

Subject:	Developments in Mental Health Services for Children and Young People		
Date of Meeting:	19 June 2017		
Report of:	Executive Director Families, Children & Learning		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 The purpose of the report is to provide information on the current children and young people's mental health and wellbeing services, and future developments, with particular emphasis on:
- a) Access and waiting times;
 - b) Outcomes, support while waiting for appointments; and
 - c) Child-friendly environments including school settings.

2. RECOMMENDATIONS:

- 2.1 To note and discuss the information provided.

3. CONTEXT/ BACKGROUND INFORMATION

National

- 3.1 Nationally, there is a great deal of focus on children's mental health services, recognising this is an area where improvements need to be made. *Future in Mind; promoting, protecting and improving our children and young people's mental health and wellbeing*¹ calls for a whole child and family approach, improving interventions and recovery, working with the voluntary sector and digital systems to break down barriers to develop a whole system service. The emphasis on the role of schools and how mental health can support education was outlined in *Counselling in Schools*² and in the *Mental Health Services and Schools link projects*³ of which Brighton and Hove was one of the pilot sites. The recent publication of *The Five Year Forward View – Mental Health*⁴ outlines the

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf

² <https://www.gov.uk/government/publications/counselling-in-schools>

³ http://cdn.basw.co.uk/upload/basw_74221-6.pdf

⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

need to ensure increased access for children and young people who require mental health services, with an NHS target to increase capacity and access.

Brighton and Hove

- 3.2 Improving the mental health and wellbeing of children and young people in Brighton and Hove is a Clinical Commissioning Group (CCG) and Brighton and Hove City Council (BHCC) priority.
- 3.3 Whilst there are fantastic services in pockets across the City (for example online counselling and Tier 2 CAMHS), they are sometimes working in isolation and in a fragmented way, not necessarily together as a whole system.
- 3.4 During the review of services and also the Joint Strategic Needs Assessment⁵ the main concerns raised were:
- a) A clinic based structure is not always young person friendly and assessment and treatment needs to happen in alternative venues;
 - b) Referrers find there is a lack of clarity around eligibility criteria and referral systems for Tiers 2 and 3 CAMHS, leading to referrals bouncing back;
 - c) Services do not have the capacity to meet current demand, leading to waits for assessments and the service model seems unable to meet the needs of complex cases;
 - d) There's a lack of joint working across services, particularly between GPs and CAMHS and GPs and schools as well as with local Community Paediatricians;
 - e) There's not enough early intervention/primary mental health work, family therapy, and outreach work in schools;
 - f) The out of hours/crisis service provision is not always responsive or criteria is not understood;
 - g) There is not enough support while people are waiting for assessment or treatment;
 - h) Transition services need improving with an extension up to 25 years; and
 - i) The system needs to collect better data and information on children's mental health needs and demand. This is likely to improve by 2020 with a refresh of the Public Health England Prevalence data and improved data collection by local providers.
- 3.5 Commissioners are also aware of the high numbers of vulnerable children and young people especially those who attend A&E who have self-harmed, children in care, care leavers, those with special educational needs, substance misuse and/ or known to the justice system; all of which have a higher likelihood of mental health needs.
- 3.6 It is recognised nationally as well as in the City, that there are not enough children and young people accessing mental health services for various reasons such as:
- a) There are not enough services, resources or the right type of services;
 - b) Services are not welcoming;
 - c) Services do not do enough to engage people and encourage them to get the treatment they need; and

⁵ <http://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning>

d) The stigma attached to seeing mental health support.

4. Children and young people's mental health services in Brighton and Hove – the future

- 4.1 Our aim is to shift the balance in children and young people's mental health and wellbeing services from reactive, towards prevention, promoting mental health and wellbeing, and early intervention, where they can thrive. To achieve this, there needs to be less fragmentation and more integration in a holistic way that takes account of the whole family experience and needs. This has formed the Local Transformation Plan for Children's Mental Health⁶ that has been agreed by the Health and Wellbeing Board.
- 4.2 In order to achieve this aim the CCG has increased investment across the system but in particular in mild to moderate mental health needs where there is the greatest gap between need and the numbers of people accessing services; investing in community and school settings.
- 4.3 It is worth noting that the NHS England are responsible for inpatient mental health bed commissioning (Tier 4), and that this is provided locally by SPFT at Chalkhill Hospital in Haywards Heath. The latest data available to the CCG shows there were 8 Brighton and Hove referrals for an inpatient bed in 2015/16.
- 4.4 Commissioners' recognise that this whole system change will not be easy and will require close monitoring in order to determine success and impact. The plans are in place, the next stage is implementation and measuring impact.
- 4.5 New arrangements for organising provision in this area is set out in *Appendix One* – This shows that children and young people's mental health and wellbeing pathway outlines a whole system approach with:
- a) A focus on prevention and health promotion through the mental health anti-stigma campaign #IAMWHOLE based on research suggesting that 75% of people with mental health difficulties are treated negatively due to stigma⁷. Further development is continuing, of www.findgetgive.com as a central place for children and young people to get advice, information, support and help with sections for family support. This is also a resource for people while they wait for assessment or treatment;
 - b) A single point of access for mental health referrals within an all ages Community Wellbeing Service, with improved self-referral processes across the pathway with a `no wrong door` approach;
 - c) A Schools Wellbeing Service where Primary Mental Health workers are present in all schools in the City providing a whole school approach to pupils, staff and parents/ carers. This is a whole school approach, supporting pupils, staff and parent/ carers, including immediate consultation with staff, workshops and training for parent/ carers and school websites for general advice and guidance;
 - d) A redesigned specialist mental health service within our community (formally known as Tier 3 CAMHS) to address access and waiting times,

