

# OPEN UP, REACH O'UT

IN YEAR 3

TRANSFORMATION PLAN FOR THE **EMOTIONAL WELLBEING**  
AND **MENTAL HEALTH** OF **CHILDREN** AND **YOUNG PEOPLE**  
IN **SOUTHEND, ESSEX** AND **THURROCK**.

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# Open up, Reach out

Here is what we're going to do...

→ Improve access  
and equality

→ Build capacity and  
capability in the system

→ Build resilience  
in the community



# New plan reaches double the number of children in its first year

In November 2015, we launched an ambitious transformation plan to open up our services and reach out to children and young people with mental health problems. We increased funding by an additional £3.3 million every year and launched a new service across Southend, Essex and Thurrock to improve the mental health and emotional wellbeing of children and young people. Now two years on, we are already ahead of the national goal to provide more care.

On 1 November 2015, we were supporting around 3,200 children and young people, but the evidence at that time told us that more children and young people were in need of mental health care. By opening up the channels for children, parents and schools to call on professional help, we are now providing care for around 6,000 children and young people.



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# EXECUTIVE SUMMARY



## Open up, Reach out – in year 3

Our five-year local transformation plan, ***Open up, Reach out***, is making big changes in Southend, Essex and Thurrock to improve the emotional wellbeing and mental health of children and young people.

In year 1 of the plan, we launched a single integrated service across seven clinical commissioning groups (CCGs) and three local authorities. We are aiming to give all children and young people the best possible support for their mental health and emotional wellbeing with more services available and consistent high quality care.

We increased the annual budget by around 25% with an additional £3.3 million a year to make it easier to get expert help when needed. Children and young people, parents and schools can now contact mental health services directly through a single telephone number or email address. Before 1 November 2015, only a professional such as a GP or social care team could make a referral.

Some 200 staff have made the move from four previous organisations and a fragmented tiered system to a single new service with much more emphasis on prevention, early intervention and resilience for children, families and communities.

**Year 1** had a great start by supporting double the number of children and young people compared with the previous year, the transition to a new system saw some challenges but began to see great service improvements.

In **year 2** the new Emotional Wellbeing & Mental Health Service was embedding in the community with great progress on; recruitment and mobilisation of the staff and teams, the promotion of the open access supported referrals into the service from a wide range of; Children, Young People, their families/ carers, Schools and other professionals.

We continued to invest in children and young people's services with investment into the crisis service, engagement with children and young people and schools support.

This document is a refresh of the local transformation plan, showing what has been achieved so far and the priorities for action over the next three years.

To contact the **emotional wellbeing** and **mental health service** for Southend, Essex and Thurrock:

Call **0300 300 1600** 9am-5pm Monday to Friday

Or email **NELFT-EWMHS.referrals@nhs.net**

For support in a **crisis** at any time of day or night, call **0300 555 1201** and ask to be put through to **Crisis Support**.



## National context

The transformation of emotional wellbeing and mental health services for children and young people has a high national profile and the support of significant additional funding.

The national guidance, *Future in Mind*, which was published in March 2015, set the challenge and provided the steer for local service transformation. The focus is on early intervention, evidenced-based treatment and achieving measurable outcomes for children and young people with mental health problems.

In July 2016, NHS England published further guidance on improving mental health services - *Implementing the Five Year Forward View for Mental Health*. The first chapter of this guidance sets out the national objectives for improvements by 2020/21 in children and young people's mental health.

Some of the main national objectives are:

- By 2020/21, a significant expansion (at least 35%) in access to high quality mental health care for children and young people.
- By 2020/21, evidence-based community eating disorder services in place in all areas ensuring that 95% of all children in need receive treatment within one week for urgent cases, and four weeks for routine cases.
- By 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay and will be as close to home as possible. To achieve this there should be improvements in community-based services, 24/7 crisis resolution and more home treatment.

*Future in Mind*

**<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>**

*Implementing the Five Year Forward View for Mental Health*

**<https://www.england.nhs.uk/mentalhealth/taskforce/imp/>**



## Sustainability and Transformation Plans (STPs)

Our local transformation plan is a county-wide strategy across Southend, Essex and Thurrock, which crosses three STPs:

- Mid and South Essex
- Hertfordshire and West Essex
- Suffolk and North East Essex

All three plans align and are signed up to the Southend, Essex & Thurrock Mental health & Wellbeing Strategy; Lets Talk about mental health 2017-2021. The Lets Talk about Mental Health strategy supports and interfaces with our Open Up, Reach Out transformation plan.

Open up Reach out will continue to plan on its countywide basis and all three STPs have incorporated our local transformation plan.

Our strategic direction is reflected in the wider STPs to:

- Deliver more care closer to home, working in localities that bring together physical, mental health and social care
- Place a greater emphasis on prevention and early treatment to avoid crises and hospital stays and to avoid longer term serious problems
- Work with multi-agencies and professionals in a joined-up way to wrap services around individuals and their needs
- Work together to develop community resilience, including working partnerships with voluntary sector and other public services
- Empower people and families by involving them in decisions about their own care and by improving access to information to support self-care.

STP links:

<https://www.healthierfuture.org.uk/sites/default/files/publications/2016/December/A-Healthier-Future-Final.pdf>

<http://www.successregimeessex.co.uk/latest-plans/overall-plan-summary/>

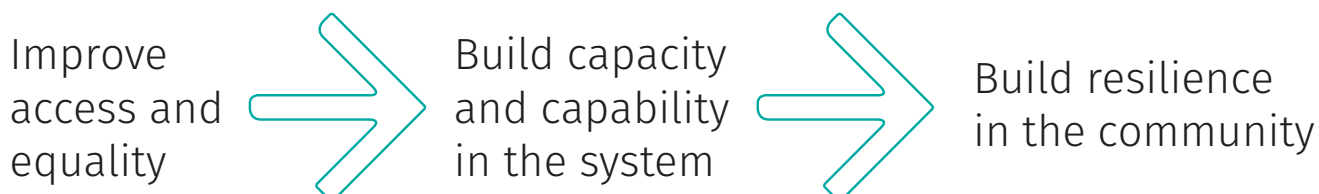
<http://www.neessexccg.nhs.uk/sustainability-and-transformation-plan>

**Mental health & Wellbeing Strategy; Lets Talk about mental health:**

[https://www.livingwellessex.org/media/470330/MH\\_Strategy\\_Lets\\_Talk.pdf](https://www.livingwellessex.org/media/470330/MH_Strategy_Lets_Talk.pdf)

## Summary of the transformation plan

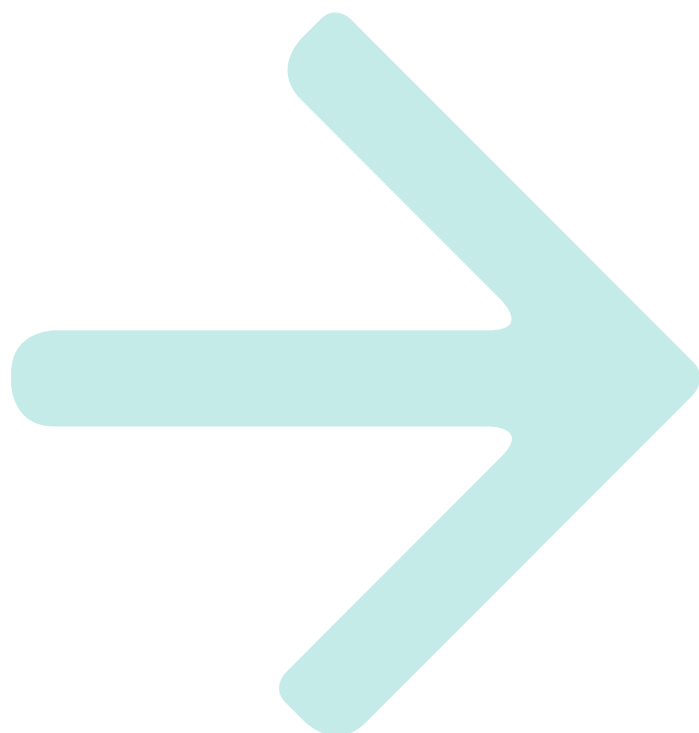
### Our plan is to:



### Principles

The plan is built upon six agreed principles:

- 1 Early action** – avoiding and preventing mental health problems
- 2 No judgement, no stigma** – with care that is right for each individual, delivered in safe places and with children and young people having a say in decisions
- 3 Support for the whole family** – with care as a part of daily life, backed up by professionals and specialists when needed
- 4 Inform and empower** – with information there for everyone and simple to access, providing the tools for self-care and resilience, as well as recovery
- 5 Joined-up services** – efficient, effective and clear for all to understand
- 6 Better outcomes** – through evidence-based care and listening and responding to feedback



## Year 1

The original local transformation plan highlighted a number of common themes from local engagement with children and young people.

Our response to those main themes was as follows:

### You said

### We did

**Difficult to access the service**

- Established a single phone number and point of access.
- Opened up to self-referrals, and referrals from parents, schools and others – not just professionals.
- Developed procedures designed to provide early help, advice and support.
- Set detailed performance regimes to monitor waiting times for assessments and treatments.

**Confusing process and variable eligibility**

- Referral criteria have been simplified and are much less restrictive than before.
- We have successfully moved away from a fragmented and multi-tiered service by implementing a single integrated service for children and young people across Southend, Essex and Thurrock.

**We need better information**

- The single integrated service has made it simpler to publish information via a single website, publicity leaflets and referrals information.
- The new single point of access teams give better information and signposting to other local services and where to get help.
- A new website *The Big White Wall* is designed to provide helpful information for children and young people.
- Looking to the future, the service is piloting new digital technologies, such as an app that enables young people to talk to their therapist at any time.

**More people are needed to help tackle problems at an earlier stage**

- The service has worked with local schools to pilot a training programme for schools' staff.
- In future years of our plan, the intention is to extend training to other local services to build knowledge and resilience in local communities.
- Capacity has increased through additional staffing and is supporting around double the number of children compared with previous years.



**Year 1** was a year of transition. Some 200 staff from four previous provider organisations transferred on 1 November 2015 to a new single emotional wellbeing and mental health service for children and young people across Southend, Essex and Thurrock. Recruitment to new posts is not yet complete, but we expect the new service to reach full establishment by the end of 2016.

**Year 2** was a year of embedding new procedures and protocols and undertaking further reviews to shape our services around the needs of children and families.

One of the most significant reviews was a second service needs assessment, which included the voice of children, young people and others.

Here are the main themes of areas that needed further improvement:

- **Raising awareness** – young people still reported that they have never received information about mental health, either generally or via their school.
- **Support for children and young people who move between services** – the transition from children's services to adult mental health services, for example is very variable across our area
- **Early intervention** – A quarter to a half of adult mental illness may be preventable with appropriate interventions in childhood and adolescence.
- **Vulnerable groups** – Vulnerable young people felt they are sometimes being treated for symptoms and not the cause of their problems
- **Utilising technology** – evidence showed that children and young people respond well to digital technologies as a way of managing problems.



## Challenges still to tackle

As we enter year 3 of our five-year local transformation plan, there is still a major challenge to achieve our aspirations.

**Year 3** is a year of continuation in providing, developing and delivering on the areas that have improved and need improving. We will:

- **Build Community Resilience** by providing additional support to schools and the voluntary sector
- Review and re-model the **Crisis Service**
- Review and pilot a **Transition Service**- supporting young people 18-25 years who need some extra support when leaving/moving services
- Continue to improve and build on our CYP and family **engagement and communication**
- Develop the Neurodevelopmental Provision for CYP & families for CYP with **Mental Health and Learning Disability, ASD and ADHD**
- Continue to **Develop, Integrate and Work** with the wider children's service system to provide a seamless offer (Tier 4 inpatient, Education Health & Social Care, Transforming Care Plans, Paediatric care, Children Looked After & Children in Need)



## Vision

All children and young people in Southend, Essex and Thurrock are supported to live well, resilient to life's challenges and have the best possible mental health. The emphasis is on prevention and early action to avoid more serious problems in the longer term.

Everyone involved in the life of a young person – family, school, health and care services, and including the child or young person themselves – should have the information and the support they need to play their part.

### How our emotional wellbeing and mental health service is working to achieve this vision:

- By working with communities and schools to develop a better understanding of the risks to mental health and how to manage them.
- By making it simple for families and professionals to find out where to get help quickly and have the support and tools they need for self-help.
- Where extra help is needed, services are ready to step in at an early stage, in convenient, friendly places where young people feel safe, listened to and respected.
- Workers within services have the confidence and skills to understand needs early on and give the right support.
- Children and young people have a say about their own care and in the design and development of services.
- Expert help for long term and serious problems will expand across Southend, Essex and Thurrock over the next four years.
- Experts will be ready to act quickly in a crisis, whenever and wherever that may be.

### The emotional wellbeing and mental health service for Southend, Essex and Thurrock:

#### Support in daily life

- Information and advice for children and young people, available from our website and places in the community
- Information and advice for parents and carers
- Training and support for schools and others

#### Help from local services

- Services working with families at home
- Services in schools, GP surgeries, and community
- Evidence-based interventions and therapies for children, young people and families
- A confident and empowered children's workforce

#### Expert help from specialists

- Specialist help for long-term and serious problems
- Joined-up services for several problems
- Referral to more specialised services

#### Help in a crisis

- Fast response with support at home
- Links with other emergency services
- Overnight and short stays in specialist services, if needs be

## Measurable outcomes

The specification for the new service includes measures and key performance indicators (KPIs) to monitor progress against the following outcomes:

- 1 Improvements in mental health for children and young people in Southend, Essex and Thurrock, using better methods to monitor and measure our progress
- 2 A joined-up system with no barriers
- 3 Reduction in inequality - no discrimination, no stigma
- 4 Easier access to services with shorter waiting times
- 5 Other services working with children and young people are enabled to promote and support good emotional wellbeing and mental health
- 6 Better advice, support, training and guidance for parents, teachers and others
- 7 Fewer visits to A&E
- 8 Priority for assessment of children and young people from vulnerable groups, including proactive outreach.
- 9 Young people aged 14-25 to get the right support and, if necessary, a smooth transition to adult services
- 10 Opportunities for children and young people to influence services, not just for their own care but also as part of collaboration between services and young people.

## Plan of action

**In year 1 (2015/16)** – we mobilised the new single service on 1 November 2015, with new referral criteria, better access to services and new ways of working.

**In year 2 (2016/17)** – we learnt from a second service needs assessment and a number of service reviews and pilots, aiming for full implementation in years 2 and 3. We introduced a new community eating disorder service. We continued to invest in staff and rolled out new schemes, like the digital offers of the Big White Wall and the MyMind App. Further works on engagement with local schools on their priorities for the local support offer.

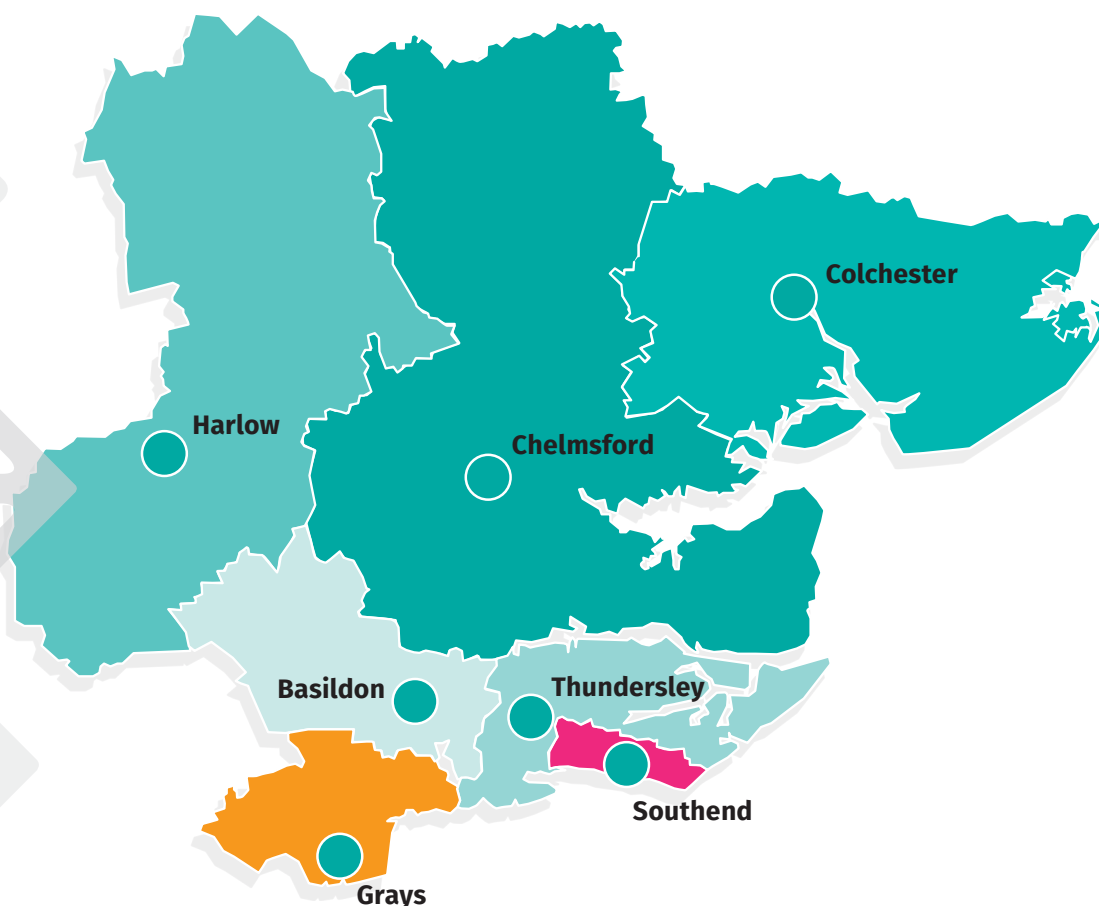
**In year 3 (2017/18)** – we are implementing the Learning Disability CAMH service across Southend, Essex & Thurrock, piloting the Kooth online counselling service, producing the Self-Harm Toolkit, entering into phase one of the EWMHS School-education programme and reviewing our Crisis and Transitions offer.

**In years 4 & 5** – We will evaluate the pilots and further implement the priorities set out in this plan. We will refresh this local transformation plan each year and continue to develop new and better services in response to our evaluations and service reviews.





## Building capacity and capability in our seven locality teams



With additional investment and new ways of working we are increasing the number of people and skills in locality teams.

The following table summarises the main developments over the five years of the local transformation plan:

| Identified gaps in services   | Increase in staffing and skills   |
|---|---|
| Services for eating disorders   | Increase in clinical and support staff to cover all localities.   |
| Specialist services to help with developmental and behavioural problems, including ADHD | Review of a new therapeutic model with funds to invest in new services.   |
| Improving access to psychological therapies (IAPT)                                      | Investing in clinical psychology leadership.<br>New posts in each locality.   |
| Faster access to help for low to moderate needs   | Recruitment and training for lower grade clinical staff.<br><br>Additional resources to support locality teams and their work with partners within the community e.g. schools, children's centres, GPs, voluntary sector. |
| Faster access to advice, information, support and assessment where needed.              | More staff for single points of access in Southend, Essex and Thurrock.   |

## Specific service developments described in the transformation plan

### Improving access and equality

- Single point of access for each of the three local authority areas, supported by an increased workforce and workforce development
- Enhanced crisis services and extended home treatment.
- Extended children's and young people's IAPT, with the aim of achieving 100% coverage by 2018
- Increased capacity to respond to complex needs (such as those of children with learning disabilities and mental health needs)
- A significant investment in the development of eating disorder services
- Continuing improvement in early intervention in psychosis
- Improvements in support for vulnerable and disadvantaged children and young people
- Improvements in transitions between services e.g. for long term needs of young people moving into adulthood
- Medicines management review

### Building capacity and capability in the system

- Additional posts
- Upgrading for some posts
- Wide scale workforce development and training
- Improvements in data and IT systems
- Improvements in performance monitoring

### Building resilience in the community

- Embedded and sustainable engagement with children and young people, universal services and community networks
- Structured support and training for schools
- Building relationships with other health and care professionals, including joint work on operational protocols
- Building relationships with other public services, including developing joint strategies and agreements e.g. implementation of action plans under the Crisis Care Concordat
- Building community relationships with the voluntary sector and other networks
- A review and development of comprehensive support to prevent suicide and self-harm

Implementation of the local transformation plan is supported by a programme management office and improved performance and outcomes monitoring.



## Investment

The new service started on 1 November 2015 with a contract value of just over £13 million.

During 2015/16, we invested in excess of £1.5 million to develop local services. This translates to a planned full year investment of just over £3.3 million.

Our updated plan raises our investment from £3.3 million per year to just under £5.4 million a year with effect from 2017/18.



# WHERE WE ARE NOW

## Our young population and their mental health needs

In year 1 of our local transformation plan, we completed a second joint strategic needs assessment (JSNA) to take a detailed look at our population of children and young people and their emotional wellbeing and mental health needs.

This section draws from some of the main findings of the joint strategic needs assessment.

### A picture of Southend, Essex and Thurrock

There are three areas of local government in Essex: the two-tiered, non-metropolitan county of Essex, which covers 12 district, borough and city councils, and the unitary authority areas of Southend-on-Sea and Thurrock. Health is the responsibility of seven NHS clinical commissioning groups (CCGs), which are shown on the map over the page.

These ten co-commissioners of services cover a total population close to 1.75 million of which around 24%, some 415,856 are under the age of 19.

By 2025, there could be 8.1% more children in Southend, Essex and Thurrock and 10.7% more by 2035.

**1.75 million**  
population

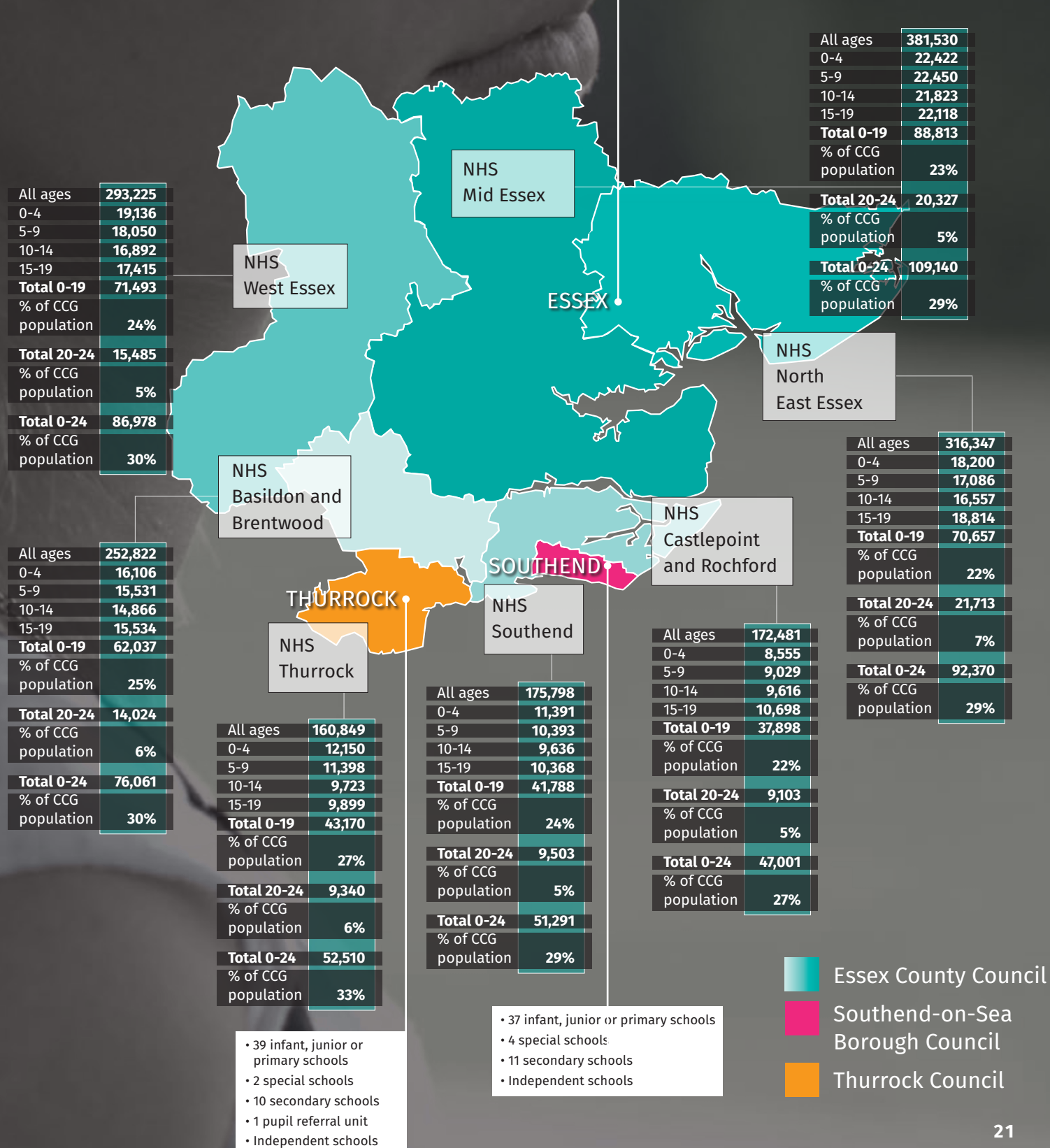
**24%**

under  
**19**





The map below shows the local authority boundaries and localities covered by the seven clinical commissioning groups (CCGs). The annotations show the number of children and age ranges.



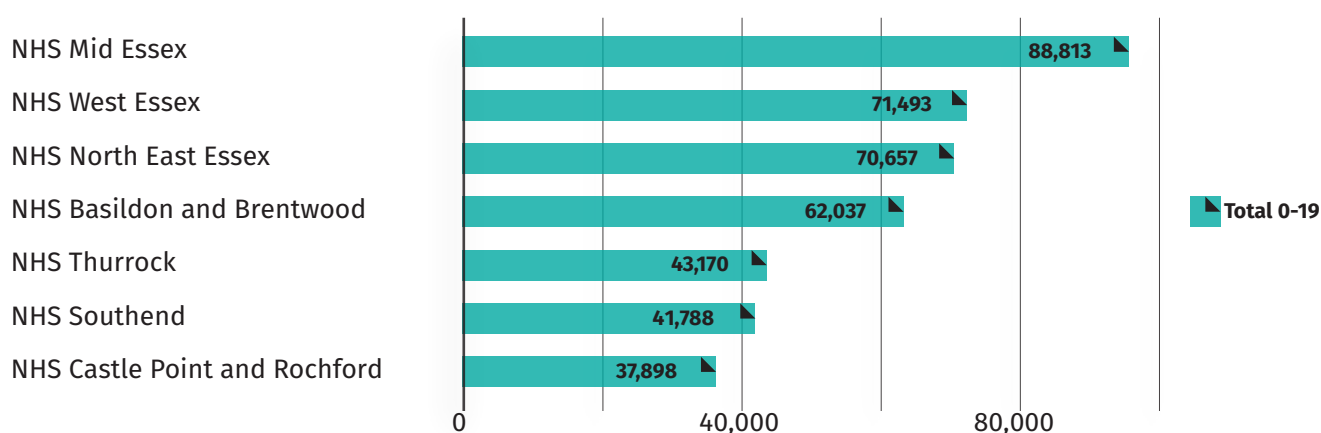
Thurrock has the lowest all age population; however Thurrock has the largest population of under 19 year olds, equating to 27% of the local population. Basildon and Brentwood, Southend, Thurrock and West Essex have larger populations aged 0-4 years. North East Essex CCG and Castle Point and Rochford CCG have a larger population in the 15-19 year age group. Mid Essex CCG has a larger population in the 5-9 years age group.

**0-19 years  
population**

**415,856**

**Essex**

**Total 0-19 population by CCG**



**Estimated number of children and young people that could be affected by mental health issues (2014)**

| CCG Area                       | All 5-10 years | All 11-16 | All 5-16 | Boys 5-10 | Boys 11-16 | Boys 5-16 | Girls 5-10 | Girls 11-16 | Girls 5-16 |
|--------------------------------|----------------|-----------|----------|-----------|------------|-----------|------------|-------------|------------|
| NHS Southend                   | 955            | 1,350     | 2,300    | 640       | 775        | 1,415     | 315        | 575         | 885        |
| NHS Thurrock                   | 1,105          | 1,425     | 2,530    | 740       | 815        | 1,555     | 370        | 615         | 980        |
| NHS Castle Point, and Rochford | 780            | 1,255     | 2,030    | 525       | 710        | 1,235     | 255        | 545         | 800        |
| NHS Basildon and Brentwood     | 1,410          | 2,045     | 3,455    | 950       | 1,165      | 2,115     | 465        | 885         | 1,345      |
| NHS Mid Essex                  | 1,815          | 2,695     | 4,510    | 1,220     | 1,545      | 2,765     | 600        | 1,150       | 1,750      |
| NHS North East Essex           | 1,620          | 2,340     | 3,960    | 1,085     | 1,325      | 2,410     | 535        | 1,020       | 1,550      |
| NHS West Essex                 | 1,540          | 2,095     | 3,635    | 1,045     | 1,205      | 2,245     | 500        | 895         | 1,390      |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

# Estimates of young people experiencing mental health problems

## Broad indicators from national data

Ref. National Child and Maternal Health Intelligence Network (ChiMat) <http://www.chimat.org.uk>



Nationally, nearly 10% of children aged 5-16 years have a diagnosable mental health condition and a further 10% have emotional or behavioural problems requiring support. These children will have a wide range of conditions including conduct disorders, self-harm, depression, hyperactivity and less common disorders such as autistic disorders and eating disorders.

It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18. In addition, there are well-identified increased physical health problems associated with mental health. Mental illness in children and young people causes distress and can have wide-ranging effects, including impacts on educational attainment and social

relationships, as well as affecting life chances and physical health.

The National Child and Maternal Health Intelligence Network (ChiMat) provides information on prevalence rates that enables us to estimate the number of children likely to have mental health problems in Southend, Essex and Thurrock. Some of the relevant estimates are as follows:

- 9.6% or nearly 22,420 children and young people aged between 5-16 years have a mental disorder
- 7.7% or nearly 9,225 children and young people aged between 5-10 years have a mental disorder
- 11.5% or approximately 13,205 children and young people aged between 11-16 have a mental disorder.

*Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).*



Estimated number of children between the ages of 5 and 16 in Southend, Essex and Thurrock who could have a mental health problem that needs specialist help.

→ 22,500

Mental health disorders are more common in boys (11.4%) compared to girls (7.8%) and rates increase with age. Among 5-10 year olds 5% of girls and 10% of boys may have a mental health disorder. Among 11-16 year olds the rates were 10% for girls and 13% for boys.

The most common type of mental health problems in children and young people are conduct and emotional disorders with higher rates of conduct disorders in boys and higher rates of emotional disorders in girls.

#### National estimates of prevalence of disorders in children and young people:

|  |                  |
|--|------------------|
| Emotional disorders (anxiety and depression)                           | 4% (3% and 0.9%) |
| Conduct disorders  | 6%               |
| Severe attention deficit hyperactivity disorder (ADHD)                 | 1.5%             |
| Autism spectrum disorder   | 0.9%             |
| Rarer disorders, including tics, eating disorders and selective mutism | 0.4%             |

The rate of ADHD in boys is much higher than in girls (2.6% compared to 0.3%).

Children with poor emotional wellbeing have a much more negative view of their lives when compared to all children. They are twice as likely to be afraid to go to school because of bullying, twice as likely to say their school deals badly with bullying and are more likely to have been a victim of crime. They are significantly less likely to say that their views are listened to and taken seriously at home or at school. They are more likely to say that they have been drunk at least once in the last month or have ever taken drugs. They are significantly less likely to enjoy school or try their best at school, and are more likely to want more help from teachers, plus they are more likely to need better information to help plan their future.

See [Appendix 1](#) for further information extracted from the ChiMat website



# What children and young people say

## Essex health and wellbeing survey 2015

A wellbeing survey across schools in Essex is now in its tenth year. In 2015, the survey reached 9,690 pupils in primary schools, 3,796 pupils in secondary schools and 37 pupils in one special school.

From this survey, children in Essex have told us that good emotional wellbeing and mental health means 'feeling safe and secure', 'being satisfied with life' and 'feeling worthwhile'.

### Some of the main points from the survey

- Over half of primary and secondary pupils say that when they are really worried they talk to someone or ask for help
- The main worries for secondary school pupils are
  - // SATs and other tests
  - // what other people think about them
  - // the way they look
  - // school work/homework
- 75% of primary and 82% of secondary pupils say that adults listen to their views and take them seriously at home but they are somewhat less positive about being listened to at school, particularly secondary pupils
- Pupils with poor emotional wellbeing and those who are bullied are significantly less likely to say their views are listened to at home.
- Primary young carers, pupils receiving free school meals and BME pupils, and secondary pupils with special needs or a police warning are also less likely to say this.

For more information, visit Essex Schools InfoLink  
<https://schools-secure.essex.gov.uk/data/SHEU/Pages/SHEUSurveySupportingTheWellbeingOfChildrenAnd.aspx>

## YEAH!2

YEAH! stands for **Young Essex Attitudes on Health and Social Care**, an exercise run by the independent organisation, Healthwatch Essex, which gathers young people's lived experience of health and care in Essex.

The first YEAH! report from March 2015 helped to inform our local transformation plan, Open up, Reach out. In 2015, Healthwatch Essex engaged young people a second time, this time reaching 865 young people representing a range of backgrounds from across Essex.

The study took place before our new service launched on 1 November 2015, but NELFT, the new service provider, took part in YEAH!2 and listened to the feedback on former services with the aim of using this information to develop the new service.

### Some of the key findings from YEAH!2



9 in 10 participants felt that being informed about mental health was important



7 in 10 participants had not received information on mental health



6 in 10 participants thought that a lack of awareness created stigma around issues such as mental health, which could lead to bullying or isolation.

### Awareness

Around half of the participants had read about mental health online, while others had gained some knowledge from TV or their own experiences. Some participants (around 3 in 10) had received information about mental health. Of those who had, around half had learned from enrichment days or information in school or college. Most participants (around 9 in 10) felt it was important to learn about mental health in school or college.

"Luckily, my **friends** told the **school teachers** who were informed about my **family situation** and got me **help**. I think schools should strive to **be informed** about their pupils' family situations and ensure anyone **affected** by someone's problems is **checked** and **supported**."

"A woman came in and **taught** us about **self-harm** and **suicide**. It was really **informative**, **relevant** and **direct** information."

"I think **parents** should be **educated** on **mental health** so they **understand** what to **do** in the situation."





### Access to help

Over 4 in 10 participants said they or someone they knew had experienced mental health issues. The main perception was that help can be difficult to secure and services slow to respond. Improving access to services should remain a top priority for our local transformation plan.

**“Doctors and counsellors** always make me feel like they have **no time** for me. Mental health gets **overlooked** and **isn’t taken seriously**. It took **4 months** to start therapy, and at that point I was **suicidal**.”



“I was diagnosed with **OCD, Tourette’s Disorder, depression, anxiety** and a **sleep disorder**. For a while I was **not believed** or **taken seriously**, which made it **worse** as well as harder to **trust** people. When I was finally admitted to a service it took a **long time** before treatment.”

## Support and services

Participants who had sought help for mental health problems had most commonly approached a GP or a member of staff at school. Several participants spoke about positive experiences of approaching school staff, feeling the person they spoke to did their best to help and referred them to the relevant service.

“I **self-harmed** for **3 years** and my high **school** was **helpful...** especially the head of year who made it **clear** who you could **talk to**, and that **free counseling** services existed”

“I was told **nothing could be done** apart from **anti-depressants**. I refused to take them, so I was **sent home**. There should be a **better solution!**”

“I have **ADHD** [Attention Deficit Hyperactivity Disorder] and I’m on some **tablets** to help me **concentrate** more. It **helps a lot**, and helped me concentrate in my **exams**. I wish I’d been **diagnosed earlier.**”

Some participants spoke about their experience of being prescribed medication for mental health problems. Some had good experiences and others held strongly negative views of medication as a form of treatment.

Listening to what young people have said about services in the past, we are very aware of the way in which young people would appreciate being listened to and taken seriously. We have also heard about the need for consistency and have discussed with young people ways of improving this with smartphone technology through which a young person receiving support can maintain their contact and relationship with the professional who is supporting them.

Almost half of the YEAH!2 participants suggested that raising awareness would reduce stigma and encourage young people to access services earlier.

**Young people hope to see more promotion of mental health services that they can refer to directly, a campaign targeting young people and including a specifically targeted campaign towards boys, possibly in partnership with local football clubs, for example.**

“... they **don’t see you outside** of sessions when you’re having a **‘down’** moment.”

For more information and to see the full YEAH!2 report, visit Healthwatch Essex <http://www.healthwatchessex.org.uk/what-we-do/topics/yeah-2/>



## SWEET!

### Services we experience in Essex today

In the spring and summer of 2015, Healthwatch Essex joined forces with a sport-for-development charity, *Achievement Through Football*, a charity based in south Essex, to capture the views of vulnerable young people living in areas of recognised deprivation.

The exercise reached 203 young people (aged 11-25) who were at risk of exclusion from education. This included young people from seldom-heard groups, such as Eastern European and migrant communities, gypsy, traveller and Roma communities, young ex-offenders and young people living in social housing and/or foster care.

During discussions, SWEET! participants talked about the importance of having a sense of worth and something to achieve which would form part of the solution to preventing them from involvement in crime. They also felt that sharing a joint goal could bring troubled families together. While participants spoke a lot about the mental health of their parents, they seemed unaware that they themselves could experience mental health issues, despite often speaking about the emotional challenges they faced.

They wanted to feel more informed about mental health and to receive information about the range of services that may be available to them.

