

**Healthy Staffordshire Select Committee
Working Group**

Emotional Wellbeing and Mental Health Services

Final Report



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Chairman's Foreword / Summary

Improved mental health is associated with a range of positive outcomes for people of all ages and backgrounds. Mental health is everyone's business. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. At any one time, roughly one in four of us are experiencing a mental health problem. While that is a staggering figure in itself, we are also faced with the fact that mental health problems are estimated to cost the economy an eye-watering £105 billion per year. One in ten children between the ages of 5-16 years old has a mental health problem which for many continues into adulthood. Improving the health and wellbeing of children and young people and in adulthood is a Staffordshire priority.

The working group received information relating to early intervention and prevention, commissioning of children's and adult mental health services, how looked after children are served by mental health services, the current level of support to children and young people and how quickly they can access services and transitional arrangements for young people moving through child and adolescent mental health services to adult mental health services.

Findings indicate that early intervention and prevention measures work as more people are reported to be coming forward for help at an earlier stage. Early intervention and prevention measures reduce stigma and the likelihood of more complex interventions at a later stage which lead to reduced costs. Looked after children and young people are some of the most vulnerable people in society and more likely to have mental health issues than any other group of children or young people. The working group heard that CAMHS has demonstrated difficulties in waiting times for initial referral appointments, all initial referral appointments should be attended within four weeks. They focus on all transitions in a child's life which impacts on their mental health including transitions to post 18 services. However, services provided by CAMHS do not always correspond with services provided by Adult Mental Health Services and there still remains a gap in service for a number of young people. The review focused on: how early intervention and prevention methods can reduce the need for specialist services; how services are commissioned; how looked after children are served by mental health services; what the current levels of support are to children and young people with mental health issues; and how quickly they can access services and transition to adult mental health services from Child and Adolescent Mental Health Services (CAMHS).

National and local policy indicates the importance of good mental health and emotional wellbeing. The Health and Social Care Act 2012, which is the main policy driver, makes significant changes to the way in which health services will be organised from April 2013. The Act is significant to this review in terms of changes in commissioning arrangements of children and adult mental health services. The Act makes provision for the establishment of Health and Wellbeing Boards and the transfer of commissioning of services to NHS



Commissioning Boards and Clinical Commissioning Groups. The Act also sets out the need for Local Authorities and commissioning consortia to prepare a Joint Strategic Needs Assessment (JSNA) and to produce a Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in the assessment.

Intervening early in childhood can prevent mental health related problems at a later stage. Evidence indicates the importance of child/parent relationships and interactions to develop skills and behaviour which enables children to flourish. Early intervention and prevention programmes/measures can demonstrate they are working as there has been an increase in referrals at this stage indicating there is greater awareness of mental health issues and help is being sought at a much earlier stage. By intervening early in building the resilience of children, young people and their families, the likelihood of problems becoming more complex is reduced as is the need for more costly interventions. Using mainstream services reduces stigma associated with mental health issues as individuals are not targeted. It is important that training/refresh training is available for staff of mainstream services such as social workers, for them to recognise mental health issues in children, young people and adults.

I would like to thank all those who have contributed to the review. I would also like to thank officers and all participants of the Staffordshire 3rd sector and those from the service delivery partners.

This report touches on the need for change and recommends a number of actions. It is imperative that this health care issue is monitored at all times and that new initiatives in offering that one to one need, are looked at as a priority.

Emotional wellbeing and mental health services and those commissioning such services should read this report and we hope see our recommendations taken as identification of what is needed just to start to deliver the improvements across mental and emotional health and wellbeing that the people of Staffordshire need.



**Mr David Loades,
Working Group
Chairman**



1. Conclusions and Recommendations

This review was undertaken following a resolution by the Healthy Staffordshire Select Committee to establish a working group to consider the implementation of the adult's and children's emotional wellbeing and mental health service strategies. Having considered the range of possible services from 0-60+ that encompass the two strategies we undertook further investigation into a range of areas including CAMHS, transition between services, differences in provision, communication, early recognition and intervention, and priority placed on emotional wellbeing and mental health services. Having completed our investigations we make the following conclusions and recommendations.

Both the adult and children's strategies stress the importance of early intervention, with the adult's implementation plans giving actions to address these and identifying measurable outcomes. The children's strategy has early intervention and prevention as priority 2, referring to national policy documents such as closing the Gap (2014) which highlighted the need to develop effective services to deliver early intervention and prevention to children and young people. Early intervention and prevention methods can reduce the need for specialist services. We wish to highlight the importance of early recognition and intervention. The adult implementation plans recognise the importance of this early intervention. Whilst we endorse this we **RECOMMEND** greater emphasis on the priority given to early recognition and intervention.

The importance of good parenting in supporting children's mental health and emotional wellbeing has been evidenced throughout our work. The original concept of children's centres mirroring that of the American Smart Start initiative provides the opportunity to promote good parenting. There are also a number of initiatives that work to support parenting, for example Home Start, who have the family support contract for the Moorlands and Newcastle. The impact of good parenting on children's emotional wellbeing is immense and the continued support of initiatives which promote good parenting are essential. Intervening early in childhood can prevent mental health related problems at a later stage. Evidence indicates the importance of child/parent relationships and interactions to develop skills and behaviour which enables children to flourish. Early intervention and prevention programmes/measures can demonstrate they are working as there has been an increase in referrals at this stage indicating there is greater awareness of mental health issues and help is being sought at a much earlier stage. By intervening early in building the resilience of children, young people and their families, the likelihood of problems becoming more complex is reduced as is the need for more costly interventions. Using mainstream services reduces stigma associated with



mental health issues as individuals are not targeted. It is important that training/refresh training is available for staff of mainstream services such as social workers for them to recognise mental health issues in children and young people. Schools and colleges are well placed to promote good mental health and wellbeing to their students through Personal Social and Health Education

We are aware of a Families First Review of the impact of the work of Local Support Teams (LSTs) on outcomes for school age children and young people. This review was requested by the Schools Forum at their meeting of 31 March 2015 into the quality and impact of the work of Local Support Teams on outcomes for school-age children and young people. The outcome of the review will inform Schools' Forum decision-making on the future allocation to Families First from the Dedicated Schools Grant (DSG). This arrangement has not been formally monitored or reviewed to date, nor has a specific accountability framework been established as part of a commissioner (Schools Forum) and provider (Families First) relationship. The opportunity to work with schools to review the impact of Local Support and Targeted Intervention to address this was therefore welcomed by Families First. We are interested to see the outcome of this review on the future work of the LSTs and **RECOMMEND** that the outcome of this review be shared with members of this Healthy Staffordshire Select Committee.

We have a particular interest in the priority schools place on emotional wellbeing and mental health, and their ability to recognise symptoms early and have been impressed by those school representatives we have met during our work. The biggest obstacle to a young person's learning is their readiness to learn and mental health issues present a barrier to this. The investment in services developed in Tamworth and the Room 21 initiative at Leek High School shows a priority and commitment to good emotional and mental health. We feel strongly that Multi Agency Centres (MACs) have proved their effectiveness in building relationships, supporting the delivery of mental health services and in early intervention. MACs allow a holistic approach to a child's needs, and whilst outcomes can't be immediately measured, the benefits will be seen in better outcomes for young people and savings in reduced numbers accessing expensive higher tier services.

We are aware of funding constraints within schools but feel strongly that MACs are an investment worth making. The creative way in which the Tamworth Head teachers have supported this project and found this funding shows their commitment to, and the importance they place, on addressing mental health and emotional wellbeing. Equally the continued support by the Head teacher and Governing Body at Leek High School shows their commitment to the continued success of Room 21 and is a tribute to the impressive outcomes this initiative has supported (last year Leek High School had no young people becoming NEET (Not in Education, Employment or Training)).



We therefore **RECOMMEND** that schools invest in the long term emotional wellbeing and mental health of their students through creative use of pupil premium funding in supporting the development of their own MACs. In the interests of sharing best practice and transparency, we would also **RECOMMEND** that the way the pupil premium is used by different schools to address pupil needs is made clear.

As we have already seen in the different approaches in Tamworth and Leek there is no one size fits all approach to developing a MAC. However the concept of a MAC in every school to support emotional wellbeing and help more effective partnership working with mental health service providers, raising the profile of services and tackling the stigma around these issues is essential. It also helps to combat some of the issues we identified around awareness of the range of services available and signposting services.

The Tamworth MACs have evolved and have ambitious targets in early intervention and avoiding more expensive higher tier services. We were pleased to note that they would welcome the opportunity to share the development of the project with Members in 18 months, evaluating the project and identifying outcomes achieved. We therefore **RECOMMEND** that the Prosperous Staffordshire Select Committee consider including the Tamworth MAC project on their work programme to receive details of how the project has developed during the 18 months and evidence the outcomes achieved to determine the success of this project and its value for money potential.

