## Children and Young People's Mental Health

HEALTH AND WELLBEING BOARD
31 MARCH 2021

#### Contents

Maturing governance arrangement's

Update on key work and initiatives

What we will do next

### Governance arrangements

- Whole Pathway Commissioning Steering Group
  - Sets strategic goals and priorities, monitors place-based teams progress against these:
    - 1. There is a single vision across the system
    - 2. Co-production underpins the planning and delivery of services
    - 3. There is an integrated system that supports children, young people and families as early as possible
    - 4. There is a workforce across the system that has the appropriate skills to support children, young people and their families
    - 5. There is an increased emphasis on prevention, including supporting greater resilience within the community
  - Facilitates share and spread of good practice on a regional footprint
  - Identifies opportunities for 'at scale' commissioning
- Place based planning and delivery, against the 5 goals, is facilitated via 2 main forums:

## Governance arrangements

- 1. North Tees CYP transformation planning group
  - Children's leads from Stockton & Hartlepool authorities, the CCG and TEWV
- 2. Tees Valley CYP provider forum
  - Representatives from several Tees Valley-based CYP MH providers attend
- All partners engage in needs analysis of population, identify service gaps, highlight opportunities for improvement, funding opportunities, identify and prioritise necessary actions
  - Sub-groups and task and finish groups form to take specific actions and work forward
  - All stakeholders have sight of and co-develop the same version of the plan
  - Links to South Tees and Darlington transformation planning groups for consistency, standardisation and equity
- Links to, and joint membership between, these groups and the Health and Well-being board facilitate strategic alignment of priorities and provides assurance
- Update on key work and initiatives to date:

# Mental Health Support Teams (MHST) for Schools

- All trainee MH practitioners are due to qualify by the end of March 2021.
  - Stockton's MHST will then be fully mobilized & capacity increased
- The team has still delivered a significant amount of activity since October 2020, when trainees started the 'practice' component of their training/course. Highlights include:
  - MH awareness, wellbeing, and CBT principles delivered to 1000 pupils over 8 assemblies
  - 557 referrals have been accepted into the MHST service
  - Group work delivered to 286 pupils
  - 585 1:1 clinical contacts facilitated
  - Average waiting times
    - Referral to assessment 17 days
    - Referral to Treatment 21 days
  - Parent support has also been provided via incredible years training program and parent-led CBT
  - Positive feedback received from pupils within post-service questionnaires
- As national MHST roll out continues, we are seeking to achieve parity across the Tees Valley over the coming 2-3 years which may see the introduction of an additional Stockton team

3/25/2021

## Well-being for education return

- The Wellbeing for Education Return programme started in October to support staff working in schools, colleges and other education settings.
  - To help respond to the additional pandemic-related emotional well-being pressures by upskilling staff in the provision of support and signposting to services
  - Attendance (Oct 2020 Jan 2021):

Setting type	No. staff attended training
Primary	35
Secondary	19
PRU/alternative	11
Other (Horizons Trust, Spark of Genius)	7
6 <sup>th</sup> Form	10
FE college	6
Other front facing education staff	17
TOTAL	104

Further work with the Education Training Collective has been undertaken (SRC, Bede, R&C College, NETA, The Skills Academy, Tees Valley Catering, Tees Valley Logistics Academy) to make the training accessible for all staff in line with their health and wellbeing strategy and action plan.

3/25/2021

## Footsteps

- Expanded service now operational, all Stockton residents are eligible for the service
- 3 clinics per week are running
- 122 referrals received between Oct 2020 Feb 2021
- Clinical activity to date:

