



Transforming health and care for  
Staffordshire & Stoke-on-Trent

# Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health

**Developing our local offer to secure improvements in children and young people's mental health outcomes – October 2018**

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# Overview

The **Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health** was approved in October 2015. The additional funding released has enabled a major programme of investment to improve the local offer and mental health outcomes for children and young people. This refresh provides an update on progress and challenges associated with the delivery of child and adolescent mental health service (CAMHS) transformation by 2021.

Key areas with a particular focus include:

- urgent and emergency care
- place-based plans
- data
- workforce
- Sustainability and Transformation Partnership (STP) system support
- transitions
- health and justice.

Our transformation plan is pan-Staffordshire – the whole of Staffordshire and Stoke-on-Trent, covering six clinical commissioning groups (CCGs) and two local authorities. There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made. Our aim will be to ensure that services are responsive to local need and that there is equitable provision across the whole area.

This LTP is based on the **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23**. The local approach to children and young people's emotional wellbeing and mental health outlined in this strategy has been designed, considered and consulted on with all stakeholders. This includes children and young people, their parents and carers, over 400 professionals across the whole workforce, commissioners and senior officers within Staffordshire County Council, Stoke-On-Trent City Council and the CCGs, plus the wider children's partnership including over 60 providers and NHS England and specialised commissioning.

The strategy and plan takes account of the findings and recommendations in the **Children's Joint Strategic Needs Assessment (April 2017)** and the more recent **Children and Young People's Emotional Wellbeing Joint Strategic Needs Analysis (May 2018)**. We also recognise the need to take full account of what local communities are telling us their priorities are.

This plan is published online at:

<http://www.camhs-stoke.org.uk/document-library>

<http://www.stokeccg.nhs.uk/>

<http://www.northstaffsccg.nhs.uk/>

<http://www.eaststaffsccg.nhs.uk/>

<http://www.cannockchaseccg.nhs.uk/>

<http://www.sesandspccg.nhs.uk/>

<http://www.staffordsurroundsccg.nhs.uk/>

The lead contact on behalf of all CCGs is Nicola Bromage, Senior Strategic Lead.

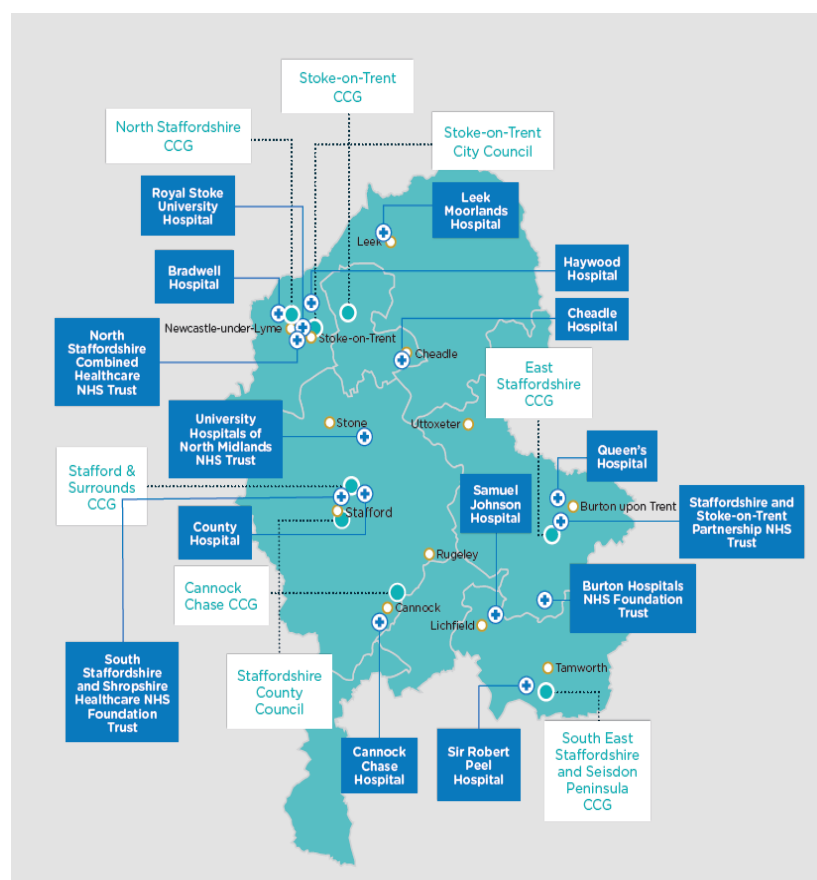
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## Commissioning Approach

Across Staffordshire and Stoke-on-Trent STP there are strong collaborative commissioning arrangements in place between the CCGs and local authorities. These support the commissioning of services for children and young people in relation to meeting their mental health and wellbeing needs.

There are also wider links across statutory agencies to the commissioning of services in relation to special educational needs and disabilities (SEND), Public Health, early help, early years and family support, education, domestic abuse and youth offending. This is across many different partner and provider organisations. Where practical, we have adopted collaborative commissioning to reduce duplication, make best use of resources and to aid market development.

*Figure 1: Map of partners*



The following organisations are part of Staffordshire and Stoke-on-Trent STP. For individual contact details for these organisations, please see the [NHS.uk website](https://www.nhs.uk).

- Burton Hospitals NHS Foundation Trust
- NHS Cannock Chase CCG
- NHS East Staffordshire CCG
- Healthwatch Staffordshire
- Healthwatch Stoke-on-Trent
- NHS England
- NHS Improvement
- NHS North Staffordshire CCG
- North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- NHS South East Staffordshire and Seisdon Peninsula CCG
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust and Staffordshire and Stoke-on-Trent Partnership NHS Trust now known as Midlands Partnership NHS Foundation Trust (MPFT)
- NHS Stafford and Surrounds CCG
- Staffordshire County Council
- NHS Stoke-on-Trent CCG
- Stoke-on-Trent City Council
- University Hospitals of North Midlands NHS Trust

## Transparency, leadership and governance

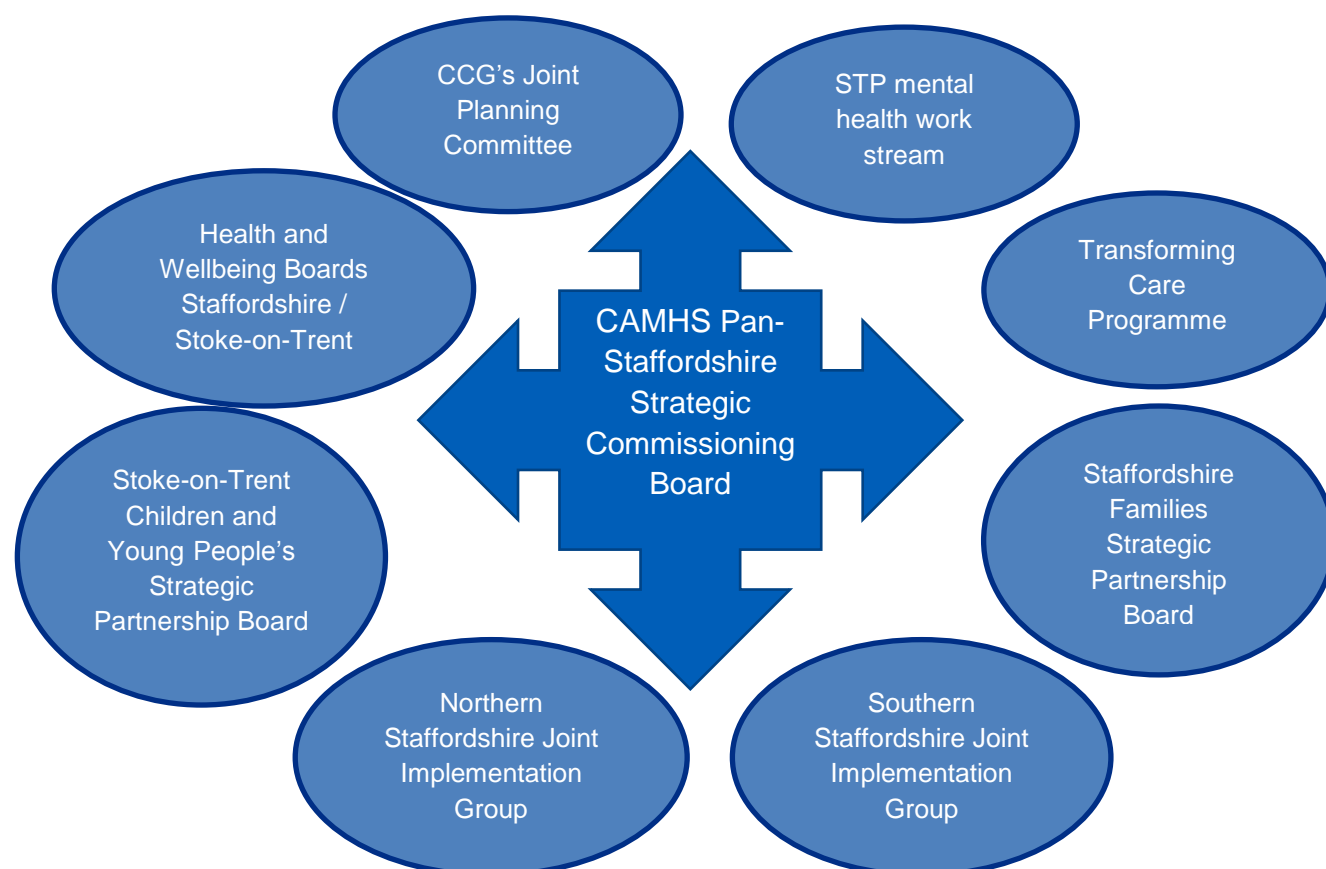
There are extensive collaborative arrangements between the CCGs and the two local authorities. The six CCGs in Staffordshire and Stoke-on-Trent now operate under a single management structure. STP oversight and scrutiny of the LTP is provided through the mental health work stream and there is a clear set of deliverables and objectives. There are strong links with the Transforming Care Board.

Governance and accountability is via the respective Children and Young People's (CYP's) Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards and the STP.

The governance structure has been agreed to support delivery of the LTP. This structure is now fully operational – with all groups meeting regularly and well attended. The Joint Implementation Groups include representatives from CCG, public health, social care, education, NHS and third sector providers. User participation is via the Youth Councils established under the CYP improving access to psychological therapies (IAPT) programme.

The third sector is represented at the CYP Strategic Partnerships and we have a range of third sector and other organisations supporting our partnership approach to delivering our strategies / transformation plan.

*Figure 2: Governance structure*



## User participation and co-production

We have engaged with children and young people using through a range of methods including online surveys and workshops. We have also undertaken local research to find out what people see as the main issues and priorities with their emotional wellbeing and their views on the current provision. The key issues included the following:

*Figure 3: Participation infographic*



Furthermore, between May and July 2018, we engaged a wide range of education partners across Staffordshire and Stoke-on-Trent through the national Mental Health in Schools Link Programme. We used the programme to gather information to help us to understand some of the challenges and ideas on how these could be addressed. In spring 2018 Stoke-on-Trent City Council commissioned the Centre for Health and Development (CHAD) at Staffordshire University to carry out consultation with parents/carers of children and young people who have accessed mental health services to find out their opinions on the provision available.

Please refer to the **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23** for detail.

We have established effective participation mechanisms across the area, which are run by young people with direct experience of accessing mental health services. These are located within local third sector providers to allow for greater independence from the statutory sector.

This has included actual delivery of information and support programmes to schools, Wellness and Health Action Map (WHAM) Project, providing comments on service developments based on their own experience, offering peer support to other young people in Tier 4 care, (see Appendix 1 for description of Tiers) developing a social media programme and the recruitment and selection of staff in NHS provision. Above all, this work is changing the culture within services and fostering a partnership approach to both service development and individual therapeutic provision.

### Specific examples of Participation

- Young people have developed (with CAMHS) a trainee workshop which was delivered to Staffordshire University students on the clinical psychology doctorate course
- Developed and put up participation boards in all the clinics promoting awareness about the forums and opportunities in participation. Posters in clinics encourage young people to ask their clinician about participation and the opportunities to get involved



- Promotion of mental health on World Mental Health Day and involvement in events such as Take Over Day. Currently planning the fourth year of 'take over' events, showcasing a range of mental health roles to encourage and promote young people's interest in mental health as a possible profession
- Ongoing involvement and contribution to all interviews of staff in Children's Directorate
- Young people will increasingly contribute to the delivery of the strategy, recruitment and service review. The focus will be on enhancing the voice of children and young people experiencing emotional wellbeing and mental health issues and promoting positive mental health.

# Understanding local need

The **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23** is underpinned by robust needs assessments. These use population-based epidemiological information and data from youth justice, health, education and social care.

A significant piece of work was undertaken to develop a children and young people's [Joint Strategic Needs Assessment \(JSNA\) for Staffordshire and Stoke-on-Trent \(April 2017\)](#) and a further deep dive into universal services provision to establish improved evaluation of need.

The Youth Offending Services have also undertaken detailed needs analysis that identified high levels of mental health issues and learning difficulties (including communication and language development delay); both recognised as key risk factors for offending behaviour.