We have received an enormous amount of information across a range of areas whilst undertaking this investigation. However, on many occasions we have been faced with difficulties in assessing the effectiveness of areas considered because of a lack of accurate and appropriate baseline information that allow outcomes to be evidenced. We are aware that data is not collected in a consistent way across service areas and organisations, but effective monitoring will not happen unless this information is available.

The adult mental health dashboard for mental health strategy gives information from a range of service areas (including service user surveys, contract information and police data). Whilst the differing organisations collect data in different ways there is beginning to be an attempt to pin this together to allow a broader assessment of services provided. We understand Public Health are currently looking at how this range of data can be brought together. However we **RECOMMEND** that children's and adult's mental health work to develop appropriate and meaningful baseline data that enables the strategies and services to be effectively monitored and held to account.

We are aware that the Health and Wellbeing Board monitor the strategies. We are also aware that tier 1 and 2 interventions are often short term, delivered by third sector organisations and produce softer outcomes. Finance and activity rather than outcomes are often the focus of data recording and we question how meaningful this is.



The disparity in numbers receiving children's mental health services and those transitioning to adult services is marked and whilst we have identified a number of possible reasons for this we remain concerned at the low transition numbers. Between the ages of 16-21 is a period of great uncertainty where there are many changes and challenges to a young person's life experience. We feel children's services finishing at 18 does not bridge the gap effectively into adulthood and we **RECOMMEND** that children's mental health services should be extended from 0-18 to 0-25 years to ensure a service that takes account of the immense changes impacting on young people today, including the prominence and impact of social media, and ensure that services do not stop abruptly when a young person's emotional wellbeing can be at its most vulnerable.

During our investigations we have received conflicting views on the work of CAMHS. We are aware of a drive from central government to improve access to CAMHS and we remain concerned about delays and long waiting times to engage in health and wellbeing support from this service. We are also aware that referrals to CAMHS have increased dramatically over the last ten years, and that the nature of presentations has become increasingly more complex. South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSHFT) are in the process of undergoing a whole CAHMS transformation, improving access to psychological services and developing partnerships with voluntary sector provision. SSSHFT are also commissioning work to help identify the reasons behind the lack of transition from children to adult mental health services. We **RECOMMEND** that the outcome of these investigations be shared with the Healthy Staffordshire Select Committee for them to consider whether any further work is necessary, and request that a similar review is undertaken for CAHMS in the north of the county.

The accessibility of information remains a concern for services users and their families. Whilst efforts have already been made to make information available through GP surgeries, using twitter, Facebook, websites, leaflets and promotional events, there remains a general lack of awareness of the range and type of services available. More active promotion/awareness of services, with signposting from Primary Care providers is a priority. We are aware that all GP surgeries have been asked to include a link to the Mental Health Directory on their website but are equally aware that not all have done this. We therefore **RECOMMEND** that primary care delivery give greater priority to the accessibility of the mental health services directory, and in ensuring information on a range of emotional wellbeing and mental health services is well displayed and readily/easily available, both visually and by verbal support to those who may benefit from the services available. We **further RECOMMEND** that other possible venues are explored for displaying and signposting information on the range of services, eg pharmacies, through large employers and stores, community centres, chambers of commerce, to improve awareness and raise the profile of these services.



We considered the adult implementation plans and we are aware that the Health and Wellbeing Board will monitor these. However we have been unable to consider the children's implementation plan as none currently appears to exist. We **RECOMMEND** a copy of the children's implementation plan be considered by the Healthy Staffordshire Select Committee at the earliest opportunity and the Health and Wellbeing board update the committee on their proposals for the future of both adult and children services.

The Safe and Strong Communities Select Committee had tasked us with identifying what post abuse therapeutic support was available for victims of child sexual exploitation (CSE). Whilst the children's strategy suggests that therapeutic interventions to victims of CSE should be considered, our work has shown that currently there are limited services specifically for those who have suffered from CSE. There are a number of third sector services available, however there is currently no service specifically commissioned to address this issue in South Staffs, although an individual may be referred to CAMHS as a result of the trauma suffered from CSE. There is a counselling service commissioned in North Staffs for young people affected by sexual violence and this could be looked at to consider its viability of being introduced county wide.

We have been impressed by services such as Changes and Work4You. At the start of this process we felt that the huge variety of services created unnecessary confusion. However the broad nature of emotional wellbeing and mental health service issues, needs a large breadth of service provision. The issue is not so much around the number of services available, but around appropriate assessment, referral, signposting to help reduce the considerable confusion as a result of service users being unsure or unaware of what is being offered across the County.

We also **RECOMMEND** that the Cabinet Member for Health, Care and Wellbeing recognises and re-affirms: the importance of integrated working between service/support agencies to enable them to be easily recognised/accessed by potential users and the need for this to continue to be developed; and the importance of offering a co-ordinated approach to building relationships of trust between agencies, the public and their families and should continue to be developed to facilitate the maximum opportunities for individuals to benefit from available support.



2. Setting the Scene

At its meetings of 11 August and 10 November 2014 the Healthy Staffordshire Select Committee considered:

- the Mental Health and Wellbeing Strategy for Staffordshire “Mental Health is Everybody’s Business” (the adult strategy), and
- the Final Draft Strategy for Emotional Wellbeing and mental Health of Children and Young people from Birth to 18 Years Integrated Commissioning Strategy 2014-2017

In both instances the Select Committee agreed establishing a working group to consider the strategies implementation in more detail.

On 27 March 2015 the Safe and Strong Communities Select Committee wrote to the Chairman of the Healthy Staffordshire Select Committee outlining concerns raised at their 9 March 2015 meeting regarding child and adolescent mental health services. The letter outlined their concerns at the lack of specialist child and adolescent mental health services (CAMHS) and post abuse therapeutic support for victims of CSE, seeking clarification on when such a service would be commissioned. It also highlighted continued concerns around waiting lists for CAMHS in Staffordshire. In her letter of response the Healthy Staffordshire Select Committee Chairman suggested these concerns could be addressed as part of this review.

3. Scope of the Work

The Working Group sought to identify the systems and practices in place to ensure the key priorities set out in both strategies are implemented and how they will be monitored.

The Healthy Staffordshire Select Committee tasked us to consider the implementation of the strategies and it was important that we remained focused on this issue. Emotional wellbeing and mental health is an immensely broad topic and we were aware that our review was likely to raise areas for further investigation. The broad nature of this review meant that whilst we could highlight these areas for potential further consideration we would not be able to scrutinise each specific issue in detail within the agreed timescales.

The key objectives for this review were to:

- establish the size and scope of the issues within Staffordshire;
- consider how effective the changes proposed within both strategies will be;
- ensure there is a robust action plan for the implementation of each strategy;
- establish how each strategy will be evaluated and monitored; and
- address the concerns outlined by the Safe and Strong Communities Select Committee.

Our approach was to consider a lifetime of services from pre-natal to 60+, delivered via the two strategies (Appendix 1). We wished to use this approach to identify and gaps and/or areas of best practice that may warrant further investigation, and in particular whether changes introduced by the strategies addressed identifiable gaps.

4. Membership

As emotional wellbeing and mental health are cross cutting issues a representative from the Prosperous Staffordshire Select Committee and the Safe and Strong Communities Select Committee were invited to take part in this review alongside members of the Healthy Staffordshire Select Committee.

The following members participated in this Working Group:

Charlotte Atkins
Chris Cooke
Ann Edgeller
Michael Greatorex
David Loades (Working Group Chairman)
Robbie Marshall
Shelagh McKiernan
Christine Mitchell
Mike Worthington

5. Methods of Investigation

We met ten times between July and November 2015 to consider the implementation and effectiveness of the two strategies, produce our report and agree our recommendations.

