

		AGENDA ITEM 5
		HOSC/24/17
Committee:	Health Overview Policy and Scrutiny Committee	
Date:	13 September 2017	
MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN ESSEX SCRUTINY REPORT: UPDATE		
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Purpose of report

The West Essex Clinical Commissioning Group (CCG), North East London Foundation Trust (NELFT) and Essex County Council (ECC) Mental Health Commissioning have been invited to attend the Committee's meeting today to provide:

- An update on the Emotional Wellbeing & Mental Health Service, and
- feedback on the recommendations set out in the Scrutiny Report on Mental Health Services for Children and Young People in Essex.

Background

In March 2017 (Minute 8) the former Health Overview and Scrutiny Committee (HOSC) published its scrutiny report on 'Mental Health Services for Children and Young People in Essex', which was the culmination of an investigation undertaken by a Task and Finish Group lead by Councillor Andy Wood. Access to the meeting papers is available via the following link: [HOSC Agenda and Minutes March 2017](#)

The Scrutiny Report is published on the County Council's website and is available via the following link: [Mental Health Services for Children & Young People in Essex](#)

The Scrutiny Report contains nine recommendations as follows:

RECOMMENDATIONS TO COLLABORATIVE COMMISSIONING FORUM

Recommendation 1 (Page 13): *Essex County Council and local health commissioners should develop a strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies.*

Recommendation 2 (Page 19): *There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and 18 weeks from referral to first treatment).*

Recommendation 3 (Page 22): *That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.*

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

Recommendation 4 (Page 19): *(i) The provider of the Emotional Wellbeing and Mental Health Service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.*

Recommendation 5 (Page 19):

- (a) *That regular performance reporting to commissioners should be expanded to include:*
 - (i) *A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);*
 - (ii) *How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?*
 - (iii) *The numbers exceeding the 'acceptable Essex waiting time' (see Recommendation 2 above); and*
 - (iv) *A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;*
- (b) *That key performance data be publicly available ;*
- (c) *That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).*

Recommendation 6 (Page 22): *The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.*

Recommendation 7 (Page 17): *That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.*

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

Recommendation 8 (Page 21): *The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board, with a view to it being included in the wider Essex strategy addressing skills shortages across the county.*

Recommendation 9 (Page 24): *The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and supportive ethos; (ii) Arrange a summit or more locality based mini- summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently) and (iii) a school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.*

Analysis

In 2016 the former HOSC established a task and finish group to investigate Children's Mental Health, which was completed in March 2017. The Group interviewed a number of people including ECC commissioners and NELFT as the main provider of Children's Mental Health in Essex. However, the Group's investigation faced time constraints due to the County Council elections in May and one consequence was that it was unable to meet with the West Essex CCG as the lead commissioner. It was therefore agreed that the Commissioners and Provider would review the recommendations in order to respond to this Committee and enable West Essex CCG to be involved.

Among the recommendations is a proposal that the Committee should receive twice yearly updates on performance of the Emotional Wellbeing & Mental Health Service (EWMHS). A performance update will be included with feedback on the recommendations.

Today's presentation

West Essex CCG as lead commissioner, ECC as commissioning partner and NELFT will present on the transformation journey that Children's Mental Health has been on since the inception of the new EWMH Service in November 2015 and the launch of 'Open Up, Reach Out', our Local Transformation Plan.

The presentation will set out the service model approach and cover different elements of the system from early intervention through to crisis care as well as specialist services such as eating disorder, together with an update on the performance of the service. In turn, the Committee will receive a response on the individual scrutiny report recommendations.

Today's contributors will be:

- Jessica Thom, Assistant Director: CAMHS Commissioning, West Essex CCG
- Gill Burns, Deputy Integrated Care Director, NELFT
- Clare Hardy, Head of Commissioning, Essex County Council

Supporting documents:

- A background briefing document setting out the approach to Children's Mental Health in Essex is attached as an appendix to this report.
 - An electronic link is provided at annex C to the annual performance report.
 - A presentation on the transformation journey will be delivered at the meeting.
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Appendix – Briefing Paper

Report title: Children's Mental Health Services in Essex	
Report to: Health Overview & Scrutiny Committee	
Report author: Clare Hardy, Head of Commissioning Mental Health	
Date: August 2017	For: Information
Enquiries to: clare.hardy@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

During 2016/17 the HOSC established a task and finish group to look into Children's Mental Health. The Health and Social Care commissioners alongside NELFT as the main provider are attending the HOSC meeting on the 13th September 2017 to provide an update on the developments. This paper provides a background briefing to Children's Mental Health in Essex.