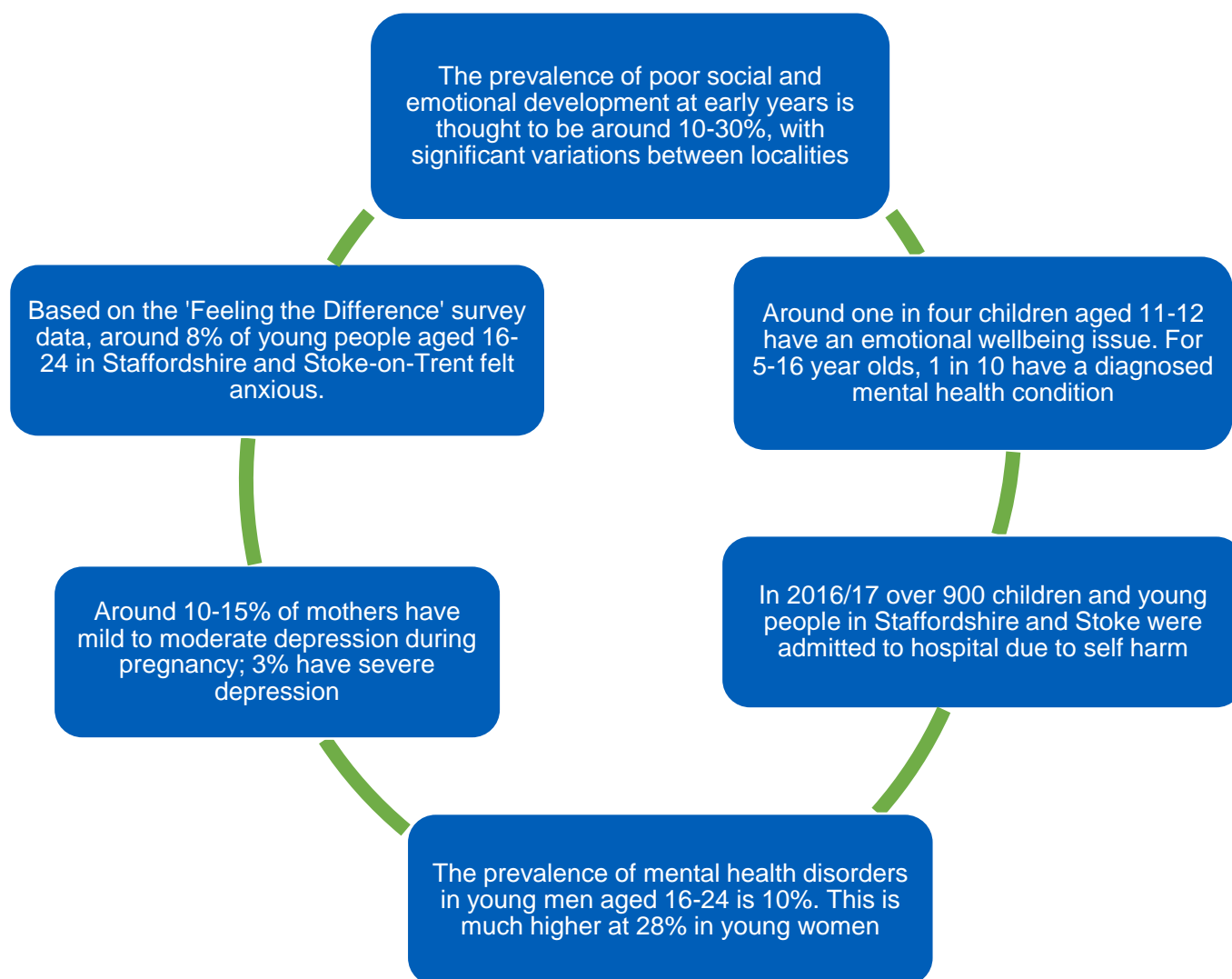
In Staffordshire, the school nursing service has undertaken some profiling work with schools which identified high levels of emotional wellbeing issues. These and other sources will be revisited, refreshed and incorporated into the new placed-based strategies.

Staffordshire's [Emotional wellbeing needs of children and young people in Staffordshire JSNA \(July 2018\)](#) identifies the following key factors that can help keep children and young people mentally well including:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils
- taking part in local activities for young people.



Figure 4: Needs analysis headlines



Evidence suggests that most 15-year-old children across Staffordshire and Stoke-on-Trent report good levels of life satisfaction. Only 12 per cent of young people in Staffordshire reported low life satisfaction which is similar to England (14 per cent). The proportion in Stoke-on-Trent is better at 11 per cent. Overall, this presents a positive picture in that the majority of our children and young people enjoy positive emotional health and wellbeing.

In determining the priorities, it is recognised that some children are more vulnerable and susceptible to poor mental ill-health. There are estimated to be around 10,400 children in Staffordshire and 3,700 in Stoke-on-Trent aged five to 16 years old with a mental health disorder.

Activity data from CAMHS inpatient (Tier 4) admissions from the LTP area and demographic data from community CAMHS has highlighted the increasing percentage of females using mental health services and in particular Tier 4 provisions. For example, in May 2017 all the children and young people in Tier 4 accommodation in South Staffordshire were female, with over 80 per cent of these admissions attributed to eating disorders.

We have regular quarterly meetings with Specialised Commissioning Case Manager to look at our STP admissions, and any transition issues. There is a routine invite to specialised commissioned

to attend STP MH groups where CYP and Out of Area placements is a priority area and there is a root cause analysis approach to Tier 4 admissions locally, specialised commissioning are routinely invited to attend. Additional investment into intensive support for people presenting with eating disorders has therefore been prioritised for 2017/18.

Full details of both JSNAs are available at:

- <https://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2017/Childrens-Joint-Strategic-Needs-Assessment-April-2017.pdf>
- <https://www.staffordshireobservatory.org.uk/documents/Health-and-Wellbeing/Emotional-wellbeing-JSNA-July-2018-FINAL.pdf>

Children and young people's mental health commissioning leads are also involved in leading or contributing to other strategic reforms, such as youth offending, special education needs and the transforming care agenda to ensure children and young people with complex issues such as learning disabilities are supported to live with their families and not in institutions.

There is common membership across SEND, Transforming Care Boards and Youth Offending Boards of key leads to ensure a co-ordinated approach to addressing inequalities and the strategic transformation agenda.

# Local Transformation Plan ambition

## Place Based Approach Working:

Place Based Approach is a different way of thinking and working. It is not a thing, a meeting or a department. It is a collection of appropriate partners and individuals who share a common purpose and principles agreeing to work together within a specific locality which creates the Place Based Approach.

Based on the learning taken from the early implementer districts (Tamworth & Newcastle), a delivery model has been developed to take this approach forward in each district (see figure 5).

The Place Based Approach programme has now launched in all of our districts. Key partners across the individual districts have engaged and have begun to set priorities and subsequent actions which will shape a different future offer for our Children and Families.

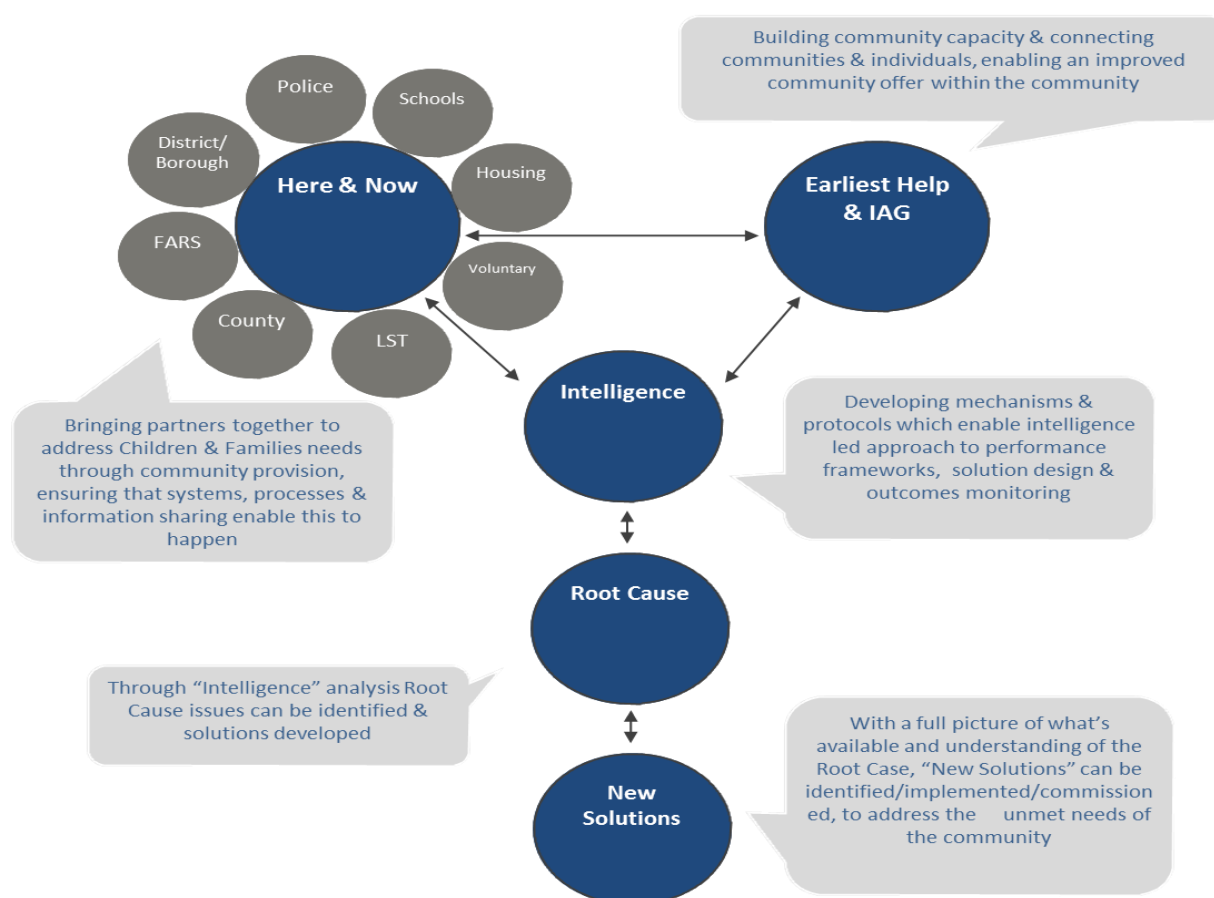
Aside from engagement, work to date across the districts has included the establishing of partnership governance to co-ordinate the Place Based Approach and developing task groups to consider and review current partnership ways of working (Here & Now), Showcasing the Earliest Help provision available, raising the profile and understanding of the current community offer has been key for some districts encouraging everyone to think Community First, Service Last, one of the key principles for Place Based Approach.

The next phase of the programme will see the Early Help Performance Framework developed and tailored for each locality. This will use data from across the partnership to enable the Governance Groups to make informed decisions as to how resources and effort is best used to improve outcomes for children and families across Staffordshire and Stoke on Trent.

Now the programme is moving into the delivery phase, a county-wide group of partners has been established and will aim to provide:

- Consistency for Place Based Approach
- Coordination and performance management of the delivery of the Staffordshire and Stoke-on-Trent Children's Safeguarding Board's and Early Help Strategies
- Oversee the Building Resilience Families and Communities/Troubled Families maturity model
- Be the accountable body for Earned Autonomy

Figure 5 Place Based Delivery Model



The approach is that no child or young person with an emotional wellbeing or mental health difficulty, who is seeking help or an adult with a concern about a child or young person will be turned away.

Addressing equality and reducing health inequalities is a significant challenge and a priority for the LTP, which aims to reduce inequalities across a range of settings – in schools and in communities and across the life-course – and to provide appropriate responses to seldom heard groups.

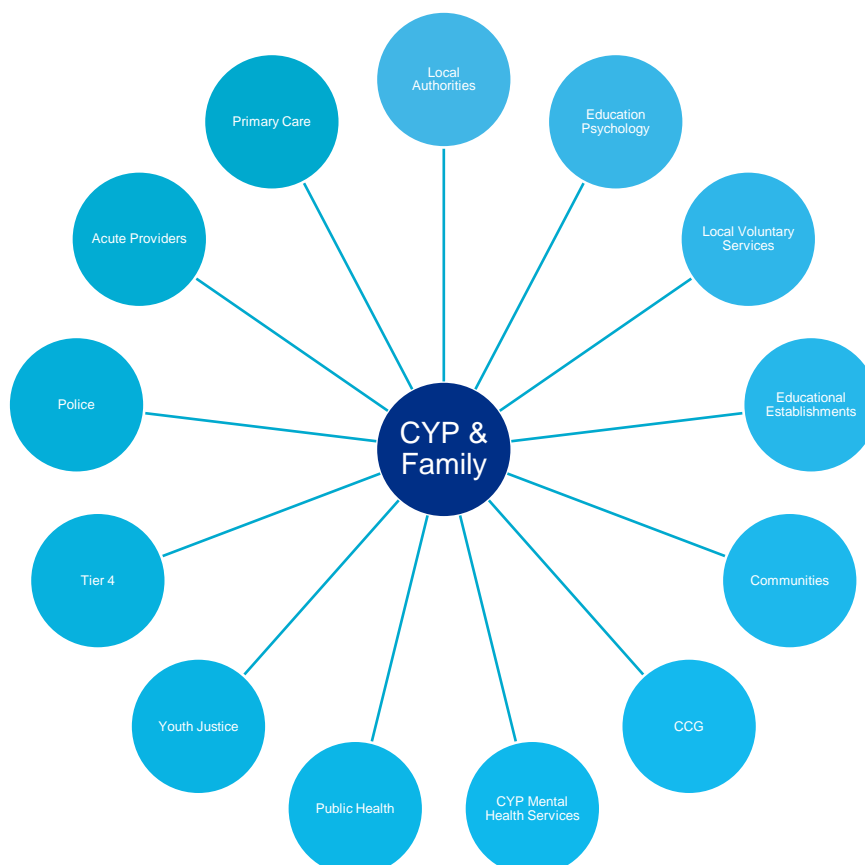
More specifically, the LTP is addressing the needs of some particularly disadvantaged and hard to reach groups. These include ensuring that children subject to sexual abuse and exploitation and neglect can access therapeutic services (this includes addressing the needs of children who may have experienced trauma in their early years).

In addition, commissioners have successfully accessed NHS England funding to improve services to children and young people within the youth justice system and those who undertake risk taking behaviour. The Sustain+ service provides a service for looked after and adopted children who may have emotional wellbeing needs. Parenting support has been extended in South Staffordshire via the provision of a 0-5 parenting service funded via transformation funds.

We seek to collaborate and ensure we have STP delivery for CYP's, examples include (i) The Sustain service provides a service across the STP for looked after and adopted children who may have emotional wellbeing needs. (ii) Parenting support has been extended in South Staffordshire and is now delivered across the STP via the provision of a 0-5 parenting service funded via transformation funds (iii) we have robust community eating disorder provision; (iv) we have

intensive support outreach teams; (v) Both our mental health providers have remodelled their delivery to align with the STP locality and neighbourhood models to enable integrated service provision across organisational boundaries. These arrangements are part of our drive to grow our community services to prevent crisis, admission avoidance and promote early and safe discharge into communities. We recognise we need all of our partners need to work together to deliver our ambition.

