

SLOUGH BOROUGH COUNCIL

REPORT TO: Education and Children's Services Scrutiny Panel **DATE:** 15th April 2015

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WARD(S): All

PART I **FOR COMMENT AND CONSIDERATION**

UPDATE ON CAMHs SERVICE REVIEW PROGRESS (UNIVERSAL AND TARGETED)

1. **Purpose of Report**

To describe the local service change programme that has taken place since May 2014 and how this demonstrates best practice in terms of a public mental health approach and the national Mentalhealth4life resources and training programme due to be launched soon.

To show early learning from the pilot i.e;

- staff are collaborating across professions via fortnightly a multiagency hub meeting at the schools and another within SBC to test and refine the resources and pathways and step up or step down care as needed
- that young people in need of support have been identified early and are receiving Mindfulness training in the target schools and art therapy
- that through the hotspot map approach other schools and colleges are now seeing the value of this population level approach
- that schools value the resources created and staff feel validated that they are using the best support they can offer
- that support is being offered as soon as possible and if pupils are referred to specialist CAMHS that work is happening whilst they are waiting to support young people and their families in the most evidence based way

To note that a funding application is underway to build capacity to be able to roll this model out to; 4 early years centres (for the attachment pathway), to 4 primary schools and to four secondary schools. This bid includes the ability to train staff in systemic family practice.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report, comment on the themes and approve Sloughs commitment to the ten key actions under the mental health challenge shown in Appendix 1.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the corporate plan**

This report will inform emerging wellbeing priorities in the Slough Joint Wellbeing Strategy and will be available on line for local residents to comment on as part of the JSNA and Joint Health and Wellbeing strategic cycle.

4. **Other Implications**

(a) Financial

The funding of the pilot and core SBC CAMHS tier 2 service has been enabled through the public health grant. Key staff in educational psychology, behaviour support, targeted youth support have given a contribution in kind of their time to attend the training and hub meetings i.e realigning their core business during the pilot phase. SEBDOS - a charitable community interest company which receives direct funding from schools to undertake their work - has also aligned their work to join this partnership.

The funding of CAMHS tier 3 24/7 crisis support was obtained through the winter pressures funding for CCGs and governance for the pilot phase has been supported by BHFT.

Scaling up to achieve the full effect across more schools and colleges and early years will be subject to receiving external funding although the pathways and hub have been adopted into core business .

(b) Risk Management

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Engagement must take place to ensure that young people, SBC and school services, schools and GPs collaborate and own the system wide changes required	Community engagement is based on perceptions rather than on fact The outcomes are reviewed in a continuous cycle at each fortnightly hub meeting	A six month consultation took place in 2014 to establish the pathways between services. Engagement events took place to include young people in building the app in July to November 2014. School staff have been engaged in the pilot schools since December 2014 and GPs and the local acute hospital are being engaged through a specialist registrar.
Financial constraints to implement the pilot limit the scale of the intervention	The public health grant and CCG funding are key sources for implementing this system wide change programme	The Public Health budget, winter pressures funding and the commissioning plan have been aligned to deliver this programme.
The effect size and costs of the intervention are not fully known	The effect size is known from national research and is being checked locally.	A comprehensive set of indicators have been identified for this

	In terms of reduced risk scores. Qualitative case studies are being collected as is feedback from staff after training and implementation	intervention, and time spent on the programme is being monitored by the relevant services
National funding delays limit the production of the app	PHE funding allocated end of March 2015	Resolved but app delayed as a result

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications.

(d) Equalities Impact Assessment

The JSNA includes sections on

Maternal mental health which affects the baby in pregnancy and the attachment of newborn in the first year of life (the perinatal phase) and later in life is associated with a two fold increase in childhood mental health problems

CAMHS which seeks to reduce the impact of mental health problems in childhood and adolescence arising from a range of risk factors

An EIA for vulnerable groups where mental health is likely to be worse is attached in Appendix 3

The aim of the Slough Health Strategy (a supporting strategy to the Wellbeing Strategy) is to improve health and wellbeing outcomes and reduce inequalities and first three key objectives are relevant to this work:

1. Review and update the needs and priorities based on evidence in the Joint Strategic Needs assessment. – the work on detecting hotspots for domestic abuse has informed this programme
2. Use a partnership approach to identify local actions, in areas of need. The childrens and young peoples health partnership has lead this programme
3. Develop local mental and physical wellbeing champions and measure the wider impact of joint work on local communities. Schools based champions are being developed through this work

(e) Workforce

There are no new workforce implications at this stage as all the services identified are already commissioned. However if external funding is received there would be a rise in capacity to support more schools

5. **Supporting Information**

A public mental health approach is defined as the *art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choice of society, organisations, public and private, communities and individuals.*

A national group has been developed to generate resources and training modules for the pending launch of the Mentalhealth4life programme, to which staff engaged in this pilot have been contributing examples of good practice. These resources set out across the life course what the evidence is for intervening early and what good looks like for; parents, early years, children and adolescents, for working age adults and for older age.

The on line training modules, for staff who will use the above resources, clearly define the competencies staff will require in; early years, schools, workplaces (such as councils and emergency services and other settings). The aim of the modules and resources is to promote resources for prevention and early intervention and ensure that mental and physical health promotion are offered through all life course stages and early access to treatment is promoted where needed through 16 nationally agreed pathways.

