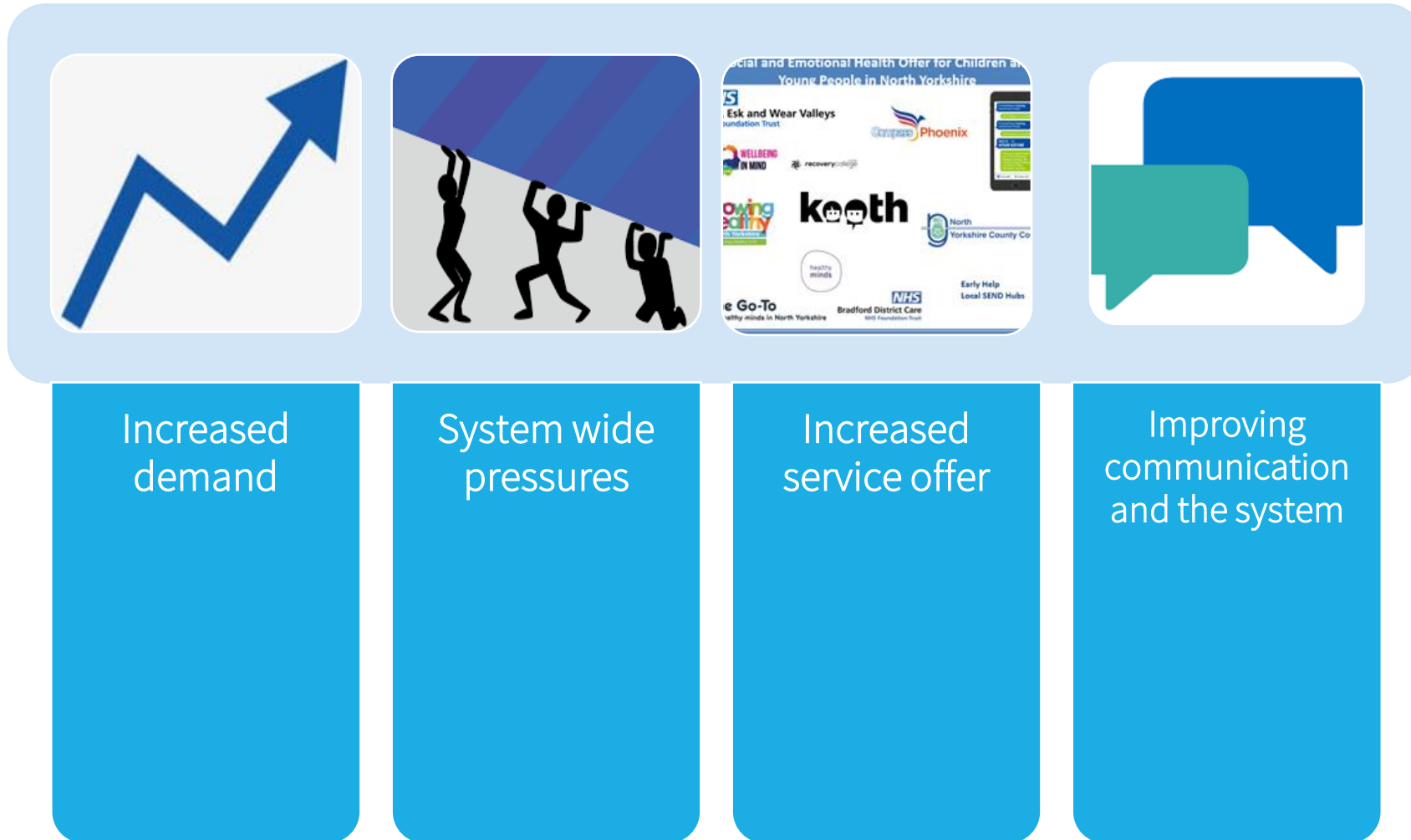


North Yorkshire Children And Young People's Mental Health System Scoping And Review

June 2022

Setting the Scene - why was the report commissioned?



