

**Wolverhampton CAMHS
Transformation Plan Refresh
2017 – 2020**

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Foreword

Our Children and Young people represent our future. For every member of the population whether a parent, grandparent, aunt, uncle other relative or family friend the health and wellbeing of our children is of paramount importance to us. Great strides have been made in protecting the physical health of our young people in this country but sadly some of the protection required for their emotional wellbeing lags behind. Whilst there have been many improvements in mental health services provided for children and young people there still remain gaps in both provision and timeliness of access to services. Too often children, young people and their families are unable to access early support which could help them through a difficult point in their lives and could potentially cure mental health problems at an early stage. This lack of access to early intervention means too many families have to deal with the very difficult problems encountered by a child or young person suffering from a mental health crisis and the ongoing life difficulties this then presents for them.

In Wolverhampton our local transformation plan looks to ensure that our mental health services for children and young people are fit for the future and provide the extensive range of care pathways and services spanning health, social care, education and the criminal justice system. We are committed to ensuring there are no gaps in provision and that entry points to services are both timely and easy to navigate. This refresh of the original plan outlines the excellent and extensive work to date and some of the outstanding challenges which we face as a system to achieve our vision of seamless comprehensive services.

As we look to the future we acknowledge that there is more to be done and that the resource which we have needs to be used as effectively as possible. We will work with our colleagues across the Black Country to provide better services for those requiring more specialised provision and also to ensure that children having to be placed in mental health beds a long way from their homes is a thing of the past. Locally we will improve access to and take up of resilience training, counselling and talking therapies. As well as reviewing the statutory services there is more work to be done aligning the extensive work done by our voluntary sector organisations and as we embrace the digital age we will ensure more on line services and interventions are available.

In Wolverhampton we have worked extensively with our young people and their families in a culture of co-production and we increasingly know what works for them and what doesn't. We are aiming for a whole system approach focusing on prevention of mental ill health, early intervention and recovery. This plan refresh outlines our current position on an essential and pressing journey.

Helen Hibbs, Chief Accountable Officer, Wolverhampton CCG

1. Introduction

The Wolverhampton CAMHS Local Transformation Plan (2015-2020) was developed by Wolverhampton Clinical Commissioning Group along with our partners in response to the publication of Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing (report of the government's Children and Young People's Mental Health Taskforce in 2015). The aims of our transformation plan (2015 - 2020) were to transform our local system by developing care pathways, services and initiatives across health, education, criminal justice and social care with a unified set of values. The vision was to deliver early intervention and prevention services, close treatment gaps and deliver a dynamic whole system of care pathways and processes that were fully aligned across all agencies, partners and stakeholders. Full alignment across the agencies would ensure that our 'whole system' could respond pro-actively to the needs of the child, their family and community and to facilitate and enable resilience, growth and achievement.

The vision of the original plan was to use the additional Future in Mind funding to transform mental health services for children and young people by building capacity and capability at critical points across the system so that by 2021 measurable progress could be demonstrated towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in Wolverhampton.

Whilst progress has been made in many areas identified in the original plan, there is still a distance to travel to ensure that children and young people in Wolverhampton are able to access the Emotional Mental Health and Wellbeing services as well as specialist CAMHs that they require and at the appropriate time. This refreshed plan aims to provide the narrative around the distance travelled from the initial plan, current services and work still to be undertaken. It will articulate impacts and outcomes of additional funding, challenges which still present areas of concern within the system and actions to be taken to mitigate against them.

2. Transparency & Governance

The LTP will be refreshed and republished by the deadline of 31st October 2017 and is accessible via xxxxxxxxx. Wolverhampton's Local Transformation Plan (LTP) is aligned to the Black Country's Sustainability and Transformation Plan (STP). The Black Country STP for Mental Health and Learning Disability services focuses on the collaboration between providers and commissioners to improve care and outcomes for Mental Health & Learning Disability service users, including Children, Young people and their families. Identified priorities for the STP is to work as 'one NHS commissioner' across the Black Country to look at the integration of a number of specialist services across the region for example CAMHS, Eating Disorders, Psychiatric Liaison, ASD / ADHD, personality disorder and criminal justice services. The four CCGs of the Black Country (Wolverhampton, Dudley, Walsall and Sandwell

and West Birmingham) have worked together to recently submit a bid for a Mental Health Crisis and Intensive Community Support service working across the Black Country with a view to demonstrate our commitment to achieving 'Mental Health Investment Standard (formerly known as parity of esteem)' across our footprint, including equity of access to evidence based care and treatment, equity of status in the measurement of mental health outcomes (i.e. including the April 2017 MHSDS) and equity of funding in terms of the CCG Mental Health Investment Standard. The STP refers to sharing of best practice and aligning to the work of other agencies to reduce variation; improve access, choice, quality and efficiency; and collaborate to develop new highly specialised services in the Black Country and West Birmingham e.g. Children's Tier 4. The Black Country STP can be found at http://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf The CCGs who form the Black Country STP have been tasked with co-designing, agreeing and delivering a pathway based suite of designed and specified services for CAMHS common to all 4 areas of the STP footprint e.g. Crisis and home intervention, core CAMHS, Eating disorders (which is all age) and Learning disabilities. Early Intervention in Psychosis is also being addressed as an all age pathway across the STP. Work is almost complete on development of the joint service specification for the all age Eating Disorders service and Crisis and home intervention service with work started on the development of the service specification for Core CAMHS and Learning Disabilities.

In 2015/16, Future in Mind provided additional funding of £501,000 towards CAMH services in Wolverhampton. An additional £124,000 was invested in 2016/17 which was made recurrent to support a waiting list initiative and reduce the waiting times for Children and Young People who require specialist services. The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the aims set out in the LTP. However, in line with the vision of Future in Mind, agencies in Wolverhampton should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2017 /18 onwards is identified below.

2017/18 Plan Figure	2018/19 Plan Figure	2019/20 Plan Figure	2020/21 Plan Figure	2021/22 Plan Figure
105,660	107,667	109,713	112,675	114,703
	145,000	147,755	151,745	154,476
		100,000	102,700	104,549
			197,000	200,546
105,660	252,667	357,468	564,120	574,274

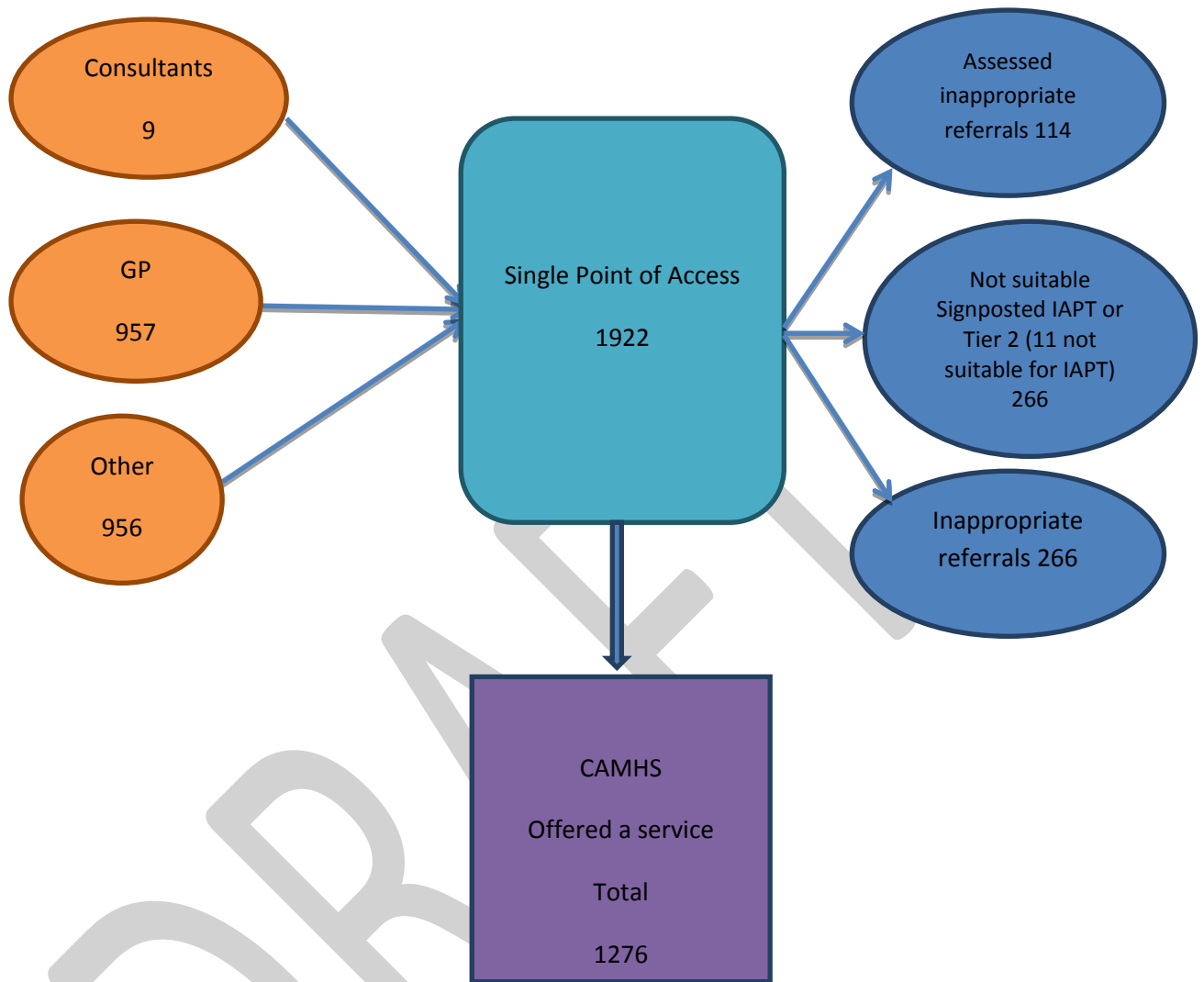
Most of this year's additional funding is being used to address the gap in the old 'tier 2' service, now to be known as the Emotional Mental Health and Wellbeing services, which is being funded by the CCG initially but moving forwards, will be procured jointly with the Local authority from April 2018. With the bid made from the Black

Country for a Mental Health Crisis and Intensive Community Support Service, it is anticipated that £70,000 (recurrent) of the £145,000 will need to be set aside from funding for 2018/19 should the bid be successful, to provide the additional funding from each CCG in the STP required in addition to that to be provided by NHS England.