*Figure 6: Shared Responsibility for improved outcomes*



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

Key areas of our ambition are detailed in the following subsections:

## Integration, the transition CQUIN

Commissioners are working with the two NHS providers to improve the experience of transition from CAMHS to adult services and to deliver the Commissioning for Quality and Innovation (CQUIN) national goals.

We have revised implementation plans for 2018/19 which included:

### Pre-transition / discharge and post-transition questionnaires

The end of year report demonstrated generally positive responses from service users who had returned completed surveys although low response rates. The possible reasons for this were discussed, including potential survey saturation, as there are several experience measures such

as the Friends and Family Test and Directorate Level Questionnaires which are already offered to service users.

There is potential to introduce different ways of obtaining feedback, for example by uploading the questionnaires onto iPads, as young people may be more inclined to complete them. It was also noted that the anonymous nature of the questionnaires means that non-responders cannot be followed up, either to give them another opportunity to complete the survey, or to find out what improvements can be made to make them more user-friendly.

Actions in response to these findings have been agreed and incorporated into the implementation plan for 2018-19. Social care is coordinating a priority group called Preparing Young People for Adulthood. Expected numbers for transitions are low, with the service traditionally transitioning approximately 60 young people per year to Adult Mental Health (AMH) and improving access to psychological therapies (IAPT) services.

For transition pathways see Appendix 3a (MPFT) and Appendix 3b (NSCHT).

## Health and justice

The CCGs commission health services to deliver health assessments and appropriate interventions to all young people who have received a Court or Custodial sentence. Health workers are embedded within the Youth Offending Services (YOS) and can therefore support the work of the YOS case workers and onward referrals to the appropriate service, should a specialist service be required.

Health and justice pathways are in place, and there are strong linkages between the youth offending teams and local mental health provision, with mental health workers embedded into the youth justice teams to support early identification and support and clear pathways into specialist provision as required. Less than five people a year (against a target of 25) require specialist provision for Stoke-on-Trent, due to the success of an embedded mental health team which supports whole system approaches in YOS.

Additional resources allocated to the CCGs from NHS England Health and Justice funding has enabled a three-year programme aimed at addressing identified gaps in relation to pathways. This is namely for young people who display harmful sexual behaviour (HSB), have experienced trauma and adverse childhood experiences and may have speech, language and communication difficulties. The delivery of training to YOT staff on HSB and language and communication issues/attachment and trauma is achieved by working with specialists in those areas and embedding the support of a dedicated project co-ordinator. An implementation plan has been developed to oversee this. The role of the Communication Specialist will be to ensure that this becomes part of practice.

A multi-agency steering group oversees the programme and a project officer has been recruited. Training of YOS staff is underway, and expert HSB and speech and language therapy input to support all YOS staff commissioned.

This will embed initial assessment to identify issues and inform how best to work with a young person to build their resilience. The programme is a collaborative approach between YOS in Staffordshire and is overseen by a multi-agency steering group chaired by Stoke-on-Trent local authority.

There is also a strong youth Liaison and Diversion scheme in place, funded by NHS England, which is similarly embedded within the YOS. This is integral to the YOS 'triage' scheme which



identifies young people who are at the very early stages of offending behaviour. By offering a health assessment and appropriate intervention or signposting, the triage model offers support for young people at an early stage to prevent any ill health going undetected and/or deteriorating. All children eligible for an out of court disposal are seen by the health team within YOS who support access into services. These are children who previously would not have received access to this service.

Where a CYP has been taken to a custody suite and it becomes apparent that a mental health assessment will be required, the Liaison and Diversion Team based at the custody suite will screen all referrals and the YOS will then assess the young person.

An audit to establish the understanding of harmful sexual behaviour by different agencies has been completed. This will be used to develop an overarching strategy and multi-agency action plan to ensure that all young people who display HSB get the correct help and support.

Numbers in the secure estate are extremely small, with mental health teams and YOS case workers supporting transitions and continuity of care between local community and secure provision. Welfare provision is overseen by senior managers in social care. Regional commissioning arrangements are in place for forensic assessment requests. Youth First is as a Forensic CAMH Service, offering mental health intervention to young people who are highly complex with needs across multiple domains. This service is delivered through Birmingham and Solihull Mental Health Foundation Trust and was commissioned by NHS England in early 2017 to deliver a specialised service across the West Midlands, a national driver through Future in Mind. The criteria is very specific and is aimed to young people involved in extremely high risk, often dangerous to themselves or others activity, causing great concern across multi-agency arrangements.

The SARC (Sexual Assault Referral Centre) is regionally commissioned. Horizon SARC provides people who have experienced rape and sexual assault within the West Midlands with support and advice to assist in their recovery. They provide information about the various options and decisions available. Horizon SARC is a dedicated service available to everyone; women, men, children and adolescents. The local unit provided by Grange Park in Stoke on Trent can see 16 & 17 year olds at the SARC through the adult service if the client prefers. Mental Health forms part of the holistic assessment by the clinician. The SARC process for under 18's for mental health:

- Assessed at site by Paediatrician
- Paediatrician will do onward referrals to CAMHS
- Trauma counselling is put in place if required

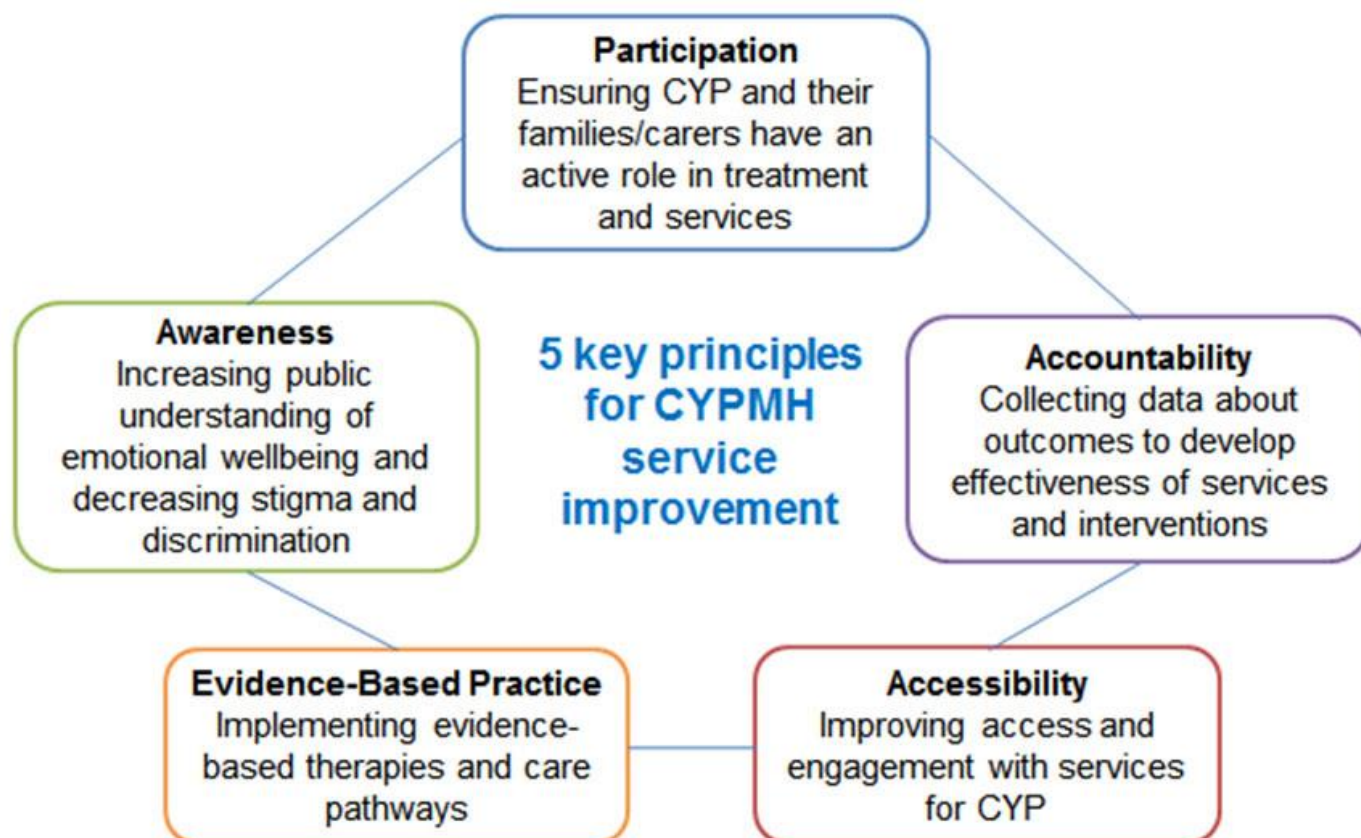
## Improving access to psychological therapies (IAPT)

IAPT is in place across the whole of Staffordshire and Stoke-on-Trent, supporting service user engagement, evidence-based practice and use of routine outcome monitoring. Northern Staffordshire CCGs remain aligned with the North West IAPT Collaborative. South Staffordshire has now aligned with the CYP-IAPT Midlands Collaborative. There is ongoing commitment to the IAPT programme including support for training, backfill of posts and data development (including enhancing outcome focussed interventions). The IAPT programme includes staff from the third sector and schools. Currently providers are in the process of filling a 'Recruit to Train' post for cognitive behaviour therapy (CBT) modality.

There is ongoing commitment in the CYP-IAPT collaboratives to ensure we meet as a group to further embed the five principles of CYP-IAPT (see Figure 7) and ensure that we are all continuing with 'business as usual'. This means outcomes are encouraged as everyday part of clinical

practice, participation is promoted, staff have access to evidence-based training and professional development, that leadership training and roles are developed as well as awareness of mental health promotion.

Figure 7: IAPT Principles



All staff have appraisals, and their professional developmental needs are recorded and supported. Staff and teams are delivering evidence-based treatments such as dialectical behaviour therapy (DBT), cognitive behaviour therapy, non-violent resistance (NVR), cognitive analytic therapy (CAT), eye movement desensitisation and reprocessing (EMDR) and interpersonal psychotherapy for depressed adolescents (IPT-A). The collaboratives are looking at buying-in training for the partnerships.

Training funding will be sustained through CCG support, provider funds and the CYP-IAPT collaboratives.

In Quarter 4 of 2018/19 we will have a more accurate picture of the use of outcomes. Initial findings will be relayed to clinical teams as well as uploaded to Mental Health Services Dataset.

## Eating disorders

There is a clearly defined and commissioned service for eating disorders in children and young people (CYP-ED) across Staffordshire and Stoke-on-Trent; this is delivered by North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT). The community service is commissioned for service users aged eight to 18 and accepts

referrals from GPs, generic CAMHS, paediatric services, other healthcare settings and schools, colleges and other non-healthcare workers.

The community services work closely with the CAMHS Tier 4 inpatient unit in North Staffordshire (The Darwin Centre), which provides many of the inpatient admissions for children and young people locally. This unit is also provided by NSCHT. The community service supports early facilitated discharge where clinically indicated to reduce the length of stay for young people admitted to Tier 4 inpatient services.

The service has clearly defined contractual quality outcomes which include:

- Referrals into the service are screened (triaged) within one working day to assess urgency and telephone contact may be made with the CYP or parent / carer to clarify risk
- 90 per cent of CYP referred for assessment or treatment of an eating disorder will access NICE (National Institute for Health and Care Excellence) concordant treatment within one week for cases triaged as urgent and four weeks for cases triaged as routine (both measures increasing to 95 per cent compliance by 2020)
- Children and young people deemed to be of high risk (and requiring urgent medical assessment) will be seen within 24 hours
- Urgent cases will receive a full clinical assessment (including risk assessment) within five working days of referral
- Routine cases will receive a full clinical assessment (including risk assessment) within ten working days of referral.

The service is commissioned to comply with **NICE Clinical Guidance (NG9), Eating Disorders – Recognition and Treatment (2017)**.

The services are attending GP protected learning time (PLT) sessions and developing links with paediatricians / paediatric wards at the acute hospitals. Teams are attending the national training programme for CYP-ED. Teams are currently exploring becoming accredited through a national quality improvement programme – either the Quality Network for Community Eating Disorder services for children and young people (QNCC-ED) or West Midlands Quality Network.

## Urgent and emergency care

There is a Pan Staffordshire All Age Crisis Care Concordat and Action Plan. The STP priority programmes around Crisis Care and CYP's also have shared deliverables. Out Of Hours provision for CYP's are supported by CAMHS and AMHS practitioners in line with the crisis care concordat. Specific arrangements are detailed here:

- The South Staffordshire CAMHS Out of Hours service offers on call cover seven days a week. It operates 5pm to 10pm, with the crisis team picking up calls from 10pm until the following morning. On Saturday and Sundays (plus bank holidays) it operates 9am to 5pm, with the crisis team picking up calls from 5pm until the following morning.
- In North Staffordshire the on-call cover is available on weekdays, with the crisis teams picking up calls outside of these hours.
- Crisis response is commissioned for a maximum of 4 hours response time, however in most cases 2 hours is met.

In addition, we have an Intensive Outreach Service that is based on a 6 to 12 week treatment model working intensively alongside CAMHS with the children and young people and their families in the home environment. This is to allow for a further period of assessment and brief intervention

during the acute crisis stage and support would include visit/s and telephone support during this period. They work 8am to 8pm flexibly around the needs of the children and young people and their families when in crisis to prevent a potential hospital admission or to provide a smooth transition back to the community upon discharge. This is a crisis and intensive response provision ensuring the child or young person's needs are met holistically, balancing the physical, social and psychological needs of the individuals and their families and carers. The focus is on the reduction of CYP's vulnerability to crisis and maximisation of resilience. The service aims to promote and ensure effective working relationships with the broader health and social care system including general practice, mental health units, education establishments, social care, and community services.

Should a CYP present at A&E, we have an Acute All Age Liaison Psychiatry service is in place at the main acute trust, University Hospital of North Midlands NHS Trust (UHNM) available 24 hours a day, seven days a week. The service provides a response within 1 hour to emergency referrals from wards or the Emergency Department and within 24 hours for urgent referrals from inpatient wards. This ensures that the majority of CYP's receive a response from staff with experience, competence and training in working with children and young people, particularly if a full biopsychosocial assessment is required.

