

REPORT TO: Children & Young People Policy & Performance Board

DATE: 5th January 2015

REPORTING OFFICER: Strategic Director Children & Enterprise

PORTFOLIO: Children, Young People and Families

SUBJECT: Update on emotional wellbeing and mental health support for children and young people in Halton

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 The report summarises the current position in relation to the support currently available, and plans for the future support for children with emotional wellbeing and mental health issues in Halton. It also describes how the children's agenda fits with the wider mental health agenda for adults and older people and the governance process in place.

2.0 **RECOMMENDATION: That:**

(i) The report is supported

3.0 **SUPPORTING INFORMATION**

3.1 **Background**

Halton has an all age Mental Health Strategy 2014-2019 which was developed and signed off by a variety of committees and bodies earlier this year. To support delivery of the objectives identified within the Strategy an Action Plan has also been developed. As the action plan is comprehensive, a variety of groups and individuals will be required to work together to deliver all aspects of the plan. To ensure delivery of the plan a revised governance process has been established (see Structure Chart Appendix 1).

The Mental Health Oversight Group (Chaired by Mark Dennett, Mental Health Champion and Elected Member of HBC) will meet quarterly and will hold all the groups tasked with delivery of elements of the plan to account via regular updates on progress. On a rotational basis at each meeting the Chairs of two/three groups will be required to present in person their update. The Young

Peoples Emotional Health & Wellbeing Partnership Board (YPEHWPB) previously known as the CAMHS Partnership Board - which has been meeting now for 12 months is tasked with delivering the children and young people's elements of the plan (see Appendix 2). This will be the core work of the group although the Plan is a live document and additional work may be added as and when it is identified by the group that action is required. The Board is chaired by the clinical lead for children at the CCG and has identified lead officers for each line in the plan. The leads are currently in the process of drawing up their detailed work programme as to how they will ensure delivery of the actions. The detailed work programmes will have defined time frames and outcomes attached and metrics to understand if the actions taken have led to improvement.

4.0 **POLICY IMPLICATIONS**

UPDATE ON CURRENT DEVELOPMENTS

4.1 **Emotional wellbeing for children service**

Following a review of the current Primary CAMHS service commissioned by the CCG from Bridgewater Community Health Foundation Trust (BCHFT) (which included extensive engagement) a revised service specification has been developed and is currently out on The Chest for procurement. There is an interview day on 6th February for bidders to present and there will be two young people on the panel who will ask a question each. The new service will include provision of web based counselling – a new element which has a good evidence base of being successful and increasing access by young people to counselling services. An integral part of the new service will be to work with schools and the wider workforce to increase awareness of the variety of services available to support children at every stage of their wellbeing problems. To support this work a Tiers Guide has been developed by the Young People's Emotional Health and Wellbeing Partnership Board (YPEHWPB) and has been widely circulated (See Appendix 3)

4.2 **Emotional Wellbeing Service for Children in Care**

Halton BC is currently commissioning a specific Emotional Wellbeing Service for Halton children in care and their parents/carers, and the specification is out on The Chest.

As there will be two services in operation across the borough, work is on-going to develop a pathway and clear referral protocols to ensure seamless transfer of care across both services.

4.3 **Self-Harm**

A key outcome of the plan will be to work to reduce the impact of

self-harm on children and young people. (See Appendix 2, work stream 2). In order to try and understand the size of the self-harm issue in the community within Halton providers have been asked to undertake audits within their services to try and establish how big the problem is. Self-harming is a symptom of other issues and not a specific condition in its own right and so it is difficult to establish robust data. The YPEHWPB Board is currently looking at the available self-harm data for Halton although the current data available is historic and based on hospital admissions only. This data comes with caveats as it relies on correct coding which can sometimes skew the figures. All local secondary schools have been offered a self-harm training package and work is now underway to better understand local prevalence. A coordinated response to training is also being developed across the wider Cheshire and Mersey region as part of the work of CHAMPS.

4.4 **Child in Need Project**

A local social enterprise organisation Wellbeing Enterprises has secured funding from Children in Need to establish a service that will support children and young people who are on waiting lists to access services with psychosocial interventions. A presentation was given to the YPEHWPB on their approach and they will work with partners in the borough to ensure relevant children are referred for this additional service. It is expected that the service will be operational by January 2015 and the funding is for 3 years.