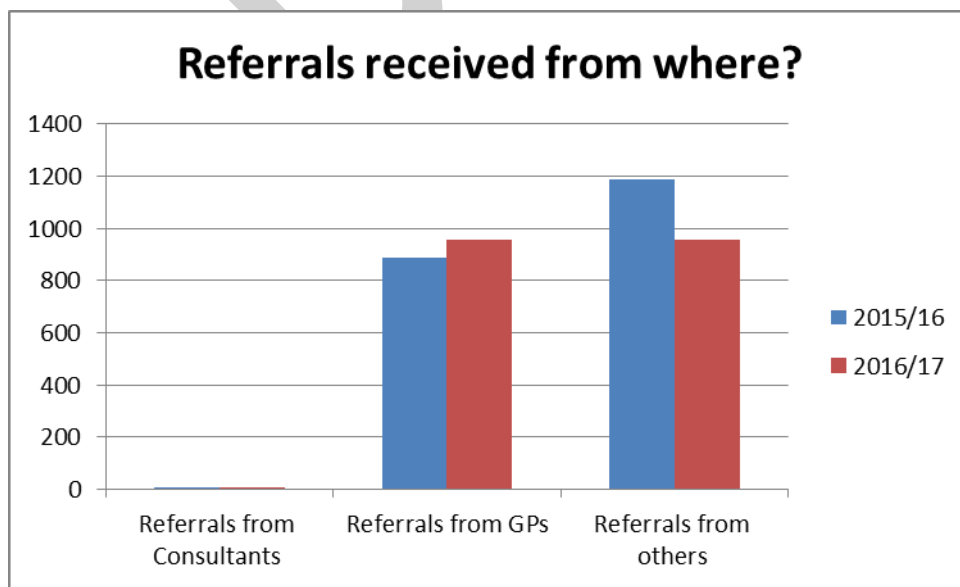
The increase in funding which has been identified for the next 3 years will be used to support increasing the access numbers for Children and Young people across the city of Wolverhampton in Emotional Mental Health and wellbeing services which will include specialist CAMHS. This will include consideration for an online counselling offer which to date has not been available within Wolverhampton. Some of the funding will possibly be available to ensure the PRU CAMHS link worker post is made permanent if an increase in accessibility into Children and Young People Mental Health service is seen and the assumptions made for the service are found to be accurate.

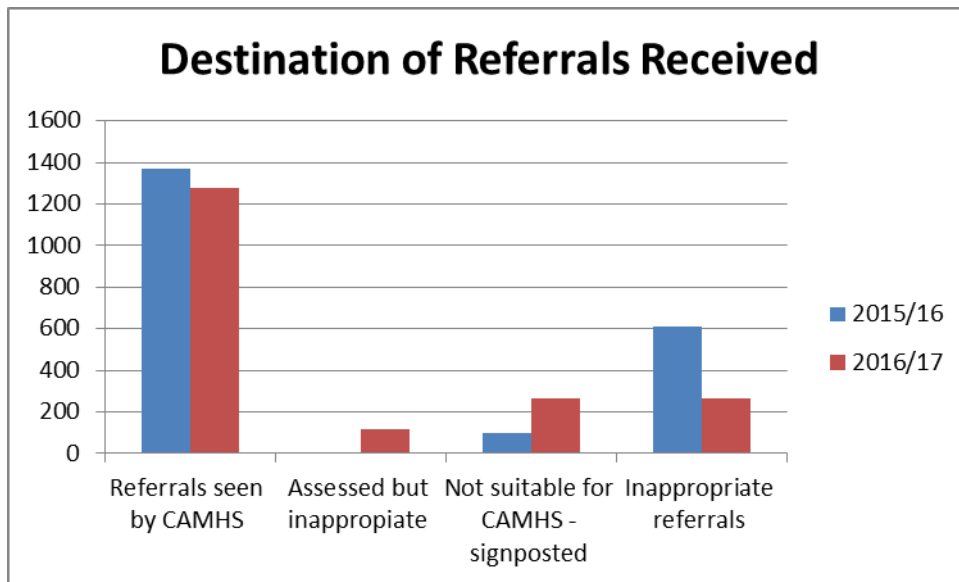
Staffing information is to be provided by Sarah Hogan

Referrals into Specialist CAMHS (BCPFT) received 2016/17



Comparison of data received from 2015/16 – 2016/17 for Specialist CAMHS





Although it can be seen from the referrals over the last two years that there has been a decrease in the number of referrals received, there has been a decrease in the number of inappropriate referrals and less children and young people are offered an assessment and then not provided with treatment, having been assessed as inappropriate. These figures clearly illustrate that the gap identified in the original LTP is still prevalent and has been a driver for Wolverhampton CCG and City of Wolverhampton Council looking to procure a joint service at the Emotional Mental Health and Wellbeing service which will begin in April 2018.

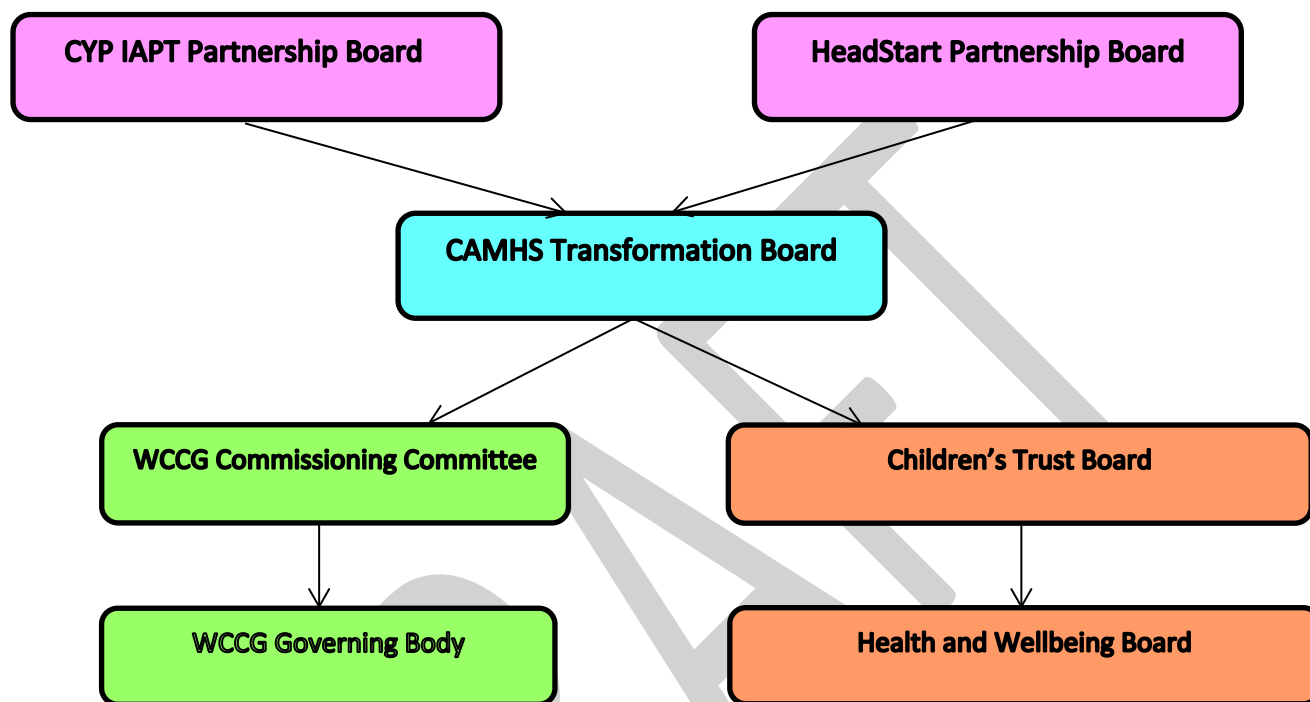
Data available from BCPFT for 2016/17

2016/17	Q1	Q2	Q3	Q4
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%
Number of contacts to CAMHS	3017	2818	3053	3421
Number of referrals received by CAMHS	546	562	493	529

The transformation plans were developed and shaped through extensive consultation with Children, Young People and parents/carers, as well as stakeholders. This has been an on-going process since early 2015 and continues through discussions with Children in Care Council and Youth Council as well as HeadStart Partnership board, Voice4Parents and engagement sessions with pupils in different mainstream secondary schools. The Refugee and Migrant Council has also been actively involved in developing a joint bid between the CCG and City of Wolverhampton Council for additional support for Unaccompanied Asylum Seekers as Children and as a result ensuring that this specific cohort of young People's needs are given consideration in the city when taking mental health needs into account. Engagement has occurred with the Liaison and Diversion team to ensure that their services dovetail with the Youth Offending Team and specialist CAMHS

and ensure that the services commissioned via Youth and Justice are clearly identifiable as part of this refresh and taken into account when transforming the system for CAMHS.

Governance for the Wolverhampton Children and Young People's Mental Health Transformation Plan Refresh:



The CYP IAPT partnership board which is in the embryonic stage and the HeadStart partnership board feed into the CAMHS transformation board providing input into governance, needs assessment and service planning. The CAMHS transformation Board has terms of reference available. Children, Young People and their parents/carers will be involved with service delivery and evaluation when the principles of CYP IAPT are embedded within services as it focuses on improving user participation in treatment, service design and delivery as one of its main tenets.

The first draft of the CAMHS transformation refresh plan will be presented at Children's Trust board on 20th September 2017 and the Commissioning Committee on the 28th of September 2017. Both of these committees have approved the direction of travel for the LTP to date and have agreed that the final plan will be presented to them at the next opportunity. The final draft will be presented to the Health and Wellbeing board on 18th of October 2018 and the governing body of Wolverhampton CCG on 10th of October 2017.

Mechanisms and KPIs are to be developed to track progress over the plan period.

The refreshed LTP will be published on local websites – URLs to be obtained the week before the submission is made W/C 23rd October 2017

3. Understanding Local Need

From the ‘2014 Mid-Year Population Estimates Additional Resources’ Wolverhampton has a total population of 252,987 with 63,848 (25%) of the city’s population aged 0-19. This is a higher percentage compared to England’s average, where 23.9% of the population fall within this age category. The number of children aged 0-19 years is projected to increase to 68,300 by 2037, representing a net gain of about 8.6%. Sixty eight per cent of Wolverhampton residents are from a white ethnic background with the remaining 32% of residents belonging to black minority ethnic backgrounds (BME). Wolverhampton has high numbers of new arrivals arriving into the City each year including traveller families (estimated 2700 families in 2012). (In terms of levels of deprivation, Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Nearly one third of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in what is considered a deprived area.) Wolverhampton currently has a Looked After Children’s population of 627 children and young people, 259 of these are located within the city boundaries.

Comment [CM1]: Need to include numbers for unaccompanied asylum seekers

Based on wider mental health promotion evidence, the Centre of Mental Health’s methodology for assessing emotional and mental health needs across the spectrum has been applied – see Figure 4. This formula aims to provide potential numbers for those children and young people who may require the different levels of service across the system and give assurance to commissioners whether sufficient services are commissioned or planned to be commissioned. It will also identify if there is an area of unmet need and if so, where it is and how it can be met?

CYP’s mental health needs	Description of CYP needing help	% of CYP	Potential Numbers of CYP (2014)	Responsible organisations
Universal needs	All CYP and families need resources and assistance to build strong mental health in children.	100%	63,848	Whole service system
Targeted or early help needs	Some CYP need extra help to build resilience because they face greater exposure to risk. Some CYP also have deteriorating mental health and need early help to deescalate and restore good wellbeing.	15%	9,577	Whole service system
Children with less complex diagnosable needs	Some CYP will have less complex and risky diagnosable level needs	7%	4,469	School counselling, voluntary sector, evidence based counselling, primary mental

				health support
Children with complex and more risky needs	Very complex or high risk diagnosable mental health needs	1.85%	1,181	Specialist CAMHS and services seeking to avoid further escalation
Children with highly risky, complex or specialist needs	Some CYP will have highly complex, concerning and specialist diagnosable mental health needs.	0.075%	47	Inpatient settings, broader service system

Figure 1: Centre of Mental Health’s methodology for assessing emotional and mental health needs

Emerson and Hatton (2004) showed age related prevalence for learning disabilities for 5-9 year olds as 0.96%, for 10-14 year olds as 2.26% and for 15-19 year olds as 2.67%¹. When these rates are applied to the Wolverhampton population, it is estimated that in the city we have 150 children aged 5-9 years, 320 children aged 10-14 years, and 425 young people aged 15-19 years who have a learning disability. The prevalence for mental health associated with learning disabilities is reported as 40% and this is even higher in those with severe learning disabilities. Application of this to the estimated number of children and young people with learning disabilities in the Wolverhampton population shows that we are likely to have 20 children aged 5-9 years, 128 children aged 10-14 years, and 170 young people aged 15-19 years with learning disabilities who could also have mental health problems. Inspire is the local Learning Disabilities Mental Health service provided by Black Country Partnership Foundation NHS Trust which provides support to this cohort of young people. Wolverhampton CCG and City of Wolverhampton Council both jointly commission this service.

