

HEALTH AND WELLBEING BOARD

Date: 12 October 2017

NORTHUMBERLAND 0-25 EMOTIONAL HEALTH AND WELLBEING STRATEGY AND CHILDREN'S PATHWAYS UPDATE

Report of: Vanessa Bainbridge, Accountable Officer Northumberland Clinical Commissioning Group

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of report

This report updates the Health and Wellbeing Board on Northumberland's 0-25 Emotional Health and Wellbeing Strategy progress and the developmental work on the countywide multiagency children's pathways.

Recommendations

The Board is asked to:

- a. Note the progress already made (Appendix 1 refers).
- b. Acknowledge the improvement in the early intervention and prevention pathways
- c. Consider the plans and proposals for redesigning the complex needs pathway.

Background

In early 2013/14, NHS Northumberland Clinical Commissioning Group (CCG) conducted a gap analysis of all mental health services and patient needs across Northumberland and used that as the basis of its commissioning plan. The analysis showed that there were significant resources invested in children's and young people's services across Northumberland, particularly in the more specialist services, and fewer resources invested in universal and preventative services. In addition, the analysis showed access to the specialist services was poor, with children waiting for long periods before being assessed and longer still for treatment.

In late 2013/14, the CCG published its model of care for mental health services in the county, covering all groups of patients from children to older

people. It was developed following stakeholder and patient engagement (led by HealthWatch Northumberland), a national benchmarking exercise and the local commissioning gap analysis. The model of care was agreed by the Northumberland Health and Wellbeing Board and formed the basis of the commissioning arrangements for specialist mental health services in the county.

At the start of 2014/15, the CCG commissioned a service improvement plan from its main mental health provider of children's services in order to address longstanding access, assessment, treatment and discharge issues. The improvement plan preceded the development of an overall strategy to improve the emotional health and wellbeing of children. This recognised that, whilst the health and care system needed to reshape services in Northumberland to focus more on prevention and early intervention, the issues concerning access to specialist services required early resolution. The service improvement plan that ran from April 2014 to March 2015 was specifically designed to enable the service to better meet the demands of all children and young people in the county, prioritised on the basis of their presenting emotional health need.

In August 2015, NHS England published guidance for local health and care communities concerning the development of Local Transformation Plans (LTP) that supported improvements in children and young people's mental health and wellbeing. The plans were supported by limited funding and focused on the following key improvement areas:

- Psychological therapies
- Perinatal care
- Community based eating disorders
- Joint mental health training programme
- A school engagement programme.

Governance

The Northumberland emotional health and wellbeing strategy group, which brings together agencies working in children and young people's services (including HealthWatch), led the LTP design work. The subsequent implementation group's work is overseen by the Health and Well Being Board, which also monitors the delivery of the LTP. The LTP is referenced in the crisis care concordat, Northumberland Autism strategy, SEND joint commissioning strategy and the Transforming Care Programme.

The model

To deliver the vision, the strategy group originally devised a model that followed the traditional tiered approach to children and young people's mental health services. The tiered model describes the spend attributed to each tier of emotional health and wellbeing services rather than the needs of children. Following a detailed literature search and reflecting the passage of time since the tiered model

was first proposed, the strategy group reconceptualised its model for the future, based on the THRIVE model.

The THRIVE model was developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre. It has gained national recognition as a useful model moving away from the service led Tiered model to a new conceptualisation of services based on the needs of children and young people.

The THRIVE model conceptualises four groupings for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The model is predominantly a health model of evidence based intervention and needs to be recognised in the context of communities where people will access a range of health and social care services including education and employment.

THRIVE model



Current Position and key achievements

All of the current objectives for 2015, 16 and 17 have been achieved or will be achieved by year end (Appendix 1 refers). Significant investment into the primary care mental health team (early intervention and prevention) was made in 2016 and this dovetailed with the redesign and provision of the 0-19 resilience strategy. The investment doubled the size of the previous primary mental health team and facilitated a support service and telephone advice line for schools which provides guidance and signposting for teachers who identify a child with an emerging mental health need. This has resulted in increased levels of referrals into the 'hubs' (the multi-agency weekly meeting which serves as the initial point of contact for most referrals into all children's services) for children with emerging low mood or anxiety or other low level emotional concerns.

