

TITLE OF REPORT: Delivery of Children and Young People's Mental Health and Wellbeing Services

Purpose of the Report

1. To seek the views of the Health & Wellbeing Board. This report aims to provide an update on the delivery of children and young people's Mental Health services in Gateshead, more specifically the progress we have made this year in the mobilisation of Getting Help and Getting More Help.

Background

2. Following extensive listening and engagement with Children Young people and their families the CCG working with a range of statutory and 3rd sector providers is developing a programme of Transformation of the above services.

We have heard Children and young people want easier access to community based services with shorter waiting times. There was a particular emphasis on multimedia access and using technology, moving away from health focus to a community focus.

We know the waiting times have been too long and in the past there have also been examples of Children and Young People experiencing difficulty in getting the help that they need.

Summary

3. Health and Wellbeing Board has requested a progress update of Children, Adolescent Mental Health Services (CAMHS) in Gateshead, including the progress made in the mobilisation of the two new service specifications: 'Getting Help' and 'Getting More Help'.

The Case for Change

In regard to improving outcomes for children and families, *No Health without Mental Health*¹ published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole pathway approach, including prevention, health promotion and early intervention.

Prevalence

Just under 1 in 10 children aged 5 to 16 will have some form of poor mental health with the prevalence increasing with age. The most prevalent condition is emotional disorders, with up to 1 in 27 young people aged 5 to 16 having the condition.

The new model assumes a conversion rate into treatment of 80% against current performance of 40%. This means that in order to increase early help and intervention the capacity required at “Getting Help” needs to be increased.

Finance

The children and young people’s mental health service is mainly commissioned by Newcastle Gateshead CCG. Currently investment is £7.4m which includes a contribution of £180k by Gateshead council. The costs are broken down as follows:

- Northumberland, Tyne and Wear Mental Health Trust (NTW) £6.5m with a non-recurrent amount of funding also agreed £448,000.
- South Tyneside Foundation Trust (STFT) who deliver early help low level services have a contract circa £400,000.
- The above costs exclude Voluntary and community services (VCS). There are four main VCS including Streetwise, North East Counselling Service, Children North East and Kalmer Counselling with a combined contract value of £300k.
- The CCG also have a separate contract with Barnardo’s to deliver services for bereavement and sexual abuse and Kooth to deliver online support and forums.

Access

Previously children and young people have experienced high levels of referral and re-referral to other services, as well as sign posting to services with no way of following up that the individual has attended.

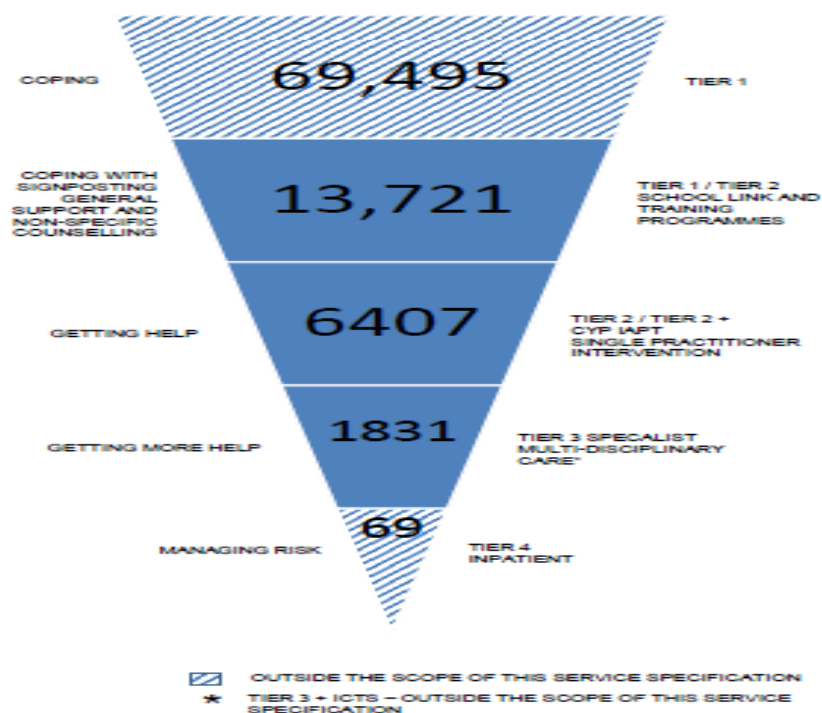
In addition long waiting times to assessment and treatment have also been compounded by too few children and young people actually completing therapies.

