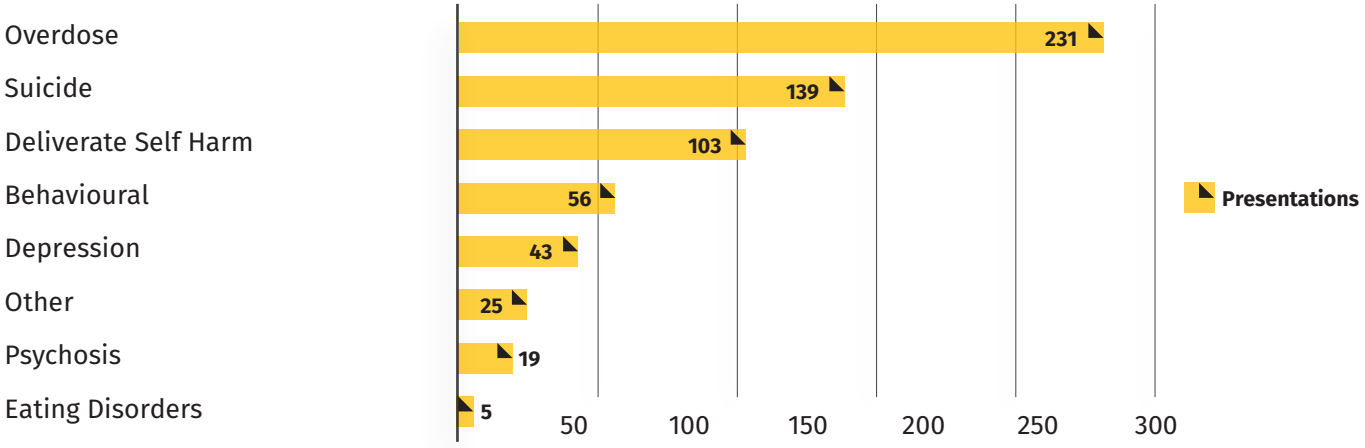


The chart below shows the age range of crisis referrals received



The chart below shows presenting problems for the crisis teams across Southend, Essex and Thurrock. The most common presentations to the crisis teams are typically for overdose, suicide, and self-harm.

Crisis presentations across Southend, Essex and Thurrock



Additional information on referrals to services for eating disorders

North Essex Eating Disorder Service Baseline data 2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Referrals received	6	8	12	11	6	14	11	12	9	19	8	20
Referrals accepted for assessment												

Of the total referrals received during 2014/15, 109 were accepted in to the service.

Waiting times:
The most common initial and actual waiting time was 15 days.
The differences in initial and actual waiting time were usually due to families being unable to attend on the given date due to other commitments e.g. exams.

	Mean	Median	Mode
Initial waiting time	19	18	15
Actual waiting time	20	19	15

Tier 4 service provision – Specialised services commissioned by NHS England

Nationally, there are pressures on tier 4 inpatient services, and this is reflected at a local level.

Often our young people who are suffering severe distress, have to wait at home with intensive packages of care until a bed becomes available. In some cases, they are admitted to paediatric wards, or to adult psychiatric wards and, on occasion, to police cells.

However, Essex has the only Section 136 suite in the country dedicated to children and young people.

Specialised services (tier 4) are often out of the local area, away from family and friends and potentially causing substantial travel costs at a time when the family is already experiencing significant distress and anxiety.

Commissioners in Essex will closely monitor the development and implementation of our new crisis service model, which is based on avoiding A&E presentation wherever possible through earlier intervention, better risk management and advance care planning, plus crisis resolution/home treatment.

Local Essex commissioners will be keen to work collaboratively with commissioning colleagues in NHS England to ensure that the significant investment in improving community services has a positive impact, including reducing both risk, inpatient admissions and length of inpatient stay.

Tier 4 in north Essex

Provided by North Essex Partnership NHS Foundation Trust (NEP) at the St Aubyn Centre has the capacity to support 15 young people in an acute in patient unit and with 10 intensive care beds (PICU).

