

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 26 September 2018

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Wards: All

PART I **FOR DISCUSSION**

REFRESH OF LOCAL TRANSFORMATION PLAN OF THE CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING (EAST BERKSHIRE)

1. Purpose of Report

1.1 This report provides an update on the work that has undertaken to refresh the Local Transformation Plan of the Children and Young People Mental Health and Wellbeing (East Berkshire).

2. Recommendation(s) / Proposed Action

2.1 The Slough Wellbeing Board is recommended to note and comment as appropriate on the work that has been undertaken amongst partners to refresh the priorities contained within the Local Transformation Plan.

2. The Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy (SJWS) 2016 – 2020 Priorities

The Slough Joint Wellbeing Strategy aims to improve the health and wellbeing of the local community and reduce inequalities for all ages. It uses the JSNA as its evidence base. Improving the mental health and wellbeing of slough's residents is one of the strategy's key priorities.

3b. The JSNA

The JSNA examines the needs of all residents of Slough to identify those groups that experience poor outcomes and access to services. It sets the scene for the development of local strategies and provides evidence for these groups. A summary of the relevant data set is provided at Appendix A to the report.

3.c **Five Year Plan Outcomes**

The work of the Wellbeing Board directly contributes to the following outcomes in the Council's Five Year Plan:

- 1 Our children and young people in Slough will have the best start in life and opportunities to give them positive lives
- 2 Our people will become healthier and manage their own health, care and support needs

4. **Other Implications**

- (a) Financial – None
- (b) Risk Management - None
- (c) Human Rights Act and Other Legal Implications – None
- (d) Equalities Impact Assessment – None

5. **Summary**

This report provides Slough Wellbeing Board members with an opportunity to note and comment on the breadth of work that has been undertaken amongst partners to refresh the priorities contained within the Local Transformation Plan so that it can be submitted to NHS England by midday on 1st October 2018 and published by 31 October 2018.

6. **Supporting information**

Background to the refreshed Local Transformation Plan

6.1 The government report *Future in Mind* (Source: *Future in Mind 2014*) was published in 2014. This report described the changes that were vital to improve children and young people's mental health. These changes are especially important given that:

- 50% of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18
- 1 in 10 children and young people need support or treatment for mental health problems
- Mental ill health can affect the life chances of the young person including lower educational achievement, reduced life expectancy and is strongly associated with behaviours that pose a risk to their health such as drug and alcohol abuse and risky sexual behaviour.

6.2 The recommendations made in the report were based around five key themes:

- 1) Promoting resilience, prevention and early intervention
- 2) Improving access to effective support – a system without tiers
- 3) Care for the most vulnerable
- 4) Accountability and Transparency

5) Developing the workforce

6.3 The full report can be accessed via:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

6.4 *The Five Year Forward View for Mental Health* was published in February 2015. This outlined the ambitions that the NHS should strive for mental health across all ages:

- Everyone should have access to high quality mental health services when needed, as close to home as possible,
- Bring mental and physical health together
- Promote good mental health, prevention and early intervention

6.5 The Five Year Forward View supported the approach laid out in Future in Mind that it was vital that we have a, "... model for wider system reform which involves the NHS, public health, voluntary, local authority and youth justice services working together through Local Transformation Plans to build resilience, promote good mental health and make it easier for Children and young people to access high quality care." (Page 23). The full report can be accessed via:

<https://www.england.nhs.uk/wpcontent/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

6.6 Clinical Commissioning Groups (CCGs) are required to publish their Transformation Plan outlining their ambitions. In October 2016 East Berkshire CCG published their Plan following sign off from senior leaders within the East Berkshire CCG and local Health and Well Being Boards. The original Transformation Plan included the following vision:

East Berkshire's ambitious vision is that by 2020/21 or before, commissioned high quality evidence based mental and physical health services will be fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children, young people, parents and carers. This vision is fully inclusive of services from routine, to urgent and specialist

The nine strategic priorities identified in the original plan are listed below:

Indicator	Measurement
Overall Improvements in the mental emotional wellbeing and health of the children and young people in East Berkshire	% positive outcome improvements for children and young people from agreed KPIs with each commissioned provider. These vary depending on the method of evaluation by the provider.
Reduction in stigma and discrimination	Participants attendance at all workshops show an improved understanding of mental health issues – target 90%
Improved early intervention and prevention, with swifter access to services and reduced waiting times at all levels of need.	% improved in the waiting times improvements for children, young people, parents and carers accessing services from agreed KPIs with each commissioned provider. These vary

	depending on the service being offered.
Implementation of a seamless whole system joined up approach to care leading to satisfaction of accessing services...	Overall satisfaction of people who use the service – target 80%.
Improved advice and support, training and guidance for all	The proportion of people who use services who find it easy to find information about services – target 80%
Reduction in the number of young people presenting to emergency services as a result of avoidable mental health crisis.	50% reduction in admissions to Tier 4 for children and young people.
Children, young people and families actively engaged and an integral part of the design of services	The development of an active engagement strategies/action plans for the involvement of children, young people and parents/carers including vulnerable groups.
Collaborative working between all partner organisations across our local systems, with health, education, social care and the voluntary sector working together to deliver improvements to children and young peoples’ emotional well-being and mental health.	The development and implementation of a collaborative commissioning strategy with part agencies.
Support for young people up from 14-25 to transition easily to adult services	Evidence of improvement in transition pathway planning through questionnaires at both pre and post transitions points.