⁶ <http://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning>

⁷ http://www.ymca.org.uk/wp-content/uploads/2016/10/IAMWHOLE_Summary_v1.2.pdf

provide assertive outreach in child-friendly environments and clear links with Primary Care, Schools Wellbeing, Social Care (for more vulnerable children and young people) and Community Wellbeing Service.

4.6 Those children and young people who are particularly vulnerable, such as those in care, care leavers will have support from both the Primary Mental Health Workers team (one of the team specialises in supporting children in care and liaising with social care and other agencies including the Virtual School to ensure they are fully supported. Within the specialist mental health service, the new model includes mental health in-reaching to social care pods providing advice, guidance, training and support to social workers supporting vulnerable young people with their mental health issues.

4.7 Table one overleaf outlines the current and new waiting time targets for each service across the system. The 18 weeks from referral to treatment within children’s mental health services is a national target. The CCG has specified new access and waiting times in line with adult mental health services and will respond to any future guidance on access and waiting times.

	Service and support	Current waiting times	Future waiting times in 2017/18
1	<p>Specialist Community Mental Health Service (previously tier 3 CAMHS)</p> <p>A range of mental health services that assess and treat significant, complex, persistent, emotional mental health, psychological and/ or relationship difficulties through a multi professional approach. Children and young people who need more help as defined in the THRIVE model of care⁸.</p>	<p><u>Urgent</u> 4 hours to assessment</p> <p><u>Routine</u> 4 weeks to assessment</p> <p>18 weeks to first treatment</p> <p>To note:</p> <ul style="list-style-type: none"> • Tier 3 CAMHS accepts approximately 1,300 referrals each year • Currently 33% are assessed within 14 days with 98% assessed within 4 weeks • 91.8% treated within 18 weeks 	<p><u>Urgent</u></p> <ul style="list-style-type: none"> • 4 hours to assessment • 24 hours from referral to treatment <p><u>Priority</u></p> <ul style="list-style-type: none"> • 5 working days to assessment • 2 weeks from referral to treatment <p><u>Routine</u></p> <ul style="list-style-type: none"> • 28 days to assessment • 8 weeks from referral to treatment
	Service and support	Current waiting times	Future waiting times from June 2017
2	<p>Schools Wellbeing Service (Previously Tier 2 Community CAMHS). Present in all secondary schools by June 2017, rolling out to Primary Schools in 2017/18 and Colleges & Special Schools in 2018</p>	<p>Triage at current Single Point of Access (with T3 CAMHS)</p> <p>Referral to assessment within 20 days</p> <p>Assessment to treatment within 20 days</p>	<p>Triage within 2 working days plus weekly formal triage within schools</p> <p>Referral to assessment within 20 working days</p> <p>Treatment within 20 days of assessment</p>

⁸ <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

3	<p>Community Wellbeing Service</p> <p>The service is available to children and young people whose presentation is not severe enough and do not meet the criteria for Specialist service but would benefit from formulation and treatment of their mental health. The service aims to provide advice, support assessment and moderate intensity interventions/ talking therapies at the earliest possible opportunity to prevent problems persisting and/or escalating.</p>	<p>Face-to-face counselling and online counselling currently provided by the voluntary sector:</p> <p><u>Online</u></p> <ul style="list-style-type: none"> • Assessments within 2 days of referral • Treatment within 1 week of referral <p><u>Face-to-face</u></p> <ul style="list-style-type: none"> • Referral to assessment within 5 days • Treatment within 20 days of assessment 	<p>Triage within 2 working days.</p> <p><u>Online</u></p> <p>Assessment and treatment within 5 working days from referral</p> <p><u>Routine</u></p> <ul style="list-style-type: none"> • Referral to assessment within 20 working days • Treatment within 20 working days from assessment <p><u>Priority</u></p> <ul style="list-style-type: none"> • Referral to assessment within 5 working days • Treatment within 10 working days from assessment
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Table One

