

Transforming emotional wellbeing and mental health services for children and young people

Background

A sub-Group of the Essex Health Overview and Scrutiny Committee (HOSC) made up of councillors from across Essex has been reviewing mental health services for children and young people in Essex ('the Group'). It was prompted by wanting to review the new focus of a service now being delivered by North East London Foundation Trust (NELFT) that has been running since November 2015. In addition, a YEAH! 2 report published by Healthwatch Essex last summer had also highlighted issues around perception, signposting and accessibility to services aimed at children and young people. The Group wanted to look at these issues and the level of co-ordination and 'joined-up' working between different partners in the wider system.



The Group spoke to

The Group spoke to North East London Foundation Trust (NELFT), Healthwatch Essex, school staff, Essex County Council officers and some community and voluntary bodies.

*Top row: Councillors Jill Reeves, Jo Beavis, Keith Bobbin, Jenny Chandler
Front row: Councillors Helen Boyd, Caroline Endersby, Andy Wood*

Service Transformation

NELFT has now restructured its service delivery to meet the requirements of the new contract and is moving towards increased prevention and early intervention to help build community resilience. The service is available from a single point of access and provides early advice, assessment and support and, where appropriate, more specialist support such as psychiatrists, social workers and care packages. However, reconfigurations can take time to 'bed-in' and it is important to remember that NELFT are less than 18 months into a five year transformation plan. NELFT remain in a period of substantial change and transformation and the Group have been impressed by their commitment and drive to carry out this change.

RECOMMENDATIONS TO COMMISSIONERS

Recommendation 1:

A strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies should be developed.

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 standards.

Recommendation 3:

That opportunities within the voluntary sector for further early intervention initiatives to build community resilience should be explored.

RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST

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.

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).

Continued...



Essex County Council

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).

Recommendation 7:

There should be clearer communication of service thresholds and provision not only with service users but also with partnership organisations.

RECOMMENDATIONS TO ESSEX COUNTY COUNCIL

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.

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.

The full report of the Group is available [here](#).

The challenges being faced

The challenges of carrying out the service reconfiguration have been exacerbated by increasing referrals, particularly during the transition period of the first few months of the new contract. NELFT are also managing a caseload that at times last year was almost double the level inherited from the previous provider– it is now still over 50% higher than November 2015.

The high turnover of staff that was seen in the early months of the new model was always likely as some staff might feel that they would be unable to integrate into a new way of working. However, in recent weeks the vacancy rates have been significantly reduced. Recruitment issues for educational psychologists (provided by local authorities) have also been highlighted during the review.

Measuring performance

The Group are encouraged by a recent improvement in waiting times but a longer period of time is needed to identify if there is a consistent downward trend. Measuring performance solely against National Institute for Health and Care Excellence (NICE) guidelines of 12 weeks for referral to assessment and 18 weeks for referral to first treatment is not sufficient for a service that is aspiring to intervene early and prevent and reduce the number of escalations to crisis care and more formal care.

Schools

All the schools that were visited had established processes to escalate concerns and were providing good signposting and positive messages about, and activities on, wellbeing around schools. Some local schools have or contract-in their own counselling service whilst some have discontinued their direct contracts with these community and voluntary sector providers and left parents to contract directly with them. The community and voluntary sector believe there is an unharnessed opportunity here for them to supplement the services being provided to schools by NELFT.



Partnership working

The service provided by NELFT for schools should not be the only resource available for emotional wellbeing and mental health services for children and young people in the local health system – there are other agencies that can and should fulfil an important role. In particular, the Group would like to see closer working with the community and voluntary sector to assist even greater focus on prevention, early intervention and community resilience. There may come a time when the NELFT single point of access could be a gateway to the voluntary sector in addition to the services provided by NELFT.

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