CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

18 October 2017

Time 12.00 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Training Room - Ground Floor - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Councillor Roger Lawrence	Chair (Labour)
Councillor Sandra Samuels OBE	Cabinet Member for Adults
Councillor Val Gibson	Cabinet Member for Children & Young People
Councillor Paul Sweet	Cabinet Member for Public Health and Well Being
Councillor Paul Singh	Conservative
Alistair McIntyre	Locality Director - NHS England (West Midlands)
Bhawna Solanki	University of Wolverhampton
Chief Supt Jayne Meir	West Midlands Police
David Baker	West Midlands Fire Service
David Loughton	Royal Wolverhampton Hospital NHS Trust
David Watts	Director of Adults Services
Dr Alexandra Hopkins	University of Wolverhampton
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Elizabeth Learoyd	Healthwatch Wolverhampton
Emma Bennett	Director of Children's Services
Helen Child	Third Sector Partnership
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Linda Sanders	Independent Chair of Adults and Childrens Safeguarding Board
Mark Taylor	Strategic Director - People
Sarah Smith	Head of Strategic Commissioning
Steven Marshall	Wolverhampton Clinical Commissioning Group
Susan Milner	Director of Public Health and Wellbeing
Tim Johnson	Strategic Director - Place
Tracy Taylor	Black Country Partnership NHS Foundation Trust

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

NETWORKING OPPORTUNITY AND LIGHT REFRESHMENTS WILL BE AVAILABLE BEFORE THE MEETING AT 11:30

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence**

2 **Notification of substitute members**

3 **Declarations of interest**

4 **Minutes of the previous meeting - 20 September 2017** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record]

5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting]

6 **Health and Wellbeing Board Forward Plan 2017/18** (Pages 11 - 16)
[Glenda Augustine, Consultant in Public Health, to present the Forward Plan]

ITEMS FOR DISCUSSION OR DECISION - PART 2

7 **Mental Health Strategy 2017-19** (Pages 17 - 38)
[Sarah Fellows, Mental Health Commissioning Manager, Wolverhampton CCG to present report]

8 **CAMHS Transformation Plan Refresh 2017-20** (Pages 39 - 126)
[Margaret Courts, Wolverhampton CCG, to present report]

DEVELOPMENT SESSION

9 **Development session topics** (Pages 127 - 136)

[The following topics will be considered at the Development Session:

1. Workforce planning issues in the health and social care sector including Brexit and skills shortage – Lead by Brendan Clifford, Integrated Project Director, City of Wolverhampton Council. (Presentation slides circulated with agenda).
2. Combined Authority – opportunities – Lead by the Councillor Lawrence, Chair of Health and Wellbeing Board.
3. Use of estates and shared premises more productively – Lead by Julia Nock, Head of Assets, City of Wolverhampton Council.
4. Place Based Commissioning (Social Care and Accountable Care System) – Lead by Jeremy Vanes, Royal Wolverhampton NHS Trust and Brendan Clifford, Integrated Project Director, City of Wolverhampton Council. (Presentation slides circulated with agenda).

Each topic will be introduced by the nominated lead, followed by a group discussion with agreement on two recommendations for action by the Board and/or partner agencies. It is anticipated that each session will take a maximum of 30 minutes]

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

Agenda Item No: 4

Minutes - 20 September 2017

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence	Chair (Labour)
Councillor Sandra Samuels OBE	Cabinet Member for Adults
Councillor Val Gibson	Cabinet Member for Children & Young People
Councillor Paul Singh	Conservative
David Baker	West Midlands Fire Service
Dr Helen Hibbs	Wolverhampton Clinical Commissioning Group
Helen Child	Third Sector Partnership
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust
Steven Marshall	Wolverhampton Clinical Commissioning Group
Susan Milner	Director of Public Health and Wellbeing

Employees

Anthony Walker	Strategy Implementation and Monitoring Officer
Brendan Clifford	Integrated Project Director
Dawn Williams	Head of Service Safeguarding
Helen Tambini	Democratic Services Officer
Sarah Smith	Head of Strategic Commissioning

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**
Apologies for absence were received from Councillor Paul Sweet, Bhawna Solanki, Chief Supt Jayne Meir, David Loughton, David Watts, Dr Alexandra Hopkins, Emma Bennett and Linda Sanders.

Councillor Jasbir Jaspal also sent her apologies in her capacity as the Chair of the Health Scrutiny Panel.

2 **Notification of substitute members**
Brendan Clifford attended as a substitute for David Watts.

3 **Declarations of interest**
There were no declarations of interest.

4 **Minutes of the previous meeting - 28 June 2017**

That the minutes of the meeting held on 28 June 2017 be approved as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes of the previous meeting.

6 **Change to the Order of Agenda Items**

The Chair moved that agenda item 10, Adults Safeguarding Board and Children's Safeguarding Board Draft Annual Reports be considered next on the agenda.

Resolved:

That agenda item 10 be considered next on the agenda.

7 **Adults Safeguarding Board and Children's Safeguarding Board Draft Annual Reports**

Dawn Williams, Head of Safeguarding and Quality Assurance presented the reports and highlighted key points. She confirmed that both reports had just been signed off by their relevant Boards and as the current documents were draft, she would be happy to take any comments and consider them in the revision documents. She confirmed that the structure of the reports had been amended from previous years. The reports had been based on report templates from Outstanding Authorities with key information highlighted.

In respect of the Wolverhampton Safeguarding Children's Board, a Junior Safeguarding Board was now well established, an Anti-Bullying Charter had been produced, together with work to raise awareness around young women and violence. The B-Safe Team had been invited to take over the afternoon of the Board Development Day which had proved beneficial.

In respect of child deaths, of the eight unexpected deaths, two serious case reviews had been required and undertaken. The report gave a brief breakdown of what each agency had done, with a clear focus on learning and development.

In respect of the Wolverhampton Safeguarding Adults Board, although there was no statutory responsibility for their annual report to be presented to the Health and Wellbeing Board, it was recognised as best practice.

The Chair commented that it was helpful to see the reports in a draft and the new layout and format was a significant improvement.

Councillors Gibson and Samuels thanked Alan Coe, the former Independent Chair of the Safeguarding Boards for his hard work and in particular for improvements to the quality of the annual reports.

In answer to a question reading the high number of referrals to the adult Multi Agency Safeguarding Hub (MASH), Dawn Williams advised that there was an increased focus on adults and work was being undertaken with MASH to identify how it received information and it was hoped that there would be more information next year on thresholds.

The Chair asked that Board members referred the reports to their organisations and forwarded any comments to Dawn Williams.

Resolved:

That the Adults Safeguarding Board and Children's Safeguarding Board draft annual reports be noted.

8 **Development Day Update**

Susan Milner, Director of Public Health and Wellbeing introduced the item.

Helen Tambini, Democratic Services Officer advised that at the last Agenda Group meeting it had been suggested that the issue of Place Based Commissioning, which had been scheduled for consideration at this meeting, should be a potential discussion topic at the Development Day.

Resolved:

That the issue of Place Based Commissioning be added to the current list of three issues for the Development Day, referred to in the Forward Plan.

9 **Health and Wellbeing Board Forward Plan 2016/17**

Susan Milner, Director of Public Health and Wellbeing presented the report. She advised that it would be appropriate to schedule the Director of Public Health Annual Report 2016-17 for the meeting on 10 January 2018.

Steven Marshall, Wolverhampton CCG referred to the Wolverhampton CCG Operational Plan 2017-19 and requested that the issue be kept on the Forward Plan, pending an update from the NHS. If a full refreshed Operational Plan was not required there would be an update on the progress against the current 2016-18 Plan.

Resolved:

That the Director of Public Health Annual Report 2016-17 be scheduled for consideration at the meeting on 10 January 2018.

10 **Better Care Fund (BCF) Quarterly Report**

Brendan Clifford, City of Wolverhampton Council presented the report and highlighted key points. He stated that the Council and the Clinical Commissioning Group (CCG) continued to work together to focus on the overall vision for integration. There was a concern amongst West Midlands councils in respect of Central Government proposals on funding linked to hospital discharge, with 11 of the 14 councils writing to the Secretary of State regarding proposals to withhold funding where trajectories were not met. Performance had improved in the last 12 months but with a trajectory fluctuating between June and July 2017.

The Chair referred to the difficult process, the strain on partnership working and the lessons which needed to be learnt from the exercise. The letter sent by the West Midlands councils to the Secretary of State was unprecedented and showed clear cross-party consensus and that they were facing the same issues.

Councillor Samuels stated that it was unfortunate that the Council was being asked to make commitments that it would be unable to deliver, rather than being given an opportunity to say what it could deliver.

Helen Hibbs, Wolverhampton CCG referred to the different culture and ways of working between the CCG and the Council. A considerable amount had been achieved by the Better Care Fund (BCF) and it was important not to totally focus on the issues associated with Delayed Transfers of Care (DTOC).

Steven Marshall, Wolverhampton CCG referred to the report and the reference to the reduction in emergency admissions to the Royal Wolverhampton Hospital in 2016-17 and stated that it would be more appropriate to say that the reduction could be attributed to in part to the development of the Rapid Intervention Team.

Resolved:

1. That the update on the Better Care Fund Plan submission be noted.
2. That the revised narrative and trajectory for Delayed Transfers of Care targets for health partners as submitted by the Wolverhampton Clinical Commissioning Group be noted.

11 **Tackling Homelessness in Wolverhampton**

Anthony Walker, Homelessness Strategy and External Relationships Manager presented the report and highlighted key points. He referred to the unprecedented increase nationally in homelessness and to the change in legislation, with the introduction of the Homeless Reduction Bill in April 2018. The introduction of the Bill would require resources to be redirected towards prevention of homelessness, with more strategic work with private landlords, including the Rent with Landlords scheme.

In respect of people sleeping rough, again numbers nationally were increasing. The Leader of the Council and the West Midlands Mayor had established various task groups to look at the issue centrally and investigate various solutions.

The Chair referred to the task groups and confirmed that priorities had been identified, with a focus on early intervention, partnership working and to look at more imaginative solutions. Various work streams would be brought together and out of hours provision would be extended. The role of voluntary and community groups would also be investigated, with a view to increasing their role. The issue of aggressive begging would also need to be addressed. It was important to be proactive and to tackle the issue now before the introduction of the Universal Credit scheme.

In answer to a question regarding the potential to house homeless people within the City, Anthony Walker stated that it was not just accommodation that the homeless required, they needed additional support, from various organisations working collaboratively and it was hoped through the Homeless Reduction Bill to find some solutions.

Helen Child, Third Sector Partnership referred to the impact of Universal Credit, particularly on the young and those in work and she confirmed that the Inclusion Board had been discussing ways to ensure that effective crisis support would be available. Social landlords were working hard to engage over the issues; however; it was more difficult to engage with private landlords.

Anthony Walker confirmed that he would be attending a meeting with private landlords on 30 October 2017, to talk to them about the impact of Universal Credit.

In answer to a question regarding evictions, Anthony Walker stated that the main issue was tenants being unaware of their rights when facing eviction. Unfortunately, there was a fear and stigma to renting in the private sector. It was important to

explain that good quality landlords wanted to keep good tenants and the public appeared to be unaware of that.

Jeremy Vanes, Royal Wolverhampton Hospital NHS Trust referred to his concern regarding Universal Credit and fluctuations in mortgage rates which could mean that tenants were further put at risk if rates increased and landlords were struggling to pay. It would be appropriate to plan for the worst-case scenario. The Inclusion Board had discussed the issue that some vulnerable groups would never be able to transition to Universal Credit and who would deal with those groups. It should be noted that there was evidence to show that the health of people who became homeless deteriorated rapidly and that impacted further on services.

In answer to a question regarding the additional scope of the monitoring questions, Anthony Walker advised that the additional questions would give more individualised information which would hopefully allow specific issues to be addressed.

Steven Marshall, Wolverhampton CCG stated that many homeless could not access NHS services as they were not registered and it was important that officers worked closely with Public Health.

In answer to a question regarding the number of private landlord properties in the city, Anthony Walker confirmed that it made up 14% of the housing stock, around 100,000 properties.

The Chair confirmed that as work progressed the Board would receive regular updates from the task groups.

Resolved:

1. That the Board noted the actions by which the city implemented the Homeless Reduction Bill.
2. That the Board noted the impact of the Homeless Reduction Bill.

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Agenda Item No: 6

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

18 October 2017

Report title	Forward Plan 2017-18	
Cabinet member with lead responsibility	Councillor Paul Sweet Health and Wellbeing	
Wards affected	All	
Accountable director	Susan Milner, Service Director – Public Health and Wellbeing	
Originating service	Governance	
Accountable employee(s)	Helen Tambini Tel Email	Democratic Services Officer 01902 554070 Helen.Tambini@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendation for action:

The Health and Wellbeing Board is recommended to:

1. Review the latest version of the Forward Plan and contribute to the planning of future agenda items.

1.0 Purpose

1.1 To present the Forward Plan to the Board for comment and discussion in order to jointly plan and prioritise future agenda items.

1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Board – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

2.1 As agreed at the meeting in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of item for partners to manage.

3.0 Financial implications

3.1 There are no direct financial implications arising from this report.
[NM/06102017/N]

4.0 Legal implications

4.1 There are no direct legal implications arising from this report.
[RB/06102017/L]

5.0 Equalities implications

5.1 None arising directly from this report.

6.0 Environmental implications

6.1 None arising directly from this report.

7.0 Human resources implications

7.1 None arising directly from this report.

8.0 Corporate landlord implications

8.1 None arising directly from this report.

9.0 Schedule of background papers

9.1 Minutes of previous meetings of the Health and Well Being Board regarding the forward planning agenda items.

Health and Wellbeing Board: Forward Plan

Updated 20th September 2017

Items in red are new or amended from the previous version.

Items in **bold** that are regular or standing items.

Date	Title	Partner Org/Author	JHWBS Priority	Format	Notes/comments
20 September 2017	Ideas for Development Day				Discussion item
	Director of Public Health Annual Report 2016-17	CWC		Presentation	Removed from agenda of meeting on 20 September 2017 as not yet completed. To be deferred to a future meeting
	Better Care Fund (BCF) Quarterly Report	**CCG/Steven Marshall and CWC David Watts**		**Paper**	**Discussion item Regular joint update paper Quarterly report**
	Future Commissioning across the Black Country	CCG/Helen Hibbs		Paper	Removed from agenda of meeting on 20 September 2017 as not yet completed. To be deferred to a future meeting
	Place Based Commissioning (Social Care and Accountable Care System)	CCG/RWT Helen Hibbs/David Loughton			Removed from agenda of meeting on 20 September 2017 as not yet completed. A potential discussion topic at Development Day
	Tackling Homelessness in Wolverhampton	CWC/Anthony Walker		Paper and verbal update from the Chair	Discussion item agreed at Agenda Group meeting on 9 May 2017

Key: JHWBS priorities

	Adults Safeguarding Board Annual Report	CWC/Dawn Williams		Paper	New item agreed at HWBB meeting on 28 June 2017
	Children's Safeguarding Board Annual Report	CWC/Dawn Williams		Paper	New item agreed at HWBB meeting on 28 June 2017
18 October 2017 **Development Event**	Mental Health Strategy 2017-19	CCG/BCPFT/ CWC Steven Marshall/Sarah Fellows/Lesley Writtle/David Watts		Paper and Strategy	Removed from agenda of meeting on 20 September 2017 as not yet completed
	CAMHS Transformation Plan Refresh 2017-20	CCG/CWC Steven Marshall/Margaret Courts/Emma Bennett		Paper and Plan	New item agreed at Agenda Group meeting on 12 September 2017
	Development Event Discussion Items				Items proposed: 1. Workforce planning issues in the health and social care sector including Brexit and skills shortage 2. Combined Authority – opportunities 3. Use of estates and shared premises more productively 4. Place Based Commissioning (Social Care and Accountable Care System) Topic 4 added to items at the meeting on 20 September 2017

Key: JHWBS priorities

10 January 2018	Director of Public Health Annual Report 2016-17	CWC		Presentation	Removed from agenda of meeting on 20 September 2017 as not yet completed. Agreed at meeting on 20 September 2017.
	Supporting families with no recourse to public funds	CWC/Sarah Smith		Paper	Paper presenting findings from a six-month pilot by RMC to support families expedite their immigration claims (after Sept 2017 as evaluation due)
	Wolverhampton CCG Operational Plan 2017-19	**CCG/Helen Hibbs**		**Plan and paper**	**Annual item Last considered 15 February 2017**
	Future of Acute Services	RWT/David Loughton			New item agreed at Agenda Group meeting on 3 August 2017
	Pharmaceuticals Needs Assessment	CWC/Seeta Wakefield			New item agreed at Agenda Group meeting on 12 September 2017
11 April 2018					
To be scheduled	**Quality and Improvement Strategy 2017-20.**	**CCG/Manjeet Garcha**		**Paper**	**Discussion item Last considered June 2017.**
	Overview of Primary Care Strategy and Estates Update	**CCG/Helen Hibbs**		**Paper**	**Discussion item Last considered June 2017.**

Key: JHWBS priorities

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Agenda Item No: 7

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

18 October 2017

Report title	Mental Health Strategy 2017-19	
Cabinet member with lead responsibility	Councillor Paul Sweet Health and Wellbeing	
Wards affected	All	
Accountable director	Susan Milner, Service Director – Public Health and Wellbeing	
Originating service	Commissioning	
Accountable employee(s)	Sarah Fellows	Mental Health Commissioning Manager NHS WOLVERHAMPTON Clinical Commissioning Group
	Neeraj Malhotra	Public Health Consultant
	June Pickersgill	Head of Service – Mental Health
Report to be/has been considered by	N/A	

Recommendations for noting:

The Health and Wellbeing Board is asked to note the actions being taken regarding the development of a joint Mental Health Strategy including the next steps.

1.0 Purpose

1.1 The purpose of this report is to provide an update for the Health and Wellbeing Board regarding the collaborative development of a new Joint Mental Health Strategy for the period 2017-2019.

2.0 Background

2.1 The NHS Wolverhampton Clinical Commissioning Group (CCG) and City of Wolverhampton Council Mental Health Joint Commissioning Strategy 2014-2016 detailed the required actions and outcomes to develop mental health services and initiatives for the people of our City in response to local need and national guidance. Partners in the CCG and the Council have agreed to work together to jointly develop a strategy and direction of travel for the period 2017-2019 building on the developments to date and initiatives such as the Five Year Forward View for Mental Health (2016).

3.0 Progress, options, discussion, etc.

3.1 A Steering Group has been formed to ensure multi-agency stakeholder and engagement in terms of development of the new Mental Health Strategy and to develop both a communications and engagement plan and a Mental Health Strategy Implementation Plan. A draft 'direction of travel' paper is attached as Appendix 1 which describes the actions to date and required next steps. This information describes the mental health elements of the CCGs operational and strategic plans.

