

## **Health and Care Overview and Scrutiny Committee**

Monday 13 February 2023

**10:00**

Council Chamber, County Buildings, Stafford

The meeting will be webcast live which can be viewed at any time here:

<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell  
Director of Corporate Services  
3 February 2023

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### **A G E N D A**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 30 January 2023** (Pages 1 - 8)
4. **Mental Health and Mental Wellbeing Strategy 2023-2028** (Pages 9 - 52)  
Report of the Cabinet Member for Health and Care.
5. **Update on Mental Health Support Teams in Schools** (Pages 53 - 76)  
Report of the Staffordshire and Stoke-on-Trent ICB.
6. **Childrens Mental Health Update** (Pages 77 - 94)  
Presentation of the Staffordshire and Stoke-on-Trent ICB.
7. **Exclusion of the Public**  
The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

## **Membership**

Jak Abrahams	Jill Hood
Patricia Ackroyd	Barbara Hughes
Charlotte Atkins	Thomas Jay
Philip Atkins, OBE	Dan Maycock
Richard Cox (Vice-Chair (Overview))	Jeremy Pert (Chair)
Ann Edgeller (Vice-Chair (Scrutiny))	Bernard Peters
Keith Flunder	Janice Silvester-Hall
Philippa Haden	Mike Wilcox
Phil Hewitt	Ian Wilkes
Lin Hingley	

## **Notes for Members of the Press and Public**

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**Minutes of the Health and Care Overview and Scrutiny Committee  
Meeting held on 30 January 2023**

Present: Jeremy Pert (Chair)

**Attendance**

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Barbara Hughes
Richard Cox (Vice-Chair (Overview))	Janice Silvester-Hall
Ann Edgeller (Vice-Chair (Scrutiny))	Mike Wilcox
Keith Flunder	

**Apologies:** Jak Abrahams, Philippa Haden, Jill Hood, Thomas Jay, Dan Maycock, Bernard Peters and Ian Wilkes

**PART ONE**

**37. Declarations of Interest**

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Richard Cox declared a personal interest in item 5 as a relative of a former user of the George Bryan Centre.

**38. Minutes of the last meeting held on 28 November 2022**

The Chairman highlighted a spelling error on item 33.

The Committee also requested that under item 35 the following line be added:

“The Committee received an update on the Women’s Health National Strategy and that responses were still outstanding from the Chief Medical Officer and the Chief Nursing Officer”

**Resolved** – That, subject to the amendments highlighted above, the minutes of the meeting held on 28 November 2022 be confirmed and signed by the Chairman.

### **39. Integrated Care Partnership (ICP) Strategy**

Paul Edmondson-Jones, Chief Medical Officer & Lynn Miller, Portfolio Director provided a report and presentation on the Integrated Care Partnership (ICP) Strategy. The Committee were advised that the ICP was a partnership of senior leaders across health, local authorities, voluntary sector, and other agencies to provide a united voice and single integrated strategy focusing on improving the overall health of the population.

It was reported that the Health and Social Care Act 2022 gave new statutory powers to Integrated Care Boards and Integrated Care Partnerships. It was also reported that the strategy will help to address local challenges including increased demand, longer waiting times, fragmented services, workforce issues and the significant financial deficit. The Committee noted the following comments and responses to questions:

- This strategy was an overarching strategy across the whole of Staffordshire with a focus on people and communities, whereas there are a number of Health and Wellbeing Strategies which are covering particular groups in particular areas within Staffordshire. The ICP strategy would underpin Health and Wellbeing Strategies and re-enforces them with a focus on health and social care across Staffordshire.
- There was a statutory mandate to produce the Integrated Care Partnership Strategy by 31 March 2023. The work and engagement with partners would be ongoing.
- There would also be a Strategic 5-year joint forward plan which would break the strategy down and highlight how the outcomes would be delivered.
- The strategy will remain high level.
- There was a need to adopt a different approach centred around the key themes, the Five Ps:
  - Prevention and Inequalities
  - Productivity
  - Personalised Care
  - Personal responsibility
  - People and Communities
- The relationship between the NHS and the Councils was important in the delivery of the strategy with policy/ cultural changes to focus on the residents needs first. The NHS and Council were working closely with District and Borough Councils with a focus on health inequalities and prevention. Primary Care Networks were engaging with District and Borough Councils to understand how they work with each other.

- Healthwatch had been engaging with the ICS, they were involved as part of the ICP and part of upper tier Place discussions with the City and County Council and had started to look at the relationship between housing and health, homelessness and hospital discharges.
- Partners had been working better together since the COVID pandemic with joint work such as the vaccination programme. The Fire service had also provided a fall service.
- Women's Health strategy was important; The ICS would be looking to recruit someone to lead on the women's strategy and women's health.
- In relation to 'Growing Well' priority, there was a need to determine the root cause of some of these issues and to look at the age boundaries to plan through the system and look at what is best for the individual. In the past 5 years there had been an increase in SEND needs.
- A Primary care network strategy was being developed to provide alternatives to accessing GPs and increase access to other appropriate primary care professionals.
- Any outcomes from the strategy needed to be measured to ensure the plan was making a difference. The statutory body for developing and implementing the strategy was the ICP supported by the ICB. The reporting systems will be brought back to the Committee alongside the strategic 5 year forward plan.
- The importance of public perception on the outcomes as a result of the strategy was highlighted. Members want residents to see tangible outcomes.
- The role that Primary prevention in schools could have on the delivery of the aims of the strategy in areas such as healthy eating, lifestyle, tackling childhood obesity, to prevent secondary prevention later in life such as diabetes and high blood pressure.

The Committee agreed to consider the following questions and feedback by 1 March 2023:

- 1) Do you think the 5 key current priorities are right?
- 2) Do you think the existing ICP Partner priorities are right?
- 3) Do you think the Health Inequalities "Plus Groups" are right?
- 4) Have you suggestions for key specific groups to engage with?
- 5) Would you like any further information or opportunity to engage?

**Resolved** - That (a) the Health and Care Overview and Scrutiny Committee receive the initial Integrated Care Partnership Strategy update.

(b) the Committee consider the following questions and feedback by 1 March 2023:

- 1) Do you think the 5 key current priorities are right?
- 2) Do you think the existing ICP Partner priorities are right?
- 3) Do you think the Health Inequalities "Plus Groups" are right?
- 4) Have you suggestions for key specific groups to engage with?
- 5) Would you like any further information or opportunity to engage?

#### **40. Inpatient Mental Health services previously provided by the George Bryan Centre**

Paul Edmondson-Jones, Chief Medical Officer, Helen Slater, Associate Director of Transformation and Tracey Shewan, Director of Communications and Corporate Services provided an update report on Inpatient Mental Health services previously provided by the George Bryan Centre.

The Committee were informed that the assurance stage of the process had now been completed having now received formal feedback from NHS England and the Integrated Care Board had approved the recommendations:

- 1) To formally approve
  - a) Pre-Consultation Business Case and appendices
  - b) Communication and Involvement Plan
  - c) Consultation Document
- 2) To approve the recommendation to proceed to public consultation on the single viable proposal to make permanent the 18 beds at St George's Hospital, Stafford, supported by enhanced community provision
- 3) To approve that the consultation period to be 6 weeks.

The Associate Director of Transformation outlined the consultation process to be undertaken. It was reported that it was anticipated that the consultation would begin on 9 February 2023.

The Committee noted the following comments and responses to questions:

- Prior analysis indicated that around 5 patients a month would be admitted to the George Bryan Centre would it have remained open.
- The Business Case was shared with the Committee on 1 August 2022, all resources and documentation would be published online, and more recently at the ICB meeting on 19 January 2023 all documents were published on the ICB webpage. During the consultation, members of the public would be able to access all resources in different languages and formats on the ICB website,

which will be linked to the MPFT website. People would be able to feedback and request further information as part of the consultation.

- An equality and inequality impact assessment had been completed.
- A report of findings as a result of the consultation would be published and be brought back to the Committee.

The Committee considered the recommendations in the report and discussed that as the number of patients requiring in patient service who would be impacted by the proposal would be around 5 people per month, Members were not minded to view the proposal as a substantial change to services in the area.

Assurance was provided that there would be reviews of the process throughout the consultation and should any alternative proposal be received that had not previously been considered, it would be reviewed and given due regard, and if deemed necessary the consultation could be extended.

**Resolved** – That (a) the update around the programme of work be noted.

(b) the contents of the communications and involvement plan be received and noted.

(c) in the context of all the NHS services provided in Staffordshire, Members did not deem the proposal to be a substantial change to services in the area.

#### **41. Developing Integrated Care Hubs in the context of changes to NHS capital arrangements**

Clare Trenchard, Associate Director for Communications provided an update report on Developing Integrated Care Hubs in the context of changes to NHS capital arrangements.

The Committee were reminded that North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups undertook a 14-week public consultation between December 2018 and March 2019 which informed a decision-making business case, which resulted in the plan to introduce 4 Integrated Care Hubs (ICH) across North Staffordshire.

These hubs would be developed at:

- 1) Leek Moorlands District Hospital
- 2) Bradwell Hospital
- 3) Haywood Hospital
- 4) Longton

The Health and Care Overview & Scrutiny Committee appointed an Integrated Care Hubs Working Group to be Chaired by Councillor Richard Cox.

The Committee were informed that since the Decision-making business case was approved national changes to the Capital Departmental Expenditure Limit had resulted in NHS England setting capital spending limits for Foundation Trusts which therefore meant that Midlands Partnership Foundation Trust (MPFT) were no longer able to access cash reserves which were held for the purpose of implementing the Hubs.

It was reported that NHS England's position was that a strategic outline case would need to be developed for each hub in order to bid for money. MPFT had agreed to develop a strategic outline case for each proposed ICH.

Richard Cox, as Chairman of the Integrated Care Hub Working Group advised that the Group had undertaken site visits at the proposed sites and highlighted the individual challenges at each site. He also highlighted the transport issues of each site and expressed concern that, due to the funding change, one of the sites would not be delivered.

The Committee noted the following comments and responses to questions:

- There was the potential to develop more than one hub at a time.
- The criteria to determine the order in which each site would be developed was still to be determined.
- MPFT was still committed to all 4 sites.
- MPFT would have a better understanding of the timescales in June 2023.
- The strategic outline case was a technical document required by NHS England. The document would be shared with the Working Group in due course.
- The Working Group included District and Borough Councils from Staffordshire Moorlands and Newcastle Under Lyme who attended the site visits and the briefing meetings.

The Chairman advised that it was not the role of the Integrated Care Hub Working Group to be involved in prioritising services, he went on to say that the national changes resulting in capital limits for foundation trusts were disappointing and disadvantaged Staffordshire residents. The Committee agreed to write to NHS England to express its disappointment and highlight that any ongoing projects should be allowed to continue.

**Resolved** – That (a) the update provided on the implementation of the clinical commissioning groups decision making business case that

proposed a model of integrated care hubs in North Staffordshire and Stoke-on-Trent be received.

(b) a letter be sent from the Committee to NHS England to express its disappointment in the national changes to the Capital Departmental Expenditure Limit resulting in NHS England setting capital spending limits for Foundation Trusts and that any ongoing projects should be allowed to continue.

#### **42. District and Borough Health Scrutiny Activity**

The Committee received the District and Borough Health Scrutiny activity update report.

Councillor Mike Wilcox, Chair of Lichfield District Council's Overview and Scrutiny Committee informed the Committee that he had taken the Developing Healthier Communities report to Lichfield District Council who were looking to embed the principles of the report in the District.

The Chairman informed the Committee of the executive response relating to the recommendations for Developing Healthier Communities.

"The key will be for districts and boroughs to review the recommendations in the context of their own organisation/locality and determine how they want to proceed. SCC public health officers are available to help shape these plans and provide advice and guidance, if needed.

I also want to make sure Members are aware that a paper has been submitted to the district CEOs group on 26<sup>th</sup> January 2023. The paper was sponsored by Dave Heywood and Tim Clegg, and included some similar recommendations for high impact action on health inequalities (one of the Leader's Board priorities), which will tie in with the recommendations identified here."

The Chairman endorsed the update from Councillor Wilcox and requested that the District/Borough representatives raise the recommendations within the report with their Councils to review the recommendations in the context of their own organisation.

Councillor Charlotte Atkins highlighted that the West Midlands Ambulance Service attended Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel and expressed her concern on waiting times for ambulances.

**Resolved** – That the report be received.

#### **43. Work Programme 2022 - 23**

The Chairman indicated that the Committee will be considering a report from the Integrated Care System on lessons learned from the Winter period in the Summer.

**Resolved** – That the Work Programme be noted.

**Chairman**

## **Health and Care Overview and Scrutiny Committee - Monday 13 February 2023**

### **Mental Health and Mental Wellbeing Strategy 2023-2028**

#### **Recommendation**

I recommend that the Committee:

- a. Consider and comment on the proposed joint Mental Health & Mental Wellbeing Strategy: 'Good Mental Health in Staffordshire' 2023-28.

**Local Member Interest:** N/A

#### **Report of Cabinet Member for Health and Care**

#### **Summary**

1. Staffordshire County Council and the Integrated Care Board (ICB) have jointly developed a final draft of a new Mental Health and Mental Wellbeing Strategy 2023-2028 titled 'Good Mental Health in Staffordshire'. This replaces the previous Mental Health Strategy 'Mental Health is Everybody's Business'. The Overview and Scrutiny Committee is asked to consider the proposed joint Mental Health & Mental Wellbeing Strategy: 'Good Mental Health in Staffordshire' 2023-28.
2. The comments of the Overview and Scrutiny Committee will be considered in preparing the final report to Cabinet at their meeting on the 15<sup>th</sup> March for them to take into account in their consideration of this matter.

#### **Report**

##### **Background**

3. Staffordshire County Council and the Integrated Care Board (ICB) have jointly developed a final draft of a new Mental Health and Mental Wellbeing Strategy 2023-2028 titled 'Good Mental Health in Staffordshire'. This replaces the previous Mental Health Strategy 'Mental Health is Everybody's Business.'
4. The Strategy takes into account recent national policy changes, the impact of the Covid pandemic on people's mental health, and related local strategies and plans to improve mental health and well-being and mental health services – including:

- a. Staffordshire and Stoke on Trent Mental Health Implementation Plan 2019 – 2024
  - b. NHS Community Mental Health Framework Transformation (CMHT)
  - c. Staffs Joint Health and Wellbeing Strategy 'Health is everyone's business' 2022-2027
  - d. Staffordshire and Stoke on Trent approach to children's and young people's mental health 'Starting well, living well, supporting well' 2018 -2023
  - e. Staffordshire Public Health Delivery Plan 'Resilience Through Health' 2021 – 2026
  - f. Staffordshire and Stoke on Trent Suicide Prevention Partnership Plan 2022 – 2024
  - g. All Together for Carers: A Carer's Strategy for Staffordshire 2019 – 2023
  - h. The aims of the Mental Health Covenant (Stafford) of which the Council were founding members.
5. The Strategy has been co-produced by the Council and NHS along with mental health professionals, partner agencies, the voluntary sector, people with lived experience, carers, and the wider public. Nearly 700 people have contributed

### **'Good Mental Health in Staffordshire'**

6. The primary focus of the Strategy is adults in Staffordshire. However, it is recognised that there are opportunities in people's early lives to positively influence their future mental health and wellbeing, and it is important to consider this in setting strategic outcomes for adult's mental health and mental wellbeing. In particular for young adults who may continue to need support for their mental health problems as they prepare for and move into adulthood. There are number of related strategies and plans referenced in 2. above, which will share some similar aims and ambitions for improving mental health and this Strategy intends to support the delivery of those rather than replace them.
7. The ambition is "***Building strong and resilient communities and individuals who are in control of their own mental wellbeing***"
8. The Strategy sets out six main outcomes:
- a. Everyone can look after their own mental well-being and find support in their communities when they need it
  - b. People have access to services when needed
  - c. A timely response to crises
  - d. There is equal access to support to improve mental well-being and services to manage mental health problems

- e. People with severe mental illness are supported to live in the community and have good quality, integrated care
- f. More integrated, good quality services for young people that focus on achieving independence in adulthood

9. The approach to achieving these outcomes will be:

- a. Help people to help themselves by offering good information about how to maintain their mental well-being and where to go for support.
- b. Minimise medicalisation by strengthening people's personal resilience and helping them develop lifelong skills for good mental health.
- c. Build and use community capacity to support people with mental health problems.
- d. Promote independence by offering support and services to people as close to home as possible and the least restrictive care options
- e. Co-produce support and services, working with individuals and communities.
- f. Encourage and enable our workforce to learn and grow, develop their skills and maintain their own mental well-being.
- g. Embrace technologies to improve people's mental well-being, access to services and quality of care.

### **Proposed Next Steps**

- 10. An overview of the Strategy, its outcomes and approaches was presented to the Health and Wellbeing Board on 1<sup>st</sup> December.
- 11. The Strategy was considered by Informal Cabinet on the 7<sup>th</sup> December 2022 and recommendations were made regarding approval of the strategy and monitoring of its delivery.
- 12. The Strategy will be considered for approval by Cabinet on the 15<sup>th</sup> March 2023.
- 13. The ICB will consider the Strategy through their formal governance processes from Mid-November 2022 to February 2023.
- 14. The Strategy is expected to commence from April 2023. An associated action plan will be co-produced by end of June 2023 to support implementation of the Strategy.
- 15. Appropriate governance arrangements will be put in place by the Council and the ICB to monitor delivery of the action plan.