During our investigation we met with the following:

Barbara Wain	Director, Changes, Health and Wellbeing
Carol Burt	North Staffordshire Users Group
Clarissa Norrington	Deputy Headteacher, Rawlett Academy
Dawn Jennens	County Commissioner Mental Health
Donna Colgrave	People Change Lead
Jennie Collier	Head of Operations, Specialist & Family Services, South Staffordshire and Shropshire Healthcare Foundation Trust
Julie Stevenson	County Improvement Officer, Educational Inclusion
Ken Peak	Staffordshire Mental Health Helpline, Brighter Futures
Kirsty Rogers	Headteacher, Kettlebrook Short Stay School
Lindsey-Marie Taylor	Inclusion Support Manager, Room 21, Multi Agency Unit, Leek High School
Lyn Varden	Making Spaces/Work4You



Mark Lawton	Operational Manager, Staffordshire Mental Health Helpline, Brighter Futures
Nadine Baggaley	Commissioning Manager, Community Wellbeing
Nicola Bromage	Mental Health Commissioner, South Staffs
Paul Bowers	Crisis Resolution/Home Treatment and Liaison Psychiatry Manager
Paul Woodcock	County Commissioner, Children's Wellbeing
Richard Redgate	Executive Headteacher, Loxley Hall School
Roger Graham	CCG Commissioning Manager, East Staffordshire
Ron Daley	Mental Health Commissioner, North Staffs
Sarah Jones	Community Partnership Officer, Tamworth & Lichfield
Sheila Crosbie	North Staffordshire CCG Commissioning Manager
Shelley Evans	Crisis Team, South Staffordshire and Shropshire Healthcare Foundation Trust
Tim Leese	District Commissioning Lead, Tamworth

We received information from:

Matthew Bentley	Public Health Analyst, Insight, Planning and Performance
Mike Calverley	Locality Public Health Partnership, Insight

We also:

- attended Healthwatch engagement events in Staffordshire Moorlands, Tamworth and Stafford; listening to the service user question sessions and taking part in the round table discussions with service users, third sector organisations and professionals
- attended the Crisis Pathway Professional Workshop; which included representation from GPs, Richmond Fellowship, West Midlands Ambulance Service, Public Health, South Staffordshire & Shropshire Foundation Trust, EWISS (Emotional Wellbeing in Stafford and Surrounds), Changes, Brighter Futures, Burton Mind, One Recovery and Staffordshire Police
- Visited our local schools to establish the priority they placed on mental health and emotional wellbeing

6. Findings

Size and scope of the issue in Staffordshire

- Mental ill health accounts for a third of all illness in Britain
- Currently around 27% of working age adults in England with a mental health illness are employed
- Approximately 50% of diagnosable mental health illness lifetime cases begin by age 14
- Mental illness accounts for over 20% of the total burden of disease in the UK, more than cardiovascular disease or cancer
- Mental disorder accounts for around 5% of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions

Data supplied by Public Health, Insight Team, helped us establish the size and scope of the Staffordshire picture.

Prevalence estimates of mental health and wellbeing in children. Data taken from the Office for National Statistics (ONS) on mental health of children and young people in Great Britain (2004), adjusted for age, gender and socio-economic classification, is outlined in Table 1. The estimates point to about 9.2% of children suffering any mental health disorder in Staffordshire, about 5.5% with conduct disorders, 3.5% with emotional disorders and 1.5% with hyperkinetic disorders.

Table 1: Estimates of children's mental health and related conditions

	Any mental health disorder	Conduct disorders	Emotional disorders (anxiety disorders and depression)	Hyperkinetic disorders
Cannock Chase	1,310 (9.7%)	800 (6.0%)	500 (3.7%)	220 (1.6%)
East Staffordshire	1,530 (9.4%)	930 (5.7%)	590 (3.7%)	250 (1.5%)
Lichfield	1,150 (8.6%)	680 (5.1%)	450 (3.3%)	190 (1.4%)
Newcastle-under-Lyme	1,520 (9.5%)	920 (5.8%)	590 (3.7%)	250 (1.6%)
South Staffordshire	1,170 (8.6%)	690 (5.1%)	460 (3.4%)	190 (1.4%)
Stafford	1,460 (8.6%)	860 (5.1%)	570 (3.4%)	240 (1.4%)
Staffordshire Moorlands	1,120 (9.1%)	680 (5.5%)	430 (3.5%)	180 (1.5%)
Tamworth	1,100 (9.8%)	680 (6.0%)	420 (3.7%)	190 (1.7%)
Staffordshire	10,380 (9.2%)	6,250 (5.5%)	4,020 (3.5%)	1,710 (1.5%)
West Midlands	79,600 (9.7%)	48,700 (5.9%)	30,890 (3.8%)	13,280 (1.6%)
England	694,990 (9.3%)	420,860 (5.6%)	269,580 (3.6%)	115,570 (1.5%)

Source: Children and Young People's Mental Health and Wellbeing Profiling Tool, Public Health England, <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>. © Crown Copyright, source: Public Health England 2015

According to the 2015 school census there were 1,550 children with **Special Educational Needs** (SEN) recorded with autistic spectrum disorder which equates to 13 per 1,000 pupils. This is higher than the national rate of 12 per 1,000 pupils. Rates varied across Staffordshire with Cannock Chase, Stafford and Tamworth being higher than the England average. The 2015 school census data shows that there are approximately 1,600 pupils having SEN recorded as social, emotional and mental health needs. This equates to 14 per 1,000 pupils, which is lower than the national rate of 22 per 1,000 pupils.



Self-reported wellbeing is recorded around four outcomes. The 2013/14 national wellbeing measures indicate that in Staffordshire:

- 81% of people feel satisfied with their lives
- 77% of people feel happy
- 64% of people do not feel anxious
- 86% feel the things they do in their life are worthwhile

When comparing this with England figures, the proportion of people with low satisfaction scores in Staffordshire is lower than average whilst the three other outcome scores are similar to England figures.

Table 2 shows Staffordshire **estimates of adult mental ill-health** based on national data.

Table 2: Estimates of adults aged 16 and over with mental ill-health and estimates of levels of care in Staffordshire, 2014

	Mental ill-health in the community	Attends primary care	GP identified disorder	GP refers to mental health services	Psychiatric in-patients
National estimates	26%-31%	23%	10%	2%-3%	1%
Cannock Chase	21,000 - 25,000	18,500	8,100	1,600 - 2,400	400
East Staffordshire	24,300 - 29,000	21,500	9,300	1,900 - 2,800	500
Lichfield	22,000 - 26,200	19,500	8,500	1,700 - 2,500	400
Newcastle-under-Lyme	27,400 - 32,600	24,200	10,500	2,100 - 3,200	500
South Staffordshire	24,300 - 28,900	21,500	9,300	1,900 - 2,800	500
Stafford	28,600 - 34,100	25,300	11,000	2,200 - 3,300	600
Staffordshire Moorlands	21,300 - 25,400	18,800	8,200	1,600 - 2,500	400
Tamworth	16,100 - 19,200	14,300	6,200	1,200 - 1,900	300
Staffordshire	184,900 - 220,500	163,600	71,100	14,200 - 21,300	3,600

Source: Based on figures from Goldberg, D. & Huxley, P, 1992, Common mental health disorders - a bio social model, Routledge and GP registered populations, Midlands and Lancashire Commissioning Support Unit (CSU) and 2014 mid-year population estimates, Office for National Statistics, Crown copyright

Perinatal mental health, the National Institute for Health and Care Excellence (NICE) estimates that 12% of women require additional support for mental health problems during pregnancy and/or the postnatal period. Based on 2014 live births this would equate to approximately 1,040 women in Staffordshire, although there is currently no local dataset to verify this figure.

Prevalence estimates are shown in Table 3. Around 46,000 people (7.2% of the 16-74 population) are estimated to suffer from mixed anxiety and depression disorders in Staffordshire. Approximately 19,000 (3%) suffer from generalised anxiety disorder and 9,000 (1.4%) from a depressive episode.



Table 3: Estimates of mental health for adults

	Staffordshire		Estimated England prevalence
	Estimated number	Estimated prevalence	
Mixed anxiety and depressive disorder: population aged 16-74	45,720	7.2%	8.9%
Generalised anxiety disorder: population aged 16-74	19,020	3.0%	4.5%
Depressive episode: population aged 16-74	8,940	1.4%	2.5%
All phobias: population aged 16-74	7,570	1.2%	1.8%
Obsessive compulsive disorder: population aged 16-74	4,550	0.7%	1.1%
Panic disorder: population aged 16-74	800	0.1%	0.7%
Eating disorders population aged 16+	46,890	6.6%	6.7%
Post traumatic stress disorder: population aged 16+	21,620	3.0%	3.0%

Source: Common Mental Health Disorders Profile Tool, Public Health England <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders> © Crown Copyright, source: Public Health England 2015

General Practitioner (GP) recorded prevalence, GP disease registers show that about 51,300 people are on a depression register in Staffordshire which is 8% of adults aged 18 and over and higher than the England average. These registers also show that about 0.6% of the Staffordshire population have a severe mental condition (defined as schizophrenia, bipolar disorder or other psychoses). This is lower than the figure for England.

Suicides make up 1% of all Staffordshire deaths and are the second most common cause of death amongst men and women aged 15–24 years locally. It also accounts nationally for nearly 384,900 years of life lost before the age of 75 in men and women; and nearly 6,000 premature years of life lost in Staffordshire where it accounts for more premature death than some cancers, stroke or chronic obstructive pulmonary disease.