Background - how this links to the CYP MH Summit (Feb 2022)

Key action:

Agreed to establish a multi-agency project group to lead forward the transformational work

Key themes:

1. System wide approach
2. Needs led approach
3. Non-medical model
4. Provision for complex CYP
5. Work at a local level
6. Jointly agreed outcomes
7. Capacity
8. Engage VCS
9. Ambitious

Key Priorities:

- Common Vision
- Needs led approach
- Improved communication
- Promote good MH
- Prioritise support for vulnerable CYP
- Address gaps e.g. T4 step up, step down, LD CAMHS, behavioural support



Scope and Approach

This report was commissioned by North Yorkshire CCG in collaboration with North Yorkshire County Council.

Through interviews, surveys and data snapshots it looks at the perceived strengths and challenges in the children and young people's system in order to present options for making it more easily accessible for all while moving towards a single system approach.

- National and local contexts were reviewed which included strategies, data and geography
- 42 interviews were undertaken across all levels of the system
- 188 professionals who work across statutory and non- statutory sectors supporting CYP MH services across North Yorkshire completed an online survey



Report Structure

Proposals are broken down into 5 key sections and based on our findings and best practice. Strategy

1. Strategy
2. Structure & System
3. Shared Values
4. Staff & Skills
5. Style & Culture

This presentation outlines the executive summary while the full report has a more in-depth analysis and set of proposals

Current System Strengths

- ✓ A commitment across strategies to children and young people's mental health
- ✓ CAMHS SPA – a no rejection policy and emerging partnership onward referral pathways.
- ✓ Early Help multi professional assessment with consultant support
- ✓ Some good collaboration between services, especially VCSE
- ✓ Passionate staff working hard to provide effective services

1. Strategy

Findings Summary

There is strategic importance placed on children and young people's mental health in several North Yorkshire strategies but there was mixed understanding and sign up to the mental health strategy for North Yorkshire. The current CCG Mental Health Strategy (Oct 2021) replaces the CYPMHW transformation plan to 2020. It is a review and analysis of the current work against key NHSE&I priorities as well as giving good examples of work taking place. However, it lacks data, strategic direction and any evidence of impact.

Proposals

Development of system wide overarching mental health, digital and workforce strategies with experienced capacity to deliver change

System change needs system connect and clearly communicated direction from strategic leads, reflecting family and children and young people's views in line with key national policies.

2. Structure & System

Findings Summary

- Across all interviews and questionnaires there was a **clear and consistent concern and frustration** about the **ability to access suitable and timely mental health support**.
- A **confusing system** from consistent feedback that services and families **did not know where to go to get help or got rejected and had to try and find another service themselves**. Some people found some services easy to access but **many directed families to their GP**.
- **Difficulty in understanding what services were available for what needs**
- **Parallel pathways and lack of interconnected services leading to a scatter gun referral approach and having to tell your story more than once**.
- **Postcode lottery of support** i.e. better coverage in some areas, especially in **rural areas** requiring much travel for families and professionals
- **A lack of early intervention support and perceived high CAMHS thresholds**.
- **Most referrals and waiting times have increased**. This is in line with the national pandemic impact.
- **A scarcity of digital mental health support offer** to complement face to face as both a choice but also to support while on a waitlist for face-to-face support.

2. Structure & System

Rationale

The structure and work on the ground needs to reflect the strategy, local need and developments in new types of support.

Families and services want **a simple system** where access to services and support are through a **simple point(s) of access** where **informed professionals guide them effectively** to the correct service, from universal self-help through to specialist services.

For North Yorkshire, with its **rural spread and complex boundaries**, it is recommended to use **national models of local delivery** as this is developed into an **integrated approach** across the county.

A shift to the use of **standardised outputs and outcomes** will give a more informed view of the system and the impact.

