

Title of meeting: Health and Wellbeing Board

Subject: Social, Emotional and Mental Health Strategy

Date of meeting: 8th January 2020

Report by: Hayden Ginns, Assistant Director - Performance and Commissioning, Portsmouth City Council

Wards affected: All

1. Requested by

Chair, Health and Wellbeing Board (in response to correspondence with NHSE)

2. Purpose

- 2.1 To summarise for the Health and Wellbeing Board Portsmouth's approach to SEMH support for children and young people 0-25.

3. Background

- 3.1 There is a clear-shared intention across all Children's Trust partners to adopt a whole system approach to developing and transforming the support for children and young people's mental health and wellbeing. Fundamental to this approach is the importance of partnership working and that social and emotional mental health becomes 'everyone's business' in the same way as safeguarding has become 'everyone's business' across Portsmouth.

4. Our Vision

- 4.1 We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health. The ways in which we will achieve this vision is by:
- Establishing a clearly understood needs-led model of support for children and young people with Social Emotional Mental Health difficulties, which will provide access to the right help at the right time through all stages of their emotional and mental health development.
 - Ensuring that children and young people have access to a range of early help in supporting their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.

- Supporting professionals working with children and young people to have a shared understanding of Social Emotional Mental Health and to promote resilience and emotional wellbeing in their work.

5. What we achieved in 2018/19

5.1 The council, CCG, schools and the voluntary sector have been working together for some time to deliver improvements in services, systems and processes to enable good emotional and mental wellbeing in children. Key achievements across 2018 and 2019 include:

- Organised a Wellbeing in Education Conference that was attended by 120 + stakeholders with Natasha Devon as guest speaker
- Developed the role of senior mental health leads in Portsmouth
- Ensured basic mental health awareness training available for all school staff
- Diversity in Education network established , supporting wellbeing across the equality strands
- Made a successful bid for £1.7m for Mental Health Teams in Schools
- Piloted the Portsmouth Inclusive Education Quality Mark (PIE QM)
- Mapped the current SEMH training offer available to the children and families workforce that includes the schools workforce.
- Agreed our vision, principles and values for SEMH
- 150 schools staff have been trained in PACE (Playfulness, Acceptance, Commitment, Empathy)
- We have trained over 1000 professionals in Restorative Practice
- Half of our schools have signed up to becoming restorative schools.
- Organised a Restorative Practice Conference that was attended by 200 + stakeholders
- Held a Restorative Practice Leadership Day for senior leaders of key agencies
- Achieved the national access target for 2018/19
- CAMHS and U Matter service are flowing data to the National MH Data Set
- Identified System Wide SEMH Outcomes
- Developed a tool to support young people transitioning from CAMHS
- Implemented the neuro-diversity waiting list initiative to enable a reduction in waiting times from 52 weeks to 34 weeks
- Developed a neurodiversity training pathway
- Set up a Coproduction Group to develop the innovative neuro-diversity profiling tool and process (piloted on behalf of the STP)
- Commissioned Paediatric Liaison Psychiatry Team which will operate 7 Days a week, 4pm-12am
- Adjusted the age criteria of U Matter to support children between 8 - 11 in response to stakeholder feedback



- Deployed Frankie Workers based in the Edge of Care Team
- Completed a 'Deep Dive' analysis into childhood anxiety
- Launched a 'Deep Dive' into conduct disorder
- The 0 - 19 Sleep Pathway has been reviewed and is clearly articulated.

5.2 In late 2019, the SEMH Strategy Steering Group has refreshed the SEMH Strategy and submitted to NHS England as part of the Local Transformation Plan process.

6. Expected Outcomes

6.1 The strategy targets nine key outcomes.

1. Reduced exclusions from school
2. Improved attendance at school
3. Reduce the referrals into alternative provision
4. Good response times for young people's SEMH support
5. Reduce the number of inappropriate referrals to CAMHS
6. Reduce the demand to specialist CAMHS
7. Reduce self - harm attendances/admissions
8. Reduce the prevalence of mental ill-health including anxiety, self-harm, low mood and eating disorders
9. Skilled and confident workforce able to promote emotional well-being, respond to emotional distress and mental ill-health

7. A Strategic Framework

7.1 We have identified 11 strategic objectives within the strategy:

1. Securing Strong Early Attachment in the first 1001 days of life
2. Self Help and Early Help
3. Improving Wellbeing and Resilience in Education
4. Improve the neurodevelopmental offer and pathway
5. Improving the mental health of our LAC and care leavers
6. Improving the support for specific groups of vulnerable children and young people
7. To further improve the CAMHS offer
8. Suicide Prevention Strategy
9. Workforce Development
10. Improving our local knowledge and performance management
11. Making emotional wellbeing everybody's business - including communication.