4.0 Financial implications

4.1 The new joint Mental Health Strategy will be delivered within the existing financial envelope of the Council and the CCG. Resources – including key elements of the workforce - will be used to best effect at each part of the 'whole system'. NHS England planning guidance for 2017-18 and 2018-19 outlines that the CCG is required to continue to focus on investment in mental health services to ensure parity with other areas of investment by complying with the mental health investment standard previously known as 'parity of esteem' (POE). In addition, the CCG also has opportunities to apply for transformation and new models of care funding to achieve compliance with the Mental Health Five Year Forward View (2016) in partnership with commissioners and providers that form part of the Black Country and West Birmingham Sustainability and Transformation Partnership (BC&WB STP).

4.2 The CCG is working with partners in the BC&WB STP to optimise delivery of the NHS England mental transformation blue print by a collaborative approach to the commissioning of key services ensuring timely and evidence based intervention at primary, secondary and tertiary care level to deliver a clinically and financially efficient whole system improving patient experience and outcomes and driving down costs associated with sub-optimal delivery. This includes a focus upon improving services associated with frequent relapse rates and re-admissions, lengths of stay and discharge delays and inefficient mental / physical health care pathways including those for people

with long term conditions, people taking psycho-tropic medication, people with co-occurring alcohol and substance misuse and /or people who self-harm for example (including high volume service users). The financial implications detailed are for Wolverhampton Clinical Commissioning Group.

5.0 Legal implications

5.1 Statutory and policy implications have been described in earlier sections of this report. The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.

5.2 Local Authorities and CCGs have equal and joint statutory duties to prepare a Health and Wellbeing Strategy under powers outlined in the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Health and Social Care Act 2012 section 193.
[RB/09102017/E]

6.0 Equalities implications

6.1 Commissioning mental health services that are mental health blue print compliant and are also compliant with NICE Clinical Guidance and Quality Standards will reduce health inequalities. EIAs and QIAs will include focus upon the requirements of the needs of protected groups and groups who require targeted engagement and interventions. CCGs are working with NHS England and colleagues in Public Health to utilise the Right Care benchmarking to support the needs analysis and service specification development process and the production of EIAs and QIAs.

6.2 Discussion is underway to clarify consultation and engagement to support the strategy development.

7.0 Environmental implications

7.1 There are currently no environmental implications to report.

8.0 Human resources implications

8.1 Developing capacity and capability in our work force is a key deliverable in line with Stepping forward to 2020/21: The mental health workforce plan for England (July 2017).

9.0 Corporate landlord implications

9.1 Any accommodation matters are being dealt with through the one public estate programme

10.0 Schedule of background papers

10.1 None

Mental Health
in the City of Wolverhampton-
direction and priorities

August 2017

WOLVERHAMPTON
Clinical Commissioning Group

DRAFT

VERSION CONTROL		
2019 09 19	V2	BC added PH info

1.0 CONTEXT FOR OUR DIRECTION OF TRAVEL

A Mental Health Commissioning Strategy for the City of Wolverhampton was established for the period 2013-2016.

After that Strategy was agreed, national requirements to develop a Better Care Fund (BCF) were introduced.

A mental health workstream was incorporated into our BCF programme through which our strategic aims were incorporated.

We went on to align our programme to the developing Black Country wide Sustainability and Transformation Partnership (STP) programme as well as the National Mental Health programme.

In addition, in the City of Wolverhampton, the development of a whole People Directorate Commissioning Strategy *Shaping Futures, Changing Lives* is giving a whole-family focus to the Council's work. With partners, the Council is aiming to support resilient individuals, families and communities as part of our well-being focus. This is a vital component of our approach to positive experience of mental health for individuals, in families and communities; prevention of mental health issues; and effective support and treatment where required.

The closing period of the Mental Health strategy saw work to update our strategy in a changing environment. To develop our plans, our review has also used a visit from Claire Murdoch, the National Director of Mental Health for NHS England to our mental health services in the City of Wolverhampton which took place in August 2017.

The aim of the visit was to share our developments and explore a range of issues and possible next steps regarding mental health services, support and prevention for people in the City of Wolverhampton within our wider Black Country environment. The logo's of all organisations involved are included on the cover of this report. The visit also gave us opportunity to reflect on strategic developments and use the event to shape next steps.

At the visit we made presentations and reflections on a range of mental health issues and our work including:

- our local Better Care Fund mental health work;
- suicide prevention;
- our Headstart initiative;
- the West Midlands Combined Authority focus on mental health ("*Thrive*") including a regional employment initiative;
- accommodation and support for people with mental health needs;
- the mental health work stream of the Sustainable Transformation Programme;
- and a specific focus on our workforce with special reference to social work and the Think Ahead graduate mental health social work training scheme.

Staff from health, social care and the voluntary sector in the City of Wolverhampton as well as the wider Black Country focused on a range of issues including workforce matters such as recruitment and retention across the system.

Our reflections were strengthened by Claire Murdoch in her presentation. She spoke about the much welcomed and ambitious national mental health transformation programme and about the funding available to improve access to mental health services. She also highlighted workforce developments needed in the future to continue the strengthening of current services.

The national picture is informed by the 2011 *National Mental Health Strategy* which promoted six objectives including improvement in the outcomes, physical health and experience of care of people with mental health problems, and a reduction in avoidable harm and stigma. The Department of Health 2015 document *Future in Mind* articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it. The 2016 *Five Year Forward View for Mental Health* brought mental health care within the national overall NHS improvement programme to be delivered through the STPs and which has continued a focus on commissioning for quality for all people through all stages of life.

Local leadership for health and care in the City of Wolverhampton has been shaped further during 2016-17 as the focus has been more clearly directed on systems development. There is emerging interest in the way in which an accountable care system will deliver better community-orientated support including in response to people's mental health needs.

Through the Council's *Shaping Futures, Changing Lives* People Directorate Commissioning Strategy, we have established our overall priorities across public health and wellbeing, children's and adult social care which also apply to our work supporting people with mental health needs – resilient individuals and families as well as promoting independence and inclusion.

The environment for this aim is supported by the Council's *Corporate 2030 Vision* where we integrate a focus on prevention, early intervention and recovery so that people with specific mental health needs can fully participate in the local community. We are proactively delivering the shifting of the balance of support from care home placements to supported living. A new mental health housing "pipeline" of supported housing is being developed. In addition, we are recommissioning our "floating support" and targeted prevention services. Public health contributions and leadership is vital to this overall approach for people using mental health services. For instance, through their work we are developing our local suicide prevention work in partnership with the Samaritans and the voluntary and community sector.

The statutory core functions in respect of mental health continue to apply and we need to ensure that these basic issues are addressed. These include the provision of sufficient Advanced Mental Health Practitioners to exercise the functions with regards to individuals of the Mental Health Acts 1983 and 2007, the Mental Capacity Act 2005 and the Care Act 2014 for adults as well as children and young people where wider legal frameworks for the paramountcy of the needs – including mental

health needs - of the child also apply. Law which shapes the commissioning and delivery of healthcare is equally significant in ensuring a positive experience for individuals in their mental health and any need to use wider support through their communities and/ or our services.

For Wolverhampton CCG, a number of factors are deemed important to develop through our next steps, recognizing that we are very much building on current activity including the BCF mental health workstream. The Wolverhampton Crisis Concordat also offers some context for our next steps as it has focussed on:

- Preventing Crisis and Helping People to Stay Well
- Values based care and support
- Access to Crisis Care
- Care and Support for Children and Young People
- Improved care pathways across health, social care, police and ambulance service

An updated mental health strategy will provide evidence of plans and work areas including:

- Engagement with the public and people who use services building on the work done to develop CCG commissioning intentions
- Effective consultation with clinicians
- Mental Health Concordat including crisis work
- Core 24 and psychiatric liaison
- planned mental health care pathway design
- meeting the mental health investment standard
- early intervention and psychosis approaches
- eating disorders
- personality disorder
- dementia
- strengthening evidence-based approaches
- Improving Access to Psychological Therapies (IAPT)
- Renewed mental health partnership arrangements under the Health and Well Being Board

In this context, this short document is designed to summarise the work we have been doing as a bridge to take forward the work of updating our mental health strategy building on the developments which have occurred. The following are examples of a range of work which have been developed and which will remain significant as updated aims and objectives for our Mental Health Strategy are established.

SOME INDICATIVE KEY PRIORITIES & DELIVERABLES

THEME	Indicative agency / partner	Indicators / Outcomes / issues / background
Population needs analysis concerning mental health	CITY OF WOLVERHAMPTON COUNCIL NHS WOLVERHAMPTON Clinical Commissioning Group	http://www.wolverhampton.gov.uk/jsna
Children and young people	HeadStart Wolverhampton LOTTERY FUNDED	Why/Outcomes • To increase mental well being and resilience in young people • Reduction in the onset of diagnosable mental health disorders • Improved engagement in school and academic attainment • Reduced engagement in 'risky' behaviour (criminality) • Reduced engagement in 'risky' behaviour (health risk behaviours)
Mental health and the local economy	WEST MIDLANDS COMBINED AUTHORITY 	See Appendix 1 for more detail. - Supporting people into work and whilst in work - Providing safe and stable places to live - Mental health and criminal justice - Developing approaches to health and care - Getting the community involved
Health and Employability	Mind@work programme	Outcomes • Progression into voluntary work • Work placements • Progression into Wolves@Work • Progression onto Individual Placement Support Service
	Individual Placement support service CITY OF WOLVERHAMPTON In Department for Work & Pensions Black Country impact LOTTERY FUNDED European Union European Social Fund a brighter future for young adults	• Supporting people with mental health issues into employment opportunities • Funded by Council, YEI Impact, Department for Work and Pensions • Dudley and Walsall Mental Health Trust • Pilot programme commenced May 2017 – March 2018 • 36 job outcomes • 50% ESA claimants • Majority supported should be 18-29 years NHS Dudley and Walsall Mental Health Partnership NHS Trust

	Jumpstart  	• Supporting people with mental health issues into employment opportunities • Funded by Council, YEI Impact, Department for Work and Pensions • Dudley and Walsall Mental Health Trust • Pilot programme commenced May 2017 – March 2018 • 36 job outcomes • 50% ESA claimants • Majority supported should be 18-29 years 
	Wolverhampton Crisis Care Concordat - declaration statement Wolverhampton Crisis Care Concordat - Action Plan 	- Preventing Crisis and Helping People to Stay Well - Values based care and support - Access to Crisis Care - Care and Support for Children and Young People - Improved care pathways across health, social care, police and ambulance service
Accommodation / Homelessness		Accommodation options across the City are varied: • Single Person supported accommodation • Specialist Accommodation • Better links between housing and mental health services • Floating support
Healthcare 	Please refer to the attached slides	
Suicide prevention	 	**Current Priorities** • Working with coroner – attend inquests; undertake a more up to date audit of suicides • Information dashboard: include young people's self-harm and suicide attempts and street triage data • C&YP, Older People's task groups • Media guidelines workshop planned • GP suicide prevention training – with CCG • Working with bereavement services • Mental health and wellbeing of migrant populations • Promotion of good mental wellbeing and reducing stigma

Workforce – Social Work	THINK AHEAD CITY OF WOLVERHAMPTON COUNCIL	• Completed practice placement one (70 days) and currently on second (100 day) placement. • Working with individuals but also looking to implement a community level intervention, which is currently in consultation phase. • Had various meetings with other agencies such as Public Health England and other sectors of Local Authority to explore joint working to deliver a community level intervention. • Set up steering group to guide this project made up of both service users and professionals.

NEXT STEPS

The items listed above are indicative only of the range of work underway in mental health services. There is more detail in each scheme and all programmes and approaches have not been mentioned.

Work is now developing to update the Mental Health Strategy and a work group has been formed.

It is likely that this time will be a good opportunity to strengthen current approaches and to recommend the establishment of re-vitalised partnership arrangements to oversee the strategy under the Health and Well-Being Board, building on the successful reflections from Claire Murdoch's visit.

Further work will be required to clarify factors such as commissioning intentions in the light of the City Council People Directorate Commissioning Strategy, *Shaping Futures, Changing Lives* and Wolverhampton CCG commissioning intentions.

The updated strategy and further work will be based on updated population needs assessment as part of the overall Joint Strategic Needs Assessment for the City of Wolverhampton.

An updated vision will take account of current developments, commitments and interest in the value which an accountable care system or other such models of care in the NHS working in partnership with the Council and other partners might bring to the locality. The focus on improving the health of the whole population in the City as well as the quality of health and care services will remain.

It is seen as important to ensure that consultation and engagement arrangements with people who services, carers and the public are as good as they can be. Updating the mental health strategy affords an opportunity to review arrangements.

The workforce will probably continue to be a theme in terms of both quality and number as well as ensuring that basic statutory requirements are in place such as the Local Authority overseeing sufficiency in supply of Approved Mental Health Practitioners.

The Strategy working group will also reflect on the theme of user voice and engagement and the extent to which current initiatives capture that. Moreover, the role of carers in families or wider communities is likely to remain an important focus in the context of continued support initiatives.

An overall review of the role and actions relating to the themes of prevention, early intervention and pathways to recovery from a mental health episode will also be given.

Issues for commissioning across health and social care in specific service areas for people across all the years of their lives from CAMHS to dementia and all those mentioned in this report will be undertaken as part of the updated strategy.

APPENDIX 1

MENTAL HEALTH AND WELL BEING REGIONAL PICTURE

MENTAL HEALTH AND WELLBEING – REGIONAL PICTURE				
	KEY DOCUMENT	PRIORITIES	COVERAGE	ACUTE/PREVENTION
WMCA - West Midlands Combined Authority	- Thrive - West Midlands	- Supporting people into work and whilst in work - Providing safe and stable places to live - Mental Health and criminal justice - Developing approaches to health and care - Getting the community involved	West Midlands	Prevention focus
Public Health and Wellbeing Wolverhampton	- Mental Wellbeing Needs Assessment - June 2017 - Mental Illness and Suicide Prevention - Wolverhampton Needs Assessment 2015 - Making Wolverhampton a Suicide Safer Community - Strategy with Action Plan	- Training and awareness raising - Five ways to wellbeing - Reducing stigma - Physical health and healthy lifestyles - Developing a range of social prescribing options - Workplace health - Address the wider determinants of mental wellbeing - Address issues for groups at particular risk	Wolverhampton population wide, with some targeted elements	Prevention focus
Concordat Plan Wolverhampton	- Wolverhampton Crisis Care Concordat - declaration statement - Wolverhampton Crisis Care Concordat - Action Plan	- Preventing Crisis and Helping People to Stay Well - Values based care and support - Access to Crisis Care - Care and Support for Children and Young People - Improved care pathways across health, social care, police and ambulance service	Wolverhampton population wide	Acute focus
Better Care Fund Wolverhampton	- Outline Business Proposal: Urgent Care Pathway Service Redesign	- Mental Health Urgent and Planned Care Pathway Design Programme	Wolverhampton population wide	Acute focus

Stocktake of MH across West Mi...

NHS
Wolverhampton
Clinical Commissioning Group

NHS WOLVERHAMPTON CCG Mental Health key deliverables and next steps

MENTAL HEALTH PARITY OF ESTEEM / MHY5RFV (& CCG IAF)

- **Integration mental and physical health** (**closing mortality gap**)
- **Quality / evidence base** improving access and responsiveness, referral and waiting times (**closing treatment gap** – 25-35% currently in services)
- **Data Quality** reporting recording new KPIs / measurements etc. (APRIL 17 New MH SDS)
- **CCGs commitment to Mental Health Investment Standard** (and also **NHS E Transformation funding** and funding for **New Models of Care**)

Additional key areas of focus

- Develop capacity and capability in the work force - working with HEE and NHS E - **Stepping forward to 2020/21: The mental health workforce plan for England (July 2017)**

- **Commissioning intentions events** - very much informed our re-commissioning work to date need further develop care pathways for veterans, LGBTI groups and support for people who have experienced / are victims of trauma

- **Collaboration** - working with CWC (BCF & Placed Based Services) and BC&WB CCGs tertiary and more specialist provision.

STORY SO FAR

- **GP PRIMARY COUNSELLING SERVICE PILOT**
- Increasing access, waiting times and recovery rates **IAPT** – 17/18 focus on Older People, BAMES, people with an LTC and Perinatal IAPT
- Improved access and waiting times **Early Intervention in Psychosis & Eating Disorders** with additional investment and remodelling of these services, compliance with NICE Care Pathway/s
- Investment in **Refuge and Migrant CPN** - with a view to developing STP wide service

Story so far continued …..

- Pump priming investment in Perinatal Mental Health (including multi-agency training) – running this programme for our STP
- Re-commissioned Autism and ADHD diagnostic care pathway for Adults
- Reducing Out of Area Placements – (acute overspill & specialist)

Story so far Better Care Fund

- **BCF** - much better integrated care for people with **Dementia - ** re-designing across Primary, Acute & Community, Secondary Mental Health & Social Care
- **BCF** - focus on **Urgent Mental Health Care Pathway** further alignment of all age 24/7 CRISIS CARE as part of CRISIS CONCORDAT with focus on move to **MENTAL HEALTH LIAISON CORE 24**

Story so far Better Care Fund

- BCF - focus on Planned Mental Health Care Pathway including Assertive Outreach, Personality Disorder and Criminal Justice Dual Diagnosis Leading STP projects – specifically IPS, IAPT and Perinatal Mental Health latter with some additional pump priming investment pending successful STP application for transformation funding

Thank You

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Agenda Item No: 8

CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Board

18 October 2017

Report title	CAMHS Transformation Plan Refresh 2017-20	
Cabinet member with lead responsibility	Councillor Paul Sweet Health and Wellbeing	
Wards affected	All	
Accountable director	Steven Marshall, Transformation and Strategy Director (Wolverhampton Clinical Commissioning Group) Emma Bennett, Director of Children's Services	
Originating service	Wolverhampton Clinical Commissioning Group	
Accountable employee(s)	Margaret Courts Tel Email	Children's Commissioning Manager Wolverhampton CCG 07818 522198 Margaret.courts@nhs.net
Report to be/has been considered by	Children's Trust Board	20 September 2017

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Accept the refresh of the CAMHS Local Transformation Plan, which is due to be submitted to NHS England on 31 October 2017. The original CAMHS Transformation Plan was presented to the Health and Wellbeing Board in October 2015. The refresh plan is attached to this report for discussion and it has attempted to address the Key Lines of Enquiry which have been provided by NHS England.

1.0 Purpose

1.1 The CAMHS Transformation Plan has been refreshed and it is a requirement of NHS England that the refresh is signed off by local Health and Wellbeing Boards as well as a range of other bodies/committees and that this is recorded on the plan to ensure that the Local area has signed up to the proposals and is in agreement to the ambition and direction of travel for the Emotional Mental Health and Wellbeing and specialist CAMH services. Therefore it is essential that the refresh is presented and discussed at the Wolverhampton Health and Wellbeing Board.