### **Link to Strategic Plan**

16. The strategy links to the strategic priority to encourage good health and wellbeing, resilience and independence.

### **Link to Other Overview and Scrutiny Activity**

17. Matters relating to mental health are considered by the Health & Care Oversight and Scrutiny Committee.

### **Community Impact**

18. A Community Impact Assessment has been completed in relation to the Strategy.

### **List of Background Documents/Appendices:**

Appendix 1 - Good Mental Health in Staffordshire: 2023-28

CIA for Mental Health and Mental Wellbeing Strategy 2023-2028

### **Contact Details**

**Assistant Director:** Andrew Jepps, Assistant Director, Care Commissioning, Health and Care

**Report Author:** Jan Cartman-Frost  
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# Good Mental Health in Staffordshire: 2023 – 2028



## Introduction

1. Good mental health is one of the priorities of Staffordshire's Health and Well-being Strategy. This Strategy will help to achieve our ambition to build strong and resilient communities and individuals who are in control of their own mental well-being.
2. In this Strategy when we refer to 'mental well-being' we mean a feeling of control, confidence, and resilience; when we refer to 'mental health' we mean the absence of mental health problems that impair a person's ability to engage in many day-to-day activities.
3. The Strategy will aim to help everyone improve and maintain their mental well-being, help those who have short periods with problems to regain their mental health and well-being, and help people of all ages with severe long term mental health problems to live productive and fulfilling lives.
4. The Strategy takes into account recent national policy changes, the impact of the Covid pandemic on people's mental health, and related local strategies and plans to improve mental health and well-being and mental health services.
5. The Strategy has been co-produced by the County Council and NHS with other partners, the public, mental health professionals, and the people who use these services and their carers.
6. We would like to thank everyone involved in the production of the strategy, and we look forward to working with you to achieve our outcomes.

Cllr Julia Jessel, Cabinet Member for Health and Care (need picture for comms)

Dr Richard Harling, MBE, Director of Health and Care

Dr Waheed Abbasi, Clinical Professional Leadership, Strategic Clinical Lead, Staffordshire and Stoke on Trent Integrated Commissioning Board

Nicola Bromage, Associate Director – Mental Health, Learning Disability and Autism and Children and Young People, Staffordshire and Stoke on Trent Integrated Commissioning Board

## Mental health in Staffordshire

7. Mental health problems affect many people:
  - One in four people experience mental health problems in their lifetime; at any one time one person in 6 is experiencing a mental health problem
  - Mental health problems represent the largest single cause of disability in the UK; the cost to the economy is estimated at £119 billion a year
  - Around 20% of working age adults have mental health problems
  - Half of adults with long-term mental health problems experienced their first symptoms before the age of 14; 75% by their mid-20s.
  - Around one in four children aged 11-12 have an emotional well-being issue; for 5-16-year-olds, one in 10 have a diagnosed mental health condition.
  - Around 10-15% of mothers have mild to moderate depression during pregnancy; 3% have severe depression.
  
8. Anyone can experience mental health problems. But our chances of having mental health problems are far from equal. Health inequalities are ultimately about differences in people's health. But we are also referring to differences in the care that people receive and the opportunities that they have to lead healthy lives – both of which can contribute to their health. Health inequalities can therefore involve differences in:
  - health, for example, life expectancy
  - access to care, for example, availability of given services
  - quality and experience of care, for example, levels of patient satisfaction
  - behavioural risks to health, for example, smoking rates
  - wider determinants of health, for example, quality of housing ([Health inequalities | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/health-inequalities) ).

## Outcomes

9. The Strategy will aim to achieve six outcomes:

A. **Everyone can look after their own mental well-being and find support in their communities when they need it**

This will include

- Raising awareness of measures that everyone can take to improve and maintain their mental well-being, including promotion of the Five Ways to Wellbeing (and other approaches with strong evidence).
- More social interaction and initiatives that tackle loneliness and isolation.
- More physical activity, linking to Better Health Staffordshire whole system approach.
- Creating neighbourhoods, workplaces and schools that are more conducive to good mental health.
- A stronger focus on encouraging and supporting communities to support each other and themselves.
- Ensuring people understand where to go for support with mental health problems and can self-refer to services to get help at the earliest opportunity.
- Increasing access to mental health support in schools.
- Improving access to psychological therapies.
- Strengthening mental health literacy across the population to increase resilience and skills in self-management of mental health problems.

B. **People have access to services when needed**

This will include

- Improving access for children and young people to emotional health and well-being support to help prevent more serious mental health problems.

- Improving access for children and young people to mental health services.
- Ensuring mental health liaison services are available in all general hospitals.
- Ensuring care is personalised to people's individual needs, and mental health professionals work in partnership with people to provide choices about their care and treatment, and to reach shared decisions.
- Ensuring access for women and their partners to specialist perinatal mental health services.
- Ensuring people receive timely access to the assessments, interventions, support, and treatments that they need.

**C. A timely response to crises**

This will include

- A system-wide approach to reduce and prevent suicide, self-harm, and reduced unsafe social media use, reducing suicides to below the national rate by 2025.
- Expanding services for people of all ages experiencing a mental health crisis and making it easier and quicker to receive crisis care, around the clock, 365 days a year, including through NHS 111
- When a person requires care and treatment that can only be provided in a mental health inpatient setting and cannot be provided in the community, ensuring they receive prompt access to the best hospital provision available for their needs.

**D. There is equal access to support to improve mental well-being and services to manage mental health problems**

This will include

- People identified from certain groups within the wider population who may have more difficulties accessing support, and those from areas with poor transportation links will have access to online and mobile services such as psychological therapies.

- We will have better data and insight about the mental health needs of different groups within our population.
- Children that are care experienced can access support for their mental health and well-being.
- Ensure that people are not prevented from accessing or receiving good quality mental health care simply because of a disability, diagnostic label, or another protected characteristic.

**E. People with severe mental health problems are supported to live in the community and have good quality, integrated care**

This will include

- Increasing the numbers of adults who are living in their own homes.
- Increasing the numbers of adults who receive Individual Placement Support into paid employment.
- A stronger focus from key public sector organisations (“anchor organisations”) to create employment, training, and volunteering opportunities.
- Ensuring care is joined up across the health and care system - services work in a cohesive way with partner organisations, so that people are supported to stay well and can further their recovery.
- Offering a range of community support, including step down care and supported living options, which meet different levels of needs with providers of care consistently promoting people’s independence and quality of life.
- People with severe mental health problems benefit from new models of integrated primary and community care.

**F. More integrated, good quality services for young people that focus on achieving independence in adulthood**

This will include

- The early identification of mental health problems in children and young people.

- Improved maternal and paternal mental health.
- Young people with mental health problems will have a well-planned and joined up transition, so they can thrive and become independent in adulthood.
- Young people have settled care arrangements that meet their mental health needs and allow them to continue their education.

## Our approach

10. To achieve these outcomes, we will:



- **Help people to help themselves** by offering good information about how to maintain their mental well-being and where to go for support.



- **Minimise medicalisation** by strengthening people's personal resilience and helping them develop lifelong skills for good mental health.



- **Build and use community capacity** to support people with mental health problems.



- **Promote independence** by offering support and services to people as close to home as possible and the least restrictive care options



- **Co-produce** support and services, working with individuals and communities.



- **Encourage and enable our workforce** to learn and grow, develop their skills and maintain their own mental well-being.



- **Embrace technologies** to improve people's mental well-being, access to services and quality of care.

## **Related documents**

Appendix 1: recent national policy changes

Appendix 2: related local strategies and plans

Appendix 3: summary mental health joint strategic needs assessment and NHS performance data

Appendix 4: mental health problems and ideas for this Strategy raised by the public, staff of mental health services, and the people who use these services and their carers



# Community Impact Assessment

Mental Health and Mental Wellbeing Strategy 2023-2028

Author: Jan Cartman-Frost

Date: 14<sup>th</sup> November 2022

**This is the County Council's Community Impact Assessment (CIA) policy providing both guidance and templates to help you to carry out your assessment. It is split into three sections as follows:**

- Section 1      CIA Guidance**
- Section 2      The CIA Template**
- Section 3      Submitting your CIA**

## **Section 1: The CIA Guide**

### **What is a CIA?**

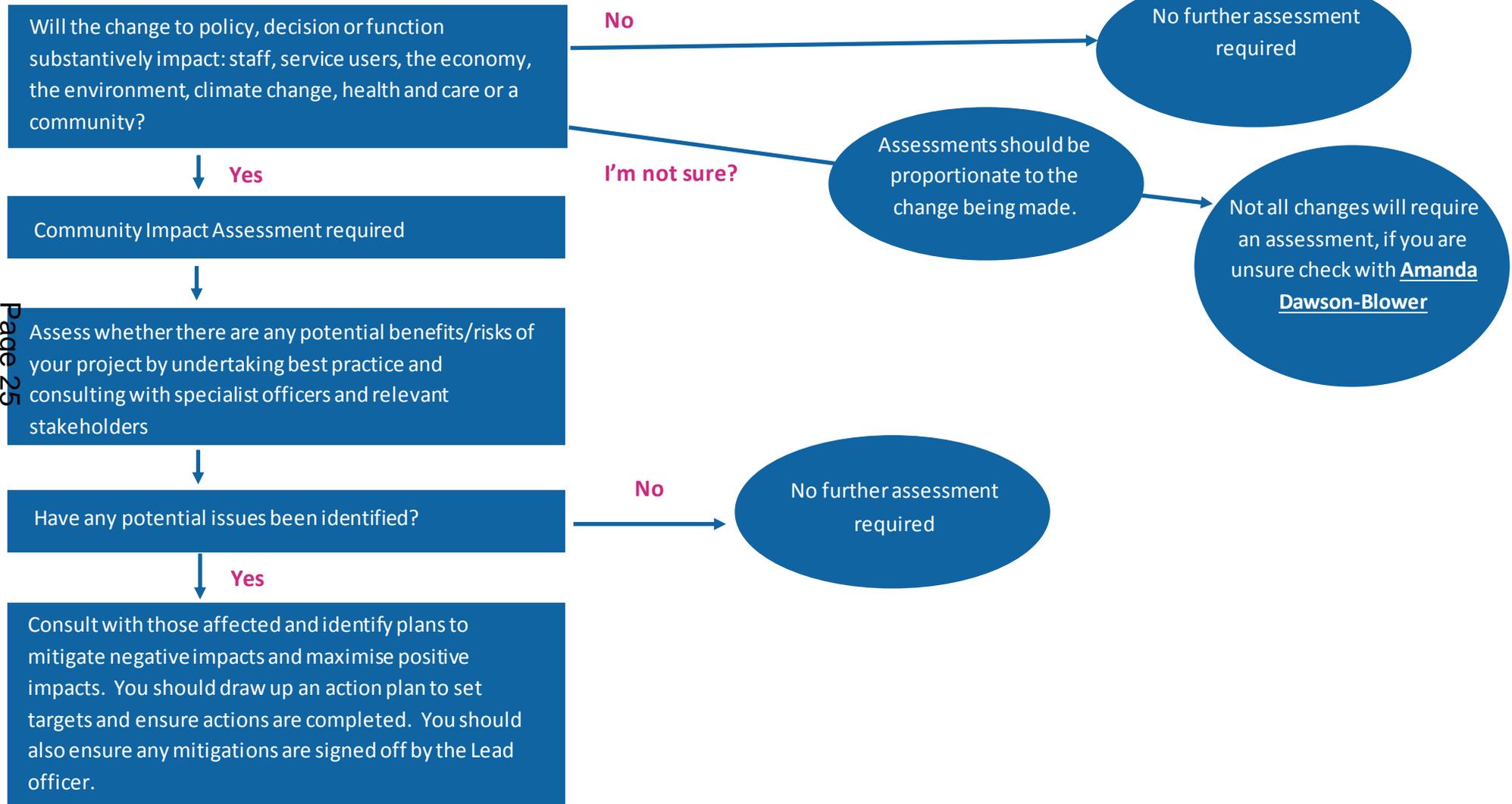
Equality, Diversity, and Inclusion is at the heart of everything we do as a Council. A CIA is a helpful tool that we use to assess the impact of our work on our communities, in line with our commitment to equality. By completing a thorough CIA we are able to ensure that we minimise potential negative consequences for everybody.

### **When do I need to undertake a CIA?**

Generally, changes to services, policies and strategies we deliver, and commission, will require an assessment to measure their impact upon communities and their environment. Assessments should be proportionate to the change being made. Not all changes will require an assessment, if you are unsure you can check with [Amanda Dawson-Blower](#), who will also be able to provide you with support to undertake your CIA if required.

Most Cabinet reports will require a CIA and key information from your assessment should inform your recommendations within the report. For more information about the County Council's decision-making processes and to access the Cabinet report template, visit the [Committees and Decision Making](#) StaffSpace pages.

## CIA Screening Process



- **Read the guidance** before you start! We also have a [CIA Learning Hub module](#) with tools and resources to support you too.
- If your project involves processing **personal data** in a different way, contact [infogov@staffordshire.gov.uk](mailto:infogov@staffordshire.gov.uk).

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- It is important to **undertake your CIA early**, during the planning stage of your project, it is a tool to help inform your decision and should not be undertaken after you have made your decision. It is therefore important to ensure adequate lead-in time to undertake necessary data gathering and analysis.
  - Undertaking **research and engagement** will provide you with an evidence base to identify actions that will either lessen the risk or maximise the benefits. The assessment will also help you to identify mitigating factors whereby risks may be balanced out to an extent by the benefits. Again, you should take a proportionate approach to the amount of research and engagement you undertake.
  - **Involve other people** - they may have some creative solutions for enhancing positive and reducing negative impacts! A project team will provide different expertise and if your project relates to a specific location involve the relevant [Strategic Delivery Manager](#).
  - **Complete the CIA Template** - The templates below in section 2 set out what is required to complete the various key sections of your CIA. The template enables you to record which groups of people will potentially be most affected by your project (utilising the data gathering/analysis undertaken earlier), what the benefits and/or risks may be and how you will mitigate any potential risks.
  - **Provisional assessments** – At the initial stages, you may not have all the evidence you need so you can conduct a provisional assessment. However, you must put in plans to gather the required information so that a full assessment can be completed.
  - **Submit your CIA** – Section 4 sets out how to submit your CIA and also contains a checklist of actions that should be completed before submission – it will be useful to familiarise yourself with this checklist before beginning your assessment.

## Section 2: The CIA Template

Important points to note when completing the template:

- The CIA is split into a number of different categories – you don't have to fill in all of them, just those that are relevant to your project
- When your assessment is complete, delete the sections not applicable

- Ensure you only include relevant information to keep the forms as succinct as possible

## ➤ Equality Assessment

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have ‘due regard’ to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a ‘relevant protected characteristic’ and people who don’t.

In this section you should consider whether your proposal will impact upon any of the following protected characteristics. Your assessment should also consider where different protected characteristics (e.g. age and gender, or gender and ethnicity) could interact with each other, and any impact this may have for potential inequalities. This will help ensure changes/new practices highlight all opportunities to be inclusive by design (i.e. considering benefits and/or risks and any necessary mitigation).

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
<b>Age</b> - older and younger people	Raising the awareness of mental health issues through information, advice and activities will help to breakdown the stigma attached to poor mental health and provide for a positive foundation for reinforcing the benefits of positive wellbeing amongst adults, children, young people and their parents and carers and the wider community.	The care and support for children will necessarily be different to that required by adults with similar needs and there is the risk that lack of effective planning for young adults can lead to people living in care settings when they could be enabled to live independently in their community.	A range of engagement activities have taken place in the development of the strategy. The Strategy seeks to improve the outcomes for young people by addressing their mental health needs early enough, so the focus is on enabling them to thrive and live independently in adulthood.

