# Improving Children & Young People's Mental Health in Stockport

# Local Transformation Plan

# 2015-2020

STOCKPORT
METROPOLITAN BOROUGH COUNCIL

NHS
Stockport
Clinical Commissioning Group

**Contents**

## Chapter 1

## Summary and Introduction

### 1.1 The importance of emotional and mental wellbeing in Childhood

***Wellbeing***
***A state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.***
***World Health Organisation 2011[(1)]***

1.1.1 There has been much research into the rates of poor wellbeing and mental ill health amongst the children and young people's (C&YP) population. The research shows that one in five children have poor emotional wellbeing and one in ten have a diagnosable mental health problem - conduct disorder, anxiety, depression and hyperkinetic disorders being the most common categories. Furthermore, over half of mental health problems in adult life (excluding dementia) start before the age of 14 years and 75% by the age of 18 years. [(2)]

1.1.2 Failure to prevent and treat C&YP's mental health problems comes at a high price; not just in terms of the personal cost to the individual affected and their families, but also in terms of the high cost to society. There is a strong link between mental ill health in child hood and young adult hood and physical ill health, reduced educational attainment, poorer employment prospects, drug and alcohol misuse, teenage pregnancy and offending behaviour. Despite the very compelling case for addressing C&YP's emotional and mental wellbeing research has shown that between 60-70% of C&YP who experience clinically significant difficulties have not had appropriate interventions.[(3)]

### 1.2 The purpose of this Transformation Plan

1.2.1 The purpose of this Plan is to describe how, over the next 5 years, we intend to improve the availability, access, appropriateness and effectiveness of mental health services for C&YP in Stockport. The Plan has been produced by the **Stockport Children and Young People's Mental Health Transformation Project Team;** a multi-agency partnership led by Stockport Clinical Commissioning Group (CCG) in collaboration with Stockport Metropolitan Borough

Council (SMBC) which includes representatives from health, social care and education services, voluntary sector organisations and parents.

1.2.2 The Project Team have consulted with wider services, public representatives, parents and carers and have listened to the views of C&YP themselves. In doing so the aim has been to ensure that our priorities, the principal changes we are planning to make, and our commissioning and investment decisions are not only based on good evidence and the needs of the local population (Chapter 2), but are informed by what local people believe will secure and sustain improvements in C&YP's mental health (Chapter 3).

### 1.3 A Local Consensus for Transformation

1.3.1 In producing this Plan the Project Team have been guided by clear local recommendations about how mental health care for C&YP in Stockport can be improved. In March 2014 the Stockport Health and Wellbeing Scrutiny Committee of SMBC published their report '***Mind the Gap': mental wellbeing and mental health services for children and young people in Stockport'***[(4)] following a comprehensive review of local provision. The Scrutiny Committee made the following specific recommendations to the CCG and the Council:

- to jointly commission future Tier 2 and Tier 3 Child and Adolescent Mental Health Services (CAMHS) through an integrated service delivery model (p. 62 )
- to develop assessment and care pathways for C&YP with neurological conditions: Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD) (p. 39 )
- to improve access to mental health support for C&YP with learning disabilities (p. 43 )
- to ensure all looked after C&YP and care leavers have access to mental health support (p. 42-5 )
- to continue to develop mental health services for C&YP aged 0-25 to ensure young people to not fall between the gap between CAMHS and adult mental health services (AMHS). (p. 44-5 )
- to continue to develop tools for schools and colleges to support and improve wellbeing and to deliver a comprehensive and consistent programme of Personal, Social and Health Education (PHSE) (p. 28-9)
- to encourage and support providers of early years care to use appropriate evidenced based tools and interventions to support child and parental wellbeing and emotional resilience (p. 30 )
- to develop the Joint Strategic Needs Assessment for C&YP's mental health and well-being. (p. 12-13 )

1.3.2 The Stockport Health and Wellbeing Scrutiny Committee's recommendations are addressed in the relevant sections of this Plan (refer to page numbers in the brackets following each

recommendation above). Most of the recommendations have been fully or partially implemented through the work of the Project Team and where there is still work to do this is reflected in our plans for the future.

### 1.4 The Stockport Family Approach

1.4.1 'Stockport Family' is an ambitious transformation programme across children and family services in Stockport which is currently in progress. The purpose is to establish a single, fully integrated Stockport Family Service that provides the highest support to Stockport's vulnerable children and families which best utilises our total resources taking into account budget reductions in Council funded services. Integrated Children's Services (ICS) teams have been established in our four locality areas which are coterminous with the CCG localities in which General Practices are grouped (Stepping Hill & Victoria, Heaton & Tame Valley, Cheadle & Bramhall and Marple & Werneth). These teams are now building relationships with the GPs, schools and other agencies in their localities. Each Stockport Family team includes social workers, midwives, health visitors, school nurses, and staff from children's centres as well as the new role of Stockport Family Workers.

1.4.2 Restorative approaches are fundamental to the Stockport Family model, whereby the ICS locality team works in an integrated way with families offering coaching and development interventions to enable individuals and families to build on their strengths and resources and gain appropriate support from universal services and their community.

1.4.3 This Transformation Plan for C&YP's mental health has been developed to align with and to facilitate the Stockport Family model. An integrated CAMHS service will offer advice, consultation and training to Stockport Family teams; they will establish named links with the teams and can be called in to provide specialist interventions at the right time to address need as it arises. All schools within the localities will have a named Stockport Family Worker and a named Social Worker, and when this plan is implemented, they will also have a named Mental Health Worker.

### 1.5 A National Consensus for Transformation

1.5.1 In March 2015 the Department of Health and NHS England published ***'Future in Mind': promoting, protecting and improving children and young people's mental health and wellbeing'.*** [(5)] This report of the Government's C&YP Mental Health Task Force sets out a clear national ambition in the form of key proposals to transform the design and delivery of a local offer of services for C&YP with mental health needs.

1.5.2 The Government's aspirations are that by 2020 we will:

- improved public awareness and understanding and less stigma and discrimination around mental health issues for C&YP
- C&YP having timely access to clinically effective mental health support when they need it
- a step change in how care is delivered away from a system defined in terms of the services organisations provide (the 'tiered' model) to one built around the needs of C&YP and families
- increase in the use of evidenced based treatments with services vigorously focused on outcomes
- making mental health support more visible and accessible for C&YP
- improved care for C&YP in crisis so they are treated in the right place at the right time and as close to home as possible
- improving access for parents to evidenced based programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour
- better care for the most vulnerable C&YP making it easier for them to access the support they need
- improved transparency and accountability across the whole system to drive further improvements in outcomes
- professionals who work with C&YP are trained in child development and mental health and understand what can be done to provide help and support for those who need it.

**1.6 New Flexible Needs Based Model of Care**

1.6.1 In Chapter 4 we describe how CAMHS in Stockport are currently commissioned and delivered along the lines of the traditional tiered model of provision. Although the Scrutiny Committee found examples of good joint working between services, they also found that organisational divisions created barriers and fragmented care with C&YP falling in the gaps and experiencing poor and unnecessary transitions between different services. This is a local reflection of the national picture of CAMHS described in '*Future in Mind'.*

1.6.2 Our intention is to move away from the tiered model, in which C&YP have to fit the services, to a more flexible model (such as THRIVE[(6)]) where services fit the changing needs of C&YP and integrate and collaborate to create seamless pathways of care ensuring C&YP receive the right care, at the right time and with the right person. Stockport has been selected as one of ten national accelerator sites for the i-THRIVE programme. How we intend to forge new accessible care pathways by redesigning services and through the strategic use of new resources is described in Chapter 6.

1.6.3 Crucial to the success of this transformation is the development of the workforce not only within CAMHS so they can provide specialist assessments, evidence-based interventions, and risk management as well as consultation and training to other C&YP services, but also within the wider children's workforce to enable them to promote good emotional and mental wellbeing and provide early help. Our plans for developing the workforce are described in Chapter 9.

### 1.7 Structure of this Local Transformation Plan

1.7.1 We have structured this Plan around the main themes of *'Future in Mind'* and within these themes we have stated the over-all aim, summarised the recommendations, described what we are already doing and what we are planning to do. We have also brought together the outcomes we wish to see in relation to each of the themes and identified some key performance indicators (KPI's) by which we will monitor if the changes have been successful.

1.7.2 Many of our plans are cost neutral; requiring us to find a different way of working to deliver better care, and some proposals need new investment. We have taken care to map our existing CAMHS resources (investment, workforce, and activity). Much of what we plan to achieve will require us to re-prioritise and re-design within our baseline resources which are described in Section B. Stockport will also receive significant new investment for C&YP mental health to support our Local Transformation Plan and our spending proposals for new funding are detailed in Section A.

### 1.8 Making Change Happen

1.8.1 This Local Transformation Plan is not set in stone; it is a five year programme of change and as such it is a 'living document' and will be subject to regular review by the Project Team to ensure the planned changes are being implemented and achieve the desired outcomes. The aims of this first plan are to set out our collective vision and to describe our first steps, rather than present fine details about the next 5 years. Progress will be monitored by the CCG and our Health and Wellbeing partners (see Chapter 10). The initiatives and service developments proposed in this Plan have been co-produced with key stakeholders and there is a strong element of 'designing by doing'. If initiatives are not delivering the results we expect our plans for new investment in C&YP mental health services will be revised accordingly.

1.8.2 Finally, Stockport Children and Young People's Mental Health Transformation Project Team welcomes comments from all interested Parties on existing services and ways of improving provision. You can have your say by completing the following on-line survey at:
http://www.surveymonkey.com/r/FamiliesStockport2
or by emailing your comments about this Plan to :
stockportccg.communications@nhs.net

## Chapter 2

## Local Needs Assessment

### 2.1 The Aim

***"To use the data we have on the wellbeing of Stockport's youth population and the data we have from CAMHS and all related mental health services to maximise our ability to meet the mental health needs of Stockport's children and young people."***

***Stockport C&YP's Mental Health Transformation Project Team***

2.1.1 A key theme in 'Future in Mind' is the need to make better use of information and data to improve provision for C&YP's mental health; to ensure outcomes are achieved and enhance value for money. An effective local transformation plan can only be built alongside an information system that provides data that is comparable across all service elements, such as the CAMHS national minimum dataset. This will enable continual improvement to be driven by understanding how individuals benefit from different interventions and what are the optimum pathways through the system overall in terms of achieving equitable access, minimal waiting times and priority outcomes for young people.

### 2.2 Key Recommendations

- Develop a comprehensive understanding of the local picture in terms of mental health need among C&YP and their access to and use of services including comparisons relating to inequalities.
- Understand fully the differences between predicted and actual patterns of mental health need in the local population.
- Utilise the evolving contract-monitoring anonymised dataset and national CAMHS minimum dataset to map more effectively the young people seen by CAMHS, identify the most prevalent diagnostic groups in Stockport and measure the impact of treatment received.

### 2.3 Local Needs Assessment

**What we know now**

2.3.1 *CAMHS Referrals:*

Referrals to Stockport CAMHS have been increasing rapidly over the last five years. From 1,334 referrals in 2010/11, to 1,645 in 2012/13 up to 2,348 during 2014/15; the number of young people being referred in to the core / Tier 3 CAMHS service continues to rise. Referrals to Stockport's Tier 2 services are also increasing (see Figure 1).

2.3.2 While C&YP from all areas of Stockport are referred to CAMHS, there is a link with deprivation that matches national data on levels of mental health disorders being higher amongst more deprived populations (see Figure 2).

2.3.3 In 2014/15, 52% of the C&YP referred to CAMHS were male, 48% female. This is similar to national data on access to CAMHS services: whilst emotional disorders are more common in girls than boys, conduct disorders – which are the most commonly occurring disorders – are more frequently diagnosed in boys than girls.

**Figure 1: Referrals into T3 CAMHS 2010/11 to 2014/15**

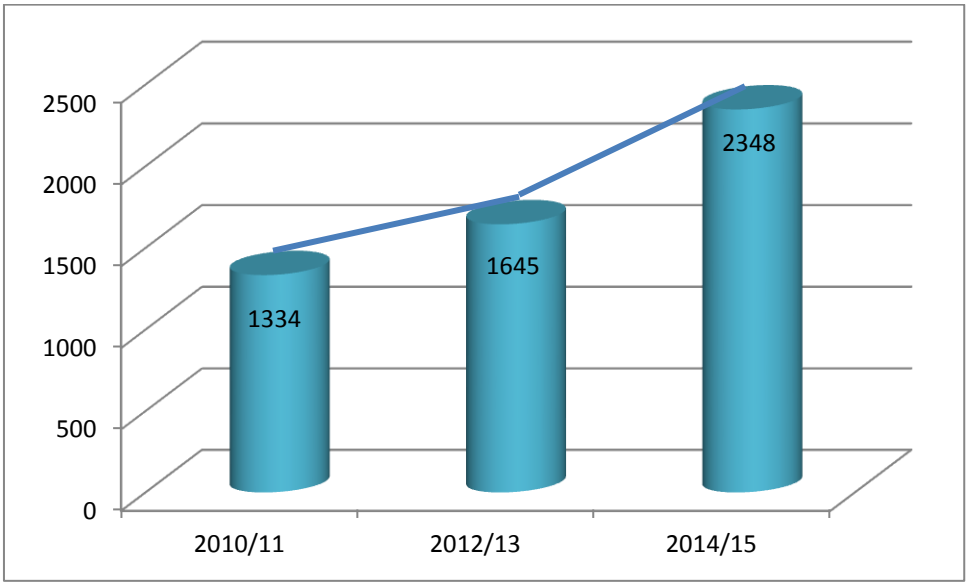
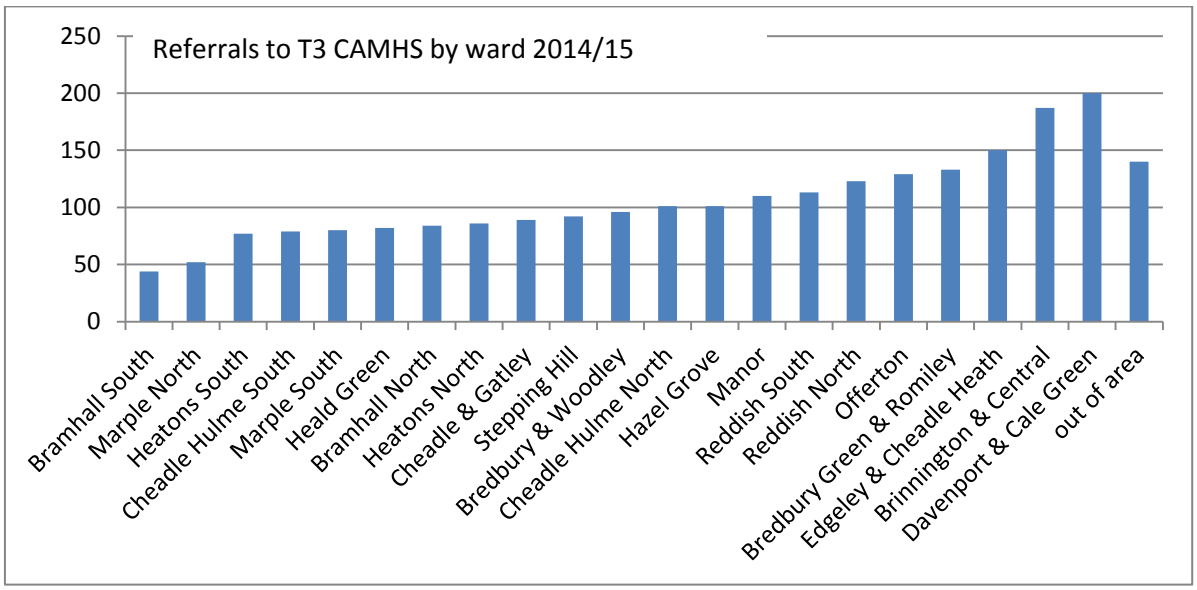



