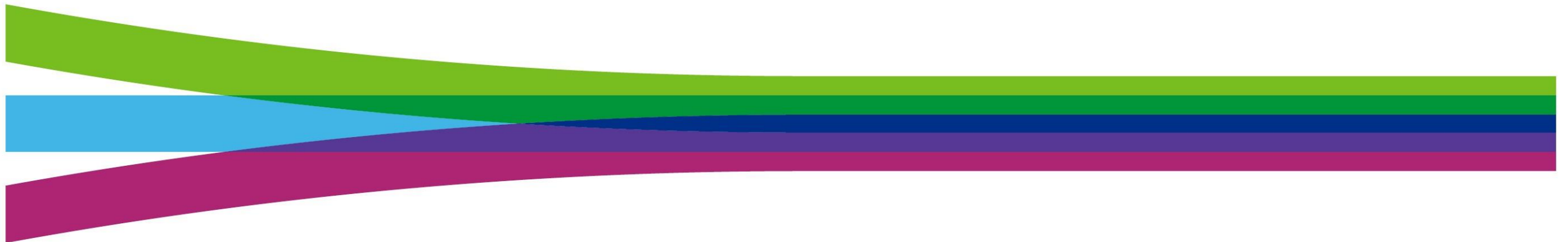


Children and Young People's Emotional Health and Wellbeing in BaNES

Update for the Health and Wellbeing Board, Children and Young People subgroup, January 2021



Background

- Improving mental health services for children and young people (C&YP) continues to be a national priority.
- This priority was originally outlined in the *Future in Mind* report (2015) and has been reconfirmed in the *Mental Health Five Year Forward View* report, *Transforming Children and Young People's Mental Health Provision: a Green Paper* and, more recently, in the ***NHS Long Term Plan***.
- Locally this work aligns with the BaNES Children and Young People's Plan, specifically with the stated priority to “Increase the number of children and young people experiencing good emotional health, wellbeing and resilience”.

Background continued

- Previously NHS England required CAMHS Local Transformation Plans to be refreshed and approved by Health and Wellbeing Boards. The plans were updated annually in October to reflect developments to date, as well proposals for the coming year.
- This year, NHS England does not require Local Transformation Plans to be updated and, because BaNES CCG has merged with Swindon and Wiltshire CCGs, there is no desire to continue with 3 separate plans. C&YP's mental health investments will form part of BSW CCG's Long Term Operational Plan.
- Nevertheless, the local C&YP EHWB sub-group remain committed to co-ordinate the planning and commissioning of services to ensure that resources in all partner agencies are used in the most effective way to improve C&YP's emotional health. This presentation will give a summary of current and future provision - funded by the NHS - that supports C&YP's mental health.

Children and young people's good mental health includes:

- The ability to develop psychologically, emotionally, creatively, intellectually and spiritually;
- The capacity to initiate, develop and sustain mutually satisfying personal relationships;
- The ability to be aware of others and empathise with them;
- The ability to play and learn, with attainments that are appropriate to age and intellectual ability;
- A developing moral sense of right and wrong;
- The degree of any psychological distress and maladaptive behaviour being within the normal limits for the child's age and context;
- The ability to be able to face and resolve problems and setbacks, and learn from them.

Symptoms of POOR emotional health may differ according to a child's personality, personal history, community and environmental factors.

Symptoms include behavioural problems, substance misuse, self-harm, suicide attempts, eating disorders, depression, anxiety, obsessions and episodes of psychosis.

The C&YP's Emotional Health and Wellbeing sub-group is mindful that:

50% of lifetime diagnosed cases of mental illness are established by the age of **14**



12.8% of 5-19 year olds have a diagnosable mental health problem (2017)



Poor mental health in childhood is associated with **poor childhood and poor adult outcomes.**

***Future in Mind* had the following key themes:**

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce.

All previous Local Transformation Plans have referenced these themes and the current action plan, whilst incorporating recommendations from other local strategies and feedback from C&YP, continues to be based on these five themes.

Developments initiated and recurrently funded by NHS CAMHS transformation plan monies, supporting these themes, are;

Summary of service developments

- Specialist Eating Disorder Service (TEDS). This service is meeting national targets for routine and emergency referrals and includes home visits to support family mealtimes.
- Funding for independent counsellors, provided by Off the Record, to work in secondary schools and from accessible bases at Keynsham and Midsomer Norton.
- Subsidy of the Off the Record counselling provision at Bath College.
- Online emotional support and counselling for any 11-18 y/o s living in BaNES (Kooth).
- The Nuture Outreach Service, co-commissioned with schools, which supports children who may be/are struggling to start primary school and which upskills early years practitioners.
- Therapeutic support for Foster Carers to maintain LAC placements which are at risk of breaking down.

Summary of service developments continued

- Mental Health Liaison practitioners based at the RUH to support C&YP attending for self-harm at A&E and on the children's ward.
- Named CAMHS link workers supporting each secondary school offering training and consultation to school staff and group work with pupils.
- Sustaining a CAMHS Infant Mental Health practitioner to support health visitors who are concerned about poor parent-infant bonding, including direct work with a small caseload.
- School Nurses delivering a Cognitive Behaviour Therapy based course for selected Year 5 classes to help pupils recognise and deal with anxiety.
- A new practitioner in the ASD Support Service who can better support children with both ASD and high levels of anxiety.

Other funding streams have resulted in:

- Off the Record and the CCG have secured funding to increase access to community counselling for 18-25 year olds.
- Funding from Health & Justice Commissioners has been used to improve psychological support for C&YP who display harmful and/or problematic sexual behaviour.
- Funding from the DoE/DoH for a MHST (Mental Health Support in Schools Team) to support selected schools (with approx. 10,000 of the most disadvantaged pupils) with their pupils' mental health. When fully operational, qualified practitioners will provide educational staff and parent training as well as evidenced based interventions with pupils with mild to moderate psychological distress.

The NHS Long Term Plan (January 2019) commits further resources to improve support for C&YP's Mental Health:

- A commitment that funding for C&YP mental health services will grow faster than both overall NHS funding and total mental health spending.
- Continued investment in expanding access to community-based mental health services to meet the needs of more C&YP.
- Extra investment over the next 5 years in C&YP's eating disorder services.
- C&YP experiencing a mental health crisis to be able to access the support they need with a single point of access through NHS 111, providing accessible crisis care 24 hours a day, seven days a week.
- The NHS to work with schools, parents and local councils to embed school and college-based mental health support for C&YP (MHSTs).
- Extending the current 0-18 years service model to create a comprehensive offer for 0-25 year olds that reaches across mental health services for C&YP and adults.