In conjunction with acute providers, CYP providers are delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues. A specific post, focussed on responding to children and young people who self-harm, is facilitating discharges at UHNM. There are agreed deliberate self-harm pathways in place and UHNM and Burton Hospitals Trust with the Mental Health trust detailing response times across the 7 day week in accordance with NICE Guidance.

There is a clear pathway in place (Appendix 5) ensuring that we are compliant with the Section 136 requirements for under 18's and The Police and Crime Act. The Staffordshire & Stoke-on-Trent Inter-Agency Section 136 Policy clearly defines and identifies Health Based Places of Safety across the STP area. There is a clear STP commitment that a child cannot be kept or taken to a place of safety that is a police station. Where young people under the age of 18 require a Place of Safety there is a dedicated assessment room at the new unit based at St George's Hospital in Stafford. There is a specific S136 procedure and protocol for under 18's and there are safeguards in place to ensure that this assessment facility is separate from the adult area and a separate entrance is available. Advice is available for the staff of the unit from the CAMHS Community Team and the CAMHS out- of-hours provision.

## Early intervention in psychosis (EIP)

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



## Green paper

Partners responded to the consultation for the Green Paper on transforming children and young people's mental health provision. Four of the CCGs in the area are invited to submitted individual expressions of interest and a decision is awaited. This will support the delivery of the transformation plan in line with the adoption of THRIVE and models of early intervention and support.

## Workforce plan

Appendix 2 details our CAMHS workforce. Health Education England (HEE) tasked the Mental Health Work stream of the Staffordshire STP with achieving a target WTE increase in workforce numbers by 2021 in mental health roles in order to meet the outcomes in the Mental Health Five Year Forward View (MH5YFV). Staffordshire and Stoke-on-Trent STP submitted a Mental Health Workforce Plan in March 2018. The plan was co-created with partners across the Staffordshire STP. This included South Staffordshire & Shropshire NHS Foundation Trust (Now part of Midlands Partnership NHS Foundation Trust), North Staffordshire Combined Healthcare NHS Foundation Trust and the Clinical Commissioning Groups.

Priority 1 in that plan is children and young people. The plan outlines how Staffordshire will meet the target of additional posts in mental health services by 2021 and provides a waterfall diagram (Appendix 2) to show the increase in posts and in which roles. It also describes recruitment and retention initiatives for Staffordshire.

**The aspirational changes** involve an increase in Mental Health Practitioner roles that have a higher level and range of generic skills and competencies to deliver services to an ageless population as part of the provision of an ageless liaison and Crisis Home Treatment service development. The skill mix will be critical to ensure support, skills sharing and competency developments in teams.

There are plans to introduce new roles to include integrated Support Workers, Nursing Associates, Advanced Practitioners and Physician Associates to be integrated with the apprenticeship roles in line with the apprenticeship programme.

Additional capacity in CYP Wellbeing Practitioners (CWPs) will be required in to deliver CYP mental health services in line with the MH5YFV. There will be a requirement for a more stable CWP workforce as posts are currently funded non-recurrently as training posts.

In relation to the Green paper and the new mental health workforce of community-based mental health support teams working with schools and colleges, this is likely to result in the development of Primary Mental Health wellbeing Practitioners (PWP) at band 4 while training and upon qualifying increase to band 5.

### Upskilling of Current Staff – including expanding mental health skills in staff working in other settings

There will be a requirement to ensure there are enough front line clinicians in the CYP mental health workforce not only to deliver services but also to provide upskilling of the workforce in primary care and acute trusts to ensure they can support the needs of CYP's with mental health needs accessing their services.

Upskilling of the workforce to support CYP's with comorbidities such as autistic spectrum conditions will be necessary.

Across all services greater skills around trauma informed care are required. This means developing all staff in psychological practice and potentially additional capacity at Band 7 psychologist level.

For suicide reduction plans to be fully implemented there will be a requirement for further upskilling of the workforce to ensure the agreed reductions take place.

The STP within Staffordshire has a recruitment and retention group which works across system and will be developing system wide projects over the coming months. A system wide bank is also in development.

All NHS and third sector CAMHS providers across the LTP area have participated in the development of workforce plans.

An audit of staff skills, mostly using the Self-Assessed Skills Audit Tool (SASAT) and caseload reviews (how people present to services) has provided baseline data. This has enabled providers to develop their own action plans, this has informed IAPT and other training requirements, recruitment of new team members, development of job descriptions and opportunities within teams to support retention and provide staff development opportunities.

Further opportunities for shared learning, supervision, secondment and shadowing within a local whole system have been developed. IAPT opportunities have been widened to schools in Stoke-on-Trent, although take-up has been limited.

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

Key achievements for workforce planning include the move towards an all-age 24/7 liaison psychiatry service to support urgent care at the acute hospital by seconding CAMHS workers and upskilling adult mental health practitioners so that young peoples' needs can be met.

Around 120 education establishments took part in the pilot led by the Anna Freud Centre.

Staffordshire STP will be submitting a revised version of the waterfall diagram (Appendix 2) and workforce plan in December 2018 to show the impact of the STP care pathway development, a trajectory of workforce growth and financial implications; and recruitment, retention and education requirements identified to achieve growth. There will be regular reporting and progress reviews.



# Data, activity, finance and outcomes

## Data

All providers are contractually required to upload to Mental Health Services Dataset. Paired outcomes data is being reported by IAPT partners, including non-NHS providers. NHS providers are fully compliant with the uploading of data. Plans are in place to address gaps in compliance with the non-NHS providers to ensure delivery by end of the calendar year in 2018.

As the largest provider of mental health services for children and young people in Staffordshire, Midlands Partnership NHS Foundation Trust has agreed to support non-NHS contractors of these services in Staffordshire (where required) with the development and submission of CYP metrics beginning from November 2018.

The objective is for all providers and clinical leads to start working together and develop consistent reporting standards. This will ensure all services in Staffordshire will be able to collect and accurately report against these indicators through Mental Health Services Dataset by April 2019, in line with national guidance and expectations.

Access targets have been agreed and are monitored on a monthly basis, with NHS providers and quarterly with non-NHS providers offering Tier 2 interventions.

Providers and commissioners have been supported by the clinical network in order to improve data and reporting. Providers have also worked locally with commissioners and contract support officers to develop meaningful performance management reporting and data quality that is consistent across all provision.

In April 2019, a new national CYP outcomes indicator will be rolled out nationally. The metric will measure reliable change in symptoms and functioning, including movement towards goals. The indicator has been developed in line with the Five Year Forward View for Mental Health commitment that by 2020/21 there will be national metrics to support improvement in children and young people's mental health outcomes. It is expected that the indicator will be introduced in shadow form throughout 2018/19.

Data Quality Improvement Plans are in place with providers to ensure all commissioned activity is recorded and reported through the Mental Health Services Dataset as well as ensuring the alignment of children's local and national reporting for all information and quality indicators.

The following tables summarise performance data and the Improvement Assurance Framework the CCGs are monitored against.

## Activity

### Tier 2 Activity

This is commissioned on the basis of number of sessions – differing methodologies mean it is not possible to consistently and accurately identify number of children and young people receiving intervention across the LTP footprint.

Table 1

New referrals	2014/15	2015/16	2016/17	2017/18
Stoke-on-Trent – new cases	911	1,260	1,132	1,192
Staffordshire local authority		1,672	1,370	3,852
North Staffordshire CCG		150	258	
South Staffordshire CCGs (Cannock Chase, Stafford and Surrounds, East Staffordshire, South East Staffordshire & Seisdon Peninsula (SES & SP) CCG)			263	

### CAMHS Tier 3

This table illustrates the number of children and young people accessing community CAMHS (NHS) provision. It does not include specialist services (autistic spectrum disorder [ASD], looked after children, young offenders etc.). New reporting metrics have been issued by NHS England during the course of 2017, causing some challenges for accurate data collation.

Table 2

	Tier 3	CCG	2015/16	2016/17	2017/18
1	Number of referrals received into CAMHS	Cannock Chase	899	1,014	912
		East Staffordshire	769	821	850
		SES & SP	1,243	1,226	1,297
		Stafford and Surrounds	818	934	965
		Stoke-on-Trent	1,618	2,000	2,437
		North Staffordshire	1,083	1,447	1,850
		<b>Total</b>	<b>6,430</b>	<b>7,442</b>	<b>8,311</b>
2	The number of new children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase	339	325	246
		East Staffordshire	234	385	224
		SES & SP	501	629	436
		Stafford and Surrounds	288	334	319
		Stoke-on-Trent	134	235	445
		North Staffordshire	84	160	332
		<b>Total</b>	<b>1,580</b>	<b>2,068</b>	<b>2,002</b>

3	Total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period	Cannock Chase	572	566	1,360
		East Staffordshire	406	499	1,175
		SES & SP	865	981	1,625
		Stafford and Surrounds	517	599	1,225
		Stoke-on-Trent	1,263	1,758	2,295
		North Staffordshire	806	1,167	1,585
		<b>Total</b>	<b>4,429</b>	<b>5,570</b>	<b>9,265</b>

	Tier 3	CCG	Est prevalence	% treated 2016/17	% treated 2017/18 inc SDCS	% treated 2018/19 FOT
4	Percentage of children and young people with a diagnosable mental health condition who are receiving treatment from NHS funded community services	Cannock Chase	2,602	21.8%	52.5%	44.5%
		East Staffordshire	2,521	19.8%	34%	38%
		SES & SP	3,952	24.8%	41%	52%
		Stafford and Surrounds	2,431	24.6%	51%	53%
		Stoke-on-Trent	5,992	29.3%	47%	32%
		North Staffordshire	3,775	30.9%	42%	35%
		<b>Total</b>	<b>21,273</b>	<b>29.9%</b>	<b>44.5%</b>	<b>42.4%</b>

The following table demonstrates our progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services. The target is for 95 per cent of patients to receive their first definitive treatment within four weeks for routine cases, and within one week for urgent cases.

Table 3

		CCG	2017/18			Q1 2018/19		
			No. referred	No. seen in timescale	%	No. referred	No. seen in timescale	%
5	Number of routine cases of CYP with eating disorder (ED) referred with suspected ED that start	Cannock Chase	9	9	100%	0	0	N/A
		East Staffordshire	19	19	100%	0	0	N/A
		SES & SP	13	13	100%	4	4	100%
		Stafford and Surrounds	22	22	100%	2	2	100%
		Stoke-on-Trent	9	8	89%	5	5	100%

	treatment within four weeks	North Staffordshire	11	11	100%	8	8	100%
6	Number of urgent cases of CYP with eating disorder (ED) referred with suspected ED that start treatment within one week	Cannock Chase	0	0	N/A	0	0	N/A
		East Staffordshire	0	0	N/A	0	0	N/A
		SES & SP	0	0	N/A	0	0	N/A
		Stafford and Surrounds	0	0	N/A	1	1	100%
		Stoke-on-Trent	9	7	78%	2	2	100%
		North Staffordshire	3	1	33%	3	3	100%

The following table demonstrates Tier 4 inpatient admissions for children and young people, including the unique number of patients, number of admission dates, number of bed days and the financial spend associated with those inpatient stays.

*Table 4*

CCG	Year	No. Patients	No. Admission Dates	No. Bed Days	Total Spend £
Cannock Chase	2017/18	4	6	344	261,889
	2016/17	5	6	393	266,611
	2015/16	8	8	669	453,396
East Staffordshire	2017/18	7	9	703	334,035
	2016/17	3	5	211	119,642
	2015/16	5	5	122	69,108
SES & SP	2017/18	9	12	1,469	715,601
	2016/17	12	12	1,090	652,087
	2015/16	15	20	1,462	873,760
Stafford and Surrounds	2017/18	6	9	1,014	703,379
	2016/17	10	13	1,333	931,549
	2015/16	14	17	1,977	1,380,219
Stoke-on-Trent	2017/18	30	49	3,587	2,764,056
	2016/17	25	33	3,253	2,007,158
	2015/16	33	44	3,950	2,434,785
North Staffordshire	2017/18	25	38	3,110	1,967,705
	2016/17	32	48	3,492	2,322,744
	2015/16	24	27	2,760	1,834,012
<b>Grand total</b>	2017/18	<b>81</b>	<b>123</b>	<b>10,227</b>	<b>6,744,655</b>
	2016/17	<b>87</b>	<b>117</b>	<b>9,754</b>	<b>6,033,181</b>
	2015/16	<b>99</b>	<b>121</b>	<b>10,940</b>	<b>7,045,281</b>

## Performance Summary:

Overall there has been an increase in the number of new Tier 2 referrals across Staffordshire since 2014/15. Between 2016/17 across all CCGs there was a 27% increase. Stoke has seen a small 5.3% increase in the number of new referrals in 2017/18; compared to 1132 in 2016/17. Staffordshire LA, North Staffs CCG and South Staffs CCGs combined have seen an increase of 103% compared to 2016/17.

Compared to 2016/17, the number of Tier 3 referrals has increased 11.7% collectively across the CCGs. With the exception of Cannock (who incurred a 10% reduction) the remaining five CCGs have all witnessed an increase. North Staffs had the largest increase of 27.9%.

The number of new CYP receiving treatment across the collective CCGs remained similar to 16/17. The North CCGs witnessed an increase, whereas the South CCGs saw a reduction. The total number of individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period increased.

The number of urgent patients with suspected Eating Disorders remains low across all of the CCG. Consistent with numbers seen in 17/18, there has only been one patient within the South Staffordshire CCGs YTD. The number of routine cases remains in line with last years.

## Outcomes

Our priorities are as follows, and are also identified in the **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23:**

1. Streamlining referral processes, including consideration of self-referral to CAMHS
2. Making better use of technology
3. Introducing the THRIVE model and care pathways
4. Developing plans for place of safety / safe place to address the new arrangements associated with the Police and Crime Act and Section 136 (Mental Health Act) admissions
5. Developing intensive outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4)
6. Strengthening support to children and young people facing added disadvantages as a result of their specific status – for example looked after, living with a disability, membership of minority groups
7. Developing an early intervention approach through the engagement of schools
8. Strengthening transition
9. Eating disorder services
10. Improving access to psychological therapies
11. Increased capacity at Tier 3.

