

Health Scrutiny Committee

NELFT, NEL CCG & LBBD

Presentation

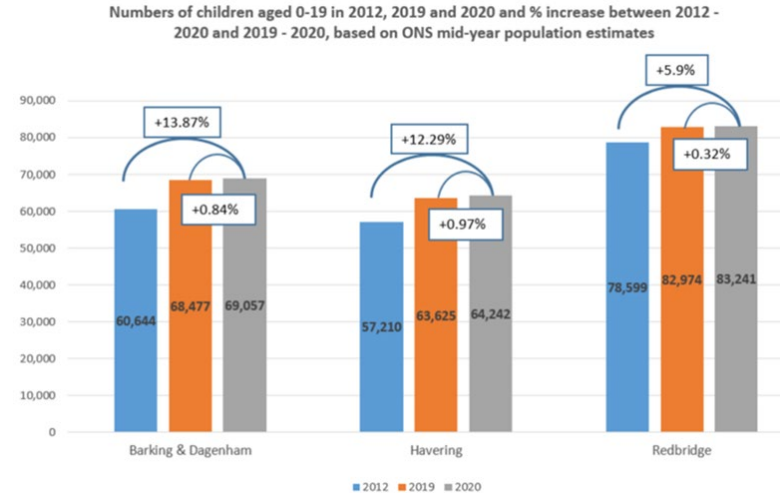


Children's Community Health Services

- NELFT delivers the following Children and Young People (CYP) services in Barking & Dagenham:

Childrens Universal 0-19 Services	Childrens Specialist Targeted Services
Heath Visiting	CAMHS
School Nursing	CYP Speech & Language Therapy
	CYP Occupational and Physio Therapy
	BCG
	Health YOS & Exploitation
	Community Medical Service
	Specialist School Nursing Service
	Child Development Team
	LAC
New Services	
MHST- Mental Health Support Team	
BHR ASD Service	

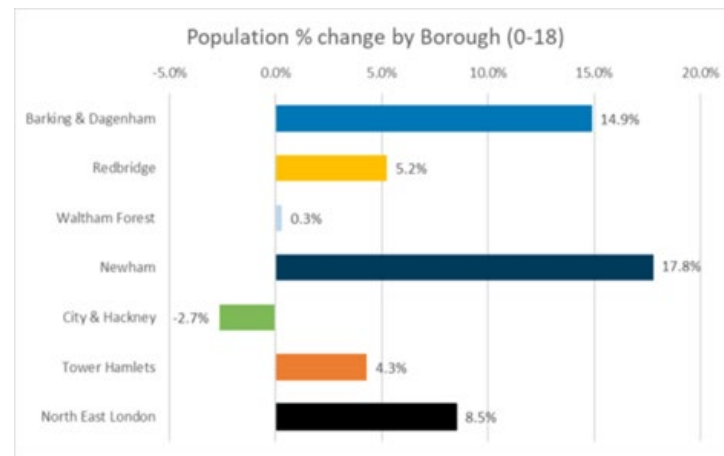
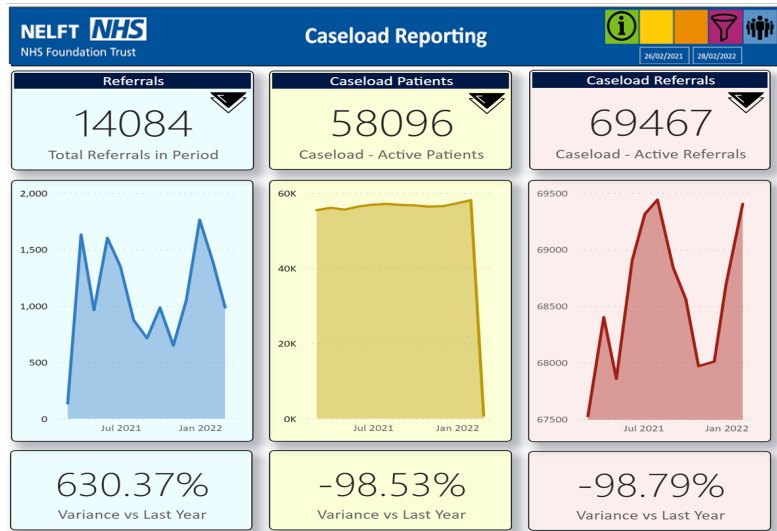
CYP Population Growth



