Ipswich and East Suffolk and West Suffolk Children & Young People’s Emotional Wellbeing Transformation Plan
October 2018 Review
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Summary

In October 2015 CCG areas were required to develop a Local Transformation Plan (LTP) for children’s mental health in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people’s mental health and wellbeing, the report of the Government’s Children and Young People’s Mental Health Taskforce. Suffolk’s plan set out how it would improve children and young people’s emotional wellbeing and mental health by transforming services, changing the landscape in which services operate and upskilling the workforce. The plan produced in 2015 outlines the ambitions of the system by 2020 and is refreshed on an annual basis.

The Children’s Emotional Wellbeing Group (CEWG) was brought together by the Clinical Commissioning Groups and Suffolk County Council to develop, co-ordinate and oversee the delivery of the LTP. Initially a commissioner led group, the CEWG is now a multi-agency forum with representation from parent and carer forums, young people, commissioner, provider and voluntary sector organisations.

Suffolk is currently setting out an all age mental health strategy and case for change for decision-making at the end of November 2018. This strategy will also set out commissioning intentions that will be agreed in January 2019. In developing the CYP element of this strategy, the CEWG has reviewed the feedback from extensive engagement activity and updated Needs Assessment (see Appendix 1) and in looking at our progress and areas of challenge this year in the context of our local need, we have identified additional areas of focus over the next 12 months:

- A new priority focussing on self harm.
- the scope of the Eating Disorders priority has been broadened so it encompasses all forms of disordered eating.
- the priority relating to services for Autism and ADHD services also includes other forms of behaviour that challenges as part of its scope
- A re-focussed priority which relates to vulnerable children, so it focusses less on defining and labelling children but is more about understanding and reducing the threats which make children and young people vulnerable, such as trauma, neglect and abuse and ensuring that there is the right type of support in place to ensure their mental health needs are met.

In developing the model for positive emotional and mental health and wellbeing we have sought the support of a range of co-production partners to seek the views of children, young people and families to ensure that what we propose will meet their needs. We know we can always do more but there is a commitment to embed an approach of co-production in the development and delivery of all aspects of our work.
Suffolk CYP Transformation Plan – Our Ambition

We have heard clearly the importance of putting the emotional wellbeing and mental health needs of children and young people at the heart of our approach to mental health. We know that offering help and support early can protect healthy development and prevent problems later in life. We have also heard that children and young people need a different approach to adults, taking into account their unique needs. This includes understanding:

- physical, emotional, social and psychological development and how help and support might need to change as young people transition into adulthood
- the networks of important people, including family members, carers, role models, school staff and peer groups
- behaviour and other non-verbal ways of communicating emotional distress and coping with stress
- the role of social media and digital forms of communication as they relate to emotional wellbeing

The CEWG has decided to base our thinking on the Thrive model, developed by the Anna Freud Centre. This model aims to replace traditional concepts of service delivery based on severity or complexity with one that is based on needs-based groupings, in an effort to address the lack of coordination between services in the face of rising need in key groups of young people and the increase in waiting times for specialist mental health services. Whilst the traditional four tier model has been helpful in describing the existing structure and remit of mental health services, the THRIVE framework offers an approach that is based on the identified needs of children and young people. This approach is illustrated below.

The circle on the right describes five themed groups of needs across the range of presentations. These groupings are not identified with type or severity of problem, but they are linked to the five groups of supportive activities shown in the circle on the left.

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1 This includes understanding the relative vulnerability of young people and their dependence on others to help safeguard their safety, health, wellbeing and opportunities for learning.
A particular service provider may offer support across different groups, but the Thrive model offers a ‘whole system’ view of the proportion of overall service resource required for each group (percentages indicated below).

**Thriving** *(Universal/15% of total service resource)* – prevention and promotion initiatives within the population aimed at keeping people well, enabling them to get their physical and emotional needs met in healthy ways, promoting emotionally healthy environments and preventing psychological harm

**Getting Advice** *(30% of need/8% of total service resource)* – community, school-based and self-help support for children, young people and families adjusting to life circumstances, with mild or temporary difficulties; promoting an understanding of the physical and emotional needs we all have that must be met in order to stay at the wellbeing end of the mental health continuum

**Getting Help** *(60% of need/56% of total service resource)* – deploying focused, evidence-based interventions with clear aims and criteria for assessing whether aims have been achieved in supporting recovery, including early identification of trauma and suitable treatment

**Getting More Help** *(5% of need/14% of total service resource)* – extensive or intensive treatment for conditions such as Eating Disorders, Psychosis and complex presenting symptoms, diagnosis of trauma and intensive support and treatment for it

**Getting Risk Support** *(5% of need/7% of total service resource)* – supporting children, young people and families who are currently unable to benefit from evidence-based treatments but remain a significant concern and risk

**What needs to be different?**

**THRIVING - The wider factors which affect positive emotional wellbeing in Children and Young People – making mental health everyone’s business**

*What we have heard.......*

This element of the model recognises the range of factors that have an impact on the emotional wellbeing of our population of children and young people.

The Healthwatch survey “My Health, Our future”, highlighted the high number of children and young people who are having far less sleep than they need for good physical health with a correlation with the number of hours children and young people spend on devices such as laptops, games stations and mobile phones.\(^2\)

These factors are broad and wide ranging and require the system of public, private and voluntary and community sector organisations all to play their part in creating an environment for children and young people to have positive mental health through meeting emotional needs. For example, creating a county where children and young people can feel safe, an education system that enables children and young people to reach their full potential and a local economy that can provide good employment opportunities, all play a major part in ensuring positive mental health. Having a warm and safe home to live in and the

\(^2\) Further research will be required to determine whether the time spent on devices constitutes activities shown to have a positive impact on emotional wellbeing (e.g. connecting with friends) or a negative impact (e.g. passive scrolling) (Escobar-Viera et al. 2018).
wider physical environment are also contributory factors to positive emotional health and wellbeing. The wider Suffolk system of public, private and voluntary sector bodies all have the potential and a responsibility to make a positive contribution.

In order to thrive children and young people also need to have the personal tools to understand how to meet their own emotional wellbeing needs. Feeling connected to others and having a sense of purpose and feeling valued are just as important to children and young people as adults.

This is also true for parents in order to ensure their emotional wellbeing is maintained and they have the knowledge to support their children’s resilience.

We propose……..

- Engaging with children and young people to enable them to understand that they have emotional needs which must be met in order to stay well, to understand the barriers they perceive to getting their emotional needs met, and working as part of a system to reduce these. For example having good job prospects, decent home to live in, feeling safe.
- Understand what would enable children and young people to have their need for community and social connection to be met. Partners across the voluntary, community, public and private sector supporting/delivering/enabling activity which will meet this need within local areas and communities.
- Encouraging behaviours within Children and young people (through Public Health campaigns, whole school approaches and community initiatives) that promote positive emotional wellbeing, particularly targeting those who live in deprived areas or children and young people which have risk factors such as a long term health condition.
- Building on the existing public health initiatives, promoting good physical health amongst Children and Young people, focussing on exercise, sleep, nutrition.

GETTING ADVICE - Information and advice for children, young people and families should be easily accessible through a digital platform, as well as in education settings, primary health settings and the wider community. Information and advice for families about a child’s emotional development and mental health are available and accessible. Regular training and support for people working with children around emotional and mental health.
What we have heard......