¹ No Health without Mental Health (2011) HM Government

Why Change?

Figure 1 below outlines the prevalence of mental health in the population 0-18 years (Newcastle and Gateshead), and highlights the specific levels of service that are concerned with the commissioning of the getting Help and Getting More Help specifications. To note tier one and tier four is outwith this scope.

Figure 1: Prevalence 0-18 population Newcastle and Gateshead



Gateshead Health Related Behaviour Survey (HRBS)

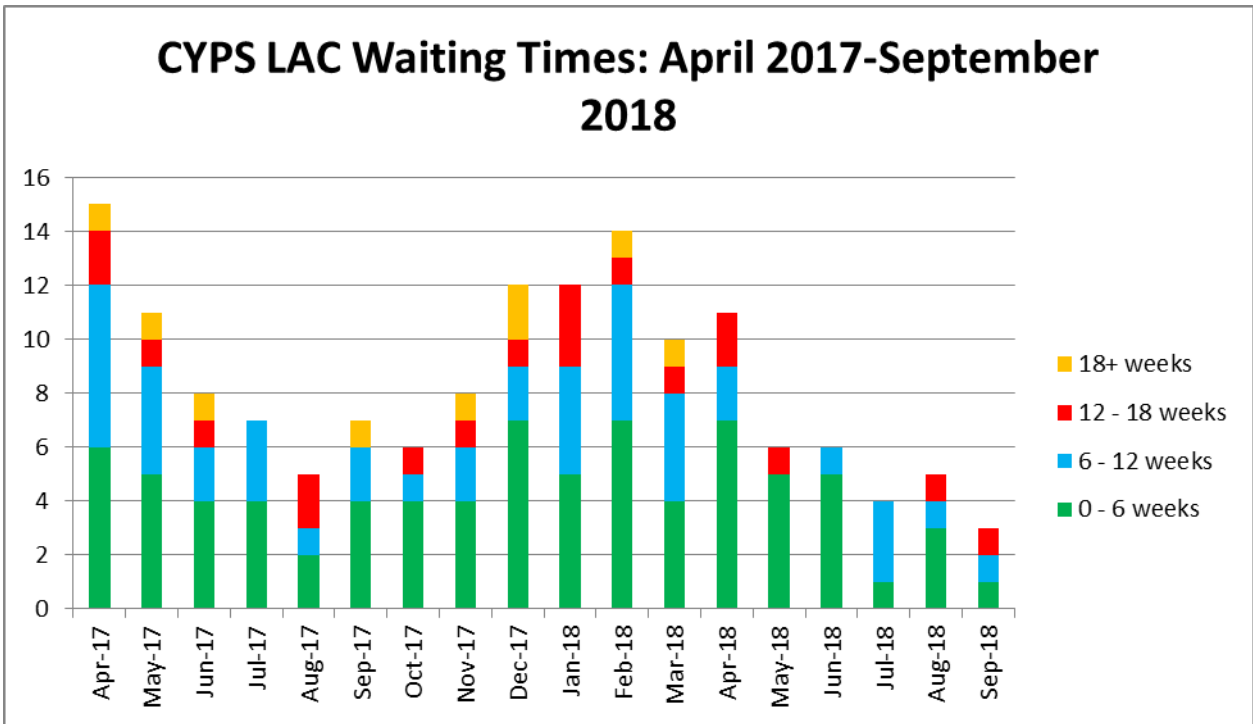
The Gateshead health related behaviour survey found that about a quarter of year 10 girls have high self-esteem, compared with more than half of year eight boys.