NHS Long Term Plan – local impact in BaNES

- Additional CAMHS ‘Transformation Plan’ funding is no longer allocated to local C&YP services. It is included in the NHS base-line funding allocation for BSW CCG. The expansion of any current provision, or the development of new provision, will be decided at BSW CCG level.
- Initiatives described in the previous slides have recurrent funding, but longer term they will be reviewed with a view to equalising or ‘levelling up’ provision across the 3 localities.
- The following new or improved service offers have been agreed by BSW CCG for 2020/21. In most cases recurrent funding for 2021/22 and beyond has been secured.

New NHS investments in C&YP's mental health across BSW localities:

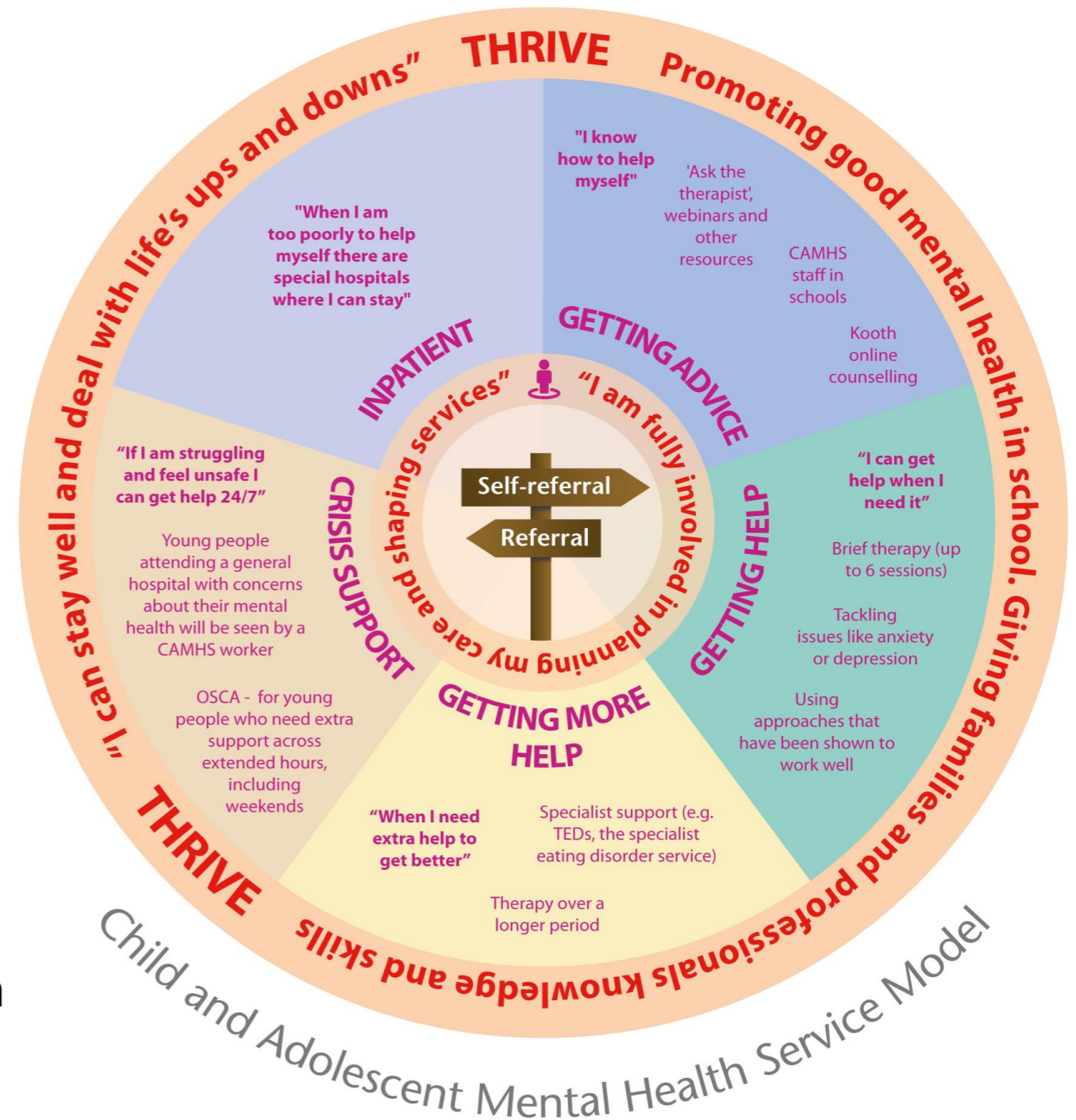
- A second CAMHS Mental Health Practitioner to case manage C&YP with the most complex needs requiring multi-agency support across BSW. These two specialist practitioners aim to provide containment and reduce the risk of crisis presentation and inpatient admission. The practitioners hold the CAMHS Dynamic Risk Support Register and have oversight of the CETR process for C&YP with ASD/LD.
- Two new Transition Advanced Clinical Practitioners to act as clinical leads and change agents to support the development of a coordinated 16-25 mental health and wellbeing offer across BSW. They will improve pathways into and across mental health services as well as the wider system including education, social care and the voluntary and community sector, with the aim of reducing 'hand offs'. They will share expertise and resources across services in the assessment and management of risk.

New NHS investments in C&YP's mental health across BSW localities (continued):

- A new Crisis Resolution and Home Treatment Team to improve C&YP's experience and reduce pressure on Emergency Departments, Children's Wards and the ambulance service. All areas in BSW perform worse than the national average in the number of C&YP admitted to hospital for self-harm or MH crisis (BaNES is just above average). Shorter lengths of stay and intensive treatment at home and in the community is usually associated with better outcomes. There is also an acute national shortage of inpatient beds and a lack of 'step-down' solutions, so there is a need to provide better support for the increasing complexity and growing levels of need amongst C&YP, particularly those with ASD/LD.
- Additional funding for The Eating Disorders Service (TEDS). Service is currently only seeing 25% (2019/20) of the estimated cohort of C&YP in BSW with an eating disorder – hence there is a need to maintain raising awareness and promoting early intervention. (although BANES cohort, is higher than S&Ws). TEDS need to meet national targets (95% of routine referrals beginning treatment within 4 weeks and urgent referrals within 7 days). Approximately 60 BaNES C&YP receive treatment each year.

