

Report title: Mental Health Services – Children	
Report to: Health Overview Policy and Scrutiny Committee	
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County Divisions affected: Not applicable	

1. Introduction

NELFT successfully secured the Southend Essex Thurrock Child and Adolescent Mental Health Service (SET CAMHS) contract in April 2022 over a seven-year contract length to continue delivering emotional wellbeing and mental health support to children and young people aged 0 – 18 years old (25 if SEND) across Essex.

The contract award is a continuation of services for NELFT which initially secured the provision of this service (previously known as Emotional Wellbeing and Mental Health Service (EWMHS)) in November 2015. The new SET CAMHS contract is also delivered in partnership with the Health Care Resource Group (HCRG) previously known as Virgin Care.

Service Delivery Model

SET CAMHS have embedded a Thrive informed model which has been developed nationally. This has been endorsed by the 'Future in Mind' report and it is therefore the intention to replicate a version of the Thrive model in delivering the new service. It has been agreed that our adapted model will be referred to as the 'Thrive informed model'. Please see diagram below:



A partnership with other health care providers is new to CAMHS service provision within Essex and will be based on the principles of the THRIVE Framework, which

encourages services:

- to be needs-led and outcomes-focused
- to work in partnership with young people and families through shared decision-making
- to be accessible, using a common language and reducing stigma
- to be proactive in helping communities to support mental health and wellbeing

Mobilisation of the joint service delivery completed in March 2022 and a Standard Operating Procedure has been successfully embedded. Impact on waiting times for assessment and treatment into our Getting Help offer (delivered by HCRG) have proven positive.

The core services within SET CAMHS remain unchanged as follows:

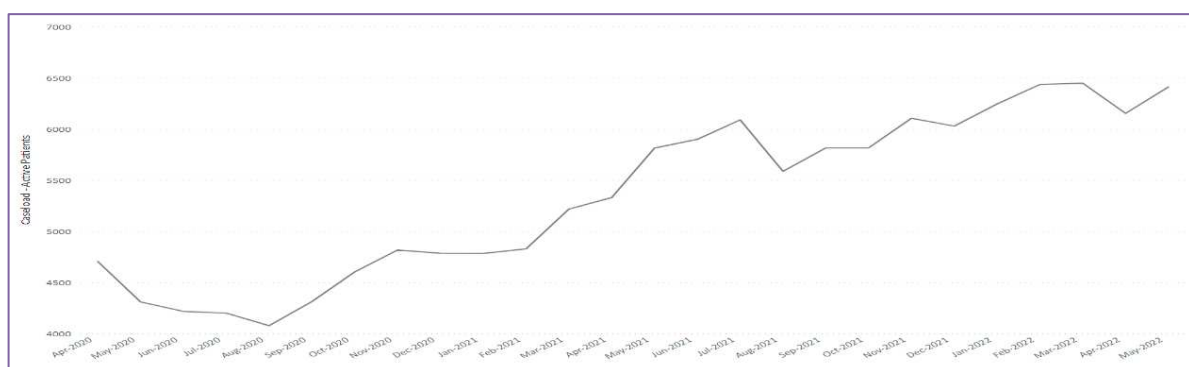
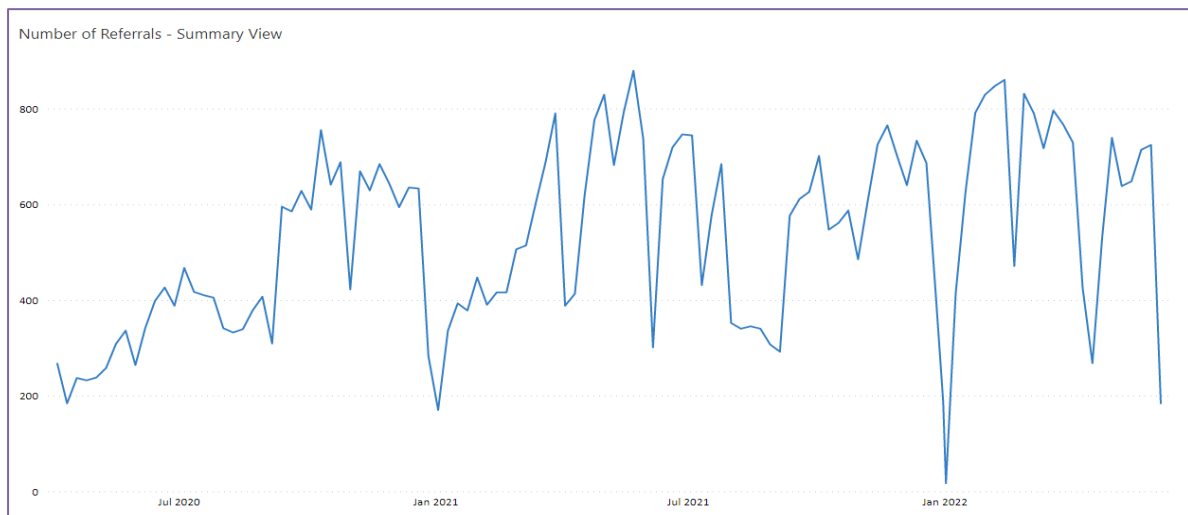
- 7 Community Hub Teams
- 3 Intensive Support Teams (crisis teams)
- 1 x Eating Disorder Service including community ED team
- 1 x Early intervention service with disordered eating post
- 1 x Learning Disability with MH Service
- 1 x Single point of access (SPA) service
- 1 x out of hours service (Mental Health Direct)

