

<b>Staffordshire Health and Well-being Board</b>	
Title	<b>Update on CAMHS Funding</b>
Date	9 <sup>th</sup> March 2017
Board Sponsor	Richard Harling
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## **Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People’s Mental Health**

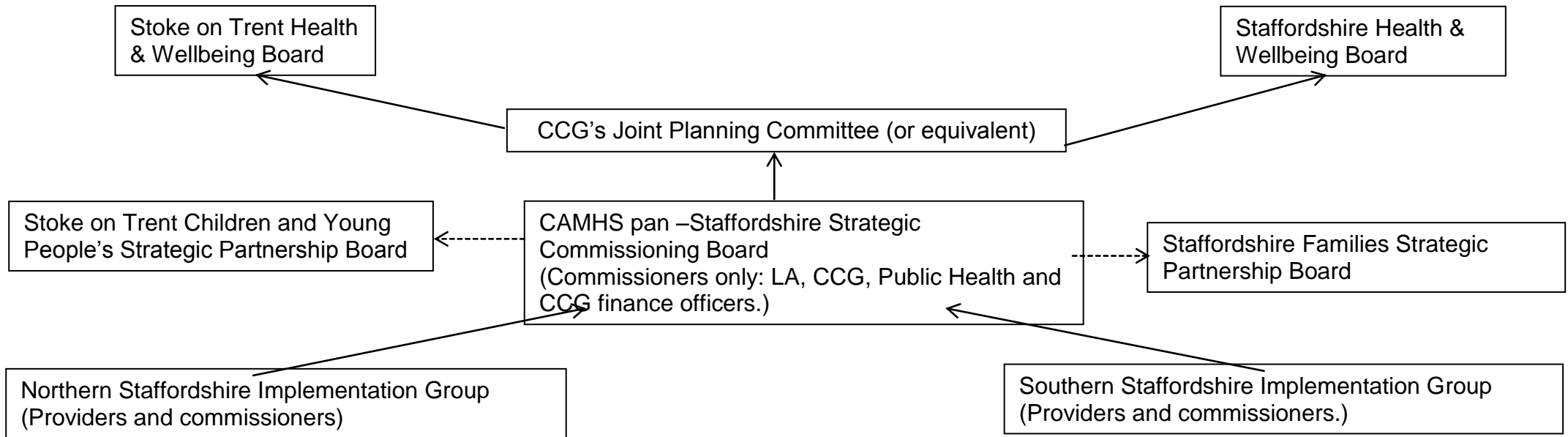
**Developing our local offer to secure improvements in children and young people’s mental health outcomes.**

### **Overview**

1. Our transformation plan is pan-Staffordshire (covers the whole of Staffordshire and Stoke on Trent) and aligns the existing emotional wellbeing and mental health 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 and Transformation Plan Guidance. They were the result of significant consultation with young people, parents, clinicians and key stakeholders and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities). They are underpinned by robust needs assessments.
2. For Stoke, 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, working closely with commissioners across Staffordshire and collaborating on many aspects of CAMHS commissioning. Within South Staffordshire significant integration between Clinical Commissioning Groups and local authority commissioning has been developed to create a cohesive approach to the delivery of the emotional wellbeing CAMHS agenda. 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.

3. It is planned that when the strategies are refreshed in 2018, there will be a single aligned Stoke-on-Trent and Staffordshire wide Emotional Wellbeing and Mental Health Strategy and the CAMHS Transformation Planning 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.
4. The governance structure below has been agreed to support delivery of the Local Transformation Plan.

**Pan- Staffordshire CAMHS Transformation plan  
Proposed governance structure**



5. This plan is published at:

- a. <http://www.camhs-stoke.org.uk/document-library>
- b. <http://www.stokeccg.nhs.uk/>
- c. <http://www.northstaffsccg.nhs.uk/>
- d. <http://www.eaststaffsccg.nhs.uk/>
- e. <http://www.cannockchaseccg.nhs.uk/>
- f. <http://sesandspccg.nhs.uk/>
- g. <http://www.staffordsurroundsccg.nhs.uk/>

