

## Children and Young People's mental health and emotional wellbeing: *A vision for Norfolk and Waveney*

This document should be read alongside the Norfolk Children and Adolescent Mental Health Services (CAMHS) Strategy 2015-2017<sup>1</sup>, the Norfolk and Waveney Local Transformation Plan 2017-2018 and the CAMHS Public Health Needs Assessment July 2017.

### The Case for Change

- A 10-15% year on year increase in CAMHS referrals has been seen in Norfolk and Waveney. Our mental health services are only able to reach about 55% of children with a diagnosable mental health problem each year
- Services and referral routes are separately managed and not well integrated, resulting in some children and young people falling between services and failing to qualify for a service under the current tiered system
- Services are not equitable across the Norfolk and Waveney Sustainability and Transformation Partnership (STP) footprint or across the county of Suffolk
- There are differences in the age ranges that current services provide to, with some providing a 0-18 service and others 0-25. As a result, transition pathways are not always robust.
- The rate of looked after children in Norfolk is 62.2 per 10,000 population (0-18years). This is higher than the regional rate 48.7 per 10,000 and national rate of 60.3 per 10,000. The rate of mental health problems is higher in the looked after population
- The number of pupils permanently excluded from Primary Schools and High Schools is higher than the national average

### Vision

The vision is to have a transformed mental health and emotional wellbeing system that puts children and young people at the heart of all we do, with a focus on getting the right support first time and preventing ill health. The project to transform mental health pathways for children and young people is in line with the aims of the Norfolk and Waveney STP and features in the current published STP as a priority.

We will ensure that children, young people, their families and their carers will co-produce and be partners in shaping new models with us.

The following key principles will be embedded across the transformed system:

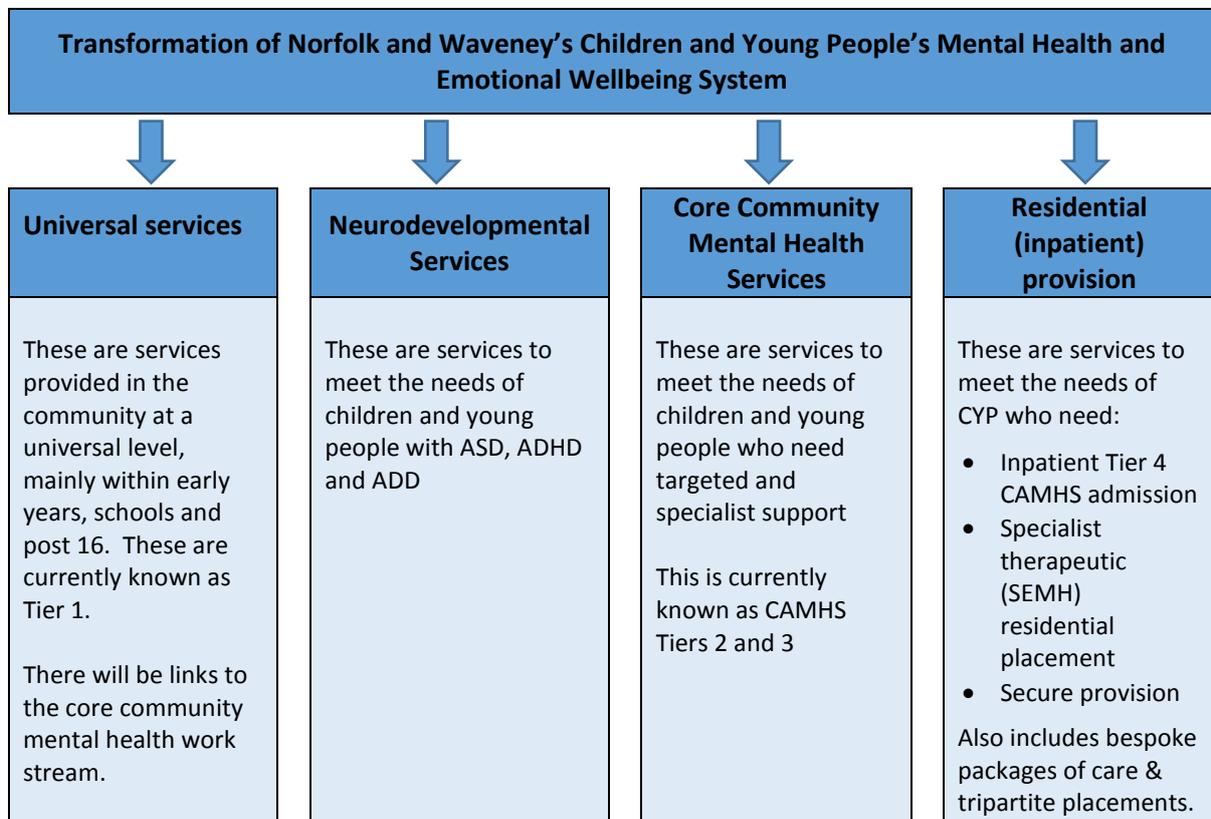
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<sup>1</sup> <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/childrens-social-care/camhs-strategy.pdf>

