

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>4 SEPTEMBER 2017</b>	<b>PUBLIC REPORT</b>

Report of: Joint Commissioning Unit	Catherine Mitchell (CCG), Director of Community Services and Integration and Wendi Ogle-Welbourn (PCC), Corporate Director, People and Communities
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**CHILDREN AND YOUNG PEOPLE EMOTIONAL HEALTH AND WELLBEING**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Head of Transformation and Commissioning (Children and Maternity)	<b>Deadline date:</b> N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Receive the update for information and comment</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The Committee requested an update report on Child and Adolescent Mental Health Services.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The report gives an overview of recent developments for children’s emotional health and wellbeing.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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**4. BACKGROUND AND KEY ISSUES**

**4.1 BACKGROUND INFORMATION**

- Waiting times in specialist Child and Adolescent Mental Health Services (CAMHS) have been up to one year.
- Waiting lists were closed temporarily for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent mental health needs.
- CAMHS emergency assessments in Emergency Department settings have increased significantly in recent years.
- Additional funding is now available to increase access to CAMHS.

## 4.2 KEY DEVELOPMENTS AND PROGRESS

### Commissioning

For the past two years, commissioning for Children and Young People's Emotional Health and Wellbeing has been the responsibility of the Joint Commissioning Unit covering Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and led by Wendi Ogle-Welbourn. This has meant that the three organisations have been able to use their resources flexibly to meet the needs of children and young people.

The key principles underpinning recent work are:

- Integration of NHS and local authority services
- Shift of resource from specialist to early intervention
- Increase in numbers accessing services
- Effective use of resources.

### Prevention

#### Mental Health Awareness and Training in Schools

##### 1. Mental health awareness workshops in schools

So far mental health awareness sessions have taken place in 11 schools and are booked for seven other schools. Across the 11 schools a total of 821 students have engaged in the workshops to date. These sessions aim to challenge stigma and build understanding of mental health

##### 2. Training for teachers enabling them to deliver Stress LESS lessons to pupils

The Stress LESS workshops for teachers include training school staff to deliver the 'Stress LESS' early intervention/prevention programme and also equipping them to respond appropriately to students in mental distress (including self-harm and suicide prevention). Six workshops are being delivered across Cambridgeshire and Peterborough and this equates to 90 staff trained. Starter packs and resources are made available to schools as well as an innovation fund for students to develop and produce bespoke resources for their school where they have identified that there is a prevalent issue that needs to be addressed amongst their peers.

##### 3. Mental health training for teaching staff and other professionals

Mental health training is available for free for all teaching staff and other professionals working with young people. This training ranges from specific workshops and e-learning for schools to an 11-day CAMH foundation course, as well as more specific short courses on e.g. self-harm. As of December 2016 one-hour mental health briefings, building a basic awareness and understanding of mental health, had been delivered in 27 schools. This is a rolling programme that has been delivered over several years. A further two schools have undertaken a new one-day Youth Mental Health Awareness course. This equated to 920 people receiving training.

No additional update, although there is funding available for which schools can bid and we are working closely with them to ensure their proposals fit with other developments and services. Cambridge United Football Club has also identified funds to undertake preventative work in the community. We are ensuring that they are linked with key professionals who can help them with their planning.

#### Preventative work in schools

Every school will deal with mental health differently in terms of the support they choose to put in

place and what they include in their overarching Personal, Social, and Health Education (PSHE) programme. However, it should be noted that at the current time, PSHE is not a statutory requirement so is not always delivered at specifically allocated times.

Information provided by schools indicates that an increasing number of secondary schools are providing counselling sessions. Some are purchased externally and some delivered internally by school based trained staff. Some examples of good practice include the following; the names of the schools have been removed:

- The school holds a weekly 'pre-early help' meeting to identify any students who may be heading towards needing additional support.
- Provision of regular sessions for young people around body image/healthy eating, using resources from 'Dove' Self-Esteem project - quite a number of schools utilise these resources. One school feels the work has been so successful that it is looking at developing a peer education programme to support this.
- Individual staff in one school have been trained in mental health support for children with Special Educational Needs and Disability (SEND).
- Provision of the 'Be Kind' programme: to promote kindness, reduce bullying, and increase positivity thus aiming to improve the overall mental health and wellbeing of students.
- Primary schools are encouraged to adopt the Cambridgeshire Personal Development programme, with the majority buying into this. There are units of work linked to all areas of health and wellbeing in its broadest sense. This includes some particularly good information around understanding and managing emotions and around coping with loss and change.