The service cares for children and young people with the most serious problems, providing hospital-based mental health care, usually on an in-patient basis. The Unit is integrated with the crisis team, which is the gatekeeper for referrals to specialised services.

Key issues following transfer to specialised services:

- To ensure effective care pathways
- To ensure that the regional governance structures oversee the integrated approach
- To ensure a local Essex ‘gateway’ for both planned and crisis situations

Tier 4 in south Essex

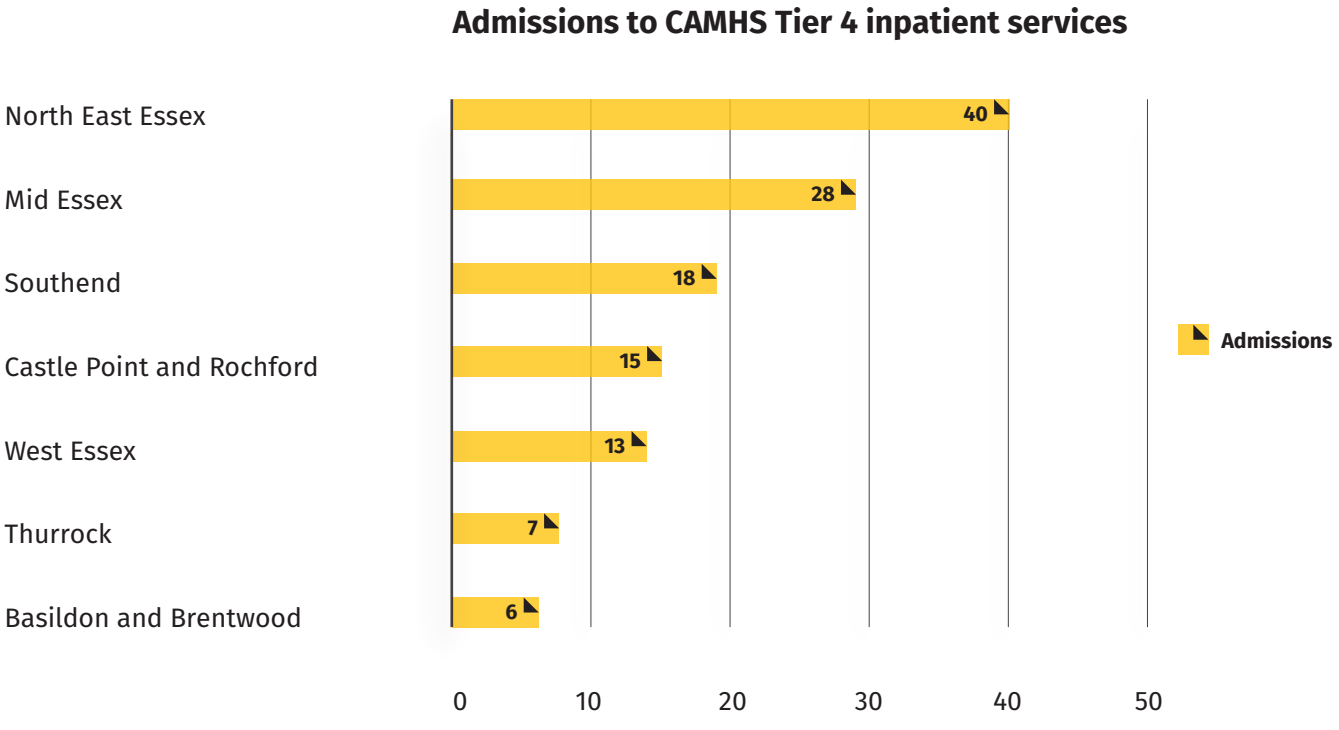
The Poplar unit is a tier 4 inpatient unit staffed by SEPT. The unit has the capacity to support up to 16 young people.

Poplar Unit's team of highly qualified mental health professionals provide high quality assessments, treatments, educational resources and short-term rehabilitation for young people aged between 11 and 17 years.