2.0 Background

2.1 Following the initial CAMHS Local Transformation Plan submission in October 2015, the plan was revised in November 2016 and the implementation plan was developed to transform services across the city for children and young people with Emotional Mental Health and Wellbeing difficulties, including specialist CAMHS.

2.2. The Local CAMHS Transformation plan is to be refreshed and submitted to NHS England on 31 October 2017 to demonstrate the journey travelled since the initial Local Transformation Plan was developed in 2015, the challenges which exist and actions still to be taken. It will be closely aligned with developments in HeadStart to ensure that it compliments and supports the Phase Three test and learn model as well as linking with the transformation of children's services where there is an increase in focus on early intervention and prevention services. The refreshed plan also indicates the funds that are available from the CCG and the intentions for investment of this funding until 2021-22.

3.0 Progress, options, discussion, etc.

3.1 Progress against the original plan has been significant and there has been an increase in the workforce for CAMHS from 41.31 WTE in 2014-15 to 63.77 WTE this year 2017-18. There is now an all age Eating Disorder service as well as an Early Intervention in Psychosis service in existence both of whom are commissioned in partnership with Sandwell and West Birmingham CCG. There is a Single Point of Access for all referrals into specialist CAMHS which will be developed from April 2018 to include the new Emotional Mental Health and Wellbeing Service. Also as part of the investment into the services a 136 suite has been commissioned at Penn Hospital which is specifically for children and young people although it is currently being registered for use with the CQC. BCPFT have supported their Children and Young People to co-produce their website (http://www.blackcountryminds.com) which provides information in many ways about what they do, what they provide, how to refer, self-help items and a bit of fun section – all developed with the children and young people who have been through CAMHS. There is a new Emotional Mental Health and Wellbeing service which is currently funded by the CCG as a pilot but will be jointly procured by the CCG and CWC from April 2018.

4.0 Financial implications

4.1 The financial implications detailed below are all for Wolverhampton Clinical Commissioning Group.

2017/18 Plan Figure		2018/19 Plan Figure		2019/20 Plan Figure		2020/21 Plan Figure		2021/22 Plan Figure
105,660		107,667		109,713		112,675		114,703
		145,000		147,755		151,745		154,476
				100,000		102,700		105,459
						197,000		200,546
105,660		252,667		357,468		564,120		574,274

The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2017-18 onwards is identified above. Agencies in Wolverhampton will be working together to ensure best use of existing, as well as new resources, so that all available funds are used to support improved outcomes in line with the vision of Future in Mind monies and with support from some of the funding from HeadStart, particularly in relation to the workforce development component.

4.2 The table below identifies how the funding received above will be used to transform Children and Young People's Mental Health 2017-2021. However, this is dependent on all things remaining the same and no further future bids required from NHS England which may provide services on an STP footprint which will need to be match funded by the CCG if successful.

Year Plan Figure	**Available from Where?**	**Service to be invested in**
2017-18 £105,660	Growth monies from Future in Mind - £5,660 to be used for spot purchasing HSB assessments as well as £9,330 not spent on EPP uplift – now recurrent.	£100,000 to be invested in Emotional Mental Health & Wellbeing – recurrent
2018-19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional – both identified above	£70,000 Possible for STP crisis – reqd recurrently £63,500 Possible online digital counselling service – reqd recurrently if agreed

		£27,000 PRU CAMHS link worker – reqd recurrently if evaluation is successful. [1] This funding is only for seven months from Sept 2018 as funding until then has already been given to BCPFT due to late recruitment of staff Sept 2017 – funding was provided for a full year affect.
2017-19 £262,500 – funding provided from NHS England for CYP IAPT training – two instalments already received. (Oct'17)	This funding has been ear marked for CYP IAPT training/backfill which this needs to be arranged either by finding courses or staff who can be recruited to train to ensure the services commissioned to deliver NHS community services are able to deliver evidence based interventions.	CYP IAPT services for training and /or backfill only – **NOT TO BE USED TO COMMISSION ACTUAL SERVICES FOR CYP**
2019-20 £100,000	When all services that have been invested in from previous years, are taken into account at full year effect, there is approximately £70,000 for investment in other services. (approx. £30,000 of amount is needed to fund the PRU CAMHS link worker in full if evaluation is successful and it meets its objectives.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP – this may be appropriate to scope LD consultant for CAMHS which could be commissioned across Sandwell and Wolverhampton depending on numbers.

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

2020-21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. Also some of this funding will have to be identified to undertake additional CYP IAPT training.

5.0 Legal implications

5.1 There are no legal implications for the CAMHS Local Transformation Plan refresh.

6.0 Equalities implications

6.1 An equality impact assessment was undertaken as part of the initial CAMHS transformation plan and it is anticipated that it would not have altered significantly to require it to be re-submitted.

7.0 Environmental implications

7.1 There are no environmental implications for this report.

8.0 Human resources implications

8.1 It is anticipated there will be new staff joining existing services as a result of the increase in funding with new appropriate services being commissioned according to needs. It is likely that some of these services will be commissioned following a procurement exercise.

9.0 Corporate landlord implications

9.1 This report will not have any implications for corporate landlord property portfolio.

10.0 Schedule of background papers

10.1 The first draft of this Local Transformation Plan was submitted to the Children's Trust Board on 20 September 2017 with an updated report sent on the 2 October 2017 to all members for comment by return on 6 October 2017. Comments have been received from a range of individuals which have been included in this refreshed plan.

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CITY OF WOLVERHAMPTON COUNCIL

NHS Wolverhampton Clinical Commissioning Group

Wolverhampton CAMHS Transformation Plan Refresh 2017 – 2020

FOREWORD

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

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

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

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

Helen Hibbs, Chief Accountable Officer, Wolverhampton CCG

EXECUTIVE SUMMARY

When NHS England asked all Clinical Commissioning Groups to work with commissioners and providers across health, social care, education, youth justice and the voluntary sectors the first Wolverhampton CAMHS Local Transformation Plan was developed in 2015. Since the original plan was developed, there has been an expectation that it will be refreshed on an annual basis to reflect investments made into the services to date and impacts of the investments, if they have been realised, as well as challenges that exist and actions that still need to happen. The refresh will also reference any changes that have been identified in the population needs and how they will be addressed.

Wolverhampton CCG and CWC are committed to making progress in incorporating all of the funding across the whole service system for Children and Young People's Emotional Mental Health and Wellbeing into a pooled budget within the Better Care Fund (BCF) arrangements as soon as the service is procured jointly in April 2018. The services for CAMHS Learning Disabilities and the Key Team will also be managed as part of this fund which will support joint management of the services.

Supporting Access:

Since 2015, the increase in funding has allowed the development of a Single Point of Access, which will be further developed in April 2018. This will be when the new jointly procured Emotional Mental Health and Wellbeing Service is in place and both services will use the same point of access. This new service will also increase access along with the new posts and services that are now in place.

Urgent and Emergency

There has been an increase in funding to the Crisis and Home Intervention Treatment Team as well as the Early Intervention in Psychosis service as well as the development of the 136 suite which is currently awaiting CQC registration. Some work is currently being undertaken across the Black Country and West Birmingham Sustainability and Transformation Programme (STP) footprint to look at providing a tier 3+ crisis service to prevent hospital admissions and ensure that there is better liaison between inpatient and community services.

Placed Based Plans

Wolverhampton has benefited from the funding received from the Big Lottery to support the development of workforce capacity and competencies across the system. The THRIVE Model will be used to enable mental health services to be delivered according to the needs and preferences of young people and their families

in Wolverhampton and a model has been developed which demonstrates how the services in Wolverhampton work together to achieve this.

Improving data

There has been significant work undertaken by the trust to ensure that data entered in the system is accurate and reflects the activity undertaken by staff. Any new contracts which are awarded going forward will ensure that any NHS commissioned services will be able to input into the Mental Health Services Data Set (MHSDS). There will also be a drive for any new contracts awarded to incorporate the Children and Young People Improving Access to Psychological Therapies (CYP IAPT) drive to use outcome measures to ensure evidence based practices are being used across services. This will increase the quality of interventions and demonstrate the impacts clearly.

Workforce

The current refresh demonstrates the increase in workforce across the specialist services since the original LTP. It gives a view of further training that will be required across the system for the challenges facing the Children and Young People today including CYP IAPT training. Wolverhampton was successful in its application for third phase of funding from Big Lottery for its HeadStart programme. The workforce section demonstrates how this funding for HeadStart will be used to support the workforce development using test and learn models which will impact on the universal offer for the Children's workforce across the city in being able to support Emotional Mental Health and Wellbeing.

Eating Disorders

Local Transformation monies have allowed for the NHS provider to provide an all age Eating Disorders service. The service is commissioned in partnership with Sandwell and West Birmingham CCG and has grown from 4.64 WTE to 14.35WTE. A joint service specification for across the STP is to be completed by the end of October as a result of the two NHS provider trusts combining. NHS England are requesting that all commissioned services meet NHS timescales of 7 days to be seen for urgent cases and 28 days for routine cases.

Wider System support

The City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (CCG) are collaborating together to ensure that services are appropriate and meet the needs of the Children and Young People of the City without duplication and ensuring that the Thrive model is the basis of understanding of the services provided and their impact.

Transitions

The NHS provider trust is clear on its transitions CQUIN and are able to demonstrate how the transition between Children and Adults services can be made more

effective. Transitions are also seen in the more specialist services from inpatient to community and community to inpatient whilst Children and Young People are still within the age limit for these services. Work has been undertaken with specialist commissioning to map the pathways and ensure that all admissions are appropriate.

Health and Justice

Work has been undertaken with the Health and Justice services to ensure that the pathways from Liaison and Diversion (L & D) are clear and that services are aware so that referrals can be accepted. This includes pathways from L & D into the Youth Offending Team and from the new PRU CAMHS link working post either into or out of L & D.

1. Introduction

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

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

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

2. Transparency & Governance

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

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

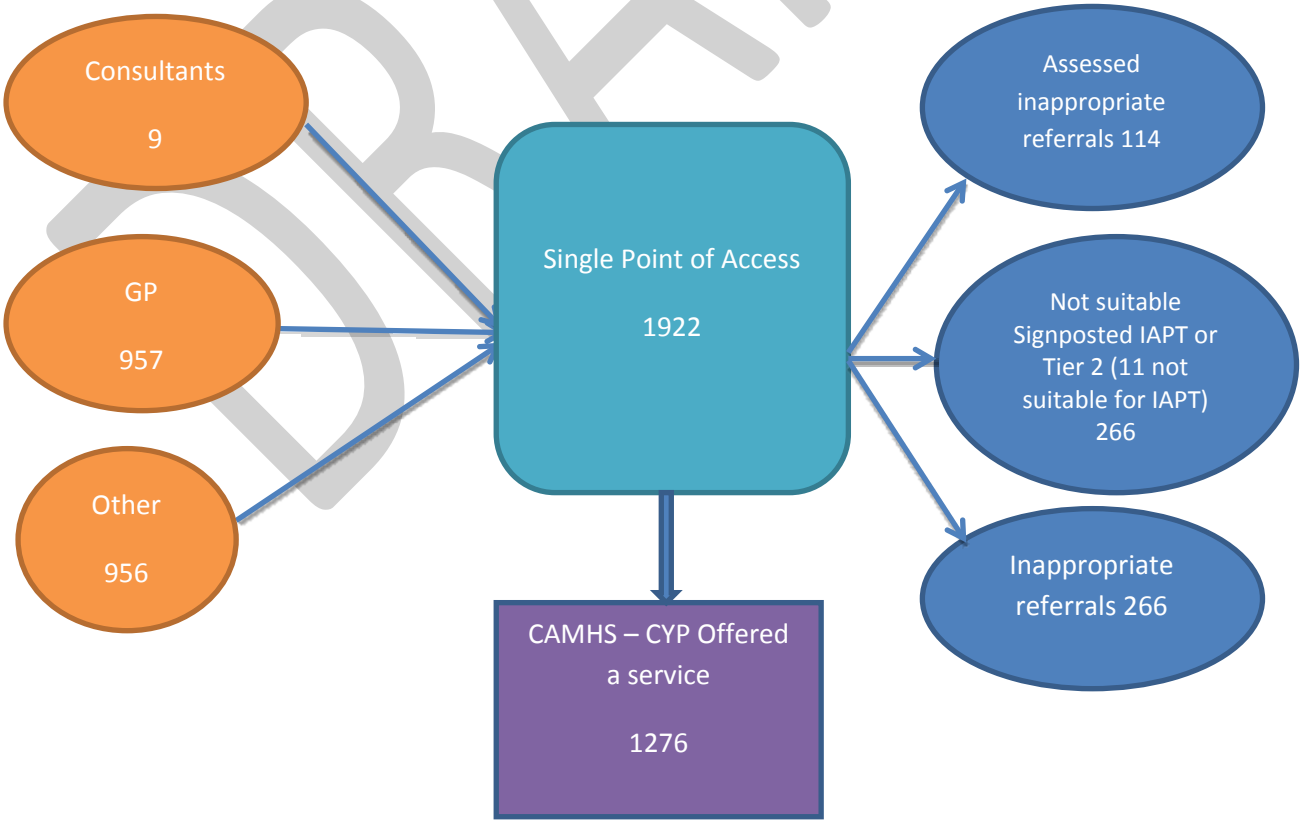
In 2015/16, Future in Mind provided additional funding of £501,000 towards CAMH services in Wolverhampton. An additional £124,000 was invested in 2016/17 which was initially a waiting list initiative to reduce the waiting times for Children and Young People who require specialist services. This funding was then made recurrent and was used to fund the CAMHS HeadStart link workers and a 0.5 WTE post in the Early Intervention in Psychosis service. The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the aims set out in the LTP. However, in line with the vision of Future in Mind, agencies in Wolverhampton will be working together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2017 /18 onwards is identified below.

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

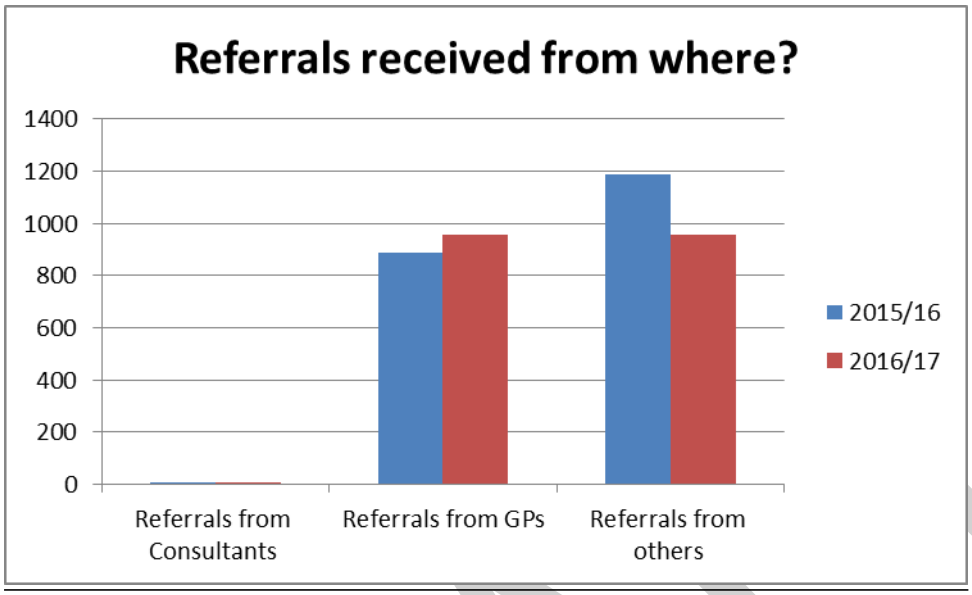
Most of this year's additional funding is being used to address the gap in the old 'tier 2' service, now to be known as the Emotional Mental Health and Wellbeing services, which is being funded by the CCG initially but moving forwards, will be procured jointly with the Local authority from April 2018. With the bid made from the Black Country and West Birmingham for a Mental Health Crisis and Intensive Community Support Service, it is anticipated that £70,000 (recurrent) of the £145,000 will need to be set aside from funding for 2018/19 should the bid be successful, to provide the additional funding from each CCG in the STP required in addition to that to be provided by NHS England.

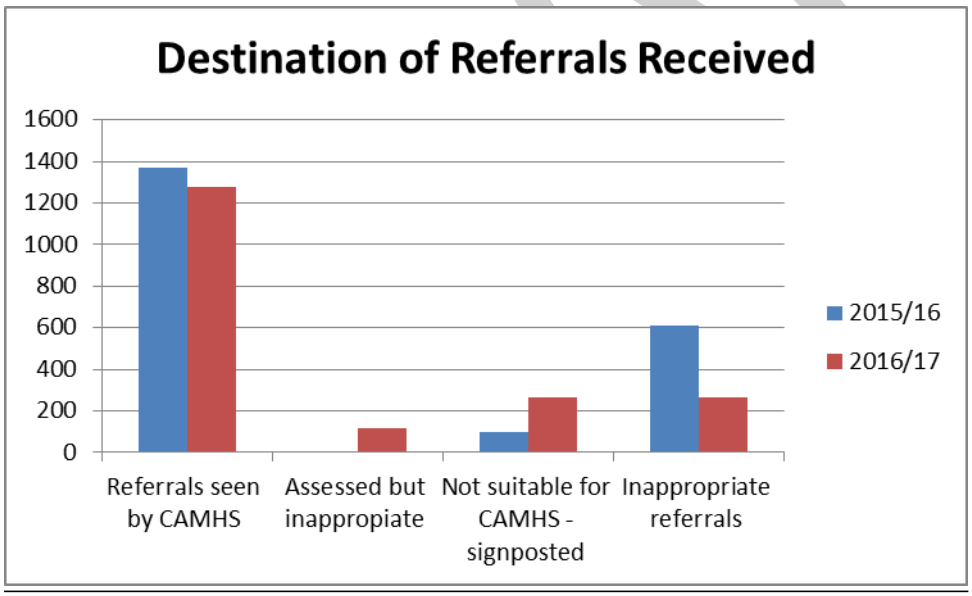
The increase in funding which has been identified for the next 3 years will be used to support increasing the access numbers for Children and Young people across the city of Wolverhampton in Emotional Mental Health and wellbeing services which will include specialist CAMHS. This will include consideration for an online counselling offer which to date has not been available within Wolverhampton and future use of the funding is detailed in the section relating to Impact and Outcomes.