Just over a quarter of year six girls worry about family problems and similarly a quarter of year five girls worry about crime. Family are the most popular source of support for both boys and girls, but sadly one in 10 said they didn't know if they had an adult they could trust.

Overall around 70% of pupils said they were satisfied with their lives.

Performance and data

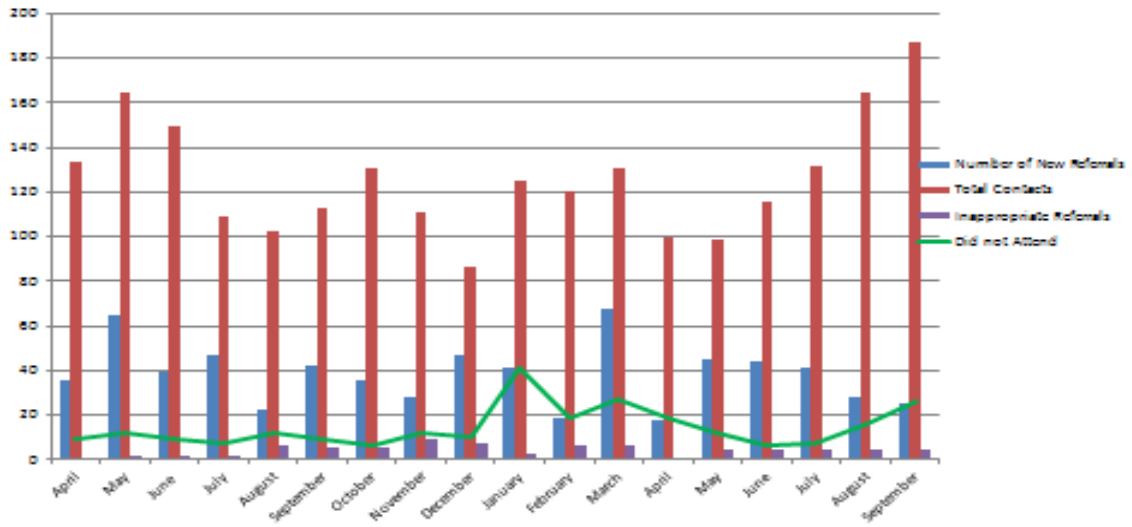
In the month of September 2018 there were 49 identified looked after children (LAC) in the Gateshead CYPS. Providers have identified a need for a higher skilled staff from CYPS that work into and provide treatment and supervision for this cohort of children and young people. In terms of waiting times for accessing NTW CYPS services, chart below shows steady improvement in the length of wait in accessing support.