Most children and young people have said that they would prefer to be supported with their emotional needs by their parents and carers first, teachers and education staff second and then professional services.

Parents often feel ill equipped and education leaders recognise the importance of supporting the emotional wellbeing of their pupils if they are able to meet their full potential and indeed if they are able to support a child or young person’s needs holistically. However, many teachers and other education staff do not feel equipped to be able to effectively understand and support the emotional wellbeing needs of their pupils.

It is also recognised that tension and pressures of attainment and education performance can contribute to anxiety amongst children and young people. There is a need to support children and young people to develop emotional resilience so they can cope with times of stress.

There is an ambition that anyone who comes into contact with children, young people and families is able to access a basic level of mental health and emotional wellbeing training so that they are equipped with the skills and knowledge to support those children and young people in their care or that they come into contact with.

There are examples of good practice in schools and education settings however there is a need to ensure equity and delivery at scale.

We propose:

- Building on what already exists, develop models of emotional wellbeing support that take a ‘whole school approach’ within schools and education settings that takes into account the need to:
  - creating an environment for positive emotional wellbeing, where pupils and staff can get their emotional needs met
  - has an emotionally well staff and leadership team
  - ensure staff have the skills and knowledge to support the emotional wellbeing of their pupils, utilising the same model for both staff and pupils
  - promote emotional wellbeing as part of their PHSE offer

- Undertake robust evaluation so that we understand what makes the most positive impact on the mental wellbeing of children and young people

- Ensure children and young people and their families are able to access support by making resources available locally, within the community (including family support programmes), digitally online and in education settings so that there is a holistic approach to support the child or young person both at home and school

- Make specific support available to children and young people and their family which address those issues children and young people say affect their mental health and emotional wellbeing such as body image, sexual orientation, bullying, family issues and exam stress.

- Provide a single point of contact for children and young people, parents and carers and professionals to get therapeutic support and advice and where needed help them access services which ensure needs are met.
GETTING HELP – When the community cannot meet the needs of children and young people, we need to ensure they can get early help and support

We have heard........

Children and young people struggle to access services when they need them. We need to move to a model of integrated service delivery so that we can understand and respond holistically to the mental health, social care and educational needs of children, young people and their families. Too often children, young people and families are passed between services and are falling between the gaps. We need to put the child, young person and family at the centre in order to meet their needs effectively. We need to develop the right support which provides early intervention to help children, young people and families.

Those who are providing this early intervention need to be able to consult with specialist mental health professionals who can provide assurance, guidance and advice to practitioners where early help strategies and programmes are not effective to ensure an appropriate plan is in place.

Research suggests that only about half of those in the ‘getting help’ group have needs that align with specific NICE guidance. The rest may benefit from a form of support that recognises the presence of other factors and is less focused on a clinical diagnosis. Rather than naming groups of children who are termed as vulnerable, we have heard that we need to focus on understanding the factors which contribute to vulnerability in children and young people and proactively supporting those children who have been exposed to these forms of trauma, for example living in a home where there is substance misuse, neglect or abuse or those children and young people who have experienced other forms of trauma.

Professionals report that the level of trauma informed evidence based support that is available is not sufficient to meet need safely.
We propose to:

- Increase the capacity within the whole system of people who work with children and young people by providing training that can give them the skills and knowledge to help children and young people have their emotional wellbeing needs met as part of an early help/intervention offer.
- Ensure that those providing early help and support are able to access advice and support from specialist mental health professionals should the needs of the child or young person escalate.
- Integrate the role of the proposed Education Mental Health workers into the model of support for children and young people mental health.
- Extra training for the Mental Health workers to recognise potential existence of trauma and investment in capacity to enable the young person to be referred to an expert that can diagnose and treat.
- Develop a needs led response for children and young people and their families to support them to identify goals and monitor progress towards these goals over time, encouraging an approach which draws on all of the assets within and around the family.
- Engage with children, young people and families to understand what type of peer support would help and seek to build within the voluntary and community sector the resources and capacity to meet this need.
- Ensure that there are strong links with the primary care health offer developed as part of the wider model for mental health services.

GETTING MORE HELP- Where a child or young person needs specialist mental health service they are able to access good quality support in a timely way.

What we have heard.......

Children and young people who need more extensive or intensive mental health support, very often are waiting too long for an assessment, and even with a diagnosis there is often insufficient support to help meet the needs of the child or young person. The way that services are currently commissioned and
measured focus too much on diagnosis and do not encourage mental health professionals to take a ‘curious approach’ to understanding need beyond the child and young person’s presenting mental health concerns. Families are left struggling to navigate multiple pathways with limited or no practical support whether or not a diagnosis is given.

There is a need to make sure specialist mental health services have sufficient resources to meet the level of need across Suffolk. We need to ensure that services are provided to the whole family where appropriate.

*We propose*.....

- **Acknowledging that mental health exists along a continuum, review the type of support needed to meet the mental health needs of all of children and young people.** Ensuring that we have good quality, evidenced based support available right across the continuum, and that it is sufficient to meet the spectrum of need that ranges from early help to specialist services.
- **High quality, comprehensive holistic assessment, evidence based treatment and also support services that are designed to take a family based approach and are able to call on specialist mental health services to ensure their needs are met, rather than children and young people being passed between services.**
- **Embedding a holistic approach to meeting need that is focussed on recovery and building resilience.**
- **Enable early recognition of trauma and make available suitable treatment**
- **Services work with children and young people and their parents to develop one care plan which describes what’s going to happen, by whom and the outcomes they can expect from their treatment and, only when these have been delivered, are they discharged from the service.**

**GETTING RISK SUPPORT** – those children, young people and families who pose a significant concern and risk to themselves or others, or where a crisis situation has been reached that needs an urgent response.
What we have heard......

The level and complexity of vulnerability is increasing within our population of children and young people, with an increase in the number of looked after children and with an increase in self harm, which is higher in Suffolk than the national average. Professionals report that mental ill health, either in the child or young person and/or as part of the family unit is a contributory factor in almost all cases involving vulnerable and ‘at risk’ young people. For some children and young people, particularly those in the more deprived communities, their social environment is increasingly complex with more of them experiencing regular and sustained traumatic events.

Children, young people and their families often report that the current all age Crisis service is not sensitive to their needs and the threshold to access the service means that children and young people and their families who feel they are in crisis don’t get the support they need. Often there is not the help needed through the Crisis helpline and, as a default, children and young people find themselves in A&E, which is very often not the right environment for a young person in Crisis and they do not receive the appropriate support, response or treatment.

Suffolk County Council Children Services has co-located mental health clinicians with its Early Help and Social Care teams, and this works well. As part of our response to meeting the needs of some of the most vulnerable children and young people and their families, there is a need to build and further integrate mental health and social care expertise. Young people would like to see a basic toolkit for parents and carers to help them deal with their child in crisis. This can include things like helping them keep calm, knowing what to say to their child, moving away from self-blame, and useful verbal responses.

