

Health Scrutiny Committee

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Progress in Transforming Child and Adolescent Mental Health Services in Suffolk

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East and West Suffolk Children's Emotional Wellbeing Strategy – Stakeholder Engagement Summary

Background

The Stakeholder Engagement Plan is being delivered in partnership with Suffolk County Council, NHS Ipswich and East Suffolk CCG and West Suffolk CCG to ensure that it builds on existing good practice and is fully inclusive of all the relevant stakeholders. Young people and their families/carers are key stakeholders in this in order to work within the principles of co-production. Co-production is based on the concept that health and social problems are best tackled in genuine partnership with service users and service commissioners each contributing their particular skill and knowledge. Co-production underpins effective commissioning and will be integral to the new service delivery.

The Engagement Plan - is divided into 4 phases each one building on the previous phase of work

Phase 1 - Exploration

Collating existing knowledge and information and widening the engagement with stakeholders (e.g. working directly with schools, young people, carers and families) to explore present delivery and ideas for improvement.

For example: consultations undertaken by the Young People's Health Ambassador, outcomes of consultation activities/events undertaken by the CCGs, outcomes of the Suffolk Assembly of Youth Question Time events, UK Youth Parliament Research, NSFT Youth Council activity, TAMHS work in schools, reviews of existing practice - Compass Mentoring Suffolk Coastal, School Based Counselling Ipswich, Health Watch/NSFT EHWP questionnaire.

See attached summary report. (Evidence Set 5 Appendix 1)

Phase 2 - Co-Design

Working with key stakeholders particularly young people and parent/carers, the co-design phase will build on national and local best practice e.g. enabling/supporting young people to provide peer support. The consultation process with stakeholders will be on-going in order that as many people as possible are informed about the plan and are encouraged to share their experiences and ideas.

For example: co-production workshops with young people in schools to explore the key themes of peer support, digital resources and accessibility. Co-production workshop with a range of stakeholders looking at the new eating disorder service. Co-production workshops with a range of stakeholders to explore options around a Single Point of Access and Assessment. This phase of work is currently on-going.

Phase 3 - Co-Deliver

Where appropriate stakeholders to co-deliver the new service recognising the need for a broad range of delivery models. For example, this co-delivery could provide specific services for vulnerable young people who are less visible and those living in rural areas etc.

Phase 4 - Co-Monitor

Ongoing monitoring - developing simple accessible systems with reflective practice and continual improvement.

Executive Summary

1 Background

- NHS West Suffolk Clinical Commissioning Group, NHS Ipswich and East Suffolk Clinical Commissioning Group, the Suffolk County Council, Suffolk Health and Wellbeing Board and the Suffolk Children's Trust, have jointly developed a 'Suffolk Child & Adolescent Mental Health - Transformation Plan' which follows national guidance and priorities.

This independently developed report;

1. analyses the stakeholder engagement data collected, and
2. maps this data onto the Five Big Ideas and Ten Priorities for Children's Mental Health – which form the foundation of the Transformation Plan,
3. and, identifies any additional themes from the data, not addressed directly in the transitional plan.

Outcome

All of the 5 Big Ideas and 10 Key Priorities in the Transition Plan can be supported by feedback within the data provided – although some are more evident than others (see Appendix A).

Two additional themes emerged.

1. Education as a source of knowledge, skills and behavioral development.
2. Outreach of services to treat/or engage with Children and Young People beyond the health care facilities.



Dr Steven Wilkinson
Consulting the Community
October 2015

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1 Background

1.1 Nationally, mental health has had renewed focus. In particular the present government has released a Manifesto for Better Mental Health (<http://www.rethink.org/media/1146441/manifesto%20commitments.pdf> accessed October 2015)

• 1.2 NHS West Suffolk Clinical Commissioning Group, NHS Ipswich and East Suffolk Clinical Commissioning Group, the Suffolk County Council, Suffolk Health and Wellbeing Board and the Suffolk Children's Trust, have jointly developed a 'Suffolk Child & Adolescent Mental Health - Transformation Plan' which follows national guidance and priorities. The development of this plan is an example of local partnership working and includes multi agency and mental health provider and Norfolk and Suffolk Foundation Trust input. It is supported by stakeholder engagement, including specific engagement with young people, the public and parents/ carers and with schools.