Referrals into Specialist CAMHS (BCPFT) received 2016/17



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





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

Data available from Black Country Partnership Foundation Trust (BCPFT) for 2016/17

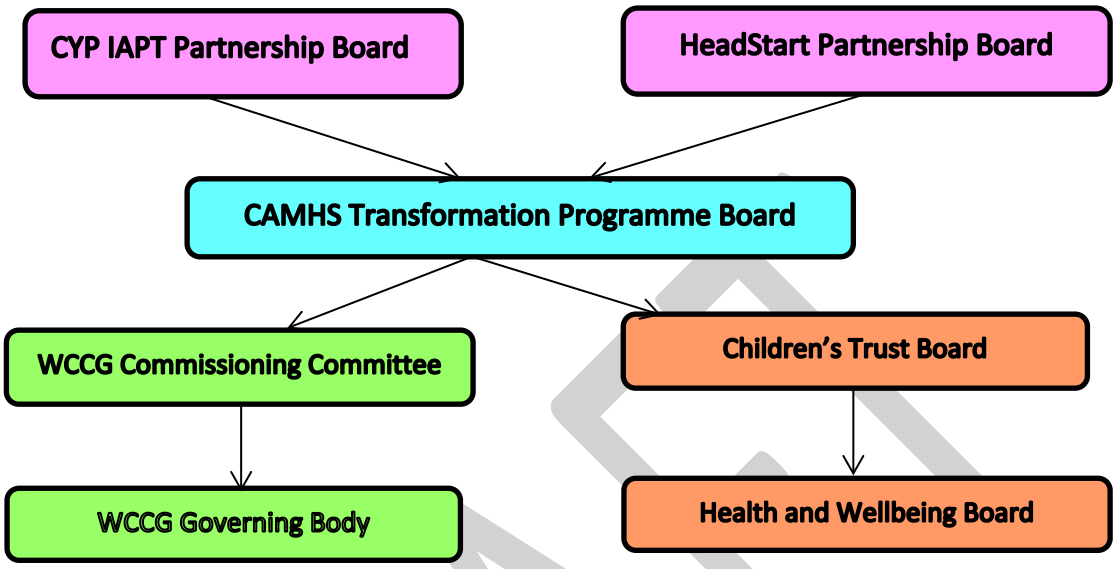
2016/17	Q1	Q2	Q3	Q4
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%
Number of contacts to CAMHS	3017	2818	3053	3421
Number of referrals received by CAMHS	546	562	493	529

The transformation plans were developed and shaped through extensive consultation with Children, Young People and parents/carers, as well as stakeholders. This has been an on-going process since early 2015 and continues through discussions with Children in Care Council and Youth Council as well as HeadStart Partnership board, Voice4Parents and engagement sessions with pupils in different mainstream secondary schools. Parents have also been able to contact the CCG to discuss directly with the commissioner issues which may have been occurring.

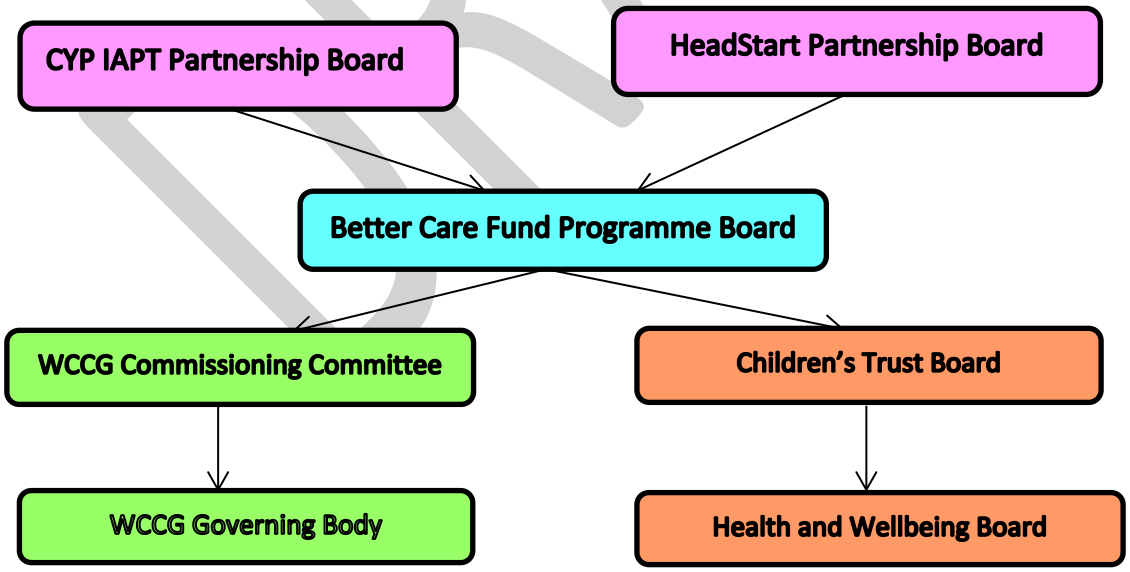
The local service offer has been developed in collaboration with parents, children and young people and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive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

The Refugee and Migrant Council has also been actively involved in developing a joint bid between the CCG and City of Wolverhampton Council for additional support for Unaccompanied Asylum Seekers as Children and as a result ensuring that this specific cohort of young People's needs are given consideration in the city when taking mental health needs into account. Engagement has occurred with the Liaison and Diversion (L & D) team to ensure that their services dovetail with the Youth Offending Team and specialist CAMHS and ensure that the services commissioned via Youth and Justice are clearly identifiable as part of this refresh and taken into account when transforming the system for CAMHS. This will ensure that the services commissioned by the local authority and the CCG will take into account any Children and Young People who are referred via L & D.

The Current Governance for the Wolverhampton Children and Young People's Mental Health Transformation Plan Refresh 2017- 2018:



The Future Governance for the Wolverhampton Children and Young People's Mental Health Transformation Plan Refresh April 2018 onwards:



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

improving user participation in treatment, service design and delivery as one of its main tenets.

The CAMHS Transformation Partnership Board is to be absorbed into the Better Care Programme Board from April 2018 to ensure that mental health services for children and young people are governed through joint arrangements with Wolverhampton Clinical Commissioning Group (WCCG) and City of Wolverhampton Council (CWC), and in a similar manner to adult mental health services. It will then result in a joint approach to commissioning, contract management, and activity monitoring for children and young people's emotional mental health and wellbeing services, and channels responsibility through the Better Care Programme Board for both children's, and adult's mental health services. This option also introduces efficiencies which will reduce the number of meetings commissioners and service providers need to attend.

Members of the CAMHS Transformation Partnership Board have been working on this refresh document since July 2017 with drafts submitted as they were being worked up. It has been sent to all on the board, with agreement that it will be agreed virtually and signed off. Presentation of the refresh will be presented at the next CAMHS Transformation Partnership Board. The first draft of the CAMHS Transformation refresh plan was presented at Children's Trust board on 20th September 2017 with the suggestion that it could be signed off virtually when the refresh plan was completed. It was also presented to the CCG Commissioning Committee on the 28th of September 2017. Both of these committees have approved the direction of travel for the LTP to date and have agreed that the final plan will be presented to them at the next opportunity. The final draft will be presented to the Governing body of Wolverhampton CCG on 10th of October 2017and the Health and Wellbeing board on 18th of October 2017. An action plan is presented at appendix 1 which gives a clear view of what work needs to be undertaken to help Wolverhampton to meet its ambitions for the further investment in the services to support Children and young People with Mental Health needs.

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

3. Understanding Local Need

From the '2014 Mid-Year Population Estimates Additional Resources' Wolverhampton has a total population of 252,987 with 63,848 (25%) of the city's population aged 0-19. This is a higher percentage compared to England's average, where 23.9% of the population fall within this age category. The number of children aged 0-19 years is projected to increase to 68,300 by 2037, representing a net gain of about 8.6%. Sixty eight per cent of Wolverhampton residents are from a white ethnic background with the remaining 32% of residents belonging to black minority

ethnic backgrounds (BME). Wolverhampton has high numbers of new arrivals arriving into the City each year including traveller families (estimated 2700 families in 2012). In terms of levels of deprivation, Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Nearly one third of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in what is considered a deprived area.

Wolverhampton currently has a Looked after Children's population of 627 children and young people, 259 of these are located within the city boundaries. The mental health of looked-after children is significantly poorer than that of their peers, with almost half of children and young people in care meeting the criteria for a psychiatric disorder and that up to 70-80% have recognisable problems.[1] Looked after children and young people have particular physical, emotional and behavioural needs related to their earlier experiences before they were looked after. These earlier experiences have an influence on brain development and attachment behaviour. The rates of emotional, behavioural and mental health difficulties are 4 to 5 times higher amongst looked-after children and young people than the wider population. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability. Looked after children who need access to mental health services often have numerous and complex issues that require specialist input across multiple agencies, but high numbers of young people are being turned away from CAMHS because they do not fit the medical criteria of having a diagnosed mental health problem and, in addition, many looked after children are refused a service on the grounds of placement instability in spite of statutory guidance which states that this should not be the case.

The City of Wolverhampton currently supports 11 Unaccompanied Asylum Seeking Children (UASC) as looked after children (LAC). Of the 11 young people received into Wolverhampton, seven have been planned moves as part of either a voluntary support offer to Kent or more recently as part of the National Transfer Scheme (NTS). In addition, there are 15 young people between the age of 18 and 21 who were looked after as UASC but now receive support as care leavers. All our looked after UASC have suitable accommodation across the City. This is made up of school boarding, foster placements, National Asylum Support Service (NASS) accommodation and semi-independent living provision. We also have 10 UASC who have come to live with family members who have already settled in the city. The impact of this type of migration is evidenced by national research: *Health Needs Assessment – Unaccompanied children seeking asylum* (March 2016) by Kent Public Health Observatory and primary research undertaken locally entitled *Effective practice with Unaccompanied Asylum Seeking Children- A Local Authority perspective'* which engaged with professionals and children and young people. Both

[1] Luke et al, *What works in preventing and treating poor mental health in looked-after children?* (August 2014), p 7

groups identified that UASC are at high risk of mental illness. The most common diagnoses included:

- Post-Traumatic Stress Disorder (PTSD),
- Major depressive disorder,
- General anxiety disorder and
- Agoraphobia.

Delayed presentations of mental illness are also recognised and may affect up to 1 in 5 unaccompanied children. This may be because young people are reluctant to discuss their symptoms due to shame or guilt, or due to cultural differences in interpretation of symptoms of mental illness. It is likely that this number of UASC coming to the city is likely to remain constant due to Dublin III cases, spontaneous arrivals and the proximity of motorway links.

To understand the numbers of children and young people who require inpatient intervention in Wolverhampton it is important to have access to the numbers who have been admitted in the previous year. In 2016/17 12 Children and Young People were admitted to tier 4 inpatient beds across the country. One of these young people had two admissions during this period, following a relapse. 6 of the Children and Young People were moved to other inpatient facilities during their stays in tier 4 with one young person remaining in the hospital after a year's admission.

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

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

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

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

Emerson and Hatton (2004) showed age related prevalence for learning disabilities for 5-9 year olds as 0.96%, for 10-14 year olds as 2.26% and for 15-19 year olds as 2.67%[2]. When these rates are applied to the Wolverhampton population, it is estimated that in the city we have 150 children aged 5-9 years, 320 children aged 10-14 years, and 425 young people aged 15-19 years who have a learning disability. The prevalence for mental health associated with learning disabilities is reported as 40% and this is even higher in those with severe learning disabilities. Application of this to the estimated number of children and young people with learning disabilities in the Wolverhampton population shows that we are likely to have 20 children aged 5-9 years, 128 children aged 10-14 years, and 170 young people aged 15-19 years with learning disabilities who could also have mental health problems. Inspire is the local Learning Disabilities Mental Health service provided by Black Country Partnership Foundation NHS Trust which provides support to this cohort of young people. Wolverhampton CCG and City of Wolverhampton Council both fund this service although to different degrees with the CCG being the primary funding source.

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

- high numbers of Black and Minority Ethnic communities
- parents in prison or in contact with the criminal justice system
- social deprivation and high levels of unemployment
- high rates of housing and homelessness

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

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

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

The joint Wolverhampton Autism Strategy 2016 – 2021 identified the need to develop a clear and consistent pathway including post diagnostic support across the ages which is to be addressed across all services this year and ensure all appropriate services are inputting into NICE compliant services as part of an all age pathway. In Green H. et al (2005) it was identified that just under one third (30%) of Children and young people diagnosed with ASD had another clinically recognisable mental disorder; 16% had an emotional disorder, usually an anxiety disorder; and 19% had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour[3]. It is important to consider this cohort of children

[3] http://content.digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf

and young people to ensure that the Mental Health difficulties which impact on their ability to function are addressed as part of the Future in Mind funding going forward as well as taking the work of the Transforming Care Programme into account. This will remove any issues which have occurred in the past with this group of Children and Young People as to whether the issues are as a result of mental health needs or due to behavioural issues.

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

The LTP is addressing health inequalities by Wolverhampton commissioners (both City of Wolverhampton Council and Wolverhampton CCG) and providers working closely together to reduce the health inequalities identified in a previous chapter, through a range of specific and integrated interventions by aligning different services across the system. Specifically, the service system recognises the important role that maternity services, primary care and early years support plays in building strong family mental health and emotional wellbeing – supporting early identification and treatment for parents with poor mental health, helping early maternal/infant communication and promoting healthy attachment and child development. This is also evident within the City of Wolverhampton Early Year's Strategy that was launched in April 2017 and has a focus around good maternal health and attachment. The LTP seeks to build capacity in parents, children and young people so that they can promote and preserve wellbeing and also know how to help themselves or where to go if they need extra help. (Department of Health, 2015) These sentiments are also expressed in the HeadStart phase 3 bid for Big Lottery funding which refers to educating, engaging and empowering 'young people, their families and their communities to be aspirational, resilient and self-supporting'.

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

- promote mental health in children, young people and families right from the first spark of life and providing continuity through age-related transitions
- strengthen protective factors and assets that build strong child and youth mental health and reducing influences that compromise a child's healthy social and emotional development
- help children build resilience to cope with and manage inevitable setbacks
- provides extra help to children struggling developmentally, socially or emotionally de-escalating difficulties early al and emotional ranges

- intervenes as early possible to support those presenting with diagnosable difficulties
- provides a clear gateway with trouble-free access to an easy to understand offer of help for all children, young people and families.
- commit to an 'invest to save' approach: recognising that inadequate early investment stores up problems for all sectors later on, damaging children's outcomes, reducing quality of life and building up later crisis costs (Knapp, et al., 2011)
- has an effective and child/youth/family/carer friendly service design - providing 'the right help at the right time in the right place'
- ensures equal Mental Health Investment Standard (formerly known as parity of esteem) for mental and physical health (Department of Health, 2015)
- minimises the chances of children falling between the gaps of systems of care – particularly during adolescence which is the peak age for escalating mental illness
- works together to achieve best outcomes for all children - regardless of gender, sexuality, ethnicity, religion, class and disability (recognising that some families, children and young people face greater risk adversity and need more help).

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

4. LTP Ambition 2017-2020

The main ambition of the original LTP was to re-balance activity across Tiers 1–4 by closing gaps, pump priming safe, sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to

reduce numbers of children and young people requiring interventions at tiers 3–4 in the short, medium and longer term. This was envisaged to involve all services across the city where impact would be seen for a Child/Young Person's emotional mental health and wellbeing. The ambition for the services commissioned is to increase the number of children and young people accessing community Mental Health services which were NHS funded. The figures underneath are the expected population numbers of children and young people in Wolverhampton with a diagnosable Mental Health condition receiving treatment from an NHS funded community service as per the Centre of Mental Health's methodology.

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

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

In England, the Children and Young People's Health Outcomes Forum (Department of Health, 2012) recommended introducing the use of routine outcome measurement in CAMHS, building on the approach taken in the CYP-IAPT pilots (www.iapt.nhs.uk/cyp-iapt) and the work of the CAMHS Outcomes Research Consortium (www.corc.uk.net). Since Wolverhampton has now joined the collaborative for CYP IAPT, it is an intention that new services being commissioned or contracts being reviewed going forward will include the collection of these Routine Outcome Measures.

Since the development of the initial LTP, which talked about re-designing and delivery of a model of prevention, resilience, early intervention and personalisation at local level, employing the resilience and self-efficacy building facets of HEADSTART across the whole system, involving schools and alternative provision as key stakeholders, the City of Wolverhampton Council has invested in developing Strengthening Family hubs and has commissioned an Intensive Therapeutic Family Support service which has impacted on a universal level and a universal plus level across the city with the Children, Young People and Families the services have worked with. The Intensive Therapeutic Family Support service is aimed at some of the more complex children, and their families, who are on the edge of care. Headstart programmes, also working at a universal level but in specific areas of the

city and with certain age ranges, have been developed to promote, protect and preserve the mental wellbeing of 10-16 year olds across our city, by inspiring them to dream big, supporting them to maintain motivation and control, and equipping them with the skills to cope with setbacks and adversity. These programmes again work on the universal offer within a system wide CAMHS transformation plan.

The original LTP talked about placing the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention in an integrated system across the NHS, local authority children's services, education (schools and colleges), public health, voluntary and community, and youth justice sectors. The HeadStart workforce development strategy discusses its role in building capacity and capability of leadership teams and teachers to support whole school transformation to support the mental wellbeing of their students, through models of good practice being shared through school to school networks to extend the reach of HeadStart beyond its scope.

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

Another ambition of the LTP was to develop care pathways, particularly in relation to Youth and Justice which has not necessarily been clear in the intervening years. Liaison and Diversion currently review any young people who are in custody aged 18 years and under to assess if they have any emotional mental health issues. They also receive referrals via police for those children and young people who have received Court Resolution Orders. However, an issue that has been identified is that the referrals for the children and young people can come to L & D several months after the issuing of the Court Resolution Order and support is not wanted. It was evident that the L & D services for the Black Country undertake health and wellbeing checks and if further interventions are required, a referral is made to CAMHS. However, this has proved difficult as on occasions the intervention required does not meet thresholds for these specialist CAMH services. However, once the Emotional

Mental Health and Wellbeing service is in place from April 2018, the L & D team will be able to refer into this service. However, the L & D team itself identified that if they had the appropriate tools/skills available they would be able to offer short term interventions to those who were on their caseload. The training suggested, included CBT and Anger Management, which could be provided as part of the CYP IAPT training, but unclear if L & D were part of the cohort considered to be trained. However, as any interventions which would be provided by this service would not be captured as part of the CCG's compliance with any NHS England performance requirements, it is unclear if it would be beneficial for them to be included in the CCGs numbers for training for CYP IAPT. A conversation has been had with the Specialist commissioner for Health and Justice services to discuss the training needs of this team which would improve the quality of the service available to those who meet the criteria for it, as the same person who undertakes the Health and wellbeing check could complete the intervention and it would also reduce any waiting times for further interventions, rather than referring to CAMHS. The other advantage would be increasing the numbers of the children's workforce who would be trained in CYP IAPT and therefore increase access to evidence based interventions.