We propose to:

- Work with forums such as the Local Children Safeguarding Board and the Safer and Stronger Communities Boards to ensure we understand the threats and risks to children’s emotional wellbeing and that there is a co-ordinated approach to preventing and reducing the threats such as neglect and abuse.
- Ensure as part of the review of services needed to support the mental health need of our children and young people, that we include mental health support which will meet the need of those children and young people who have experienced trauma.
- Deliver the Crisis pilot already committed to in the Children’s Emotional Wellbeing Plan and use the evaluation to inform future commissioning of Crisis provision. The pilot will put mental health practitioners with experience of working with children and young people into the current service, provide follow up support for 72 hours and will help support children and young people before they meet the current thresholds for crisis to prevent their mental health getting worse.
- Those services or organisations who are responsible for supporting vulnerable children and young people have a high level of mental health training and are able to call on/access specialist mental health support when the child or young person needs it.
Our Action Plan and Priorities – 2018/2019:

1. **Self harm** – Develop an understanding with young people and their families of the factors which are resulting in an increase in self harm and what as a system can be done to reduce and respond effectively

2. **Vulnerable children and young people** – ensure those Children and Young people who are vulnerable or at higher risk of mental ill health due to abuse or neglect or other forms of trauma are able to access timely and appropriate mental health support.

3. **Eating disorders** – ensuring there is adequate and timely support to those children and young people who have disordered eating habits

4. **Access and Outcomes** – children, young people and families are able to access services which meet their mental health needs within a reasonable time frame

5. **Education** – Pilot a range of ‘whole schools approach’ which meet the expectations set out in the Green Paper and evaluate their impact

6. **Neurodevelopment and Behaviour** – Develop an integrated approach to responding to Children and Young people which recognises the neurodevelopment needs of children and young people and the wider behaviour that challenges.

7. **Workforce development** – ensure that the workforce has the tools and skills needed to support the ambitions set out in the Suffolk Case for Change

8. **Urgent and emergency (crisis) mental health care** – implement and evaluate the under 18s pilot Crisis service to inform future commissioning of 24/7 urgent and emergency mental health services for CYP and their families.

9. **Early Intervention Psychosis** – implement the new EIP service ensuring that it meets the expectations set out in the NICE guidelines

10. **In patient care (collaborative and placed based commissioning)** – review how we currently commission in patient care and ensure that we are meeting our local need

11. **Transition** – ensuring that the mental health and emotional wellbeing needs are met at all points of transition for children and young people.

12. **Working with families** - taking a family based approach to delivering services that helps families to build resilience in themselves and their child or young person
Our Achievements – We Said ……We Did

1. **Access**
   Developing a single point of access and assessment, supporting easier referrals and treatments from early intervention to acute care.

2. **Eating disorders**
   Increasing support for young people with eating disorders across east and west Suffolk with a new commissioned service.

3. **Children in care**
   Redesigning the support for children in care and vulnerable children, including psychological therapies.

4. **Integrated behavioural pathways**
   Using a multi-agency assessment for the whole family, enabling children and young people to access the support they need.

5. **Perinatal mental health**
   (before and after birth). The perinatal mental health pathways will be developed to meet national guidelines.

6. **Crisis care**
   Supporting the priorities identified for children and young people within the Suffolk Crisis Care Concordat and action plan, which could include developing an intensive outreach response to crisis in the community.

7. **Youth justice mental health**
   Responding to national guidelines and developments in youth justice, including the roll-out of the pilot ‘Youth Diversion’ scheme.

8. **Transition**
   Where appropriate, services will be extended from the age of 18 up to the age of 25 to give young people a smoother and more integrated transition into adult services.

9. **Families supporting children with emotional wellbeing needs**
   Listening to parents and carers, and helping them to build resilience in themselves and their child.

10. **Workforce development**
    Developing and training the system workforce so professionals know how to identify needs and refer and are confident to support children and young people directly.

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**10 Priorities**
Improving access

The Suffolk Emotional Wellbeing Hub (EWH) was launched in April 2018. It is a phone and web-based service, offering a central point of contact and information for anyone who is concerned about the mental health or emotional wellbeing of a child or young person under the age of 25 in East or West Suffolk.

The EWH features a number of best-practice elements within its design, including:

- Simplifying and clarifying access and eligibility criteria for emotional wellbeing and mental health services
- A multiagency team oriented towards matching service response to identified need
- Open to self-referral
- Extended hours, offering morning and early evening access to support
- A single point of contact and ‘front door’ for Early Help, Wellbeing Suffolk, Integrated Delivery Teams and other community service providers
- Developing individualised pathways for children, young people and families
- Peer support roles integrated with the workforce.

This new multi-agency team is co-located with the existing Suffolk County Council Early Help Triage team and Suffolk Multi-agency Safeguarding Team (MASH). Two posts are provided from the existing Norfolk and Suffolk Foundation Trust (NSFT) workforce (Access and Assessment Team Mental Health Nurse and Primary Mental Health Worker) to ensure the clinical robustness and safety of this new approach. The other team members (12 Whole Time Equivalents - WTE) - Hub Manager, Emotional Wellbeing Practitioners, School Nurse and administrators are all new posts funded through the Transformation Plan.
Development of the job descriptions, short-listing and interviews has been done with families and young people to ensure we are recruiting staff with the required knowledge, skills, values and approach. A key aspect of the Hub is the inclusion within the team of people who have lived experience of accessing services. The full-time peer support worker is in post, and stakeholders are working to develop a team of volunteers, who will be able to draw on their experiences of navigating health and care services to offer support and guidance to people who contact the Hub.

In line with the targets set out in the Five Year Forward View for Mental Health, that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. Estimates based on demand recorded during the first few months of the Emotional Wellbeing Hub being operational suggest that the number of referrals to the Hub will be around 9,000 per year, which is above the previous Access and Assessment pathway where referrals were around 6,000. The expected impact of the Emotional Wellbeing Hub is that the children and young people are being referred appropriately to the help that they require. The Hub is currently directing 18.5% of its cases to specialist mental health services, and 15% of its cases are directed to Wellbeing Suffolk. The remaining young people or families are benefiting from a therapeutic response, offering timely help over the phone or being directed to other Early Help or community-based services that can support with the presenting concerns.
With the increase in referrals to the Emotional Wellbeing Hub we have experienced higher numbers of children and young people being referred into specialist mental health services. This increase represents an area of unmet need that has been exposed through the changes to the way children, young people, and their families can now access support and services.

Digital access
- The new online Emotional Wellbeing Gateway helps families and professionals who are worried about a child or young person’s emotional wellbeing. The website includes:
  - Information about emotional wellbeing support
  - Practical advice for parents and carers concerned about their child’s mental health including anxiety, depression, self-harm and eating disorders
  - A directory of local services to support children, young people, and families
- The Source is a website for young people to access information, advice and guidance on issues they may face in their everyday lives.
- Ask the Expert (provided by Suffolk Young People’s Health Project - 4YP) provides on-line 1:1 support for young people (age 12-25), Monday to Wednesday, 5 - 7pm
- Chat Health is a confidential text service for young people and families provided by the school nursing team Monday to Friday 9am – 4.30pm for help about a range of issues. **Text a school nurse on 07507 333356.**
Improving outcomes

We are working towards the national requirement to routinely collect and publish outcomes data by April 2019. We are currently working across organisations to address some of the challenges in embedding routine recording and reporting of clinical outcome measures and flowing it as required through the Mental Health Services Data Set. Our eating disorders team have been looking at how to embed outcome measures routinely within the service and will support the development and learning for the national requirement.

