



Central Bedfordshire Children's Trust Board

Title of Report Ensuring Good Mental Health and Wellbeing for Children in Central Bedfordshire Council

Meeting Date: 6 June 2016

Presented by: Dr. Sanhita Chakrabarti

Public Report

Recommendation(s)

1. That the Board considers the developments in the roadmap to ensure good mental health and wellbeing for children, young people and families across Central Bedfordshire.
2. The Board endorses the recommendations and consider any others they feel may be appropriate.

Purpose of Report

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| 1 | <p>To outline the roadmap to ensure young people have good mental health and wellbeing: identifying the issues, what we are doing and what success would look like.</p> <p>To provide a more in-depth understanding of why mental health is a priority focus area, including the reasons for young people in Central Bedfordshire reporting lower self- esteem.</p> <p>To update the Board on transformation work across the area and the proposed work plan for April 2016 - March 2018.</p> |
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Background

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| 2. | <p>The Director of Public Health's Report on Mental Health in 2014 identified the need to improve mental health and wellbeing for all children to prevent the long lasting negative impact of mental illness. The report identified action in three key areas: ensuring the best start in life; strengthening emotional resilience and wellbeing; and detecting and treating illness early.</p> <p>The recommendations were to:</p> <ol style="list-style-type: none">1. Ensure excellent maternal mental health.2. Help children to become more resilient. |
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	<ol style="list-style-type: none"> 3. Increase the early identification of children who are at risk of poor mental health. 4. Ensure children, young people and their carers receive high quality, safe, accessible, equitable and timely mental health services.
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What are we doing to improve young people's mental health?

3.1	<p>The principles of the joint strategy between Bedfordshire Clinical Commissioning Group and Central Bedfordshire Councils for improving children's mental health across Central Bedfordshire are:</p> <ol style="list-style-type: none"> 1. Children, young people and their carers will receive high quality, safe, accessible, equitable, and timely mental health services. 2. Services will be responsive and based on the views and needs of children, young people and their carers. 3. Problems will be addressed at the lowest tier of service. 4. Promotion of mental health well-being and the prevention of mental health problems will be fundamental to the service. 5. Services will take into account best available evidence of effectiveness and efficiency, deliver the best possible outcomes and will be delivered by a competent and skilled workforce. 6. Practice will be holistic and integrated, including key partner agencies, in the assessment and planning of services. Teams will be aligned with the 2 local authorities' boundaries to provide a seamless service for children and young people to promote their emotional wellbeing. <p>What we recommend:</p> <p>Work with partners to refresh the joint strategy with the current work programme.</p>
3.2	<p>The current investment for supporting mental health provision for children and young people across Bedfordshire from Bedfordshire CCG is: £4,572,400.</p> <p>In 2015, additional investment was announced in the form of transformation funding, linked to the Future In Mind¹ agenda. The transformation funds were made available to sustain improvements in children and young people's mental health outcomes in five particular areas:</p>

¹ Department of Health (2015) Future in Mind. Promoting, protecting and improving our children and young people's mental health and wellbeing

- Eating Disorders
- Perinatal care
- Early intervention / Vulnerable groups
- Crisis prevention
- Embed CYP-IAPT principles throughout CAMHS services

CAMHS Transformation money	
2015/16	2016/17
£795,000 for all work streams Eating disorders £ 226,000	£925,034 for all workstreams Eating disorders: £226,000

3.3

To ensure excellent maternal mental health

What do we know?

Maternal mental health disorders following childbirth are common and often serious. Pregnancy and childbirth are major life events, with potential consequences on maternal mental wellbeing. Women may develop mental illness for the first time during the perinatal period or may experience an exacerbation of a pre-existing illness. The risk for severe mental illness is higher in women with pre-existing mental illness.

What are we doing?