During any transformational or improvement programme, it is important to be explicit about what it is we are trying to achieve, identify progress made, the impact and outcomes achieved and any risks or gaps and how we are going to address challenges.

Table 5 below summaries the priorities since the beginning of this transformational programme and outcomes we have set ourselves and provides an update as to progress. Appendix 6 provides our risk register against these priorities.

*Table 5: Progress against our priorities*

Priority 1. Streamlining referral processes, including consideration of self-referral to CAMHS		
<b>Achievements to date 2015-18:</b>  Two single points of access in place, serving the north and south of the locality managed by the NHS trusts, offering advice, screening and triage system.  Self-referral is being promoted.	<b>Outcomes and impact:</b>  Clear and simple referral process has reduced confusion and duplication of referrals into mental health services. This will widen access and choice.	<b>Next steps 2018-21:</b>  Develop a simple electronic referral process.
Priority 2. Making better use of technology		
<b>Achievements to date 2015-18:</b>  NSCHT are a Digital Exemplar and are developing their IT systems to support advice and information and to strengthen data collection and analysis.  Third sector providers have invested in new case management systems to support the move away from paper-based records and will begin flowing data to national minimal data set during late 2018.	<b>Outcomes and impact:</b>  Remodelling of the referral and assessment functions by increasing the proportion of children with the ability to self-care and self-refer into services. This self-referral approach improves recovery and enables a person to seek prompt treatment at an early stage. It also reduces the likelihood of lower degree problems becoming more severe.	<b>Next steps 2018-21:</b>  Digital exemplar site in North Staffordshire.  Third sector data included in analysis of progress against targets to demonstrate true picture of access to provision.
Priority 3. Introducing the THRIVE model and care pathways		
<b>Achievements to date 2015-18:</b>  Investment made in increasing capacity at Tier 2 to develop skills and competence in preparation for THRIVE. Working group in place. Whole pathway commissioning approaches underway.	<b>Outcomes and impact:</b>  Focus on early recognition and help.  Stronger liaison with core CAMHS services from third sector providers.  Investment made in third sector infrastructure and training.	<b>Next steps 2018-21:</b>  Develop plans to move towards full implementation by 2020.
Priority 4. Developing plans for place of safety / safe place to address the new arrangements associated with the Police and Crime Act and Section 136 (Mental Health Act)		



admissions		
<b>Achievements to date 2015-18:</b>  Beyond Place of Safety funding application successful. Links made to local authority children services to co-ordinate planning for potential multi-use safe place.  S136 suite has been designed and developed in 2017 to specifically accommodate under-18s.	<b>Outcomes and impact:</b>  CYP will be diverted from custody and have their mental health needs met appropriately.	<b>Next steps 2018-21:</b>  Further planning underway.
Priority 5. Developing intensive outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4)		
<b>Achievements to date 2015-18:</b>  Crisis Intervention and Intensive Outreach in place in South Staffordshire, under development in North Staffordshire.  Increased support to acute paediatrics via all age liaison psychiatry at the acute hospital.	<b>Outcomes and impact:</b>  Some reductions in length of stay at Tier 4.	<b>Next steps 2018-21:</b>  Enhanced community service with extended hours of operation.  Further analysis of admissions to Tier 4 required.
Priority 6. Strengthening support to children and young people facing added disadvantages as a result of their specific status-e.g. looked after, living with a disability, membership of minority groups		
<b>Achievements to date 2015-18:</b>  Linkages and representation to wider agenda on SEND and Transforming Care agenda.  New ASD assessment pathway piloted in Stoke-on-Trent.  CAMHS LD team has moved to an all-age service in North Staffordshire.	<b>Outcomes and impact:</b>  CYP with additional needs identified and supported earlier.  ASD assessment process speeded up.  All-age approach removes a transition point, thus improving patient experience.	<b>Next steps 2018-21:</b>  Reconfiguration of provision for looked after children from April 2019 (Staffordshire).  Pilot report due November 2018.  Comprehensive review of ASD assessment provision as part

		<p>of transforming care agenda.</p> <p>Review of all age pathway for LD in the north.</p>
<b>Priority 7. Developing an early intervention approach through the engagement of schools</b>		
<p><b>Achievements to date 2015-18:</b></p> <p>120 education establishments attended the Department for Education's Mental Health Services and Schools Link Programme delivered by the Anna Freud Centre.</p> <p>Mental health awareness / suicide prevention training made available and promoted.</p> <p>Schools have been encouraged to take responsibility provision of services for children with mild to moderate mental health needs, including use of Pupil Premium.</p>	<p><b>Outcomes and impact:</b></p> <p>Improved relationships between mental health services and education establishments.</p> <p>Increased school-based provision of mental health support.</p>	<p><b>Next steps 2018-21:</b></p> <p>Maintain the networks created by the Mental Health Services and Schools Link Programme to build on relationships made.</p> <p>Mapping of what schools offer is underway in Stoke-on-Trent.</p> <p>Trail blazer submission made.</p>
<b>Priority 8. Strengthening transition</b>		
<p><b>Achievements to date 2015-18:</b></p> <p>NHS providers working to improve the experience of transition from CAMHS to adult services and to deliver the CQUIN national goals. Quarter 4 report demonstrated generally positive responses from service users who had returned completed surveys.</p> <p>Implementation plan for 2018-19 in place.</p>	<p><b>Outcomes and impact:</b></p> <p>Improved support for young people with mental health issues.</p> <p>Reduction in urgent care requirements as needs are met via transition.</p>	<p><b>Next steps 2018-21:</b></p> <p>Implementation of plan for 2018/19.</p>
<b>Priority 9. Eating disorder services</b>		

<b>Achievements to date 2015-18:</b>  Dedicated multidisciplinary team community teams in place across the locality, delivering evidence-based interventions supporting positive outcomes, in line with NICE guidance (NICE CG9).	<b>Outcomes and impact:</b>  Young people are being identified earlier and receiving interventions in line with targets for urgent and routine referrals.  Reduction in Tier 4 admissions in some CCG areas.	<b>Next steps 2018-21:</b>  Expand provision beyond working day.  Develop pathways into adult services and link to transition CQUIN.
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### Priority 10. Improving access to psychological therapies

<b>Achievements to date 2015-18:</b>  Delivery of evidence-based interventions.  Service user and carer participation is strong.  Training places allocated to NHS and third sector staff and schools.  Leadership course has been widely welcomed by those who participated.	<b>Outcomes and impact:</b>  Effective and quality data collection is enhancing and informing clinical practice and is supporting the move to minimum dataset.  Improved shared decision making, working in partnership with the child, young person and family is embedded. Routine outcomes monitoring embedded across all participating providers.	<b>Next steps 2018-21:</b>  Link to workforce planning.
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### Priority 11. Increased capacity at Tier 3

<b>Achievements to date 2015-18:</b>  Additional staff in place, waiting times significantly reduced and numbers accessing provision has increased (Activity Tables).	<b>Outcomes and impact:</b>  Young people receiving interventions earlier.	<b>Next steps 2018-21:</b>  Support move to THRIVE.
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## Road Map

Details of the financial investments are shown in Appendix 4. Proposed and actual impact of investments are shown in Table 6 below.

*Table 6: LTP progress and ambition to 2021 – Our Road Map*

Year	Ambition	Progress
<b>2015/16</b>	Initial analysis of local need	Performance information interrogated and JSNA needs analysis undertaken. Gaps identified
	Initiate intensive support development	Business cases developed
	Eating disorder service commissioned	Business cases developed and services commissioned, recruitment started
	Review participation service	Light touch review and annual work plans developed
	Progress CYP-IAPT developments	IAPT boards absorbed into wider stakeholder implementation groups and contracting teams
	Support to Tier 2	Additional capacity added into third sector providers
	School-based programmes piloted (North Staffordshire)	Mixed success, decommissioned in Stoke-on-Trent after one year and not rolled out in North Staffordshire
<b>2016/17</b>	NICE compliant eating disorder service commences	Services in place, some challenges with staff recruitment
	Establish first stage intensive support service (South Staffordshire)	Service in place
	School-based programmes (HOPE Project in South Staffordshire) in place and effectiveness reviewed	Provision maintained
	Address Care Quality Commission requirements of North Staffordshire CAMHS provider	Issues addressed and Care Quality Commission re inspection recognised improvements have been made
	Improve access and reduce waiting times (North Staffordshire)	Waiting list backlog cleared in NHS provision. Overall waiting times reduced
	Revised participation programme in place – within non-statutory sector	Links between NHS and third sector strengthened and closer working between the different participation groups is embedded
	Initiate neuro-psychiatry service in South Staffordshire	Service in place
	Joint work with NHS England regarding Tier 4 reductions	Quarterly meetings in place with NHS England Tier 4 case workers to monitor admissions and improve discharge pathways
	Outcome monitoring for therapeutic interventions in place through CYP-IAPT programme	Embedded in NHS provision, with plans to roll out across all commissioned provision
	Workforce plans developed	Detailed workforce plans in place with all commissioned provision
<b>2017/18</b>	Extension of eating disorder service in South Staffordshire to address need	Service maintained
	Full recruitment to eating disorder service in North Staffordshire	Service fully staffed

0-5 service in East Staffordshire to commence	Service in place
Review of mental health needs of Looked After Children commenced-with Staffordshire County Council	Review undertaken and findings will be used to inform the recommissioning of provision during 2018/19
Update/revise JSNA – in-depth deep dive on mental health with a particularly focus at the lower end of the spectrum and centre on root causes (e.g. social isolation, health and debt)	Report produced and findings used to inform planning
Response to Green Paper / address the needs of schools for emotional wellbeing services	Responses submitted
CYP MH Services and Schools Link Pilot Wave 2	Expressions of Interest for Staffordshire and Stoke-on-Trent to work with the Anna Freud Centre for Children and Families and the Department for Education to help CCGs and local authorities work together with schools and colleges to provide timely mental health support to children and young people have been successful. 120 education establishments attended, along with mental health practitioners from a range of providers
Transitions to Adult Mental Health. CQUIN NHS contractual requirement	Plan in place, milestones and targets are being met. Numbers transitioning are small. Further work planned to establish gaps in provision and explore needs of 0-25 age range
IAPT trainees supported	Trainees attended leadership courses and other IAPT courses. Included third sector staff and one school staff member
Collaborative work with NHS England regarding Tier 4 admission reduction, transitions to Adult Mental Health	Increase in bed nights across the LTP footprint. Some challenges with sharing data as to the young people which prevents multi-agency approaches to reducing admissions. Quarterly meetings remain in place
Increase numbers of children and young people accessing emotional resilience programmes in school	HOPE Project delivered
Psychological Wellbeing Practitioner programme initiated and reviewed. (South Staffordshire)	Practitioners recruited
Health and justice programme commences	Steering group in place. Some delays to NHS England approval affected recruitment time scales
Third sector transformation programme commences	Key performance indicators built into third sector contracts and small amount of resources made available to support IT improvement, staff training and modernisation of provision
Development of dynamic risk register for children and young people with a disability at risk of admission	Underway

	Linkages to the transforming care agenda strengthened	Multi-agency partnership in place
Year	Ambition	
<b>2018/19</b>	<ul style="list-style-type: none"> <li>• STP footprint strategy developed</li> <li>• Work towards implementation of THRIVE model</li> <li>• Deliver improved care pathway for young children with suspected ASD within CAMHS (North Staffordshire)</li> <li>• Extension of intensive support service in South Staffordshire and development of service in North Staffordshire</li> <li>• Ensure third sector data is reflected in overall performance data, including national minimum dataset</li> <li>• Review access of children to early intervention in psychosis service</li> <li>• Consideration of self-referral options</li> <li>• Re-procurement of CAMHS support to looked after children (Staffordshire only)</li> <li>• Collaborative commissioning with NHS England based on new model of Tier 4 provision – stronger links to community teams. Implement collaborative commissioning plan with NHS England</li> <li>• Ensure appropriate and timely responses to CYP presenting at A&amp;E out of area</li> <li>• All age 24/7 acute psychiatric liaison developed</li> <li>• Implement plan for effective transitions from CAMHS to adult mental health</li> <li>• Data quality improvement programme</li> <li>• ASD service re-procurement (South Staffordshire)</li> <li>• Intensive support for children with a learning disability.</li> </ul>	
<b>2019/20</b>	<ul style="list-style-type: none"> <li>• Review access to CAMHS for disadvantaged groups – black and ethnic minority; lesbian, gay, bisexual and trans; asylum seekers; children subject to sexual exploitation and early years trauma – ensure comprehensive service offer</li> <li>• Workforce requirements reviewed-future capacity planning and engagement with CYP-IAPT</li> <li>• Incremental application of THRIVE model.</li> </ul>	
<b>2020/21</b>	<ul style="list-style-type: none"> <li>• 24/7 out of hours provision in place</li> <li>• Digital offer in place</li> <li>• Access targets met</li> <li>• Eating disorder service access targets met</li> <li>• Robust school-based programmes of support in place – including links to community CAMHS</li> <li>• Community-based crisis and intensive support fully in place to prevent admission where possible and to avoid young people being placed long distances from home</li> <li>• THRIVE model embedded</li> <li>• Consistent model across STP footprint</li> <li>• Children and young people will be able to access services in a timely manner, receive evidence-based interventions and have a positive experience of care.</li> </ul>	

## Risks to delivery

Recruitment of staff to newly created posts has been a challenge across all provision as providers report a shortage of suitably qualified and competent practitioners. Third sector service partners have been included within the workforce planning initiatives to enable them to plan ahead and upskill their workforce to deliver services against more complex areas of need. There has been a specific transformation programme for the third sector resourced using transformation monies.