2. Structure & System

Proposals

- Urgent work on key services with **long waiting times**
- Increase **universal and early intervention offers**
- Digital: **expand the digital offer** including **upgrading the Go-To website** and providing a range of evidence based digital mental health support offers.
- Integrated Working: Use the **Thrive model** to map services into a single system with a **Single Point(s) of Access** as the hub(s) utilising **multi professional teams** to make **effective and empowered decisions**.
- Data, Reporting and Recording: Develop **common approaches to identifying and measuring needs and outcomes**, using MHSDS compliant measures, linking to integrated reporting.

3. Shared Values

Findings Summary

There is clearly a great deal of dialogue and commitment to the social, emotional and mental health needs of the children and young people in North Yorkshire with joint meetings and good engagement. There is a clear opportunity with the arrival and emergence of integrated care systems to look at this differently. However, there are several differences which need to be worked through in order, to move forward together and as an integrated system. The Thrive model has begun to be introduced into North Yorkshire but is not embedded nor fully understood



Proposals

Use the Thrive model, with joint training, to bring services together into one system

A joint system works most effectively with shared values and a single model. Thrive model work has begun but needs developing across all eight principles

Thrive Principles

The THRIVE Framework Principles

The THRIVE Framework Principles are the basis for all support options provided by those implementing the THRIVE Framework. They should be embedded in everything the service or community does.

1. Common Language

Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support*) shared across all target groups.

2. Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.

3. Shared Decision Making

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.

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4. Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

5. Partnership Working

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings.

6. Outcome-Informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved.

- Discuss the limits and ending of interventions.
- Differentiate treatment and risk management.
- Consider full range of options including self or community approaches.

7. Reducing Stigma

Ensuring mental health and wellbeing is everyone's business including all target groups.

8. Accessibility

Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

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4. Staff & Skills

Findings Summary

There were a broad range of skills listed in interviews. But not necessarily well established, evidence based, Universal and Targeted approaches; nor an embedded understanding of the Thrive model.

Proposals

Develop staff skills to

- Increase universal and targeted, evidenced based capacity at a local level.
- Understand and implement the Thrive model

5. Style & Culture

Findings Summary

Current services are all working hard to provide quality services but **often work in silos created by commissioning arrangements.**

Different organisational cultures exist within the NHS, Local Authorities and across different providers. This is exhibited with **different operating systems, understanding and definition of thresholds.** North Yorkshire is no different to many other Children's system in this regard

Proposals

Develop a person centred and needs led system where the journey and needs of the person requesting support becomes paramount, offering a seamless and informed journey from the first point of contact to receiving the right support.

Survey comments

The challenges Children and Young People in North Yorkshire face in relation to their mental health and wellbeing

“Lots of talk about identifying needs but minimal services to meet identified needs. Lack of provision for children/ young people with learning disabilities/ difficulties. Poor provision of services which are able to meet need in a timely fashion . Lack of consistency in provision across postcodes. Isolation/ access to service due to geographical locations . Poverty impacting access to virtual services where you require wifi or those where you need to travel distance to access the service”

“accessing services at any level however if preventative or low tier services where available this may prevent crisis developing at a later stage.

Thoughts on priorities for workforce improvement

“An understanding between the difference between mental health issues and emotional wellbeing issues. An understanding of how to build emotional resilience to equip children and young people to deal with life's challenges. A clear understanding of autism and ADHD and how it affects children and young people.”

“Working together, sharing of information to bring all the professionals and resources together to better provide the necessary provision to those in need of these specialist services”

Potential Solutions



Talking Therapies
Collaborative



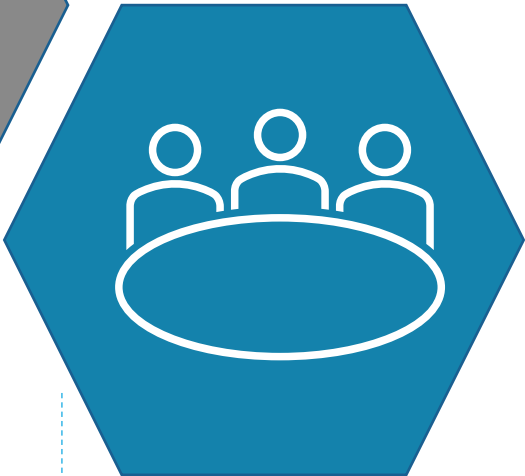
Mental
Health offer
across GP
surgeries via
primary care
networks -
place based
support