For more information and to see the full SWEET! report, visit Healthwatch Essex  
<http://www.healthwatchessex.org.uk/what-we-do/topics/sweet/>



## Identifying risks and inequalities in Southend, Essex and Thurrock

### Risks to mental health in children and young people

In our previous local transformation plan, we highlighted the needs of disadvantaged children. Our 2013 joint strategic needs assessment identified the following main groups of children with a greater risk of developing mental health problems:

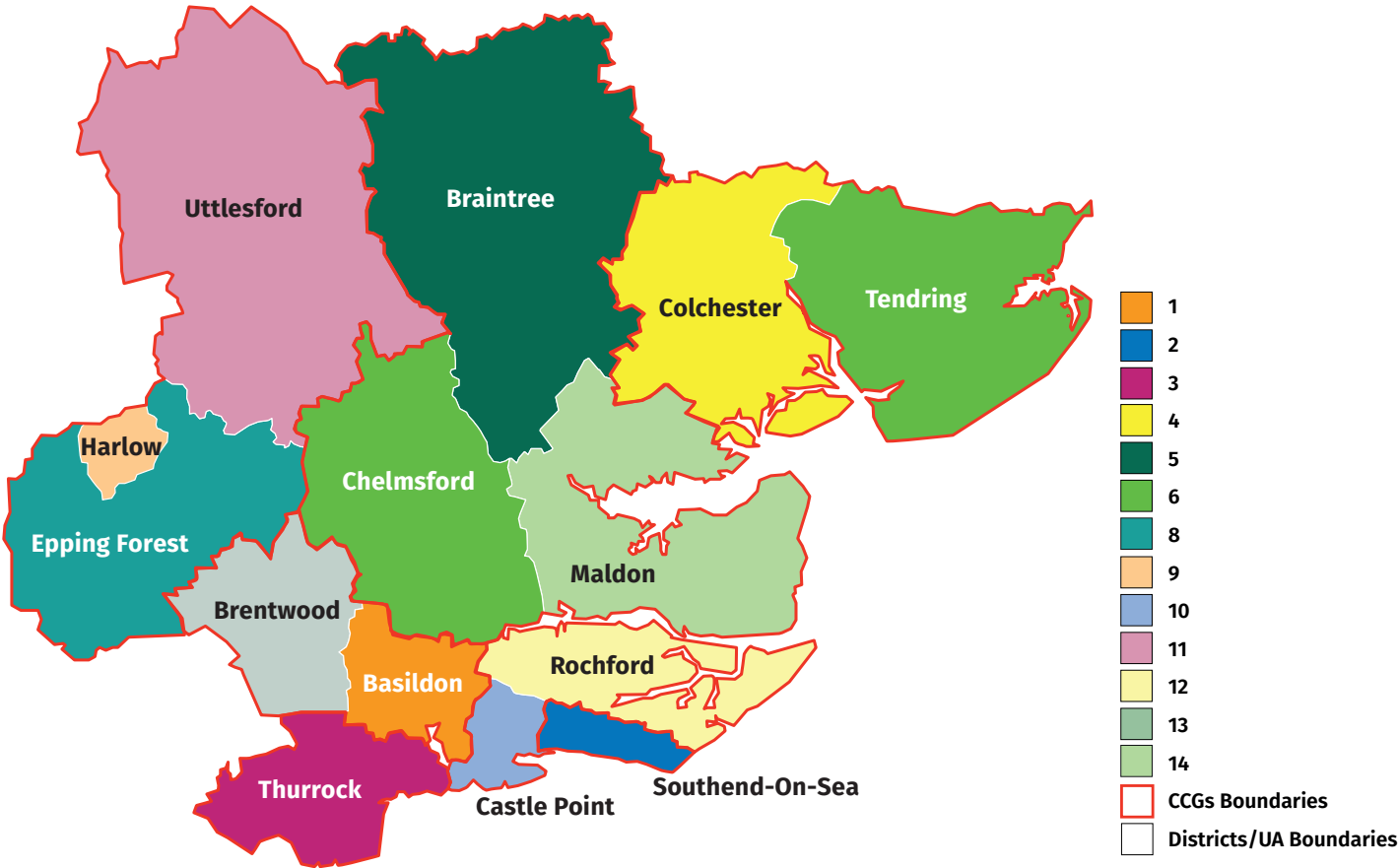
- Children with learning difficulties and disabilities, developmental disorders and children in residential schools
- Children in short stay schools
- Children on a child protection plan
- Children in care and looked after children

Our second joint strategic needs assessment in 2015 estimated numbers of children with potentially higher risks of mental health issues by looking at the following ten risk factors:

- Lone parent households
- Underweight and obese children (reception year)
- Underweight and obese children (Year 6)
- Children under 16 in poverty
- Teenage pregnancy
- Children aged under 15 who provide unpaid care
- Young people aged 16-24 who provide unpaid care
- Young people aged 16-24 who provide more than 20 hours of unpaid care per week

**The results provided further indications of where demands may rise over the next five years for each of our seven locality teams and services. We also considered this information in planning and prioritising our work with schools and communities to build resilience and early intervention.**

Mental Health Risk Indicators Overall Rank



The map and table above shows that Basildon, Southend and Thurrock are ranked the highest in terms of the number of children at greatest risk across the ten mental health risk factors.

- **Basildon is ranked the highest** in terms of the number of children at greatest risk across all ten mental health risk factors and ranked 1st in six of the risk factor indicators. These are: lone parent, underweight children (Year 6), Children under 16 in poverty, under 18 pregnancy, young people aged 16-24 providing care and young people 16-24 providing more than 20 hours of care.
- **Southend is ranked second** across all ten mental health risk factors and is ranked 1st in two of the risk factors. These are: under 18 pregnancy and children under 15 providing care.
- **Thurrock is ranked third** across all ten mental health risk factors and is ranked 1st in three risk factors. These are: underweight children (Reception year), obese children (Reception year) and obese children (Year 6).



## Ranking of mental health risk factors for each district and unitary authority

|                 | Lone Parent Rank | Underweight children (reception year) Rank | Obese children (reception year) Rank | Underweight children (year 6) Rank | Obese children (Year 6) Rank | Children under 16 in Poverty Rank | Under 18 Pregnancy Rank | Children <15 Providing Care Rank | Young People 16-24 Providing Care Rank | Young people 16-24 providing Considerable Care Rank | Combined Rank |
|-----------------|------------------|--|--------------------------------------|------------------------------------|------------------------------|-----------------------------------|-------------------------|----------------------------------|--|---|---------------|
| Basildon        | 1                | 3  | 3                                    | 1                                  | 2                            | 1                                 | 1                       | 2                                | 1                                      | 1   | 1             |
| Braintree       | 6                | 5  | 5                                    | 3                                  | 7                            | 6                                 | 6                       | 4                                | 7                                      | 6   | 5             |
| Brentwood       | 11               | 9  | 14                                   | 13                                 | 13                           | 12                                | 14                      | 14                               | 11                                     | 11  | 13            |
| Castle Point    | 10               | 11   | 9                                    | 10                                 | 10                           | 10                                | 9                       | 9                                | 10                                     | 10  | 10            |
| Chelmsford      | 7                | 8  | 4                                    | 1                                  | 6                            | 7                                 | 8                       | 7                                | 5                                      | 7   | 6             |
| Colchester      | 3                | 7  | 5                                    | 6                                  | 4                            | 5                                 | 5                       | 5                                | 2                                      | 3   | 4             |
| Epping Forest   | 8                | 5  | 7                                    | 5                                  | 9                            | 9                                 | 12                      | 8                                | 8                                      | 9   | 8             |
| Harlow          | 9                | 2  | 10                                   | 12                                 | 8                            | 8                                 | 6                       | 10                               | 9                                      | 8   | 9             |
| Maldon          | 14               | 11   | 13                                   | 7                                  | 14                           | 13                                | 12                      | 13                               | 14                                     | 12  | 14            |
| Rochford        | 12               | 14   | 12                                   | 14                                 | 11                           | 11                                | 10                      | 11                               | 12                                     | 13  | 12            |
| Southend-on-Sea | 2                | 3  | 2                                    | 4                                  | 3                            | 3                                 | 1                       | 1                                | 3                                      | 5   | 2             |
| Tendring        | 5                | 10   | 8                                    | 9                                  | 5                            | 4                                 | 4                       | 6                                | 6                                      | 3   | 6             |
| Thurrock        | 4                | 1  | 1                                    | 7                                  | 1                            | 2                                 | 3                       | 3                                | 4                                      | 2   | 3             |
| Uttlesford      | 13               | 11   | 11                                   | 10                                 | 12                           | 14                                | 10                      | 11                               | 13                                     | 14  | 11            |

## Lone Parents

Family breakdown can have a damaging effect on the mental health of children.<sup>3</sup> From national evidence, it is estimated that children brought up by single parents and in step families may be three times as likely to suffer from mental health problems compared with two-parent families.

There are an estimated 46,550 dwellings in Southend, Essex and Thurrock with a lone parent. This would suggest that there could be over 40,000 children at some risk of mental health issues.

## Children under 16 in poverty

Children living in low-income households are nearly three times as likely to suffer mental health problems as their more affluent peers.<sup>4</sup>

Around 54,570 children under 16 across Southend, Essex and Thurrock are estimated to be in poverty and could be at risk of mental health problems. The areas with the highest number of children in poverty and at greatest risk are Basildon, Thurrock and Southend.

<sup>3</sup>The Millennium Cohort Study, University College London, 2015

<sup>4</sup>Meltzer, H et al (2000) *The Mental Health of Children and Adolescents in Great Britain*. London: The Stationery Office



## Young carers

The pressures of caring for parents and siblings frequently leads to anxiety, feelings of anger, frustration, guilt, resentment and stress. Young carers are likely to experience problems with school, such as regular lateness, difficulty completing assignments on time, disruptive behaviour, difficulty making friends, being bullied and leaving without any formal qualifications.

Young carers are more likely than others to be afraid to go to school because of bullying and to say their school deals badly with bullying. They are more likely to have been a victim of crime. Primary young carers have lower than average scores for overall wellbeing and are more likely to have poor emotional wellbeing.

### **Young carers - under 16 who provide unpaid care**

An estimated 3,465 children under 16 years old provide unpaid care across Southend, Essex and Thurrock and could be at risk of mental health problems. The areas with the highest number of children under 16 who provide unpaid care are Southend, Basildon and Thurrock.

### **16-24 year olds providing unpaid care**

8,070 children and young people aged 16 to 24 provide unpaid care across Southend, Essex and Thurrock and could be at risk of mental health problems. The areas with the highest number of children and young people providing unpaid care are Basildon, Colchester and Southend.

### **16-24 year olds providing 20+ hours a week unpaid care**

Of the 8,070 children and young people providing unpaid care across Southend, Essex and Thurrock, 2,143 (26.5%) of them provide 20 or more hours unpaid care. The areas with the most children and young people at risk are Basildon, Thurrock, Colchester, Tendring and Southend.

## Identifying priority needs in Southend, Essex and Thurrock

### Self-harm

There are usually a number of different reasons that lead to someone self-harming, but there are generally two main reasons. The first is the experience of intense and distressing emotions. These may be related to particular experiences, such as sexual or physical abuse. The second reason is the absence of the right kind of emotional support. In other words, the child or young person is not provided with the assistance to recognise and understand their responses to the events they are experiencing. The absence of recognition and support in the context of extreme and distressing events leads to a sense of powerlessness, and an inability to understand and manage painful feelings.<sup>5</sup>

The Young Minds charity reports that between one in 12 and one in 15 children and young people are thought to deliberately self-harm.<sup>6</sup>

If this is the case, the potential number of 10-19 year olds in Southend, Essex and Thurrock who self-harm could be between 19,000 and 38,000.

### Perceptions and experiences of self-harm in Essex

During the summer of 2015, the Essex County Council Involvement Team spoke with over 200 young people about their perceptions and experiences of self-harm in Essex.

- Nearly half of the young people thought that bullying causes young people to self-harm.
- 39% of participants thought the best support was having someone to talk to or discuss things with, someone they could trust or who would keep things confidential.
- Over 70% of the young people thought that carers, parents and teachers may need more information and support about self-harm, and 64% thought that young people themselves may need this.

<sup>5</sup>Michaela Swales - <http://www.wellcome.ac.uk/en/pain/microsite/culture4.html>

<sup>6</sup>Young Minds (2013), *Mental health statistics. From Mental Health Foundation (2006). Truth hurts: report of the National Inquiry into self-harm among young people.* London: Mental Health Foundation



## Teenage suicide

Since April 2013, the suicide rate for those aged from 12 to 17 years old in Southend, Essex and Thurrock is 8 per 100,000. As is the case nationally, the Essex figures show that 70% of teenage suicides in Essex were male compared with 30% female.

**The Government strategy *Preventing Suicide in England (2012)* identifies the following groups as being vulnerable to suicide:**

| County / UA | Children in the Youth Justice System (2013/14) | Children Leaving Care (2014/15) | Looked After children (2014/15) |
|-------------|--|---------------------------------|---------------------------------|
| Essex       | 914  | 515                             | 1025                            |
| Southend    | 190  | 105                             | 230                             |
| Thurrock    | 114  | 130                             | 280                             |
| SET Total   | <b>1218</b>                                    | <b>750</b>                      | <b>1535</b>                     |

## Children with learning difficulties, disabilities and developmental disorders

National evidence suggests that children with learning disabilities are up to six times more likely to have mental health problems than other children; and more than 40% of families with children with learning disabilities feel they do not receive sufficient help from health and care services.

Using the ChiMat prevalence data, we have estimated the following numbers of children with both learning disabilities and mental health problems.

| CCG Area                      | Children aged 5-9 yrs | Children aged 10-14 yrs | Children aged 15-19 yrs |
|-------------------------------|-----------------------|-------------------------|-------------------------|
| NHS Southend                  | <b>45</b>             | <b>90</b>               | <b>115</b>              |
| NHS Thurrock                  | <b>50</b>             | <b>95</b>               | <b>115</b>              |
| NHS Castle Point and Rochford | <b>40</b>             | <b>90</b>               | <b>120</b>              |
| NHS Basildon and Brentwood    | <b>65</b>             | <b>145</b>              | <b>175</b>              |
| NHS Mid Essex                 | <b>90</b>             | <b>195</b>              | <b>240</b>              |
| NHS North East Essex          | <b>75</b>             | <b>160</b>              | <b>205</b>              |
| NHS West Essex                | <b>75</b>             | <b>155</b>              | <b>185</b>              |
| Total                         | <b>440</b>            | <b>930</b>              | <b>1155</b>             |

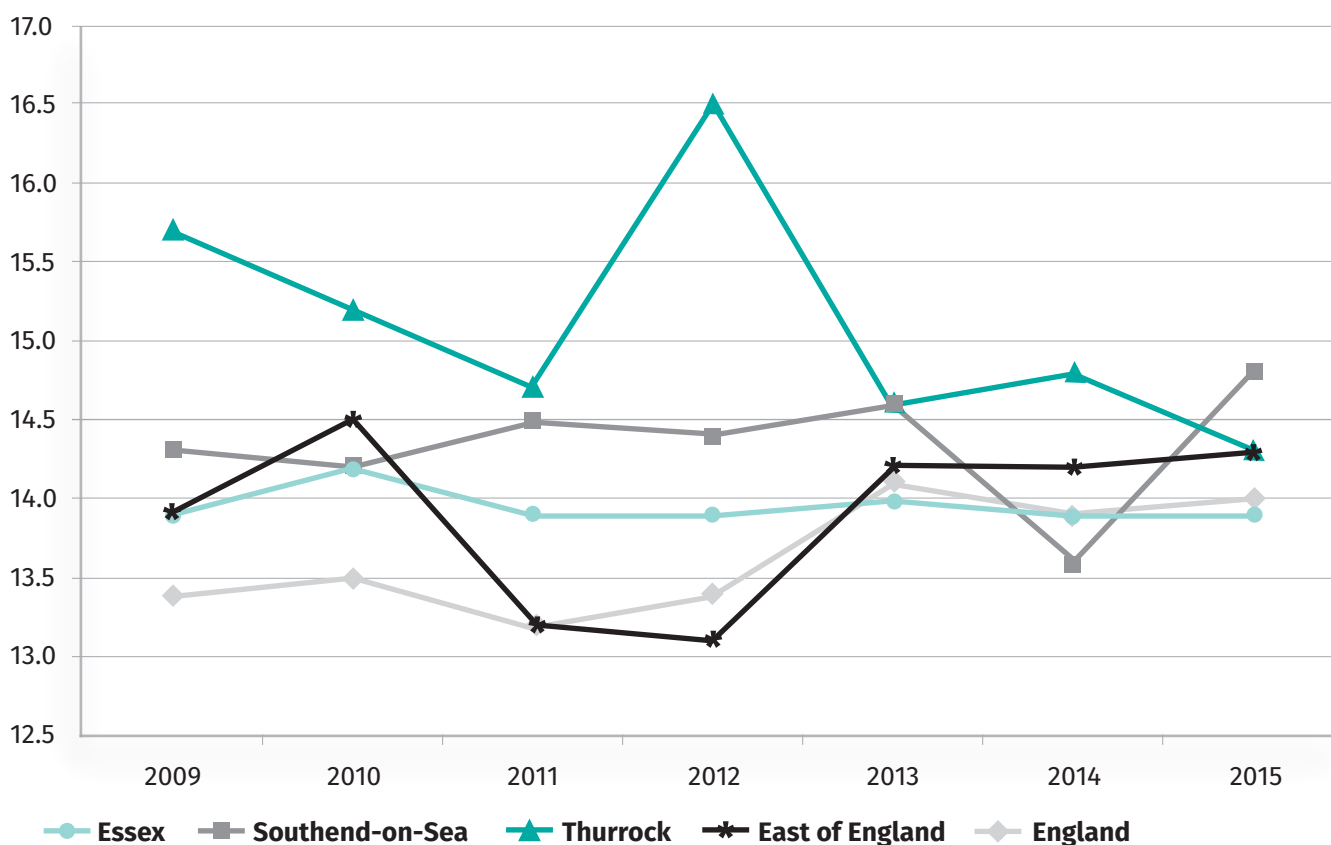
## Children in care and looked after children

It is estimated that almost half of children in care have a diagnosable mental health disorder, with looked-after children four times more likely to have a mental health condition. Carers continue to report that they find it difficult to access appropriate child and adolescent mental health services.

The Department for Education collects outcomes data for looked after children, which includes emotional and behavioural health. The findings are based on information gathered from a strengths and difficulties questionnaire covering emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and poor social behaviour.

The results of the strengths and difficulties questionnaire in 2015 showed levels of emotional wellbeing amongst looked after children as highest in Southend and lowest in Essex, as shown in the table below.

**Emotional and Behavioural Health of Looked After Children**



A House of Commons Education Select Committee recently published a report into the mental health and wellbeing services provided to looked after children.<sup>7</sup> The report recommended that looked-after children should have priority access to mental health assessments by specialist practitioners, a recommendation that we have taken up with the new emotional wellbeing and mental health service for children and young people in Southend, Essex and Thurrock.

<sup>7</sup>House of Commons Education Committee, *Mental health and well-being of looked-after children, Fourth Report of Session 2015–16* - <http://www.publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

## Unaccompanied children seeking asylum

Children seeking asylum may have experienced war-related trauma and various dangers in their journeys to the UK. Challenges continue upon arrival, as these children must cope with the stresses of living in a new country with a new language and all without the support of their parents.

Such children are considered at high risk for psychological distress, including sleep disturbances, attention and concentration difficulties and flashbacks of previously experienced trauma. For example, it is estimated that one-third of asylum-seeking Afghan children who arrive in the UK without their parents are likely to experience symptoms associated with post-traumatic stress disorder.<sup>8</sup>

In Essex around 70 children seeking asylum started a period in care in 2015/16.

Our open access emotional wellbeing and mental health service will offer services to support our vulnerable children and young people; we have an agreed quality indicator with our provider to support vulnerable groups through multi-agency consultation when referred.

Our priorities within this transformation plan seeks to further support our vulnerable children, young people and families through ensuring services are inclusive and resourced to work with individual needs.

<sup>8</sup>Bronstein, I., Montgomery, P., & Dobrowolski, S. (2012), 'PTSD in Asylum-Seeking Male Adolescents From Afghanistan', *Journal of Traumatic Stress*, 25(5), p551-557



## How children and young people are using our new service (1 November 2015 – March 2016)

See [Appendix 2](#) for further information on activity in 2016/17, including activity for eating disorder services.

One of our aims in year 1 of the local transformation plan was to improve our data on children and young people who are referred for support. Since 1 November 2015, our information about children receiving services is much more consistent and more accurate than before.

The national aim is to treat 70,000 more children a year from 2020/21 onwards. For Southend, Essex and Thurrock this means supporting 600 more children a year by 2021, starting with an increase of 179 children a year by the end of 2016/17. We will review this at the end of year 3, but current indicators suggest that we may be well on course to exceed the national target.

### Who is using the service and the nature of problems

#### Year 1

In the first five months of launching the new service for children and young people, we saw a surge in demand. The caseload doubled from 3,200 cases on 1 November 2015 to over 6,432 at the end of March 2016. Similarly, the crisis team caseload went from 109 at the end of November 2015 to 210 at the end of March 2016.

The top three presenting problems were:

- Emotional Disorder
- Conduct Disorder
- Deliberate Self-Harm

#### Year 2

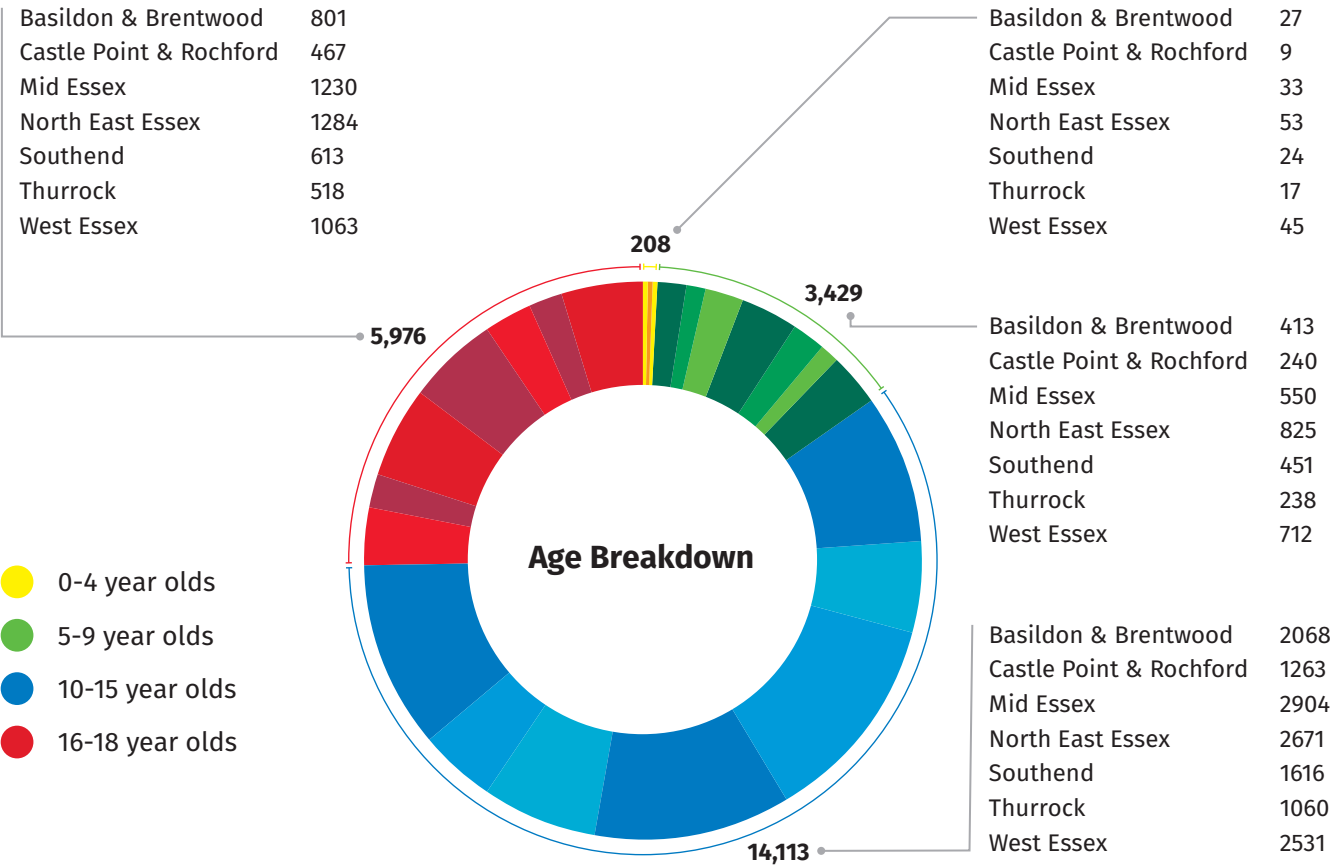
At the end of year 2 (March 2017) the EWMH service has approximately 6,300 open cases and 80 cases within the crisis team, the initial surge in demand from launching the new service has subsided and the presenting problems has changed.

The top three presenting problems across Essex were:

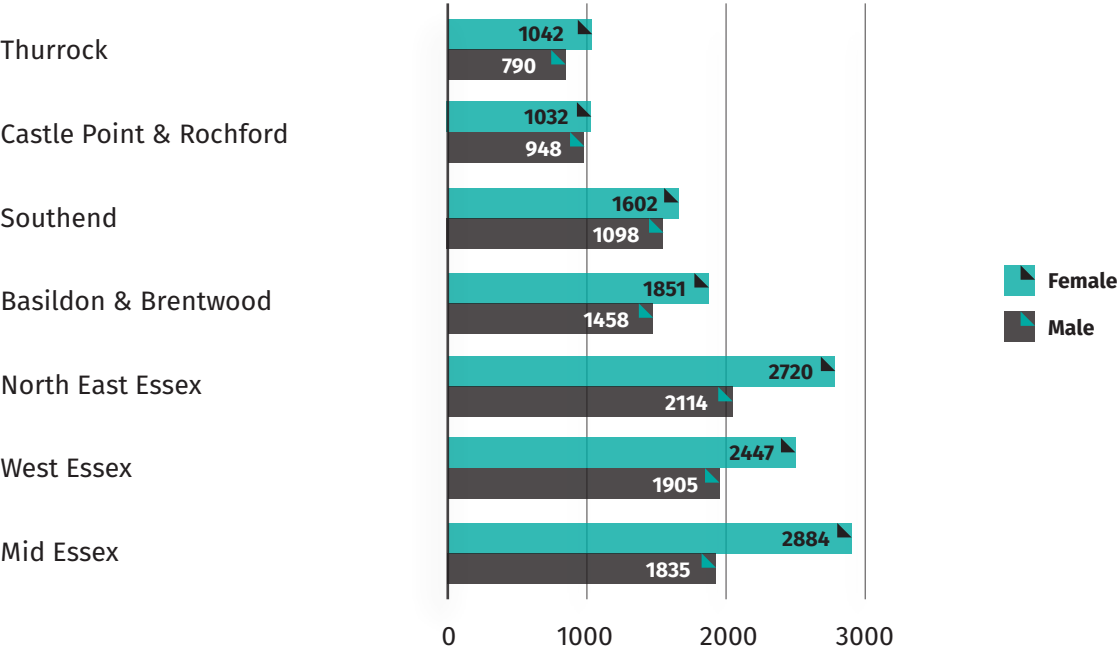
- Emotional Disorder
- Conduct Disorder
- Deliberate Self-Harm

Further detailed information can be found in [Appendix 2](#).

Other information from activity April 2016 – March 2017:



Gender Breakdown





## Referral rates

### Year 1

Between November 2015 and March 2016, there was an average of around 1,000 referrals a month received at the single points of access. The highest referral rate was in mid and north east Essex – around 235-240 referrals per month.

An important national indicator is that around 79% referrals received should be accepted for services of some kind. Our average acceptance rate across Southend, Essex and Thurrock was 85%, with a consistent rate across the patch. This is a significant improvement on the variances of 2014/15. However, the number of referrals accepted remains low compared with current ChiMat estimates of needs.

### Year 2

In year 2 (April 2016- March 2017), a total of over 10,000 referrals were received to the single points of access this is an average of 850 referrals per month. The highest referral rate was in North East Essex followed by Mid Essex.

Our average acceptance rate across Southend, Essex and Thurrock was 90%.

The table below, shows actual referrals received and accepted across all entry points (SPA and other) by each CCG from April 2016 - March 2017.

| Community EWMHS                      |                    |                    |                   |
|--------------------------------------|--------------------|--------------------|-------------------|
| CCG Activity April 2016 - March 2017 |                    |                    |                   |
| CCG                                  | Referrals Recieved | Refferals accepted | % acceptance rate |
| Basildon & Brentwood                 | 1654               | 1423               | 86%               |
| Castle Point & Rochford              | 1128               | 999                | 89%               |
| Mid Essex                            | 2138               | 1919               | 90%               |
| North East Essex                     | 2395               | 2163               | 90%               |
| Southend                             | 1210               | 1116               | 92%               |
| Thurrock                             | 1029               | 948                | 92%               |
| West Essex                           | 1745               | 1545               | 89%               |
| <b>Essex</b>                         | <b>11299</b>       | <b>10113</b>       | <b>90%</b>        |

# Summary of findings

The national estimates calculated by ChiMat and the risk factors that were highlighted by our own joint service needs assessment all suggest that there are significant unmet needs for support and services for the emotional wellbeing and mental health of children and young people.

We are still a long way off closing the gap, but in the first few months of launching a new single integrated service across Southend, Essex and Thurrock, we have opened up to more referrals and started to reach out to children, young people and families. We have in year 2 seen a slight improvement in an increase in the number of children being treated. We expect this improvement to continue every year for the next three years of our local transformation plan.

Our experience of the problems that we are seeing in Southend, Essex and Thurrock suggests similar trends to those nationally, and we are reasonably confident that we are planning the right level of resources to manage demands.

In year 1 the feedback we heard from children and young people determined many of our planning priorities, in particular the need to improve information, awareness and access to services. In year 2, we have seen evidence of an improved service making an impact on the perceptions of children and young people, we expect further improvements in years 3, 4, and 5.

The percentage of referrals accepted for services at around 90% is high compared with the national benchmark of around 72%. We see this as a good sign, given that we are aiming to reach more children by being more open to referrals.

We will continue to measure our outcomes year on year and listen to feedback to help shape new services being implemented and refresh our local transformation plan.



# REFRESH OF OUR TRANSFORMATION PLAN

How we will continue to transform over the next three years...



Improve access and equality - by continuing to develop and improve the new single integrated service across Southend, Essex and Thurrock



Build capacity and capability in the system – with additional resources, staff development and a unified, coherent network of services



**Build resilience in the community – through support for self-help, stronger partnerships, agreed protocols and a rolling training programme for those involved in protecting children and young people.**

## What drives our plan - six principles

**1** **Early action** – avoiding and preventing mental health problems

**2** **No judgement, no stigma** – with care that is right for each individual, delivered in safe places and with children and young people having a say in decisions

**3** **Support for the whole family** – with care as a part of daily life, backed up by professionals and specialists when needed

**4** **Inform and empower** – with information there for everyone and simple to access, providing the tools for self-care and resilience, as well as recovery

**5** **Joined-up services** – efficient, effective and clear for all to understand

**6** **Better outcomes** – through evidence-based care and listening and responding to feedback





# The Emotional Wellbeing & Mental Health Service

## The Emotional Wellbeing and Mental Health Service for the children and young people of Southend, Essex and Thurrock

On 1 November 2015, we launched a new emotional wellbeing and mental health service for children and young people in Southend, Essex and Thurrock.

The service is provided by North East London NHS Foundation Trust (NELFT). It works from seven locality teams with health and social care workers who specialise in mental health services for children and young people.

They provide a full range of services from information and support to specialist help for long-term and serious mental health problems.



The seven locality teams each have a base, but mainly work out in local communities with children, young people and their families at home, in local schools and children's centres, in GP practices and in other familiar and convenient places.

Call **0300 300 1600** 9am-5pm Monday to Friday  
Or email **[NELFT-EWMHS.referrals@nhs.net](mailto:NELFT-EWMHS.referrals@nhs.net)**



For support in a **crisis** at any time of day or night,  
call **0300 555 1201** and ask to be put through to **Crisis Support.**




|          | Support in daily life  | Help from local services  | Expert help from specialists  | Help in a crisis  |
|----------|--|---|---|---|
| Aims     | Mental health is everyone's business at home, at school and in our local communities.  | Easily accessible and effective at the earliest possible time.  | Easily accessible and able to reduce the effects of serious problems.   | There when needed and able to avoid hospital admissions   |
| Services | <p>Information and advice for children and young people, parents and others, available from our website and locality teams.</p> <p>Training and support for schools, health and care professionals and community groups.</p> | <p>Range of evidence-based interventions for mild to moderate needs, including psychological therapies (IAPT) and brief interventions.</p> <p>One to one, professional support for families</p> <p>Assessment, care plans and review.</p> | <p>Services to meet severe and complex needs, suicide prevention, help for self-harm</p> <p>Anxiety disorders<br/>Challenging behaviour.</p> <p>Eating disorders<br/>ADHD<br/>Learning disabilities</p> <p>Joined up services where there are several problems</p> <p>Referral to more specialised services, if needs be.</p> | <p>Fast response teams, available 24 hours a day to work with children and families at home to avoid a hospital admission.</p> <p>On call for accident and emergency units and police.</p> <p>Overnight and short stays in specialist services, if needs be</p> |

Working relationships with schools, public health, GPs, pharmacists, children's centres, children's health services, police, youth justice teams, services for substance misuse and a range of local voluntary organisations.


## Goals for **children** and **young people** and **families**




Easy to find support  
by telephone, Internet  
and email



Easy to get to services and  
convenient opening times




Services in a safe place,  
no stigma




Services that are responsive  
in the right way for you




Guaranteed standards



Immediately available  
information and advice



Connections with other  
services and shared  
information with your  
permission



Support for the  
whole family



## Goals for the **system**



Whole family approach

Whole system approach

Skilled and confident workforce

Early intervention

Evidence-based interventions

Measurable outcomes and improvement

Better use of resources, less duplication

Smooth transition between services and specialists

Reduced demand on emergency and specialised services

# Measurable outcomes

The specification for the new service includes measures and key performance indicators (KPIs) to monitor progress against the following outcomes:

- 1 Improvements in mental health for children and young people in Southend, Essex and Thurrock, using better methods to monitor and measure our progress
- 2 A joined-up system with no barriers
- 3 Reduction in inequality - no discrimination, no stigma
- 4 Easier access to services with shorter waiting times
- 5 Other services working with children and young people are enabled to promote and support good emotional wellbeing and mental health
- 6 Better advice, support, training and guidance for parents, teachers and others
- 7 Fewer visits to A&E
- 8 Priority for assessment of children and young people from vulnerable groups, including proactive outreach
- 9 Young people aged 14-25 to get the right support and, if necessary, a smooth transition to adult services
- 10 Opportunities for children and young people to influence services, not just for their own care but also as part of collaboration between services and young people



## Years 1 and 2 - Transition to the new service

**1 Nov 15 - Start of new service**

- ★ Publish transformation plan
- ★ Enhance single points of access for Southend, Essex and Thurrock
- ★ Further needs assessment
- ★ Start of recruitment

**1 Apr 16 - Set up new locality teams**

- ★ Recruitment continues
- ★ Develop protocols
- ★ Develop joined-up working and links with other services
- ★ Implement new models of care

**1 Jun 16 - Engagement**

- Pilot peer support for young people
- ★ Launch "Reprezent" - connecting with young people

## Year 2 – Transformation in 2016/17

**Developing services**

- ★ Enhance crisis services and extend home treatment
- ★ Training to improve response to self-harm
- ★ IAPT training
- ★ Improve services for eating disorders

**Reviews and planning**

- ★ Suicide and self-harm prevention
- ★ Medicines management
- ★ Weekly, monthly and quarterly monitoring
- ★ Data and information technology
- ★ Review outcomes
- ★ Single point of access review

**Building resilience in communities**

- Pilot with schools
- Develop website and self-help tools
- Developing relationships

## Year 3 and beyond

**Implement and test new practice**

- Suicide and self harm prevention
- Medicines management
- Better waiting times standards for eating disorders
- Pilot a Transition Service
- Continue to improve and build on our CYP and family engagement and communication
- Pilot Online Counselling Service (KOOTH)
- Mental Health Learning Disability Expansion Pilot

**Reviews and planning**

- Improve services for autism spectrum disorders
- Support for schools and other services
- Review and re-model the Crisis Service
- Review and future plan of the EWMH service

**Building resilience in communities**

- Continue building capacity with schools, health and care services
- Further development of technologies for service users  
[PILOT APP ALREADY IN PROGRESS]
- Continue to Develop, Integrate and Work with the wider children's service system to provide a seamless offer
- Continue to improve and build on our CYP and family engagement and communication

## Month by month improvements in mental health and services

In the past, it has been difficult to measure how we are doing. Different organisations have grown up with different ways of recording information. Until now, there has been no common data set to give a clear picture. New systems now provide better monthly reports on outcomes.

Measures of progress are built in to every service and treatment, including feedback in real time from children and young people. The new model uses a system called ICAN to capture this information. Children and young people will have the evidence to see their own recovery and monthly monitoring will have a consistent and in-depth quality.

**In the next section, *Priorities for Action*, we highlight progress and refreshed plans in further detail.**



# PRIORITIES FOR ACTION

## Further needs assessment

By June 2016, we had completed a more detailed and local joint needs assessment of the emotional wellbeing and mental health of children in Southend, Essex and Thurrock. Our joint service needs assessment highlighted mental health care for children and young people with learning disabilities and support for young people moving between services as significant service gaps.

We therefore updated our investment plan to increase the funds for children's learning disability services to ensure a consistent and equitable service offer across Southend, Essex and Thurrock. We also have plans to fund additional community support for the transition of young people who continue to need services but might not meet the criteria for adult mental health services.

## Investment

### Year 1

#### Our plan

The new service commenced on 1 November with a contract value of just over £13 million.

During 2015/16, we invested in excess of £1.5 million to develop local services. This translates to a planned full year investment of just over £3.3 million.

The table below gives a detailed breakdown of our actual spend on service developments during 2015/16.



| Workstreams  | CAMHS Actual Spending 15/16 CCG share of Total Allocation |                            |                               |               |                      |              |              |                |           |
|--|---|----------------------------|-------------------------------|---------------|----------------------|--------------|--------------|----------------|-----------|
|  |   | Basildon and Brentwood CCG | Castle Point and Rochford CCG | Mid Essex CCG | North East Essex CCG | Southend CCG | Thurrock CCG | West Essex CCG | Total     |
|  |   | 14.39%                     | 10.21%                        | 19.96%        | 19.12%               | 10.95%       | 8.85%        | 16.52%         | 100.00%   |
| Expansion of services for Eating Disorders                       | -   | 24,463                     | 17,357                        | 33,932        | 32,504               | 18,615       | 15,045       | 28,084         | 169,998   |
| Deeper Dive needs analysis                                       | Non-Recurrent   | 21,585                     | 15,315                        | 29,940        | 28,680               | 16,425       | 13,275       | 24,780         | 150,000   |
| Publication of the LTP   | Non-Recurrent   | 2,655                      | 1,884                         | 3,683         | 3,528                | 2,020        | 1,633        | 3,048          | 18,449    |
| Engagement with Children and Young People                        | -   | 16,549                     | 11,742                        | 22,954        | 21,988               | 12,593       | 10,178       | 18,998         | 115,002   |
| Improved IM&T infrastructure                                     | Non-Recurrent   | 33,241                     | 23,585                        | 46,108        | 44,167               | 25,295       | 20,444       | 38,161         | 230,999   |
| Project Management office for Transition                         | Non-Recurrent   | 20,434                     | 14,498                        | 28,343        | 27,150               | 15,549       | 12,567       | 23,458         | 141,998   |
| Suicide and self-harm audit and training                         | Non-Recurrent   | 14,390                     | 10,210                        | 19,960        | 19,120               | 10,950       | 8,850        | 16,520         | 100,000   |
| Medicines Management review                                      | Non-Recurrent   | 7,195                      | 5,105                         | 9,980         | 9,560                | 5,475        | 4,425        | 8,260          | 50,000    |
| Enhanced crisis services to cover 9am - 9pm Seven days a week    | -   | 22,017                     | 15,621                        | 30,539        | 29,254               | 16,754       | 13,541       | 25,276         | 153,002   |
| More staff in local teams to improve Single Point of Access      | -   | 4,317                      | 3,063                         | 5,988         | 5,736                | 3,285        | 2,655        | 4,956          | 29,999    |
| More senior clinicians in psychological services                 | -   | -                          | -                             | -             | -                    | -            | -            | -              | -         |
| More practitioners in psychological services                     | -   | -                          | -                             | -             | -                    | -            | -            | -              | -         |
| More staff in locality teams to respond to low to moderate needs | -   | -                          | -                             | -             | -                    | -            | -            | -              | -         |
| Extra management capacity  | -   | -                          | -                             | -             | -                    | -            | -            | -              | -         |
| Training for therapy services (CYP IPT)                          | -   | 11,800                     | 8,372                         | 16,367        | 15,678               | 8,979        | 7,257        | 13,546         | 81,997    |
| Local partnership development sessions                           | -   | 3,022                      | 2,144                         | 4,129         | 4,015                | 2,300        | 1,859        | 3,469          | 21,001    |
| Support and training for schools                                 | -   | -                          | -                             | -             | -                    | -            | -            | -              | -         |
| Transformation support costs                                     | -   | 34,120                     | 24,209                        | 47,327        | 45,335               | 25,963       | 20,984       | 39,170         | 237,108   |
| Paediatric Liaison Pilot   | Non-Recurrent   | -                          | 20,500                        | -             | -                    | 20,500       | -            | -              | 41,000    |
|  |   | 215,786                    | 173,603                       | 299,312       | 286,715              | 184,701      | 132,711      | 247,726        | 1,504,553 |



## Our Progress

The new service commenced on 1 November 2015 with a contract value of just over £13 million.

### Year 2

A growth in national funding created the opportunity to increase our additional investment from £3.3 million per year in 2016/17 to £5.3 million in year 3 (2017/18) of our plan.

The table below shows actual additional transformation funding for 2017/18 and indicative allocations for 2018/19 and 2019/2020 for Essex CCGs.