Quality and Performance Reporting Framework - Accessible, Compassionate and Effective (ACE)

The Suffolk Children and Young People’s Emotional Wellbeing Transformation Plan places coproduction at the centre of its approach to service development and review. The creation of a single, coproduced Service Quality Framework for the Emotional Wellbeing Hub sets the groundwork for a collaborative multi-stakeholder approach to service evaluation and improvement.

In line with best practice recommendations (England, Singer, Perry & Barber, 2013; Ross & Naylor, 2017), this framework has been developed collaboratively by a range of stakeholders with the aim of creating a single, shared framework that meets the interests and needs of service users (including children, young people, parents and carers), Emotional Wellbeing Hub staff, as well as commissioners and service managers of the Hub and other local emotional wellbeing services that are influenced by the performance of the Hub.

The key areas of service quality identified through the multi-stakeholder workshops have been grouped under the acronym ACE. The ACE framework provides assurance of quality across the wide range of needs and presentations of children, families and young people who seek help from the Hub, with some requiring brief advice or signposting and others requiring more in depth screening and triage. The ambition is to keep accessibility high (e.g. with acceptable waiting times), whilst ensuring a highly effective screening process (e.g. appropriate onward referrals) and maintaining a high level of reported service user satisfaction.

We are looking at how this Framework can underpin all of our service delivery and improve outcomes for children, young people and families in Suffolk.
Eating Disorders

The Children and Young People’s Community Eating Disorder Service (CEDS) commissioned by NHS Ipswich and East Suffolk CCG and NHS West Suffolk CCG and provided by Norfolk and Suffolk Foundation Trust (NSFT) was launched Summer 2016 and provides an assessment and NICE recommended treatment service for children and young people up to the age of 19.

Our investment in this new service includes an additional 9.8 whole time equivalent (WTE) staff working across East and West Suffolk who are also accessing national and regional training and support from NHS England so that by 2020/21, 95% of children and young people will access treatment within four weeks for routine cases, and within one week in urgent cases – improving outcomes and also reducing the need for inpatient stays significantly.

However the service, particularly in the East continues to experience over demand in excess of that predicted by the national calculator relating to Suffolk. We are currently recruiting an additional 3.5 WTE posts to address the current clinical safety and performance concerns:

- 1 WTE Band 6 - to provide additional capacity for care coordination
- 1 WTE Band 4 Assistant Psychologist – to deliver group work model for team held cases and to develop Parent/Carer skills group programme
- 0.5 WTE Band 7 Dietician – to provide NICE concordant treatment
- 1 WTE B3 Administrator – to maximise clinical time and improve reporting standards.

In addition funding has been made available to work with Beating Eating Disorders (BEAT), the national Eating Disorder charity to provide training and education to our workforce including health, care and voluntary sector colleagues focusing on increasing understanding, recognition and response to risk factors and signs of eating disorders to help them recognise the symptoms so that young people get help at the earliest opportunity. BEAT is also delivering training workshops for pupils and provide Young Ambassador talks in schools, aimed at increasing young people’s understanding about eating disorders, the risk factors and where to go for help.
Urgent & emergency crisis mental health care

This CYP crisis pilot project aims to address a number of needs identified by CYP and families who have used the current crisis support services in Suffolk (excluding Waveney). This includes:

- Access to a professional who has the skills and compassion to meet the needs of the child or young person and their family, whether over the phone, in hospital or in the community.
- A service that is able to provide support at home and ‘hold’ the young person and their family to prevent an escalation of concerns.
- Consistent, follow-up support, to check in with the young person and their family following a crisis.

This pilot will evaluate the difference made for children, young people and families by a number of enhancements to the existing crisis response services in Suffolk. The enhancements include:

- The recruitment of additional staff who are experienced in working with children, families and young people to the age-inclusive Crisis Response Teams in East and West Suffolk.
- A programme of training for staff working in the Acute Hospitals and Crisis Response Teams to support the development of staff confidence and skills in working with children, families and young people.
- A service evaluation designed to identify which factors and service developments improve the service experience and outcomes for children, families and young people in crisis.

There have been a number of delays with the mobilisation of this service due largely to recruitment, however we have employed the staff recruited to date within our Emotional Wellbeing Hub and the remaining posts are currently being recruited. The pilot will begin operation in December 2018.

A Training plan for the existing crisis response teams and colleagues in West Suffolk Hospital and Ipswich Hospital is being developed to ensure that everyone has the confidence and experience to be able to help when children and their families are in crisis. The training plan is being developed and delivered with CYP and family representatives that sit on the steering group. A Training plan is being developed to ensure that everyone has the confidence and experience to be able to help when children and young people present in crisis and ensure their families are well supported.

The evaluation programme, which will commence when the service begins, will help us know whether the service enhancements make a positive difference for the young people and their families who have needed a crisis response. The plan is to use the framework that has been coproduced between service users and professionals as part of the development of the Emotional Wellbeing Hub, which suggests that services should be accessible, compassionate and effective. In practice, this means that people can get help when they need it, they are treated with kindness, with their individual needs being considered and the support is helpful to resolving the crisis. The evaluation of the pilot is also being developed with input from the NHSE regional CYP Clinical Advisor Tim Clarke.
The coproduced work that has gone into designing the CYP Crisis Pilot will also inform further service development currently being worked up as part of Suffolk’s Mental Health Transformation programme that is due to report in November 2018. Current initiatives which will need to be brought together include the following:

- We have an age inclusive police street triage car service for people with suspected mental health needs and we are looking to develop the prioritisation of health based places of safety for children and young people.

- There are psychiatric liaison services in both West Suffolk Foundation Trust and Ipswich Hospitals for people aged 13 and above. We are mindful that the national direction is for an all age service by 2020 and we will incorporate this into the development of our crisis response. We are currently working on business cases with both hospitals and NSFT to enhance our current provision.

- We have been reviewing our adult crisis provision working with NSFT, Suffolk User Forum and other stakeholders including a visit to the services in place in Cambridge. We are also awaiting the NHSE national guidance which will set out the standards for 24/7 provision. We will be reviewing how our new pilot service will then fit with this broader work.

**Suffolk Lives Matter**

Each year, around 60 people in Suffolk take their own lives. To tackle this, our aim is to get more people discussing the subject of suicide, challenging myths and pointing to support available. Suffolk County Council Public Health leads a new, joint plan bringing together several organisations from the voluntary and charity sector, clinical commissioning groups, local councils, police, Healthwatch Suffolk, coroner’s office and mental health services, all working towards reducing suicide as a priority for health and wellbeing in Suffolk.

A theme within the Plan is self-harm and suicide in young people. We have seen a rise in presentations at A&E for intentional self-harm in young people in the last year. A multi-agency working group has just been established, led by Public Health, to address this. The working group is creating a suite of new materials and information to provide information and support to young people which will be available from late 2018.
Perinatal Mental Health

We have commissioned a specialist community perinatal mental health service provided by NSFT to work collaboratively with the specialist perinatal midwives at Ipswich Hospital and West Suffolk Hospital. The new service provides direct support and interventions for women with severe perinatal mental health presentations, including preconception advice and also offers consultation to GPs, midwifery service staff and health visitors working with women with moderate mental health needs. The team has also been training the wider workforce to increase awareness of perinatal mental health issues. Seamless pathways of referral, intervention and support between universal, specialist perinatal and mother and baby units are in development. This new service has been funded through the Transformation Plan as we were unsuccessful in our bid to NHS England for specific funding in Autumn 2016. The Service became operational in February 2018 and includes an additional 4 WTE workforce including a Consultant Psychiatrist and 2 x WTE clinical practitioners.