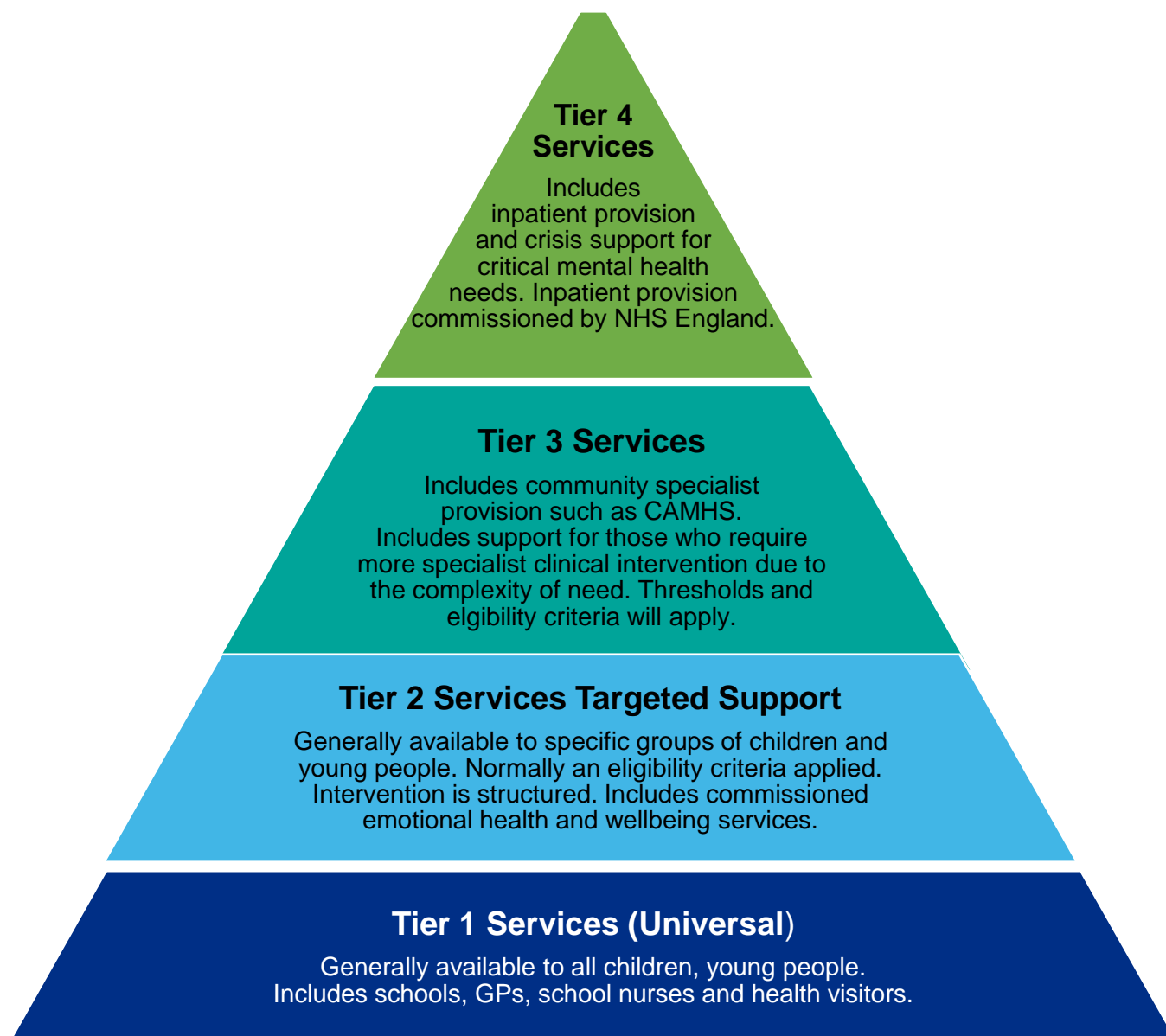


Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision. Two of the six Staffordshire and Stoke-on-Trent CCGs are now in special measures due to the financial position. This will impact on the CCGs' opportunities to invest in services. In mitigation of this risk, commissioners will work with providers to look at potential and innovative ways of delivering the outcomes within existing resources. This will include taking opportunities to apply for pump priming moneys including any in-year allocations and bidding rounds, acknowledging that this can cause pressure due to tight turnaround.

In conjunction with the STP Board, partners will examine the most effective ways of delivering CAMHS across the LTP. The implementation of a single management structure for the six CCGs in Staffordshire and Stoke-on-Trent will further facilitate these discussions.

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

# Appendix 1: Tier Model



## Appendix 2: Workforce

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

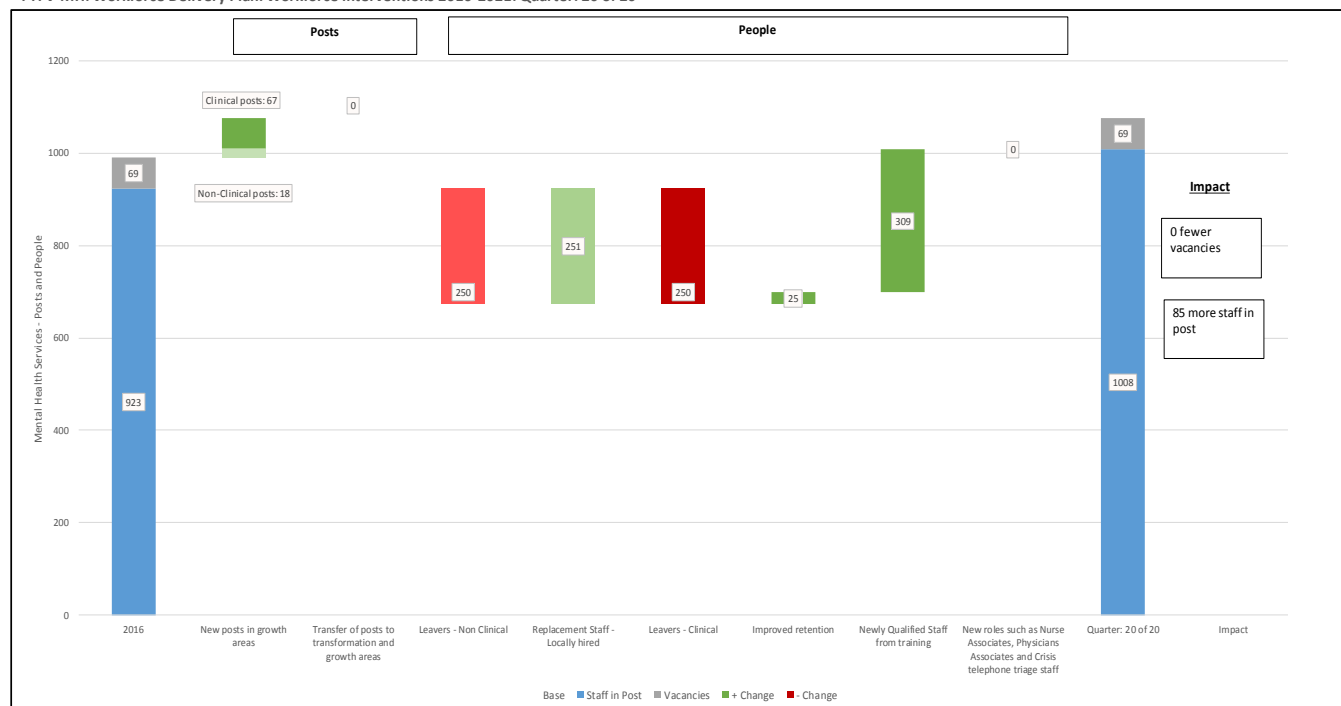
For Tier 2 provision, this has been commissioned from a framework since 2015 and costs are based on a total unit cost. Where possible, providers have provided information as to actual staffing levels, but administration and management time allocations are not available for all providers, meaning an under reporting of administration and management staffing levels at Tier 2. The dual role of managers in also delivering therapy sessions also hinders an accurate calculation.

Staffing levels and management at Tier 3 include social workers seconded to the community CAMHS team from each local authority.

Northern Staffordshire	2014/15	2015/16	2016/17	2017/18
<b>Tier 2</b>				
Therapists / practitioners	11.2	11.4	12	13.39
Administration / management	N/K	N/K	1.83	3.51
<b>Tier 2 total</b>	<b>11.2</b>	<b>11.4</b>	<b>13.83</b>	<b>16.9</b>
<b>Tier 3</b>				
Consultant	3	3.1	5.3	4.2
Nurse Consultant				1
Speciality doctor	0.8	0.8	0.8	0.8
Therapists / practitioners	39.84	55.15	52.24	49.57
Social workers	5.08	5.08	5.08	2.5
Administration	13.86	18.19	21.47	21.91
Management	1.21	1.5	1.62	1.2
<b>Tier 3 Total</b>	<b>63.79</b>	<b>83.82</b>	<b>86.51</b>	<b>81.18</b>
Southern Staffordshire	2014/15	2015/16	2016/17	2017/18
<b>Tier 2</b>				
Therapists / practitioners	8.7	8.7	8.7	7.17
Administration / management	N/K	N/K	0.8	3.15
<b>Tier 2 total</b>	<b>8.7</b>	<b>8.7</b>	<b>9.5</b>	<b>10.32</b>
<b>Tier 3</b>				
Consultant	5	5	5.1	4.6
Specialty Doctor	1.8	1.8	2.2	1.8
Therapists / practitioners	39.18	60.31	55.57	49.75
Social workers	4.74	4.74	4.74	4
Administration	18.52	22.52	20.52	21.22
Management	1.2	6	2	2
<b>Tier 3 Total</b>	<b>70.44</b>	<b>100.37</b>	<b>90.13</b>	<b>83.37</b>

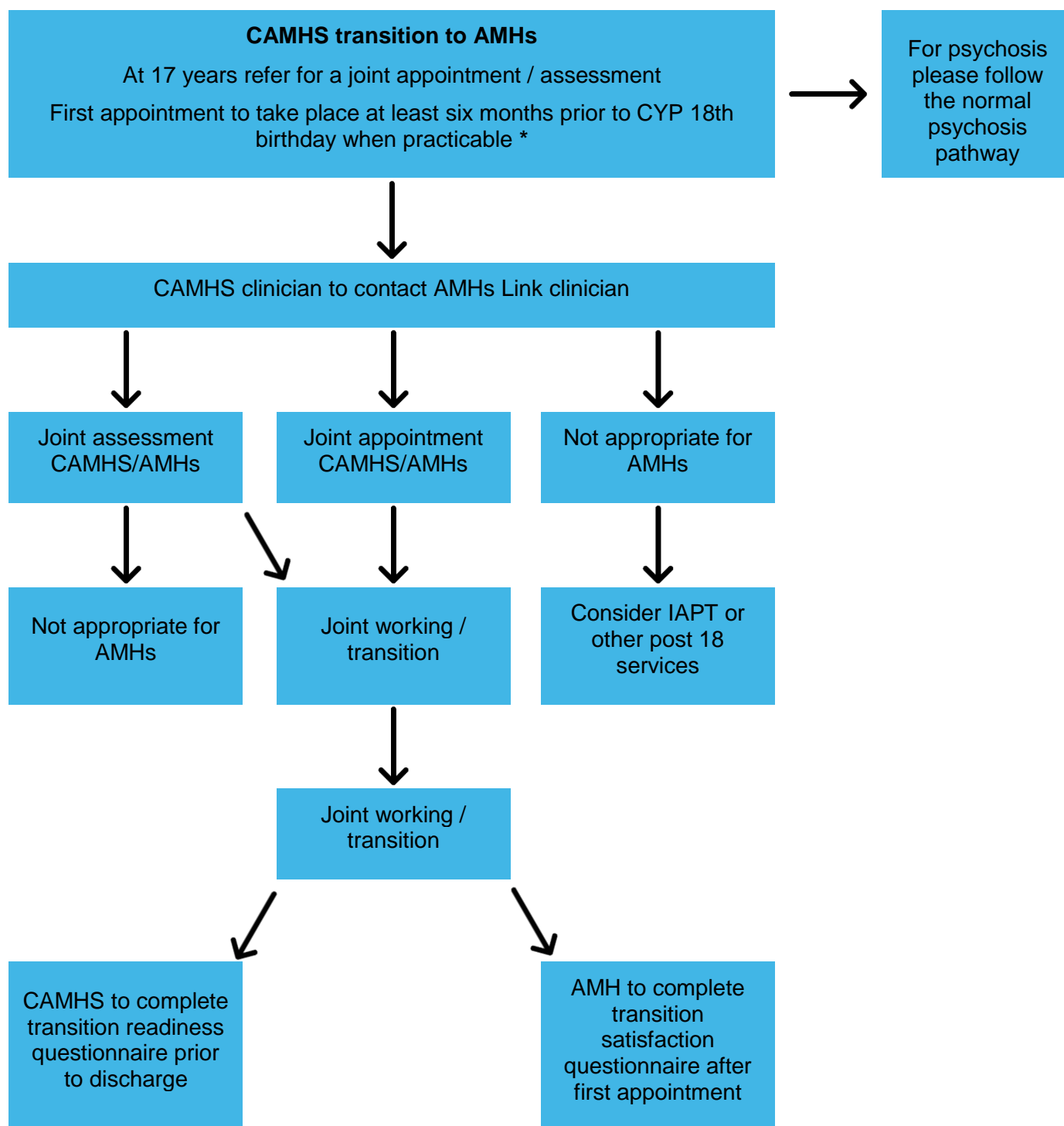
# Mental Health Forward View: Staffordshire STP Waterfall Diagram

FYFV-MH: Workforce Delivery Plan: Workforce interventions 2016-2021: Quarter: 20 of 20