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
	<p>The focus on well planned and joined up transition from children’s mental health to adult services has the potential to have a positive impact on young people’s mental health and wellbeing.</p>		
<p><b>Disability</b> - people who are living with different conditions and disabilities, such as: mental illness, long term conditions, Autism and other neurodiverse conditions, learning disabilities, sensory impairment and physical disabilities.</p>	<p>This strategy focuses on the mental health and wellbeing needs of everyone, recognising that there may be people who have other additional needs, and the strategy seeks to ensure that mental health services are accessible and responsive for all.</p>	<p>Access to existing services may not always be equitable</p>	<p>A range of engagement activities have taken place in the development of the strategy.</p> <p>Pathways and services will be appropriately aligned to make them easier to navigate.</p> <p>We will seek feedback from people with lived experience in the development and delivery of the action plan.</p> <p>SCC have a translation and interpretation supplier and inhouse BSL service to ensure information can reach all communities regardless of language or disability</p>
<p><b>Gender reassignment</b> - those people in the process of transitioning from one sex to another</p>	<p>The strategy is intended to improve the outcomes of all children, young people</p>	<p>If support and services are not sensitive to the issues relating to gender</p>	<p>Engagement with people with lived experience, relevant groups that work with, represent and/or support young</p>

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
	<p>and adults in Staffordshire, and this will include transgender people.</p> <p>It recognises the need to identify groups of people from within the wider population who may have more difficulties accessing support to ensure that access to support and services are equitable.</p>	<p>reassignment, they may limit accessibility for some people to access support with their mental health needs.</p> <p>There is a risk that this will negatively impact on their mental health, leading to a greater need for care and support but also on the wider aspects of their lives including housing, employment and education.</p>	<p>people and adults from all gender family backgrounds in the development of the related action plan and on the design and accessibility of future service models.</p>
<p><b>Marriage &amp; Civil Partnership</b> - people who are married or in a civil partnership should not be treated differently at work</p>	<p>This strategy focuses on the mental health and wellbeing needs of everyone, and the outcomes seek to ensure that mental health services are accessible and responsive for all.</p>	<p>None identified</p>	<p>None</p>
<p><b>Pregnancy &amp; Maternity</b> - women who are pregnant or who have recently had a baby, including breast feeding mothers</p>	<p>The strategy identifies an outcome to ensure pregnant women and their partners have access to specialist perinatal and</p>	<p>Support and services may not be sensitive and adaptable to the needs of people that are pregnant, expecting a</p>	<p>Engagement with people with lived experience, relevant groups that work with, represent and/or support pregnant woman and their partners in the development of the related action</p>

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
	<p>post-natal mental health services.</p>	<p>baby and during the period following birth who present with issues relating to their mental health and wellbeing, therefore risking barriers to access and effective support.</p>	<p>plan and on the design and accessibility of future service models.</p>
<p><b>Race</b> - people defined by their race, colour, and nationality (including citizenship) ethnic or national origins</p>	<p>The strategy aims to improve outcomes for all children, young people and adults in Staffordshire.</p> <p>It recognises the need to identify groups of people from within the wider population who may have more difficulties accessing support to ensure that access to support and services are equitable and reflective of individual needs.</p>	<p>By not recognising specific cultural needs in redesigning services and pathways to address mental health and wellbeing needs, the model of provision could potentially isolate groups further.</p> <p>People from ethnic minorities are more at risk of wider health inequalities that will impact on the mental health and wellbeing.</p>	<p>A range of engagement activities have taken place in the development of the strategy.</p> <p>Seek further feedback from a diverse range of people with lived experience in the development and delivery of the action plan.</p> <p>Relevant workforce development plans are reflective of meeting the needs of those from culturally diverse backgrounds.</p> <p>Organisations providing services identify any training and development needs to enable staff members and volunteers to meet the mental health needs of people from diverse cultural backgrounds.</p> <p>SCC have a translation and interpretation supplier and inhouse BSL service to ensure information can reach</p>

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
			all communities regardless of language or disability
<p><b>Religion or Belief</b> - people with any religious or philosophical belief, including a lack of belief. A belief should affect a person's life choices or the way they live for it to be considered</p>	<p>This strategy focuses on the mental health and wellbeing needs of everyone, and the outcomes seek to ensure that mental health services are accessible and responsive for all.</p>	<p>By not recognising specific cultural or religious needs in redesigning services and pathways to address mental health and wellbeing, the model of provision could potentially isolate groups further.</p>	<p>A range of engagement activities have taken place in the development of the strategy.</p> <p>Seek further feedback from a diverse range of people with lived experience in the development and delivery of the action plan.</p> <p>The County Council's statutory duties under the Care Act to meet people's eligible social care needs apply.</p>
<p><b>Sex</b> - men or women</p>	<p>The strategy aims to improve outcomes for all children, young people and adults in Staffordshire.</p>	<p>If preferences for IAG, communication and support mechanisms vary between males and females, and this is not considered there may be limited engagement with some people.</p>	<p>A range of engagement activities have taken place in the development of the strategy.</p> <p>Seek further feedback from a diverse range of people with lived experience in the development and delivery of the action plan.</p> <p>Engagement with any relevant groups that work with, represent and/or support males or females in the development of pathways, services, digital solutions, and proposals.</p>

Protected Characteristics	Benefits	Risks	Mitigations / Recommendations
<p><b>Sexual orientation</b> - whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes</p>	<p>The outcomes in this strategy are intended to improve the outcomes of people of all ages regardless of their sexual orientation.</p>	<p>Service access and referral points may not be sensitive and adaptable to the needs of LGBTQ+ people of any age, therefore risking barriers to access and effective support.</p> <p>Limited engagement with groups and organisations that work with and support LGBTQ+ communities may limit the success of transformation plans to meet their mental health needs.</p>	<p>Engagement with individuals using services and relevant groups that work with, represent and/or support LGBTQ+ people of any age on the design and implementation of digital solutions, access, and support, as appropriate.</p> <p>As part of local asset mapping, gather an understanding and strengthen links with and between any relevant community groups and organisations.</p> <p>Engagement with any local groups to promote effective prevention and early help for LGBTQ+ communities to understand potential additional capacity building needs.</p>

## ➤ Workforce Assessment

**\*\*This section only needs to be undertaken if your proposal affects SCC staff\*\***

Key considerations:

- Consider the impact of your proposal on staff with different **protected characteristics** – the staffing profile data can be a useful source of evidence and can be presented below in graph form to supplement your narrative.

- You should consider the impact of job losses (pre and post change), changes to terms and conditions, available support for staff and what the HR protocols are.
- For support to complete this section, please contact your People Operations Adviser.

Who will be affected – consider the following protected characteristics: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation	Benefits	Risks	Mitigations / Recommendations
n/a			

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## ➤ Health and Care Assessment

A key priority within our Strategic Plan is to ‘**Encourage good health and well-being, resilience and independence**’. This section should therefore be used to identify the impact of the proposal on delivery of this priority.

Key considerations:

- Determine how the proposal will impact on resident’s health and wellbeing (mental and physical), and whether the proposal will impact on the demands for, or access to health and care services for those eligible for care and support under the Care Act 2014.
- Also consider whether your proposal promotes healthy lifestyles, personal responsibility and independence (including independent living) with support from family, friends and/or the community.
- Please contact the [Public Health Team](#) for further advice and guidance if the proposal potentially has a more significant impact on public health, or if you require further input into how to make that judgement.

Key considerations	Benefits	Risks	Mitigations / Recommendations
<p><b>Mental Health and Wellbeing</b></p> <p>Will the proposal impact on the mental health and wellbeing of residents or services that support those with Mental Health issues?</p>	<p>The primary ambition of the refreshed strategy is to ensure people of any age have quick and easy access to high quality support for their mental health and wellbeing when they need it whilst ensuring care and support for people with severe mental illness has a focus on independence.</p>	<p>The strategy may not have identified the right priorities to improve mental health and wellbeing and outcomes are not met.</p> <p>The strategy extends over a five year period and there is a risk that commitment to deliver the outcomes may decline over time.</p> <p>People with mental health issues may not wish to engage in developing the action plan or future service design which may lead to these being less likely to meet their needs.</p>	<p>A range of engagement activities have taken place in the development of the strategy to develop the content and outcomes.</p> <p>Further engagement with people with lived experience and stakeholders in the development and delivery of the action plan to ensure this is co-produced.</p> <p>An action plan to be developed to identify the necessary actions to deliver the outcomes and track progress over the period of the strategy.</p> <p>Communication activity to support the implementation and delivery of the strategy.</p>
<p><b>Healthy Lifestyles</b></p>	<p>The strategy aims to ensure that everyone can look after their own</p>	<p>People fail to identify ways in which they can look after their own</p>	<p>Raising awareness of measures that everyone can take to improve and maintain their mental well-being.</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
<p>Will the proposal promote independence and personal responsibility, helping people to make positive choices around physical activity, healthy food and nutrition, smoking, problematic alcohol and substance use, and sexual health?</p>	<p>mental wellbeing and find support in their communities when they need it, by raising awareness about measures that everyone can take to improve and maintain their mental well-being</p>	<p>wellbeing, and this has a negative impact on their mental health and wellbeing.</p>	<p>Ensure people understand where to go for support with mental health problems and can self-refer to services to get help at the earliest opportunity. There is good quality care and support that is joined up across the health and care system so that people are supported to stay well and can further their recovery.</p>
<p>Access to Social Care</p> <p>Will the proposal enable people to access appropriate interventions at the right time?</p>	<p>The strategy is joint with the ICB and SCC and includes outcomes relating to access to both health and social care support and services. A key outcome of the strategy is to ensure there is equal access to support to improve mental well-being and services to manage mental health problems</p> <p>People with severe mental illness are supported to</p>	<p>People do not know where to go for support to prevent their mental health problems increasing and they then require more intensive care and support.</p>	<p>We will ensure information, advice, and guidance about how to support wellbeing, or how to access support is widely available in multiple formats to ensure it is accessible to all.</p> <p>Ensuring care is personalised to people's individual needs, and mental health professionals work in partnership with people to provide choices about their care and treatment, and to reach shared decisions.</p> <p>The strategy represents a focus towards early intervention and prevention, reducing escalation of needs. Supporting people with severe mental illness is also a priority ensuring</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
	live in the community and have good quality, integrated care		<p>people are supported through targeted and specialist support.</p> <p>The County Council's statutory duties under the Care Act to meet people's eligible social care needs apply.</p>
<p>Independent Living</p> <p>Will the proposal impact on people's ability to live independently in their own home, with care and support from family, friends, and the community?</p>	<p>The strategy has a clear outcome around ensuring suitable housing for people with mental health problems, with people enabled to live independently wherever possible.</p>	<p>Risk that there is insufficient good quality housing and related support which could have a negative impact on people's mental health.</p> <p>Failure to adequately plan for young adults leaving care who have mental health problems may result in fewer young people being enabled to live independently.</p>	<p>Development of a housing standards charter as part of the Supported Living re-commission to ensure a minimum standard of housing quality.</p> <p>Transition to adulthood for young people and the associated support required in relation to independent living has been identified as a key priority within the Strategy.</p>
Safeguarding	The proposals are intended to improve the	There is a risk that all volunteers and staff	The Strategy and associated implementation plans will consider the

Key considerations	Benefits	Risks	Mitigations / Recommendations
<p>Will the proposal ensure effective safeguarding for the most vulnerable in our communities?</p>	<p>outcomes of people of all ages, with a focus on good quality care support and services when needed for people with severe mental illness.</p>	<p>members do not have the necessary skills and awareness to promote effective safeguarding for people of all ages.</p>	<p>health and emotional wellbeing needs of people of ages with particular emphasis on ensuring that targeted support is available to those most vulnerable who have more complex needs.</p> <p>Quality assurance, safeguarding principles and practice are already embedded within County Council, NHS and commissioned services and will continue to be so in all future service/tender models.</p> <p>The County Council's statutory duties under the Care Act in relation to safeguarding apply as does the County Council's responsibilities under the Mental Capacity Act.</p>

## ➤ Communities Assessment

Use this section to identify the impact of the proposal on communities.

Key considerations:

- Determine whether your proposal will provide opportunities to strengthen community capacity to create safer and stronger communities and provide opportunities for volunteering.
- Consider the different localities and communities your proposal may impact, identifying any communities that could be more adversely impacted than others, for example, rural communities.
- Engage with [Strategic Delivery Managers](#) (SDMs) – they have a great deal of knowledge about their relevant localities and will be key to providing insight and expertise.

Key consideration	Benefits	Risks	Mitigations / Recommendations
<p>Community Development/ Capacity</p> <p>Will the proposal affect opportunities to work with communities and strengthen or reduce community capacity?</p>	<p>The strategy includes the approach of using community capacity to support people with mental health problems, so that will be an opportunity to strengthen work with communities and capacity within them.</p>	<p>Failure to identify needs for specific localities or groups of people within communities that may not be accessing the support they need, leading to less effective community capacity.</p> <p>Failure to engage with a sufficiently diverse range of people within communities may limit the success of the strategies aims.</p>	<p>Recognition and promotion of positive prevention and early intervention in relation to strengthening community capacity to share learning across communities and localities.</p> <p>Further engagement with groups of people less well represented in the engagement work undertaken in the development of the strategy.</p> <p>Continue to work with wide range of people involved in development of community capacity including links with Community Champions programme, Supportive Communities programme and VCSE.</p>

<p>Crime/ Community Safety</p> <p>Will the proposal support a joint approach to responding to crime and addressing the causes of crime?</p>	<p>The strategy identifies an outcome of achieving neighbourhoods that are conducive to good mental health.</p> <p>The proposals are intended to improve the outcomes of people of all ages, with a focus on good quality care support and services when needed for people with mental health problems, including those at risk of entering, or at the point of leaving, the criminal justice system.</p>	<p>Support provided to people with mental health problems is not effective in enabling them to remain living safely in their own communities.</p>	<p>A range of engagement was undertaken in the development of the strategy, and this included aspects of the relationship between community safety, criminal justice system and mental health.</p> <p>Further engagement and co-production activities will inform the development of the action plan.</p> <p>The County Council's statutory duties under the Care Act, Mental Capacity Act and Mental Health Act apply.</p>
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<p>Educational Attainment and Training.</p> <p>Will the proposal support school improvement and help to provide access to a good education?</p> <p>Will the proposal support the improved supply of skills to employers and the employability of residents?</p>	<p>The strategy recognises the need to improve outcomes for young people by early support for their mental health and wellbeing and identifies the impact on educational attainment, particularly for care experienced young people.</p> <p>Also increased access to NHS services when needed.</p>	<p>Failure to provide early support for mental health and wellbeing can contribute to poor outcomes in relation to educational attainment and wider long term health inequalities into adulthood.</p>	<p>Opportunities to ensure mental health support in schools and colleges are increased.</p> <p>Further engagement with young people co-produce and inform the development of the action plan.</p> <p>Close work with Children and Families and with Preparing For Adulthood programme.</p>
<p>Leisure and Culture</p> <p>Will the proposal encourage people to participate in social and leisure activities that they enjoy</p>	<p>It is recognised that involvement in such activities has a positive impact on the physical and mental health and wellbeing of our children, young people, and adults.</p>	<p>Failure to provide easily accessible information about the benefits and availability of social and leisure activities to encourage people to participate in them.</p>	<p>Working with colleagues in Digital and Public Health in the development of appropriate IAG and online offers.</p> <p>Work with VCSE and community partners to identify local resources and opportunities.</p>

<p>Volunteering</p> <p>Will the proposal impact on opportunities for volunteering?</p>	<p>The strategy includes the outcome to ensure that everyone can look after their own mental well-being and find support in their communities when they need it. Wellbeing models encourage doing things for others as an opportunity to improve your own wellbeing.</p> <p>The strategy also recognises the importance of support in to employment, including volunteering as way in to paid work.</p>	<p>Cost of living crisis may reduce the number of people available to give their time for free, impacting on the sustainability of these groups.</p> <p>Failure to adequately skill a wide range of voluntary sector organisations to support people with mental health problems.</p>	<p>Engagement to develop the strategy included contributions from voluntary sector organisations.</p> <p>Continue to develop the action plan with a strength based approach. Close working with the Supportive Communities programme and the development of anchor organisations.</p>
<p>Best Start</p> <p>Will the proposal impact on parental support (pre or postnatally), which helps to ensure that children are school ready and have high aspirations, utilising a positive parenting approach?</p>	<p>The refreshed strategy is intended to improve the outcomes of children, young people and adults.</p> <p>The strategy also identifies an outcome to ensure pregnant women and their partners have access to specialist perinatal mental health services.</p>	<p>Access to support may not be sensitive and adaptable to the needs of people that are pregnant, expecting a baby or following birth during early years, therefore risking barriers to access and effective support.</p>	<p>Engagement with people with lived experience, relevant groups that work with, represent and/or support pregnant woman and parents of children in their early years in the development of the related action plan and on the design and accessibility of future service models.</p> <p>Working with Children and Families services.</p>

<p>Rural Communities</p> <p>Will the proposal specifically impact on rural communities?</p>	<p>Not specifically in most aspects of the strategy but it does include an outcome to increase in people from areas with poor transportation links to have access to online and mobile services such as psychological therapies.</p>	<p>Access to services may not be sufficient in rural communities to have a positive impact on people's mental health and wellbeing, increasing the risk of people's needs becoming more complex if they are not supported at an earlier stage.</p>	<p>Further engagement with people with lived experience and stakeholders in the development of the related action plan will take in to account the needs and experiences of people across Staffordshire, both urban and rural.</p> <p>Ensure access to services are equitable across the county to meet the mental health needs of people within rural communities.</p> <p>In developing local service models, consideration should be given to developing community support mechanisms in rural settings which are accessible and respond to local needs.</p>
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## ➤ Economic Assessment

A key priority within our Strategic Plan is to 'Support Staffordshire's economy to grow, generating more and better paid jobs'. This section should therefore be used to identify the impact of the proposal on delivery of this priority.

Key considerations:

- Determine whether the proposal will impact economic growth and whether it will promote Staffordshire as a ‘go to’ location for new businesses to invest and start up and existing businesses to grow.
- Consider whether the proposal will impact upon resident’s income and access to good quality jobs.
- Also consider how the proposal will allow residents to improve, diversify and adapt their skills and qualifications.

Key consideration	Benefits	Risks	Mitigations / Recommendations
<p>Economic Growth</p> <p>Will the proposal promote the county as a “go to” location for business, and make it easy for businesses to start up, innovate and expand?</p>	<p>The strategy includes an outcome to ensure everyone can look after their own mental well-being and find support in their communities when they need it, including workplaces that are more conducive to good mental health.</p> <p>For people with more severe mental illness the strategy seeks to increase the numbers of adults receiving Individual Placement Support into paid employment.</p>	<p>Mental health problems cause a significant loss to the UK economy. Failure to improve the mental health of the working age population of Staffordshire could contribute to a similar impact on the local economy.</p>	<p>Further engagement with people with lived experience and stakeholders in the development of the related action plan will include a focus on workplace and employment.</p> <p>Where appropriate we will seek to maximise opportunities to enable people with mental health problems to gain employment by collaboration with neighbouring local authorities and associated Integrated Care Boards.</p>

	These outcomes will provide focus on support for workplace mental health and to increase the number of people enable to join the workforce		
<p>Workplace Health and Environments</p> <p>Will the proposal impact on working conditions and the health of Staffordshire's workforce?</p>	The strategy includes an outcome to ensure everyone can look after their own mental well-being and find support in their communities when they need it, including workplaces that are more conducive to good mental health.	Failure to improve the support for people's mental health in the workplace could reduce the numbers of people in work and fail to reduce the number of absences in the workplace. This could then contribute to increased mental health needs and demand for more intensive support.	Ensuring there is good quality, accessible information, advice and support will support people's health and well-being, enabling them to manage their mental health and remain in work wherever possible and appropriate.

