Appendix to Minute 5: Response to Scrutiny Report recommendations

Recommendation	Update
Recommendation 1: A strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies should be developed.	• 'Let's Talk' about mental health is a new brand developed for the Southend, Essex and Thurrock Mental Health strategy. • We are using the brand for our self-harm toolkit for schools and leaflets and will work with Adults commissioners around developing the brand.

Recommendation 2:
There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the NELFT service that is considerably less than the current national and contractual standard.
 	
&
 	
Recommendation 4:
(a) To develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment; and (b) indicate the extent of any potential for collaborative working with other agencies to assist this.
	• We have a strategy around improving waiting times and significant progress has been made. Referral to treatment is the key national indicator, performance has improved with NELFT achieving 2.83% above the standard (94.83% against the 92% waiting time standard as @ end of Mar 17) in challenging environment of increasing demand.
	• Nationally there are significant challenges around waiting times, in 2016 the national average waiting time for referral to treatment was 17 weeks.
	• We all support an ambition to see young people as quickly as possible, however to formally change the contract around waiting times would require further investment which is difficult in relation to funding and workforce availability as noted by the HOSC. We also want to ensure the focus is on outcomes.
	• We are continuing to enable CYP to be seen as quickly as possible:
	  • EWMHS contract distinguishes between referral to assessment and referral to treatment.
	  • Monitor volumes seen within 6 weeks, 6-12 weeks, 12-18 weeks and 18+ weeks. Mar 16 over 3,100 of the 6,900 CYP were seen within 6 weeks.
	  • CYP are triaged with highest needs prioritised. Lower levels of need may benefit from alternative solutions e.g. community resources - need to ensure we appropriate community capacity.
	  • Developing a range of digital solutions e.g. NELFTs MyMind , Big White Wall, Kooth online counselling pilot.

Recommendation 3: That opportunities within the voluntary sector for further early intervention initiatives to build community resilience should be explored. & Recommendation 6: There should be 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).	• Building community resilience is a key priority within our 5 year transformation plan; 'Open up, Reach up'. • As we refresh the plan we are continue to explore how we can develop community resilience across a number of partners including voluntary sector and education. The next refresh is in October 2017. • NELFT has been working at a local level with a number of voluntary sector partners. • Single Point of Access does link and signpost to a wide range of community provision 'catch and carry' model. • A key focus in the first 2 years of the plan has been around Schools – see section 9 for details.
Recommendation 5: (a) That regular performance reporting should be expanded to include: (i) A breakdown of the concentration of referrals from different sources (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'; and (iv) An illustration of the patient focussed benefits achieved from early intervention; (b) That key performance data be publicly available; (c) That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).	• Historically performance reporting around Children's Mental Health has been poor, significant improvements have been made within continuing developments. Developing outcomes reporting. • With over 700 schools and 100s GPs breaking down referrals to this level would be challenging, however local level reporting to spot trends takes place. • Exception reporting on those waiting over 18 weeks takes place. • As mentioned above reporting is broken down by 6, 6-12, 12-18, 18+ weeks • Mental Health is everyone's business and early intervention solutions are imbedded in range of services to look at early intervention we need to focus on outcomes across the system. • Annual performance reports are produced and shared with partners, these are available in request but not published at present, we will need to take this to the Commissioning Collaborative for agreement. • The annual performance report has shared in the papers for todays' HOSC and we are happy to return as the HOSC requires.

Recommendation 7: There should be clearer communication of service thresholds and provision not only with service users but also with partnership organisations.	• We have moved away from set threshold and relaxed the referral criteria to enable more CYP who need support to be seen. Mar 2017 90% of referrals to the SPA were accepted. • A wide range of factors are taken into account and it would be challenge to publish set thresholds. However over recent months we have developed a more proactive approach to communications; developed campaigns with exam stress and results periods. A key element is communicating with young people through social media and with schools. • We have resurrected the Children's Mental Health Stakeholder Forum and using the forum to communicate with a range of partners. • Commissioners held a crisis conference in June and second systems event was cancelled due to poor attendance.
Recommendation 8: The continued shortage in Essex of specialist mental health clinicians should be highlighted to the Essex Employment and Skills Board and included in the wider Essex strategy addressing skills shortages across the county.	• Conversations have commenced with the Employability and Skills Team, the health workforce is one of their priorities. Health Education England has the national lead on workforce and the government has announced plans to expand the workforce by 2020/21. • The MH Strategy has a focus on workforce and the Employability & Skills team are going to attend a Strategy Group Meeting so we can explore this from an all age approach.

Recommendation 9:
(a) All Essex Schools should understand and develop the best practice established by some schools who use early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and have a supportive ethos;
(b) A summit or more locality based mini-summits on mental health should be arranged for all Essex Schools to share learning and best practice; and
(c) A school mental health network be established for school mental health champions to share information and experience on a regular basis.
	• MH Education work stream which is overseeing 4 elements of work:
	  • NELFT offer inc consultation, group supervision, training
	  • Developing digital resources for schools inc best practice, toolkits
	  • Developed schools self-harm toolkit
	  • Refreshing schools suicide guidance.
	• Schools MH event is being held end November; launch a number of the resources above and include best practice and elements of training.
	• Exploring through the Education work stream and the conference the appetite for a network, working with Education commissioners who are developing SEND clusters.