Nationally, rates from suicide and undetermined injury have fallen by 10% between 1995-1997 and 2011-2013. This fall in rates has not been reflected in Staffordshire between these two points where rates show an increase of 9%. The number of suicides in Staffordshire showed an increase in 2008 and 2009 when numbers nearly doubled from 2006 and 2007. With the exception of 2010, the number of suicides in Staffordshire each year has been around 80.

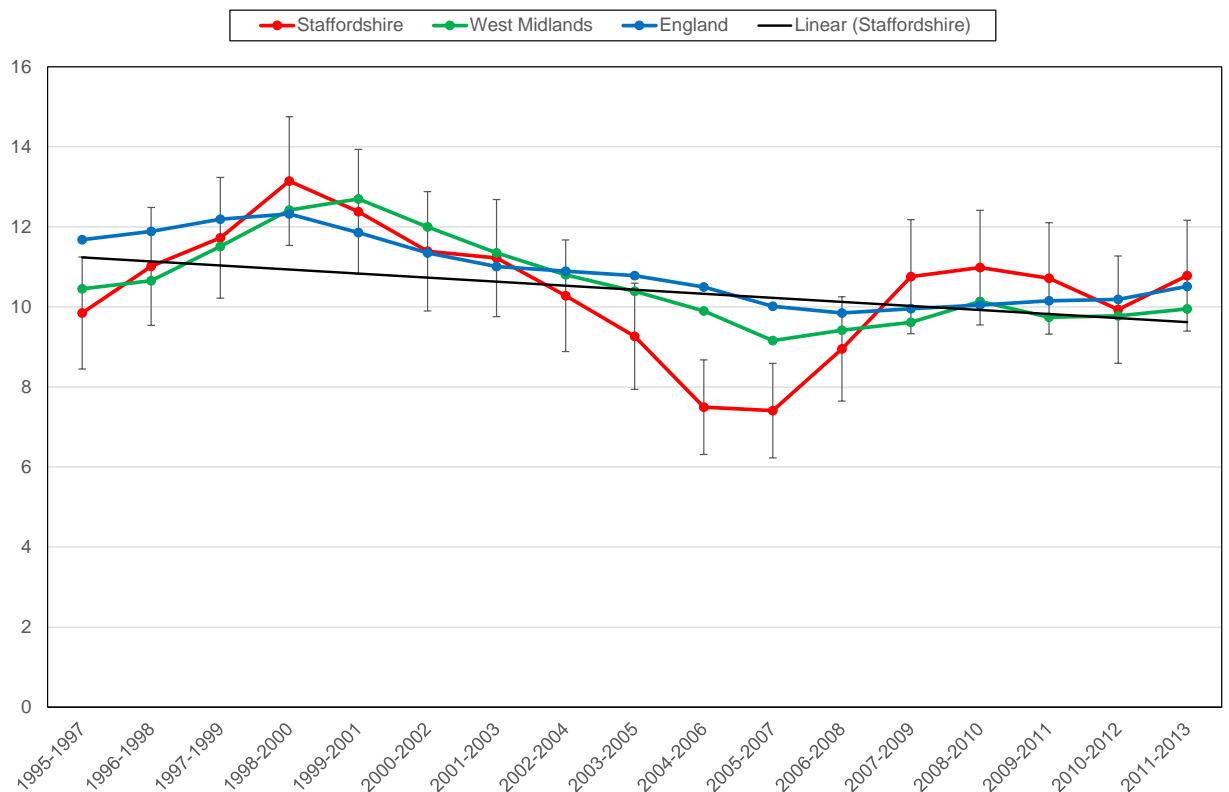
Since 1995 suicides have fluctuated in both males and females. Provisional figures suggest mortality from suicides and injury undetermined in males has risen from 46 in 1995 to 65 in 2014, an increase of 41%. For females, the number in 2014 is provisionally the same as that in 1995 (16).

Suicides are more common in males (74%), with the majority of male suicides being between 35-44 years (19% of all suicides) and 45-54 years for women (8% of all suicides). Nearly half of all deaths amongst males occurred in men aged 35-54 (49%); in females nearly 70% of all deaths occurred in women



aged 45 and over. The majority of deaths took place at the home address (58%).

Figure 1 Trends in suicides and injuries undetermined



Source: HSCIC Indicator Portal (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright.

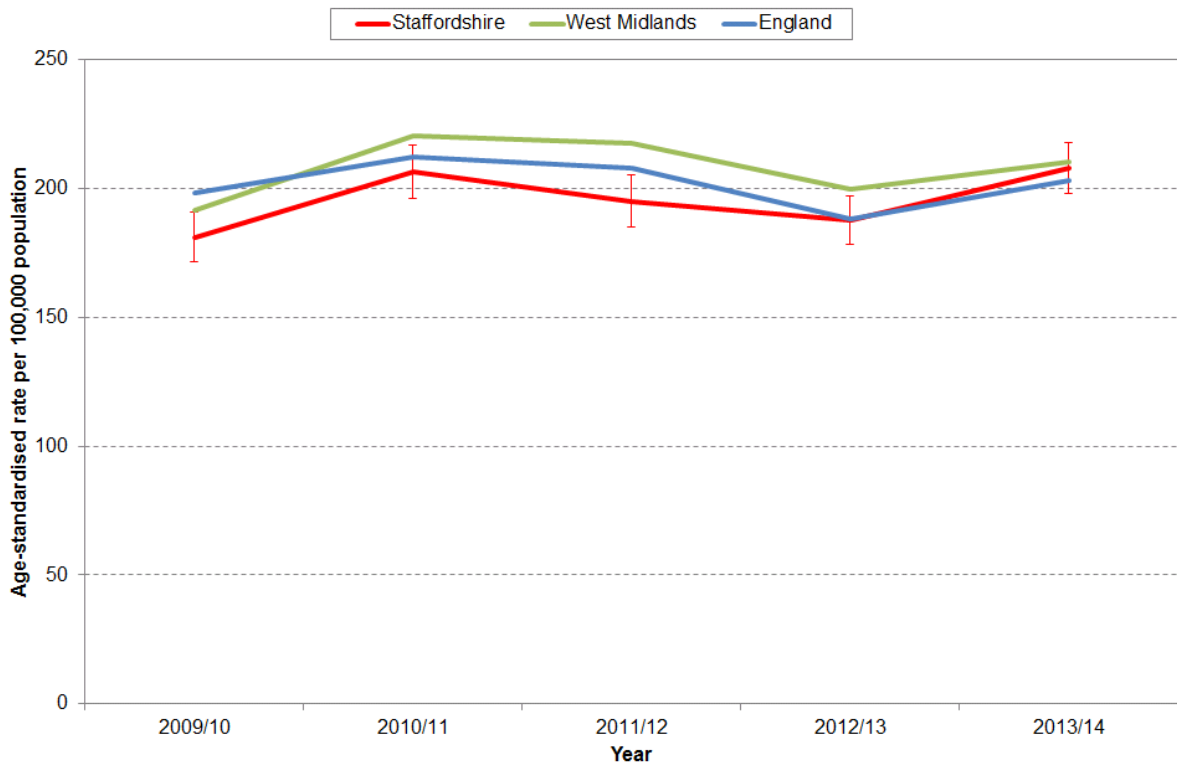
Nationally **self-harm** is one of the top five causes of acute medical admission and those who self-harm have a one in six chance of repeat attendance at Accident & Emergency (A&E) within the year. Self-harm is often an expression of personal distress and there is significant and persistent risk of future suicide following an episode of self-harm.

During 2013/14 there were over 1,700 admissions due to self-harm in Staffordshire. Nationally, rates from self-harm admissions have increased by around 3% between 2009/10 and 2013/14. This increase in rates in Staffordshire between these two points is much higher at 15%. However, prior to the most recent data point, the trend in Staffordshire since 2010/11 was downwards as illustrated in Figure 2.

Despite the increase between 2012/13 and 2013/14, rates in Staffordshire have remained statistically similar to the England average. Public Health England also suggests that data on self-harm trends using Hospital Episode Statistics (HES) data may be somewhat misleading and the rises most likely reflect improved data collection.



Figure 2 Trends in self-harm admissions



Source: Public Health England.

