

HEALTH AND WELLBEING BOARD - 12TH MARCH 2014

REPORT OF THE DIRECTOR OF CHILDREN AND FAMILY SERVICES

EMOTIONAL HEALTH AND WELL BEING OF CHILDREN AND YOUNG PEOPLE – PROGRESS REPORT

Purpose of the Report

1. At its meeting on 20th November 2014, the Health and Wellbeing Board received a report about the progress on work to produce a multi-agency approach to improving the emotional health and wellbeing of children and young people as part of the Better Care Together (BCT) children's work stream and adult mental health work stream.
2. The Board expressed concerns that the activity to date lacked cohesion across the spectrum of services and strategies and asked the Director of Children and Family Services to:
 - a) provide leadership to this work and provide a report to a further meeting of the Board; and
 - b) discuss with the Independent Chair of the Local Safeguarding Children Board and Safeguarding Adults Board, the recording of data relating to the safeguarding of children and young people who were patients of the Children and Adolescent Mental Health Service (CAMHS), including data regarding adolescent suicide.

Background

3. The emotional health and wellbeing of children and young people has been subject to much national focus over the past few years and the findings from the most recent reports are attached to this report as the appendix.
4. In Leicestershire, the Better Care Together Programme has identified mental health as one of its 8 work streams; this work is steered by the BCT Mental Health Group. One of the other work streams, for maternity, neonates and children, identifies the emotional health and wellbeing of children and young people as a priority. The focus of the work stream is to:
 - a) agree a shared strategic approach to support the emotional health and wellbeing of children and young people;

- b) develop a single pathway to services for children and young people;
- c) jointly commission services across the pathway.

This work is steered by the Child Emotional Health Strategy Group – a sub-group of the BCT children’s work stream.

Progress to Date

5. The Child Emotional Health Strategy Group and the BCT Mental Health Group have developed a description of the 4-Tier model of services required to support children and young people’s emotional health and wellbeing:

Tier 1 Universal Services – supporting all children, young people and their families (250,000 children across Leicester, Leicestershire and Rutland (LLR));

Tier 2 Targeted Early Intervention Services – support for children and families at risk of poor mental health outcomes (up to 30,000 across LLR with specific needs);

Tier 3 Specialist CAMHS – for those children and young people with significant/complex mental health difficulties (2,500 patients across LLR);

Tier 4 Very specialist services for those children and young people with serious diagnosed mental illness and those requiring inpatient treatment (up to 60 patients across LLR).

6. The Child Emotional Health Strategy Group and the BCT Mental Health Group has also developed four strategic intentions in support of a clear pathway to services:

- i) Promote good emotional health and wellbeing;
- ii) Provide early and targeted support;
- iii) Establish an agreed pathway to, and between, services;
- iv) Ensure clarity of leadership to implement the strategic approach across all stakeholders.

The strategic intentions also identify the lead agencies for each Tier of service as follows:

Tier 1 - All services working on a single agency basis with children, young people and families and specifically the Local Authority Public Health commissioners.

Tier 2 - All services working jointly with children, young people and families and specifically the Local Authority Public Health commissioners, Local Authority Children and Family Services, district councils, schools, CCGs.

Tier 3 - CCGs.

Tier 4 - NHS England.

The intention is to increase the provision of early and targeted support, reduce inappropriate referrals to CAMHS, reduce CAMHS waiting times, and ensure access to the right services at the right time, including inpatient services (commissioned by NHS England to a national specification).

7. A number of workshop activities have taken place with stakeholders to consider the four strategic intentions. The findings to date will be reported back to a multi-agency meeting, involving the Local Authority, schools, the Clinical Commissioning Groups, the voluntary and community sector, and Leicestershire Partnership Trust which is scheduled to take place on 5th March 2015.
8. A number of other activities have taken place to support the strategic intentions and their ambitions. These include:
 - a) a mapping exercise to capture the current services provided at Tiers 1 and 2;
 - b) a review of Tier 3 services, together with an action plan (now agreed by the CCGs);
 - c) a bid to NHS England to support the remodeling of Tier 4 services (subsequently not successful but the plan can be moved forward nonetheless);
 - d) development of a plan to establish additional support for specialist community services to support children and young people with eating disorders;
 - e) consideration of workforce issues and the training and development required at all Tiers to support the workforce.
9. In parallel to the work outline above, the LLR System Urgent Care Board has agreed to commission an external independent investigation into the 3 recent Patient Safety Serious Incidents (SIs) relating to vulnerable children under the care of the CAMHS. This process will follow the methodology set out for NHS organisations and its findings will be relevant to the BCT work stream planning with regard to child protection and mental health.

Next Steps

10. Much progress has been made since the report to the Health and Wellbeing Board in November 2014, but there is still much to do to ensure good join up across the Tiers to ensure that service commissioning is coherent across a single pathway. It is recommended that the Board continues to request reports from the Director of Children and Family Services to track the continued progress of this project within the BCT children's work stream.