Covid-19

Covid-19 pandemic had a significant impact on children, young people and their families with general demand increasing across all emotional wellbeing and mental health services and a concerning rise in acuity and complexity for those children who need urgent or emergency care.

This is a national increase and system-wide response teams have developed over time to review, monitor and address increasing emotional wellbeing and mental health service capacity and supporting the pressures within crisis, eating disorder and neurodevelopmental pathways.

The below visual demonstrates the steady rise in access and caseload activity from April 2020 to May 2022 (two-year overview across the pandemic)



2. Action required

There is an established and coordinated system-response, with oversight from the Mental Health, Learning Disability and Autism Improvement Board and the Mid, South and Essex Integrated Children's Delivery Board. Action planning and delivery is continuing across agencies to increase crisis prevention services, support general hospital resilience and increase inpatient capacity.

We have prioritised the following areas:

- Increasing investment and securing additional investment from national programmes
- Focusing on the 18 to 25 offer and transition from children to adult services
- Increasing emotional wellbeing and mental health capacity across the system
- Increasing resilience within schools and primary care to access/respond to emotional wellbeing needs of children and young people

Specialist Services

Key developments into access, enhancing service pathways and supporting children and young people in specialist mental health services have commenced to widen service offer.

Objectives have been clearly defined within locality and national needs.

Crisis/Intensive Support Service (ISS)

- Scope alternative venues for assessment to support reduction in crisis A+E presentations – alternative venues for assessment
- Reduce Tier 4 admissions with two-week post discharge support bridging gap between discharge Tier 4 and community services by enhancing ISS pathway
- Continue Out of Hours (OOH) Mental Health Direct CYP crisis line

Eating Disorder Service (ED)