A number of sources of evidence suggest that a number of equalities and demographic factors can have a significant effect on the local need within Wolverhampton and the uptake of mental health for children and young people which include:

- high numbers of Black and Minority Ethnic communities
- parents in prison or in contact with the criminal justice system
- social deprivation and high levels of unemployment
- high rates of housing and homelessness
- refugees and asylum seekers (new arrivals, including CYP who are unaccompanied)

¹ Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2004.

- children and young people with long term conditions/physical and/or learning disabilities
- lesbian, gay, bisexual and transgender people (LGBT)
- children and young people who are questioning their sexual orientation and/or gender (LGBTQI)
- substance misuse
- people of all ages with neurodevelopmental conditions such as Autism and ADHD
- children and young people who are victims of violence, abuse and crime including domestic violence and bullying
- Mental health needs of pre and post natal mothers, people with co-morbid substance misuse and people with learning disabilities.

Currently there is a gap in provision at the Emotional Mental Health and Wellbeing service level (previously called 'tier 2 services') which was identified as part of the initial LTP. Given the number of priorities that were identified as part of the initial LTP, which needed addressing quickly, plugging this gap has taken longer than the city's commissioners would have liked. However, the CCG has provided £100,000 in 2017 towards a pilot service at the Emotional Mental Health and Wellbeing service level to plug the existing gap whilst developing a jointly procured service with the local authority which will be procured recurrently from April 2018. HeadStart will also provide some funding towards this service on a non-recurrent basis for two years from 2018 to ensure they are commissioning targeted support for their agreed population as per the phase three bid. HeadStart is also using some of its funding to support the capacity and capability building and community empowerment to support transformational system change across the city. The training programmes for Emotional Mental health and Wellbeing, using a test and learn model and train the trainer approach for sustainability going forwards will be available across all stakeholder organisations including schools, voluntary/community groups and statutory services.

The joint Wolverhampton Autism Strategy 2016 – 2021 identified the need to develop a clear and consistent pathway including post diagnostic support across the ages which is to be addressed across all services this year and ensure all appropriate services are inputting into NICE compliant services as part of an all age pathway. In Green H et al (2005) it was identified that just under one third (30%) of Children and young people diagnosed with ASD had another clinically recognisable mental disorder; 16% had an emotional disorder, usually an anxiety disorder; and 19% had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour². It is important to consider this cohort of children and young people to ensure that the mental Health difficulties which impact on their ability to function are addressed as part of the Future in Mind funding going forward as well as taking the work of the Transforming Care Programme into account.

² <http://content.digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf>

Work has been undertaken as part of the Strengthening Families hubs to develop clear processes and competencies for all staff and it will be necessary to ensure that this work dovetails into the CAMHS transformation plan to give assurance that all stakeholders in the city know what services are available and appropriate for Children, Young People and their families and when as well as how they can be accessed.

The LTP is addressing health inequalities by Wolverhampton commissioners (both City of Wolverhampton Council and Wolverhampton CCG) and providers working closely together to reduce the health inequalities identified in a previous chapter, through a range of specific and integrated interventions by aligning different services across the system. Specifically, the service system recognises the important role that maternity services, primary care and early years support plays in building strong family mental health and emotional wellbeing – supporting early identification and treatment for parents with poor mental health, helping early maternal/infant communication and promoting healthy attachment and child development. The LTP seeks to build capacity in parents, children and young people so that they can promote and preserve wellbeing and also know how to help themselves or where to go if they need extra help. (Department of Health, 2015) These sentiments are also expressed in the HeadStart phase 3 bid for Big Lottery funding which refers to educating, engaging and empowering ‘young people, their families and their communities to be aspirational, resilient and self-supporting’.

The LTP also recognises the important role that whole-school approaches play in supporting children and young people’s mental health and attainment, supported by the work of HeadStart in schools and draws together and relies on coordinated multi-agency (whole system) activity to:

- promote mental health in children, young people and families right from the first spark of life and providing continuity through age-related transitions
- strengthen protective factors and assets that build strong child and youth mental health and reducing influences that compromise a child’s healthy social and emotional development
- help children build resilience to cope with and manage inevitable setbacks
- provides extra help to children struggling developmentally, socially or emotionally de-escalating difficulties early and emotional ranges
- intervenes as early possible to support those presenting with diagnosable difficulties
- provides a clear gateway with trouble-free access to an easy to understand offer of help for all children, young people and families.
- commit to an ‘invest to save’ approach: recognising that inadequate early investment stores up problems for all sectors later on, damaging children’s outcomes, reducing quality of life and building up later crisis costs (Knapp, et al., 2011)
- has an effective and child/youth/family/carer friendly service design - providing ‘the right help at the right time in the right place’

- ensures equal Mental Health Investment Standard (formerly known as parity of esteem) for mental and physical health (Department of Health, 2015)
- minimises the chances of children falling between the gaps of systems of care – particularly during adolescence which is the peak age for escalating mental illness
- works together to achieve best outcomes for all children - regardless of gender, sexuality, ethnicity, religion, class and disability (recognising that some families, children and young people face greater risk adversity and need more help).

Wolverhampton Clinical Commissioning Group and the City of Wolverhampton Council are in the process of expressing an interest to become a part of the Mental Health Services and Schools Link Programme 2017-18. If we are successful, it will support another gap that exists within the city in building capacity within our colleges, as well as those schools who are not located within the HeadStart areas. It will support the work already being undertaken as part of the Healthy Child programme and PHSE within the schools and colleges and help these schools to use evidence based approaches. The Mental Health Services and Schools Link Programme 2017-18 will support a reduction in health inequalities across the city by helping to develop a confident and skilled school workforce supported by effective multi-agency information sharing and joint commissioning, which will impact on the whole service system. It is known that the workforce should be working at different stages of the life span and across sectors, including education, working to common outcomes and backed up by a clear shared understanding of roles and responsibilities which will again impact on how young people and their emotional mental health and wellbeing is managed. This program will support the workforce to develop competencies in understanding, promoting and preserving health, emotional wellbeing and behaviour.

The local service offer has been developed in collaboration with parents, children and young people and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive what they need at the point of service, thus reducing the chances of receiving inequitable health services. There is capacity to spot purchase individual interventions that are child specific if a service is not available within the city and the suggestion is evidence based and supported by professionals involved in the child/young person's care.

4. LTP Ambition 2017-2020

The main ambition of the original LTP was to re-balance activity across Tiers 1–4 by closing gaps, pump priming safe, sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to reduce numbers of children and young people requiring interventions at tiers 3–4 in the short, medium and longer term. This was envisaged to involve all services across the city where impact would be seen for a Child/Young Person's emotional mental health and wellbeing. The ambition for the services commissioned is to

increase the number of children and young people accessing community Mental Health services which were NHS funded. The figures underneath are the expected population numbers of children and young people in Wolverhampton with a diagnosable Mental Health condition receiving treatment from an NHS funded community service as per the Centre of Mental Health’s methodology.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given population figures for 2014, numbers expected to be in NHS funded community MH services in Wolverhampton	1582	1695	1808	1921	1978

Figure 2: Centre of Mental Health’s methodology used to apply the percentages expected for CYP in Wolverhampton who should be accessing NHS funded community mental health services.

Since the development of the initial LTP, the City of Wolverhampton Council has invested in developing Strengthening Family hubs and has commissioned an Intensive Therapeutic Family Support service which has impacted on a universal level and a universal plus level across the city with the Children, Young People and Families the services have worked with. Headstart programmes, also working at a universal level but in specific areas of the city and with certain age ranges, have been developed to promote, protect and preserve the mental wellbeing of 10-16 year olds across our city, by inspiring them to dream big, supporting them to maintain motivation and control, and equipping them with the skills to cope with setbacks and adversity. These programmes again work on the universal offer within a system wide CAMHS transformation plan.

The original LTP talked about placing the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention in an integrated system across the NHS, local authority children’s services, education (schools and colleges), public health, voluntary and community, and youth justice sectors. The HeadStart workforce development strategy discusses its role in building capacity and capability of leadership teams and teachers to support whole school transformation to support the mental wellbeing of their students, through models of good practice being shared through school to school networks to extend the reach of HeadStart beyond its scope. We have expressed an interest in joining the Mental Health Services and Schools Link Programme 2017-18 which will support this strategy of increasing skills in colleges and schools that do not meet the criteria for HeadStart.

The CAMHS commissioners from the Black Country (STP footprint) have met with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS which supports the STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous Accountable Care organisation bid failed but the plan was to retain the finances within the CCG as reductions were made in the need for Children and young people to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Organisation to again alter the model and prevent admission. The Black Country CAMHS commissioners are scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development of local services. Currently all Children and Young People with ASD or LD, where there is a suggestion that an admission to hospital may be required, require a Pre-admission Care, Education and Treatment Review (CETR) which involves all professionals across the system who know the young person including Education, Health and Social Care as well as NHS England specialist commissioning, an independent clinician and an patient expert by experience. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, these can be arranged/commissioned as a matter of urgency to prevent admission.

Comment [CM2]: Sent e mail to NHS England to confirm this

Part of the LTP ambition was to reduce the gaps in provision across the system and as a result Wolverhampton CCG has commissioned the third sector to provide the Emotional Mental Health and Wellbeing Service (or the services previously known as tier 2) as a pilot service from September 2017 until March 2018 to meet the needs on a short term basis. From April 2018, this service will be jointly procured by the City of Wolverhampton Council and Wolverhampton CCG on a recurrent basis at an initial cost of £225,000 whilst HeadStart will be contributing £125,000 to the service for potentially three years only, whilst their funding lasts. This fixed term HeadStart funding will be used to support the sustainability of the new model of provision for the services going forward. The City of Wolverhampton Council will lead on the procurement of the service. Within primary care, the Five Year Forward View for Mental Health reported that there would be a need for 70,000 more children and young people across the country to be able to have access to evidenced based interventions and with a greater focus on early intervention and prevention. Provision of the Emotional Mental Health and Wellbeing service will enable Primary care to refer to these services and therefore increase the access for Children and Young People.

Another ambition of the LTP was to develop care pathways, particularly in relation to Youth and Justice which has not necessarily been clear in the intervening years. Liaison and Diversion currently review any young people who are in custody aged 18 years and under to assess if they have any emotional mental health issues. If further

intervention is required, there is capacity for this service to see the children and young people as outreach for a fixed short period of time and either discharge or transfer to the specialist CAMHS team. If Liaison and Diversion do not think they can offer a fixed term intervention or more specialist intervention is required, the children and young people are referred to CAMHS. The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. However, work needs to be undertaken to ensure that work within the Liaison and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways do not appear to be fully developed to an extent where people have confidence in the arrangements and this is to be completed in the coming year. It is felt that the pathways have partially been defined but not with enough clarity after the child/young person has been seen by Liaison and Diversion.