6. Lead contacts are:

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

### **Key objectives and principal changes**

- 7. 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.
- 8. Addressing equality and reducing health inequalities is a significant challenge and a priority for us. We aim to improve opportunities to reduce inequalities across a range of settings – in schools and in our communities and across the life course and to provide appropriate responses to seldom heard groups. We 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.
- 9. We are:
  - a. Streamlining referral processes
  - b. Widening access and choice
  - c. Making better use of technology
  - d. Planning to move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help
  - e. Rolling out Pan-Staffordshire wide coverage of children and young people Improving Access to Psychological Therapies (IAPT)
  - f. Developing plans for place of safety / safe place
  - g. Developing plans for Intensive Outreach services to support young people in crisis, to prevent admission to hospital, reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4) and better support those who are waiting for admission to an inpatient bed.
  - h. Strengthening our 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. 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.

- i. Developing an early intervention approach through engagement with schools.

10. 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 18<sup>th</sup> 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 7 – 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

11. To ensure user involvement, we are developing new, and enhancing existing structures to ensure service user feedback in order to improve outcomes. We are building on the young people councils that have been created through the Improving Access to Psychological Therapies programmes, the new young people's mental health sub group facilitated by Healthwatch (Stoke) and linkages to North Staffs User Group to widen engagement with young people. We will encourage these groups to work together to avoid user engagement fatigue and maximise the impact of the service users voice. Through linkages within the Local Authorities, we will also ensure linkages to the wider children and young people population, such as schools and children in care councils and other excluded groups. We will explore repeating the mystery shopper exercise carried out in Northern Staffordshire to test out if our strategy is having an impact on access and outcomes.

### **Progress so far**

12. Each priority has clear commissioning intentions and an overarching delivery plan is in place.
13. Although our priorities were finalised before the publication of Future in Mind, our achievements are broadly in line with the national ambition as follows:

### **Pan - Staffordshire**

14. 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 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

15. 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. Tier 2 3<sup>rd</sup> sector providers are commissioned to deliver services in specific localities
16. 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).
17. 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)
18. Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders
19. 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**

20. Maintained our well received CAMHS training for the universal children's workforce and initiated a small pilot to test out practical skills sessions as requested during the consultation period for the Strategy.
21. 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.
22. Remodelled our CAMHS offer for young offenders around an early intervention approach
23. Piloting an alternative pathway to that currently offered for pre-school children for Autistic Spectrum Disorder (ASD) assessment

### **Staffordshire**

24. Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers

25. Dedicated service for young offenders
26. Following the inputs from the Better Outcomes New Delivery (BOND) programme, to provide support to schools in managing emerging emotional wellbeing and mental health 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 third sector providers at Tier 2)
27. Addressing the needs of children and young people with co-morbidities, in particular children and young people with Autistic Spectrum Conditions.
28. In conjunction with our acute providers, delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues.

**Our ambition – where we will be by April 2016**

29. 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.
30. 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.
31. Non-recurrent support will be provided across targeted and specialist services to increase access and to reduce waiting times.
32. We will link to the 'Transforming Care for People with Learning Disabilities – Next Steps' agenda 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. Locally, the Transforming Care Partnerships will include Stoke-on-Trent and Staffordshire (the CCGs and the two local authorities) as well as representatives from NHS England Specialised Commissioners, individuals, families, carers and other stakeholders. The Staffordshire Transforming Care Partnerships will be established by January 2016 and will work to formulate and deliver a final joint transformation plan by April 2016.



33. Support will also be provided for investment in information technology to enable providers to meet the requirements of the mental health minimum dataset (MHMDS).

**Pan Staffordshire:**

34. Eating disorder service specified and lead provider identified

35. Crisis support (especially out of hours) in development.

36. Second/alternative Place of Safety identified

37. Review support through transition including option appraisal regarding 0-25 service.

38. Pathways fully functioning, demand and capacity assessed and reviewed

39. Put in place supporting ICT infrastructure

40. Develop robust relationship with NHS England

41. Improved service user participation

**Stoke only**

42. Reviewed Public Health commissioning functions for children and young people mental health

43. Refined model of care for children in care, in Local Authority residential homes

44. Results of practical skills sessions known

45. Results of ASD pilot known

46. Programme to identify and support Lead person in each school delivered.

**South Staffordshire only**

47. Address support needs of children and young people with co-morbidities including autism.

48. Development of neuro-psychiatry service to better support needs of very complex children with co-morbidities who are increasingly at risk of inpatient admission

**North and South Staffordshire only**

49. Strengthen offer of support to universal providers including schools. This will include better access to early intervention, stronger liaison with CAMHS, wider publicity for online service, training to schools on emotional wellbeing and & CAMHS.

