

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.

November 2017

Contents

Section number	Section heading	Page
1.	Overview	2
2.	Understanding Local Need	4
3.	Commissioning Approach	6
4.	Governance and strategic links	7
5.	User and Carer Participation	10
6.	Key Objectives and Principal Changes	11
7.	Progress	13
8.	Impact and outcomes	23
9.	The Ambition – by April 2021	25
10.	Risks to delivery	30
11.	Local Transformation Plan funding allocations	30
12.	Sustainability beyond 2021	31

Appendices

1. Investments
2. Workforce
3. Activity

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 Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health was approved in October 2015. The additional funding released has enabled a major 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.

This refresh of the LTP is largely an update and a revised LTP will be completed in 2018 to cover the whole of the LTP/Sustainability and Transformation Partnership (STP) area as local CAMHS strategies that pre-date the LTP expire. The revised LTP will incorporate the views of children and young people and partners across Staffordshire and Stoke-on-Trent and include detailed place-based delivery plans.

The LTP is pan-Staffordshire, covering the two local authorities and six Clinical Commissioning Groups (CCGs) within the geographical boundaries of Staffordshire and Stoke-on-Trent. Hence the LTP aligns with the STP. The STP Board has established a mental health work stream Programme Board to oversee the delivery of CAMHS transformation across the whole area and monthly reports provide details on progress against key performance indicators associated with CAMHS Transformation and highlight risks to delivery and issues that require escalation.

This refresh provides an update on progress across the whole LTP/STP footprint on a locality basis relating to northern and southern Staffordshire as progress may differ due to there being two NHS providers across the LTP/STP area, with CCGs also commissioning on a northern and southern footprint. 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. The baseline position in the two localities differed at the commencement of the transformation process hence progress is currently at different stages. However the aim is to ensure that services are responsive to local need and that there is equitable

provision across the whole area.

The LTP brings together the existing individual Emotional Wellbeing and Mental Health Strategies for Stoke-on-Trent and Staffordshire and must be read in conjunction with these strategies. These are both titled “Emotional Wellbeing and Mental Health of children and young people from birth to 18 Commissioning Strategy 2015-18”. Both strategies were finalised prior to the publication of the Future in Mind document and Transformation Plan Guidance and are now in effect LTP place-based delivery plans. They were the result of significant consultation with young people, parents, clinicians and key stakeholders including schools and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities). The strategies are consistent with the main themes of Future in Mind and will be updated as place-based delivery plans in 2018. This refreshed LTP is enriched by the views of users and potential users of CAMHS who have highlighted their key priorities for service improvement.



Staffordshire mh strategy



Stoke mh strategy

This plan is published at:

http://www.camhs-stoke.org.uk/document-library	http://www.eaststaffsccg.nhs.uk/
http://www.stokeccg.nhs.uk/	http://www.cannockchaseccg.nhs.uk/
http://www.northstaffsccg.nhs.uk/	http://sesandspccg.nhs.uk/
	http://www.staffordsurroundsccg.nhs.uk/

Lead contacts are:

- Southern Staffordshire CCGs (East Staffs; Cannock Chase; South East Staffs and Seisdon; Stafford and Surrounds) Roger Graham : Roger.Graham@northstaffs.nhs.uk
- North Staffordshire CCG: Sheila Crosbie: NSCCG Sheila.Crosbie@northstaffsccg.nhs.uk
- Stoke-on-Trent Local Authority and Stoke CCG : Paula Wilman: Paula.wilman@stoke.gov.uk

2. Understanding Local Need

The local Emotional Wellbeing and Mental Health strategies are underpinned by robust needs assessments utilising population based epidemiological information and data from youth justice, health, education and social care. They recognise that good mental health allows children and young people to develop the resilience to cope with life's challenges and grow into well-rounded healthy adults. A significant piece of work was undertaken across Stoke-on-Trent and Staffordshire to develop a robust children and young people's Joint Strategic Needs Assessment in 2016/17 and plans are under way to deep dive further the issues around emotional wellbeing and mental health arising from the JSNA. The Youth Offending Services have also undertaken detailed needs analysis that identified high levels of mental health issues and learning difficulties (including communication and language development delay); both recognised as key risk factors for offending behaviour. In Staffordshire, the school nursing service has undertaken some profiling work with schools which identified high levels of emotional wellbeing issues. These and other sources will be revisited, refreshed and incorporated into the new placed-based strategies.

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

- 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.

Some of the key drivers for change include poor parental mental health; intrinsic family issues with alcohol or drug use, being bullied, being abused physically, sexually or emotionally, losing a parent or close family member or living in a lone parent household.

Activity data from CAMHS inpatient (Tier 4) admissions from the LTP area and demographic data from community CAMHS has highlighted the increasing percentage of females within mental health service and in particular within Tier 4 provisions. For example in May 2017 all the children and young people in Tier 4 accommodation in South Staffordshire were female with over 80% of these admissions attributed to eating disorders. Additional investment into intensive support for people presenting with eating disorders has therefore been prioritised for 2017/18.

Based on the JSNA information available plus the additional analysis currently being undertaken, the revised strategies in 2018 will clarify the nature of local need and commission services to meet these needs. JSNA and other data will be supplemented by soft intelligence gathered from comments and complaints regarding CAMHS and the views of children and young people via our participation services.

Full details of the 2017 JSNA are available at:

<http://modern.gov.staffordshire.gov.uk/documents/s94660/Childrens%20JSNA%20FINAL%20April%202017.pdf>

Appendix 3 to this report provides details of key service data for the LTP area. This data demonstrates the continued high demand for CAMHS and emotional wellbeing services. Planning trajectories have been established to ensure the national access targets for children and young people with a diagnosable mental health condition are met.

Challenges remain in the quality of data that the CCGs receive from providers but plans are in place with providers to improve the accuracy and consistency of data. Commissioners are also supporting the modernisation of third sector provision to ensure they can meet need, that activity is recorded and the outcomes of their interventions are monitored and evaluated.

3. Commissioning Approach

In Stoke-on-Trent, there is a strong, well embedded and clearly understood joint commissioning approach to Children and Adolescent Mental Health Services (CAMHS) with the Local Authority providing the lead commissioner role and a pooled budget between CCG, LA and Public Health. There is collaborative working with commissioners across Staffordshire which has included joint tendering of provision in CAMHS commissioning. This has been further enhanced with a joint lead officer across Stoke and North Staffs CCGs.