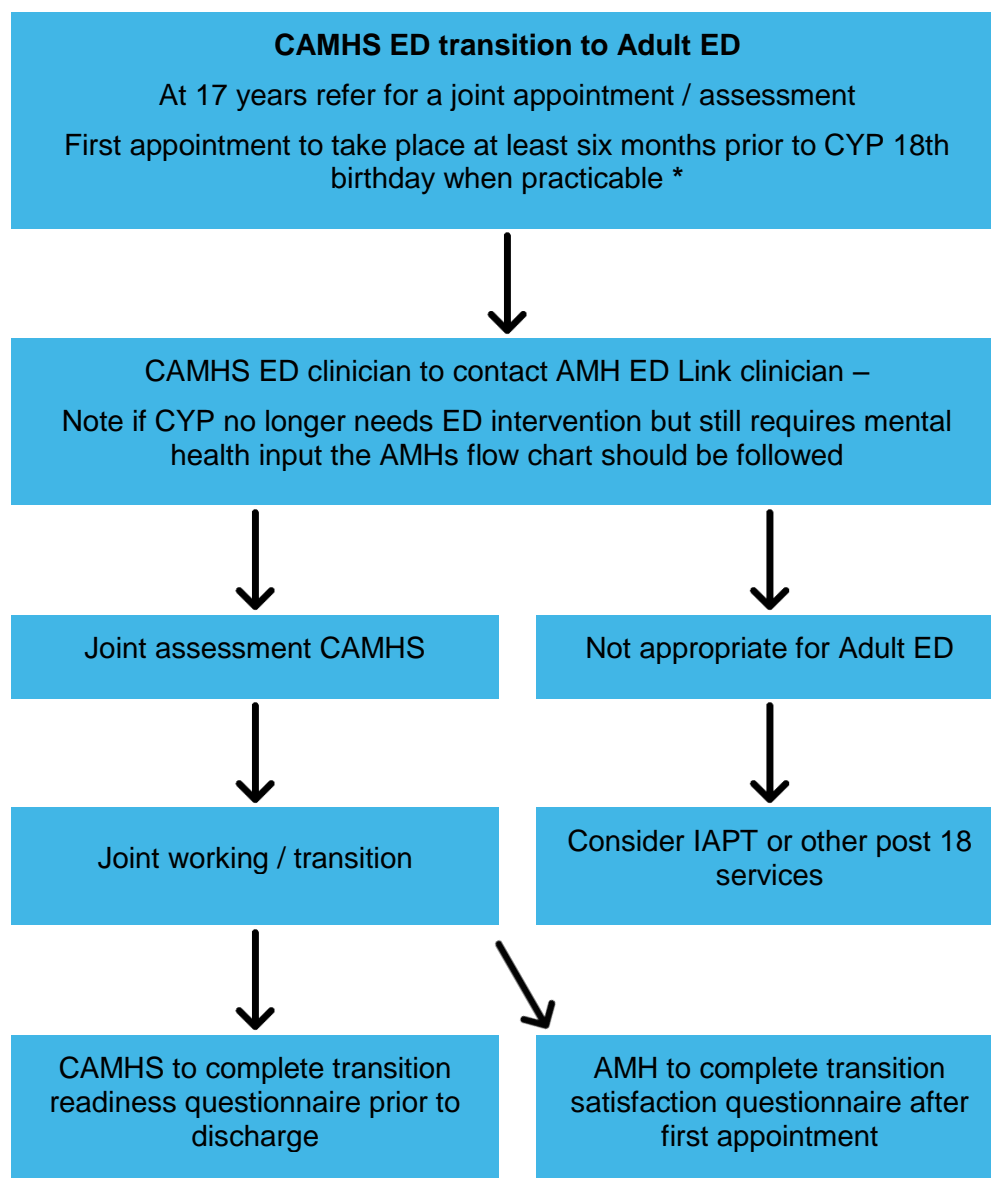
# Appendix 3a: MPFT transition pathways

## CAMHS transition to AMHs



\*This would be best practice; however there may be times where this isn't practicable.

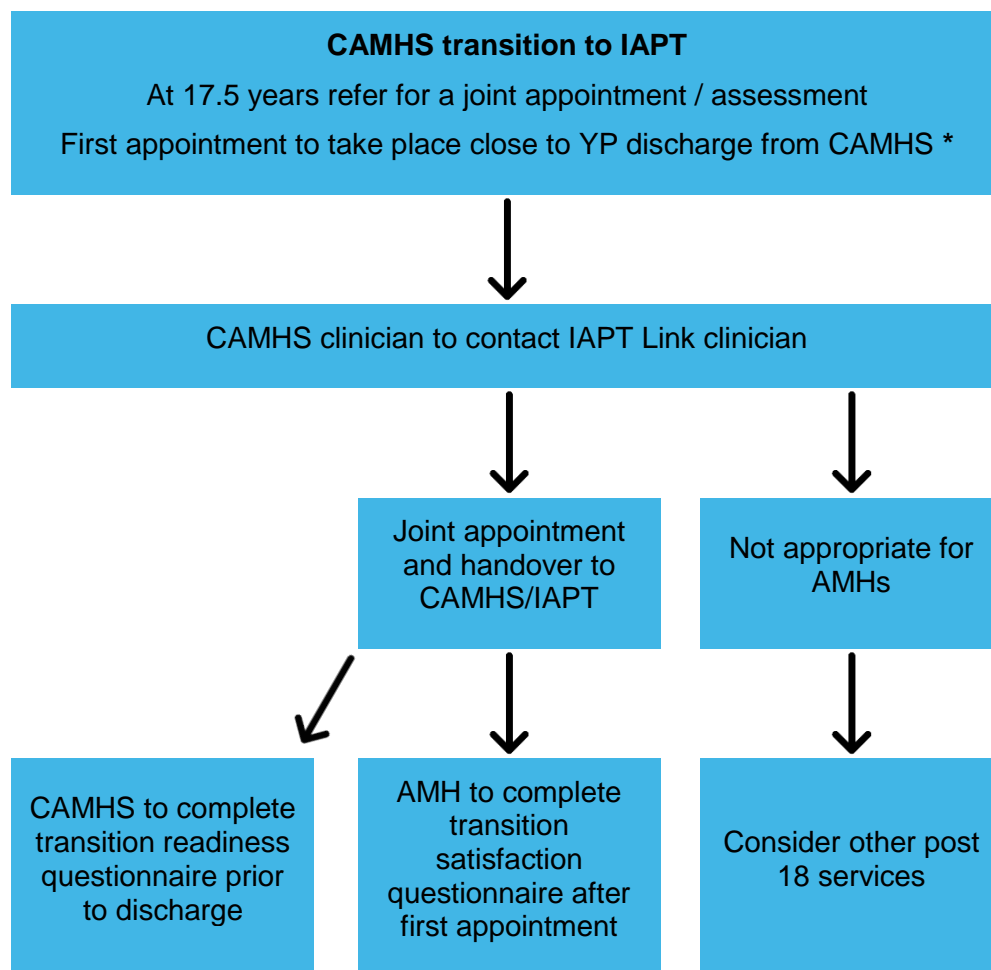
*CAMHS eating disorder services transition to adult eating disorder services*



\*This would be best practice; however there may be times where this isn't practicable.



## CAMHS transition to improving access to psychological therapies (IAPT)



\*This would be best practice; however there may be times where this isn't practicable.

# Appendix 3b: NSCHT transition pathways

Planning towards transition to another service provision should commence no later than 6 months prior to the young person's 18<sup>th</sup> birthday or at the point of referral if after that date. All references to transition must be documented in the care plan.

Service users should have a meeting no later than 6 months prior to transition (or at the point of referral if after 6 months) which includes:

- The service user
- Their parent or carer (where young person agrees)
- Key worker from the sending service
- Point of contact from the receiving service (where applicable)

For those entering service later than 6 months prior to transition this meeting should take place on entering the service and not be later than 1 month prior to transition.

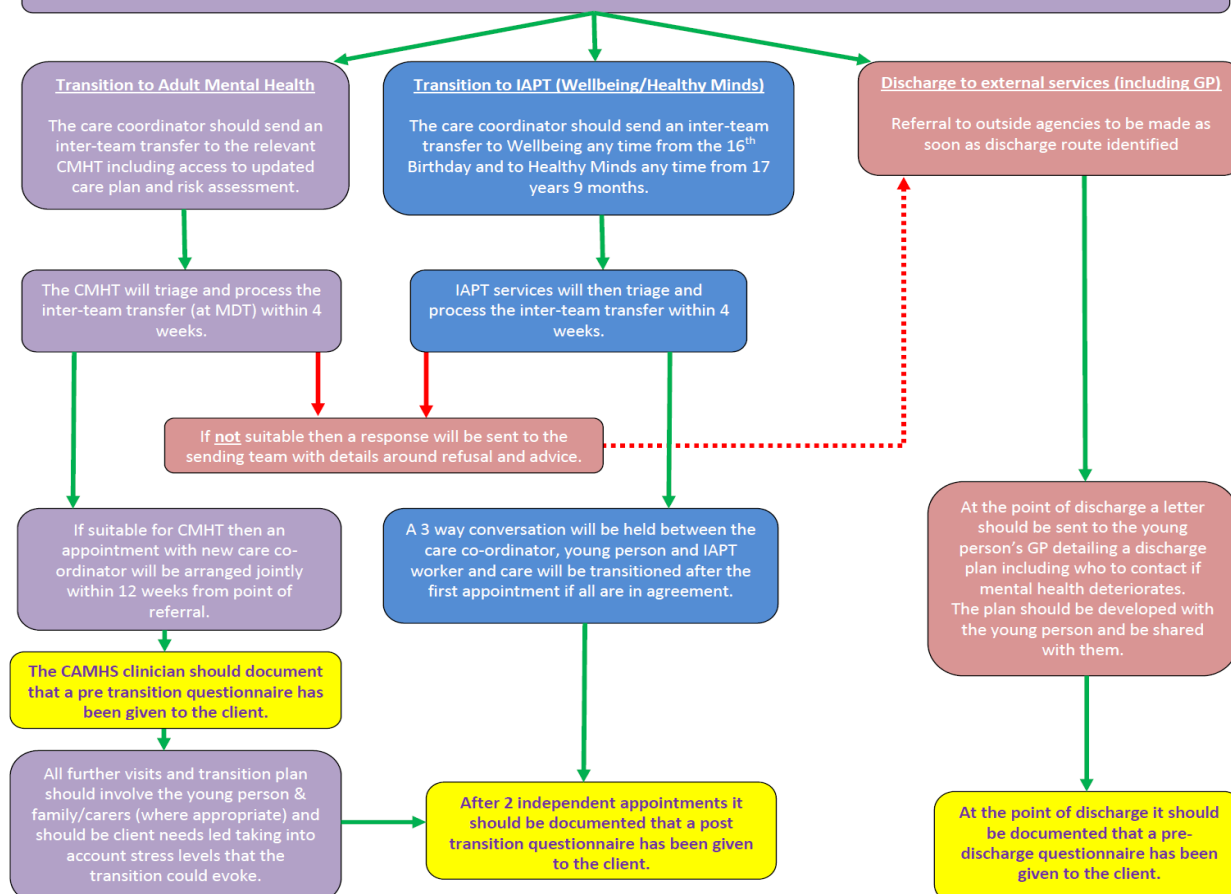
Where a face to face meeting is not practicable (e.g. out of area transition) a video/conference call is acceptable.

Service users should have a plan for transition recorded in their care plan no later than 6 months prior to transitioning (or at the point of referral if after 6 months). The care plan should be agreed with and signed off by:

- The sending service
- The receiving service (where applicable)
- The service user
- The service user's parent(s)/carer(s) (where appropriate and with consent)

The transition plan must include personal transition goals agreed with the service user.

The Care Co-ordinator/Case Manager (in conjunction with the young person, their family/carers and the multi-disciplinary team) should discuss the transition/discharge to other services and incorporate the agreed timescales in accordance with the Young Person's needs.



**Please note** – the original care co-ordinator should stay involved throughout & lead the transition process.  
The young person's GP should be copied into all correspondence & sent copies of the amended care plans during the transition.  
For Learning Disability - transitions workers for children and adult should be involved throughout.

## Appendix 4: Investments

The NHS indicative England allocations by CCGs for Eating Disorder and Transformation Plan are shown in the tables below. Actual investment in CAMHS for 2014/15 (the baseline year) is also shown, this is the total investment, comprising usual investments made by clinical commissioning groups and investment made by the two local authorities.

A review of the baseline for 2014/15 identified an error for Staffordshire local authority commitments which has been corrected.

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

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

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

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

*Table 3: 2017/18 Expenditure across all CAMHS Funding Streams*

	Stoke-on-Trent LA	Staffordshire LA	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
	£576,688	£1,263,858	£ 2,764,056	£1,967,705	£703,379	£715,601	£261,889	£334,035	<b>£8,585,201</b>
Specialised Commissioning			£ 2,764,056	£1,967,705	£703,379	£715,601	£261,889	£334,035	<b>£6,744,655</b>

*Table 4: Clinical Commissioning Groups Funding Allocations 2015/16*

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£413,170	£299,890	£181,126	£264,165	£178,114	£170,376	<b>£1,506,841</b>
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	<b>£601,990</b>
<b>Total</b>	<b>£578,233</b>	<b>£419,698</b>	<b>£253,487</b>	<b>£369,700</b>	<b>£249,271</b>	<b>£238,422</b>	<b>£2,108,831</b>

*Table 5: Clinical Commissioning Groups Funding Allocations 2016/17*

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£636,314	£456,301	£290,655	£430,583	£273,072	£265,419	<b>£2,352,344</b>
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	<b>£601,990</b>
<b>Total</b>	<b>£801,377</b>	<b>£576,109</b>	<b>£363,016</b>	<b>£536,118</b>	<b>£344,229</b>	<b>£333,485</b>	<b>£2,954,334</b>

*Table 6: Clinical Commissioning Groups Funding Allocations 2017/18*

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

*Table 7: Clinical Commissioning Groups Funding Allocations 2018/19*

	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	£916,000	£665,000	£406,000	£591,000	£397,000	£373,000	<b>£3,349,000</b>
Eating Disorder	£161,000	£117,000	£72,000	£105,000	£70,000	£66,000	<b>£591,000</b>
Total	<b>£1,077,000</b>	<b>£782,000</b>	<b>£478,000</b>	<b>£696,000</b>	<b>£467,000</b>	<b>£439,000</b>	<b>£3,940,000</b>

*Table 8: Health And Justice investment*

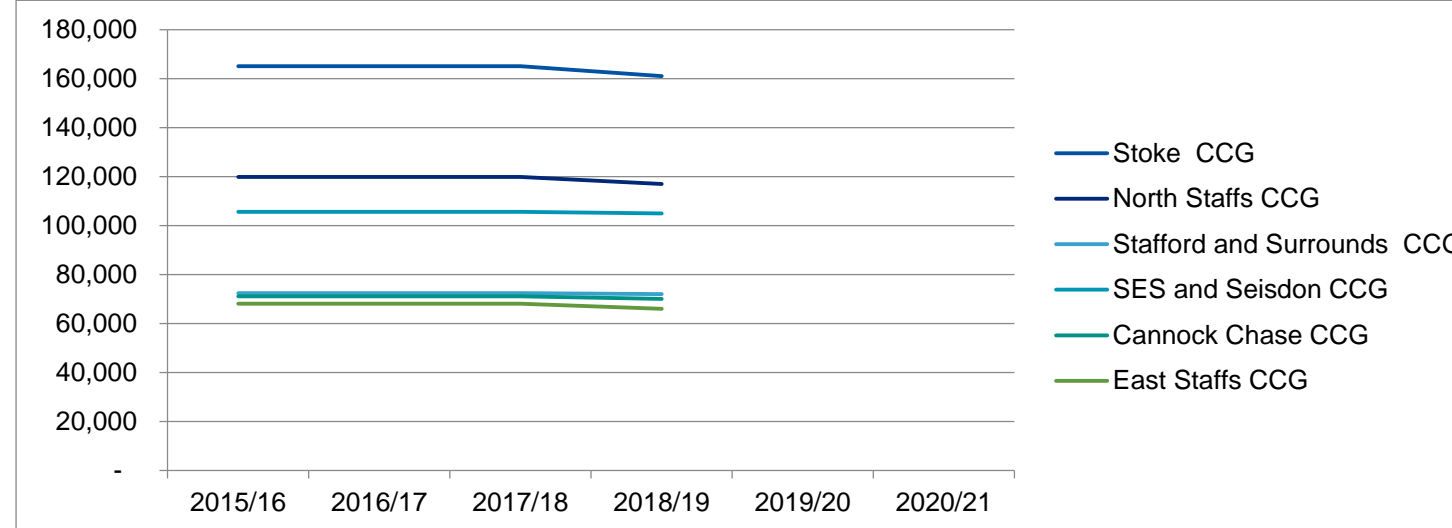
	Stoke	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total for Project Manager	Total for Interventions
2017/18							£39,000	
2018/19	£32,849.73	£23,556.58	£15,005.10	£22,228.87	£14,097.37	£13,702.26	£43,000	£78,439.91
2019/20	£32,849.73	£23,556.58	£15,005.10	£22,228.87	£14,097.37	£13,702.26	£44,000	£77,439.91

Graph 1 demonstrates the investment levels across the CCG's in the STP by value and years in Eating disorder services.

