

Developing A
Comprehensive Model of
Support on Emotional
Health & Wellbeing for
Children, Young People and
Families in Shropshire

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Foreword

(Karen Bradshaw, Prof Rod Thomson, Dr Julie Davis & Cllr Ann Hartley)

In Shropshire we believe that good mental health for all is the cornerstone of a happy and healthy society and improvements to our mental health can have an immediate and long term positive impact on local communities.

Good mental health is a key outcome for our Health and Wellbeing Strategy and the Children, Young People and Families Plan. It is also central to the work we do on safeguarding our children. To achieve good mental health we need to work together across organisations and sectors to empower local people to make good decisions for their own health, to work with schools to provide the framework and curriculum for building strong and resilient children, to work with our own services and the voluntary and community sector to support families when they need extra support, and to work with our health services so that children and families can access the right kind of service and support at the right time for their mental health needs.

We would be failing our children and future generations if we did not focus our efforts on improving emotional wellbeing and resilience through concerted efforts at every level. As a community of leaders we recognise that an effective strategy is based on good joint working; on involving our local communities, families and children; as well as providing the right services and resources. If we are to achieve our vision we will work through local communities supporting them to take part in activities that promote wellbeing, build life skills, improve social networks and intervene when problems emerge.

1. Introduction

This document sets out the context in which we work and demonstrates the requirement for an overarching strategy that brings together how we work collectively to support the development of good mental health within our communities, schools and families. This starts with self-help and a prevention focus at a universal level for all children and families with additional support when needed provided by a range of targeted services and programmes.

The strategy does this through:

1. Description of our current position
2. Description of our current need
3. Provides an update on work to date following two reviews
4. Description of current services and programmes and their responses to date
5. Sets out the vision for the future and how we will deliver that

The document uses a population based approach to support the prevention agenda of Shropshire Council and its partners. It incorporates key recommendations from two local reviews and the subsequent actions that have taken place. We acknowledge it is work in progress and there is more to do.

The strategy is a key part of the wider vision that is driving change for even better health and wellbeing for children and young people in Shropshire. It supports the work on locality based services for children, young people and parents, including Family Solutions, the COMPASS, and new programmes such as the Family Nurse Partnership. Mental wellbeing will be a central element of the

work on parenting, part of children’s services delivery and our workforces in Early Help, Children’s Centres, school nursing and health visiting who are all key to the early identification and delivery of universal and targeted prevention programmes around mental wellbeing.

We intend to maximise opportunities with our current and future commissioning responsibilities around school nursing, FNP and health visiting to make sure mental health knowledge and skills are central to every professional’s role. We will work with the voluntary sector and adult services to ensure there is better joint working between adult and children’s services.

We want to de-mystify mental health and provide programmes of support that build confidence, self-esteem and resilience. For children and young people this will mean availability of community based programmes with better access to services and support to prevent problems escalating, it will also mean a greater synergy with adults services so that professionals working with parents with existing problems can make sure support is provided for children.

Improving the emotional health and wellbeing of children and young people across Shropshire is a priority of the local Health and Wellbeing Board, for the Children’s Trust, the Health Champions and for members of our Local Youth Parliament. It is a central component of our work programmes linked to the Safeguarding Board and is driven forward through the joint efforts of Shropshire Council, the clinical commissioning group, our young people, the voluntary sector and our public services.

Good mental health has been recognised as an important local issue in different forums; through CCG and Local Authority reviews, in local statistical information, in feedback from schools, professionals and young people’s groups. As such it is a key action in the Shropshire’s Children, Young people and Families Plan 2014 governed by the Children’s Trust who have the responsibility of ensuring it is achieved. It is a key element of the Early Help Strategy 2013.

Our vision is taken from the **Health and Wellbeing Board Strategy Shropshire Flourishing Lives (2012): Improve the emotional wellbeing and mental health of children and young people by focussing on prevention and early support.**

This strategy sets out a graduated model with prevention as the building block that underpins high quality efficient mental health provision for those children and young people who need access to and support from services. The primary goal is for better emotional and mental health and wellbeing for all our Shropshire children.

Our aims reflect our approach:

<p>Aim 1</p>	<p>To ensure that more of our children have better wellbeing and good mental health Outcome: Ensuring the emotional wellbeing of children Good mental health will support all Outcomes</p>
<p>Aim 2</p>	<p>To reduce the number of children who develop mental health problems Outcome: Ensuring the emotional wellbeing of children</p>
<p>Aim 3</p>	<p>To commission high quality services for those children who develop mental health problems Outcome: Ensuring the emotional wellbeing of children Good mental health will support all Outcomes</p>

The commissioning and delivery of high quality mental health and wellbeing services is an investment that will lead to population health gains and financial savings both in the medium and long term. The evidence base for mental health is strong and over the past decade there have been a plethora of strategies, studies and programmes that demonstrate the long term impact of intervening. This is especially relevant in the early childhood and in the teenage years.