1. From April 2016/17 we are improving the early identification of maternal mental health problems by embedding routine and timely mood assessments in the antenatal and postnatal care provided by midwives and health visitors.
2. Evidence based pathways will be implemented by midwives, health visitors, children centres, early help staff and other front line staff to access support for mothers who are identified with symptoms of low mood and mental health problems during the perinatal period.
3. Bespoke training will be made available to health visitors, children's centre staff and community midwives to enhance skills around early identification of mental health problems in mothers; the effect on the mother/baby attachment; and support for mothers with low grade mental health problems.
4. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.
5. Health professionals will support mothers with mental health problems to look after their physical health.

What has happened since April 2016?

1. For 2016/17, contracts with our maternity units have addressed maternal mental health as a key priority area. Contracts for Health Visiting also have this as a key area of focus. Specific indicators will be monitored via both contracts so that we can ensure early identification of maternal mental health problems is provided by midwives and health visitors.
2. Training programme options are being considered that will provide bespoke training for health visitors, children's centre staff and community midwives to enhance skills around early identification of mental health problems in mothers and the effect on mother/baby attachment and support for mothers with low grade mental health problems.
3. Adult mental health services will fast track any referrals for mothers who need support for their mental health needs.
4. An example of practice is attached (Appendix A). The case study from the Health Visiting team illustrates how they are supporting mothers with maternal mental health issues.

What would success look like?

By March 2017:

1. Midwives and health visitors assess >90% of women for mental health issues in the antenatal and post- natal period as part of their routine care pathways. This will be monitored via contracts.
2. Health visitors support those mothers identified with low grade mental health problems using evidence based interventions.
3. Robust referral pathways are in place to fast track women who require support from Adult Mental Health Services.

What do we recommend?

1. Further investment to develop a specialist community perinatal mental health service to meet the needs for mothers with moderate and complex mental health problems across Bedford and Central Bedfordshire.

3.4

To help children become more resilient

What do we know?

Children need to build skills early in life to be able to increase their resilience for future life events. This will help to prevent behavioural problems (including substance misuse) and mental illness. Resilience results in the ability to be autonomous, problem-solve and manage emotions.

School-based mental health promotion programmes result in improved wellbeing, improvements in academic performance, social and emotional skills and class room behaviour, and reductions in anxiety and depression.

In 2014, The Schools Health Education Unit (SHEU) survey with school children reported a downward trend of emotional health in children and young people within Central Bedfordshire. This was reflective of the national picture; however the survey showed that pupils in Central Bedfordshire had lower self-esteem scores compared to a wider sample.

A Central Bedfordshire Public Health Report *Self-Harm among Children and Young People in Central Bedfordshire* published in February 2015 highlighted an overall significant increase in the rate of emergency hospital admissions for self-harm in girls aged 10-19 years between 2011/12 and 2013/14.

Between November 2015 and January 2016 a total of **4326** Year 3 to Year 12 pupils participated in the Emotional Wellbeing Survey. The results of the survey will help to inform the actions needed to improve young people's mental health.

The key findings from the 2015/16 survey:

- At least 1 in 10 children and young people also report sometimes being so worried that they find it hard to concentrate on anything.
- Resilience is the capacity to bounce back when faced with adversity; however, over a third of Year 8, 10 and 12 pupils have low resilience scores.
- Children and young people mostly turn to family and friends for support; however, a significant minority say they would not seek any support for a range of issues.

What are we doing?

1. Targeted programmes are in place to improve pre-school and early education to develop children's cognitive skills and ensure they are "school ready". The 2½ year check is a key opportunity to identify children and families who need additional support. Joint working between health visitors and children's centres to integrate checks at 2½ years aims to improve school readiness outcomes for children across Central Bedfordshire. This is a key focus for Central Bedfordshire Council Children's Trust board as well as the Acting Early Group.
2. A CAMHS Schools pilot in 11 schools across Bedfordshire, facilitated by the Anna Freud Centre, was completed in 2015/16. Its aims were to improve access to psychological therapies for pupils and increase awareness of mental health issues in young people, as well as staff in schools. Staff were trained to be able to identify issues at an early stage and provide low level interventions to pupils. A key element to improve pathways between CAMHS services and educational settings is embedding a CAMHS link worker in each of the schools.