### Transformation Funding

| Financial Year 2017-18                  |                            |                               |               |                      |              |              |                |           |
|---|----------------------------|-------------------------------|---------------|----------------------|--------------|--------------|----------------|-----------|
| CCG                                     | Basildon and Brentwood CCG | Castle Point and Rochford CCG | Mid Essex CCG | North East Essex CCG | Southend CCG | Thurrock CCG | West Essex CCG | Total     |
| Eating Disorder allocation Revised      | 141,000                    | 95,000                        | 187,000       | 187,000              | 100,000      | 85,000       | 160,000        | 955,000   |
| CAMHS Transformation allocation Revised | 660,198                    | 442,467                       | 873,214       | 873,884              | 467,369      | 397,768      | 745,314        | 4,460,214 |
| Total allocation Revised                | 801,198                    | 537,467                       | 1,060,214     | 1,060,884            | 567,369      | 482,768      | 905,314        | 5,415,214 |
| Total previously notified allocation    | 805,114                    | 539,591                       | 1,064,889     | 1,065,705            | 569,959      | 485,080      | 908,914        | 5,439,253 |
| Movement (increase)/decrease            | 3,917                      | 2,124                         | 4,675         | 4,822                | 2,590        | 2,312        | 3,600          | 24,039    |

| Financial Year 2018-19          |                            |                               |               |                      |              |              |                |           |
|---------------------------------|----------------------------|-------------------------------|---------------|----------------------|--------------|--------------|----------------|-----------|
| CCG                             | Basildon and Brentwood CCG | Castle Point and Rochford CCG | Mid Essex CCG | North East Essex CCG | Southend CCG | Thurrock CCG | West Essex CCG | Total     |
| Eating Disorder allocation      | 141,000                    | 95,000                        | 187,000       | 187,000              | 100,000      | 85,000       | 160,000        | 955,000   |
| CAMHS Transformation allocation | 801,669                    | 537,281                       | 1,060,331     | 1,061,144            | 567,520      | 483,004      | 905,024        | 5,415,947 |
| Total allocation                | 942,669                    | 632,281                       | 1,247,331     | 1,248,144            | 667,520      | 568,004      | 1,065,024      | 6,370,974 |

| Financial Year 2018-19          |                            |                               |               |                      |              |              |                |           |
|---------------------------------|----------------------------|-------------------------------|---------------|----------------------|--------------|--------------|----------------|-----------|
| CCG                             | Basildon and Brentwood CCG | Castle Point and Rochford CCG | Mid Essex CCG | North East Essex CCG | Southend CCG | Thurrock CCG | West Essex CCG | Total     |
| Eating Disorder allocation      | 141,000                    | 95,000                        | 187,000       | 187,000              | 100,000      | 85,000       | 160,000        | 955,000   |
| CAMHS Transformation allocation | 895,983                    | 600,491                       | 1,185,076     | 1,185,985            | 634,287      | 539,828      | 1,011,498      | 6,053,148 |
| Total allocation                | 1,036,983                  | 695,491                       | 1,372,076     | 1,372,985            | 734,287      | 624,828      | 1,171,498      | 7,008,148 |

Our joint strategic needs assessment highlighted mental health care for children and young people with learning disabilities and support for young people moving between services as significant service gaps.

We therefore updated our investment plan to increase the funds for children's learning disability services to ensure a consistent and equitable service offer across Southend, Essex and Thurrock. We also identified funding additional community support for the transition of young people who continue to need services but might not meet the criteria for adult mental health services.

The table below gives a detailed breakdown of our planned spend on service developments during 2016/17.

| Scheme Number | Description of work stream  | R/NR | Provider  | Submission (Open Up and Reach Out) | Tracker Submission FYE 2016/17 | 2016/17 Cost     |
|---------------|---|------|-----------|------------------------------------|--------------------------------|------------------|
| LTP 1         | Expansion in local services for specialist community Eating Disorders   | R    | NELFT     | 953,000                            | 0                              | 693,288          |
| LTP 3         | Development and publications of the Essex wide Local Transformation Plan (LTP) with an accessible version for CYP and their families. The plan is required to be refreshed and published annually | R    | Other     | -                                  | -                              | 3,530            |
| LTP 4         | Active engagement with CYP in partnership with Reprezent  | NR   | Reprezent | -                                  | -                              | 100,000          |
| LTP 6         | Project Management Officer (PMO) function to deliver transformation workstreams   | R    | NELFT     | -                                  | -                              | 74,849           |
| LTP 10        | Enhanced crisis service cover across Southend Essex and Thurrock and building capacity in the teams to provide more intensive care at home  | R    | NELFT     | 430,000                            | 0                              | 431,060          |
| LTP 11        | Enhanced staffing capacity in the Single Point of Access team to ensure better information, consultation and support, and signposting to local services   | R    | NELFT     | 144,000                            | 0                              | 110,794          |
| LTP 12        | Enhanced senior psychology posts across each locality to ensure high quality supervisions   | R    | NELFT     | 76,000                             | 0                              | 141,976          |
| LTP 13        | Increased junior psychology posts at a local level to enhance service delivery  | R    | NELFT     | 421,000                            | 190,000                        | 375,550          |
| LTP 14        | Additional staffing capacity in all locality teams with a specific focus on low to moderate needs and increased capacity for greater access   | R    | NELFT     | 598,000                            | 241,060                        | 570,698          |
| LTP 15        | Increase medical capacity (5 junior doctor posts)   | R    | NELFT     | 208,000                            | 0                              | -                |
| LTP 16        | Enhanced management capacity at a local level, Southend Essex and Thurrock  | R    | NELFT     | 104,000                            | 28,877                         | 289,904          |
| LTP 17        | Additional local bespoke CYP IAPT training programmes over and above the national IAPT programme, with a specific focus on Primary Mental Health Workers  | R    | NELFT     | 100,000                            | 76,181                         | 50,000           |
| LTP 19        | Building community resilience by providing additional support to schools and the voluntary sector   | R    | NELFT     | 310,000                            | 597,780                        | 145,464          |
| LTP 20        | Transformation Support Cost   | -    | Other     | -                                  | -                              | 288,367          |
| LTP 21        | Communication and Engagement  | R    | Other     | -                                  | -                              | 37,500           |
| LTP 22        | Care and treatment review   | N/R  | Other     | -                                  | -                              | 61,609           |
| LTP 23        | Transitions - support for young people leaving leaving childrens services gap   | R    | Other     | -                                  | -                              | 62,500           |
| LTP 24        | LD - additional capacity and equitable offer across county  | R    | Other     | -                                  | -                              | 100,000          |
|               | <b>Total</b>  | -    | -         | <b>3,344,000</b>                   | <b>1,133,898</b>               | <b>3,474,125</b> |
|               | <b>Eating disorders</b>   |      |           |                                    |                                | <b>693,288</b>   |
|               | <b>Other transformation projects</b>  |      |           |                                    |                                | <b>2,780,837</b> |
|               | <b>Total planned spend</b>  |      |           |                                    |                                | <b>3,474,125</b> |

See [Appendix 3](#) for details of actual spend in 2016/17 and planned investments for 2017/18.

The following shows planned funding investments for 2017/18.

Estimated extra £1 million investment for developments from 2018/19 onwards

The following shows investments that are in addition to the original budget of £13.2 million per year.

|  |                   |
|--|-------------------|
| Expansion in local services for specialist community Eating Disorders  | <b>£953,000</b>   |
| Development and publication of the Essex wide Local Transformation Plan (LTP) with an accessible version for CYP and their families                      | <b>£12,000</b>    |
| Enhanced crisis service cover across Southend Essex and Thurrock and building capacity in the teams to provide more intensive care at home               | <b>£431,000</b>   |
| Enhanced staffing capacity in the Single Point of Access team to ensure better information, consultation and support, and signposting to local services  | <b>£140,000</b>   |
| Support team for service transformation  | <b>£108,000</b>   |
| Enhanced senior psychology posts across each locality to ensure high quality supervision   | <b>£76,000</b>    |
| Increased junior psychology posts at a local level to enhance service delivery   | <b>£421,000</b>   |
| Additional staffing capacity in all locality teams with a specific focus on low to moderate needs and increased capacity for greater access              | <b>£598,000</b>   |
| Increase support for CYP with Complex needs. i.e. SEN, ASD, LD etc.  | <b>£208,000</b>   |
| Enhanced management capacity at a local level, Southend Essex and Thurrock   | <b>£290,000</b>   |
| Additional local bespoke CYP IAPT training programmes over and above the national IAPT programme, with a specific focus on Primary Mental Health Workers | <b>£100,000</b>   |
| Building community resilience by providing additional support to schools and the voluntary sector  | <b>£310,000</b>   |
| Communication and Engagement   | <b>£100,000</b>   |
| Transitions - support for young people leaving children's services gap   | <b>£400,000</b>   |
| LD - additional capacity and equitable service offer across county   | <b>£350,000</b>   |
| Online Counselling Service   | <b>£200,000</b>   |
| Crisis re-modelling Match funding  | <b>£674,000</b>   |
| <b>Total</b>   | <b>£5,371,000</b> |

# IMPROVING ACCESS AND EQUALITY

The national target for the NHS of reaching at least another 70,000 more children and young people annually from 2020/21 is expected to deliver increased access from meeting approx. 25% of those with a diagnosable condition locally, to at least 35%. These additional children and young people will be treated by NHS funded community services.

For Essex, this will mean that the NHS has a local target of reaching at least 600 more children and young people annually from 2020/21.

The table below sets out an indicative trajectory for increased access. We have already exceeded this target.

| Objective   | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---------|---------|---------|---------|---------|
| At least 35% of children and young people with a mental health condition receive treatment from an NHS-Funded Community mental health service | 28%     | 30%     | 32%     | 34%     | 35%     |
| Number of additional children and young people to be treated over 2014/15 baseline  | 179     | 298     | 417     | 537     | 596     |

## Single points of access – “one way in” to better information, support and services

### Our plan

To make it easier for children and young people to get access to mental health care and support through a single point of access that would ensure a consistent response to needs.



## Our progress - Year 2

For all children, young people, parents, schools or health and care workers there is one telephone number and one email address for referrals. These are open to all and publicised in patient information and websites.

The number directs people towards their local single point of access, one of three teams based in Southend, Colchester and Grays. These teams are able to give:

- telephone advice and support
- triage, signposting, preventative planning and an early offer of help
- allocation of the referral to a locality team, where an expert service is needed

The new single point of access offers wider eligibility criteria than before and with enhancements, such as clinical triage, the teams are able to respond to a higher volume of calls.

Opening up the referral criteria has demonstrated the success of the single point of access, we decided to review how this part of the service during year 2. The findings of the review will help us to adapt and improve the single point of access over the next 3 years.

**The total number of referrals received by the single point of access and accepted by the service was over 10,000 by the end of March 2017.**

## Updated plan 2017-2020

We will ensure a sustained workforce for the three teams that provide the single point of access. The nature of the work can be stressful at times. Working with NELFT, our provider organisation, the aim is to explore innovative approaches to the roles, such as the development of rotational posts and learning from the single point of access service review.

## Improving crisis services

### Our plan

To enhance crisis teams with additional trained and experienced staff so that the service can operate 9am-9pm seven days a week across all localities in Southend, Essex and Thurrock.

### Our progress - Year 2

Previously there were mental health services available 24 hours a day to do emergency assessments. The work was mainly in hospital A&E departments and paediatric wards, but actual crisis intervention and home treatment was only offered in north Essex.

Three crisis teams now offer assessment and support for families, as well as working in hospitals. As part of the team there is a dedicated consultant working out of hours to give telephone advice to both families and professionals such as A&E and hospital doctors.

In addition we have added access to a national telephone advice service out of hours, called *Mental Health Direct*. We have also developed a CAMHS consultant on-call Rota for CAMHS Out-of-hours.

Most crisis situations come to our attention in A&E departments. In Colchester Hospital and Broomfield Hospital in Chelmsford, we are delivering specialist nurse support available 8pm to 8am. The service in Broomfield is also covering The Princess Alexandra Hospital in west Essex.

We analysed and reviewed our current crisis model and held a systems leadership event to discuss how we can better meet the needs of our children and young people in crisis. Children and young people who are supported by emotional wellbeing and mental health services do have a clear crisis management plan as part of their overall care plan.

**As at March 2017, 99.4% of assessments were completed in A&E within 4 hours.**

See [Appendix 2](#) for further information showing current crisis referrals in Southend, Essex and Thurrock during the period April 2016 to March 2017.

## Updated plan 2017-2020

Over the period of our transformation plan, the aim is to offer intensive treatment at home or wherever a young person needs help, rather than having to go into hospital or a specialised service.

A review of crisis resolution and home treatment by the national Joint Commissioning Panel for Mental Health concluded that evidence showed:

- A reduction in repeat admissions after the initial crisis where children and young people were supported in their own home.
- A positive impact on family burden and in general a higher satisfaction with the quality of care.
- Sustained improvements in mental state after a 3-month follow-up.

In year 3, we will develop a system-wide crisis offer that will build on an intensive home treatment model and utilise the findings of our system leadership event and crisis model review.

We will continue over the next two years to develop home treatment for young people in crisis, with the aim of having a full “hospital at home” type service to prevent the need for a hospital stay.

## Crisis Care Concordat Mental Health

The Mental Health Crisis Care Concordat sets out how organisations work together to avoid crises in the first place and deal with them in the right way when they happen.

A commitment to improve crisis services for children and young people is already written into the action plans for the three Concordats for Southend, Essex and Thurrock and linked to this transformation plan. This will help to improve our common understanding of what children and young people with behaviour and mental health problems might need should they run into extreme difficulties, with the aim of avoiding a visit to A&E or an admission to hospital.

Commissioners for children’s and young people’s mental health services are represented at monthly meetings of the concordat working groups and will continue to manage developments and interdependencies.





## Improving Access to Psychological Therapies (IAPT) for children and young people

Ref. Children and Young People's IAPT

<http://www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php>

### A national transformation project

Improving Access to Psychological Therapies (IAPT) is a transformation project run by NHS England. It offers training and development for all staff working in mental health services for children and young people, to promote evidence-based interventions and measurable outcomes.

IAPT changes the way clinicians work with children and young people, enabling a more personalised approach that is clinically more effective. The training improves skill and knowledge in evidence-based interventions. It introduces new ways to involve children and young people in decisions about their care. It offers a way of recording outcomes session by session.

For a child receiving treatment, it will be possible to see how things are improving. This becomes crucial for rapid recovery and reduces the risk of either stopping therapy too early or keeping young people in therapy longer than necessary.



## Our plan

To expand and train our workforce to ensure a sustained culture of evidence-based care with an emphasis on outcomes and to make more therapy available in a range of places, such as schools and children's centres. Our aim is that staff are released for IAPT training year on year so that we achieve 100% IAPT coverage across our mental health service by 2018.

## Our progress - Year 2

In spite of a number of workforce challenges associated with transition, NELFT has successfully released 23 practitioners to the national IAPT training programme. During year 2 NELFT planned to release a further 38 trainees for academic year 2016/17 with plans in place for more to follow in year 3.

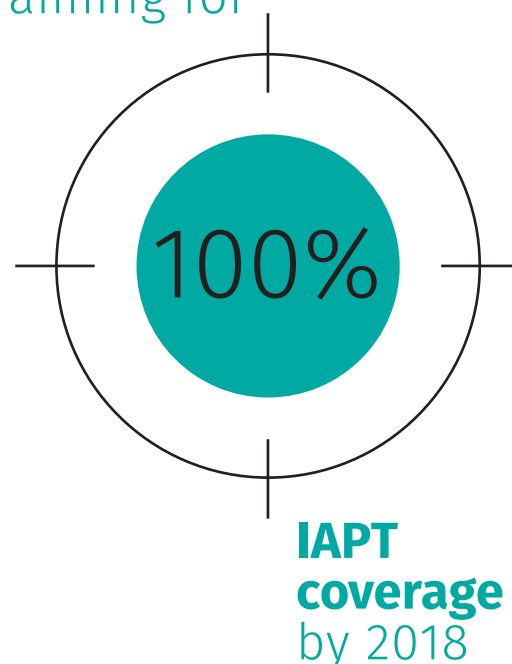
NELFT have been focused on delivering care pathway treatments and reducing the treatment waiting times. In 2016/2017 it was necessary to strike a balance between training, meeting the exacting supervision requirements of the courses and delivering treatment to children, young people and their families and meeting the demands of the service.

There are currently three clinicians on the IAPT management and Leadership course with four due to attend the 2017/2018 course.

There are currently eight clinicians attending the Enhanced Evidence-Based Practice (EEBP) for Children and Young People course.

There are two clinicians attending the Systemic Family Practice; two clinicians attending the ASD/LD course; and two are attending the Systemic Supervision module; one clinician is attending the Interpersonal Psychotherapy for Adolescents (IPTA) and another the Cognitive Behavioural Therapy course.

We are aiming for



The Conduct and Behaviour pathway leads within the locality teams have attended Triple Parent training for Teens and Primary age and these interventions are being offered by the service. These pathway leads will also be undertaking Managing Emotional Triggers (MET) training in September 2017, which will ensure that this pathway is able to offer NICE recommended treatments for all age groups.

During 2016/17 there was no take up of the recruit to train option. It was decided that it would not be advantageous to the service to take up the recruit to train option during 2016/17 as the service was focused on delivering care pathway treatments and reducing the treatment waiting times.

There were four candidates for the new PWP option in 2016/2017 - Psychological Wellbeing Practitioner and a further four for 2017/18.

LTP investment had enabled development of a bespoke in-house training programme for Band 5 & 6 clinicians on Assessment and Treatment of Depression in Young People and Parent-Led CBT for Child Anxiety. These were very well attended and feedback from both the facilitators and attendees was very positive. The service continues to develop training within the pathways to meet the needs of young people and their families, while further skilling up the workforce in evidence based treatments.

The CYP IAPT Steering Group, attended by senior clinicians and Team Managers aims to assure IAPT principles are embedded throughout the service and to support the training being developed and disseminated. The service strives to ensure the balance between having clinicians attend courses, while meeting the demands of the service.

**The new emotional wellbeing and mental health service for Southend, Essex and Thurrock has a formal status with the London and South East Learning Collaborative, which provides IAPT training.**

### Updated plan 2017-2020

Essex commissioners want to sustain a culture of continuous evidence-based, outcomes focused service improvement delivered by a workforce with the right mix of skills, competencies and experience.

To do this we will work with our provider to support workforce training opportunities offered by CYP IAPT Transformational Programme to ensure CYP IAPT principles are embedded in psychological therapies and that EWMHS practitioners are trained in the CYP IAPT evidence based interventions.

Commissioners are committed to supporting NELFT to release staff for CYP IAPT training year on year, working to achieve 100% coverage across Essex by 2018

Our service provider has identified a potential 28 candidates for the academic year 2017/18 and commissioners will continue to commit resources through the LTP to support the transformation agenda within the service and the dissemination of IAPT principles internally.

## Attention Deficit Hyperactivity Disorder - ADHD

Parents and people in general are largely uneducated about neurodevelopmental and behavioural problems. They are unaware of the potential to tackle these problems in early life and avoid distress in the family, problems at school, and the risks of depression and self-harm in later years.

For those who do seek help, the feedback we have heard from parents, schools and health and care professionals locally is that the pathway to services is unclear or that services are unavailable at an early stage.

### Our plan

In *Open up Reach out*, our local transformation plan, we identified Attention Deficit Hyperactivity Disorder (ADHD) as a target for improving access to specialist care. It was our original intention to tackle this with five new posts for junior doctors.

### Our progress - Year 2

We reviewed the proposed medical model of care in year 1 and concluded that there were other innovative ways to improve care, through psychological therapies for example.

We have changed our approach, but with the same commitment to increasing our services and improving early intervention for children and young people. This work now interfaces with the mental health learning disability pilot/priority and the Transforming Care, a programme to improve health and care for people with learning disabilities, so that we can improve services for a broader range of autistic spectrum disorders.

### Updated plan 2017-2020

Our plan for 2017-20 is linked to Transforming Care, a programme to improve health and care for people with learning disabilities, autistic spectrum disorders and challenging behavior. We want to improve services to cover a broader range of autistic spectrum disorders, more information under Learning disability section on this plan.

## Creating a community service for eating disorders

National evidence shows that if children and young people are treated at an early stage by eating disorder specialists, rather than in generic mental health services, the risk of a hospital admission in the future is greatly reduced.

Prior to the start of our new service for the emotional wellbeing and mental health of children and young people, specialist services for eating disorders were available in north Essex, but not in the south.

### Our plan

To invest in a new community-based specialist service in line with NICE Guidance for eating disorders. This will provide intensive support for families at home and in the communities of Southend, Essex and Thurrock.

There will be one specialist team covering the whole area, but with a network of eating disorders clinicians working in each of the seven localities.

Families and professionals will be able to refer directly to the specialist service. In line with NICE Guidance, treatment will begin within four weeks and within one week for urgent cases. The whole family will be involved in treatment and some aspects will be about developing their skills in self-help.

The new service will use the principles and training of the national children's and young people's IAPT programme, which emphasises evidence-based treatment, routine outcome measures and children and young people having more say in their care. The service model includes having a group of local children and young people who will be part of the team, for example helping to shape the service and information so that it remains accessible for young people.

The service will have the following skills and competencies from its workforce:

- A rapid response to referrals
- A skilled workforce competent in assessing and treating eating disorders
- Qualifications to deliver the NICE concordant modes of treatment
- Psychiatric assessment by a specialist CAMHS consultant in eating disorders
- Medical assessment and monitoring by appropriately trained medical and nursing staff
- Access to clinical leadership and supervision in CBT, CBT-E and family based treatments
- Confidence in providing home treatment and family support
- Established strong links with acute and paediatric services
- Sufficient administrative staff to support data collation and analysis



Assuming 50% of children and young people with an eating disorder will seek treatment, we estimate 156 new referrals per year. Based on this level of activity, the workforce capacity needed to meet the waiting time standard across Essex is shown in the table below.

| Staffing                           | WTE | Cost £  |
|------------------------------------|-----|---------|
| Head of service (Band 8b)          | 1   | 67,390  |
| Specialty doctor                   | 1   | 81,570  |
| Paediatric medical consultant      | 0.2 | 24,000  |
| Senior clinical staff (band 8a/8b) | 1.7 | 105,310 |
| Clinical staff (band 7)            | 6.7 | 307,330 |
| Home treatment specialist (band 6) | 2.5 | 96,080  |
| Dietician (band 6)                 | 1.5 | 57,650  |
| Support staff (band 4)             | 1.8 | 47,470  |
| Total pay                          | -   | 786,800 |
| Total non-pay                      | -   | 48,720  |
| Estates                            | -   | 25,000  |
| Overheads                          | -   | 91,910  |
| Total cost of the service          | -   | 952,430 |

## Our progress - Year 2

The new eating disorder service across Southend, Essex and Thurrock is up and running. Whilst the new service is in development, our provider organisation, NELFT continues to draw upon the expertise of its well-established eating disorders Lifespan service, which serves four London boroughs.

A specialist community based eating disorder service has been developed. It is a multidisciplinary service covering all of Essex offering community based NICE (National Institute for health and Care Excellence) concordant treatment. Intensive community support and specialist family based treatments are a core component. The specialist team comprises medical and non-medical staff with significant eating disorder expertise and appropriate capacity and skill-mix to meet the Access and Waiting Time Standard.

The service is committed to the principles of children and young people's improving access to psychological therapies (CYP-IAPT; evidence-based practice, routine outcome measures, high quality clinical supervision and increased young people's participation. The team offers direct access to treatment through self-referral and primary care services (GPs, schools, colleges and voluntary sector services).

The service in Essex offers treatments in family based interventions for anorexia nervosa and bulimia nervosa and specifically adapted forms of cognitive behaviour therapy (CBT) for bulimia nervosa, in particular CBT-Enhanced (CBT-E) (Fairburn, 2008). Guided self-help for some presentations of bulimia nervosa is also available.

The service has strong local links with paediatrics where shorter acute admissions will be arranged for children and young people, and there are well established relationships with providers of adult eating disorder services in order to improve outcomes and support transition between services.

The service meets the standards set out in the Access and Waiting Time Standard for Children and Young People with Eating Disorders. NICE concordant treatments start within 4 weeks of first contact with a healthcare professional and within 1 week for urgent cases.

Our provider is a member of the Quality and Accreditation Network for CEDS-CYP linked to QNCC, which will enable our provider to assess and continue to improve the quality of care they provide, and ultimately become accredited services.

In appendix 2 you are able to see the performance monitoring data. The table below details the caseload as @ 31st March 2017.

| CCG                         | Active Caseload |
|-----------------------------|-----------------|
| Basildon Brentwood Wickford | 9               |
| Castle Point and Rochford   | 4               |
| Mid Essex                   | 31              |
| North East Essex            | 21              |
| West Essex                  | 17              |

### Updated plan 2017-2020

Our provider is taking advantage of the training being offered at a national level to improve clinical and management skills specifically to meet the needs of children and young people with an eating disorder, and the needs of their family where appropriate. CYP IAPT principles embedded in established accreditation processes for individual therapists, and modality courses.

Our provider is planning to release 3 trainees to attend the two-year PG Dip in CYP IAPT Therapy due to start in January 2018 for Systemic Family Practice for adolescent Eating Disorders.

The service also has representatives from the Essex eating disorder team on the newly constituted East of England wide Children and Young People's Eating Disorders Network which focuses on quality improvements to the eating disorders pathway across the East of England.

One of our priorities is communications and engagement and a commitment to involve children and young people, their families and carers, in service delivery and design to help us ensure that our model of care meets their immediate and future needs.

Monthly monitoring of the access and waiting time standard will continue during 2017/18, to ensure that treatment starts within four weeks, and within one week for urgent cases with the aim of achieving 95% of those referred for assessment or treatment receive NICE concordant treatment with the ED standard RTT by 2020

Commissioners will continue to monitor, review, and track service improvements through our appropriate governance structures i.e. monthly contract management meetings, and quarterly performance briefings to the Collaborative Commissioning Forum to ensure that the service continues to meet the national specification with appropriately qualified and supervised staff to deliver high-quality, evidence-based care.

## Early intervention in psychosis

*Ref. Implementing the early intervention in psychosis access and waiting time standard: Guidance published April 2016 by NHS England and National Institute for Health and Care Excellence (NICE) <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf>*

Psychosis may involve hallucinations, delusions and losing touch with reality. It can cause huge stress and disability for a young person and their family. The evidence is that people can recover from psychosis and that early treatment has a greatly beneficial impact on preventing further problems and illness in the longer term.

From 1 April 2016, NHS England set a national standard that more than 50% of people experiencing a first episode of psychosis should receive care within two weeks of referral, in line with NICE guidance.

### Our plan

Early intervention in psychosis is commissioned as part of adult mental health services. It is provided by EPUT based in Essex who work together with NELFT, which provides children's mental health services. Early intervention in psychosis services cover the age range 14 years upwards.

The early intervention in psychosis teams work to national waiting time standards and offer care as recommended by the National Institute for Health and Care Excellence (NICE).

### Our progress

Both adult mental health service providers are currently meeting the national access and waiting time targets, but further work is needed to comply fully with NICE recommendations.

### Updated plan 2017-2020

Services continue to deliver their improvement plans, which include a phased expansion in capacity and skills to deliver a fully compliant Early Intervention in Psychosis service in year 3 of our local transformation plan.

Essex Partnership University Foundation Trust (EPUT) continue to perform well against the national target and there is evidence of good joint working with the children's Emotional Wellbeing and Mental Health Service (EWMHS). The newly merged Essex partnership NHS trust is currently reviewing clinical pathways and the future service model



## Children's learning disability services

It is often the case that children with learning disabilities also have mental health problems, and the complexity of this requires specialist expertise. In north Essex, there is a stand alone service for 5-18 year olds with moderate to severe problems. In south Essex, there is a limited service for children with complex mental health needs and learning disabilities up until the age of 12. Both of these teams work closely with social care services, however, the service offer is limited.

### Our plan

With our additional money for transformation, we intend to offer specialist mental health learning disability services to the whole of Southend, Essex and Thurrock. We will also work with the Transforming Care programme and adult mental health services to support young people, if they need it, up to the age of 25 and further development of the learning disability/ASD service offer.

In year 2 of our transformation plan, we will conduct a thorough review, appraise options and refine move towards the most appropriate model of care

### Our progress - Year 2

We have seen some delays in the completion of the learning disabilities review, we anticipate this to be completed in November 2017. The delay has not prevented us from working to our plan and we have:

- Agreed funding to recruit a children and young people's care, education and treatment manager and a coordinator across Southend, Essex and Thurrock
- Plan and agreed to extend the specialist mental health learning disability service in the south across Southend, Essex and Thurrock as well as increase the age range upto 18 years

This work will directly support children and young people who aligned to the Transforming care plan. The care, education and treatment manager (CETR) will lead community care, education and treatment reviews to prevent hospital admissions where possible and coordinate packages of care in the community to support children, young people and their families. The CETR manager will also participate in CETR's of children and young people who have needed to be admitted to hospital for treatment of their mental health, learning disability and/or ASD to support returning home/back into the community with a package of care.

Extending the specialist mental health learning disability service to 18 years and across Southend, Essex and Thurrock ensures children and young people who have mental health and learning disability and/or ASD receive a specialist service to meet their needs. Increasing the age range and the area covered ensure our population receive an equal service and evaluating the pilot after one year offer us the opportunity to make changes to the service to meet our populations needs and further the wider transforming care agenda.



## Updated plan 2017-2020

We are using the learning from our individual care and treatment reviews to inform our service model for children with learning disabilities, in conjunction with developments in the wider service for children with learning disabilities / ASD, which is implementing the national Transforming Care programme.

We have identified funds for investment in year 3 of our plan to support children with learning disabilities who need mental health care. The children and young people's mental health learning disability service will support children and young people across Southend, Essex and Thurrock up to the age of 18 years, this will be piloted for 1 year and evaluated for future service planning.



## Support for vulnerable and disadvantaged children and young people

There are visible differences in Southend, Essex and Thurrock as there are in other parts of the country, between affluent and deprived areas. Surveys with children and young people as part of our first Joint Strategic Needs Assessment showed a 17% difference in perceptions about the quality of life between the best and worst districts of Southend, Essex and Thurrock.

From the information we have about children's care services, we know, for example, that young people who are in care, on the edge of care, those who come into contact with the police and justice system, children who are carers and children seeking asylum are among the most vulnerable people in terms of mental health needs. A significant number of children known to be "on the edge of care", are also known to mental health services.

We also know that there are children and families with complex and multiple needs including mental health needs who may need additional support in order to prevent escalation to social care, or to successfully 'step down' from social care. The Essex Family Solutions Service (which includes support for those families known nationally as 'Troubled Families') works with these families to help them identify their own solutions to their problems.

### Our plan

Our transformation plan includes specific actions for these vulnerable groups of children and young people. Some of these include:

- Mental health clinicians being linked to each youth offending team (four in Essex and one each in Southend and Thurrock)
- Joint work between mental health teams and domestic abuse services and the Sexual Assault and Referral Centre
- Joint work with substance misuse services
- Joint assessments and case reviews with a range of children's care services.
- Dedicated consultation and potentially joint assessment between NELFT and the Divisional Based Intervention Team (DBIT) working with children on the edge of care and supporting reunification for children returning home from residential care or long term fostering who may have significant mental health and behavioural needs.
- Developing operational links between NELFT and Family Solutions including training for Family Solutions staff. This will build capacity to support children and young people in families with multiple and complex needs.

## Our progress - Year 2

**The single point of access teams identify referrals for children in care and other vulnerable groups and are fast-tracked for assessment. We recruited to a criminal justice liaison and diversion post in North Essex.**

- A mental health clinician is seconded to each of the six youth offending teams across Essex.

### Youth offender health

The Essex Youth Offending Service works to prevent offending and reoffending by children and young people, and to ensure that custody for them is safe, secure, and addresses the causes of their behavior.

Our mental health worker within each team brings in additional support, as required, from telephone advice to specialist and sometimes crisis services.

During 2015/16, organisations in south Essex, including South Essex Partnership University NHS Foundation Trust (SEPT), Essex County Council, Southend-on-Sea Borough Council and Thurrock Council, ran a successful criminal justice liaison and diversion pilot. This is a scheme to support at the earliest possible opportunity vulnerable people of all ages who enter the criminal justice system.

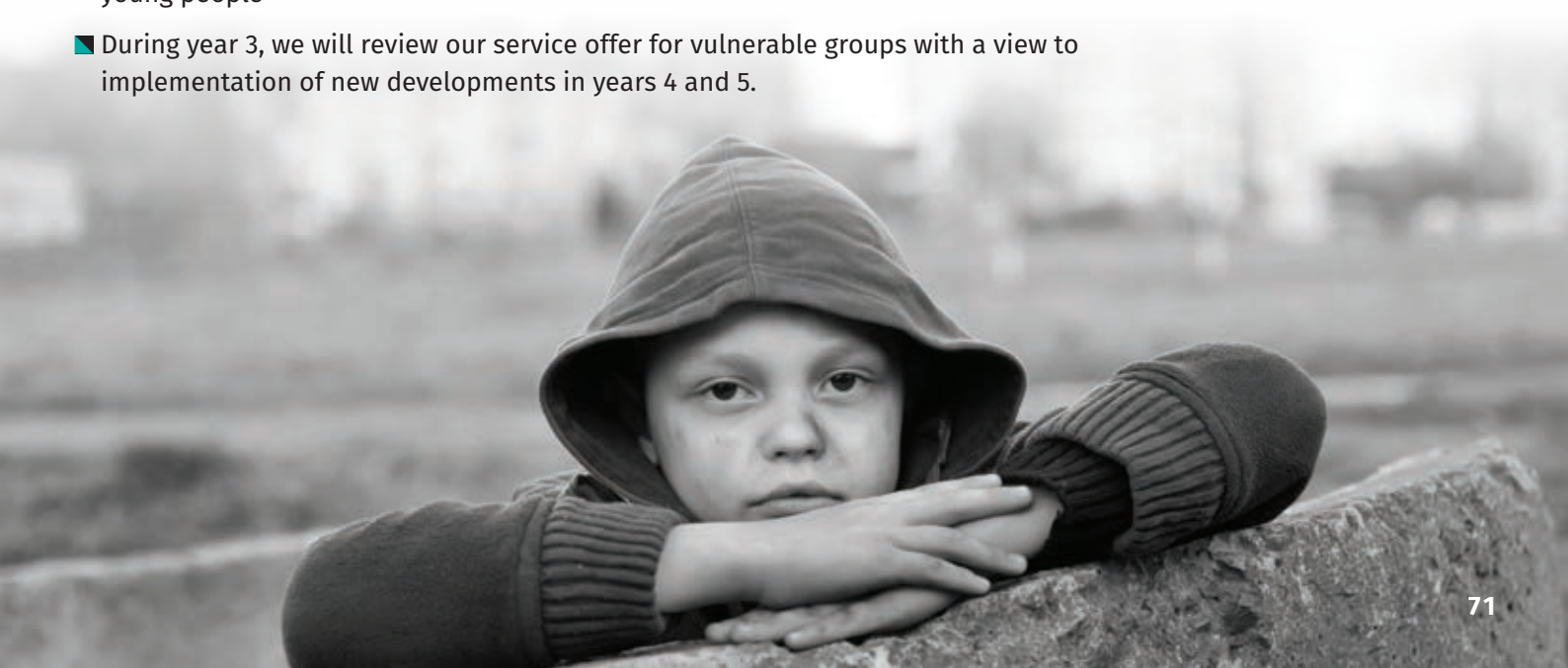
Our experts in mental health services for children and young people are providing:

- A clinical lead for children and young people
- Training and development to upskill staff within liaison and diversion teams
- A single point of access for referrals to further care
- Continuity of aftercare for young people leaving custody

## Updated plan 2017-2020

In year 3 (2017/18) we will:

- Pilot an online counselling service to target hard to reach and seldom heard children and young people
- During year 3, we will review our service offer for vulnerable groups with a view to implementation of new developments in years 4 and 5.



## Support for children and young people who move between services

*Open up Reach out* is driven by principles of early action and a focus on outcomes to help children and young people with mental health problems so that they do not endure serious problems in later life. However, some children and young people, particularly those with lifelong neurodevelopmental difficulties, will need continuing support throughout their adult life.

Making the transition from one service to another is not always straightforward and requires careful planning to prevent any breaks in continuity of care and support. Such planning requires a good understanding of the structures and protocols between different agencies and professionals, such as:

- Adult mental health services
- Paediatricians
- Specialised services
- Community and primary care
- Children's social care to support care leavers
- Social care services support for children and young people moving in and out of area, including children in care and residential placements

### Our plan

It was our intention in year 1 of our transformation plan to review the national model transfer of and discharge from care protocol for young people with mental health problems. The aim was to establish whether the guiding principles could be applied locally to establish a consistent protocol across Southend, Essex and Thurrock.

We have agreed to implement improvements in transitions as follows:

- To pilot a transitions model
- To extend service eligibility for children and young people with extra vulnerabilities, such as those with special educational needs and disabilities
- To improve access to information and signposting
- To consider the use of transition coordinators
- To develop co-designed, individualised transition plans
- To improve communication, including follow up after transition.



## Our progress - Year 2

The transitions work stream was established but experienced some delay in progressing work. The work stream was revived in June 2017 and will oversee delivery and implementation of:

- The Transitions priority work stream identified within the Essex Local Transformation Plan (LTP) for improving emotional wellbeing and mental health outcomes for children and young people.
- The national Transitions CQUIN for children and young people

Work has started on reviewing the national service model, alignment with the national CQUIN scheme 'transitions out of children and young people's mental health services (CYPMHS), looking at best practice, and consideration of transitions service models in order to inform service delivery locally.

In year 2 (2016/17) we:

- Developed a single transition protocol across Southend Essex and Thurrock
- Ensure young people and their families contribute their expertise and experience in development of local transition processes
- Consider the needs of those young people with a wide range of developmental disorders
- Provide resources, information and choices
- Consider arrangements for follow up and monitoring for those leaving services

## Updated plan 2017-2020

In year 3 (2017/18) we will:

- Pilot a transition model
- Evaluate the model and feedback from young people and families
- Ensure young people and their families contribute their expertise and experience in development of local transition processes
- Consider the needs of those young people with a wide range of developmental disorders
- Consider the needs of care leavers
- Provide resources, information and choices
- Consider arrangements for follow up and monitoring for those leaving services.

## Medicines management review

Medicines is one the most frequent topics of enquiries from children and young people with mental health needs. Good practice recommends regular medicines reviews with service users. Our information about how much this happens and whether it has a positive impact is currently unclear. Given the frequency of queries about medicines, we know this is an area that needs our attention.

### Our plan

A full-scale medicines management review to include; looking at how we can achieve more from services working together, including children's health specialists, GPs and the role of community nurses in prescribing medicine.

