

Summary of the Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People's Mental Health

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

1. Overview

The first Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health was approved in October 2015. The additional NHS national funding has enabled a programme of investment to improve our local offer and mental health outcomes for children and young people. This refresh provides an update on progress and challenges associated with the delivery of Child and Adolescent Mental Health Service (CAMHS) Transformation by 2021, across the two local authorities and the six Clinical Commissioning Groups (CCGs) within the geographical boundaries of Staffordshire and Stoke-on-Trent.

Progress differs across the whole LTP on a locality basis relating to northern and southern Staffordshire due to commissioning priorities, funding availability and having two NHS providers. North Staffordshire Combined Health Care NHS Trust (NSCHCT) provides specialist (Tier 3) services in North Staffordshire and Stoke-on-Trent and South Staffordshire and Shropshire Foundation Trust (SSSFT) in South Staffordshire.

1.1 Understanding Local Need

Staffordshire's Joint Strategic Needs Analysis identifies the following key factors that can help keep children and young people mentally well include:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils

- taking part in local activities for young people

Evidence suggests that most 15 year old children across Staffordshire and Stoke-on-Trent report good levels of life satisfaction. Only 12% of young people in Staffordshire reported low life satisfaction which is similar to England (14%). The proportion in Stoke-on-Trent is better at 11%. Overall, this presents a positive picture in evidencing that the majority of our children and young people enjoy positive emotional health and wellbeing.

In determining the priorities it is recognised that some children are more vulnerable and susceptible to poor mental ill-health. There are estimated to be around 10,400 children in Staffordshire and 3,700 in Stoke-on-Trent aged five to 16 years with a mental health disorder. Analysis suggests that for children and young people this is associated with poor educational attainment, increased numbers not in education, employment or training, disability, offending and antisocial behaviour. Early intervention can therefore reduce demand on schools, the youth justice system and children's social care services.

1.2. Commissioning Approach

Within Staffordshire, the CCGs collaborate effectively in the commissioning of CAMHS albeit each CCG retains responsibility for managing their financial resources within agreed budgets. The CCGs work closely with Staffordshire County Council in the commissioning of CAMHS across the whole system. Financial challenges exist for both the local authorities and CCGs that may limit progress against transformation goals and timelines but existing governance systems afford the opportunity to discuss these challenges and be transparent with user groups in the allocation of resources.

1.3. User and Carer Participation

There has been significant progress in establishing a structure of support for participation by children and young people and they have identified the following issues:

- Better access to CAMHS provision-stronger development of the Single Point of Access, strengthening of third sector provision within localities, no wrong door.

- Ability to self-refer.
- Extension of out of hours offer and development of crisis provision.
- Strengthening care plans-partnership in the development of care plans, greater clarity re shared goals in the care plans and online access to their own care plans.
- Stronger transition arrangements, in particular to adult mental health services but also when they transfer from T4 service back to community CAMHS.
- Parity of esteem and funding.

2. Key Objectives and Principal Changes

The approach is that no child/young person with an emotional wellbeing or mental health difficulty, or an adult with a concern about a child/young person will be turned away. The Emotional Well-Being Strategies identify the following priorities:

	OBJECTIVE	OUTCOME
Priority 1	Promotion of good emotional wellbeing and prevention of poor mental health	<ul style="list-style-type: none"> • Children and young people are emotionally resilient. • The workforce has the skills to recognize issues and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery
Priority 2	Early Intervention	<ul style="list-style-type: none"> • Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.
Priority 3	Support for children and young people experiencing moderate to severe mental health issues (Specialist Tier 3 Community CAMHS)	<ul style="list-style-type: none"> • Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. • Those requiring on going mental health service provision into adulthood are supported effectively

Priority 4	Access and Intensive Community Support	<ul style="list-style-type: none"> • Increased numbers of Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. • Those who cannot return home are supported via a multi-disciplinary approach to ensure their needs are met.
Priority 5	Complex need and vulnerable groups	<ul style="list-style-type: none"> • Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. • Those who need on-going support after their 18th birthday get it.
Priority 6 Stoke on Trent	Ensuring high quality interventions and support	<ul style="list-style-type: none"> • Services offer high quality, evidence based pathways that can show they make a difference.
Priority 6 Staffordshire	Transition and services for 18-25 year olds	<ul style="list-style-type: none"> • Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups, in order to commission effective, evidence based solutions

Addressing equality and reducing health inequalities is a significant challenge and a priority for the LTP, which aims to reduce inequalities across a range of settings – in schools and in communities and across the life course and to provide appropriate responses to seldom heard groups. More specifically, the LTP is addressing the needs of some particularly disadvantaged and hard to reach groups. These include ensuring that children subject to sexual abuse and exploitation and neglect are able to access therapeutic services (this includes addressing the needs of children who may have experienced early years’ trauma). In addition commissioners have successfully accessed NHSE funding to improve services to children and young people within the youth justice system and those who undertake risk taking behaviour. The Sustain+ service (co-terminus with Staffordshire County Council) provides a service for looked after and adopted children who may have emotional wellbeing needs. Parenting support has been extended in South Staffordshire via the provision of a 0-5 (parenting service) funded via transformation funds.

3. The Ambition – by April 2020

The focus to date has been to fully operationalise the developments commenced in 2015/16 and to embed the new referral procedures and care pathways. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support have been commissioned recurrently from April 2016, although the service in northern Staffordshire has faced some delays in initial set up stages. There is an emphasis on working with partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity.