High proportion of CYP across BHR (32.2% B&D, 27.2% Redbridge, 24.6% Havering), prevalence rate of 1.1% in general population (2% males; 0.3% females <https://www.bma.org.uk/media/2056/autism-briefing.pdf>), [CYP population growth \(B&D 13.87%, Havering 12.29%, Redbridge 5.9%\)](#) and CYP numbers (Redbridge >80,000, B&D close to 70,000 and Havering approx. 65,000).



Caseloads and Waiting Times



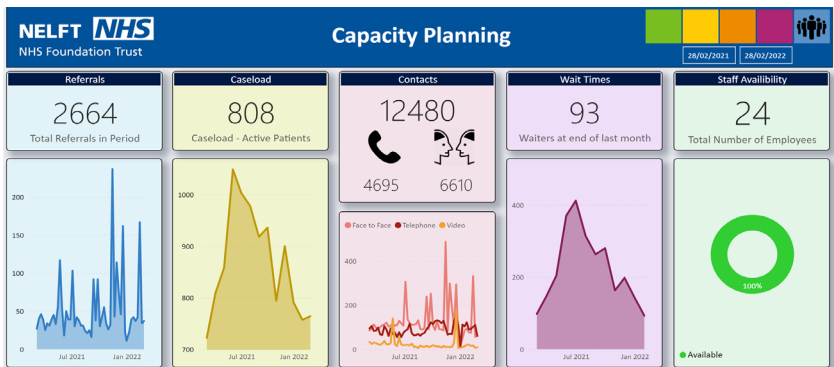
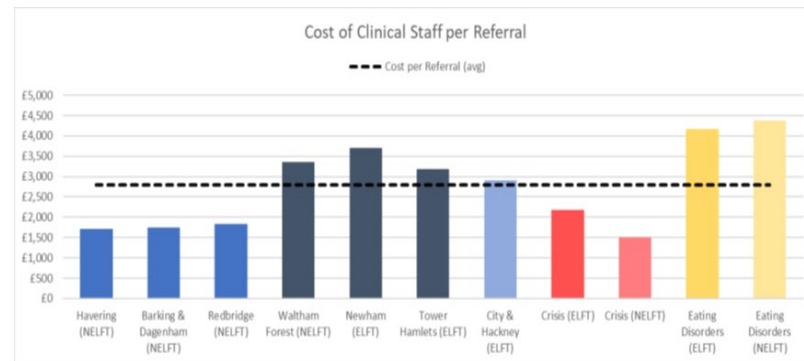
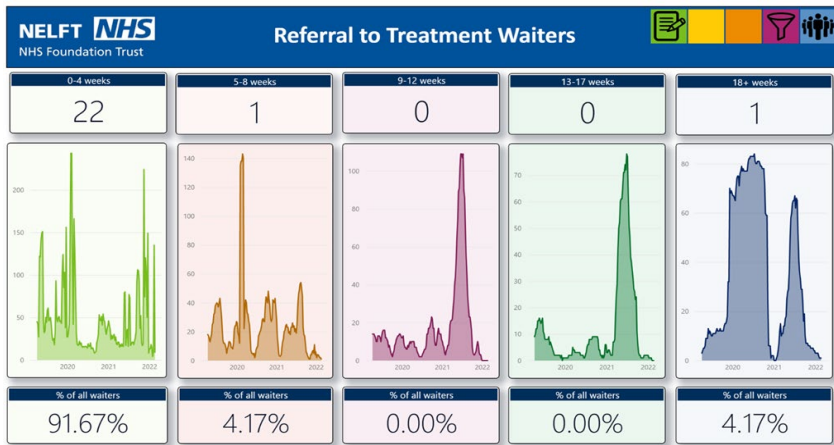
The population of 0-18 year olds across NEL is expected to increase by over 41,000 children between 2020 and 2030. This represents an increase of 8.5%.