Self-harm admissions by district

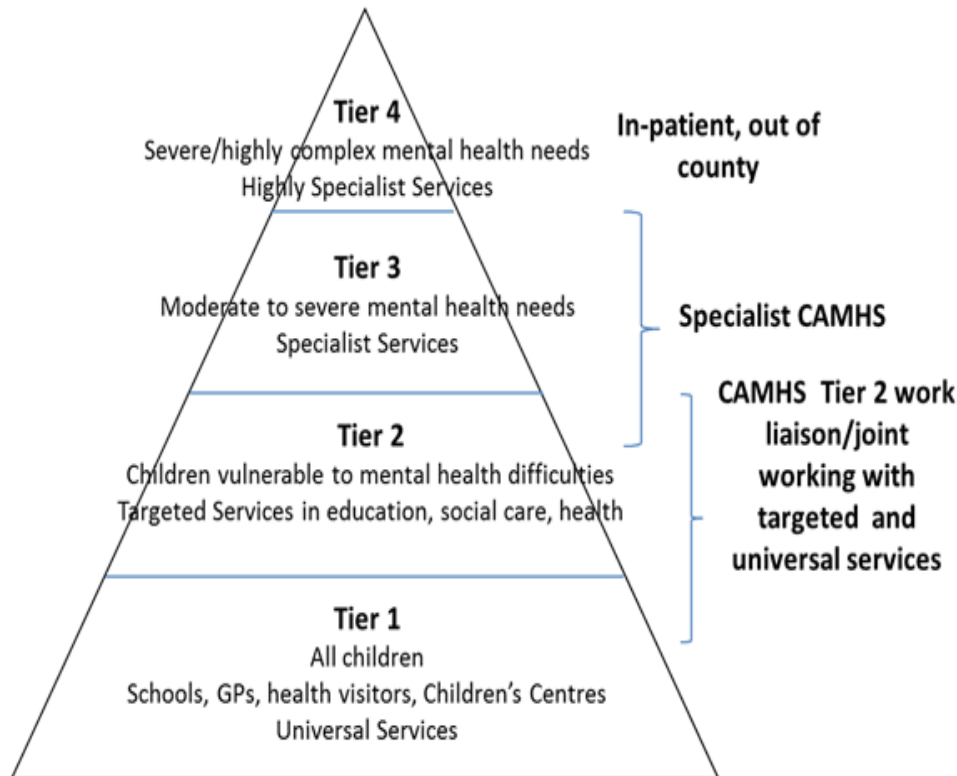
When related to population size Newcastle-under-Lyme and Stafford have the highest rate of self-harm admissions at 285 per 100,000 population and 252 per 100,000 population, these two districts are statistically higher than the national rate (203 per 100,000 population). Lichfield has the lowest rate at 147 per 100,000. As well as Lichfield, both Tamworth and South Staffordshire are lower than the England rate (166 per 100,000 population and 151 per 100,000 respectively)

62% (over 1,000) self-harm admissions in Staffordshire were females, compared to 38% (over 600) males. So whilst a greater number of suicides occur in males, there are more female self-harm admissions. The majority of self-harm admissions in males were in the 25-34 years (10% of all self-harm admissions) and 16-24 for women (16%). In both males and females self-harm admissions was most prevalent in those aged under 45 years (around 70% and 75% respectively).



A Lifetime of Services

Both adult and children's mental health services are commissioned around four tiers, with Tier 1 being the lower level preventative services, moving to very specialised complex mental health services at Tier 4. The diagram below illustrates the four tiers within the children's service and the expectation that the majority of preventative support will be provided at the lower level tier, with very few numbers requiring access to tier 4 specialist services.



Appendix 1 gives a visual overview of the range of services delivered across the four tiers within mental health from pre-pregnancy to 60+ years. It identifies where services are commissioned locally and regionally, indicating where a service is commissioned uniquely in the north or south of the county (based on CCG identified needs).

Considering this detail alongside the strategies we identified the following areas for further consideration:

- the transition between CAMHS and adult mental health services;
- communication and access to information;
- the role of the Crisis Teams;
- social isolation and discrimination;
- support into and retaining paid employment for those with mental health conditions;
- the priority placed on emotional wellbeing and mental health within schools and training in early recognition; and,
- Differences in provision between north and south of the county and commissioning across all tiers.



CAMHS – Access and Transition

Within children's mental health tiered services:

Tier 1 – consisted of the earliest intervention with schools and primary care settings usually addressing the identified needs. Commissioning at this level came from Education, Public Health and NHS sources.

Tier 2 – was commissioned by the local authority and included commissioned input from third sector organisations on a district basis around an agreed commissioning framework.

Tier 3 – specialist services (such as psychologists) delivered by CAMHS teams commissioned by the CCGs.

Tier 4 – a highly specialised service for those with severe mental health conditions commissioned by the CCGs.

The quality of referrals is key to ensuring an individual is assessed for and accesses the right service tier. We have concerns that poor referrals may lead to delays in accessing services while an individual has to be re-referred and wait again for an assessment for the appropriate service tier. For example an individual referred to a specialist tier 3 or 4 CAMHS service may be judged as having been inappropriately referred to this service and be referred back to tier 2 services for assessment. Guidelines exist to support appropriate referral, although some elements around Early Years, Primary Mental Health and Paediatric Psychology remain under development within the South Staffordshire referral criteria 2015/16 document. We have not received an equivalent document for North Staffordshire.

A single point of contact for Tier 2 and 3 referrals is now in place to support the referral process and help ensure the service user is accessing the correct service and so avoid delays and the frustration caused from being re-referred between service tiers. The Central Referral Hub in the north of the county allowed this single point of contact, with a similar scheme operating in the south. A CAMHS ready website is also available to help preparation for assessment, and details of the website are included in all appointment letters.

Every referral to CAMHS is screened. If the referral is judged as a risk to life the young person will be seen within 24 hours, with a duty worker available every day. Where it is judged there is no risk to life but the referral is still urgent, individuals are seen within 2 weeks, and where the need is not deemed urgent, within 4 weeks. The length of the wait to be seen depended on the nature of the presentation. Where a need has been assessed intervention/services should be accessed within 14 weeks.

We have concerns that the bar is set so high that accessing CAMHS services is extremely difficult. Referrals made to community CAMHS at Tier 3 did have a high percentage rejected. We were informed that this is due to inappropriate referrals and a misunderstanding of the most appropriate Tier for the



individual to access. Individuals will then be re-routed to Tier 2 commissioned services. Access to Tier 2 services in most cases is good and timely. However there is often a difference in perception over the condition and level of service required. There is a need to manage expectations and monitor outcomes and our recommendation that an independent review of CAHMS is carried out urgently due to its poor records of service delivery by both users and the evidence presented to us..

All assessments are undertaken by the Mental Health Services Teams, who were all mental health professionals and clinically qualified.

We heard that SSSHFT are in the process of undergoing a whole CAHMS transformation, improving access to psychological services and developing partnerships with voluntary sector provision. This work is around four themes:

- access;
- participation of young people;
- evidence based practice; and
- use of outcomes to track progress.

Evidence shows that once CAHMS services are accessed the services are delivered adequately, but we remain concerned at difficulties in initial access to CAHMS. Within South Staffordshire we heard that a service is being configured to allow self-referrals, with consideration also being given to improve schools referral/access to services. We also heard that in many instances the information given by GPs when a referral is made can be limited, even though a document is available to guide their referrals, which is contributing to the difficulties for this service.

The children's strategy acknowledges that many young people experiencing emotional wellbeing or mental health difficulties are likely to raise them with non-specialist providers such as schools, GPs, youth workers or health visitors. These groups are overwhelmingly the highest referrers to Emotional Wellbeing and Mental Health Services.

The strategy aims to assist these groups in identifying and supporting children and young people in situ at an early stage and to reduce the culture of "referring on". It identifies the following commissioning intentions to address this issue:

"1a) To develop strengthened partnership working across health, social care and education

1b) To offer support to schools as commissioners and providers of services.

1c) The roll-out of programme of training to universal staff, schools and colleges"



The government make it clear in the mental health strategy that high quality services depend on high quality commissioning. This can be challenging as mental health provision spans a wide range of agencies.

Effective commissioning is based on the assessed needs of children, young people, adults and their families being taken into consideration. The involvement of providers in the commissioning process is helpful in assessing needs and workforce planning it also ensures that responsive and flexible services can be delivered. The Mental Health Foundation tell us that 20% of children and young people have a mental health problem in any given year and about 10% at any one time.

The adult strategy also includes as a priority for development a transition policy for children with a mental illness moving from children's to adult services.

There is a significant disparity between the numbers of young people accessing children's services and those who transition into adult services. Circa 2200 young people access South Staffordshire CAMHS each year, with only a very few transitioning to adult services. Indeed we met representatives from SSSHFT in September and were informed that in the last quarter only 17 young people had made the transition into adult services. Meeting in November with representatives from North Staffs CCG CAMHS commissioning manager we found the picture in North Staffordshire to be similar.

There are a number of possible reasons for this lack of transition. To a certain extent this may reflect the effectiveness of services delivered and early intervention received. It may also reflect the differences in services commissioned for adults and children, or that CAMHS services are developed with 18 years of age as the projected end point. However, whilst it is expected that not all the 2200 young people will need to access adult services, the number actually transitioning is very low. The transition between these services is well recognised as an area of difficulty nationally, with less young people transitioning than would be expected.