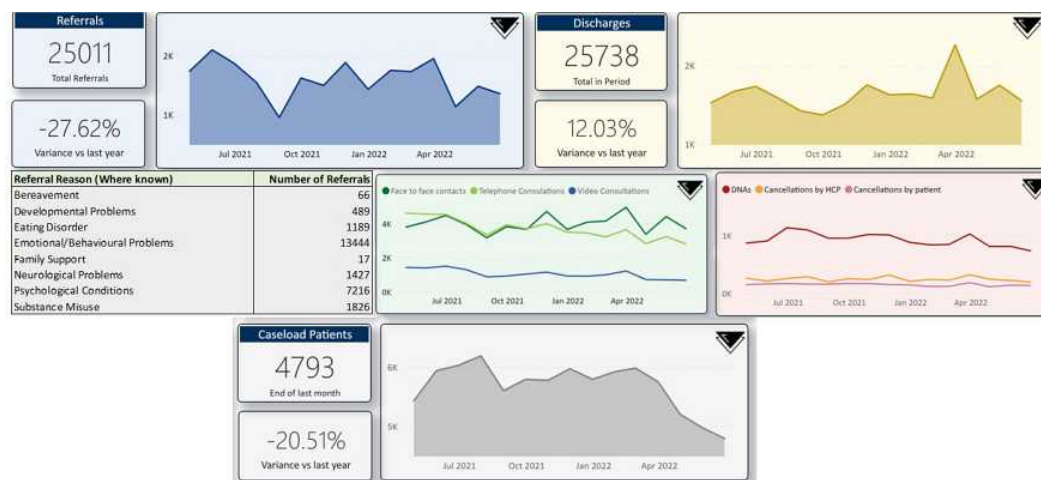
- Widen pathway to include family group therapies
- Development and implementation of physical health monitoring pathways (bloods and ECGs)
- Staffing capacity reviewed in order to meet increased demand and sustained by additional CYPED LTP investment
- Joint care planning with the 5 acute paediatric wards across Essex, and advice and support to the generic CAMHS teams

Mental Health and Learning Disabilities (LD)

- Equity of access to provide an equitable, specialist service to all children with severe to profound learning disabilities and mental health problems
- Specialised therapeutic service provision to CYP with profound learning disabilities
- Specialist support and joint working with all SET CAMHS Psychiatrists treating children with complex special needs and learning disabilities in the neurodevelopmental pathway
- Improved transitions for children with special needs moving into adult LD services

3. Background

Performance and Activity – one year overview



Referrals into the service remain steady but high in volume.

- Highest referrals received for 12–17-year-old cohort

- Mid Essex locality consistency account for a high number of referrals across the service
- GPs remain a high referral source for children and young people followed by self-referral

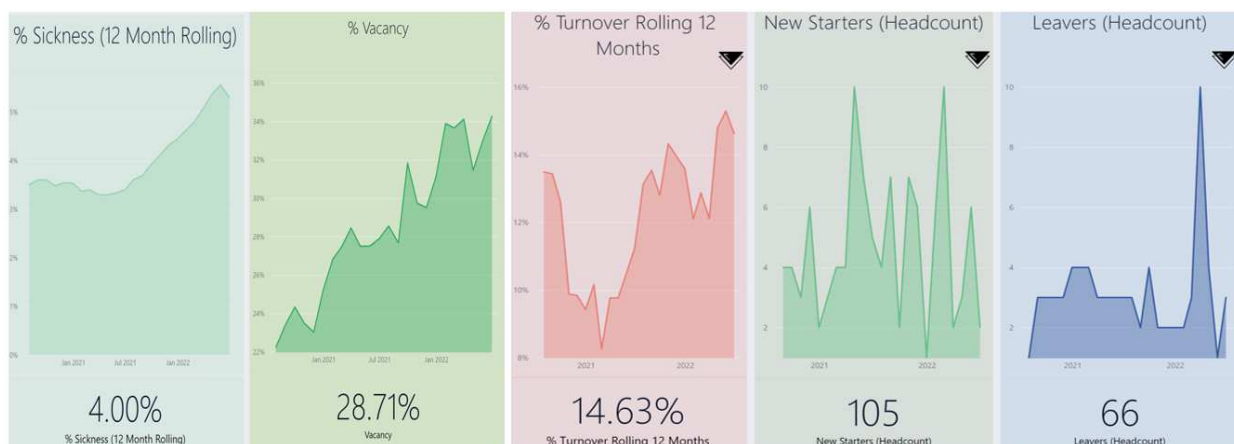


Waiting times within the service remain challenging in line with referral and caseload increase following Covid-19 pandemic.