Mental health problems starting in childhood are common and can result in wide ranging and longer term problems such as poorer educational attainment and negative relationships. Other long term effects include poor employment prospects and additional mental and physical health conditions in later life. One in ten children (three in every class) aged between 5-16 years has a clinically diagnosable mental health problem. Just over half have a conduct disorder and the remainder will have an emotional disorder or severe attention deficit hyperactivity disorder. It is well documented that 50% of those with lifetime mental illness will experience symptoms by age 14 years.

The expanding body of evidence demonstrate clinical, social and financial benefits of different interventions across the age ranges and in different settings. Early identification and intervention can make real differences to the outcomes for children in the short term and longer term.

Some examples of potential savings are taken from the Mental Health Promotion and mental illness prevention: The economic case (Knapp et al, 2011):

- Social and emotional learning programmes results in returns of £84 for each £ invested
- School based interventions to reduce bullying result in returns of £14 per £ invested
- Parenting interventions for families with conduct disorder result in returns of £8 per £ spent
- Early detection of psychosis results in £10 for every £ spent with savings in year 2

Supporting carers and parents during pregnancy and the early years is known to impact on the mental health of children and young people. A secure parent/child relationship contributes to a positive attachment and helping to create emotional resilience in children. As children get older support for parents and carers is just as important through parenting programmes. Settings such as schools, colleges and the voluntary sector provide real opportunities to build social and emotional resilience of children and young people through interventions covering to develop self- esteem, social and emotional skills and reduction of risk taking behaviours.

Schools are part of the universal provision to support emotional health and wellbeing for CYP. The evidence base for the role of schools in supporting mental health of children and young people is strong. Findings from DfE research report in 2013 highlight that 'children with higher levels of emotional, behavioural, social and school well-being on average have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.'

What we know from work done around education and health is that:

- Resilient and healthy children have higher achievement and attainment rates
- Children with a strong sense of worth who are resilient in their early childhood and adolescence are more likely to become healthy adults
- Higher attainment improves longer term chances of education, employment prospects
- Improved behaviour helps staff to provide positive learning experiences

What Does the Data Tell Us?

In developing this strategy we have deliberately chosen not to bombard the reader with lists of indicators but have carefully chosen a mixture of high level population data to illustrate prevalence. We compliment this with individual service and programme data to show how we are progressing and where we need to improve. This is linked to our aims and objectives.

Tier 1 – Prevention What do we know about data on children & young people’s mental health and how are we responding?

- There are approximately 68,000 children in Shropshire aged 0-19 years.
- In a typically sized class of 30 children, it is estimated that 3 will have an emotional or mental health need.
- Looked After Children and those with disabilities are more likely to have mental health problems than other children.
- 66% of pupils in Shropshire attend a school where there is at least one Tier 1 prevention programme (TaMHS).
- 87% of pupils from the most deprived areas of Shropshire attend a school where there is at least one Tier 1 prevention programme (TaMHS) in place.

Tier 2 – What do we know about data on children & young people who need some support?

- It is estimated that around 4,000 young people aged 5-16 years old in Shropshire have a mental health problem requiring some level of specialist treatment at any one time.
- Overall all the top 5 referrals to Tier 3 CAMHS were for depression, anxiety, anger/aggression, ADHD and Autism/Asperger’s respectively. There were differences between referrals for girls and boys, with girls more likely to be referred for depression and anxiety and boys more likely for anger/aggression, ADHD and Autism. Girls were less likely to be referred for ADHD and Autism; instead the fourth and fifth most likely reason for referral for girls was deliberate self-harm and self-harming behaviour.

Tier 3 – What do we know about data on children and young people who need specialist treatment

- Overall there were around 1,150 children and young people referred to Tier 3 specialist Camhs in 2012-2013
- There were a similar percentage of referrals to Tier 3 CAMHS services for both boys and girls, but the age distribution between genders varied with significantly more girls referred aged 15-16 (33.2%) and significantly more boys aged 05-09 (37.4%).
- There were significantly more referrals to Tier 3 CAMHS from the most deprived areas (23.8%) compared to the most affluent (16.8%).
- A significantly higher percentage of referrals to Tier 3 CAMHS came from GPs (67.9%) compared to other agencies referring.
- The highest percentage of reasons for discharge was inappropriate referrals of which a significant percentage was made by GPs.
- The self-harm figures for Shropshire show the rates are higher than the national average for the period 2011/2012 but lower for the period 2013/2014.

- In Shropshire the rate of admissions for to hospital from self-harm for people aged 0-17 years old was significantly higher in 2011-12, at 151.8 per 100,000, which accounted for 93 admissions. In 2012-13 the rate per 100,000 was 299.7 which were similar to the national average; however this measured young people aged 10-24 years old and is therefore not comparable with the 2011-12 figure.
- There were 9 suicides in young people aged 19 years and under between 2007-2011 of which slightly more were in boys than in girls.

Feedback From Local Young People, Schools and Clinical Colleagues

To supplement the high level and service data we have also listened to feedback from children and young people, different clinical groups, CaMHS practitioners and education colleagues.

Ongoing consultation with key groups of young people in Shropshire has highlighted that young people believe good mental health is essential to health and wellbeing. A recent event held by the Members of Youth Parliament focused on 'improving mental health' and Our Local Health Champions programme has identified mental health and wellbeing as a priority for 2014/2015.