HeadStart's workforce development plan will support schools and colleges to up skill their staff by developing skills in supporting Children and Young People with their Emotional Mental Health and Wellbeing across the city. This will support the early prevention and early intervention services in Wolverhampton. Provision of the Emotional Mental Health services will ensure that Children and Young People will be able to access services earlier as and when required and provide routine care. The plan for services going forward is to have the Children and Young People Improving Access to Psychological Therapy (CYP IAPT) principles embedded to include;

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improve user participation in treatment, service design and delivery.
- Improve access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- And train managers and service leads in change, demand and capacity management.

The Five Year Forward View for Mental Health identified that improving outcomes for children and young people required a joint-agency approach, including action to intervene early and build resilience as well as improving access to high quality evidence-based treatment for children and young people, their families and carers. The City of Wolverhampton Council and Wolverhampton CCG senior leaders with particular responsibility for children work collaboratively to identify needs across the city provide resources if necessary and commission relevant and appropriate services, ensuring quality and removing duplication. This is evident in the new Emotional Mental Health and Wellbeing service that is to be procured jointly from April 2018 to support the early intervention and build resilience. In addition to the ambitions and priorities set by the original LTP, Wolverhampton CCG must also meet the priorities set by the Five Year Forward View for Mental Health by 2020/21. These include:

1. A 7 day NHS - right care, right time, right quality.

Wolverhampton's ambition is that Children and Young People facing a crisis should have access to mental health care 7 days a week, 24 hours a day in the same way that they are able to get access to urgent physical health care. It is also anticipated that Children and Young People from 14 years plus, experiencing a first episode of psychosis should have access to a NICE-approved care package within 2 weeks of referral by 2020/21.

Inequalities in access to early intervention and crisis care are a priority identified in the Five Year Forward View for Mental Health. Traditionally service users in CAMHS has been under-represented by children and young people with BAME backgrounds with 80% of referrals into CAMHS from White British backgrounds according to the analysis completed from the initial CAMHS local transformation plan. This will be addressed as part of the data requested from all services who provide intervention for Children, Young People and their Emotional Mental Health and specialist CAMHS. There is anecdotal evidence that some of the voluntary sector organisations have been able to target the 'harder to reach populations of the city' and the lessons they have learned from increasing their reach should be disseminated to other organisations across the city.

Waiting time standards for early intervention in psychosis have come into effect from April 2016 and one for Children and Young People with Eating Disorders has been developed this year with waiting time standards proposed for the Emotional Mental Health and Wellbeing service. It is the ambition of Wolverhampton CCG that these waiting time standards will be met by our commissioned providers by 2020/21.

2. An integrated mental and physical health approach

By 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are available to Wolverhampton service users.

Sarah Fellows to be asked for a paragraph regarding this statement

3. Promoting good mental health and preventing poor mental health—helping people lead better lives as equal citizens.

By 2020/21, the NHS has prioritised at least 70,000 more children and young people across England having access to high-quality mental health care when they need it. This requires greater emphasis being placed on prevention,

early identification and evidence-based care, thus reducing the need for Children and Young People to wait for specialist intervention. In turn, this will build capacity and capability across the system so that by 2020/21 we will secure measurable improvements in children and young people's mental health outcomes.

An investment in training has occurred from Health Education England to commission new training places and deliver the CYP IAPT programme. This will ensure that all those working with Children and Young People can identify mental health problems and know what to do, along with the roll-out of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across England by 2018. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above. Currently the standard for being seen in CAMHS is that no child/Young Person should wait longer than 18 weeks.

In addition, some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system. Joint work between the local Authority and CCG is to be undertaken on improving the service provided to Looked after Children, adopted and care leavers which will be completed by the end of March 2018. Although Black Country Partnership Foundation NHS Trust provides a service to the Looked after Children, it is not specifically commissioned and therefore pathways and access are not necessarily clear to those working in the area. The CCG is keen to develop clear pathways for those who are within the justice system and this will be completed by October 2017 which will incorporate Liaison and Diversion, specialist CAMHS, YOT CAMHS worker and also the current pilot project for the CAMHS link worker located in the Pupil Referral Units (PRU). Potentially the pathway will also include the new Emotional Mental Health and Wellbeing pathway. The CAMHS link worker in the PRUs is an innovative post which is a pilot project are to support identifying Children and Young People earlier who have mental health issues that may be impacting on their ability to succeed in education and potentially reduce re-offending. The post is considered a 'test and learn model' with the opportunity to evaluate the impact on increasing access to early mental health intervention and outcomes for these children and young people who may have come in contact with the Youth and Justice system as well as improving their journey through the clinical pathway.

It is anticipated that by 2020/21, CCGs will be required to publish a range of benchmarking data to provide transparency about mental health spending and performance. As part of this refresh the CCG has detailed its intended spend on CYP MH up until 2020/21 in the transparency and governance section of this refresh. We currently receive a range of data from our providers as part of contract management. As part of the Childrens Trust board and monthly CCG and Provider's Contract Review Meetings, the provider's performance of the services are discussed

on a regular basis with data provided which includes a range of necessary quality data to ensure that the provider is meeting its CCG requirements as well as activity. As part of the Childrens Trust Board performance dataset, the Trust provides data for the following:

1. The percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks?
2. Number of contacts in CAMHS
3. Number of referrals received by CAMHS

An additional performance measure is going to be requested for the same dataset from the Voluntary sector for the number of Children and Young People who are being seen within the Emotional Mental Health and Wellbeing Service. There is a range of data that is requested from the Trust as part of performance data on a monthly basis and potentially this could be published in the future. This is available at appendix 1 at the end of this refresh.

An ambition of the LTP was that Core CAMH services are available for Children and Young People who require specialist CAMHS and that those children and young people who are referred into this service will be seen within 18 weeks. Going forward the service specification will require that the services provided will be evidenced based and use the principles of CYP IAPT to ensure Routine Outcome measures are embedded and used in the services. Currently the service is available as a Monday to Friday service from 9.00 to 17.00. Following the introduction of the Emotional Mental Health and Wellbeing service, it is anticipated that fewer referrals will be refused by CAMHS as the Emotional Mental Health and Wellbeing service will pick them up and ensure the specialist service is receiving more appropriate referrals. When the Emotional Mental Health and Wellbeing service is jointly procured by the CCG and local Authority, a Single Point of Access (SPA) will be developed between this service and specialist CAMHS, which will initially be co-located with CAMHS with virtual links developed between the SPA and the MASH (Multi Agency Safeguarding Hub). This will ensure that the appropriate services accept the referral and meet the needs of the child/young person and their family.

The original LTP also identified that the Crisis care and intensive services needed additional funding to support availability 7 days a week and with increased opening hours. Additional funding was invested in the service which now has staff available who visit 7 days a week from 8.00am to 8.00pm although there is a drive from the five Year Forward View paper that this is extended to cover 24 hours a day, 7 days a week. Currently there is a CAMHS psychiatrist who is available on call across Wolverhampton and Sandwell to meet the needs of Children and Young People in crisis across these two CCGs, 24 hours a day, and 7 days a week. However, with Black Country Partnership NHS Foundation Trust, our current provider and Dudley and Walsall Mental Health Trust along with Birmingham Community Healthcare NHS Trust in the Black Country joining forces as Trusts Coming Together (TCT) and commissioners working as 'One Commissioner' an opportunity will exist to extend

this crisis care and intensive service to a 7 day service; 24 hours a day on an STP footprint. This crisis service will also be supported by the bid submitted across the STP footprint for the Mental Health Crisis and Intensive Community Support Service.

Another ambition of the original LTP was to identify the gaps and provide a service to meet those needs either as a commissioned service or one which could be spot purchased as required. The CCG and City of Wolverhampton Council are currently working together on a strategy for managing Harmful sexualised behaviour across the city. This has been identified as a gap in provision, for training, assessment and intervention. There has been a slight increase in the number of Children and Young People in care, who have been identified as perpetrators of sexual abuse, usually as a result of abuse and trauma in their earlier lives. In these instances, the CCG has spot purchased an independent expert to provide a full assessment of needs particularly in relation to the therapy required when the young person is in care. This assessment then provides support towards the intervention required and expected outcomes of interventions. In turn, this allows the mental health professionals, in conjunction with the social worker, to assure that suitable interventions are being undertaken with the young person and that the young person is making progress to reduce the risk of engaging in further harmful sexualised behaviour as they grow older. Specialist CAMHS do support children and young people who have experienced trauma. The local authority has procured a service for Intensive therapeutic family support to prevent admissions to care which has been producing good outcomes for those families who have been engaging with the service. The main role of the Key team, a jointly funded service between the City of Wolverhampton Council and the CCG has been to prevent admission to care/admission to hospital using a less medical model than is seen in other services. It uses a range of professionals to meet the varied needs of the children and young people on their caseload. All of the children and young people who have been accepted to the Key team caseloads have primary mental health diagnoses. Children with learning disabilities are seen within the Inspire service in Wolverhampton which is also jointly funded by the CCG and City of Wolverhampton Council. Liaison and Diversion as well as the CAMHS worker in YOT will support those who are at risk of entering the justice system or have actually entered the service. The CAMHS link worker for the PRUs, which is a pilot project for this academic year, will look to support those children and young people who are at risk of entering the youth justice system and will support the pathways which are in place, whilst looking to increase access to mental health services.

The recent bid for the Black Country STP Mental Health Crisis and Intensive Community Support Service supports the drive to bring care closer to home and prevent hospital admissions which is one of the underlying aims of the original Local Transformation Plan and which will further support work which has already been progressing in this area. The pre-admission Care, Education and Treatment Reviews (CETRs) for Children and Young People with diagnoses of Autism Spectrum Disorder or Learning Disabilities support the process of reducing hospital admissions as it allows individual commissioning to be undertaken to support a

child/young person to remain at home with more intensive support than is commissioned as part of the universal offer. It is hoped that in future the funding from specialist commissioning for NHS England will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child/young person's needs and continue allowing them to remain at home.

The Eating Disorders service is now an all age service with a significant amount of funding put into this service since the inception of the LTP in 2015. There is now a psychiatrist employed who has a specialist interest in Eating Disorders. The trust are looking to become a member of the Community Eating Disorder Service National Quality Improvement programme in the coming year. Early intervention for psychosis has also become an all age service and has demonstrated marked improvement in reaching the NHS target of accessing a NICE-approved care package within 2 weeks of referral by 2020/21 for those children and young people experiencing a first episode of psychosis.

Wolverhampton CCG has already funded, as part of the investment from Future in Minds Monies, additional resource into the Crisis and Home Intervention Treatment Team, which included the place of safety based at Penn Hospital and also additional funding into the all age Community Eating Disorders service. The Eating Disorder service consists of a multidisciplinary team of specialists which offers a particular blend of expertise and skill that enables the provider Trust to offer differentiated and individually tailored support, taking account of co-morbidities and complications. The multidisciplinary teams comprises of Consultant Psychiatrists, Dietitian, Specialist Nurse, Occupational Therapist, Systemic Family Therapist, Clinical Psychologist and Counselling Psychologist. Their training and expertise allows the team to take generic roles with less complex clients or adopt their specific professional roles when complexity demands it. It is envisaged that this funding for these services will be continued whilst it is meeting the outcomes for the Children and Young People involved and they continue to impact on the numbers requiring admission. If these outcomes are not met, there may be an opportunity to alter the specification to ensure appropriate services are being commissioned to meet the needs.