Vision:

- Universal and other preventative and targeted EHWB support services are commissioned by the LA and/or are provided by charitable funding.
- All services form part of the system wide 'THRIVE' delivery model that BaNES and BSW is aspiring to:
- Thriving C&YP have learnt to *identify*, *understand* and *process* how they feel and this prevents their normal emotions developing into problematic mental health issues.



Outcomes: How are we doing?

- Due to the multi-factorial influences on C&YP's mental wellbeing, it is hard to measure the impact of the various developments outlined above. There are many additional Early Help interventions which also impact on C&YP's emotional health outcomes e.g. health visitors, school nurses, youth services, children centres, play and family support services, mentoring.
- Each commissioned service reports on individual outcome measures – these can be goal based, outcome ratings or clinical measures. In addition data is submitted about C&YP/families' experience of the support offered.
- More collective information is available via;
 - Three National Indicators:- admissions for self-harm, % of C&YP accessing NHS funded support, speed with which C&YP with Eating Disorders are treated.
 - Specialist CAMHS (OHFT) data; waiting times, referrals, caseloads
 - Bi-annual survey of C&YP in BaNES schools/college.

Historical data from Specialist CAMHS (OHFT)

financial year	Referrals received in BaNES	Average caseload (at end March)
2014/15	844	510
2015/16	1054	514
2016/17	1266	497
2017/18	1105	547
2018/19	1355	569
2019/20	1736	634

	BaNES routine referrals assessed within 4 weeks	BaNES routine referrals assessed within 8 weeks
2018/19	59%	87%
2019/20	28%	68%

The new waiting time indicator is **median** days: for YTD (Dec 2020) = 28 days

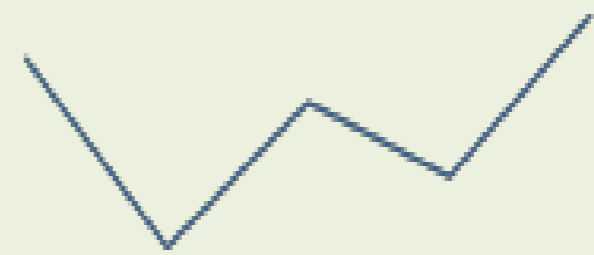

Historical data from Specialist CAMHS (OHFT) continued

Financial year	Total Inpatient admissions - BaNES	'Local': Marlborough House	Out of Area
2015/16	8	5	3
2016/17	15	8	7
2017/18	10	6	4
2018/19	18	9	9
2019/20 Feb ytd	9	6	3

	Eating Disorder pathways completed in BSW	% Urgent referrals seen < 7 days	% Routine referrals seen <28 days
2017/18	163	79.2%	95.0%
2018/19	185	83.3%	91.2%
2019/20	193	100.0%	89.1%

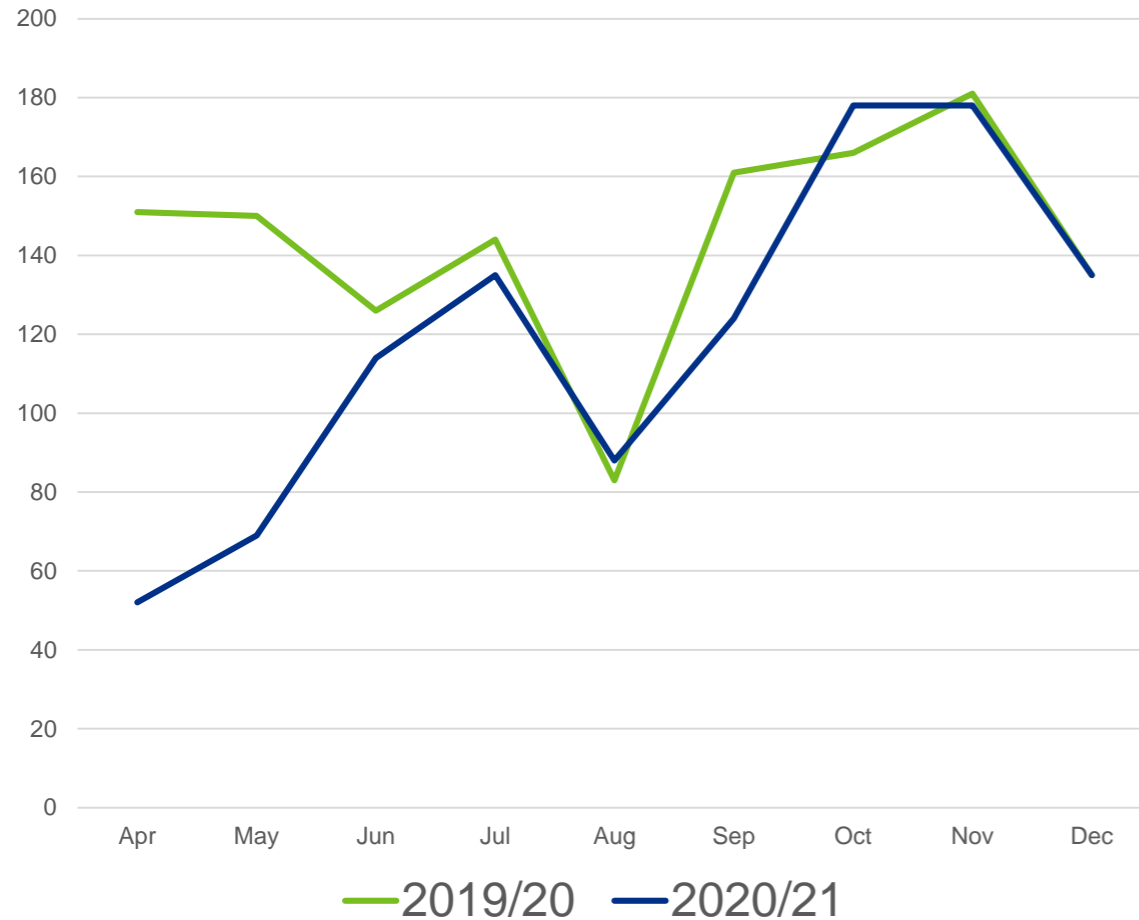
How do OHFT waits compare with national waits?

