

# CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 17 June 2022

From: Executive Director – People (Cumbria County Council)

## **CHILDREN’S MENTAL HEALTH UPDATE**

### **1.0 EXECUTIVE SUMMARY**

- 1.1 *This report provides the Health and Wellbeing Board with an update regarding children and young people’s emotional wellbeing and mental health (EWMH) and recent developments of the Cumbria Children and Families County Oversight Group (The Group) and relevant priorities.*
- 1.2 *The report also outlines current system challenges and responses to address these as part of a system wide approach.*

### **2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY**

- 2.1 The Cumbria Health and Wellbeing Strategy aims to improve the quality of services, a person’s experience of the system and to reduce inequalities. This reports links with providing high quality, person-centred care and improving health and wellbeing throughout the life course.

### **3.0 RECOMMENDATIONS**

*That the Board:*

- 3.1 *note the progress in relation to EWMH in Cumbria as well as the issues and challenges.*
- 3.2 *support the priorities as described.*
- 3.3 *continue to receive progress reports to ensure systemwide oversight, governance and accountability during this period of increasing demands and significant change.*

### **4.0 BACKGROUND**

- 4.1 In November 2018 the Health and Wellbeing Board acknowledged that children and young people’s emotional health and wellbeing was a key shared priority area for Cumbria and committed to a higher level of involvement, scrutiny and direct support for the multi-agency whole system work underway to address current challenges and improve mental wellbeing outcomes. Since then the Board has received regular updates on progress.

- 4.2 In 2021, in recognition of the changing landscape for health, care and local government organisations the Cumbria the Children and Young People EWMH System Oversight Partnership Group (The Group) was formed at the request of Cumbria's Children's Trust Board (now Cumbria Child and Family Partnership (CCFP)).
- 4.3 The group has brought together partners from across the system to ensure we are working together differently to:
- transform and better integrate services
  - understand and respond to need across all levels
  - provide strategic direction with a shared vision.
- 4.4 The role of The Group is to help to provide oversight, support, and challenge across the system in Cumbria to help promote prevention and early help and to encourage consistency of access to quality services and interventions for all children and young people in Cumbria.
- 4.5 It is recognised that this is a transitional period, and The Group will help to steer us through this change. To avoid duplication and ensure consistent messages the group provides a quarterly report which is used across several different forums.
- 4.6 Children and young people have been impacted disproportionately in terms of emotional and mental health as a result of the pandemic. Furthermore, those vulnerable groups of children and young people who were already facing additional challenges and higher levels of adverse circumstances, have been exposed to increased and amplified EWMH and other health inequalities as a result. There is evidence that that health inequalities have been widened.
- 4.7 A population health focus to improving mental health and wellbeing is evolving and gaining traction with increased emphasis on prevention and early intervention, building capacity in the system to support those services working at higher levels of need.

The previous 12 months have focussed on bringing partners together, identifying the challenges and needs, and setting key priorities. Key areas of progress:

## **5.0 PROGRESS**

### **SYSTEM**

- 5.1 Transformation Plans agreed at Integrated Care System (ICS) level with involvement from partners. Although a wider footprint there are area specific targets/aims are set within them for North Cumbria/Morecambe Bay.
- 5.2 A number of mapping exercises have taken place to understanding demand from front line practitioner and service perspective, education perspective and gauge the support in place across the County. Part of the mapping identified the need for parents/carers to have a clear pathway of support for their child and to encourage self-help. This was developed by the group and has been shared across the system with positive results. Link: [Emotional Wellbeing and Mental Health Pathway](#)

- 5.3 As a result of COVID and a number of new initiatives and proposals have been funded through Contain Outbreak Management Fund (COMF), Public Health Restart and Recovery and Wellbeing Return to Education (WREP). The initiatives invested in have aimed to increase capacity in the system to support children, young people and their families. Elements also aim to upskill and increase capacity within the workforce i.e. Emotional Literacy School Assistants (ELSAs) and training for secondary's in Decider Skills. Data will also be gathered to understand current needs of children and young people through the reintroduction of the Health-Related Behaviour Questionnaire (HRBQ).

## **DELIVERY**

- 5.4 The Kooth online emotional support continues to be well used by young people across all the age ranges. The service is now well established and is promoted to support young people universally and whilst waiting for further support.
- 5.5 Mental Health in School Teams (MHST) - 4 of 6 districts have a Mental Health in Schools Team supporting a number of schools in each area. North Cumbria currently has Teams in both Carlisle and Allerdale, with funding secured for a third – area to be agreed. South Cumbria currently has a team based in Barrow, a second MHST has been agreed which will predominantly cover the Kendal area.
- 5.6 MHST's are already seeing a positive impact in the schools they are working with, in South Cumbria it is felt the reduction in referrals to the My Time service is as a result of the MHST support in the Barrow area.
- 5.7 The tier 2 service My Time is nearly fully staffed across the County after a significant recruitment drive. This has seen the introduction of Primary Mental Health Workers in North Cumbria bringing further support to the system. The service has also introduced family sessions and systemic family support which has been a gap for some time. To partly address the recruitment challenges the service has also introduced a new volunteer programme to help build capacity. The introduction of Decider Life Skills group sessions have also had a positive impact on waiting times in some areas. The north and the south teams continue to liaise to produce and implement process documents to unite service delivery to ensure the young people and their families receive an equally high quality of service and the induction of staff is identical.