From the LTP, one of the ambitions was to investment in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: WOLVERHAMPTON school peer support and mental health resilience training programmes whilst also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs. With the success of the bid for phase 3 of Headstart funding from Big Lottery, these posts are now in place and have been recruited to on a substantive basis. However, they have only been in post for 3 months and it is still difficult to see the progress they have made towards the original aims of their establishment. This will be evaluated initially 6 months from their start date to confirm progress against the original objectives. However, it must be acknowledged

that HeadStart is a test and learn model and is only beginning this academic year to develop the roll out of their programmes where the impact of the CAMHS link workers can be seen. The role of the CAMHS link worker is captured in appendix 6 at the end of this document.

Another area of concern when the LTP was originally submitted was the Mental health support for those Children and Young People who meet the criteria for Tripartite funded placements External Placement Panels (EPP). These young people are considered to be the most vulnerable and have the most complex needs; usually with the most expensive placements and concerns have been raised that their outcomes were amongst the poorest. A post was established to support this EPP process from the specialist CAMHS team who would provide clinical expertise to support the social worker to identify the mental health needs of the young people, specifying the mental health interventions that are appropriate and are NICE compliant to meet the needs of the young person and setting outcomes for the interventions. The successful candidate will be able to measure whether the placement has met the needs of the young person and supported them to step down or up placements as required to ensure their development in these complex placements supports them to become functional adults. It may be that the CAMHS person in this post will support the young person to transition to the appropriate mental health team in the future with a clear need identified.

Since the LTP was first submitted, some consideration has been given to the specialist commissioning for Youth and Justice and how the LTP could support an increase in reaching children and young people who are at risk of offending or re-offending and who may have mental health disorders which have not been identified. A CAMHS link workers post has been established for the PRUs as a pilot project to establish if it increase the number of mental health assessments that are undertaken within these areas and support the education team with a holistic approach, referring into specialist CAMHS if required.

Funding for these CAMHS link worker for HeadStart and EPP post has been confirmed as recurrent. The CAMHS link worker for the PRUs has been confirmed as a fixed term contract for a year which will overarch the academic year and will be evaluated at the end of this year with potentially further funding available if it is seen to be successful and meeting the outcomes proposed.

5. Workforce

The Five Year Forward View for Mental Health reported that by 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand to increase reach for Children and Young People. It also suggested that by 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 current staff being trained by 2020/21 in addition to the additional therapists above across England. It has been identified that as soon as a member of staff in a service has been trained in CYP IAPT then

the service can adopt the outcome measures to demonstrate the improvement in the child's mental health outcomes.

Wolverhampton has commissioned a pilot service for Emotional Mental Health and Wellbeing service to meet the needs of the city whilst arranging for the joint procurement of this service by the local authority and CCG from April 2018.

The HeadStart phase 3 bid refers to building a confident, accessible and responsive workforce for young people with staff who share a common language and common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. The workforce development strategy and outcomes cut across all four of the pillars of the Phase 2 HeadStart programme: City-wide, Universal, Universal Plus, and Targeted, and range from promotion and awareness raising, to developing a common language and common approaches to supporting young people, to more in-depth programmes of both academic study and professional practice for the wider children and young people workforce. Training is to be arranged in SUMO, Restorative Practice and other HeadStart approaches for the entire workforce through flexible delivery methods to improve the universal offer across the city and enable this workforce to respond in a positive way to Children and Young People and their Emotional Mental Health and Wellbeing needs. The CYP IAPT training will support the Universal plus and more targeted workforce to develop skills in evidence based interventions to be used with Children and Young People across the services and ensure that routine outcome measures are used to identify the young person's needs and increase the ability to identify journey travelled with interventions.

Still need to identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition.

Continuation in CYP IAPT training programmes and costings for CCG to do this.

Additional Workforce requirements to meet 24/7 crisis care – already doing this when the consultant is working in 24 hours a day, 7 days a week.

The current LTP identifies the need to increase capacity and capability of the wider system by jointly procuring the Emotional Mental Health and wellbeing service to reduce the need for Children and Young People to wait until they are in need of specialist CAMHS. HeadStart workforce development plan reinforces the need to build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. This will ensure that staff working with Children and Young People across their daily lives including schools, colleges and community areas will be able to support this cohort in a more effective manner and ensure that if further intervention is required this will be identified and acquired quickly and appropriately.

6. Collaborative and Place Based Commissioning

STP Commissioning

The LTP discussed making submissions to NHS England for additional funding and it is acknowledged that the way forward is to submit bids as part of the STP, with CAMHS commissioners working in a collaborative manner. Working across the Black Country STP footprint, a bid has been submitted to NHS England for a Mental Health Crisis, Intensive Community Support and Paediatric Liaison Service for Children and Young People to create an alliance of providers, commissioners and stakeholder partners that will develop a programme of work to develop capacity, capability and clinical excellence across the STP to improve and develop care pathways into and out of CAMHS Tier 3+ and CAMHS Tier 4. Admissions to Tier 4 inpatient facilities in the Black Country have remained relatively constant over the past 3 years; and these numbers are shown below.

Admissions to Tier 4 in patient beds in the Black Country	
2014/15	81
2015/16	86
2016/17	84

This bid will allow a collaborative approach to use economies of scale to support children and young people who may require intensive support within their home environments rather than hospital admissions. Also it will support reducing delayed discharges and ensure that pathways between community and hospital are smooth and consistent across the Black Country. It will also support collaboration amongst local authorities and CCGs and support the Transforming Care Programme to reduce the number of young people with ASD/LD who go into inpatient facilities but then experience difficulties with discharge back to appropriate community settings.

Specialist Commissioning – NHS England

These pathways, when developed, will demonstrate the interdependency of the growth of community services aligned with the re-commissioning of inpatient beds, including supporting an increase in crisis and home treatment, admission prevention and support appropriate and safe discharge and will be across the Black country STP. These pathways for children and young people with ASD/LD are evident in the use of the pre-admission CETR (Care, Education and Treatment Review process which can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf>) which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for an inpatient bed, it ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS

England are also part of this process as well as commissioner from the CCG, specialist CAMHS, child/young person and/or parents/carers, social care and education from the Local Authority as well as a patient by experience and Independent clinician. Any pre-admission CETRs that have taken place in Wolverhampton over the past 12 months have had a specialist commissioner from NHS England present to support the process.

The CAMHS commissioners from the Black Country (STP footprint) have met and work collaboratively with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS which supports the above STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous Accountable Care organisation bid failed but the plan was to retain the finances within the CCGs as reductions were made in the need for Children and Young People to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Organisation to again alter the care model and prevent admission. The Black Country CAMHS commissioners are currently scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development/alterations of/to local services. Currently all Children and Young People with ASD or LD, where there is a suggestion that an admission to hospital may be required, require a Pre-admission Care, Education and Treatment Review (CETR) which involves all professionals across the system who know the young person including Education, Health and Social Care as well as NHS England specialist commissioning, an independent clinician and an patient expert by experience. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission.

Youth and Justice, NHS England – Specialist Commissioning

Those children and young people who are in services that are commissioned directly by Health and Justice are currently reviewed by Liaison and Diversion when they are in custody aged 18 years and under to assess if they have any emotional mental health issues. If further intervention is required, there is capacity for this service to see the children and young people as outreach for a fixed short period of time and either discharge or transfer to the specialist CAMHS team. If Liaison and Diversion do not think they can offer a fixed term intervention or more specialist intervention is required, the children and young people are referred to CAMHS. The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. However, work needs to be undertaken to ensure that work within the Liaison

and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways do not appear to be fully developed to an extent where people have confidence in the arrangements and this is to be completed in the coming year. It is felt that the pathways have partially been defined but not with enough clarity after the child/young person has been seen by Liaison and Diversion and this will be addressed as part of on-going work.

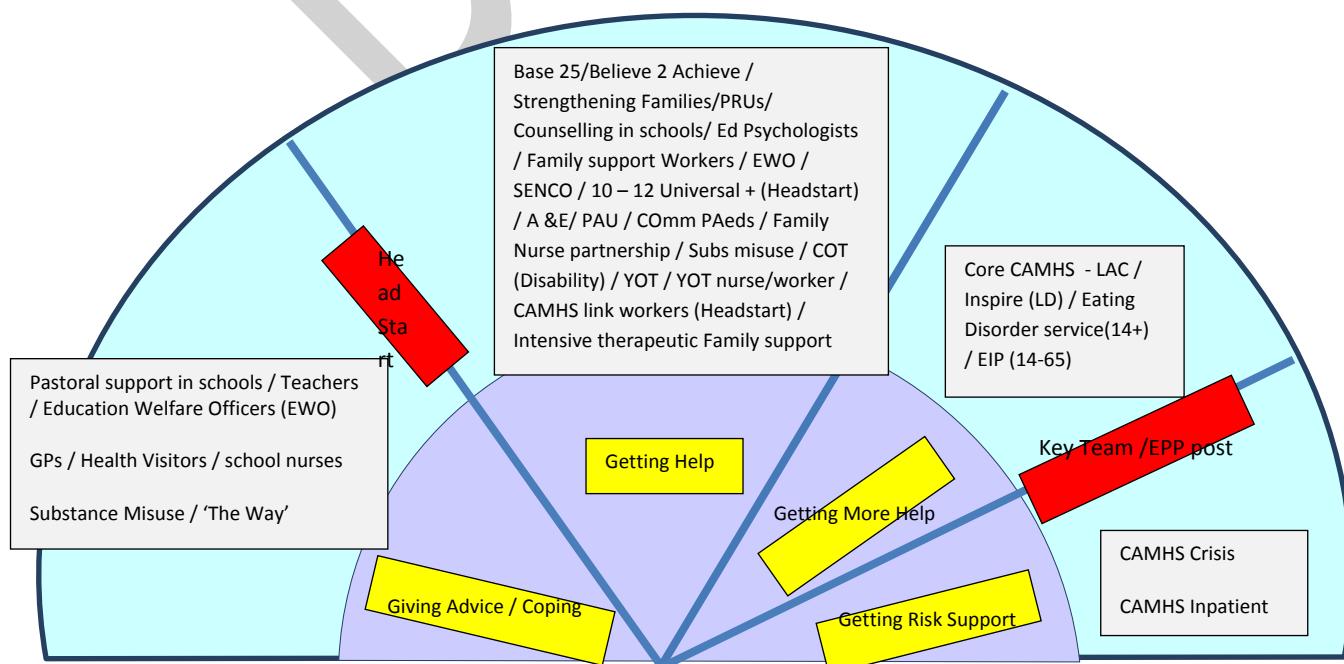
City of Wolverhampton Council and Wolverhampton CCG

The LTP discussed the under use and lack of provision of universal and targeted services at the previously known tier 1 and 2 provision and this has been recognised by both agencies. Funding has been secured across both agencies to provide investment into the new Emotional Mental Health and Wellbeing services (formally known as tier 2). This will be available from April 2018 with the CCG filling the gap until this time. The City of Wolverhampton Council and Wolverhampton CCG both invest in the Core CAMHS service, Inspire and the Key team, all of which are currently provided by Black Country Partnership NHS Trust.