Better Care Together – Maternity, Neonates, Children and Young People work stream Emotional Health and Wellbeing pathway – national aide memoire

1. NATIONAL OVERVIEW

1.1 TIER 1 (universal/prevention/primary prevention)

A survey¹ of 1500 children aged 10 to 15 which asked about time spent on various activities and level of subjective wellbeing, and 11 focus groups of around 90 children aged 8-15 which explored their ideas about various activities that might promote their wellbeing suggest that there are five distinct categories of activity relating to learning, leisure, friendships, helping and being aware that provide connections between children's everyday activities and their sense of wellbeing. These are relatively similar to the *five ways to wellbeing* proposed by the New Economics Foundation², a study of adults. It indicates that encouraging children to engage in various activities may enhance their wellbeing. Connecting, doing things together or spending time with friends and family was fundamental to their wellbeing. A common thread was the importance of autonomy, independence and choice, and the sense of achievement and development they acquired from certain activities. The things that prevented them from being involved in activities that contributed to their wellbeing were: health conditions, self-belief, permission from parents, busy schedules, money, transport, and the behaviour of other children.

1.2 TIER 4 (specialist)

Child and Adolescent Mental Health Services Tier 4. Since April 2013 these specialised inpatient services have been commissioned consistently across the country by NHS England. A review³ of CAMHS Tier 4 Services reported in July 2014. It made 20 recommendations - in brief:

- development of a framework for inpatient services
- adequate capacity for adolescent beds
- further work to determine sub-specialities that can co-exist in CAMHS Tier 4 Adolescent Units
- adoption of national good practice
- agree standardized referral and assessment to include out of hours emergency admissions
- agree standardized and proactive monitoring of delays in transfers of care
- establish sustainable case management arrangements
- consider a standardized system for live reporting of bed availability
- change legislation to allow commissioners to access information
- case managers to have access to robust information management systems to support pathway management
- consult on proposed standards including how children, young people and families can comment and provide feedback
- consider including additional standard about environment and facilities
- address capacity issues
- short-term procurement of additional capacity followed by a longer term commissioning plan
- consistent procedure to notify case managers when a young person is admitted on an adult ward (with age-range appropriate services)
- establish provider networks

¹ Ways to well-being, Children's Society, 2014

² Five Ways to Wellbeing, New Economics Foundation, 2008

³ Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report, NHS England, 2014

- collaborative commissioning across the whole pathway
- explore other commissioning models eg pooled funding
- develop models of care across the whole pathway
- develop an adequate CAMHS workforce.

£7m has been made available to introduce these improvements and a further £54m has been invested in the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme.

1.3 CHILD PROTECTION AND MENTAL HEALTH

In June 2014 the Centre for Social Justice published a report⁴ on the state of child protection and mental health services. It found a fragmented, underfunded and complex system which, despite numerous reforms over many years, continues to fail some children, young people and their families. It concluded that, in brief:

- there is a lack of comprehensive data available
- there is a lack of prioritization, identification and understanding of some young people's mental health issues
- there is a stark contrast between the aspiration for and reality of early intervention meaning that some children are not seen until their needs are acute, partly as a result of raised thresholds
- there is a lack of continuity of care
- the logistical challenges of accessing services for many vulnerable children from chaotic families means they often do not attend appointments
- children with conduct disorders are not afforded timely and/or appropriate care and support
- the quality of management between child and adult mental health services is patchy with many vulnerable young people not meeting the threshold for adult services.

1.4 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELL-BEING TASKFORCE

The government has established this taskforce to consider what changes and improvements are needed in the current system and identify innovative and effective solutions – it is due to report in Spring 2015. NHS England and the DoH invited proposals from CCGs to lead and accelerate co-commissioning arrangements for children and young people's mental health through grants of £75k to support local design and implementation of new models.

1.5 CHILDREN'S AND ADOLESCENTS' MENTAL HEALTH AND CAMHS – HEALTH COMMITTEE

The Committee reported⁵ in November 2014 and found, in brief, that:

- the lack of information meant that those planning and running CAMHS services have been operating in a 'fog'
- compelling arguments exist for early intervention, but funding is being cut. There is an opportunity to be gained from the transfer of public health budgets into local authorities.
- Health and Wellbeing Boards represent significant opportunities for these issues to receive higher priority
- Increased waiting times, increased thresholds, challenges in maintaining service quality and rising demand are challenges for many providers
- Young people and families describe 'battles' in accessing services with only the most severely affected getting appointments

⁴ Enough is Enough, Centre for Social Justice, 2014

⁵ Children's and adolescents' mental health and CAMHS, Health Committee, 2014

- Insufficient priority is being given to children and young people's mental health (Tier 3)
- Transition to adult services is a 'cliff edge'
- Unacceptable variation in perinatal services that needs to be addressed urgently
- There are major problems with access to Tier 4 inpatient services with children and young people's safety being compromised whilst they wait
- Often, when beds are found, they are in distant parts of the country, making contact with family and friends difficult, leading to longer stays
- No dedicated place of safety for children meaning they are often detained to police cells – this should be eradicated
- Concerns about quality in some inpatient services
- Concerns about the quality of education children and young people receive when being treated in inpatient units
- Benefits of national commissioning at Tier 4 have not yet been realized
- Gap between inpatient and community services
- Peers incentives in the commissioning and funding for CAMHS need to be eliminated to ensure that commissioners invest in Tier 3.5 services to minimize inpatient admission and reduce length of stay
- New guidance for schools on mental health issues should be prioritized by schools – a mandatory module for initial teacher training and other school support staff should be implemented
- Online/e-safety should be prioritized and pathways established for children who have experienced bullying, harassment and threats of violence
- Further support required to help children and young people coping with the challenges of online culture
- GPs lack confidence in dealing with mental health issues in children and young people and require access to training

National minimum services specifications are required and an audit of spending on CAMHS.