## **WORKFORCE**

- 5.8 Workforce appears to be in recovery from a service perspective with Child and Adolescent Mental Health Service (CAMHS) and My Time returning to near full capacity for Q4, however the impact will mainly be seen in Q1. Significant staffing challenges in Q3 have seen an increase in waiting times. Improved ways of working across My Time and CAMHS to ensure the triage process is working efficiently is ensuring the correct service is allocated.
- 5.9 An additional Workforce Audit and Assurance Framework as part of the Public Health Restart and Recovery will build on the current training offer ensuring the system is fit for purpose, building on the Health Related Behaviour Questionnaire (HRBQ) results.

## **EDUCATION**

- 5.10 An Initial training and support offer for schools has been developed which has been shared through Inclusion Panels for each area. This is being further developed to create a clear pathway with solution focused events planned for September 2022 to launch a 'Year of Wellbeing'. These events will give schools a clear offer of support regarding emotional wellbeing and mental health, the opportunity to share good practice and address and offer practical strategies around key issues such as Emotionally Based School Avoidance (EBSA), transition, building resilience and coping skills, engaging parents and staff wellbeing.
- 5.11 SEND data is available across the County and identifies key groups waiting times, however there continues to be an issue with the timeliness and consistency of this data.
- 5.12 The SEND Improvement Board has been refocussed and some of the working groups are being moved into Business as Usual. Therefore the SEND Working Group focussed on Mental Health and Emotional Wellbeing in children with SEND will now be included as part of The Group's work and will be incorporated into the refreshed Terms of Reference. To ensure that SEND is a key area The Group has agreed to have Children with SEND as a standing agenda item and will be considered at each meeting. A parent/carer attending the last meeting of the group and The Group are considering how best to hear the voice of parents and carers going forward.

## **6.0 PRESSURES AND CHALLENGES**

### **SYSTEM**

- 6.1 Loss of Strategic managers across both CCG's with a delayed replacement in North Cumbria and the sad passing of Anne Sheppard, CCC Strategic Lead, have created a gap both in terms of capacity and of knowledge and representation across the system. This does also present opportunities as aligns with the changes for LGR and ICS reorganisations but needs to representation from Cumbria as part of discussions around system changes going forward with a clear vision for children and families across the County. The County Oversight Group will play a key role in ensuring there is a cohesive plan going forward. Terms of Reference are to be reviewed to ensure that the right representation is on The Group going forwards.
- 6.2 There is an ongoing concern regarding timely, consistent and comparable data collection across the North and South of the County. This applies to waiting time data, service delivery and service user data i.e. referral reasons, Do Not Attends. This data is needed to identify issues, understand pressures and ensure we are responding to these as a system. This also includes SEND specific data regarding access to services and waiting times.
- 6.3 Perception of Early Help as separate to Emotional Wellbeing and Mental Health is an ongoing challenge which is being addressed through the development of clear pathways to support. There needs to be recognition across the system and strategically that Early Help is not a service, but a process to ensure that the needs of the whole family are met, not just

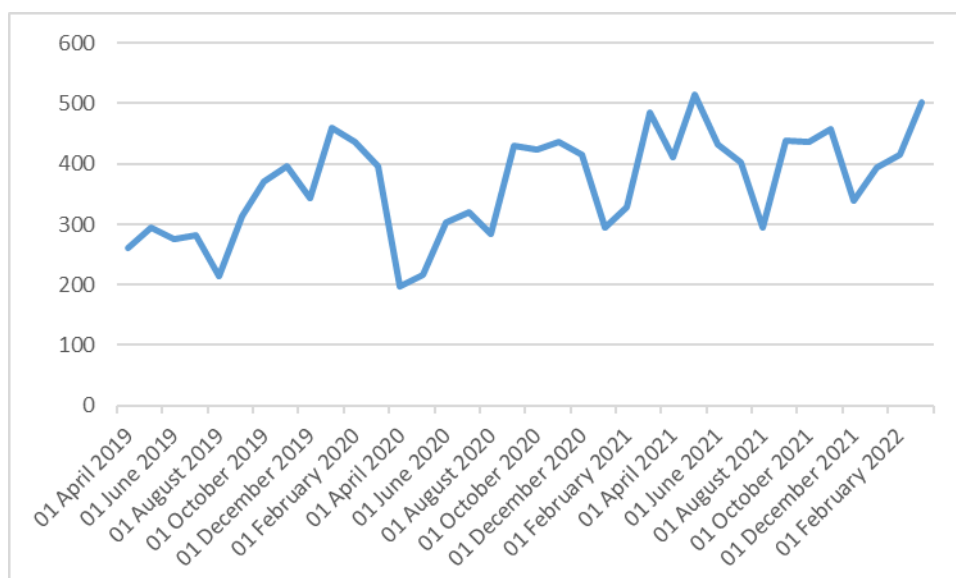
meeting the presenting issue of the child which is supported by Our Think Family Approach. Early Help Assessments (EHA) are not always completed when a child is experiencing EWMH issues and as such wider support is therefore not engaged.