Place Based Commissioning

Using the THRIVE model to demonstrate how we undertake place based commissioning in Wolverhampton ensures that we are using a person-centred model of care for young people's mental health which helps young people to THRIVE. It enables mental health services to be delivered according to the needs and preferences of young people and their families. It uses an integrated, person-centred model of child and adolescent mental health care across the system.

Below the model is broken down, with reference to the services which are available in Wolverhampton to demonstrate where each service sits in relation to the model to show the relationships between each area/service. HeadStart straddles the first two areas whilst the Key team and the EPP post straddle the last two areas.



The CYP IAPT programme is a whole service transformation model that seeks to improve the quality of children and young people's mental health services, by providing training to increase the use of evidence based interventions and use of routine outcome measures. As such, it is different from the adult IAPT model, which is focused on setting up new services. NHS England have set a priority for all areas being part of CYP IAPT by 2018. The principles behind CYP IAPT underpin the development and delivery of the 'Local Transformation Plan' and run throughout 'Future in Mind'. Wolverhampton CCG joined the CYP IAPT Midlands Learning Collaborative in 2016 and has subsequently received funding for training backfill for providers of CCG commissioned services. (This will also include jointly commissioned services). Staff have been identified to undertake the training and some have already completed their courses and graduated, including the leadership course.

The key tenets of the CYP IAPT programme are:

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improving user participation in treatment, service design and delivery.
- Improving access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- Training managers and service leads in change, demand and capacity management

CYP IAPT is not about creating new standalone services. It is about embedding the above principles and transforming existing services providing mental health care to children and young people. Currently Wolverhampton CCG is in the process of developing a partnership with the providers of CYP IAPT in the city. There is a collaborative in operation but this has not yet been formalised into a CYP IAPT partnership with the provider. The new pilot service specification which has been developed for the Emotional Mental Health and wellbeing service has commissioned that 90% of children and young people will have Routine Outcome Monitoring (ROMs) are embedded in the service with a training session for ROMs booked for 20th September 2017. Currently NHS England has provided backfill funding to Wolverhampton CCG for 63% of the current training cohort. There is a drive to ensure that self referrals are possible into all Children and Young People Mental Health Services particularly CYP IAPT. The crisis and Home Intervention Treatment Team already accept self referrals into the service by the nature of these Children and Young People being unwell and requiring urgent intervention.

This refresh is keen to emphasise the importance of Children and Young People being able to self refer into services and it is envisaged that commissioning an online counselling service will support this ability to self refer.

Wolverhampton CCG had requested the following places and has received backfill funding from Health Education England for the following since 2016/17 and including training for 2017/18:

Training
11 CBT + 6 SFP + 3 SFP ED therapists
2 supervisors
2 Enhanced Evidence Based Practice trainees (EEBP)

However, Health Education England has only funded places on the following courses for this year:

Course – for existing workers	Places funded for your partnership area
CBT for anxiety and depression	6
SFP for depression/conduct disorder/self-harm	1
SFP for eating disorders	n/a
Supervisors - CBT	1
Supervisors - SFP	n/a
EEBP	1

Wolverhampton has had one member of staff who attended the supervisor course last year and some members of staff who have attended the SFP for ED training in the past. This means we have received funding for 5 CBT, 5 SFP and 3 SFP for ED therapists which we have not been able to send on any of the courses due to lack of funded places being available. We will have recruited to the 2 supervisors' places, one from last year and one from this year and only one staff member was keen to attend the EEBP training but we have only been offered one place. As a result of this, we will have a significant shortfall in the number of staff who can be trained due to availability of funded places on courses.

Funding for 2016/17 and 17/18 included training fees plus 63% funding for salary support to supplement CCG and provider costs to release staff, and is conditional on acceptance of a service specification. This is the final year of programme central funds towards salary support for staff completing CYP IAPT course in 2018. This funding has been conditional on our CYP MH partnership signing up to implementing the programme, including confirmation that the appropriate level of funds will be made available to release the staff to undergo the full training. The specification of

the Provision of CYP IAPT Staff Support Funding Made Between National Health Service Commissioning Board (NHS England) and Wolverhampton Clinical Commissioning Group (CCG) signed by an executive from the CCG asked that as part of the transformation plan process, Wolverhampton CCG needs to be transparent with their investment and publish spend on CYP MH services. Our LTP will note where Wolverhampton CCG has received income from the CYP IAPT programme and the assurance process in place is a mechanism for guaranteeing that the spend goes to CYP MH services in the local area, particularly a commitment to the training or backfill for CYP IAPT.

FUNDS		INSTALMENTS	
Training	Firm Price		
11 CBT + 6 SFP + 3 SFP ED therapists (@ £18,750 each)	£375,000	February 2017	£163,000
2 supervisors (@ £12,500 each)	£25,000		
2 Enhanced Evidence Based Practice trainees (@ £3,750 each)	£7,500	July 2017	£122,250
		October 2017	£122,250
Total Price	£407,500		

The funding detailed above has been received by Wolverhampton CCG and agreement has been reached for the funding to be carried over for the purposes of training. The CCG is currently in discussions with local Higher Education Institutes and our Learning Collaborative to establish if we can fund the additional training places but then will need to negotiate with our CCG/providers for funding backfill. A plan is to be established for the training required across the system to ensure staff have the skills and competencies to deliver evidence based interventions.

8. Eating Disorders

The new Eating Disorder access and waiting time standards state that Children and young people with Eating Disorders who are considered to be routine cases will be seen and start treatment within 28 days of referral. For urgent cases it is expected that these Children and Young People will be seen and start treatment within 7 days of receipt of referral. The proposed numbers to be reached for the following years can be found in appendix 2 with the first figure being for routine cases whilst the second one is for urgent cases).

Local transformation monies have allowed Black Country Partnership Foundation NHS Trust (BCPFT) to pilot and develop an all aged eating disorder provision recognising and strengthening what could be a small specialty within a mental health trust. All elements of the service embrace a strength-based, relationship-centred,

and non-pathologising philosophy that acknowledges the individual, social and cultural influences on identity construction and personal meaning making. In practice, this is applied as a non-judgmental approach that views the person as separate from their eating difficulty.

At the heart of this approach lies the therapeutic relationship with the clients. The importance of this for the recovery process of people with Eating Disorders is highlighted in the NICE guidance (2017). A meta-analysis by Martin, Garske, & Davis (2000) confirms a consistent relationship between the therapeutic alliance and treatment outcome, supporting the view that the relationship between client and worker may be therapeutic in and of itself.

Ultimately, the service philosophy recognises that Eating Disorders are not primarily about food but about underlying psychological difficulties and emotional turmoil, often (but not always) as a result of traumatic life experiences. The disorders can be chronic or recurrent and are frequently accompanied by significant psychiatric co-morbidities and/or serious physical complications.

The multidisciplinary team of specialists within the service offers a particular blend of expertise and skill that enables us to offer differentiated and individually tailored support, taking account of co-morbidities and complications. The multidisciplinary teams comprises of; Consultant Psychiatrists, Dietitian, Specialist Nurse, Occupational Therapist, Systemic Family Therapist, Clinical Psychologist and Counselling Psychologist. Their training and expertise allows us to take generic roles with less complex clients or adopt our specific professional roles when complexity demands it.

This recovery orientated approach to delivering specialist eating disorder provisions puts the service user at the center of their care and at the center of the services offered. The service is part of the wider provision of mental health services offered by BCPFT and has created effective pathways and joint provisions to ensure that the holistic needs of service users are addressed and access is improved.

Eating Disorder Referrals Under 18 years

							Grand Total
Age at Referral	12	13	14	15	16	17-18	
2014-15			1	2	2	35	40
2015-16	2	3	5	0	5	22	37
2016-17	0	7	13	19	13	39	91
Total	2	10	19	21	20	96	168

Progress to Date for the Eating Disorders Service

Wolverhampton and Sandwell CCG have merged and recruited into clinical staff ensuring that there are dedicated clinicians for under 18 year olds across the two

areas. Specialist CAMHS clinicians support The Royal Wolverhampton NHS Trust in the care when young people are physically compromised and require inpatient care. Multi-disciplinary assessments are at the heart of all Children and Young People who are assessed as part of the Eating Disorders services. The Maudsley model of family based intervention is used within the service and some staff have been trained in the Systemic Family Practice for ED, which is part of the CYP IAPT training model.

Home visits are offered routinely by the CAMHS crisis intervention/home treatment team for urgent cases as appropriate and to work in the local community preventing or reducing inpatient episodes for the children and young people. Staff have attended CAMHS national training and C&YP IAPT systemic eating disorder training and as a result have begun to manually collect C&YP IAPT outcome measures for under 18 year olds.

The table below identifies the number of Children and young people seen within the first quarter 2017/18 and reported to Unify. It indicates that completed pathways are where patients have been referred in the quarter and have been seen (although may not have been discharged) and the wait time from referral to treatment is indicated in the weekly periods above whilst Incomplete pathways refer to where patients have been referred in the quarter but have not yet been seen and the number of weeks the patient has been waiting is indicated in the weekly periods detailed in the top line description.

Year	Period	Description	Gt 0 - 1 Week	Gt 1 - 2 Week	Gt 2 - 3 Week	Gt 3 - 4 Week	Gt 4 - 5 Week	Gt 5 - 6 Week	Gt 6 - 7 Week	Gt 7 - 8 Week	Gt 8 - 9 Week	Gt 9 - 10 Week	Gt 10 - 11 Week	Gt 11 - 12 Week	Gt 12 Plus Weeks	Total Pathway
2017-18	JUNE	CYP ED care pathways (routine cases) completed this quarter	0	2	2	3	1	1	0	0	1	0	0	0	0	10
2017-18	JUNE	CYP ED care pathways (routine cases) incomplete at quarter end	0	0	2	0	0	0	0	1	0	0	0	0	0	3
2017-18	JUNE	CYP ED care pathways (urgent cases) completed this quarter	1	0	0	0	0	0	0	0	0	0	0	0	0	1
2017-18	JUNE	CYP ED care pathways (urgent cases) incomplete at quarter end	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The four local CCGs that form the Black Country are partnering up in the eating disorder cluster and these will be Wolverhampton, Sandwell, Walsall and Dudley. As mentioned earlier in the LTP refresh, the Trusts which are the providers of the service in these CCGs are coming together as of the 1st of December 2017 so this will support the cluster work and ensure that the service provided is consistent across the areas. The service specification is almost completed for across the cluster. This Community eating disorder service (CEDS) will be in line with the model recommended in NHS England's commissioning guidance. Currently the CEDS is not fully signed up to the national quality improvement programme but it is in the process of receiving training to allow this to occur.