Tier 4 – Baseline data 2014/15
Our current providers SEPT and NEP have provided the following CAMHS in patient data

CCG	Admissions
Basildon and Brentwood	6
Castle Point and Rochford	15
Southend	18
Thurrock	7
North East Essex	40
Mid Essex	28
West Essex	13
Total	**127**

The Chart below shows that the highest number of admissions are in North Essex, specifically in the CCG localities of Mid Essex and North East Essex.



64% of CAMHS admissions generate from North Essex, with 36% from South Essex

NEP report the average length of stay for the baseline year 2014/15 for each North Essex CCG as 15 days.

The average length of stay reported by SEPT for discharged patients is detailed in the table below:

CCG	Average LOS
Basildon and Brentwood	142 days
Castle Point and Rochford	84 days
Southend	66 days
Thurrock	70 days

Appendix 3
Baseline assessment investment in 2014/15

Service	Thurrock LA	Southend LA	Essex County Council	Castle Point and Rochford CCG	Southend CCG	Basildon and Brentwood CCG	Thurrock CCG	North East Essex CCG	Mid Essex CCG	West Essex CCG	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
CAMHS Tier 2 - LA funding	202.00	210.00	2,071.20								2,483.20
MIND								18.11	14.51	20.39	53.00
Tier 3 CAMHS				913.72	954.16	1,723.46	1,044.66	2,349.22	1,881.87	2,644.45	11,511.55
CAMHS/LD				35.28	36.84	66.54	40.34				179.00
Children's Learning Disability Service								124.33	99.59	139.95	363.88
Specialised Commssioning				717.69	819.38	597.48	250.80	2,087.20	2,260.36	658.17	7,391.08
Grand total	**202.00**	**210.00**	**2,071.20**	**1,666.69**	**1,810.38**	**2,387.48**	**1,335.80**	**4,578.86**	**4,256.33**	**3,462.96**	**21,981.70**

Appendix 4
Staffing of current services prior to 1 Nov

North Essex Tier 3 staffing

North East Essex CAMHS Tier 3 staffing
Consultant Psychiatrist - 2.0 wte
Trainee Medical Psychiatrist - 2.0 wte
Band 5 Nurse - 1.0 wte
Band 6 Nurse - 4.0 wte
Band 7 Nurse - 2.0 wte
Psychologist - 3.0 wte
Child Psychotherapist - 1.72 wte
Admin - 7.43 wte

YOT - Col and Tendring
1 CPN - 1WTE

Crisis Team - North Essex wide
Band 5 Nurse - 1.0 wte
Band 6 Nurse - 6.0 wte
Band 7 Nurse - 1.0 wte
Occupational Therapist - 1.39 wte
Child Psychotherapist - 1.0 wte
Administrator - 1.0 wte.

Mid Essex CAMHS Tier 3
Consultant Psychiatrist - 3.0 wte
Specialty Doctor - 1.0 wte
Band 5 Nurse - 1.0 wte
Band 6 Nurse - 3.04 wte,
Band 7 Nurse - 1.80 wte
Psychologist - 3.64 wte,
Child Psychotherapist - 5.40
Admin - 8.45

YOT - Chelms. Braintree Maldon
1 OT - 0.81 WTE (30hrs)

Eating Disorders - North Essex wide
Band 7 clinical nurse specialist - 1 wte
Band 6 community charge nurse - 3 wte
Band 8a Systemic Family
Psychotherapist - 1.69 wte
Band 7 Systemic family therapist - 1 wte
Band 4 Assistant Psychologist - 1 wte
Band 4 Team administrator - 1 wte
Band 8c Consultant family therapist,
clinical lead and team manager - 0.5 wte

West Essex CAMHS Tier 3
Consultant Psychiatrist - 3.84 wte
Medical Trainee - 2.0 wte
Specialty Doctor - 1.5 wte
Band 6 Nurse - 2.70 wte
Band 7 Nurse - 1.0 wte
Psychologist - 4.86 wte
Child Psychotherapist - 10.0 wte
Admin - 10.0 wte