Possible ways to address the concerns around transition are being considered. Quality and innovation CQUIN¹ targets are being set to address and monitor transition. SSSHFT are also commissioning work to help understand the reasons for this lack of transition.

Members heard about the CAMHS transition project, a national initiative allowing bids to be made for additional funding. The funds were tied to certain

¹ (The Commissioning for Quality and Innovation (**CQUINs**) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.)



criteria, including addressing eating disorders and a number of other priorities around intensive support for young people at risk of moving into Tier 4 services. There was a possible £1.1m extra funding.

Changing the age profile of CAMHS from 0-25 is in the group's opinion a way to address the concerns around services ending abruptly at 18. Whilst this may simply shift the transition issues from 18 to 25, it may help address some of the common issues for young people at 18. This change would also align with SEN changes last year which give support to statemented young people up to the age of 25.

CAMHS is under increasing pressure, with particular strain over the last 5/6 years due in part to a lack of investment and in the significant increase in service user numbers according to the evidence given to the group, but our concerns still remain over the delivery of this service and its ability to meet the needs of Staffordshire people .

The children's strategy acknowledges that few young people transfer into adult mental health services and indicates that the reasons for this are not entirely clear. The hypothesis put forward is that young people do not meet the adult mental health threshold for intervention. The strategy points out that there are young people experiencing emotional wellbeing and mental health difficulties that continue into adulthood and they need continued support. The strategy identifies the following commissioning intentions around transition:

“6a) Collaboration with adult mental health commissioners and providers to establish the level of need and potential unmet need of 18-25 year olds

6b) Ensure that all providers offering services to children and young people have working protocols with adult mental health services that are reviewed annually

6c) Consideration of the development of an 18-25 service and subsequent all age strategy for emotional wellbeing and mental health”

Communication

The range and type of services available within the scope of emotional wellbeing and mental health is confusing and we felt communication was a key area in helping support service users in understanding the range and type of services and in navigating and accessing them.

A range of engagement events were held by Healthwatch, commissioned by the County Council, to launch the adult mental health strategy. These events were extremely useful in highlighting the changes and outcome focus within the strategy and in raising the profile of the service. The events included round table discussions and question and answer sessions from a range of



service professionals and service users. Communication and navigating the service were amongst the concerns highlighted.

Throughout this process we have met with a wide range of service providers, in working group meetings, as part of the engagement events or crisis pathway workshop. Most providers have very useful and user friendly websites that service users can access and helpful promotional literature. The difficulty is in that initial knowledge, who are the service providers, which one is right for me and how do I contact them?

In most instances this access is through referrals from schools, GPs and other health professionals, however some services, for example Changes, accept self-referrals, and therefore awareness of such services needs to be raised. Equally individual's need out of hours access and/or signposting to appropriate services.

We are aware that there is an online CAHMS service as an alternative support mechanism. However it was acknowledged that there remains a need to publicise this better. The on-line service was introduced to address the preference of young people in accessing information on-line. This service also helps combat issues young people may have around stigma in seeking information and/or support and helps them to understand they are not unique in their concerns, giving very straight forward information on managing conditions and making referrals.

Information is available from a wide range of sources and a wide range of media, phone lines, web pages, leaflets, purple pages. The issue being not so much whether the information is available, or the range of media used, but the profile of that information and its effectiveness and subsequently its need when users make it quite clear that a One to One contact at community level is much more desirable. Improved awareness at community level with contact points more community based will deliver better outcomes according to users who have difficulty in engaging in the current system as a result of stigma when engagement is too open and unapproachable.

Mental Health Directory

The Staffordshire Mental Health Directory and Helpline is commissioned by CCGs, County Council and Stoke-on-Trent City Council. The helpline is designed to work around services in an individual's own area, typing in a postcode that gives the service user the range of local services available within a radius chosen by them through the mileage limiter. The directory is updated and information checked for accuracy regularly.

The helpline service has been running for ten years and signposts an individual to relevant services. The helpline receives 21000 contacts on average per year. Contact can be via email, telephone, instant messaging or text messaging. Work is currently being undertaken with Assisted Technologies to help create an App that will allow individual's to create their own directory of services. This App will include links to the purple pages and



the Directory. All GP practices have information about the Directory and the Helpline which it is hoped they clearly display, although Members of this working group have been unable to find this information in their local GP surgeries and point out that this is a failing in community working and as a result generates reluctance to engage by those people who find it hard to accept they need help with their as yet unidentified concerns.

The helpline service is an 18+ adult service. Should a child contact them they would be signposted to alternative children's services. It is important that commissioners of such services recognise the impact and bravery it takes for individuals or family representatives to contact services and must make this point of contact more user friendly.

Helpline data is gathered on a monthly basis showing the number of contacts (calls, text message, email or SMS) made within Primary Care Trust (PCT) locations. The data gives a breakdown of calls by: gender, new callers, suicide, age, time and duration of contact.

Following the well published difficulties in the introduction of the 111 telephone service, work was undertaken to simplify the system, including a reduction in the previous 30-40 contact numbers relating to mental health, issues to just 5 numbers. The Directory is one of the 5 remaining contact numbers used by the 111 phone line.

Changes

We met with Barbara Wain, Director, Changes, to gain an understanding of the relationship with third sector organisations and highlight any communication issues.

Changes has been running for 27 years and is essentially a peer led organisation, using cognitive behavioural therapy to support an individual actively improving and moving forward. They developed a 12 step recovery programme and used the "wellness wheel" to help produce an action plan to track an individual's progress. Changes promotes an ethos of learning to live with, rather than suffering from a condition. They promoted a positive mental attitude and encouraged an individual to realise their potential.

Changes is promoted through social media, including Twitter and Facebook, in GP practices, through radio and television. Although 60% of users come from referrals, individuals can self-refer. There is no friction or tension between any pre-existing service provisions. If the type of service they provide does not suit an individual they will sign post to alternative services.

Changes is included on the Purple Pages and within the Mental Health Directory. Having met with and been impressed by the Changes service the Working Group explored the prevalence of information available locally about this service. Again we found difficulty in finding details in local GP surgeries although we understand that this information is provided.



This again adds weight to the working group's findings concerning the need for improved community awareness in line with what we see as a One to One contact ethos allowing individuals to feel safe and protected by the process.

Crisis Teams

Crisis care is an area we identified for further investigation in light of anecdotal evidence that it was difficult to access and the transition between crisis and more general provision was challenging, with artificial barriers currently making this transition difficult. The adult implementation plan attempts to overcome these barriers and smooth the transition process.

The children's strategy intention is to ensure that those in crisis receive an appropriate response from all services, whilst the adult strategy works towards understanding how the need for a crisis referral can be avoided, but where a crisis does occur, that a swift and appropriate response is initiated. The adult strategy also states its support for the recently published priorities for change in mental health which aims to ensure that "no one experiencing a mental health crisis should be turned away from services".

Issues arose around the crisis pathway and in particular around differing perceptions of what constitutes a crisis. We are aware that interpretation of a crisis can differ depending on a range of factors and very often for those experiencing mental health problems, and for their families and friends, every incident can be seen as a crisis. There is a need to strengthen understanding of the different tiers of service provision amongst those making referrals, as well as service users, to ensure the appropriate support is accessed. This again refers to our working group's continued theme in this report that closer community working with the need for One to One contact which will instil confidence in the process and the positive outcomes than can be gained.

The Crisis Care Concordat agreement is a national initiative established in 2014 to improve emergency support for people in mental health crisis across the country through a new agreement between police, mental health trusts and paramedics. The Concordat is a bid to drive up standards of care for people experiencing crisis, helping to cut the numbers of people detained inappropriately in police cells, drive out the variation in standards across the country and address the disparity between the profile of mental and physical health.

The Concordat challenges local services to make sure beds are always available for people who need them urgently and also that police custody should never be used just because mental health services are not available. It also stipulates that police vehicles should not be used to transfer patients between hospitals and encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe.



Staffordshire and Stoke-on-Trent's local crisis care concordat was established in December 2014 and available to view on the Department of Health website from 19 December 2014. Staffordshire's concordat can be found at: <http://www.crisiscareconcordat.org.uk/areas/staffordshire/>

The Crisis Resolution and Home Treatment Team is a small part of the crisis concordat providing a time limited intervention of up to 6 weeks.

The Team undertakes four main tasks:

- responding to referrals with a face to face response within 4 hours, to understand the nature of the crisis
- work with individuals with mental health issues who would otherwise be in hospital
- gate-keeping, i.e. managing access to hospital beds making holistic assessment of needs
- working with the inpatients service to help secure early discharge and helping to bridge the gap between community and inpatient services

Very few referrals are made directly by the individual or their family, most referrals being made by health professionals, social care, service professionals or the emergency services.