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 although there are no formal joint commissioning arrangements. 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. In South Staffs, the three CCGs excluding East Staffs are now in special measures due to financial deficits. It is highly likely that this will impact on the CCGs' ability to invest in services.

There are wider links to Public Health, early help, education and youth offending strategies and strategic leads. CCG Commissioners are members of the Youth Offending Boards in Staffordshire and Stoke-on-Trent. Where practical, collaborative commissioning approaches are taken to reduce duplication, make best use of resources and to aid market development

The main focus will be on achieving the national targets set out for CAMHS transformation and address the requirements of Future in Mind. The LTP aim is to enhance the preventative element of provision to address needs within a whole system approach and particularly develop school-based approaches as expressed as a priority by local young people. Good progress has been made including the appointment of Psychological Wellbeing Practitioners in several schools in Staffordshire and supporting pastoral care staff in schools to identify and support children and young people experiencing emotional wellbeing and mental health issues.

The utilisation of the Thrive approach is in development via a multi-agency approach and key elements of Thrive are already in place, particularly the fostering of early intervention initiatives.

4. Governance and strategic links

Governance and accountability is via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards. There is now a direct link to the STP via the mental health work stream Programme Board and operational group which supports and enables alignment with the Sustainability and Transformation Plan and other Children and Young People Plans.

The Governance Structure (fig 1) has been agreed to support delivery of the Local Transformation Plan. This structure is now fully operational with all groups meeting regularly and well attended and terms of reference regularly reviewed. The Joint Implementation Groups (JIGs) include representatives from CCGs, Public Health, social care, education, Healthwatch, NHS and third sector providers. User participation is via the two respective Young People's Councils, one each in northern and southern Staffordshire, established under the CYP IAPT programme and located within third sector providers.

Progress on the delivery of the LTP including spend, activity and staffing and outcomes achieved is reported to the Children and Young People's Strategic Partnership Boards and the Health and Wellbeing Boards on a regular basis and to the STP Board.

The third sector is represented at board level at the Children and Young People Strategic Partnerships and there are a range of third sector and other organisations supporting the partnership approach to delivering the LTP. The third sector will continue to be a key partner at every level, including the IAPT workforce training programme to maximise transformation opportunities.

CAMHS commissioners are either members of, or linked into; youth justice, safeguarding children boards and children and young people's strategic partnerships. This allows formal engagement with other partners such as school and colleges. CAMHS commissioners work closely in extended teams which support linkages to commissioning leads on child sexual exploitation, domestic abuse, substance misuse, neglect and the Prevent agenda. Public Health is represented at the pan-Staffordshire CAMHS Commissioning Board and the JIGs.

A CAMHS Commissioner is a member of the Transforming Care for People with Learning Disabilities Board to support the programme of system wide change to improve care for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition.

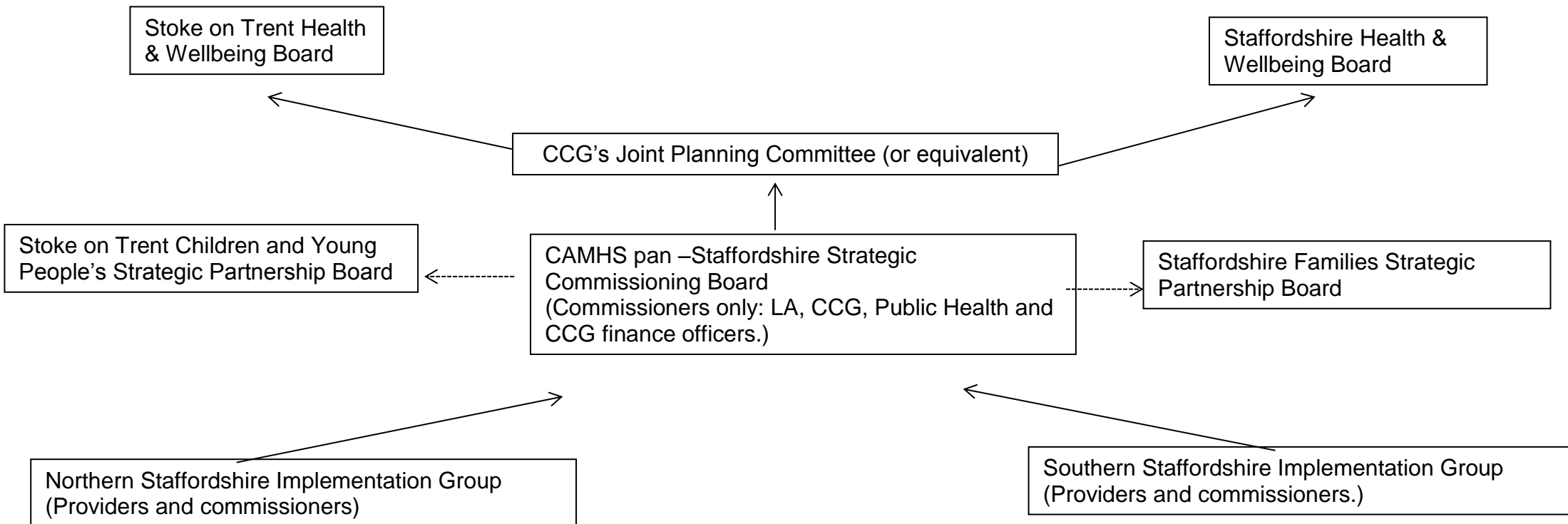
Collaborative Commissioning with NHS England is under development, with quarterly case review meetings between Specialist Commissioning CAMHS Tier 4, local commissioners and senior managers from children's social care in order to understand admissions and ensure discharge is timely. Local commissioners have also participated in collaborative work with NHSE regarding the revised commissioning of Tier 4 provision across the Midlands and East region. LA and CCG commissioners are keen to examine options for more effective links between Tier 4 providers and the community CAMHS provision that is commissioned locally. Commissioners are also working closely with local authority partners in understanding the nature of admissions into residential settings for children with mental health needs and those with learning disabilities/ASD/behaviour that challenges

Commissioners are examining how to reduce admission levels to Tier 4, reduce the length of stay and extend the range of intensive /crisis support and out of hours provision to ensure young people are only admitted when their needs cannot be met by community providers. There is emerging evidence that the establishment of the Intensive Support Team and the Eating Disorder team have had an impact on admissions to Tier 4 in the South of the County. Admissions have reduced from 50 in 2015/16 to 36 for 2016/17 and there are lower levels of occupied bed days. CCG Commissioners aspire to develop a seamless pathway with intensive support working more closely with Tier 4 services, with the potential for intensive support acting as the gatekeepers to the beds, as in the Crisis Resolution/Home Treatment adult model. This will form the basis of collaborative commissioning discussions with NHS England Specialised Commissioning Team in terms of investing in those services along with the CCGs, to be taken forward in Quarter 4 2017/18, with the aim of investment during 2018/2019.