2 Purpose

2.1 This independently developed report;

- 1 analyses the stakeholder engagement data collected, and
2. maps this data onto the Five Big Ideas and Ten Priorities for Children's Mental Health – which form the foundation of the Transformation Plan, and
3. identifies any additional themes from the data, not addressed directly in the transitional plan.

3 The Data

3.1 The data collected included the following;

- Mental health workshop with pupils from Stowmarket High and Farlingaye School
- Emotional health and wellbeing: young carers focus group.
- Consultation with NCS Bury St Edmunds
- What does a good mental health offer look like for children and young people in Suffolk? (YPHA Report)

- Summary of a report of the CAHMS service (YPHA)
- Feedback From Parents - (Notes)
- 4 Reports from the Pilot Project for School Based Counselling Services in High Schools and Integrated Team Provision
- Castle Manor Academy – assemblies feedback
- Castle Manor Academy – 29/04/15 – Exam Stress
- Castle Manor Academy – 13/05/15 – Mental Health
- Mental Health Feedback from Suffolk Show 2015
- SAY (North East & West Ipswich) Question Time events
- Suffolk Young People’s Health Project (4YP)

4 Method

4.1 The method used to analyse this data is the Conceptual Framework – which is simply a device for organising the ideas that were discussed in the data. This method often requires a model be developed – in this case, the most suitable model is a table. The Transition Plan is described as 5 central ideas and 10 key priorities. Where data relating to these can be located, it will be coded and listed as a source on the table. Any additional themes will also be identified.

4.2 This approach will provide a form of Theory Testing – that is to say, it will be a way of identifying how the data compares with and supports the plan.

5 The Transformation Plan

5.1 Our five big ideas:

- 1 Building simple referral routes and pathways with a family focus supported by a single point of access and assessment, whatever the type of presenting need.
- 2 Ensuring that people receive the right support at the right time and in the right place, regardless of how they present to services, through evidence based interventions and principles.
- 3 Increasing early help for children and young people.
- 4 Emotional wellbeing will be everyone’s business with a more confident and competent wider workforce including adults services, responding to the impact of parental difficulties on the emotional wellbeing of their children.
- 5 Radically increasing access for low to moderate need through technology and digital based applications and reduce the time interval for response to reduce long waits for support.

5.2 Key priorities:

- 1 Implementation of a Single Point of Access supporting clear referral and treatment pathways from early intervention through to inpatient care.
- 2 Redesign and commission a county wide Eating Disorders service
- 3 Exploring a psychologically informed therapeutic model for Children in Care/Vulnerable Children
- 4 Piloting a new multi-agency family assessment approach to inform our future

behavioural pathway

- 5 Build on our pilot perinatal mental health services to meet national guidance
- 6 Support the priorities identified for Children and Young People within the Suffolk Crisis Care Concordat and associated action plan.
- 7 Respond to national developments within the youth justice arena, including the rollout of the pilot Youth Diversion Scheme.
- 8 Where appropriate our services will go up to age 25 years in a planned integrated way.
- 9 Ensure we consider the needs and influence of families and carers in order to develop resilience both in themselves and the Adults who care for them.
- 10 Develop our workforce across the whole system to realise our transformation.

6 Analysis

6.1 For this analysis, the 5 big ideas and the 10 key priorities have been coded (see below).

6.2 The data has been read and coded (separate document), linking the data directly to the Big Ideas and Key Priorities in the Transition Plan.

6.3 A narrative from the data has been added to each of the Big Ideas and Key Priorities summarising how the data relates to that part of the plan.

6.4 Additional themes have been identified and included at the end of the analysis.

6.5 Our five big ideas:

- 1. Building simple referral routes and pathways with a family focus supported by a single point of access and assessment, whatever the type of presenting need.

- **Code BI/SPAA = Single Point of Access and Assessment**

Narrative – Young people (and carers) don't naturally seek support for emotional well-being. It is not seen as a medical condition. GP's may not diagnose depression or mental illness and can give questionable advice (e.g. 'All children self harm'). Young people do not necessarily regard teachers in schools as a suitable access point for mental health support – they do not have the skills. 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder. Clear signposting is needed. Accessing the service can be problematic – young people want to be confident in the availability of support.

- 2. Ensuring that people receive the right support at the right time and in the right place, regardless of how they present to services, through evidence based interventions and principles.