### Our progress - Year 2

**A pharmacist was appointed and the review has been completed.**

### Updated plan 2017-2020

We will use the learning and recommendations of the review to lead to improvements in medicines awareness and clinical knowledge across health professionals, for example through:

- Use of a formulary to ensure accuracy and consistency in the use of medicines
- Shared care protocols with GPs
- Nurse-led prescribing within the emotional wellbeing and mental health service





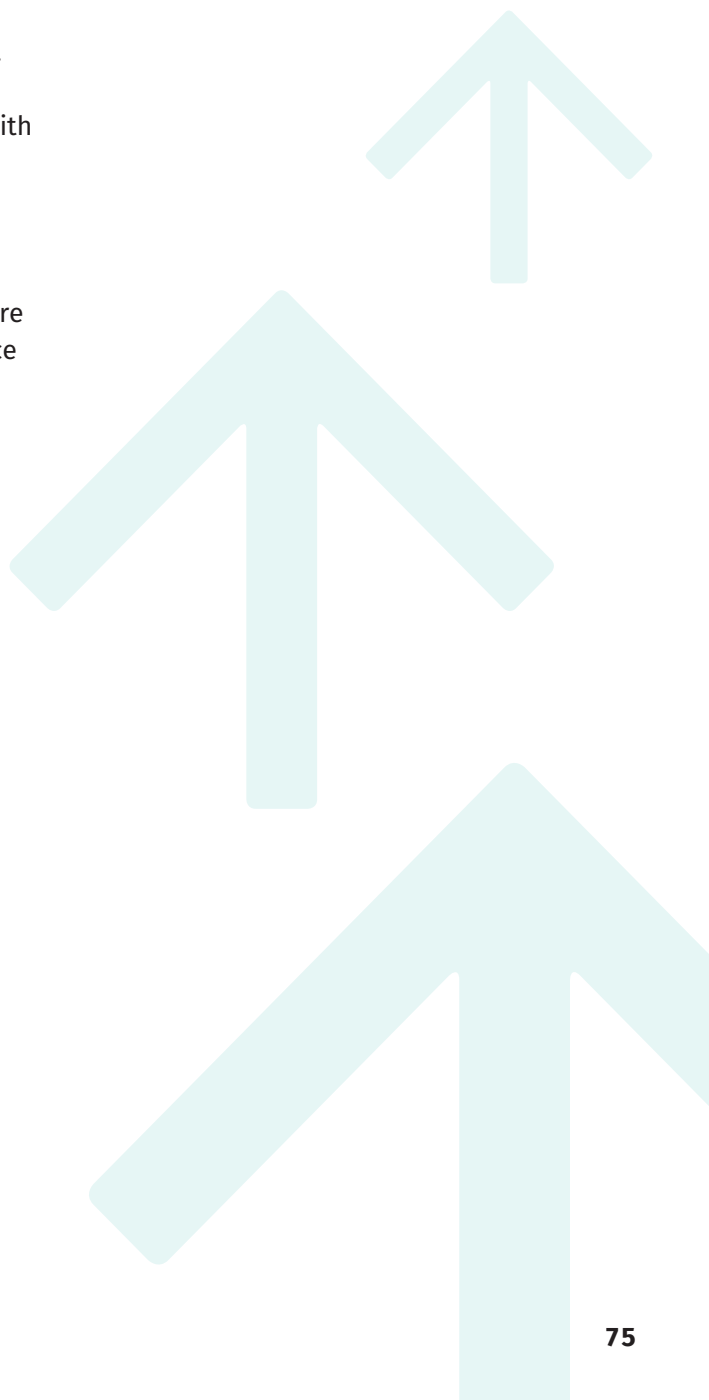
## Action for equality

Mental health problems in childhood can badly affect opportunities in later life. In every part of this transformation plan we include specific and proactive plans to protect young people from disadvantage and inequality. We do this by improving access, and by building resilience in the community, including the resilience of individuals.

Alongside service developments, our locality teams will work with others to create a wider understanding of mental health problems. By making services more responsive and easier to get to, by bringing support into places where young people feel safe and by educating families and communities we intend to eliminate discrimination and stigma.

Within our transformation plan we are taking particular action to prioritise the needs of the most vulnerable children and young people, as guided by the Equality Act and other national guidance. This includes children known to youth justice services, children in care or, “on the edge of care”, children leaving care and children with complex needs such as physical or learning disabilities.

We will ensure that these young people are fully engaged in our plan as it develops, working through the routes described above and through our existing mechanisms, including our children in care councils and engagement routes within the Youth Offending Service and Divisional Based Intervention Teams.



# BUILDING CAPACITY AND CAPABILITY IN THE SYSTEM

Building capacity and capability in our seven locality teams

Our local transformation plan is founded on the creation of a consistent, high quality service for children and young people across Southend, Essex and Thurrock through a single, integrated service. In one major step, we have brought together health and social care working with other public sectors to strengthen universal services and specialist support for the emotional wellbeing and mental health of our children and young people.

Implementation of our plan started on 1 November 2015 with the transition of over 200 staff from four previous service providers to a single provider organisation. Now working from seven locality teams, professionals are mainly out in the community, working closer to children and young people. The service opens wider and reaches further with new technology. With additional investment, new ways of working and a comprehensive training programme, we are increasing both the number of staff and the level of skills in our seven locality teams over the next four years.



## Workforce

### Our plan

#### The main points:

- Transition to a new single integrated service
- Development and establishment of new teams, including assertive recruitment and links to national programmes Recruit to Train, Talent for Care and Widening Participation
- Development and training for new protocols and ways of working
- Roll out of training, including progress towards 100% staff trained in Improving Access to Psychological Therapies (IAPT)
- Building relationships with other services and communities

Our immediate priority in year 1 was to support staff in transition to the new service model. This includes formal induction training, and informal development through discussion and consultation with the new teams.

During year 2, there were several review processes to assess needs and the case for change. These processes, focusing on a particular service area, listened to staff views and involved staff in developing new protocols.

Earlier in this section, we have written about the national training programme to improve access to psychological therapies (IAPT) for children and young people. This will ensure that we develop the right skills and approaches to deliver our vision of preventative, responsive and listened services for the emotional wellbeing and mental health of children and young people.

We expected to see evidence of change in working practices in year 2 and substantial improvements in treatment outcomes in year 3 onwards. In year 2, we have seen progress in real time outcomes measurement and the start of a cultural shift towards collaboration between professionals and young service users.

## The priority areas for workforce development

| Identified gaps in services  | Proposed improvements   |
|--|---|
| Services for eating disorders  | Increase in clinical and support staff to cover all localities across Essex.  |
| Specialist services to help with developmental and behavioural problems    | Investment funds identified, workforce plans to be agreed   |
| Improving access to psychological therapies (IAPT)                         | Investing in clinical psychology leadership.<br>New posts in each locality.   |
| Faster access to help for low to moderate needs                            | Recruitment and training for lower grade clinical staff.<br><br>Additional resources to support locality teams and their work with partners within the community e.g. schools, children's centres, GPs, voluntary sector. |
| Faster access to advice, information, support and assessment where needed. | More staff, including clinical support, for single points of access in Southend, Essex and Thurrock.  |

## Timescales

|                   |  |
|-------------------|--|
| Year 1 – 2015/16  | <ul style="list-style-type: none"> <li>Transition from four previous provider organisations to a single integrated service, involving the transfer of over 200 staff.</li> <li>Recruitment to single points of access teams and start of recruitment to other services</li> <li>Ongoing training and IAPT, including adoption of new technology</li> </ul>   |
| Year 2 – 2016/17  | <ul style="list-style-type: none"> <li>Recruitment to and development in crisis services</li> <li>Recruitment to and development in services for eating disorders</li> <li>Ongoing training and IAPT, including adoption of new technology</li> <li>Building community relationships and joint training with schools, including new training to address self-harm</li> </ul>   |
| Year 3 and beyond | <ul style="list-style-type: none"> <li>Recruitment to and development in services to support children and young people with developmental and behavioural problems, including Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>Ongoing training, 100% staff trained in IAPT, continued development in technology</li> <li>Building community relationships and continued support for schools and roll-out of training to address self-harm</li> <li>Develop a Multi-agency workforce plan</li> </ul> |

## Our progress

### Year 1

On 1 November, we completed the transfer of staff to the new service for the children and young people of Southend, Essex and Thurrock.

Staff consultation followed in January 2016 and has been extended to a second round of consultation to take full account of feedback. The new service presents significant clinical and culture changes for staff and has required more time for discussion and consultation than we had previously envisaged.

In order to ensure that staff are fully supported and able to adapt to their new roles, the transition process has taken longer than planned. Some of the issues involved:

- Staff adapting to agile working to reach out to children and families at home or in a range of community settings, where previous workplaces were fixed.
- Changing information and recording systems from paper-based to new digital technologies
- Changing working practice to meet the requirements of new protocols
- Building new relationships with a wider range of people and services
- Building new relationships with children and young people themselves and those around them.

**There were early signs of improvements, such as the new service being able to offer support to double the number of children and young people compared with previous services.**

A major improvement in staffing is the establishment of 28 clinical lead roles across the seven locality teams, to which 26 people have so far been appointed.

Each clinical leader is responsible for service delivery across one of the following four pathways:

- Emotional disorder (including the 0 – 5 parent-infant mental health pathway)
- Neurodevelopmental
- Complex cases
- Behavioural difficulties and conduct disorder

This ensures supervision, quality assurance and support to ensure that staff continue to provide high quality, evidence-based treatment.

In spite of a number of workforce challenges associated with transition, NELFT successfully released 23 practitioners to the national IAPT training programme.

### Year 2

The caseload remains consistent and in year 2 and 3 the service has continued to support double the number of children and young people compared to the numbers that transferred in November 2015.

- Following development and mobilisation of the three crisis teams across Essex with extended hours of operation, a review and evaluation of the current service model was undertaken during the January 2017.

- LTP monies has enabled a rapid expansion of staff numbers within the crisis teams which are currently staffed with a combination of consistent agency, bank and permanent staff. Recruitment to crisis management posts and crisis worker posts is challenging and on-going during year 3 but we have achieved established consistent crisis team staff, allowing recruitment to be staged to ensure quality and consistency is maintained.
- It was a requirement of the newly designed service model to offer a Single Point of Access (SPA) in each of the three local authority areas across Essex, co-located and linking with existing Early Help and Advice services in that locality. Capacity has been increased in the Essex SPA and an Essex SPA Manager appointed.

However, recruitment and retention of staff has proved challenging for the Single Point of Access (SPA) function in the CCG localities of Southend and Thurrock. A review of the function was undertaken in March 2017 to identify future service delivery options, for consideration and implementation during year 3.

- During 2016/17 commissioners have supported NELFT with the development and mobilisation of the Eating Disorder service across all seven Essex CCGs and expansion to a county wide service from previous limited provision. Recruitment to such a specialist team has again proved challenging but following a huge recruitment drive vacancies within the team are now minimal.
- A programme to build capacity and capability in schools was one of the most important actions in our transformation plan. In discussion with education leaders and head teachers a EWMHS and schools collaboration has been developed to support the drive for early-intervention in schools and foster cultural change in the way schools tackle mental health problems and mental wellbeing.

This collaboration will support school staff to develop their knowledge of mental wellbeing and the problems affecting young people, the symptoms to look for and strategies for supporting children with early signs of mental and emotional stress before a referral to EWMHS is needed.

As part of our collaboration, schools have asked to appoint a Mental Wellbeing Champion who is responsible for liaising with EWMHS for consultation, supervision and access to training. EWMHS have recruited a Schools Operational Lead from within their cohort of Locality Team Managers, and together with Essex County Council have collaborated to employ an EWMHS Schools Clinical Lead from the ECC Educational Psychology Team.

- During year 2 NELFT planned to release a further 38 trainees for academic year 2016/17 with plans in place for more to follow in year 3.

NELFT have been focused on delivering care pathway treatments and reducing the treatment waiting times. In 2016/2017 it was necessary to strike a balance between training, meeting the exacting supervision requirements of the courses and delivering treatment to children, young people and their families and meeting the demands of the service.

For further details, see our previous section on *Improving Access to Psychological Therapies*.

See [Appendix 4](#) for further details on staffing in 2016/17.





### Updated plan 2017-2020

We have agreed an additional investment of £108k per year starting in year 2 of our plan to fund a transformation team, which will support workforce development and cultural change.

£100k for IAPT training remains ring-fenced for investment in both national training and our own internal bespoke IAPT training. We will continue to embed the principles of IAPT across the service with large numbers of clinical staff, supervisors and leaders enrolled or enrolling in IAPT training.

We have also identified a need for training for GPs and other primary care staff, and schools, with a particular focus on self-harm. Work began during year 2 with the development of a self harm management toolkit for educational settings. Work will continue into year 3 and beyond. A county wide engagement event is planned for November 2017 to enable a shared understanding on the emotional wellbeing and mental health support and resources on offer locally.

Availability of training and clinical supervision for school staff on how to identify, understand and help a child or young person with varying emotional, psychological or social needs will also continue into year 3 and beyond.

Continuing into year 3 our provider and commissioners are working collaboratively to determine a revised model of service delivery based on best practice outlined in the East of England Mental Health Crisis Care Toolkit published in February 2017.

During 2018/19 we will draft a multi-agency workforce plan to support the future planning and workforce across the children and young people's system in health, social and education care.

# Improving data and IT

## Our plan

Most staff will be working out in the community and will work from laptops and mobile phones so that they can access systems and electronic records in any location. They will be able to log in to a clinical portal and share in an instant any clinical information. This will open up for children, young people and families over the period of the plan.

## Our progress

Our service provider, NELFT, has installed a new electronic patient record system, which holds a single record for every child and young person who receives care. This is a major improvement on previously held multiple paper-based records.

All staff have been issued with tablets carrying a measurement tool called iCAN. iCAN allows children, young people and families to use an iPad to rate the services they receive. This allows NELFT to collect information routinely and track outcomes progress. The child or young person can also see how they are progressing and this in itself can be important to achieving good outcomes.

The anonymised data then goes to a performance dashboard, which enables full data interrogation for a range of performance and quality indicators.

Mandatory data required for national monitoring is submitted by NELFT. This data covers information on patient demographics, referrals, care contacts and GP details.





## Updated plan 2017-2020

A rolling programme of training for the iCAN system will embed new technologies into routine practice.

NELFT continues to explore innovative opportunities. My Mind, for example, a new application for smart phones and tablets, is currently being piloted with some young people. This offers a channel for young people to communicate in real time directly with their therapist or support worker. Sometimes people may prefer to communicate in this way for certain issues. Any exchanges are directly linked to the electronic patient record.



@app\_mymind

# Governance and Performance Framework

## Our plan

### Collaborative Commissioning Forum

Each of the ten commissioners, the three local authorities and seven clinical commissioning groups responsible for children and young people's care are statutorily accountable for the delivery of the local transformation plan, Open up, Reach out.

Through a legally binding agreement, the ten commissioners have established a Collaborative Commissioning Forum, which is delegated to set budgets, authorise spending and manage operational delivery of the five-year transformation plan.

### The Collaborative Commissioning Forum:

- Act as the strategic forum for CYP EWMH transformation
- Act as the strategic forum to agree and mobilise LTP priorities and agree release of LTP funding
- Share information that enables collective understanding of any gaps in locally commissioned services that are impacting on children and young people.
- Use information to inform future commissioning intentions. This may include both the EWMHS services and also where there are gaps in local pathways at CCG/LA level.
- Oversee the production of a CYP EWMH strategy and transformation plan
- Monitor subsequent delivery of CYP EWMH strategy and transformation plan
- Discuss matters relating to the CYP EWMH commissioning contract and the pursuit of the objectives and performance of the function of the Collaborative.
- Monitor performance of the provider against contract and KPIs
- Monitor mobilisation plans of the new provider

The Forum Chair is Chris Martin, Commissioning Director- Children, Essex County Council. Each of the commissioners has one appointed representative.

We reviewed our governance arrangements in July 2017 and strengthened our terms of reference and membership of the forum to include children's commissioners and senior representatives from all ten partners.

A regional forum, plus monthly meetings and teleconferences have also supported liaison with NHS England Specialised Commissioning with specialised commissioners and representatives of the Clinical Network.



## Performance and quality framework

Within the service contract there is a comprehensive performance and quality framework, monitored monthly and reported to the Collaborative Commissioning Forum.

Our high level key performance indicators (KPIs) demonstrate our commitment to measuring improvement in outcomes year on year. The following shows our focus on a smaller number of meaningful outcomes measures, rather than a broader list of outputs-based measures.

### Improved emotional wellbeing



Staff monitor individual clinical outcomes using IAPT validated outcome tools. Real time sessional outcomes monitoring will be phased in year 2. (ICAN)  
Performance monitoring will look at the number and percentage of service users with improving validated outcome scores between start of treatment and up to 6 months.  
Targets for further improvements to be agreed for year 3 onwards.  
Information is by locality  
6 monthly reports

### Satisfaction with services



Data gathering will be via a service experience questionnaire and the national "friends and family test".  
Monitoring will look at the number and percentage of service users reporting satisfaction  
Year 1 performance will set the baseline and targets will be set for year 2 onwards  
Monthly reports

### Easier access



Intervention without delays monitored against nationally recommended timescales  
Monitoring will look at referral to treatment within 6 weeks, 12 weeks and 18 weeks and waiting times for referral to assessment of new cases  
Year 1 performance will set the baseline and targets will be set for year 2  
Monthly activity reports  
Single point of access  
Catch and carry – no bounce  
Signposting or direct intervention  
(Looks at referrals received, redirected, rejected)

### Prompt response to crisis



Monitoring will look at the number of assessments in A&E within 4 hours, aiming for 100% achievement  
Monthly activity reports

### Proactive outreach



Monitoring will look at DNA rates  
Year 1 performance will set the baseline and targets will be set for year 2  
Monthly activity reports

## Our progress

### Year 1

Part way through year 1 of our plan, we reviewed our governance arrangements and made some changes that were better fitted to delivery and transformation after moving on from the initial mobilisation of a new service.

We replaced a Transformation Planning Steering Group with a Strategic Oversight Group, which ensures that all 10 partners are involved at senior level.

Performance reports are produced quarterly, but it is too early to see trends in outcomes. We expect to report on these early in year 2.

In March 2016, the most striking improvement was in the increasing number of referrals received and accepted compared with 2015/16. The caseload transferred on 1 November 2015 increased from 3,200 to 6,432 by the end of March 2016.

### Year 2

At the end of April 2016, NELFT started reporting on a quarterly basis the outcomes of the Friends and Family Test, showing whether people were likely to recommend the service. At the end of June 2016, 83% of people answered that they were likely or extremely likely to recommend the service.

Waiting times have improved across the service and we continue with a detailed performance regime to drive down waiting times. During year 2 further recruitment to the new staff establishment has impacted on the development of the new service and waiting times.

### Year 3

As of the end of March 2017, NELFT have embedded their monitoring reporting practices and show that 87% of people are reporting satisfaction with services received.

Waiting times have significantly improved across the service during year 2, we are now 2.83% above the Referral to Treatment waiting time standard and just 5% were waiting longer than 12 weeks compared to 38% waiting over 12 weeks at the end of July 2016. We recognise that the increase in demand of the service will impact on waiting times and we are planning a demand and capacity working group during 2017/18 to further plan for service needs.

See [Appendix 2](#) for further details on activity and [Appendix 5](#) for further details on governance structures.

## Key links with other strategies

Good mental health and wellbeing for children and young people is a priority for all three health and wellbeing boards in Southend, Essex and Thurrock. It is part of an overall commitment to children and young people having the best possible start in life and being able to maintain their resilience.

Using the findings from several needs assessments and review studies, the Joint Service Needs Assessment for Children's Emotional Wellbeing and Mental Health and the Essex Corporate Outcomes Framework ensures coordination and consistency between this transformation plan and the wider health and wellbeing strategies for Southend, Essex and Thurrock.

Our plans are in line with the Winterbourne View – Time for Change and Transforming Care, national plans to transform commissioning of services for people with learning disabilities and / or autism. Also the Southend, Essex & Thurrock Mental health & Wellbeing Strategy; Lets Talk about mental health 2017-2021, supports and interfaces with our Open Up, Reach Out transformation plan.

The priorities for action in this transformation plan align with those of the system resilience groups for Southend, Essex and Thurrock and the five A&E departments across the patch.

### Sustainability and Transformation Plans (STPs)

Our local transformation plan is a county-wide strategy across Southend, Essex and Thurrock, which crosses three STPs:

- Mid and South Essex
- Hertfordshire and West Essex
- Suffolk and North East Essex

All three plans align and are signed up to the Southend, Essex & Thurrock Mental health & Wellbeing Strategy; Lets Talk about mental health 2017-2021. The Lets Talk about Mental Health strategy supports and interfaces with our Open Up, Reach Out transformation plan.

*Open up Reach out* will continue to plan on its countywide basis and all three STPs have incorporated our local transformation plan.

Our strategic direction is reflected in the wider STPs to:

- Deliver more care closer to home, working in localities that bring together physical, mental health and social care
- Place a greater emphasis on prevention and early treatment to avoid crises and hospital stays and to avoid longer term serious problems
- Work with multi-agencies and professionals in a joined-up way to wrap services around individuals and their needs
- Work together to develop community resilience, including working partnerships with voluntary sector and other public services
- Empower people and families by involving them in decisions about their own care and by improving access to information to support self-care.

# Implementing the Mental Health Forward View

## Collaborative and Place Based commissioning

During 2015/16, work began to plan for better, more responsive and accessible mental health services. These have included new access and waiting times for psychological therapies and early intervention in psychosis which came into force from April 2016, with eating disorder services for young people following in April 2017.

Immediate priorities for service redesign:

- to increase access to specialist perinatal care
- to reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home
- to increase access to crisis care liaison services in emergency departments and inpatient wards
- suicide prevention.

Essex CCGs are committed to working with NHSE specialised commissioning to develop local seamless in-patient pathways across the three Essex STP footprints. Our continued investment of LTP funding in new models of care in the community will need to evidence the impact on Tier 4 CYP inpatient care and 'step up' 'step down' pathways i.e. development of specialised community eating disorder services and 24/7 crisis services/home treatment services.

It is expected by 2020/21 that overall bed usage will have decreased and inappropriate out of area placements largely ended; with consequent savings to be reinvested in community-based services, including specialist outreach, to improve access and reduce waiting times.

We are in the early stages of this development work with specialised commissioning, with support from the East of England CAMHS Clinical Network meeting bi-monthly as the CYP MH FiM regional Steering Group.

We will work collaboratively with our acute trusts and NHSE specialist commissioning colleagues to draft trajectories and collect metrics that will allow us to report on:

- Seamless pathways to reduce the need for admission, prevention of inappropriate/unnecessary admissions, and admission avoidance schemes
- A reduction in length of stay (LOS)
- better discharge planning arrangements on admission to facilitate safe and timely/early discharge back to the community
- a need to manage pathways closer to home reducing the numbers of CYP placed out of area
- A reduction in re-admission rates

Agreement will need to be made with our colleagues from these organisations to work towards a timeline to deliver the data reporting, agree year on year trajectories and how we can measure these outcomes.




# BUILDING RESILIENCE IN THE COMMUNITY

“Although we are taught how to recognise some mental health issues within our school, education about mental illnesses is very limited if not non-existent.”

“I know many people who suffer from mental health issues. It is vital that teachers in charge of pastoral care receive adequate mental health training and that every teacher is taught about mental health. All teachers undergo physical first-aid training, so why do they not receive this training for mental health?”

**Ellie**, a participant in the **Healthwatch YEAH! Project** to hear the views of young people



Access to information and support is one of the main themes of feedback in any discussion with children, young people and families.

Over the next five years of our transformation plan, we are investing in resources that will reach further into our local communities than we have ever done before.

# Engagement

Our local transformation plan is built on engagement with children and young people on many levels.

We listened to children and young people right from the start when we were first designing the specification for a new single integrated service across Southend, Essex and Thurrock. Young people were involved in the procurement of a single provider.

Children and young people's views are a major part of the two joint strategic needs assessments that have helped to inform our plans. The outcomes of several engagement exercises have influenced service redesign, in particular the view of young people in the two Healthwatch YEAH! reports that featured earlier in this document.

As we continue to implement Open up, Reach out, we continue to listen to what children and young people say, both at an individual level, where young people are able to influence their own care, and at a service level in a way that tackles any stigma and raises awareness of mental health issues.



Here are just a few examples of how we have responded:

### You said

### We did

**Difficult to access the service**

- Established a single phone number and point of access.
- Opened up to self-referrals, and referrals from parents, schools and others – not just professionals.
- Developed procedures designed to provide early help, advice and support.
- Set detailed performance regimes to monitor waiting times for assessments and treatments.

**Confusing process and variable eligibility**

- Referral criteria have been simplified and are much less restrictive than before.
- We have successfully moved away from a fragmented and multi-tiered service by implementing a single integrated service for children and young people across Southend, Essex and Thurrock.

**We need better information**

- The single integrated service has made it simpler to publish information via a single website, publicity leaflets and referrals information.
- The new single point of access teams give better information and signposting to other local services and where to get help.
- A new website *The Big White Wall* is designed to provide helpful information for children and young people.
- Looking to the future, the service is piloting new digital technologies, such as an app that enables young people to talk to their therapist at any time.

**More people are needed to help tackle problems at an earlier stage**

- The service has worked with local schools to pilot a training programme for schools' staff.
- In future years of our plan, the intention is to extend training to other local services to build knowledge and resilience in local communities.
- Capacity has increased through additional staffing and is supporting around double the number of children compared with previous years.

## Our plan

Our overall engagement plan as part of *Open up, Reach out* included the following main points:

- Continued events and exercises to involve children and young people in service commissioning
- Each of the seven locality teams to build their intelligence of relationships with services and people in their locality
- The seven locality teams to be available to schools and other public services
- The use of technology and online tools to involve and engage children and young people, responding to strong messages in our earlier engagement that social media and online resources work well for children and young people
- Engagement built-in to the care and support that is provided for every individual
- The launch of **Reprezent**, an innovative and far-reaching approach to continuing engagement for children and young people

## Our progress

### Year 1

#### Engagement in commissioning

South Essex Children's Partnership Board delivered training for 11-14 year old commissioners. The young commissioners had a small budget to improve services locally.

Youth Assemblies held commissioners to account at events such as 'Question Time' style panels.

### Year 2

#### Localities engagement

NELFT has undertaken significant engagement work with schools over the last year including attending head teachers briefings, behaviour and attendance groups in schools and liaising with relevant staff in education in our three councils regarding intervention in schools.

#### Innovation

NELFT has contracted *The Big White Wall* app for 16-25 year olds promoting self-help and expanding the digital offer to young people.

The *My Mind* app has been launched, the app was developed with the involvement of young people during 2015/16.





### ***Reprezent* – a new engagement channel to build resilience for young people**

All 10 NHS and local authority commissioners from across Essex have invested in an innovative and ambitious pilot to transform engagement and build resilience with children and young people. We created a new youth media channel, including a radio station, an APP and website. Engagement is based around music and sharable content owned and created by young people themselves. Children and young people taking part received training in radio programming and digital communications.

*Reprezent* was set up in year 1 and in year 2 the pilot delivered media (e.g. social media, music streaming, events, digital) to find the best approaches. The campaigns work to tackle stigma and improve general understanding of mental health issues.



**The achievements of the pilot:**

- Built awareness, communication skills, self-help knowledge and resilience
- Acted as an agent to bridge the gap between those who experience mental health issues and those who have not had such experience.
- Encouraged responsibility and develop a trigger for behaviour change to deal with problems early and avoid crisis situations
- Created unique opportunities to identify unmet needs
- Gave commissioners earlier insight into changing patterns of behaviour over time – including impact on others, such as parents
- Enabled new ideas, new perspectives and real co-production
- Created a new media talent pipeline in Southend, Essex and Thurrock of young people who go through the training and peer mentoring programme, helping to build self-esteem and workplace learning.

The project also included a unique and distinctive promotional programme aimed at making a big impact in a way not always associated with the public sector.

Reprezent, as an innovative and peer-led engagement model has given children and young people an exciting opportunity to be heard through a route that suits them. It enabled them to discuss on their own terms issues that are real to them, which then was fed through to commissioners, as well as to their peers. This gave children and young people a genuine influence over commissioning decisions

**Summary of activities Reprezent delivered**

- Launch of app
- Campaigns delivered across Southend, Essex and Thurrock
- Pilot review and decisions for development in year 3 and beyond

**Communication plan**

We developed a communications and engagement plan in relation to the Children and Young People's Emotional Wellbeing and Mental Health Service across Southend, Essex and Thurrock to ensure consistent and aligned messages by the organisations within the collaborative.

**For further information about Reprezent and its activities, please visit**

**<http://essex.reprezent.org.uk>**





## Updated plan 2017-2020

Both commissioners and NELFT, our provider organisation will continue to implement a range of methods year on year for engaging children and young people, families, communities and professionals. This is embedded at all levels, as shown in some of the examples above, including service design, commissioning, quality improvement and decisions about individual care.

Commissioners are committed to continue to improve and build on our children, young people and family coproduction and plan to deliver further innovative engagement work with our children and young people by linking closely with our providers and voluntary / community organisations.



# REPREZENT

## SOUND OF YOUNG ESSEX

// **YEAR LONG BROADCAST  
TRAINING SCHEME** FOR  
13 - 24 YEAR OLDS

// **CREATIVE PROGRAMMING  
WITH SPECIAL Q&A  
SESSIONS** FEATURING  
BBC RADIO 1XTRA'S  
**JAMZ SUPERNOVA**, MTV  
PRESENTER, **SNOOCHIE  
SHY & KENNY ALLSTAR**

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# A clear role for schools

Many children and young people talk about school life when giving their views about mental health. They see a clear role for schools in understanding mental health problems and providing support. In our experience, the majority of schools already take on this responsibility and are often the first to raise concerns when someone is experiencing problems.

There is an army of skilled professionals across our 700 plus schools that form a substantial support network, including teachers, school nurses, counsellors, pastoral care staff, educational psychologists and special educational needs coordinators.

The potential of this resource is largely untapped although health, care and education for children and young people works side by side, it is not as joined up as it could be. Learning could be shared, for example, the experience of education, health and social care staff in working with young people with SEND to develop joint outcomes-focused plans, for children who require an Education Health and Care Plan or who need joined up early planning to prevent their needs escalating.

## Our plan

- From 1 November 2015, fast access to advice and guidance through a single point of access in each area of Southend, Essex and Thurrock.
- From year 1, a developing information portal for children's and young people's emotional wellbeing and mental health, giving information to schools and online techniques, such as self-help toolkits.
- Together with young people, schools and community leaders we will develop a peer mentoring scheme that equips young people themselves to be able to help others.
- We will co-design a pilot with schools to develop training and capacity within groups of schools. This will cover training, development of a common understanding about emotional wellbeing and mental health and testing stronger links between school staff and the new service.

## Year 2

The EWMHS and schools collaboration will also develop and promote clear referral pathways for school staff so that where more specialised support is needed, it can be accessed effectively and efficiently. Together, this enables schools to better support the children in their care while promoting good mental wellbeing and awareness of mental health issues more generally.

## Our progress

### Year 1

- The single point of access was established from 1 November 2015. Anecdotally, the feedback from schools is positive.
- NELFT is in partnership with *The Big White Wall*, which provides a comprehensive range of self-help tools for children, young people and those who support them. We are also promoting other existing online tools, such as *MindEd*, a free training site for school staff.
- As part of the schools support offer we will be launching an Information portal providing a range of information and advice on Emotional wellbeing and mental health including:
  - // Development of risk management toolkit/triage
  - // Support/service/training available
  - // Guidance on parental consent
- The new emotional wellbeing and mental health service has a schools support team which is planning to pilot schools support on four levels:
  - // Staff training covering self-harm, suicidality, anxiety, depression, bereavement
  - // Regular and specialist consultations on complex cases
  - // Regular supervision for pastoral staff and schools leaders
  - // Access to a range of courses for teachers and staff through links to independent sector partners, such as *Young Minds*, *Mental Health First Aid Youth* and *Mindfulness in Schools*

### Year 2

Throughout year 2, we will monitor referrals in detail, gather further information on how schools interact with the service and feed any outcomes into our schools support programme, both in real time and in planning for year 3.

During 2016/17 34 schools from across Southend Essex and Thurrock expressed an interest in being involved in Phase one of the EWMHS schools collaboration. All have been visited, and had their needs initially assessed and have agreed/started to collaborate with EWMHS in the first phase. Schools range across the geography and across primary, secondary and special provision.

The first phase is focussing on these schools/groups of schools and progress will be evaluated in April 2018. Wider roll-out of provision will follow as we learn, and will continue over the life time of our Plan.

## Updated plan 2017-20

The continuation of the schools support programme will be rolled-out during years 3, 4 and 5.



# Suicide prevention and support for children who harm themselves

The risk of suicide and self-harm is one of the major concerns of children and young people, families, carers and school staff. Our first priority is to increase support with dedicated people in the locality teams who have particular skills in suicide prevention and managing self-harm.

## Our plan

During 2015/16, we will audit the existing Essex suicide prevention guidelines to identify next steps and improvements, which will include support for schools and other services.

## Our progress

Over the past few months we have reviewed the existing suicide guidance through; literature research, reviews into recent child deaths, interviews with stakeholders and focus groups with schools.

In general, we found that schools are only using the suicide guidance to manage incidents and would need some training to put more emphasis on prevention.

We also found increasing concerns about the rise in self-harm, for which there was no prevention guidance.

### Year 2

**We have worked together with the local safeguarding children boards, local authorities and local schools to:**

- Revise the existing suicide guidance
- Develop the self-harm guidance
- Develop an information portal for guidance tools for schools

## Updated plan 2017-20

We have a EWMHS Schools Conference day set for Schools, Commissioners, NELFT colleagues, VCS organisations and others to come together and ensure everyone understands the support and resources on offer to schools, the role Schools have in supporting children and young people and how they can support prevention and early intervention.

# CONCLUSION

As year 1 of our local transformation plan ended on 31 March 2016, our new single integrated service was five months into its first year.

In year 2 we were already seeing an impact on inequalities – children and young people have equal access to support and services across north and south Essex, the number of referrals accepted for treatment is over 80% across the patch. Vulnerable and disadvantaged children are considered high priority for assessment. We are learning from what children and young people say, including those who are seldom heard, and these issues are helping to shape new services in a way that works for them.

Some of the highlights of our achievements include:

- Creating the “one way in to services” that we promised
- Managing a significant increase in referrals and reaching many more children and young people
- Improving information and engagement with children and young people, including the launch of Reprezent, an innovative radio and online channel that reaches young people through music
- Setting in motion a major programme to connect with schools and other services to strengthen the resilience of children and young people
- Improving technology and information so that commissioners are able to see far more clearly the quality and impact of what is being provided; while staff have better access to information they need to provide the best possible evidence-based care.
- An increase in investments to tackle key priorities, including crisis care, eating disorders, ADHD, self-harm and care for vulnerable and disadvantaged children and young people.
- Establishing a new eating disorder service across Southend, Essex and Thurrock
- Establishing a new locality team structure and a completely transformed approach to providing care for children and families in the community and close to where they spend their lives.



## Managing the risks

Looking ahead to the next three years of our local transformation plan, we have identified the risks and ways to manage them, which are consistent with every scheme.

These are characterised in terms of:

- Workforce
- Information management and technology
- Culture
- Sustainability

| Description of risk  | Action to manage risks   |
|--|--|
| <p><b>Workforce</b></p> <p>As in other parts of the NHS nationally and locally, we face a challenge to recruit and retain the clinical workforce needed to deliver the new service model.</p> <p>The launch of this plan and the new service in Southend, Essex and Thurrock meant a wholesale change in skill mix and ways of working, with an associated change in staff.</p> <p>There remain a number of vacancies to be filled in year 3 and maintained in years 4, and 5.</p> | <p>NELFT recruited to 60 new posts in year 1 and further post were recruited to in year 2, we will continue to monitor and work with NELFT to manage workforce.</p> <p>In the short term, NELFT is able to share its own existing resources from outside Essex, and use of agency and bank staff where clinically appropriate and safe to do so.</p> <p>In the longer term, an ongoing assertive recruitment programme will work with national recruitment programmes and innovative opportunities, such as training schemes and apprenticeships.</p>                                |
| <p><b>IM&amp;T</b></p> <p>The new service has a comprehensive new IT infrastructure and data quality to drive evidence-based, outcomes-driven services.</p> <p>The main challenge is to provide staff with the continuing support they need to adapt to new technology</p> <p>Previous services held limited electronic systems and many staff were accustomed to paper-based reporting.</p>   | <p>Following our experience in year 1 of our plan, we have a transformation team and digital lead manager.</p> <p>Part of the transformation team's remit will be to coordinate support for technology training.</p> <p>Data quality is also a priority for the performance team, which completed a major data-cleansing project in year 2 and is implementing changes where required.</p>   |
| <p><b>Culture</b></p> <p>There are cultural challenges for both commissioners, who are collaborating across ten statutory organisations, and provider staff following a major transition from four previous organisations.</p>   | <p>The commissioners have already reviewed and amended governance strategy and structure, to promote collaborative progress.</p> <p>NELFT is experienced in organisational development and cultural change and this has been brought to Essex by a new transformation support team.</p> <p>Commissioners and providers will continue to support each other through joint work on strategy and skills. A System Leadership event in year 2 supported by the Regional Clinical Network, has been a catalyst for this work and the learning from this event is being taken forward.</p> |
| <p><b>Sustainability</b></p> <p>All health and care systems are working within a challenging environment with pressures on workforce, care quality and finance.</p>  | <p>The introduction of sustainability and transformation plans (STPs) brings together all health and care partners and sets the roadmap for transformation that will bring the best of modern healthcare to local people.</p> <p>In Southend, Essex and Thurrock, the STPs will promote joined up working in localities, with new opportunities for fully integrated mental health care.</p>   |

## The way ahead

In years 1 and 2, we have steered a new service safely to full-scale operation, closing the gaps and treating more children and young people in the process. In year 3 we have focused on embedding the new service and working out mobilisation and culture changes, while beginning to review and plan additional improvements and priorities. We have a clear direction, confidence in delivery and signs of success after two years of implementation.

In years 3 and 4 we will begin to plan and draft the Local Transformation Sustainability Plan to support transformation beyond 2020.

From the basics of making information available, to training staff in schools and other public services, to specialists building relationships with families and communities, we will promote a collective responsibility for the emotional wellbeing and mental health of children and young people in Southend, Essex and Thurrock.

# Appendix 1

## Prevalence of mental health problems taken from ChiMat

Ref. National Child and Maternal Health Intelligence Network

### Estimated number of children with conduct disorders by age group and sex

| Estimated no. of children and young people (2014) | All 5-10 years | All 11-16    | Boys 5-10 | Boys 11-16 | Girls 5-10 | Girls 11-16 |
|---|----------------|--------------|-----------|------------|------------|-------------|
| NHS Southend                                      | 620            | 775          | 450       | 485        | 170        | 290         |
| NHS Thurrock                                      | 715            | 835          | 515       | 525        | 205        | 315         |
| NHS Castle Point and Rochford                     | 510            | 700          | 375       | 435        | 135        | 265         |
| NHS Basildon and Brentwood                        | 910            | 1,160        | 660       | 725        | 255        | 440         |
| NHS Mid Essex                                     | 1,175          | 1,500        | 855       | 950        | 325        | 555         |
| NHS North East Essex                              | 1,055          | 1,345        | 760       | 840        | 295        | 505         |
| NHS West Essex                                    | 1,005          | 1,170        | 735       | 735        | 270        | 435         |
| <b>Total</b>                                      | <b>5,990</b>   | <b>7,485</b> |           |            |            |             |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

### Estimated number of children with emotional disorders by age group and sex

| Estimated no. of children and young people (2014) | All 5-10 years | All 11-16    | Boys 5-10 | Boys 11-16 | Girls 5-10 | Girls 11-16 |
|---|----------------|--------------|-----------|------------|------------|-------------|
| NHS Southend                                      | 285            | 605          | 130       | 265        | 160        | 345         |
| NHS Thurrock                                      | 335            | 630          | 150       | 270        | 185        | 360         |
| NHS Castle Point and Rochford                     | 230            | 555          | 100       | 230        | 130        | 330         |
| NHS Basildon and Brentwood                        | 425            | 920          | 190       | 395        | 235        | 530         |
| NHS Mid Essex                                     | 545            | 1,210        | 245       | 515        | 305        | 695         |
| NHS North East Essex                              | 490            | 1,045        | 220       | 445        | 270        | 605         |
| NHS West Essex                                    | 455            | 940          | 205       | 405        | 250        | 540         |
| <b>Total</b>                                      | <b>2765</b>    | <b>5,905</b> |           |            |            |             |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

## Estimated number of children with hyperkinetic disorders by age group and sex

| Estimated no. of children and young people (2014) | All 5-10 years | All 11-16   | Boys 5-10 | Boys 11-16 | Girls 5-10 | Girls 11-16 |
|---|----------------|-------------|-----------|------------|------------|-------------|
| NHS Southend                                      | 210            | 175         | 185       | 150        | 30         | 30          |
| NHS Thurrock                                      | 250            | 190         | 215       | 160        | 35         | 30          |
| NHS Castle Point and Rochford                     | 170            | 165         | 150       | 140        | 25         | 30          |
| NHS Basildon and Brentwood                        | 315            | 265         | 270       | 225        | 45         | 45          |
| NHS Mid Essex                                     | 395            | 350         | 340       | 290        | 60         | 60          |
| NHS North East Essex                              | 355            | 300         | 310       | 255        | 45         | 45          |
| NHS West Essex                                    | 340            | 275         | 290       | 230        | 50         | 50          |
| <b>Total</b>                                      | <b>2035</b>    | <b>1720</b> |           |            |            |             |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

## Estimated number of children with less common disorders by age group and sex

| Estimated no. of children and young people (2014) | All 5-10 years | All 11-16   | Boys 5-10 | Boys 11-16 | Girls 5-10 | Girls 11-16 |
|---|----------------|-------------|-----------|------------|------------|-------------|
| NHS Southend                                      | 170            | 150         | 135       | 105        | 35         | 50          |
| NHS Thurrock                                      | 190            | 155         | 155       | 110        | 35         | 50          |
| NHS Castle Point and Rochford                     | 140            | 145         | 110       | 100        | 35         | 45          |
| NHS Basildon and Brentwood                        | 260            | 230         | 205       | 160        | 60         | 75          |
| NHS Mid Essex                                     | 340            | 310         | 260       | 215        | 80         | 95          |
| NHS North East Essex                              | 280            | 260         | 225       | 175        | 60         | 85          |
| NHS West Essex                                    | 290            | 240         | 225       | 165        | 60         | 75          |
| <b>Total</b>                                      | <b>1670</b>    | <b>1490</b> |           |            |            |             |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).