The local NHS providers were part of the West Midlands Consortium bid for new models of care for Specialist CAMHS. Although unsuccessful in wave one, the consortium has been encouraged to further develop plans and re submit a proposal for wave two. Within the STP footprint an application for funding to extend support services to A&E and acute paediatric settings was made, to ensure the assessment and needs of children and young people who self-harm are addressed in a timely fashion. Whilst unsuccessful, this application will be resubmitted if the opportunity arises.

Fig. 1.

Pan- Staffordshire CAMHS Transformation plan Governance Structure



5. User and Carer Participation

To ensure user involvement and improve outcomes, partners are enhancing existing structures and developing new structures for participation. Partners are building on the Young People Councils that have been created through the Improving Access to Psychological Therapies (IAPT) programmes and working with Healthwatch (Stoke-on-Trent) to widen engagement with young people and their families. Commissioners encourage groups to work together to avoid user engagement fatigue and maximise the impact of the service users voice. Through contacts within the Local Authorities linkages are being made to the wider children and young people population, such as schools, young offenders, children in care and other excluded groups.

There has been significant progress in establishing a structure for participation of children and young people including the recruitment of several young people and in enhancing their role in the planning and review of services including involvement in staff recruitment and supervision. In the south, the Young People's Council is designing a step down courses "Wham" as part of innovative approaches. Children and young people have also contributed towards this refresh of the LTP. They have identified the following issues:

1. Better access to CAMHS provision, including further development of the Single Point of Access model, strengthening of third sector provision within localities, no wrong door.
2. Ability to self-refer.
3. Extension of out of hours offer and development of crisis provision.
4. Strengthening care plans- improving partnership in the development of the plans, greater clarity as to shared goals and online access to their own care plans.
5. Stronger transition arrangements, in particular to adult mental health services but also to support transfer from Tier 4 inpatient services back to community CAMHS.
6. Parity of esteem and funding.

Partners have also improved parent engagement and involvement.

6. 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.

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. The LTP will support parents and carers to raise resilient children and young people taking a life-course approach to reducing the mortality gap in adults between those who experience mental health issues and those who do not.

Objectives:

1. Streamlining referral processes, including consideration of self-referral to CAMHS.
2. Widening access and choice.
3. Making better use of technology.
4. Proposing a move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help.
5. Rolling out pan-Staffordshire wide coverage of children and young people Improving Access to Psychological Therapies (IAPT).
6. Developing plans for place of safety / safe place to address the new arrangements associated with the Police and Crime Act and Section 136 admissions.
7. Developing Intensive Outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4)
8. Strengthening support to children and young people facing added disadvantages as a result of their specific status-e.g. looked

after, living with a disability, membership of minority groups.

9. Developing an early intervention approach through the engagement of schools across the LTP footprint in the Department for Education’s “Mental Health Services and Schools Link Programme” due to start in 2018 which will reach approximately 100 schools across the LTP area.
10. Strengthening Transition. Commissioners are working with the two NHS providers to improve the experience of transition from CAMHS to adult services and to deliver the Commissioning for Quality and Innovation (**CQUIN**) national goals. Both Trusts have achieved the quarter one milestones which include the mapping of the current state of transition planning, an engagement plan to be in place across all sending and receiving local providers and an implementation plan agreed. Both Trusts have established working groups which include young people and commissioners. Transition protocols have been reviewed and staff made aware of the requirements. Baseline data is being collected which has identified that numbers currently transitioning are low and arrangements are being made for the audit of young people’s experience of transition. South Staffs have estimated around 43 cases per year would need to transition. Data collection and monitoring systems will improve through application of the CQUIN.

The Emotional Wellbeing 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	<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

	CAMHS)	
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

7. Progress

Each priority has clear commissioning intentions and annual delivery plans are in place. Although the priorities were finalised before the publication of Future in Mind, achievements are broadly in line with the national ambition.

The 2016 LTP refresh identified the following key ambitions to be delivered by April 2017:

1. Workforce plans in place – achieved
2. Eating disorder services fully operational – achieved
3. Crisis support (especially out of hours) in development – in place in South Staffordshire/ not achieved in Northern Staffordshire
4. Second/alternative Place of Safety identified – achieved
5. Review support through transition including option appraisal regarding 0-25 service - Exploring Thrive

6. Pathways fully functioning, demand and capacity assessed and reviewed – partially achieved
7. ICT infrastructure in place- partially achieved
8. Develop robust relationship with NHS England – achieved
9. Improved service user participation – achieved

Progress against the strategies and the Transformation Plan Priorities is summarised in the table below.

Staffordshire wide priorities		
Description of Scheme	Proposed Impact	Update October 2017
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; • 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 <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 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	Proposed Impact	Update October 2017
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 	<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 	<ul style="list-style-type: none"> • Hub fully functioning and offering a dedicated advice line, screening and triage system • Increased capacity has reduced

<ul style="list-style-type: none"> • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales 	<ul style="list-style-type: none"> • 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 	<p>waiting lists and times</p> <ul style="list-style-type: none"> • New approaches have replaced Choice and partnership. 75% of new cases seen for initial appointment within 4 weeks
South Staffordshire priorities		
Description of Scheme	Proposed Impact	Update October 2017
<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

7.1 pan - Staffordshire

1. Workforce Planning

All NHS and third sector CAMHS providers across the LTP area have participated in the development of workforce plans. Transformation funds have been utilised to bring in external consultancy support to ensure a consistent approach.

The plans are based on the 7 principles of workforce planning:

- Workforce design and planning
- Recruitment and retention
- New ways of working
- New roles
- Leadership
- Education, training and other learning opportunities
- Develop the skill mix, capability and competences

All providers have undertaken an analysis of current staffing levels, demand and presenting conditions. Staff skills audit, mostly using the Self-Assessed Skills Audit Tool (SASAT) and caseload reviews (how people present to services) has provided baseline data enabling providers to develop their own action plans which will inform future IAPT and other training requirements, recruitment of new team members, development of job descriptions and opportunities within teams to support retention and provide staff development opportunities. The skills audit could also inform Continued Professional Development plans through opportunities for shared learning, supervision, secondment and shadowing opportunities within a local whole system.