2. Background information

2.1 National picture

Everybody in Essex is affected by mental health issues either directly or indirectly. One in four of us will experience a mental health problem each year, and we all have a stake in our own and others emotional wellbeing and resilience. Health and Social Care partners have a responsibility to respond to the mental health needs of their population, however historically across the country mental health has not received the same focus as physical health. In 2015 the Department of Health and NHS England published [Future in Mind](#), aiming to drive a significant transformation of Children's Mental Health to enable parity of esteem across mental health physical health.

2.2 Southend Essex & Thurrock Emotional Wellbeing & Mental Health Service

In 2015 health and social care partners across Southend, Essex and Thurrock (SET) joined together to form a Commissioning Collaborative for Children's Mental Health. The aim was to drive transformation locally and explore service integration through a new Children's Mental Health Service. Historically Children's Mental Health had been organised as a 4 tiered service:

- Tier 1 –Universal support including information and advice
- Tier 2 – Targeted support mainly by local authorities (CiC, SEND)
- Tier 3 – Community Mental Health, commissioned by NHS locally
- Tier 4 – Specialist support (in-patient), commissioned by the NHS nationally/ regionally

The SET Commissioning Collaborative undertook extensive engagement which concluded that an integrated solution; combining tiers two and three and influencing tier one was the way forward. Procurement was undertaken to establish the SET Emotional Wellbeing and Mental Health Service (EWMHS), with a contract value of just over £13m.

The EWMHS service commenced in November 2015, and was provided by North East London Foundation Trust (NELFT). The new service has the long term aim of responding earlier to children's needs to help prevent, reduce or delay the need for interventions and reduce dependency. The model of service and care pathways have been revised to be more flexible and with a more community and outreach focus. A copy of the revised care pathways is attached at annex 1.

West Essex Clinical Commissioning Group (CCG) is the lead commissioner for the Commissioning Collaborative and lead on the contract management arrangements, meeting monthly with NELFT. The commissioning partners come together on a monthly basis as the Collaborative Commissioning Forum, to review performance and explore areas of development.

2.3 Local Transformation Plan: 'Open up, Reach Out'

Alongside the development of the new EWMH Service, the government announced transformation funding for each local area. Partners across Southend, Essex and Thurrock worked together to produce our Local Transformation Plan ['Open Up, Reach Out'](#). 'Open up, Reach out' has in turn informed the development of the [Essex Mental Health Strategy](#). During 2016/17 'Open up, Reach Out' saw an additional investment of £3.3m in our system, with plans to increase this to £4.3m in 2017/18.

'Open Up, Reach Out' sets our key ambitions for the first stage of transformation:

- Improve access and equality;
- Build capacity and capability in the system and;
- Build resilience in the community.

A summary of the transformation plan activities and timeline is attached at annex 2. 'Open up, Reach Out' is refreshed each year in October.

3. Progress & performance

3.1 Progress

The new EWMH Service and Local Transformation Plan are the start of our transformation journey and significant progress has been made. The first year saw the transfer to the new provider, reconfiguration of the service model and an improved referral process. Now in Year 3 the focus is on embedding these new approaches, reviewing and enhancing performance.

In relation to the transformation plan priorities the following components have been established:

1. Improving access and equality

- Single point of access established – managing referrals, consultations/ signposting.
- Implemented self-referrals.
- Completed a joint strategic needs analysis to better understand local need.
- Prioritisation of vulnerable children for assessment.