6.7 The original Plan can be accessed via: <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/03/final-camhs-transformation-review-june-2017-6.pdf> .

6.8 NHS England requires CCGs to regularly refresh and republish their Transformation Plans. Our Transformation Plan was last refreshed in March 2017, although the strategic priorities have not been refreshed since October 2016.

6.9 NHS England requires the current Transformation Plan to be refreshed by 31 of October 2018. The final draft plan will need to be signed off by the chair of the Health and Wellbeing Board before being published.

2017 Refresh: the process followed

6.10 The main work to refresh the Transformation Plan has been carried out by the existing multi -agency Future in Mind Group. Alongside this, a workshop took place with Directors of Children’s Service and Public Health across East Berkshire in September 2018 to share strategic priorities. Information from this workshop has been used to refresh the priorities in the plan.

The current set of draft priorities for the refresh of the plan are as follows:

- Outcome 1: We will better understand the social, emotional and mental health needs of our children and young people to help target support to those who need additional help and to better understand the capacity in the current support available
- Outcome 2: Families, schools and communities will have the improved ability to support children and young people, improving their ability to cope with life's ups and downs by building their resilience. We will learn from the experiences of CYP about how best to support them.
- Outcome 3: Children and young people will have access to early help in supporting their emotional wellbeing and mental health needs
- Outcome 4. Children, young people and families with complex needs will get the right support in a timely manner, including groups of CYP who face greater challenge in accessing the support they need, (e.g. CLA, SEND, young offenders)

During the discussion of this item members will be invited to feedback on these priorities for Slough.

Slough Borough and Slough's Children Services Trust have since nominated a lead person to act as the link with the East Berkshire Clinical Commissioning Group to help with collection for supporting additional information (including data about vulnerable groups, tier 2 services offering support with emotional health and wellbeing - including youth services). The nominated lead has also been supporting the development of the above priorities. In addition to this throughout the last year we have carried out work with children and young people to help inform the plan the details of which are summarised in the next section.

In addition to new four key outcomes the plan will also include:

- Clear information about how we will achieve the outcomes
- Clear KPIs linked to the outcomes
- Alignment with partners' priorities
- Move from consultation to coproduction with young people
- Multiagency ownership and delivery of the plan
- A systematic and sustainable approach to transformation so it's not just about additional monies allocated from NHS E

Children and Young People's involvement in the refreshed Plan

6.11 In the last year we have worked closely with Youth Voice leads from each LA and have formed link with Slough Youth Parliament.

East Berkshire Clinical Commissioning Group, Local Authorities in Bracknell and Ascot, Slough and Windsor and Maidenhead together with Berkshire Health Care Foundation NHS Trust carried out a survey to understand if health and community services for young people being offered are easy for them to use. The survey was

aimed at young people aged 11-18 year olds across East Berkshire and 962 responses were received, 448 were from children and young people from Slough and Slough Youth Parliament helped to promote the survey. An infographic was produced with the main key findings.

6.12 As follow up to the survey a number of focus groups were held with children and young people linking in with the Youth Voices lead in each Local Authority. In Slough this included the lead for Slough Youth Parliament and Berkshire Health Care Foundation NHS Trust Participation Worker. The main themes that came out of these focus groups are listed below:

- **Theme #1** Young people could talk passionately about things that made them feel happy and positive and were very in touch with knowing about things that make them feel happy and positive
- **Theme #2** Young people turned to these things if they experienced feelings of being low or unhappy
- **Theme #3** when asked specifically about if they wanted support what they would do again closer networks e.g. Family and friends and using immediate support structures, outside this someone they trust and confidentiality were important factors as to why they would access support.
- **Theme #4** there was a varied response to knowledge of service already available to young people and for locally provided services awareness was limited.
- **Theme #5** there was a varied experience about what young people had learnt in schools about emotional wellbeing. Short and to the point messages that related to life stages are a way young people feel could be engaging

These key messages and other feedback received have been taken into account in the development and implementation of the Refreshed Local Transformation Plan.

6.13 East Berkshire East Berkshire Clinical Commissioning Group has been working with Slough Borough Council and local schools and from September 2018 is launching a Young Health champion's programme. This will be piloted in four schools initially – Baylis, Wexham, Slough and Eton and Herschel School. The programme is being delivered by Aik Saath. The Young Health Champions will also form a coproduction network to help with the ongoing work to support the delivery of the LTP. Additionally we will be working with Young Minds to further develop our participation work.