- 6.4 There is a need to reframe the narrative around EWMH and the balance between reducing stigma and creating an open and positive environment to discuss and acknowledge issues and the pathologizing of behaviours which are a normal response to current circumstances.

## **DELIVERY**

- 6.5 The needs of children and young people have become increasingly complex at all levels reducing in increased waiting times, lengthier intervention time resulting in pressure 'upstream'. Co-morbid presentations which are not suitable for lower-level intervention but not meeting thresholds for My Time of CAMHS are more prevalent due to a gap in the system.
- 6.6 Referrals across all levels of need have yet to return to pre pandemic levels. The average referrals per month into specialist services (My Time/CAMHS) are consistently in excess of 400 per month (previously under 300). Alongside the increase in referrals the complexity of the presentation has also increased.
- 6.7 The My Time service has seen an overall increase of 18% in Q4 referrals. There is also an increase of 52% in re-referrals. This is related to the increasing level of complexity children and young people are experiencing and presenting with. The Outcome Rating Scale (ORS) and Child Outcome Rating Scale (CORS) are measures used to monitor children's, young people and their families or carers feedback on progress. It is noted that in Q4 the children and young people started approximately 2 points lower a further indication that CYP are experiencing greater complexities than ever before and consequently heightened levels of distress.
- 6.8 Long waiting lists for the My Time Service are putting pressures on schools and other early intervention services. Currently there is a 7.5 month waiting list in the North and 5 months in the South. In the South this has reduced significantly due to the number of group sessions delivered (16 Q3 and 71 Q4). This is hoped to be replicated in the North now staff are recruited.
- 6.9 CAMHS North Cumbria - In response to the changing demands of the services, positive steps have been taken to review treatment models that can be adapted and new investments have been made to enable access, to ensure that CYP and families are assessed and supported as soon as possible. It is inevitable however that waiting times will go up if the current level continues. The majority of referrals to Specialist CAMHS are assessed and commence treatment within the national NHS target of 18 weeks from referral to treatment.
- 6.10 The chart below indicates the change in referrals, the latest data indicates more than 500 referrals per month as there is an increasing trend. The referrals are for a range of conditions including eating disorders, ADHD, mental health, emotional support and psychosis.

## Children and Young People Referrals to CNTW



- 6.11 Similarly for South Cumbria (see below) there has been a doubling of referrals from 62 in April 2021 – to 117 in April 2022, with a sharp rise in June 2021 as lockdowns eased, to a peak of 171 in March 2022.
- 6.12 There has also been an improvement in the % of assessments completed within 4 weeks of a referral from 30.8% in April 2021 to 76.9% in April 2022. A significant improvement, that is being sustained since July 2021. Treatment received % remains a concern and is fluctuating month on month.
- 6.13 The Group will continue to monitor this to better understand the performance and what this means for children and families in Cumbria.

### CYP MH Service South Cumbria CAMHS CPS:



Emotional Wellbeing South Cumbria (All teams)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
No of referrals received	62	45	151	123	113	156	158	170	132	135	141	171	117
No of re-referrals	13	15	42	42	34	44	49	62	49	58	54	58	38
% re-referrals	20.97%	33.33%	27.81%	34.15%	30.09%	28.21%	31.01%	36.47%	37.12%	42.96%	38.30%	33.92%	32.48%
Referrals accepted	48	45	143	43	105	146	125	146	111	117	117	136	92
Referrals not accepted	14	0	8	9	8	10	33	24	21	18	24	35	25
No SUs Waiting for first Appt RTA	120	149	157	273	372	205	205	190	171	141	148	130	138
% Assessment (1st appt) received in under 4wks	30.8%	22.1%	22.2%	70.0%	81.8%	82.7%	82.4%	79.8%	71.9%	55.7%	73.8%	73.2%	76.9%
No SUs Waiting for 2nd Appt RTT			94	63	68	92	75	64	72	70	71	42	39
% Treatment (2nd appt) received in under 18wks			34.3%	46.2%	73.3%	70.6%	88.9%	46.2%	65.0%	57.1%	76.5%	64.0%	38.5%
Access to Mental Health Monthly	319	3	0	0	0	0	0	0	0	0	0	0	0
LCFT Monthly Target													
Access to Mental Health Cumulative													
LCFT Cumulative Target													
New Direct Contacts	14	160	142	65	42	40	49	47	39	37	31	31	30
All Attended contacts	45	343	483	354	335	363	324	387	325	311	276	362	265