Workforce plans will be updated and refreshed as part of the programme of work in 2018 to develop a revised LTP / strategy for the period 2018-2021 which will enable future service aspirations to be identified.

2. Eating Disorder

Two services are now in operation, one each for northern and southern Staffordshire. The services commissioned by North Staffs and Stoke-on-Trent CCGs are delivered by NSCHCT. The services provided by SSSFT are commissioned by the four South Staffs CCGs. Both services have made significant progress in identifying and supporting young people at risk. All national targets relating to access to treatment for urgent and routine eating disorder cases have been achieved in 2016/17. Partners are however aware of high demand for these services; for example, the team in South Staffs was established to undertake 50 referrals per annum but in fact the annual referral rate has been 102 cases and recognises a particular impact on females. The impact and outcomes of these services will be reviewed in Quarter 4 2017/18 to ensure that they fully comply with the national model for service delivery during the 2018/19 contract year. Both eating disorder services are part of the national quality improvement network.

3. Urgent & Emergency (Crisis) Mental Health Care

Current CAMHS services are able to respond to emergency referrals within their working hours. For NSCHCT this is Monday to Friday 9am-5pm. SSSFT are able to offer extended hours into early evening and weekends, including a CAMHS practitioner focussed on self-harm. Outside of these hours, urgent requests are dealt with through adult services. An Acute Liaison Psychiatry service known as RAID is in place at the main acute trust, University Hospital of North Midlands. This service is currently available 7am -11pm over seven days but is for 16 year olds and above. An application was made for additional funding to develop crisis support for young people. The proposal was for two CAMHS practitioners to work within RAID to upskill practitioners' skills and competencies to enable them to respond to children and young people presenting at A&E or admitted to paediatric wards. Unfortunately, the application was unsuccessful. Plans will be developed in readiness for any further opportunity to apply for additional funding. A full review of the current RAID service is being undertaken to include current funding/provision and additional funding available from NHSE and CCGs from April 2018. This will include identify the needs of children and young people and the support that may be available from the current resources available, including staff training/shadowing and mentoring opportunities.

4. Primary care

It is recognised that GPs are the source of the majority of the referrals to the CAMHS hubs and that primary care is particularly well placed to support mental health issues in children and young people and in order to ensure that primary care is part of the whole CAMHS system, a GP Clinical commissioner is a member of the pan-Staffordshire CAMHS Commissioning Board. The STP has a work programme area relating to Enhanced Primary and Community Care and a mental health commissioner is now a member. The aim of this participation is to raise the profile of mental health generally but also to ensure that services are aligned to Primary Care New Models of Care.

5. Tier 2

Services are commissioned by the two Local Authorities from a Tier 2 commissioning framework. There is now a common set of key performance indicators across commissioned provision to support the modernisation of service delivery and improve access. A Provider Forum meets quarterly to encourage collaborative working and sharing of good practice.

6. Self-harm

In conjunction with acute providers, NHS providers are delivering a more effective offer of assessment and support to children and

young people presenting with self-harm issues. A specific post, focussed on responding to children and young people who self-harm, is facilitating discharges at the University Hospital of North Midlands.

7. Evidence based interventions and routine outcome monitoring

IAPT is in place across the whole of Staffordshire and Stoke-on-Trent, supporting service user engagement, evidence based practice and use of routine outcome monitoring. Northern Staffs CCGs remain aligned with the North West IAPT Collaborative. South Staffs have now aligned with the CYP IAPT Midlands Collaborative. There is ongoing commitment to the IAPT programme including support for training, backfill of posts, data development (including enhancing outcome focussed interventions). The IAPT programme includes staff from the third sector and local authority organisations. Planning is under way for backfill in future years as ring fenced funding from Health Education England for trainees ends.

8. Early Intervention in Psychosis

The EIP service is commissioned for 14 year olds and above. The service will assess and treat children under that age where appropriate. Where CAMHS are involved with an individual prior to a referral to the Early Intervention Service, CAMHS will continue to be involved and act as the Care Co-ordinator/Lead Professional until the initial assessment has been completed and/or a decision reached with regards to the appropriateness of offering ongoing intervention and treatment by the Early Intervention Team. All individuals who access the EIP service have a Care Co-ordinator/Lead Professional appointed from the Early Intervention Team and are provided with a NICE concordant package of care regardless of the source of referral.

9. Single Point of Access

CAMHS Central Referral Hubs are in place; one in Northern Staffordshire and one in Southern Staffordshire. These are staffed by a range of practitioners (social workers, psychologists, counsellors) who are able to provide advice and guidance to anyone with a query about a child/young person. The Hubs take all referrals for commissioned CAMHS provision (including parenting programmes), triage, assess urgency/risk and allocate, where appropriate, to a care pathway. Self-referral is being actively promoted.

10. Social Media/digital platform

Facebook pages and a “CAMHS Ready” website has been developed through IAPT to enable young people to prepare for their appointments. Providers have developed their own service specific social media presence, including apps and Facebook support

pages. Stoke-on-Trent is about to pilot a telephone advice line aimed at young people aged 11-18 experiencing low level emotional wellbeing issues that can be met within one contact.

11. Youth justice

Additional resources have been secured for youth justice pathways via NHSE to improve early identification and support for young offenders/at risk of offending in relation to harmful sexual behaviours, language and communication delays and adverse childhood experiences.

7.2 Stoke-on-Trent

1. Tier 1 training

Maintained the well-received, jointly commissioned CAMHS training for the universal children's workforce which now includes a practical skills session. This compliments the Mental Health First Aid course being offered as part of a national initiative aimed at schools.

2. Looked After Children

Continued to develop an innovative model with partners to ensure that looked after children with mental health issues can remain in the Local Authority's small group homes rather than being sent out of area.

3. Young Offenders

Remodelled the CAMHS offer for young offenders around an early intervention approach.

4. Autistic Spectrum Disorder (ASD) assessment

Parents are exploring an alternative pathways to that currently offered for children under 5 years old to enable earlier diagnosis.

5. Infrastructure

Additional non-recurring investment has been made to support third sector provider's transformation, including improving case management systems, access to training and use of digital technology.

7.3 Staffordshire

1. Tier 2

Due to budget reductions by Staffordshire County Council it has proved necessary to utilise transformation funds to bolster Tier 2 services to retain these services at 2016/7 levels (except in East Staffordshire CCG area).

2. Looked After Children

Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers, delivered as Sustain+.

3. Young Offenders

A dedicated service to support the mental health needs of young offenders.

