

3 March 2016		ITEM: 9
Corporate Parenting Committee		
Emotional Well Being and Mental Health Services for Vulnerable Groups including Looked After Children		
Wards and communities affected: All	Key Decision: Not Applicable	
Report of: Andrew Carter, Head of Care and Targeted Outcomes		
Accountable Head of Service: Andrew Carter, Head of Care and Targeted Outcomes		
Accountable Director: David Archibald, Interim Director of Children's Services		
This report is Public		

Executive Summary

Since 2013, lead commissioners from Thurrock Council, Southend Council, Essex County Council, and all seven Essex National Health Service (NHS) Clinical Commissioning Groups, have been working in partnership (Children and Young People Emotional Wellbeing Mental Health Partnership) to develop a redesigned and comprehensive service model that integrates Tier 2 and Tier 3, child 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 Child and adolescent Mental Health Services) 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. There is a greater emphasis on promoting and maintaining the well-being of children and young people by intervening earlier.

There will be an increased focus on prioritising our most vulnerable young people, including looked after children as we know these groups are particularly at risk of poor mental health and the impact on their future life chances.

Many young people, parents, carers, emotional wellbeing and mental health professionals were involved in helping us shape and design this new service by telling us what their concerns were with the previous service and their ambitions for the future.

The new Emotional Well-being and Mental Health Service went live on the 1st November 2015. The new provider is North East London Foundation Trust (**NELFT**).

1. Recommendation(s)

- 1.1 That members receive further reports once data is available to enable scrutiny of the delivery of the new service offer with a focus on service delivery to looked after children.**

2. Introduction and Background

- 2.1 Previously all seven NHS Clinical Commissioning Groups in Essex, Essex County Council, Southend Council and Thurrock Council were responsible for commissioning mental health and wellbeing services for children and young people who suffer from mental health problems. Those services were 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 was that services needed to modernise to offer more services in schools and in the local community. The aim of this was 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. There will be a greater emphasis on capacity building, including staff training and more practitioners 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 These changes will support universal services and organisations to maximise the support they can provide children and young people. Looked after children and vulnerable groups will be prioritised for assessment with earlier 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.
- 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.
- 2.4 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. This will ensure Looked after Children will have improved access to a wider range of services that address their specific needs.

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 supported commissioners in Thurrock working to redesign and remodel emotional well-being and mental services to address the inequalities in provision for children and young people.
- 3.3 This work informed the commissioning and procurement of the Emotional Well-Being and Mental Health Service for children, young people, their families and carers 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 shows that more looked after children have mental health problems than other young people, including severe and enduring mental illness. Presenting a moral imperative that these children and young people are prioritised for assessment to ensure their difficulties are addressed at the earliest possible opportunity to minimise any negative impact on their future life chances. The new service will ensure this happens.
- 3.8 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 has been achieved whilst securing clear pathways for looked after children to access services at different levels of need increasing take up and access.
- 3.9 Members may wish to note the Government's report "Future in Mind" Published in March 2015 has set further recommendations on the work that needs to be done to further enhance emotional well-being and mental health services, these include

- removing the arbitrary age cut-off especially for Looked After Children and children and young people from vulnerable backgrounds
 - the need for bespoke care pathways using evidence based interventions for children from minority and vulnerable backgrounds, and looked after children, with alternative treatment venues being made available.
 - shared assessment, case management and regular multi-agency case review processes for these young people
 - designated professionals to liaise with agencies and ensure that services are targeted and delivered in an integrated way for children and young people from vulnerable backgrounds
- 3.10 In September the collaborative commissioning forum produced its report ‘Open Up, Reach Out’, our transformation plan for the emotional well-being and mental health of children and young people 2015 – 2020.
- 3.11 This resulted in an additional government funding of 3.3 million pounds per annum across Thurrock, Southend and Essex. . This funding will be utilised to improve access and equality, build capacity and capability in the system and build resilience in the community.
- 3.12 In year one 2016 – 2017, there will be further needs analysis and stakeholder engagement to ensure we are getting it right for our children, young people, their families and their carers.
- 3.13 In Year two 2017 – 2018 , there will increased crisis services and extended home treatment opportunities, improved response to self-harm and suicide, and for the first time the development of an eating disorder service in the south of the county. There will also be an improved Emotional Well Being training offer to schools to enhance community resilience.
- 3.14 In year three and beyond, there will be additional work to improve our response to suicide and self-harm prevention, improved attention deficit hyperactivity disorder and continued capacity and capability building to ensure sustainability of the changes we would like to see.
- 3.15 There is a strong focus on the most vulnerable groups of children and young people and it is recommended that in due course a report on the performance of the commissioned service with a particular focus on access to services for these groups is provided for members.
- 3.16 The contract will be robustly managed by the collaborative commissioning forum to ensure NELFT continue to deliver and improve on the Key Performance Indicators and outcomes therein. In addition they are charged to

work closely with Tier four services including acute trusts commissioned by National Health Service England.

- 3.17 Our looked after children are able to access Child and Adolescent Mental Health Services in the locality where they are registered with a GENERAL PRACTITIONER. This is a historical reciprocal arrangement and in recent times has become a matter of debate as increasingly localities are prioritizing children from their own boroughs, It is my understanding at the time of writing this report that discussions are being held on a regional and national level to address the issue as it has significant moral, ethical and service delivery implications

4. Reasons for Recommendation

- 4.1 The recommendation is made to members to update them on the development of this work.
- 4.2 Members are asked to consider that the new contract commenced on the 1st November 2015 and there full contract monitoring information will not be available until April 2016 as the service is in the process of transition until then.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Stakeholder engagement between 2011 – 2014, before and after the publication of the Joint Strategic Needs Assessment 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 reflected what service users and professionals told us was important to them

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

- 6.1. The development of the new service supports our priority to improve health and well-being.
- 6.2 The new service model will deliver an increase on the percentage of 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
- Having a joint approach across, Thurrock and Essex Southend local authorities and the seven Essex NHS Clinical commissioning Groups 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).

6.3 Details of the outcomes and key performance indicators relating to vulnerable groups is contained in Outcome 6 in appendix one.

6.4 Details of the service model are attached in Appendix two.

7. Implications

7.1 Implications verified by: **Kay Goodacre**
Finance Manager

Whilst there are currently no financial implications to this report as the service has been commissioned through existing budgets. Increasing demands and the reduction in Early Offer of Help provision will mean future budgets will come under increasing pressure and this provision will be need to be constantly reviewed.

7.2 Legal

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

There are no legal implications to this report as it provides an update on a previously commissioned service.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

This report provides a progress update on support to children and young people who may face significant inequalities; the commissioned service improves access to support and services and therefore should reduce inequalities.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- “ Future in Mind -Promoting, protecting and improving our children and young people's Mental Health and well-being”
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

9. **Appendices to the report**

Appendix 1 Outcomes and Key Performance Indicators for Re-commissioned Children and Young People Emotional Well Being and Mental Health Service

Appendix 2 Children and Young People's Emotional Wellbeing and Mental Health Service Model

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