### ➤ Climate Change Assessment

A key priority within our Strategic Plan is to 'Tackle climate change, enhance our environment, and make Staffordshire more sustainable'. This section should therefore be used to identify the impact of the proposal on delivery of this priority.

Key considerations:

- Our mission is to ‘Make Staffordshire Sustainable’, and we have made a commitment to achieve net zero emissions by 2050 across every aspect of our service provision and estate. Our [Climate Change StaffSpace page](#) sets out our plans to achieve this which will help you to consider the impact of your proposal on Climate Change and how it helps us to achieve our vision of “net zero”.
  - If the project has some negative aspects with this strategic goal in mind, then you should demonstrate how this is to be mitigated.
  - It would also be useful if there could be a carbon impact (tonnes of CO2e), attributed to the completion of the entire project.
  - Any carbon saving that can be attributed to the proposal, should also be explained and quantified.
  - It is essential that you complete the [Climate Change Learning Hub module](#) before completing this assessment.
- If there are no climate change implications arising as a result of the project, you can provide background to show this has been considered.
- Please contact the Sustainability and Climate Change Team at [sustainability@staffordshire.gov.uk](mailto:sustainability@staffordshire.gov.uk) for further advice and guidance.

Key considerations	Benefits	Risks	Mitigations / Recommendations
Access to environments to support mental health.	The strategy includes the outcome to ensure that everyone can look after their own mental well-being and find support in their communities when they need it. Wellbeing models encourage spending time outdoors and staying active to improve your own wellbeing.	<p>Failure to identify alternatives for people who may not have access to green spaces in their area.</p> <p>Failure to take into consideration the accessibility of green spaces so that people</p>	<p>As part of the engagement to support the development of the action plan, identify and strengthen links with relevant stakeholders and community groups to promote access to green spaces in the County.</p> <p>Ensuring information is shared in accessible formats</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
	<p>Access to green spaces has been shown to have positive impacts on wellbeing. Green spaces if managed well can have positive climate change benefits if they can help reduce the potential for flooding, tree planting, planting for wildlife etc.</p> <p>There is potential to encourage the development of good quality local spaces to benefit people and the environment, complementary to the strategy.</p>	<p>who have additional needs are not provided with equal opportunity to access them.</p>	
<p>High quality housing</p> <p>Residential buildings collectively are one of the greatest sources of carbon emissions in Staffordshire.</p>	<p>The strategy seeks the outcome for people with severe mental illness to be supported to live in the community in good quality homes of their own.</p>	<p>Failure to provide affordable, quality housing with support that is not aligned to Staffordshire's strategic plan for climate change action.</p>	<p>The strategy should inform planning for housing with support and provides an opportunity to influence the standards of properties for people with mental health problems.</p>

Key considerations	Benefits	Risks	Mitigations / Recommendations
Healthier workplaces	The strategy includes an outcome to ensure everyone can look after their own mental well-being and find support in their communities when they need it, including workplaces that are more conducive to good mental health.	No specific risks identified	None

## Environment Assessment

Use this section to identify the impact of the proposal on the physical environment. How does the proposal support the utilisation and maintenance of Staffordshire's built and natural environments, thereby improving health and wellbeing and strengthening community assets?

Key considerations:

- You should consider whether your proposal will affect: the built environment; the rural environment including agriculture; air, water and land quality; waste and recycling; and ability to travel/access to transport, particularly sustainable methods.

Key considerations	Benefits	Risks	Mitigations / Recommendations
<p>Built Environment/ Land Use</p> <p>Will the proposal impact on the built environment and land use</p>	<p>The strategy seeks the outcome for people with severe mental illness to be supported to live in the community in good quality homes of their own.</p>	<p>Poor housing has a negative impact on people's mental health and increases health inequalities.</p> <p>Failure to provide good quality housing within communities could lead to people with severe mental illness living in larger residential or nursing care settings where there may be less opportunity for them to be enabled to.</p>	<p>Feedback during engagement to develop the strategy identified the need to look for creative alternatives to residential and nursing care, particularly where this is out of area, so more people can stay living independently in their community. This will inform the Market Position Statement for mental health and the action plan for this strategy.</p> <p>Ensure links with Supported Living recommissioning and Housing with Care Strategy.</p>

<p>Rural Environment organisations.</p> <p>Will the proposal impact on the rural natural environment or on access to open spaces?</p>	<p>The strategy includes the outcome to ensure that everyone can look after their own mental well-being and find support in their communities when they need it. Wellbeing models encourage spending time outdoors and staying active to improve your own wellbeing.</p>	<p>Failure to identify alternatives for people who may not have access to green spaces in their area.</p> <p>Failure to take into consideration the accessibility of green spaces so that people who have additional needs are not provided with equal opportunity to access them.</p>	<p>As part of the engagement to support the development of the action plan, identify and strengthen links with relevant stakeholders and community groups to promote access to green spaces in the County.</p> <p>Ensuring information about open, green spaces is shared in accessible formats</p>
<p>Air, Water and Land Quality Will the proposal affect air quality (e.g., vehicle, industrial or domestic emissions), drinking water quality or land quality (e.g., contamination)?</p>	<p>n/a</p>		
<p>Waste and Recycling Will the proposal affect waste (e.g., disposal) and recycling?</p>	<p>n/a</p>		

<p>Transport Will the proposal affect the ability of people/ communities/ business to travel? Will the proposal impact on walking/ cycling opportunities?</p>	<p>Not specifically in most aspects of the strategy but it does include an outcome to increase, for people from areas with poor transportation links, to have access to online and mobile services such as psychological therapies. This may have a very limited impact on need to travel.</p>	<p>None identified</p>	<p>None</p>
<p>Noise Will the proposal cause disruptive noise</p>	<p>n/a</p>		

## Section 3: Submitting your CIA

Prior to submitting your Community Impact Assessment (CIA), please ensure that the below actions have been completed, to reassure yourself / SLT / Cabinet that the CIA process has been undertaken appropriately.

- The project supports the Council's [Strategic Plan](#) and [Medium Term Financial Strategy](#)
- The aims, objectives and outcomes of the project have been clearly identified and it is clear what the decision is or what decision is being requested
- For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and potential impacts are clearly identified and mitigated for (where possible)
- The appropriate evidence has been used to inform the CIA and decision – engagement / consultation, data, research, local knowledge
- The appropriate people have been involved to provide knowledge and expertise to inform the CIA / decision
- The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics

### Next Steps:

- When you are satisfied you have completed the above actions, the CIA needs to be approved as appropriate – depending on the size of your project, this could be your manager, project lead or SLT
- If your CIA is going to Cabinet, it should be submitted as part of the Cabinet papers
- You should also submit your CIA to [amanda.dawson-blower@staffordshire.gov.uk](mailto:amanda.dawson-blower@staffordshire.gov.uk)

<b>Local Members Interest</b>
N/A

## **Health and Care Overview and Scrutiny Committee - Monday 13 February 2023**

### **Update on Mental Health Support Teams in Schools**

#### **Recommendation(s)**

I recommend that:

- a. Committee notes the plan for expansion of MHST’s by March 2024
- b. Committee notes the progress MHST’s and outcomes achieved and the challenges and barriers experienced

#### **Report of the Staffordshire and Stoke-on-Trent ICB**

#### **Summary**

1. The overview and Scrutiny Committee is asked to note the plan for expansion of MHST’s by March 2024 and the progress and outcomes achieved and the challenges and barriers experienced.
2. A project plan for Wave 9 and 10 will be submitted to NHSE by Friday 24 March and the following milestones achieved to ensure successful delivery.

Milestone	Deadline	Notes
Review and agree financial specification setting out schedule of payments in 2023 and 2024	24 February 2023	
Confirm name and contact details of ICS project lead(s) to NHS England regional leads.  Please include contact details for: <ul style="list-style-type: none"> <li>• Project lead</li> <li>• ICS lead (if different to project lead)</li> <li>• Mental health provider lead(s)</li> <li>• Education lead(s)</li> </ul>	24 February 2023	Return by email to NHSE Region

Submit completed Project Plan to NHSE regional leads for assurance	10:00 - Friday 24 March 2023	Complete project plan template and return to <a href="mailto:england.midsroc2@nhs.net">england.midsroc2@nhs.net</a> .
Commence recruitment of MHST members  As in 2022/23, recruitment may commence whilst project plans are being finalised. Early discussions regarding MHST structures different to the standard model should be held with regional leads to ensure adequate supervision, leadership and overall provision and made clear in project plans. Supervisors to be in post for commencement of EMHP training.	No later than 30 April 2023 for Wave 9.  No later than 31 August 2023 for Wave 10.	Liaise with HEE regional lead and HEI.
Sites to notify HEIs of who will be enrolling onto supervisor course	31 July 2023 (Wave 9)  30 September 2023 (Wave 10)	Confirm with HEI providing training locally and HEE regional leads
Training commences (EMHPs & supervisors)	September 2023 (Wave 9)  January 2024 (Wave 10)	Liaise with HEI provider.
Confirmation of education settings hosting EMHP trainees on placement as part of their training	30 November 2023 (Wave 9)  31 March 2024 (Wave 10)	Confirm with HEIs locally, and regional HEE, DFE and NHSE leads

## Report

### Background

3. The Mental Health Support Team (MHST) approach was set out in [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) (the 'Green Paper' hereafter), which builds on existing government commitments, set out in [Future in Mind](#) and [The Five Year Forward View for Mental Health](#), to create integrated partnerships between health, education, social care and voluntary, community and social enterprises (VCSEs) to keep children and young people (CYP) at the heart of mental health care, and ensure that everyone is able to access the right help, in the right setting, when they need it.
4. In England today, approximately [one in six \(17%\)](#) children and young people aged 5 to 19 have a diagnosable mental health problem which is an increase from one in nine in 2017. Children and young people with mental health problems are more likely to have negative life experiences early on, which can damage their life chances into adulthood. Half of all mental health problems emerge before the age of 14, and there is clear evidence that early interventions can prevent problems escalating and can have major societal benefits. Many more children and young people will also benefit from support for mental health and wellbeing needs that would not reach the threshold to be a 'diagnosable mental health' problem. In the main, the MHSTs are intended to support these children and young people and help prevent more serious problems developing by providing them with low intensity support for mild/moderate difficulties, focusing particularly on low mood, anxiety and behavioural difficulties.
5. The [NHS Long Term Plan](#) (published January 2019) built on the Green Paper, announcing that by 2023/24, an extra 345,000 children and young people aged 0–25 will receive mental health support via NHS-funded mental health services and education-based MHSTs. Under the Long-Term Plan, mental health services will continue to receive a growing share of the NHS budget, with funding to grow by at least £2.3bn a year by 2023/24. This includes funding for the MHSTs over the next 5 years, rolling out teams to at least a fifth to a quarter of the country by the end of 2023.
6. The Green Paper set out 3 major proposals to transform children and young people's mental health (CYPMH) provision, with a focus on improving mental health in education:
  - a. incentivise all schools and colleges to identify and train senior mental health leads in education settings

- b. new MHSTs across education settings to provide early intervention and support the promotion of good mental health and wellbeing
  - c. Pilot 4-week waiting (4WW) times to access specialist NHS CYPMH services.
7. These 3 elements were trialled in new trailblazer sites, with the first wave to be fully operational by the end of December 2019. This was known as Wave 1 2018/19. During this initial first wave of Green Paper implementation, NHSE/I long-listing sites for whom there is evidence against these four core early sifting criteria:
- a. Delivery of the Mental Health Investment Standard (MHIS) in 17-18.
  - b. Data flowing to the MHSDS from the providers commissioned by CCGs to demonstrate access level above 20% of the CYP population.
  - c. That the CCG is not in special measures and that the main CYP MH provider is not rated inadequate.
  - d. Proximity to a training site – within 1 hour by public transport or car.
8. In Staffordshire & Stoke-on-Trent this meant only 4 CCG areas at the time were eligible to bid. We were successful for 2 CCG's and we became a Wave 1 18/19 site for both MHST's and one of twelve sites for the 4WW pilot. This meant we had 2 MHST's in North Staffordshire and 2 MHST's in Stoke-on-Trent.
9. In subsequent years we also competitively bid for additional MHST's and were successful in securing 2 MHST's in East Staffordshire for Wave 1 19/20, and 1 MHST for Cannock Chase in Wave 4 20/21.
10. We have since entered a multi-year selection planning process and have been allocated:
- a. Wave 6 2021/22 1 MHST Stafford & Surrounds;
  - b. Wave 7 Nov 2022 1 MHST Tamworth locality;
  - c. Wave 8 January 2023 1 MHST Stoke-on-Trent;
  - d. Wave 9 September 2023 1 MHST Lichfield locality
  - e. Final Wave 10 January 2024 1 MHST which will operate on the borders of Seidson, Cannock Chase and Stafford and Surrounds. This will be 12 MHST's across Staffordshire and Stoke-on-Trent, 9 of which are focused in Staffordshire.
11. Staffordshire Schools listed in Appendix 1
12. National guidance approximates that each MHST could cover a population of 8000 CYP' or 20 schools and based on a nominal staffing of 7.5wte but this is for local determination.

13. The MHSTs comprise senior clinicians responsible for management of the team, supervision of the Education Mental Health Practitioners (EMHPs,) as well as providing consultation and advice and delivering interventions. These clinicians may be professionals (such as clinical psychologists or senior nurses) who have had training and experience in managing a team and providing supervision. EMHPs will represent the majority of the MHST workforce. Under supervision, EMHPs will deliver and assess outcome focused, evidence-based interventions to children and young people with mild-to-moderate mental health problems, and their families, parents and carers. They will support the senior mental health lead to introduce or develop their whole school/college approach and give timely advice to education setting staff, and liaise with external specialists, to help children and young people stay in education. They will also liaise with supervisors to agree appropriate signposting and referrals for children and young people. EMHPs will play an important role in supporting and working with education to identify and manage issues related to mental health, and work with them to improve access to mental health services.

### **Core functions of Mental Health Support Teams (MHSTs)**

14. The MHSTs deliver 3 core functions:
- a. Delivering evidence-based interventions for children and young people with mild-to-moderate mental health problems
  - b. Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach
  - c. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education
15. Implementing the 3 core MHST functions is expected to achieve a number of positive outcomes, including:
- a. Better mental health and wellbeing amongst children and young people with improved quality of life for children, young people and their families and carers, including better functioning in all aspects of life and greater continuity in education, leading to better educational outcomes and improved long-term job prospects
  - b. A reduction in mental health problems extending into adulthood, leading to a reduction in the associated financial and social costs of mental health care across the lifespan
  - c. Education settings feel better equipped and supported to provide support to children and young people to look after their own mental health and encourage children and young people to seek help if

required, gaining a better understanding of their mental health and wellbeing needs

- d. An improvement in appropriate referrals (to NHS CYPMH services) through improved identification of need and assessment, and by addressing emerging problems that would otherwise escalate and lead to children and young people requiring treatment from NHS CYPMH services.
- e. A more positive experience for children and young people and parents and carer with improved knowledge and confidence in dealing with mental health issues

### **NSCHT & MPFT Current Position, Outcomes, Challenges**

16. NSCHT have 4 established teams spanning North Staffordshire and Stoke-on-Trent. Two teams are based in North Staffordshire, Newcastle MHST and Moorlands MHST which together work into 31 schools across the area, working closely with the two Stoke teams. Within South Staffordshire MPFT currently deliver 5 MHSTs spanning East Staffordshire, Cannock, Stafford, and a recently developed team in Tamworth as part of Wave 7 in November 2022. The team's workforce consists of Team Leads, supervisors, EMHPs, Children and Young Peoples Wellbeing Practitioner CYWPs, Senior MHST Practitioners, Peer Support Workers and administrators. The teams have and are continually developing positive relationships with Mental Health Leads within school settings and are increasingly seeing schools utilise and value the offer of support to children and young people. MHST work closely with Core CAMHS and our specialist services such as eating disorders and CYP Autism etc.
17. Outcomes – The data collated has been in the form of both qualitative and quantitative and is evidenced within the routine outcome measures and feedback from service users, families and schools and clinical recorded activity. (Appendix 2) We have seen positive outcomes from service delivery data, both from a 1:1 intervention and treatment activity, as well as whole school approach (Prevention and Promotion work).
18. Feedback from children and young people highlighted the lack of support outside of working hours, also access to support via digital means. We were able to identify funding via underspend monies to provide children and young people across South Staffordshire access to online digital support.
19. In regards to Access rates and 'Whole School Approaches' all the MHSTs have begun the new academic year with a much stronger focus on this

function and have been supporting schools with how this can lead to positive outcomes around behaviour and learning.