- **Code BI/RTP = Right Time and Place**

Narrative – Children use technology and seek peer support. School nurses could widen their supporting role. Methods of engagement with young people could be more informed and responsive to needs. Parents would like the service to be 24/7. Acute care does not deal well with CAMH. Parents and the public feel the service is under-resourced. Parents want mental health nurses to provide treatment – not simply referrals to acute care (e.g. self harming). Parents also want to advocate on behalf of their children without detriment. Parents and carers also need support.

School based counseling has been piloted and includes the evaluation of counseling methods. The CBT service is under-resourced. Young people do not necessarily want to take medications.

3. Increasing early help for children and young people.

Code BI/IEH = Increasing Early Help

Narrative – Children and young people use their own language - and want to be believed when they express how they feel. Children and young people recognise gender empowerment. Children and young people experience socialisation difficulties. The right kind of support in the right environment is important. Young people do not necessarily talk about or report their own or their peers mental health. Mental health should include outreach as well as support centres. Young people are anxious about how to support friends and how to cope with exam pressure. Parents have been told there is no diagnosis for U18. School based counseling provides early intervention. School counseling has been piloted. School assemblies address issues effecting young people at an early stage.

4. Emotional wellbeing will be everyone's business with a more confident and competent wider workforce including adults services, responding to the impact of parental difficulties on the emotional wellbeing of their children.

Code BI/CCWF = Confident and Competent Work Force

Narrative – Children and young people prefer 'emotional well-being' as a term. Young people have a negative perception of the term 'Mental Health'. Mental Health professionals need to improve their communication with parents.

5. Radically increasing access for low to moderate need through technology and digital based applications and reduce the time interval for response to reduce long waits for support.

Code BI/IATT = Increasing Access Through Technology

Narrative – Children, parents and the public are concerned with timing for appointments. Children and young people like the idea of using technology. Young carers generally don't know how or when to access support. School assemblies help promote technology and access issues.

6.6 Key Priorities:

1 Implementation of a Single Point of Access supporting clear referral and treatment pathways from early intervention through to inpatient care.

• **Code KP/SPA = Single Point of Access**

Narrative – Children are concerned with timing for appointments, feelings, choice, communication and trust. The school nurse role could be further developed to enable access and engagement. Parents need clear communication and continuity of care. Parents want CAMHS to extend to discharge and post acute care and improve communication. School based counseling has been piloted. The public find the service slow to respond.

• 2 Redesign and commission a county wide Eating Disorders service

• **Code KP/EDS = Eating Disorder Service**

Narrative – School based counselling and assemblies addressed eating disorder issues.

- 3 Exploring a psychologically informed therapeutic model for Children in Care/Vulnerable Children
 - **Code KP/CCVC = Children in Care & Vulnerable Children**

Narrative – School based counselling has piloted therapeutic models.
- 4 Piloting a new multi-agency family assessment approach to inform our future behavioural pathway
 - **Code KP/MAFA = Multi Agency Family Assessment**

Narrative – Parenting skills are a factor. School based counseling has addressed behavioural issues.
- 5 Build on our pilot perinatal mental health services to meet national guidance
 - **Code KP/PMH = Perinatal Mental Health**

Narrative – the public feel perinatal services are needed (including for multiple birth)
- 6 Support the priorities identified for Children and Young People within the Suffolk Crisis Care Concordat and associated action plan.
 - **Code KP/SCCC = Suffolk Crisis Care Concordant**

Narrative – Sharing experiences and talking with the right person is important. Locating a point of access for support is important. Parents want a holistic service. School based counselling collaborates with other health care services. School assemblies have addressed family based issues.
- 7 Respond to national developments within the youth justice arena, including the rollout of the pilot Youth Diversion Scheme.
 - **Code KP/YDS = Youth Diversion Scheme**

Narrative – 95% of imprisoned young offenders have a mental health disorder. Many of them are struggling with more than one disorder
- 8 Where appropriate our services will go up to age 25 years in a planned integrated way.
 - **Code KP/PS25 = Provide Services to age 25**

Narrative – More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time. Parents want the service through to the age of 25. Young people want to see the service available for all age groups.
- 9 Ensure we consider the needs and influence of families and carers in order to develop resilience both in themselves and the Adults who care for them.
 - **Code KP/DR = Develop Resilience**

Narrative – Parents want to be informed and included. School counseling pilots have included parental input.
- 10 Develop our workforce across the whole system to realise our transformation.
 - **Code KP/DW = Develop Workforce**

Narrative – Young people and Parents can be included in the development and promotion of the service and involved in providing peer support. Parents want a holistic service. Parents do not want their children excluded from school (e.g. Ofsted inspections). School based counseling has included parents. Young people expect their confidentiality to be respected. Poor experiences of services create strong

perceptions.