8. SEMH Strategy - What we will do

8.1 Below is a short summary of key delivery headlines under each Strategic Objective.

SO1. To secure Strong Early Attachment in the first 1001 days of life

- Ensure sustainability of Post-Natal Depression support
- Explore feasibility of delivering Parenting, Birth and Beyond programme
- Retain, sustain and embed peri-natal mental health offer
- Develop the volunteer workforce to support and promote attachment
- Improve ante-natal identification of factors leading to poor attachment

SO2. To improve early help and promote self help

- Develop and share self-help resources to be available to the community
- Raise awareness with schools of the importance and impact of self- help techniques
- Promoting anxiety mental health related apps
- Parenting support - expand the parenting guide to liaise Parenting Carer Board
- Hold a system-wide conference to raise the awareness, profile and importance of emotional wellbeing Options appraisal for sustainability and integration of current Early Help offer

SO3. To improve Wellbeing and Resilience in Education

- Implement Mental Health Support Teams
- Roll out Youth Mental Health First Aid
- Roll out and evaluate MH Awareness Training
- Develop the offer around supervision to increase the availability and uptake of supervision by school staff
- Develop training module for classroom based staff
- Roll-out Restorative Practice in Schools

SO4. Improve the neurodevelopmental offer and pathway

- Finalise Level 1 Profile and tools to support identification of needs and support strategies
- Roll out training programme to pilot schools / settings
- Pilot schools use new pathway profiling tool to identify support needs
- Evaluate success against identified benefits and desired outcomes

SO5. To improve mental health support for LAC and care leavers

- Consultation with social care practitioners, personal advisors and CAMHS Staff to further understand the SEMH needs of our 170 care leavers.
- Map out the current mental health offer available to care leavers
- Review the effectiveness of the SDQ tool
- Ensure full integration of support between CAMHS LAC and Social Work

SO6. To improve the support for specific groups of vulnerable children and young people

- Review the CAMHS LD offer
- Develop a DDP local network
- To review the mental health pathways for young people that offend and whether the support meets their needs.
- Hold an LGBTQ workshop

SO7. To improve CAMHS Services

- Agree and formalise shared care arrangements between Primary Care and CAMHS
- Presentation to GP Target in early 2020
- CAMHS ND waiting initiative
- New tracker to be introduced to capture eating disorder presentations
- Solent to undertake a demand and capacity analysis of the Eating Disorder Offer
- Embedding outcomes in line with the national requirement of paired outcomes

SO8. To prevent suicide and its impact on Children, young people and families

- Map the current bereavement support pathway and offer
- Work with schools and schools services to strengthen the offer of complex suicide-specific bereavement support for children & young people
- Develop & roll out 'School Protocol' - providing information and tools to support the School/College community in the case of a death by (suspected) suicide
- Ensure Portsmouth is included in STP-wide wave 2 suicide prevention funding, priority areas: bereavement support & CYP self-harm
- CYP representation on Portsmouth Suicide Prevention Partnership

SO9. To develop the Children and Young people's Workforce

- Map current training offer
- Agree the competency framework - knowledge, skills and competencies
- Commission professional development against recognised gaps

SO10. To improve our local knowledge and performance management

- Conduct disorder deep dive
- Demand modelling based on THRIVE
- Triangulate the THRIVE modelling data with local service data

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- SEMH Scorecard including CAMHS
- Identify the baseline of current activity for 18-25 year olds in Adult Mental Health Services.

SO11. To make emotional wellbeing everybody's business - including communications

- Revise and promote the CYP Mental Health guide
- Revise and promote the Behaviour Management guide
- Promote the Wessex Healthier Together website
- Review and redesign the Local Offer website
- Promote the Local Offer website
- Provide increased clarity around expectations of services for parents and young people

9. Joint Targeted Area Inspection

- 9.1 In November/December 2019, Portsmouth was subject to a Joint Targeted Area Inspection with the theme of child mental health.
- 9.2 It was a wide-ranging inspection of major services in the city for children, conducted by a 14-strong inspection team from four inspectorates. The SEMH Strategy came under some significant scrutiny and feedback from Inspectors was positive about the ambition, breadth and clarity of the strategy.