The annual Children's Trust Area Forums (2013) and (2014) gathered views of professionals from multiple agencies reinforced the importance of a retained focus on: ***"ensuring that services for children are right, that children find the support they need when they need it and that mental health continues to be a concern when working with families with mental health and wellbeing of parents playing a key role in the life chances of children"***.

At the same time the CAMHS service in Shropshire were reporting significant increases in referrals to Tier 3. GP's were also reporting problems accessing CAMHS services in a timely manner.

In addition schools reported long waits for access to a service and did not feel sufficiently supported and confident to address the range of mental health problems facing young people. Data analysis completed by Public Health, indicated that many referrals were related to behavioural problems, anger management, depression, anxiety, and school refusal.

1.2 The Shropshire Context

In the past two years there have been two separate reviews of CAMHS (Children, Adolescent, Mental Health Services) currently delivered through Shropshire's Community Mental Health Trust CAMHS covers two Local Authority areas and there are two Clinical Commissioning Groups with commissioning responsibilities. Significant changes have taken place in the past two years in the commissioning and provider bodies responsible for these services in terms of organisational structure and allocation of resources. Major changes have also taken place in the local authority. Both reviews identified strengths, good practice and challenges for the CAMHS service and for those organisations involved in the wider preventative model.

A series of recommendations for each review were included with clearly defined actions for the respective organisations in each local authority and health economy areas. Whilst there are some commonalities across Shropshire for service design there are distinct differences for each local

authority in relation to need, geography, demography and delivery of services. The recommendations formed the basis for many of the changes locally.

The Review picked out the following key points for commissioners and providers to address:-

1. Lack of a robust commissioning strategy for a Comprehensive CAMHS in Shropshire
2. Specialist Tier 3 CAMHS is seen as a service that works in isolation to the broader primary care services, education and social care
3. A concerted effort be made to increase capacity within the universal Tier 1 and Tier 2 services to start working in a preventative model and addressing needs much earlier
4. TAMHS (Think Good, Feel Good) should be rolled out to further increase capacity and awareness
5. Performance outcome measures should be developed that measure output

In addition a number of areas for improvement were identified:

- Data collection and needs assessment
- Understanding of pathways
- Understanding of criteria/threshold for the service
- Long waiting times
- Urgent referrals are not seen soon enough
- Issues with transition to adult mental health services

To supplement the review of Comprehensive Child and Adolescent Mental Health Services in Shropshire (CCAMHS) the Local Safeguarding Children's Board (LSCB) led the Back to Basics Review of Early Help (2012) which specified the need for changes in the provision of early help within the council's children's service area to ensure appropriate and timely responses to referrals to lower level mental health need. Feedback from those professionals responding to the review included the following points:-

- Overly bureaucratic processes
- Duplication of information (assessment and referral form)
- Professionals felt they did not have the expertise to complete the assessments
- Referrers found action plans difficult to complete as they want support for a child but don't know what this would entail
- Assessment forms taking too long to complete (4 hours)
- Early Help Advisers are useful but access is not always easy
- The processes 'feel like a barrier'

We also recognise that problems in children could be the result of many different reasons which may need different solutions. An example of this could be anxiety – this could be a result of environmental factors such as problems at home where there might be abuse, or it could be down to internal feelings of self-worth or isolation or bullying at school or parental divorce. Making the judgement about what it is due to will be important to determine on the right intervention. Ensuring there are a range of interventions in place for different needs is something we are working hard at.

2. The CAMHS Service in Shropshire

The structure and operation of CAMHS to an outsider can appear confusing and complex however it is often structured around a four tiered model. In very simplistic terms this can be illustrated by the diagram above. The local makeup of the service in Shropshire is an integral part of the Early Help Offer for Children and Young People and is illustrated in Appendix One

CAMHS in Shropshire is a multidisciplinary community based service designed to meet the mental health needs of children 0 to 18 years of age, (including those with learning disability), across Shropshire and Telford. The CAMHS service is part of Shropshire Community NHS Trust and consists of Shropshire CAMHS, Telford and Wrekin CAMHS and CAMHS Learning Disabilities. The multi-disciplinary team is made up of Mental Health Practitioners, Social Workers, Psychologists, Nurses, Psychiatrists, Occupational Therapists, Speech and Language Therapists and others. Depending on the level of identified need there are a number of service delivery options which may include:

- Offer of consultation to other agencies, assessments and interventions/treatment where there are concerns about a child's mental health and well being
- Assessment and advice through Early Intervention Teams, schools and special schools for children with learning disabilities
- Individual work with children, young people and their families using a variety of skills to meet the needs of a child and their family
- Responding to psychiatric emergencies
- Specialist behaviour modification is offered for children with learning disabilities who have extreme challenging behaviour.