Following a successful Wave 2 bid for funding, we are expanding the team capacity from the current 4 WTE to 11.5 WTE and will provide access to specialist mental health interventions for women with, or at risk of, moderate as well as severe mental health issues through robust pathways of step up/step down between mother and baby units and crisis and specialist community mental health services. For women with known moderate to severe mental ill health the service will offer preconception counselling and care planning during pregnancy.

Together with our local Maternity Voices Partnership we are holding a Perinatal Mental Health Wellbeing Event so that people can find out more about the specialist service that is developing, hear people share their stories and meet other parents. It will also provide service users with the opportunity to give their thoughts on what a good service should look like. We are also developing a network of women and partners with lived experience of perinatal mental health difficulties to ensure co-production throughout service review and development.

Early Intervention in Psychosis (EIP)

We are currently working towards the target set out in the Five Year Forward View for Mental Health that by 2020/21 at least 60% of people with first episode psychosis start treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral.

Due to the significant enhancement required to the existing provision, the proposal for Suffolk is to have a 3 phase approach between now and 2020/21 to reach the required standard of service. The initial phase currently being recruited to will focus on CYP age 14-25. The additional £530k investment in phase 1 of 7.9 whole time equivalents provides enhanced skill levels in particular the team leader and senior psychology posts, who will draw together the existing workforce across the existing five locality teams to ensure consistency of response, a focus and integrity to EIP principles and equity of service delivery. This element will support the successful implementation of a dedicated EIP service with an overall additional investment of £1.6m in over 25 whole time equivalents.
**Vulnerable children and young people**

We want to ensure those children and young people who are vulnerable or at higher risk of mental ill health due to abuse or neglect or other forms of trauma are able to access timely and appropriate mental health support.

**Children and young people who have been abused and/or neglected**

There is extensive evidence that experience of childhood maltreatment can contribute to the development of a range of mental health disorders, as well as substance misuse, suicide attempts, sexually transmitted infections, risky sexual behaviour and criminality (Research briefing - the impact of abuse and neglect on the health and mental health of children and young people, February 2010). Future in Mind recognised that there are: “specific issues facing highly vulnerable groups. All children and young people may experience adverse life events at some time in their lives, but some are more likely to develop mental health disorders.”

In Suffolk we plan to commission a responsive provision for the most vulnerable children and young people. These include: children in need, looked after children, and those subject to child protection plans. We acknowledges factors that can influence local need and uptake of mental health for children and young people, including those who are victims of violence, abuse and crime - including domestic violence, sexual and criminal exploitation and bullying.
What we have done

• Recognising the importance of providing appropriate support to these children and young people, we have through our voluntary sector grant fund programme, awarded funding to Fresh Start new beginnings. This is a local charity who work specifically with children and young people who have been the victims of sexual abuse.

• The ‘CONNECT’ service in East and West Suffolk is a specific therapeutic service for children in care commissioned jointly by Ipswich and East Suffolk CCG, West Suffolk CCG and Suffolk County Council Children’s Services. It is provided by Norfolk and Suffolk Mental Health Foundation Trust by a team of clinicians co-located with the specialist mental health teams and working from clinic and community based settings.

• The Designated Nurse for Safeguarding Children is a member of the Children’s Emotion Wellbeing Group (CEWG) which oversees the delivery of the Local Transformation Plan. The CEWG also provides regular updates to the Local Safeguarding Children Board.

• Our Emotional Wellbeing Hub is co-located with the MASH service enabling strong links and ensuring the interface between safeguarding and mental health is free flowing, timely and appropriate.

Hi, we are Corey and Izzy, Joint Head Chairs of the Suffolk Children in Care Council, C2C.
C2C is Suffolk County Council’s Children in Care Council which consists of around 20 young people in foster care and care leavers. We join quarterly meetings with the Corporate Parenting Board and discuss current happenings. We have a “you say, we did” relationship with them, where we have devised a simple table which shows what we have said and the action taken by the Board. Another perk of the meeting is that pizza is always the cornerstone to our productiveness!

Our major achievements with the Board is the MOMO app (Mind Of My Own) * and the launch of the new Suffolk Promise, which we have been actively involved with. We have been able to integrate The Promise into CIC reviews and other formal meetings, which has made the process a lot easier for workers and children and young people alike. Our focus for 2018 is the coming into care packs.

We all share the same belief that children and young people who have experience of the care system should look at that experience as a positive one. However, to achieve this, we are aware that we need to bring about change. We would like to encourage everyone to read carefully the following section on young people’s views about their placements and keep these in mind.

Above all, do for us as you would for your own children and grandchildren. Always think, if this were my child would I be happy? If the answer is ‘No’ then don’t do it! We hope this helps you think about how you implement this Strategy
What we plan to commission as part of the LTP

A scoping exercise was carried out to understand what interventions are available locally for children, young people and families after child abuse and neglect in Suffolk. 14 organisations were contacted and supplied with a copy of the NICE guideline 76 (2017) Child Abuse and Neglect, 1.7 Therapeutic interventions for children, young people and families after child abuse and neglect and asking for comment of the service they offer. Specifically we asked services to review the recommended therapeutic interventions to children who have experienced abuse and or neglect and self-assess their compliance against these standards.

Three services in Suffolk were identified as offering a specific therapeutic service for children and families who have experienced child abuse or neglect, Connect, SARC and Fresh Start New Beginnings. The latter two services are for those that had experienced sexual abuse but neither met the standards recommended in the NICE guidelines 76. The other services that responded may have children or families accessing their support who have suffered abuse but their services were not specifically for this group. None considered themselves to meet the standards for therapeutic interventions for children, young people and families after child abuse and neglect.

Recommendations from the scoping exercise have been shared with the CEWG:

1. All services offering a therapeutic intervention ensure that they are auditing their services against best practice guidelines NICE 76, Child Abuse and Neglect. Where non-compliance with the standards are found a robust action plan needs to be developed to bring the service up to the standards recommended.
2. Commissioners to ensure compliance with guidelines NICE 76, Child Abuse and Neglect is part of their contractual arrangements and that services are monitored against these standards through their quality assurance processes.
3. That all organisations offering specific services for children and families who have suffered abuse and neglect commence therapeutic interventions for children and young people within the recommended 6 weeks following disclosure of or incident of abuse.
4. CCGs’ transformation team consider the needs of this group of children, young people and families in the development of the children’s emotional well-being transformation plans. That all services commissioned evidence consideration for this group and demonstrate how the services offered will be compliant with these NICE standards.
5. CCGs transformation team to report to the LSCB on how they are developing services in accordance to the NICE guidance and recommendations from the NSPCC as part of their transformation plan for children’s emotional well-being transformation plan.

Recommendations from Designated Nurse for Safeguarding Children:

1. Improved access to the right service at the right time with better support for vulnerable children and young people to access appropriate support. This will be achieved by;
- Awareness raising training by the Designated Team for teams including the Emotional Wellbeing Hub team on the needs of this vulnerable group to ensure that those children and young people who have suffered abuse or neglect receive a comprehensive assessment and referral for appropriate, timely support.
- Consultation with provider organisations to ensure young people who are identified as being vulnerable to improve the offer to this vulnerable group to enable them to access support in a timely manner
2. Commission trauma-base care training for all health and social care front line teams working with vulnerable children and families to enable appropriate support and understanding to be offered.
3. The CCGs to support NHSE and PCC commissioners to improve the therapeutic intervention for children and young people referred into the Suffolk SARC service in line with NHSE Strategic Direction for Sexual Assault and Abuse Services (2018-2023). This includes consideration of commissioning psychological support services within the SARC.