20. Many schools are now engaged much more proactively in the 'whole school approach' and support is gaining traction with positive feedback – this is much more successful in the primary provisions (this could be first/middle schools in some areas under 11s). Secondary provisions are proving more difficult to try to embed whole school changes to support the overall wellbeing of school populations.
21. Barriers to whole school support include the amount of work Mental health leads have and their ability to be able to engage and discuss what they need, difficulties also arise if the MH lead does not sit within the schools senior leadership team as they are not empowered to be able to make the changes needed to support CYP at the centre of the Thrive model.
22. Whilst it is too early to see the impact on referrals to CAMHS, there appears to be a trend where referrals from schools to Core CAMHS is reduced, and those young people that are referred come with appropriate and thorough referrals supporting a smoother pathway to the service required.
23. Challenges – At the beginning of 2022 the COVID-19 pandemic continued to have some impact on the MHST but there are now signs that things are beginning to move on. The teams and education providers continue to use a digital option if its felt this is the best way of giving support, it does however continue to be best practice for Education Mental Health Practitioners to be physically in schools.
24. There have been consistent challenges with regards to workforce and retention of staff within MHSTs for a number of reasons. This has particularly been the case for the EMHP posts and low intensity supervisors:
  - a. Due to being successful in the implementation for MHSTs early on in the roll out of the programme, we have seen a high turnover of the EMHPs who have been successful in gaining posts within closure proximity to homes etc. as further waves have been rolled out.
  - b. HEE only provide places for those identified in each wave, and therefore when qualified EMHPs leave for other opportunities, there is no capacity in the system currently to replace. Providers have overcome this issue by employing alternative clinicians (CYWP), whose training is similar to the EMHP course, but lacks the 'Whole School Approach' aspect.

- c. Previously PWP were also supported in working within the MHST however there are now stipulations in place around how they can register with either the BABCP/BPS, and as this is due to be a mandated expectation they would not meet the criteria to apply successfully for this registration – this is due to their training being with only adults and therefore there is no scope to support them currently working within their qualification in child mental health services.
25. In order to support attrition in MHSTs from April 2022 HEE have set out that HEE funded courses are not accessible to those who have completed one of their funded courses within 2 years of completing a HEE funded course.
26. Nationally numbers of qualified supervisors are also limited, however due to having EMHPs two years post qualification we are now able to offer opportunities of training to support our workforce planning.
27. An additional challenge as mentioned above is that difficulty engaging some schools, engaging with the MHST is not mandated to schools and other than the eventual potential withdrawal of the service from the school there is no penalty. It is also not a mandated expectation that the Senior Mental health lead attends the funded DfE SMHL training nor that the information from this training is then disseminated or monitored post training. This training supports the discussion and implantation of the Whole School Approach and the 8 principles within it. This makes it difficult for an MHST to get a school fully on board to make and support audits and action plans within the education provisions that could benefit the whole school and have a positive ripple effect on the wider community as mental health and wellbeing improve so do outcomes such as exams but also of note is the positive effect it can have on behaviour.
28. There are some challenges in specific area for example in North Staffordshire there has been a reduction of involvement from some of the education provisions and work is being done to establish the reason for this – The MHST has also subsequently withdrawn from 2 schools in the Moorlands MHST which have been replaced. Capacity and Demand is currently a challenge for our earlier waves of MHSTs such as East Staffordshire, as the understanding and relationships of the service offer have developed. The numbers of referrals received have grown, leaving EMHPs stretched to offer assessment and intervention within our desired response times. The teams have spent time to produce a group work offer based on the data, outlining reasons for referral, which allows the opportunity to see higher numbers of young people, who are able to access support via a group forum.

## Summary

29. The MHST component to the CAMHS offer has provided an opportunity for early intervention, reducing of stigma regarding mental ill health and enables the building of resilience within schools who have been fortunate enough to be involved in the project since its conception. It has allowed for a robust mental health and emotional wellbeing support offer, to children and young people within school settings and communities with high levels of health inequalities. MHSTs allow for shorter wait times, which ensures the children and young people can access the right support at the right time. The whole school approach allows flexibility and creativity in the offer of support individualised to the needs of the child or young person and school.
30. Whilst there are no clear indicators that MHST's reduce the referral rate to core CAMHS at this present time, it is apparent that the work that is being done both within 1:1 sessions and 'Whole School Approach' is creating a safe environment for mental health to be discussed openly and is building a better informed, more resilient cohort of children and young people.
31. As the programme is rolled out further, we hope to see continued growth in referral numbers, however as we embed a whole school approach offer within schools these may decline due to the prevention and promotion agenda. This is currently being observed in the first trailblazer MHST's in North Staffs which has seen a reduction in one to one referrals over the last 12 months – this is positive - this can be reflected on and the rationale and speculation for this includes the ability for the MHST to return to face to face practice in schools and the increasing stability around the Covid pandemic and its current impact is reducing, such as within schools classes are no longer in bubbles and CYP can mix more.
32. This means that the MHST is now able to deliver much more Whole School Approach work as well as beginning to group CYP together, working this way is more beneficial for the school who can refer more CYP who may need more one to one support but also helps children and young people see that there are others who feel the same as them and that their mental health issues are not unique but the feelings are shared by others offering them peer support which is evidence based to be effective for improving the mental health and wellbeing in CYP.
33. We promote the importance of the whole school approach **first** – this is due to wanting to embed the Thrive model and note that the centre of this is "Thriving – those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies". MHSTs are in a prime position to support this element of the model by

embedding Whole School Approach and supporting schools in creating wellbeing policies and positive behaviours strategies.

### **List of Background Documents/Appendices:**

- [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) Dec 2017
- Future in Mind 2013
- The Five Year Forward View for Mental Health Feb 2016
- [NHS Long Term Plan](#) January 2019
- Appendix 1 List of Schools
- Appendix 2 MHST Data

### **Contact Details**

**Assistant Director:** Gemma Smith Director of Integration and Portfolio Director for Mental Health, Learning Disability and Autism

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**Job Title:** Head of Portfolio for Mental Health  
**Telephone No.:** 07738 112748  
**E-Mail Address:** [nicola.bromage@staffsstoke.icb.nhs.uk](mailto:nicola.bromage@staffsstoke.icb.nhs.uk)

Area	North Staffordshire	East Staffs
No MHST	2	2
Contact		<a href="mailto:MHSTinSchools@mpft.nhs.uk">MHSTinSchools@mpft.nhs.uk</a>
	<p>All Saints CE CV First School removed - westwood first - service withdrawn due to lack of engagement Westwood College Woodhouse Academy Moor County First School Cheadle Primary - new addition replacing 2 moorlands schools James Bateman Middle School Leek High Specialist Technology School Churnet View Middle School Biddulph High School Oxhey First School Kingsfield First School Knypersley First School Blackshaw Moor CE CV First School St Johns The Evangelist Primary School Beresford Memorial CE CV School Squirrel Hayes First School Horton Lodge Community Special School (Moorlands) Chesterton Community Sports College Springhead Community Primary School Reginald Mitchell Primary School Dovebank Primary School Kidsgrove Primary Kidsgrove Secondary Chesterton Primary School St Saviours Primary School Thursfield The Kings C of E Secondary School St Thomas Primary School St Chads Primary School Crackley Bank Primary School Churchfields Primary School CEDARS (North Staffordshire)-engaged but not appropriate for 1:1 referrals Leek First - service withdrawn due to non-engagement</p>	<p>Anglesey Primary Academy Burton Pupil Referral Unit Loxley Hall School Paget High School Scientia Academy Victoria Community School Christ Church Primary School De ferrers Academy Eton Park Junior School Lansdowne Infants Shobnall Primary School Paulet High School Abbot Beyne School Blessed Robert Sutton Catholic Sports Col Edge Hill Junior School Holy Trinity C of E Primary School Riverview Primary School Tower View Primary School Violet Way Academy Dove C of E First School Oldfield's Hall Middle School St Joseph's Catholic Primary School St Marys C of E First School Thomas Alleyne's High School Tynsel Parkes Primary Academy Windsor Park CofE Middle School Fountains Primary School Fountains High School</p>

Cannock Chase	Stafford Borough	Tamworth Borough
1	1	1
<a href="mailto:MHSTCannock@mpft.nhs.uk">MHSTCannock@mpft.nhs.uk</a>	<a href="mailto:MHSTStafford@mpft.nhs.uk">MHSTStafford@mpft.nhs.uk</a>	<a href="mailto:MHSTInSchools@mpft.nhs.uk">MHSTInSchools@mpft.nhs.uk</a>
Redhill Primary School Moorhill Primary School Bridgtown Primary School St Mary's Catholic Primary School West Hill Primary School Redbrook Hayes Community Primary School Littleton Green Community School Heath Hayes Primary Academy Churchfield CofE Primary Academy Kingsmead School Cannock Chase High School Cardinal Griffin Catholic College St Lukes CofE Primary School Five Ways Primary School Landywood Primary School	Burton Manor Primary School Castlechurch Primary School Doxey Primary & Nursery School Flash Ley Primary School John Wheeldon Primary Academy King Edward V1 High School Sir Graham Balfour School St. Leonard's CofE First School Stafford Manor High School Veritas Primary Academy St Leonard's Primary School St Austin's Catholic Primary School Walton Hall Academy Walton Priory Middle School Penkrige Middle School Silkmore Primary Academy Marshlands School St. Patrick's Catholic Primary School Blessed William Howard Catholic School	KETTLEBROOK SHORT STAY LANDAU FORTE ACADEMY QEMS MOORGATE PRIMARY ACADEMY ST. ELIZABETH'S CATHOLIC PRIMARY TWO RIVERS HIGH SCHOOL OAKHILL PRIMARY SCHOOL GLASCOTE ACADEMY LAKESIDE C.P. SCHOOL AMINGTON HEATH PRIMARY TWO RIVERS Primary SCHOOL Tamworth Enterprise Collage Hanburys Cbarn Community Primary Stoneydelph Primary Birds Bush Primary Scholl LANDAU FORTE ACADEMY Tamworth Three Peaks Primary Academy Wilnecote Primary School Wilnecote Junior Academy Two Gates Communtiy Primary School Anchormoore Primary Academy

## North Staffs MHST Update

December 2022

### 1.0 Data Analysis

#### Total Referrals

Average referral rate is 25 per month with referrals from Moorlands experiencing a higher number. We continue to see trends around an increase in referral rates at the commencement of the school term.

#### North Staffs MHST Referrals (Internal & External) information Jan 2022 – Dec 2022

FinancialYear 2021/2022					
Sum of rowno	MonthName	January	February	March	Grand Total
MHST - Moorlands CAMHS		27	19	21	67
MHST - Newcastle CAMHS		18	10	23	51
<b>Grand Total</b>		<b>45</b>	<b>29</b>	<b>44</b>	<b>118</b>

FinancialYear 2022/2023											
Sum of rowno	MonthName	April	May	June	July	August	September	October	November	December	Grand Total
MHST - Moorlands CAMHS		6	33	6	3		14	19	19	15	115
MHST - Newcastle CAMHS		11	10	10	8	2	4	13	11	3	72
<b>Grand Total</b>		<b>17</b>	<b>43</b>	<b>16</b>	<b>11</b>	<b>2</b>	<b>18</b>	<b>32</b>	<b>30</b>	<b>18</b>	<b>187</b>

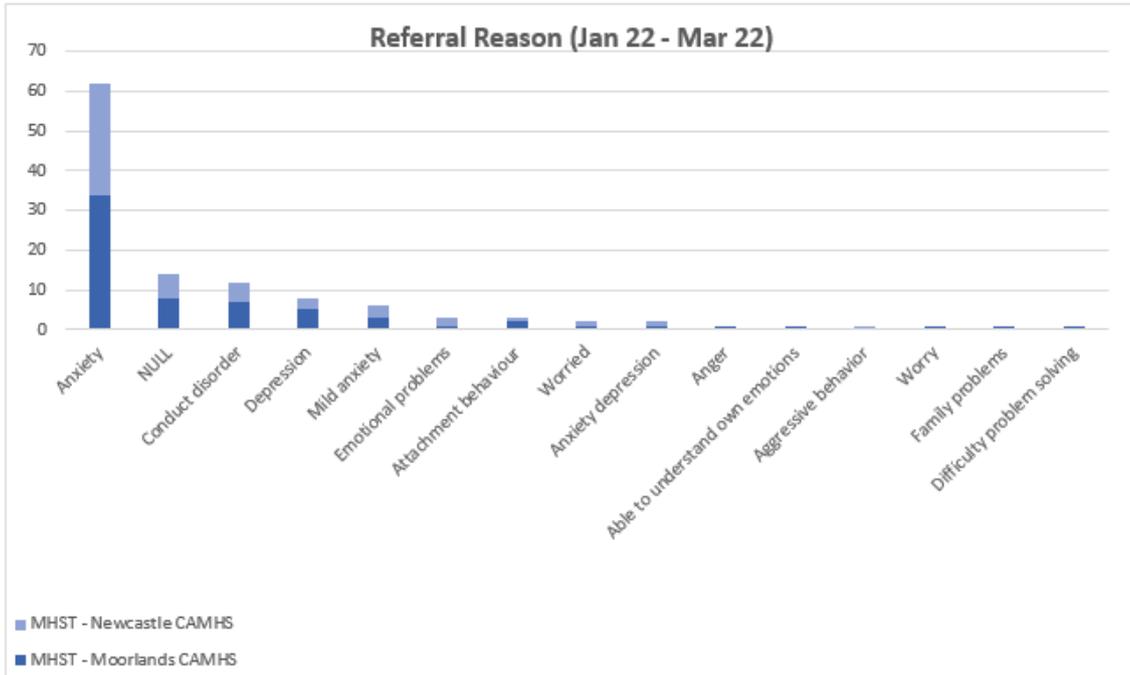
#### Referral reason

The data clearly indicates that the primary reason for referrals is anxiety, which has been a continuous reason for referral over previous years. This reason for referral is expected with more complex reasons being picked up by secondary core mental health teams in a timely manner.

#### Referral Reason (Jan 22 - Mar 22)

FinancialYear	2021/2022
MonthName	(Multiple Items)

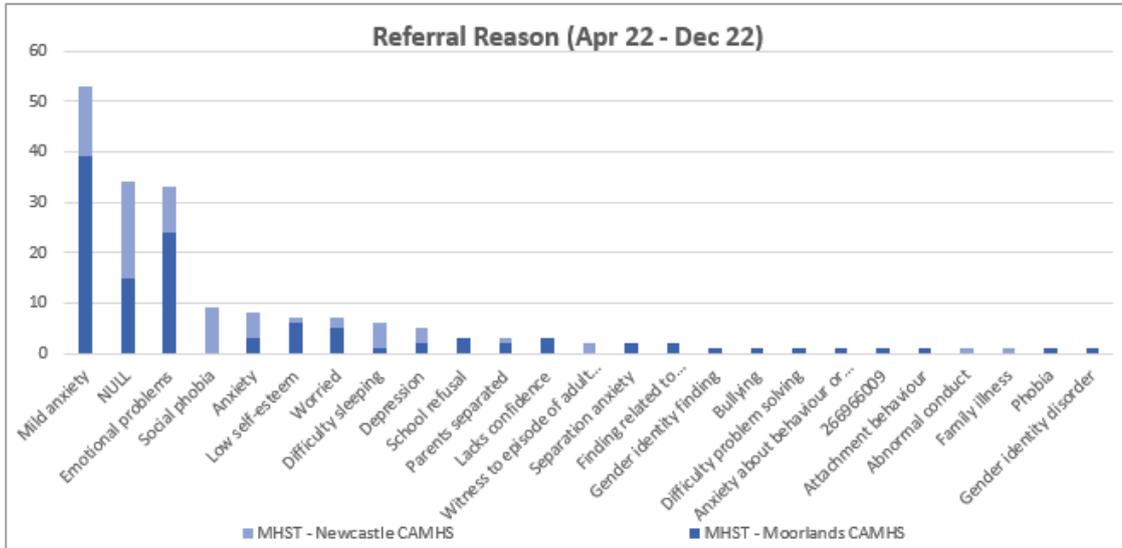
Sum of rowno	ReferralReasonCode	StaffTeam	MHST - Moorlands CAMHS	MHST - Newcastle CAMHS	Grand Total
	Anxiety		34	28	62
	NULL		8	6	14
	Conduct disorder		7	5	12
	Depression		5	3	8
	Mild anxiety		3	3	6
	Emotional problems		1	2	3
	Attachment behaviour		2	1	3
	Worried		1	1	2
	Anxiety depression		1	1	2
	Anger		1		1
	Able to understand own emotions		1		1
	Aggressive behavior			1	1
	Worry		1		1
	Family problems		1		1
	Difficulty problem solving		1		1
<b>Grand Total</b>			<b>67</b>	<b>51</b>	<b>118</b>



### Referral Reason (Apr 22 - Dec 22)

FinancialYear	2022/2023	▼
MonthName	(Multiple Items)	▼

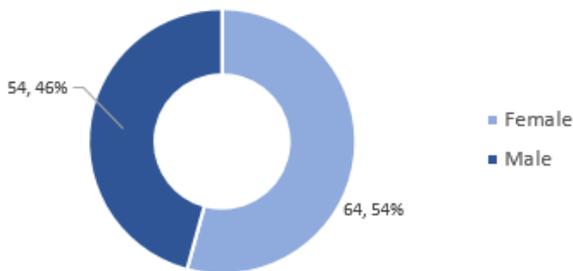
ReferralReasonCode	StaffTeam		Grand Total
	MHST - Moorlands CAMHS	MHST - Newcastle CAMHS	
Mild anxiety	39	14	53
NULL	15	19	34
Emotional problems	24	9	33
Social phobia		9	9
Anxiety	3	5	8
Low self-esteem	6	1	7
Worried	5	2	7
Difficulty sleeping	1	5	6
Depression	2	3	5
School refusal	3		3
Parents separated	2	1	3
Lacks confidence	3		3
Witness to episode of adult domestic abuse		2	2
Separation anxiety	2		2
Finding related to development of sexuality	2		2
Gender identity finding	1		1
Bullying	1		1
Difficulty problem solving	1		1
Anxiety about behaviour or performance	1		1
266966009	1		1
Attachment behaviour	1		1
Abnormal conduct		1	1
Family illness		1	1
Phobia	1		1
Gender identity disorder	1		1
<b>Grand Total</b>	<b>115</b>	<b>72</b>	<b>187</b>



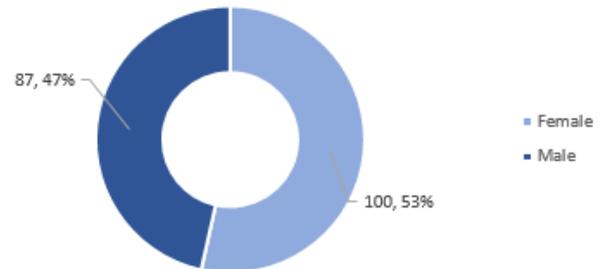
### Gender of Referrals

Although gender of referrals is slightly more for females it is a re-assuring picture that the split is not too great and indicates males feeling just as comfortable talking and seeking support for mental health concerns.