The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. However, work needs to be undertaken to ensure that work within the Liaison and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS and/or the Emotional Mental Health and Wellbeing Service as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways do not appear to be fully developed to an extent where people have confidence in the arrangements and this is to be completed in the coming year. It is felt that the pathways have partially been defined but not with enough clarity after the child/young person has been seen by Liaison and Diversion. L & D have been referring children and young people into CAMHS but they do not always meet thresholds so they sometimes refer to the GP for them to see if they can access CAMHS. This is not an effective use of their time but the procurement of the Emotional Mental Health and Wellbeing Service will support this unmet need.

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

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improve user participation in treatment, service design and delivery.

- Improve access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- And train managers and service leads in change, demand and capacity management.

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

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

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

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

   Waiting time standards for early intervention in psychosis have come into effect from April 2016 and one for Children and Young People with Eating Disorders has been developed this year with waiting time standards proposed for the Emotional Mental Health and Wellbeing service. It is the ambition of

Wolverhampton CCG that these waiting time standards will be met by our commissioned providers by 2020/21.

2. An integrated mental and physical health approach

The Perinatal Mental Health Objectives as outlined in 'Implementing the Mental Health Five Year Forward View (2016)' stated that 'by 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it'. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are available to Wolverhampton service users. As part of the Black Country and West Birmingham STP (Sustainability and Transformation Partnership) footprint, a key goal is to develop and implement a perinatal mental health care pathway along with a secondary specialist perinatal mental health service across the Black Country and West Birmingham STP.

NHS Wolverhampton CCG are currently leading a Black Country and West Birmingham STP wide perinatal Mental Health Project. Mental health problems in the perinatal period are very common and affect about 20% of pregnant women between 6 weeks and one year after pregnancy and 1 in 7 die by suicide. 85% of localities across the country are estimated to either have Specialist Perinatal Mental Health service that does not meet NICE guidance for women with complex conditions or have no provision at all. Where there is provision it is often variable and fragmented. Future in Mind (2015), The Mental Health Five Year Forward View (2015) and Better Births (2016) have highlighted the detrimental impact that perinatal mental health difficulties can have upon maternal and infant mental and physical health including the impact upon the adjustment to motherhood, the care of the new-born, and the health outcomes of the whole family including:

- An impact upon poor maternal self-esteem and self-efficacy with long term effects upon the family unit and health and mental well-being and social adjustment of the child if these difficulties are not appropriately supported.
- An impact upon maternal mortality (mental illness is a leading cause of maternal deaths contributing to 15% of all maternal deaths in pregnancy and six months postpartum including suicide as a result of mental illness and depression).
- Complications regarding the management of pregnancy, including in terms of use of psychotropic medication. (Psychotic illness in pregnancy is known to be associated with poor pregnancy outcomes and an increased risk of preterm delivery, stillbirth, and neurodevelopmental difficulties occurring in the child).

- Long term costs to individuals, the family and society, maternal perinatal depression, anxiety and psychosis carrying a long-term cost to society of £8.1 billion for each one-year cohort of births in the UK, (£10,000 for every single birth in the country) with nearly three-quarters of this cost (72%) relates to adverse impacts on the child rather than the mother (£1.2 billion of the long-term cost is borne by the NHS).

The table below outlines an indicative trajectory towards the 2020/21 objective. This shows the total number of additional women who will receive specialist perinatal mental health support each year at a national level, above the 15/16 baseline.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
To support at least 30,000 additional women each year to access evidence based Specialist perinatal mental health treatment.	500	2,000	8,000	20,000	30,000

Nationally £365 million transformation funding has been made available to support delivery of the above objective. Wave 1 funding was made available in 2017/18 Wave 2 funding call is expected in October 2017.

Action to date

Across the STP footprint scoping, mapping and gap analysis has been undertaken to establish current perinatal mental health provision. Currently across the Black Country and West Birmingham STP there is no specialist provision outside that provided to the City Hospital in Sandwell by the Birmingham and Solihull Mental Health Partnership NHS Foundation Trust. Following a very successful Black Country and West Birmingham STP perinatal mental health initial scoping day, a Clinical Reference Group and a Steering Group has been established which have been involved in the development of the clinical model and care pathway. It is vital that staff have training, support and supervision to ensure they have the right knowledge, skills, expertise and competencies to offer expert advice, treatment and care for women with complex mental health needs. Wolverhampton CCG and West Midlands Perinatal Mental Health Clinical Network jointly commissioned 24 places on the Maudsley Simulation Training for Perinatal Mental Health to improve workforce capacity and capability across the STP. Vulnerable women's midwives, Obstetricians, mental health nurses, psychiatrists and

GPs were identified for the training and will form part of the overall team to deliver mental health liaison clinics from the four acute trusts.

Our STP Mental Health Work Stream has come together as a group of providers and commissioners to develop a series of objectives and key deliverables with milestones to realise the vision of the Mental Health Five Year Forward View. The Perinatal Mental Health Clinical Reference Group and Perinatal Mental Health Task and Finish Group have agreed the following two key Perinatal Mental Health STP primary objectives:

1. Establish a Perinatal Mental Health Care Pathway - this will have connectivity across Children's and Maternity services, primary care, CAMHS, AMHS Tertiary Mental Health (including a particular focus upon the development of a Perinatal IAPT Care Pathway and embedding good practice regarding maternal, paternal and infant mental health in Early Years and Parenting services, programmes and initiatives).

2. Successfully apply for and receive NHS England Perinatal Mental Health transformation funding in 2017/18. If successful this funding will be used to implement in 2018/19 the STP secondary specialist Perinatal Community Service with clinics in all of the Acute and Community Trusts so that by 2019/20 when perinatal Mental Health 5 Year Forward View funding falls into CCG baselines across our STP we will have already implemented a service and care pathway that can be commissioned by the CCGs on a substantive basis. If the application for NHS E Perinatal Mental Health Transformation funding in 2017/18 is unsuccessful, the plan for 2018/19 is to utilise current resources and some pump priming money invested in 2017/18 to continue to build capacity and capability in the system and develop the whole system connectivity across existing care pathways to ensure pro-active and responsive assessment and intervention at all stages of the care pathway.

The above goals will build on actions and good practice initiated to date and / or in the planning stage which have been laid out in appendix 2.

The proposed Specialised Perinatal Mental Health Community Service will meet the needs of women and their families suffering from any mental health condition related to conception, pregnancy and during the first post-partum year. The service ethos will be as follows:-

- It is readily accessible and provided in a non-stigmatizing environment safeguarding health and wellbeing of children and families.
- Women will have access to psychiatrists, psychologists and nursing staff who are appropriately trained in perinatal psychiatry. Women will be seen by the appropriate professional at the appropriate time.

- Each professional will be highly trained to deliver the service in a manner specific to the perinatal period. They will have training and expertise in the normal psychological changes associated with pregnancy and childbirth as well as in the mental health difficulties that women can develop at this time and the impact of this upon the development of the child and siblings and the family as a whole.
- Necessary advice, guidance and psychological support for the partners, spouses, significant others and friends, family and carers will be available.
- Perinatal Psychiatrists, Perinatal Clinical Psychologists and Perinatal Mental Health Nurses will form the core team who will be supported by professionals across the whole pathway including GPs, IAPT, substance misuse services, specialist midwives, health visitors, obstetricians and early intervention and prevention services.
- Any woman or their family who require support from the service will be able to access it regardless of age, ethnicity, language, social class and culture. In order to facilitate this, access to interpreting services, crèche service and transport in an accessible, non-intimidating building will be offered. Secure attachment and bonding of child and mother will be promoted as well as breastfeeding initiation

The service will be accessible through a single point of access and care will be provided in community locations most accessible to women and their families. Mental health liaison clinics supported by the specialist team working closely with midwives and obstetricians will be delivered from each of the four acute trust maternity services.

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

By 2020/21, the NHS has prioritised at least 70,000 more children and young people across England having access to high-quality mental health care when they need it. This requires greater emphasis being placed on prevention, early identification and evidence-based care, thus reducing the need for Children and Young People to wait for specialist intervention. In turn, this will build capacity and capability across the system so that by 2020/21 we will secure measurable improvements in children and young people's mental health outcomes.

An investment in training has occurred from Health Education England to commission new training places and deliver the CYP IAPT programme. This will ensure that all those working with Children and Young People can identify mental health problems and know what to do, along with the roll-out of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme across England by 2018. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above.

Currently the standard for being seen in CAMHS is that no child/Young Person should wait longer than 18 weeks.

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

It is anticipated that by 2020/21, CCGs will be required to publish a range of benchmarking data to provide transparency about mental health spending and performance. As part of this refresh the CCG has detailed its intended spend on CYP MH up until 2020/21 in the transparency and governance section of this refresh. We currently receive a range of data from our providers as part of contract management. As part of the Childrens Trust board and monthly CCG and Provider's Contract Review Meetings, the provider's performance of the services are discussed on a regular basis with data provided which includes a range of necessary quality data to ensure that the provider is meeting its CCG requirements as well as activity. As part of the Childrens Trust Board performance dataset, the Trust provides data for the following:

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

An additional performance measure is going to be requested for the same dataset from the Voluntary sector for the number of Children and Young People who are being seen within the Emotional Mental Health and Wellbeing Service. There is a range of data that is requested from the Trust as part of performance data on a monthly basis and potentially this could be published in the future. This is available at appendix 2 at the end of this refresh.

An ambition of the LTP was that Core CAMH services are available for Children and Young People who require specialist CAMHS and that those children and young people who are referred into this service will be seen within 18 weeks. Going forward the service specification will requires that the services provided will be evidenced based and use the principles of CYP IAPT to ensure Routine Outcome measures are embedded and used in the services. Currently the service is available as a Monday to Friday service from 9.00 to 17.00. Following the introduction of the Emotional Mental Health and Wellbeing service, it is anticipated that fewer referrals will be refused by CAMHS as the Emotional Mental Health and Wellbeing service will pick them up and ensure the specialist service is receiving more appropriate referrals. When the Emotional Mental Health and Wellbeing service is jointly procured by the CCG and local Authority, a Single Point of Access (SPA) will be developed between this service and specialist CAMHS, which will initially be co-located with CAMHS with virtual links developed between the SPA and the MASH (Multi Agency Safeguarding Hub). This will ensure that the appropriate service accepts the referral and meets the needs of the child/young person and their family. The current Single Point of Access Pathway is provided in appendix 6 and it will be altered to accommodate the new service in April 2018.

The original LTP also identified that the Crisis care and intensive services needed additional funding to support availability 7 days a week and with increased opening hours. Additional funding was invested in the service which now has staff available who visit 7 days a week from 8.00am to 8.00pm although there is a drive from the five Year Forward View paper that this is extended to cover 24 hours a day, 7 days a week. Currently there is a CAMHS psychiatrist who is available on call across Wolverhampton and Sandwell to meet the needs of Children and Young People in crisis across these two CCGs, 24 hours a day, and 7 days a week. However, with Black Country Partnership NHS Foundation Trust, our current provider and Dudley and Walsall Mental Health Trust along with Birmingham Community Healthcare NHS Trust in the Black Country joining forces as Trusts Coming Together (TCT) and commissioners working as ‘One Commissioner’ an opportunity will exist to extend this crisis care and intensive service to a 7 day service; 24 hours a day on an STP footprint. Currently the different CCGs commission a slightly different service with different age acceptance thresholds and input on the wards. This will be addressed as part of the bringing together of the Service Specifications. This crisis service will also be supported by the bid submitted across the STP footprint for the Mental Health Crisis and Intensive Community Support Service.

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

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

commissioned as part of the universal offer. It is hoped that in future the funding from specialist commissioning for NHS England will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child/young person's needs and continue allowing them to remain at home. Wolverhampton CCG and City of Wolverhampton Council are part of a Black Country and West Birmingham Transforming Care Partnership (TCP) which is responsible for meeting the needs of a diverse group of children and young people with a learning disability, autism or both who display, or are at risk of developing behaviour that challenges, including those with mental health conditions.

TCPs are tasked with addressing the needs of the following groups which is not exhaustive:

1. Children and young people with a learning disability, autism or both who have or are at risk of developing a mental health condition such as anxiety, depression, or a psychotic illness, and those with personality disorders, which may result in them displaying behaviour that challenges.
2. Children or young people with an (often severe) learning disability, autism or both who display or are at risk of developing self-injurious or aggressive behaviour, not related to severe mental ill health. Some of whom will have a specific neuro-developmental syndrome and where there may be an increased likelihood of developing behaviour that challenges.
3. Children or young people with a learning disability, autism or both who display or are at risk of developing, risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour).
4. Children or young people with a learning disability, autism or both, often with lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance misuse, troubled family backgrounds) who display or are at risk of developing, behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

There are nine core principles which Wolverhampton is keen to embed in its services to demonstrate that it is commissioning services which are classed as good and provide appropriate support for CYP who may have autism and /or learning disabilities and display behaviours that challenge. These nine principles are:

1. CYP who are considered to have ASD and/or LD have a good and meaningful life.
2. Care and support for a CYP with ASD and/or LD is person-centred, planned, proactive and coordinated.
3. CYP with ASD and/or LD has choice and control over how their health and care needs are met.
4. The family and paid support and care staff of CYP with ASD and/or LD get the help they need to support them to live in the community.

5. CYP with ASD and/ or LD have a choice about where they live and who they live with.
6. CYP with ASD and/or LD get good care from mainstream health services.
7. CYP with ASD and/or LD can access specialist health and social care support in the community.
8. If needed, CYP with ASD and/or LD they will get support to stay out of trouble.
9. If a CYP with ASD and/or LD is admitted for assessment and treatment in a hospital setting because their health needs can't be met in the community, it is high-quality and the CYP won't stay there longer than they need to.

A lot of these principles have been applied to the ASD strategy which has been referenced earlier in this document. Further work will need to be undertaken to ensure all principles are applied to the services and ensure Wolverhampton is commissioning and providing a service which is recognised as good. However, it must be recognised that in Wolverhampton there is already a specialist CAMHS LD service which supports the difficulties which sometimes exist when there are separate Mental health and Learning disabilities services.

A new model of care has been developed within the Eating Disorders service which is now an all age service with a significant amount of funding put into this service since the inception of the LTP in 2015. There is now a dedicated psychiatrist employed who is a specialist Eating Disorders Consultant Psychiatrist working across Children and Adults services; only one of two psychiatrists working in this way across the country. The trust invested in their psychiatrist to develop the skills to enable him to work across the ages. The trust are looking to become a member of the Community Eating Disorder Service National Quality Improvement programme in the coming year. Early intervention for psychosis has also become an all age service and has demonstrated marked improvement in reaching the NHS target of accessing a NICE-approved care package within 2 weeks of referral by 2020/21for those children and young people experiencing a first episode of psychosis.

Wolverhampton CCG has already funded, as part of the investment from Future in Minds Monies, additional resource to provide a Single Point of Access (for specialist CAMHS currently) funding into the Crisis and Home Intervention Treatment Team, which included the Children and Young People's specific place of safety situated at Penn Hospital and also additional funding into the all age Community Eating Disorders service. The Children and Young People's place of safety (136 suite) is a space where young people detained and transported under Section 135/136 (S135/136) of the Mental Health Act 1983 (amended 2007)1 can be managed safely while an appropriate assessment is undertaken (by a psychiatrist and an approved mental health professional (AMHP)). The Crisis, Intervention and Home Treatment Team provide the staff for the 136 suite when there is a child/young person in crisis who needs this facility. The suite is currently in the process of registration with CQC and young people have been involved in the design and of the facilities available

within the suite. The suite has not been utilised regularly over the past year with only 5 Young People being held there in 2016/17.

The Eating Disorder service consists of a multidisciplinary team of specialists which offers a particular blend of expertise and skill that enables the provider Trust to offer differentiated and individually tailored support, taking account of co-morbidities and complications. The multidisciplinary teams comprises of Consultant Psychiatrists, Dietitian, Specialist Nurse, Occupational Therapist, Systemic Family Therapist, Clinical Psychologist and Counselling Psychologist. Their training and expertise allows the team to take generic roles with less complex clients or adopt their specific professional roles when complexity demands it. It is envisaged that this funding for these services will be continued whilst it is meeting the outcomes for the Children and Young People involved and they continue to impact on the numbers requiring admission. If these outcomes are not met, there may be an opportunity to alter the specification to ensure appropriate services are being commissioned to meet the needs.

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

Another area of concern when the LTP was originally submitted was the mental health support for those Children and Young People who meet the criteria for Tri-partite funded placements External Placement Panels (EPP). These young people are considered to be the most vulnerable and have the most complex needs; usually with the most expensive placements and concerns have been raised that their outcomes were amongst the poorest. A post was established to support this EPP process from the specialist CAMHS team who would provide clinical expertise to support the social worker to identify the mental health needs of the young people, specifying the mental health interventions that are appropriate and are NICE compliant to meet the needs of the young person and setting outcomes for the interventions. The successful candidate, who has now been recruited, will be able to measure whether the placement has met the needs of the young person and

supported them to step down or up placements as required to ensure their development in these complex placements supports them to become functional adults. The CAMHS person in this post will support the young person to transition to the appropriate mental health team in the future with a clear need identified.

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

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

5. Workforce

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

Health Education England's (HEE's) main role has been the planning and development of the future health and care workforce supply, through the investment of their dedicated budget on high quality education and training. They have targeted increases in critical areas which include mental health by improving care for Children and Young People as well as providing Care closer to home. This has included their funding for CYP IAPT to provide high quality training that will result in Children and Young People receiving Evidence based interventions.

Current Staffing levels in Wolverhampton

Future in Mind through the transformation funding, in its initial phase, has supported both the expansion and development of the specialist CAMHS workforce. The development of a capable and competent workforce is essential to the continued

modernisation and expansion of evidence-based services across the whole CAMHS pathway.

Wolverhampton CAMHS has worked with the Midlands C&YP IAPT collaborative, Health Education England and local partners to identify workforce needs and commence plans.

Whilst the new transformational workforce demonstrates no direct increase in the core CAMHS Wolverhampton workforce the new transformation workforce has allowed specialist CAMHS workforce to develop a new model of care delivery by removing some of the specialist provisions around vulnerable children and young people from core CAMHS. It is anticipated that this will support core CAMHS in delivering on the increase in access to mental health services and has supported the identification and delivery of specific training to meet local skills gaps. The new model of care ensures evidence based treatment interventions and a pathways approach and has allowed further consideration for skill mix.

The expansion in the workforce has been within specific elements of the service; Specialist CAMHS (BCPFT) have received further financial support to expand and change the model of care offered within the CAMHS Crisis Intervention/Home Treatment provision and the Community Eating Disorder service provisions and they work in partnership by providing specialist psychological support within the Youth Offending Service. The other new partnership workforce development posts include having CAMHS clinicians working in the Wolverhampton HeadStart programme, within the Pupil Referral Units (PRU) and working across City of Wolverhampton Council provisions for the most vulnerable young people whom may or have presented to the External Placement Panel (EPP). EPP is the panel used to agree funding and review the placements for the most complex, vulnerable young people who meet the criteria for tri-partite funding as a result of their health needs and/or health and/or social care.

