

13th November 2014		ITEM: 7
Health and Wellbeing Board		
Emotional Wellbeing and Mental Health Services – Project Update		
Wards and communities affected: All	Key Decision: Not applicable	
Report of: Paula McCullough – Commissioning Officer – Emotional Health and Wellbeing		
Accountable Head of Service: Andrew Carter – Care and Targeted Outcomes		
Accountable Director: Carmel Littleton – 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.

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 The Board note the further work that has been undertaken to commence the procurement of the redesigned service and its progress to date.**

2. Introduction and Background

- 2.1 This report has been requested by The director of Children’s services to update the Board on progress since the last report on the 13 March 2014.**

2.2 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 (in order to improve accessibility and ensure children are picked up by 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.

2.3 It is intended that these 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 are just 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. As part of the new service 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 and risk analysis

3.1 See appendix one;

4. Impact on priorities, performance and community impact

4.1 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).

4.2 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.

5 Stakeholder engagement:

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

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre - Consultant - Finance**

Telephone and email: **01375 652466 - kgoodacre@thurrock.gov.uk**

There are no direct financial implications at this time.

7.2 Legal

Implications verified by: Lindsey Marks

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There are no direct legal implications for this report

7.3 Diversity and Equality

Implications verified by: Rebecca Price, Community Development Officer

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The implementation of a high quality Emotional Wellbeing 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 Wellbeing and Mental Health services is available to those who require that support.

9. Appendices to the report

Children and Young People Emotional Wellbeing and Mental Health redesign Project Update.

Report Author:

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Children's Services