

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Our transformation plan is pan-Staffordshire and aligns the existing strategies for Stoke-on-Trent and Staffordshire. 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, Transformation Plan Guidance and prior to a change in Government and were the result of significant consultation processes, re drafts and final approval through respective local governance systems (CCG's and LA's). They are underpinned by robust needs assessments.

For Stoke, there is a strong, well embedded and clearly understood joint commissioning approach to CAMHS with the LA providing the lead commissioner role, working closely with commissioners across Staffordshire and collaborating on many aspects of CAMHS commissioning. Within South Staffordshire significant integration between CCG and local authority commissioning has been developed to create a cohesive approach to the delivery of EWB/CAMHS. This has included strengthening locality links with local support teams in social care and enhancing cohesion with other agencies such as autism providers and education. Across Stoke and Staffordshire there are wider links to early help, education and youth offending strategies and strategic leads. Governance and accountability is via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards. The Third Sector is represented at the Children and Young People Strategic Partnerships and we have a range of third sector and other organisations supporting our partnership approach to delivering our Strategies/transformation plan.

It is planned that when the strategies are refreshed, there will be a single aligned

Stoke-on-Trent and Staffordshire wide Emotional Wellbeing and Mental Health strategy and the LTP process allows us to fast track some aspects of this approach. We look forward to building links to NHS England to develop collaborative commissioning arrangements and will review governance structures as required.

Lead contact will be Roger Graham, SE & Seisdon CCG, with Stoke specific issues addressed by Paula Wilman, Stoke-on-Trent City Council and North Staffs Specific issues addressed by Sheila Crosbie.

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

Our 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. We are:

- Streamlining referral processes,
- Widening access and choice,
- Making better use of technology
- Planning to move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help.
- Rolling out Pan- Staffordshire wide coverage of children and young people IAPT
- Developing plans for place of safety / safe place
- Developing plans for an Intensive Outreach services to support young people in crisis, to prevent admission to hospital and reduce the length of stay for those who are admitted to Tier 4 and support better those who are waiting for a Tier 4 bed.
- Strengthening our support to children and young people facing added disadvantages as a result of their specific status-e.g. LAC, CYP with a disability, membership of minority groups. We also need to plan an effective support structure to anticipate imminent demographic changes such as the provision for refugee children and the re-location of army families to the Stafford area.

The Strategies identify the following priorities:

Priority 1 – Promotion of good emotional wellbeing and prevention of poor mental health

Outcome: Children and young people are emotionally resilient. The workforce has the skills to recognise 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

Outcome: 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)

Outcome: 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 –Tier 4 Access and Intensive Community Support

Outcome: 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

Outcome: 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

Outcome: 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

Outcome: 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

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

Each priority has clear commissioning intentions and an overarching delivery plan is in place.

Our priorities were finalised before the publication of *Future in Mind*, however, our achievements are broadly in line with the national ambition as follows:

Pan - Staffordshire

- Development of CAMHS Central Referral Hubs. One in Northern Staffordshire and one in Southern Staffordshire. These are staffed by a range of

practitioners (social worker, psychologist, counsellors) who are able to provide advice and guidance to anyone with a query about a child/young people. The Hubs take all the referrals for commissioned CAMHS provision (inc parenting programmes), triages, assesses urgency/risk and allocates, where appropriate, to a care pathway. Self-referral is being actively promoted

- Developed a CAMHS Tier 2 Emotional Wellbeing commissioning framework and are actively promoting it to schools to encourage them to take more responsibility for commissioning provision for young people with mild to moderate emotional wellbeing issues, including counselling.
- Commissioned a web based resource offering a mix of static functions (fact sheets, video clips, ask a question) and real time functions (live chat, discussion board, counselling) to young people aged 11+, parents/carers and professionals. Available 24/7 (static functions).
- In the North, worked with our main NHS provider to develop a range of care pathways, with an enhanced offer for Stoke vulnerable groups (LAC, Young Offenders, sexual exploited young people)
- Begun to explore the development of an intensive outreach service, including support to young people with Eating disorders
- IAPT in place across the whole of Staffordshire and Stoke, supporting service user engagement, evidence based practice and use of routine outcome monitoring.