9. Data

Collection of data on children and young people has been subject to delays and the data itself lacks clarity due to previous poor investment in IT systems across the Mental Health trust although this is not a problem that is specific to Wolverhampton alone. However, with the development of the Emotional Mental Health and Wellbeing service it is essential that these providers understand the importance of being able to input into the MHMDS as part of the KPIs of the contract. *Appendix 3* represents the Mental Health indicators for improving access for Children and Young People into NHS funded community services and the trajectories that have been set for our providers.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given population figures for 2014, numbers expected to be in NHS funded community MH services in Wolverhampton	1582	1695	1808	1921	1978

All NHS commissioned and jointly commissioned services are aware of the need to flow data for key national metrics in the MH Services Data Set and this has been written into all contracts to ensure that performance of flowing the data can be measured against it. There has been a Data Quality Improvement Programme in place to support the drive to improve the data available from the main NHS provider and this demonstrates the actions that have been in place to support this. There have been some local data reporting templates in place to enhance local data and give assurance that the correct level of data is being inputted to the MHSDS. An example of this is shown below.

2016/17	Q1	Q2	Q3	Q4
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%
Number of contacts to CAMHS	3017	2818	3053	3421
Number of referrals received by CAMHS	546	562	493	529

The figures above for 2016/17 demonstrate there had been a fall in quarter 2 for the percentage of Children and Young People being seen for assessment and

intervention within an 18 week period from receipt of referral which was as a result of holiday times and staff on annual leave and Children and Young People not being available due to them being annual leave. However, it can be seen that 99.2% of the children and young people were seen for assessment and treatment within 18 weeks in the last quarter when there had been an injection of funding as part of the waiting list initiative and the figures demonstrate that this additional funding did impact on numbers seen. This waiting list initiative money has been made recurrent to continue supporting the funding for specialist CAMHS which will impact on numbers accessing services within a timely manner.

Under the CCG Improvement and Assessment Framework (CCG IAF) the main aim is to enable local health systems and communities to assess their own progress from ratings published online. An annual self- assessment is undertaken against specific indicators for Mental Health with some of these appropriate for Children and Young People with a template completed for Unify. These indicators include and are scored as follows:

INDICATOR	NOT COMPLIANT	PARTIALLY COMPLIANT	FULLY COMPLIANT
1) Has the CCG working with partners updated and re published the assured local transformation plan (LTP) from 2015/16 which includes baseline data?			X
2) Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?			X
3) Is the Children and Young People's team commissioned by the CCG part of a quality assurance network?		X	
4) Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS? (It is expected that all CCGs will have this in place by the end of December 2016)			X
5) Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives		X	
6) Is the CCG forecast to have increased its spend on Mental Health			

Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?			X
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10. Urgent & Emergency (Crisis) Mental Health Care for CYP

The Five Year Forward View talks about providing urgent and emergency care over a period of 24 hours a day, 7 days a week. The Future in Mind document stated that the 'litmus test of any local mental health system is how it responds in a crisis'. (Future in Mind, DoH 2016) The LTP has further invested in the provision from BCPFT to support both the development and delivery of a comprehensive care model to support young people in a mental health crisis. This investment has resulted in the Crisis team's services being extended from its original opening hours of 9.00 – 5.00 Monday to Friday to operating 7 days a week from 08.00 - 20.00. There is access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting and work is being undertaken across the STP to support the increase in the service from 8.00-8.00, 7 days a week to 24 hours a day, 7 days a week.

The model supports crisis presentations at Royal Wolverhampton NHS Trust and within the community and accepts the out of hours care for young people who are attending specialist core CAMHS. The team also provides home treatment for those presenting with greatest risk or who are unable to attend other services. Home treatment is also provided to young people who present with eating disorders and support for any young person requiring mental health act assessment in a place of safety. These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.

The model used within the crisis service is driven by a value base that ensures:

- Crisis management is a process of working through a crisis until it is resolved.
- Successful service user engagement is paramount.
- The achievement of a therapeutic alliance with the service user and already involved CAMHS Clinician or referrer is essential before any intervention can be successful.
- The team takes a systemic approach, looking at all the factors involved in the crisis, including biological, psychological and social issues and the context in which that young person lives, using a range of interventions to address these.

- Crisis staff will approach work with service users from a “strengths” rather than an “illness” model, and draw on the innate strengths of service users in order to support them. Communication and engagement processes are of specific importance when dealing with service users with disabilities or whose preferred language is not English.
- Providing crisis management and educating service users and carers to acquire coping skills will form a significant part of the crisis work. The team will assist the service user and their carers to acquire/learn behaviours to improve maintain their mental health. The approach should be one of collaboration with the service user and/or their family by “doing work with them”, so as to promote their “ownership” of the crisis.
- As far as is reasonably practicable, the team will work in a way that demonstrates regard for the present, past wishes and feelings of the person receiving services and their cares and/or legal guardian.
- Standards of care will reflect evidence based practice and fit within the Crisis Intervention and Home Treatment team (CIHTT) referral pathway.

CIHTT staff fully exercise their duties in respect of safeguarding adults and children by working with partner agencies to protect vulnerable persons from abuse. This is to be achieved through cooperating in discussions, meetings and investigations with relevant agencies whenever abuse is suspected or has been witnessed or disclosed.

The original LTP highlighted the absence of a ‘Place of Safety’ for vulnerable children & young people. This has been rectified, and a place of safety is now available at Penn Hospital in Wolverhampton. BCPFT has liaised with all relevant emergency services to ensure that the service is visible and that in future no vulnerable young people are taken into police custody. The Children and Young People crisis intervention and home treatment team provide staffing to this suite as and when required and a 24 hour rota is in place should it be required. Children and Young People are accepted into this place of safety from other areas as there are no similar suites available in the region except for Birmingham.

Further work to be undertaken on identifying an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families as well as evidence of progress of planning and implementation of urgent and emergency mental health care for CYP with locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families including monitoring their experience and outcomes.

11. Integration

A Commissioning for Quality and Innovation indicator (CQUIN) is in place for 2017/18 which considers transitions out of Children and Young People’s Mental Health Services (CYPMHS) with an aim to incentivise improvements to the

experience and outcomes for young people as they transition out of CYPMHS on the basis of their age. The Engagement plan has been received from BCPFT and accepted by providers involved as per the milestone report. (Appendix 4)

This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. A survey of young people’s transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement Survey).

Numbers of expected transitions from CYPMHS and year on year improvements in metrics

The LTP discusses evidence of the extended provision across schools, primary care, early help and specialist social care as part of the offer from HeadStart. HeadStart has targeted groups within the ‘Test and learn model’ who are identified as those who historically have poor access to Mental Health services including LGBTQI, those with family history of mental illness, Young carers, those who are at risk of crime or gangs, those who are new arrivals /ROMA, children and young people who are BAME and those who witness domestic violence. The Early Help Assessment is a way of accessing the services and ensuring that consideration is being given to input from a range of organisations to meet the needs of the Children, young people and their families.

Funds have been committed to a specialist post for the External Placement Panel to provide assurance as to the specialist therapeutic interventions that are being provided as part of the tri-partite funding arrangements for Looked after Children with our most complex and vulnerable children and young people. This is to support the interventions they are receiving and ensure that the treatment they receive will support improvement in their outcomes.

The Crisis team have an interface with the Adult Mental Health Service to link with liaison psychiatry if required for young people who are on the cusp of joining adult services. *Further input needed for this section.*

12. Early Intervention in Psychosis (EIP) – an all age service including Children and Young People

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE	All services complete baseline	All services graded at	25% of services graded at	50% of services graded at	60% of services graded

recommendations	self-assessment	level 2 by year end	least level 3 by year end	least level 3 by year end	at least level 3 by year end
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The EIP service that has developed since the initial Local Transformation plan delivers a full age-range service including Children and young people experiencing their first episode of psychosis and that all referrals are offered NICE-recommended treatment. Additional investment has been provided to the service to fund an additional post to meet the needs of the Children and Young people who require the service. The Early Intervention in Psychosis service is shared across Wolverhampton and Sandwell.

Currently monitoring of the CYP access to the EIS service is around having crisis and relapse plans as well as 95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton. The current data received against the indicators is recorded in appendix 5. The CCG is working with the trust to ensure that there is clarity around the numbers of Children and Young People who are able to access the Early Intervention in Psychosis Service.

Request for full pathway for CYP including those present to specialist CYP MH services. Is there a commitment to specifically monitor CYP access – further work to be done on this.

13. Impact and Outcomes

Recent investments in the CAMH services will impact on the outcomes, ensuring that more Children and Young People access services earlier and more children and young people are seen. These investments are detailed below with further intentions for the following years identified. However, it must be noted that in the ensuing years there is a possibility that there will be a call on funding for other services within Children and Young People’s Mental Health that have not been mentioned as part of these intentions, depending on further future bids required to be submitted to NHS England or a change in provision required due to needs not previously identified as part of a future needs analysis. (In other words, sometimes it is difficult to predict what the needs could be if a new issue develops over time which had not been considered a previous priority).

The External Placement Panel Post (EPP) has been recognised by those CAMHS commissioners across the region who have been attending the CAMHS development programme commissioned by NHS England as innovative and they are interested to see if it impacts on the Children and Young People who are in the most complex placements in the system without being in tier 4 inpatient hospitals. It is not seen as just a case manager role but rather demonstrating the clinical skills to be able to challenge private organisations who have been commissioned to deliver

outcomes for these young people and ensure the interventions are evidence based and appropriate for the needs of the Children and Young People. The objective of this post is to ensure young people are not left in placements to just ‘get by’ but instead progress is made in their ability to ‘step down’ to more appropriate placements and support their ability to transition to adult life as care leavers.

Liaison and Diversion are already working with children and young people (CYP) who have had an interaction with the criminal justice service, but there are concerns that there are CYP in the city on the fringes of the criminal justice system who have unmet emotional or mental health needs and who could benefit from intervention. Many of these CYP attend the local Pupil Referral Units (PRUs) where they have been either excluded from school or cannot attend mainstream schools for a variety of reasons. A pilot service has been developed this academic year on a fixed term basis for a CAMHS link worker to support the Pupil Referral Units (PRUs) in the city. The purpose is to identify vulnerable CYP within the PRU early on to help improve health and criminal justice outcomes, placing particular emphasis on children who may have mental health problems, learning disabilities, substance misuse issues or other vulnerabilities. An important aspect of this pilot scheme for the CYP identified is in the reduction of re-offending. It also aims to identify vulnerabilities in CYP earlier on, which reduces the likelihood that they will reach a crisis-point and helps to ensure the right support can be put in place from the start. It will look to refer the CYP and potentially their families to appropriate health and /or social care and /or third sector organisations to provide appropriate services to meet their needs. It is anticipated that this post will increase the access numbers for the services and ensure CYP are being seen within services earlier than previously found.

The new Emotional Mental Health and Wellbeing Service which is being funded by Wolverhampton CCG for an interim period until March 2018 but will be jointly procured by the City of Council Wolverhampton Council and Wolverhampton CCG from April 2018 will plug the gap in service between the different levels in the THRIVE model e.g. ‘getting help’ and ‘getting more help’ which for last year amounted to approximately 646 Children and Young People.

Potential Wolverhampton CCG Funding which could to be used to transform Children and Young People’s Mental Health 2017 – 2021.

Year Plan Figure	Available from Where?	Service to be invested in
2017/18 £105,660	Growth monies from Future in Mind - £5,660 to be used for spot purchasing HSB assessments	£100,000 to be invested in Emotional Mental Health & Wellbeing – recurrent
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional	£70,000 Possible for STP crisis – recurrent £63,500 Possible online digital counselling service – recurrent £27,000 PRU CAMHS link worker – recurrent if

		evaluation is successful. ³
2017/19 £262,500	This funding has been ear marked for CYP IAPT training/backfill this needs to be arranged either by finding courses or staff who can be recruited to train	CYP IAPT services
2019/20 £100,000	When all services that have been invested in are taken into account at full year effect, there is approximately £70,000 for investment in other services.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP
2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. Also some of this funding will have to be identified to undertake additional CYP IAPT training.