YOT - Epping, Harlow, Uttlesford
Vacancy - 1 WTE

South Essex Tier 3 staffing

CAMHS Management

Band 9 - Associate Director and Lead Nurse x 1 wte

Secretarial Support to AD x 1 0.6 wte

Basildon CAMHS Tier 3 staffing

Consultant Psychiatrist x 1 wte

Medical Secretary to CD - x 0.48

Band 8a Clinical team manager & Psychotherapist x 1 wte

Band 7 Nurse x 1 wte

Band 8a & Band 7 Psychologists x 2 wte

Band 8c Psychotherapist x 0.6 wte

Band 4 psychology assistant x 0.6

Agency Locum Speciality doctor x 0.2 wte

Band 4 psychology assistant x 0.2 wte

CT3 Trainee Psychiatrist x 2 days per week

Band 3 admin - 3 wte (1 currently senconded 0.6 secretarial support to AD)

Brentwood CAMHS Tier 3

Consultant Psychiatrist x 0.9 wte

Band 8d Family therpist x 0.9 wte

Band 8c Psychotherapist x 0.7 wte

Band 6 Nurse x 0.51wte

Band 7 Senior CAMHS practitioner x 1 wte

Band 7 Psychologists x 1 wte

Agency Locum Speciality doctor x 0.2 wte

Agency Counsellor/CAMHS Prac x 1wte

Psychotherapy Trainees x 2 wte working between both sites

Band 3 Admin - 0.8 wte x 2 and 0.49 wte x1

Castle Point and Rochford CAMHS Tier 3

Clinical Team Manager x 0.5 wte

Consultant Psychiatrist x 1 wte

Counsellor x 1 wte

Nurse practitioner x 0.6 wte

Social worker x 0.8 wte

Family therapist x 1 wte

Psychologist x 0.8 wte

Secretarial Support x 0.48

Band 3 admin 2 wte and 0.6 x 1 wte

CAMHS CRISIS TEAM - South Essex wide

Band 6 - 4 wte

Band 7 - 1wte

Thurrock CAMHS Tier 3

Consultant Psychiatrist x 1 wte

Clinical team manager x 0.5 wte

Psychologists x 2.11 wte

Family therpist x 1 wte

Senior CAMHS Practitioner x 1 wte

LA seconded social worker x 1 wte

Trainee Psychologist x 1 wte

Band 3 admin - 0.8 x 2 wte, 0.40 x 1 wte and 0.53 x 1 wte

Southend CAMHS Tier 3

Consultant Psychiatrist x 1 wte

Clinical team manager x 0.5 wte

Psychologists x 1.2 wte

Family therpist x 0.68 wte

Band 7 Nurse x 1 wte

Band 6 Nurse x 1 wte

Band 7 Art Therapist x 0.8 wte

Band 3 admin - wte x 2, 0.56 wte x 1 and 0.46 wte x1

YOT

Basildon and Brentwood and CP&R

Band 7 Social worker/CAMHS Prac x 1 wte

Thurrock

CPN x 1 wte

Southend

CPN x 1 wte

CAMHS/LD - South Essex wide

Psychologist x 0.8 wte

Assistant psychologist x 1 wte

LD nurse x 1wte

Nurse Specialist x1 wte

Pschologist (8 b or c) x 1 0.?? (15hrs)

Essex University Students x 4 (starting Oct 15)

Band 3 admin 0.6 wte x 2

PAEDIATRIC PSYCHOLOGISTS - Basildon and Southend

Counselling Psychologistin Paediatrics x 1 wte

Assistant Psychologist x 0.7 wte

Clinical Psychologist in Community Paediatrics x 0.6 wte

Voluntary Psychologist working between Southend and Thundersley

Tier 2 staffing across north and south Essex

Thurrock

Band 6 - Art therapist x 2 wte (maternity cover 1 wte)