- 6.14 As My Time and CAMHS continue to have significant waiting lists there is a ongoing concern that schools and others will not refer into the service and as such ‘hold on’ to children and young people. This could lead to an influx in levels of need further down the line. Schools are being told to refer in so cases can be triaged, and appropriate action can be taken – for example signposted to Kooth.

6.15 There are a number of emerging and continuing issues across the levels of need. The prevalence of children and young people with anxiety is an increasingly common picture along with 'general worries'. Also the number of young people who present with disordered eating appears to be a now established theme which wasn't present pre-pandemic.

## WORKFORCE

6.16 Workforce across health system is challenged with a lack of practitioners entering the workforce and significant movement across services, often 'robbing Peter to pay Paul'.

6.17 There is a no clear framework of competencies or subsequent training offer for across the whole system which best utilises skills and resources at the varying levels of need linking to the Thrive model from universal through to targeted.

## EDUCATION

6.18 As pressure on the system continues to increase with schools picking up both lower-level needs and holding those on waiting lists. Emotionally Based School Avoidance is a significant issue as it is not currently a 'diagnosed' condition which makes it very difficult for schools to manage if young people (and families) are not coming to school. This is having an impact on attendance. A survey via Educational Psychological service has taken place this term to get a better understanding and formulate an appropriate response for school support which is now starting delivery.

6.19 From a broader EWMH perspective we are engaging with schools to identify priority areas and solutions as part of a Joint Development Plan.

6.20 Capacity to support families is still an area of concern particularly from a school perspective and one which transfers across the age ranges and across areas of need. This is both in terms of support for families to support their child and support for families to address wider issues which are impacting on the children mental health. This is particularly linked with the Think Family approach and Early Help.

## 7.0 PRIORITIES

<p>Short Term (3 months)</p>	<ul style="list-style-type: none"> <li>➤ Clarity on the current position and strategic intention across of partners to help identify a system response to changes in landscape and direction of travel going forward</li> <li>➤ Consider a Cumbria plan on a page in relation to EWMH – encompassing the 2 system Transformation Plans and above priority</li> <li>➤ Ensure that key organisations and System Leaders understand the risks around changes to strategic management</li> <li>➤ Terms of Reference to be reviewed. SEND to be added to the purpose of the group and as standard agenda item.</li> <li>➤ Development of a clear offer and pathway based on the Thrive model (as part of wider early help agenda) across the system needs to ensure a joined-up approach.</li> </ul>
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<p>Medium Term (6 months)</p>	<ul style="list-style-type: none"> <li>➤ Review, collate and understand current needs as a whole system in view of Covid from schools and young person perspective and develop a comprehensive joint response both short and long term.</li> <li>➤ Workforce audit, confidence framework and training programme development to increasing capacity, capability and confidence in the system across all levels of need.</li> <li>➤ Support a change in the narrative around Early Help and Think Family in relation to EWMH including audit of current cases/practice and effectiveness which will help inform and improve practice development.</li> </ul>
<p>Long Term (12 months)</p>	<ul style="list-style-type: none"> <li>➤ Review of current commissioned services and connectivity in view of LGR and CCG/ICS changes in view of needs identified.</li> <li>➤ Align data collection and reporting of commissioned services so we are able to understand and respond to need appropriately across the County.</li> <li>➤ Develop and implement a Performance Management and Quality Assurance Framework</li> </ul>

## 8.0 CONCLUSION AND ASKS OF THE HWBB

8.1 There is a great deal of activity underway across the system(s) and this is resulting in some improvements but there is more work to do to ensure the changes are embedded and outcomes for children and young people are demonstratively positive.

8.1.1 The HWBB is asked to endorse and support the priorities and to ensure that they are considered in the current changes across Health and Local Government.

8.1.2 Leaders from organisations at the HWBB need to ensure that EWMH remains a high priority across their systems, that their lead officers are given the resources to implement the priorities above and organisational workforces are encouraged to adopt a Think Family and preventative approach when working with all children experiencing EWMH.

8.1.3 A performance management and quality assurance “culture” requires all organisations across the system to share datasets so that we can have a collective understanding of the issues and to support each other at all levels and tiers of the system. HWBB Members are asked to commit to the collation and sharing of this information with The Group and to ensure that any issues will be addressed and actioned appropriately.

*June 2022*

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## **APPENDICES**

None

## **BACKGROUND PAPERS**

No background papers.

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