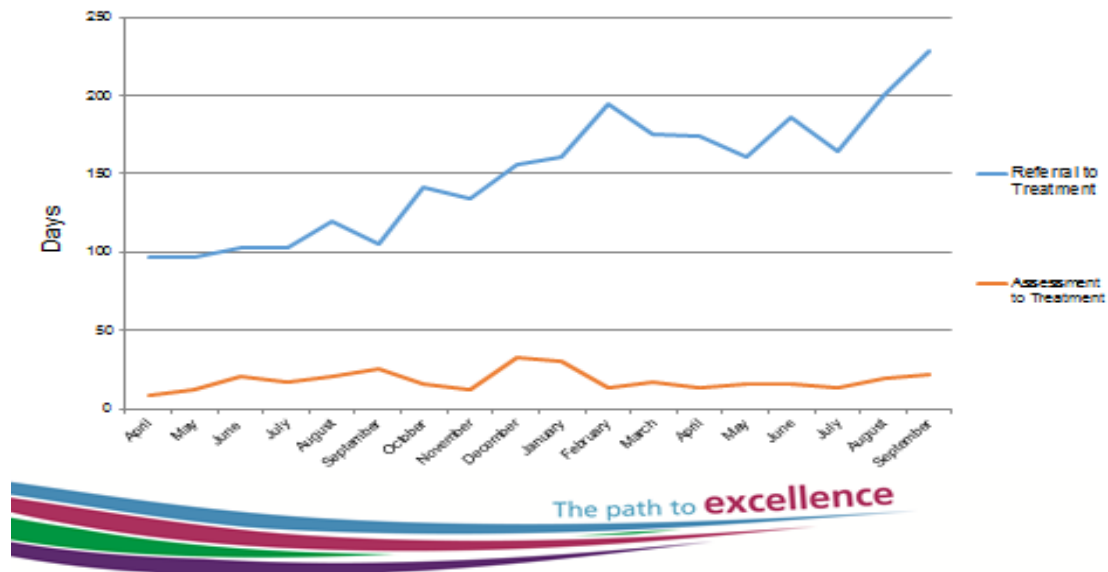
Referrals and Waiting Times

South Tyneside NHS Foundation Trust

EWT Referrals April 17 – Sept 18



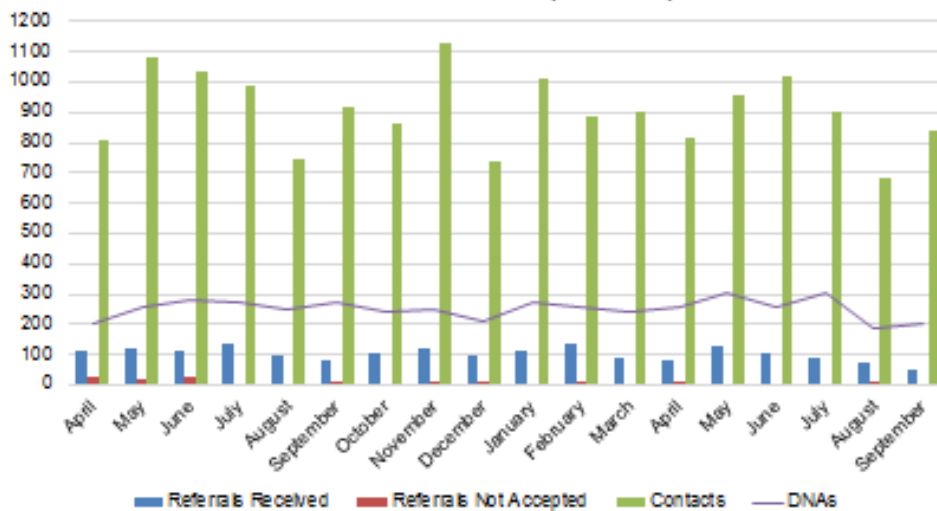
Waiting times April 17 – Sept 18

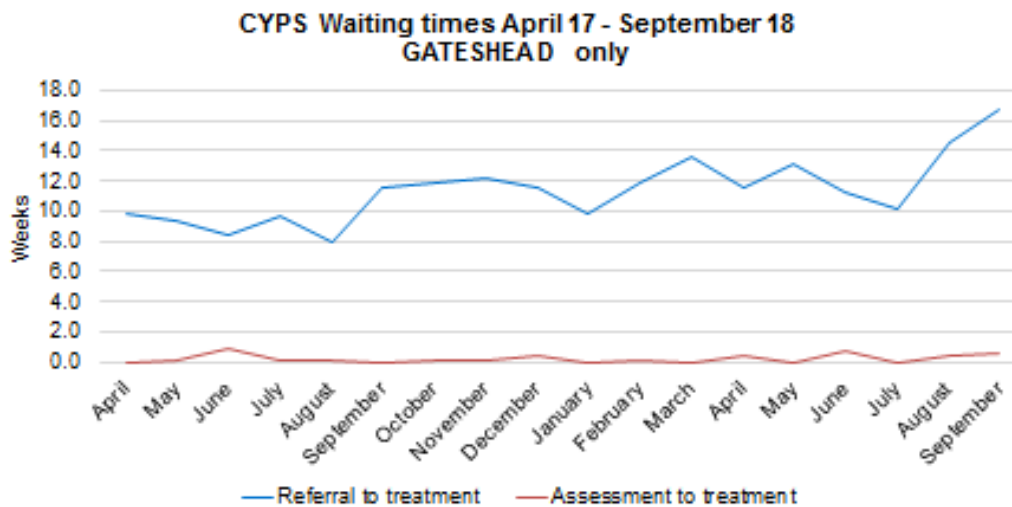


Northumberland Tyne and Wear NHS Foundation Trust



Gateshead CCG CYPS Referrals April 17 - September 18





CYPS services have a focussed programme to reduce the length of time waiting for treatment and are now reporting no wait for treatment once a CYP is accepted onto treatment programme. Chart above shows both the length of wait for this area as the assessment to treatment.