**Figure 2: CAMHS Referrals by Ward**




2.3.4 *Predicted Need in Stockport:*

Predicted levels of need are based on the last comprehensive research carried out in the UK on children's mental health[7] Based on this 2004 ONS research, we would expect to see around **4,000** children aged 5 to 16 in Stockport living with a **diagnosable mental health disorder**: approximately **1,500 5 to 10** year olds and **2,500 11-16** year olds. **However, it is likely, given the age of this research and the increased demand faced by CAMHS services nationally, that these prevalence rates are now an under-estimation and the true rate of disorders will be higher.**

2.3.5 Conduct disorders are the most commonly occurring disorder, followed by emotional disorders, hyperactivity and other, less common disorders. Tables showing the estimated prevalence of different mental health conditions for Stockport are presented below (Figures 3 and 4).

**Figure 3: Estimated need for services at each tier for children 0-17 years**

| Tier | National Prevalence | Estimated Stockport Prevalence |
|---|---|---|
| Tier 1 | 15% | 9093 |
| Tier 2 | 7.5% | 4547 |
| Tier 3 | 2.5% | 1516 |
| Tier 4 | 0.5% | 303 |
| Tiers 2-4 combined | 10.5% | 6365 |

Source: Z Kurtz, Mental Health Foundation / ONS 2012

**Figure 4: Estimated Prevalence of Mental Health Conditions, National & Stockport, Children 5-16 years**

| Condition | National Prevalence | | | Stockport Estimated Prevalence |
|---|---|---|---|---|
| | Males | Females | Total | Total Number |
| **Conduct Disorders** | **7.5%** | **4.0%** | **5.8%** | **2297** |
| **Emotional Disorders** | **3.2%** | **4.4%** | **3.7%** | **1465** |
| **Hyperactivity** | **2.5%** | **0.4%** | **1.5%** | **594** |
| **Less common disorders** | **1.9%** | **0.8%** | **1.3%** | **515** |
| **Any disorder** | **11.5%** | **7.8%** | **9.6%** | **3802** |

Source: 2004 Office for National Statistics

2.3.6 *Is Stockport CAMHS meeting this need?*

In 2012/13, Stockport's Tier 3 CAMHS received 1,588 referrals for 5-15 year olds. By 2014/15 this had increased to 2,384 – a significant increase, although this still represents only 50% of the child population predicted to have a mental health disorder – a prediction that is expected to be an under-estimation.

2.3.7 Not all young people with a diagnosable disorder will require treatment from CAMHS – and data on referrals necessarily excludes data on those already receiving treatment**. However, the information on referrals suggests that a large proportion of Stockport children and young people with mental health disorders are not accessing support for their conditions.**

2.3.8 There are two other key areas where the data is currently insufficient for us to understand how well provision is meeting need. These are in relation to the specific needs of Looked After Children (LAC) and in relation to Autistic Spectrum Disorder (ASD).

2.3.9 National data shows a higher level of mental health need among LAC. In Stockport at any one time it is likely that 250 Stockport young people are being looked after and that 350 young people from out of area are placed in Stockport. From this we estimate that 113 Stockport young people and 158 out of area young people would need a mental health service. However, during 2014-2015 just 36 LAC were recorded as seen by CAMHS, but we are not certain that all activity for this group across all services has been captured.

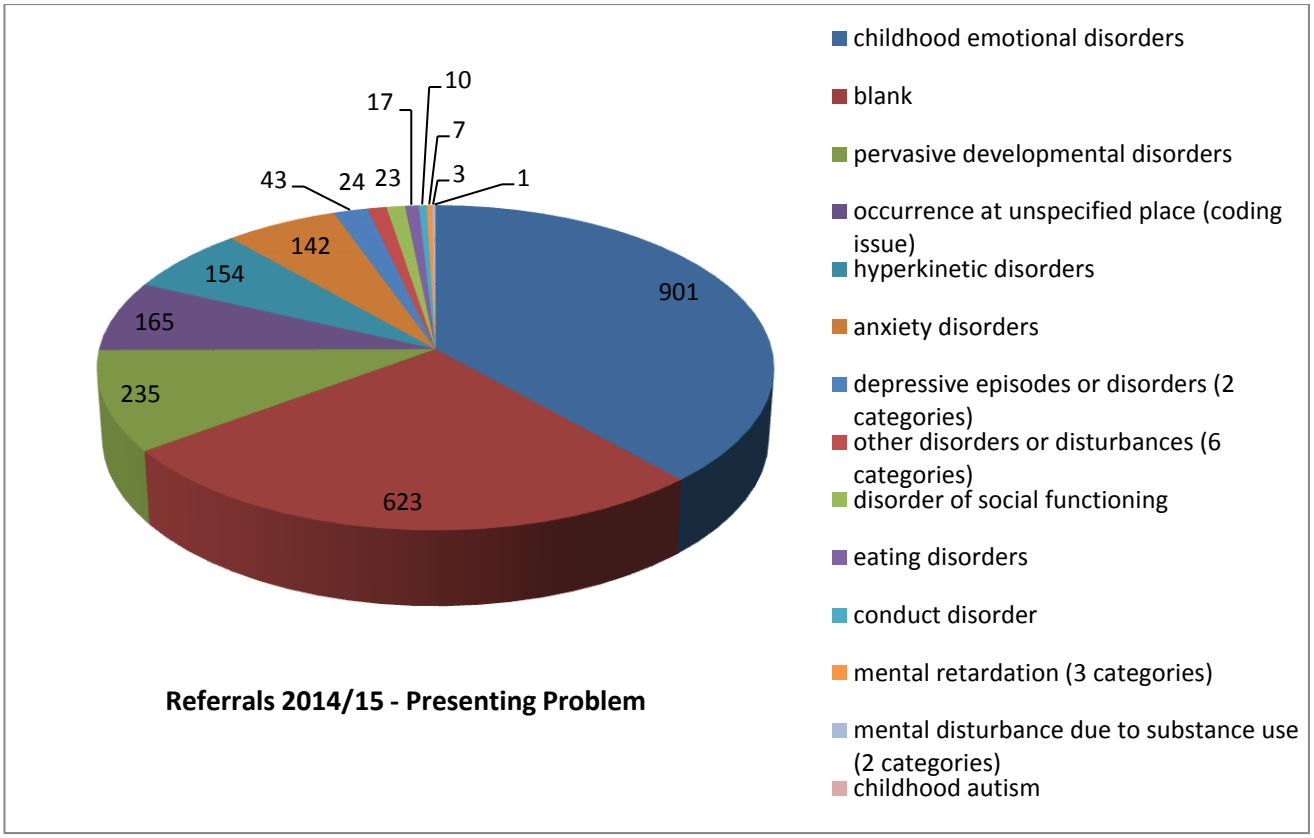
2.3.10 The best estimates indicate that there are 597 young people in Stockport with ASD. However, as shown in Figure 5, below, only a single child is recorded with this as a presenting problem on referral into CAMHS.

2.3.11 *Presenting Problems:*

While Figure 5, below, gives some insight into the most common presenting problems, this information is not always completed or accurately coded and the 'presenting problem' is often not the same as the condition identified on assessment. In order to show how effectively CAMHS is meeting the predicted needs of Stockport's population, we would need to look at data on diagnosis in addition to referral data.

2.3.12 For example, in the data shown, whilst we would expect conduct disorders to make up the majority of referrals to CAMHS, as the most commonly occurring mental disorder, only 10 young people were referred to the service with this as their presenting problem. Similarly, given the burden that ASD diagnoses make on the CAMHS service, this is not accurately represented by the one young person referred for childhood autism. Finally, referral data does not reflect the proportion of the workload within CAMHS that is focused on ADHD. Only 7 children with ADHD were referred to CAMHS in 2014/2015, but 189 are on the case load ( and a further 276 are in paediatrics) accounting for between 30-60% of a psychiatrists case load depending on their specialism

**Figure 5: Presenting Problem of 2014/15 CAMHS Referrals**




## 2.4 How we plan to improve our data and information

2.4.1 We will develop our understanding of the local picture in terms of mental health need among young people and their access to and use of services. Commissioners and providers in the health service and local authority will work jointly to develop a more comprehensive system for capturing essential data.

2.4.2 This will be achieved through the use of a local contract-monitoring anonymised dataset. Development of this is currently in the early stages and will be refined over the coming months, partly in the light of the national CAMHS Minimum Dataset.

2.4.3 This more comprehensive data will enable us to understand more fully the differences between predicted and actual patterns of mental health need in the local population.

2.4.4 The new dataset will also be used to map the young people seen by CAMHS, identify the most prevalent diagnostic groups in Stockport and measure the impact of treatment received. In particular it will enable better understanding of the flow of young people into, through and out of services. Patterns of access, waiting times and achievement of outcomes will all be more effectively monitored, enabling continual improvement driven by accurate data.

2.4.5 The new system will include reporting of data disaggregated by geographical area allowing better understanding of the impact of inequalities on uptake and outcomes for C&YP's mental health in Stockport.

### 2.5 Outcomes we expect to achieve?

- A locally agreed contract-monitoring dataset that is compatible with the national CAMHS Minimum Dataset available from all service providers for commissioners and Public Health analysts
- A clear understanding of the mental health needs of C&YP in Stockport and how well services meet these needs, including data on inequalities
- Regular (annual) review of the data to improve service provision in order to enhance access, reduce waiting times and maximise priority outcomes for C&YP in Stockport

### 2.6 Key Performance Indicators

- Ability to track data on access to services, waiting times and priority outcomes across all providers and for different groups of C&YP

- Locally agreed contract-monitoring dataset in use by all Stockport service providers, commissioners and Public Health analysts
- National CAMHS Minimum Dataset incorporated into locally agreed contract-monitoring dataset
- Annual data reviews are completed and are clearly informing service improvement plans

## Chapter 3

## The Voice of the Family

### 3.1 Aim

***"Our aim is to develop Stockport's Children and Young Peoples Mental Health and Well-being pathway in partnership with children, young people and their parents and carers. Stockport families will be able to take an active role in maintaining their own mental well-being and find the best help ,care and support easily when it's needed"***

***Stockport Children and Young People's Mental Health Transformation Project Team***

3.1.1 Stockport Children and Young People's Mental Health Transformation Project Team hold the view that C&YP and their families are the experts in their own needs. We, along with their families want the best for Stockport C&YP and share high hopes and aspirations for them and their futures. These hope and plans include C&YP working in partnership with us to lead how our local mental health and well-being services develop. This partnership and collaboration will allow the voice of the family to truly transform our services and ensure that C&YP and families get access to the help that best meets their needs at what can often be a very frightening and worrying time for them. *Future in Mind* was developed in partnership with children, young people and families and sets out a culture of listening to the voice of C&YP and families.

### 3.2 Key Recommendations

- C&YP will have the opportunity to set their own treatment goals
- C&YP and families should have the opportunities to shape the services they receive
- Services will listen to experiences of care and respond flexibly to how C&YP and families would like the services to work for them
- C&YP and families will have the opportunity to feedback and make suggestions about services and services we will tell them what has happened as a result of the feedback ( i.e.you said we did)

### 3.3 What we are doing to hear the voices of Stockport families

3.3.1 Our specialist CAMHS have a participation strategy and dedicated small participation support resource. This resource leads and co-ordinates engagement with C&YP and families, ensuring participation is embedded within CAMHS.

3.3.2 A **Young Person's Participation Group** has been established for some time and acts as a resource to drive improvements in quality for children and families using our CAMHS. For example the group have produced a virtual tour of CAMHS, co-produced information leaflets and website information for other young people.

3.3.3 In excess of 20 young people from Stockport have been trained in recruitment techniques and all CAMHS recruitment involves a young person's panel.

3.3.4 Partnership working with children, young people and their families is fundamental to the Improving Access to Psychological Therapies Programme (C&YP IAPT). Stockport has been engaged in the programme since its inception and has developed routine outcome monitoring during and after treatment that ensures C&YP's and families' perceptions of the service and their progress are routinely heard and responded to.

3.3.5 CAMHS CQUIN's (quality improvement programmes) in recent years have brought increasing focus on hearing the voice of Stockport families. In 2012 there was a 360 degree survey of CAMHS which collected valuable views from our families. The current CQUIN for CAMHS is focused on improving access and partnership working and has supported more recent comprehensive engagement with C&YP and families.