Within Barking and Dagenham, there is an increased level of redevelopment and regeneration, including more housing. This is not fully factored into the Greater London Authority (GLA) figures and therefore the prediction growth of 14.9% may be higher with the 0 -18 cohort, due to many young families moving in the Borough. It is expected for the overall caseloads and referrals to increase significantly.

Known to have a significant number of housing units with multiple families occupying them – this has been an increasing trend seen in some of the new development areas and therefore understanding this market and impact to population numbers is also key in planning growth and capacity of services.



CAMHS Waiting Times



Mental Health Support Team- MHST

B&D MHST is being established to provide support for 4 schools in the Borough in 2022/23 (**Wave 5 implementation**)
Further expansion will follow with the intent for each MHST to support schools across the Borough, following completion of the EMHP training.

The B&D Education Mental Health Support Service has 3 core functions:

- Provision of early intervention psychological support
- Support for the school's Whole-School Approach to wellbeing
- Signposting to specialist services

The team consist of:

- ✓ 1 Admin staff
- ✓ 8 trainee Educational Mental Health Practitioners (EMHPS),
- ✓ 4 Senior EMHP's
- ✓ 2 Senior Therapists
- ✓ 1 Clinical and Service Lead

Work closely with Education and LBBDD to select schools (Phase 1):

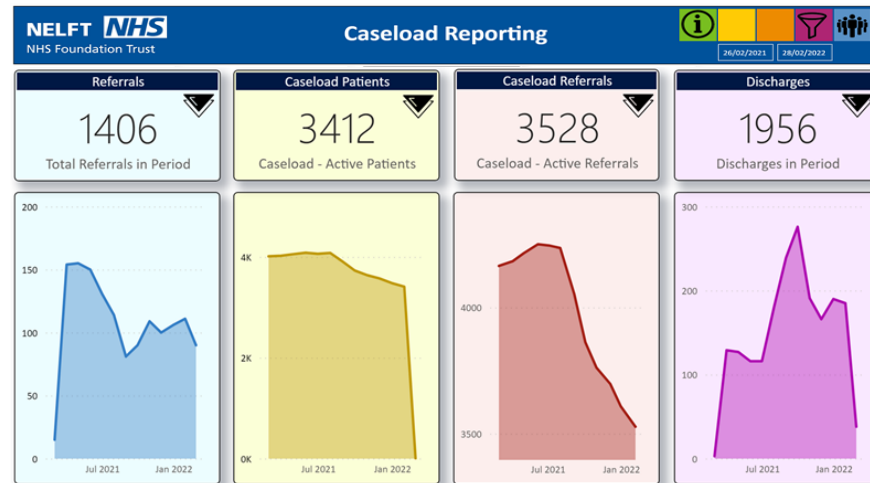
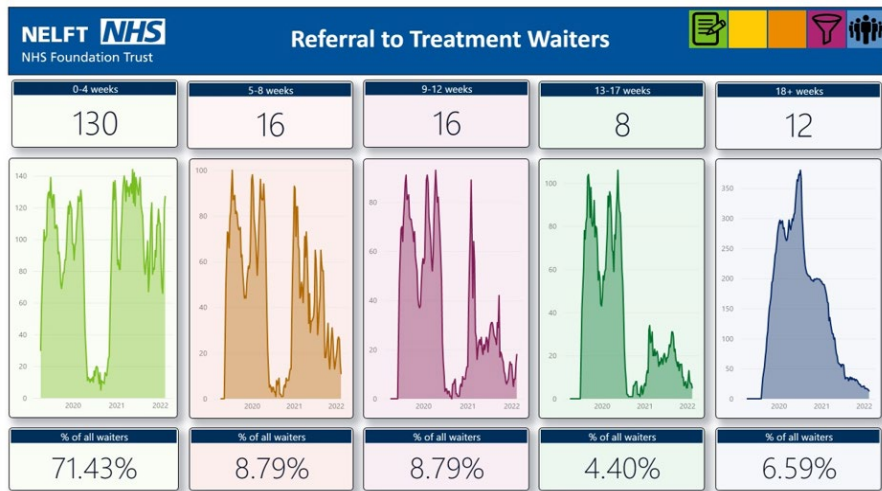
- ✓ Robert Clack School
- ✓ Jo Richardson Community School
- ✓ Hunters Hall Primary
- ✓ Rose Lane Primary