50. Extend capacity of third sector providers within framework to facilitate earlier interventions and support thereby reducing demand on specialist CAMHS.

51. 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.

**Local Transformation Plan allocations**

52. The NHS England allocations to CCGs for Eating Disorder and Transformation are shown at Appendix A.

**Proposed recurrent investments**

53. Details of the recurrent investments and proposed impact are shown at Appendix B.



Appendix B

<b>Staffordshire wide priorities</b>	
<b>Description of Scheme</b>	<b>Proposed Impact</b>
<p><b>Eating Disorder</b></p> <ul style="list-style-type: none"> <li>• In line with NICE guidance (NICE CG9)</li> <li>• Dedicated multidisciplinary team community team</li> <li>• Evidence based interventions supporting positive outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks;</li> <li>• And, 95% of these being treated in accordance with the agreed pathway</li> </ul>
<p><b>Crisis Intervention &amp; Intensive Outreach</b></p> <ul style="list-style-type: none"> <li>• Enhanced community service with extended hours of operation</li> <li>• Support to enable young people to remain at home or support early discharge from hospital</li> <li>• Support to acute paediatric services</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in CYP presenting at A&amp;E due to self-harm/ mental health crisis</li> <li>• Reduction in in-patient bed nights by 10%</li> <li>• Reduced demand on health economy wide urgent services across both health and social care</li> </ul>
<p><b>Improving Access to Psychological Therapies</b></p> <ul style="list-style-type: none"> <li>• Delivery of evidence based interventions</li> <li>• Data collection and outcome reporting</li> <li>• Service user and carer participation</li> </ul>	<ul style="list-style-type: none"> <li>• Effective &amp; quality data collection to enhance and inform clinical practice</li> <li>• Improved shared decision making, working in partnership with the child, young person and or family.</li> <li>• Robust outcome data to support commissioners</li> </ul>
<p><b>Tier 2 Capacity</b></p> <ul style="list-style-type: none"> <li>• 3rs sector services for children with mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling.</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention with reduced waiting times</li> <li>• Stronger liaison with core CAMHS services</li> </ul>
<p><b>School liaison / support to schools</b></p>	<ul style="list-style-type: none"> <li>• Increased school based provision of mental health support</li> </ul>

<ul style="list-style-type: none"> <li>• School liaison and training</li> <li>• Mental health awareness / suicide prevention</li> <li>• Awareness of CAMS Local Offer</li> <li>• Pastoral support</li> </ul>	<ul style="list-style-type: none"> <li>• Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs</li> </ul>
<b>North Staffs and Stoke priorities</b>	
<p><b>Central Referral Hub Choice Appointments &amp; Increased capacity at Tier 3</b></p> <ul style="list-style-type: none"> <li>• Single point of access for Tier 2 &amp; 3 services</li> <li>• Triage and signposting, telephone advice, short term interventions</li> <li>• Choice and Partnership delivered within timescales.</li> </ul>	<ul style="list-style-type: none"> <li>• 96% of choice appointments within 4 weeks by June 2016</li> <li>• Increased partnership/ intervention capacity due to delivery of choice within 4 weeks</li> <li>• Multi-agency/ partnership working with 3<sup>rd</sup> sector providers ensures CYP have their needs met by the most appropriate services to meet their needs</li> <li>• Telephone access to advice and signposting for referrers</li> </ul>
<b>South Staffordshire priorities</b>	
<p><b>Neuropsychiatry service</b></p> <ul style="list-style-type: none"> <li>• Deliver support to children with co-morbidities at risk of admission</li> <li>• Provide early intervention / local support</li> </ul>	<ul style="list-style-type: none"> <li>• Improved case management</li> <li>• Reduction in in-patient admissions</li> <li>• Reduction in out of area placements</li> </ul>
<p><b>Children and Young People with Co-morbidities</b></p> <ul style="list-style-type: none"> <li>• Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions</li> </ul>	<ul style="list-style-type: none"> <li>• All children with co-morbidities to receive medication review and multi-disciplinary review.</li> </ul>