3.3.6 The Stockport Children and Young People's Mental Health Transformation Project Team has representatives from a vibrant parents and carers group (Stockport PIPS).

3.3.7 Stockport PIPS and Senior CAMHS Leaders regularly meet to listen to views collected via the groups meetings and social networking forums

### 3.4 What we know now

3.4.1 Over 150 children, young people and parents across Stockport recently participated in a consultation around mental health and emotional wellbeing.

3.4.2 The majority of participants were satisfied or very satisfied with the services that they have already accessed across the borough whether NHS, Local Authority or third sector. Families particularly highlighted the caring, supportive and understanding nature of services and staff.

3.4.3 When considering access to help in the future, 75% of young people and families would still opt for a one-to-one appointment with a health professional. However, 56% also stated that they would like access to self-help resources and information online which is an area of planned expansion across the borough. Support groups were also a popular option particularly for parents and carers.

3.4.4 Traditional methods of accessing support still ranked highly with 59% stating a preference for GP referral and 51% for referral via school staff, but the most popular option was self-referral, or the ability for a parent to make a referral directly on behalf of their child, with 65% of respondents highlighting this preference.

3.4.5 Home, school and GP clinic were the most commonly chosen locations for accessing support and weekdays remain the most popular time. There was a large proportion (48%) stating that 24 hour access to support would be useful although comments indicate that families would only expect this to be a crisis service.

3.4.6 In chapter 6, the plan for a single point of access (SPA) into services is discussed. 57% of young people and families showed a preference for this SPA to include a wide range of agencies that work with families rather than just those agencies with a mental health and wellbeing focus. When combined with participants who stated they had no preference, it accounts for 75% of responses which is a clear indication of opinion across the borough. There were some concerns which would need mitigation including confidentiality of a multi-agency approach, ensuring referrals weren't 'lost' in the system and ensuring a new system didn't increase waiting times for families.

3.4.7 The consultation also proposed a variety of ways that CAMHS could offer information, advice and support such as providing a named link to schools and GP practices and delivering training to mental health leads within those organisations. Over 90% of respondents agreed or strongly agreed that these were the correct routes to be taking.

3.4.8 Consistent service experience feedback from families that use our specialist CAMHS is good, however challenges remain regarding access to service, including being unsure of other earlier sources of support and feeling they have to tell their stories to many professionals.

3.4.9 The single most important factor for families is the speed at which they can access support when they feel they need it.

3.4.10 Families want services that are flexible in location of delivery and do not always appear "clinical".

**3.5 Plans for the future**

3.5.1 We will grow the dedicated participation resource to allow increased engagement of parents and carers.

3.5.2 We plan to promote information programmes for parents and cares e.g. MindEd.

3.5.3 We will establish open and accessible on-going communication with Stockport families via our websites and social media networks.

3.5.4 We will develop systems to include C&YP and families feedback in all CAMHS workers personal development and review processes.

3.5.5 To develop a consistent approach to the routine use of Outcomes Based Goals (OBGs) and Shared Decision Making (SDM) tools across integrated Tier 2/3 CAMHS

### 3.6 Outcomes we expect to achieve

- C&YP set their own treatment goals which are meaningful to them
- Decisions about treatment are made in partnership with C&YP and families (Shared Decision Making)
- Services are responsive to the views of C&YP and families

### 3.7 Key Performance Indicators

- Annual increase in the % of C&YP and families stating that they are satisfied or very satisfied with the services they are receiving
- Annual increase in the % of CYP achieving their OBGs

## Chapter 4

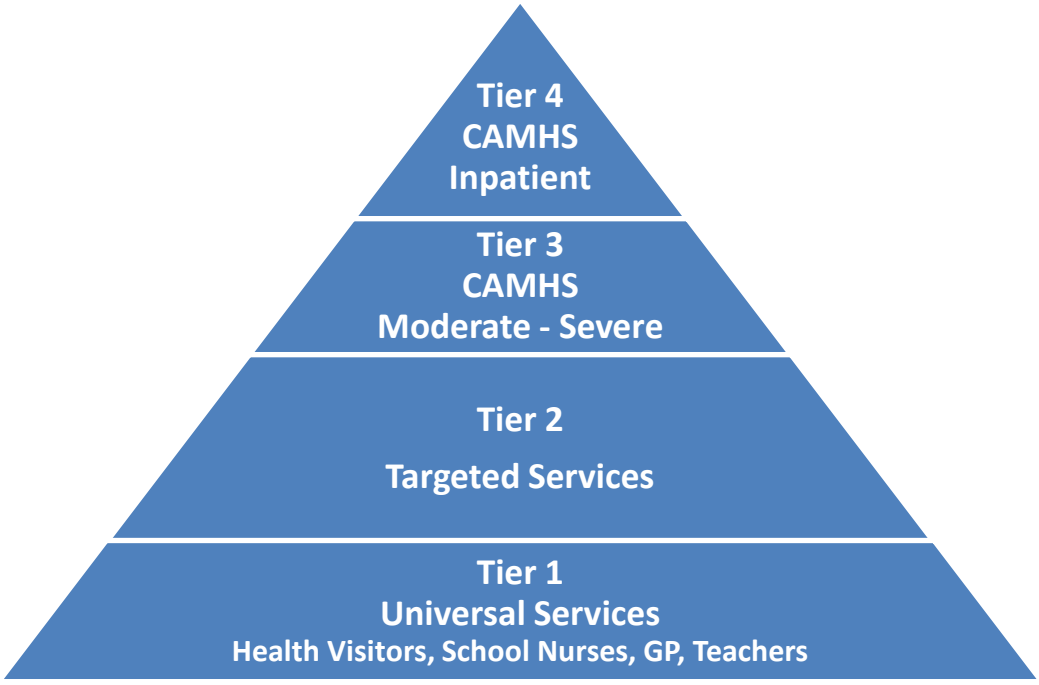
## Where we are now

### 4.1 Our current position

***Whilst there are many examples of good practice there are also significant challenges around capacity and access to specialist and targeted CAMHS. Information suggests that a large proportion of Stockport C&YP with mental health disorders are not accessing support, that the needs of some C&YP are escalating before they receive a service and that opportunities for earlier intervention are being missed. The fragmented commissioning arrangements for targeted Tier 2 services also results in significant access issues for some small groups of young people.***

4.1.1 In this Chapter we describe where we are in 2015, with regard to the current provision of mental health services for C&YP in Stockport. The workforce and the investment that goes into targeted and specialist CAMHS is outlined in Section B. This is very much an overview as each subsequent Chapter in this Plan includes a more detailed section on 'what we are doing now' as regards each of the key themes of *'Future in Mind'* and how we intend to improve the situation.

### 4.2 Traditional Tiered Model of Provision



4.2.1 Stockport CAMHS are currently commissioned and structured around the traditional tiered model of provision as illustrated in the diagram above. **Tier 1** consists of universal services such as GPs, health visitors, school nurses, early-years staff, school teaching and pastoral staff in schools providing support around emotional health and well- being promotion and interventions to support C&YP with mild difficulties in these areas.

4.2.2 There are a number of **Tier 2** services that provide targeted support for C&YP with more mild to moderate difficulties. These services described below are largely delivered within an education or community setting and are commissioned by SMBC and schools.

4.2.3 Those C&YP with high risk behaviours and moderate to high level mental health difficulties receive input from NHS **Tier 3** CAMHS, based at Stepping Hill Hospital, and managed by Pennine Care NHS Foundation Trust. Tier 3 is largely delivered through traditional hospital outpatient appointments and commissioned by Stockport CCG, with some elements being co-commissioned with the Council. This service also manages a single point of access (SPA) into Tier 3 and some Tier 2 services (KITE, Jigsaw Teams, YOS) and provides supervision to the practitioners in these services.

### 4.3 Stockport CAMHS Tier 2 services

The Kite team

4.3.1 KITE is a small team of mental health practitioners (MHPs) with extensive social work experience, funded by SMBC, integrated into the wider CAMHS pathway and managed by Pennine Care. Their primary work is with C&YP who present with attachment difficulties and emotional difficulties due to loss or separation or difficulties as a result of neglect or abuse. Their remit is to work with C&YP aged 0-18 years who are looked after children (LAC) under the care of SMBC, and vulnerable children known to social care regarded as children in need (CIN).

Primary Jigsaw

4.3.2 Primary Jigsaw is a small mental health team working alongside Behaviour Support Services and other local services in mainstream primary schools. The service which is directly funded by schools provides a range of interventions that support the development of positive emotional and well-being for primary aged pupils.

4.3.3 The team of CAMHS practitioners and support workers provide thorough assessment, liaison and intervention for C&YP and their families that are undergoing emotional difficulty. Additionally, they provide support for schools and other services within Stockport working with individual children , small groups, classes, parents, carers and whole families.

Secondary Jigsaw

4.3.4 Secondary Jigsaw is a small mental health team working alongside mainstream secondary schools to improve the emotional, social and educational abilities and opportunities for pupils experiencing mental health difficulties, and to offer support for their families and carers. The service, which is funded by SMBC with some direct funding from schools, comprises specialist teachers, Mental Health Practitioners (MHPs) and a drama therapist.

Central Youth Counselling

4.3.5 This is a small service (currently only 0.8 wte) providing counselling for a range of mild to moderate health difficulties, which is accessed by self- referral and is based in the town centre.

CAMHS Youth Offending Services (YOS) Worker

4.3.6 A mental health practitioner (MHP) is embedded within the Council's YOS and Parenting Services providing specialist mental health advice and consultation to the youth justice services.

Parenting Services

4.3.7 Stockport has a framework of evidenced-based parenting programmes to support parents across the age ranges which are provided by a number of teams across C&YP services:

- Antenatal / Early Days: Solihull Approach and Mellow Parenting
- 0-primary age: Incredible Years Webster Stratton
- Parents of teenagers where conflict is an issue: Respect
- Parents who are in conflict / parental relationships affecting children: Parent as Partners
- Family relationship difficulties affecting children : Restorative approaches
- Parents whose substance misuse is harming their children: Think Family

Education Psychology Service

4.3.8 Stockport's child and educational psychologists provide a wide and flexible range of therapeutic support for both individuals and small groups. They are able to provide therapeutic work relating to many issues including: attachment, bereavement and loss, emotional trauma, exam nerves/ relaxation, social skills, stress (anger) management and mindfulness.

**4.4 Stockport CAMHS Tier 3 services**

4.4.1 CAMHS Tier 3 provide a range of evidenced based treatments and interventions to support those C&YP with significant mental health needs. They also provide specialist services for C&YP with a learning disability and mental health problems in close collaboration with the

C&YP' s Community Learning Disability Service, and a small Transitions Team for 16 -18 year olds who do not meet the criteria for adult mental health services (AMHs) and who's problems cannot be resolved by accessing provision at Tier 2.

4.4.2 C&YP with the following needs are seen and supported by the specialist Tier 3 CAMHS which is a multidisciplinary team of mental health nurses, social workers, psychiatrists and clinical psychologists:

- emergency or urgent problems that warrant hospital based services e.g. attempted suicide;
- severe mental health disorders;
- severe depression, suicidal ideation;
- psychotic disorders; schizophrenia, bi-polar disorders or drug induced psychoses;
- assessments for neuro-developmental disorder;
- deliberate self-harm with suicidal ideation;
- sexualised behaviour;
- eating disorders.

Tier 3 CAMHS also offer consultation to children's social care, paediatric services, education services and the wider C&YP workforce.

4.4.3 As part of the service offer to C&YP in Stockport, if the need arises for high level assessment and/or intervention, CAMHS can refer to a specialist nurse-led outreach service, called the Inreach / Outreach Team (IROR) which works across Pennine Care CAMHS. This team is able to provide out-of-hours interventions to assess for and/or facilitate admission to hospital, or as a step down intervention from being in hospital. The IROR team works across a number of settings including the young person's home or an acute medical ward. A key role of the IROR is to provide support, advice and consultation to medical wards managing YP with serious mental health issues such as eating disorders.

### 4.5 Tier 4 CAMHS

4.5.1 Tier 4 CAMHS for C&YP in Stockport are commissioned by NHS England. The main services accessed by Stockport C&YP are provided at Fairfield Hospital in Bury (Pennine Care NHS Trust) which provides treatment and support to young people, aged between 13 & 18 years old, who are suffering from a range of mental health difficulties. There are two facilities described below.

- The Hope Unit is an acute psychiatric in-patient service for young people aged 13-18 years whose mental health needs cannot be managed safely in the community. This includes patients detained under the Mental Health Act. Typically the length of stay in this unit is 6-8 weeks with the aim of formulating mental health need, identifying

appropriate support and intervention pathways, stabilising a young person's mental state and managing risk.

- The Horizon Unit provides treatment and rehabilitation for young people aged 13-18 with more complex and enduring mental health needs such as eating disorders. Typically the length of stay in this unit is 9 months plus.

4.5.2 Within the Greater Manchester area Stockport C&YP may also access:

- Junction 17 at Prestwich Hospital (Greater Manchester West NHS Foundation Trust) which provides inpatient, outpatient day care and outreach service for 12-18 years with severe and complex difficulties. This Trust also provides a regional forensic adolescent consultation and liaison service (FACTS).

- Galaxy House at Manchester Royal Infirmary (Central and Manchester Children's University Hospitals NHS Trust) provides inpatient, outpatient and day care for C&YP aged 5-15 years.

### 4.6 Evaluation of our current position – key concerns

4.6.1 Local CAMHS services and access issues have been well evaluated, and details can be seen in the Council's Health Scrutiny Committee report in March 2014 at: http://democracy.stockport.gov.uk/documents/s39943/Mind%20the%20Gap%20-%20mental%20health%20and%20wellbeing%20services%20for%20children%20young%20people%20in%20Stockport.pdf

4.6.2 **There are a number of issues and gaps in key areas of provision that are of particular note**:

Capacity at Tier 2

4.6.3 KITE do not accept referrals for C&YP placed in Stockport by other local authorities (LA). Although many of these C&YP will be receiving therapeutic interventions within their placements, there remains some inequity for out of area LAC placed in Stockport who cannot access KITE and non LAC cannot access their specialist areas of expertise.