Our approaches to addressing the workforce training needs across all of these areas have included:

- Engagement in C&YP IAPT modules and clinical supervision.
- Ensuring our leadership team undertake the C&YP IAPT Leadership and Transformation training
- Accessing the C&YP IAPT outreach training sessions
- Exploring skills and competencies gaps within specialist CAMHS and providing locally based competencies training to meet local skills gaps for particular evidence-based treatments or diagnostic categories
- Employing specific professionals for liaison and case management particularly for complex cases; Youth Offending Clinician, EPP and PRU clinicians.
- Accessing the national Eating Disorder training days

BCPFT have also supported universal provisions through training in schools and have ran specific group parenting sessions that have a psycho-educational element

to supporting parents and foster parents in the care and management of children and young people. They have enabled their workforce by providing further IT support with training and some equipment and the young people have developed BCPFT's CAMHS web site that has further information and self-help support for all.

The Gem Centre in Wolverhampton houses a range of children and young people's provisions in a C&YP person friendly environment. This close working environment allows integration with a range of professionals, shared learning platforms and impromptu discussions.

Wolverhampton CAMHS Workforce – Table demonstrating workforce increase since 14/15

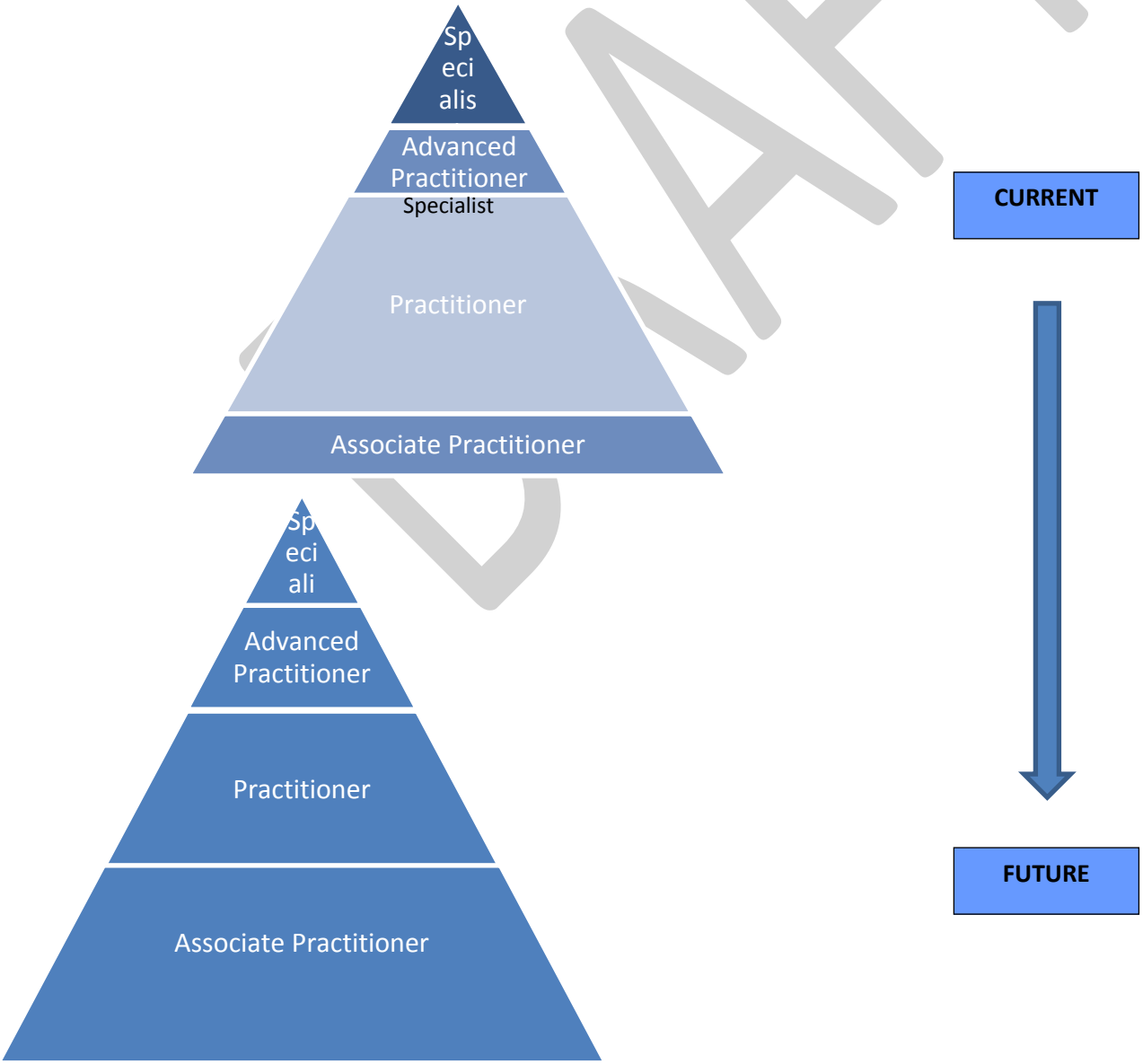
Funded Posts	14/15	17/18	Comments
Management	4	3	
Core CAMHS	16.53	16.17	
Key Team	4.80	4.80	
Inspire	8.43	7.75	
CAMHS CIHTT (Crisis/Home Treatment)	3.00	6.10	
Single Point of Access	0.00	2.00	
Youth Offending Service		1.00	
136 Suite		1.00	
External Placement Panel		1.00	
Early Intervention		1.50	
Eating Disorders	4.64	14.35	Commissioned in partnership with Sandwell and West Birmingham CCG
CAMHS HeadStart Link Workers	0.00	2.00	
CAMHS PRU Link Worker	0.00	1.00	
Waiting List Initiative Workers		2.00	
Totals	41.31	63.77	

Wolverhampton has commissioned a pilot service for Emotional Mental Health and Wellbeing service to meet the needs of the city whilst arranging for the joint procurement of this service by the local authority and CCG from April 2018. This will increase the workforce for Children and Young People Mental Health in the future with potentially more than 700 CYP needing to access these services. There will be a need for up to 5,600 additional sessions for this cohort which may be addition to the workforce of up to 9 W.T.E. which includes supervision, preparation note writing and actual sessions.

The HeadStart phase 3 bid refers to building a confident, accessible and responsive workforce for young people with staff who share a common language and common approaches through a transformed system of cross-disciplinary, multi-agency and

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

Future Workforce plans:



The above diagram represents the changes needed for the workforce transformation to occur within Child and Adolescent Mental Health services which involves creation of new roles which will support increasing access to services at a much lower level than waiting for the Child/ Young Person to become so ill that they require significant specialist intervention. With regards to training for CYP IAPT, the collaborative in the Midlands is seeking Expression of Interest forms to be completed for Well-Being Practitioners for Children and Young People. These roles will include training to deliver brief evidence based interventions in the form of guided self-help for children and young people with mild/moderate anxiety, low mood and behavioural problems. It is agreed that an Expression of Interest form is to be completed for 2 staff in the Wolverhampton CYP IAPT partnership to build up these competencies and provide evidence based intervention with work to be completed on funding for year 2 which potentially the CCG will fund going forward This will in turn increase access to services for Children and Young People.

There is funding available for the CYP IAPT training but staff need to be identified to participate in the training as well as funding for the training places to be identified from the CCG's funding mechanisms. A paper is to be presented to the CCG commissioning committee to identify where the courses and /or backfill can be funded from as is suggested by NHS England. It is of benefit to the CCG to fund these courses and backfill to ensure the CCG is able to meet any performance figures required in the future from NHS England. However, there have been difficulties finding enough staff who meet the criteria for the courses and who can be freed to attend the courses whilst activity continues in the service. Currently the CCG has funding for 63% backfill but there is a limited number of places funded on the courses although demand outstrips actual availability of places. At least 2 staff members will have to be sent on training annually to ensure continuation in the CYP IAPT training programmes.

There is also a need to give consideration to the additional workforce requirements to meet 24/7 crisis care which currently CAMHS in Wolverhampton has an on call rota for CAMHS psychiatrists who are available by phone if necessary to answer queries and also there is a rota available for members of staff to be available should a young person need to use the 136 suite. If the Black Country and West Birmingham STP are successful in their bid for the Mental Health Crisis and Intensive Community Support Service this will support the additional staff needed for crisis across the Black Country. It is likely that if this bid is unsuccessful then the funding which has been set aside for next year for this STP bid could be set aside for further crisis funding.

Potential future training needs:

There will also be a need to consider the specialist mental health needs of some of our changing population in the city and the need for additional specialist training for staff to ensure these young peoples' needs are met. Some of this training should be considered at universal level as well as specialist levels. The changing populations will include the group of young people who are classed as Looked After, having been recognised as Unaccompanied Asylum Seeker Children who have the potential to require intervention for PTSD and adjustment to a new culture, environment, language and way of living as well as the effects of potential bereavement and abuse. It should also be recognised that the difficulties experienced by this group may not be immediately on arrival but some years afterwards. Anecdotally, the specialist CAMHS team have reported an increase in the number of referrals for young people who are questioning their sexual orientation and transgender issues and there is also a correlation between transgender issues and autism. This is likely to become a training gap within specialist and universal services. The CAMHS team have approached Mermaids UK to provide a training session for their team and have invited the Educational Psychology team and some schools where there are significant issues identified.

Work has been undertaken in the city around the gap around provision for Children and Young People who have been identified as engaging in Harmful Sexualised Behaviour (HSB). This gap includes awareness, assessment and intervention. Three levels of training have been identified for whole system training depending on levels of need, similar to levels in safeguarding training. The emphasis of the training in level 1 will be to raise awareness around HSB as well as normal childhood sexual development. Level 2 will build on this work and discuss with trainees about ways to work with this group and level 3 will look at how to provide interventions for this group of Children and Young People.

Further training may be required for Perinatal mental health in the future following the creation of the specialist community services across the services. There is also a need to consider training in the principles of Positive behavioural support to ensure that these are applied for CYP with ASD and/or LD. Potentially staff will also need to have an understanding of sensory needs for this group of CYP and how it potentially impacts on their behaviours that can prove challenging as a result.

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

cohort in a more effective manner and ensure that if further intervention is required this will be identified and acquired quickly and appropriately.

6. Collaborative and Place Based Commissioning

STP Commissioning

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

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

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

Specialist Commissioning – NHS England

These pathways, when confirmed, between Specialist commissioning and Local commissioning will demonstrate the interdependency of the growth of community services aligned with the re-commissioning of inpatient beds, including supporting an increase in crisis and home treatment, admission prevention and support appropriate and safe discharge and will be across the Black country STP. These pathways for children and young people with ASD/LD are evident in the use of the pre-admission CETR (Care, Education and Treatment Review process which can be found at https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf) which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for

an inpatient bed, it ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS England are also part of this process as well as commissioner from the CCG, specialist CAMHS, child/young person and/or parents/carers, social care and education from the Local Authority as well as a patient by experience and Independent clinician. Any pre-admission CETRs that have taken place in Wolverhampton over the past 12 months have had a specialist commissioner from NHS England present to support the process.

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

Youth and Justice, NHS England – Specialist Commissioning

Those children and young people who are in services that are commissioned directly by Health and Justice are currently reviewed by Liaison and Diversion when they are in custody aged 18 years and under to assess if they have any emotional mental health issues. They also see children and young people who are issued with Court resolution Orders although there can be a time lag between the issue of the order and the first visit from the L & D team. This can impact on the child and young person and their families from engaging in the process as they feel the issue has

already passed. L & D will refer to the specialist CAMHS team if further intervention is required although they do not always meet the thresholds. This will be less obvious in the near future with the full integration of the Emotional Mental Health and Wellbeing Service into the pathway. The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional mental health support is available within the team. Liaison & Diversion are commissioned via Youth Justice and they undertake health and wellbeing assessments for those Children and Young People who are arrested and are in the Custody suite or have been issued with Court Resolution Orders. They can see the CYP quickly for those who are in the Custody suite but for those who are issued with Court Resolution Orders and often families are not keen to engage as there is a significant time lag between issuing of the orders and actually seeing those who have been referred. If the L & D team identify mental health needs, even anger management or Cognitive behavioural therapy they have to refer to another service as currently they do not have the skills to undertake the interventions. They refer to CAMHS although often the referral does not meet the threshold for services and without the Emotional Mental Health and wellbeing services there was a gap in provision. This will be reduced in the future and L & D need to be advised of the new service when it is procured. It is important for L & D to develop connections with the PRU CAMHS link worker and also the CAMHS YOT worker to ensure that there is a comprehensive pathway which ensures that if the Child/Young Person is known to one of the services this information can be shared with other services. It will also be important to ensure L & D are aware of the work that is undertaken in the strengthening families' hub and potentially the intensive therapeutic family support service.

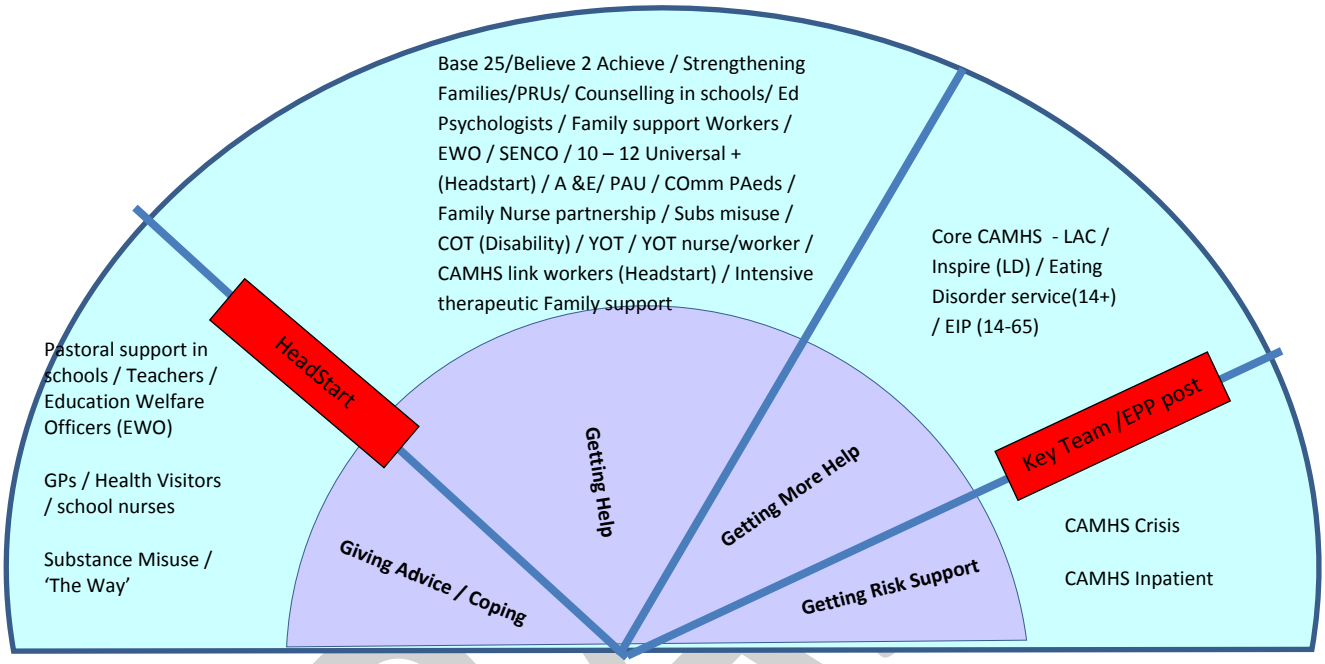
City of Wolverhampton Council and Wolverhampton CCG

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

Place Based Commissioning

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

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



7. CYP Improving Access to Psychological Therapies (CYP IAPT)

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

The key tenets of the CYP IAPT programme are:

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions

- Improving user participation in treatment, service design and delivery.
- Improving access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- Training managers and service leads in change, demand and capacity management

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

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

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

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

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

Course – for existing workers	**Places funded for your partnership area**
CBT for anxiety and depression	6
SFP for depression/conduct disorder/self-harm	1

SFP for eating disorders	n/a
Supervisors - CBT	1
Supervisors - SFP	n/a
EEBP	1

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

Funding for 2016/17 and 17/18 included training fees plus 63% funding for salary support to supplement CCG and provider costs to release staff, and is conditional on acceptance of a service specification. This is the final year of programme central funds towards salary support for staff completing CYP IAPT course in 2018. This funding has been conditional on our CYP MH partnership signing up to implementing the programme, including confirmation that the appropriate level of funds will be made available to release the staff to undergo the full training. The specification of the Provision of CYP IAPT Staff Support Funding Made Between National Health Service Commissioning Board (NHS England) and Wolverhampton Clinical Commissioning Group (CCG) signed by an executive from the CCG asked that as part of the transformation plan process, Wolverhampton CCG needs to be transparent with their investment and publish spend on CYP MH services. Our LTP will note where Wolverhampton CCG has received income from the CYP IAPT programme and the assurance process in place is a mechanism for guaranteeing that the spend goes to CYP MH services in the local area, particularly a commitment to the training or backfill for CYP IAPT.

FUNDS		**INSTALMENTS**	
Training	**Firm Price**		
11 CBT + 6 SFP + 3 SFP ED therapists (@ £18,750 each)	£375,000	**February 2017**	£163,000
2 supervisors (@ £12,500 each)	£25,000		

2 Enhanced Evidence Based Practice trainees (@ £3,750 each)	£7,500	**July 2017**	£122,250
		October 2017	£122,250
Total Price	**£407,500**		

The funding detailed above has been received by Wolverhampton CCG and agreement has been reached for the funding to be carried over for the purposes of training. Given the number of places that have already been committed to this means there is £262,500 left in the fund for training and/or backfill which must be used for CYP IAPT. The CCG is currently in discussions with local Higher Education Institutes and our Learning Collaborative to establish if we can fund the additional training places but then will need to negotiate with our CCG/providers for funding backfill. The proposal when established will be taken back to the CCG commissioning committee and then Governing Body for approval. A plan is to be established for the training required across the system to ensure staff have the skills and competencies to deliver evidence based interventions.

8. Eating Disorders

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

Local transformation monies have allowed Black Country Partnership Foundation NHS Trust (BCPFT) to pilot and develop an all aged eating disorder provision recognising and strengthening what could be a small specialty within a mental health trust. All elements of the service embrace a strength-based, relationship-centred, and non-pathologising philosophy that acknowledges the individual, social and cultural influences on identity construction and personal meaning making. In practice, this is applied as a non-judgmental approach that views the person as separate from their eating difficulty.