## Estimated number of males aged 16 to 19 with neurotic disorders

|                               | Mixed anxiety and depressive disorder<br>(males 16-19 yrs)<br>(2014) | Generalised anxiety disorder<br>(males 16-19 yrs)<br>(2014) | Depressive episode<br>(males 16-19 yrs)<br>(2014) | All phobias<br>(males 16-19 yrs)<br>(2014) | Obsessive compulsive disorder<br>(males 16-19 yrs)<br>(2014) | Panic disorder<br>(males 16-19 yrs)<br>(2014) | Any neurotic disorder<br>(males 16-19 yrs)<br>(2014) |
|-------------------------------|--|---|---|--|--|---|--|
| NHS Southend                  | 225  | 75  | 40  | 30   | 40   | 25  | 380  |
| NHS Thurrock                  | 215  | 70  | 40  | 30   | 40   | 25  | 360  |
| NHS Castle Point and Rochford | 235  | 75  | 45  | 30   | 45   | 25  | 390  |
| NHS Basildon and Brentwood    | 340  | 110   | 60  | 40   | 60   | 35  | 570  |
| NHS Mid Essex                 | 465  | 150   | 85  | 55   | 85   | 50  | 785  |
| NHS North East Essex          | 410  | 130   | 75  | 50   | 75   | 40  | 685  |
| NHS West Essex                | 360  | 115   | 65  | 45   | 65   | 40  | 610  |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

## Estimated number of females aged 16 to 19 with neurotic disorders

|                               | Mixed anxiety and depressive disorder<br>(females 16-19 yrs)<br>(2014) | Generalised anxiety disorder<br>(females 16-19 yrs)<br>(2014) | Depressive episode<br>(females 16-19 yrs)<br>(2014) | All phobias<br>(females 16-19 yrs)<br>(2014) | Obsessive compulsive disorder<br>(females 16-19 yrs)<br>(2014) | Panic disorder<br>(females 16-19 yrs)<br>(2014) | Any neurotic disorder<br>(females 16-19 yrs)<br>(2014) |
|-------------------------------|--|---|---|--|--|---|--|
| NHS Southend                  | 510  | 45  | 110   | 90   | 40   | 25  | 785  |
| NHS Thurrock                  | 505  | 45  | 110   | 90   | 40   | 25  | 780  |
| NHS Castle Point and Rochford | 510  | 50  | 115   | 90   | 40   | 25  | 790  |
| NHS Basildon and Brentwood    | 775  | 70  | 170   | 135  | 60   | 40  | 1,195  |
| NHS Mid Essex                 | 1,060  | 95  | 235   | 180  | 80   | 55  | 1,645  |
| NHS North East Essex          | 935  | 85  | 205   | 160  | 70   | 50  | 1,450  |
| NHS West Essex                | 800  | 75  | 175   | 140  | 60   | 40  | 1,240  |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

## Estimated number of children with autistic spectrum disorders

|                                | Autism in children aged<br>9-10 years (2014) | Other ASDs in children aged<br>9-10 years (2014) | Total of all ASDs in children aged<br>9-10 years (2014) | Autism-spectrum conditions<br>disorders in children aged<br>5-9 years (2014) |
|--------------------------------|--|--|---|--|
| NHS Southend                   | 20   | 35   | 55  | 180  |
| NHS Thurrock                   | 20   | 40   | 60  | 200  |
| NHS Castle Point, and Rochford | 15   | 30   | 45  | 150  |
| NHS Basildon and Brentwood     | 30   | 55   | 80  | 270  |
| NHS Mid Essex                  | 40   | 70   | 105   | 355  |
| NHS North East Essex           | 30   | 60   | 90  | 305  |
| NHS West Essex                 | 30   | 60   | 90  | 310  |
| <b>Total</b>                   | <b>185</b>                                   | <b>350</b>                                       |   |  |

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

## Suicide and self-harm

**Suicide is a complex issue and one that requires further research to understand better the specific risk factors associated with it. Looking at suicides in the UK between 1997 and 2003, one study has made the following observations (Windfuhr, K., 2008):**

- Three times as many young men as young women aged between 15 and 19 committed suicide
- Only 14% of young people who committed suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.
- Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men

According to ONS, in 2014 there were 476 deaths of 15 to 24 year olds from intentional self-harm or undetermined intent in England and Wales. This is a rate of 6.6 deaths per 100,000 population aged 15 to 24 years.

### **Self-harm is a related issue:**

- Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14 year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young men the rates of self-harm averaged 67 per 100,000 in 10-14 year olds and 466 per 100,000 in 15 to 18 year olds (Hawton, K., 2012). Self-poisoning was the most common method, involving paracetamol in 58.2 % of episodes (Hawton, K., 2012)
- Presentations, especially those involving alcohol, peaked at night. Repetition of self-harm was frequent (53.3 % had a history of prior self-harm and 17.7 % repeated within a year) (Hawton, K., 2012). Common characteristics of adolescents who self-harm are similar to the characteristics of those who commit suicide (Hawton, K., 2005)
- Young South Asian women in the United Kingdom seem to have a raised risk of self-harm. Intercultural stresses and consequent family conflicts may be relevant factors (Hawton, K., 2005)
- As many as 30% of adolescents who self-harm report previous episodes, many of which have not come to medical attention. At least 10% repeat self-harm during the following year, with repeats being especially likely in the first two or three months (Hawton, K., 2005)
- The risk of suicide after deliberate self-harm varies between 0.24% and 4.30%. Our knowledge of risk factors is limited and can be used only as an adjunct to careful clinical assessment when making decisions about after care. However, the following factors seem to indicate a risk: being an older teenage boy; violent method of self-harm; multiple previous episodes of self-harm; apathy, hopelessness, and insomnia; substance misuse; and previous admission to a psychiatric hospital (Hawton, K., 2005)

Information about hospital admission for self-harm and for mental health conditions is included in Local Authority Child Health Profiles, available at [www.chimat.org.uk/profiles](http://www.chimat.org.uk/profiles)

## Appendix 2

### Further information on baseline activity in 2015/16

Following mobilisation of our new service model in November 2015 with a single service provider across Essex, there was a surge in demand and we are still seeing nearly double the number of cases, 6,354 at as at March 2017 compared to the 3,200 cases which transferred to the new service provider on 1st November 2015.

This represents an increase to the caseload of 98% compared to that which transferred in November 2015, and although at the end of September 2016 we saw a drop in the caseload to 5308, by the end of March 2017 we had seen it rise again by 20% to 6354. The Table below refers.

| CCG                       | as @ 01/11/2015 | as @ 31/03/2016 | as @ 30/09/2016 | as @ 31/03/2017 |
|---------------------------|-----------------|-----------------|-----------------|-----------------|
| Mid Essex                 | -               | 1,295           | 1,248           | 1,493           |
| North East Essex          | -               | 1,125           | 948             | 1,150           |
| West Essex                | -               | 1,035           | 820             | 929             |
| Basildon and Brentwood    | -               | 959             | 803             | 942             |
| Southend                  | -               | 894             | 601             | 709             |
| Thurrock                  | -               | 552             | 523             | 597             |
| Castle Point and Rochford | -               | 572             | 365             | 534             |
| <b>Essex</b>              | <b>3,200</b>    | <b>6,432</b>    | <b>5,308</b>    | <b>6,354</b>    |

The table below details the crisis team caseload at the point of transfer of the service in November 2015 compared to caseload as at the end of March 2016, and March 2017. At the end of March 2017 there has been a 26% decrease to the caseload compared to that which transferred at the end of November 2015. However, performance across the crisis teams exceeds that planned for 2016/17.

| CCG                     | as @ 30/11/2015 | as @ 31/03/2016 | as @ 31/03/2017 |
|-------------------------|-----------------|-----------------|-----------------|
| Mid Essex               | 23              | 47              | 7               |
| North East Essex        | 23              | 53              | 12              |
| West Essex              | 11              | 30              | 6               |
| Basildon & Brentwood    | 29              | 34              | 23              |
| Southend                | 8               | 13              | 15              |
| Thurrock                | 6               | 12              | 6               |
| Castle Point & Rochford | 9               | 21              | 11              |
| <b>Essex</b>            | <b>109</b>      | <b>210</b>      | <b>80</b>       |



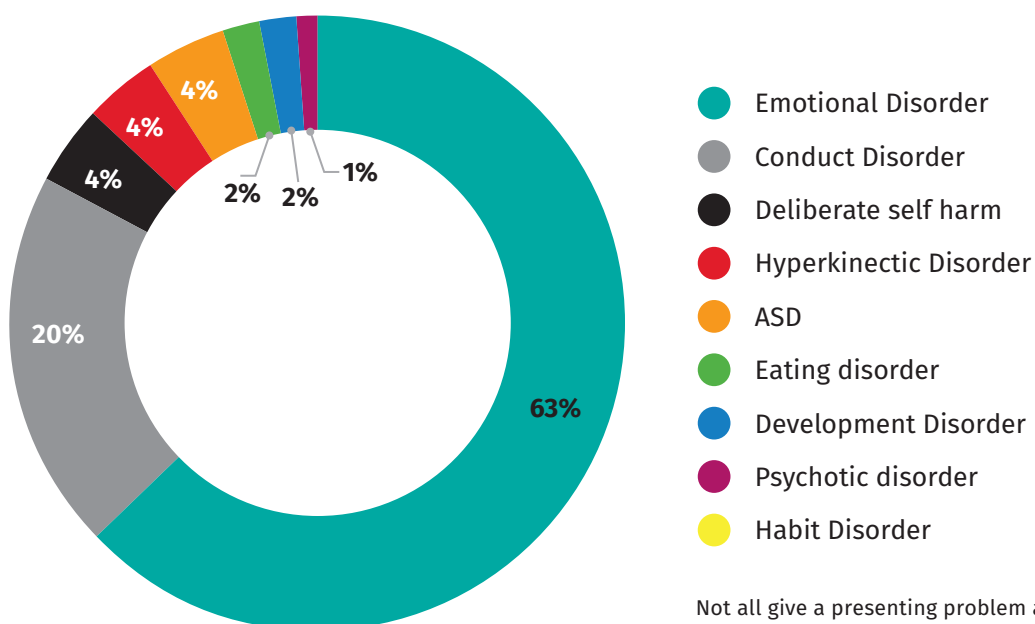
## Needs indicated by presenting problems in Southend, Essex and Thurrock

The chart below shows the presenting problems of those children and young people seen across Essex between April 2016 and March 2017. The top three presenting problems across Essex are Emotional Disorder, Conduct Disorder, and Deliberate Self Harm.

Across all seven CCGs the top two presentations are Emotional Disorder and Conduct Disorder demonstrating consistency across all CCG localities regards the most common presenting problems and equating to 83% of the presenting problems recorded.

Deliberate self-harm follows the same pattern as Essex being the 3rd most common presenting problem in Southend, and West Essex CCG localities, but it is notable that in Basildon and Brentwood, Castle Point and Rochford, and North East Essex CCG localities, ASD ranks as the 3rd most common presenting problem. Mid Essex is an outlier with a high number of eating disorder presentations ranking as 3rd most common presenting problem. Hyperkinetic disorder ranks as the 3rd most common presenting problem in Thurrock CCG.

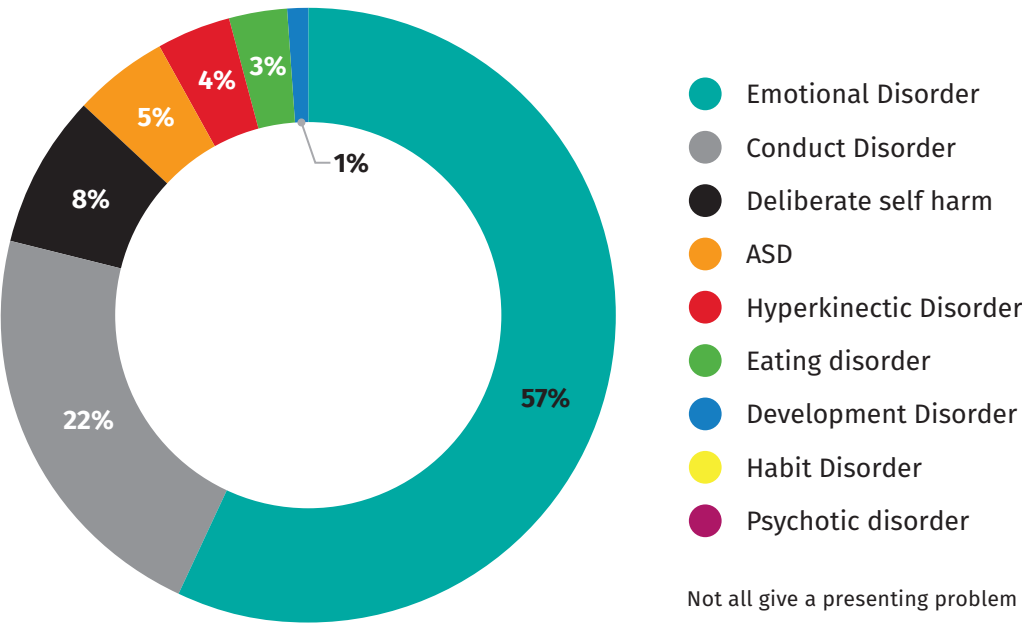
### Essex Top Presenting Problems of those Children and Young People seen between April 2016 and March 2017



Not all give a presenting problem and there can be more than one problem.

Year 1 2015/16

Snapshot of Top Presenting Problems across Essex of those Children and Young People seen between November 2015 and March 2016



## Single Points of Access (SPA) across Southend Essex and Thurrock

It was a requirement of the newly designed service model to offer a Single Point of Access (SPA) in each of the three local authority areas across Essex, co-located and linking with existing Early Help and Advice services in that locality. Numbers of referrals across the three Essex SPAs remain consistent circa 800 – 1,000 referrals a month between April 2016 and March 2017. Capacity has been increased in the Essex SPA and an Essex SPA Manager appointed.

During 2016/17 there have been over 10,000 referrals across all three SPAs.

### Between April 2016 and March 2017 an average of:

- 680 referrals per month Essex SPA
- 90 referrals per month Southend SPA
- 80 referrals per month Thurrock SPA
- 80% of the total referrals are received by the Essex SPA
- North East Essex CCG has the highest referral rate as @ end of March 2017, followed by Mid and then West Essex CCG
- 56% referrals come from the North Essex CCGs
- Across Essex there has been a 20% increase in referrals during Q4 2016/17, compared to Q1 2016/17
- Southend CCG has seen the highest increase in referrals during Q4 2016/17, compared to Q1 2016/17

The figures in the table below reflect the number of referrals received by the SPAs during 2016/17.

It should be noted that there would be additional referrals from sources other than the SPAs.

| SPA - total referrals received       | Q1 2016         | Q2 2016         | Q3 2016         | Q4 2016         | 2016/2017     |
|--------------------------------------|-----------------|-----------------|-----------------|-----------------|---------------|
| CCG                                  | as @ 30/06/2016 | as @ 30/09/2016 | as @ 31/12/2016 | as @ 31/03/2017 | Year to date  |
| Basildon and Brentwood               | 319             | 297             | 351             | 451             | 1418          |
| Castle Point and Rochford            | 235             | 202             | 226             | 284             | 947           |
| Mid Essex                            | 507             | 384             | 525             | 540             | 1956          |
| North East Essex                     | 541             | 441             | 543             | 669             | 2194          |
| Southend                             | 243             | 210             | 305             | 354             | 1112          |
| Thurrock                             | 249             | 213             | 222             | 271             | 955           |
| West Essex                           | 395             | 358             | 421             | 419             | 1593          |
| <b>Essex</b>                         | <b>2,489</b>    | <b>2,105</b>    | <b>2,593</b>    | <b>2,988</b>    | <b>10,175</b> |
| <b>Plan</b>                          | <b>2824</b>     | <b>2824</b>     | <b>2824</b>     | <b>2825</b>     | <b>11297</b>  |
| <b>% Variance (above/below plan)</b> | <b>-11.83</b>   | <b>-25.46</b>   | <b>-8.18</b>    | <b>5.77</b>     | <b>-9.93</b>  |

| CCG                      | As @ 30/11/2016 | As @ 31/03/2016 |
|--------------------------|-----------------|-----------------|
| Mid Essex                | 210             | 950             |
| North East Essex         | 183             | 940             |
| West Essex               | 146             | 758             |
| Basildon and Brentwood   | 99              | 695             |
| Southend                 | 70              | 504             |
| Thurrock                 | 96              | 470             |
| Castlepoint and Rochford | 73              | 390             |
| Essex                    | <b>877</b>      | <b>4,707</b>    |
| Plan                     | <b>692</b>      | <b>3,460</b>    |
| % Variance (above plan)  | <b>26.73</b>    | <b>36.04</b>    |



## National CAMHS access targets

The national target for the NHS of reaching at least another 70,000 more children and young people annually from 2020/21 is expected to deliver increased access from meeting approx. 25% of those with a diagnosable condition locally, to at least 35%. These additional children and young people will be treated by NHS funded community services.

For Essex, this will mean that the NHS has a local target of reaching at least around 600 more children and young people annually from 2020/21.

The table below sets out an indicative trajectory for increased access.

| Objective   | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---------|---------|---------|---------|---------|
| At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-Funded Community MH service | 28%     | 30%     | 32%     | 34%     | 35%     |
| Number of additional CYP to be treated over 2014/15 baseline  | 179     | 298     | 417     | 537     | 596     |

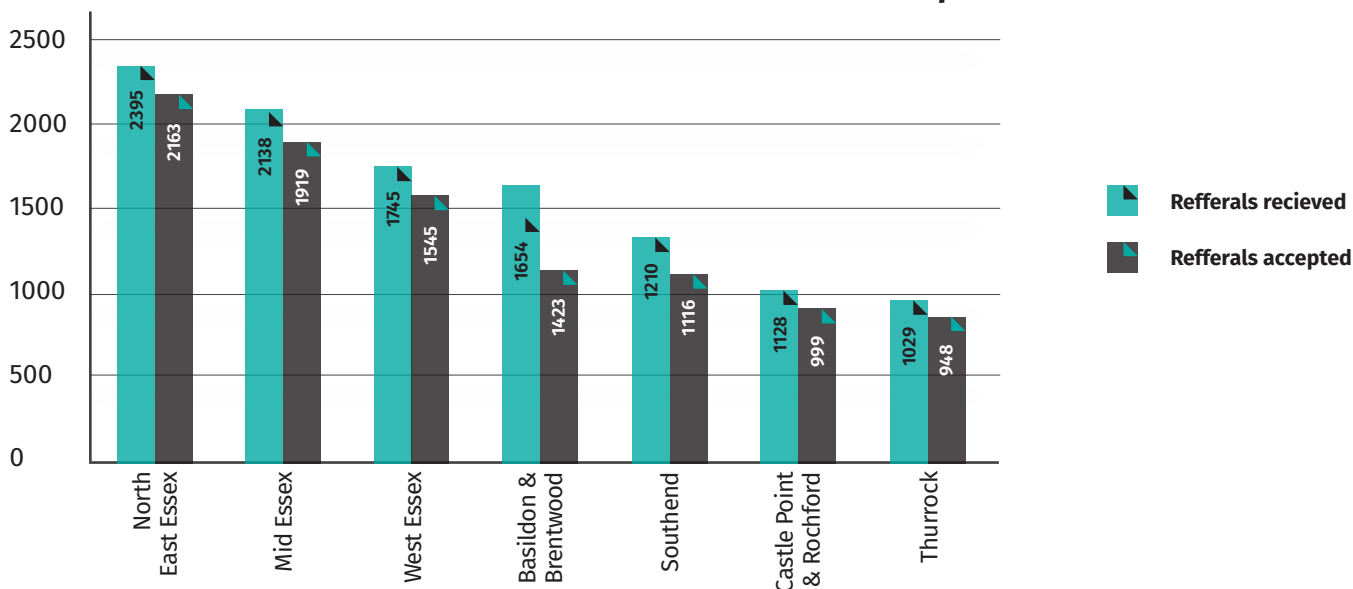
|  | 2016/17    | 2017/18    | 2018/19    | 2019/20    | 2020/21    |
|--|------------|------------|------------|------------|------------|
| Number of additional CYP to be treated over 2014/15 baseline (Essex) | 179        | 298        | 417        | 537        | 596        |
| Southend   | 32         | 53         | 74         | 95         | 105        |
| Basildon and Brentwood   | 20         | 33         | 46         | 60         | 66         |
| Castle Point and Rochford  | 18         | 31         | 41         | 54         | 59         |
| Thurrock   | 10         | 16         | 22         | 29         | 32         |
| West Essex   | 26         | 43         | 60         | 77         | 86         |
| Mid Essex  | 47         | 78         | 110        | 141        | 157        |
| North East Essex   | 27         | 45         | 63         | 81         | 90         |
| <b>Essex</b>   | <b>179</b> | <b>299</b> | <b>417</b> | <b>537</b> | <b>596</b> |

## Referrals from all sources across Essex, including the SPA

Since November 2015 and in year 1 of our LTP we launched a single integrated (Tier 2 and Tier 3) emotional wellbeing and mental health service (EWMHS).

The chart below shows the number of referrals received and the number accepted in 2016/17, by CCG locality.

**EWMHS referrals received v referrals accepted 2016/17**



The Table below details the number of referrals received compared to those accepted during 2016/17. The service model commissioned reflects a 'catch and carry' approach and the expectation is that 25% of referrals would be signposted to alternative provision. Commissioners would therefore expect an acceptance rate of 75% across Essex.

| Community EWMHS<br>CCG Activity April 2016 - March 2017 |                    |                    |                   |
|---|--------------------|--------------------|-------------------|
| CCG   | Refferals Recieved | Refferals accepted | % acceptance rate |
| Basildon & Brentwood                                    | 1654               | 1423               | 86%               |
| Castle Point & Rochford                                 | 1128               | 999                | 89%               |
| Mid Essex   | 2138               | 1919               | 90%               |
| North East Essex  | 2395               | 2163               | 90%               |
| Southend  | 1210               | 1116               | 92%               |
| Thurrock  | 1029               | 948                | 92%               |
| West Essex  | 1745               | 1545               | 89%               |
| <b>Essex</b>  | <b>11299</b>       | <b>10113</b>       | <b>90%</b>        |

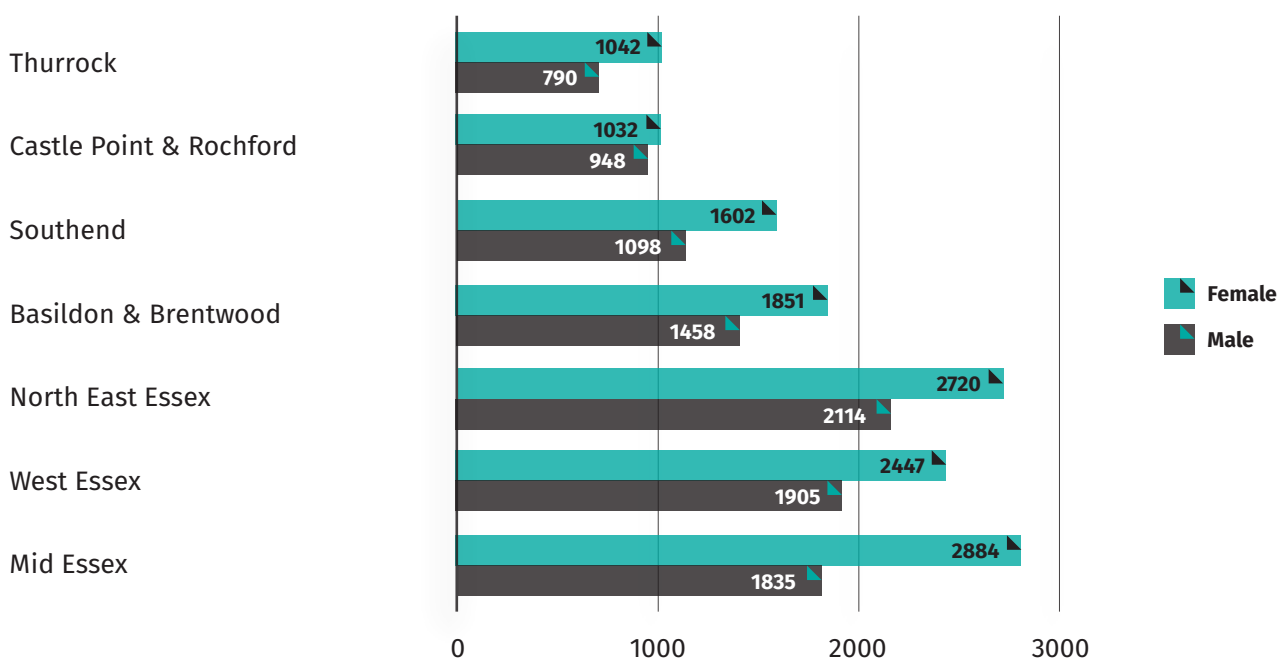
| Community EWMHS<br>CCG Activity Year 1: 2015-2016 |                    |                    |                   |
|---|--------------------|--------------------|-------------------|
| CCG   | Refferals Recieved | Refferals accepted | % acceptance rate |
| Basildon & Brentwood                              | 1455               | 1207               | 83%               |
| Castle Point & Rochford                           | 1021               | 857                | 84%               |
| Mid Essex   | 1474               | 1240               | 84%               |
| North East Essex                                  | 1572               | 1320               | 84%               |
| Southend  | 1595               | 1427               | 89%               |
| Thurrock  | 981                | 804                | 82%               |
| West Essex  | 1357               | 1196               | 88%               |
| <b>Essex</b>                                      | <b>9455</b>        | <b>8051</b>        | <b>85%</b>        |

The NHS CAMHS Benchmarking Report for 2015/16 reported an average of 1,933 referrals accepted per 100,000 population. This equates to a 72% acceptance rate which is the lowest seen in recent years. An acceptance rate of 76%-79% has been reported for the last 3 years.

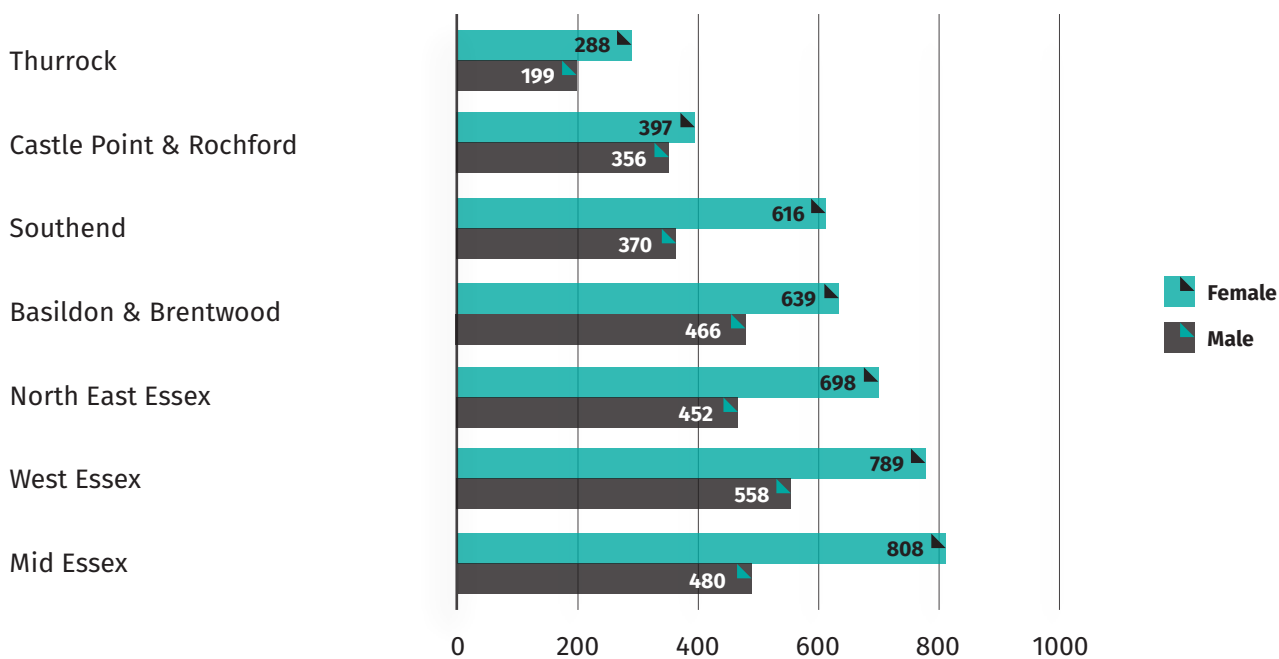
The acceptance rate across all Essex CCG localities is equitable and fairly consistent and is a significant improvement on the variances highlighted in our original LTP.

The chart below details the gender breakdown of referrals accepted into the service between April 2016 and March 2017.

### Gender Breakdown of referrals accepted 2016/2017



### Gender Breakdown of referrals accepted 2015/2016





The table below provides the breakdown of those young people seen by the service between April 2016 and March 2017, by age, across each of the CCG localities.

| Age Band | Basildon & Brentwood | Castle Point & Rochford | Mid Essex | North East Essex | Southend | Thurrock | West Essex |
|----------|----------------------|-------------------------|-----------|------------------|----------|----------|------------|
| 0-4      | 27                   | 9                       | 33        | 53               | 24       | 17       | 45         |
| 5-9      | 413                  | 240                     | 550       | 825              | 451      | 238      | 712        |
| 10-15    | 2068                 | 1263                    | 2904      | 2671             | 1616     | 1060     | 2531       |
| 16-18    | 801                  | 467                     | 1230      | 1284             | 613      | 518      | 1063       |

#### Year 1: 2015-2016

| Age Band | Basildon & Brentwood | Castle Point & Rochford | Mid Essex | North East Essex | Southend | Thurrock | West Essex |
|----------|----------------------|-------------------------|-----------|------------------|----------|----------|------------|
| 0-4      | 0                    | 17                      | 8         | 2                | 9        | 3        | 13         |
| 5-9      | 92                   | 91                      | 126       | 135              | 103      | 61       | 190        |
| 10-15    | 679                  | 399                     | 729       | 615              | 519      | 274      | 778        |
| 16-18    | 334                  | 241                     | 425       | 398              | 354      | 149      | 366        |

The next table shows actual referrals accepted into the service and compared with ChiMat estimates on indication of need, still suggests wide variation across Southend, Essex and Thurrock and considerable unmet need.

| CCG                       | ChiMat estimated numbers needing a Tier 2 (2014) service | ChiMat estimated numbers needing a Tier 3 (2014) service | Total | Actual number of referrals accepted into the service | % of expected number |
|---------------------------|--|--|-------|--|----------------------|
| Southend                  | 2685   | 710  | 3395  | 1116   | 33%                  |
| Thurrock                  | 2850   | 755  | 3605  | 948  | 26%                  |
| Castle Point and Rochford | 2430   | 645  | 3075  | 999  | 32%                  |
| Basildon & Brentwood      | 4115   | 1090   | 5205  | 1423   | 27%                  |
| Mid Essex                 | 5515   | 1460   | 6975  | 1919   | 28%                  |
| North East Essex          | 4585   | 1215   | 5800  | 2163   | 37%                  |
| West Essex                | 4555   | 1205   | 5760  | 1545   | 27%                  |

However, ChiMat prevalence data is sourced from the ONS midyear population estimates for 2014. We know there is going to be publication of a new prevalence study 2017/18 at which time this information will be refreshed.

### Generic EWMHS community contacts 2016/17

The table below shows assessments, initial and follow up appointments across the service.

| Essex Activity Year April 2016 - March 2017 |             |      |            |          |      |            |            |       |            |
|---|-------------|------|------------|----------|------|------------|------------|-------|------------|
| CCG   | Assessments | Plan | % Variance | 1st Apps | Plan | % Variance | Follow ups | Plan  | % Variance |
| Basildon & Brentwood                        | 1389        | 823  | 68.77      | 1045     | 1284 | -18.16     | 7626       | 5148  | 48.14      |
| Castle Point and Rochford                   | 718         | 665  | 7.97       | 629      | 970  | -35.15     | 4394       | 3180  | 38.18      |
| Mid Essex                                   | 1615        | 888  | 81.87      | 1238     | 1668 | -25.78     | 10413      | 5563  | 87.18      |
| North East Essex                            | 1716        | 864  | 98.61      | 1518     | 1404 | 8.12       | 10737      | 5270  | 103.74     |
| Southend                                    | 953         | 876  | 8.79       | 833      | 1291 | -35.48     | 5688       | 3389  | 67.84      |
| Thurrock                                    | 870         | 437  | 99.08      | 747      | 638  | 17.08      | 3772       | 2323  | 62.38      |
| West Essex                                  | 1464        | 806  | 81.64      | 1078     | 1390 | -22.45     | 11978      | 6934  | 72.74      |
| Essex                                       | 8725        | 5359 | 62.81      | 7088     | 8645 | -18.01     | 54608      | 31807 | 71.69      |

| Year 1: 2015-2016     |                        |                           |           |                  |          |          |            |        |
|-----------------------|------------------------|---------------------------|-----------|------------------|----------|----------|------------|--------|
| Contacts              | Basildon and Brentwood | Castle Point and Rochford | Mid Essex | North East Essex | Southend | Thurrock | West Essex | Total  |
| 1st Appointment       | 950                    | 764                       | 882       | 782              | 1,292    | 571      | 759        | 6,000  |
| Follow up Appointment | 4,405                  | 3,206                     | 5,411     | 4,479            | 5,632    | 2,966    | 5,636      | 31,735 |

## Crisis teams activity across Southend, Essex and Thurrock

**The table below indicates the crisis activity across the five acute hospitals across Essex between April 2016 and March 2017**

The national target for all age 24/7 crisis cover by 2020 could well mean that the future service model may look very different. An evaluation has been undertaken and the final report has been presented to commissioners who will need to discuss and consider future crisis service model.

### A&E crisis activity April 2016 – March 2017

| A&E Crisis Activity - Essex |  | Target |                | Apr 2016 | May 2016 | Jun 2016 | July 2016 | Aug 2016 | Sept 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 | Year to date |
|-----------------------------|--|--------|----------------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|--------------|
| KPI5                        | Total number of crisis assessment undertaken in A&E for each locality, including out of hours<br>No. and % of those presenting assessed within 4 hours of referral | 100%   | Vol (<4 hours) | 53       | 59       | 72       | 71        | 43       | 97        | 99       | 120      | 90       | 94       | 111      | 1        | 1,044        |
|                             |  |        | Vol (Total)    | 54       | 59       | 74       | 71        | 43       | 97        | 101      | 120      | 91       | 94       | 111      | 135      | 1,050        |
|                             |  |        | Percentage     | 98.1%    | 100%     | 97.3%    | 100%      | 100%     | 100%      | 98%      | 100%     | 98.9%    | 100%     | 100%     | 100%     | 99.43        |

### 2015/16

| A&E Crisis Activity - Essex |  | Target |                | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Year to date |
|-----------------------------|--|--------|----------------|----------|----------|----------|----------|----------|--------------|
| KPI5                        | Total number of crisis assessment undertaken in A&E for each locality, including out of hours<br>No. and % of those presenting assessed within 4 hours of referral | 100%   | Vol (<4 hours) | 62       | 54       | 70       | 76       | 73       | 335          |
|                             |  |        | Vol (Total)    | 65       | 55       | 70       | 78       | 73       | 341          |
|                             |  |        | Percentage     | 95.4%    | 98.2%    | 100%     | 97.4%    | 100%     | 98.2%        |

### Key points:

- Exception reports are received for all breaches
- Primary reason for breach is a number of presentations occurring simultaneously
- Number of breaches in one month is generally small, but a single breach will impact on percentage achievement
- During 2016/17, all CCGs other than Thurrock are showing a significant increase in A+ E crisis presentations in month 12 compared to month 1.
- During 2016/17 there have been over 1,000 referrals to the five A+ E departments across Essex, with 547 of these from across North Essex, equating to 53% of total activity.

## All community crisis activity 2016-2017

The Table below outlines the number of referrals to the crisis teams during the period April 2016 – March 2017, and shows positive improvement against plan for Basildon and Brentwood which has always been an outlier, and considerable over performance across Mid, North East Essex, West Essex CCGs

■ 923 referrals across North Essex

■ 738 referrals across South Essex

Of all the crisis referrals received, 65% present via A+E in South Essex, with 59% presenting via A+E across North Essex. Across each CCG locality virtually 2/3rds of crisis referrals are via A+E.

| Crisis referrals          | Apr 2016 | May 2016 | Jun 2016 | July 2016 | Aug 2016 | Sept 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 | YTD | YTD Plan | % Variance |
|---------------------------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|-----|----------|------------|
| Basildon & Brentwood      | 23       | 26       | 17       | 16        | 9        | 20        | 28       | 17       | 16       | 18       | 25       | 38       | 253 | 278      | -9         |
| Castle Point and Rochford | 7        | 8        | 16       | 17        | 9        | 16        | 15       | 19       | 10       | 10       | 8        | 24       | 159 | 154      | 3          |
| Mid Essex                 | 13       | 26       | 19       | 11        | 10       | 25        | 29       | 38       | 35       | 27       | 39       | 43       | 315 | 247      | 28         |
| North East Essex          | 24       | 33       | 32       | 32        | 25       | 31        | 28       | 38       | 34       | 35       | 39       | 41       | 392 | 262      | 50         |
| Southend                  | 20       | 16       | 19       | 8         | 13       | 15        | 16       | 26       | 12       | 11       | 20       | 29       | 205 | 170      | 21         |
| Thurrock                  | 11       | 14       | 9        | 10        | 8        | 8         | 6        | 14       | 11       | 15       | 7        | 8        | 121 | 108      | 12         |
| West Essex                | 17       | 9        | 18       | 15        | 8        | 16        | 13       | 27       | 21       | 30       | 17       | 25       | 216 | 158      | 37         |

| Crisis Service<br>Essex Activity Year April 2016 - March 2017 |             |          |            |              |          |            |            |          |            |
|---|-------------|----------|------------|--------------|----------|------------|------------|----------|------------|
| CCG   | Assessments | YTD Plan | % Variance | 1st Appoints | YTD Plan | % Variance | Follow ups | YTD Plan | % Variance |
| Basildon & Brentwood  | 257         | 240      | 7.08       | 209          | 185      | 12.97      | 701        | 247      | 183.81     |
| Castle Point and Rochford                                     | 160         | 125      | 28.00      | 141          | 110      | 28.18      | 330        | 168      | 96.43      |
| Mid Essex   | 320         | 199      | 60.80      | 293          | 209      | 40.19      | 758        | 694      | 9.22       |
| North East Essex  | 396         | 206      | 92.23      | 356          | 226      | 57.52      | 1046       | 619      | 68.98      |
| Southend  | 209         | 151      | 38.41      | 171          | 130      | 31.54      | 431        | 218      | 97.71      |
| Thurrock  | 139         | 96       | 44.79      | 102          | 77       | 32.47      | 296        | 101      | 193.07     |
| West Essex  | 224         | 122      | 83.61      | 194          | 134      | 44.78      | 574        | 350      | 64.00      |
| Essex   | 1750        | 1139     | 49.69      | 1466         | 1071     | 36.88      | 4136       | 2397     | 72.55      |

The Table above highlights all crisis activity during the period April 2016 to March 2017 by CCG. There is considerable over performance in North East Essex CCG, West Essex CCG, and Mid Essex CCG, with assessments equating to 55% of Essex overall performance.