A 24hr helpline had operated 10 years ago, run by the crisis team, but this had diverted staff from front line services and therefore the helpline had not been an effective use of the Team's time. The calls now came through the Mental Health Helpline with referrals to the Crisis Team made by them.

Members heard that:

- access in-hours was through a single point with individual's seen dependent on the nature of their crisis, either within 4 hours or with an appointment made within 72 hours;
- treatment could be intensive over the short period, with visits everyday where necessary;
- all referrals to the crisis team were responded to, with individuals diverted to alternative services where appropriate;
- everyone's crisis was very different and therefore the right response to that crisis should also be different;
- the Team responded to provide assessments for incidents of self-harm when the individual was discharged from general hospital.

Crisis can mean different things to different people. How people access services and their mental health service pathway is equally as diverse as the nature of an individual's crisis, and is not necessarily through the Crisis Team. The strategies and implementation plans also look at issues around improving understanding of mental health within communities and addressing the misconception over the work of the Crisis Teams whilst being broader in response and not automatically expecting to turn to the Crisis Teams.



Overall there remains issues around: work with the 111 helpline to help them have a better understanding of mental health issues and therefore refer appropriately; developing connectivity between different organisation to help accurate referrals; and ensuring information is accessible in a wide range of locations, including being clearly available in GP surgeries.

Social Isolation and Discrimination

The adult strategy recognises social isolation and discrimination as a barrier to individuals seeking help and in worsening someone's mental health and wellbeing issues. During the Healthwatch engagement sessions, through our discussions with representatives from the North Staffordshire Users Group (NSUG) and from our own experience it is clear that where discrimination exists there is an obligation on us all to work to address this. Both strategies and the adult implementation plans make it explicit that "mental health is everybody's business" and that there is a need to better inform the community, employers and partner organisations to actively tackle discrimination.

Both the NSUG and their equivalent in South Staffordshire, Your Voice, the South Staffordshire Network for Mental Health, worked with service users to help overcome existing barriers to services by either challenging these on the service users behalf or by empowering the individual to challenge the situation themselves. As with Changes, both the NSUG and Your Voice included peer support from service users. They also challenged assumptions made around access to information and looked at alternative ways of communication.

Employment

Both the children's and adult's strategies highlight the positive impact of work on mental wellbeing. The children's strategy points out that young people not in education, employment or training (NEET) report particularly low levels of happiness and self-esteem (Macquarie Youth Index 2010) with 41% of this group reporting having felt suicidal. The adult strategy emphasises the importance of being employed in an individual's recovery process, and that employment improves self-esteem and confidence.

Missing out on paid employment greatly disadvantages an individual's wellbeing. Work is a way of combatting social isolation and loneliness.

Research shows that:

- 73% of people socialise with work colleagues at a weekend
- 55% meet their closest friends at work
- 39% go on holiday with a work colleague
- 1in4 marry or have a long term relationship with someone they met at work

The Making Space Work4You employment project is commissioned by the County Council and CCGs, with approximately £9000 funding from each CCG out of a total budget of £171,000. £100,000 of social investor funding has recently been acquired. The social investor element of the funding is



dependent on outcomes. The Council is in the process of re-commissioning this service.

The main principle of Work4You is that anyone with a mental health condition who expresses a wish to work can receive this service. 75% of individuals are referred to the service through Community Mental Health Teams (with this 75% target being stipulated by the County Council). Once a referral is made the process is rapid, with an individual seen within 5 working days of the referral. Work is undertaken to identify the individual's preferred type of work, produce a curriculum vitae, develop interview skills and apply for jobs. Within 30 days the service aims to have an employment outcome.

Work4You has established a list of employers who are sympathetic and accessible. The Equalities Act states that no organisation should actively discourage those with mental health issues from applying to or being employed by their organisation. There remains a need to educate employers in how to better support those employees with mental health problems. Work4You try to address this and specifically work with employers where an individual is close to, or has been, dismissed to try and address the issues and return or retain the employee in that work place. It is important to show potential employers how an individual can be an asset to them, and research is undertaken on an employer's business needs before they are approached.

Employment is a key priority outcome for the County Council and this project works well to help deliver on this priority. Work4You is one of only 14 national Centres of Excellence for this type of service.

Schools

We are aware that early recognition and intervention is essential in addressing issues and reducing longer term problems and the need for Tier 3 and 4 services. Schools have a vital role to play in this and we wanted to clarify the work being done in our schools, the priority they place on emotional wellbeing and mental health issues and any training needs. Good day to day pastoral work in schools provides lower level support. However more formalised links into schools may be beneficial when further support and/or referrals are needed.

As part of our investigations we visited our local schools to establish the priority they give to this area of work. We also met with representatives from a range of school provisions and specialist officers to identify areas of concern and whether these are effectively addressed within the strategy.

The need for support spiked around areas of transition between early years and reception, primary to secondary and Key Stage 4 to Post-16. A further spike is seen in Year 9, often linked to hormonal changes, changes in friendship groups, body image issues and increased anxiety.



Guidance/training for schools

Recently published Department for Education (DfE) guidance “Mental health and behaviour in schools, Departmental advice for school staff” gave schools advice in early recognition and guidance on how to tackle a range of issues. There is a wide range of training opportunities available to schools, from a range of providers such as Entrust including, for example, Tier 4, positive handling and physical restraint and anti-bullying (including tackling the rise in transgender issues). An Emotional Wellbeing Framework Tier 2 catalogue of providers has also been provided to schools, giving details of generic and bespoke services across the County.

Schools managed and accessed services differently dependent on their need, often using their school support systems within cluster groups, including their local special school and/or Pupil Referral Unit (PRU, also known as Short Stay Schools) to help address issues around behaviour management or mental health needs. Schools have autonomy over their own budgets and therefore prioritise their training to meet the needs of their school and current pupil cohort. There is unlikely to be uniformity in the way Staffordshire schools approach this issue, and neither should there be as schools need to be aware of, and address the specific needs of their current student cohort. However awareness of the issues, support in recognition and understanding of services available should be universal.

Loxley Hall School, Uttoxeter

Loxley Hall School takes boys with Emotional and Behavioural Difficulties (EBD), and included some residential provision. Students at Loxley Hall will be within Tier 3 or 4 where CAMHS services are accessed. With this in mind we heard concerns from the Executive Head teacher around a lack of specialist provision for counselling or mental health support other than that provided from the schools own budget, with much of their training developed in-house through their own experience and networking. The School has an independent Family Link Worker funded by social care, enabling immediate support.

There is a general dissatisfaction with the CAMHS support provided, finding difficulties with communication, and their attendance at meetings being variable and with a concern that the service seemed to have a general lack of understanding of schools. To help tackle these concerns the School intended to employ their own in-house mental health nurse who would work with pupils and their families, building relationships and trust, and enabling programmes to be developed that addressed common issues. Loxley Hall had recently converted to academy status to give them the freedom to use their budget in this creative way.

The need for in-house mental health provision had been established following a report produced by the school which looked at pupil experiences. The results of this report showed pupils had difficulty engaging with CAMHS. Pupils are more able to engage with those significant adults with whom they



have built a relationship and whom they trust. They are less likely to attend meetings and/or engage with unknown individuals for one off meetings or assessments in unfamiliar settings and environments. Having in-house mental health nurse provision allows that individual to build relationships and trust, enabling issues to be more effectively tackled. Alternative work had been undertaken around these issues with third sector organisations such as the NSPCC, however again one off visits didn't allow for the time needed to build relationship and trust, creating difficulties for this intervention to be effective.

Ideally CAMHS support would have a presence in the school as part of the school team. This would allow better understanding, communication and relationship building, avoiding missed appointments and creating a better environment for effective engagement.

Difficulties in transition at Post-16 have been identified by the school and significant work has been undertaken to help address this and support students in gaining and retaining placements.

Kettlebrook PRU, Tamworth

The concerns expressed by the Special School Executive Head teacher were largely mirrored by the Headteacher of Kettlebrook PRU. PRUs or Short Stay Schools take students who are not able to access a main stream or special school for reasons such as illness or exclusion. Home tuition is also provided by PRU staff for those pupils who are judged no longer fit for school, with pupils receiving 5 hours home tuition per week.

Similarly to the experiences at Loxley Hall, Kettlebrook PRU also stressed the importance of relationship building in supporting pupils and their families. They too felt having CAMHS within the school team would be hugely beneficial.

As with special schools, PRU staff training tended to be in-house. Induction training for new staff was vital. Staff were also trained in physical intervention. The benefits of mindfulness training had been recognised and was also being rolled out amongst staff.