Here is the RTA and RTT data from the 2019/20 national benchmarking exercise which shows BSW CAMHS (CAM414 is BSW) against the national mean and median:

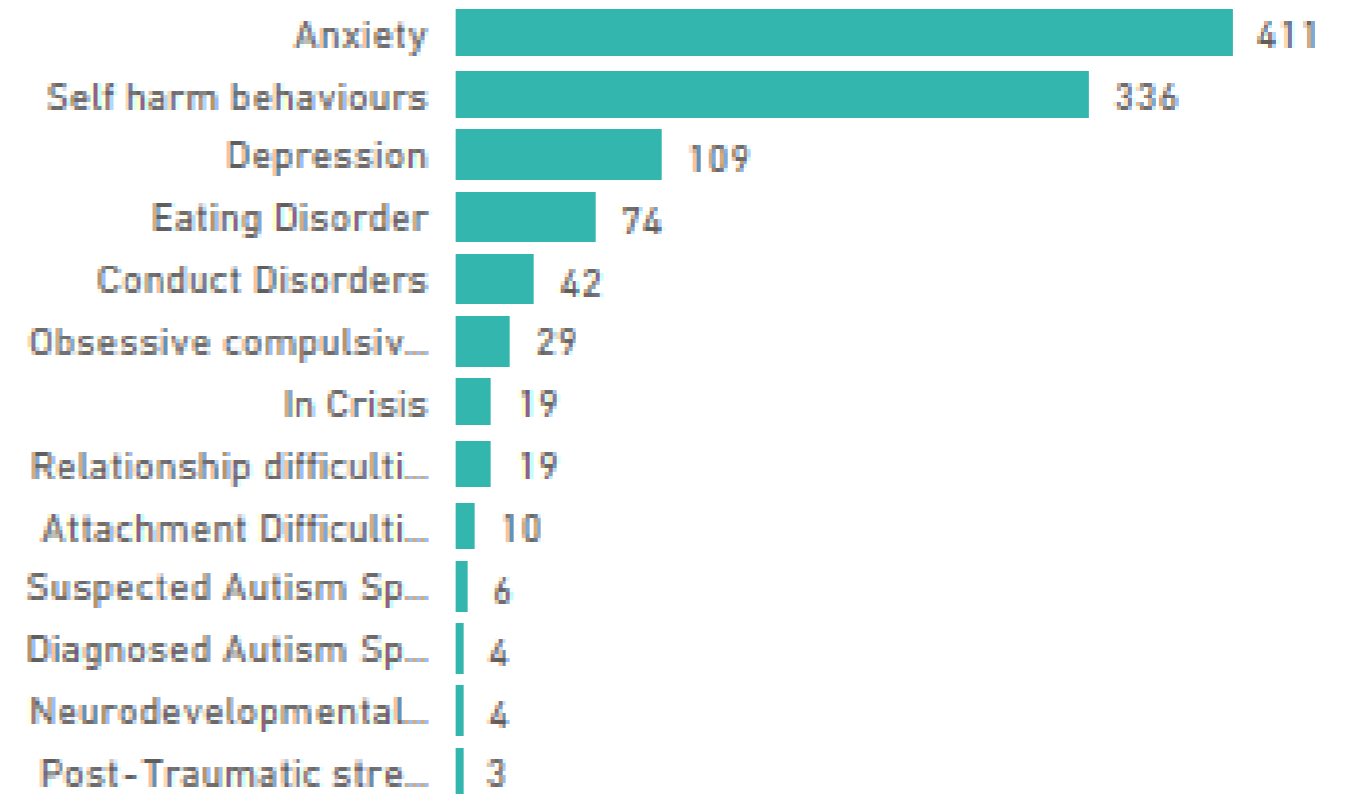
	CAM414	Mean	Median	National trend
Total CAMHS: mean waiting time, referral to 1st routine appointment (weeks)	6	9	7	
Total CAMHS: mean waiting time, referral to 2nd routine appointment (weeks)	10	16	13	

Recent data from Specialist CAMHS (OHFT)

Referrals - 2019/20 compared to 2020/21



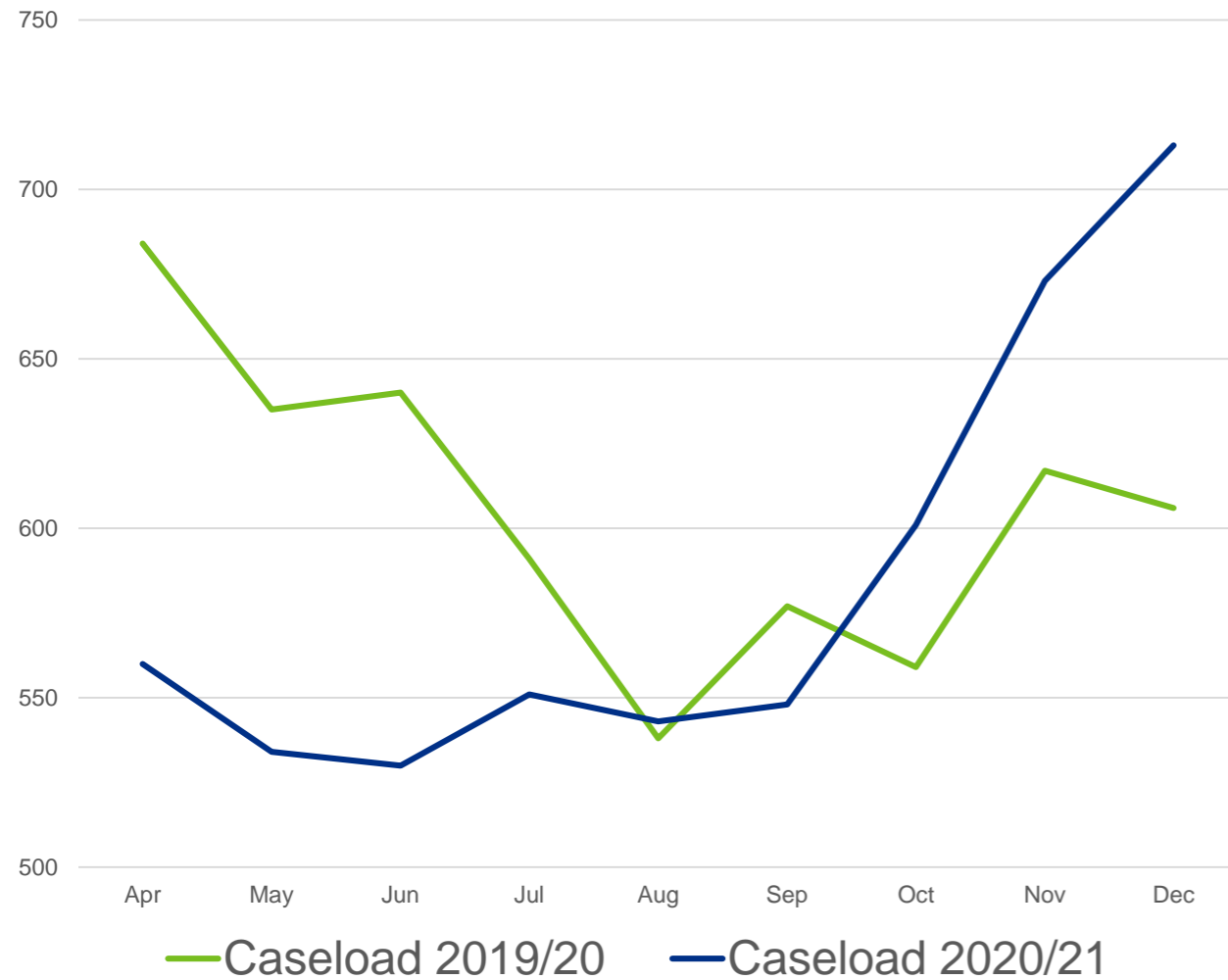
Why are patients being referred?