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

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

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

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

Eating Disorder Referrals Under 18 years

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

Progress to Date for the Eating Disorders Service

Wolverhampton and Sandwell CCG have merged and recruited into clinical staff ensuring that there are dedicated clinicians for under 18 year olds across the two areas. Specialist CAMHS clinicians support The Royal Wolverhampton NHS Trust in the care when young people are physically compromised and require inpatient care. Multi-disciplinary assessments are at the heart of all Children and Young People who are assessed as part of the Eating Disorders services. The Maudsley model of family based intervention is used within the service and some staff have been trained in the Systemic Family Practice for ED, which is part of the CYP IAPT training model.

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

and as a result have begun to manually collect C&YP IAPT outcome measures for under 18 year olds.

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

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

The four local CCGs that form the Black Country are partnering up in the eating disorder cluster and these will be Wolverhampton, Sandwell, Walsall and Dudley. As mentioned earlier in the LTP refresh, the Trusts which are the providers of the service in these CCGs are coming together as of the 1st of December 2017 so this will support the cluster work and ensure that the service provided is consistent across the areas. The service specification is almost completed for across the cluster. This Community eating disorder service (CEDS) will be in line with the model recommended in NHS England's commissioning guidance. Currently the CEDS is not fully signed up to the national quality improvement programme but it is in the process of receiving training to allow this to occur. The programme is now open to Expressions of Interest to join and BCPFT is planning to fund the Royal College of Psychiatrists Quality Network for Eating Disorders (QED) for the self-assessment initially. The proposal is to move to the peer assessment with the intention of moving towards accreditation in the future. However, this process will be a stepped approach and will take time to ensure the Community Eating Disorder Service can achieve full accreditation.

9. Data

Collection of data on children and young people has been subject to delays and the data itself lacks clarity due to previous poor investment and development in IT systems across the Mental Health trust, although this is not a problem that is specific to Wolverhampton alone. However, with the development of the Emotional Mental

Health and Wellbeing service it is essential that these providers understand the importance of being able to input into the MHMDS as part of the KPIs of the contract. *Appendix 3* represents the Mental Health indicators for improving access for Children and Young People into NHS funded community services and the trajectories that have been set for our providers.

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

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

Indicators	2016/17				2017/18
	Q1	Q2	Q3	Q4	Q1
Percentage of children referred to CAMHS who have had initial assessment and treatment appointments within 18 weeks	80.5%	70.6%	94.7%	99.2%	97.76%
Number of contacts to CAMHS	3017	2818	3053	3421	3254
Number of referrals received by CAMHS	546	562	493	529	460

The figures in the previous table for 2016/17 demonstrate there had been a fall in quarter 2 for last year for the percentage of Children and Young People being seen for assessment and intervention within an 18 week period from receipt of referral which was as a result of holiday times and staff on annual leave and Children and Young People not being available due to them being annual leave. However, it can be seen that 99.2% of the children and young people were seen for assessment and treatment within 18 weeks in the last quarter when there had been an injection of

funding as part of the waiting list initiative and the figures demonstrate that this additional funding did impact on numbers seen. This waiting list initiative money supported reducing the number of children and young people having an initial assessment and treatment within 18 weeks. Although the figures have dropped slightly for the first quarter, 97.76% children and young people still receive an initial assessment and treatment within 18 weeks. Referral rates have reduced significantly and it is unclear why this has occurred.

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

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

Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?			X

10. Urgent & Emergency (Crisis) Mental Health Care for CYP

The Five Year Forward View talks about providing urgent and emergency care over a period of 24 hours a day, 7 days a week. The Future in Mind document stated that the 'litmus test of any local mental health system is how it responds in a crisis'. (Future in Mind, DoH 2016) The LTP has further invested in the provision from BCPFT to support both the development and delivery of a comprehensive care model to support young people in a mental health crisis. This investment has resulted in the Crisis team's services being extended from its original opening hours of 9:00 – 17:00 Monday to Friday to operating 7 days a week from 08.00 - 20.00. There is access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting and work is being undertaken across the STP to support the increase in the service from 8.00-20:00, 7 days a week to 24 hours a day, 7 days a week. The additional investment into specialist CAMHS supported the establishment of a Place of Safety (136 suite) which is staffed by members of the Crisis, Intervention and Home Treatment Team when it is required which is on an ad hoc basis.

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

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

- Crisis management is a process of working through a crisis until it is resolved.
- Successful service user engagement is paramount.
- The achievement of a therapeutic alliance with the service user and already involved CAMHS Clinician or referrer is essential before any intervention can be successful.

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

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

The original LTP highlighted the absence of a ‘Place of Safety’ for vulnerable children & young people. This has been rectified, and a place of safety is now available at Penn Hospital in Wolverhampton. BCPFT has liaised with all relevant emergency services to ensure that the service is visible and that in future no vulnerable young people are taken into police custody. The Children and Young People crisis intervention and home treatment team provide staffing to this suite as and when required and a 24 hour rota is in place should it be required. Children and Young People are accepted into this place of safety from other areas as there are no similar suites available in the region except for Birmingham. Over the past year, it has been used by 5 Children and Young people from Wolverhampton. The KPIs for implementation of the urgent and emergency mental health care for CYP for access and waiting time ambitions will be implemented as part of the STP wide service specification for Crisis, Intervention and Home Treatment service for the Black Country and West Birmingham STP. BCPFT currently use a feedback mechanism to monitor the experience and outcomes of CYP who have received a service from the Crisis team. A service review is being undertaken over quarter 3 and 4, in conjunction with Sandwell and West Birmingham CCG, when service users who have engaged with the Crisis service in the past will be engaged with, regarding their experiences to support any service redesign which may be appropriate following the review.

11. Integration

A Commissioning for Quality and Innovation indicator (CQUIN) is in place for 2017/18 which considers transitions out of Children and Young People's Mental Health Services (CYPMHS) with an aim to incentivise improvements to the experience and outcomes for young people as they transition out of CYPMHS on the basis of their age. The Engagement plan has been received from BCPFT and accepted by providers involved as per the milestone report. (Appendix 8)

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

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

In 2016/17 37 young people transitioned to adult mental health services within BCPFT. However, the new CQUIN relates to transition from CAMHS services into any CCG commissioned services expect GPs which will include services outside of BCPFT e.g. services for adults with Personality Disorders etc. Therefore these are new numbers that have to be collected so it is unclear at this time what these numbers could be but work will be undertaken this year to obtain a view for potential trajectories going forward.

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

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

interventions they are receiving and ensure that the treatment they receive will support improvement in their outcomes. However, as this post is innovative, there is a possibility that anyone who is recruited into the post will require additional training support to ensure they have the skills to meet the demands of the post. Consideration will be given by the CCG to any new recruits to this post, if the post holder resigns, to ensure that they have the relevant and appropriate skills or a suitable training course has been sourced to ensure the suitable skills are available.

The Crisis team have an interface with the Adult Mental Health Service to link with liaison psychiatry if required for young people who are on the cusp of joining adult services. Transitions usually occur when the crisis has abated and the case usually is transferred into the adult community mental health team. This can take place via joint assessments, or consultation. Young people who are on the cusp of requiring adult mental health provision are supported through this process utilising the CAMHS transition protocols and plans. Therefore as a young person is rising 18 years of age and if the coproduced care plan identifies the need for interventions beyond 18 years a joint care review can take place between both services and a care plan is developed around the transition. Young people are surveyed pre and post the transition to ascertain if the process was supportive and if the young person's needs are being met in the new provisions.

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

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE recommendations	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

The EIP service that has developed since the initial Local Transformation plan delivers a full age-range service including Children and young people experiencing their first episode of psychosis and that all referrals are offered NICE-recommended treatment. Additional investment has been provided to the service to fund an additional post to meet the needs of the Children and Young people who require the service. The Early Intervention in Psychosis service is shared across Wolverhampton and Sandwell and has had an additional investment of 1.5 WTE into the service. The current workforce list is as follows:

WORKFORCE LIST		
Team Leader		0.5 WTE
CPN	Band 6	0.5 WTE
Occupational Therapist	Band 6	1.0 WTE
Occupational Therapy Technical Instructor	Band 3	1.0 WTE
Clinical Psychologist	Band 8a	1.0 WTE
Assistant Psychologist	Band 4	1.0 WTE
Support Time and Recovery worker	Band 3	1.0 WTE
Team Secretary		1.0 WTE
Medical Secretary		0.5 WTE

Currently monitoring of the CYP access to the EIS service is around having crisis and relapse plans as well as 95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific for Sandwell and Wolverhampton. The current data received against the indicators is recorded in appendix 9. The CCG is working with the trust to ensure that there is clarity around the numbers of Children and Young People who are able to access the Early Intervention in Psychosis Service.

Year of Referral	**Numbers of CYP under 18 in EIS**
2016/17	39
2017/18	22

13. Impact and Outcomes

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

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

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

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

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

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

Year Plan Figure	Available from Where?	Service to be invested in
2017/18 £105,660	Growth monies from Future in Mind - £5,660 to be used for spot purchasing HSB assessments as well as £9330 not spent on EPP uplift – now recurrent.	£100,000 to be invested in Emotional Mental Health & Wellbeing – recurrent
2018/19 £145,000	Additional funding from EPP uplift not required and money left from	£70,000 Possible for STP crisis – reqd recurrently

	last year = £15,000 additional – both identified above	£63,500 Possible online digital counselling service – reqd recurrently if agreed £27,000 PRU CAMHS link worker – reqd recurrently if evaluation is successful. [4] This funding is only for 7 months from Sept 2018 as funding until then has already been given to BCPFT due to late recruitment of staff Sept 2017 – funding was provided for a full year affect.
2017/19 £262,500 – funding provided from NHS England for CYP IAPT training – 2 instalments already received. (Oct'17)	This funding has been ear marked for CYP IAPT training/backfill which this needs to be arranged either by finding courses or staff who can be recruited to train to ensure the services commissioned to deliver NHS community services are able to deliver evidence based interventions.	CYP IAPT services for training and /or backfill only – **NOT TO BE USED TO COMMISSION ACTUAL SERVICES FOR CYP**
2019/20 £100,000	When all services that have been invested in from previous years, are taken into account at full year effect, there is approximately £70,000 for investment in other services. (approx. £30,000 of amount is needed to fund the PRU CAMHS link worker in full if evaluation is successful and it meets its objectives.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP – this may be appropriate to scope LD consultant for CAMHS which could be commissioned across Sandwell and Wolverhampton depending on numbers.
2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS and Crisis and Home Treatment Teams. Also some of this funding will have to be identified to undertake additional CYP IAPT training.

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

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

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

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

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

While the funding may become pooled from 1st April 2018, the CCG and CWC will need to work on the development of service specifications, reporting frameworks,

and contractual management with providers. It is anticipated that this work could be firmed up at the same time.

14. Other Comments

One of the key risks to delivery, controls and mitigating actions of the Local Transformation Plan is the workforce and the difficulty with being able to access suitably qualified staff with the relevant experience and competencies to be able to support the implementation of the plan. Regionally and nationally there have been challenges in recruiting suitably qualified staff to any CAMHS posts which are available and this has been evident in the Black Country where the area is densely populated and staff can move too easily for different specialist mental health roles. However, consideration should be given to alternative staffing structure to provide appropriate competencies to deliver the appropriate and necessary service. These competencies are listed as part of appendix 10 which highlights the pathways and staffing needs required in each area. Contracting levers can be used if the services fail to deliver the necessary changes or service required.

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

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

Another of the ambitions of the LTP is to demonstrate co-production in a practical way and increase service user participation. Wolverhampton specialist CAMHS completed a project this year, which saw the launch of a co-produced website (www.blackcountryminds.com), which was developed and designed by young people. The website is an ongoing co-production initiative with further phases agreed. The website has won a Trust award from co-production and has benefited CYPF in numerous ways such as feeling “heard” and “important”, to gaining presentation skills and website coding experience for their CVs. The website has been shared with the Digital team from Headstart to explore the synergies and

ensure consistency in information. Headstart's digital offer is likely to highlight innovation in relation to the use of social media and looking to use existing services that are already available including Wolverhampton Information Network (WIN).

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

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

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

APPENDIX 1 – Action Plan

DELIVERABLES	2017/18				2018/19				2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Emotional Mental Health & Wellbeing Service																
Development of Emotional Mental Health and Wellbeing Service Specification for joint procurement 2018																
Tender published - 01.11.17 (6 week application)																
Tender closes - December 15th																
Evaluation - January 2018																
Award Decision - February 2018																
Mobilisation - March 2018																
Service starts - April 2018																
STP Crisis bid (if successful)																
Detailed job descriptions for additional posts developed and agreed - Recruitment of staff completed - Induction and session re clinical model, outcomes required and implementation - Integrate into urgent care team																
Identify current bed usage and spend on beds - Identify baseline data and measures to be used during delivery of new clinical model																
Gain feedback from CYPs/families/carers.																
Gain feedback from clinicians and commissioner																
Evaluate service to confirm assumptions made at time of submission of bid along with savings made																
Procurement of online counselling services																
Scope the appropriateness of developing an online counselling service in consultation with CYP with Specification for procurement if deemed necessary																
If appropriate tender to be published 30th November 2017																
If appropriate tender closes - December 31st																
If appropriate evaluation will occur January 2018																
If appropriate tender award will be made in Febraury 2018																
If appropriate mobilisation will occur in March 2018																
If appropriate service will begin April 2018																
If appropriate Service to be evaluated from Oct - Nov 2017 to establish if it should be recommissioned in its current guise.																
PRU CAMHS link worker funding 2018/19																
Evaluation of the post including numbers of MH assessments undertaken																
If appropriate, report to commissioning committee to continue funding																
KPIs to be developed for service if evaluation is successful and increases assessments undertaken																
CVO to be completed for funding if post is made permanent following evaluation																
Recruitment to post to be undertaken to begin permanently from Sept 1st 2018																

DELIVERABLES	2017/18				2018/19				2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CYP IAPT workforce training																
Identify accurately numbers of staff that need to be trained following procurement of joint Emotional Mental Health and Wellbeing Service.																
Course fees indentified at relevant universities																
Report to be written to Commissioning committee to confirm additional funding which can be used for backfill and/or training																
Places to be purcahsed at universities if agreed																
Staff to sign up to university courses																
ROMs to be introduced to each service as staff undertake training.																
Neurodevelopmental Services																
Scope the needs of the group of CYP with ASD and LD including benchmarking and if LD consultant required.																
Engage focus groups																
Develop joint service specification with Sandwell and West Birmingham CCG / STP if appropriate																
CVO to be completed for funding if service is developed with clear KPIs developed																
New service starts if appropriate - April 2019																
Service to be evaluated																
Additional CYP MH services in Wolverhampton																
Scoping of existing services for CYP MH including using focus groups																
Benchmarking across the country to establish what other services may be useful																
Service specification to be developed for new services																
CVO to be written as appropriate																
Service to be commissioned if appropriate																
Service begins April 2020																
Service to be evaluated																

APPENDIX 2 - Actions of the STP Perinatal Mental Health workstream

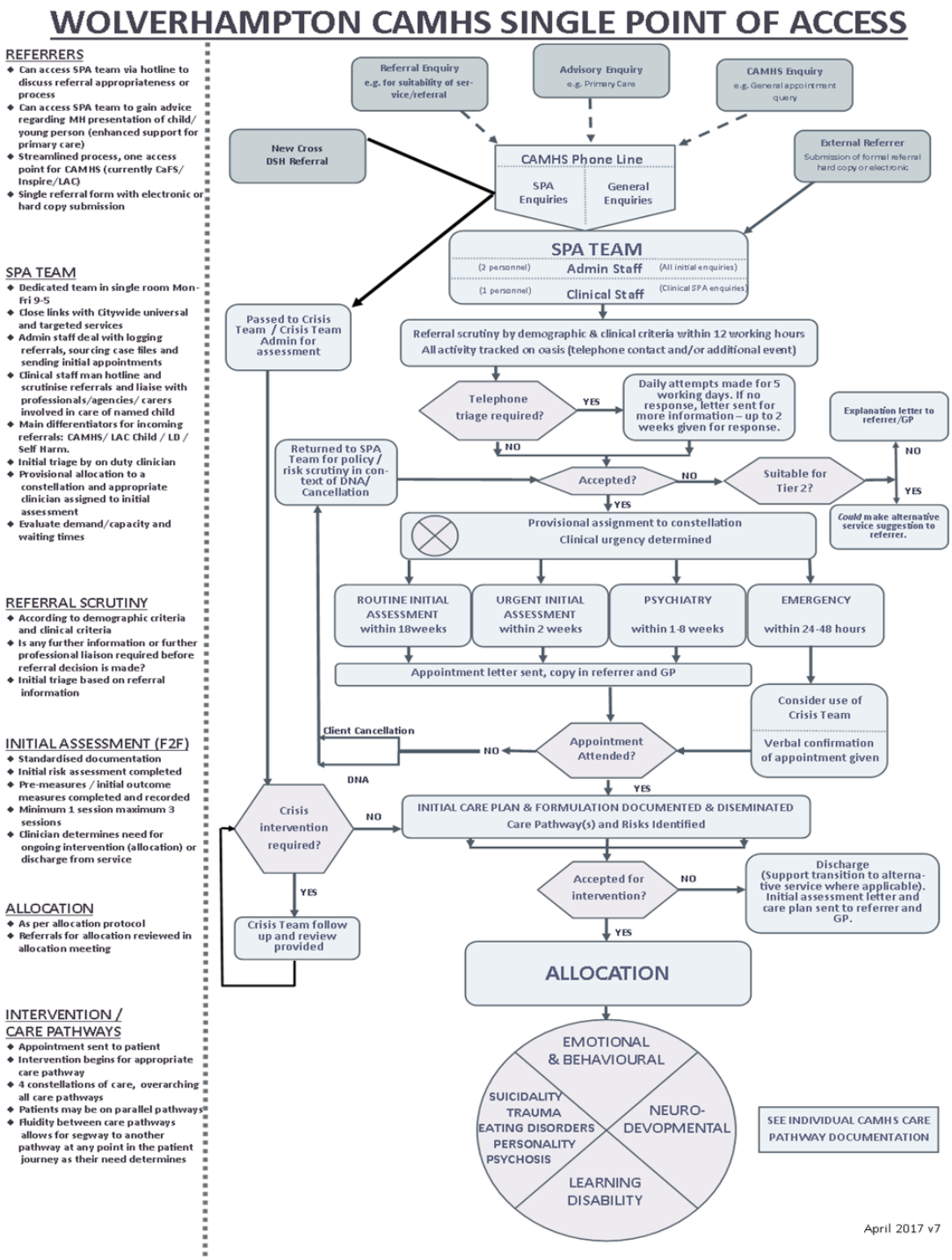
1.	Establishing STP wide partnership (including also tertiary i.e. IN-PATIENT Services at Birmingham & Solihull Mental Health Foundation Trust) across Mental Health and Children's and Maternity Services	MAY 2017
2.	Scoping, mapping and gap analysis including key stakeholder self-assessment against the standards with an in parallel epidemiological analysis	JULY 2007
3.	Engagement and involvement with Local Authorities, Primary Care and the Voluntary and Community Sector	MAY 2017
4.	Engagement and involvement with service user and carer groups	MAY 2017
5.	Care pathway development building on good practice (Perinatal IAPT - Dudley and Walsall, Care Pathway Development - Walsall, the City Hospital Clinic - Sandwell and West Birmingham, Substance Misuse and Perinatal Mental Health -Wolverhampton).	JUNE 2017
6.	Developing Capacity and Capability in the work force using the NHS E Perinatal Mental Health bursary & commissioning South London and Maudsley NHS Mental Health Foundation Trust (SLAM) Perinatal Mental Health Simulation training.	APRIL 2017
7.	Conducting training audit	JUNE 2017
8.	Working with SLAM as our 'critical friend' supporting model development bid evaluation etc.	MAY 2017
9.	Developing a service specification for our secondary service model – using Royal College Psychiatry Guidance	JULY 2017
10.	Developing an STP wide perinatal mental health whole systems model	APRIL 2017