December 21- February 2022 Phase 1	Operationalising of service <ul style="list-style-type: none">• Initial meetings/relationship building with key partners and services• Referral routes, pathways discussed and implemented with school leads and CAMHS, Triage, Charities, Universal Services etc• Allocation of team members to schools/colleges• Promotion of our service in the form of presentations
February – March 2022	<ul style="list-style-type: none">• Introduction meetings (EMHP, MHST Senior Mental Health Practitioners/Supervisor, School Link person and other key staff)• Formal Inductions (in person or remotely, MHST Induction Checklist, School-Specific Induction)• School & MHST signed the 'Partnership Agreement'• EMHP have met key members of pastoral team• Set up regular meetings between EMHP & School Link person is in place and allocated team members are attending• Relevant group meetings, team meetings are underway• EMHP have shared 'Course Overview for Schools' with School Link person• EMHP's and overall service has been and will be distributing information from 'Implementation Toolkit' (information for staff, parents, CYP about the service) via email, assemblies, PSHE, school council meetings, etc.



Caseloads and Waiting Times

Speech & Language Therapy



Long waiters cleared - 12 CYP are out of borough (OOB)

The Service has streamlined its processes and moved into clinical pathways in order to support patient flow and maximise the capacity in the team

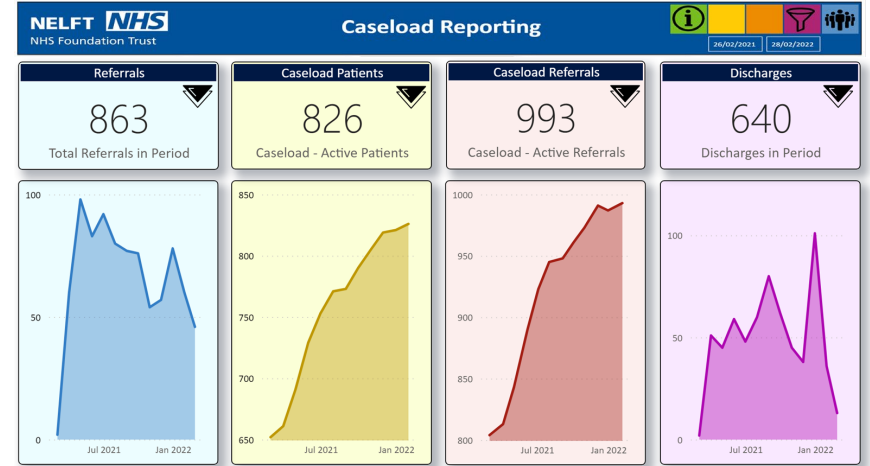
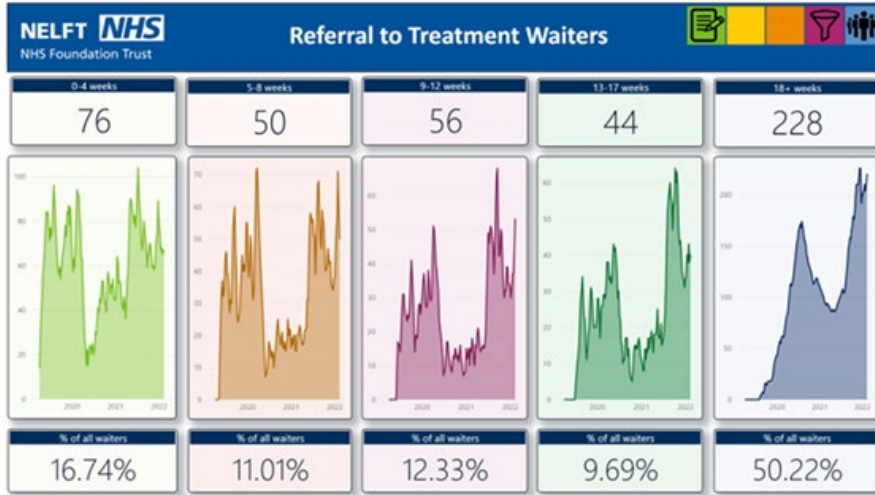
Increased needs, higher demand and acuity impacting on current resources

