

Staffordshire Health and Well-being Board	
Title	Update on CAMHS Funding
Date	9 th March 2017
Board Sponsor	Richard Harling
Report type	For Information

Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People’s Mental Health

Refresh published 31st October 2016

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

Overview

1. The Staffordshire and Stoke on Trent Local Transformation Plan 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 identifies progress against our key priorities in the last 12 months and where we hope to be by March 2017.
2. Our transformation plan is pan-Staffordshire (The whole of Staffordshire and Stoke on Trent, covering 6 CCGs and 2 Local Authorities.) There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made. Our aim will be to ensure that services are responsive to local need and that there is equitable provision across the whole area.
3. The Transformation Plan is based on 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 including schools, and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities).

4. The strategies are underpinned by robust needs assessments utilising population based epidemiological information and data from health, education and social care. There is a needs assessment of young offenders in Stoke and this is being undertaken in Staffordshire.

Commissioning Approach

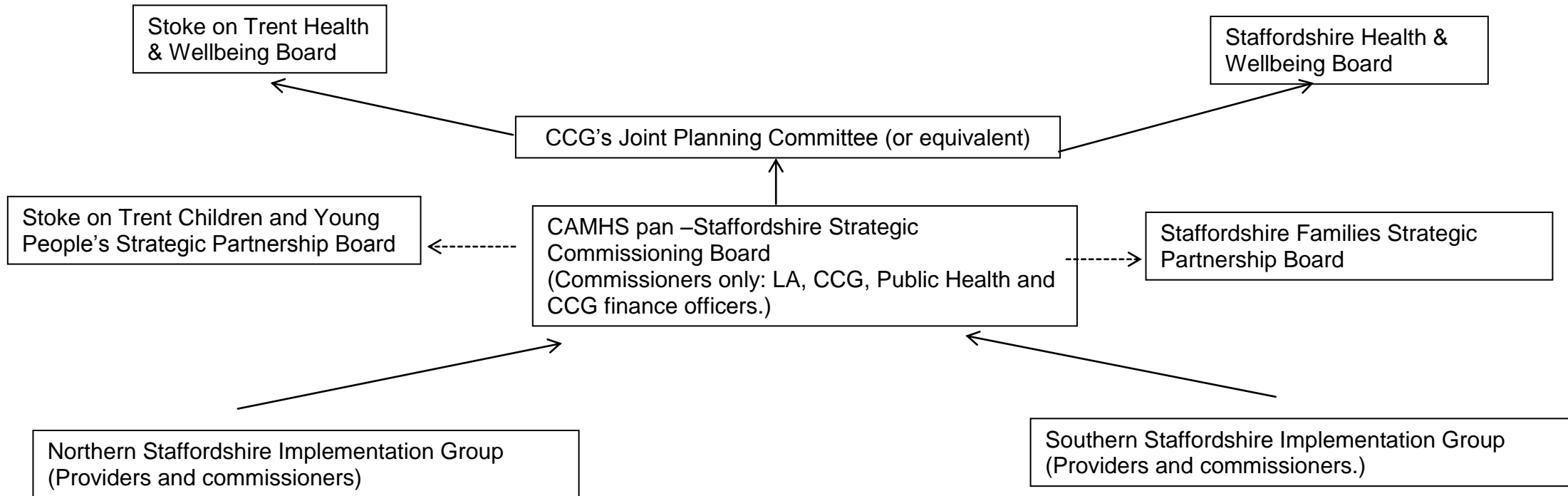
5. For Stoke, there is a strong, well embedded and clearly understood joint commissioning approach to Children and Adolescent Mental Health Services (CAMHS) with the Local Authority providing the lead commissioner role, working closely with commissioners across Staffordshire and collaborating on many aspects of CAMHS commissioning. This has been further enhanced with a joint lead officer across Stoke and North Staffs CCGs.
6. 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.
7. Across Stoke and Staffordshire there are wider links to 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.

Governance

8. Governance and accountability is via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards.
9. The governance structure 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. The Joint Implementation Groups include representatives from CCG, public health, social care, education, NHS and Third sector providers. User participation is via the Youth Councils established under the CYP IAPT programme
10. 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 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

Pan- Staffordshire CAMHS Transformation plan Governance structure



User and carer participation

11. To ensure user involvement we are enhancing existing structures and developing new 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 and working with Healthwatch (Stoke) to widen engagement with young people and their families. We will encourage 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.
12. There has been significant progress in establishing a structure of support for participation by children and young people including the recruitment of several young people and in enhancing their role in the planning and review of services. Young people are involved in agreeing their care plans and Youth Councils are involved in staff recruitment and supervision.
13. We have also improved parent engagement and involvement.