**Referral Count by Gender  
Jan 22 - Mar 22**



**Referral Count by Gender  
Apr 22 - Dec 22**



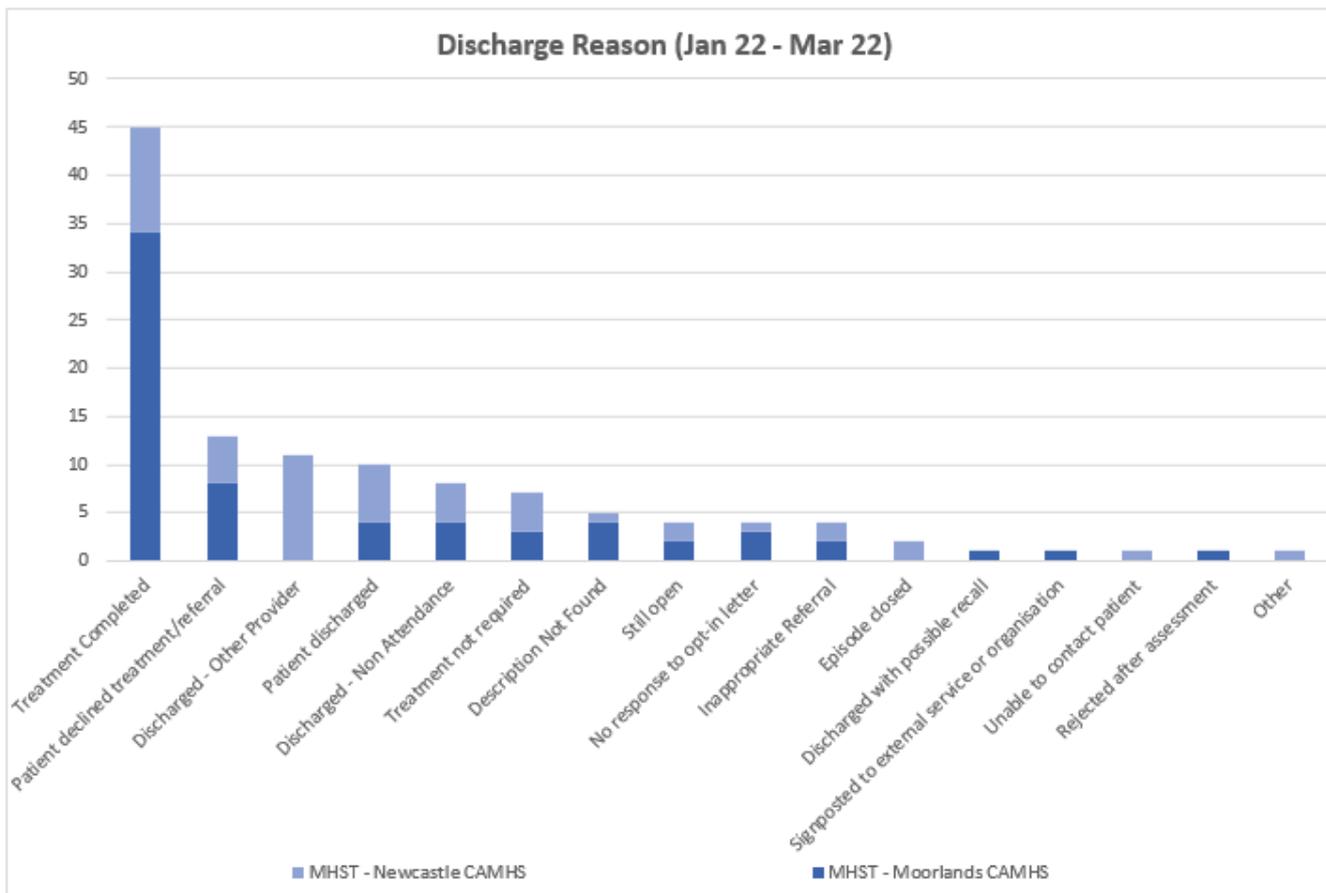
### Discharge Reason

Number continue to indicate the majority of referrals have had their treatment completed by the MHST, giving assurance that early intervention and support is effective and preventing onward referral to other services. This indicates that CYP are receiving interventions and needs met in the timeliest way, avoiding any delays in treatment or risks of further deterioration in mental health.

### Discharge Reason (Jan 22 - Mar 22)

FinancialYear	2021/2022	▼
MonthName	(Multiple Items)	▼

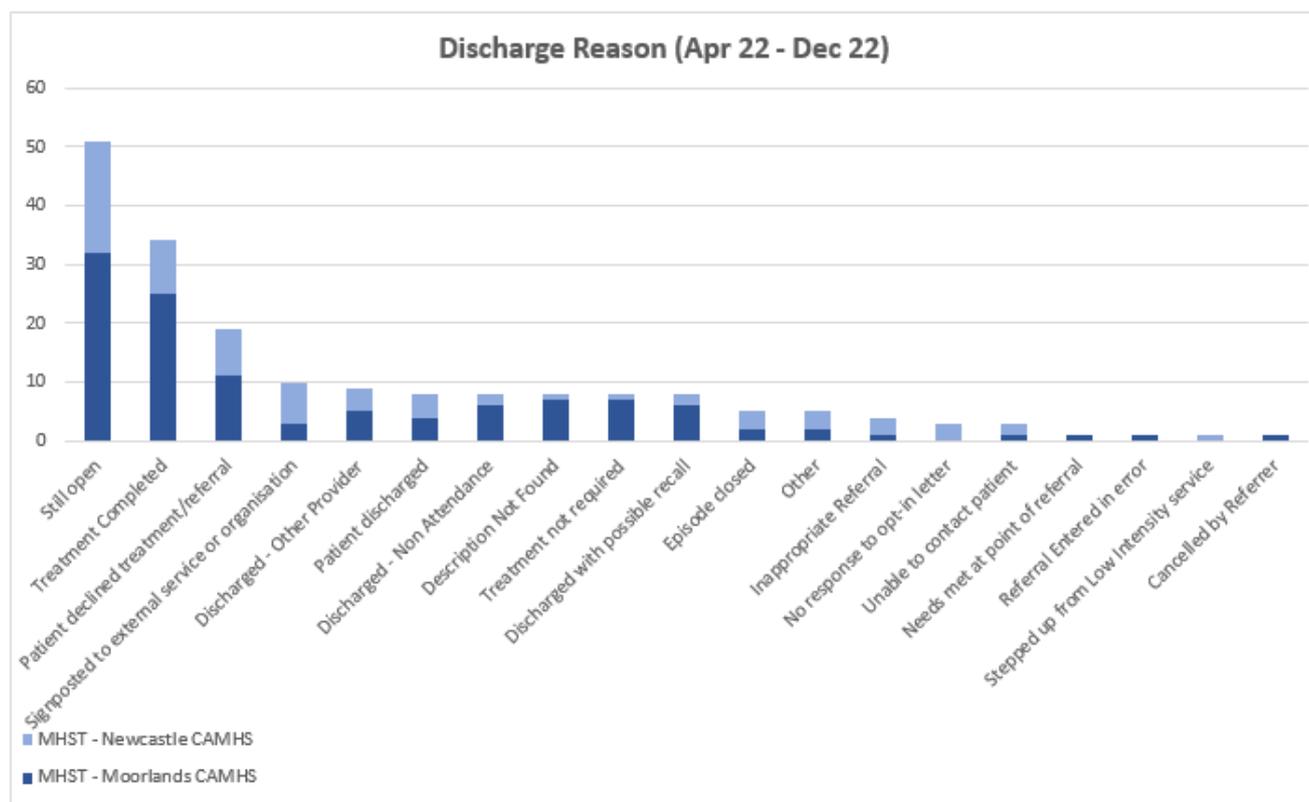
Sum of rowno	StaffTeam		
DischargeReasonDescription	MHST - Moorlands CAMHS	MHST - Newcastle CAMHS	Grand Total
Treatment Completed	34	11	45
Patient declined treatment/referral	8	5	13
Discharged - Other Provider		11	11
Patient discharged	4	6	10
Discharged - Non Attendance	4	4	8
Treatment not required	3	4	7
Description Not Found	4	1	5
Still open	2	2	4
No response to opt-in letter	3	1	4
Inappropriate Referral	2	2	4
Episode closed		2	2
Discharged with possible recall	1		1
Signposted to external service or organisation	1		1
Unable to contact patient		1	1
Rejected after assessment	1		1
Other		1	1
<b>Grand Total</b>	<b>67</b>	<b>51</b>	<b>118</b>



### Discharge Reason (Apr 22 - Dec 22)

FinancialYear	2022/2023	▼
MonthName	(Multiple Items)	▼

Sum of rowno	StaffTeam		Grand Total
DischargeReasonDescription	MHST - Moorlands CAMHS	MHST - Newcastle CAMHS	
Still open	32	19	51
Treatment Completed	25	9	34
Patient declined treatment/referral	11	8	19
Signposted to external service or organisation	3	7	10
Discharged - Other Provider	5	4	9
Patient discharged	4	4	8
Discharged - Non Attendance	6	2	8
Description Not Found	7	1	8
Treatment not required	7	1	8
Discharged with possible recall	6	2	8
Episode closed	2	3	5
Other	2	3	5
Inappropriate Referral	1	3	4
No response to opt-in letter		3	3
Unable to contact patient	1	2	3
Needs met at point of referral	1		1
Referral Entered in error	1		1
Stepped up from Low Intensity service		1	1
Cancelled by Referrer	1		1
<b>Grand Total</b>	<b>115</b>	<b>72</b>	<b>187</b>





**MHST Update**

**December 2022**

**1.0 Data Analysis**

**Total Referrals**

**Cannock, East Staffs and Stafford MHST Referrals data for the last 12 months (Jan - Dec 22)**

FinancialYear 2021/22

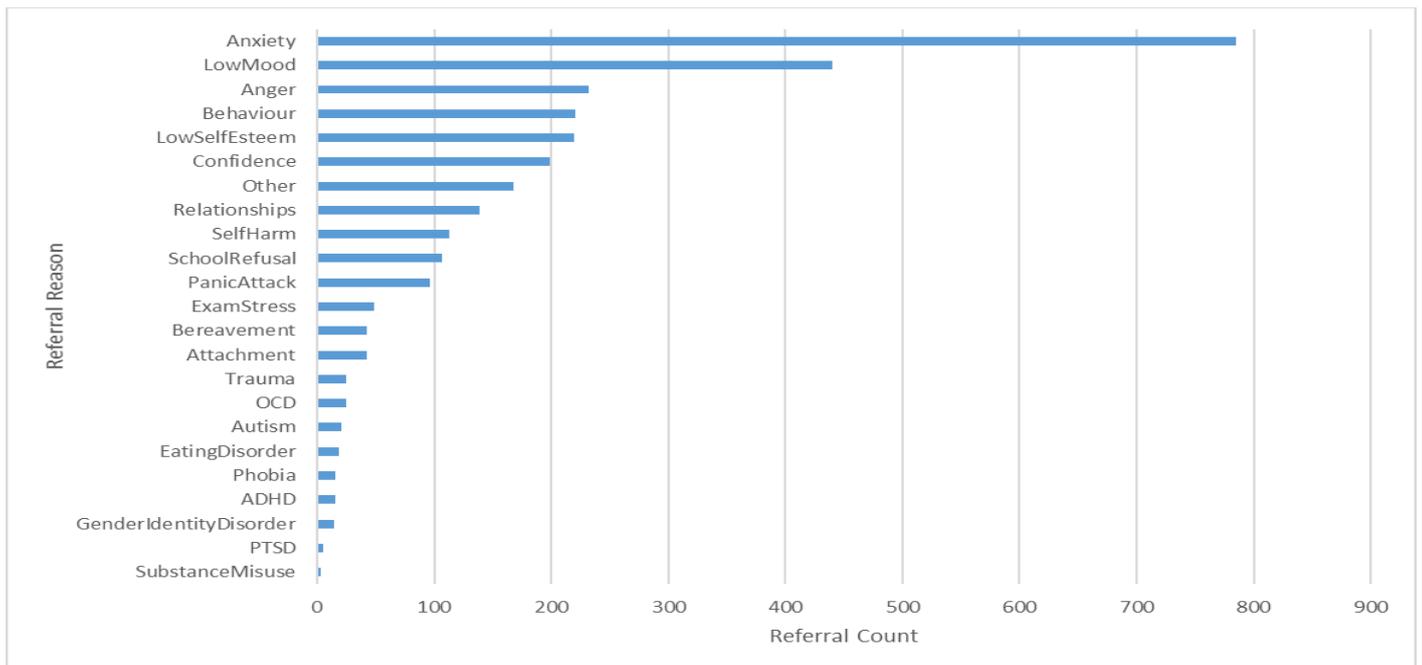
Count of Referral Number	Month Name			Grand Total
Team Name	January	February	March	Grand Total
CYP - Cannock MHST	57	28	42	127
CYP - East Staffs MHST	40	68	84	192
<b>Grand Total</b>	<b>97</b>	<b>96</b>	<b>126</b>	<b>319</b>

FinancialYear 2022/23

Count of Referral Number	Month Name										Grand Total
Team Name	April	May	June	July	August	September	October	November	December	Grand Total	
CYP - Cannock MHST	22	40	25	24	4	13	37	40	61	266	
CYP - East Staffs MHST	46	51	67	30	6	18	48	109	41	416	
CYP Stafford MHST		32	25	12	1	14	24	53	21	182	
<b>Grand Total</b>	<b>68</b>	<b>123</b>	<b>117</b>	<b>66</b>	<b>11</b>	<b>45</b>	<b>109</b>	<b>202</b>	<b>123</b>	<b>864</b>	

**Cannock, East Staffs and Stafford MHST Referral reason**

The data clearly indicates that the primary reason for referrals is anxiety.



**Referral Reason - January - December 2022**

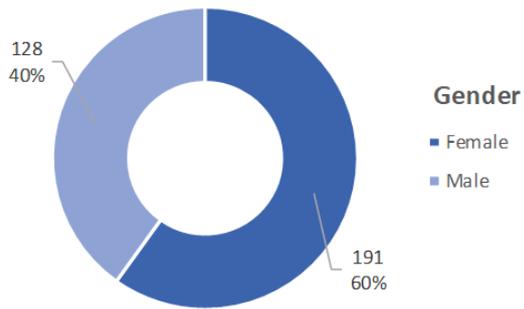
FinancialYear	(All)	<input type="button" value="v"/>
FinancialMonth	(All)	<input type="button" value="v"/>

Count of Referral Number	Column Labels				
Referral Reason	<input type="checkbox"/> CYP - Cannock MHST	<input type="checkbox"/> CYP - East Staffs MHST	<input type="checkbox"/> CYP Stafford MHST	Grand Total	
ADHD	3	8	4	15	
Anger	72	126	34	232	
Anxiety	261	389	135	785	
Attachment	20	16	6	42	
Autism	8	9	4	21	
Behaviour	66	124	31	221	
Bereavement	13	21	8	42	
Confidence	53	102	44	199	
EatingDisorder	4	10	5	19	
ExamStress	5	34	10	49	
GenderIdentityDisorder	4	7	3	14	
LowMood	132	249	59	440	
LowSelfEsteem	71	113	36	220	
OCD	4	18	3	25	
Other	58	102	8	168	
PanicAttack	36	45	15	96	
Phobia	2	10	3	15	
PTSD	1	4		5	
Relationships	38	76	25	139	
SchoolRefusal	36	61	10	107	
SelfHarm	26	70	17	113	
SubstanceMisuse		3		3	
Trauma	8	15	2	25	
<b>Grand Total</b>	<b>921</b>	<b>1612</b>	<b>462</b>	<b>2995</b>	