Despite staffing challenges which have existed for all CAMHS services the impact of an investment in the services has been a reduction in waiting times for assessment and intervention with an increase in responsiveness in the crisis service.

Wolverhampton CCG and CWC are committed to incorporating all of the funding across the whole service system for children and young people's emotional wellbeing and mental health into a pooled budget within the Better Care Fund (BCF) arrangements as soon as the service is procured jointly. The most significant change to the current arrangements is that it will be recommended to both organisations that a Section 75 arrangement be entered into to share funds. The current structures that exist for the implementation of the LTP will be kept in place, but a more robust agreement will be entered into by WCCG and CWC. This systemic change will increase the likelihood that children's needs will continue to be met, and will remove the former jurisdiction and financial arguments that existed over whether the child and family were the responsibility of social care or health.

It is anticipated that once the Better Care Fund arrangements have been agreed the CAMHS transformation partnership board will report directly to the Better Care Fund Board, and be accountable for delivery and outcomes of the LTP. While this reporting is currently in shadow form only, a process is underway that will see the arrangement to come into force in April 2018. There are a number of benefits to this arrangement, including:

³ It is acknowledged that this amount is in excess of that agreed at beginning of year but it is only £500 and this can be found via savings on CCG's contributions to EPP placements following change in way funding is agreed.

- production of joint service specification, rather than several for one provider
- single forum for contract management thus reducing different demands and expectations
- single reporting process thus simplifying data production
- single contract negotiation process involving joint funds, rather than separate arrangements
- removes any confusion about health or funding responsibility as it is a joint responsibility
- risk sharing arrangements can be specified in contract arrangements, thus removing ad hoc decision making, reducing decision making delays, and facilitating collaborative working
- increasing trust in partnership arrangements, as there would be certainty about funding commitments, which reduce suspicion of cost shunting
- ensures both CCG and CWC are able to plan financial commitments with greater certainty
- will form the foundation for moving other services into a pooled funding arrangement.

While the funding may become pooled from 1st April 2018, the CCG and CWC will need to work on the development of service specifications, reporting frameworks, and contractual management with providers. It is anticipated that this work could be firmed up at the same time.

14. Other Comments

One of the key risks to delivery, controls and mitigating actions of the Local Transformation Plan is the workforce and the difficulty with being able to access suitably qualified staff with the relevant experience and competencies to be able to support the implementation of the plan. Regionally and nationally there have been challenges in recruiting suitably qualified staff to any CAMHS posts which are available and this has been evident in the Black Country where the area is densely populated and staff can move too easily for different specialist mental health roles. However, consideration should be given to alternative staffing structure to provide appropriate competencies to deliver the appropriate and necessary service. Contracting levers can be used if the services fail to deliver the necessary changes or service required.

Assumptions have been made when looking to develop or procure new or extended services which will pose risks to service delivery if they are not successful or delayed. Again contracting levers should be used to ensure that alternative options can be considered whilst waiting for the service to be delivered. Also if these new services do not meet the objectives of the service, a redesign can be undertaken to establish how the funding can be used in a more appropriate manner.

The other issue that exists is the expectation that the CCG will take over the role of funding the evidence-based courses from the increase in CYPMH funding. However, although this will improve the quality of the training received for staff employed within the services, it will impact on the availability of funding for additional services. This will be mitigated against by transforming the services and looking to adapt the skill mix, with an increase in the use of evidence based practice which can only impact on the quality of services delivered.

Another of the ambitions of the LTP is to demonstrate co-production in a practical way and increase service user participation. Wolverhampton specialist CAMHS completed a project this year, which saw the launch of a co-produced website (www.blackcountryminds.com), which was developed and designed by young people. The website is an ongoing co-production initiative with further phases agreed. The website has won a Trust award from co-production and has benefited CYPF in numerous ways such as feeling “heard” and “important”, to gaining presentation skills and website coding experience for their CVs. The website has been shared with the Digital team from Headstart to explore the synergies and ensure consistency in information. Headstart’s digital offer is likely to highlight innovation in relation to the use of social media and looking to use existing services that are already available including Wolverhampton Information Network (WIN).

Service user participation is being embedded at different levels in the service, and plans are being agreed to ensure the continual review and sustainability of these initiatives. Initial assessment, risk assessment and care plan paperwork has all recently been reviewed and introduced in the CAMHS service to increase the sense of ownership around these for CYP and ensure their voice is heard. Service users are regular members of recruitment interview panels and are consulted around any new information being produced for the service. A scoping exercise was completed to introduce a CYPF participation panel (working name ‘CAMHS Council’), this group has begun in pilot form, and will be more formally operational by the end of 2017.

HeadStart has specifically shown an innovative approach to the use of social media and apps to ensure that Children and Young People are able to access information appropriate to their needs. This is part of their universal approach and will be a city wide mental wellbeing information and awareness raising offer. They use a range of Twitter accounts to publicise relevant information and draw attention to their offer for Children and Young People to offer.

Although Wolverhampton has made significant progress and the CCG has used any funding that it has received to invest in Children and Young People’s Mental Health Services, there is still a long way to go. Wolverhampton CCG and the City of Wolverhampton Council have a collaborative working relationship with regards to commissioning to ensure that the right services are available at the right time and at the right place for Children and Young People as they need them. We will continue to strive to make a difference to our Children and Young People and their emotional Mental Health and Wellbeing.

APPENDIX 1 PERFORMANCE DATA INFORMATION REQUESTED AS PART OF CONTRACT REVIEW MEETINGS

Quality Requirement	Target	Frequency
Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard)' in 'Documents Relied Upon'	>90%	Monthly
Percentage of caseload aged 17 years or younger – have care plan (CAMHS and EIS) - Audit of 10% of CAMHS caseload to be reported each quarter	>80%	Quarterly
Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	>95%	Monthly
Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100%	Monthly
Different performance measures specific for CAMHS		
95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton	Total Number of non-urgent EIS referrals	Monthly
	Percentage that received initial assessment within 10 days	
	Number of Cases that were LAC	
80% of EIS caseload have crisis/relapse prevention care plan, of these how many were LAC specific for Sandwell and Wolverhampton	Percentage	Monthly

APPENDIX 2 TRAJECTORIES FOR CHILDREN AND YOUNG PEOPLE WITH EATING DISORDERS

The agreed trajectories for the ED indicators with the provider is as current performance is around 80-85% we have suggested 85% for 2017-18 and 95% for 2018-19. This will meet the national requirement of 95% by 2020. The first diagram is for routine cases.

Standard (to be achieved by 2020)	95%	E.H.10	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks	2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	6	6	6	6
		Number of CYP with a suspected ED (routine cases) that start treatment	6	6	6	6
	%	100.0%	100.0%	100.0%	100.0%	
2018/19 Plan	2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	7	7	7	7
		Number of CYP with a suspected ED (routine cases) that start treatment	7	7	7	7
	%	100.0%	100.0%	100.0%	100.0%	

This table is for the urgent cases of Children and young people with Eating Disorders.

Standard (to be achieved by 2020)	95%	E.H.11	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
	%	100.0%	100.0%	100.0%	100.0%	
	2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	2	2	2
		Number of CYP with a suspected ED (urgent cases) that start treatment	2	2	2	2
		%	100.0%	100.0%	100.0%	100.0%

APPENDIX 3 MENTAL HEALTH INDICATORS FOR IMPROVING ACCESS FOR CHILDREN AND YOUNG PEOPLE INTO NHS FUNDED COMMUNITY SERVICES IN WOLVERHAMPTON

2017/18 Standard	30%	E.H.9												
2018/19 Standard	32%	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19			
Improve Access Rate to CYPMH	1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	20	644	199	199	199	199	213	213	213	213			
		16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change								
	Annual change for 1a - The number of new young people receiving treatment from NHS funded community services	644	796	852	23.6%	7.0%								
		16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19	
	2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	40	1,352	464	464	464	464	1,856	497	497	497	497	1,988	
	2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	6,182	6,182						6,182					6,182
	Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	0.6%	21.9%						30.0%					32.2%

This figure represents the number of new children and young people receiving treatment for NHS funded community services in the reporting period.

APPENDIX 4 CQUIN MILESTONE REPORT FOR TRANSITIONS FROM CYPMHS 2017/18

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Q1 2017/18	<p>Sending and Receiving Providers to jointly develop engagement plan across all local providers</p> <p>Sending and Receiving Providers to map the current state of transition planning/level of need and to submit joint report on findings to commissioners.</p> <p>Sending and Receiving Providers to develop implementation plan to address identified needs and agree with approach with commissioners</p>	31 st July 2017	<p>10%</p> <p>15%</p> <p>15%</p>
Q2 2017/18	Sending and Receiving Providers to update and assure commissioners as to implementation of joint plan to support better transition planning	31 st October 2017	10%
Q3 2017/18	No Milestones		
Q4 2017/18	<p>Sending Provider to undertake Casenote Audit assessing those who transitioned out of CYPMHS from Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q4. Performance rewarded</p>	30 th April 2018	<p>Up to 25%</p> <p>Up to 10%</p> <p>Up to 10%</p>

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending & Receiving Providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England via Unify2 Collection</p>		5%
Q1 2018/19	Sending and Receiving Providers to refresh implementation plan in light of Year1 results and confirm arrangements with commissioners.	30 th July 2019	5%
Q2 2018/19	<p>Sending Provider to undertake case note Audit assessing those who transitioned out of CYPMHS from Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q1-Q2. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending & Receiving Providers to present results to commissioners.</p>	31 st October 2019	<p>Up to 15%</p> <p>Up to 15%</p> <p>Up to 15%</p>
Q3 2018/19	No Milestones		
Q4 2018/19	Sending Provider to undertake case	30 th April	Up to 15%

Date/period Milestone relates to	Rules for achievement of Milestone (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>note Audit assessing those who transitioned out of CYPMHS from Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending Provider to undertake assessment of discharge questionnaires for those who transitioned out of CYPMHS in Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Receiving Provider to undertake assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS through Q3-Q4. Performance rewarded as per rules for partial achievement of the indicator; Reward to be applied to all providers subject to this CQUIN.</p> <p>Sending & Receiving Providers to present to commissioners a joint report outlining overall CQUIN progress to date. Results to be submitted to NHS England via Unify2 Collection</p>	2019	<p>Up to 15%</p> <p>Up to 15%</p> <p>5%</p>

APPENDIX 5 PERFORMANCE DATA RECEIVED FROM BCPFT FOR EARLY INTERVENTION AND PSYCHOSIS SERVICE

IRCA21	IR	CAMHS	95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton	Monthly	Total Number of non-urgent EIS referrals	10	15	17	17	9
					Percentage that received initial assessment within 10 days	9	13	15	16	8
					Number of Cases that were LAC	0	0	0	0	0
IRCA22	IR	CAMHS	80% of EIS caseload have crisis/relapse prevention care plan, of these how many were LAC specific for Sandwell and Wolverhampton	Monthly	Percentage	100%	100.00%	100.00%	100.00%	100.00%

APPENDIX 6 ROLE OF THE CAMHS LINK WORKER IN HEADSTART