Drama Therapist x 1 wte (maternity leave)

art therapist x 0.48 wte 18

nurse clinician x 1 wte

Band 8c - Consultant Psychotherapist x 0.025 wte

Band 8a - manager x 0.5 wte

LA seconded admin x 0.7 wte

Basildon and Brentwood and Castle Point and Rochford

Staff complement: 16 full time equivalent inc staff manager

Band 6 - Manager 1 wte

Band 5 - 7.5 wte

Band 4 - 7.5 wte

Currently in post

Band 6

Band 5 - 3.5 wte

Band 4 - 7.5 wte

Skill mix

6 x Band 4 counsellors

2 x Band 5 drama therapists

0.5 x Band 5 social worker and counsellor

Thundersley

Band 6 - Play Therapist x 1 wte

CYP IAPT x 1 wte

Band 3 Admin 0.6 wte

North East Essex

Staff complement: 16.78 full time equivalent inc staff manager.

Band 6 - manager 1 wte

Band 5 - 8.12 wte

Band 4 - 7.66 wte

Currently in post

Band 5 - 7.12 wte

Band 4 - 6.66 wte

Skill mix

2 x Mental Health nurses

1 x integrative psychotherapist

7 x councellors

1 x art therapist

2 x social workers

Tier 2 staffing across north and south Essex (cont.)

Southend

Band 7 - Team leader / Art Psychotherapist x 1 wte

Band 6 - Nurses x 2 wte and 1 counsellor 1 x wte

Band 3 x 1 wte admin

Mid Essex

Staff complement: 10.77 full time equivalent inc staff manager.

Band 6 - manager 1wte

Band 5 - 3.76 wte

Band 4 - 6.01 wte

Currently in post

Band 6 - 1wte

Band 5 - 3.76 wte

Band 4 - 5.01 wte

Skill mix

3 x social workers

1 x play therapist

1 x mental health nurse

1 x specialist health visitor

Psychodynamic counsellors

West Essex

Staff compliment: 13.18 full time equivalent inc staff Manager

Band 6 - manager 1wte

Band 5 - 6.50 wte

Band 4 - 5.68 wte

Currently in post

Band 6 - 1wte

Band 5 - 6.50 wte

Band 4 - 5.68 wte

Skill mix

5 x social workers

2 x play therapists

1 x art therapist

1 x psychotherapist

2 x humanistic counsellors

2 x CBT therapists

1 x psychotherapist (child and adolecsent)

NEP Staffing
Tier 4

Job Role	Band 3		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8a		Band 8b		Total Tier 4	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Assistant																	8	
Assistant/Associate Practitioner																	4	
Assistant/Associate Practitioner Nursing																	2	
Clinical Psychologist																	2	
Consultant																	2	
Healthcare Assistant																	15	
Modern Matron																	1	
Nurse Manager																	1	
Occupational Therapist																	2	
Officer																	4	
Psychotherapist																	2	
Sister/Charge Nurse																	4	
Specialty Registrar																	1	
Staff Nurse																	15	
Supervisor																	2	

SEPT Staffing
Tier 4

Job Role	Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8a		Band 8b		Total Tier 4	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Nursing	8	8.00			5	5.00	6	6.00	2	2.00			1	1.00			22	22.00
Psychology													1	0.7	1	0.7	2	1.4
Family Therapy											1	1.00					1	1.00
Medical Staff																		
Consultant																		
SpR																	1	1.00
Staff Grade																	1	1.00
																	1	1.00
Admin																		
																	2	2.00
Advocate Service																	1	0.2

Appendix 5
Terms of Reference for the Collaborative Commissioning Forum and Transformation Planning Steering Group

Children and Young People's Emotional Wellbeing and Mental Health Collaborative Forum

Terms of Reference

Purpose

The Collaborative Forum has been established following award of the contract on the 1st June 2015, by agreement of the Commissioners. This forum will be used as the focus for discussion of all matters relating Children and Young People's Emotional Wellbeing and Mental Health (CYP EWMH) including strategic planning the commissioning contract and the pursuit of the objectives and performance of the function of the Collaborative.