- Over 18-week waiters for assessment transferred to HCRG on commencement of new contract – robust joint plan in place to reduce waiters in place
- Referral to treatment waiting times steadily increased over a 12-month period with over 18-week waiters reducing in the last quarter
- Waiting times for treatment are impacted by service capacity, demand and clinical need.



- The Crisis service have been able to maintain 4-hour access targets over the 12-month period with exceptions outlined where these cannot be met
- Referral volume does remain high with expected seasonal periods of high activity seen throughout the period



- Vacancies remain high within hard to recruit areas such as Crisis
- Contributing factors for staff turnover include; internal opportunities for promotion and career development
- Sickness rates increased early 2022 and currently improving
- Covid-19 related sickness - daily monitoring in place with no significant impact on service delivery and staffing capacity

4. **Addition CYP MH**

- The mental health practitioner role in Primary Care Networks (PCN) will be employed and provided under a local service agreement by NELFT. A steering group has been established collectively across the Essex system with each ICB holding operational steering groups with their respective PCNS. These posts will be position early part of 2023.
- Development of shared care management arrangements for CYP in the acute setting waiting for a Tier 4 inpatient bed are in the process of being formalised. This includes social care and the acutes.

- Deliver effective evidence-based services, including support for children and young people presenting with avoidant restrictive food intake disorder (ARFID). There is currently a pilot in operation which will further inform service delivery.
- Alongside further developments in the eating disorder team, there is now in place an intensive support services to provide outreach and home treatment within CYP community eating disorder teams and further contracts with BEAT to provide support and information to families and carers.
- There has also been further developments for a 72-bed model as a partnership between NELFT and EPUT. This has included the recruitment of 2 social workers, 2 band 6 nurses in EPUT and an expansion in the crisis team.
- Further expansion in the crisis team to include 2 Doctors to support acutes. Acutes report that consultants prefer c2c consultation but will then be able to start medication where appropriate. There is also a band 3 included to take some of the non-clinical tasks that an HCA could do away from the team to free up nursing capacity
- There are also two mental health liaison nurses in each acute hospital to work alongside ward staff to support CYP whilst admitted or waiting for a tier 4 bed.

5. Local Transformation plan funding.

At present there is also the following alongside NELFT and HCRG.

6. Schools Provision

- Self-Harm Management Toolkit (SHMT)
- Wellbeing Workshops in Primary Schools
- Mental Health Support Teams

7. Parental and family support

- ASD Family support (health-based coaching)
- CYP MH Family Support (health-based coaching)
- Barnardo's crisis support
- Triple P online provision

8. Other Young People Support

- Progressions Core Assets
- KOOTH
- Transforming Care 'Spot Purchase'
- CYP MH Ambassadors – Healthwatch

9. Children's Wellbeing Practitioner CWP) and Recruit to Train (RTT)

CWPs are trained to offer brief, focus-based interventions for children and young people experiencing anxiety, low mood or behavioural difficulties and RTT are the creation of therapist roles into which new members of staff external to the organisation are recruited, expanding the workforce.

NELFT and HCRG have been successful with an application for Cohort 7 (start date Jan 2022) of the CWP Programme London and South East was successful and have been allocated 19 trainee places. In addition the application for Wave 11 (start date January 2022) of the Recruit to Train (RTT) Programme in London and South East was successful and we have been allocated 23 trainee places.

10. Vanguard from Health and Justice

West Essex have been awarded the national vanguard site for Essex to develop a service structure to further enhance the 'offer' to CYPs who are identified as potentially benefitting from health input to support them to engage in meaningful patterns of behaviour, rather than moving towards anti-social behaviour and criminogenic tendencies with a lower age limit of 5 years old and encompassing a family therapy approach, mentorship and further support. This contract has been awarded to HCRG and is called Affinity. It will further links for education partners and a presentation has been given at a national meeting outlining our plans. This will link closely with POWER to support CYP identified at need and potentially resulting in referrals to the YOT teams. The steering group includes all three LA.