

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 28th June 2016

Decision Type: Non-Urgent Non-Executive Non-Key

Title: BROMLEY COMMUNITY WELLBEING SERVICE FOR CHILDREN AND YOUNG PEOPLE – ANNUAL REVIEW

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Chief Officer: Lorna Blackwood, Assistant Director Commissioning, Education, Care and Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 This report outlines the performance of the Bromley Community Wellbeing Service for children and young people in the first year of the contract. It summarises the performance data collected, which has begun to identify potential gaps in the system and outlines how some of these gaps are being addressed.
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2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to note and comment on the report.

Corporate Policy

1. Policy Status:: Existing Policy
 2. BBB Priority: Supporting Independence
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Financial

1. Cost of proposal: Estimated Cost ££445,570
 2. Ongoing costs: Recurring Cost: £.
 3. Budget head/performance centre: 834130
 4. Total current budget for this head: £445,570
 5. Source of funding: Core Funding
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Staff

1. Number of staff (current and additional): External provider
 2. If from existing staff resources, number of staff hours:
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Legal

1. Legal Requirement: Statutory Requirement; Children's Act 1989 which places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need. Children's Act 2004 – duty to co-operate with relevant partners including the CCG and NHS
 2. Call-in: N/A
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 3000 plus children and young people
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 Following a review of services provided to children and young people (CYP) who have emotional or mental health needs, the Council and Bromley Clinical Commissioning Group agreed to develop a new service model for the delivery of the provision and to procure a new service targeted at prevention and early intervention with the Councils funding. It was also agreed that the service model redesigned in consultation with all stakeholders would encompass the following principles:

- Single point of access to ensure that it is clear where all types of interventions and services can be accessed.
- Clear care pathways developed related to level and complexity of need.
- Expansion of range/ menu of interventions' provided to provide clinical based interventions and practical support services.
- Use of care co-ordination/lead professional across all services for children and young people involved with services linking in with the new health, education and care plans.
- Targeted support and interventions to high risk groups such as LAC children, accessed through the single point of access.
- Targeted support to parents, foster parents and adoptive parents to maintain children and young people in the home.
- Clear culture and understanding that individuals recover from mental ill health and support and services are not required for life and for most interventions will short term.
- The Children and Young People's Increasing Access to Psychological Therapies (CYP-IAPT) programme is seen as a key component of the provision.

3.2 This new service in Bromley for children and young people (0-18 years, and up to 25 years for young people who are subject to an Education, Health and Care plan) was tendered and Bromley Y were awarded the contract for three years from 1st December 2014. The service is designed to ensure that children and young people's emotional and mental wellbeing needs are met at the earliest opportunity. Information on the service was delivered to a wide range of stakeholders including GP's and schools through e mail, newsletters and directly at conferences and meetings.

3.3 The service triages all referrals from a variety of sources (with the exception of direct referrals for Community Paediatricians, those presenting to A&E with self-harm and CYP presenting with eating disorders). As part of the triage process all people are contacted within 72 hours of referral with a plan on what needs to happen to address some of the issues. A Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997) is used to measure the level of difficulty and risk and is completed either over the phone, by e mail or face to face with the individual. Having strong relationships with other services in the borough has improved the triage process giving young people faster, and more transparent access to services.

3.4 At the time of developing the specification it was difficult to predict the possible volume of referrals/contacts to the service as it was an entirely new approach to the service. However it was expected that there would be a requirement for advice and signposting to universal services (based on the needs assessment), a number requiring a triage assessment, of which a proportion may require a short intervention. The remainder would require referral to specialist services (predominantly the specialist community CAMHs service commissioned by Bromley Clinical Commissioning Group (CCG) and provided by Oxleas NHS Foundation Trust).

- 3.5 Since commencement of the contract to the end of March 2016 there have been 3,416 referrals to Bromley Wellbeing Service, over a quarter of which are within the highest range (28%) as measured by the Strengths and Difficulties Questionnaire. During year 1 582 referrals have been made to Oxleas CAMHs service, with the remainder referred to Phoenix Centre, Bromley Children's Project, substance misuse services and several other local services.
- 3.6 Referrals over the past year have shown:
- 13% of the initial population referred are currently self-harming
 - 12% have verbalised thoughts or plans of suicide
 - 3% have a history of suicide attempts
- (Some of those referred fit each of these categories).
- 3.7 These percentages have remained static across the previous quarterly service reviews and appear to fit with national statistics on self-harm. Any young person referred reporting suicidal ideation has been seen within 24 - 48hrs for a face to face assessment and referred on to specialist Oxleas CAMHs as appropriate.
- 3.8 Although young people tend not to refer with one discrete issue, there are clear themes emerging for the referred population. The most common referral issue is anxiety (54%) and/ or low mood (35%). Many of those referred report having a parent with a mental health problem (21%) and problems in their family relationships (34%). 15% report experience of being bullied. 17% report having eating issues. 12% have a history of social care involvement. Many of the young people referred are struggling to attend school or engage positively with life outside of home.
- 3.9 Wait time for an intervention within the service is currently running at 4 – 6 weeks. These timeframes are an improvement on wait times prior to the establishment of the Wellbeing Service Those accepted for treatment are being offered short term interventions of 6-8 sessions and good outcomes for young people are being delivered with 79% reducing their difficulties score on the SDQ after treatment. Positive outcomes include young people returning to full-time education, reductions in self-harming behaviours or suicidal ideation, and improved family relationships. 92% of young people completing an intervention report feeling that staff in the service 'knew how to help them'.
- 3.10 If a child or young person requires more specialist interventions they will be referred on to more specialist services including Oxleas CAMHS, CGL (substance misuse), Bromley Healthcare (Community Paediatricians), and Children's Services. Whilst there are no significant delays in Community Paediatricians and CGL providing interventions to children and young people there are concerning delays in referrals to Oxleas CAMHS. In figures last reported to the Bromley Clinical Commissioning Group (CCG) there is a wait of between 2-13 weeks for assessment (dependent on team and presenting need) and anecdotal reports of over six months for some interventions. The Bromley CCG commissions this service and is working to address the issues.
- 3.11 The Bromley Community Wellbeing service is a national exemplar for CYP-IAPT through the Department of Health and the model is being considered in other areas as a good practice example of an effective way to provide support to children and young people.
- 3.12 The single point of access has enabled data to be collected to establish a much clearer picture of the needs of young people and of the gaps in services. This picture enabled Bromley CCG to develop the CAMHS Transformation Plan and secure funding to address some of the gaps within the system as a whole. This has included:

- Further provision for the diagnosis for individuals with ASD and ADHD – 11% of the referred population often have to wait 28 weeks plus to begin the diagnostic process. This is particularly critical for those with challenging behaviours related to this diagnosis or who are at risk of being excluded from school. Additional support at this time has reduced the waiting time and enabled parents to understand self-management of the condition before it reaches a critical point.
- Additional funding for interventions where people do not require specialist CAMHS service but require more than 6-8 sessions. This is provided by Bromley Y and Oxleas under a separate contract.
- Specialist eating disorder service for young people has been commissioned from SLAM.
- Additional staffing to support assessment of those who require Oxleas CAMHS service through a post seconded into the wellbeing service.
- Specialist support from Wellbeing service and from Oxleas into schools.

The transformation plan is ongoing and further services will be developed to ensure that gaps are addressed.

Non-Applicable Sections:	Financial, Policy, Personnel and Legal Implications
Background Documents: (Access via Contact Officer)	None.