**2015/16**

|                                  | Basildon and Brentwood | Castle Point and Rochford | Mid Essex | North East Essex | Southend | Thurrock | West Essex | Total       |
|----------------------------------|------------------------|---------------------------|-----------|------------------|----------|----------|------------|-------------|
| <b>Crisis referrals recieved</b> | 186                    | 94                        | 230       | 247              | 142      | 70       | 154        | <b>1123</b> |

| Crisis Activity              | Basildon and Brentwood | Castle Point and Rochford | Mid Essex | North East Essex | Southend | Thurrock | West Essex | Total      |
|------------------------------|------------------------|---------------------------|-----------|------------------|----------|----------|------------|------------|
| <b>1st Appointment</b>       | 116                    | 64                        | 103       | 109              | 71       | 45       | 66         | <b>574</b> |
| <b>1st Appointment</b>       | 77                     | 46                        | 87        | 94               | 54       | 32       | 56         | <b>446</b> |
| <b>Follow up Appointment</b> | 103                    | 70                        | 289       | 258              | 91       | 42       | 146        | <b>999</b> |

**Waiting times 2015/16****Referral to assessment waiting times****KPI 3a****RTT 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 March 2017. Across Essex the RTT for April 2016 was 81.68% falling to 66.46% in July with month on month recovery thereafter until year end.

**KPI 3b****RTT completed pathways**

Significant improvement in achievement against 95% local standard rising from 87.45% in April 2016 to 92.99% as @ end of March 2017

**Referral to assessment waiting times****KPI 4a****RTA waiting to be seen**

RAs @ end of March 2017, of those CYP waiting for assessment, 5% were waiting longer than 12 weeks compared to 38% waiting over 12 weeks as @ end of July 2016.

**KPI 4B****RTA completed pathways**

As @end of March 2017, 6,650 CYP completed treatment. Of those CYP, 58% completed treatment within 8 weeks and 76% in less than 12 weeks.

## Eating Disorders (ED) team activity across Southend Essex and Thurrock

During 2016/17 commissioners have supported NELFT with the development and mobilisation of the Eating Disorder service across all seven Essex CCGs and expansion to a county wide service.

The chart below shows the number of referrals received for Eating Disorders compared to those accepted, assessments, first and follow up appointments during 2016/17.

The Eating Disorder caseload for Southend and Thurrock CCGs has been held by the generic CAMHS teams with advice and support provided by the pan Essex ED team. When clinically safe to do so the caseload will gradually transferred to the new Eating Disorder team.

| Community Eating Disorder Service - Essex Activity Year April 2016 - March 2017 |                 |                  |             |            |             |
|---|-----------------|------------------|-------------|------------|-------------|
| CCG   | Referrals Rec'd | Referrals acpt'd | Assessments | 1st Apps   | Follow ups  |
| Basildon & Brentwood  | 10              | 10               | 4           | 5          | 22          |
| Castle Point and Rochford   | 5               | 5                | 2           | 2          | 7           |
| Mid Essex   | 59              | 59               | 68          | 65         | 942         |
| North East Essex  | 38              | 38               | 44          | 35         | 490         |
| Southend  | 0               | 0                | 0           | 0          | 0           |
| Thurrock  | 0               | 0                | 0           | 0          | 0           |
| West Essex  | 29              | 28               | 38          | 31         | 334         |
| <b>Essex</b>  | <b>141</b>      | <b>140</b>       | <b>156</b>  | <b>138</b> | <b>1795</b> |

## Waiting times 2016/17

### Monitoring compliance with the new eating disorders waiting time standard

Monitoring of this standard has been on a monthly basis during 2016/17 in readiness for the tolerance levels to be set and the standard implemented from 2017/18.

### Q1 2016/17

| 08Q (Mid Essex CCG)  | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 6      | 0      | 1      | 2      | 4      | 0      | 1      | 0      | 0       | 0        | 0        | 0      | 18    | 56.25%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 0      | 0      | 0      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     | 50.00%                            |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 2  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     |                                   | 66.6%                           |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 06T (North East Essex CCG)   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 1  | 0      | 1      | 1      | 3      | 3      | 0      | 1      | 0      | 0       | 0        | 0        | 0      | 10    | 30.00%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0.00%                           |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 07H (West Essex CCG)   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 1  | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0       | 0        | 1        | 0      | 4     | 50.00%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 1        | 0        | 0      | 1     | 00.00%                            |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0.00%                           |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| ALL EWMH 8   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 4  | 7      | 1      | 2      | 6      | 7      | 0      | 2      | 0      | 0       | 0        | 1        | 0      | 30    | 46.67%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 0       | 1        | 0        | 0      | 4     | 50.00%                            |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 2  | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 6     |                                   | 40.00%                          |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

Q2 2016/17

| 06Q (Mid Essex x CCG)  | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 1      | 3      | 2      | 1      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 10    | 80.00%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 2      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 2  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     |                                   | 100.00%                         |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0%                              |

| 08Q (North East Essex x CCG)   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 0  | 1      | 2      | 3      | 1      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 7     | 30.00%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0.00%                           |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 08Q (West Essex x CCG)   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 0  | 1      | 0      | 1      | 0      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 66.67%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 1  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     |                                   | 50.00%                          |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 99F (Castle point & Rochford CCG)  | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     | n/a                               |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| ALL EWMH 8   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 3      | 6      | 8      | 1      | 2      | 1      | 0      | 0      | 0       | 0        | 0        | 0      | 20    | 80.00%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 5      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 8     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 3  | 2      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 6     |                                   | 60.00%                          |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0%                              |



## Q3 2016/17

| ALL EWMHS  | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 7      | 9      | 3      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 21    | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 4      | 1      | 1      | 0      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 8     | 87.50%                            |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 1  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     |                                   | 50.00%                          |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 06Q - Mid Essex x CCG  | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 3      | 2      | 2      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 9     | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 06T - North East Essex x CCG   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 0  | 4      | 2      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 6     | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 1      | 0      | 0      | 1      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     | 50.00%                            |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 0.00%                           |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 07H - West Essex CCG   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 0  | 0      | 5      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 6     | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 3      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 1  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 100.00%                         |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

## Q4 2016/17

| 2016/17 - QUATER 4   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
| BASILDON & BRENTWOOD CCG (99E)   | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 1  | 1      | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 4      | 1      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 6     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 2016/17 - QUATER 4   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
| CASTLE POINT AND ROCHFORD CCG (99F)  |  |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                   |                                 |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 1  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     | 100.00%                           |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 2     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 2016/17 - QUATER 4   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
| MID ESSEX CCG  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 1  | 6      | 2      | 1      | 0      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 1      | 12    | 83.33%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 1  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     |                                   | 100.00%                         |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 2016/17 - QUATER 4   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                   |                                 |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|-----------------------------------|---------------------------------|
| NORTH ESSEX CCG  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total | % Routine seen / waiting <4 weeks | % Urgent seen / waiting <1 week |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 3  | 1      | 4      | 0      | 0      | 1      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 9     | 88.89%                            |                                 |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     | 100.00%                           |                                 |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                   | n/a                             |

| 2016/17 - QUATER 4   | Number of patients on CYP ED pathways, complete and incomplete pathways broken down by length of period from referral to treatment (weeks) |        |        |        |        |        |        |        |        |         |          |          |        |       |                                      |                                    |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|---------|----------|----------|--------|-------|--------------------------------------|------------------------------------|
| WEST ESSEX CCG   |  |        |        |        |        |        |        |        |        |         |          |          |        |       | % Routine seen /<br>waiting <4 weeks | % Urgent seen /<br>waiting <1 week |
|  | G-t 0-1  | Gt 1-2 | Gt 2-3 | Gt 3-4 | Gt 4-5 | Gt 5-6 | Gt 6-7 | Gt 7-8 | Gt 8-9 | Gt 9-10 | Gt 10-11 | Gt 11-12 | Gt 12+ | Total |                                      |                                    |
| Length of completed CYP ED care pathways (routine cases) broken down by time band  | 2  | 0      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 3     | 100.00%                              |                                    |
| Length of incomplete CYP ED care pathways (routine cases) broken down by time band | 1  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 1     | 100.00%                              |                                    |
| Length of completed CYP ED care pathways (urgent cases) broken down by time band   | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                      | n/a                                |
| Length of incomplete CYP ED care pathways (urgent cases) broken down by time band  | 0  | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0       | 0        | 0        | 0      | 0     |                                      | n/a                                |

### **Tier 4 service provision – specialised services commissioned by NHS England**

These are Acute child and adolescent mental health (CAMHS) inpatient services, which are commissioned by NHS England and include; Eating Disorder inpatient units; Psychiatric Intensive Care Units, Low Secure Mental Illness; Low and Medium Secure Learning Disability inpatient hospitals.

### **Collaborative Working**

Due to the capacity issues across the specialised commissioned services nationally, the inter relationship between commissioners within NHS England and the local CCGs is crucial. The Future in Mind Report (March 2015) provides a clear direction of travel for all commissioners.

There are a number of forums across the East of England where collaboration between commissioners takes place, which include the East of England Clinical Network CAMHS Forum, and the East of England Future in Mind Steering Group. In addition, there are regular meetings between local CCG commissioners and NHS England commissioners to ensure a whole systems approach to existing and developing community and in patient services.

Furthermore, local CCG commissioners are working closely with NHS England commissioners on the Transforming Care Programme of work, and the community pre-admission care and treatment review process for children and young people with learning disabilities and/or autistic spectrum disorders, behaviour that challenges, and mental health problems. The process is intended to challenge and check that there is no alternative to hospital admission.

*Implementing the Five Year Forward View for Mental Health* includes a requirement for all CCGs to develop collaborative commissioning plans with NHS England's specialised commissioning teams. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services.

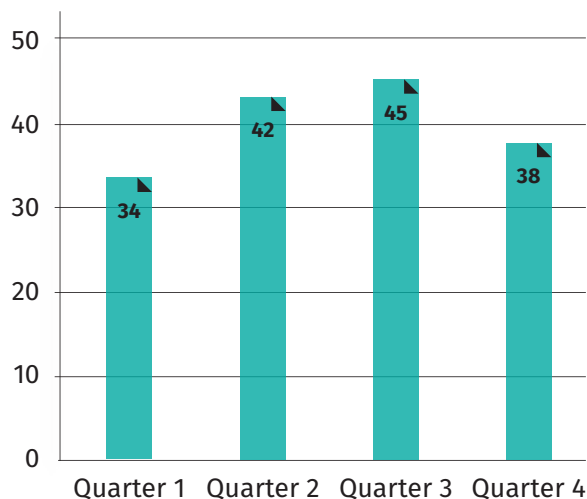
The new investment in development and implementation of clear evidence based pathways, including intensive home treatment where appropriate, for local community Crisis and Eating Disorder services across Essex is intended to reduce admissions to CAMHS Tier 4 in patient units, and where admission is required the length of stay is brief, with joint working and shared practice across services to promote continuity of care on transition back to the community.

### CAMHS Tier 4 inpatient activity

Specialist Tier 4 in patient services in Essex are provided by North Essex Partnership University NHS Foundation Trust (NEP) based at the St Aubyn Centre in the north of the county, and by South Essex Partnership University NHS Foundation Trust, (SEPT), Poplar unit, in south Essex. These Trusts have since merged as Essex Partnership University Foundation Trust, (EPUT). There are 2 general acute wards and on PICU

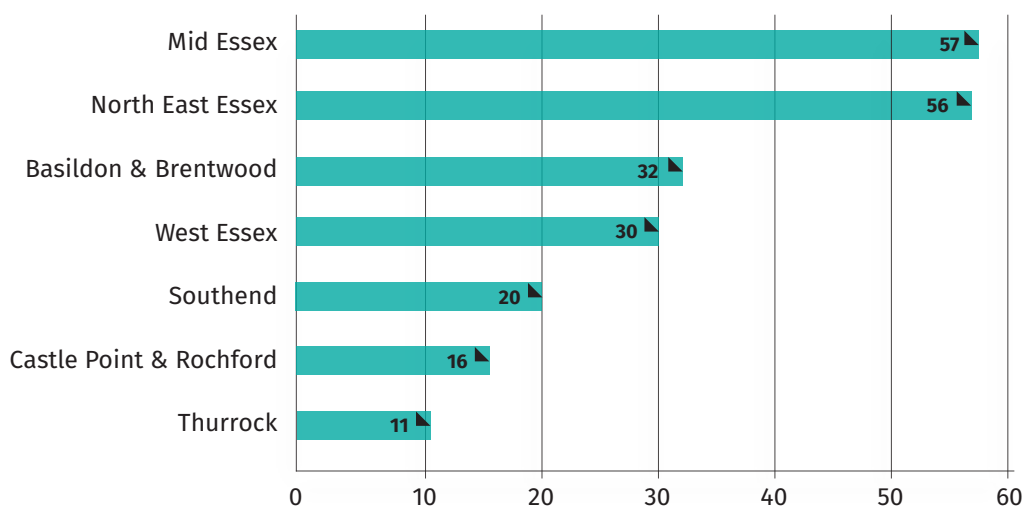
The Chart below shows new admissions in the quarter across the two trusts for 2016/17 based on information provided by commissioning colleagues at NHSE specialised commissioning.

#### New Admissions - April 2016 - March 2017 St Aubyn Centre and Popular Unit



The chart below shows admission rates by CCG to all facilities commissioned by specialised commissioning. The highest numbers of admissions to CAMHS Tier 4 across Essex CCGs originate from Mid Essex and North East Essex CCGs, which equate to over 50% of all Essex admissions.

#### CAMHS admissions - Tier 4 inpatient services April 2016 - March 2017





## Patient activity/length of stay reporting

The tables below summarise details of patient activity by CCG during April 2016 to March 2017 for all CAMHS inpatient service providers commissioned by specialised commissioning.

| CCG                               | Primary Service Type          | No. of Patients by ID | Total Length of stay | Average of LOS |
|-----------------------------------|-------------------------------|-----------------------|----------------------|----------------|
| NHS Basildon and Brentwood CCG    | CAMHS Acute                   | 26                    | 5,602                | 215.45         |
|                                   | CAMHS Low Secure              | 2                     | 278                  | 139.00         |
|                                   | CAMHS PICU                    | 2                     | 361                  | 180.50         |
|                                   | Eating Disorder               | 2                     | 479                  | 239.50         |
| NHS Southend CCG                  | CAMHS Acute                   | 12                    | 2,223                | 185.25         |
|                                   | CAMHS LD                      | 2                     | 553                  | 276.50         |
|                                   | CAMHS PICU                    | 1                     | 136                  | 136.00         |
|                                   | Eating Disorder               | 5                     | 935                  | 187.00         |
| NHS North East Essex CCG          | Unknown (CAMHS) - Not Provide |                       |                      |                |
|                                   | CAMHS Acute                   | 46                    | 9,841                | 213.93         |
|                                   | CAMHS Low Secure              | 1                     | 137                  | 137.00         |
|                                   | CAMHS Medium secure           |                       |                      |                |
| NHS Castle Point and Rochford CCG | CAMHS PICU                    | 5                     | 1,225                | 245.00         |
|                                   | Eating Disorder               | 3                     | 305                  | 101.67         |
|                                   | Mental Illness                | 1                     | 180                  | 180.00         |
|                                   | CAMHS Acute                   | 13                    | 2,820                | 216.92         |
| NHS Mid Essex CCG                 | CAMHS Low Secure              | 2                     | 304                  | 152.00         |
|                                   | CAMHS PICU                    | 1                     | 353                  | 353.00         |
|                                   | CAMHS Acute                   | 39                    | 7,327                | 187.87         |
|                                   | CAMHS LD                      |                       |                      |                |
| NHS West Essex CCG                | CAMHS Low Secure              | 3                     | 420                  | 140.00         |
|                                   | CAMHS PICU                    | 5                     | 1,180                | 236.00         |
|                                   | Eating Disorder               | 10                    | 2,130                | 213.00         |
|                                   | CAMHS Acute                   | 25                    | 5,128                | 205.12         |
| NHS Thurrock CCG                  | CAMHS Low Secure              | 1                     | 286                  | 286.00         |
|                                   | CAMHS Medium secure           |                       |                      |                |
|                                   | CAMHS PICU                    | 1                     | 298                  | 298.00         |
|                                   | Eating Disorder               | 3                     | 920                  | 306.67         |
| NHS Thurrock CCG                  | CAMHS Acute                   | 8                     | 1,852                | 231.50         |
|                                   | CAMHS LD                      | 1                     | 40                   | 40.00          |
|                                   | Eating Disorder               | 2                     | 184                  | 92.00          |

# Appendix 3

## Baseline assessment investment in 2016/17

The table below reflects the investment in CAMHS during 2015/16 across Tier 2, Tier 3 and Tier 4, Children's Learning Disability Services and Informal Advocacy.

| 2015/16 Baseline                             | Thurrock LA | Southend LA | Essex County Council | Southend CCG | Thurrock CCG | Castle Point & Rochford CCG | Basildon & Brentwood CCG | North East Essex CCG | Mid Essex CCG | West Essex CCG | Essex Total |
|--|-------------|-------------|----------------------|--------------|--------------|-----------------------------|--------------------------|----------------------|---------------|----------------|-------------|
| <b>CAMHS Tier 2</b>                          | 117,833     | 122,500     | 1,208,200            | 0            | 0            | 0                           | 0                        | 0                    | 0             | 0              | 1,448,533   |
| <b>CAMHS Tier 3 - NEP</b>                    | 0           | 0           | 0                    | 0            | 0            | 0                           | 0                        | 1,360,649            | 1,089,965     | 1,531,646      | 3,982,260   |
| <b>CAMHS Tier 3 - SEPT</b>                   | 0           | 0           | 0                    | 533,400      | 582,800      | 511,400                     | 969,400                  | 0                    | 0             | 0              | 2,597,000   |
| <b>CAMHS Tier 2 &amp; 3 - NEFLT</b>          | 80,800      | 84,000      | 758,833              | 381,664      | 417,866      | 365,488                     | 689,382                  | 940,901              | 753,721       | 1,059,147      | 5,531,802   |
| <b>CAMHS Tier 4</b>                          | 0           | 0           | 0                    | 735,641      | 424,846      | 69,689                      | 490,513                  | 1,531,925            | 1,658,855     | 1,291,872      | 6,203,341   |
| <b>CAMHS/LD</b>                              | 0           | 0           | 0                    | 35,606       | 38,983       | 34,097                      | 64,314                   | 0                    | 0             | 0              | 173,000     |
| <b>Childrens Learning Disability Service</b> | 0           | 0           | 0                    | 0            | 0            | 0                           | 0                        | 123,447              | 98,888        | 138,959        | 361,294     |
| <b>Informal Advocacy</b>                     | 0           | 0           | 0                    | 0            | 0            | 0                           | 0                        | 18,112               | 14,513        | 20,382         | 53,007      |
| <b>Total</b>                                 | 198,633     | 206,500     | 1,967,033            | 1,686,311    | 1,464,495    | 980,674                     | 2,213,609                | 3,975,034            | 3,615,942     | 4,042,006      | 20,350,237  |

## Additional investment 2015/16 through transformation funding – part year effect

| CAMHS Actual spending15/16                                       |               |                                    |                                       |                         |                                |                        |                       |                          |               |
|--|---------------|------------------------------------|---------------------------------------|-------------------------|--------------------------------|------------------------|-----------------------|--------------------------|---------------|
| CCG share of Total Essex Allocation                              |               |                                    |                                       |                         |                                |                        |                       |                          |               |
| Workstreams  |               | Basildon & Brentwood CCG<br>14.39% | Castle Point & Rochford CCG<br>10.21% | Mid Essex CCG<br>19.96% | North East Essex CCG<br>19.12% | Southend CCG<br>10.95% | Thurrock CCG<br>8.85% | West Essex CCG<br>16.52% | Total<br>100% |
| Expansion of services for eating disorders                       |               | 24,463                             | 17,357                                | 33,932                  | 32,504                         | 18,615                 | 15,045                | 28,084                   | 169,998       |
| Deeper Dive needs analysis                                       | non-recurrent | 21,585                             | 15,315                                | 29,940                  | 28,680                         | 16,425                 | 13,275                | 24,780                   | 150,000       |
| Publication of the LTP   | non-recurrent | 2,655                              | 1,884                                 | 3,683                   | 3,528                          | 2,020                  | 1,633                 | 3,048                    | 18,449        |
| Engagement with Children & Young People                          |               | 16,549                             | 11,742                                | 22,954                  | 21,988                         | 12,593                 | 10,178                | 18,998                   | 115,002       |
| Improved IM&T infrastructure                                     | non-recurrent | 33,241                             | 23,585                                | 46,108                  | 44,167                         | 25,295                 | 20,444                | 38,161                   | 230,999       |
| Project Management office for Transition                         | non-recurrent | 20,434                             | 14,498                                | 28,343                  | 27,150                         | 15,549                 | 12,567                | 23,458                   | 141,998       |
| Suicide and self-harm audit & training                           | non-recurrent | 14,390                             | 10,210                                | 19,960                  | 19,120                         | 10,950                 | 8,850                 | 16,520                   | 100,000       |
| Medicines Management review                                      | non-recurrent | 7,195                              | 5,105                                 | 9,980                   | 9,560                          | 5,475                  | 4,425                 | 8,260                    | 50,000        |
| Enhanced crisis services to cover 9am-9pm 7 days a week          |               | 22,017                             | 15,621                                | 30,539                  | 29,254                         | 16,754                 | 13,541                | 25,276                   | 153,002       |
| More staff in local teams to improve single point access         |               | 4,317                              | 3,063                                 | 5,988                   | 5,736                          | 3,285                  | 2,655                 | 4,956                    | 29,999        |
| More senior clinicians in psychological services                 |               | -                                  | -                                     | -                       | -                              | -                      | -                     | -                        | -             |
| More practitioners in psychological services                     |               | -                                  | -                                     | -                       | -                              | -                      | -                     | -                        | -             |
| More staff in locality teams to respond to low to moderate needs |               | -                                  | -                                     | -                       | -                              | -                      | -                     | -                        | -             |
| Extra management capacity  |               | -                                  | -                                     | -                       | -                              | -                      | -                     | -                        | -             |
| Training for therapy services (CYP IAPT)                         |               | 11,800                             | 8,372                                 | 16,367                  | 15,678                         | 8,979                  | 7,257                 | 13,546                   | 81,997        |
| Local partnership development sessions                           |               | 3,022                              | 2,144                                 | 4,192                   | 4,015                          | 2,300                  | 1,859                 | 3,469                    | 21,001        |
| Support and training for schools                                 |               | -                                  | -                                     | -                       | -                              | -                      | -                     | -                        | -             |
| Transformation support costs                                     |               | 34,120                             | 24,209                                | 47,327                  | 45,335                         | 25,963                 | 20,984                | 39,170                   | 237,108       |
| Paediatric Liaison Pilot   | non-recurrent | -                                  | 20,500                                | -                       | -                              | 20,500                 | -                     | -                        | 41,000        |

## CAMHS investment in 2016/17

The table below reflects the investment in CAMHS during 2016/17.

| Service                                      | Thurrock LA    | Southend LA    | Essex County Council | Southend CCG     | Thurrock CCG     | Castle Point & Rochford CCG | Basildon & Brentwood CCG | North East Essex CCG | Mid Essex CCG    | West Essex CCG   | Essex Total       |
|--|----------------|----------------|----------------------|------------------|------------------|-----------------------------|--------------------------|----------------------|------------------|------------------|-------------------|
| <b>CAMHS Tier 2 &amp; Tier 3</b>             | 196,000        | 204,000        | 1,841,000            | 926,000          | 1,014,000        | 887,000                     | 1,673,000                | 2,283,000            | 1,829,000        | 2,570,000        | <b>13,423,000</b> |
| <b>CAMHS Tier 4</b>                          |                |                |                      | 967,000          | 502,000          | 921,000                     | 1,660,000                | 2,490,000            | 2,877,000        | 1,419,000        | <b>10,836,000</b> |
| <b>CAMHS / LD</b>                            |                |                |                      | 36,000           | 39,000           | 34,000                      | 65,000                   |                      |                  |                  | <b>174,000</b>    |
| <b>Childrens Learning Disability Service</b> |                |                |                      |                  |                  |                             |                          | 126,000              | 101,000          | 142,000          | <b>369,000</b>    |
| <b>Informal Advocacy</b>                     |                |                |                      |                  |                  |                             |                          | 18,000               | 15,000           | 21,000           | <b>54,000</b>     |
| <b>Total</b>                                 | <b>196,000</b> | <b>204,000</b> | <b>1,841,000</b>     | <b>1,929,000</b> | <b>1,555,000</b> | <b>1,842,000</b>            | <b>3,398,000</b>         | <b>4,917,000</b>     | <b>4,822,000</b> | <b>4,152,000</b> | <b>24,856,000</b> |

## Allocation of mental health Transformation funding to Essex CCGs

Funding for emotional wellbeing and mental health services for children and young people is managed as a single fund across Southend Essex and Thurrock. However, the table below shows an indicative division of funds between the CCGs and reflects the intended national investment.

| CCG                           | 2017/18          | 2018/19          | 2019/20          |
|-------------------------------|------------------|------------------|------------------|
| Basildon and Brentwood CCG    | 660,198          | 801,669          | 895,983          |
| Castle Point and Rochford CCG | 442,467          | 537,281          | 600,491          |
| Mid Essex CCG                 | 873,214          | 1,060,331        | 1,185,076        |
| North East Essex CCG          | 873,884          | 1,061,144        | 1,185,985        |
| Southend CCG                  | 467,369          | 567,520          | 634,287          |
| Thurrock CCG                  | 397,768          | 483,004          | 539,828          |
| West Essex CCG                | 745,314          | 905,024          | 1,011,498        |
| <b>Essex</b>                  | <b>4,460,214</b> | <b>5,415,974</b> | <b>6,053,148</b> |

In addition, £25m nationally has been made available to reduce waiting times. Half of the funding was released in October 2016 and the second half in January 2017 subject to assurance. The additional funding is shown below by CCG.

| CCG  | Value for Allocation £k |
|--|-------------------------|
| <b>NHS Basildon and Brentwood</b>              | <b>118</b>              |
| <b>NHS Castle Point, Rayleigh and Rochford</b> | <b>79</b>               |
| <b>NHS Mid Essex</b>                           | <b>156</b>              |
| <b>NHS North East Essex</b>                    | <b>156</b>              |
| <b>NHS Southend</b>                            | <b>83</b>               |
| <b>NHS Thurrock</b>                            | <b>71</b>               |
| <b>NHS West Essex</b>                          | <b>133</b>              |
| <b>Essex</b>                                   | <b>796</b>              |



## CAMHS Financial Plan

| Baseline Assessment Investment in 2016/17 Across All CAMHS Funding Streams | Thurrock LA<br>£000 | Southend LA<br>£000 | Essex County Council<br>£000 | Southend CCG<br>£000 | Thurrock CCG<br>£000 | Castle Point and Rochford CCG<br>£000 | Basildon and Brentwood CCG<br>£000 | North East Essex CCG<br>£000 | Mid Essex CCG<br>£000 | West Essex CCG<br>£000 | Total<br>£000 |
|--|---------------------|---------------------|------------------------------|----------------------|----------------------|---------------------------------------|------------------------------------|------------------------------|-----------------------|------------------------|---------------|
| New integrated Tier2/Tier 3 service  | 196                 | 204                 | 1,841                        | 926                  | 1,014                | 887                                   | 1,673                              | 2,283                        | 1,829                 | 2,570                  | 13,422        |
| CAMHS Tier 4   |                     |                     |                              | 967                  | 502                  | 921                                   | 1,660                              | 2,490                        | 2,887                 | 1,419                  | 10,835        |
| CAMHS / LD   |                     |                     |                              | 36                   | 39                   | 34                                    | 65                                 |                              |                       |                        | 175           |
| Children's Learning Disability Service                                     |                     |                     |                              |                      |                      |                                       |                                    | 126                          | 101                   | 142                    | 368           |
| Informal Advocacy Services   |                     |                     |                              |                      |                      |                                       |                                    | 18                           | 15                    | 21                     | 54            |
| <b>Total Baseline Investment in 2016/17</b>                                | <b>196</b>          | <b>204</b>          | <b>1,841</b>                 | <b>1,929</b>         | <b>1,556</b>         | <b>1,842</b>                          | <b>3,398</b>                       | <b>4,917</b>                 | <b>4,822</b>          | <b>4,151</b>           | <b>24,855</b> |
| Investment from 2016/17 at Recurrent Values                                |                     |                     |                              |                      |                      |                                       |                                    |                              |                       |                        |               |
| Investment from Existing Budgets (Incl Parity of Esteem Investment)        | 196                 | 204                 | 1,841                        | 1,929                | 1,556                | 1,842                                 | 3,398                              | 4,917                        | 4,822                 | 4,151                  | 24,855        |
| Transformation Funding Investment  |                     |                     |                              | 253                  | 215                  | 240                                   | 358                                | 473                          | 473                   | 404                    | 2,416         |
| Eating Disorder Funding Investment   |                     |                     |                              | 73                   | 62                   | 69                                    | 103                                | 136                          | 136                   | 116                    | 693           |
| Children's and Young People's IAPT   |                     |                     |                              |                      |                      |                                       |                                    |                              |                       |                        | 0             |
| <b>Total Recurrent Baseline Investment at the End of 2016/17</b>           | <b>196</b>          | <b>204</b>          | <b>1,841</b>                 | <b>2,254</b>         | <b>1,833</b>         | <b>2,151</b>                          | <b>3,858</b>                       | <b>5,526</b>                 | <b>5,430</b>          | <b>4,671</b>           | <b>27,964</b> |
| Investment from 2016/17 at Non recurrent Values                            |                     |                     |                              | 4                    | 3                    | 4                                     | 5                                  | 7                            | 7                     | 6                      | 37            |
| <b>Total investment 2016/17</b>  | <b>196</b>          | <b>204</b>          | <b>1,841</b>                 | <b>2,258</b>         | <b>1,836</b>         | <b>2,155</b>                          | <b>3,863</b>                       | <b>5,533</b>                 | <b>5,437</b>          | <b>4,677</b>           | <b>28,001</b> |

| New Investments Starting in 2015/16<br>Funded by National Allocations   | 2016/17 Spend    |           |       |      |      |      |      |       |       |      |       | Planned investment 2017/18 funded by national allocations |                  |           |                         |                     |  |  |  |  |  |  | Funding Source for<br>2017/18 Expenditure |  |
|---|------------------|-----------|-------|------|------|------|------|-------|-------|------|-------|---|------------------|-----------|-------------------------|---------------------|--|--|--|--|--|--|---|--|
| Improving Access and Equality   | Non<br>Recurrent | Recurrent | Total |      |      |      |      |       |       |      |       | Total   | Non<br>Recurrent | Recurrent | CAMHS<br>Transformation | Eating<br>Disorders |  |  |  |  |  |  |   |  |
|   | £000             | £000      | £000  | £000 | £000 | £000 | £000 | £000  | £000  | £000 | £000  | £000  | £000             | £000      | 4,460,241               | 955,000             |  |  |  |  |  |  |   |  |
| Expansion in local services for specialist community Eating Disorders   |                  | 693       | 693   | 100  | 85   | 95   | 141  | 187   | 187   | 159  | 953   |   | 953              |           |                         | 953                 |  |  |  |  |  |  |   |  |
| Deep Dive needs assessment across each CCG locality   |                  |           | 0     |      |      |      |      |       |       |      | 0     |   |                  |           |                         |                     |  |  |  |  |  |  |   |  |
| Development and publication of the Essex wide Local Transformation Plan (LTP) with an accessible version for CYP and their families                       |                  | 4         | 4     | 1    | 1    | 1    | 2    | 2     | 2     | 2    | 12    |   | 12               | 12        |                         |                     |  |  |  |  |  |  |   |  |
| Medicines management review   |                  |           | 0     |      |      |      |      |       |       |      |       |   |                  | 0         |                         |                     |  |  |  |  |  |  |   |  |
| Enhanced crisis service cover across Southend Essex and Thurrock and building capacity in the teams to provide more intensive care at home                |                  | 431       | 431   | 45   | 38   | 43   | 64   | 84    | 84    | 72   | 431   |   | 431              | 431       |                         |                     |  |  |  |  |  |  |   |  |
| Enhanced staffing capacity in the Single Points of Access teams to ensure better information, consultation and support, and signposting to local services |                  | 111       | 111   | 15   | 12   | 14   | 21   | 27    | 27    | 23   | 140   |   | 140              | 140       |                         |                     |  |  |  |  |  |  |   |  |
| Enhanced senior psychology posts across each locality to ensure high quality supervision  |                  | 142       | 142   | 8    | 7    | 8    | 11   | 15    | 15    | 13   | 76    |   | 76               | 76        |                         |                     |  |  |  |  |  |  |   |  |
| Online Counselling Service  |                  |           |       | 21   | 18   | 20   | 30   | 39    | 39    | 33   | 200   |   | 200              | 200       |                         |                     |  |  |  |  |  |  |   |  |
| Crisis re-modelling Match Funding   |                  |           |       | 71   | 60   | 67   | 100  | 132   | 132   | 113  | 674   |   | 674              | 674       |                         |                     |  |  |  |  |  |  |   |  |
| Building Capacity and Capability in the System  |                  |           |       |      |      |      |      |       |       |      |       |   |                  |           |                         |                     |  |  |  |  |  |  |   |  |
| Development of Project Management Office (PMO) function to deliver on mobilisation of the new service model and transformation workstreams                |                  | 75        | 75    | 11   | 10   | 11   | 16   | 21    | 21    | 18   | 108   |   | 108              | 108       |                         |                     |  |  |  |  |  |  |   |  |
| Increased junior psychology posts at a local level to enhance service delivery  |                  | 376       | 376   | 44   | 38   | 42   | 62   | 82    | 82    | 70   | 421   |   | 421              | 421       |                         |                     |  |  |  |  |  |  |   |  |
| Additional staffing capacity in all locality teams with a specific focus on low to moderate needs   |                  | 508       | 508   | 63   | 53   | 59   | 88   | 117   | 117   | 100  | 598   |   | 598              | 598       |                         |                     |  |  |  |  |  |  |   |  |
| Increase medical capacity (5 junior doctor posts)to increase our ability to respond CYP with more complex needs (SEND, LD, ADHD, ASD)                     |                  | 0         | 0     | 22   | 19   | 21   | 31   | 41    | 41    | 35   | 208   |   | 208              | 208       |                         |                     |  |  |  |  |  |  |   |  |
| Enhanced management capacity at a local level   |                  | 290       | 290   | 30   | 26   | 29   | 43   | 57    | 57    | 48   | 290   |   | 290              | 290       |                         |                     |  |  |  |  |  |  |   |  |
| Additional local bespoke CYP IAPT training programmes over and above the national IAPT programme, with a specific focus on Primary Mental Health Workers  |                  | 50        | 50    | 10   | 9    | 10   | 15   | 20    | 20    | 17   | 100   |   | 100              | 100       |                         |                     |  |  |  |  |  |  |   |  |
| Building Resilience in the Community  |                  |           |       |      |      |      |      |       |       |      |       |   |                  |           |                         |                     |  |  |  |  |  |  |   |  |
| Active engagement with children and young people across all CCG localities  | 37               |           | 37    | 0    | 0    | 0    | 0    | 0     | 0     | 0    | 0     |   | 0                | 0         |                         |                     |  |  |  |  |  |  |   |  |
| Building community resilience by providing additional support to schools and the voluntary sector   |                  | 145       | 145   | 32   | 28   | 31   | 46   | 61    | 61    | 52   | 310   | -   | 310              | 310       |                         |                     |  |  |  |  |  |  |   |  |
| Transformation support costs  |                  | 263       | 263   | 0    | 0    | 0    | 0    | 0     | 0     | 0    | 0     |   | 0                | 0         |                         |                     |  |  |  |  |  |  |   |  |
| Publicity Communication and Engagement  |                  | 23        | 23    | 10   | 9    | 10   | 15   | 20    | 20    | 17   | 100   |   | 100              | 100       |                         |                     |  |  |  |  |  |  |   |  |
| Transitions - support for young people leaving childrens services   |                  | 0         | 0     | 42   | 36   | 40   | 59   | 78    | 78    | 67   | 400   |   | 400              | 400       |                         |                     |  |  |  |  |  |  |   |  |
| Childrens LD - additional capacity and equitable service offer  |                  | 0         | 0     | 37   | 31   | 35   | 52   | 69    | 69    | 58   | 350   |   | 350              | 350       |                         |                     |  |  |  |  |  |  |   |  |
|   |                  |           | 0     |      |      |      |      |       |       |      |       |   | 0                | 0         |                         |                     |  |  |  |  |  |  |   |  |
| Total   | 37               | 3,109     | 3,146 | 563  | 479  | 533  | 795  | 1,052 | 1,052 | 898  | 5,371 | 0   | 5,371            | 4,418     | 953                     |                     |  |  |  |  |  |  |   |  |

## Essex EWMHS Local Transformation Plan (LTP)

## Summary of Planned vs. Actual Spend 2016/17

|                               |                  | NHS<br>Mid Essex<br>CCG | NHS<br>North East<br>Essex<br>CCG | NHS<br>Thurrock<br>CCG | NHS<br>West Essex<br>CCG | NHS<br>Basildon and<br>Brentwood<br>CCG | NHS<br>Castle Point<br>and Rochford<br>CCG | NHS<br>Southend<br>CCG | Total<br>Essex   |
|-------------------------------|------------------|-------------------------|-----------------------------------|------------------------|--------------------------|---|--|------------------------|------------------|
|                               | TOTAL            | 19.58%                  | 19.59%                            | 8.92%                  | 16.71%                   | 14.80%                                  | 9.92%                                      | 10.48%                 | 100.00%          |
| <b>Planned Spend</b>          |                  |                         |                                   |                        |                          |   |  |                        |                  |
| Eating disorders              | 991,336          | 194,082                 | 194,231                           | 88,409                 | 165,655                  | 146,737                                 | 98,344                                     | 103,878                | 991,336          |
| Other transformation projects | 3,057,684        | 598,629                 | 599,088                           | 272,689                | 510,947                  | 452,596                                 | 303,332                                    | 320,403                | 3,057,684        |
| <b>Total</b>                  | <b>4,049,020</b> | <b>792,711</b>          | <b>793,711</b>                    | <b>361,097</b>         | <b>676,602</b>           | <b>599,333</b>                          | <b>401,675</b>                             | <b>424,282</b>         | <b>4,049,020</b> |
| <b>Actual Spend</b>           |                  |                         |                                   |                        |                          |   |  |                        |                  |
| Eating disorders              | 693,288          | 135,731                 | 135,835                           | 61,828                 | 115,850                  | 102,620                                 | 68,776                                     | 72,647                 | 693,288          |
| Other transformation projects | 2,453,083        | 480,261                 | 480,629                           | 218,769                | 409,917                  | 363,104                                 | 243,353                                    | 257,050                | 2,453,083        |
| <b>Total</b>                  | <b>3,146,371</b> | <b>615,992</b>          | <b>616,464</b>                    | <b>280,598</b>         | <b>525,767</b>           | <b>465,724</b>                          | <b>312,130</b>                             | <b>329,697</b>         | <b>3,146,371</b> |
| <b>Variance: under/over</b>   |                  |                         |                                   |                        |                          |   |  |                        |                  |
| Eating disorders              | 298,048          | 58,351                  | 58,396                            | 26,580                 | 49,805                   | 44,117                                  | 29,567                                     | 31,231                 | 298,048          |
| Other transformation projects | 604,601          | 118,368                 | 118,459                           | 53,919                 | 101,030                  | 89,493                                  | 59,978                                     | 63,354                 | 604,601          |
| <b>Total</b>                  | <b>902,649</b>   | <b>176,719</b>          | <b>176,855</b>                    | <b>80,500</b>          | <b>150,835</b>           | <b>133,609</b>                          | <b>89,546</b>                              | <b>94,585</b>          | <b>902,649</b>   |

## Explanation of underspend

### Eating disorder

LTP 1 - Slippage expected. In November 2015 Essex mobilised a new integrated Tier 2 and Tier 3 service model with a single new pan Essex provider. As a consequence, and following the need for consultation with staff from 4 incumbent providers there was a delay in recruitment to the new staffing structures afforded by the LTP monies. Recruitment of staff on a permanent basis commenced at the end of June 2016. It is acknowledged nationally that recruitment to specialist community ED services is challenging. The ED team was running with a 50% vacancy factor in January 2017, nearing full staffing compliment as @ end of March 2017 but still with 3 vacancies

### Other transformation projects

- LTP 4 - Majority of project support funded within existing CCG resource.
- LTP 14 - Slippage expected. In November 2015 Essex mobilised a new integrated Tier 2 and Tier 3 service model with a single new pan Essex provider. As a consequence, and following the need for consultation with staff from 4 incumbent providers there was a delay in recruitment to the new staffing structures afforded by the LTP monies. Recruitment of staff on a permanent basis commenced at the end of June 2016. Staff recruitment in specific CCG localities challenging. Some localities within Essex attract fringe supplements and therefore more attractive to staff
- LTP 15 - Scheme to be re-worked 2017/18 for increased support for CYP with SEN and complex needs as deanery confirmed no plans to release more junior doctors
- LTP 17 - Slippage incurred. NELFT working with ARU on development of a bespoke training package delay in delivery outside of their control. Monies used to address shortfall in backfill costs for release of CYP IAPT trainees instead
- LTP 22 - Non -recurrent. No costs incurred during Q4 2016/17. Still waiting for consensus across all CCGs for pan Essex approach to CTR process. From 2017/18 funded recurrently with in CCG allocations.
- LTP 23 - No costs incurred Q4 2016/17. Delay in CCG decision making process regards commitment to invest in identified LTP priorities and the requirement for new schemes to be supported by business cases that show return on investment
- LTP 24 - No costs incurred Q4 2016/17. Governance requirements of respective CCGs resulted in slippage and has delayed mobilisation of this service development
- LTP 21 - Existing CCG resource utilised for internal comms support. Therefore actuals spend was less than the planned estimate.
- LTP 25 - Service mobilised but costs reviewed and covered within enhanced crisis service provision. (LTP 10)
- LTP 20 - Actuals spend was less than the planned estimate due to delays with recruitment (Hub support function).



