

| | |
|-------------------------|---|
| TITLE OF REPORT: | Expanding Minds, Improving Lives: an update on the work of the collaborative commissioning of children and young people's mental health services |
| REPORT OF: | Chris Piercy, Executive Director of Nursing, Patient Safety and Quality |

Summary

The purpose of this report is to provide the committee with an update on the work in relation to Children, Adolescent Mental Health Services (CAMHS) across Gateshead and Newcastle.

1. Introduction and background

- 1.1 In January 2015 NHS Newcastle Gateshead Clinical Commissioning Group, Newcastle City Council and Gateshead Council agreed to work together with their communities to plan what needs to happen locally to transform the emotional wellbeing and mental health provision for children and young people and their families across Newcastle and Gateshead.
- 1.2 Nationally, regionally and locally there is a recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met and this project aims to address this through a fit for purpose local response.
- 1.3 "Expanding Minds, Improving Lives" is a time-limited project which has been established to drive the transformational change in Newcastle and Gateshead. "Expanding Minds, Improving Lives" is led by a Principal Public Health Consultant and benefits from a dedicated Project Manager. A small project team, made up from representatives from each of the three collaborative partners drives the day to day work of the project.
- 1.4 The project's vision is that:
'Our communities are enabled to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time.'

2. Progress to date

In February 2016 the project team undertook listening events and pre-consultation with key stakeholders, children young people and their families. A number of workshops explored experiences of the existing mental health services and discussed how these could be improved, alongside a call for submissions to enable the public and professionals who had not been able to attend the listening workshops to share their views on the exiting provision and how it could be improved. Engagement involved targeted listening with key stakeholder's in particular young people around their experiences with mental services and how and where they would like to access services. Further engagement work is currently been undertaken with a number of harder to reach groups and will conclude in December.

2.1 The Advisory Group

The project established an Advisory Group as a means for "Expanding Minds, Improving Lives" to share early thinking with key stakeholders who had knowledge and experience of working with children and young people and mental health services in order to influence the development of the project.

Membership of the group was broad and included parent/carer representatives, school leaders, community and voluntary sector representatives, Healthwatch and universal, targeted, and specialist providers, meeting regularly throughout the engagement phase.

2.2 Young Commissioners

The project commissioned Youth Focus, a voluntary organisation based in Gateshead, to recruit, develop and support a group of young people aged 13 to 19 (or up to 25 if the young person has learning difficulties or disabilities) to become co-commissioners who will help to shape future mental health services for children and young people and their families across Newcastle and Gateshead.

A consistent message throughout the listening phase was that extra capacity and workforce development was a priority for universal provision. Non-recurrent transformation funding was used to commission "If U Care Foundation" to develop a mental health awareness training programme that would engage participants representing all 185 schools in Newcastle and Gateshead. The Young Commissioners played an important role in the procurement process.

2.3 Action!: Story

Targeted engagement with children engaged with mental health services has been key to informing the transformation work. Action: Story! delivered by Helix Arts, were commissioned to work with and empower young people aged 9 to 14 who access CAMHS to have a voice in the commissioning process for this

service. By taking part in a film project, the young people were given an opportunity to express how they feel about their journey within the service and how they would like to see it change.

On the 10th February 2016, at Tyneside 'Pop Up' Cinema with multi-agency providers, children and young people and families came together to celebrate the work of our children who worked with Helix Arts to develop their CHOAS DVD, and the Young Commissioners recruited, trained and supported by Youth Focus North East supported.

At the event DVD was showcased and those who took part spoke of their experiences as service users and what it felt like to take part in the Arts Project. The Young Commissioners also took to the stage and impressed the audience with their understanding of the issues for children and young people and what they hoped to achieve as Young Commissioners.

The link to the chaos Video can be seen here
<https://vimeo.com/173909530>

At the event Commissioners from the CCG and two local authorities made the following pledges to the audience, see Appendix 1.

2.4 Baseline Positions Statement – The Case for Change

The project team developed a baseline position statement which sets out:

- The impact of mental health on children, young people and families
- Prevalence of mental ill health
- Current service provision including performance
- Resources
- Summary of the wider services supporting children and young people (e.g. universal and targeted)
- Feedback from previous engagement

The baseline position statement formed the 'Case for Change' which has been updated on a regular basis, see Appendix 2. Work is ongoing to ensure that the transformation programme of work will allow us to increase access to high quality mental health services for an additional 70,000 children and young people per year. Key actions include extending access to CYPS services by 7% in 17/18 and 18/19 (to meet 32% of local need). Clear defined targets are being developed alongside the proposed model of transformation. The proposed model will also reflect the need to address 24/7 urgent and emergency response times.

Work continues with local providers to improve the data flow as the proposed model is implemented, developing robust baselines and reporting mechanisms to track progress against key deliverables.

2.5 Listening / Pre-consultation Stage

Newcastle Gateshead CCG has fulfilled its commitment to ensuring that children and young people and their families are at the heart of the transformation, we have undertaken an extensive listening and engagement exercise with our communities to gather their views based on individual experiences of the current service. See appendix 3 for the full report.

We also engaged with professionals in organisations providing support to our children and young people to understand their experience of the services and the impact services have on our children and young people.

We have learned from this phase and adapted our vision, principles and plan to reflect our learning.

Our Vision:

'We will improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place'

Our vision now reflects a more collective approach to supporting our children and young people and a proposed model of transformation has been developed.

3. Actions to address emerging needs

As we are on a transformational journey we acknowledge not all things can change overnight. In year, using some of the transformation funds we have piloted 3 key areas of work as a result of what we have heard and as part of our iterative process to change.