Strategic Links

14. 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. Pre-admission Care and Treatment Reviews are being undertaken as required.
15. The Staffordshire Sustainability and Transformation Plan has a dedicated Mental Health work stream which includes CAMHS. A CAMHS Commissioner is a member of this group to ensure effective links.
16. Collaborative Commissioning with NHS England is not yet well developed but we look forward to building links to NHS England to develop collaborative commissioning arrangements and will review governance structures as required. Our local NHS providers submitted proposals as part of the West Midlands Consortium bid for New models of care for Specialist CAMHS. Although unsuccessful in wave one, the providers have been encouraged to further develop plans and re submit a proposal for wave two.
17. CCG Commissioners are members of the Staffordshire and Stoke Youth Offending Boards

18. 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/>

19. 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
- b. North Staffordshire CCG: Sheila Crosbie: NSCCG Sheila.Crosbie@northstaffsccg.nhs.uk
- c. Stoke-on-Trent Local Authority and Stoke CCG : Paula Wilman: Paula.wilman@stoke.gov.uk

Key objectives and principal changes

- 20. 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.
- 21. 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.
- 22. We are:
 - a. Streamlining referral processes
 - b. Widening access and choice

- c. Making better use of technology
- d. Considering a 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.

23. The Emotional well-being 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

Progress so far

- 24. Each priority has clear commissioning intentions and an overarching delivery plan is in place.
- 25. Although our priorities were finalised before the publication of Future in Mind, our achievements are broadly in line with the national ambition.
- 26. Progress against the Strategies and the Transformation Plan Priorities is outlined below:

Pan - Staffordshire

- 27. **Eating Disorder.** Services are now in operation and have made significant progress in identifying & supporting younger people at risk.
- 28. **Tier 2 capacity.** Provided additional support to Third sector providers of emotional wellbeing services for mild to moderate issues across the whole of Staffordshire and Stoke on Trent.

29. **CAMHS Tier 2 Emotional Wellbeing commissioning framework** in place. This is actively promoted to schools to encourage them to take more responsibility for commissioning provision for young people with mild to moderate emotional wellbeing issues, including counselling. Third sector providers are commissioned from this framework to deliver services in specific localities.
30. **Self-harm.** 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
31. **Evidence based interventions and outcome monitoring.** IAPT in place across the whole of Staffordshire and Stoke, supporting service user engagement, evidence based practice and use of routine outcome monitoring .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 Third sector & local authority organisations
32. **Early Intervention in Psychosis** Pathway in place to ensure the EIP service works effectively with community CAMHS. All young people experiencing first episode psychosis receive NICE recommended treatment.
33. **Single Point of Access.** CAMHS Central Referral Hubs in place; 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.
34. **Social Media.** Web based resource “Upside” in place 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). Facebook pages developed through CYP IAPT and “CAMHS Ready” web site to enable young people to prepare for their appointment. Providers have developed their own service specific social media presence, including apps and Facebook support pages.

Stoke-on-Trent

35. **Tier 1 training.** Maintained our well received CAMHS training for the universal children’s workforce which now includes a practical skills session after a successful small pilot.

36. **Looked After Children** Continued to develop 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.
37. **Young Offenders** Remodelled our CAMHS offer for young offenders around an early intervention approach
38. **Autistic Spectrum Disorder (ASD) assessment.** Exploring alternative pathways to that currently offered for pre-school children to enable earlier diagnosis

Staffordshire:

39. **Looked After Children** .Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers. Possible reductions in local authority funding currently pose a risk to the innovative Sustain+ service for Looked After Children and efforts are underway to address these challenges.
40. **Young Offenders.** A dedicated service to support the mental health needs of young offenders.

Northern Staffordshire only:

41. **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 Stoke vulnerable groups (LAC, Young Offenders, sexual exploited young people)
42. **Tier 3 capacity** Following recommendations from the CQC, capacity in Tier 3 services has been increased significantly, with recruitment of 20 w.t.e posts . Three additional Consultant posts have been established. There have been difficulties in recruiting to these posts but locums are in place.
43. **Crisis response** Additional capacity in the Priority Referral Team to support young people admitted to acute care
44. **Intensive Outreach** Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders.
45. **CAMHS Advice Line** Established a dedicated CAMHS advice line to provide guidance and advice to anyone considering a referral to CAMHS.

Southern Staffordshire only

46. **Intensive Support Service** has recently become operational and will look to provide domiciliary based support to children and young people at risk of admission.
47. **User Participation** Established an effective participation service staffed by salaried young people with direct experience of the services. Young people are currently active within the local operational board for CAMHS transformation and will increasingly contribute to the development of strategy, recruitment, service review and in enhancing the voice of users in services.
48. **Workforce planning.** A full workforce plan across all aspects of CAMHS has been completed. This includes an analysis of local need & projections regarding the numbers and nature of staff required to meet need.
49. **Support to local schools** in the recognition and management of emotional wellbeing services. In addition support has been provided to pastoral care staff in several schools. 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 and schools and continued availability of the early support offer (via the established network on third sector providers at Tier 2)
50. **Early Years** Consideration is being given to extension of the CAMHS early years (0-5) service to achieve greater consistency of the CAMHS offer in South Staffordshire.
51. **Autistic Spectrum Conditions.** Addressing the needs of children and young people with co-morbidities, in particular children and young people with Autistic Spectrum Conditions. It is however acknowledged that there remains a challenge in fully meeting the needs of children with complex needs where ASD is a component and the CCGs are working to resolve this matter.