Locality Family
Hubs - Systemic &
place based
support

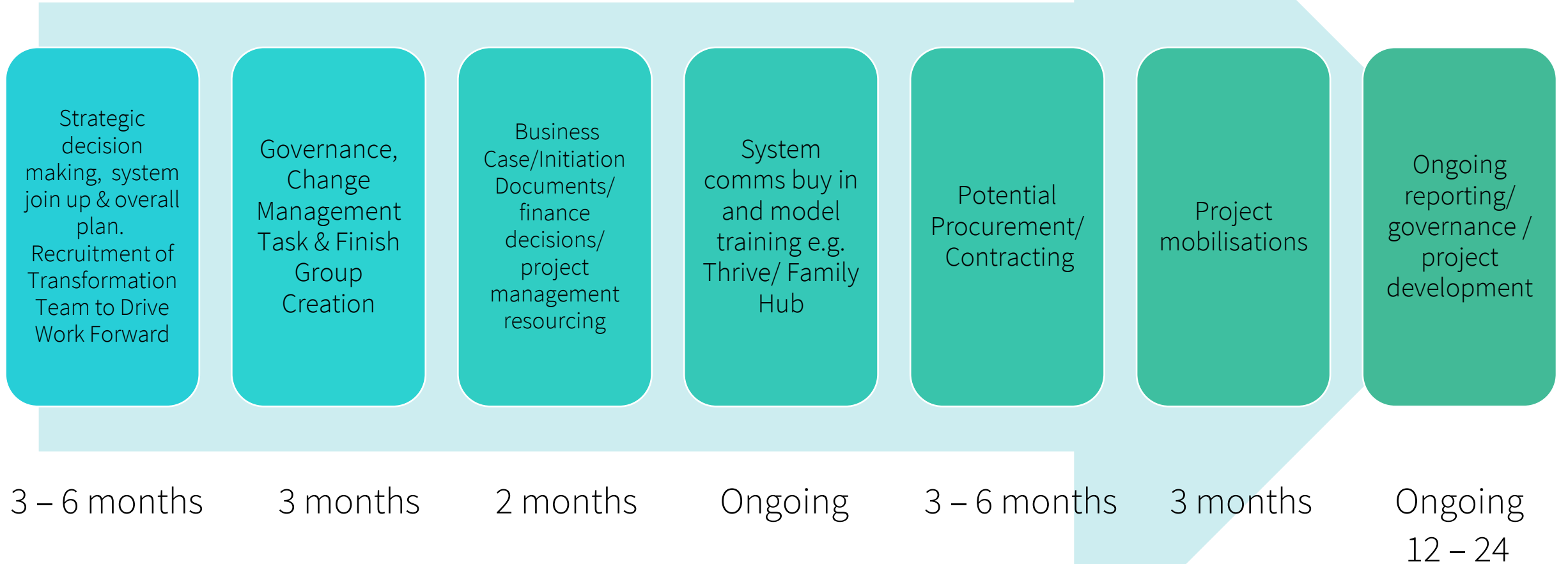


System - wide
Single Point of
Access



Multi
Agency
Unit

Timeline for Change





Any Questions?

LOOKING AHEAD

Breakout rooms

BREAKOUT ROOM 1:
STRATEGIC LEADERS

BREAKOUT ROOM 2:
OPERATIONAL
LEADERS

DISCUSSION POINT:

1. ARE WE STILL SIGNED UP TO THE APPROACH?
2. HOW DO WE ACHIEVE STEP 1 OF THE TIMELINE?

DISCUSSION POINT:

1. REFLECTIONS ON THE REPORT
2. WHAT WOULD HELP THE WORKFORCE MOVE THIS FORWARD?