For those children needing specialist services following diagnosis the service is able to provide the following:-

- Offer skilled emotional and mental health assessment and intervention to children and young people with moderate to severe mental health needs within agreed care pathways
- Actively case manage those children who are identified as high intensity users of CAMHS
- Provide care in a range of settings appropriate to the needs of children, young people and their families
- Involve parents/carers and children and young people by providing a range of opportunities for service users and their families to contribute to the service delivery process
- Work proactively with children and young people to avoid escalation to Tier 4 CAMHS
- Work in partnership with Tier 4 services and NHS England to facilitate the transition (step down) of children and young people back into the community where clinically appropriate and reduce lengths of stay in Tier 4 settings.
- Work closely with colleagues delivering Tier 2 services including Targeted Mental Health in Schools (TAMHS) in Shropshire and services providing support as part of an Early Help Offer. This shall include 'step down' support from Tier 3, signposting and advice

In addition the Reaching Out Service has been developed to deliver better outcomes for children and young people during a crisis situation when they may otherwise be admitted to a Tier 4 bed (commissioned by NHS England) by management by the outreach team within the home/community environment.

2.1 The Shropshire Model and the Vision for the Future

Understanding the wide range of programmes that make up and contribute to improving and maintaining mental health and wellbeing is quite challenging as there are so many organisations and professionals playing a role. CaMHS operates very differently from secondary acute adult mental health hospital care and from traditional services that look after children and young people's physical health.

When describing the local picture we have categorised services and programmes around four tiers of provision ranging through prevention (tier 1) to targeted (tier 2) and more specialist treatment services (tier 3) and highly specialist treatment services (tier 4). Our vision for the future is ensuring that we achieve a good level of mental health for all our children and more children and young people with mental health problems recover.

Tier 1 – estimated to be approximately 68,000 children in Shropshire. This includes universal services, projects, and programmes such as primary care, health visitors, early years providers, school staff, school nurses, pharmacists.

Professionals should be able to promote mental health and wellbeing, develop self-esteem and confidence, deliver programmes that develop skills and promote mental wellbeing, offer information and signpost, deliver a brief intervention.

Recognise what when a child may have developmental or mental health or behavioural problems that a universal approach cannot address.

Know what to do and where to go for additional support.

Tier 2 – estimated to be approximately 4,000 children in Shropshire. This includes more targeted projects, programmes and services such as targeted youth services, early help advisors, school nurses, educational psychologists, social workers, primary mental health workers, counselling services, targeted programmes in schools on mental health, psychologists, health visitors.

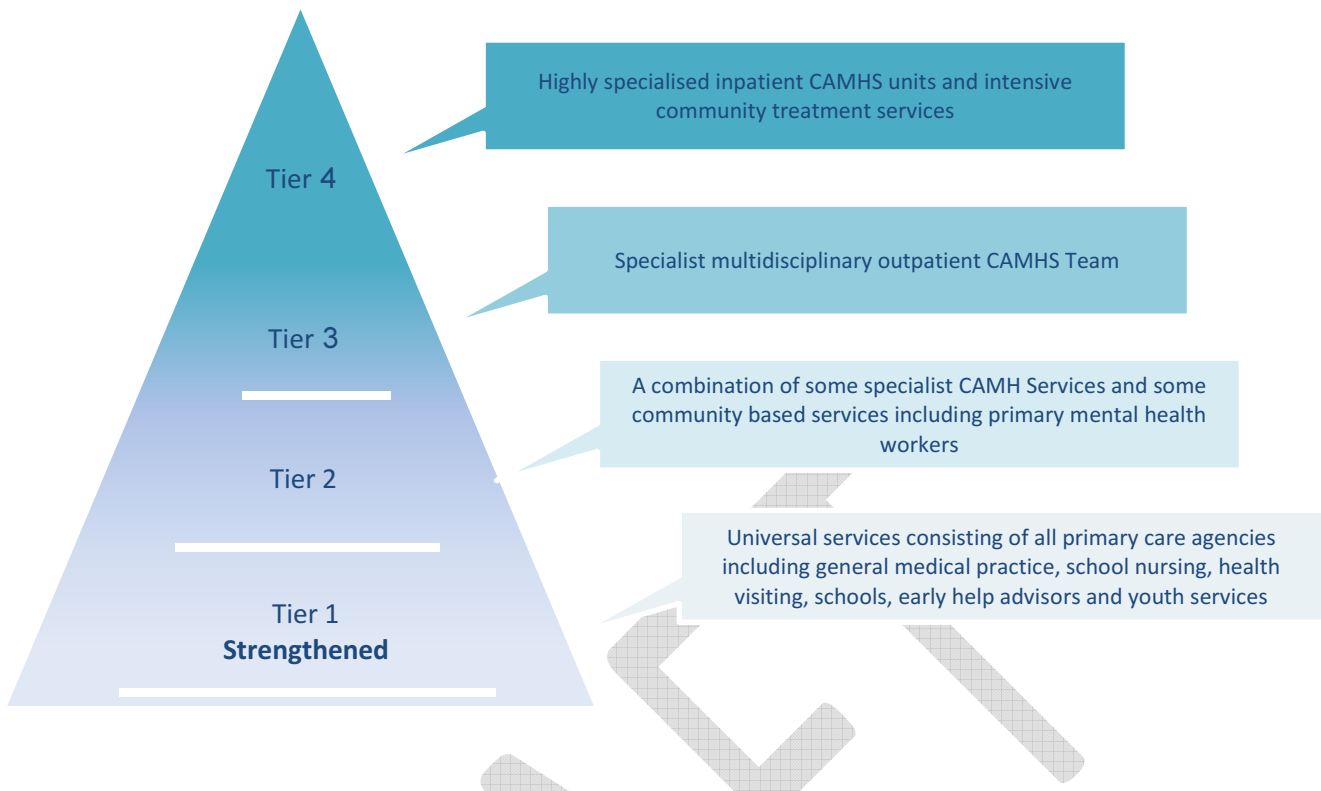
For children with milder problems where professionals work singularly as part of a wider workforce or in a specific setting.