2. Building capacity and capability in the system

- Transfer of staff from 4 previous services into a single integrated service.
- Established dedicated children's crisis teams (core hours 9:00-9:00 7 days 24/7 out of hours support).
- Significant number of staff going through training as part of the Children's Increasing Access to Psychological Therapies.
- New pan-Essex community eating disorder service established.
- Changes in approach to ensure children and young people attend.

3. Building resilience in the community

- Engagement with schools to develop a schools training programme.
- Review of suicide and self-harm prevention complete with action plan.
- Working with young people around stigma and emotional wellbeing.
- Big White Wall digital offer and developing apps & web solutions.

3.2 Performance

Historically there has been limited performance data in Children's Mental Health. Significant progress has been made around data quality and monthly performance reporting is now established. This has included better definition of performance targets and we are developing outcomes reporting.

The most significant improvement that has taken place is the number of young people being supported. In November 2015 it was estimated that a caseload of 3,200 young people transferred to NELFT. With improved referral criteria we have seen a significant increase in demand; as of March 2017 NELFT was holding a caseload of over 6,200, a 66% increase. The service model includes a 'catch and carry' approach, with the expectation that 25% of referrals would be signposted to community provision, the acceptance rate has been above this at 90% in March 2017. Whilst some of the increase in demand is linked to improved referral processes, there is also emerging data of increased demand across the country.




Over the past year we have seen an improvement in the performance of the service, a copy of the annual performance summary is attached at annex 3e and the key performance indicators are summarised below:

KPI 1: Service users who have improved their validated outcome measurement score between commencement of treatment and at 6 months (or case closure if before 6 months)
As @ end Mar 17 - 57%. Work continues to improve data collection for this KPI and there is a requirement within the Data Quality Improvement Plan 17/18 to develop more specific detailed reporting on outcomes by end of Q2 with reporting in Oct 17.
KPI 2: Service users reporting satisfaction with services received
Quarter on quarter improvement against this KPI – 80.80% Q1 v 86.90% end of Q4
KPI 3a: Referral to treatment waiting times
RTT KPI has significantly improved and across Essex we are now 2.83% above the RTT waiting time standard i.e. achieving 94.83% against the 92% waiting

time standard as @ end of Mar 2017. Across Essex the RTT for April 16 was 81.68% falling to 66.46% in Jul with month on month recovery thereafter until year end.
KPI 3b: Referral to treatment completed pathways
Significant improvement in achievement against 95% local standard rising from 87.45% in Apr to 92.99% as @ end of Mar 17
KPI 4a: Referral to Assessment waiting to be seen
Detailed reporting commenced Jul 17. As @ end of Mar 17, of those CYP waiting for assessment, 5% were waiting longer than 12 weeks compared to 38% waiting over 12 weeks as @ end of Jul 17. Target has been stretched for 17/18 and of the CYP waiting to be seen for assessment, 92% will be seen within 8 weeks by the end of Q3
KPI 4B: RTA completed pathways
Detailed reporting commenced in Jul 17. As @end of Mar 17, 6,650 CYP completed treatment. Of those CYP, 58% completed treatment within 8 weeks and 76% in less than 12 weeks.
KPI 5: No. and % of those CYP presenting in A+E are assessed within 4 hours of referral
Achievement against standard across Essex for 2016/17 – 99.4%
KPI 6: DNA rate for aggregated 1st and subsequent appointments
Achievement against standard across Essex for 2016/17 – 9.77%. North East Essex and Southend CCGs were outliers with YTD DNA rates of 11.09% and 12.08% respectively.

4. Summary

Mental health is on a significant transformation journey which will take time. In Children's mental health we have used the Local Transformation Plan and the new EWMH Services to drive this transformation but this is very much the start of the process. The system as a whole is experiencing an increase in demand and challenges around workforce availability. The EWMH Service has responded well despite these challenges. Commissioners and provider need to continue working together with a range of stakeholders, to drive the changes required and ensure that Mental Health is everyone's business.

Annex 1: EWMHS pathways	Annex 2: Local Transformation Plan activity summary	Annex 3: EWMHS annual performance report
 HOSC Appendix 1.pptx	 LTP 3 yr plan.PNG	 Performance Briefing yearend 201617.doc