Functions

The Collaborative Forum's key functions will be to:

- Act as the strategic forum for CYP EWMH transformation
- Oversee the production of a CYP EWMH strategy and transformation plan
- Monitor subsequent delivery of CYP EWMH strategy and transformation plan
- Discuss matters relating to the CYP EWMH commissioning contract and the pursuit of the objectives and performance of the function of the Collaborative.
- Monitor performance of the provider against contract and KPIs
- Monitor mobilisation plans of the new provider

Modus operandi

Members of this group will undertake to:

- Act in an open, transparent and honest way
- Respect the processes and business imperatives of partner organisations both commissioners and providers
- Be creative in resolving the difficult issues raised through joint commissioning and partnership arrangements
- Conduct business on a consensual basis

Membership and frequency of meetings

Membership is made up of one appointed representative from each commissioner. The group will be chaired by a local authority representative and the deputy chair will be appointed by the lead commissioner (West Essex CCG). The secretary for the forum will also be appointed by the lead commissioner.

The group will be chaired by: Barbara Herts

The deputy chair is: Clare Morris

The group will be administered by: West Essex CCG

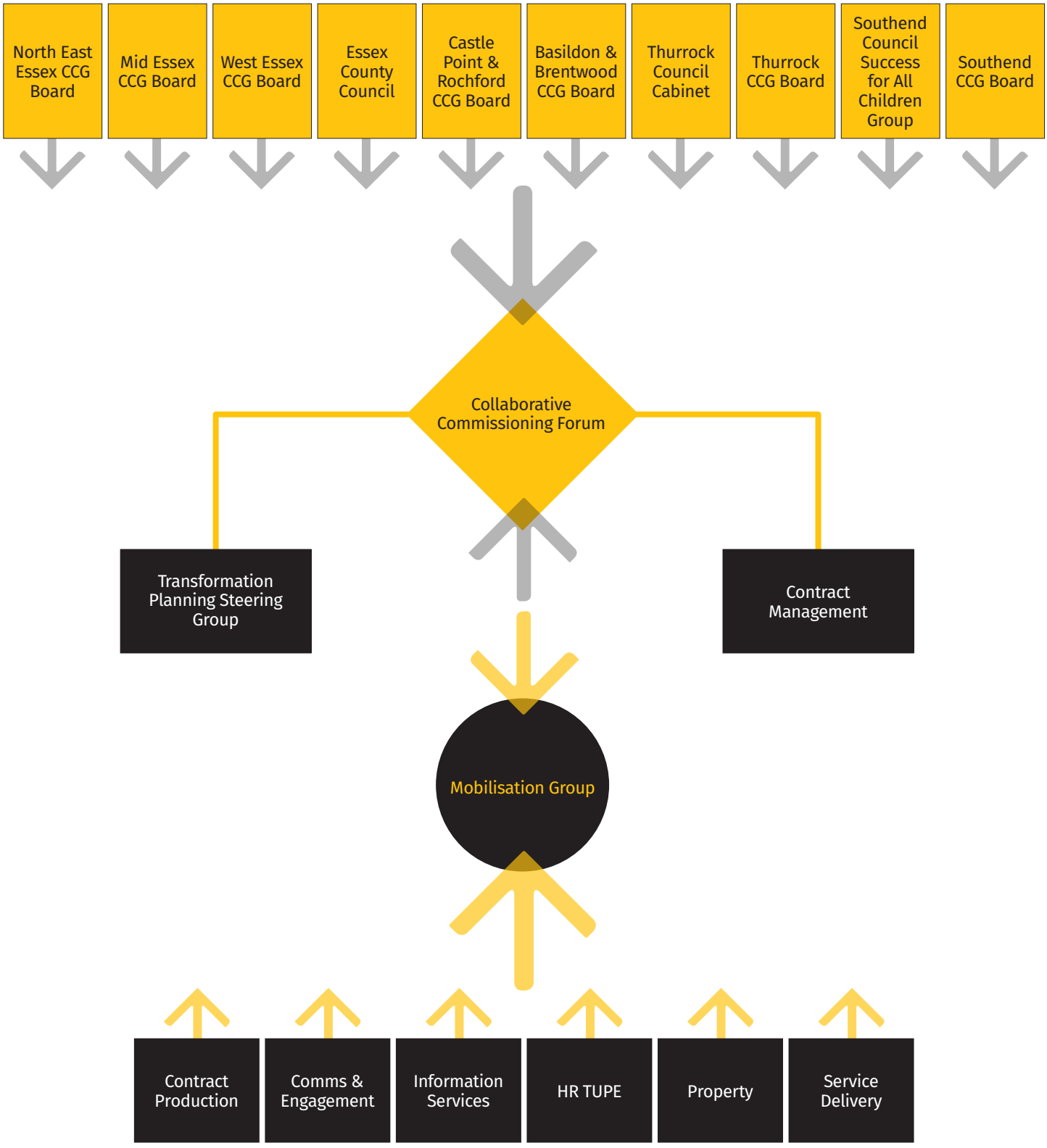
Meetings will be held monthly, with the agenda circulated 5 working days prior.