Next steps

Governance

6.14 Prior to the Transformation Plan being published in October 2016, a multi agency Future in Mind Group was established to deliver the Plan and commission additional services. Membership of this Group included public health, social care,

schools, CAMHS providers and CCG commissioners. The Group originally reported into the Children and Young People's Transformation Board, which has since been replaced by The Joint Commissioning Board CYP's Health and Wellbeing (East Berkshire).

6.15 This Group is planning to review its terms of references and membership and it has been agreed that the Group will become the Local Transformation Plan group. Membership of this group will be refreshed to ensure that the right representatives from the system attend the group as to date attendance of some of the nominated individuals allocated to the work has been ad hoc.

6.16 The new Group will actively promote and lead transformation including monitoring, reviewing and reporting on delivery of the refresh Transformation Plan and ensuring that they feed information into and out of the group to ensure the plan joins up with overlapping priorities within each respective organisation.

6.17 The new group will continue to report to the multiagency Joint Commissioning Board CYP Health and Wellbeing – East Berkshire.

Data

6.18 Data is vital to enable us to understand the needs of the population, as well as to enable us to demonstrate the impact of changes. Recognising that mental health is everybody's business and poor mental health impacts on health, education and social outcomes; it is vital that across the system we share information and use this to effect change and monitor outcomes. As a result as part of the new refreshed transformation plan we will be developing a new outcomes dash board to monitor and evaluate progress.

7. Comments of other committees

7.1 The update about the Transformation PI was shared with the Health and Social Care Partnership Board on 4 September 2018 during a more general update about children and young people's mental health and wellbeing.

8. Conclusion

- The refreshed Transformation Plan at Appendix A provides a review of our progress to date, challenges, and draft priorities for the period and next steps.
- It reflects the working together ethos in the whole system to achieve a consistent vision and strategic priorities whilst recognising the different points and stages of development of services; diversity of needs and importance of alignment with key local priorities.
- It has been co-produced with our partners and providers to ensure:
 - 1) Our vulnerable children and young people have access to specialist and expert help within Children and Adolescent Mental Health Services (CAMHS),
 - 2) There is an emphasis on earlier help and intervention to build greater resilience in children and young people; and through earlier intervention reduce the need to access specialist, expert help from CAMHS.

9. Appendices attached

A - **Mental Health and Wellbeing data children and young people take from JSNA Slough CCG Locality Profile 2017**

10. Background papers

None

Appendix A: Mental Health and Wellbeing data children and young people take from JSNA Slough CCG Locality Profile 2017 accessed via <http://www.slough.gov.uk/downloads/slough-CCG-profile-2017.pdf>

- In October 2017, Slough CCG had 45,643 registered patients aged less than 19 years of age. 29% of the CCG's total registered population are under 19.
- 2,055 pre-school children (aged 2 to 5) and 2,380 children school-age children (aged 5-16) are estimated to have a mental health disorder.
- 935 young people (aged 16 to 19) are estimated to have a neurotic disorder.
- The prevalence of mental health disorders in school-age children vary by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. In 2012, 2,380 children aged 5-16 were estimated to have a mental health disorder in the CCG.

Table 1: Estimated number of children with mental health disorders in Slough CCG by age group and sex

All mental health disorders			
Gender	5 to 10 year olds	11 to 16 year olds	Total number
Boys	735	735	1,470
Girls	360	550	910
Total	1,095	1,285	2,380

Children requiring support from Child & Adolescent Mental Health Services (CAMHS)

CHIMAT's Needs Assessment for Slough CCG estimates that 9,355 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

CAMHS Tier 1: 5,865 children and young people.

- *(Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.)*

CAMHS Tier 2: 2,735 children and young people.

- *(Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.)*

CAMHS Tier 3: 725 children and young people.

- *(Aimed at young people with more complex mental health problems than those seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community*

psychiatric nurses, child psychotherapists, occupational therapists and are, drama and music therapists.)

CAMHS Tier 4: 30 children and young people.

- *(Aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems).*

Hospital admissions for mental ill-health in children and young people

- In 2015/16, children aged 0 to 17 had 17 hospital admissions for mental health disorders in Slough CCG. This was a rate of 42 per 100,000 populations, which is significantly lower than the national rate of 85 per 100,000 populations.
- Self-harming is much more common in children and young people who have mental health disorders, with approximately 10% of 15-16 year olds having self-harmed. In 2015/16, there were 72 hospital admissions for self-harm in Slough CCG at a rate of 267 per 100,000 population. This was significantly better than the England rate of 423 per 100,000 population. It is important to note that hospital admissions do not show the full extent of self harm. The majority of young people who do self-harm will either not harm themselves in a way that needs medical treatment or they will deal with it themselves.