Programmes can be developed in schools for children who are overly anxious, have poor attachment or who need one to one support over a period of time but who do not need a medical diagnosis. An assessment may be required with a specific intervention.

Targeted work also include that provided to specific groups of children and young people at risk of developing problems e.g. LAC (Looked After Children) or young offenders.

Tier 3 – estimated to be approximately 2,000 children in Shropshire. This includes specialist services: core CAMHS team, occupational therapist, social workers, family therapists (multi-disciplinary team), CAMHS learning disability teams, crisis home treatment teams preventing admissions, paediatric liaison teams. These services are often via a referral from a GP or sometimes from other agencies or schools.

Tier 4 – estimated to be small numbers of less than 20 per annum in Shropshire. This includes specialist mental health teams (in patient services and outpatient teams). Services are often provided on a regional basis. Other highly specialised services include medium secure units.



3. The Response to the Review of CAMHS in Shropshire

Shropshire Council, the CCG and the Local Safeguarding Board recognised the opportunity to commission children’s services and programmes on mental health that are complimentary and based on local need that starts with wider universal mental health promotion and moves through to more specialised and intensive clinical support utilising and maximising the contributions of multiple partners. This approach has been adopted to respond to the actions in the review. At the same time changes were being made to the Children’s Early Help offer and AMHS was seen as an integral part of this work.

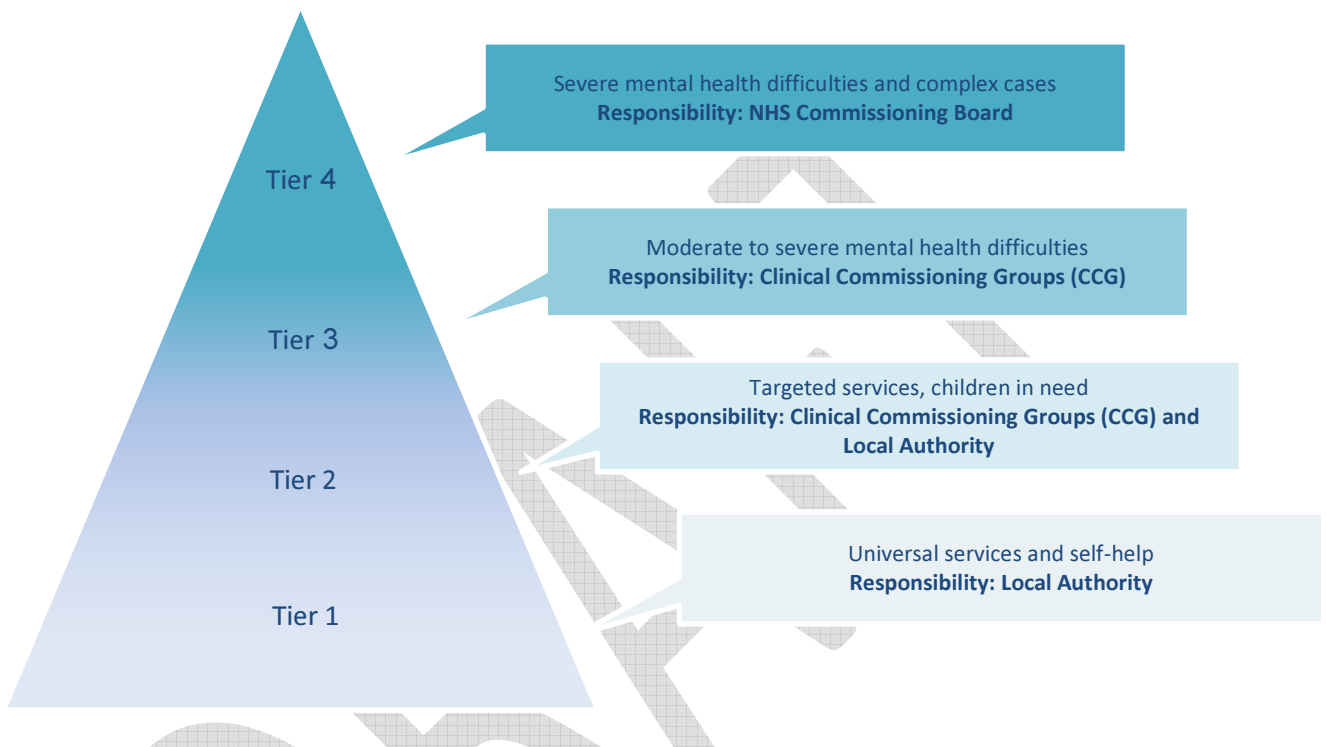
Having completed the reviews we have significantly strengthened our tier one and tier two provision which means we now have a much stronger prevention programme resulting in a Comprehensive CAMHS model. We have invested in additional resource at tier 1 in our local primary and secondary schools and redesigned services at tier 2 with additional investment in additional primary mental health workers at tier 2, a new referral route for GP’s and improved multi agency assessment and triage co-locating teams from the NHS, social care and youth service.