## **Communication/information**

CAMHS transformation funding has also been invested in a local website: [www.keep-your-head.com](http://www.keep-your-head.com)

The website is intended to be used as the local 'go to' site for all matters regarding emotional health and wellbeing for children and young people. There are tabs for professionals, young people, and parents, with links to information from self-help to specialist services.

The website was very well received at a recent GP training event led by the CCG Clinical Lead for CAMHS, Dr Becky Jones, and its success has led to plans to develop a similar site for adult mental health services.

## **Parent Support**

Pinpoint (Cambridgeshire) and Family Voice (Peterborough) have been funded to deliver parent support sessions and groups to provide additional support for parents of children with emotional wellbeing needs. Sessions are on different themes, such as ADHD, and often involve input from specialist clinicians able to answer questions to help parents understand how best to support their children

## **Young people engagement**

Healthwatch (Peterborough and Cambridgeshire) have been funded over the past two years to employ a young people's engagement worker to enable input in all areas of service development and ensure that all new priority areas can benefit from the input of children and young people

Working collaboratively with Peterborough Regional College, Healthwatch Peterborough developed a range of questions to gain an insight into a local young person's perspective on mental health. They were also keen to understand those who work closely with young people and as part of the work asked the college staff a range of questions. The survey was promoted from March to May 2015.

A total of 584 students and 265 staff participated in the study. The report covers young people

between the ages of 16-25 years.

Published in 2016 after consultation with the college, the report highlighted key areas young people found to affect their mental health, such as money, exam stress, and sleep. This intelligence can provide a foundation for future work to ensure there is adequate support in these areas. The college has reviewed the report and will use the findings to identify where they can use it to build recommendations into their Equality, Diversity, and Inclusion action plan. It has also been shared with Cambridgeshire and Peterborough CCG to be used in developing the children's Emotional Wellbeing Service redesign.

A copy of the report is available on Healthwatch Peterborough's website at [www.healthwatchpeterborough.co.uk](http://www.healthwatchpeterborough.co.uk)

The report found that depression was noted as the most common condition relating to mental health, by both the students and staff.

In addition through 2016-17, Healthwatch Peterborough and Healthwatch Cambridgeshire worked together on 'Being Happy Being Me', a report into young people's mental health. In it, young people told them what they thought about the language that is used to describe mental health, what their experiences of services had been, and how they would like to get help if they need it.

The project was funded by Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG.

A copy of the 'Being Happy Being Me' report is also available to download from Healthwatch Peterborough website.

## **Early intervention**

A range of services is commissioned by Peterborough City Council and the CCG through the Joint Commissioning Unit to provide early help for children and families:

1. 3Ts and 3Ts Plus provided by Drinksense - commissioned by the local authority. Trust, Talk, Take Action counselling service for young people aged 11-17 years. 3Ts is a talking therapies project to help and support young people to deal with, and cope with, issues that are having a negative impact on their emotional health and wellbeing. 3Ts Plus offers support for parents to help them understand and deal with their child(ren) if they are experiencing mental health and emotional wellbeing issues. 3Ts Plus is available to parents whose child is receiving support separately through 3Ts and provides support through 1:1 support, telephone support, group sessions with other parents who are facing similar experiences, and whole family support when needed.
2. YMCA - provides a range of services including counselling and play therapy. Not commissioned through the local authority but packages of support are available for schools to purchase independently.
3. Through CAMHS Vanguard funding, two drop in services have been set up in Huntingdon and Peterborough to work with Young People in Mental Health crisis, linking closely to the First Response Service. Funding has now been extended for a further six months. Information on the Peterborough service is provided at Appendix 1.
4. Xenzone has been commissioned to provide online counselling in Cambridgeshire and Peterborough via [www.kooth.com](http://www.kooth.com). This is an open access service, which offers one off consultations, a series of online counselling sessions, and moderated forums on specific topics to any person aged 11-25 years in Peterborough or Cambridgeshire. The service offers an alternative option for those young people who feel more able to access help online rather than via face-to-face services. A locally based worker is currently visiting schools and GP practices to publicise the work of Kooth and a publicity campaign is underway. The service will be evaluated for effectiveness and value for money in late 2017. Numbers of registrations for Kooth rose significantly in the first quarter of 2017 (April-June), with an average of 150 new registrations per month, mainly as a result of