- Geographical equality of service delivery - A service that operates across the Norfolk and Waveney STP footprint on an equitable basis, making effective links to services in other counties as needed
- “No wrong door” i.e. all children, young people and families will be supported to find the right help at the right time
- An approach which ensures that no child or young person falls between services: there will be no “gaps” and a system ownership of the person in need
- Services which are accessible, including flexible locations for delivery and an improved online offer, designed alongside children and young people
- Investment from commissioning partners at least at the same level as now. The balance of resource will be commensurate to need and reflect our recognition of the need to invest existing resources differently within and across the four strands
- Evidence based pathways shaped by NICE and other national guidance which align with other children’s service provision and duties, including the Transforming Care agenda and the Children and Families Act 2014
- Prevention and early intervention is embedded across the system, so that escalation to a point of crisis is avoided, where possible
- Integrated pathways between Health, Education and Social Care

**Plan**

To achieve this vision, there are four projects which make up this transformational work:



We will use the principles of CYP IAPT and the THRIVE<sup>2</sup> model to shape our future provision. The THRIVE approach is about working with families, schools and children to promote mental health and wellbeing and to prevent problems becoming entrenched. THRIVE focuses on clarity around need rather than prescription as to exact structures or interventions to meet those needs. We will apply the 5 principles of THRIVE in our commissioning work:

- Participation
- Evidence based practices
- Rigorous outcome monitoring
- Improved access
- Awareness raising

In addition, each person or family accessing services is entitled to the following respect agenda<sup>3</sup>:

| <b>As someone seeking help from a professional, I have a right to RESPECT</b> |  |
|---|--|
| <b>Review</b>   | <ul style="list-style-type: none"> <li>• Know what options are available</li> <li>• Knows the pros and cons of the different options</li> </ul>  |
| <b>Effective Help</b>   | <ul style="list-style-type: none"> <li>• Know the evidence for the help and support being suggested</li> <li>• Know if there are different types of help that may be effective</li> <li>• Know what is expected from me of the others for the treatment</li> </ul> |
| <b>Select</b>   | <ul style="list-style-type: none"> <li>• Make choices about what help I get when different evidence-based approaches exist</li> </ul>  |
| <b>Progress</b>   | <ul style="list-style-type: none"> <li>• Be involved with setting and reviewing goals</li> <li>• Know how soon and to what extent things are likely to improve</li> </ul>  |
| <b>Expression</b>   | <ul style="list-style-type: none"> <li>• Be listened to and have my views taken into account</li> </ul>  |
| <b>Clarity</b>  | <ul style="list-style-type: none"> <li>• Know how those supporting me understand the difficulties</li> <li>• Know what is happening to the information about me</li> </ul>   |
| <b>Transition Support</b>   | <ul style="list-style-type: none"> <li>• Be supported and find further help if needed.</li> </ul>  |

### **Key elements of the future Core Community Mental Health Service**

- Pathways built on need, not tiers. In other words, joined up CAMHS provision for targeted and specialist provision, currently known as Tier 2 and Tier 3 and excellent support to Tier 1 or universal settings (including education, primary care)
- Provision which is for children and young people aged 0-25 and which support effective transition to adult services where needed
- Provision that exceeds the ambitions of the Five Year Forward View in terms of reaching children and young people in need

<sup>2</sup> THRIVE *Elaborated* Second Edition. Miranda Wolpert et al, November 2016

<sup>3</sup> Developed by the Evidence Based Practice Unit, a partnership of UCL Faculty of Brain Sciences and Anna Freud National Centre for children and Families