7.4 Northern Staffordshire only

1. Care Pathways

Moved away from specialist teams to develop a range of care pathways offering appropriate evidence based interventions. There is an enhanced offer for vulnerable groups (LAC, Young Offenders, and sexual exploited young people) delivered by the NHS provider in Stoke-on-Trent, rather than separately commissioned provision for each cohort.

2. Tier 3 capacity

Following recommendations from the CQC, capacity in Tier 3 services has been increased significantly, with the recruitment of more than 20 whole time equivalent posts (a mix of practitioners and administration). Three additional Consultant posts have been established. There have been difficulties in recruiting to these posts but locums are in place.

3. Crisis response

Additional capacity has been added to the Priority Referral Team to support young people admitted to acute care.

4. Intensive Outreach

Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders.

5. CAMHS Advice Line

Established a dedicated CAMHS advice line to provide guidance and advice to anyone considering a referral to CAMHS.

6. Waiting times

Improved access and reduced backlogs for ASD assessments and community CAMHS. No child or young person is waiting more than 18 weeks for treatment from the point of referral into the CAMHS hub.

7.5 Southern Staffordshire only

1. Intensive Support Service

An intensive support service has been established in South Staffordshire to reduce the risk of admission to Tier 4 provision and to facilitate, where appropriate, a reduction in length of stay for those who do require admission. The service currently does not operate on a 24/7 basis but the extension of this service is one of the key priorities for the next year. Early indications are that the service is reducing the numbers of children and young people admitted to Tier 4 inpatient beds.

2. User Participation

Established an effective participation service staffed by salaried young people with direct experience of the services. In 2017/18 the participation service has been extended and located within a local third sector provider to allow for greater independence from the statutory sector. Young people are currently active within the southern Joint Implementation Group for CAMHS transformation and will increasingly contribute to the development of strategy, recruitment, service review and in enhancing the voice of users in services.

3. Support to local schools

Support to schools in addressing emotional wellbeing needs is being delivered in a number of ways. The Hope Project has provided structured support to the majority of schools in South Staffordshire by training and upskilling pastoral care staff in identifying and responding to mental health needs. Health Education England funding has been accessed for 2017/18 to appoint

seven Psychological Wellbeing Practitioners to further support early intervention in school and college settings. The effectiveness of this approach will be reviewed in-year to establish if ongoing funded should be provided. Third sector providers have also offered bespoke training programmes to schools. Schools and education commissioners are part of the embryonic Thrive programme.

4. Early Years

Transformation Funds have been utilised to extend the CAMHS early years (0-5) service in East Staffordshire, ensuring full coverage for early years/parenting support programmes across the southern Staffordshire area. These services are fundamental in addressing challenges associated with children who have experienced early year's trauma.

5. Neuro-psychiatry

Appointed a consultant within this field who will offer support to children with learning disabilities and mental health needs. This will enable local access for a cohort who previously might have had to go out of area to access specialist services. Linked to the Transforming Care programme, this initiative should also impact on the number of children and young people admitted to Tier 4 beds.

8. Impact and Outcomes

In order to demonstrate the impact of investments and improved outcomes for children and young people, progress will be tracked using the national Key Performance Indicator requirements set out in the Operational Planning Guidance for 2017-19 which include:

- Number of new children and young people aged 0-18 receiving treatment from CAMHS services
- Total number of children and young people aged 0-18 receiving treatment from CAMHS services
- The percentage of children and young people with a diagnosable mental health condition receiving treatment from NHS community services
- 95% of children and young people with suspected eating disorder (routine cases) start treatment within 4 weeks
- 95% of children and young people with suspected eating disorder (urgent cases) start treatment within 1 week.
- Admissions to Tier 4 in-patient services

Progress against these indicators is set out in Appendix 3.

In addition to national requirements, the following local data will be monitored and reviewed:

- Waiting times for access to services
- Number of A&E attendances related to mental health
- Routine outcome measures
- Number of schools offering wellbeing support
- Number of early help assessments supported
- Workforce numbers (see Appendix 2)
- Patient satisfaction

Where routine reporting is not currently in place, plans are in place with providers to establish data reporting systems.

Innovation and Key Enablers

Across the LTP area there are a range of initiatives and pilots to support new models of care to address contemporary need.

Two examples include:

1. Participation by Young People in South Staffordshire. Participation by young people in CAMHS was very limited and investment has been made in developing and extending a participation service as a key aspect of the IAPT programme and to support transformation. There are now three full time participation workers based in YESS (a third sector organisation) who have enlisted a large group of young people to work on many aspects of CAMHS development. This has included actually delivering information and support programmes to schools (WHAM Project), providing comments on service developments based on their own experience of services, offering peer support to other young people in Tier 4 care, developing a social media programme and in the recruitment and selection of staff. Above all, this work is changing the culture within services and fostering a partnership approach to both service development and individual therapeutic provision.
2. One-off contacts via over-the-phone contact for 11-18 year olds will be trialled to support real time access for mild to moderate issues (Tier 2) by a third sector provider in Stoke-on-Trent to support modernisation of provision. The live chat element of a two year pilot of an online service saw a threefold increase of contacts via an internet based messaging facility available 25 hours per week from year one to year two. During year two, the number of new cases across Tier 2 provision reduced in Stoke,

possibly as young people were able to access support at the time the issue was affecting them, without having to be referred into the CAMHS hub. Feedback from young people suggested they would prefer a mix of skype-type access and a phone helpline to talk to a “real person”. The phone helpline will initially be accessible for 20 hours per week until demand and cost realisations are understood. Data collection will identify the proportion of young people using the facility who are not in treatment and whose needs can be met in one call; how many went on to be referred to the CAMHS hub for triage into a care pathway and how many were in treatment but requiring support between appointments. Data will also be collected as to how many of the callers were from outside of Stoke-on-Trent to inform commissioning intentions.

Commissioning for outcomes

Across the LTP footprint, there has been a focus on monitoring the outcomes from therapeutic interventions and embedding this practice across both Tier 2 and 3 services. As a result, all service specifications are based on commissioning for outcomes and providers capture the individual level outcomes for each client. Children, young people and their families have found this approach to be helpful and empowering in understanding the nature and expected results of intervention. Clinical staff have been supported to adopt the use of a range of routine outcome measures with the overwhelming majority of interventions now being evidenced by the use of routine outcome measurements. Outcome based commissioning has been embedded for some time in the third sector and commissioners have worked further with young people and the providers to co-produce a consistent set of outcomes across all providers and consistent performance reporting to improve an understanding of quality and impact. Providers must demonstrate a proportion of children and young people achieving a statistically significant improvement in their mental health as a result of the service offered. For commissioners and the CCGs, this allows informed judgement as to the effectiveness of commissioned services and for young people, demonstrates the progress they are making.