3. All Central Bedfordshire schools are members of a Personal, Social, Health and Economic (PSHE) education network and receive a half termly newsletter containing resources and contact details of good quality, reliable providers. The PSHE/Pastoral Care network will continue to develop in response to schools' needs, and plans to launch a resource hub containing easily accessed resources and information appropriate for all key stages.
The directory of local providers' offers to schools will continue to grow giving schools a comprehensive list of reliable providers across a wide range of PSHE and Pastoral Care subject areas.
4. The 5-19 School Nursing Service provides emotional health and wellbeing support. School Nurses will triage and then provide immediate advice and/or further in-depth assessment or referral to other agencies, with interim support if required. The School Nursing team offer a 6 week package of care (Emotional Health and Wellbeing Support Pathway) to support emotional wellbeing, followed by review and evaluation of intervention, with onward referral if required. (Case Study in the Appendix)
5. Excess weight and obesity in children and families results in loss of self-esteem. Health Visitors are working with families and young children to identify families and children who need support. Health visitors offer support and work with community based commissioned services to tackle excess weight. Commissioned services for excess weight offer bespoke programmes to children and families who do not engage in physical activity as much as they should due to self-esteem and weight issues. The School Nursing team offers drop in clinics in middle/upper schools to discuss weight and self-esteem issues with children.
6. Looked after children have personal educational plans developed each term to set targets to ensure each child achieves their potential. Each child of school age is allocated an education adviser who works with the social worker and school to ensure the child receives the support needed which incorporates input to support them with emotional wellbeing. For those unable to engage in full time education in a school setting, we put alternative provision in place such as 1:1 tuition. Where required, alternative therapeutic work like 'Seeds of Change' involving horses is provided.

What has happened since April 2016?

1. Between November 2015 and January 2016 a total of **4326** Year 3 to Year 12 pupils participated in the Emotional Wellbeing Survey. The results of the survey were launched on the 20th of April 2016 followed by a workshop with representatives from schools and other stakeholders to agree action plans to address findings from the survey.

Schools have been encouraged to have reference to the PHE guidance document 'Promoting children and young people's emotional health and wellbeing a whole school and college approach' which advocates a whole school approach. An outcome study is planned for October 2016, following the submission of schools' action plans to address need as identified by their own school survey or the Central Bedfordshire wide report. To date, 21 schools have set and submitted their action plan for follow up.

2. The partnership vision for education board has developed clear leadership goals for children to reach school ready to learn. This has been shared with all parents and carers of children starting in reception in 2016, as part of the school offer letter. Health visitors, early years staff and schools have worked together to develop clear action plans with milestones and targets.
3. The Healthy Relationship Programmes provided by Brook (commissioned by Children's Services) and the Aspire Programme provided by CSUK (commissioned by Public Health) have both come to an end. Recommissioning of a new contract, has been underway and the new service to promote self-esteem and address other teenage pregnancy risk factors will be in place from September 2016. In the year 2014/15, 191 pupils took part in the programmes. A significant proportion of children accessing these programmes showed improved confidence and increased self-esteem.
4. As part of CAMHS transformation (Future in Mind) school's pilot, 11 Bedfordshire schools have received training from the Anna Freud Centre. East London Foundation Trust CAMHS service leads have visited all of the schools individually and discussed proposals with staff and students, and implemented agreed support. As of May 2016, feedback from Central Bedfordshire indicates the primary benefits of the pilot are: increased access and referral to CAMHS support (72%); school staff feeling more supported to respond to student mental health concerns appropriately (62%); improved working relationships between schools (36%) and young person friendly environments (27%). Additional feedback from across the whole county reports improved waiting times and more effective working relationships between CAMHS and schools.

What would success look like?

By 2017/18:

1. Children are "school ready" and there is an increase from 63.6% (2014/15) in the number achieving a Good Level of Development by the end of the Early Years Foundation Stage, placing Central Bedfordshire in the top quartile.
2. At least 85% of Year R children receive a comprehensive School Entry Health Assessment and a Year 6 Health Assessment.