# Appendix 4

## Staffing of services in 2016/17

### Children's and Young People's Emotional Wellbeing and Mental Health Services

**Year 1 - 2015/16** – the priority was to support staff in transition to the new service model. This included formal induction training, and informal development through discussion and consultation with the new teams.

**Year 2 - 2016/17** – Following the staff TUPE transfer to the new service provider and post staff consultation, major local and national recruitment campaigns commenced. There was a high vacancy rate at this time and these numbers were inflated by the additional investment in staffing afforded through the LTP monies.

During year 2, there were also several review processes to assess needs and the case for change. These processes, focusing on a particular service area, listened to staff views and involved staff in developing new protocols.

The staff vacancy rate as @ end of March 2016, was 12.65% after five months of service delivery. The following table shows the staff vacancy rate gradually increasing between quarters one and quarters three of 2016 and a gradual decrease in the final quarter four of 2017.

| Quality Requirement  | Target / standard | Reporting Frequency | Apr 2016 | May 2016 | Jun 2016 | July 2016 | Aug 2016 | Sept 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 |
|----------------------|-------------------|---------------------|----------|----------|----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|
| % Staff vacancy rate | N/A               | Q                   | 14.8%    | 15.9%    | 64.9%    | 52.8%     | 56.6%    | 46.1%     | 57.9%    | 40.9%    | 38.8%    | 30.5%    | 28.6%    | 26.2%    |

As expected the staff vacancy rate is decreasing as newly appointed staff take up their posts.

The table below outlines the enhancement to the original staffing structure of our service provider funded through the LTP monies.

| Description of work stream   | Scheme Number | R/NR | Owner | Proposed Additional Staffing via LTP Funding | Comments  |
|--|---------------|------|-------|--|---|
| Eating Disorders   | LTP 1         | R    | NEFLT | 15.4 wte                                     | Completed 2016/17 and in post   |
| Crisis Service   | LTP 10        | R    | NEFLT | 4.73 wte                                     | Complete 2016/17 and in post. Recruitment in certain localities across Essex continues to be challenging. Vacancies are filled with bank and agency staff |
| Core CAMHS   | LTP 11        | R    | NEFLT | 24.7 wte                                     | Completed and in post   |
| Enhanced senior psychology posts across each locality to ensure high quality supervision | LTP 12        | R    | NEFLT | Enhanced from Band 8a x 7 to Band 8b x 7     | Completed and in post   |
| Enhanced management capacity at a local level, Southend and Thurrock                     |               | R    | NEFLT |  | Lift from 8c to 8d for service lead<br>Associate Director   |
| Support Team for transformation  | LTP 6         | R    |       | 2 wte  | Completed and in post   |

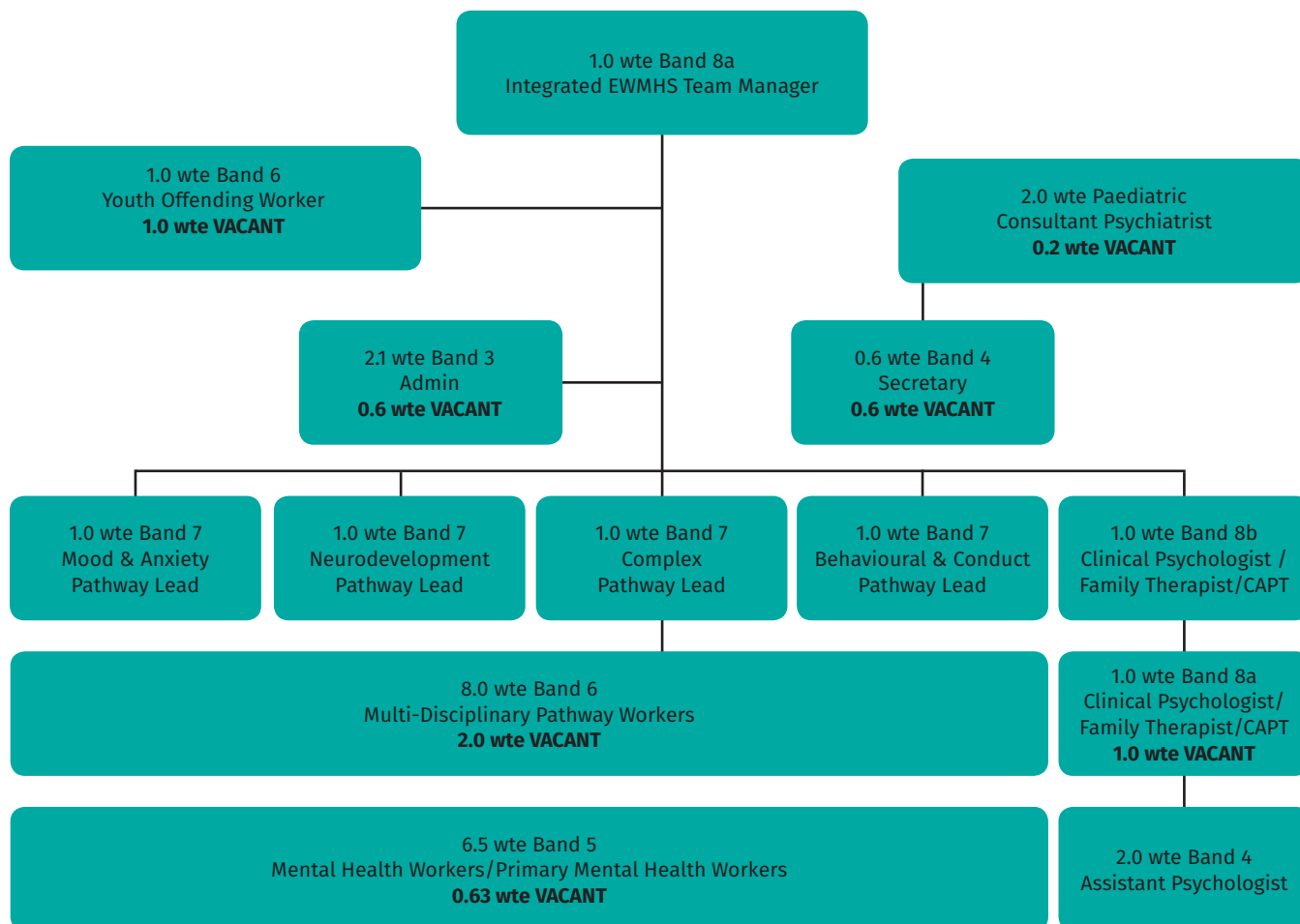
The table below details the staffing establishment for the EWMH service as at the end of March 2017.

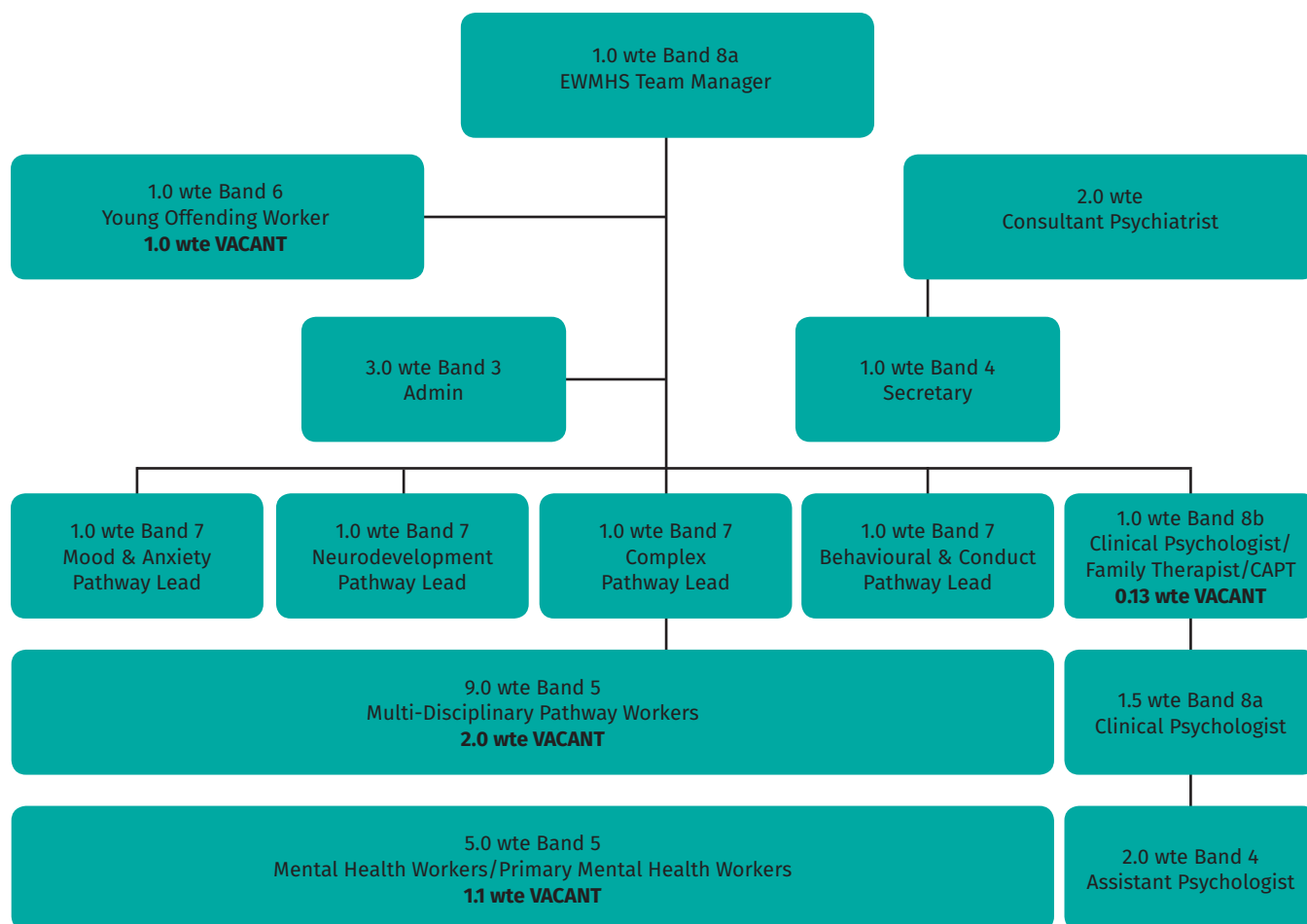
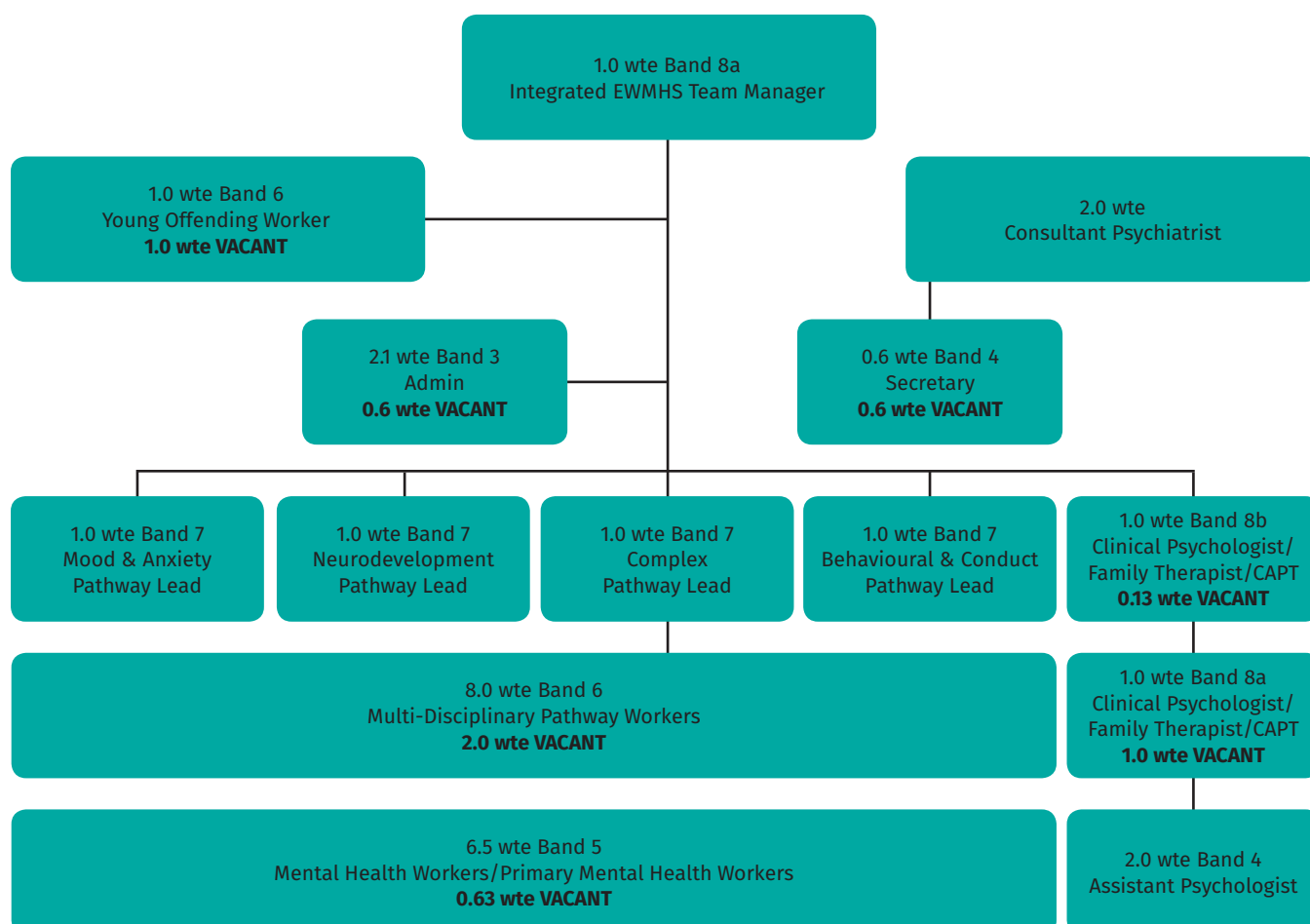
### EWMHS Current staffing compliment as @ year end 2017

| Quality Requirement  | Target/Standard | Threshold | Reporting Frequency | Apr 2016 | May 2016 | Jun 2016 | July 2016 | Aug 2016 | Sept 2016     | Oct 2016 | Nov 2016 | Dec 2016      | Jan 2017 | Feb 2017 | Mar 2017      | YTD           |
|--|-----------------|-----------|---------------------|----------|----------|----------|-----------|----------|---------------|----------|----------|---------------|----------|----------|---------------|---------------|
| WTE General Psychiatry   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 4             | -        | -        | 3             | -        | -        | 2             | 2             |
| WTE Child and Adolescent Psychiatry  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 0             | -        | -        | 5.5           | 5.5           |
| WTE Community Health Service Medical   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 4             | -        | -        | 1             | -        | -        | 2             | 2             |
| <b>WTE Medical and Dental Staff Total</b>  | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>4</b>      | <b>-</b> | <b>-</b> | <b>4</b>      | <b>-</b> | <b>-</b> | <b>9.5</b>    | <b>9.5</b>    |
| WTE Senior Manager Clinical Support  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 1             | -        | -        | 0             | -        | -        | 0             | 0             |
| WTE Manager Clinical Support   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 4             | -        | -        | 1             | -        | -        | 1             | 1             |
| WTE Clerical and Administrative Central Functions                                    | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 11.69         | -        | -        | 10.41         | -        | -        | 11.91         | 11.91         |
| WTE Clerical and Administrative Clinical Support                                     | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 4.91          | -        | -        | 8.41          | -        | -        | 14.83         | 14.83         |
| <b>WTE Administration and Estates Staff Total</b>                                    | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>21.6</b>   | <b>-</b> | <b>-</b> | <b>19.82</b>  | <b>-</b> | <b>-</b> | <b>27.73</b>  | <b>27.73</b>  |
| WTE HCA Community Services   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0.7           | -        | -        | 0             | -        | -        | 0             | 0             |
| WTE Support Worker Community Services  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 1             | -        | -        | 1             | -        | -        | 1             | 1             |
| <b>WTE Health Care Assistants and Other Support Staff Total</b>                      | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>1.7</b>    | <b>-</b> | <b>-</b> | <b>1</b>      | <b>-</b> | <b>-</b> | <b>1</b>      | <b>1</b>      |
| WTE Manager Community Services   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 1             | -        | -        | 1             | 1             |
| WTE Other 1st level (Level 1 Sub Part 1) Community Psychiatry                        | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 0             | -        | -        | 0.8           | 0.8           |
| WTE Other 1st level (Level 1 Sub Part 1) Community Services                          | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 20.54         | -        | -        | 37.03         | -        | -        | 37.17         | 37.17         |
| <b>WTE Nursing, Midwifery and Health Visiting Staff Total</b>                        | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>20.54</b>  | <b>-</b> | <b>-</b> | <b>38.03</b>  | <b>-</b> | <b>-</b> | <b>38.97</b>  | <b>38.97</b>  |
| WTE Manager Clinical Psychology  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 2             | -        | -        | 1             | -        | -        | 1             | 1             |
| WTE Manager Psychotherapy  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0.9           | -        | -        | 0             | -        | -        | 0             | 0             |
| WTE Manager Social Services  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 2             | -        | -        | 2.6           | -        | -        | 2.6           | 2.6           |
| WTE Manager other Scientific, Therapeutic and Technical Staff                        | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 2             | -        | -        | 3             | 3             |
| WTE Therapist Occupational Therapy   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0.8           | -        | -        | 0.8           | -        | -        | 1.8           | 1.8           |
| WTE Therapist Multi Therapies  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 64.82         | -        | -        | 13.53         | -        | -        | 23.03         | 23.03         |
| WTE Therapist Psychotherapy (IAPT)   | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 0.00          | -        | -        | 2.00          | 2.00          |
| WTE Therapist Social Services  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 1.5           | -        | -        | 5.59          | -        | -        | 10.69         | 10.69         |
| WTE Therapist Other Scientific, Therapeutic and Technical Staff                      | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 47.23         | -        | -        | 49.61         | 49.61         |
| WTE Scientist Clinical Psychology  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 15.24         | -        | -        | 14.03         | -        | -        | 13.07         | 13.07         |
| WTE Scientist Psychotherapy  | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 3             | -        | -        | 1.867         | -        | -        | 1.9           | 1.9           |
| WTE Assistant Practitioner Clinical Psychology                                       | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 1             | -        | -        | 5             | -        | -        | 15            | 15            |
| WTE Helper/Assistant Other Scientific, Therapeutic and Technical Staff               | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 1             | -        | -        | 0             | -        | -        | 0             | 0             |
| WTE Consultant Therapist / Scientist Other Scientific, Therapeutic & Technical Staff | N/A             | -         | Q                   | -        | -        | -        | -         | -        | 0             | -        | -        | 0             | -        | -        | 2.6           | 2.6           |
| <b>WTE Scientific, Therapeutic and Technical Staff Total</b>                         | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>92.26</b>  | <b>-</b> | <b>-</b> | <b>93.65</b>  | <b>-</b> | <b>-</b> | <b>126.27</b> | <b>126.27</b> |
| <b>WTE UNK</b>   | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>8.75</b>   | <b>-</b> | <b>-</b> | <b>0</b>      | <b>-</b> | <b>-</b> | <b>7.5</b>    | <b>7.5</b>    |
| <b>WTE UNK Total</b>   | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>8.75</b>   | <b>-</b> | <b>-</b> | <b>0</b>      | <b>-</b> | <b>-</b> | <b>0</b>      | <b>0</b>      |
| <b>WTE Grand Total</b>   | <b>N/A</b>      | <b>-</b>  | <b>Q</b>            | <b>-</b> | <b>-</b> | <b>-</b> | <b>-</b>  | <b>-</b> | <b>148.85</b> | <b>-</b> | <b>-</b> | <b>156.49</b> | <b>-</b> | <b>-</b> | <b>203.47</b> | <b>203.47</b> |

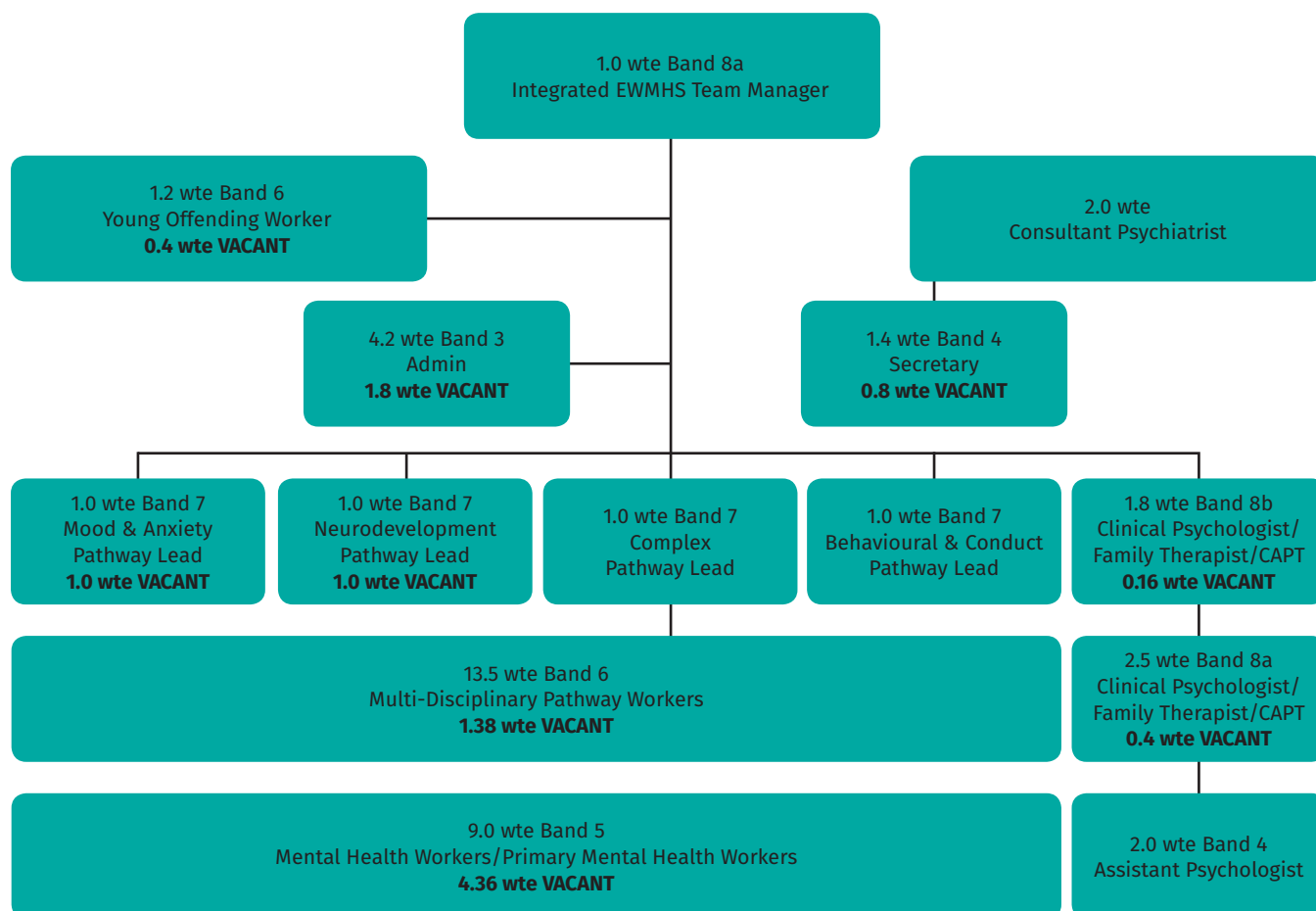
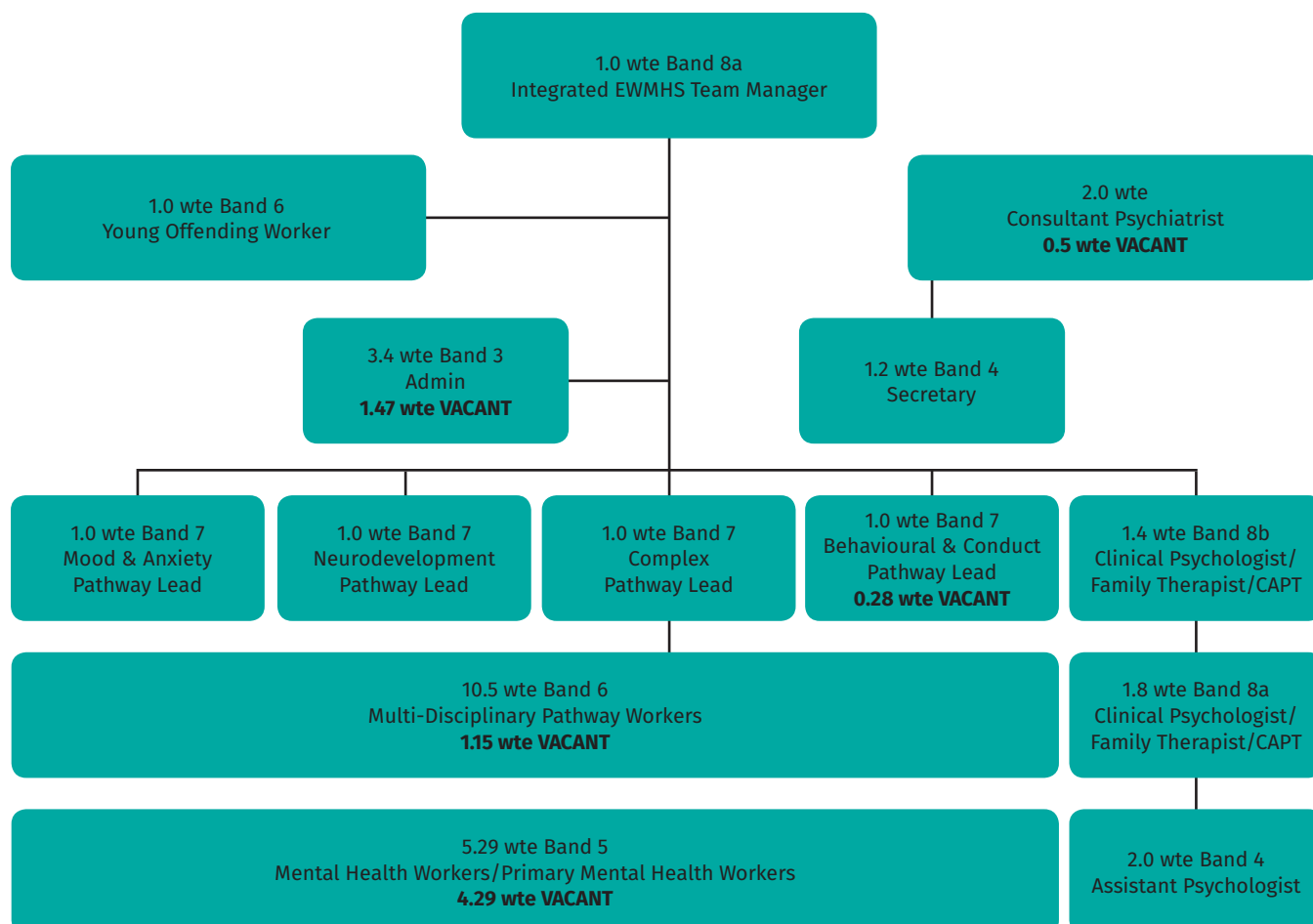
## Staffing of current services as at end March 2017