- increased publicity. Most popular elements of the service used are 'Message and chat counselling' and 'Self-help' resources. There has been good anecdotal feedback from professionals, particularly schools, about the service. Keep Your Head Website: provides up-to-date information on emotional health and wellbeing. The website is funded through Cambridgeshire and Peterborough CCG and is maintained by Public Health.
5. School nurse: screening and health promotion service. Drop-in sessions to discuss physical and mental health. Short interventions with young people when capacity allows.
  6. Project for Schools (currently primary schools only). Three community psychiatric nurses who can be contacted directly by schools for information and advice. Commissioned by the local authority. Will conduct an observation on a student and follow up with report and recommended actions for the school. Also provide training to school staff to increase knowledge, understanding, and skill set of school based staff.
  7. Firebreak: targeted programme for identified groups of students to improve self-esteem. Intensive week-long programme promoting safety, teamwork, citizenship, and life skills whilst undertaking the various disciplines of the fire service. Delivered by the fire service. A set number of programmes have been purchased by the local authority.
  8. Targeted girls and targeted boys group. Eight-week programme, meeting once per week. Young people invited to attend, with the aim to build confidence, self-esteem, safety awareness, resilience, and engagement in positive activities. Provided by the Peterborough City Council Youth In Localities team.
  9. Targeted summer programme: two programmes, each two weeks long, delivered over the school summer holiday for targeted adolescents in the Troubled Families Cohort. Particular emphasis placed on continuing engagement with education and reduction in anti-social behaviour/criminality. Provided by the Peterborough City Council Youth In Localities team.
  10. Adolescent Intervention Service (AIS): dedicated 1:1 worker funded by the local authority to provide support to a young person and family in a variety of settings and situations. The planned intervention is time limited and progressive. AIS worker will attend and give a steer to TAC's to ensure SMART actions are agreed and delivered.
  11. School based youth worker: one-to-one sessions. Sessions usually held in school between youth worker and young person. Sessions will use teen star to determine wishes and feelings and establish what, if any, support is needed. One-to-one sessions may be provided for a short period of planned intervention to build confidence and self-esteem and resilience. Funded by the local authority.
  12. Change, Grow, Live (CGL) - POW (Possibilities, Opportunities, Without taking risk): young people's drug and alcohol service offering advice and support as well as tailor-made treatment. Support and treatment for families and children affected by parental substance misuse.
  13. Froglife: Green Pathways project for 5-18 year olds. Usually 10 sessions. Supports youngsters with difficulties working towards six outcomes: 1. increase confidence; 2. improve social skills; 3. increase positive behaviour; 4. improve knowledge of the environment; 5. increase enjoyment of the outdoors; 6. improve transferrable conservation skills

## **Emotional health and Wellbeing Workers**

Specialist CAMH workers – one per local authority district and two in Peterborough - will be employed to work with local services, such as schools and primary care services, to provide advice, consultation, training, and support in order to build skills and confidence in those working with children and young people with mental health problems. They will work closely with the Local Authority Early Help teams and be based in the districts. Recruitment for these posts has been problematic, but Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS), who provide the service, now have the majority of posts filled and are looking to begin the new service in the autumn term.

## **Eating disorders**

- A new specialist community based intensive intervention team has been in place from January 2017.
- The service is based in Huntingdon but will cover the whole CCG area.

- The service will work with up to 100 young people and families per year.
- Waiting time targets are four weeks (routine) and one week (urgent).