Youth Justice

The Suffolk Children’s Emotional Wellbeing Group is represented on the Suffolk Youth Justice Service Management Board and members of the Youth Justice Service have engaged in our workshops and development of this plan, particularly in relation to vulnerable children.

Suffolk Youth Justice Service continues to develop a Trauma Informed Practice model based upon some of the positive findings from the Welsh Enhanced Case Management pilot. This will support complex high risk young people using a psychology-led consultation and case formulation method. Young people experiencing difficulties with their emotional well-being are supported through dedicated Youth Justice Service, Primary Mental Health Workers, Speech and Language Therapists and Educational Psychology provision.

Suffolk Youth Justice Service is a member of the steering group supporting the implementation of the regional F-CAMHS service (funded by NHS England) providing a Tier 4 level forensic service to the most vulnerable children.

Liaison and Diversion service
The Suffolk Youth Justice Service is the primary deliverer of Criminal Justice Liaison and Diversion (CJLD) having formed an extended CJLD team who provide both Phase One – Diversion and Intervention and Phase Three – Court Appearance. Phase 2 is delivered at the police investigation centres by the NSFT Liaison and Diversion staff.
Neurodevelopment and behaviour that challenges

Commitment from the Children’s Alliance Board that aligns the key priorities set out in both the Suffolk Children’s Emotional Wellbeing Transformation Plan and the SEND Action Plan around the need for a clear and consistent pathway for families and young people with behaviour issues including ADHD and Autism. Specifically, this will support the delivery of the outcomes set out in Priority 3 of the SEND Action Plan.

This transformation work sets out to:

- Develop an integrated model that addresses the needs of CYP and their families for Neurodevelopmental disorders and behaviour that challenges (themselves or others)
- Be clear about who/what service is responsible for delivering support to prevent CYP and families ping ponging between services – a clear simple pathway
- Reduce the waiting times for assessment
- Equip universal services with the knowledge, skills and tools to ensure effective early support and interventions and reduce the number of inappropriate referrals
- Develop better links between universal and specialist services
- Ensure that there is right support at the point of assessment whether there is a diagnosis or not
- Acknowledge the impact of environmental/social factors and the importance of addressing these as part of the model
- Enable/Equip the community around a CYP - education settings, parent and carers, friends – with the skills, knowledge and expertise to support CYP with behaviour that challenges
- A more co-ordinated approach to assessing and responding to need to ensure CYP are able to meet their full potential
- That services are judged on their ability to demonstrate how they have been Accessible, Compassionate and Effective - not just about activity of diagnosis

A number of guiding principles for this work have been co-produced by the steering group:

- Needs to fit with other service changes/redesign i.e. assessment centres/hub
- Parents know the way in – they don’t experience the complexity
- Build on what exists and works
- No wrong door
- Keep open mind for as long as possible – sometimes it’s not clear
- Needs led
- Child and family centred
- Early help/prevention through to specialist
- Equality of access – empowerment of the family
• Diagnosis/Assessment not being the end goal
• Evidenced based help earlier
• Reduce bias towards assessments – Stop repeat assessments
• Skills/offer throughout pathways to enable those with relationships to help early
• Supporting and equipping parents
• No judging parents
• Those with multiple behaviour problems have their needs met as well as those with single issue

This system wide approach, focused on responding to the presenting need will enable improved outcomes for young people and families in Suffolk. The focus of the work to date has been working up the system wide map of current services. Three areas of work have been identified to support the development of the business case:

1. Universal settings (Early Help, Early Years, education), what is needed to support behaviour that challenges, how do they relate to the specialist services
2. Multi agency assessment process
3. Post assessment/diagnostic support and interventions – what support should be available where there is a diagnosis? What support should be available for those CYP and families where there is no diagnosis but behaviour that challenges

Transition

This is a cross cutting theme through all our work to ensure that the mental health and emotional wellbeing needs are met at all points of transition and that children and young people move through services when appropriate in a joined-up and considered way. Our main provider Norfolk and Suffolk Foundation Trust has Integrated Delivery Teams and the youth pathway for all conditions goes up to age 25. The mobilisation of our multi-agency Emotional Wellbeing hub and the development of the behaviour pathway will meet the requirements of young people 0-25. Planning the further development of our Early Intervention in Psychosis Service will meet the requirement that this service is age inclusive. The redevelopment of our Connect service for Children in Care also supports young people as they move into adulthood.
Working in partnership, engagement and co-production with families and young people

Underpinning the delivery of the children’s emotional health and wellbeing plan is our work with our partners, which includes representation from across our Alliance (Ipswich & East Suffolk and West Suffolk CCGs, Ipswich Hospital NHS Foundation Trust, West Suffolk Foundation Trust, Norfolk & Suffolk NHS Foundation Trust and Suffolk County Council: Children and Young People CYP Services), young people, Suffolk Parent Carer Network (SPCN), Schools, Voluntary sector organisations and Healthwatch Suffolk. Young people have also formed a separate group called CAT (Children & young people, Action and Transformation). Our partners are also represented on the Children’s Emotional Wellbeing Group (CEWG). Examples of coproduction and working with our partners include:

- Workforce development including developing the training offer with the Extra cm Video, the Ideal Worker and the ‘Are we speaking the same language?’ definitions.
- The Source website for young people and the Gateway website for families where young people, families, the CCG clinical lead and Suffolk County Council’s engagement team have worked together to produce accessible and relevant information and advice on specific issues.
- Contribution to the values and principles underpinning new services including the Emotional Wellbeing Hub where the ask of staff is to “be kind and listen, and then show you have listened”
- Co-production of our new services including service design through attendance at workstream meetings, input to job descriptions, short-listing and interviewing, service reviews.
- The creation of a single, coproduced Service Quality Framework for the Emotional Wellbeing Hub sets the groundwork for a collaborative multi-stakeholder approach to service evaluation and improvement.
- Annual SPCN CYP Emotional Wellbeing Conference for families and practitioners. Detailed feedback has been provided from the CYP mental health conference - some of the main themes that have emerged include:
  - Issues with getting help and support in the first place
  - Having to re-tell your story
  - Access to services – both on a practical level, in terms of reasonable adjustments / providing services appropriate to the child or young person, waiting lists, child/young person ‘not ill enough’, where/how to get help
  - Lack of support for families
  - Lack of crisis services
  - Continuity of staff
  - Services not working together
  - Transition between services
  - Waiting times
  - Communication
  - Ping-pong between services
- Lack of post-diagnosis support in relation to ASD
- Accessing mental health services if your child/young person has ASD

- Emotional Wellbeing Festival for Young People
Toilet door poster campaign
Working with our Voluntary and Community Sector (VCS)

Recognising the importance of the voluntary and community sector in supporting the Transformation Plan priorities, we are working with Suffolk Community Foundation to administer a grants programme. Tranche 1 in 2016 awarded £278k for one year across 22 voluntary sector organisations utilising funding from our ring fenced CAMHS grant. Grants were supported by a consistent evaluation completed by University College Suffolk in order to try and evidence improved outcomes for young people. Following the evaluation five grants (£100k) have been mainstreamed recurrently using the CAMHS grant:

**Noise solutions**: 10 week music based mentoring programme supporting young people who have been referred in by Looked After Children’s Services, Mental Health teams, DWP, Youth Offending, Social Services, Schools, Colleges, Adoption services etc. Noise Solution’s work is aimed at achieving three key outcomes. These are increased confidence, the student re-engaging or engaging better with family and other professionals and enabling the student to become involved in new activities.