3.1 Commissioning Responsibilities

Responsibility for commissioning of the different parts of the CAMHS pathway lie with different organisations, for Tier 3 the CCG is the lead commissioner and for Tier 2 and Tier 1 (universal provision and targeted) it is the local authority. The NHS Commissioning Board is responsible for Tier 4. To progress work across the pathway different working groups have taken forward key actions on each of Tiers led by a commissioner and in collaboration with the local provider. Progress is reported according to the respective governance arrangement for the commissioner, either into

the Children’s Trust of Shropshire Council and the CAP within the CCG. In Shropshire mental health is a priority of the Health and Wellbeing Board and the Children’s Trust where an overarching leadership role has been adopted to ensure progress is made towards a comprehensive approach to children’s mental health and wellbeing.

Tier 4 Services are commissioned by the NHS Commissioning Board and links to these are made through the CCG. They are a crucial part of a local CaMHS service but are not discussed in this document as they are the responsibility of the NHS CB which was not in existence when the review was conducted.



4. Challenges Identified in the Review for Tier 3 Services:
Lack of a robust commissioning strategy for a Comprehensive CAMHS in Shropshire
Specialist Tier 3 CAMHS is seen as a service that works in isolation to the broader primary care services, education and social care

The Tier 3 CAMHS service provides specialist assessment, intervention and support to meet the emotional and mental health needs of children and young people who present with severe, complex, persistent and pervasive mental health issues

Significant progress has been made since the review across the pathway. There is now a new and revised service specification for Tier 3 CAMHS and the Reaching Out Service (ROS) across Shropshire and Telford.

The commissioner has worked jointly with colleagues from social care, primary care including GP colleagues and education to support the development and implementation of the single point of access for referrals to CAMHS. Our local GP’s have had a clear role in its development.

There is now a specific development and improvement plan in place as well as a joint CQUIN for transition for 2014/2015 between CAMHS and Adult Mental Health Services (provided by Staffordshire and Shropshire Foundation NHS Trust). This will assist with transition.

Clear timescales for referrals are in place and improvements have been made in data collection and reporting. This now takes place weekly between commissioners and providers.

4.3 The Challenges Identified in the Review for Tier 2

A concerted effort be made to increase capacity within the universal Tier 1 and Tier 2 services to start working in a preventative model and addressing needs much earlier.

What have we done as a result?

Many of the changes proposed were linked to and complimentary to specialist services provided by CAMHS at Tier 2, 3 and 4. A substantial amount of work has taken place to develop the Early Help Model internally in the council but always in collaboration with partners. Changes have taken place with a newly devised strategy, work on thresholds, workforce capacity changes, updated referral and assessment processes and the creation of a single point of access to improve co-ordination and access. Various resources, interventions, and tools have been developed with system and team changes to provide additional Tier two capacity to meet the needs of professionals, parents and children.

This includes the implementation of a single point of coordination into Early Help and CAMHS known locally as COMPASS. Requests for support from professionals and families are processed in a timely fashion to ensure the right level of support is given. Strong inter-agency responses and co-location and joint working between Family Information Services, COMPASS for Early Help, Specialist CAMHS and Children's Social Workers ensure that those needing Tier 2 support will have access to and care from the right service at the right time.

COMPASS brings together and provides the following:

- a website with information, guidance, tools and resources (to replace the CAF and TAC plan),
- the Family Information Service
- call centre staff trained to receive calls from professionals, parents, carers
- access to social work consultation
- access to an early help resource panel
- a multi-disciplinary triage team of professionals from social work, CAMHS, youth workers
- additional support from ENHANCE (re-commissioned Tier 2 services)
- direct access to CAMHS where appropriate

This work should reduce demand on Tier 3 services and provide a more timely response for schools, GP's, children young people and parents.

In 2014 a new pathway for self-harm, guidance and risk assessment has been developed as a result of increased reporting of self – harm. The pathway has been developed to provide a consistent approach to early identification and support including information for young people and families. Developed in consultation with parents and young people self-harming it is currently being piloted together with a training resource for a dedicated Tier 2 programme in schools. Information, advice and guidance leaflets are also available.

4.4 Challenge Identified in the Review for Tier 1 – Universal Prevention

TAMHS locally known as Thing Good, Feel Good, should be rolled out to further increase capacity and awareness

What have we done as a result?

Promoting Children's Emotional health and wellbeing and developing resilience across schools is the core aim of the 'Think Good, Feel Good' is a Shropshire wide schools based programme that started as a pilot programme in 2009. The programme uses a universal population based approach to for children and young people at Tier 1, and targeted support for those at Tier 2.

Initially aimed at school age children 5-16 years, their families and school staff the programme has now extended to reach under 5's and 16-19 year olds.