Stoke-on-Trent

- Maintained our well received CAMHS Tier 1 training and initiated a small pilot to test out practical skills sessions as requested during the consultation period for the Strategy.
- Developing a model with partners to ensure that our looked after children with mental health issues can remain in the Local Authority's small group homes rather than being sent out of area.
- Remodelled our CAMHS offer for young offenders around an early intervention approach
- Piloting an alternative pathway to that currently offered for pre-school children for ASD assessment

Staffordshire

- Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers
- Dedicated service for young offenders
- Following the inputs from the BOND programme, to provide support to schools in managing emerging EWB & MH needs via training inputs to schools, developing specific linkages between CAMHS providers & schools & continued availability of the early support offer (via the established network on 3rd sector providers at Tier 2)
- Addressing the needs of CYP with co-morbidities-in particular CYP with ASD.

- In conjunction with our acute providers, delivering a more effective offer of assessment & support to CYP presenting with self-harm issues.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

Our plan is based on increasing capacity and capability across all sectors. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support will be commissioned recurrently from April 2016. Where possible, some developments will commence in the latter part of 15/16. This programme will be supported by a range of non-recurrent support which will improve access to services and provide the supporting infrastructure for services to be sustained from April 2016.

There is an emphasis on working with our partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity.

Non-recurrent support will be provided across Tiers 2 and 3 to increase access and to reduce waiting times.

Support will also be provided for investment in IT to enable providers to meet the requirements of the MHMDS.

Pan Staffordshire:

- Eating disorder service specified and lead provider identified
- Crisis support (especially out of hours) in place
- Second/alternative Place of Safety identified
- Review support through transition including option appraisal regarding 0-25 service.
- Pathways fully functioning, demand and capacity assessed and reviewed
- Put in place supporting IT infrastructure
- Develop robust relationship with NHS England
- Improved service user participation

Stoke only

- Reviewed Public Health commissioning functions for children and young people mental health
- Refined model of care for children in care, in LA's own residential homes
- Results of practical skills sessions known
- Results of ASD pilot known
- Programme to identify and support Lead person in each school delivered .

South Staffordshire only

- Address support needs of CYP with co-morbidities including autism.
- Development of neuro-psychiatry service to better support needs of very complex children with co-morbidities who are increasingly at risk of T4 admission

North and South Staffordshire only

- Strengthen offer of support to universal providers including schools. This will include better access to Tier 2, stronger liaison with CAMHS, wider publicity for online service, training to schools on emotional wellbeing and & CAMHS.
- Extend capacity of 3rd sector providers within framework to facilitate earlier interventions and support thereby reducing demand on specialist CAMHS.
- Offer additional training options to universal providers to enhance awareness of emotional wellbeing needs and to address specific areas of concerns such as self-harm/suicide.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Opportunities to identify good practice from elsewhere across the country
- Encouragement to showcase good practice
- Support and facilitation to identify and start to tackle blockages and issues that prevent progress / reduce impact
- Challenge and support role
- Challenge and support relationships to develop collaborative commissioning across the CCG's and Tier 1 and Tier 2 Local Authorities in Staffordshire . This will need to include work to support local elected members, where appropriate.
- Recognise and respect that we have our local priorities and two local strategies based on analysed need, review of local performance data and feedback from children and young people and schools.
- Progressing collaborative commissioning with NHS England particularly in stronger support to avoid admissions and in more effective discharge planning.
- Specialist support and guidance in addressing needs of asylum seekers who are placed in the area and in addressing major demographic changes particularly with reference to service families relocating into the area.
- Explore options and benefits of prime provider model

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will,

where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list