9. The Ambition – by April 2021

The LTP is based on increasing capacity and capability across all sectors, creating an equitable service across the whole of Stoke-on-Trent and Staffordshire that reflects the needs of differing populations. 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. Commissioners have committed to implementing the Thrive model and this will underpin the basis of place-based delivery plans to 2021 and beyond.

The current LTP is based on the existing Emotional Wellbeing Strategies which run to 2018. Transformation funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform models of care, whilst at the same time ensuring provision that works well is recognised, protected and expanded. The plan to date has been based on an incremental approach but partners now wish to undertake a fundamental review to develop a vision and plan to 2020/21. This will include full consultation with all stakeholders.

Plans to improve local services:

1. Analysis of the Thrive model, with roll out planned incrementally
2. Deep dive of JSNA data and findings into emotional wellbeing and mental health of children and young people
3. Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
4. Identifying and protecting what works, in order to build on good practice
5. Developing crisis/intensive support services that are equitable across the LTP footprint, including place of safety
6. Respond to the anticipated Green paper on children and young people's emotional wellbeing
7. Extension of eating disorder services in South Staffordshire to support admission avoidance and in light of higher than anticipated demand
8. Development of 0-5 parenting service in East Staffordshire to ensure consistency of support across South Staffordshire
9. Engagement with the DfE Mental Health Services and Schools Link Programme

It is possible to indicate to date the key areas of progress across the period of the transformation programme. This includes national targets but also the local aspirations of our stakeholders, particularly the users of services. Depending on the availability of resources, a number of areas where initial work has indicated success will be further developed to address the needs identified.

LTP Progress and ambition to 2021-Our Road Map

2015/16	<ul style="list-style-type: none"> • Initial analysis of local need • Initiate intensive support development • Eating disorder service commissioned • Review participation service • Progress Children and Young People Improving Access to Psychological Therapies developments • Support to Tier 2 • School based programmes piloted
2016/17	<ul style="list-style-type: none"> • NICE compliant eating disorder service commences • Establish first stage intensive support service (South Staffs) • School based programmes (Hope Project in South Staffs) in place & effectiveness reviewed • Address CQC requirements of North Staffs CAMHS provider • Improve access and reduce waiting times (North Staffs) • Revised participation programme in place-within non-statutory sector • Initiate neuro-psychiatry service in South Staffordshire • Joint work with NHSE regarding Tier 4 reductions • Outcome monitoring for therapeutic interventions in place through Children and Young People Improving Access to Psychological Therapies Programme(CYPIAPT) • Workforce plans developed
2017/18	<ul style="list-style-type: none"> • Extension of eating disorder service in South Staffs to address need. • Full recruitment to eating disorder service in northern Staffs. • 0-5 service in East Staffordshire to commence • Review of mental health needs of Looked After Children commenced-with Staffordshire County Council • Update/revise Joint Strategic Needs Assessment - in-depth deep dive on mental health with a particularly focus at the lower end of the spectrum and centre on root causes (e.g. social isolation, health and debt) • Response to Green Paper/address the needs of schools for emotional wellbeing services

	<ul style="list-style-type: none"> • CYP MH Services and Schools Link Pilot Wave 2. Expressions of Interest for Staffordshire and Stoke to work with the Anna Freud Centre for Children and Families (AFCCF) and the Department for Education to help CCGs and LAs work together with schools and colleges to provide timely mental health support to children and young people have been successful • Transitions to Adult Mental Health. -CQUIN NHS contractual requirement • IAPT trainees supported • Collaborative work with NHSE regarding Tier 4 admission reduction, transitions to Adult Mental Health • Increase numbers of children and young people accessing emotional resilience programmes in school • Psychological Wellbeing Practitioner programme initiated & reviewed. (South Staffs) • Health and justice programme commences • Third sector transformation programme commences • Development of dynamic risk register for children and young people with a disability at risk of admission
2018/19	<ul style="list-style-type: none"> • STP footprint strategy developed • Work towards implementation of Thrive model • Deliver improved care pathway for young children with suspected Autistic Spectrum Disorders within CAMHS (northern Staffordshire) • Extension of intensive support service in South Staffs and development of service in northern Staffs. • Ensure Third Sector data is reflected in overall performance data, including national minimum dataset • Review access of children to early intervention in psychosis service • Consideration of self-referral options • CAMHS hubs reviewed • Re-procurement of CAMHS support to Looked After Children (Staffordshire only) • Collaborative commissioning with NHSE based on new model of Tier 4 provision-stronger links to community teams. Implement collaborative commissioning plan with NHSE • Ensure appropriate and timely responses to Children and Young People presenting at Accident and Emergency those presenting out of area • All age 24/7 acute psychiatric liaison developed

	<ul style="list-style-type: none"> • Implement plan for effective transitions from CAMHS to adult mental health • Data quality improvement programme • ASD service re-procurement (South Staffs) • Intensive support for children with a learning disability
2019/20	<ul style="list-style-type: none"> • Review access to CAMHS for disadvantaged groups-BEM, LGBT, asylum seekers, children subject to sexual exploitation & early year's trauma-ensure comprehensive service offer • Workforce requirements reviewed-future capacity planning & engagement with CYP-IAPT • Incremental application of Thrive model
2020/21	<ul style="list-style-type: none"> • 24/7 out of hours provision in place • Digital offer in place • Access targets met • Eating disorder service access targets met • Robust school based programmes of support in place-including links to community CAMHS • Community based crisis and intensive support fully in place to prevent admission where possible and to avoid young people being placed long distances from home • Thrive model embedded • Consistent model across STP footprint • Children and young people will be able to access services in a timely manner, receive evidence based interventions and have a positive experience of care

The LTP should be regarded as a live document that will be revised in light of any changes to national requirements, locality need and the availability of resources. As required, it may be necessary to review and de-commission those services that are not contributing to meeting the aspirations of Future in Mind. Any decision making will involve key stakeholders, including children & young people. There will also be active engagement to ensure a breadth of representation across the children and young people population, including those from disadvantaged groups.