The programme adopts a whole school/ service approach with the following key objectives:-

- Increase awareness of mental health/mental ill-health
- Develop a common language that expresses thoughts and feelings
- Promotion and development of strategies to support mental health, build confidence self-esteem and resilience
- Improve communication and consultation with specialist services such as CAMHS
- Support schools to develop their role as commissioners to achieve positive mental health outcomes
- Provide training for school staff and partners to deliver targeted support intervention programmes supporting varying emotional needs within Tier 1 and Tier 2.
- Each school to have a core offer around a number of mental health related topics aimed at mentors, pastoral leads, teaching assistants

Schools and partner agencies are invited to attend centrally based multi-agency core training on issues such as self-harm, suicide prevention, domestic abuse, loss and bereavement, anxiety, anger management. The training increases the knowledge base of staff enabling them to recognise early signs and symptoms of need, provides practical examples of how to respond to the emotional needs of young people as well as tips and strategies on what to do and say following identification of need. The more in-depth intervention based training provides resources and clearly structured programmes that school based staff can deliver within the school setting to support a wide range of emotional needs. All of the training programmes that are delivered are evidence based, either nationally or internationally and are supported by high quality resources.

This work is supported on a multi professional basis by input from educational psychologists, primary mental health workers and school nurses. School nurses in their role as leads for the Healthy child Programme 5-19 years play a central role in supporting individual children's mental health needs and providing expertise to school staff on effective health improvement plans within the school setting. A recent review and action plan has highlighted the need for a named public health lead nurse on emotional health and wellbeing.

This work should ultimately reduce demand on Tier 2 services and Tier three services and increase universal provision as well as enabling schools and staff to develop a whole school approach to emotional health and wellbeing and to provide staff with the confidence to support children with low level mental health issues.

4.7 The challenge Around Performance and Outcomes

Performance outcome measures should be developed that measure output.

What have we done as a result?

Data analysis has been undertaken by the Public Health Intelligence Team looking at prevalence of Mental Health in children and young people, TAMHS provision and provision of the CAMHS Service. There were several purposes to this analysis:

- To understand the potential need for services in the local area
- To understand current service usage and provision in local services in the area
- To understand how people are accessing services and whether this is appropriate
- To identify where there are opportunities to reduce need for higher Tier services and where there are opportunities to prevent and reduce children having on going mental health issues and increase their well-being

In depth analysis of the CAMHS service data looked at all referrals into CAMHS within the financial year. This showed us why people came into the service, how they were referred and discharged with information about their age, gender and socio-economic status.

Prevalence estimates were calculated for Shropshire based on national prevalence and highlighted different mental health conditions in children at different age groups. This could then be compared with the information we had about mental health conditions and age groups from the CAMHS data to help us check estimated prevalence of condition against numbers in the service.

Early work on referral rates into CAMHS in relation to TAMHS provision in schools has been started. The number of Tier 1 and Tier 2 TAMHS interventions have been assessed on a school by school basis together with CAMHS data to identify referrals by school.

This helps us see the relationship between TAMHS provision and referral to Tier 3 CAMHS. Further work is needed on this to test for accuracy in the data being provided.

Data from the CAMHS service is now reported to the CCG on a weekly basis.

As a result of the COMPASS referrals to specialist Tier 3 in CaMHS have reduced.

5. Measuring Outcomes Linked to the Shropshire Children's Trust Plan

Action	Outcome	Strategic Links	What will improve	Measures
<p>Ensure the implementation of a redesigned CAMHS (Child and Adolescent Mental Health Service) that incorporates clear pathways and is supported by TAMHS (Targeted Mental Health Service) across Shropshire.</p>	<ul style="list-style-type: none"> Ensuring the emotional wellbeing of children Good mental health will support all Outcomes 	<ul style="list-style-type: none"> Healthy Child Programme Health and Wellbeing Board Strategy SSCB priorities 	<ul style="list-style-type: none"> Access to a comprehensive CAMHS and improved coverage of preventative work through TAMHS. Children will be more resilient and happier. 	<ul style="list-style-type: none"> Delivery of the redesigned service. Reduction in the referrals for specialist service. Reduction in inappropriate referrals for specialist service.
<p>Work with partners to promote the Shropshire Self-Harm Pathway; ensure that the pathway is promoted in schools and communicated to parents; ensure that the pathway is appropriately linked to service design, Tier two support, GP surgeries, the voluntary and community sector to ensure that the self-harm pathway supports the work they do with children and families.</p>	<ul style="list-style-type: none"> Ensuring the emotional wellbeing of children 	<ul style="list-style-type: none"> Shropshire Self-Harm Pathway CAMHS Service TAMHS Early Help Strategy SSCB 	<ul style="list-style-type: none"> Self-harm will reduce in Shropshire. 	<ul style="list-style-type: none"> Reduction in self-harm admittance to hospital (public health outcomes framework). Work with schools to develop a reporting mechanism.
<p>Conduct an Autism Needs Assessment for Shropshire that looks to understand prevalence, service need/demand, and current provision across all sectors.</p>	<ul style="list-style-type: none"> Ensuring the emotional wellbeing of children 	<ul style="list-style-type: none"> CAMHS Service Early Help Strategy Shropshire Adult Autism Strategy SEND Action Plan 0-25 Strategic Group Autism Steering Group 	<ul style="list-style-type: none"> There will be a greater understanding of the support required for children with autism and their families and their needs as they transition to adulthood. 	<ul style="list-style-type: none"> Increase in support for families with a diagnosis of autism or behavioural disorder Number of contacts for support via Early Help and Compass for behavioural concerns or autism
<p>Ensure the signposting and roll out Solihull Parenting Programme across support agencies. Make appropriate links with parenting support initiatives.</p>	<ul style="list-style-type: none"> Ensuring the emotional wellbeing of children 	<ul style="list-style-type: none"> Healthy Child Programme SSCB Public Health/Making Every Contact Count 	<ul style="list-style-type: none"> Families will have greater access to parenting support. Improved parental mental health. 	<ul style="list-style-type: none"> Number of parents accessing Solihull Parenting Programme