Definitions

Urgent response	<p>When someone is no longer able to cope or be in control of the situation⁹. A feeling of great emotional distress or anxiety unable to be able to cope with day-to-day life and the care support system around them is also unable to cope. An acute time-limited episode as well as overwhelming reactions to an event.</p> <p>Referrals received by telephone, which:</p> <ul style="list-style-type: none"> - Have indicated urgent - Contain reference in the documentation to crisis/ urgent - The person has been clinically assessed as being at risk of causing significant harm to themselves or others <p>Requires an immediate response (within 4 hours from referral) from the service to further assess, stabilise and take measures to protect the person and others from future harm such as suicidal behaviour (ideation or intention), psychotic episodes, behaviours that seem out of control or irrational and are likely to endanger the person or others</p>
Priority response	<p>Referrals received which:</p> <ul style="list-style-type: none"> - Have been marked as priority - Does not contain any reference within the written documentation that meets criteria for urgent - The person has been clinically assessed as needing an assessment within 5 days to avoid further deterioration or increased risks, which are likely to occur if appropriate response is not made within 5 days from referral <p>Long term service users</p>

⁹ <http://www.nhs.uk/NHSEngland/AboutNHSservices/mental-health-services-explained/Pages/mental-health-emergencies.aspx>

Routine response	<p>Referrals received which:</p> <ul style="list-style-type: none"> - Have not been marked as urgent or priority - Do not contain any reference within the written documentation that meets criteria for urgent or priority <p>The person's needs are not such which requires the service to respond to reduce risk of needs escalating and requiring urgent or priority response, so assessment can happen within 4 weeks from referral</p>
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- 4.8 All services have been commissioned with the following principles in mind:
- a) Assertive outreach, proactively engaging young people, ensuring they attend appointments, and taking the assessment and treatment into community, child/ young people-friendly environments;
 - b) Supporting children and young people across the pathway to ensure they are fully informed of their agreed care plan and any changes to that, as well as keeping the referrer informed;
 - c) An outcome based approach to measuring the impact of the treatment. Brighton and Hove has started the implementation of Child and Young People Improving Access to Psychological Therapies (CYP IAPT)¹⁰ which includes participation and involvement, measuring experience and measuring outcomes. It also provides an opportunity to develop the workforce and increase capacity and skills through a training programme; and
 - d) Support for parents/ carer is integral. Examples include
 - i. The commissioning of a national charity B-Eat to provide parent/ carer training and peer support in a sustainable way for those parent/ carers with children with an eating disorder;
 - ii. A pilot of a parent/ carer online forum;
 - iii. Research and information gathering on what support parent/ carers need;
 - iv. Parent/ carer training in coping strategies for children/ young people who are self-harming;
 - v. Parent/ carer workshops in schools; and
 - vi. Support from the Brighton and Hove Inclusion Service.

5. ANALYSIS & CONSIDERATION OF ALTERNATIVE OPTIONS

- 5.1 The CCG, working with its partners in BHCC agreed that all stakeholders (children, young people, parents, carers and professionals) should be fully involved with the whole system re-design process.
- 5.2 A formal procurement process of the Community Wellbeing Service was required as the current contract was finishing on 31st May 2017.
- 5.3 The CCG has worked with Sussex Partnership NHS Foundation Trust in a formal redesign process of specialist services rather than a formal procurement process to prevent any de-stabilisation of the children's mental health system.

¹⁰ <http://www.cypiapt.org/>

6. COMMUNITY ENGAGEMENT & CONSULTATION

6.1 The CCG has followed clear consultation and engagement processes throughout this period of transformational change. This includes:

- a) All previous feedback in the last 3 years from a variety of organisations and agencies including Healthwatch¹¹, Parent and Carers Council¹², AMAZE¹³, Right Here project¹⁴, Special Educational Needs and Disabilities Review¹⁵, Autism Scrutiny Report¹⁶ and Local Safeguarding Board multi-agency audit in December 2014¹⁷
- b) Parent/ carer and young people representation on the Joint Strategic Needs Assessment working group (Feb-Nov 2015);
- c) The Joint Strategic Needs Assessment process (Feb-Nov 2015) has ensured the `voice` of a range of stakeholders such as Children and young people, Youth Council, Schools, Colleges, Universities, providers, parents, carers;
- d) Young people and families consulted and part of the whole system re-design process with a whole system workshop June 2015 and May 2016;
- e) Consultation and involvement of children, young people, parents and carers in the procurement of the Community Wellbeing Service (March – Nov 2016);
- f) Pupil `voice` in the development of the Schools Wellbeing Service; and
- g) Young people and families with recent experience of Tier 3 CAMHS involved in the redesign process of the Specialist Community Mental Health Service (Jan 2017).