Increased universal interventions - developing training packages for schools, regular SENCO meetings, use of more digital applications to support care plans (clinical developments in this area)



Caseloads and Waiting Times

Occupational and Physio Therapy

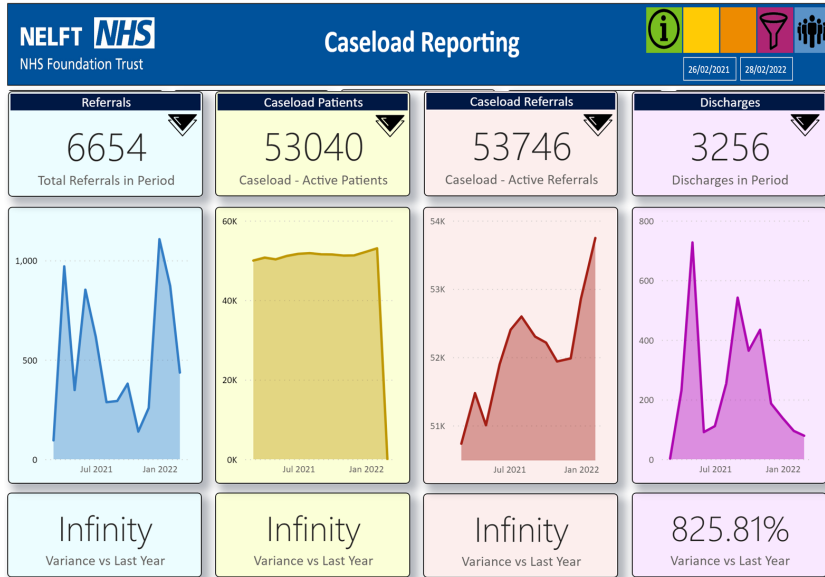


- Recognised to be under resourced compared to the population, population growth and complexity of needs
- Result is High caseloads, acuity and complexity
- Very small OT/PT team (5WTE) compared to the 0-18 populations/per capita population growth rate.
- Average caseloads of nearly 200 patients per staff WTE
- Challenges with recruitment



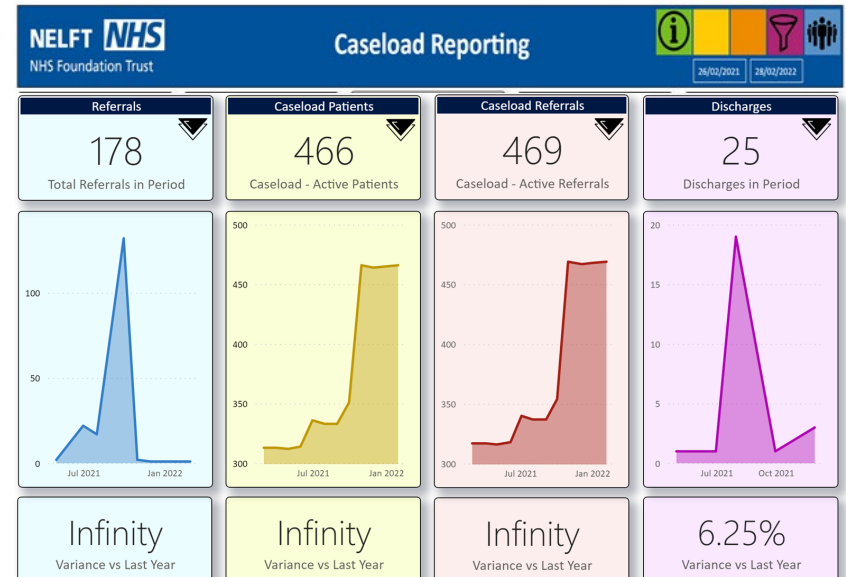
School Nursing (5-19) and Specialist School Nursing

School Nursing



10 WTE Qualified Specialist Community Public Health Nurses and 6 WTE Community Staff Nurses focus on the public health priority areas in LBBD across the 3 localities. These staff oversee large caseloads. Increasing the capacity of school nurses will maximise their contribution in supporting health and wellbeing and raising attainment of the school-age population, and will contribute significantly to preventing ACE (Adverse Childhood Experience); reducing the effects of health inequalities and ensuring a focused and targeted approach to promoting health and wellbeing for children and young people.