Referral to treatment (blue line) shows the length of wait for CYP from initial referral to the service to the treatment programme starting and includes assessment.

KOOTH

Kooth, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

Digital is at the heart of Kooth, joining-up with traditional services. This online service takes an integrated approach, taking the benefits of digital and coupling them with face-to-face services.

Kooth staff are Organisational Members of the British Association of Counsellors and Psychotherapists (BACP). All clinical staff hold memberships with the various bodies that monitor the counselling and psychotherapy professions, such as the United Kingdom Council for Psychotherapy, the Health Professions Council and the BACP.

Kooth was commissioned by the CCG in 2018 and is available to all children and young people. The service has been promoted in all schools and information is

also given to children and young people upon referral to the single point of access and whilst awaiting treatment as a means of support.

There have been 246 registrations since the service started in April and an average of 300 logins per month. 52 unique young people completed 75 chat sessions and 122 sent 424 messages.

Workforce development

Examples of training delivered to support the new model

Name of Training	Date	Training provided to	Numbers - if available	Duration
SHA Training - understanding anxiety	16/07/2018		14	1 day
Managing Anxiety in C&YP using CBT approach and benefits of working with parents to help them manage their own child's anxiety	12/07/2018	School Health Advisors	12	1/2 day
TITO event Newcastle	05/07/2018	GP's		4 hours
TITO event Gateshead	12/07/2018	GP's		4 hours
Clinical Supervision Training	20/07/2018	Newcastle/Gateshead CYPS Staff	4	3 hours
Sleep deprivation and online gaming	27/09/2018	Bridgewater primary	10	1/2 days

What's changing?

Commissioners and providers aim to develop a Whole Systems Model that will provide an integrated, early response to the emotional and psychological needs of children, young people and families. This will improve outcomes, reduce inequalities and reduce the impact of poor mental health on the economy and individuals.

Summary of proposals

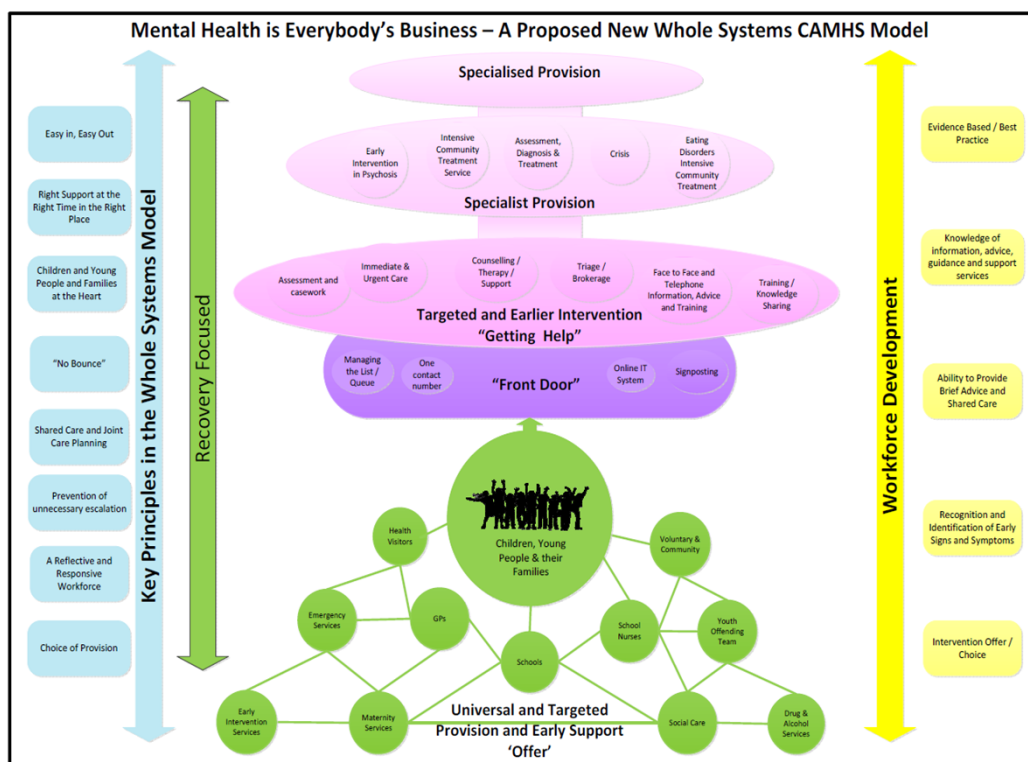
- Establishment of a single point of access with phased access by referrers, children young people and their families. This will result in 'no bouncing' between services and ensure a warm transfer between services to ensure the child or young person has timely access to the correct service.
- Access to KOOTH
- Continuation of third Sector contracts to ensure alternative provision to NHS statutory services with aim of early intervention and prevention
- Development of Special classes pathways to support those most vulnerable for example Looked after Children, those with drug and alcohol issues as well as those accessing the Youth Offending Team