6. CONCLUSION

6.1 The key areas needing improvement in children and young people's mental health services are:

- a) Access and waiting times, less fragmentation and clarity on pathways and services;
- b) Outcomes, support while waiting for appointments; and
- c) Child-friendly environments, including school settings and assertive outreach.

6.2 The CCG is addressing these issues through:

- a. Further development of FindGetGive website as a single source of information, advice and guidance on mental health and wellbeing for children and young people as well as a phase 2 of #IAMWHOLE campaign with a focus on Primary Schools;

¹¹ https://www.whatdotheyknow.com/request/healthwatch_brighton_hove_camhs

¹² <http://paccbrighton.org.uk/wp-content/uploads/2013/03/Mental-Health-and-Wellbeing-views-from-parent-carers-of-disabled-children-2014-PaCC-website.pdf>

¹³ <http://amazebrighton.org.uk/events/mental-health-wellbeing-discussion-group/>

¹⁴ <http://right-here-brightonandhove.org.uk/research/>

¹⁵ [http://present.brighton-](http://present.brighton-hove.gov.uk/Published/C00000874/M00005597/AI00044015/$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf)

[hove.gov.uk/Published/C00000874/M00005597/AI00044015/\\$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000874/M00005597/AI00044015/$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf)

¹⁶ [http://www.brighton-hove.gov.uk/sites/brighton-](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Draft%20report%20for%20Services%20for%20children%20with%20autism%20final%20April%202014.pdf)

[hove.gov.uk/files/Draft%20report%20for%20Services%20for%20children%20with%20autism%20final%20April%202014.pdf](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Draft%20report%20for%20Services%20for%20children%20with%20autism%20final%20April%202014.pdf)

¹⁷ <http://www.brightonandhovelscb.org.uk/wp-content/uploads/FINAL-Annual-Report-13-14.pdf>

- b. The implementation of a Schools Wellbeing Service with improved waiting times and capacity, across all schools from June 2017;
- c. The implementation of the Community Wellbeing Service with improved waiting times and capacity including a single point of access from June 2017;
- d. A new specification for Specialist Community Mental Health Service from June 2017 with additional service improvements planned for 2017/18.

6.3 Commissioners recognise that although the plans are in place the service changes are only just about to be implemented, so a period of huge change and improvement is about to begin. The aim is to:

- a) Improve access and waiting times and ensure there is more capacity for children and young people to get the right level of help and treatment as soon as they need it;
- b) Measure outcomes and impact;
- c) Gather better data and information about need and demand;
- d) Continue to monitor progress and report to the wider system through the annual refresh of the Local Transformation Plan at the Health and Wellbeing Board.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The CCG has recognised that children's mental health services, particularly the mild to moderate need within schools and our local community required additional investment. The Local Transformation Plan outlines how this investment will be allocated. The CCG has committed £196,000 recurrently to support delivery through Brighton and Hove Integrated Support Services.

Finance Officer Consulted: Steve Williams

Date: 05/05/17

Legal Implications:

7.2 There are no legal implications arising from the report at this stage.

Lawyer Consulted: Serena Kynaston

Date: 06/06/17

Equalities Implications:

7.3 Equality Impact Assessments are currently being carried out by various providers based on the new models of care.

Sustainability Implications:

7.4 A sustainability assessment will be carried out once the model of care across the system is in place.

Any Other Significant Implications:

7.5 No other significant implications at this stage.

Crime & Disorder Implications:

- 7.6 No crime and disorder implications at this stage.

Risk & Opportunity Management Implications:

- 7.7 Risk and opportunities have been considered as part of the Local Transformation Plan and by providers' mobilisation plans.

Public Health Implications:

- 7.8 The Joint Strategic Needs Assessment included recommendations for Public Health. The *Future in Mind* report also recommends a regular prevalence survey of child and adolescent mental health is carried out every 5 years, and NHS England are planning to carry this out next year (2018). Public Health is a co-commissioner of Schools Wellbeing Service.

Corporate/ Citywide Implications:

- 7.9 No corporate or City-wide implications at this stage, however, the following reviews have been taken into account:
- a) Youth/ Adolescent Review;
 - b) The Special Educational Needs and Disability Review; and
 - c) Services for children with autism scrutiny panel report.

SUPPORTING DOCUMENTATION

Appendices

1. Emotional Wellbeing and Mental Health Pathway

Documents in Members' Rooms

Not applicable

Background Documents

Not applicable

Appendix One (see overleaf)

Appendix One

CYP Emotional Wellbeing and Mental Health Pathway

Key:	Public Health Prevalence (based on population)
Low Intensity Intervention	7,645
Medium Intensity Intervention	3,570 (only 1 in 3 treated)
High Intensity Intervention	945 & 40