4.6.4 Stockport has several independent schools within the locality attended by Stockport residing pupils. In addition there are independent schools in neighbouring localities that Stockport C&YP also attend. These schools along with one secondary academy have opted out of the Secondary Jigsaw arrangement and do not have access to this provision.

4.6.5 We have significant waiting times for our targeted Tier 2 services (KITE, Jigsaw and Central Youth) with C&YP waiting between 4 and 6 months to start treatment. And, although these

services offer direct consultation to professionals within their target populations (e.g. KITE offer consultation to social workers, and Jigsaw services to teachers), there are significant gaps in the consultation offer.

Accessible Specialist Advice

4.6.6 In recent consultations timely access to specialist advice was ranked as a high priority with professionals wanting named contacts within CAMHS to provide consultation, advice and supervision in a responsive and flexible way. It is clear that teachers also want a named lead within their schools and within other health and wellbeing agencies to ensure robust partnership working.

Post 16 provision

4.6.7 There are a number of issues regarding post 16 years provision:

- We have a shortfall in Tier 2 services for YP aged 16-18 with mild to moderate problems.
- Most of the Tier 2 provisions for this age group are restricted to specific groups (e.g. substance misusers, youth offenders, LAC).
- Primary Care Psychological Therapies (Adult IAPT programme) do offer treatment for 16 years plus, but levels of engagement are low.
- Secondary Jigsaw works with school children up to 16 years of age. However there is no equivalent service for sixth form colleges, although colleges do provide some support
- There is currently no targeted mental health resource to support YP transitioning from school to post 16 years environments.

Care Leavers

4.6.8 Care Leavers are a particularly vulnerable group of YP for which there is little targeted provision. Existing mental health provision for LAC from KITE and the Transitions Team is up to 18 years. However, it is felt that this vulnerable group would benefit from dedicated mental health provision up to age 25 to address their particular difficulties after leaving care and to assist them to access appropriate adult provision.

Self-referral

4.6.9 Central Youth Counselling Service is the only universal mental health service dedicated for YP aged 11-25 years in Stockport that can be accessed by self-referral. Though widely valued for the support it offers the service is very small and the current clinical staffing resource is only 0.8 wte.

4.6.10 In general there is a real shortage of interventions in Stockport that could be accessed universally by C&YP to address low level mental health needs (i.e. group work, guided self-help, digital self-help, self-management workshops, mentoring, supported leisure activities).

Home Treatment Options

4.6.11 A key issue is the lack of robust home treatment options as a real alternative to inpatient admission. In particular there are difficulties in stepping down young people with eating disorders from inpatient services into community provision leading to long lengths of stay. Our plans for development of a community eating disorders service set out Chapter 9 addresses this. Our intention is to develop home treatment for ED initially and then utilising the savings from reduced admission to develop home treatment across other care pathways.

### 4.7 SWOT analysis

4.7.1 Pennine Care NHS Foundation Trust (Tier 3) have undertaken a SWOT analysis which has been helpful in informing this Transformation Plan:

| **Strengths** | **Weaknesses** |
|---|---|
| ▪ Innovative, creative and committed, highly skilled workforce, who have a strong working ethic and are engaged in the current need for review and reshaping of service for CYP and families;<br>▪ Commitment to professional development with staff engaging in improving access to psychological therapies (IAPT) training and transforming of service delivery;<br>▪ Strong clinical and managerial leadership with clear structures in place;<br>▪ Strong & supportive local and directorate structure, promotes the sharing of good practice and a positive attitude;<br>▪ Highly developed and embedded approach to capacity management;<br>▪ New and innovative electronic platforms for young people to access e.g. Buddy App;<br>▪ Strong User Participation Forum that guides major service developments; and<br>▪ Established problem based pathways supported by robust supervision. | ▪ Education and wider CYP's workforce interface, lack of understanding of access to services to facilitate step down pathways and effective capacity management;<br>▪ Tension between the need for detailed data collection systems and the impact this has on clinical delivery staff;<br>▪ Lack of embedding of value of consultation as a therapeutic intervention within some areas of the service;<br>▪ Limited capacity to meet internal and external reporting requirements;<br>▪ Capacity management and tight job planning for all practitioners can lead to limited flexibility for unplanned needs and location of delivery;<br>▪ Effective external communication of individual case work progress and service purpose, capacity, challenges and successes;<br>▪ The tier 2 community CAMHS services are seeing less than the predicted number of children expected to need intervention at this level. |

| **Opportunities** | **Threats** |
|---|---|
| ▪ Highly developed and advancing at pace children's service integration programme | ▪ CAMHS project team need to identify financial efficiencies at times of change and increased |

| Opportunities | Threats |
| --- | --- |
| 'Stockport Family' which has synergy with CAMHS transformation work and will support whole system change process at pace;<br>▪ Local design by doing approach to whole system change, with CAMHS leadership embedded in project group;<br>▪ High level sign up to CAMHS transformation work and highly functional project team in place with shared local vision;<br>▪ Established CAMHS single point of access functioning over a period of many years, with established pathways between services, which supports integration of tier 2 and 3 services;<br>▪ Engagement of education in expression of interest for national pilot of education and specialist CAMHS link working; and<br>▪ Potential for development of more robust eating disorder and parental mental health services via new investment. | demand;<br>▪ Desire to shift focus to earlier intervention and support without any specific transitional funding to manage business as usual, changes processes, etc.;<br>▪ Increased accessibility and consultation offers required may negatively impact on treatment ability;<br>▪ Engagement at operational level with service design to afford integrated working model; and<br>▪ Access to buildings and community delivery space to implement locality offer. |

## Chapter 5

## Promoting, Resilience, Prevention and Early Intervention

### 5.1 The Aim

***"To prevent harm by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course."***

***'Future in Mind'*** [8]

5.1.1 A key theme in 'Future in Mind' is the importance of valuing, recognising and promoting good mental health and wellbeing and the need to help children, young people and families adopt and maintain behaviours that build resilience and support good mental health. There is an emphasis on taking early action with those who may be at greater risk and on early intervention as soon as problems arise to prevent more serious problems developing.

### 5.2 Key Recommendations

- Raising awareness of mental health issues for children and young people and reducing levels of stigma
- Continuing to develop whole school approaches to promoting mental health and wellbeing
- Supporting self-care through the use of digital technology
- Enhancing existing maternal, perinatal and early health services and parenting

### 5.3 Supporting children and young people to develop good well being

**What we are doing now**

5.3.1 Public Health and Integrated Children's Services (ICS) are working together to ensure all early years staff have access to 'Connect 5' and the fully evidence-based 'Living Life to the Full' training designed to both improve people's own wellbeing and enable staff to improve their client's/pupils wellbeing.

5.3.2 Health Visitors and School Nurses have all received training in both motivational interviewing and emotional intelligence (the Solihull Approach) and mechanisms to extend this training across the ICS are being explored. School Nurses are extensively involved in supporting

children and young people around mental wellbeing and in some cases they may be the first contact a young person has with services. School Nurses provide drop-ins in secondary schools and the service is currently working on expanding these to achieve borough wide coverage. Mental wellbeing is a significant presenting factor in these drop ins.

5.3.3 Stockport schools have been provided with tools to support their delivery of the Personal, Social, Health and Economic education (PSHE) and Sex and Relationships Education (SRE) Curriculum including Child Sexual Exploitation (CSE) and Domestic Abuse.

5.3.4 The council is working closely with schools to protect children and young people from in appropriate on line content, and all aspects of bullying including cyber-bullying and exploitation which is a growing concern. Additionally, a borough wide self-harm policy and pathway based on NICE guidelines has been published and a training programme has been rolled out across schools.

5.3.5 Most Primary schools deliver the Social and Emotional Aspects of Learning (SEAL) curriculum to teach children the necessary life skills for emotional literacy. This is supported by termly network support meetings for all Primary school SEAL/PSHE coordinators.

5.3.6 The Restorative Approaches project for all schools and council services is supporting the development of emotionally intelligent climates within schools and other settings to better support emotional wellbeing.

5.3.7 Forest School is developing in Stockport to enable more vulnerable children to develop resilience and an inner locus of control, and in turn helping them to learn and be more resistant to risk taking behaviours.

**What we are planning to do**

5.3.8 Public Health working with the Educational Psychology Team, School Improvement Staff, Behaviour Support Team and CAMHS aim to develop a 'whole school approach' supported by a specific offer for schools aimed at promoting and improving the wellbeing of schools staff themselves as well as the wellbeing of children and families.

This would include:

- Raising awareness and knowledge of the importance of good mental health and the link to achievement; promoting 'mental fitness' as part of the school curriculum.
- Specific preparation of vulnerable children at the Primary level for transition to Secondary level to help them access the support they need. This would focus on self-esteem and confidence for managing the transition and could link with a clearly defined 'welcome' programme on arrival at secondary school.

- Creating opportunities to strengthen staff resilience and develop peer support and supervision for staff dealing with pupils with mental health problems.

5.3.9 Strengthen the mental health and wellbeing focus of existing networking events for primary and secondary PSHE coordinators and including other staff involved in pastoral care including school Counsellors, School Nurses, linked Social Workers, linked Stockport Family Workers and CAMHS workers to share ideas and initiatives. These networking events could be extended to all agencies working with C&YP, and to young people and families to harness and co-ordinate the assets in the local community.

5.3.10 Establish a training team within schools, centred on the CAMHS link worker and including the named School Nurse and named Social Worker attached to the school. Training provided through this team would focus on changing behaviour within the school to that which is more supportive of social, emotional and mental well-being (for example, building on the restorative approach to develop skills in 'difficult conversations' with children and young people). The Public Mental Health Lead and Educational Psychology staff would support these teams in developing materials to integrate social and emotional wellbeing content across the curriculum.

5.3.11 Production of a resource to support schools and ICS in procuring evidence-based mental health input if they are purchasing this independently. This would suggest key questions to ask of providers that would help assess if what they offer is evidenced-based and applies recommended approaches, as well as ensuring this fits with the wider provision across the borough.

5.3.12 Better promotion and routine recommendation of digitally based self-care support programmes such as' Living life to the Full', 'Stress Busters', 'Friends' and others. This is particularly important for those not accessing higher level support or facing a waiting period.

5.3.13 Production of a local online directory for schools, wider children and young people's services and for young people and families to show what is offered by whom across the system (NHS, council, voluntary and other third sector organisations) so all in the local community are aware of the support available for children and young people's mental health. This would include information about pathways into, through and between service elements.

5.3.14 Improve the access to a range of self-care resources and material on key issues identified by children and parents. This will consist of digital and print resources and may include developing resources on specific topics where suitable materials cannot be found. These

resources will also be available through a single portal such as the website 'With U in Mind' already developed by Pennine Care NHS Trust.

## 5.4 Infant mental health services and parenting

### What we are doing now

5.4.1 The Parenting Team work with parents of children up to 13 years with social, emotional and behavioural problems to help them understand their child's behaviour and how they can help improve their child's difficulties. They provide a range of evidence based interventions including regular Incredible Years (Webster Stratton) courses and provide weekly Parent Support clinics in community venues across Stockport.

5.4.2 The Infant Parent Service (IPS) provides very early intervention for families from pregnancy to 3 years, focusing on early attachment and relationship difficulties. The IPS offers parent-infant psychotherapy, adult psychotherapy and interaction guidance, Solihull and Brazleton approaches. The team plan to develop group work approaches including Mellow Parenting linked to high needs families work.

### What we are planning to do

5.4.3 Greater Manchester Early Years New Delivery Model has clearly identified the need for a social, emotional behavioural pathway for 0-5 years. Heath visiting and ICS are now implementing the use of Ages and Stages questionnaire (ASQ3) as a tool for screening development and using the ASQ (Social and Emotional Assessment) in a targeted way with some vulnerable children e.g. in Family Nurse Partnership(FNP) and for routine Looked After Child (LAC) health assessment of 2-4 year olds. As a result of these developments need is being identified earlier and a better pathway for practitioners to consult and access support for young children is needed.

5.4.4 Children aged 3-5 years are currently presenting with a mixture of issues including attachment difficulties, post-traumatic stress, loss and adversity and undiagnosed ADHD and ASD. It is proposed that a joint parenting/CAMHS assessment will avoid duplicate referrals and result in earlier more holistic assessment and interventions.

5.4.5 The plan is therefore to close the existing gap between IPS and CAMHS by enhancing our current Parent Support Clinics with additional specialist expertise so they can provide early assessment and consultation and intervention for children 0-5 years where complex social, emotional and behavioural difficulties need more specialist formulation and planning, particularly for post domestic abuse and LAC.

### 5.5 Outcomes we expect to achieve

- Greater visibility of mental wellbeing/fitness content in school curricula
- Existence of transition plans for vulnerable children; and delivery of transition action plan by schools (primary and secondary)
- Peer support and supervision sessions held for schools staff
- Annual multi-agency Mental Health and Wellbeing Networking Events for school staff
- Training teams established in schools with identified delivery plans, supporting integration of mental health and wellbeing content across the curriculum
- Purchasing support resource developed and available to schools across Stockport
- Comprehensive directory of mental health and wellbeing support options created and available to schools and other partners

### 5.6 Key Performance Indicators

**Baseline measures available now for:**

- Annual increase in % of education staff saying they have good knowledge of local health and wellbeing services including web-based resources
- Annual increase in % in education staff saying they have good knowledge of health and wellbeing issues
- Increase in the number of parenting interventions delivered by the Infant Parent Partnership (0-5yrs)
- Annual increase in consultations provided by IPP to professionals and their parents with attachment difficulties

**Baseline measures by end of Q1 16/17 for:**

- Increase in number of staff in early years services who have completed the children's emotional health and wellbeing training programmes
- Increase in usage of 'With U in Mind' website ( as measured by number of hits)
- Increase in number of self-help resources down loaded from 'With U in Mind' website
- Increase in number of parenting interventions delivered by all services

**(see Annex 3 'Tracker' for baselines and targets)**

### 5.7 New funding in this area will be used to:

- Recruit specialist infant mental health practitioners to deliver more parenting interventions for attachment difficulties
- Purchase 'Incredible Years Beginnings' training for early years staff'

- Provide evidenced based health promotion and resilience programmes in schools
- Pilot emotional and wellbeing tracking tools for schools and emotional wellbeing tool kits
- Create an annual flexible budget to enable a rolling programme of mental health promotion initiatives for C&YP

## Chapter 6

## Improving Access to Effective Support – a system without Tiers

### 6.1 Aim

***"Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time "***

***Future in Mind*** [9]

6.1.1 A key theme of 'Future in Mind' is to move away from a tiered model of services, which often results in children and young people falling in the gaps between different services, to a more flexible needs based model (such as THRIVE) where services integrate and collaborate to create seamless pathways of care and support.