One parent whose son attended Noise Solution said: “This been the single most important experience he has undergone and helped towards his recovery. “He has readily engaged with his tutors and turned up to every session, which is a great result. “He’s obviously learned a lot about the music and recording side of things, but also about himself. It has been excellent for him. I am hugely grateful.”

**Anglia Care Trust**: Supporting young people who are suffering from mental health, substance and abuse issues, and their families to achieve a range of outcomes to build their resilience.

**Fresh Start New Beginnings**: Providing therapy for children and young people who have been the victims of sexual abuse.

**Homestart**: (East and West). Recruiting volunteers to work under expert clinical leadership supporting new or expectant mothers identified as having low mental health issues and potential complicating factors such as post-natal/neonatal depression, poor family management, isolation, broken relationships and domestic abuse.

The Grant process has received positive feedback from the Suffolk third sector and a second tranche of a further £200,000 in grants has been awarded to 17 projects focused on early intervention and prevention. The plan is to evaluate these grants in autumn 2018 and mainstream another £100K.

A third tranche of funding to be held by Suffolk Community Foundation will be used to fund a whole school approach in east suffolk using third sector providers.
Working with Education

The recent Green Paper ‘Transforming Children and Young People’s Mental Health Provision’ (DoH & DfE, 2017) puts schools and colleges at the heart of prevention and early intervention of mental health difficulties in young people. The Government wants children and young people to be able to access high-quality mental health and wellbeing support linked to their school or college. Trailblazer sites for this programme are due to begin in January 2019, with a second cohort following in September. The proposals include:

- Assigning a Designated Senior Lead for Mental Health from existing school staff
- Training and employing Education Mental Health Practitioners to work in schools
- Strengthening links between schools and CAMHS clinicians through supervision

Whilst a promising foundation, these proposals do not explicitly include provision to support the growing evidence that a whole school approach is required to achieve maximum benefit from mental health input into schools (PHE, 2017).

Suffolk has not been asked to express an interest in being part of the first phase of Trailblazers, but recognise the importance of supporting schools to help meet the emotional health and mental health needs of our children and young people.

West Suffolk Clinical Commissioning Group has agreed funding to pilot upscaling an existing successful model of mental health support that has been introduced in Thurston Community College.

For East Suffolk, Suffolk County Council and Ipswich and East Suffolk Clinical Commissioning Group have agreed for funding to be held by Suffolk Community Foundation to be used to fund an approach using third sector providers.

These two approaches which will be developed over the next two years will also have a robust evaluation model and will enable us to take forward our work with education at a local level but also aligned to the learning from the trailblazer sites.

The Schools Coordination Group, a workstream within the Children’s Transformation Plan continues to develop and includes representation from leads of the Primary and Secondary Teaching Schools and the Primary and Secondary Head Teacher Associations. This group continues to share and develop resources for schools and is currently looking at how we can support those children & young people who are for a variety of reasons no longer taught in a school setting.

Healthwatch – My Health, Our Future

In 2017 Healthwatch Suffolk was commissioned through an investment from the Transformation Plan to undertake a research project called “My Health, Our Future” with an initial eight high schools across East and West Suffolk.
The project is designed to help each school to identify the emotional wellbeing needs of pupils to inform steps that can be taken to increase support and promote healthy psychological development. The findings have been summarised and benchmarked with other national data in order to provide a State of Suffolk report; released November 2017 the report received significant positive local media coverage. Healthwatch Suffolk was commissioned again through the grants programme with Suffolk Community Foundation to extend the project to additional high schools and colleges. The 2018 report is due to be published in November but the findings from this work and key themes have directly shaped the areas of work and priorities relating to CYP. This includes the work to focus on the high prevalence of self-harm in Suffolk and developing the work with education settings in line with the Green Paper proposals.
Workforce development and CYP IAPT

Extensive engagement work with stakeholders, including families and young people, told us that those working with children and young people would benefit from and value training and support to enable them to be more confident and skilled in responding to issues relating to emotional wellbeing and mental health.

We have put in place a funded programme of learning and development resources, to reflect the broad needs of our workforce, families, children and young people. This includes Suffolk’s Needs Met Introduction to Mental and Emotional Wellbeing, Mental Health First Aid training (full and Lite), MindEd eLearning and web-based resources to further understanding of mental and emotional health. Over 800 delegates have accessed our face to face workforce offer and we are evaluating the impact of the training on their practice. This programme of workforce development seeks to embed a cross system understanding of how to keep emotionally well, how to recognise and respond to concerns and emotional / mental health distress when they arise and knowledge of how to access the support that is available.

East and West Suffolk has joined the Eastern Region CYP IAPT Learning Collaborative in September 2016 and has been active since then in accessing training specific to supporting the LTP priorities. These include Community Wellbeing Practitioners, practitioners training in management of ADHD and others accessing training in family therapy-based interventions.

We were successful in gaining funding for three Children’s Wellbeing Practitioner training posts at band 4, which come with resource to provide intense supervision and support. The intention is that the new CWP service will add a level of low intensity interventions that will bridge a gap between Early Help support and the more specialist, high intensity interventions offered by Primary Mental Health. The addition of the CWP service will enable children and young people who are experiencing mild to moderate anxiety, low mood or behavioural difficulties to access brief, focused evidence-based interventions.

Suffolk County Council Children’s Services piloted the training of 12 family support / specialist youth support workers in IPC (Interpersonal Therapeutic Counselling) for adolescents presenting with mild to moderate depression. This proved to be very effective in meeting need at a time and locality best suited to the young person and resulted in a further cohort of practitioners being trained the following year, including two IPC trained practitioners undertaking training to be IPC clinical supervisors. The Local Authority is now working on how to embed the use of such evidence-based interventions within the core service offer delivered by children’s services and developing closer collaboration with wellbeing and specialist mental health services to ensure a collective service that responds according to Child, Young Person and family need.

Our focus now is to put in place a programme of training and development that equips staff with the competency to deliver evidence-based interventions that are appropriate for the level of presenting need, at the right time and in as accessible place as possible. This programme
development is being informed by engagement with education, children, young people and families. The findings from this engagement will be correlated with current system workforce analysis to determine what workforce development is needed and plan how to implement.

