

9 February 2016		ITEM: 7
Children's Services Overview and Scrutiny Committee		
Children's Mental Health		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Andrew Carter – Head of Care and Targeted Outcomes and Malcolm Taylor – Strategic Lead Learner Support		
Accountable Head of Service: Andrew Carter – Head of Care and Targeted Outcomes		
Accountable Director: Carmel Littleton – Director of Children's Services		

Executive Summary

Providing the right support for children and young people experiencing emotional and mental health problems is crucial, national research shows that over half of mental health problems in adult life start by the age of 14 and 75% by the age of 18. Work to ensure services are available to those who need them has been a key focus of the service redesign, the commissioned service provides improved access to a wider range of jointly funded specialist support and a focus on the most vulnerable children and young people.

Whilst it is too early to measure the impact of these changes, the initial feedback is positive and as a part of the increased focus on performance and quality assurance this report provides an overview of the current mental health needs of the local children and young people's population. Future scrutiny will be essential to ensure that the offer meets the needs of Thurrock children and young people particularly those most at risk.

1. Recommendation(s)

- 1.1 That members receive further reports once data is available to enable scrutiny of the delivery of the new service offer with a focus on those groups most at risk.**
- 1.2 That members note that the Corporate Parenting Committee will also receive reports on the access to support and services by looked after children.**

2. Introduction and Background

2.1 The government's report "Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing" set out some key recommendations on the work that needs to be done to improve children and young people's mental health and wellbeing. These included:

- removing the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds
- the need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds
- alternative treatment venues being made available, in particular for children from vulnerable and hard to reach backgrounds
- shared assessment, case management and regular multi-agency case review processes for these young people
- designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds

2.2 In Thurrock, over the last 18 months, officers working in partnership with the Clinical Commissioning Group and a range of partner local authorities have been working to jointly fund and re-commission children's emotional wellbeing and mental health support. This newly commissioned service sets out to provide improved access to services and reflects the recommendations given above, the new provider commenced in November 2015.

2.3 Whilst it will be some time before data from the new service is available this report seeks to update members on the latest information we hold on access to services (2014/15). It also highlights key aspects that members may wish to consider for further scrutiny in the future once delivery of the new services is embedded. Members are asked to note that reports will also be provided to the Corporate Parenting Group particularly for those children who are looked after or who are on the edge of care.

2.3 The joint offer recognises the need to better coordinate support for children and young people who are experiencing emotional and mental health difficulties. The provision of pathways of support based on NICE guidelines also strengthens agencies working together in a coordinated way.

3. Issues, Options and Analysis of Options

3.1 The key source of data currently available is the National Child and Maternal Health Intelligence Network (ChiMat). This data is produced annually with the most recent data being 2014/15. This provides an indication of the numbers of children requiring support and also the nature of the support they need.

3.2 It is estimated that 9745 children and young people are likely to need access specialist services to support their emotional wellbeing and mental health, the majority of these will access tier one support provided through for example, schools or GP's.

3.2 Services are broken down according to different levels of need from tier one which is usually delivered through schools or GP's through to tier four where the need is most significant and usually results in the hospitalisation of the child or young person. The table below provides a breakdown of the numbers of children accessing support per tier:

Tier	Tier one	Tier two	Tier three	Tier four
Number	6105	2850	755	35

The new service model will aim to deliver a rise on the % of current demands being met by direct interventions across the Tier 2 & 3 services.

Tier 2 rise from 14.5% to 27.5%

Tier 3 rise from 75% to 80%

The remaining Tier 2 need will be met by the service providing advice, support, consultation and training to other providers such as the voluntary sector, school provision, health visitors and staff in schools.

3.3 It has been identified that the four main groups of children with the greatest risk of developing mental health problems are:

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

Details for each of these groups is given below:

3.4 Children with learning difficulties and disabilities, developmental disorders, in residential schools and short stay schools:

Based on national evidence, 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. Similar observations came from local stakeholder feedback during 2013.

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

Thurrock:

Age	5-9 years	10-14 years	15-19 years)
NHS Thurrock	50	95	115

3.5 Children subject to a child protection plan:

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

Around 33% of children and young people known to be on the edge of care, getting support from children's services or in a programme for young offenders were also receiving mental health services in 2014/15.

3.6 Looked after children:

Looked after children are more likely to experience mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care. Locally, in 2014/15, a significant proportion of referrals to mental health services (around 17%) were for children who were known to children's care services. 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 (ADHD).

3.7 National evidence also highlights 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.

3.8 In order to improve how the emotional wellbeing and mental health needs of Thurrock children and young people are met the service was re-commissioned as a part of an Essex wide delivery model and in partnership with the Thurrock Clinical Commissioning Group. This enables Thurrock children and young people to have access to a wider range of specialist support and to improve value for money thus increasing access to services. Whilst it is too early to present any performance data, feedback from agencies

including schools is positive with children and young people being assessed and accessing support in a timely manner.