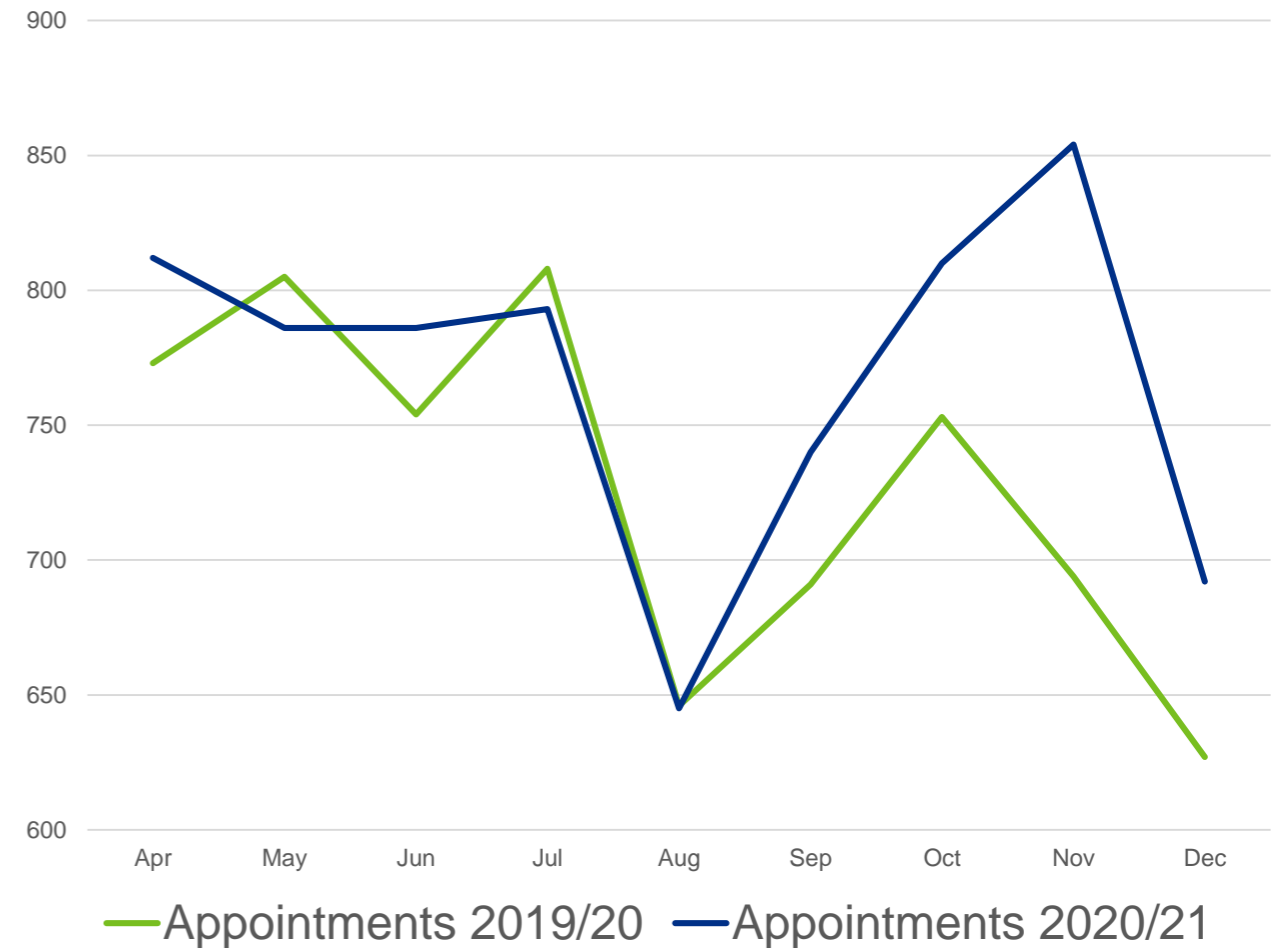
April 2020 – December 2020: 1073 referrals