PRUs had the ability to create time to observe a pupil's mental health and to triangulate the relationship between the school, student and family.

Having PRUs in districts worked well in supporting and working together with cluster group schools.

Examples of best practice

There are a number of examples of best practice where mainstream schools have prioritised emotional wellbeing and mental health issues in order to remove the barriers such issues create to learning and to support their students to "survive and thrive" during their time at school.



Room 21

Set up in Leek High School, Room 21 has been running for ten years, winning a national award in 2010 for its multi-agency working. The concept is to work with young people to overcome barriers to their learning. It provides a safe environment where students can access a range of multi-agency support and is open every day to students and their families, including school holidays.

Having a dedicated non-teaching member of staff is key in enabling time to be given to students, helping understand their concerns and needs and access services and support to help address these.

Unlike the views expressed by the special school and PRU, Room 21 had a very productive, positive and supportive relationship with CAMHS.

Tamworth Locally Commissioned Services and Multi-Agency Centres

This is a joint project between five Tamworth Headteachers and the Principal of South Staffordshire College (who already have an existing mentoring scheme) in funding the development of five multi agency centres (MACs). The involvement of the College helped in supporting the transition between school and college. The MACs supported the fundamental belief that a student's welfare underpins everything.

The concept of the MACs is around redesigning services to provide funding to create a positive place for pupils to visit. The MACs are at different stages of evolution, however their work is now to focus on a holistic approach to emotional health, delivered through partnership working via a steering group. The Steering Group provides an opportunity for co-ordinators to share good practice and support each other in finding solutions to current issues.

There has been recognition in Tamworth that emotional health is a key issue and the MACs are evidence of this. Again we heard that building trust is essential in understanding a student's concerns/issues and in addressing these. Pooled funding has enabled priority to be placed on an earlier intervention approach which aims to address any issues at tier 1 and 2 and reduce the need for tier 3, hoping to stop the need for tier 3 services within 18 months.

Creative ways of addressing problems within a school have also been explored. For example, Rawlett Academy, one of the 5 Tamworth schools supporting the MACs, organises its tutor groups vertically from ages 11-16 years. This allows relationships and understanding to be built up across the age ranges whilst each pastoral group has just 30-40 new Year 7 pupils each year. Vertical tutor groups are one way in which they ensure there are no "invisible children" within the school.



All those we spoke to in relation to schools agreed on the following issues:

- the importance of having the time and resources to build trust and develop a relationship between the student as well as their family
- the need to avoid new and unfamiliar environments and individuals as far as possible in any assessment and/or treatments- reducing the number of unknown front doors for vulnerable children and their often vulnerable parents and giving a sense of familiarity when accessing services
- the benefits of having CAMHS within schools as part of the team, helping to build a closer working relationship
- the need to have a clear understanding of the range of services available generally and locally, and how to access them

We note that investment in Tamworth was £20,000 for the whole project across the five schools. This funding came from Public Health, Community Safety Partnership (Tamworth Borough Council) and from the County Council. The one-off funding which was provided to schools has been used for capital items such as chairs, tables, decorating, minor building work and plumbing, enabling each MAC to provide a positive place for pupils to visit.

More generally to develop a MAC staffing costs will depend on whether the rooms are staffed full or part time. It may be that a MAC is run on the basis of different services being available at the room on different days, in which case it could be run at no staff cost to the school. To set up a similar resource to that of Room21 would potentially cost about £5,000, with staffing costs term time only being approximately £20,000.

Pupil premium monies give schools extra funding to raise the attainment of disadvantaged pupils from reception to year 11, for children who: are registered as eligible for free school meals, or who had been eligible at any point in the past 6 years; and/or have been looked after for 6 months or longer

For the 2015 to 2016 financial year, funding for the pupil premium has increased. Schools will receive:

- £1,320 per pupil of primary-school age
- £935 per pupil of secondary-school age
- £1,900 per pupil who:
 - has been looked after for 1 day or more
 - has been adopted from care
 - has left care under a special guardianship order, a residence order or a child arrangements order

As part of Priority 2 of the children's strategy, 2f) looks to influence how schools and the Local Authority use pupil premium to fund Tier 2 and other preventative services for their pupils. In the interests of sharing best practice



and transparency, we would recommend that the way the pupil premium is used by different schools to address pupil needs is made clear. We feel strongly that benefits will be seen in using this funding to support the introduction of MACs in every school.

North and South Provision of the county and commissioning across all tiers.

The North and South Staffordshire adult implementation plans are very similar, with the north including Stoke-on-Trent. The actions within the plans show how the strategy will be implemented and the “outcomes” listed will be achieved and how the plan will be measured.

Progress on the implementation is shared with the Commissioning Board and this then feeds into the Health and Wellbeing Board through a RAG rating system in measuring outcomes. A set of Key Performance Indicators (KPIs) sits beneath the plan, with data collected from partners to give a clear picture of how the strategy is being implemented, delivered against the implementation plan and to identify any issues that may exist.

Adult services has a county wide approach, with outcomes agreed between the Commissioner and the CCGs. Delivery is slightly different across the north and south of the county depending on the different levels of investment from the CCGs.

Whilst we met with commissioning managers for children’s services from both the north and south of the county, there is currently no implementation plan to evidence how the strategy will work and the outcomes monitored. This remains a concern.

Safe and Strong Communities Select Committee

Alongside consideration of the Safe and Strong Communities Select Committee concerns over CAMHS waiting lists they also asked what specialist CAMHS post abuse therapeutic services were available for victims of CSE.

The children’s strategy highlights the recent independent enquiry into CSE in Rotherham 1997-2013 which showed that nearly a one third of all victims experienced an emotional wellbeing or mental health difficulty that increased their vulnerability considerably. The strategy states the importance for Staffordshire to fully consider how we assess and respond to children and young people who may be vulnerable to CSE as a result of their emotional wellbeing and mental health or those who have emotional wellbeing and mental health problems as a result of victimisation. Raising the profile of CSE and the link to emotional wellbeing and mental health will be considered as part of the response to working with vulnerable groups. The strategy also



goes on to say that therapeutic interventions offered to victims of CSE should also be considered.

Our work has shown that there is limited post abuse therapeutic services specifically for those who have suffered from CSE. Individuals may be referred to CAMHS as a result of the trauma suffered from CSE but this would be from a broader base, considering the reasons for the individual's vulnerability as well as supporting the trauma suffered. However there is currently no service specifically commissioned to address this issue in South Staffs although there is a counselling service commissioned in North Staffs for young people affected by sexual violence.

There are, however, a number of third sector organisations that offer this type of service, including:

- Sarac – a Burton based service supporting people aged 13 and over who have been affected by rape, sexual abuse, sexual exploitation and domestic abuse
- Savana – a Hanley based service that offers counselling, support and information to anyone that has experienced or is affected by (including supporters and workers) any form of sexual violence including rape, childhood sexual abuse, domestic violence whether recently or in the past

Community Impact

Resources and Value for Money

Evidence shows that good mental health and emotional wellbeing underpins everything we do. Early recognition and intervention will enable resources to target and support lower level mental health issues and avoid escalation into higher level and more costly services.

Equalities and Legal

Tackling the stigma and discrimination associated with mental illness is essential to achieve the Council's priority outcomes for residents to:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent, and
- feel safer, happier and more supported in and by their community.

The Mental Health Act sets out the rights and responsibilities regarding the treatment of those with poor mental health.

Risk

Poor mental health and emotional wellbeing impacts on every part of an individual's life chances, with the impact also extending to their family and friends.



Climate Change

n/a

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Dawn Jennens	County Commissioner Mental Health
Paul Woodcock	County Commissioner, Children's Wellbeing

**County Councillor David Loades
Working Group Chairman
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List of Appendices/Background Papers

Appendices

- Mental Health Service – Life Journey

Background papers

- "Mental Health is Everybody's Business " the adult mental health strategy for Staffordshire
- Emotional Wellbeing and Mental Health of Children and Young people from Birth to 18 Years, Integrated Commissioning Strategy 2014-2017, Staffordshire
- 11 August 2014 Healthy Staffordshire Select Committee minutes
<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=5128&Ver=4>
- 10 November 2014 Healthy Staffordshire Select Committee minutes
<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=5130&Ver=4>
- No Health Without Mental Health, Department of Health 2011
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf



- Mental Health and Wellbeing in Staffordshire, Insight Team, Staffordshire County Council
- Suicides and injuries undetermined in Staffordshire 2015 update, Mike Calverley, Insight and Intelligence 22 May 2015
- Staffordshire Mental Health Helpline http://www.brighter-futures.org.uk/mental_health/scheme/helpline
- Emotional Wellbeing Framework Tier 2 catalogue of providers