10. Risks to Delivery

Recruitment of staff to newly created posts has been a challenge across all provision as providers report a shortage of suitably qualified and competent practitioners. Most new posts are now filled. Moving forward, there are risks around specific professions, such as neuro-psychiatry which is proving to be a challenge. This risk is being mitigated by ongoing support for IAPT, workforce planning and skills audit. Third sector service partners have been included within the workforce planning initiatives to enable them to plan ahead and upskill their workforce to deliver services against more complex areas of need. There has been a specific transformation programme for the third sector resourced using transformation monies.

Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision. As previously stated, three of the four CCGs in south Staffordshire are now in special measures due to their severe financial position. This will impact on the CCGs' opportunities to invest in services. In mitigation of this risk commissioners will work with providers to look at potential and innovative ways of delivering the outcomes within existing resources. This will include taking opportunities to apply for pump priming moneys including any in-year allocations and bidding rounds, acknowledging that this can cause pressure due to tight turnaround. In conjunction with the STP Board, partners will examine the most effective ways of delivering CAMHS across the LTP and the appointment of a single Accountable Officer for the six CCGs in Staffordshire and Stoke-on-Trent will further facilitate these discussions.

Any risks associated with future procurement and ability of the market to respond to transformation are low due to a strong and vibrant statutory and third sector market which is fully engaged in the transformation agenda.

11. Local Transformation Plan Funding Allocations

The NHS indicative England allocations by CCGs for Eating Disorder and Transformation are shown at Appendix one. Actual investment in CAMHS for 2014/15 (the baseline year) is also shown at Appendix one, this is the total investment, comprising usual investments made by Clinical Commissioning Groups and investment made by the two local authorities. A review of the baseline for 2014/15 identified an error for Staffordshire LA commitments which has been corrected.

12. Sustainability beyond 2021

Current investments derived from the CAMHS transformation indicative allowances have been made on a recurrent basis and are now included within the baseline of each CCGs' financial plans. The further revision of the CAMHS LTP and development of placed-based delivery plans during 2018 will identify any areas of service shortfall and unmet need and will inform any future re-engineering of provision. The intention is to work with partners (including children and young people) to develop place-based community provision. In particular this will focus on developing early intervention to reduce the demand for high cost services within CAMHS. This will include exploring how to utilise digital technology to facilitate instant responses to low level need and to support care management of those who are accessing provision and review the impact and effectiveness of current pilot initiatives. The expected Green Paper on children and young people's emotional health and wellbeing is expected to further outline the role of schools and will offer opportunities locally.

Appendix 1. Investments

Table 1: 2014/15 Expenditure across all CAMHS Funding Streams (Baseline Year)

	Stoke on Trent LA	Staffordshire LA	Stoke CCG	North Staffs CCG	Stafford and Surrounds CCG	SES and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£417,656	£1,316,103	£2,516,000	£1,807,690	£864,169	£1,383,129	£732,430	£224,940	£9,528,111
Specialised Commissioning	-	-	£1,226,155	£703,690	£784,678	£649,826	£122,727	£79,422	£3,566,498

Table 2: 2016/17 Expenditure across all CAMHS Funding Streams

	Stoke on Trent LA	Staffordshire LA	Stoke CCG	North Staffs CCG	Stafford and Surrounds CCG	SES and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£576,688	£1,303,572	£3,356,000	£2,383,799	£1,179,255	£2,054,840	£965,392	£912,423	£12,731,969
Specialised Commissioning			£1,996,052	£2,322,744	£931,549	£652,087	£266,611	£119,642	£6,288,685

Table 3: Clinical Commissioning Groups Funding Allocations 2015/16

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	£413,170	£299,890	£181,126	£264,165	£178,114	£170,376	£1,506,841

Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	£601,990
Total	£578,233	£419,698	£253,487	£369,700	£249,271	£238,422	£2,108,831

Table 4: Clinical Commissioning Groups Funding Allocations 2016/17

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	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

Table 5: Clinical Commissioning Groups Funding Allocations 2017/18

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	£748,000	£536,000	£249,402	£317,791	£247,717	£228,022	£2,326,932
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	£601,990
Total	£913,063	£655,808	£321,763	£423,326	£318,874	£296,088	£2,928,922

Appendix 2. Workforce

The workforce information is presented in terms of the following categories: therapists/practitioners, administration and management. Where information is not known, this is presented as n/k.

For Tier two provision, this has been commissioned from a Framework since 2015 and costs are based on a total unit cost. Where possible, providers have provided information as to actual staffing levels, but administration and management time allocations are not available for all providers, meaning an under reporting of administration and management staffing levels at Tier 2.

Staffing levels and management at Tier 3 include social workers seconded to the Community CAMHS team from each Local Authority.

	2014/15	2015/16	2016/17
Northern Staffordshire			
Tier 2			
Therapists/ practitioners	11.2	11.4	12
Administration	n/k	n/k	1.83
Tier 2 total	11.2	11.4	13.83
Tier 3			
Consultant	3	3.1	5.3
Speciality doctor	0.8	0.8	0.8
Therapists/practitioners	39.84	55.15	52.24
Social workers	5.08	5.08	5.08
Administration	13.86	18.19	21.47
Management	1.21	1.5	1.62
Tier 3 Total	63.79	83.82	86.51
Southern Staffordshire			
Tier 2			
Therapists/ practitioners	8.7	8.7	8.7
Administration	n/k	n/k	.8

Tier 2 total	8.7	8.7	9.5
Tier 3			
Consultant	5	5	5.1
Specialty Doctor	1.8	1.8	2.2
Therapists/practitioners	39.18	60.31	55.57
Social workers	4.74	4.74	4.74
Administration	18.52	22.52	20.52
Management	1.2	6	2
Tier 3 Total	70.44	100.37	90.13

Appendix 3. Activity

Data collection and reporting on activity for NHS and Local Authority commissioned provision has been reviewed and refined during 2016/17 to address historic differences in counting methodologies across local authority and CCG commissioning and new reporting requirements from NHS England. Transformation monies and providers' own resources have been invested in digital technology to modernise case management systems and support the extraction of data and facilitate upload to the National Minimum Data Set (NMDS) which will begin to impact during 2017/18.

Of concern are challenges around uploading of third sector providers' data to the NMDS which is piecemeal. Guidance has been sought from NHSE as to how full upload can be facilitated. Commissioners are keen that data from all commissioned provision should be reflected, regardless of source of funding as this would demonstrate provision is more in line with need and better reflect the impact of Local Authority investment.

Tier 2 Activity

This is commissioned on the basis of number of sessions and as described above, differing methodologies mean it is not possible to consistently and accurately identify number of children and young people receiving intervention across the LTP footprint. A summary of activity is split between the local authorities and CCGs. All CCGs in the LTP area have invested in additional capacity at Tier 2 utilising transformation funding. Staffing capacity issues affected the numbers seen in 2016/17 in some services.