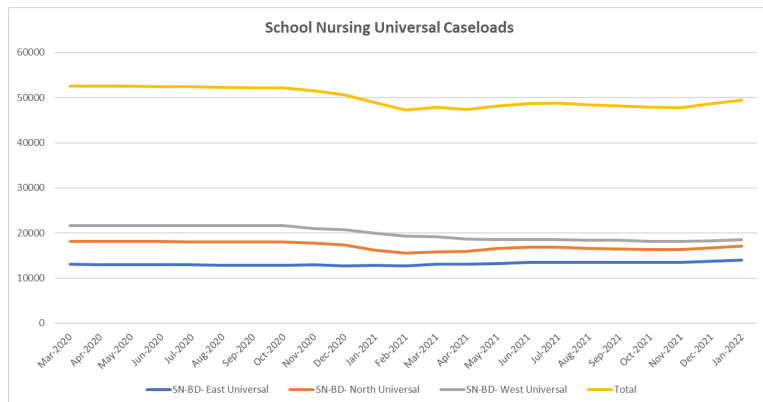
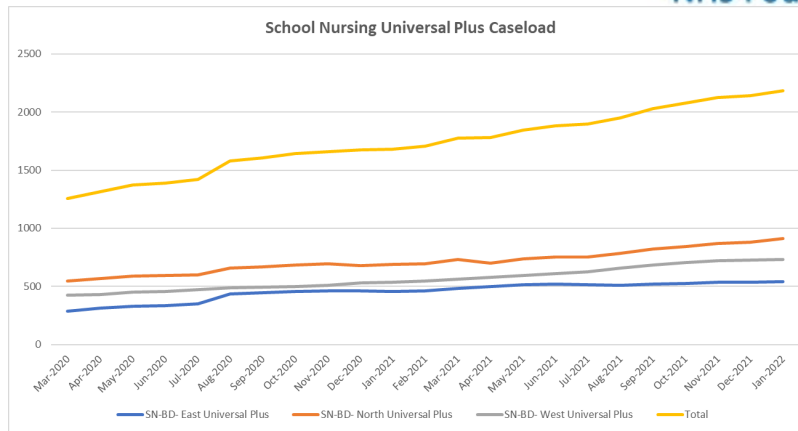
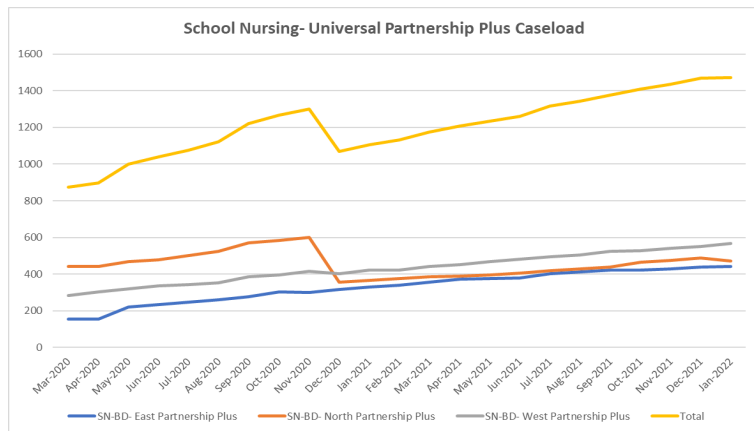
Special school Nursing



3 WTE Specialist School Nurses support Trinity and Riverside Bridge Schools.



School Nursing (5-19) Caseload Stratification (Risk Management)

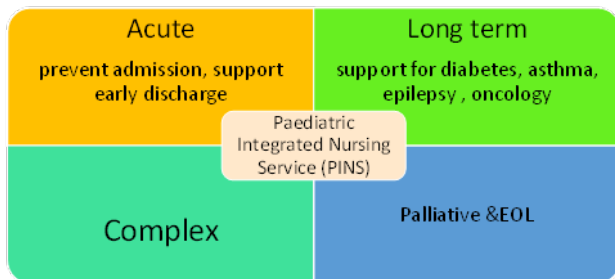


- Increase trend of UP and UPP cases over the years
- Lack of investment within the School Nursing team to meet population growth and increased demand
- Increase demand on the service to support the numbers of safeguarding
- Higher caseload with an impact on the delivery of the public health agenda
- There are 5 infant schools, 5 junior schools, 35 primary schools, 4 all-through schools, 8 secondary schools, 1 technical and training school, 1 secondary tuition centre (referral unit) and 3 special schools serving the community in Barking and Dagenham