### **ASD/ADHD**

- New service commissioned from CPFT for ASD (11-17 year olds in Cambridgeshire), where previously there was a gap, and for additional ADHD resource in Peterborough.
- Parent training programmes have been commissioned in Peterborough as part of the pathway to ensure that there is adequate capacity to support parents at an early stage.
- Waiting times for specialist assessments are largely below 18 weeks. Additional staffing will be in post in September, when it is expected that 18 week targets will be met.
- Total numbers across Cambridgeshire and Peterborough waiting for assessment have been reduced from 242 in April to 176 in June.

### **Core CAMHS**

Core CAMHS waiting times remain below 18 weeks despite numbers of referrals increasing in recent months, with less than 10% waiting for more than 12 weeks. The Choice and Partnership Approach (CAPA), which is a demand and capacity approach, has been implemented in Peterborough with positive effects and is now being rolled out across Huntingdon and Cambridge.

### **Crisis assessment/support**

A temporary model to support young people in mental health crisis has now been agreed. This focuses on having CAMHS professionals embedded within the First Response Service, which is accessed via NHS 111 option 2, to cover emergency assessments during evening times and also to provide specialist telephone triage. CPFT is leading on developing longer term sustainable plans for crisis and emergency services. Two new crisis staff have been employed, on six month contracts initially, to increase capacity to enable evening assessments to take place. They will work closely with the First Response Service. A proposed new model has been drafted but is unlikely to be in place before January 2018 as it will involve staff consultation and additional recruitment.

### **Transitions from Children's to Adult Mental health services**

A review of services highlighted that there were gaps in provision for 17 year olds, with CAMHS finishing at the seventeenth birthday and adult services thresholds being considerably higher. There was a lack of continuity in provision. Parents and young people described how they felt that the difference in levels of service provision was like 'falling off a cliff' on moving from children's to adult services.

Additional resource has been allocated for this group and additional provision will be in place in autumn 2017.

Under new arrangements, both adult services and CAMHS will work with 17 year olds and use the whole year for 'transition' to adult services. To enable this, a number of transition workers will be employed by CPFT alongside peer support workers who will take on a more informal support role with 17 year olds.

### **Workforce**

Recruitment and retention of staff is a significant issue both nationally and locally. We have allocated some resource for 2017/18 to develop our local workforce. An implementation plan is currently in development, but is likely to include conversion of existing 'children's' staff and specific training

## Access targets

NHS England has confirmed specific targets in relation to our CAMHS transformation funding. CCG funded services are expected to provide treatment to 35% of all children with a mental health disorder by 2020. Our baseline shows that we have significant improvement to make to achieve that target. Work is underway with providers to agree trajectories to meet our interim targets.

Targets have now been agreed with the majority of providers for 2017. We have a 2017/18 interim target of 19%

## THRIVE

Cambridgeshire and Peterborough continues to be an NHS accelerator site for THRIVE: <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

We are using the framework to help shape our redesign of children's services across local authority and CCG commissioned services.

Work continues to embed the THRIVE principles in our work across all stakeholders and in particular to develop a common framework and language to build integrated children's services.

4.3

## FUTURE PRIORITIES AND PLANS

Work is underway on a number of priorities:

- **Developing a single front door for emotional wellbeing services.** Local authority support is ongoing. This work aims to ensure that referrals do not have to be made separately to individual services but referrals will go through a central route, which means that they can be considered for a wide range of NHS, local authority, and third sector provision dependent on need. This will remove the need for multiple referrals and make the journey through the system much easier to navigate for both referrers and families.
- **Refresh of Local CAMHS Transformation Plan.** This is due to be completed in October 2017 and will detail our plans for the forthcoming year.
- **Looked after children.** A working group is in place to develop proposals for provision to best support looked after children with emotional health needs. This group will report back in October 2017.
- **Counselling.** A joint procurement of youth counselling services, by Peterborough City Council, Cambridgeshire County Council, and Cambridgeshire and Peterborough CCG, is underway, with a single lead provider due to be in place from January 2018. The procurement is being led by Peterborough City Council and aims to provide increased consistency, improved efficiency, and effectiveness across Cambridgeshire and Peterborough. Increased funding has been invested in current providers and will continue as part of the newly procured service.

4.4

## CONCLUSION

There has been a considerable amount of progress in improving services for children and young people with mental health problems, but there is still much work to do. This report highlights the areas of progress, but also the challenges still to face.