- Development and introduction of new service specifications based on the THRIVE model of “Getting Help” and Getting More Help” ensuring services are focused around the needs of the Child or Young Person
- Moving provision from the more complex delivery to ensuring the focus is on Early intervention and prevention
- The successful Trailblazer bid announced in October 2018 with a value of circa £1m aims to improve waiting times and support in schools. Mental health support teams will support Gateshead schools including all secondary, pupil referral units, college and special schools. Also all Jewish schools and all year five and six primary schools.
- Introducing lead provider arrangements from April 2019

The new model

There will be a seamless pathway across a range of providers Figure 2 below shows the delivery pathway from universal service to specialised provision.

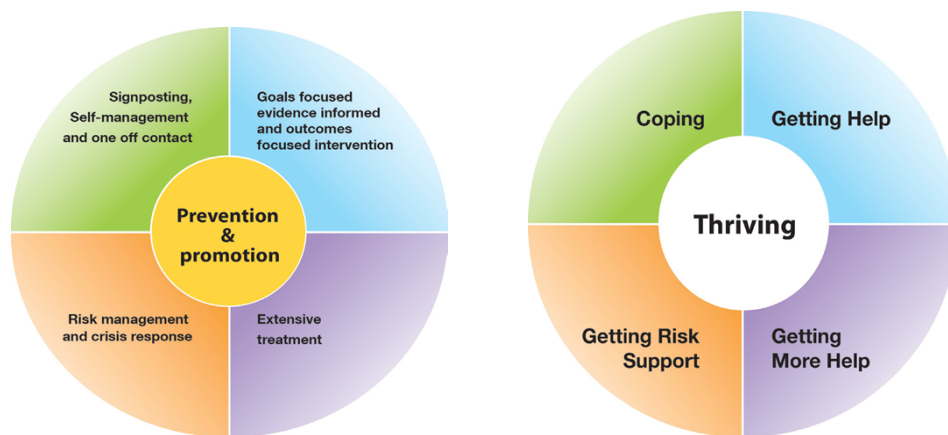
Figure 2



These services have been the subject of earlier papers in relation to the provision of community CYP MH services and proposals to move to a single lead provider on the basis of a clear specification, performance and outcomes schedule and financial model which brings the unit cost of the provider for NGCCG in line with rates charges to other local commissioners. Within this model there will be a clear shift of provision to delivery

of earlier interventions in education settings and prevention. When agreed this has the potential to release funding for re-investment in mental health services.