Recent data from Specialist CAMHS (OHFT) continued

Caseload - 2019/20 compared to 2020/21



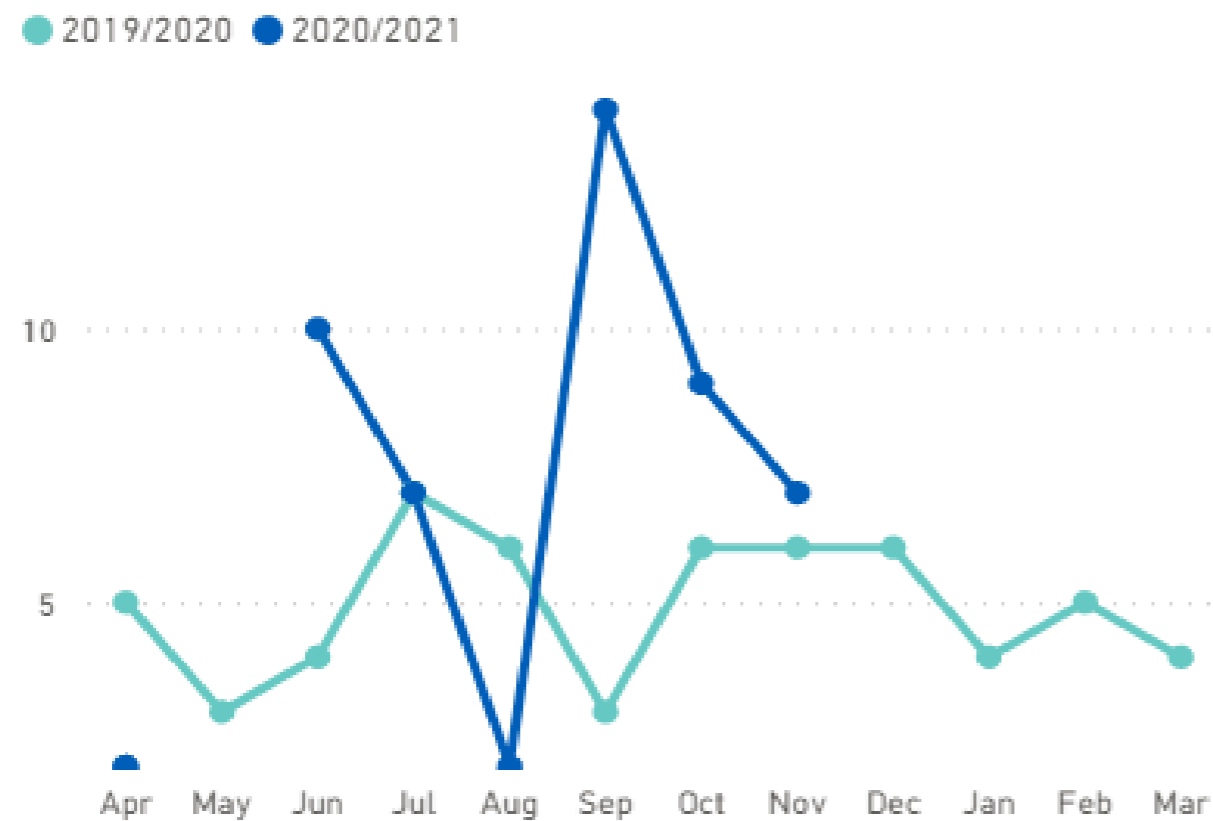
Appointments - 2019/20 compared to 2020/21



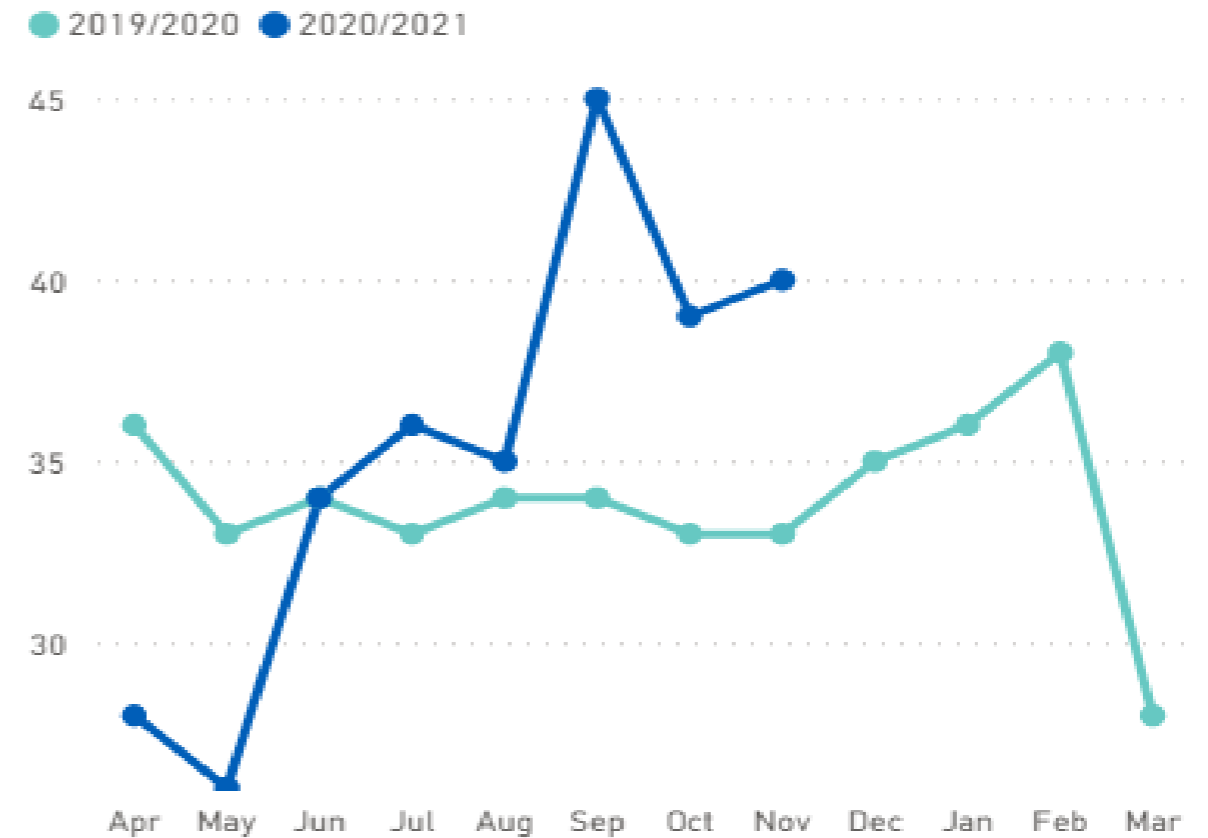
Current caseload as at December 2020 = 713

BUT, Eating Disorder data from TEDS - Specialist CAMHS

How many referrals have been received and h...