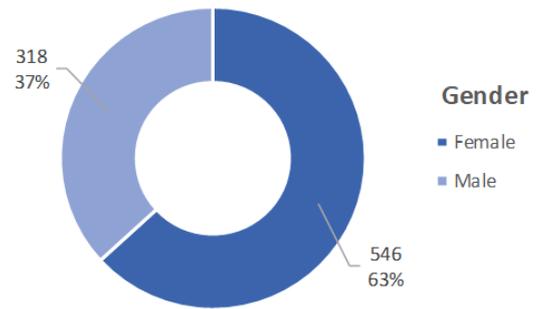
## Gender of Referrals

### Gender of Referrals:

**January - March 2022**  
 Referral Count by Gender

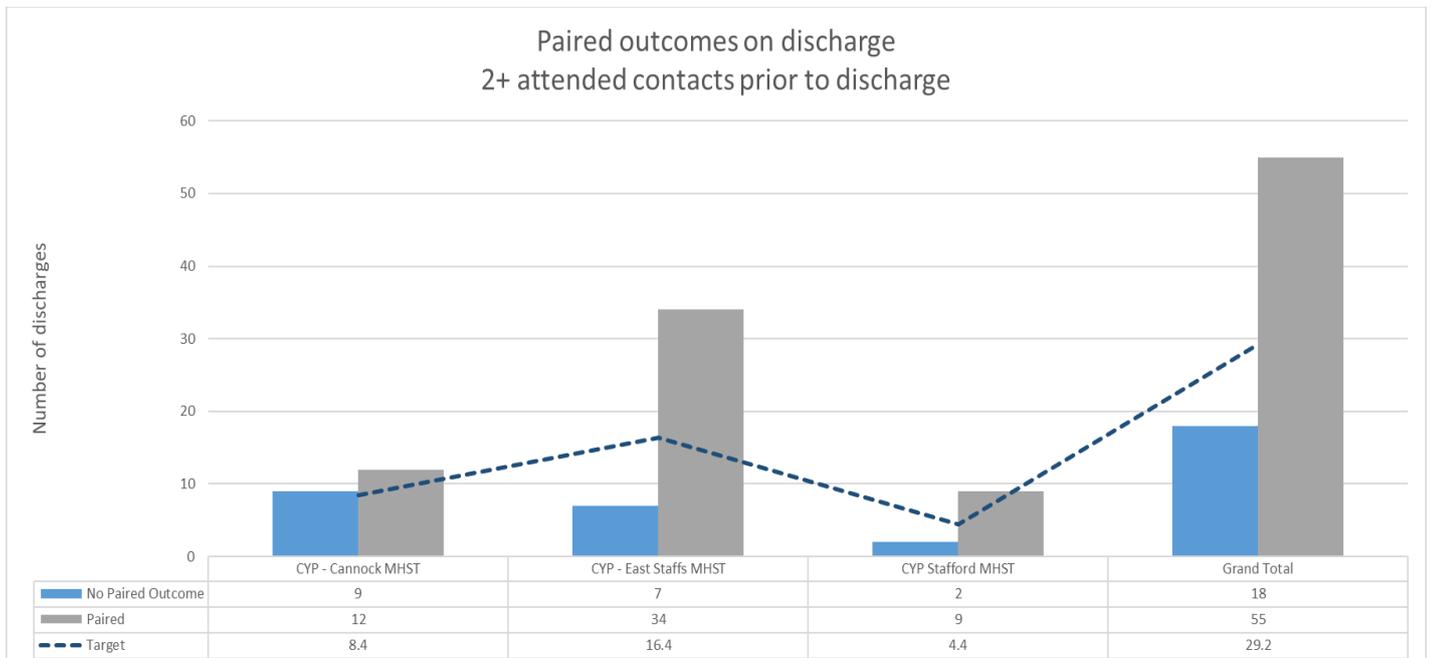


**April - December 2022**  
 Referral Count by Gender



## Outcome of Referrals

### Paired Outcomes on discharge – December 2022



### Discharge Reason January - March 2022

FinancialYear	2021/22	
ReferredToStaffTeam_DESC	(All)	

Count of Referral Number Team Name	Month Name			
	January	February	March	Grand Total
Did Not Respond to be Seen			1	1
Discharged - No Contact	9	11	16	36
Discharged - Treatment Complete	65	47	61	173
Inappropriate Referral	11	16	9	36
No further treatment appropriate	4	8	14	26
Patient Declined Treatment that was offered	3	6	3	12
PATIENT refused to be seen			2	2
Patient Requested	1	2	1	4
Redirected	2	3	12	17
Treatment Refused			1	1
<b>Grand Total</b>	<b>95</b>	<b>93</b>	<b>120</b>	<b>308</b>

### Discharge Reason April - December 2022

FinancialYear	2022/23	
ReferredToStaffTeam_DESC	(All)	

Count of Referral Number Team Name	Month Name									
	April	May	June	July	August	September	October	November	December	Grand Total
Discharged - No Contact	8	13	15	6		3	7	1		53
Discharged - Treatment Complete	29	52	44	26	3	6	8	13	3	184
Inappropriate Referral	15	24	21	15		6	14	18	21	134
No further treatment appropriate	12	13	16	5	6	5	7	11		75
Patient Declined Treatment that was offered	1	1							1	3
PATIENT refused to be seen		1		1						2
Patient Requested		4	3	3		2	2	2	1	17
Redirected		2	1				1			4
OOA - Not Known (Not Recorded)								10		10
<b>Grand Total</b>	<b>65</b>	<b>110</b>	<b>100</b>	<b>56</b>	<b>9</b>	<b>22</b>	<b>39</b>	<b>55</b>	<b>26</b>	<b>482</b>

## Innovative Practice

- Group work has been introduced in order to capture more young people who are requiring our service and to prevent duplication
- WHAM plan (Wellbeing and Health Action Map) introduced to Staffordshire schools by our Peer Support Worker
- Peer Support Worker offering sessions in school to meet with children who haven't had a referral into service, reading stories which encourages young people to talk about mental health.
- Understanding Anxiety group for parents within East Staffs.
- Attended and took part in market place event for parents in a secondary school in Burton along with other services to provide information to parents about what is available in the area.
- Practitioners provided session with SENDIASS to parents.
- New Whole School Approach brochure has been introduced to support schools and action plans put in place with this.
- Guest speakers invited to Business Meetings to explain about their service which was requested by clinical staff. This has helped with partnership working.
- Poster competition held for World Mental Health day which saw unprecedented numbers of entries.



# Integrated Care Board

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## Childrens Mental Health Update

13<sup>th</sup> February 2023

*Prepared by Nicola Bromage, Associate Director - Mental Health,  
Learning Disability and Autism, Children and Young People*



Agenda Item 6

# Contents

Part 1 – Mental Health Portfolio Overview

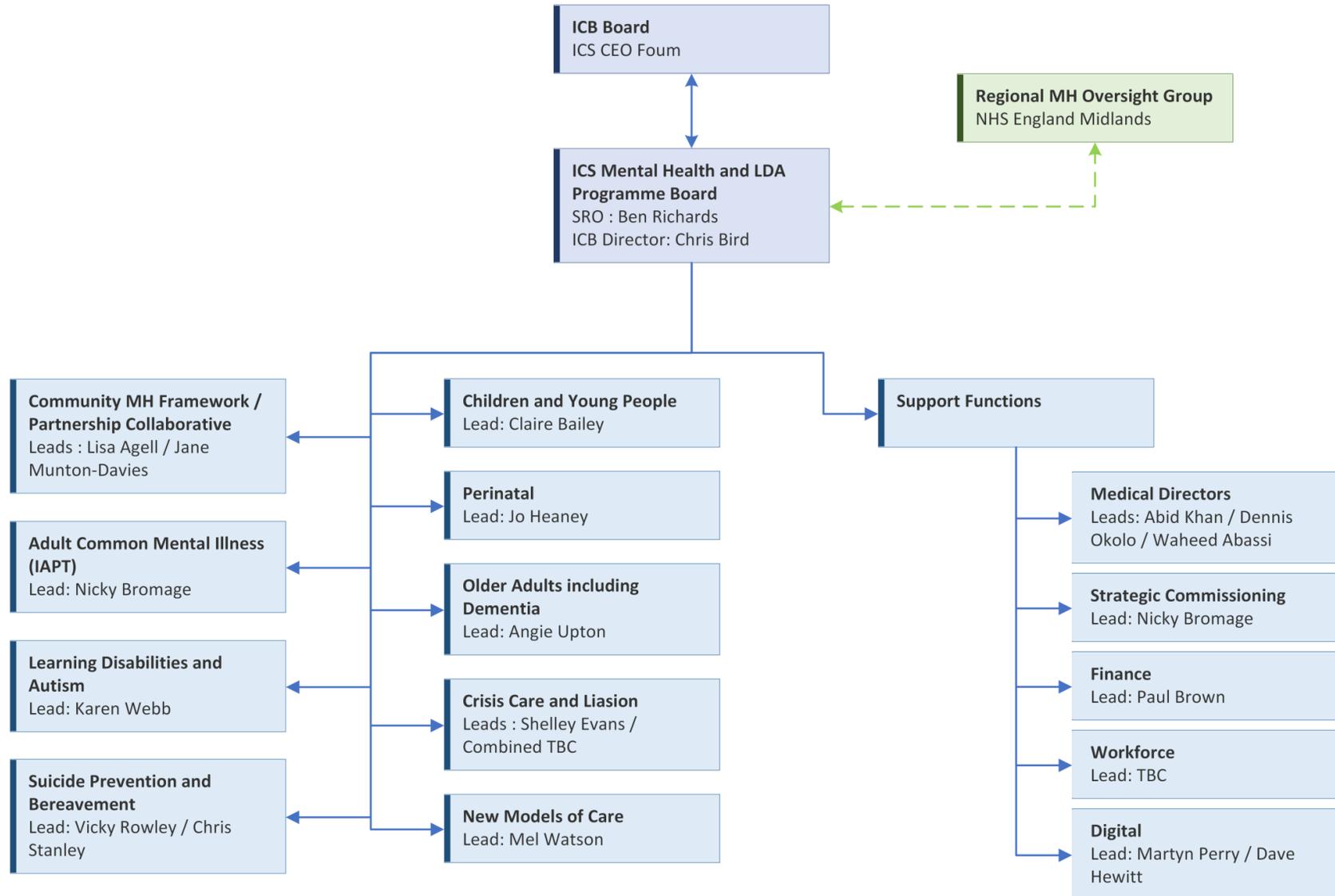
Part 2 – Children’s Mental Health Priorities 2022/23

Part 3 – Challenges & Opportunities

# Part 1 – Mental Health Portfolio Overview

- Portfolio structure
- Key Performance Indicators
- System Performance Dashboard

# Mental Health Portfolio structure



# CYP MH: Key Performance Indicators (KPIs) 2022/23

Prog.	Area	KPI – 22/23
CYP	Increased access	35% of CYP in need (63,000 more CYP nationally) with access to evidence based treatment for CYP
CYP	Eating Disorders	Be on course to deliver CYP eating disorder standard so that by 2020/21, 95% receive first definitive treatment for eating disorders within 1) four weeks of a routine referral; 2) one week of urgent referral.
CYP		Comprehensive 0-25 support offer across all ICS' by 2023/24 Mental Health Support Teams (MHSTs) to cover between a quarter and fifth of the country by 2023/24 By 2020/21 35% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions
AMH Page	EIP	60% of people experiencing a first episode in psychosis to be treated with a NICE approved care package within two weeks of referral, with all EIP teams demonstrating improvement (compared to 17/18) across all domains relating to NICE concordance within the CCQI self assessment and 50% of services to be graded level 3.
AMH/ CYP	MH Liaison	All acute hospitals to ensure they have all-age liaison services (national target by 2021). Sustained commissioning of Core24 teams to reach 50% of acute hospitals by 2020/21. 100% of areas to progress plans for general acute hospitals to have all age MH liaison services, including CYP.
All	Suicide reduction	Deliver against local multi-agency action plans (incl. trajectories) to reduce suicides by 10% by 2020/21, with local authority and wider partners, and working with MH providers to ensure plans are in place for a zero-suicide ambition for mental health inpatients
All	Liaison & diversion	Deliver Liaison and diversion to 100% of the population
All	Finance	Deliver the Mental Health Investment Standard, ensure that ICB investment plans are reviewed by ICS board, including a MH provider. Spend on CYP MH must increase as a % of each ICB's overall MH spend
All	Data	Ensure that all in scope providers in footprint submit complete and accurate data to NHS Digital.
All	Workforce	All ICS's to deliver against comprehensive mental health workforce plan, in line with required increase in access, capacity and capability across ICS footprint.



# Mental Health – CAMHS

Latest available data: Access to CYP mental health services Q2 2022, CYP ED June 2022

## Current position

- Access to **children and young people’s mental health services** remains as at Q1 and is 75.2% of plan which is a shortfall of 4,898 contacts. However the service continues to exceed the national ambition target set by NHSE of 14,505 contacts per month.
- There remains ongoing recruitment and capacity issues within both Eating Disorder (ED) services and CAMHS.

## CYP Eating Disorder waits [Quarter 2]

- Performance on **urgent** waits has improved such that the target was exceeded at ICB level in Q2.
- At an ICB level **routine** waits continue to be below the 95% target (and below the equivalent period in 2019/20) and have deteriorated slightly on Q1.
- NSCHT continues to meet both targets in quarters 1 and 2.
- At MPFT urgent and routine waits continue to be below target (and below the equivalent period in 2019/20); however, whereas performance on urgent waits has improved on quarter 1 (rising from 70% to 89%), performance on routine waits has slightly deteriorated (from 63% to 60%). In quarter performance (actuals rather than rolling 12 months) shows an even greater decline for routine waits (from 64% to 40%), whilst urgent waits exceeded the target (100%).

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Indicator (rolling 12 months)	Target Level		Quarter 1		
			April	May	June
Access to Children and Young People’s Mental Health Services	14,405	ICB	14,620	14,745	14,885
		Staffordshire	10,230	10,320	10,410
		Stoke-on-Trent	4,510	4,535	4,590

Indicator (rolling 12 months)	Target Level		Quarter 1	Quarter 2
CYP Eating Disorders (urgent referrals) seen within 1 week of referral	95%	ICB	91.7%	98.1%
		MPFT	70.0%	88.9%
		NSCHT	100%	100%
CYP Eating Disorders (routine referrals) seen within 1 week of referral	95%	ICB	78.3%	77.8%
		MPFT	62.5%	60.3%
		NSCHT	98.3%	98.2%

## Key issues

- Ongoing recruitment and capacity issues with CYP Eating Disorder services creates the risk of children and young people not being able to access specialist support for their eating disorder in a timely way. This could cause their condition to deteriorate and symptoms to worsen.

## Actions

- ED posts have been appointed to and there are 3 more posts out to advert. CAMHS recruitment is ongoing with increased initial assessment capacity incoming over the next two months.
- Local data indicates that the waiting time targets were being met in October, however we are awaiting the release of national data to confirm this.
- *CAMHS will continue to provide generic support whilst children and young people are awaiting specialist provision.*

### Notes:

Data sources: CYP MH access: NHS Digital - Mental Health Services Dataset (MHSDS), CYP ED - CYP Eating Disorders provider submissions.

NB: due to the change to ICB level reporting, NHS Digital is currently reporting up to Jun-22 for the MHSDS datasets. *Many of the datasets are reported as a rolling 12 months and are rounded to the nearest 5 data points.*

**Due to the sensitivity of this data, it is not for wider circulation.**

# Part 2 – Childrens Mental Health Priorities 2022/23

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# The NHS Long Term Plan commitments for Children & Young People

## Eating Disorders

- Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases.

## Access

- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services

## Crisis Services

- With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week by 2023/24

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## Digital Therapies

Develop digitally enabled care pathways for children and young people in ways which increase inclusion

**Comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities**



## Whole pathways, including inpatient beds

- Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

## Four Week Waiting Times

- Test approaches that could deliver 4ww times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services

## Mental Health Support Teams (MHSTs)

- MHSTs working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023

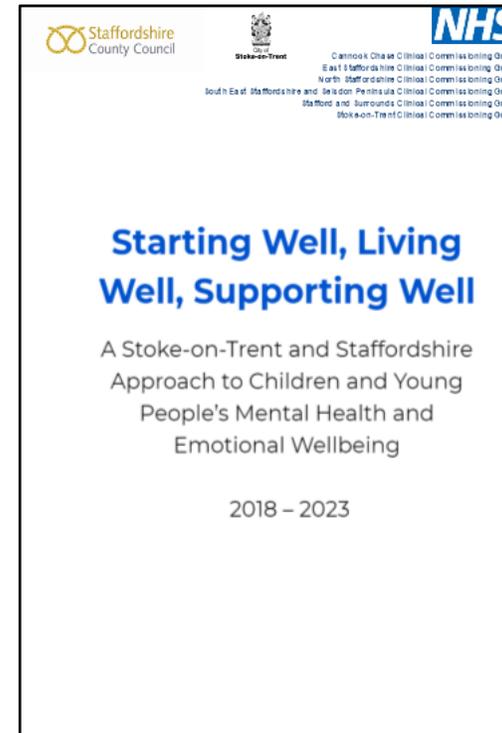
## Wider Commitments

- Additional investment in Youth Justice services
- Reduced waiting times and increased support for children and young people with learning disabilities and/or autism
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

# CYP Mental Health Local Transformation Plan 2022

- 2022 refreshed version provides an update on the progress and challenges associated with improving child and adolescent mental health services (CAMHS) by 2023/24.
- The focus of work over this year and next will include:

- Care Experienced Children and Young People
- Understanding Capacity and Demand
- Service Delivery / i-Thrive
- Access
- Workforce Development
- Prevention
- Outcomes
- Co-production



## Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health

Developing our local offer to secure improvements in children and young people's mental health outcomes – October 2022

- Staffordshire and Stoke-on-Trent ICS's ambition is that more children and young people will be able to access provision – with an emphasis on supporting children earlier through stronger links to education, children's services and improved pathways across the system.

# Children and Young People's (CYP) Mental Health

- CYP Access rates achieve 35% across the ICS. Variances between PCNs.
- CYP ED services have maintained high standards of access, we have increased investment to meet prevalence levels.
- 24/7 Crisis provision for CYPs system wide.
- We have Core 24 (All Age Psychiatry Liaison) coverage Royal Stoke and Queens Burton. Alternative to Core liaison provision increased at County Hospital.
- Jointly commissioned emotional wellbeing services with both Local Authorities to meet mild to moderate need.
- As a system we have been very successful in securing MHST as part of the trailblazer programme with 8 MHSTs.
- An additional 2 teams in 22/23 and 2 further teams in 23/24.