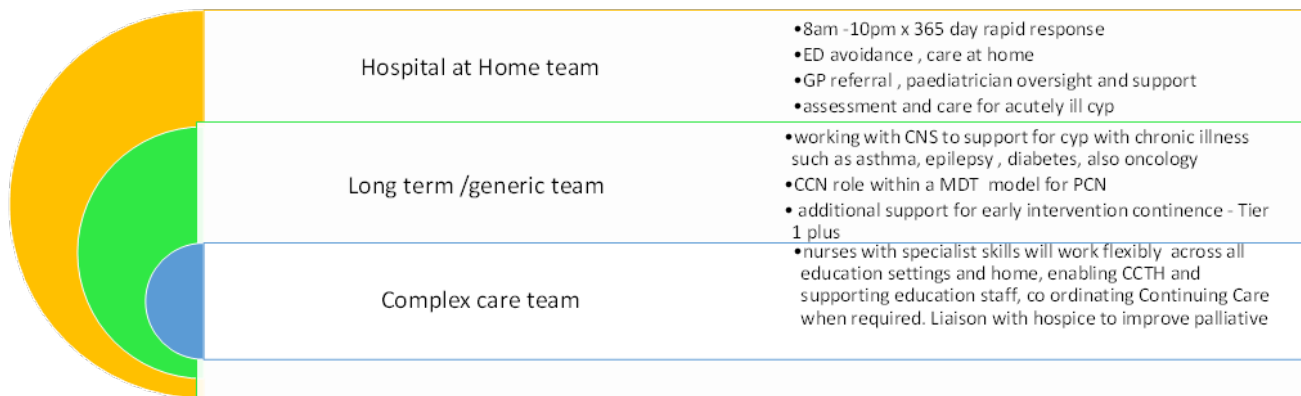


Paediatric Integrated Nursing

*A project team have been revising CYP community nursing across BHR over past 18 months using 4 Pathway model (DoH 2012,RCN 2020)



*Project remit is to redesign services to meet the CYP needs of each pathway . This will take a teams within a team approach (below) working from Borough bases linked to PCN and Family hubs



2020/21 CAMHS Spend	B&D CCG
Spend by Category	Actual Spend
Children & Young People's Mental Health (excluding LD)	£3,895
Children & Young People's Eating Disorders	£225
Perinatal Mental Health (Community)	£417
Early intervention in psychosis 'EIP' team (14 - 65yrs)	£1,017
Health and Justice	£53
TOTAL	£5,607

Parity of Service and Levelling Up

Parity of funding for CYP and CAMHS provisions remain an issue across the NEL system.

- The needs and variances across NEL have been presented in great detail in such documents as the following:
 - The Healthy London Partnership CYP MH Programme with the intention of ‘supporting local systems to address inequalities’. This 2021 publication provided ‘ICS Data Snapshots’ which are informing priority setting and spending
 - The joint BHR Strategic Needs Assessment providing system recommendations for the CYP agenda and that take advantage of the opportunities provided by working with an integrated system
 - The ‘Attain’ Report. Commissioned by providers to deliver a detailed analysis of current and future CAMHS provision and funding equity and reporting in early 2022. This report has provided detailed comparison on funding inequities between boroughs which will inform the future ‘levelling up’ actions

Recommendations 1



Funding of CAMHS teams varies across the ICS. This is impacting access and care provision

The CAMHS community services are stretched and caseloads are increasing in all teams. The investment across NCL has significant variance that is not related to demand. The investment is impacting on access and care. In BHR where the investment per new referral across borough teams is the lowest and contacts shortest. In BHR concerns for staff wellbeing were voiced. As well as BHR having smaller CAMHS community teams, the interviews indicated that the BHR localities had less community assets to support lower-level need.