Impact

52. The impact of additional investment has seen an increase in the number of practitioners in children and young people's mental health provision, from early intervention to new psychiatry posts. The total number of new posts equates to 25, from 155 whole time equivalent posts in 21014/15 to 180.55 whole time equivalent posts at the end of March 2016.
53. An evaluation as to the number of additional children and young people being seen and impact on waiting times as a result of the

new investment is still underway and data will be published at a later date.

Our ambition – where we will be by April 2017

54. Our plan 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 in 2016/17 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 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.

55. By April 2017:

- a. Workforce plans in place
- b. Eating disorder services fully operational
- c. Crisis support (especially out of hours) in development
- d. Second/alternative Place of Safety identified
- e. Review support through transition including option appraisal regarding 0-25 service.
- f. Pathways fully functioning, demand and capacity assessed and reviewed
- g. ICT infrastructure in place
- h. Develop robust relationship with NHS England
- i. Improved service user participation.

Risks to Delivery

56. Recruitment of staff to newly created posts has been a challenge 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. Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision.

By April 2020

57. The current Transformation Plan is based on the existing Emotional Well-being Strategies which run to 2018. Transformation Plan funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform the model 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 we now wish to undertake a fundamental review to develop a plan up to 2020. This will include full consultation with all stakeholders. Our first steps are:

- a. Complete a full self-assessment gap analysis against the Future in Mind requirements
- b. Analysis of the Thrive model, workshop organised for November 2016
- c. Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
- d. Identifying and protecting what works, in order to build on good practice

Local Transformation Plan allocations

58. The NHS England allocations by CCGs for Eating Disorder and Transformation for 2015/16 and 2016/17 are shown at Appendix 1. Actual investment in CAMHS for 2014/15 is also shown at Appendix A, this is the total investment, comprising usual investments made by Clinical Commissioning Groups and investment made by the two local authorities.

2016/17 investments

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

Appendix A

2014/15 Investment across all CAMHS Funding Streams (baseline year)

	Stoke on Trent LA	Staffordshire LA	Stoke on Trent CCG	North Staffs CCG	Stafford & Surrounds CCG	SES & Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£683, 650	£1,158,020	£2,516,000	£1,807,690	£864,169	£1,383,129	£732,430	£224,940	£9,370,028
Specialised Commissioning	-	-	1,226,155	703,690	784,678	649,826	122,727	79,422	3,566,498

Clinical Commissioning Groups Funding allocations 2015/16

	Stoke on Trent	North Staffs	Stafford & Surrounds	South East Staffs & 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

2015/16 Investment across all CAMHS Funding Streams to be provided by recurrent and non-recurrent breakdown.

Funding allocation 2016/17

	Stoke on Trent	North Staffs	Stafford & Surrounds	South East Staffs & 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

Appendix B

Staffordshire wide priorities		
Description of Scheme	Proposed Impact	Update October 2016
<p>Eating Disorder</p> <ul style="list-style-type: none"> • In line with NICE guidance (NICE CG9) • Dedicated multidisciplinary team community team • Evidence based interventions supporting positive outcomes. 	<ul style="list-style-type: none"> • Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; • And, 95% of these being treated in accordance with the agreed pathway 	<ul style="list-style-type: none"> • Service development under way
<p>Crisis Intervention & Intensive Outreach</p> <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"> • Intensive outreach operation in South Staffs. Delayed in North Staffs and Stoke. • Increased support to acute paediatrics
<p>Improving Access to Psychological Therapies</p> <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 & quality data collection to enhance and inform clinical practice • Improved shared decision making, working in partnership with the child, young person and or family. • Robust outcome data to support commissioners 	<ul style="list-style-type: none"> • Training places allocated to NHS and third sector staff. • Some challenges to data collection for northern Staffordshire
<p>Tier 2 Capacity</p> <ul style="list-style-type: none"> • Third sector services for children with 	<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

mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling.		IAPT
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. • Some challenges in northern Staffordshire and Stoke on Trent and programme is under review
North Staffs and Stoke priorities		
Description of Scheme	Proposed Impact	Update October 2016
Central Referral Hub Choice Appointments & Increased capacity at Tier 3 <ul style="list-style-type: none"> • Single point of access for Tier 2 & 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales. 	<ul style="list-style-type: none"> • 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity due to delivery of choice within 4 weeks • Multi-agency/ partnership working with Third sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers 	<ul style="list-style-type: none"> • Hub fully functioning and offering a dedicated advice line, screening and triage system • Increased capacity has reduced waiting lists and times
South Staffordshire priorities		
Description of Scheme	Proposed Impact	Update October 2016
Neuropsychiatry service <ul style="list-style-type: none"> • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local 	<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"> • Some challenges to recruitment

support		
Children and Young People with Co-morbidities <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"> • Some challenges as above