3.1. Investments and Impact

Clinical Commissioning Groups Funding Allocations 2016/17 and total spend

	Stoke on Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	South East Staffs and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	636,314	456,301	290,655	430,583	273,072	265,419	2,352,344
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	801,377	576,109	363,016	536,118	344,229	333,485	2,954,334
Total actual spend	3,356,000	2,383,799	1,179,255	2,054,840	965,392	912,423	10,851,709

Clinical Commissioning Groups Funding Allocations 2017/18

	Stoke on Trent	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	748,000	536,000	240,633	356,480	226,076	219,740	2,326,929
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	913,063	655,808	312,994	462,015	297,233	287,806	2,928,919

Commissioners are proposing the implementation of the Thrive model recommended in the national Future in Mind Policy document and this will underpin the basis of place-based delivery plans to 2020 and beyond. This will include full consultation with all stakeholders. Next steps are:

- Analysis of the Thrive model, with roll out planned incrementally
- Deep dive of JSNA data and findings into emotional wellbeing and mental health of children and young people
- Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
- Identifying and protecting what works, in order to build on good practice
- Developing crisis/intensive support services that are equitable across the LTP footprint, including place of safety
- Respond to the anticipated Green paper on children and young people's emotional wellbeing

The table below sets out the key development areas and the current position. For 2018/19, the priorities are to recurrently fund the schools based work and enhancing the Intensive Outreach service.

Staffordshire wide priorities		
Description of Scheme	Impact	Current position
Eating Disorder <ul style="list-style-type: none"> In line with NICE guidance (NICE CG9) Dedicated multidisciplinary team community team Evidence based interventions supporting positive outcomes. 	<ul style="list-style-type: none"> Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; And, 95% of these being treated in accordance with the agreed pathway 	<ul style="list-style-type: none"> Services in place , assessment target being met Reduced admissions and length of stay overall in Tier 4 provision across South Staffs
Crisis Intervention and Intensive Outreach <ul style="list-style-type: none"> Enhanced community service with extended hours of operation Support to enable young people to remain at home or support early discharge from hospital Support to acute paediatric services 	<ul style="list-style-type: none"> Reduction in CYP presenting at A&E due to self-harm/ mental health crisis Reduction in in-patient bed nights by 10% Reduced demand on health economy wide urgent services across both health and social care 	<ul style="list-style-type: none"> Reduced admissions and length of stay in Tier 4 provision across South Staffs Delayed in North Staffs and Stoke, although reduction in numbers and bed nights for Stoke-on-Trent during 2016/17 which has not been maintained into 2017/18. Increased support to acute paediatrics
Improving Access to Psychological Therapies (IAPT) <ul style="list-style-type: none"> Delivery of evidence based interventions Data collection and outcome reporting Service user and carer participation 	<ul style="list-style-type: none"> Effective and quality data collection to enhance and inform clinical practice Improved shared decision making, working in partnership with the child, young person and or family. Robust outcome data to support commissioners 	<ul style="list-style-type: none"> Training places allocated to NHS and third sector staff. Some challenges to data collection for northern Staffordshire

Tier 2 Capacity <ul style="list-style-type: none"> • Third sector services for children with mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling. 	<ul style="list-style-type: none"> • Early intervention with reduced waiting times • Stronger liaison with core CAMHS services 	<ul style="list-style-type: none"> • Capacity increased • CBT offer under development via IAPT • Investment made in infrastructure and training
School liaison / support to schools <ul style="list-style-type: none"> • School liaison and training • Mental health awareness / suicide prevention • Awareness of CAMHS Local Offer • Pastoral support 	<ul style="list-style-type: none"> • Increased school based provision of mental health support • Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs 	<ul style="list-style-type: none"> • Schools programme in South Staffordshire. • Stoke-on-Trent programme engaged 6 schools, further linkages to public health and school networks undertaken
North Staffs and Stoke-on-Trent priorities		
Description of Scheme	Impact	Current Position
Central Referral Hub Choice Appointments and Increased capacity at Tier 3 <ul style="list-style-type: none"> • Single point of access for Tier 2 and 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales. 	<ul style="list-style-type: none"> • 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity due to delivery of choice within 4 weeks • Multi-agency/ partnership working with Third sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers 	<ul style="list-style-type: none"> • Hub fully functioning and offering a dedicated advice line, screening and triage system • Increased capacity has reduced waiting lists and times • New approaches have replaced Choice and partnership. 75% of new cases seen for initial appointment within 4 weeks.

South Staffordshire priorities		
Description of Scheme	Impact	Current Position
<p>Neuropsychiatry service</p> <ul style="list-style-type: none"> • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local support 	<ul style="list-style-type: none"> • Improved case management • Reduction in in-patient admissions • Reduction in out of area placements 	<ul style="list-style-type: none"> • Consultant in post from April 2017
<p>Children and Young People with Co-morbidities</p> <ul style="list-style-type: none"> • Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions 	<ul style="list-style-type: none"> • All children with co-morbidities to receive medication review and multi-disciplinary review. 	<ul style="list-style-type: none"> • Regular provider to provider meetings to ensure collaborative care approach in place • Joint Working protocol in place and part of contract agreements

4. Risks to Delivery

Recruitment of staff to newly created posts has been a challenge across all provision as providers report a shortage of suitability qualified and competent practitioners. Moving forward, there are risks around specific professions, such as neuro-psychiatry which is proving to be a challenge. Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision. In-year allocations and bidding opportunities can cause pressure due to tight turnaround.