Recommendations

1. ICS-level review of total all age investment (commissioner (CCG and LA), Lottery and other sources) and how that funding has been deployed by providers to identify best strategies to increase access to resources for CYP.
2. Share the different workforce models being employed across the ICS
3. If additional finance is made available, the most expedient approach to provide increased resource is considered to invest in proactive prevention capacity (inc schools) that can also be used to step CYP down into.

Eating Disorder services are particularly pressurised. The demand for specialist eating disorder services has increased between 2% and 69%. This concern was echoed within the Eating Disorder teams where the demand has put the Eating Disorder teams into a critical position. It was reported that there are concerns about staff well being and staff working excessive hours.

Recommendations

1. Urgently review investment and workforce within the eating disorder teams
2. Share learnings between the teams of how they responded to the Covid pandemic
3. Fund an Intensive Pathway for Eating Disorders for both NELFT and ELFT



Recommendations 3



Communication

There is no common language used across the ICS or within a place to describe CYP need for mental health support. The Thrive Framework is at best used by the CAMHS community team and some partners. Eating Disorder teams and crisis teams do not use Thrive. A common language can help support job planning for clinicians and the involvement of other resources providing lower level support.

Recommendations

1. A common language is established across the ICS to enable a consistent and meaningful approach to describing services that can support children with emotional and mental health issues.
2. Share how Havering and Waltham Forest community teams have used The Thrive Framework to provide clarity for job planning
3. Agree and roll out a standard lexicon for labelling the different teams and the different pathways against which activity is recorded

Access

The pathway of a CYP from birth to adulthood is artificially fragmented. Access to services is complicated without a health and care single point of access for all children's services. Access for those in crisis needs to be simple, widely understood to support interventions to reduce attendance at hospital.

Recommendations

1. Review Front door models and establish consistency building on good practice e.g. Newham award winning service [could clinical network look at this?](#)
2. Create a joint CYP commissioning strategy
3. Establish an ICS approach for CYP access to work in an integrated way that can be delivered at a Borough level - [? Clinical network focus](#)
4. Promote the 24/7 crisis lines [linked to 111 press2](#)
5. Commission crisis teams 24/7 to deliver intensive home treatment type offer from ELFT
6. Establish model for social prescribing and a digital catalogue of support that is periodically refreshed and updated [social prescribing moving forward](#)
7. Review and share the varied non-standard staffing models to inform local team workforce planning



Recommendations 4



Partnership

It is clear that where services are coproduced they can better address issues of stigma, promote access and meet a communities need. There is significant variation across localities of experience around coproduction

Recommendations

1. The Kooth contract is reviewed for commissioning at an ICS level. Kooth insights are shared to the teams on the ground as well as commissioners. Kooth coproduction and engagement resources are quantified to consider where Kooth can best lead coproduction to release locality team resources.
2. Recommendation: Create regular “summits” where insights, knowledge and support can be shared

Proactive prevention

Where proactive prevention resources are in place this can help manage demand into and out of the specialist CAMHS services. It is important to have an integrated approach in each Borough. Across the system a principle is that there is no wrong front door. In Hackney, there is a First Steps service that has no lower threshold of need, for the Getting advice and Getting help part of the system. The most common outcome of this service is step down to the universal offer. These services can also support stepping down from the CAMHS community teams. This can reduce the numbers of clients the CAMHS community services hold onto post intervention.

Recommendations

1. Consider the benefits and costs of commissioning mental health support in primary care. This should review the opportunity to access the Additional Roles Reimbursement Scheme. This scheme provides funding to PCNs for roles that include social prescribing link workers, physicians’ associates, care coordinators, health and wellbeing coaches, occupational therapists and mental health practitioners
2. Establish a social prescribing strategy for the ICS that ensures a richer source of community-based voluntary and third sector organisations able to provide support for mild mental health issues (See UCL and Anna Freud – led project)
3. Across schools including Academy schools establish an approach to identify all the resources that can work alongside and strengthen the interventions across all schools, for example school nurses
4. Establish the capacity to provide brief interventions within the community mental health teams
5. Consider the Barking and Dagenham team multi organisation approach for supporting routine referrals [SPA workstream](#)