In northern Staffordshire, commissioning includes a full time Tier 2 post in the CAMHS central referral hub, jointly funded by the two CCGs and Stoke-on-Trent Local Authority, utilising both core funding and transformation monies.

Stoke-on-Trent

Stoke CCG investment is via a pooled budget with Stoke-on-Trent City Council. Stoke-on-Trent performance reporting identifies the number of new cases in the financial year, i.e. those in services for a period of time and this is reflected in the table below. In addition, there are a number of one-off contacts, where the child has been assessed as not requiring a period of intervention after an initial appointment. Fewer new cases were seen during 2016/17, mainly due to the staffing issues identified above, as well as an increase in complex cases requiring ten sessions or more for those entering counselling provision.

	2014/15	2015/16	2016/17
Stoke – new cases	911	1260	1132

Staffordshire

Staffordshire LA commissions provision for children and young people in north and south Staffordshire. The core service is commissioned on the basis of number of referrals, with an average of 5 or 6 contacts per referral; the figures below also include those who only require a one-off contact.

North Staffs CCG, utilising transformation funding, added a further 160 *sessions* as part of a waiting list initiative in 2015/16.

New referrals	2014/15	2015/16	2016/17
Staffordshire LA		1672	1370
North Staffs CCG		150	258
South Staffs CCGs			263

A reduction in cases in Tier 2 services occurs across the LTP footprint. This is being closely monitored by commissioners in order to prevent a trend for reliance on more costly NHS provision as the numbers accessing Tier 3 are increasing.

CAMHS Tier 3

This table illustrates the number of children and young people accessing community CAMHS (NHS) provision. It does not include specialist services (ASD, looked after children, young offenders etc.). New reporting metrics have been issued by NHS England during the course of 2017 causing some challenges for accurate data collation for the period 2014- 2016 as can be seen in the table below.

	Tier 3	CCG	2015/16	2016/17	% change	01/04/2017 - 30/09/2017	Projection 2017/18	% change
1	Number of Referrals received into CAMHS	Cannock Chase	899	1014	12.8	440	880	-13.2
		East Staffordshire	769	821	6.8	426	852	3.8
		SES & SP	1243	1226	-1.4	672	1344	9.6
		Stafford & Surrounds	818	934	14.2	451	902	-3.4
		South CCGs Total	3729	3995	7.1	1989	3978	-0.4
		Stoke	1618	2000	23.6	1021	2042	2.1
		North Staffs	1083	1447	33.6	773	1546	6.8
		Northern Staffs Total	2701	3447	27.6	1794	3572	3.6
2	The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period.	Cannock Chase	339	325	-4.1	151	302	-7.1
		East Staffordshire	234	385	64.5	146	292	-24.2
		SES & SP	501	629	25.5	257	514	-18.3
		Stafford & Surrounds	288	334	16.0	150	300	-10.2
		South CCGs Total	1362	1673	22.8	704	1408	
		Stoke	134	235	75.4	196	392	66.8
		North Staffs	84	160	90.5	155	310	93.8
		Northern Staffs Total	218	395	81.2	351	702	77.7
3	Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period.	Cannock Chase	572	566	-1.0	342	684	20.8
		East Staffordshire	406	499	22.9	280	560	12.2
		SES & SP	865	981	13.4	588	1176	19.9
		Stafford & Surrounds	517	599	15.9	325	650	8.5
		South CCGs Total	2360	2645	12.1	1535	3070	16.1
		Stoke	1263	1758	39.2	1444	1955	11.2
		North Staffs	806	1167	44.8	924	1311	12.3
		Northern Staffs Total	2069	2925	41.4	2368	3265	11.6

		CCG	Est prevalence	% treated 16/17	% treated 17/18 FOT
4	Percentage of children and young people with a diagnosable mental health condition who are receiving treatment from NHS funded community services	Cannock Chase	2602	21.8	26.3
		East Staffordshire	2521	19.8	22.2
		SES & SP	3952	24.8	29.8
		Stafford & Surrounds	2431	24.6	26.7
		South CCGs Total	11506	23.0	26.7
		Stoke	5992	29.3	32.6
		North Staffs	3775	30.9	34.7
		Northern Staffs Total	9767	29.9	33.4

		CCG	16/17 %	Q1 17/18			Q2 17/18		
				No. referred	No. seen in timescale	%	No. referred	No. seen in timescale	%
5	Number of CYP with eating disorder (ED) (Routine cases) referred with suspected ED that start treatment within 4 weeks	Cannock Chase	100	4	4	100	3	3	100
		East Staffordshire	100	8	8	100	4	4	100
		SES & SP	100	2	2	100	4	4	100
		Stafford & Surrounds	100	4	4	100	6	6	100
		South CCGs Total	100	18	18	100	17	17	100
		Stoke		4	3	75	3	3	100
		North Staffs		4	4	100	1	1	100
		Northern Staffs Total	89	8	7	87.5	4	4	100

6	Number of CYP with eating disorder (ED) (Urgent cases) referred with suspected ED that start treatment within 1 week	Cannock Chase	100	0	0	100	0	0	100
		East Staffordshire	100	0	0	100	0	0	100
		SES & SP	100	0	0	100	0	0	100
		Stafford & Surrounds	100	0	0	100	0	0	100
		South CCGs Total	100	0	0	100	0	0	100
		Stoke		0	0	100	1	1	100
		North Staffs		0	0	100	1	0	n/a
		Northern Staffs Total	79	0	0	100	2	1	50

7. Tier 4 In-patient admissions

CCGs	Year	No of Patients	No of Admission Dates	No of Bed Days	Total Spend
Cannock Chase	16/17	5	6	393	266,611
	15/16	8	8	669	453,396
East Staffordshire	16/17	3	5	211	119,642
	15/16	5	5	122	69,108
North Staffordshire	16/17	32	48	3492	2,322,744
	15/16	24	27	2,760	1,834,012
SE Staffs and Seisdon	16/17	12	12	1090	652,087
	15/16	15	20	1,462	873,760
Stafford and Surrounds	16/17	10	13	1333	931,549
	15/16	14	17	1,977	1,380,219
Stoke	16/17	25	33	3253	2,007,158
	15/16	33	44	3,950	2,434,785
Grand Total	16/17	87	117	9,754	6,299,792
	15/16	99	121	10,940	7,045,281