6.7 Additional Themes

a. Education as a source of knowledge, skills and behavioral development.

Code AD/EDU = Education

Narrative - There were a lot of misconceptions around mental health - this could be tackled through better explanations of mental illnesses. Education includes physical as well as mental fitness and well-being. School based psychological pilots and assemblies have addressed educational issues.

b. Outreach to treat and/or engage with Children and Young People beyond the health care facilities.

Code AD/OUT = Outreach

Narrative – Parents and the public want the CAMHS to reach out into schools and communicate more widely. School based counseling has been piloted.

7 Report Outcomes

7.1 All of the 5 Big Ideas and 10 Key Priorities in the Transition Plan can be supported by feedback within the data provided – although some are more evident than others (see Appendix A).

7.2 Two additional themes emerged.

- i. Education as a source of knowledge, skills and behavioral development.
- ii. Outreach of services to treat/or engage with Children and Young People beyond the health care facilities.

7.3 This report has been developed independently using the feedback provided. All queries concerning this report can be forwarded to the author. All further correspondence should be forwarded to the West Suffolk CCG.



Final Report developed by
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October 2015

* Consulting the community is a research centre of academics from the social sciences. This method for analyzing feedback has been developed by colleagues from this centre. Enquiries can be made by contacting the CCG.

Website – www.consultingthecommunity.co.uk

Data Analysis

The Data collected has been read and sorted into themes. Each data source is reported separately.

Transition Plan	Data Source
<ul style="list-style-type: none"> • Our five big ideas: 	
<ul style="list-style-type: none"> • Building simple referral routes and pathways with a family focus supported by a single point of access and assessment, whatever the type of presenting need. • Code BI/SPAA = Single Point of Access and Assessment 	<ul style="list-style-type: none"> • Emotional health and wellbeing: young carers focus group. • Consultation with NCS Bury St Edmunds • YPHA Report • Summary of a report of the CAHMS service • Feedback From Parents • Mental Health Feedback from Suffolk Show 2015 • SAY Question Time events • Suffolk Young People's Health Project
<ul style="list-style-type: none"> • Ensuring that people receive the right support at the right time and in the right place, regardless of how they present to services, through evidence based interventions and principles. • Code BI/RTP = Right Time and Place 	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Consultation with NCS Bury St Edmunds • YPHA Report • Summary of a report of the CAHMS service • Feedback From Parents • School Based Counselling Services • Mental Health Feedback from Suffolk Show 2015 • SAY Question Time events • Suffolk Young People's Health Project
<p>Increasing early help for children and young people.</p> <p>Code BI/IEH = Increasing Early Help</p>	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Emotional health and wellbeing: young carers focus group. • YPHA Report • Summary of a report of the CAHMS service • Feedback From Parents • School Based Counselling Services • Castle Manor Academy – assemblies feedback • Castle Manor Academy –

