

6 January 2015		ITEM: 7
Children's Overview and Scrutiny Committee		
Emotional Well Being and Mental Health Services – Project Update		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Sue Green - Strategic Leader Service Transformation and Children's Commissioning & Paula McCullough – Commissioning Officer – Emotional Health and Well Being		
Accountable Head of Service: Andrew Carter – Care and Targeted Outcomes		
Accountable Director: Carmel Littleton – Director of Children's Services		
This report is Public		

Executive Summary

Since 2013, lead commissioners from Essex County Council, Thurrock Council, Southend Council and all seven Essex NHS Clinical Commissioning Groups, have been working in partnership (C&YP EWMH Partnership) to develop a redesigned and comprehensive service model that integrates Tier 2 and Tier 3 children and adolescent mental health services. Permission to proceed to procurement was granted by Cabinet in February 2014.

The vision is to improve the emotional wellbeing and mental health of children and young people, aged 0-25, with these needs. The aim of the redesigned service (previously known as CAMHS) is to improve children and young people's educational and social life chances by ensuring swift easy access and the provision of high quality services that use evidence-based effective interventions.

Many young people and emotional wellbeing and mental health professionals have already been involved in helping us shape and design this new service by telling us what their concerns are with the current service and their ambitions for the future.

1. Recommendation(s)

- 1.1 That members note the work that has been undertaken to commence the procurement of the redesigned service and its progress to date.**

2. Introduction and Background

- 2.1 Currently all seven NHS Clinical Commissioning Groups in Essex, Essex County Council, Southend Council and Thurrock Council are responsible for commissioning mental health and wellbeing services for children and young people who suffer from mental health problems. Currently these are delivered by a range of different organisations operating under multiple contracts. Feedback from a wide range of stakeholders, including children, young people, teachers and clinicians is that services need to modernise to offer more services in schools and in the community. The aim of this is to improve accessibility and ensure children are able to access services when they need them, with better signposting of provision, advice and support to professionals working with children and young people and placing greater emphasis on capacity building to support a greater range of children and young people in family and group settings. In addition to which it was identified that support to children and young people in crisis also needed to be strengthened.
- 2.2 It is intended that the changes will support universal services and organisations to maximise the support they can provide children and young people. The ultimate goal of the proposed service changes is that children and young people will get the right access to services, at an earlier stage than they do now, with early intervention leading to reduced complexity for children and young people later, delaying or avoiding the need for more costly, specialist interventions as they grow older, reducing demand for adult mental health services.
- 2.3 As part of the new model, the new service will be expected to ensure that the need for intensive services is prevented wherever possible, but that there is an effective pathway to tier 4 services (specialist paediatric psychiatric services which are commissioned separately by NHS England) when required and that transition between service tiers is managed effectively.
- 2.3 The aim of the service re-design is to deliver improved outcomes for children and young people by developing and procuring a new, unified model of service provision. This will create a single, comprehensive, integrated service which will focus on the needs of children, young people and their families by offering better access and early intervention in the community where possible. This is the first time the NHS and local authorities across the county have worked together at such a scale, to design one equal, integrated service.

3. Issues, Options and Analysis of Options

- 3.1 The issues and options contained in this report are based on the joint strategic needs assessment (JSNA) commissioned by Essex County Council in partnership with Thurrock Council, Southend Borough Council and the Clinical Commissioning Groups covering these areas.
- 3.2 The JSNA is supporting commissioners in Thurrock working with Essex as Lead Commissioner, Southend Borough Council and the relevant Clinical

Commissioning Groups to redesign and remodel emotional well-being and mental services to address the inequalities in current provision for children and young people.