- An offer for all who want help, ranging from excellent self-help/online support through to 1:1 or group face to face support/treatment
- Easy, ready access for help and referrals via a single phone number, website and initial screening/assessment function for all those with mild, moderate and severe mental health needs (including those with neurodevelopmental needs)
- A mental health service that is friendly, confidential and welcoming, where the concerns of children and young people are taken seriously
- Direct access to services – including self-referral
- The service will meet the mental health needs of children and young people with neurodevelopmental needs or learning disabilities, making reasonable adjustments where necessary
- Operating hours which are defined by and respond to the needs and wants of children and young people
- The service will provide effective pathways of care at points of crisis
- The service will provide for children and young people with Social Emotional and Mental Health Difficulties (SEMH) and all vulnerable groups including but not limited to those with other types of special educational need, Looked After Children, children at the Edge of Care and care leavers
- Aligned specialist SEMH state funded school and integrated CAMHS services to provide integrated targeted interventions to children and young people and families on the school site
- A dedicated function to educate and upskill staff working in – but not limited to – schools, GP surgeries, further & higher education and employers to promote and support effective prevention and education interventions in all these settings.
- A family focus, i.e. support for parents to understand and support their children when they have mental health difficulties and for those parents who have mental health difficulties themselves

### **Scope – what will be included?**

All CAMHS services for 0-25 who have a targeted or specialist mental health need. This will include elements such as:

- Psychological disorders e.g. anxiety, depression, stress and personality disorders
- Suicidal ideation
- Eating disorders
- Self-harm
- Hyperkinetic disorder
- Conduct disorder
- Attachment disorder / PIMHS
- Oppositional Defiant Disorder
- Somatising disorders
- Dual diagnosis
- Emotional and mood disorders
- OCD
- PTSD
- Neuropsychiatric disorders
- Psychosis
- Mental Health co-morbid with LD/physical health problems
- Harmful sexual behaviours

The service will work with universal services to provide support to children to reduce and prevent escalation of need, in areas such as:

- Bullying
- Bereavement
- Relationship issues
- Child behaviour problems, where there is an underlying mental health condition
- Anger management
- Mental health needs of looked after and adopted children
- Children and young people with LD and behaviours that challenge, where there is an underlying mental health condition
- Children with identified social, emotional and mental health difficulties

### **Key elements of the future Universal Services**

The aim of this project is to develop and implement a consistent, evidence informed core offer for children in education settings. This will include:

- Ensuring universal settings understand the fundamental role they have in building resilience and meeting the mental health and wellbeing needs of the local population. These settings include:
  - Education settings
  - Children's Centres
  - Families, Children and Young People themselves
- Universal settings are supported to develop positive mental health and resilience in all children, knowing how to support children with mild mental health problems and knowing when and how to seek the intervention of targeted or specialist mental health providers
- Exploration of the opportunities for schools as commissioners to jointly commission some elements of targeted and specialist support/treatment for children
- An early intervention model to upskill the education setting to prevent emerging mental health problems from escalating further
- An integrated early years, school and post 16 based service/offer to improve accessibility, better address school-related stressors and ease pressure on specialist CAMHS services
- Hub type model within education settings from which early intervention provision is delivered by health professionals, alongside wider provision elsewhere in the community
- SEND School clusters to act as CAMHS Cluster Champions, providing integrated support and expertise to identified school cluster areas across the county. This would improve accessibility and upskill the school system in support with school based stressors and ease pressure on specialist CAMHS Guidance service to ensure locally commissioned services are high quality e.g. counselling support
- Dedicated time for on-site support from a CAMHS professional to provide targeted mental health interventions to pupils on school or setting site.
- A whole school or setting training programme to upskill the universal workforce

- Utilising and linking with all providers in universal settings, for example, health visiting and school nursing services

#### **Key elements of the future Neurodevelopmental Service**

- Developed in partnership with providers including voluntary sector and the local authorities.
- A responsive, innovative and integrated multi-disciplinary service that is able to ensure timely diagnostic services and support for families.

#### **Key elements of the future Residential/Inpatient provision**

This project will involve local services, CCGs, Norfolk & Suffolk Local Authorities, NHSE Specialised Commissioning, the East of England Health & Justice Commissioner and other partners to review and develop pathways

- To jointly review & develop high quality, seamless pathways for those children and young people who require highly specialist residential or inpatient care
- Ensure pathways (including admission and discharge planning) are jointly quality reviewed and audited regularly, and lessons learned are put into practice
- To meet the requirement that a Place Based or Collaborative Commissioning Agreement regarding CAMHS Tier 4 is co-produced and signed off by CCGs, Local Authorities and NHS England's Specialised Commissioning