## 5. CONSULTATION

5.1 Not applicable.

## 6. ANTICIPATED OUTCOMES OR IMPACT

### 6.1 Measuring impact

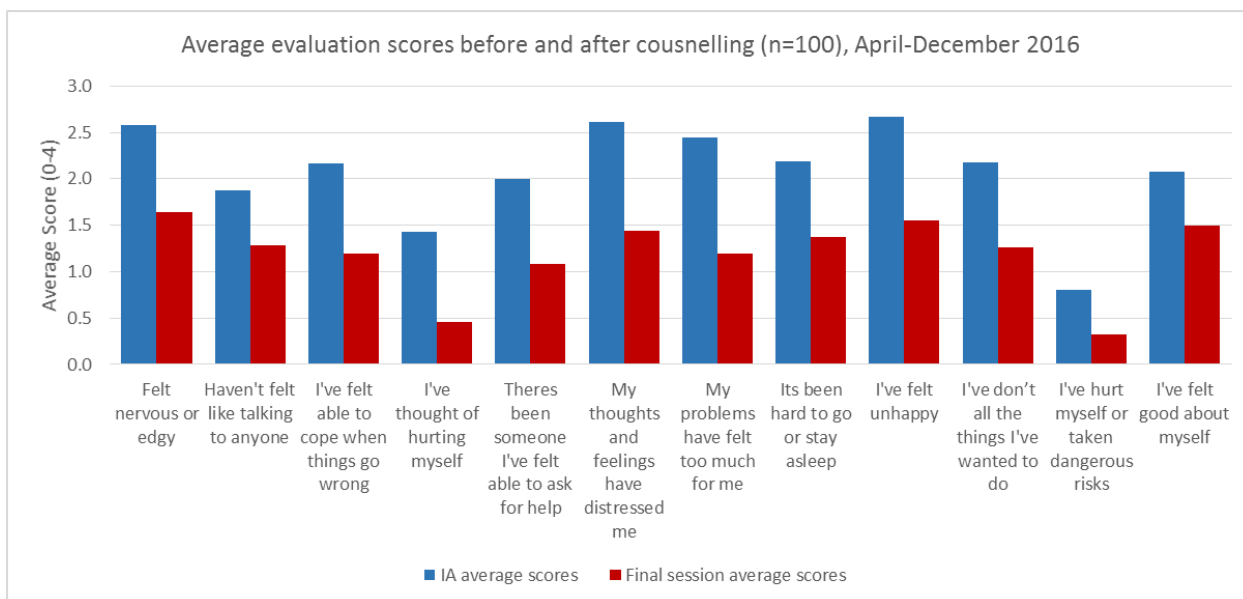
All commissioned services are measured through regular contract monitoring conducted by staff in the commissioning service. This will be through regular reports and contractor meetings. There will also be an expectation that provider reports include evidence of feedback from young people/family.

Commissioned services accessed through one of the three Multi-Agency Support Group (MASG) panels will also be monitored by that group of multi-agency professionals throughout the time the case is being supported by the panel.

The use of Outcome Star is actively promoted in Peterborough as a distance measured and change management tool. Both local authority employed staff and commissioned services are encouraged to use this or similar tools to measure and monitor impact.

All young people experiencing mental health issues on whom an Early Help Assessment has been opened will be tracked and monitored for significant and sustained progress through the Peterborough City Council Early Help Service as part of our Connecting Families programme - the local name for delivery of the national Troubled Families agenda.

Outcomes from current providers of counselling services are provided below. The results are ranked in such a way that the highest scores indicate greatest risk or distress levels, and the lowest scores indicate no risk or distress level, therefore a lower score at the last session is a positive outcome.



## 7. REASON FOR THE RECOMMENDATION

7.1 This is an update on services which the Commission is asked to note and comment on it.

## 8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable.

## 9. IMPLICATIONS



**Financial Implications**  
9.1 Not applicable.

**Legal Implications**

9.2 Not applicable.

**Equalities Implications**

9.3 Not applicable.

**Rural Implications**

9.4 Not applicable.

**10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Not applicable.

**11. APPENDICES**

11.1 Appendix 1. Here Now Peterborough poster  
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