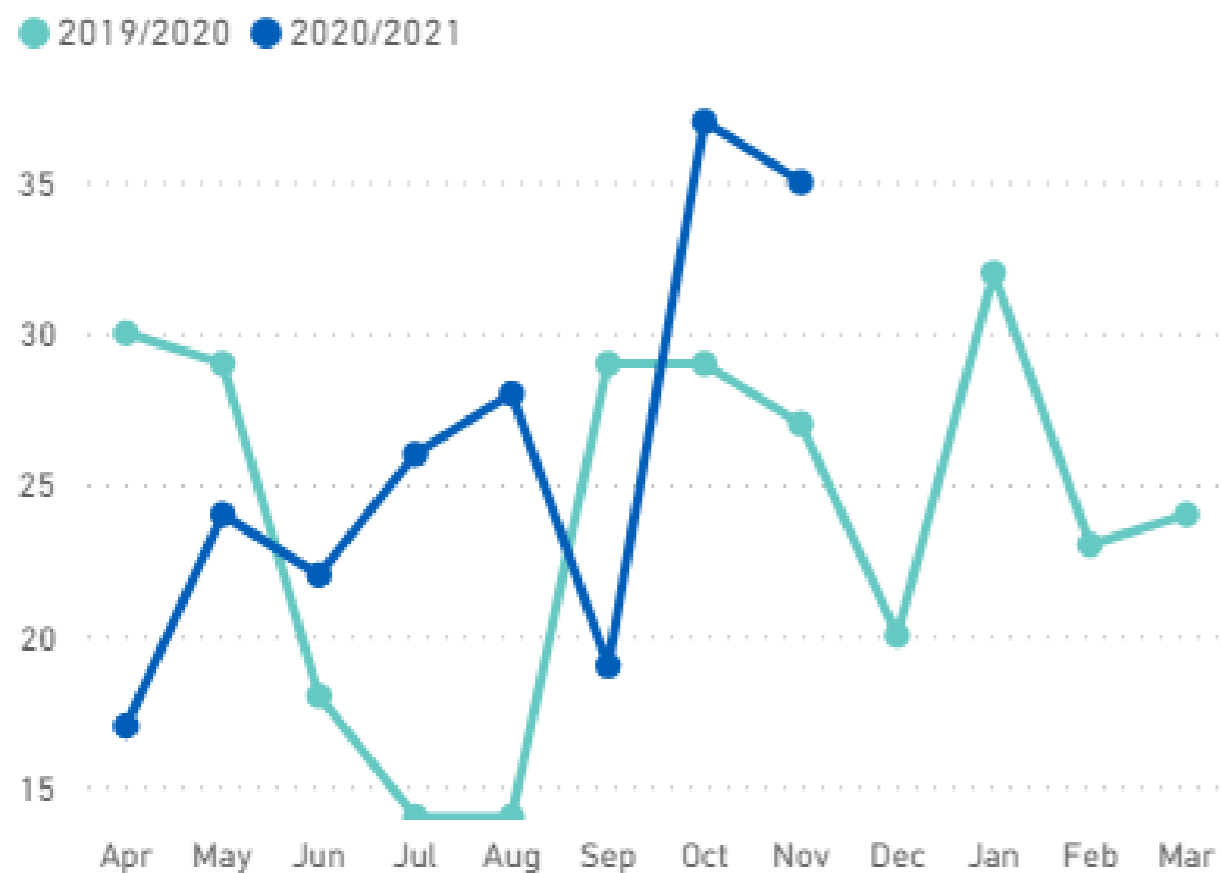


How do caseload volumes compare to last y...

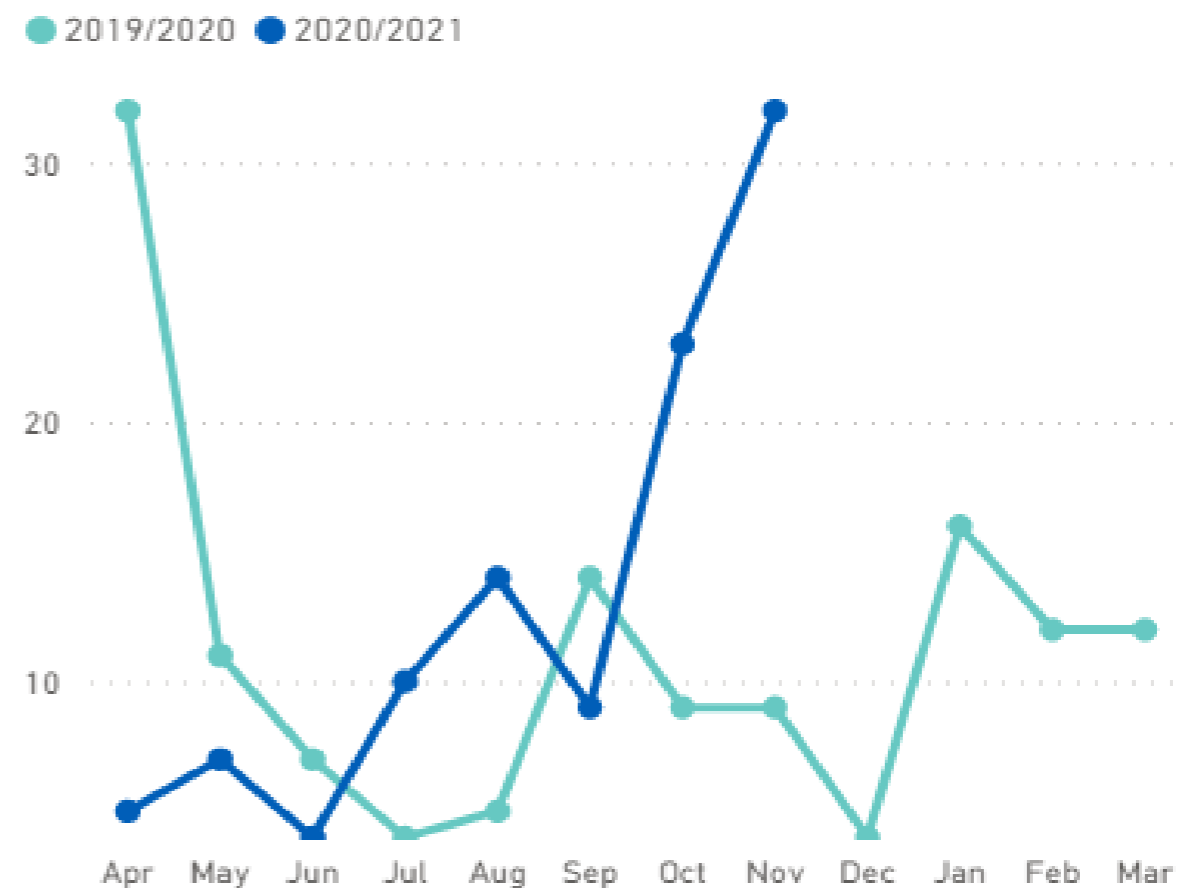


AND, MH Liaison at RUH - Specialist CAMHS (OHFT)

How many referrals have been received and h...



How do caseload volumes compare to last y...