All are aimed at strengthening the upstream, early intervention model we are striving to achieve.

1. **Counselling Provision:** we have procured an interim offer of tier 2 (Getting help / more help) counselling provision for those experiencing mild to moderate mental health problems, including procurement of a specific service for those children with learning difficulties.

The provider(s) are required to offer a range of counselling techniques and methods appropriate to age and maturity, and where deemed appropriate also offer support to the family. The provider will offer:

- A choice of counselling interventions including group, individual, online etc.
- Involvement with parents or carers if deemed appropriate
- A selection of meeting points / venues for delivery of provision
- Varied access e.g. professional and self-referral
- Clearly demonstrate how outcomes data will be collected and monitored
- Clearly demonstrate how the service will reach and engage vulnerable young people

After initial assessment, the provider will assess whether the service is suitable to the child or young person's needs. Where support is best provided by another provider the professional will be responsible for onward referral or the provision of supporting information.

2. **Self-harm response** – Our data analysis (a component of the case for change) highlighted that the rate of hospital admissions for self-harm for 10-24 year olds in Gateshead is higher than the national average. In 2014, the Gateshead self-harm rates were identified by both the Gateshead LSCB and the Gateshead Children & Families OSC as a priority area of work. The Gateshead CAMHS Steering Group set up a multi-disciplinary self-harm sub group to carry forward this piece of work which resulted in the development of a self-harm protocol for all professionals within the children's workforce across Gateshead and to look at the current training provision around self-harm and to identify any gaps in provision. We have therefore procured some additional training for schools staff to help them identify and support children and young people in need.

A team of multi-agency professionals from the NHS, local authority and tier 2 & 3 CAMHS services have developed the bespoke training together. The providers will initially deliver a programme of self-harm training to key staff members in Gateshead Secondary Schools, other professional groups will be considered for the training in the future. Post evaluation learning from this will be shared across the Newcastle footprint.

3. **Mental Health Awareness Training for** specific frontline staff is a crucial element of our workforce development. However, children and young people highlighted many instances where training specifically for schools based staff would have improved both their chance of early identification and intervention but also would have improved their whole school

experience. We have therefore agreed to focus our first mental health awareness training at schools staff.

Our vision is that every maintained and non-maintained school in Newcastle and Gateshead has a member of staff who is the designated mental health champion. The named mental health champion will be the 'go to' person in each school where a problem arises that cannot be easily resolved. The mental health champion will need to:

- Be knowledgeable about the services available (in and outside of the school environment) to support a child or young person should they need to access service provision
- Engage in the mental health awareness training (as outlined in this specification)
- Cascade the learning from the mental health awareness training to teaching and non-teaching staff within their school
- Learning will be shared in a variety of ways that are appropriate to the individual school setting
- Be influential in the school e.g. of sufficient status to help ensure change can happen within the school setting

To support schools and their designated mental health champion a programme of mental health awareness training will be delivered.

4. The proposed model

- 4.1 The new model is based on a prevention (where possible) and if not, the earliest possible intervention. Success of the proposed model will be reliant upon all professionals signing up to the principles which underpin the new model (See New Proposed Model in Appendix 4).

This will result in prevention of unnecessary escalation – shifting our approach to pre-empt or respond quickly to emotional wellbeing concerns instead of treating their consequences. To do this we need a cultural shift, and a reflective and responsive workforce. We also need choice of provision – a dispersed model of provision (as close to home as possible) to enable children and young people to receive care and support in an environment which will be most therapeutic for them. This may be for instance in a clinic environment, a community building, a school, a café or the park. The choice will be with the family and child primarily.

We need to provide the right support at the right time in the right place (we added 'the right place' as children, young people and families have clearly said that the present clinic environment does not work for them). Access to a variety of types of support and therapy should be easy to access 'Easy in' and when

appropriate should be easy to leave 'Easy out' in a planned and controlled way to prevent relapse (our data highlights some children and young people appearing to be static in their care, in in care for too long). Such provision should be 'recovery focused' at all times, positively supporting children and young people to get back to 'normal' life and live the best lives that they can. Within this context the needs of children and young people and families are at the heart of what we do and provide, not the needs of services. When someone is referred on we expect 'No bounce' by this we mean that individuals should not be bounced from service to service. There should be a shared care and joint planning approach whereby the original referrer always keeps the child or young person in mind and in sight, ensuring everything is going to plan and supporting that recovery focused model of care.

5. Next steps

Over the next few months we will continue on our transformational journey. The following bulleted points indicate the ongoing areas of work required to ensure we meet our ultimate aim to improve the emotional health and wellbeing of children, young people and families, who will thrive through access to the right support at the right time in the right place.

- Evaluation of counselling tier 2 will inform new model
- Awareness raising through GP Child Health Leads across Newcastle and Gateshead
- Development of a new service specification with providers
- Variation to contracts to include improved performance and activity data
- Proof of concept – 3 months January to March 2017 to test out our new delivery model, this will influence how we develop care pathways
- Continued workforce development across children's workforce
- Continued work around transitions
- Continue to work collaboratively with the LD transformation board on a regional and local level. This will also include how it interfaces with SEND reforms.
- Review current workforce arrangements
- A bid has been submitted as an early adopter perinatal mental health service by provider

6. Recommendations

The committee is asked to note the content of the report and to provide comments on the information provided.

Agree to receive an update in 3 months in relation to;

- Options moving forward with Children and Adolescent Mental Health Services

Contact: Chris Piercy,
Executive Director of Nursing Patient Safety and Quality,
Newcastle Gateshead CCG

Appendix 1 – Pledges
Appendix 2 – Case for Change
Appendix 3 – Listening Report
Appendix 4 – The proposed model