4.5 **Tier 3 CAMHS**

Tier 3 CAMHS is delivered by 5 Boroughs Partnership Community Foundation Trust. In September 2013 they introduced a single point of access model to reduce waiting times for young people in accessing and receiving interventions. The waiting times are:

- Emergency – see within 24 hours
- Urgent – seen within 3 days
- Routine seen within 10 days.

Initially the transition to this service model worked well, although in February 2014 achievements of the target time frames slipped. The provider was asked to address this issue and it was identified that a number of GPs were identifying young people as ‘urgent’ when this was not always the case. The service has worked with a number of GPs to address this issue and has provided a number of additional assessment clinics so that the service is now currently achieving the time frames.

Once seen, a young person may be offered 3 brief interventions of

therapy or referred on (rather than back to the referring clinician) if their need cannot be met through a Tier 3 service. In many cases this can be sufficient to allow the young person to be discharged and supported to receive support via other services (both targeted and universal).

For those who require a more intensive or longer term intervention, a referral into on-going therapy takes place. As a result of the additional clinics there has been a 'bottle neck' in the referrals for on-going therapy and waiting times have been up to a maximum of 12 weeks. Work has been undertaken with the provider to deliver additional clinics to reduce the time frames and to look at a sustainable model to continue to achieve timely access.

In addition, 5BP have secured "Increased Access to Psychological Therapies (IAPT)" funding which will be utilised to completely transform the way on which service for children are delivered using goal orientated outcome measures with young people and will be moving to a self-referral model by December 2015.

4.6 **Services at A&E**

5BP provide a Clinical Assessment and Review Team (CART) service as part of the A&E department at St Helens & Knowsley Hospital (STHK). STHK contribute funding to the CART service specifically to provide an Out of Hours waking clinician which ensures that any child or young person who presents at A&E can be assessed in a timely manner. However sometimes admission is still required to address any attendant medical issues such as alcohol/substance misuse after effects.

At Warrington & Halton Hospital Foundation Trust (WHHFT) the CART service provides an on-call clinician during out of hours and this sometimes can lead to delays in a child or young person accessing a timely assessment. Again, admission is sometimes necessary due to attendant medical issues and so the number admitted purely for delayed access to assessment is difficult to identify as this information is not routinely recorded. In addition, sometimes there can be delays within A&E in calling for the relevant assessments. Discussions are on-going with the commissioner at Warrington CCG to identify the options around enhancing the WHHFT service to match the STHK service as currently this is an inequity in service for Halton children

4.7 **Hidden Harm Service**

The LA commission a service from Young Addaction and they have now developed an additional element of their service to support

children and young people who are at risk of hidden harm – namely their parents/carers have mental health or substance misuse issues which impact on their own wellbeing. This ‘pilot’ will be evaluated to see if a business case could be made to commission the service in 15/16.

5.0 OTHER/FINANCIAL IMPLICATIONS

Health promotion and prevention is a statutory responsibility that transferred to Local Authorities in April 2013 as part of the Health and Social Care Act. Part of this responsibility is to commission emotional health and wellbeing services for the local health economy. The services referenced support the Local Authority and its partners in meeting local and national policies with regards to supporting children, young people and their families.

6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES

6.1 Children & Young People in Halton

The issues and services outlined in this report provide dedicated services for children, young people and their families. Improving the emotional health and mental wellbeing of young people is a key objective of the Children’s Plan and the Health and Wellbeing Strategy.

6.2 Employment, Learning & Skills in Halton

None

6.3 A Healthy Halton

All of the points outlined in this report directly relate to this priority.

6.4 A Safer Halton

None

6.5 Halton’s Urban Renewal

None

7.0 RISK ANALYSIS

7.1 *None*

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 *Services operate across Halton in a range of settings and adhere to Equality and Diversity practices of the commissioning organisations.*

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Appendix A – MH	Enclosed	Simon Bell

Governance Structure Appendix B – Mental Health Delivery Plan (Children's)	Enclosed	Simon Bell
Appendix C – Tiers Guide	Enclosed	Simon Bell