3. The School Nursing Service identify children and young people with emerging mental health problems and put in place an appropriate package of care and/or referral in line with their Emotional Health and Wellbeing Support Pathway (numbers are monitored quarterly).
4. Increased referrals to family weight management programme for children who are found to have excess weight and obesity.
5. An increased percentage of young people and families who report that access to services within schools has made a positive difference and the service meets their health needs.
6. Increased CAMHS capacity within schools.
7. School staff are trained to increase their knowledge of how to manage low level mental health problems (i.e. anxiety).
8. Reduction in inappropriate referrals to specialist CAMHS.

What do we recommend?

1. Upon successful evaluation, extend the pilot scheme to all schools across Central Bedfordshire to enable staff to have a better understanding of mental health issues in children and young people and how to support them.
2. Expand upon the success of the CAMHS Schools Pilot, embedding sessions of CAMHS clinicians in each Secondary/Upper school and college within Central Bedfordshire to be responsible for mental health training and consultation for school staff, as well as access to direct CAMHS assessment when required.
3. Schools use their SHEU survey report and develop action plans to improve self-esteem and emotional resilience in children attending the schools.
4. Schools invest in effective Personal, Social, Health and Economic (PSHE) education with a comprehensive focus on developing individual skills in children and young people, making sure that children have access to the right information and access to services at the right time, focusing on the wider determinants and the role of the family and carer in addressing health and wellbeing needs.

Looking after Vulnerable Children

3.5

What do we know?

Risk factors for onset and exacerbation of mental ill-health in children and young people can be wide ranging and include i) child-related factors such as genetic background, low birth weight, physical health problems, neurodevelopmental disorders (eg Autism or ADHD) and substance misuse;

ii) parent-related factors such as maternal stress during pregnancy, poor parental mental health, unemployment and social deprivation; environmental factors incorporating a wide range of adverse life events including physical, emotional or sexual abuse and family breakdown.

A combination of any of the above factors can potentially amplify the detrimental effect on a child's mental health and wellbeing.

What are we doing?

Core CAMH services make sure those vulnerable children, young people and those who are referred to services get the specialist support they need. The approach is to co-ordinate support and services to prevent these vulnerable children falling between services. The following approaches are key priority areas for ELFT CAMHS:

- Appropriate triage, signposting and/or assessment for children and young people requiring CAMHS input.
- Provision of stepped care along evidence-based care pathways.
- A robust DNA policy makes sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead their reasons for not attending are proactively followed up.
- Children and young people with learning difficulties and autism to be managed by an experienced neuro-developmental team.
- Children who have been part of the youth justice system are supported by CAMH workers within youth offending teams.
- Multi-agency response is aimed around all vulnerable young children. These are children who have been victims of abuse, neglect or violence including child abuse or exploitation. However, the most recent Joint Targeted Multi- Agency Inspection has highlighted the need for a more robust response and professional enquiry to understand and respond to violence and abuse that children and young people can be subjected to.

From April 2016 additional investment has been made available to Bedfordshire CCG from Future in Mind Transformation Funding. Following local consultation and planning, developments in the the following specific areas have been agreed:

- A community Eating Disorder Service for children and young people.
- A Crisis Assessment Team to support children and young people presenting to Bedfordshire hospitals and to provide alternative routes to emergency CAMHS support.

- CAMHS worker(s) embedded within Central Bedfordshire Early Intervention Team.
- CAMHS psychologist embedded within the local Child Development Teams to improve access to appropriate assessment for Autism and related neurodevelopmental conditions.
- Roll out of successful CAMHS Schools Pilot, with CAMHS workers providing regular input to all Central Bedfordshire secondary / upper schools and colleges to provide support around early intervention.
- Development of CAMHS perinatal support worker to help address those at risk of early parent-child relationship difficulties.

What do we recommend?

1. Increase awareness of all services dealing with adults and children about the risk of drug and substance use, domestic violence and mental health having a detrimental effect on mental health and wellbeing of children.
2. Investment in improving care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked after children and those in contact with the youth justice system.

Improving access to effective support

3.6

What do we know?