	<p>29/04/15 – Exam Stress</p> <ul style="list-style-type: none"> • Castle Manor Academy – <p>13/05/15 – Mental Health</p> <ul style="list-style-type: none"> • SAY Question Time events • Suffolk Young People’s Health Project
<p>Emotional wellbeing will be everyone’s business with a more confident and competent wider workforce including adults services, responding to the impact of parental difficulties on the emotional wellbeing of their children.</p> <p>Code BI/CCWF = Confident and Competent Work Force</p>	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Emotional health and wellbeing: young carers focus group. • Consultation with NCS Bury St Edmunds • Feedback From Parents
<p>Radically increasing access for low to moderate need through technology and digital based applications and reduce the time interval for response to reduce long waits for support.</p> <p>Code BI/IATT = Increasing Access Through Technology</p>	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Emotional health and wellbeing: young carers focus group. • Consultation with NCS Bury St Edmunds • Summary of a report of the CAHMS service • Castle Manor Academy – 29/04/15 – Exam Stress • Suffolk Young People’s Health Project
<p>Key Priorities:</p>	
<ul style="list-style-type: none"> • Implementation of a Single Point of Access supporting clear referral and treatment pathways from early intervention through to inpatient care. • Code KP/SPA = Single Point of Access 	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Consultation with NCS Bury St Edmunds • YPHA Report • Feedback From Parents • School Based Counselling Services • Mental Health Feedback from Suffolk Show 2015
<ul style="list-style-type: none"> • Redesign and commission a county wide Eating Disorders service • Code KP/EDS = Eating Disorder Service 	<ul style="list-style-type: none"> • School Based Counselling Services • Castle Manor Academy – assemblies feedback •
<ul style="list-style-type: none"> • Exploring a psychologically informed therapeutic model for Children in Care/Vulnerable Children • Code KP/CCVC = Children in Care & Vulnerable Children 	<ul style="list-style-type: none"> • School Based Counselling Services
<ul style="list-style-type: none"> • Piloting a new multi-agency family assessment approach to inform our future behavioural pathway 	<ul style="list-style-type: none"> • School Based Counselling Services

<ul style="list-style-type: none"> • Code KP/MAFA = Multi Agency Family Assessment 	
<ul style="list-style-type: none"> • Build on our pilot perinatal mental health services to meet national guidance • Code KP/PMH = Perinatal Mental Health 	<ul style="list-style-type: none"> • Mental Health Feedback from Suffolk Show 2015 •
<ul style="list-style-type: none"> • Support the priorities identified for Children and Young People within the Suffolk Crisis Care Concordat and associated action plan. • Code KP/SCCC = Suffolk Crisis Care Concordat 	<ul style="list-style-type: none"> • Mental health workshop with pupils from Stowmarket High and Farlingaye School. • Emotional health and wellbeing: young carers focus group. • Feedback From Parents • School Based Counselling Services • Castle Manor Academy – assemblies feedback
<ul style="list-style-type: none"> • Respond to national developments within the youth justice arena, including the rollout of the pilot Youth Diversion Scheme. • Code KP/YDS = Youth Diversion Scheme 	<ul style="list-style-type: none"> • YPHA Report
<ul style="list-style-type: none"> • Where appropriate our services will go up to age 25 years in a planned integrated way. • Code KP/PS25 = Provide Services to age 25 	<ul style="list-style-type: none"> • YPHA Report • Summary of a report of the CAHMS service • Feedback From Parents • Suffolk Young People’s Health Project
<ul style="list-style-type: none"> • Ensure we consider the needs and influence of families and carers in order to develop resilience both in themselves and the Adults who care for them. • Code KP/DR = Develop Resilience 	<ul style="list-style-type: none"> • Feedback From Parents • School Based Counselling Services
<ul style="list-style-type: none"> • Develop our workforce across the whole system to realise our transformation. • Code KP/DW = Develop Workforce 	<ul style="list-style-type: none"> • YPHA Report • Summary of a report of the CAHMS service • Feedback From Parents • School Based Counselling Services • Suffolk Young People’s Health Project
<ul style="list-style-type: none"> • Additional themes 	
<p>Education as a source of knowledge, skills and behavioral development. Code AD/EDU = Education</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Consultation with NCS Bury St Edmunds • YPHA Report • Summary of a report of the CAHMS service • Castle Manor Academy – assemblies feedback • Castle Manor Academy – 13/05/15 – Mental Health

	<ul style="list-style-type: none"> • Mental Health Feedback from Suffolk Show 2015 • SAY Question Time events • Suffolk Young People's Health Project
<p>Outreach of services to treat/or engage with Children and Young People beyond the health care facilities.</p> <p>Code AD/OUT = Outreach</p>	<ul style="list-style-type: none"> • Feedback From Parents • School Based Counselling Services • Suffolk Young People's Health Project

Data Source

- Mental health workshop with pupils from Stowmarket High and Farlingaye School
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- Consultation with NCS Bury St Edmunds
- YPHA Report - What does a good mental health offer look like for children and young people in Suffolk?
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- 4 Reports from the Pilot Project for School Based Counselling Services in High Schools and Integrated Team Provision
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