6. The Future – Actions to Help us Get to Where we Want to be		
Description of Action at Tier 1 - our prevention programme	Lead Organisation	By When
Refine and update the training package on Think Good Feel Good for schools	LA	Sept 2014
Fully evaluate the impact and outcomes of the Think Good Feel Good Programme in schools	LA	Sept 2014
Refine the Self Harm training package based on findings from the Self Harm project	LA	January 2015
Expand the programme of Think Good Feel Good into the 0-5 year old service areas	LA	October 2014
Continue to promote the public information on self-harm through leaflets and FIS	LA	Sept 2014
Develop a media campaign for the general public to dispel myths about mental health and raise awareness	LA	December 2014
Ensure the health champions and Members of Youth Parliament is linked to the TaMHS programme	LA/CCG	January 2015
Description of Actions at Tier 2 – targeted services and programmes	Lead Organisation	By When
Re-assess the current need, demand and capacity in tier 2 CaMHS services taking into account feedback from schools and the COMPASS model	LA working with Provider and CCG	Sept 2014

Assess the impact of the COMPASS and identify outcomes for those referred. Continue to develop the COMPASS ensuring sufficient capacity	LA working with CCG and Provider	Sept 2014
Ensure the model of COMPASS and the work on self-harm and Think Good Feel Good is complimentary (reduces demand) and ensure both areas of work are taken forward in parallel.	LA working with CCG and Provider	August 2014
Descriptions of Actions Tier 3 – Specialist treatment services	Lead Organisation	By When
Carry out a scoping exercise that explores the demand for extending hours of CaMHS provision (including weekend, and evening cover)	CCG	April 2015
Make improvements to 24 hour on call arrangements including scoping and review of current provision. Consider alternative provision and revision	CCG	April 2015
Provide regular performance reports on commissioned programmes in relation to tier 2 activity	LA working with Provider	Sept 2014
Develop and communicate clear pathways for diagnosis and management of conditions diagnosed and supported within CaMHS	Provider/CCG	TBC
Regularly report on outcomes from the service using the HONOSCA scores	Provider	TBC
Develop joint working protocols to support discharge of patients in tier 3 services from acute settings	Provider	

Descriptions of Actions for All Partners	Lead Organisation	By When
Continue to engage young people in the consultation on new resources linked to the programmes and services for children's mental health	All	Ongoing
Ensure young people have a strong voice in the commissioning of CaMHS services	LA and CCG	Ongoing
Ensure a pathway approach continues with commissioners and providers working collaboratively.	All	Ongoing
Scope the service requirements necessary for the Special Educational Needs and Disabilities Reforms	CCG and LA	Sept 2014
Develop jointly agreed outcomes for children and young people across all partners	Children's Trust	
Continue to be guided by local priorities of the Shropshire wide Safeguarding Board	All	Ongoing
Future Developments Across Children's and Young people's Service Areas		Timescales for Start Up
Redesign of Early Help Services into a locality model (covering Families Solutions, Early Help Advisors, Youth Support, Children's Centres) with a central referral hub (COMPASS)	LA	January 2015
Development of a Family Nurse Partnership programme in North Shrewsbury targeting first time young mums under 19 years. Two year visiting programme	LA with LAT and CCG	December 2014
Development of Community Parenting model that is based on need, evidence and urban/rural population (including a voluntary led programme)	LA	December 2014

Development of a healthy child pathway that spans 0- 19 years	LA with CCG and Provider	October 2014
Roll out of Self Harm Programme to schools	LA	March 2015
Work collaboratively with Maternity Services on the development of a public health midwife role (focus on healthy lifestyles)	LA/CCG and with Maternity Services	January 2015
Expand the schools based programme covering SRE/Eat More Move More/CHAT	LA with schools	July 2014
Roll out of newly designed school nursing service with core offer and three innovative practice sites (based on full healthcare needs assessment and review)	LA with provider and schools	October 2014
Ensure there is a smooth transition of Health Visitor Commissioning Responsibilities to the Local Authority	LA/LAT/ with CCG and provider	October 2015



7. References

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The Shropshire Think Good Feel Good Programme

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Appendix 1: Shropshire's Single Point of Access for Children's Services