Much of the work described in the previous report to scrutiny sets out on the local CAMHS pilot has informed this resource. In the last report dated X the work on building National Institute of Clinical Excellence into 8 local pathways was described as was the app development and the training of staff

Since September the following has happened

Pathways

The self harm, anxiety and depression, Autism Spectrum Disorders and Attention Deficit and Hyperactivity Disorder and eating disorder pathways have been tested in three schools and approved by the 5 Ways to Wellbeing hub which now meets fortnightly. The remainder are work in progress i.e; obsessive compulsive disorders, conduct disorders (for which additional parenting programmes, foster care training and funding for evidence based services is required) and a perinatal mental health pathway which includes the promotion of attachment.

The Five Ways to Wellbeing hub

Two schools have had fortnightly multidisciplinary teams set up comprising of; the primary mental health worker, the school nurse, the primary mental health worker and nominated school representative such as year group tutor or SENCO. Three other schools have also been offered this multidisciplinary team which aims to identify students in need of support early and adopt strategies to deal with them in school such as; CBT, Mindfulness, art therapy etc. This does not preclude an immediate referral to specialist CAMHS if the issue is severe and as agreed in the relevant pathway. It does however ensure some front line support if needed. Fortnightly multidisciplinary Five Ways to Wellbeing hub meetings have been set up attended by the; primary mental health workers, educational psychology, school nurse, early help advisors, youth service, SEBDOS and will include community organisations (trained in recognising mental health and domestic abuse and signposting to services when required), school representatives and the youth parliament.

The focus of this larger meeting is to approve changes to pathways and feedback intelligence from schools about emerging issues. What is clearly emerging from staff working across Slough is that they are already supporting schools, parents and young people with causes for concern where; child sexual exploitation, e-safety, early psychosis and strange behaviours are occurring as a new underlying cause of self harm or anxiety and low mood (although there are very many other causes).

Training

Two schools have been trained in Mental Health First Aid Lite (as this short half day session and is a good introduction and feasible for staff to attend) and three others have been offered training.

Two schools have been trained and three others have been offered the self harm workshop for the recognition of self harm and depression.

Training has also been requested by staff in eating difficulties and emotional and behavioural difficulties. Staff anxiety about the management of cases where voices are being heard, which could be related to early psychosis, are being managed through the offer of specialist CAMHS training.

Training in systemic family therapy has been agreed as a strategic priority and external funding is being sought to achieve this. There is interest within the schools in knowing more about the following interventions such as; Cognitive Behaviour Therapy (CBT), coaching, Mindfulness - for self harm, anxiety, low mood and emotional regulation issues, Family Systemic Therapy (FST), group dynamics, art approaches to distress.

All professions have shown interest in FST especially youth services and the school staff at one school wanted to know more about how to respond in an emergency so the Emotional First Aid programme will be offered subject to additional funding being found.

A specialist registrar is using the GP guide with fellow GPs and testing the pathways with them.

Resources

Feedback on the multiple resources designed for GPs and schools has been positive. The self harm matrix and professional guide have been well received as have the maps showing the hotspots for domestic abuse. Staff are now aware of the long waiting times for specialist CAMHS and know that doing nothing once a child is referred is not an option. The Buckinghamshire self harm guide for schools has been useful and well received.

A set of multiagency operating procedures for the hub has been designed and the way in which self referrals can be facilitated will be approved in May, possibly via the new CAMHS web page which is planned will to appear on the Slough services guide at the end of the pilot phase.

Engagement with schools

A key feature of whether a school can develop a whole school approach to promoting wellbeing is whether there is an existing avenue for information to be shared and pupils supported. Where schools do not see any problems but parents do then the Early Help Advisors in the hub are providing a way forward.

Engagement with social care

It is important to note that a parallel hub called the CAMHS and wellbeing hub has been meeting weekly into which the learning from the Five Ways to Wellbeing Hub has been shared. This hub is available on a drop in basis to support social workers

in their assessments and as a result of the clear need for training there is now a strategic commitment to obtain Systemic Family Practice training for staff working in social care and early years as well as schools.

Five ways to wellbeing website

The consultation phase with young people has been completed but the national funding was delayed until the first week in April. The self harm section is awaiting sign off and the anxiety and depression and bullying sections are under development. A set of screen captures will be available for the panel to see.

6. Comments of Other Committees

The children and young peoples priority group three has worked collaboratively to approve the content and actions underway.

Schools and young people were involved in the outreach sessions to obtain local views on the contents of the website and on the resources

7. Conclusion

The panel is requested to note and approve

- the significant changes that have occurred to service delivery within school settings within the prevention and early intervention pilot
- that funding is being sought to roll this model out to more schools and early years services and for staff in social care to receive training in systemic family practice
- that the results of the pilot will inform a full service specification which will describe an evidence based early years, primary and secondary school programme of public mental health services for Slough children and young people.
- that there is a still a considerable backlog in our specialist CAMHS services which is being reduced through additional winter pressures funding and ongoing service redesign
- that in support of the recommendations of the Thames Valley Childrens and Maternity network that the CCG plans to develop a perinatal mental health service which will support early years staff to recognise antenatal depression (which can lead to serious attachment problems) and intervene earlier
- It is also requested that panel members become familiar with the requirements to be mental health promotion champions and that corporately Slough Borough Council becomes one of the first to adopt the Mental Health Challenge set out in Appendix 1

8. Appendices

Appendix 1- The ten actions a council can take to support the Mental Health Challenge

9. **Background Papers**

Mentalhealth4life examples - Prelaunch examples of resources and training modules will be available to view at the scrutiny meeting.