CAMHS inpatient beds

- Historically BSW has slightly lower admission rates than other areas across the CAMHS provider collaborative. There are a daily average of 20-25 inpatients across BSW.
- Profile of inpatients: majority of CYP have eating disorder and emotional dysregulation then severe OCD and /or conversion disorder, followed by risk including suicidal ideation
- Bed numbers have reduced nationally due to CQC closures, changes to provider market and impact of covid (London and Northern areas)
- NHSE are leading the national response regarding capacity concerns
- Local mitigation focusing on co-created crisis response and home treatment to reduce requirement for inpatient bed – funding approved and new model in place (see above).

Schools Health and Wellbeing Survey (Previously SHEU Survey)

- The school's health and wellbeing survey (SH&WS) has been running in B&NES on a bi-annual basis since 2011 and has been historically funded by Public Health Grant. The last round of the survey was completed in 2019 by pupils in year 4,6,8, 10 and 12 across participating primary and secondary schools. The survey asks pupils questions about a range of health issues including healthy eating, physical activity, substance use, sexual health and mental health and wellbeing. The reports can be found here: <http://thehub.bathnes.gov.uk/Page/11031>
- The survey provides valuable intelligence and insight about health and other needs and behaviours and is used by stakeholders to evaluate and assess the impact of strategies to improve the health and wellbeing of C&YP across the BaNES region.
- St John's Foundation have agreed to fund the full cost of running the survey over the next 10 years; allowing for 4/5 rounds of the survey to be completed.

IMPACT OF COVID? NHS Digital report, October 2020

NHS digital report on the Mental Health of Children and Young People in England, 2020

looked at the mental health of C&YP in England in July 2020, and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic were also examined. The findings draw on a sample of 3,570 C&YP interviewed face to face in 2017 and followed up online in July 2020, now aged between 5 and 22 years.

Key findings

- Rates of probable mental disorder have *increased* since 2017. **In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017.** The increase was evident in both boys and girls

Impact of Covid? NHS Digital report, October 2020 continued

- The likelihood of a probable mental disorder *increased with age* with a noticeable difference in gender for the older age group (17 to 22 years); **27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020**
- In 2020:
 - Among 11 to 16 year old girls, more of those with a probable mental disorder had seen or heard an *argument among adults* in the household than those without. The association was not evident in boys.
 - Among 5 to 22 year olds, nearly 60% of those with a probable mental disorder reported having *sleep* problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems than younger children.
 - Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a *household that had fallen behind with payments*.
 - C&YP with a probable mental disorder were more likely to say that lockdown had made their life worse, than those without a mental disorder.

These findings have been confirmed by the national YoungMinds surveys:

Impact of Covid? Young Minds summer survey

completed with 2,036 secondary school pupils with a **history of mental health** needs during June/July 2020 as a period in which the Government announced measures to ease restrictions, including the target for schools to reopen to all students in the Autumn term.

- 80% of respondents agreed that the coronavirus pandemic had made their mental health worse. This was often related to increased feelings of anxiety, isolation, a loss of coping mechanisms or a loss of motivation.
- 87% of respondents agreed that they had felt lonely or isolated during the lockdown period, even though 71% had been able to stay in touch with friends.
- Of those who had not been accessing support immediately before the crisis, 40% said that they had not looked for support but were struggling with their mental health.
- 11% of respondents said that their mental health had improved during the crisis. This was often because they felt it was beneficial to be away from the pressures of their normal life (e.g. bullying and/or academic pressure at school)

Impact of Covid? Young Minds autumn survey

completed with 2,036 secondary school pupils with a **history of mental health** needs during September 2020 shortly after schools had re-opened.

- 69% of respondents described their mental health as poor now that they are back at school; this has risen from 58% who described their mental health as poor before returning to school.
- 40% of respondents said that there was no school counsellor available to support students in their school
- Only 27% had had a one-to-one conversation with a teacher or another member of staff in which they were asked about their wellbeing, by the time they completed the survey.
- Almost a quarter of respondents (23%) said that there was less mental health support in their school than before the pandemic, while only 9% agreed that there was more mental health support.

Wellbeing for Education Return Programme - to better equip schools to promote C&YP's wellbeing, resilience and recovery in response to Covid-19:

- All schools/colleges offered a comprehensive package of resources to help them support the mental health and wellbeing of students and children as they continue their education in the Covid-19 era. The 'free' offer includes:
 - training on relevant mental health issues led by mental health professionals within specialist CAMHS
 - network meetings led by LA Educational Psychologists which focus on a specific topics e.g. anxiety, bereavement, staff mental health. The sessions will provide tips and advice on common concerns, opportunities to reflect and discuss with colleagues and links to guidance on best practice
 - individual consultation / advice line with an Educational Psychologist about individual concerns relating to school, staff and students/ children
- Next year further whole school training will be provided by the Anna Freud National Centre for Children and Families via the Link Programme

Government has extended Covid-19 support for students until the end of the 20/21 academic year via Student Space:

- Student Space makes it easier to find support during the coronavirus pandemic. Students can explore a range of trusted information, services and tools to help with the challenges of student life.

<https://studentspace.org.uk>

- Access to dedicated support services for students, by phone, webchat, email or text
 - Information and tools to help students through the challenges of coronavirus
 - Finding what support is available at individual universities
- Student Space is safe, confidential and developed with students and experts in student wellbeing and mental health.

Looking to the future – CCG developments in 2021

- BSW CCG will receive funding to improve community mental health services for adults (i.e. those aged 16 and over). Both students and other young people who need continued support with their mental health into adulthood (16-25 year olds) are priorities in the 3-year transformational Community Services Framework (one of the deliverables of the NHS Long Term Plan).
- BaNES Locality Commissioners are finalising our all-age Strategic Commissioning Intentions which set out the plan to improve mental health outcomes for the BaNES population. This is due to be published for consultation in February 2021.
- Commissioners and data analysts are hoping to create a population outcomes scorecard to better track the impact of the interventions provided to maintain and improve C&YP's emotional and mental health.

Looking to the future – BSW CCG developments in 2021

As always, the Emotional Health and Wellbeing sub-group members will continue to strive towards

- Improved environments e.g. schools/colleges in which C&YP can thrive
- Increased identification, by all frontline staff, of C&YP with early indicators of distress
- Reduction in mild to moderate distress by upskilling frontline staff, empowering parent/carers and encouraging self-help
- Reduction in the development of moderate to severe distress by using evidenced based interventions
- Reduction in life long distress by preparing C&YP to enter adulthood (transition) with emotional resilience