### 6.2 Key Recommendations

- One point of information to find out anything children and families want to know
- Single point of access to targeted and specialist CAMHS though multiagency triage approach
- Dedicated named points of contact in targeted or specialist mental health services for every school and primary care provider including GPs
- Strengthening the link between children and young people's mental health and learning disability services and services for C&YP with special educational needs and disabilities
- Access and waiting time standards
- Choice and flexibility in the way services are delivered away from traditional NHS settings
- Clear and safe access to high quality digital online information and support
- Support and intervention for young people in crisis including intensive home treatment to avoid unnecessary admission to hospital.
- Better coordination of mental health services for young adults and smoother transition between CAMHS and adult mental health services (AMHS).

### 6.3 What we are doing now

6.3.1 There is a local CAMHS website 'With You in Mind' (Pennine Care NHS Foundation Trust), which provides information about emotional and mental wellbeing and the resources available in the local community and how to access them. It also provides links to other approved resources that Children and Young People and families and the wider C&YP's workforce can access offering advice on managing less complex problems.

6.3.2 Local age specific resource directories are available on the CAMHS website, these have been produced for GP's and wider professional groups to promote access to the range of local services available for different age groups supporting C&YP and families with their emotional health and wellbeing at primary age, secondary age and 16 plus.

6.3.3 A single point of access (SPA), for targeted and specialist CAMHS has been functional for a number of years. Referrals are screened daily for evidence of risk and the need for an urgent response. A weekly referral management panel attended by representatives from Tier 2 (KITE and Jigsaw services) and Tier 3 CAMHS meets to agree the most appropriate service to offer an initial assessment and enables C&YP to step up or down between services with minimum delay. Referrals for the Transitions Service for 16-18 year olds come via a similar process that sits within adult mental health services (AMHS).

6.3.4 The CAMHS urgent care pathway was reviewed and improved following an OFSTED/CQC inspection in 2012 which raised concerns about unnecessary hospital admissions for mental health assessments. Risk Assessment Practitioners now provide daily dedicated slots in CAMHS, the Emergency Department (ED) and the paediatric wards diverting ED attendances, preventing admissions and facilitating early discharge. CAMHS provide training to ED staff in mental health screening and awareness of the care pathways.

6.3.5 The Transition Service works closely with other agencies supporting the mental health needs of young people aged 16 plus, providing weekly consultation to the Access and Crisis Team in AMHS and regular consultation with KITE, the Youth Offending Service (YOS) and MOSIAC (substance misuse service). There is a well-established mental health Transitions Network which meets quarterly to improve collaboration among statutory and third sector providers and develop care pathways for young adults.

### 6.4 What we are planning to do

<u>New Stepped Care Framework</u>

6.4.1 As outlined in Chapter 4 Stockport CAMHS services are currently commissioned and delivered around the traditional tiered model of provision and, although there is good collaboration between different services, unintentional barriers to access and fragmentation of care still

remains. Consultation and engagement has taken place with local stakeholders to move away from the tiered model to a new stepped care framework (see diagram below) which aligns very closely to the THRIVE model focusing on clusters of need rather than service structure.


6.4.2 The aim of the new framework is to improve accessibility to the right step at the right time and with the right person. The model is heavily focused on helping workers within universal and early help services, GP's and other children's services to develop skills to support the promotion and management of children's emotional health within communities. The foundation for the model is in-reach into C&YP's services and schools by named, suitably skilled and experienced CAMHS workers alongside a cascade model of supervision, consultation and training. The framework will increase access to specialist advice for families and will support the delivery of early help offers whilst managing demand on more intensive pathways.

6.4.3 As described above (1.4) the new framework has been designed to align with and facilitate the new Stockport Family Model and the use of restorative approaches with C&YP and their families.

6.4.4 The implementation of the new Stepped Care Framework is the cornerstone of this Transformation Plan, and making it happen and getting it right early on is our priority. We have expressed interest in becoming an accelerator sight for the THRIVE model and will be targeting the use of new investment on measures that support the implementation of this new way of commissioning and delivering mental health wellbeing services for C&YP

Multi-agency Single Point of Access

6.4.5 As recommended in *Future in Mind* the intention is to create a multiagency SPA at step 2 rather than at the existing tier 3 to triage all non-emergency mental health and wellbeing (MHWB) related referrals (including self-referral) . Options have been drafted on new access pathways, including the proposal that CAMHS workers join the existing Multi-agency Support and Safeguarding Hub (MASSH) to provide expert mental health and well-being input as part of a single point of access arrangement.

6.4.6 As part of a 2015/16 CQUIN (quality improvement programme) agreed with commissioners Pennine Care NHS Foundation Trust are currently consulting on these proposed new access pathways with professionals, children and young people and families via face to face engagement events and an online survey. By creating a single point of access to CAMHS through multi-agency triage and by developing a comprehensive on- line directory of services will make it easier for other providers (including other primary care providers) to signpost C&YP to mental health services. New access pathways will be published locally and communicated widely.

Improved Collaboration with schools

6.4.7 Stockport is not one of the 15 national pilot sites to improve joint working between school settings and CAMHS. Nevertheless the preparation of our bid has engaged individual schools, who were very keen to be part of the pilot, and schools fora (i.e. Head Teachers Consortia and PARE for Pupils at Risk of Exclusion) in the CAMHS Transformation planning process. Our plan is to use new investment to provide CAMHS named leads to link with schools, to support and encourage schools to assign a named lead on mental health issues, and to develop and agree a local approach to joint working including training, information sharing and communication.

Joint Commissioning Integrated Tier 2 / Tier 3 CAMHS

6.4.8 Work is also underway to design an integrated Tier 2/Tier 3 CAMH service (incorporating existing Tier 3 CAMHS, KITE, Jigsaw teams, and Central Youth counselling services). The intention is that this will be jointly commissioned by the CCG, LA and schools with aligned or pooled funding in line with a **single service specification.** This will reduce fragmentation in commissioning and service delivery and will include clear standards for improved access including waiting times and will defined a clear Mental Health and Wellbeing (MHWB) Offer from an integrated CAMHS to universal services. .

6.4.9 A jointly commissioned integrated Tier 2/Tier 3 CAMHS provides a means of improving access by:

- addressing gaps in provision caused by the inclusion and exclusion criteria of separate teams in health, education and social care and by removing inequalities to access for certain groups (e.g. out of area LAC, pupils in non-maintained schools).

- avoiding the risk of single agency reductions impacting disproportionately on small teams and adversely affecting particular groups of CYP ( e.g. LAC, or pupils at risk of school refusal ) or negatively impacting on multiagency care pathway ( e.g. multi-agency pathways for diagnosis and management of autistic spectrum disorder.)

- introducing more flexible ways of working across the CAMHS workforce; in particular offering a wider range of short evidenced based interventions and, where appropriate, digitally enabled signposting to advice, self-help and support in the community.

Support and Intervention for Young People in Crisis

6.4.10 As well as developing a MHWB offer for universal services from an integrated Tier 2/3 CAMHS we will continue to review and develop support and intervention for young people in crisis. Existing service include:

- 6 day a week 9am -5pm Risk Assessment Practitioners (RAPs) who have daily ( except Saturdays) slots in the Emergency Department (ED) and paediatric wards providing MH assessments to avert admissions and facilitate discharge (ages 16 and under)
- 24/7 on- call service from consult psychiatrists (all ages)
- RAID – Rapid Assessment and Interface Discharge MHPs who provide a 24/7 MH Liaison service to ED (all ages)
- 7 day a week In Reach-Out Reach Service (IROR) offering enhanced home interventions to prevent admissions (ages 16 and under)

New investment for Mental Health Liaison is being used to provide additional MHPs for C&YP to work alongside these existing resources. In addition LTP investment is being used to fund MH transitions workers for young people in the Adult Access & Crisis Team. We also plan to review how all these resources (existing and new) can be better utilised to provide a more comprehensive and effective 7 day MH crisis services for YP up to 25.

Mental Health Liaison

6.4.11 Community Mental Health profiles (2014) show that emergency admissions for self-harm per 100,000 population is significantly higher in Stockport that than the England average. Furthermore, hospital admissions for unintentional and deliberate injuries ages 0-24 years in Stockport is significantly higher than the England average. We also know that when C&YP attend the emergency department they spend a longer time in the department

because arranging mental health assessments invariably takes longer due to the limited availability of appropriate staff.

6.4.12 In line with NHS guidance for improving access and waiting time standards NHS England have allocated pump-priming investment targeted at delivering effective models of psychiatric liaison in acute hospital settings for all ages. The initial investment will be targeted at liaison mental health services in the emergency departments (ED). We will use this non-recurrent resource to provide additional capacity to work alongside the existing RAID , RAPs and the IROR to support C&YP who present with deliberate self-harm and other mental health crises.

Other support for Young People in Crisis

6.4.13 As mentioned above the IROR aims to prevent admission through offering enhanced home interventions , however the team only works with young people to age 16; those older than 16 are referred into adult services. We will explore options for reconfiguring this service to provide an intensive outreach/day service up to age 18 reducing the need for young people to be admitted or to remain as inpatients. This review will be done alongside the development of a new intensive community service for those with eating disorders as the expected savings from reduced inpatient care for eating disorders should benefit the wider group needing urgent care. (see Chapter 8). The pump-priming mental health liaison investment will help to bridge the capacity gap in the urgent care pathway until we can re-direct resources from urgent care.

6.4.14 At the same time we are also increasing the CAMHS in-reach to professionals, parents and carers looking after children and young people with complex needs building on the additional MHPs who are now part of the Edge of Care team (see Chapter 7).

6.4.15 We also intend to explore option for increasing CAMHS in reach to short break /respite provision that can be utilised for when a family are no longer able to manage, to avoid young people being admitted to hospital or being kept in custody.

Crisis Care Concordant

6.4.16 The Mental Health Crisis Concordant [(10)] sets a clear vision about how organisations work together to deliver a high quality response when people of **all ages** with mental health problems urgently need help either because of suicidal behaviour or intention, extreme anxiety, psychotic episode or other behaviours that seem out of control and pose a danger to self or others. The aim is to reduce the number of people with mental health problems being detained in a police cell as a place of safety (on Section 136 of the Mental Health Act).

6.4.17 In Stockport Children and Young People under 16 apprehended by the police suffering a mental health crisis are usually taken to Accident and Emergency as a place of safety, and those aged over 16, where appropriate, are taken to the 136 suite in the mental health unit at Stepping Hill Hospital**.** They are then assessed by an approved mental health practitioner and the on-call consultant psychiatrist to decide whether they need to be admitted and/ or what follow-up mental health support they require from community services. Stockport has an effective police and heath partnership meeting where information is shared on usage of section 136 by the police, As part of the on-going monitoring and review of section 136 we will request a breakdown of information on age profile

6.4.18 The number of Section 136 presentations for under 18's in Stockport is approximately 3 per quarter. Our intention is to reduce this by:

- Providing good information to C&YP and families about self-help and who to contact if a crisis occurs
- Recent launch of Street Triage Service with local mental health services and the police
- Embedding a CAMHS worker into the adult Access and Crisis Team to provide a timely and skilled response to young people when they present in
- Enhancing the IROR to support young people as described above.

<u>Strengthening links with LD and C&YP with SEND</u>

6.4.19 Our plan is to undertake a local review of our current care pathways for services for children and young people with ADHD in line with NICE guidance (QS39 & CG72) and new guidance issued by the CAMHS Advisory Group of the Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network. Our intention is to use new investment to develop and implement a multi-agency integrated stepped care approach to provide better access to effective care and treatment for C&YP with ADHD and their parents/carers in community settings. ADHD is one of the most common mental health condition seen in C&YP and in Stockport treatment is heavily and unnecessarily focused on hospital based specialist services. For these reasons it is a high priority in our Transformation Plan. We will commission more support for families and enhance primary care liaison from specialist ADHD practitioners to increase the medical management of cases in primary care.

<u>Improving visibility and accessibility of CAMHS</u>

6.4.20 To improve the visibility and accessibility of CAMHS services and improve engagement we will undertake a review of the preferences of C&YP and parents/carers as to how, when and where they would like to access services (this is currently part of the consultation the CAMHS *With u in Mind* website. The findings will inform a review of the accommodation needs of

CAMHS services and the search for opportunities to deliver services in communities, rather than hospital and other NHS settings, and to be co-located with other agencies.

6.4.21 Providing a choice to receive treatment away from NHS settings is particularly important for young people and young adults to enable and encourage their engagement with mental health services and counteract stigma. As outlined below in we are planning to use new investment to embed Mental Health Transitions workers in the AMH Access Team to work specifically with 16-18 year olds and Care Leavers up to 25 years. An important part of their role will be to work with service providers to encourage them to be flexible and find alternative way of engaging with this group.

Improving Transition

6.4.22 We also plan to review and improve the process for Transition between CAMHS and AMHS and other support based on the published good practice (e.g. NHS England model specification transition) and taking into account the views and experiences of young people. Over time the aspiration is to have All-Age stepped care pathways that eradicate divisions in children's and adult's services and we will begin with life-long conditions requiring continuity of care e.g. learning disabilities and neurological conditions. Parity of Esteem investment is being used in 15/16 to commission a local ADHD diagnostic and post diagnostic services for young people and adults aged 16 plus who currently have to travel out of area.