THRIVE Based Service Model



Way forward

Single Point of Access (SPA)

The phased implementation of the SPA commenced in December 2017 with all Gateshead schools and continues with GPs and social workers now on board; the final phase will be the inclusion of the children young people and their families.

The aim of the SPA is to make access to services as easy as possible for service users and referrers. The SPA endeavours to hand over the child to the most appropriate service and provide early help with an ultimate aim to reduce waiting times and the need for more complex services.

Evaluation of the phased approach to roll out is ready to be undertaken and the information gathered from this exercise will be analysed and shared at future meetings once available.

Collaborative transformation

Not all things can change overnight, however we have made progress in developing and implementing the new model of transformation, while listening throughout from children, young people, families and carers. As a result of what we have heard and as part of our iterative process to change, we have challenged services to strengthening delivery upstream, working towards an early intervention model.

- The range of VCS and online provision is developing and during 19/20 ambitious plans for earlier and increased access to Getting Help. This includes the increased use of Apps and an online offer for 11-18-year olds (and those aged up to 25 years if in looked after system) through Kooth.
- We have been moving from a fragmented system of supporting children and families, within challenging financial circumstances and have developed a model of transformation focusing on integrated, early response services.
- The two main NHS providers which offer mental health and wellbeing services for children and young people, Northumberland, Tyne and Wear NHS FT and South Tyneside Foundation Trust
- Our community and voluntary sector provision is key in supporting early identification, and “needs help”.

The service specification

The model clusters mental and emotional support for young people into four groupings:

- 1 Signposting, self-management and one off intervention
- 2 Goal focused, evidence informed and outcome focused intervention
- 3 Extensive treatment
- 4 Risk management and crisis response

Case Study child A

A 12 year old child A with a presenting problem of a depressive episode. The child was screened by a trainee mental health worker 6-8 sessions of Behavioural Activation therapy were delivered of which he attended five. Following therapy child A stated that he felt better but mum was still anxious so a further 2 weeks therapy was given.

At the review appointment both mum and child were happy with his progress which had been maintained. The Children’s Anxiety and Depression Scale (RCADS) scores were completed before and after therapy:

- Parent initial Major depression score - greater than 80
- Follow up major depression score – 57.8
- Child initial Major depression score – 66.2
- Child follow up major depression score – 39.8

Gateshead CYPS pathways

Once accepted in to the CYPS service young people are accepted on to the following pathways for assessment, intervention and treatment

- Mental health pathway
- Learning Disability / PBS pathway
- Neuro disability pathway

There are though groups of young people who would be identified as having a higher level of vulnerability and have a quicker route in to the service as previously mentioned i.e. Youth offending and those young people being accommodated outside of their homes (not kinship care) and identified as 'looked after'.

Challenges

- **Multi-agency working** sometimes agencies will have different priorities - partnership working, networking and with support from CCG already in place enables them to identify common priorities to support children's mental health care and treatment
- **Increased awareness about Children's mental health** may translate to increased demand and increased expectations of the service
- **Need to be clear** about what the pathways can provide and where else support may be available (e.g. Kooth)
- **Changing demand for service users:** we are now seeing younger children requiring access to services and therefore the workforce has had to adapt and change to meet this demand

Mobilisation plan

The robust mobilisation plan provides a high level of assurance that the changes being implemented are on track.

Conclusion

The CCG and providers have made progress to improve the experience of children and young people accessing these services and are committed to ensuring the progress is sustained through:

- Sharing progress on the delivery of CYP Mental Health services
- Mobilisation of Single Point of Access
- Implementation of Getting Help and Getting More Help Specs
- Learning from the past
- Enhancing opportunities
- Collaborative transformation across the whole system, education /schools, providers, third sector

Recommendations

The Health and Wellbeing Board is asked to:

- Receive this update report on implementation of new CAMHS model including detailed service specifications, performance framework and mobilisation plan.
 - Receive further updates throughout the continued implementation of the CAMHS transformation programme.
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Contact: Chris Piercy, Executive Director of Nursing, Patient Safety & Quality
Newcastle Gateshead CCG – c.piercy@nhs.net