#### Footsteps



1051 Hours of Mental Health Support delivered to Children and Young People

**GP** 



Counselling



**CBT** 



205

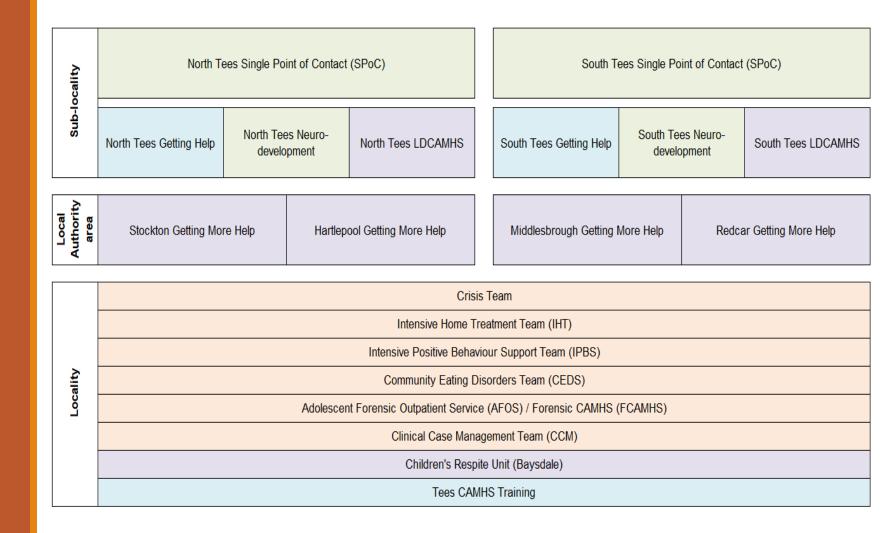
461

385

## CAMHS restructure

- Recognised need to make internal changes
  - Improve the journey and experience for children, young people and their families
  - Align to whole pathway commissioning and whole system working
  - Improve the experience for our partners
  - Improve the experience for our staff
- Service redesign
  - Negative and positive impact of the pandemic

## CAMHS restructure



## CAMHS restructure

#### **Single Point of Contact**

- Giving advice
- Self-Management
- Signposting links to VCS and Partners
- Access to TEWV Service

#### **Getting Help**

- Mild to Moderate
- Lead Professional
- Assessment
- Low Intensity
  - o EBP Group
    - Incredible Years
    - Positive Behaviour Support
    - SFP
    - Parent led CBT
    - Decider skills (primary and secondary
  - 1-1 intervention
- High Intensity
  - On-going intervention e.g. CBT, SFP, Home Coaching/IY

#### Getting More Help

- Complex complex, pervasive, severe and enduring
- Care Co-ordinator
- Multi-disciplinary case management
- Assessment
- Family Therapy
- CBT
- DBT
- IPT
- Medication
- Psychodynamic Psychotherapy
- IHT/IPBS

**Trauma Informed Care** 

**Collaborative Practice** 

A whole system approach with a single point of contact

- CCG funding is helping to sustain an increasing number of trained CYP IAPT practitioners in the third/VCS sector
  - Provide 1:1 and group evidenced based interventions for mild-moderate mental health issues
  - Third/VCS sector providers & CAMHS are beginning to coordinate and collaborate as a system
  - Model is developing
  - Longer-term commissioning options being considered
  - Plans to expand stakeholder comms & engagement
  - Other services including MHST and Footsteps are part of the 'whole system'
- The 'whole system approach' aims to effectively meet the mild-moderate mental health need demand of our population
  - Free up specialist CAMHS resource to meet the needs of the most complex cases
  - Nationally mandated i-Thrive methodology and modelling being applied

A whole system approach with a single point of contact

- Single point of contact for young people and families
  - Aim to remove the burden of navigating the system from young people and families
- Open Access
- Point of contact for advice
- Referrals receive a triage conversation, possible outcomes include:
  - Guidance and advice with no further contact
  - Sign-posting to partner services (huddles and process developing with VCS, other services and LA)
  - Opened to CAMHS for assessment and treatment

- Whole system approach and single point of contact requires ongoing modelling, roll out and regular review
  - Long term ambition to factor in all services including local authority commissioned services, local authority provided services, CCG commissioned services, school commissioned services, charitably funded services, etc..
    - Reduce duplication, encourage coordination, maximise efficiency
- Improve communication and engagement
  - Co-production with families, children and young people
    - Strategy and decision making
    - Service evaluation and review
    - New service mobilisation
- Whole system workforce development
  - Training needs analysis
  - Trauma informed care
- Stockton MHST expansion possible
  - Need equity across Tees Valley
  - Needs to be in-line with national roll out guidance and expectations

## What we will do next