### 6.5 Outcomes we expect to achieve

- Single portal established as route to access online self-help resources an support; comprehensive range of support materials on-line
- Higher rate of digital resources usage
- Improved accessibility and visibility of mental health and wellbeing services
- Delivery of MHWB services for C&YP at a range of community venues
- Equitable access to and provision of MHWB services across Stockport for all C&YP
- Reduction in waiting times for assessment and treatment
- Quicker access to specialist CAMHS advice when needed
- Improved relationships between CAMHS and partner agencies
- Improved communication and efficiency in sharing information
- Increase in the number of C&YP supported at lower steps in the system
- Reduction in the level of demand for higher step CAMHS services
- Improved service user experience and reduction in transitions between services

### 6.6 Key Performance Indicators

**Baseline measures available now for:**

- Referral to treatment (RTT) within 2 weeks for those who experience first episode of psychosis
- 18 week RTT for C&YP receiving CAMHS
- Increased awareness from C&YP and families of the MHWB services across the borough
- Referral to diagnosis within 12 weeks: ASD diagnostic pathway
- Annual increase in number of children with ADHD monitored in primary care
- Annual reduction in the number of C&YP presenting in crisis and requiring urgent mental health care
- Annual reduction in number of C&YP detained in place of safety under Section 136 Mental Health Act

**Baseline measures available by end of Quarter 1 2016/17 for**

- Annual increase in the number of CAMHS appointments provided in the community (non-hospital)
- Increased usage of 'With U in Mind Website'
- Increased number of self-help resources downloaded
- Increase in number of followers for CAMHS twitter account

(see Annex 3 'Tracker for baselines and targets)

**6.7 New funding in this area will be used to:**

- Recruit mental health link workers for schools
- Recruit mental health link workers for locality Integrated Children's Services and primary care
- Reduction of the current waiting lists for CAMHS
- Reform of the ADHD pathway to increase access in primary care
- Create a single point of access to CAMHS through MASSH
- Provide digital self- help resources and on-line directory
- Provide community based counselling and self-directed support (incl. mentoring and supported leisure)
- Survey and evaluation of community sites
- Provide IT equipment, database and networking in community sites including voluntary sector delivery partners.

## Chapter 7

## Care For The Most Vulnerable

### 7.1 Aim

***"Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need."***

***Future in Mind*** [11]

7.1.1 There are some children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help. A key message in *'Future in Mind'* is that if we can get is right for the most vulnerable, such as looked after children and care leavers, then it is more likely we can get it right for all those in need. The aim is to support staff who work with vulnerable groups by providing access to high quality mental health advice when and where is it needed.

### 7.2 Key Recommendations

- Making sure that children and young people or their parents who do not attend appointments are not discharged from services
- Developing flexible acceptance criteria, based on need rather than diagnosis, and bespoke care pathways for vulnerable children and young people
- Improving assessment to identify those who have been abused and/or exploited and ensuring referral to appropriate evidence based services
- CAMHs to be actively represented in Multi-Agency Safeguarding Hubs
- Strengthening the lead professional approach to coordinate support and services for vulnerable young people with multiple and complex needs

### 7.3 What we are doing now

<u>Looked After Children and Care Leavers</u>

7.3.1 Annual assessment of the emotional wellbeing of looked after children in Stockport using the Strengths and Difficulties Questionnaire and regular clinical consultations between CAMHS workers and each looked after young person's lead health professional.

7.3.2 KITE small team of Mental Health Practitioners with extensive social work experience, funded by SMBC, and integrated into the wider CAMHS pathway, managed by Pennine Care Foundation NHS Trust (see Chapter 4). KITE work with children in need and LAC under the care of Stockport Local Authority and provide liaison and training to the wider children's workforce on working with this vulnerable group.

7.3.3 A specialist Clinical Psychologist provides assessment to inform the emotional, therapeutic and placement needs of Children in Care as well as clinical leadership of the KITE team and strategic overview and development of mental health service provision to Stockport's LAC population.

7.3.4 A care pathway and care bundle has been developed for LAC up to the age of 18, including consultation to foster carers and residential services, Theraplay informed work and Dialectical Behaviour Therapy (evidenced based treatments for this group).

7.3.5 Additional specialist Mental Health Practitioners and Clinical Psychologist are part of a new multi-agency Edge of Care Team (Stockport Families First) providing intensive support where there is a risk of family breakdown and a child or young person not being able to stay at home and going into local authority care.

7.3.6 CAMHS are active partners in the multi-agency MACE project for victims and those at risk of child sexual exploitation (CSE). The Liberty Project, a third-sector partnership between Beacon Counselling and Relate GMS, provides a range of therapeutic services to help victims of CSE recover from their experiences and to prevent those at risk from becoming victims.

7.3.7 The Leaving Care (16plus) Team have links with CAMHS, Adult Mental Health Services (AMHS), LAC nurse, MOSAIC drug and alcohol and CSE team to support Care Leavers emotional health and wellbeing.

<u>Children and Young People with SEND</u>

7.3.8 In 2014/15 Stockport CCG invested **'Parity of Esteem'** monies to strengthen the link between specialist CAMHS and Learning Disability Services and to bridge the gap between children's and adult's LD services. A shared stepped pathway of care has been developed around NICE guidance (CG11) between CAMHS and the Children's Community Learning Disability Team (CCLDT) to increase access to evidence based treatments for emotional and behavioural difficulties for C&YP (e.g. Positive Behaviour Support Programmes) and reduce the use of medication for challenging behaviour.

7.3.9 Parity of Esteem investment was also used to streamline the multi-agency diagnostic pathway for Autistic Spectrum Disorder (ASD) based around NICE guidance (CG128) which has improved the coordination between services, reduced the waiting time from referral to diagnosis from 12 to 3 months and extended the pathway to 18 years.

Young Offenders and Young People in Secure Accommodation

7.3.10 Young people may be in secure accommodation on welfare or on criminal grounds. We aim to prevent C&YP going into secure environments and, if they do, to smooth their transition back to the community. There are well established links between CAMHS and Stockport Youth Offending Team (YOT) and Children's Social services. A CAMHS Mental Health worker (who has additional training in C&YP IAPT modalities) is embedded in the YOT. They provide assessments, interventions and training to the YOT. CAMHS provide an evidenced based Dialectical Behaviour Therapy programme for young people with harmful and risky behaviour which is accessed by young offenders, those at risk of offending and those in care or on the edge of care. A Consultant from the CAMHS transitions team provides regular consultation, advice and supervision to the YOT.

7.3.11 As described above KITE works to maintain the stability of placements for looked after children. The CAMHS specialist clinical psychologists who provide supervision to the KITE team and to the Edge of Care Team also provide expert advice around appropriate placements, placement support needs, and work to prevent family break down and C&YP becoming accommodated.

7.3.12 We believe the integration of CAMHS workers into the multiagency support and safeguarding hub (MASSH) will enable early identification of those YP at risk of offending and family breakdown providing earlier opportunities to intervene.

**7.4 What we are planning to do**

7.4.1 We are going to move to a needs based model of care (i.e. THRIVE) with flexible acceptance criteria which takes into account the presenting needs of the child or young person and the level of concern about them recognising that many vulnerable young people with very poor emotional wellbeing do not have a diagnosable mental illness or disorder.

7.4.2 With new investment we will ensure there are named, in-reach/ link Mental Health Practitioners for the Integrated Children's Services (ICS) teams in localities, and for the Multi-agency Support and Safeguarding Hub (MASSH) to a) enable early identification of those at high risk b) provide timely assessment for those who have been abused and/or exploited and c) provide appropriate evidence based interventions.

7.4.3 With new investment we will also embed Transition Mental Health Practitioners in the Adult MH Access and Crisis Team and in the Leaving Care (16 plus) Team who will provide direct work with Care Leavers up to age 25 (and other young people up 16-18) who do not meet the criteria for secondary AMH, as well as smoothing the journey into AMH for those that do. These new Transition MHPs will provide timely and skilled response to vulnerable young adults when they present in crisis and will signpost and support them into other emotional health and wellbeing services. They will also work to mobilise other services to adapt their practices to meet the needs of this group. (see link to Crisis Support Chapter 6)

7.4.4 We will provide additional training and support to staff in universal services to help them identify and address the emotional needs of the LAC population.

7.4.5 We plan to evaluate and build on the existing contribution of specialist mental health workers to the multiagency Edge of Care Team (Stockport Families First) providing intensive longer term therapeutic work as part of a coordinated package of support for vulnerable children and young people and their families.

7.4.6 We will undertake a local review of the 'Did not Attend' policies and procedures to ensure children, young people and families who DNA are actively followed up and are given help and support to engage with services. The current DNA rate for Consultant appointments is 9.1%. This is not representative of the entire CAMHS provision for which data is not currently available. Our intention is to extend key performance indicators (KPIs) for DNAs across all CAMHS provision and to monitor this routinely.

7.4.7 KITE does not work with children and young people who have been placed in Stockport by other local authorities. We plan to develop arrangements with placing authorities to ensure all LAC have access to the mental health and wellbeing services they require.

7.4.8 We plan to analyse Stockport's SDQ scores (which are higher than the regional and national average) to see if there are identifiable patterns (gender, age, placement types) that will inform better targeting of mental health and wellbeing services for LAC.

7.4.9 We will ensure that SDQs are completed and scored in advance of a child's health assessment so that health plans can be fully comprehensive (DfE/DoH guidance).

7.4.10 We intend to provide and promote resilience building opportunities for vulnerable children to help validate and normalise their experiences and proactively develop their emotional strength (e.g. delivering Living Life to the Full Programme to LAC, Care Leavers and Adopted young people).

7.4.11 We also intend to use immediate funding available in 2015/2016 to increase support and therapeutic interventions for LAC, Care Leavers, C&YP who are victims or at risk of child sexual exploitation and those affected by domestic abuse.

7.4.12 We also plan to develop our exiting pathways for trauma treatment and develop partnership between local services and the regional Sexual Assault and Referral Centre to ensure appropriate and timely referral to and follow-up of all cases attending SARC.

### 7.5 Outcomes we expect to achieve

- Clearer understanding of the needs and access to services of the local LAC population and other vulnerable groups and those with protected characteristics such as learning disability.
- Improvement in the wellbeing of all LAC as measured by SDQ and in the outcomes of all children and young people accessing mental health services
- Reduction in the DNA rates and better engagement of vulnerable children and young people and families in mental health services (this applies to all children and young people).
- Reduction on the number of LAC, Care Leavers and other vulnerable groups, presenting in crisis and requiring urgent mental health care ( this also applies to all children and young people**)**
- Clear pathways for vulnerable C&YP who present in a crisis.

### 7.6 Key Performance Indicators

**Baseline measures available now for**:

- Annual % reduction in the SDQ cores of looked after children in Stockport which are higher than the national average
- Increase in % of SDQs completed, scored and made available to the health practitioner prior to undertaking the statutory health assessment
- Annual % reduction in DNA rates for C&YP attending CAMHS appointments
- Annual % reduction in number of C&YP presenting in crisis and requiring urgent mental health care

**Baseline measures by end of Quarter 1 2016/17 for:**

- Increase in number of LAC completing a resiliency training programme ( e.g Living Life to the Full Programme)
- Increase in number of Care Leavers completing a resiliency training programme (e.g. Living Life to the Full Programme)

- Increase in C&YP with learning disabilities receiving a Positive Behaviour Plan Across home and school

  (see Annex 3 'Tracker for baselines and targets)

**7.7 New Funding in this area will be used to:**

- Recruit mental health workers for those in transition ( age 16-18) and Care Leavers
- Recruit mental health workers linked to the Multi-agency Support and Safeguarding Hub
- Provide additional therapeutic intervention for LAC & Care Leavers
- Provide additional support and therapeutic interventions for C&YP who are victims or at risk of sex exploitation
- Provide counselling for C&YP affected by domestic abuse

## Chapter 8

## Eating Disorders

### 8.1 Aim

*"It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high quality care and support as soon as possible can improve recovery rates, lead to fewer lapses and reduce the need for in -patient admissions*."[12]

### 8.2 Context

8.2.1 About Eating Disorders

Eating disorders (ED) are a range of complex conditions which typically present in mid adolescence and have adverse effects physically, psychologically and socially on a young person. Eating disorders have the highest mortality rate of all Psychiatric conditions.

8.2.2 Eating disorders are characterized by a preoccupation with food, weight, body shape and harmful eating patterns. The three most common ED are Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder (BED).

8.2.3 Eating disorder not otherwise specified (EDNOS) is a diagnosis given when the general symptoms of ED are present but don't fit the exact criteria for one of the three main diagnostic criteria. This is the most common form of ED seen in clinical practice.

8.2.4 Young people with ED often have other mental health needs, experience guilt and low self-esteem and perceive their ED to not be a problem. These factors impact significantly on presentation to services at an early enough stage and can further impact on engagement and access to treatment. Timeliness of access to treatment is a strong indicator of the outcome and duration of the ED.

8.2.5 The evidence also suggests that young people seen in a generic community based CAMHS have a higher rate of inpatient admission than young people seen in a specialist dedicated ED service.

8.2.6 Currently services for ED are provided in a fragmented way particularly for young people who can access primary care, (Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS) and third sector organisations both in and out of their resident

locality. This in conjunction with the complexity of presentation means that accurate and reliable data is challenging to source both locally and nationally.

8.2.7 Figures from the the Health and Social Care Information Centre (HSCIC) show a national rise of 8 per cent in the number of admissions to hospital for an eating disorder. In the 12 months to October 2013 hospitals dealt with 2,560 eating disorder admissions, 8 per cent more than in the previous 12 months (2,370 admissions).

8.2.8 In 2012-13 the North West Strategic Health Authority had the fourth highest rate of hospital admissions for an eating disorder (over 4.5 per 100,000 of the population). Total ED referrals for under 18s to Pennine Care services for CCGs in the south (Trafford, Stockport, Tameside and Glossop) increased by 12 % between 2013/2014 and 2014/15 from 49 to 55.

### 8.3 National Transformation Programme

8.3.1 The Government has made available additional funds of £30 million per year to transform services in England for the treatment of children and young people with eating disorders up to the age of 18. The funding is intended to improve the consistency and quality of eating disorders services, provide new and enhanced community and day treatment care, ensure staff are adequately trained and supervised in evidence-based treatment and effective service delivery, and ensure the best use of inpatient services. Any capacity created by reducing the use of inpatient care is to be re-deployed to support general CAMHS response for those who self-harm or present in crisis.