3.9 Since 2013, a partnership of lead commissioners; have worked develop an integrated, redesigned and comprehensive service model that integrates Tier 2 and Tier 3 services. Key differences between the previous Child and Adolescent Mental Health Service (CAMHS) service model and the new Children and Young People’s Emotional Wellbeing and Mental Health Service (EWMH) service model are detailed below:

Feature	Previous CAMHS Tier 2 and 3	New EWMH model
Delivery model	<ul style="list-style-type: none"> • Southend and Thurrock each commission SEPT to deliver Tier 2 provision in their area • CCGs commission SEPT to deliver tier 3 services 	<ul style="list-style-type: none"> • Joint commissioning approach across Southend, Essex and Thurrock LAs and the 7 CCGs • One provider commissioned to deliver a comprehensive tier 2 and 3 service across the 7 CCG population areas with a locality focus and locality integrated teams
Quality	<ul style="list-style-type: none"> • Services provide a restricted range of therapeutic interventions with a high proportion of psychotherapy which reflects staff experience • No agreed pathways common across the area • Services often work in isolation 	<ul style="list-style-type: none"> • Use of a wider range of effective evidence based therapeutic interventions including psychological therapies identified by NICE and inspired by the guiding principles of children’s talking therapies (IAPT) • Use of a pathways approach agreed and consistent across the whole area • Emphasis on joint working with other services
Age / Eligibility	<ul style="list-style-type: none"> • 0-18 • Services do not always work with children with LD, ASD/ADHD or behaviour issues • Services do not always work with CLA until they are in a settled placement 	<ul style="list-style-type: none"> • 0 – 25 with improved joint working and planning between adult and children’s mental health services for young people from 14-25 • Admission criteria will be consistent across Essex from June 2015 to meet estimated needs in each area. • Service to work with behaviour and emotional and mental health in a joined up way • Service to respond to emotional and mental health needs of children with a disability including LD • Service to work with CLA through all stages of their placement journey
Referral approach	<ul style="list-style-type: none"> • One CAMHS gateway in South Essex managed by SEPT • Little feedback to referrers about what services will be provided for the referrals they make • Referrals directed back to referrer if not 	<ul style="list-style-type: none"> • Referrers informed within 2 working days of referral where referral was directed • One ‘front door’ into services in Thurrock; with screening service located within the Multi Agency Safeguarding Hub • Referrals directed to appropriate service if not appropriate for EWMH Service • Standards for waiting times to be set – 24 hours emergency; 7 working days urgent

	<p>appropriate for Tier 2 or Tier 3.</p> <ul style="list-style-type: none"> No standard set for Average waiting times 	<p>and 28 working days for referral to assessment and assessment to treatment</p>
<p>Delivery (times and locations)</p>	<ul style="list-style-type: none"> Most delivery in service office bases and clinics High rate of DNA (Does Not Attend) and many cases closed after missed appointments 	<ul style="list-style-type: none"> Strengthened outreach approach More home based delivery More delivery in local school, health and community venues Service to be open beyond usual office hours Strengthened focus on assertive crisis outreach Discussion with family to set agreed appointment times Follow up and outreach to engage those with needs who miss appointments
<p>Vulnerable group and prioritisation</p>	<ul style="list-style-type: none"> No prioritisation of vulnerable groups 	<p>Prioritisation for</p> <ul style="list-style-type: none"> Children Looked After, Fostered/Adopted, Leaving Care and on the Edge of Care Children with a severe learning disability and complex social, mental and emotional health difficulties Young Offenders Those misusing substances

3.10 There is a strong focus on the most vulnerable groups of children and young people and it is recommended that in due course a report on the performance of the commissioned service with a particular focus on access to services for these groups is provided for members.

3.11 Funding for support from tier 1 to 3 is provided jointly by the Thurrock CCG and the local authority, where needs are more significant and a crisis response at tier 4 is needed this is funded by the CCG and will generally require hospital admission. Public health also fund some preventative services for example, suicide prevention work and early intervention through health visitors and school nurses. By moving to a model of one integrated service of support and intervention it provides clear pathways of support if needs escalate and removes the need for re-referral, also as needs de-escalate it provides a safe transition back to universal services.

3.12 GP's and schools will generally be the main point of access for children and young people requiring support, self-referrals can also be made.

3.13 Members are also asked to note that the Corporate Parenting Committee will also receive reports on access to services and support by looked after children.

4. Reasons for Recommendation

4.1 The significant impact of providing appropriate support for children and young people facing emotional wellbeing and mental health difficulties is reflected in the recently commissioned service. It is important that elected members have

the opportunity to scrutinise the performance management of this work and to champion the needs of children and young people in Thurrock by ensuring that the new service reflects their emotional wellbeing and mental health needs.

- 4.2 The further scrutiny of access to support for looked after children will ensure that the role of corporate parent is fulfilled and help to reduce any inequality of access.

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

- 5.1 Consultation was not undertaken in the writing of this report however members are asked to note that full consultation was undertaken during the redesign of the service prior to commissioning it.

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

- 6.1 This work outlined in this report supports the following Council priorities:

- **Create** a great place for learning and opportunity
- **Encourage** and promote job creation and economic prosperity
- **Improve** health and well-being

7. Implications

7.1 Financial

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

Whilst there are currently no financial implications to this report as the service has been commissioned through existing budgets. Increasing demands and the reduction in Early Offer of Help provision will mean future budgets will come under increasing pressure and this provision will be need to be constantly reviewed.

7.2 Legal

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

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

7.3 Diversity and Equality

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

This report provides a progress update on support to children and young people who may face significant inequalities; the commissioned service improves access to support and services and therefore should reduce inequalities.

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

None

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

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

9. Appendices to the report

- None

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