From time to time work will be carried out virtually by email or conference calls.

Governance

Below is a map detailing the governance for the collaborative forum.

Children & Young People Emotional Wellbeing and Mental Health Partnership Governance



Southend, Essex and Thurrock Transformation Planning Steering Group

Terms of Reference

Purpose

The purpose of the Southend, Essex and Thurrock Transformation Planning Steering Group is to provide a time limited working group to oversee and contribute to the development of the local Transformation Plan for improving emotional wellbeing and mental health outcomes for children and young people. This plan will set out how partners will collaborate across the system fulfil national requirements set out in 'Future in Mind' and Transformation planning guidance for improving access to and experience of services and better meeting local needs.

Objectives

To co-ordinate and contribute to detailed work on the development of the Southend Essex and Thurrock Transformation Plan to ensure that it reflects collaboration across the system and responds to local needs:

- Agreement of the joint vision and priorities for improving emotional wellbeing, resilience and mental health across the Southend, Essex and Thurrock system.
- Agreement of how joint working and collaborative commissioning arrangements will be further developed across the NHS, Local authorities, public health, youth justice, education and the voluntary sector to achieve the vision and sustain improvements.
- To ensure that children and young people are at the centre of development and delivery of the Transformation Plan.
- To deliver a joined up approach, linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable.

To ensure that the Transformation Plan includes clear actions and targets for improving the areas set out in the guidance, as set out below:

- Plans for developing/enhancing evidence based community eating disorder services.
- Set out plans for building capacity and capability across the system, so that more children and young people locally are able to access care.
- Support the further development of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across Southend Essex and Thurrock, building on existing engagement.
- Improving perinatal care (taking into account that allocation for this will be made separately and commissioning guidance has not yet been published).
- Plans for bringing education and local mental health services together around the needs of the individual child.
- Demonstrates links with existing improvement initiatives such as the Crisis care Concordat

To ensure the Transformation Plan is agreed and submitted within agreed timescales.

Membership

The Transformation Planning Steering Group will be chaired by the Essex CAMHS Strategic Lead, West Essex CCG. The Director for Integrated Commissioning, ECC will serve as vice chair.

- The membership of the Transformation Planning Steering will comprise of;
- Commissioning and Strategic Leads for Thurrock LA, Southend LA, ECC, CCGs
- Strategic Lead for NELFT
- Tiers 2 and 3 CAMHS provider leads
- Head Teacher/Education commissioner representative
- Voluntary Sector representative
- Healthwatch Essex representative
- YOS representative
- NHSE Specialised Commissioning representative
- Adult Mental Health Commissioning representatives
- GP leads
- Public Health Commissioning representative

Frequency of meetings

The Transformation Planning Group shall meet monthly

A smaller core group will meet more regularly to ensure the plan is progressed within the set timescales.

Governance

The Transformation Planning Group will report to the CAMHS Collaborative Commissioning Forum.

The Transformation Plan will be submitted by West Essex CCG, following approval from Southend Essex and Thurrock Health and Wellbeing Boards/a nominated representative from each Board.