8.3.2 The Government also intends this funding to be used to implement new national access and waiting time standard for C&YP with an eating disorder. This standard is that *National Institute for Health and Care Excellence (NICE) concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.*

### 8.4 Key Recommendations

The Eating Disorder NICE guideline (2004) contains the following specific recommendations;

- Most children and young people should be treated in the community
- Inpatient admission should be considered where there is a high or moderate physical risk
- Admission should be to appropriate facilities with access to educational activities and related activities
- When inpatient admission is required it should be within reasonable travelling distance

In addition the guideline recommends;

- Placing an emphasis on early identification
- Increasing the responsiveness and flexibility in intensity if community-based care to reduce the need for inpatient care.

**8.5 What we are doing now**

8.5.1 Current Provision

Within Pennine Care there are a range of services available for C&YP with ED which include inpatient treatment, support from the Inreach /Outreach team (IROR) and community CAMHS intervention (these services are described in Chapter 4)

8.5.2 Total ED referrals for under 18s from Stockport to Pennine Care was 15 in 13/14 and 17 in 14/15. The average length of hospital inpatient stay for those discharged from hospital was 318 days.

8.5.3 Young people presenting with ED would usually access the Horizon Unit (unit for complex and enduring needs) from either a medical inpatient setting or from the community, a pathway which is supported by the IROR which provide outreach consultation and liaison. In response to the increasing presentation of EDs the Horizon Unit has developed additional skills and expertise in managing ED and has recently introduced a day care service to support young people stepping down from inpatient care.

8.5.4 For the under 16 age group there are clear pathways within community services with dedicated staff who have acquired additional skills and experience in ED treatment and are able to offer a range of individual, group and family based psychological therapies. In Stockport education services have also developed expertise in supporting students with ED at Pendlebury Pupil Referral Unit (PRU) which provides an outreach support pathway for mainstream schools.

8.5.5 Stockport CCG commissions an adult community eating disorder service from Oakwood Psychological Therapy Services, formerly North West Centre for Eating Disorders. This service provides individual, family and group therapy for people with a diagnosis of anorexia nervosa, bulimia binge eating disorder and other commonly classified eating disorders. The population covered is people aged 16 years and over.

**8.6 Constraints of Current Provision**

8.6.1 Identification of true need is a challenge as services only provide support to young people with moderate to severe ED's. Young people with lower levels of need often don't access services or if they do find that the right support is not readily available. In addition families/carers may

want to access support even if their child does not and this is hard to manage in generic CAMHS teams – young people have to have been referred and accepted by the service in order for them or their families to receive support.

8.6.2 Paediatric services provide care up to 16 years but there is an identified gap for 16 – 18 year olds in terms of medical input. Within adult medical provision there is a less consistent approach and limited ED expertise.

8.6.3 Dietician time is not integrated into the pathway in generic CAMHS. There is however dedicated and embedded dietician time in the inpatient care pathway.

8.6.4 Capacity within the IROR team and generic Community CAMHS means that intensive home treatment and or day provision is not achievable within existing resources. As such there is no intensive community alternative to inpatient admission for the most severely unwell young people.

8.6.5 Equally capacity within generic CAMHS teams is not sufficient to deliver training, consultation and support to the wider children's workforce in order to promote early intervention and support the prevention agenda.

8.6.6 Young people with moderate to severe ED are small in number but require intensive, long term input from a range of professionals with specific ED skills and knowledge. There are pragmatic challenges to developing mini teams in localities and maintaining the skills and providing on-going training and supervision. In addition such small teams are fragile if staff are absent or leave.

8.6.7 The administrative and governance processes required for referral pathways into specialist services can sometimes inadvertently act as a barrier to access.

### 8.7 What are we planning to do

8.7.1 The planned improvements in services for C&YP with eating disorders needs to be understood in the context of wider CAMHS transformational reform to improve access to specialist services as described in Chapter 6. By having a single point of access, by accepting referrals from anyone, by increasing the visibility and accessibility of specialist services it is likely that C&YP with ED and their families will feel able to request and receive support at a much earlier stage

8.7.2 Our intention is to use our new investment for ED to jointly commission a new Community Eating Disorders Service (CEDS) for C&YP up to age 18 in partnership with the other 5 CCGs in the Pennine Care footprint. In partnership with their commissioners and key stakeholders including C&YP and families, Pennine Care NHS Foundation Trust are currently developing a business case for a CEDS comprising two separate teams, one in the south and one in the north, each covering a general population of around 500,000 as recommended in the national guidance.

8.7.3 The service will be structured on an hub and spoke model due to the large geographical areas covered and it has been agreed in principle that the South Hub will be based in Stockport with satellite bases in Trafford and Tameside and Glossop.

8.7.4 We envisage the Hub as a vibrant, child oriented, community facility, located centrally. Based on the stepped care approach the Hub will be staffed 7 days a week and will be the main base offering drop in, groups, assessments and treatments. Our ambition is for it to be a thriving community resource including a library of self-help resources, a café and a centre for training events, groups and meetings/talks. Staff at the hub will be able to offer same day responses to screen referrals and will be able to travel to carry out emergency visits where needed. Routine and specialist services will be available including family based approaches. There will also be a number of smaller satellite bases/sites that can offer assessments and treatments, located conveniently in separate geographical locations.

### 8.8 Outcomes we expect to achieve

- A more equitable and standardised level of provision for children, young people and their families
- More timely access to evidence based community treatment
- Fewer transfers to adult services
- Earlier step down and discharge from inpatient settings
- Reduced use of both medical and mental health inpatient.
- Reduction in crisis presentations and re referrals to specialist services
- Increased awareness and skill within the community including families/carers and peers
- Extend the Early Help offer to include lower level eating disorders
- Release capacity within generic CAMHS to enable shorter access times into the service

### 8.9 Key Performance Indicators

National Targets:

- Referral to treatment (RTT) within a maximum of 4 weeks for routine cases
- Referral to treatment (RTT) within a 1 week for urgent cases

Local Targets to be agreed as part of business case approval process

- X % reduction in those referred with eating disorders who are admitted.
- X% reduction in the average length of stay for those who are admitted.
- X number of young people already inpatients to be transferred into community services

## Chapter 9

## Developing the Workforce

### 9 .1 Aim

***"It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and be able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves."***

***Future in Mind*** [13]

9.1.1 Developing the workforce is a key theme in *Future in Mind*, and much of what is recommended is for action at a national level such as including mental health and wellbeing in Initial Teacher Training (ITT) course and extending the C&YP Improving Access to Psychological Therapies (IAPT) curricula and training programme. However, some of the recommendations are for local action and one of the key task of our Local Transformation Project Team is to develop a joined up multi-agency strategic approach to workforce planning to make sure we have a workforce with the right mix of skills, competencies and experience to best support C&YP's emotional and mental wellbeing.

### 9 .2 Key Recommendations

- Provision of training to all staff working with C&YP in universal settings in C&YP's development and behaviours so they understand when a child needs help
- Enhanced, multi-professional training across the physical and mental health interface (e.g. greater awareness of mental health problems amongst paediatric staff and visa-versa)
- Local reciprocal multi-agency and multi-professional training programmes so there is a shared understanding of roles and responsibilities across all those involved in the system so CY&P don't fall between services
- The workforce in targeted and specialist CAMHS should be skilled in the full range of evidenced-based therapies recommended by NICE
- Local areas need to develop a comprehensive workforce strategy, including audit of skills, capabilities, age, gender and ethnic mix.

### 9.3 What are we doing now

9.3.1 There are a number of initiatives and training programmes currently in place for staff working with C&YP in universal services, including schools, to enable them to support C&YP to develop good emotional and mental well-being (see Chapter 5 for details).

9.3.2 We have a local well established accredited (OCN Level 2 and 3) mental health training course for professionals working in schools and other C&YP services. The course entitled, 'Developing skills in identifying and responding to mental health difficulties in children and young people', has been running since 2007 and 358 staff have been trained including teaching and support staff in schools, health professionals, social care professionals and trainee teachers (ITT).

9.3.3 Our CAMHS have been participants in the national C&YP IAPT programme since phase 1 which has enabled 10 practitioners from across Tier 2 and Tier 3 to be trained in CBT, parenting, systemic family practice, and evidenced based interventions.

9.3.4 Telephone consultation systems are in place for the children's workforce to support wider services in working with C&YP with emotional health and well-being difficulties and multi-agency training session have been provided to schools to embed the use of a local Self-Harm Protocol.

9.3.5 Training and development is provided by CAMHS to the Emergency Department and to Children's in-patient teams and a robust model of supervision is in place from Tier 3 to Tier 2 services.

9.3.6 Our CAMHS LD specialist Team in partnership with our Children's LD Community Team are currently enhancing their skills in Positive Behaviour Management and plans are in place to roll this training out to wider services working with C&YP with LD, ASD and challenging behaviour.

9.3.7 CAMHS Tier 3 are currently conducting a workforce skills audit (SASAT) that matches the skills and capabilities in the workforce to the presenting needs of C&YP.
A recent stakeholder survey has been completed which has begun to identify the training needs around C&YP mental health in the wider workforce.

### 9.4 What we are planning to do

9.4.1 Complete workforce skills audit across all targeted and specialist CAMHS services (SASAT) and develop a CAMHS workforce development plan that is future proofed and aligned to the provision of an integrated service within a stepped care /i- THRIVE model of delivery within Stockport.

9.4.2 Expand the consultation offer from CAMHS services (see Chapter 6 on improving access) and embed an action learning set model to ensure solution finding to challenges.

9.4.3 Increase capacity for Tier 2 and Tier 3 CAMHS services to provide training and increased supervision to the children's workforce and greater opportunity for skill modelling in practice.

9.4.4 Our ambition is to train a wider group of school based and Stockport Family staff to develop a range of therapeutic evidenced based interventions. Specifically we are aiming for at least one person from each of our Localities to be trained in each of the C&YP IAPT modalities over the next 5 years.

9.4.5 Beginning this academic year we are piloting an emotional assessment/intervention tool with a select number of schools and hopefully extending to colleges which will involve training education staff to assess the emotional wellbeing of their pupils/students and plan appropriate interventions to support their wellbeing.

9.4.6 We are also developing our Parent Support offer by increasing training to early years providers and nursery staff to help them support young children who are anxious or distressed or need help learning to emotionally regulate. (e.g. through use of Incredible Years Beginnings - a new programme for early years providers).

9.4.7 Because of the amount of development activity there is a danger that work can be fragmented and duplicative or that skills gaps in the workforce across the health, education and social care system will go unaddressed. Therefore, a priority of the Transformation Project Team is to develop a Children's Mental Health and Emotional Well-being Training strategy and implementation plan for Stockport that targets key groups of staff and uses a range of accessible delivery models to ensure training can be accessed by all target groups.

### 9.5 Outcomes we expect to achieve

All professionals working with C&YP will

- Feel confident to promote good mental health and wellbeing to CYP and families and identify problems early
- Be able to offer appropriate support and refer appropriately to more targeted and specialist support
- Exhibit the qualities and behaviour that C&YP and families would like to see
- Use feedback from C&YP and families on a regular basis to guide treatment
- Have the skills to work in a digital environment with young people who are using online channels to access help and support
- Be trained to deliver evidenced based care appropriate to their discipline
- Be trained to practice in a safe and non-discriminatory way

### 9.6 Key performance indicators

**Baseline measures available now for:**

- % increase in professionals stating they have good knowledge of local mental health and wellbeing services including web-based resources
- % increase in professionals stating they have good knowledge of the referral process into CAMHS
- % increase in professionals stating they have good knowledge of a range of mental health conditions
- Increase in the number of professionals who are trained through CYP IAPT programme

**Baseline measures available by Quarter 1 2016/17 for**

- Increase in number of staff across integrated T3/T2 CAMHS who are trained in evidence based treatment modalities (following SASAT).

### 9.7 New funding in this area will be used for

- Workforce skills audit across an integrated Tier2 /Tier 3 CAMHS service
- Development of a multi-agency Children's Mental Health and Emotional Wellbeing Training Strategy
- Accredited Mental Health training for universal staff – responding and identifying MH difficulties in C&YP

- Targeted training including:

  Training in evidence-based parenting interventions for those working in early years.

  Training for EMDR – evidenced based intervention for those working with YP suffering trauma

## Chapter 10

## Accountability and Transparency

### 10.1 Aim

***"Far too often a lack of accountability and transparency defeats the best intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families /carers and value from our investment."***
***Future in Mind*** [14]

10.1.1 A key message in *Future in Mind* is that agreeing better models of care is not enough. Right now there are too many barrier and obstacles to be confident that new models of care would succeed. The system of commissioning services is fragmented with money sitting in different budgets in different organisations without clear lines of accountability. Also commissioners have limited access to information about how well services are performing and about patient experience and outcomes.

### 10.2 Key Recommendations

A number of recommendations are for national government i.e.

- A national prevalence survey of C&YP's mental health to be carried out every 5 years
- A national CQC/Ofsted monitoring framework to monitor the implementation of proposals from *Future in Mind.*
- Bench marking of local service at national level using a set of measures covering access, waiting times and outcomes.

Recommendations for local action include:

- Lead accountable commissioning arrangements for C&YP's mental health and wellbeing (MHWB) with aligned or pooled budgets
- Investment from commissioners in C&YP MHWB to be fully transparent
- A single integrated plan for child mental health services supported by a strong Joint Strategic Needs Assessment (JSNA) and overseen by local Health and Wellbeing Boards
- Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) shape commissioning decisions
- Developing local applicable quality standards aligned with specific measurable outcomes

**10.3 What are we doing now**

Local leadership across the system

10.3.1 Strong local scrutiny of local C&YP MHWB services by Stockport Health and Wellbeing Scrutiny Committee with clear recommendations for local improvement, many of which have been addressed.

10.3.2 A high level of local senior leadership for C&YP mental health and commitment to reducing fragmentation in commissioning and strengthening commissioning arrangements. The agreed response of the CCG and the LA to the Health and Wellbeing Scrutiny Review report *'Mind the Gap: mental well-being and mental health services for children and young people in Stockport* (April 2014) is to align and where appropriate pool resources and jointly commission an integrated service through a single service specification for an integrated stepped model of care.