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**For urgent mental health support, call our 24/7 support lines:**

North Staffordshire/Stoke-on-Trent:  
**0800 0328 728** (option 1)

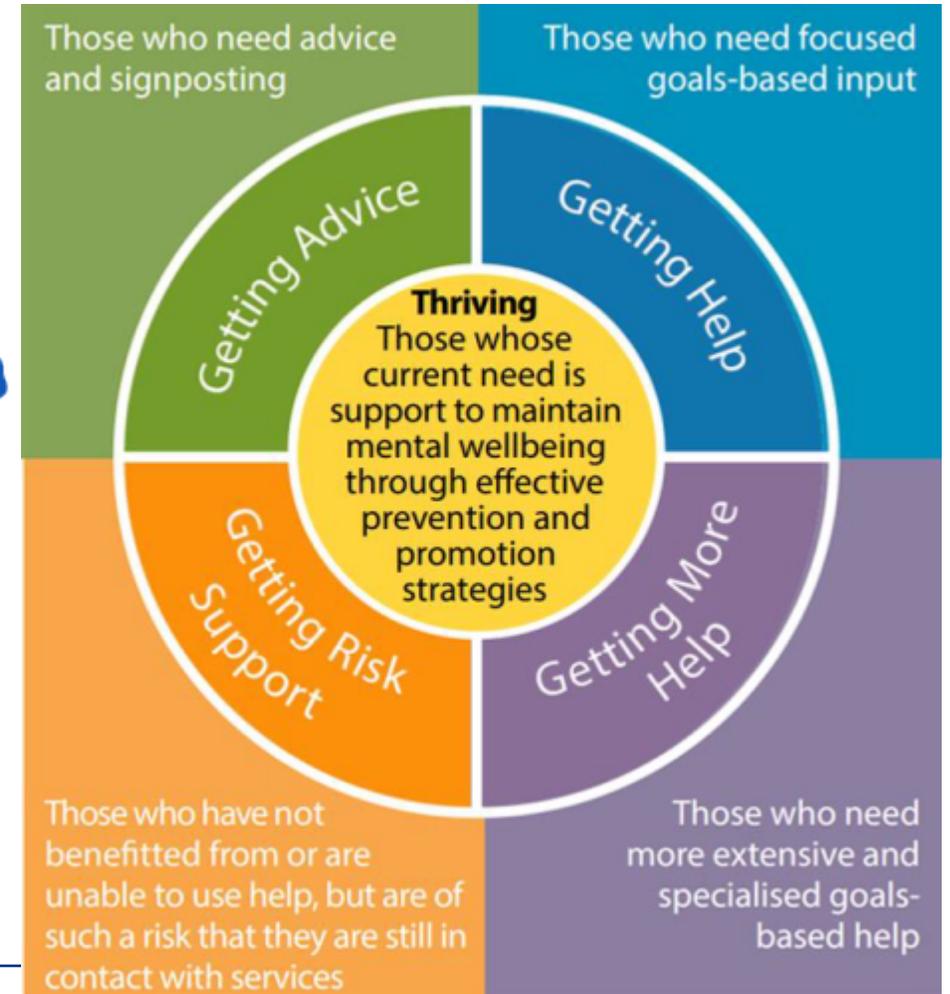
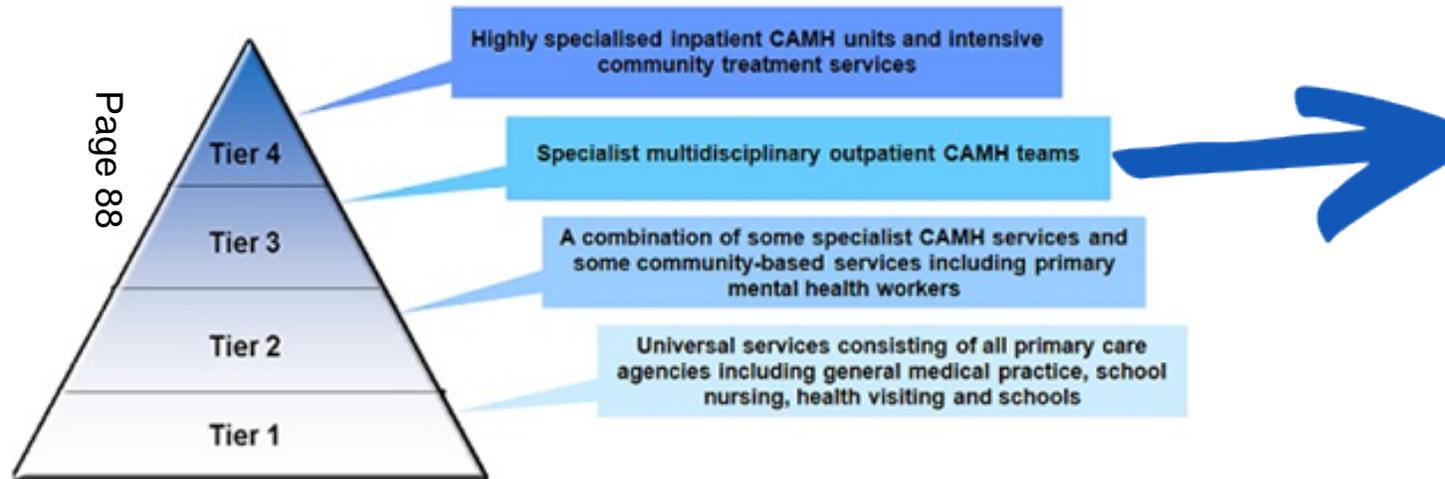
Rest of Staffordshire:  
**0808 196 3002**

#HelpUsHelpYou



# CYP Mental Health Services

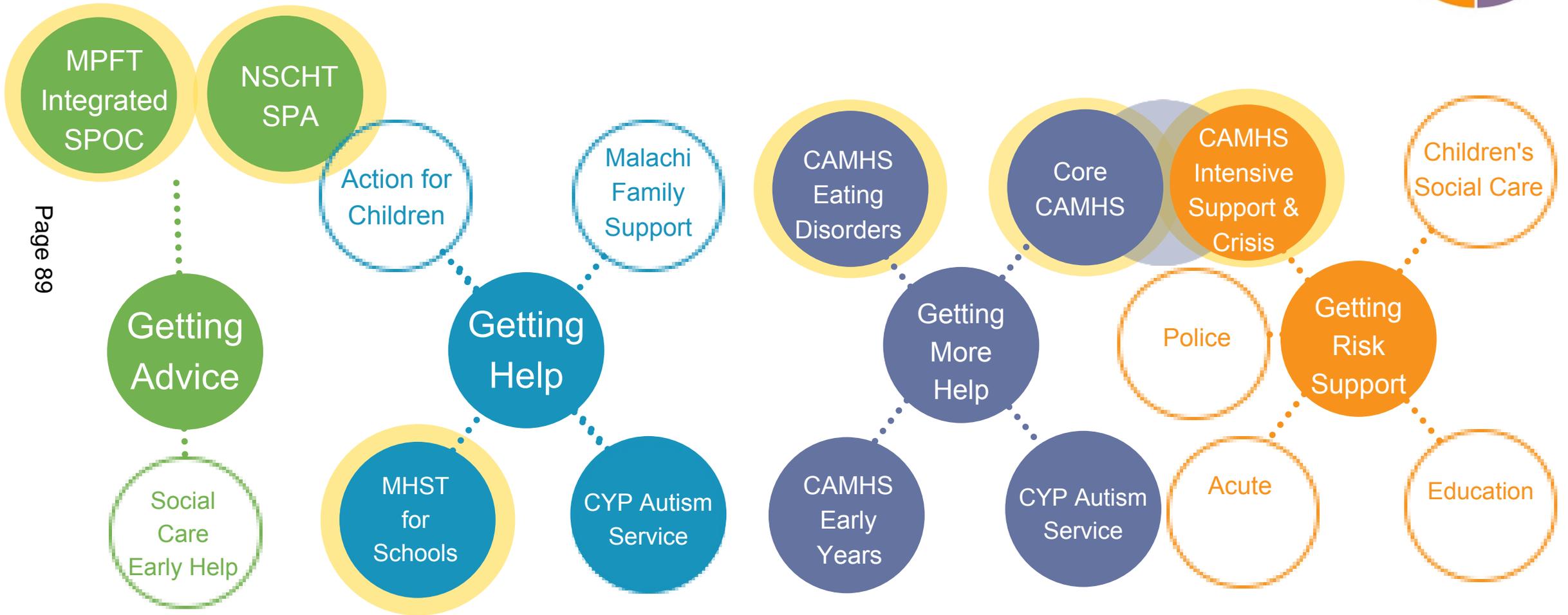
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# CYP Mental Health Services Landscape 2022



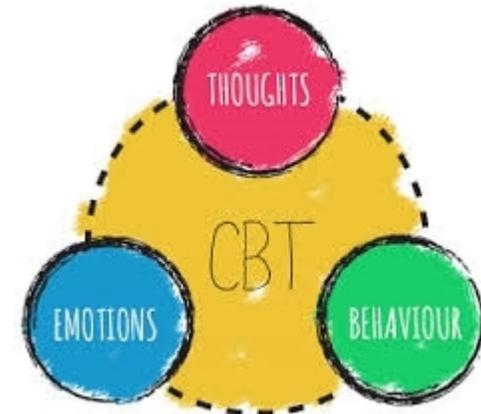
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# Mental Health Support Teams in Schools

- Evidence-based, low intensity interventions
- Prevention and early intervention
- Based on Cognitive Behavioural Therapy (CBT) skills
- Guided self-help
- Mild to moderate mental health difficulties, such as:
  - Low Mood
  - Separation Anxiety
  - Panic
  - Phobias
- Whole School Approach
- Working closely with Designated School Mental Health Leads
- Offering support through:
  - 1:1 Sessions
  - Telephone Appointments
  - Parent Sessions
  - Small Group Sessions
  - Whole Class Education
  - School Staff Workshops
  - Assemblies

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**Signposting.** Routing requests for help (self-referral) to the most appropriate source of help, whether CAMHS or a local partner. Mapping information entered and assessments completed against a directory of services using decision rules developed with clinicians or by referring for clinical review.

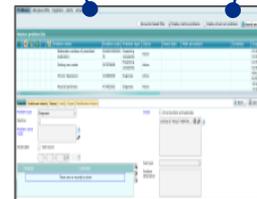
**Engagement Portal**



**Information.** Providing information and advice to young people and their families so they can understand and manage their mental health and well-being, know what is 'normal' and when they need help.

**Referral.** This stage generates a formal referral to CAMHS or a tier 2 provider. It automates the current paper process and includes the essential information the provider needs to start the assessment.

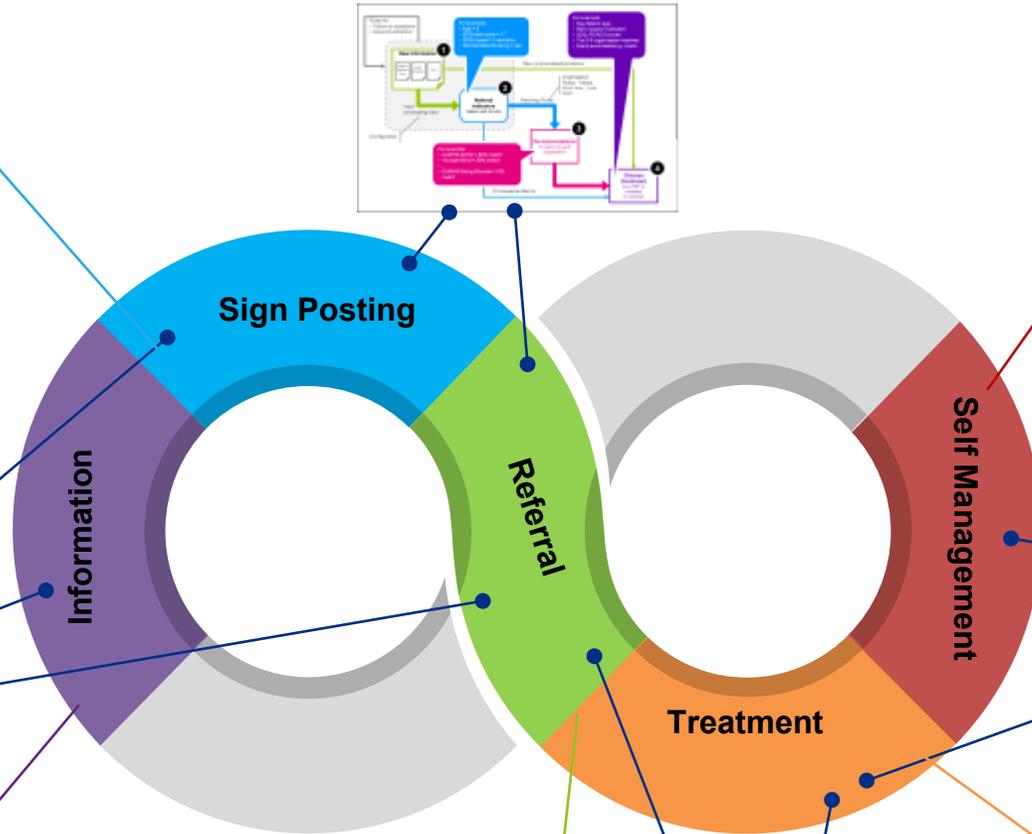
**Optimisation of existing Lorenzo system**



**Treatment.** For service users, this means enhancing and providing more flexible treatment through the use of apps, messaging or traditional sessions, and consultation through video conferencing. Data collection before and between sessions to help the clinician provide care

**Self-Management.** Supporting service users to manage their conditions, building their skills, knowledge and confidence to self-manage. This will improve well-being through tailored plans, self-management apps and educational materials

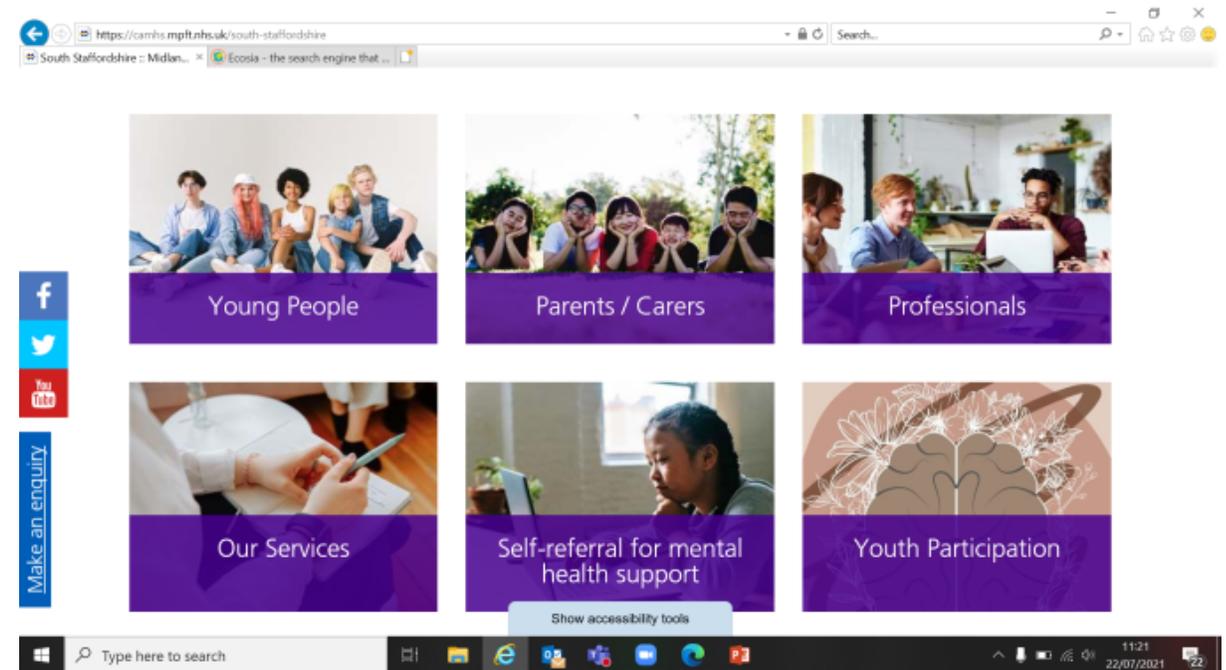
**PatientAide App**



# <https://camhs.mpft.nhs.uk/south-staffordshire>

- Rapid adaptation to COVID-19 including a digital offer and range of digital resources.
- Rapid recruited to some posts and well attended virtual recruitment fares.
- Implementation of Self-Referral.
- Update of CAMHS Website.
- Implementation of a multi agency meetings to reduce bouncing of referrals.
- Reduction in backlog for assessment within CYP autism services.
- Progressing plans for Children and Families Single Point of Access Hub.
- Ongoing challenges with mobilizing intensive support team due to recruitment.

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# Part 3 - Key Challenges & Opportunities

- Workforce: Recruitment (all clinical and managerial positions: nursing, AHP, NMP, Psychiatry, Psychology).
- Variation across PCNs.
- Referrals consistently increasing in number and complexity.
- Increased requirements for MDT (and multi agency) working .
- Challenges around neurodevelopmental provision and gaps such as ADHD and Autism from an assessment and therapeutic offer perspective.
- Opportunities for improved multi-agency working/pathway development
- Are commissioned services meeting people's needs in the best ways possible given current resource / capacity constraints? Is there an opportunity to review current ICS commissioning priorities to ensure greater alignment?

# Thank you and Questions