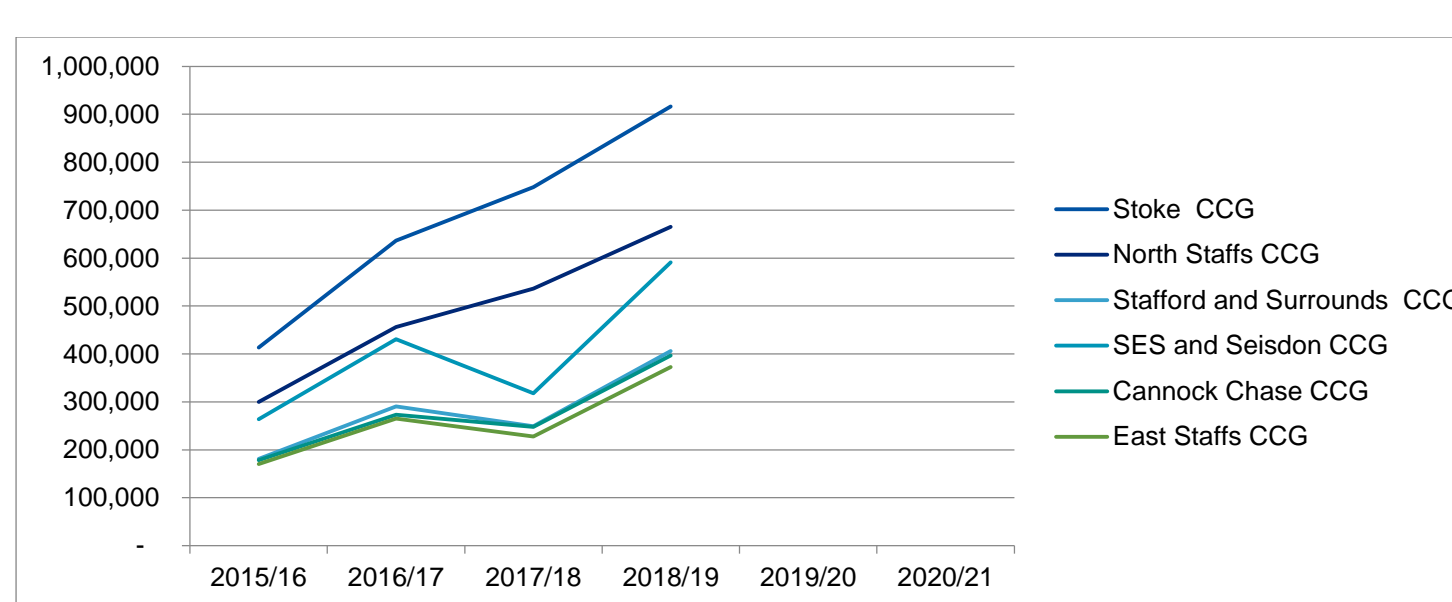
Graph 1 demonstrates the investment levels across the CCG's in the STP by value and years for the Transformation funding showing a clear trajectory.

It is not possible at this stage to provide the trajectory of spend for 19/20 and 20/21 as this is subject to the CCG's being informed of its allocations.

**Graph 1: Eating Disorder Funding:**



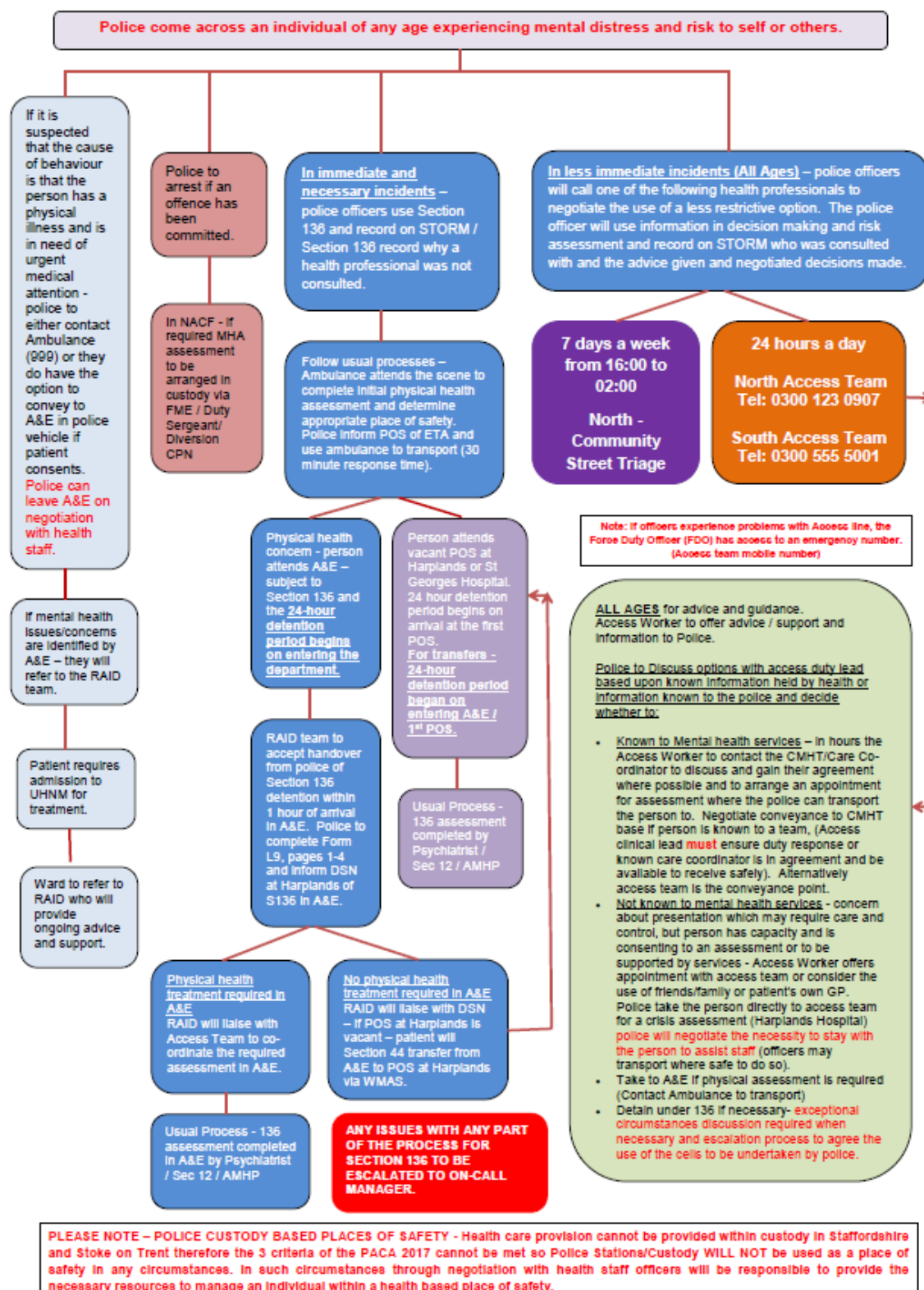
**Graph 2: CCG Transformation Funding:**





# Appendix 5: S136 diversion pathway

North Staffordshire Police Section 136 Diversion Pathway (December 2017)



# Appendix 6: Priorities Risk Register



Workstream Name	Children and Young Peoples Mental Health
Project Name (if applicable)	Local Transformation Plan
Executive Sponsor	Cheryl Hardisty
Accountable Lead	Nicola Bromage
Project Manager	Nicola Bromage
Date Updated	28/10/2018

Calculate Risk Score = Likelihood x Consequence (LxC)

Risk assessment criteria:			Project Consequence Level				
Project Likelihood Level	Project Consequence Level		1	2	3	4	5
1 = Rare	1 = Negligible	1	1	2	3	4	5
2 = Unlikely	2 = Minor	2	2	4	6	8	10
3 = Possible	3 = Moderate	3	3	6	9	12	15
4 = Likely	4 = Major	4	4	8	12	16	20
5 = Almost certain	5 = Catastrophic	5	5	10	15	20	25

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	Significant risk
15 - 25	High risk

Risk No.	Date Raised	Risk Title	Risk Description	Raised By (Project)	Original Risk Score			Risk Avoidance / Reduction / Control Actions				Revised Risk Score			Comments
					Likelihood	Impact	Score	Risk Owner (Org)	Risk Lead (Person)	Risk Controls/Actions	Date Revised	Likelihood	Impact	Score	
1	28/10/2018	Streamlining referral processes, including consideration of self-referral to CAMHS	Self-referral has been discussed in CYP forums and they have been reluctant to develop	Commissioner	2	2	4	Providers	N Bromage	The agreed development will be that CYP can self-refer back to CAMHS within three months of being					Further work required to simplify the process.

			self-referral.							discharged without needing to go to GP for a referral.					
2	28/10/2018	Making better use of technology	Exemplar site in North Staffs only - Require Pan-Staffs Approach.	Commissioner	2	3	6	Commissioner	N Bromage	Mapping exercise to be completed to ascertain current resource and availability in South Staffs.					
3	28/10/2018	Introducing the THRIVE model and care pathways	Challenge to current commissioning model and anxiety from local third sector providers as to what this will mean for them.	Commissioner	3	3	9	Providers	N Bromage	Stronger liaison with CAMHS providers. Deliver a number of market engagement events.					
4	28/10/2018	Developing plans for place of safety / safe place to address the new arrangements associated with the Police and Crime Act and Section	Ensuring the pathway is time responsive to the needs of community triage and the Police.	Commissioner	2	2	4	Commissioner	N Bromage	Agreed Pathway in place based on current Health Based Places of Safety. A further place of safety is being built in North Staffs for 2019.					further work require when beyond places of safety (calm Lounges) are developed Pan Staffordshire.

		136 (Mental Health Act) admissions.													
5	28/10/2018	Developing intensive outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4)	Some delay due to management of change process in the NHS provider in North Staffordshire has impacted on setting up of provision. Inpatient admissions have increased in some CCG areas where the intensive service is in place, further analysis is planned.	Commissioner	3	4	12	Commissioner	N Bromage	Tier 4 Pan Staffs Group to be developed inclusive of Specialised Commissioning. STP MH Work stream focus is on delivery of 24/7 home treatment team Pan Staffs.					CYP 24/7 home Treatment now an STP priority.

6	28/10/2018	Strengthening support to children and young people facing added disadvantages as a result of their specific status – for example looked after, living with a disability, membership of minority groups.	Capacity to meet demand for ASD assessments. Some issues over continuity of care and between CAMHS and LD services.	Commissioner	3	3	9	Commissioner	N Bromage	Review of CAMHS and ASD treatment services commissioned including the voice of CYP's and parents. Recommissioning of service to provides for the physical and mental health needs of LAC.					Review will inform recommissioning of ASD CYP provision.
7	28/10/2018	Developing an early intervention approach through the engagement of schools	Impetus needs to be maintained.  Low return rate for the mapping exercise.  Schools not maximising use of pupil premium or prioritising mental health.	Commissioner	2	2	4	Commissioner	N Bromage	Trailblazer application submitted for eligible CCG's. CAMHS developing a named liaison role for schools.					Trailblazer announcement in November 2018.
8	28/10/2018	Strengthening transition	Low survey response rates.  Lack of similar provision as	Commissioner	2	2	4	Commissioner	N Bromage	Continued emphasis on CQUIN. KPI's being developed that will form part of					

			CAMHS in adult mental health services.							Schedule 6 in 19/20 contracts.					
9	28/10/2018	Eating disorder services	No adult equivalent service in North Staffordshire to transition to.	Commissioner	3	3	9	Commissioner	N Bromage	Adult service is part of commissioning intentions for 19/20. CYP's transition to CMHT's currently.					
10	28/10/2018	Improving access to psychological therapies	Clarity required as to national plans for continuing training opportunities.	Commissioner	2	2	4	Commissioner	N Bromage	Continue to engage in CYP IAPT collaboratives. Continue to embed 5 principles.					
11	28/10/2018	Increased capacity at Tier 3.	Investment is not increased due to financial deficit of CCG's	Commissioner	3	4	12	Commissioner	C Hardisty.	STP has identified CYP MH as a priority. Executive level commitment at CCG's.					