Improving local information and transparency

10.3.3 We have mapped CCG and LA investment in C&YP mental health services and we have begun benchmarking local services in terms of activity, workforce, access, waiting times (section B)

10.3.4 Our public health colleagues are working to develop the local JSNA on C&YP mental health looking at nationally available data such as predicted prevalence rates and gathering local data in order to show how our existing services are responding to needs in the borough, whether there are any gaps and whether our services are reaching out equitably to the whole of Stockport's C&YP population.

10.3.5 Pennine Care NHS Trust are collecting activity data and outcomes that can be used by commissioners via their membership of the NHS benchmarking collaborative, Children's Outcomes Research Consortium (CORC) and the C&YP IAPT programme.

10.3.6 Pennine Care NHS Trust have a continuous programme for reviewing compliance with latest NICE guidance and assurance is periodically sought by the CCG Clinical Policies Committee. Services including those for self-harm , autism and challenging behaviour have recently been developed based on NICE guidelines and evidence based practice.

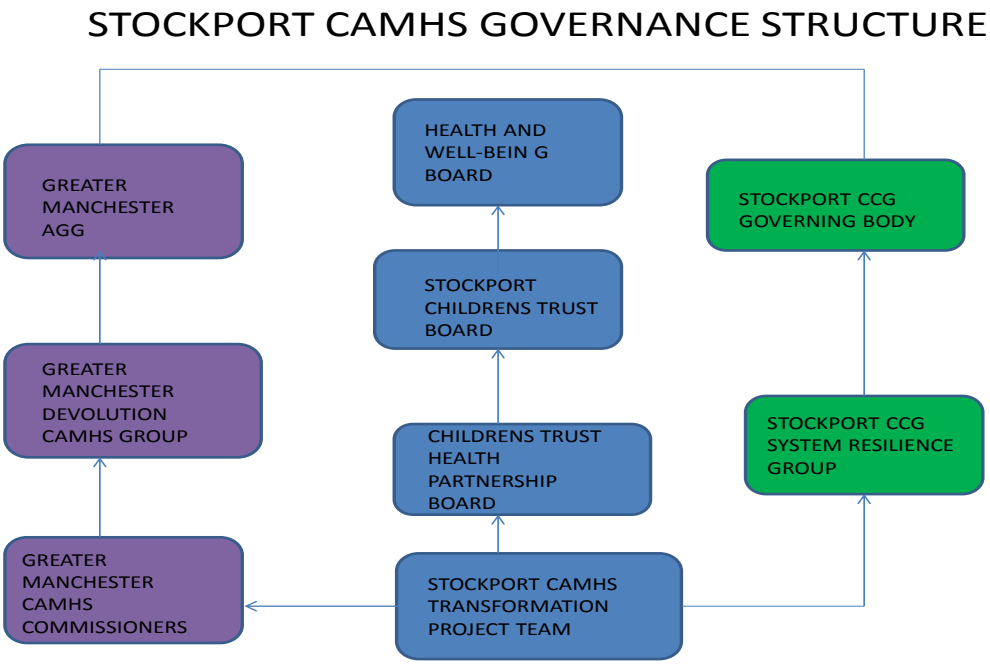
10.3.7 The Greater Manchester Medicines Management Group have recently refreshed shared care protocols on prescribing and we aim to ensure that these are consistently applied across Stockport.

### 10.4 What we are planning to do

10. 4.1 Build on existing websites *(e.g. With U in Mind,* CCG website and Council's Local offer for SEND) to ensure we have an accessible and transparent 'local offer' for C&YP MHWB services which describes the range of local services and how to access them. This Local Transformation Plan will also be published on these local websites

Strengthening Accountability and Transparency

10.4.2 The Stockport governance structure for the delivery of this Transformation Plan is shown in the diagram below. Stockport CCG System Resilience Group will oversee the implementation of the plan and will track the delivery of key performance indicators.




10.4.3 As the lead commissioning body Stockport CCG will co-ordinate commissioning for C&YP mental health service provision across the borough in line with this Transformation Plan which will be integrated with the Health and Wellbeing Strategy and will be clearly accountable to the Health and Wellbeing Board. We will work through existing well established wider C&YP partnership structures (e.g. Children's Trust Board) to secure high level strategic engagement and commitment to implementation.

10.4.4 Greater Manchester Devolution provides a unique opportunity for localities to work together to shape health and social care services to address the needs of people of all ages across the conurbation. The GM Devolution programme has identified CAMHS as an early priority for

implementation and with the establishment of the GM CAMHS Strategy Board will work with local CCG CAMHS commissioners on a range of priority areas which include:

- Identifying standards for specialist provision across Greater Manchester, to include the following areas: - crisis support, eating disorders, in-patient CAMHS beds to include learning disabilities
- A focus on co-commissioning CAMHS in-patient beds and looking at alternatives to admission across GM to reduce lengths of stay
- Providing support for CCGs to work collaboratively on developing community ED services
- Developing co-commissioning multi-agency pathways for ADHD across service users lifespan into early adulthood
- Working across GM to meet the emerging needs for perinatal mental health and parent and infant mental health

Strengthening Joint Commissioning

10.4.5 Stockport CCG will work with the LA and other commissioning partners including schools to agree a joint local service specification for an integrated T2/T3 CAMHS to deliver clear evidenced –based pathways of care. This will be based on the new model service specification developed by the C&YPMHT Task force for NHS England. We will explore and implement the most appropriate contracting format which supports providers to be flexible, creative and responsive to the needs of C&YP whilst also making them more accountable.

10.4.6 We aim to encourage partnership working between providers in the voluntary, independent and statutory sector to develop creative approaches to improving access to services, particularly for the most vulnerable groups. We are using LTP investment to continue commissioning therapeutic services from third sector organisations for vulnerable groups and to develop their IT systems for effective and secure data collection and monitoring. We are using new investment to develop direct access to self-directed support including mentoring and supported leisure with the intention of developing more partnerships with third sector organisations.

10.4.7 As local commissioners of C&YP MHWB services (CCG, LA, schools) we will work with our providers to agree a common local data set (which will a sub-set of the CAMHS national minimum data and C&YP IAPT outcomes) and reporting framework which will enable us to monitor activity, waiting times and outcomes across all services.

10.4.8 We intend to work with The Child Outcome Research Council to improve the way in which an integrated CAMHS collects and uses outcome data to enhance service provision and improve our understanding of how best to help C&YP with mental health and wellbeing issues.

10.4.9 We will continue to develop the JSNA for children and young people's mental health utilising the new data set from all service providers. The data that is currently reported locally to commissioners and public health leads for C&YP will be improved to get an accurate picture of the mental health needs in the population and whether services are meeting these needs. Therefore, improving access to information and the development of the JSNA is an early priority and there is an agreed plan of action (see Chapter 2)

10.4.10 As the lead commissioner the CCG will lead the development of a joint commissioning framework across health education and social care which is aligned to the THRIVE model of care which will clarify our roles and responsibilities, commitments and contributions to commissioning for each of the needs based grouping for care i.e. getting advice, getting help, getting more help and risk support. We have been selected as an accelerator site for the i-THRIVE programme. .

### 10.5 Outcomes we expect to achieve

- Strong leadership and accountability for the commissioning and delivery of C&YP mental health service across the borough
- A clearer picture of the mental health needs of C&YP in Stockport and whether these are being met and whether resource are being used effectively
- Strengthen links with Greater Manchester CCGs and Local Authorities through the CAMHS Devolution Programme.

### 10.6 Key Performance Indicators

- An agreed joint commissioning framework to support the implementation of this Transformation plan
- A strong Joint Strategic Needs Assessment for C&YP mental health
- A joint local service specification for integrated Tier 2/ Tier 3 CAMHS service
- Aligned or pooled budgets for specialist and targeted CAMHS
- An robust Quality and Performance Monitoring Framework to ensure delivery of local quality standards and KPIs

**10.7 New funding will be used in this area for**

- Additional commissioning support to the CCG and LA
- Commission work with the Child Outcomes Research Consortium to improve the way we collect and use outcome data
- To support our participation in the i-THRIVE accelerator programme.

**References and Notes**


1. World Health Organisation: World Health Statistics, 2011.
2. *Future in Mind; Promoting protecting and improving our children and young people's mental health and wellbeing*, DoH and NHS England, 2015
3. *Future in Mind p.26*
4. Stockport Health and Wellbeing Scrutiny Committee of SMBC '*Mind the Gap': mental wellbeing and mental health services for children and young people in Stockport* http://democracy.stockport.gov.uk/documents/s39943/Mind%20the%20Gap%20-%20mental%20health%20and%20wellbeing%20services%20for%20children%20young%20people%20in%20Stockport.pdf
5. *Future in Mind; Promoting protecting and improving our children and young people's mental health and wellbeing*, DoH and NHS England, 2015
6. THRIVE – anew model for CAMHS http://tavistockandportman.uk/aboutus/news/thrive-new-model-camhs
7. The most recent figures for prevalence of common mental health problems in children and young people date from the 2004 ONS prevalence study, a study which up until 2004 had been conducted on a five-yearly basis.

   The Chief Medical Officer highlighted this as a problem in 2012; the British Psychological Society, amongst others, have called for urgent action to remedy this and the 2014 House of Commons Health Scrutiny Committee identified the lack of up-to-date, robust data as a significant problem for CAMHS services across the UK:

   *Demand continues to increase - 89% of respondents said there had been an increase in referrals over the last 2 years; percentages ranged from 20-70%. Many respondents noted a change in the mix of referrals seeing an increase in self-harm, complexity and severity.*
   *Partnerships are reporting rising numbers of both routine and emergency presentations.*
   *Partnerships suggest an average increase of 25% in referrals to CAMHS tiers 2/3 since 2012, possibly due in part to the impact of regional and local cuts on community based services and third sector services*

   Given this, a health warning should be applied when looking at predicted rates of illness: as rates of referral have increased rapidly over the last 10 years, it is likely that the prevalence rates for 2004 are now a significant under-estimation.

8. Future in Mind p. 40
9. Future in Mind p.50
10. Mental health Crisis Care Concordant : Improving Outcomes for People Experiencing Mental Health crisis, Department of Health, February 2004
11. Future in Mind p54
12. Accessing Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide, NHS England, August 2015
13. Future in Mind p.68
14. Future in Mind p.6

| | Section A: Stockport New CAMHS funding | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|
| | **New CAMHS Income** | | | |
| | Community ED (initial allocation on submission of plan – October 2015) | 166,843 | 166,843 | 166,843 |
| | Following assurance of (Nov/Dec) | 417,624 | 417,624 | 417,624 |
| | All | **584, 466** | **584,466** | **584,466** |
| | **Potential Expenditure** | | | |
| | **Core Programmes :** | | | |
| 1 | Community eating disorders | 166, 843 | 166,843 | 166,843 |
| | ***Promoting Resilience, Prevention & Early Intervention*** | | | |
| 2 | Infant mental health and parenting | 14,156 | 52,623 | 52,623 |
| 3 | Budget for MH promotion and resilience programmes | 5,000 | 20,000 | 20,000 |
| | ***Improving Access –system without tiers*** | | | |
| 4 | MHPs to link with schools | 30,000 | 80,000 | 80,000 |
| 5 | MHPs to link with locality Integrated Children's services - | 11,250 | 45,000 | 45,000 |
| 6 | MHPs embedded in multi-agency support and safe guarding hub | 11,250 | 45,000 | 45,000 |
| 7 | Range of universal, self- referral, MH programmes or YP age 11-25 | | 35,000 | 35,000 |
| | ***Care for the Most Vulnerable*** | | | |
| 8 | MHPs for those in Transition and Care leavers | 15,000 | 60,000 | 60,000 |
| 9 | ADHD service development | 12,500 | 50,000 | 50,000 |
| | | | | |
| | **Non recurrent Programmes /** | | | |
| | ***Promoting Resilience, Prevention & Early Intervention*** | | | |
| | 'Seasons for Growth' – training for schools staff in loss and grief | 3,900 | | |
| | Emotional assessment & tracking tools for schools | 4,250 | | |
| | Emotional wellbeing tool kits for use in schools | 1,000 | | |
| | Evidence-based progs delivered in schools & nurseries (e.g 'Friends for life' , 'Special Friends', 'Parent Play' | 22,300 | | |
| | 'Incredible Years Beginnings' – training for early years staff | 17,000 | | |
| | ***Improving Access –system without tiers*** | | | |
| | Survey & evaluation of community delivery sites for CAMHS | 2,500 | | |
| | IT equipment & networking for community sites | 24,900 | | |
| | C&YP friendly refurbishment of delivery sites / therapeutic space | 8,800 | | |
| | Digital resources and online directory | 7,700 | | |
| | Waiting list reduction core CAMHS *RTT currently 20 wks* | 25,000 | | |
| | Waiting list secondary reduction Jigsaw RRT *currently 30 weeks* | 20,000 | | |
| | Piloting of mentoring & supported leisure offer for YP age 11-25 | 41,700 | | |
| | B2 community based counselling for 11-19 yr olds | 8,400 | | |
| | ***Care for the most vulnerable*** | | | |
| | Therapeutic support vulnerable YP: LAC & care leavers | 9,600 | | |
| | Liberty Project for Child Sexual Exploitation | 12,000 | | |
| | Waiting list reduction KITE RTT *currently 32 weeks* | 25,000 | | |
| | Specialist support for ASD at home and school | 11,200 | | |
| | Additional capacity for ASD post diagnostic support planning | 15,000 | | |
| | Counselling for C&YP affected by domestic abuse | 12,000 | | |
| | EMDR training for trauma focused interventions | 2,952 | | |
| | ***Developing the workforce*** | | | |
| | Accredited MH training for universal staff | 8,250 | | |
| | SASAT - multi-agency workforce and skills audit for C&YP MH | 5,000 | | |
| | ***Accountability & Transparency*** | | | |
| | Commissioning Support for CAMHS transformation | 30,000 | 30,000 | 30,000 |
| | **Totals** | £584,451 | £584,466 | 584,466 |
| | | | | |