Both mental health providers (Northumberland, Tyne and Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust) have released staff to train in the delivery of psychological therapies (Children's IAPT). As a result more children are offered a fuller range of therapies at an earlier stage of their emotional ill health.

Considerable levels of training have taken place within schools and children's social care and there is now a menu of training opportunities that key partners can access, either for small cohorts or the wider workforce. This has been augmented by the post 16 therapy and training offer commissioned from Talking Matters Northumberland (who provide primary care mental health interventions for 16 plus).

Evidence based community eating disorder services for children and young people services are undergoing a comprehensive review, led by North of England Commissioning Support, in Northumberland and North Tyneside. This is expected to complete in early 2018 and will result in the commissioning of an enhanced, effective service, capable of early intervention and crisis prevention.

The CCG has also facilitated improvements to perinatal care. The CCG evaluated Public Health recommendations concerning increased levels of support to, and reasonable adjustments for, expectant and new mothers from the commissioned IAPT service. Reasonable adjustments are now in place and expectant and new mothers are prioritised on referral.

Key Challenges

There are particular issues in Northumberland (as there are nationally) regarding the recruitment and retention of a skilled workforce in both the early intervention and specialty services. This is experienced by all NHS and Local Authority services and GP, psychiatry, primary care workers, social workers and CYPS gaps exist. Whilst all services have dynamic recruitment policies and processes, this issue is not easily resolved and is a nationally recognised risk to the delivery of psychological based strategies and polices.

This issue is also a significant factor in the performance for specialist CYPs service especially in relation to the neurodevelopmental pathway. Having reduced workforce capacity and increased prevalence of referrals to this pathway has resulted in longer than expected waits. In the other health related pathways the increased complexity and acuity is also a contributory factor but the referral patterns are not increasing as seen in the neurodevelopmental pathway. Although the strategy does not formally monitor performance the shift in demand to the neurological pathway has been noted. The 2018/19 work plan will review this and consider redesigning with all of partner agencies.

At launch the LTP was supported by a limited NHS England funding. The ambition beyond this was that CCGs and Local Authorities invested throughout the 5 year plan. Given Northumberland's economic position this has been extremely

challenging and the LTP will have been implemented since 2016 as either cost neutral or with minimum non recurrent funding.

Children Pathways

The LTP's scope covers the full spectrum of service provision and addresses the needs of all children and young people, including the most vulnerable, making it easier for them to access the support they need, when and where they need it. There were priorities for early delivery which have been achieved or are on course to be achieved and now form the early intervention and prevention pathways. These include:

- Review of capacity and capability across the universal and early help services to continue to make measurable progress towards closing the health and well-being gap and secure sustainable improvements in children and young people's mental health outcomes by 2020
- Continued support to the children and young people's improving access to psychological therapies programme so that by 2018, services are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design and working collaboratively with children and young people
- Improvements to perinatal care including a specialist perinatal pathway and reasonable adjustments in place to support expectant and new mothers to access mental health services
- Bringing education and local children and young people's mental health services together around the needs of the individual child through a SEND joint commissioning strategy.

Further work on complex care pathways includes:

- The development of evidence based community eating disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services
- Mapping the specialist services and early help services required capacity and scoping how the services can flex to deliver more interventions sooner whilst retaining a skilled workforce within specialist services.

Conclusion

The 0-25 Emotional Health and Wellbeing Strategy currently remains on track for delivery in 2020. Additional NHS England key lines of enquiry are expected imminently and this will outline further objectives for 2018/19. The CCG will continue to provide 6 monthly updates on progress to the Health and Wellbeing Board.

Appendix 1 - Emotional Health and Wellbeing of Children and Young People Action Plan

Report sign off

Authors must ensure that relevant officers and members have agreed the content of the report.

	Name
Finance Officer	NA
Monitoring Officer/Legal	NA
Human Resources	NA
Procurement	NA
I.T.	NA
Executive Director	DL
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