Future in mind (DH 2015) stated that children, young people and their parents/carers need clearer awareness of how to recognise when they might have a mental health problem as well as how to get help, clarity about what help is available, what might happen when they access it, and what to do while they are waiting.

Therefore, at the heart of any good local system should be cross-sector agreement to ensure clarity in how services are accessed, with a single point of access to targeted and specialist mental health services and an initial risk assessment to ensure children and young people at high risk are seen as a priority.

A multi-agency 'triage' approach will ensure prompt decision making about which service can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services).

What are we doing?

In 2014, East London Foundation Trust (ELFT) was commissioned by collaborative arrangements between Bedfordshire Clinical Commissioning Group, Bedford Borough and Central Bedfordshire Councils to provide mental health provision across Bedford Borough and Central Bedfordshire Councils. ELFT has now been providing CAMH services across Bedfordshire since April 2015. During 2015/16, ELFT has undertaken a review of CAMH services across Bedfordshire in line with the newly commissioned service requirements and has implemented a new service design including:

- establishing a Single Point of Access (SPOA) to all Tier 3 CAMHS
- starting discussions with third sector partner agencies regarding the development of a SPOA for all CAMH services in Bedfordshire.
- developing clinical leadership of all teams
- working closely with partner agencies to develop integrated services.

The following CAMHS teams are provided by ELFT for children and young people (CYP) in Central Bedfordshire:

1. **Central Bedfordshire Emotional & Behavioural Team (EBT):** a multi-disciplinary team providing an assessment and treatment service for CYP with emotional and/or behavioural difficulties, unless already managed within one of the three countywide specialist CAMHS teams.
2. **Neurodevelopmental Team (including CAMHS Learning Disability Team):** a comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health providers providing an assessment and treatment service for CYP presenting with ASD and/or moderate to severe learning difficulties with comorbid mental health problems.
3. **Adolescent Mental Health Team:** a multi-disciplinary team for 13-18 years, providing assessment and treatment to young people with developing severe mental health problems including mental illnesses.
4. **Looked After Children (LAC) Team:** targeted CAMHS team to provide mental health input to CYP in care.

What will success look like?

By 2016/17 there are a number of quality indicators across these themes that we aim to address within local services including:

- Waiting times in local core CAMHS (currently between 11 and 18 weeks)
- Accessible and timely emergency assessments system across the county including Emergency Departments
- Reduce the need for inpatient CAMHS provision (currently commissioned by NHS England) by provision of better community services for crisis, eating disorders and other adolescent mental health disorders

	<ul style="list-style-type: none"> • Stepped care supporting young people by working closely with other community based frontline staff <p>Key performance indicators that we aim to achieve over the next four years include:</p> <ul style="list-style-type: none"> • Development of a clear single point of access • Reduction in the number of young people needing more specialist care • Reduction in waiting times for assessment in crisis and reduction in inpatient admissions • Use of IAPT principles across CAMHS • Level of engagement of parents/ service users in service redesign • Development of pathways for vulnerable groups including eating disorders, autism and crisis prevention • Development of a community eating disorder service and effectiveness of the same • Reduction in out of area placements <p><i>What do we recommend?</i></p> <ol style="list-style-type: none"> 1. Improved focus to reduce waiting times for mothers and children to access services for mental health services once referral is made to a specialist service. 2. Sustained investment in mental health of mothers and children and young people to further enhance early diagnosis and intervention to improve outcomes. Proportionate investment of transformation funds to meet unidentified need. 3. Investment in specialist mental health provision across wider geographical footprints to support children and young people with complex problems like sexualised behaviour and behavioural problems.
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Issues	
Governance & Delivery	
4.	Progress will be regularly reported to the Health and Wellbeing Board but as these are 'slow-burn, high impact' actions so short term changes may be difficult to see.
Financial	
5.	These programmes will need to be delivered within the available resources and opportunities to improve outcomes and deliver efficiencies will be pursued.

Public Sector Equality Duty (PSED)

6. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Are there any risks issues relating Public Sector Equality Duty

No