The STP wide Mental Health Workforce Plan provides a structure to increase the workforce including new models of service delivery to create new job roles including apprenticeships. The Plan also brings together current work being undertaken by providers to support existing staff through a range of initiatives. This includes flexible working, focusing on staff working to the limit of their competence and maximising their potential, creating new roles and improving staff morale. Progress will be monitored through workforce profiles and reporting including staff sickness records.
In patient care (collaborative and placed based commissioning)

Our focus is to review how we currently commission in patient care and ensure that we are meeting our local need. We have started the dialogue about co-working with Specialised Commissioning and provided service data to help scope the picture of mental health provision across the region. We are supporting the work to agree a CAMHS Inpatient Care Place Based Framework for the East of England with the aim:

- To jointly commission high quality, seamless pathways for those children and young people who may require inpatient care
- To meet the requirement that a Place Based or Collaborative Commissioning Agreement regarding CAMHS Tier 4 is co-produced and signed off by CCGs, Local Authorities and NHS England’s Specialised Commissioning
- To comply with the NHS England (NHSE) published guidance - Place-Based Commissioning of Specialised Services: Implementation through STPs (NHSE, March 2017)

Our ambition is to ensure that children and young people get the right support at the right time so that they are able to access the level of care they need whether it is in preventing escalating need or supporting step down from intensive support to less intensive interventions within their local community.

To support this, work is currently underway to finalise an admission for treatment pathway and policy for CYP (including escalation and resolution of cases) that reflects current processes including a monthly in-patient care panel meeting and a monthly joint commissioning panel which includes Suffolk County Council Corporate Parenting, Education and our CCGs.
Finance and Performance

NHS England has confirmed the funding allocation for the Suffolk Transformation Plan to 2020 which shows a year on year increase 16/17 £1.6m, 17/18 £1.8m, 18/19 £2.1m and 19/20 £2.3m. In line with our commitment to the Mental Health Five Year Forward View, we have locally ring-fenced these monies in full to the delivery of the priorities set out in our Transformation Plan. It should be noted that the Suffolk Children’s Emotional Health and Wellbeing Plan covers the health and care system as a whole and although the funding is centrally allocated via NHS England, the governance of the plan is through the Suffolk Children’s Emotional Wellbeing Group that ensures that a wide range of priorities are supported. We have through the governance of this group agreed a memorandum of understanding with Suffolk County Council to fund a number of priority areas.
**Delivering the Plan – Governance, Accountability and Risk**

The accountable group responsible for the delivery of the Transformation Plan is the Children’s Emotional Wellbeing Group (CEWG), a multi-agency forum that meets monthly, which co-ordinates the strategic commissioning of mental health services for children and young people in Suffolk. Initially a commissioner led forum, core membership has now been extended, recognising our approach to co-production to include: Suffolk County Council, Ipswich and East Suffolk CCG, West Suffolk CCG, Norfolk and Suffolk Foundation Trust, GPs, Public Health Suffolk, Suffolk’s Health Ambassador, parent and carer forums and third sector organisations.

It has a number of sub groups or steering groups which are responsible for co-ordinating delivery and implementation of its priorities as shown in the diagram below. The diagram shows the governance arrangements which support the delivery of the Transformation Plan. Suffolk has moved into an Alliance structure, which places a greater emphasis on system leadership whilst still recognising the need to respect the decision making authority of its members.

The CEWG is a sub group of the Children’s Alliance, which is where partners across Suffolk come together to deliver on the shared transformation ambitions for children health and social care, of which Children’s Emotional Health and Wellbeing is one of six priorities. The Children’s Alliance holds the 0-25 years agenda of the wider all-age Alliances which split Suffolk into a West Suffolk and Ipswich and East locality. The Alliances are an integral part of the North East Essex and Suffolk STP which in turn report into the Suffolk Health and Wellbeing Board. It should be noted that this plan covers the Ipswich and East Suffolk CCG and West Suffolk CCG areas. The district council area of Waveney, although part of Suffolk, forms part of a Waveney and Great Yarmouth CCG area and a Norfolk and Waveney STP area and is subject to a different LTP plan.

It should be noted that there is a link across to the Suffolk SEND Programme Board and that there are some priorities which feature both in this Transformation Plan and the SEND Plan for Suffolk, for example the priority on Neurodevelopment and Behaviour Pathways.

The Suffolk Health and Wellbeing Board has mental health and ‘every child has the best start in life’ as a priority within its Joint Health and Wellbeing Plan and receives update on progress of our local plans.

Ipswich and East and West Suffolk CCG Governing Bodies and Suffolk County Council’s Cabinet are the three primary bodies responsible for making decision in relation to the budgets which deliver the priorities within the LTP.
With reference to our risk plan we will continue to work with the Suffolk system to get the full profile of staffing, profile of referrals and access times. We use a project management workbook to identify risks and their impact on the delivery of our Transformation Plan. These risks are monitored and discussed at the Children’s Emotional Wellbeing Group and escalated where appropriate. Key risks include the ability to recruit staff with appropriate skills and experience to the new services being commissioned and the current work underway to flow appropriate access and outcome data through the Mental Health Services Data Set.
Appendix

1. Understanding Local Need
2. Healthwatch My Health Our Future
3. Suffolk Cyber Survey - 2017 Suffolk Cyber Survey

The Suffolk Cyber Survey is a multi-agency initiative that has been undertaken every October for several years, with over 10,000 responses. We support this survey due to its in-depth exploration of how children and young people are impacted by their access to and use of technology and social media.

Cyber Survey - monitoring trends

Responses from 1,961 young people were collected from 26 education settings. Ages ranged from 10 to 16; 47% were female, 46% were male, 7% preferred not to say.

- Access to technology increases rapidly with age, with 65% of 10 year olds having a smartphone increasing to 98% by age 13.
- Children are accessing social media before the minimum age limit; 80% of our 13 year olds have a social media profile.
- Cyberbullying has increased by 3% to 22%. Although this is within range of national/international figures (UKCCIS UK Council for child internet safety).
- Sexting rates remain fairly constant for the third successive year increasing by 0.6% to 4.6% of survey respondents.

It is positive to see that parent/carers are re-engaging with technology and supporting their children to be resilient online.

- 68% of all respondents having been taught to safe online by parents and carers, and increase of 6% from 2016.
- Technology is an enabler for children and young people; 80% of respondents said that the internet made it possible for “me to do exciting things”.

Key theme – harmful content

Children and young people are seeing more and more ‘harmful’ content including; violence, racism, pro-anorexia content, and hate speech.

- 29% of all respondents had seen pro-anorexia content at least once or twice; and for those aged 12, 22% reported that they had already seen pro-anorexia content at least once or twice.
- 14% of respondents had seen websites with content about self-harm and suicide – up from 9% in 2016.
• 19% had seen sites promoting racism and hate speech, an increase of 6% from 2016.
• The cyber survey showed that 15 year olds are taking more risks and exposed to harmful content, more than any other age group. 44% had seen pro-anorexia sites at least once or twice; 42% had seen sites promoting violence, hatred or racist views; 29% had seen sites encouraging self-harm and suicide.

Key theme – screen time

• The amount of time spent online, increases with age, as well as being impacted by the additional needs of the respondents.
• At the most extreme, 16% of respondents stated that they spend more than 5 hours online. However if the respondent identified as having an additional need or vulnerability – within that cohort 27% are spending more than 5 hours online.
• Furthermore of those within the vulnerable group cohort, young people who stated that they had a mental health need were the most likely to spend 5+ hours per day online. Their responses highlighted an association between those who already have low self-esteem and the amount of time they spent online.

Responding to the cyber survey results

We have identified self-harm, eating disorders, working with education settings, and vulnerable groups as key priorities within our ongoing plan to transform children and young people’s emotional wellbeing and mental health. The results from the cyber survey will add to other Suffolk data sets to inform our engagement work with children and young people, and the development of support services in these specific areas.