### EWMHS Southend

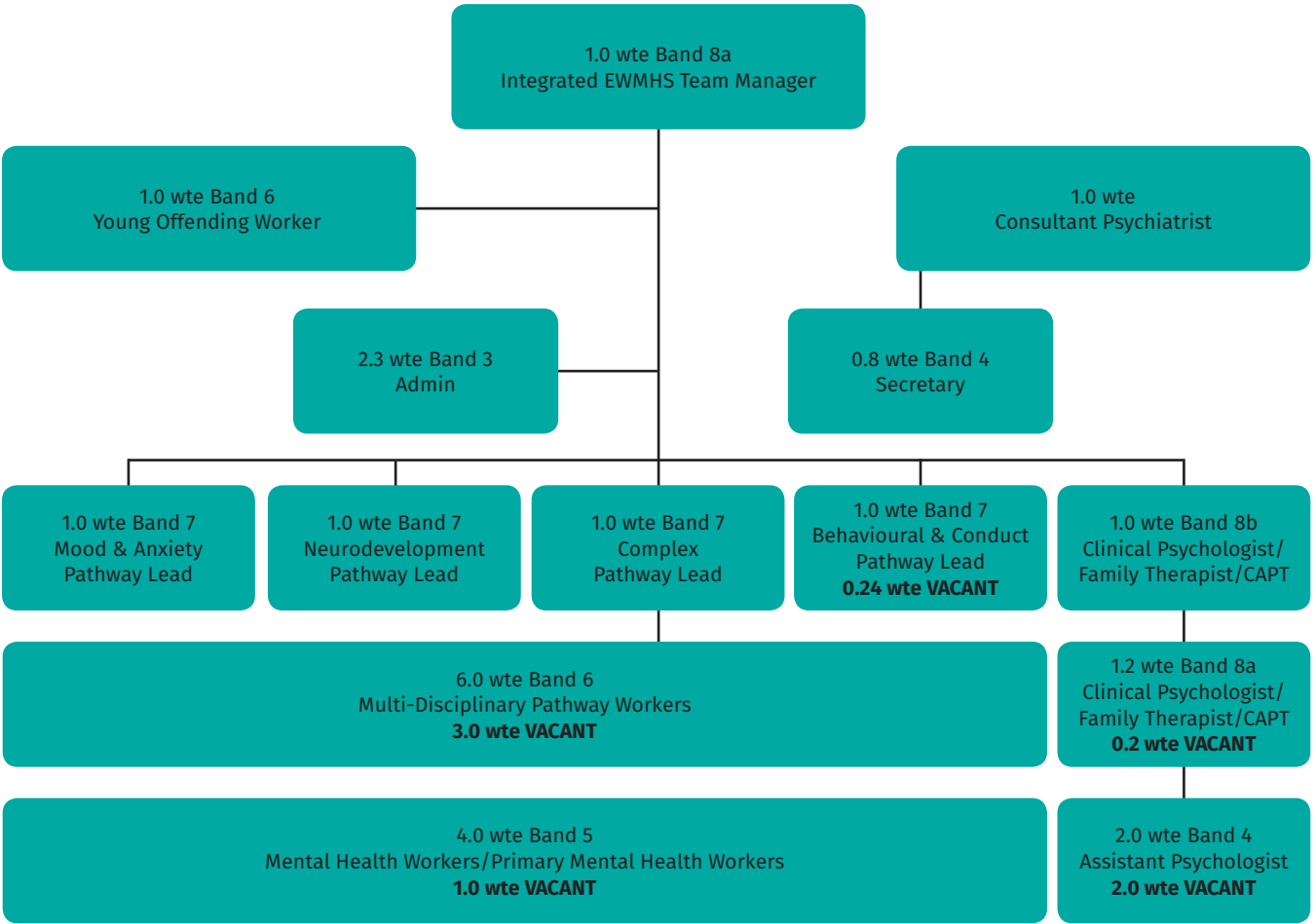


**EWMHS Basildon/Brentwood****EWMHS Southend**

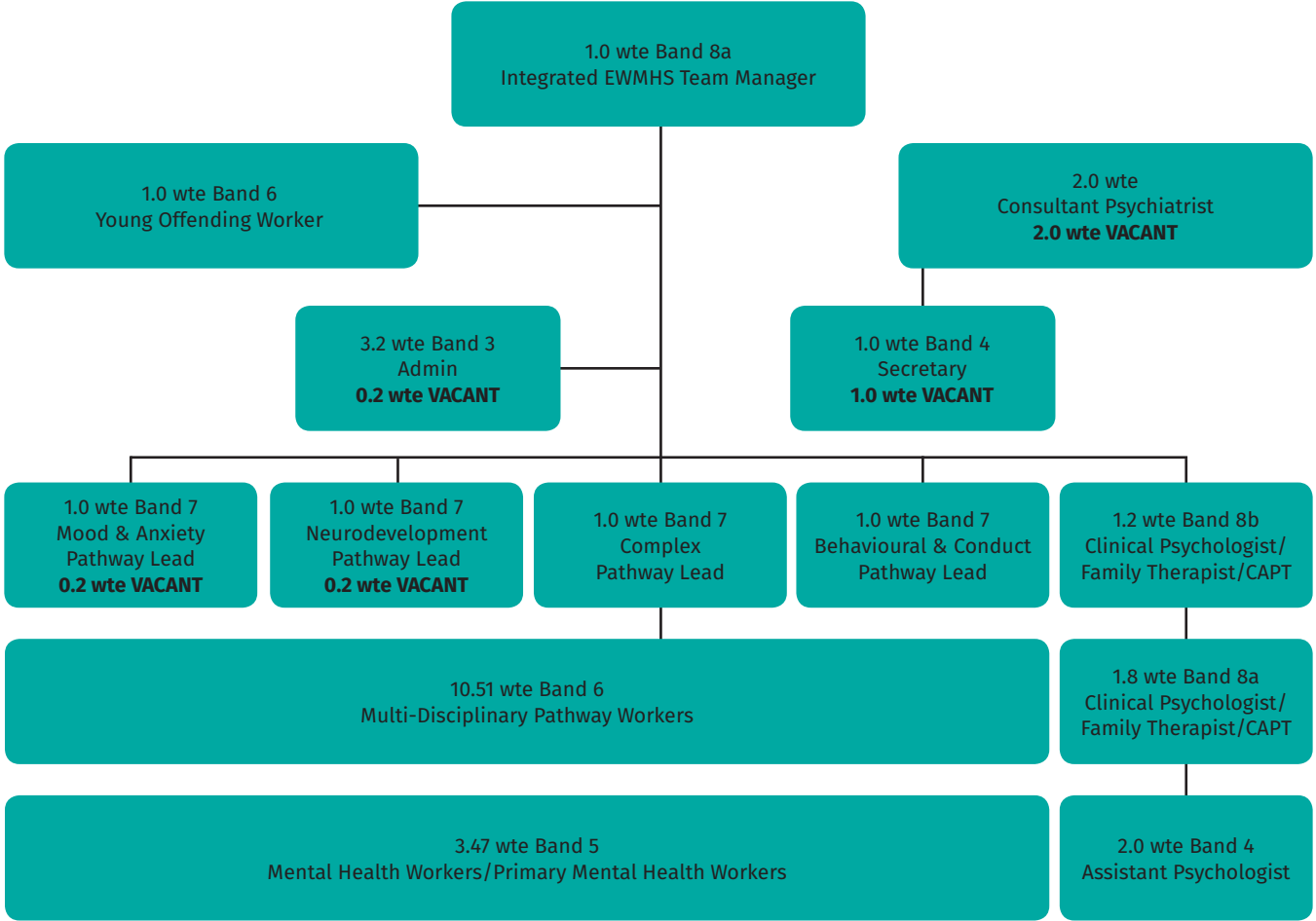


**EWMHS Mid Essex****EWMHS West Essex**

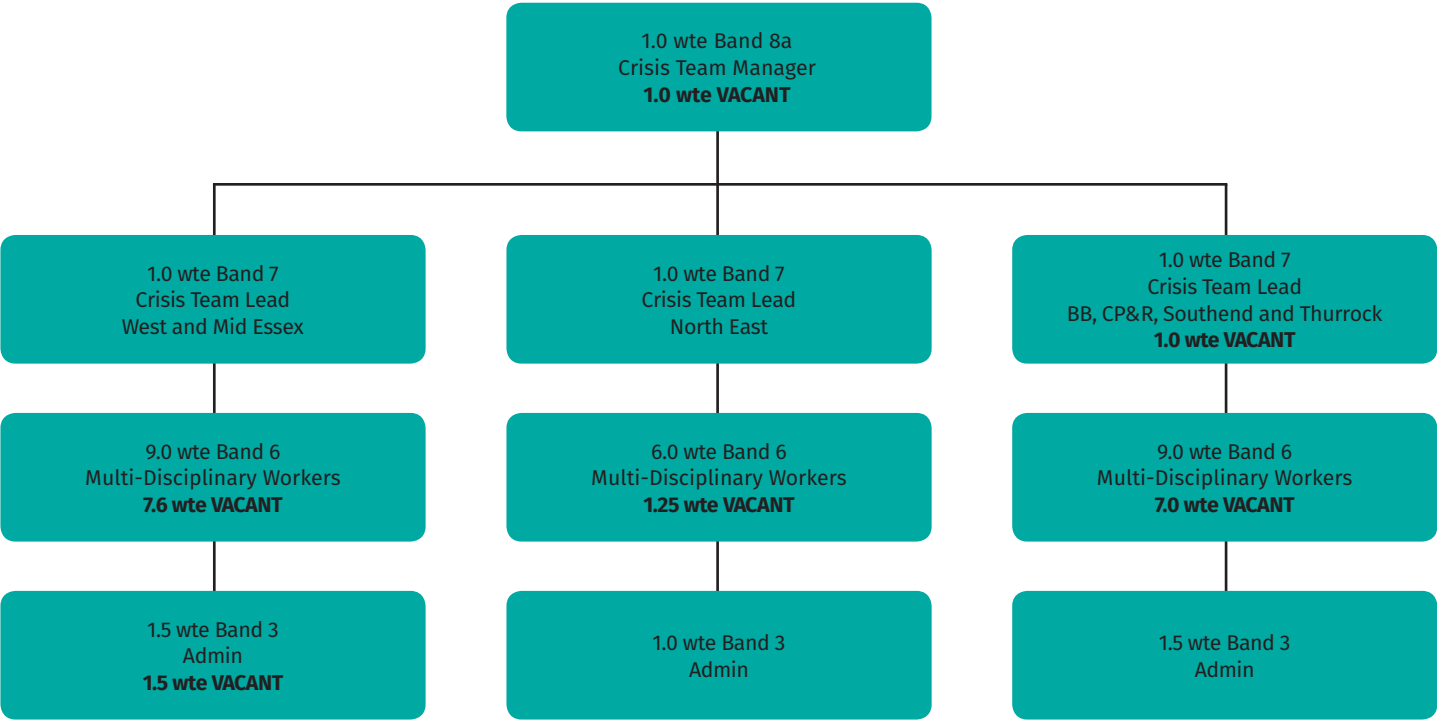
EWMHS Thurrock



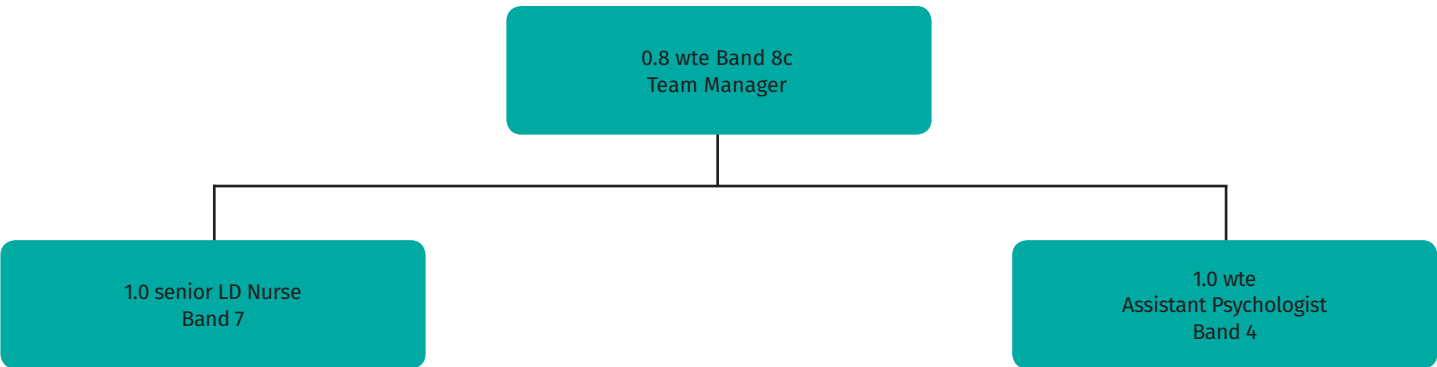
EWMHS North Essex



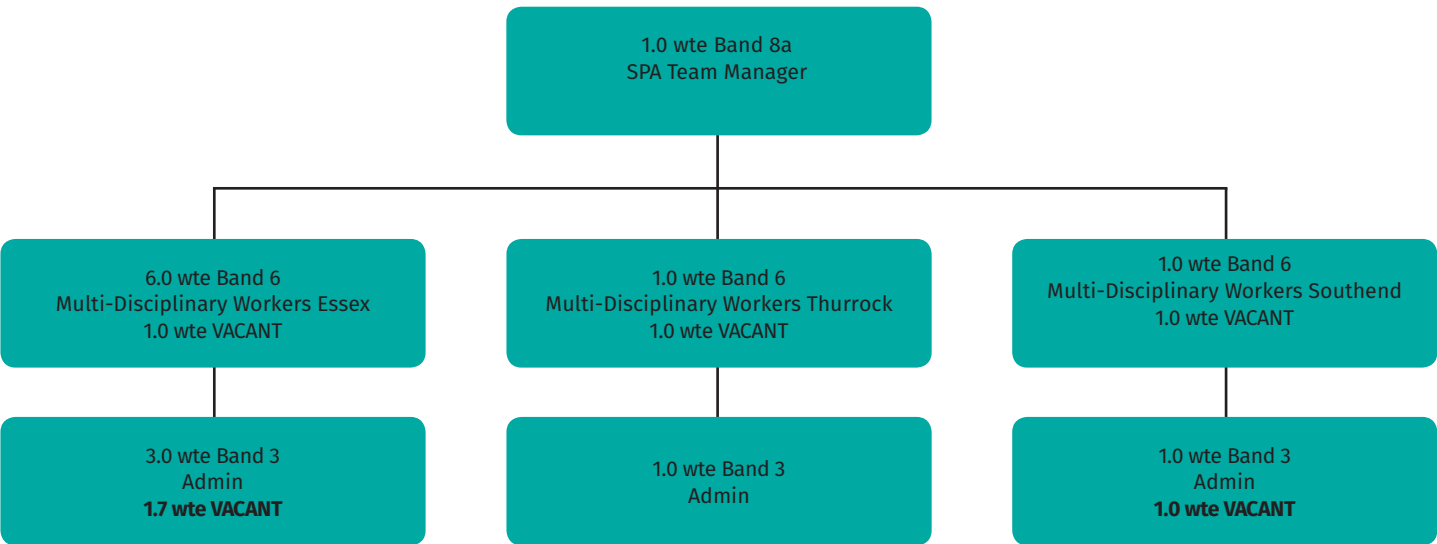
EWMHS Crisis Team



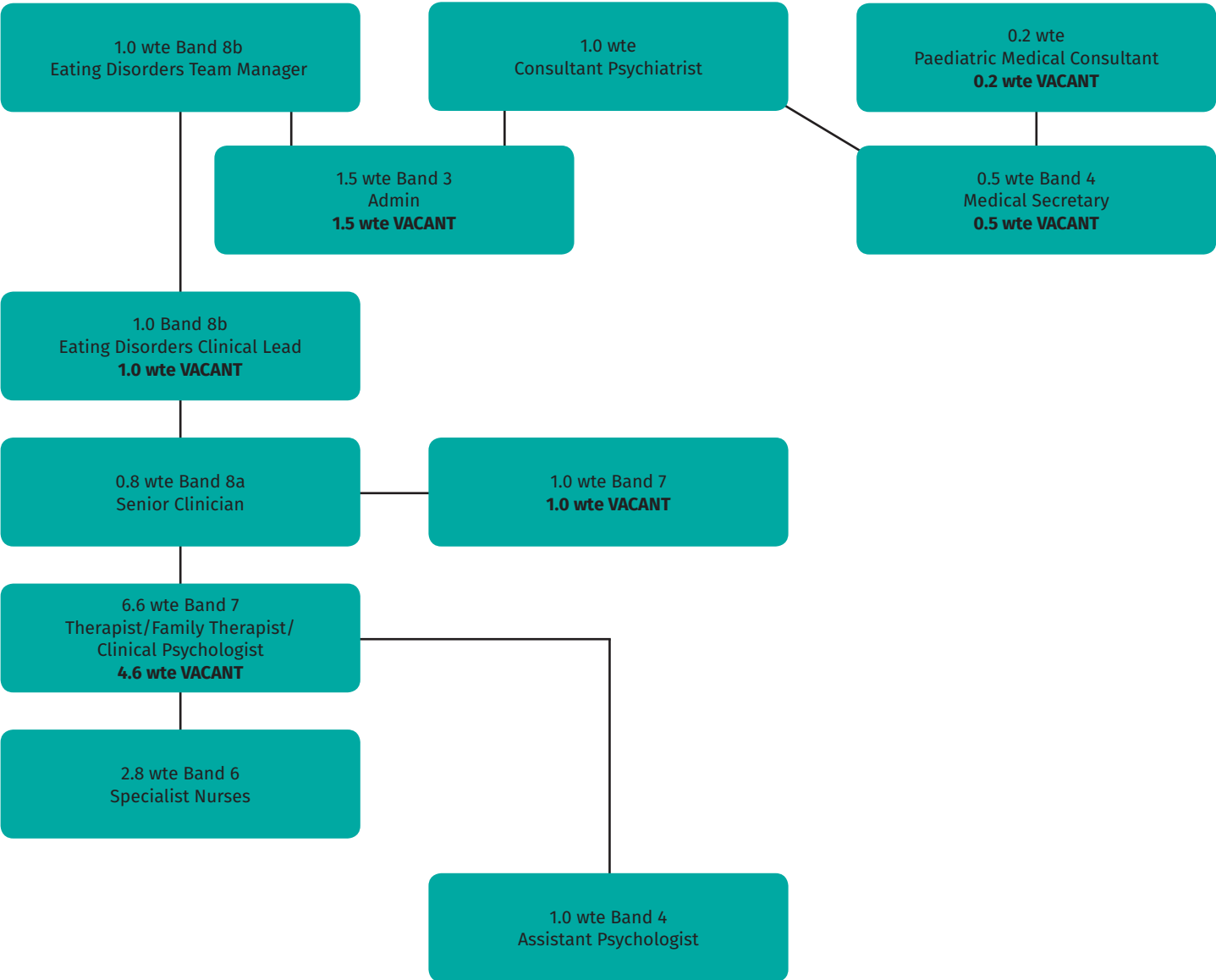
EWMHS LD Team



EWMHS SPA Team



EWMHS Eating Disorders service





# CAMHS Tier 4 inpatient services

## Staffing of current services as at March 2017

### North Essex

| Job Role                                 | Band 2    |      | Band 3    |       | Band 4    |      | Band 5    |       | Band 6    |      | Band 7    |      | Band 8a   |      | Band 8b   |     | Total Tier 4 |       |
|--|-----------|------|-----------|-------|-----------|------|-----------|-------|-----------|------|-----------|------|-----------|------|-----------|-----|--------------|-------|
|  | Headcount | FTE  | Headcount | FTE   | Headcount | FTE  | Headcount | FTE   | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount    | FTE   |
| Assistant                                | 8         | 6.25 |           |       |           |      |           |       |           |      |           |      |           |      |           |     | 8            | 6.25  |
| Assistant/Associate Practitioner         |           |      |           |       |           |      |           |       |           |      |           |      |           |      |           |     | 0            | 0.40  |
| Assistant/Associate Practitioner Nursing |           |      |           |       | 4.4       | 9.34 |           |       |           |      |           |      |           |      |           |     | 4.4          | 9.34  |
| Clinical Psychologist                    |           |      |           |       |           |      |           |       |           |      | 1         | 0.00 |           | 1.00 |           |     | 2            | 2.00  |
| Consultant                               |           |      |           |       |           |      |           |       |           |      |           |      |           |      |           |     | 2            | 2.00  |
| Healthcare Assistant                     |           |      | 14.4      | 13.54 |           |      |           |       |           |      |           |      |           |      |           |     | 14.4         | 13.54 |
| Modern Matron                            |           |      |           |       |           |      |           |       |           |      |           |      | 1         | 1.00 |           |     | 1            | 1.00  |
| Nurse Manager                            |           |      |           |       |           |      |           |       |           |      | 2         | 2.00 |           |      |           |     | 2            | 2.00  |
| Occupational Therapist                   |           |      |           |       |           |      | 0         | 1.00  | 1         | 1.00 |           |      |           |      |           |     | 1            | 2.00  |
| Officer                                  |           |      | 3         | 2.25  | 2         | 2.00 | 1         | 1.00  |           |      |           |      |           |      |           |     | 6            | 5.25  |
| Psychotherapist                          |           |      |           |       |           |      |           |       |           |      |           |      | 2         | 2.93 |           |     | 3            | 3.93  |
| Sister/Charge Nurse                      |           |      |           |       |           |      |           |       | 6         | 6.86 |           |      |           |      |           |     | 6            | 5.86  |
| Specialty Doctor                         |           |      |           |       |           |      |           |       |           |      |           |      |           |      |           |     | 2            | 1.00  |
| Specialty Registrar                      |           |      |           |       |           |      |           |       |           |      |           |      |           |      |           |     | 1            | 2.00  |
| Staff Nurse                              |           |      |           |       |           |      | 10.4      | 12.33 |           |      |           |      |           |      |           |     | 10.4         | 12.33 |
| Supervisor                               |           |      | 1         | 1.00  |           |      |           |       |           |      |           |      |           |      |           |     | 1            | 1.00  |

## South Essex

| Job Role               | Band 2    |      | Band 3    |      | Band 4    |     | Band 5    |      | Band 6    |      | Band 7    |      | Band 8a   |      | Band 8b   |     | Total Tier 4 |       |
|------------------------|-----------|------|-----------|------|-----------|-----|-----------|------|-----------|------|-----------|------|-----------|------|-----------|-----|--------------|-------|
|                        | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE  | Headcount | FTE | Headcount    | FTE   |
| Nursing                | 8         | 7.89 | 6         | 6.00 |           |     | 6         | 8.24 | 2         | 2.00 |           |      | 1         | 1.00 |           |     | 23           | 22.00 |
|                        |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     |              |       |
| Psychology             |           |      |           |      |           |     |           |      |           |      |           |      | 1         | 0.7  | 1         | 0.7 | 2            | 1.4   |
| Occupational Therapist |           |      |           |      |           |     |           |      | 1         | 1.00 |           |      |           |      |           |     |              |       |
| Family Therapy         |           |      |           |      |           |     |           |      |           |      | 1         | 1.00 |           |      |           |     | 1            | 1.00  |
| Psychology Assistant   |           |      |           |      | 1         | 0.7 |           |      |           |      |           |      |           |      |           |     | 1            | 0.7   |
| Medical Staff          |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     |              |       |
| Consultant             |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     | 1            | 1.00  |
| SpR                    |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     | 1            | 1.00  |
| Staff Grade            |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     | 1            | 1.00  |
|                        |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     |              |       |
| Admin                  |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     | 2            | 2.00  |
|                        |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     |              |       |
| Advocate Service       |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     | 1            | 0.2   |
|                        |           |      |           |      |           |     |           |      |           |      |           |      |           |      |           |     |              |       |

## Appendix 5

# Terms of Reference for the Child and Adolescent Mental Health Strategic Oversight Group, Collaborative Commissioning Forum, and Local Transformation Plan (LTP) Service Delivery Group

Southend Essex and Thurrock Child and Adolescent Mental Health Services (CAMHS) Strategic Oversight Group (SOG)

### Terms of Reference

#### Purpose

The purpose of this group is to have senior representation to ensure oversight of the complete CAMHS agenda. The meeting will be used as a Forum for discussion on all strategic matters relating to children's mental health including the STPs and as a means of sustaining the integrated commissioning arrangements across Southend Essex and Thurrock Local Authorities and Essex CCGs.

#### Governance

See Governance Chart below.

#### Functions

The group's key functions will be to:

- Act as the strategic forum for CAMHS transformation
- Oversee future iterations of the Local Transformation Plan (LTP)
- Monitor delivery of the LTP via assurance reports from the LTP Service Delivery Group
- Consider matters escalated from the Collaborative Commissioning Forum regarding the service contract and service delivery
- Ensure consistency and deliverability for matters to children's mental health across the three Sustainability and Transformation Plans (STP)
- Act as a Forum to explore all age approaches to mental health
- Ensure oversight of children's elements of the overarching mental health strategy

**Modus operandi**

Members of the group will:

- Act openly and transparently
- Respect the processes and business imperatives of partner organisations
- Be committed to resolving challenges through joint commissioning and partnership focused solutions
- Be creative
- Promote the interests of children and young people at all times

**Membership and Frequency of Meetings**

Membership is made up of one representative from each commissioning partner. For the CCGs the member should be either the AO or the DoN and for the local authorities an appropriate director. The strategic lead for CAMHS will be in attendance.

Meetings will be held monthly.

**Quoracy**

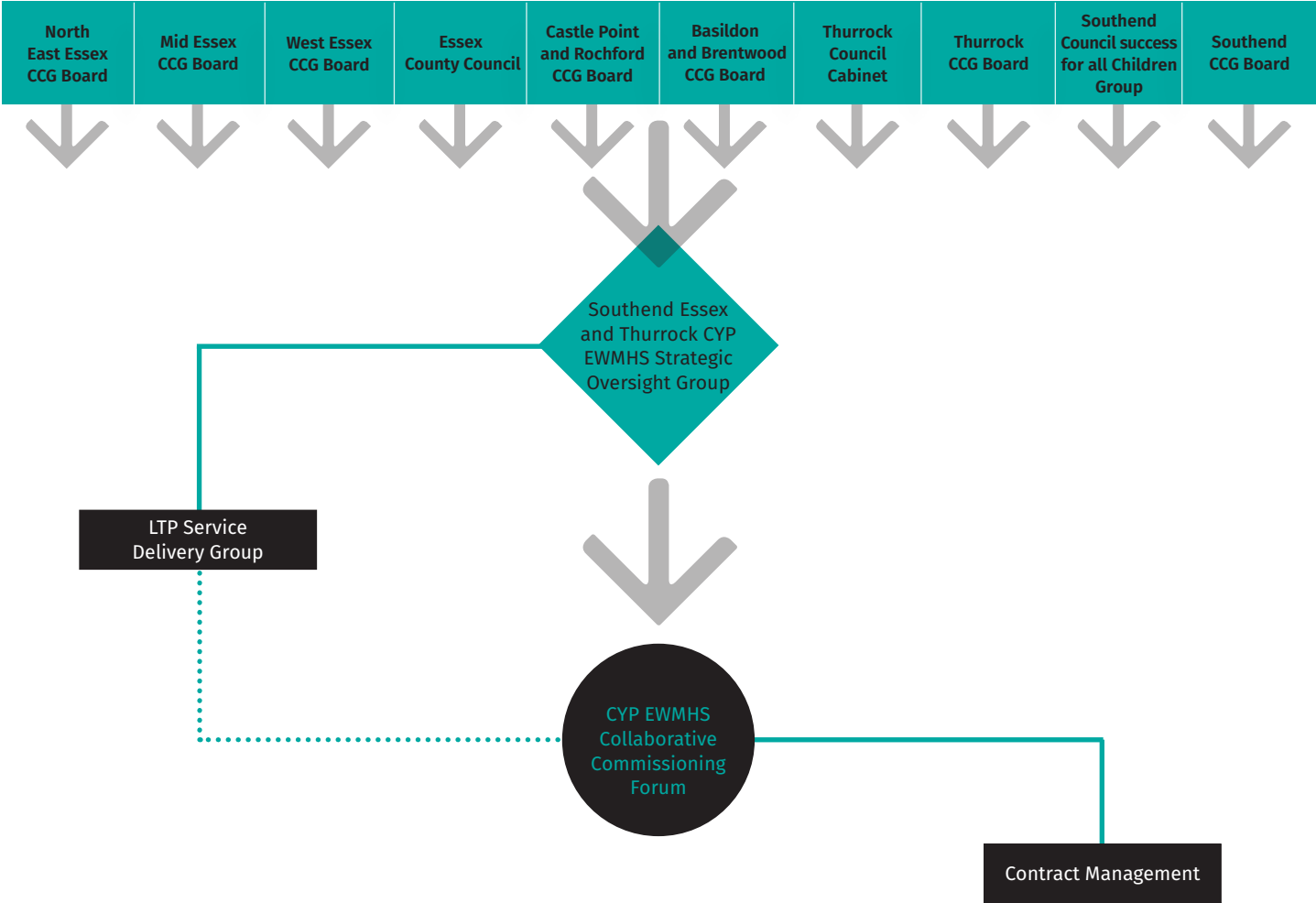
The group will be quorate with 4 CCG representatives and 2 LA representatives.

**Review**

These Terms of Reference will subject to regular review no later than 31st March 2017



Children and Young People (CYP) Emotional Wellbeing  
and Mental Health Service (EWMHS) Partnership Governance



# Children and Young Peoples Emotional Wellbeing and Mental Health Service Collaborative Commissioning Forum (CCF)

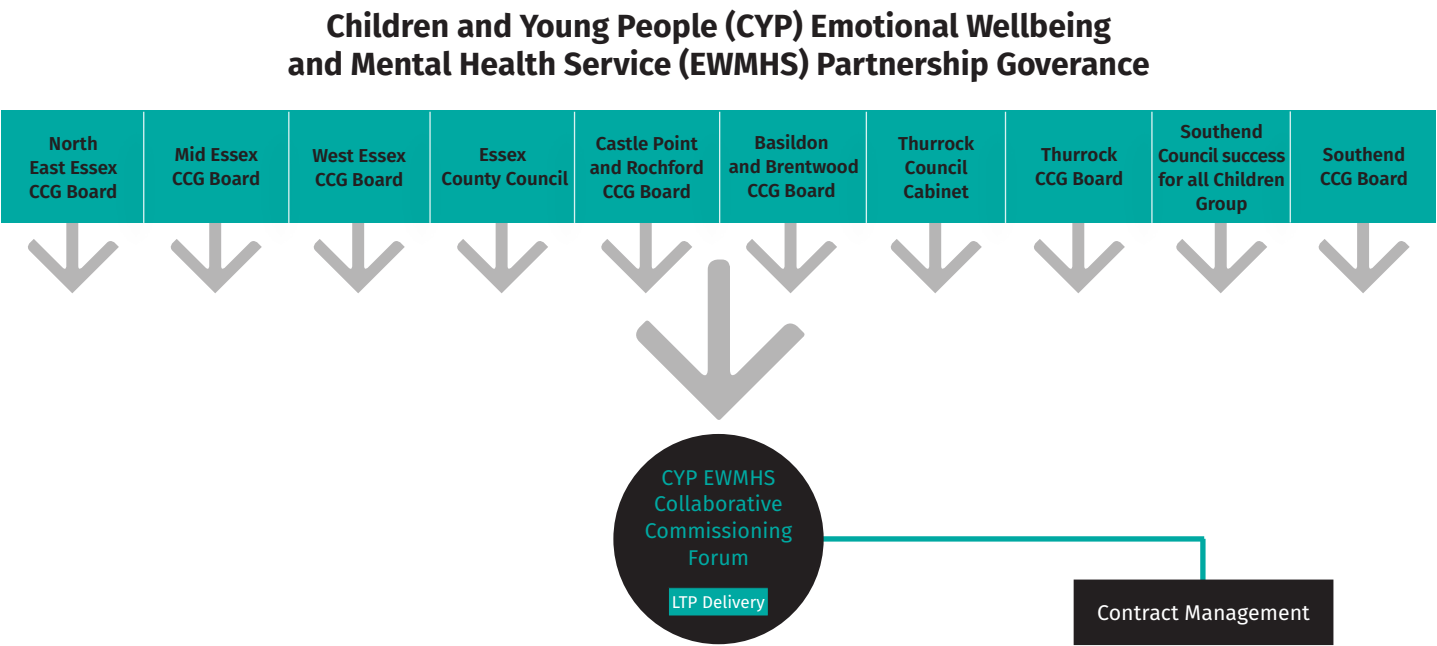
## Terms of Reference

### Purpose

The Collaborative Forum has been established following award of the contract on the 1st June 2015, by agreement of the Commissioners. This forum will be used as the focus for discussion of all matters relating to Children and Young People’s Emotional Wellbeing and Mental Health (CYP EWMH) including strategic planning the commissioning contract, mobilising the LTP priorities/funding and the pursuit of the objectives and performance of the function of the Collaborative.

### Governance

Below is a map detailing the governance for the collaborative commissioning forum.



## Functions

The Collaborative Forum's key functions are to:

- Act as the strategic forum for CYP EWMH transformation
- Act as the strategic forum to agree and mobilise LTP priorities and agree release of LTP funding
- Share information that enables collective understanding of any gaps in locally commissioned services that are impacting on children and young people.
- Use information to inform future commissioning intentions. This may include both the EWMHS services and also where there are gaps in local pathways at CCG/LA level.
- Oversee the production of a CYP EWMH strategy and transformation plan
- Monitor subsequent delivery of CYP EWMH strategy and transformation plan
- Discuss matters relating to the CYP EWMH commissioning contract and the pursuit of the objectives and performance of the function of the Collaborative.
- Monitor performance of the provider against contract and KPIs
- Monitor mobilisation plans of the new provider

## Modus operandi

Members of this group will undertake to:

- Act in an open, transparent and honest way
- Respect the processes and business imperatives of partner organisations both commissioners and providers
- Individual CCF members will be responsible for consistent cascade of information and communication of the work of the CCF back into partner organisations.
- Be creative in resolving the difficult issues raised through joint commissioning and partnership arrangements
- Conduct business on a consensual basis

## Membership and frequency of meetings

Membership is made up of one appointed senior representative from each commissioner with the delegated authority and responsibility to make decisions for their organisation. The group will be chaired by a local authority representative and the deputy chair will be appointed by the lead commissioner (West Essex CCG). The secretary for the forum will also be appointed by the lead commissioner.

The group will be chaired by: **Chris Martin**

The deputy chair is: **Jane Kinnibugh**

The group will be administered by: **Caroline Durell**

Meetings will be held monthly, with the agenda circulated 5 working days prior.

From time to time work will be carried out virtually by email or conference calls.

| Organisation                   | Position   | Name                     |
|--------------------------------|--|--------------------------|
| Essex County Council – Chair   | Commissioning Director – Children                        | Chris Martin             |
| West Essex CCG – Deputy Chair  | Director of Nursing                                      | Jane Kinniburgh          |
| Secretary                      | Joint CETR Co-ordinating Manager & EWMHS Administrator   | Caroline Durell          |
| <b>Children's commissioner</b> |  |                          |
| West Essex CCG                 | Head of Children's Commissioning                         | Jess Ford                |
| North East Essex CCG           | Senior Mental Health Commissioning Manager               | Charlie Davies           |
| Mid Essex CCG                  | Senior Commissioning Manager                             | Olabisi Williams         |
| Castle Point and Rochford CCG  | Strategy & Commissioning Manager – Children & Transition | Angela Ejoh              |
| Basildon and Brentwood CCG     | Senior Commissioning Manager                             | Alfred Bandakpara-Taylor |
| Thurrock CCG                   | Senior Commissioner for Children                         | Helen Farmer             |
| Southend CCG                   | Strategy & Commissioning Manager – Children & Transition | Angela Ejoh              |
| Thurrock Borough Council       | Strategic Lead Children's Commissioning                  | Sue Green                |
| Southend Borough Council       | Strategy & Commissioning Manager – Children & Transition | Angela Ejoh              |
| Essex County Council           | Head of Commissioning – People                           | Clare Hardy              |
| <b>Senior Director/Nurse</b>   |  |                          |
| West Essex CCG                 | As above   | As above                 |
| North East Essex CCG           | TBC  | TBC                      |
| Mid Essex CCG                  | Director of Finance                                      | Dee Davey                |
| Castle Point and Rochford CCG  | Director of Strategy, Commissioning & Procurement        | Jacqui Lansley           |
| Basildon and Brentwood CCG     | Director of Transformation                               | William Guy              |
| Thurrock CCG                   | Director of Nursing                                      | Jane Foster-Taylor       |
| Southend CCG                   | Director of Strategy, Commissioning & Procurement        | Jacqui Lansley           |
| Thurrock Borough Council       | Strategic Lead Children's Commissioning                  | Sue Green                |
| Southend Borough Council       | Director of Strategy, Commissioning & Procurement        | Jacqui Lansley           |
| Essex County Council           | As above   | As above                 |
| <b>Lead Commissioners</b>      |  |                          |
| West Essex CCG                 | Assistant Director CAMHS Commissioning                   | Jessica Thom             |
| West Essex CCG                 | CAMHS Commissioning Manager                              | Dawn Bolingbroke         |
| West Essex CCG                 | Quality Lead   | Theresa Smith            |
| West Essex CCG                 | Contract Accountant                                      | Chanuri Rodrigo          |

Version Control

| Date       | Version | Author             | Summary of Changes                 |
|------------|---------|--------------------|------------------------------------|
| 13/05/15   | V.1     | Alfie Ward         | Produced initial Draft             |
| 19/08/2015 | V.2     | Sallie Mills Lewis | Review of functions                |
| 01/08/2017 | V.3     | Jessica Thom       | Review of membership and functions |
| 14/09/2017 | V.4     | Jessica Thom       | Update on members                  |



# Southend, Essex and Thurrock LTP Service Delivery Group

## Terms of Reference

### Purpose

- 1 The purpose of the Service Delivery Group is to provide a time limited task and finish group to oversee delivery and implementation of the priority work streams identified within the Essex Local Transformation Plan (LTP) for improving emotional wellbeing and mental health outcomes for children and young people.

### Objectives

- 2 To ensure that there are clear actions, targets and milestones for development and implementation of those priority work streams identified within the LTP, and set out below:
  - Development of an enhanced evidence based community eating disorder service.
  - Development of an Emotional Wellbeing and Mental Health Joint Strategic Needs Assessment
  - Refresh of the Southend Essex and Thurrock LTP
  - Active engagement and co-production with children and young people in the community across all CCG localities
  - Audit of effectiveness of teenage suicide prevention guidance and a review of the support required to prevent and manage self-harm
  - Medicines management review
  - Enhanced crisis service cover 24 hours a day seven days a week and building capacity to provide emergency care within the home
  - Enhanced staffing capacity in the Single Points of Access teams
  - Enhanced senior psychology staffing capacity
  - Enhanced junior psychology staffing capacity
  - Enhanced locality team capacity with a focus on low to moderate needs
  - Enhanced locality team management
  - Development and implementation of local bespoke children and young people IAPT training programs with a focus on Primary Mental Health Workers
  - Building community resilience by providing additional support to schools
  - Enhanced medical capacity (5 junior doctor posts) to respond to children and young people with more complex needs
- 3 To ensure the priority work streams are developed and implemented within agreed timescales.

**Membership**

4 The Service Delivery Group will be chaired by the Essex CAMHS Strategic Lead, West Essex CCG.

5 The membership of the Service delivery Group will comprise of;

- Commissioning and Strategic Leads for Thurrock LA, Southend LA, ECC, CCGs
- Service Leads for NELFT
- Education commissioner representative
- Voluntary Sector representative
- Healthwatch Essex representative
- YOT representative
- NHSE Specialised Commissioning representative
- Adult Mental Health Commissioning representatives
- GP leads
- Public Health Commissioning representative

**Frequency of meetings**

6 The Service Delivery Group will meet monthly

7 Lead commissioners will ensure that the work streams to be developed and implemented by NELFT are monitored through the monthly contract management meetings

**Governance**

8 The Service Delivery Group will report to the CAMHS Collaborative Commissioning Forum.

# Appendix 6 Key Performance Indicators

| LTP work stream | Description of local priority  | Funding stream             | Service user group that the priority is targeted at e.g. Under 18s with Eating disorders, LAC, CYP who are sexually exploited | What is the evidence base for this intervention?  | The expected outcome of the scheme   | Main KPI   | KPI baseline                                 | KPI target  | Date KPI to be achieved     | Delivery of KPI   |
|-----------------|--|----------------------------|---|---|--|--|--|---|-----------------------------|---|
| LTP 1           | Create a specialist but community based eating disorder service. A multidisciplinary service covering all of Essex is proposed offering community based NICE (National Institute for Health and Care Excellence) concordant treatment, intensive community support and specialist family based treatments are a core component. The specialist team will comprise medical and non-medical staff with significant eating disorder expertise and appropriate capacity and skills to meet the Access and Waiting Time Standard. | Eating Disorders           | Under 18s with Eating Disorders inclusive of all vulnerable groups  | NCCMh/Heri England guidelines 2015  | Improved waiting times and access, improved outcomes, reduced admissions to Tier 4   | To record % of cases that received NICE concordant treatment within the standard's timeframe | 10% of presenting cases                      | 80% of presenting cases   | March 2018 - 95% by 2020/21 | KPI on track to deliver and reviewed in view of 95% target by 2020/21. Unify waiting time reporting demonstrates on target for compliance with standards  |
| LTP 2           | Deep dive needs analysis across each of the CCG localities   | 15/16 Transformation Funds | All CYP but targeted at vulnerable groups   | Part of evidence based development  | Detailed knowledge of the CYP population needs across Essex  | Delivery of quality assured needs assessment by March 2016                                   | Not applicable                               | 100% completion   | Mar-16                      | 100% completion delivered September 2016. Due for sign off by Essex Health and Wellbeing Board  |
| LTP 3           | Publication of the Southend Essex and Thurrock Local Transformation Plan   | 15/16 Transformation Funds | All CYP but targeted at vulnerable groups   | Compliance with National guidance   | Better informed CYP families and partners  | Delivery of Plan with required timeframes  | Not applicable                               | 100% completion   | Mar-16                      | 100% completion and sign off by Lead commissioner, West Essex CCG on behalf of all 7 Essex CCGs, Thurrock and Southend Borough Councils and Essex County Council. Published on all Ten partners websites and signed off by all three LA Health and Wellbeing Boards   |
| LTP 4           | Active engagement with CYP in partnership with Represent   | 15/16 Transformation Funds | All CYP   | Best practice   | Genuine engagement and co-production with CYP in the community   | Number of accredited training places by locality   | To be established during phase 1             | 80% of the total young people expressing an interest                                | Mar-17                      | Existing work is on track to deliver the following milestones: work has begun and is looking to roll out over the coming months. Launch of App October 2016. Campaigns in November, January and March. KPIs and Outcome measures for the Project will commence in November - including the anecdotes / qualitative outcomes |
| LTP 5           | Improved RMT equipment, training and infrastructure  | 15/16 Transformation Funds | All CYP   | Enabler for NICE compliance best practice   | Agile working, real time outcome capture from CYP, better informed working practice  | Number and % of service users with improving outcome scores                                  | To be established                            | To be agreed from year 2 onwards  | Mar-17                      | Original KPI not met. Revised KPI baseline to be established. KPI revised to March 2018.  |
| LTP 6           | PMO to deliver mobilisation and transformation work streams  | 15/16 Transformation Funds | All CYP   | Delivery of national guidance   | New service mobilised and new model of care being delivered implementation of new schemes on track   | Not applicable as this is an enabler to ensure delivery of all KPIs                          | Not applicable                               | Not applicable  | Mar-16                      | New service model mobilised but pace of change slower than anticipated  |
| LTP 7           | Suicide and self harm audit  | 15/16 Transformation Funds | All CYP   | Best practice   | Understanding of gaps and needs to identify next steps and improvements  | Audit completed  | Not applicable                               | Audit completed and action plan developed   | Mar-16                      | 100% completion delivered September 2016. Further investment to be considered in support of recommendations   |
| LTP 8           | Medicines management review  | 15/16 Transformation Funds | All CYP who are on prescribed medication  | Best practice, NICE guidance, formulary compliance  | Effective prescribing and monitoring of medication. Improved collaborative working with other community service providers and improved access to medicines advice          | Review completed   | Not applicable                               | Review completed and forward plan developed   | Mar-16                      | KPI not met. Delay in recruitment of Pharmacist - due to commence employment November 2016. Audit Plan completed. New date KPI to be achieved March 2017  |
| LTP 9           | Safe and effective mobilisation of the new integrated Essex wide ERMHS   | 15/16 Transformation Funds | All CYP and their families across Southend Essex and Thurrock   | Best practice NICE guidance and national guidelines   | Better access, earlier intervention, support to schools, improved crisis response, better outcome for CYP and their families   | Improved access  | To be established during 2015/16             | 95% within 18 weeks   | Mar-16                      | KPI achieved as @ end of March 2016 but have not been able to agree a stretch target due to increased demand and deterioration in waiting times in year. Action plan with trajectory in place to achieve 95% before March 2017  |
| LTP 10          | Extending crisis services to 7 days per week 9am-5pm and building capacity for emergency care at home  | 15/16 Transformation Funds | All CYP who require crisis intervention   | Crisis care concordant and response to identified local need  | Fewer CAMHS presentations at A+E. Reduced demand on Tier 4. More home based packages of care available   | 4 hour response time   | New service model                            | 100%  | Mar-16                      | KPI achieved. Monitored on a monthly basis  |
| LTP 11          | Enhanced staffing to improve single points of access   | 15/16 Transformation Funds | All CYP   | Best practice and national guidance   | Better access earlier intervention, quicker response   | Response time within 48 hours  | New service model                            | 90%   | Mar-16                      | KPI on track to deliver   |
| LTP 12          | Enhanced senior psychology services to assure high quality supervision   | 15/16 Transformation Funds | All CYP   | CYP IAPT  | Enhances patient safety improved outcomes  | Improved individual clinical outcomes  | Established 2015/16 as new service           | To be agreed by end March 2016  | Mar-17                      | KPI achieved. All new posts filled  |
| LTP 13          | Increased junior capacity within psychology at local level to enhance service delivery   | 15/16 Transformation Funds | All CYP   | CYP IAPT  | Improved skill mix leading to better individual clinical outcomes  | Improved individual clinical outcomes  | Established 2015/16 as new service           | To be agreed by end of March 2016   | Mar-17                      | KPI achieved. All new posts filled  |
| LTP 14          | Additional locality team capacity with a focus on low intensity support  | 15/16 Transformation Funds | All CYP with low to moderate mental health needs  | CYP IAPT, early intervention national evidence regards intervening early                              | Improved capacity to ensure early access   | Increased numbers of referrals   | To be established as part of the new service | To be agreed by the end of March 2016   | Mar-17                      | KPI achieved. Increased number of referrals absorbed into planned activity for 2016/17  |
| LTP 15          | Increase medical capacity (5 junior doctor posts) to increase our ability to respond CYP with more complex needs (SEMD, LD, ADHD, ASD)   | 17/18 Transformation Funds | Vulnerable groups of CYP  | Best practice, multi-agency working in partnership  | Increased ability to respond to those CYP with more complex needs (SEMD, LD, ASD, ADHD)  | Improved individual clinical outcomes  | Established as part of new service model     | Appropriate KPIs to be set once the scheme has been finalised                       | Mar-17                      | KPI on target   |
| LTP 16          | Enhanced locality team management  | 15/16 Transformation Funds | All CYP   | Improved patient safety, national guidance  | More capacity and capability within the sector   | Increased numbers of referrals   | To be established as part of the new service | To be agreed by the end of March 2016   | Mar-17                      | KPI on target   |
| LTP 17          | Additional local bespoke CYP IAPT courses focusing on Primary Mental Healthcare workers over and above the national IAPT training programme  | 15/16 Transformation Funds | All CYP   | CYP IAPT  | Enhanced evidence base practice delivered by junior workers achieving rapid cultural change  | Number of staff trained  | Establish baseline                           | 20 who staff trained per annum  | Mar-17                      | KPI on target.  |
| LTP 18          | Locality partnership development   | 15/16 Transformation Funds | Vulnerable groups of CYP  | Partnership working   | Qualitative input into deeper dive assessment of local need  | 1 development session per locality   | Not applicable                               | 7 sessions completed and local priorities identified                                | Mar-16                      | KPI achieved  |
| LTP 19          | Building community resilience by providing additional support to schools and the voluntary sector  | 15/16 Transformation Funds | All CYP   | National guidance and best practice   | Increased confidence in identifying mental health problems and more children supported in schools and in the community setting   | Not applicable   | Not applicable                               | Not applicable  | Mar-16                      | KPI achieved. Rolling programme of training and development for schools based on the priorities identified by Essex schools. Pilots to be rolled out November 2016 in each of the three LA areas.   |
| LTP 20          | Transformation support costs   | 15/16 Transformation Funds | All CYP   | Collaborative working across all agencies delivering services for CYP                                 | Integrated service delivery and easier access and streamlined service delivery for CYP   | Not applicable   | Not applicable                               | Not applicable  | Mar-16                      | KPI achieved  |
| Work stream     | Pediatric psychiatric liaison  | 15/16 Transformation Funds | Vulnerable groups of CYP  | Collaborative working across service providers and targeting of vulnerable groups                     | Enhanced support for those children with highly complex healthcare needs   | Improved individual clinical outcomes  | To be established                            | To be established   | Mar-16                      | KPI achieved. Pilots to be rolled out into mainstream services funded via CCGs community childrens services.  |
| Work stream     | Improved access  | 15/16 Transformation Funds | All CYP   | Improving access and waiting times for CYP  | More CYP are seen earlier  | Shorter waiting times  | Established 2015/16 as new service           | To be established   | Mar-16                      | KPI not met. Addressed through other work streams within the LTP  |
| LTP-21          | Publicity Communication and Engagement   | 16/17 Transformation Funds | All CYP   | Best practice   | Genuine engagement with voluntary sector and communities including proactive engagement with CYP   | To be established once the scheme has been finalised   |  |   |                             |   |
| LTP-22          | Care and Treatment Review  | 16/17 Transformation Funds | CYP with LD and/or Autism, Challenging Behaviour and Mental Health problems   | National guidance and best practice. Improving access. Collaborative working across service providers | Improved access and a better service offer for these CYP and their families. Reduction in admissions and LOS in Tier 4. Reduced presentations at A+E for this client group | To be established once the scheme has been finalised   |  |   |                             |   |
| LTP-23          | Transitions  | 16/17 Transformation Funds | All CYP   | National guidance and best practice. Collaborative working  | More facilitated support for CYP who do not meet the criteria for AMHS   | Multi-agency transitions protocol to be developed  | Not applicable                               | Transitions protocol developed and options for additional support services explored | Mar-18                      |   |
| LTP-24          | Childrens LD   | 16/17 Transformation Funds | Vulnerable groups of CYP  | National guidance and best practice. Improving access   | Improved access and a better outcome by providing a more equitable service offer across Essex  | Review of current service provision across Essex   | Not applicable                               | Review completed and forward plan developed   | Nov-17                      |   |

## Would you like this information in another format?

If you would like this information in a different language or another format such as braille or large print, please contact us at the office below:

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