10. Feedback from NHS England

- 10.1 Portsmouth's plan has been submitted to NHSE as required. Feedback via the Wessex Strategic Network on the strategy and progress was commended. Those areas identified for improvement by Wessex will be addressed where capacity allows whilst not taking our focus away from the agreed strategy.
- 10.2 A summary of their feedback appears in Appendix 1.

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Signed by Hayden Ginns, Assistant Director - Performance and Commissioning,
Portsmouth City Council

Background list of documents: Section 100D of the Local Government Act 1972

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The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Portsmouth SEMH strategy	On request

**Appendix 1 - Local Transformation Plan Feedback from Wessex Strategic Network,
Nov 2019**

Strengths
This is a strong and mature LTP approach, demonstrating what embedded strategic priorities and action planning can look like in a partnership system with strong governance (closest regional example is Kent in KSS) i.e. a long-term embedded SEMH strategy.
There is clear governance and this is multi-agency led at the highest level, with clear strategic leadership
The interface with STP strategic leadership is evident and congruent
There is a clear overview of what's been achieved in the previous year and outputs are evident (outcomes are not identified, see below)
There is a clear 'golden thread' from strategic ambition to operational delivery, with nominated leads and clearly defined timescales
Excellent analysis of risks against each area of activity, providing congruent strategic and operational risk mitigation
Strong needs analysis from last year has been updated this year; relevant national learning has been effectively used
Proactive exploration of the impact of EMH for vulnerable or marginalised groups
Strong and integrated EIP offer, ensuring all CYP aged 0-18 with First Episode of Psychosis are seen by Solent, with consideration for out of hours and CYP not in education
The analysis of Anxiety is very strong and of potential relevance to the wider system e.g. example of good practice (the application of the learning to improving outcomes for children could be further developed)
The Workforce development level of development is accurately described, clarifying next steps for development
Good examples of evidence based interventions
Strong MHST proposal and good progress with project management milestones
Commitment to consultation and participation with CYP is evident (see below for observation re: co-production)
Current financial investment is clearly set out
Excellent examples of partnership co-production and systems improvement are evident, linked to the RP roll-out

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Development areas
An overview document that is designed to help navigate the suite of documents submitted would be of benefit
How will this LTP be presented to the public?
Whilst the strength of the Portsmouth system is not in doubt, there is a lack of clarity on the inter-relationship with STP/ICS integration for priorities to be progressed at scale and where Portsmouth is proactively leading these developments.
Impact on outcomes are not set out; readiness for outcome reporting from April 2020 would be of benefit.
Performance Dashboard is a good tool, but evidences a number of gaps that would benefit from further discussion, there is little quality/outcomes data evident and this may be worth further review
Consideration of Adopted Children and children in Police Custody could be further developed in this Strategy
Workforce strategy is a regional development area – with HEE project support identified to assist.
Data for EIP response is a gap, this is potential contract monitoring consideration
In the 0-25 development there is potential to start to unpick the 16-18 arrangements
Review of out of hours crisis provision for CYP under 18 would be of benefit
More reference to the engagement and use of the CETR process is important, and reference to the CETR pilot work and associated baseline is not evident in the current LTP
Urgent and emergency data is captured, but further description of the analysis and change/impact of the data would be of benefit
The development of how we develop a commissioner and provider collaborative, and the subsequent interface with STP/ICS arrangement is helpful
CYP participation could be further developed in a co-production conversation.
ED needs further review and information, in line with current Assurance discussions (i.e. national focus) and defining continual improvement priorities. Under reporting is identified for ED in Portsmouth and routine case performance in quarter 1 would value from ongoing monitoring, small numbers are recognised. Understanding impact on CYP outcomes.
Health inequalities and the strategic operational response to these inequalities could be further developed in the SEMH Strategy, vision and plan
The waiting time between initial CAMHS assessment and treatment/first appointment would benefit from closer strategic attention
Long term financial investment would benefit from further development