- 3.3 This work will help to commission an integrated emotional well-being and mental health service for children, young people and their families to ensure that the best quality of care and outcomes can be achieved.
- 3.4 National research highlights that good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. Positive mental health is associated with enhanced psychosocial functioning; improved learning; increased participation in community life; reduced risk-taking behaviour; improved physical health; reduced mortality and reduced health inequality.
- 3.5 Poor emotional well-being and mental health can lead to negative outcomes for children, including educational failure, family disruption, poverty, disability and offending. These often lead to poor outcomes in adulthood, such as low earnings, lower employment levels and relationship problems which can also affect the next generation.
- 3.6 Half of lifetime mental illness arises by the age of fourteen and widespread research has shown that early intervention and preventative strategies are effective and crucial to improve the emotional wellbeing and mental health of populations. Resilience to poor psychological health can be developed at individual, family and community levels and interventions are most effective when they take a holistic, family centred approach
- 3.7 Research highlights that a child's experience in the first two years sets the foundation for the whole of life making a compelling case for investment in the early years. The most crucial influence upon a child's emotional wellbeing and mental health is parenting influence within the first years of a child's life. Maternal health during pregnancy affects the health and development of the unborn child: stress is associated with increased risk of child behavioural problems whilst alcohol, tobacco and drug use increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive–emotional development problems. Early attachment and bonding between parents/carers and their babies is vital for a child's cognitive development.
- 3.8 A lack of appropriate stimulation in the early years can result in language delay whilst inappropriate child-rearing practices may lead to emotional or behavioural disorders. There is a strong correlation between communication difficulties and low self-esteem and mental health and as approximately 50% of children in socially disadvantaged areas have significant language delay on entry to schools, supporting language and communication in the early years is important. Universal services must be able to identify need at the earliest point and provide early effective evidence based support to parents, children and families.

3.9 Research has also shown that quick assessment and early intervention by the appropriate level of service can help ensure an issue is treated successfully. Research carried out in Essex has shown that pupils with poor emotional wellbeing have significantly less positive views about their lives than all pupils, including being twice as likely to say:

- they are afraid to go to school because of bullying
- their school deals badly with bullying and
- they have been a victim of crime.

3.10 They have the lowest average scores for overall wellbeing of all pupils and are significantly less likely to say that their views are listened to and taken seriously at home or at school. They are significantly more likely to say that they smoke regularly, have been drunk at least once in the last month or have taken drugs. They are also significantly less likely to enjoy school or try their best at school, and more likely to want more help from teachers. They are significantly less likely to agree there is enough to do in their area and less likely to say they have been to a park/playground or a sports club/class.

3.11 The case for the provision of effective emotional wellbeing and mental health services is compelling and by developing a joint approach to the commissioning of services better value for money can be achieved whilst securing a clear pathway to access services at different levels of need increasing take up and access.

4. Reasons for Recommendation

4.1 The recommendation is made to members to update them on the development of this work.

5. Consultation

5.1 Stakeholder engagement between 2011 – 2014, before and after the publication of the Joint Strategic Needs Assessment has influenced the procurement model.

5.2 Stakeholders included children, young people and families, clinicians and other professionals such as teachers as well as those working in the voluntary and community sector. The specification of the new service genuinely reflects what service users and professionals told us was important to them

6. Impact on corporate policies, priorities, performance and community impact

6.1 The new service model will aim to deliver an increase on the percentage of current demand being met and to improve emotional wellbeing, resilience and

self-esteem for children, young people, their families and carers in Thurrock. It will do this by:

- commissioning a joint approach across, Thurrock and Essex Southend local authorities and the seven Essex NHS CCGs with one provider, which will result in a reduction in provider management costs and estate costs - releasing more money for front line service delivery
- increasing the number of children and young people who receive a service by using evidence based interventions which are traditionally shorter, but more effective. This will enable practitioners to work with more children and young people annually
- providing easier access to services with quick responses and improved consultation, advice, support, training and guidance
- improving joint working with adult mental health services with a smoother transition into adult services for those 14-25 year olds who require it
- consistent admission criteria across Essex, Thurrock and Southend to meet needs in each area
- establishing consistent pathways across Essex, Thurrock and Southend, regardless of where people live
- more delivery at home and in local schools, health and community venues because early and convenient access can change people's lives
- Assessment prioritisation for vulnerable children (e.g. looked after children, children on child protection plan, or those with learning disabilities).

6.2 All seven Essex NHS Clinical Commissioning Groups, Thurrock Council Essex County Council and Southend Council are trail blazing a long term collaborative approach to planning and delivering better quality emotional wellbeing and mental health support in an empowering way to children and young people in Essex.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**
Finance Management

There may be financial implications regarding funding of this new service model. Dedicated funding is available however to enhance and improve the service, consideration may need to be given to local schools offering a contribution to the service to support dedicated therapeutic provision within individual schools. This will be monitored closely.

7.2 **Legal**

Implications verified by: **Lindsey Marks**
Principal Solicitor Children's Safeguarding

There are no direct legal implications for this report

7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**
Community Development Officer

The implementation of a high quality Emotional Well Being and Mental Health service is key to ensuring equality of opportunity for the children and young people of Thurrock and the Diversity Team would want to ensure that access to Emotional Well Being and Mental Health services is available to those who require that support.

8. **Appendices to the report**

- Appendix 1 – Partnership Communication Update – for information

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