11.	Use of some pump priming funds to build capacity in existing workforce and prepare for 2018/19 and 2019/20 funding	APRIL 2017
12.	Service user and carer engagement and consultation (including questionnaires)	JUNE 2017
13.	Aligning all of the above with the STP Mental Health Workforce Plan in response to *Stepping forward to 2020/21: The mental health workforce plan for England (2017)* and the Health Education England competence framework while will describe the skills needed in the workforce, expected in October 2017 This framework will set out the competences in relation to three levels across ten domains, covering generic knowledge and understanding required by all staff, more advanced knowledge required in certain situations, and specialist skills and understanding.	JULY 2017
14.	Improving data collection reporting recording and measurement – including number of women receiving specialist perinatal care in a community team, use of routine outcome measures, CCG spend on specialist perinatal community services using NHSE finance tracker, MHSDS reporting and referral to treatment waiting times and access standards for evidence based care.	JULY 2017

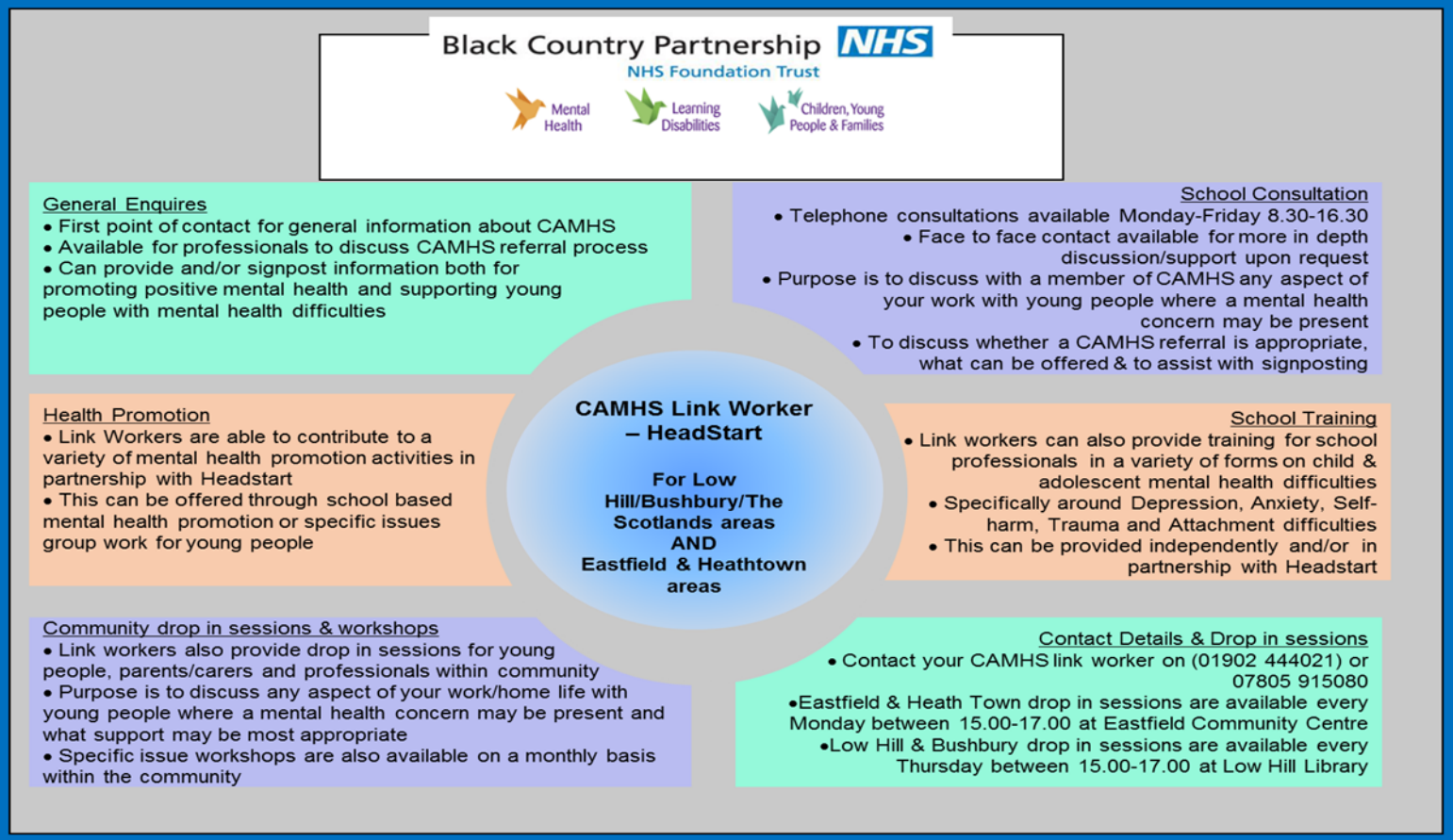
APPENDIX 3 - Performance data information requested as part of contract review meetings

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

APPENDIX 4 - Wolverhampton CAMHS Single Point of Access



APPENDIX 5 - Role of the CAMHS link worker in Headstart



APPENDIX 6 - Trajectories for Children and Young People with Eating Disorders

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

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

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

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

APPENDIX 7 - Mental Health PLANNED indicators for improving access for Children and Young People into NHS funded community services in Wolverhampton

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

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

APPENDIX 8- CQUIN Milestone Report for Transitions from CYPMHS 2017/18

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

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

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

APPENDIX 9 - Performance data received from BCPFT for Early Intervention and Psychosis Service - From April 2017 to Current

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

APPENDIX 10 - CAMHS Pathways, Skills and Competencies

The Wolverhampton CAMHS Care Pathways provide a framework and guide to inform the care and intervention offered to children, young people and families within Wolverhampton CAMH services from referral through to discharge.

The development of the care pathways provides a resource for referrers, young people, families and CAMHS to allow an understanding and awareness of what should be expected at any point during the journey of care and provide a further opportunity for collaborative practice. In clinical practice and by service design, many young people and their families will receive sufficient support from only very brief clinical interventions or a single consultation at the choice appointment which may not proceed beyond the assessment and formulation stage.

The care pathways within Wolverhampton CAMHS ensure that:

- assessment, care planning and care delivery are centred on the child or young person and positive outcome focused
- care and treatment is in line with the available evidence base
- effective case partnerships are developed and sustained between services, agencies, children, young people and their parents / carers
- relevant and useful information is shared appropriately and in a timely manner with children, young people., parents / carers, professionals, services and agencies
- variation to planned care is captured, analysed with supporting narrative and acted upon where appropriate

Table Care pathways offered with Wolverhampton CAMHS

Mood Disorder Care Pathway
Challenging Behaviour Care Pathway
Anxiety Disorder Care Pathway
Attention Deficit Hyperactivity Disorder
Eating Disorder Care Pathway
Post-Traumatic Stress Disorder Care Pathway

Emerging Personality Disorder Care Pathway
Obsessive Compulsive Disorder Care Pathway
Parenting Care Pathway
Sleep Care Pathway
Feeding Care Pathway
Attachment Disorder Care Pathway
Psychosis Care Pathway
Self-Harm Care Pathway
Continence Care Pathway
Autistic Spectrum Disorder Care Pathway

Although the care pathways for specific problems or interventions provide detailed information and guidance regarding the care and management of young people and families accessing CAMH services, clinical judgment remains paramount. The experience and knowledge of the CAMH practitioner will always have a bearing on any decisions made with the young person and family regarding the most appropriate treatment or intervention option. Care pathways aim to retain clinical judgment while enhancing clinical outcomes.

The care pathways will normally be built on clinical effectiveness evidence, particularly NICE guidelines. However, many children and young people accessing CAMH services will not have a definitive diagnosis; it is in the emerging nature of young people's difficulties that such a definitive diagnosis may not be readily available or appropriate. Intervention and the identification of an appropriate care pathway is therefore guided by a case formulation, (that is, a conceptualisation or account of the presenting difficulties based on an assessment and, drawing together information about the cause and nature of those difficulties). Consequently, interventions may focus on the young person's context – their family or environment. Therefore modular care pathways, rather than the standard linear pathways, are utilised to allow increased flexibility in addressing the needs of individuals referred to CAMHS. A case formulation can draw together such a care pathways on the basis of a child or young person's often complex situation, changing emotional and mental health needs but also their strengths, personality and learning styles.

Interventions Offered	Skills Required	Profession Delivering
Core Competencies	Knowledge of development in children/young people and of family development and transitions. Knowledge and understanding of mental health problems in children and young people. Ability to work within and across other agencies. Ability to recognise and respond to concerns about child protection. Ability to work with difference - cultural competence Ability to engage and work with families, parents and carers. Ability to communicate with children/young people of different ages, developmental levels and backgrounds. Knowledge of legal frameworks relating to working with children/young people and families. Knowledge of, and ability to operate within professional and ethical guidelines. Knowledge of and ability to work with issues of confidentiality, consent and capacity.	All Wolverhampton CAMH services clinical professionals

Generic Therapeutic Competencies	Knowledge of models of intervention and their employment in practice. Ability to foster and maintain a good therapeutic alliance and grasp the perspective and 'world view' of members of the system. Ability to deal with the emotional content of sessions. Ability to manage endings, transitions and non-attendance. Ability to work with groups of children and or parents/carers. Ability to make use of measures including monitoring of outcomes. Ability to give and use supervision.	All Wolverhampton CAMHS clinicians
Assessment, formulation and case management	Ability to undertake comprehensive assessments. Risk assessments and management. Ability to assess the child's functioning within multiple systems. Ability to formulate findings. Ability to feedback the results of assessments and agree a treatment/care plan. Ability to adapt interventions in response to client feedback. Ability to undertake a single session assessment of	All clinicians within Wolverhampton CAMHS

	service appropriateness. Ability to co-ordinate case work across different agencies/individuals.	
Specialist mental health assessment interventions	Ability to conduct a mental state examination. Ability to undertake a diagnostic assessment. Ability to undertake a structured behavioural assessment. Ability to undertake structured cognitive, functional and developmental assessments.	Medical, psychology, nurses specially trained clinicians with additional competencies - these skills will be demonstrated by some by not all Wolverhampton CAMHS clinicians.
Deliver universal and selective prevention programmes	Develop self-help for a range of problems. Health promotion across settings. Emotional health promotion in schools	PMHW and others who have additional competencies through professional training.
Interventions for disruptive behaviour disorders (ADHD, ODD, early conduct disorders)	Parent training based on social learning theory. Problem solving. Problem solving and social skills training - earlier years. Functional family therapy.	Wolverhampton CAMHS clinicians with additional competencies through professional training.
Sensory Needs Assessment	Sensory Integration Skills	Occupational Therapists or other professionals trained
Pharmacological Interventions	Prescribing practice as per NICE guidance. Knowledge of and qualification to support prescribing practice.	Medical qualification or non-medical prescribing registration

Interventions for challenging behaviours	Behavioural interventions for sleep disorders. Behavioural interventions for enuresis and encopresis. Behavioural interventions for feeding problems	All clinicians within Wolverhampton CAMHS
Cognitive Behavioural Therapy used with a range of presentations.	Range of skills acquired in CBT training inclusive of but not an exhaustive list: gradual exposure, relaxation, effective understanding of the range of cognitive, cognitive-behavioural and behavioural models of human behaviour. Clear understanding of the cognitive behavioural framework. Activity monitoring and scheduling, devise maintenance cycles, problem solving, core beliefs, negative cognitions etc. Full understanding of individual development across the life span and within social and cultural context. Ability to critically evaluate relevant research. Excellent communication/reflective and assessment skills and recording skills.	Psychologists, Cognitive behavioural therapy trained staff.
Interventions for autistic spectrum disorders	Interventions for social communication. Education and skills development interventions.	

Anxiety Management/Trauma	Anxiety assessments, identify appropriate interventions, understand the importance of controlling the controllable, countering, thought stopping, cognitive restructuring, applied relaxation – imagery or re-focussing, integrating somatic and cognitive technics via multi modal interventions. Evaluation of the effectiveness of interventions. CBT for anxiety, CBT for OCD, Group therapy,	All professionals trained in anxiety management techniques.
Depressive Conditions	Skills and competencies associated with delivering: Systemic family therapy for depression, CBT for depression, IAPT for depression, psychodynamic therapy for depression, counselling for depression	Wolverhampton CAMHS clinicians with additional competencies through professional training.
Eating disorder conditions	Systemic family therapy will include following but list is not exhaustive - knowledge of systemic therapeutic approach, systemic approaches that enable therapeutic change, systemic theories of psychological problems, resilience and change. Conduct systemic assessment, develop and maintain engagement, develop systemic formulations and establish context for systemic change. Co-ordinate multi-dimensional assessment including both medical and psychological into formulation of care planning. Ability to deliver	Wolverhampton CAMHS clinicians with additional competencies through professional training.

CBT/CAT/DBT therapy for Eating Disorders.

The above list of skills, competencies and the workforce who deliver these interventions is not exhaustive and for each of the identified care pathways a range skills and competencies are applied. The Wolverhampton care pathway model enables the range of different disciplines in CAMHS to work together to provide packages of care tailored to the needs of the child, young person and family. Care Pathways also facilitate the identification of specific roles with a focus and appropriate training to deliver the pathway most effectively and efficiently.

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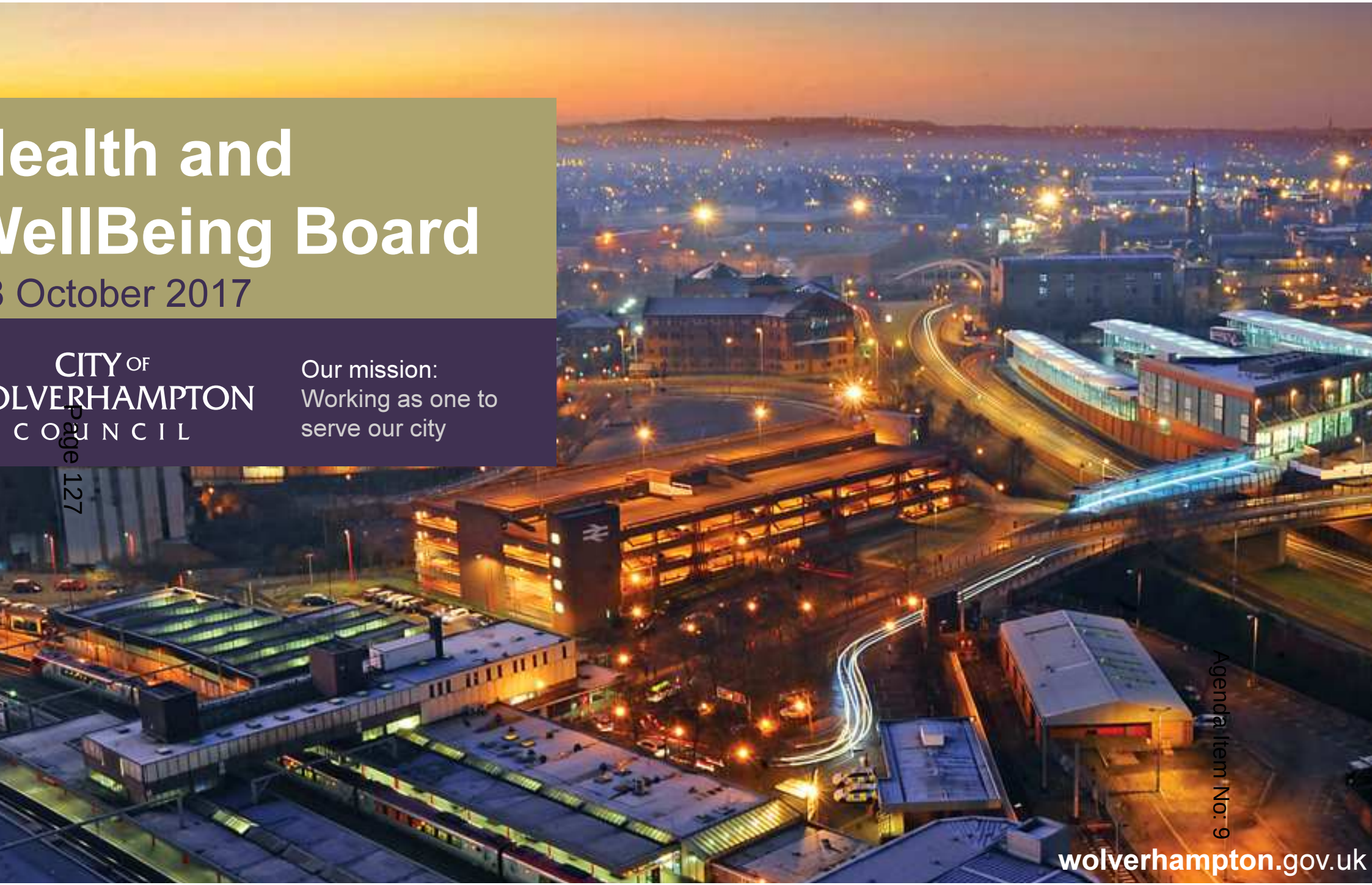
VellBeing Board

3 October 2017

CITY OF
OLVERHAMPTON
COUNCIL

Our mission:
Working as one to
serve our city



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WORKFORCE PLANNING ISSUES

Workforce - background

- There are numerous reports concerning the consequences of the Brexit outcome for the health and social care workforce (https://www.theguardian.com/society/2017/jul/05/brexit-fears-exodus-eu-health-social-care-workforce)
- Adult Social Care is an interesting example. For the City of Wolverhampton, recent figures show a contrasting local, regional and national picture

	Wolverhampton	West Mids	National (England)
Est total jobs in adult social care	7,700	170,000	1.34m
Jobs occupied by EU / non- EU migrants	11% (847)	11%	16%
EU	1% (77)	4% (5,800)	7%
Non EU	10% (770)	7% (10,500)	9%

Workforce - actions

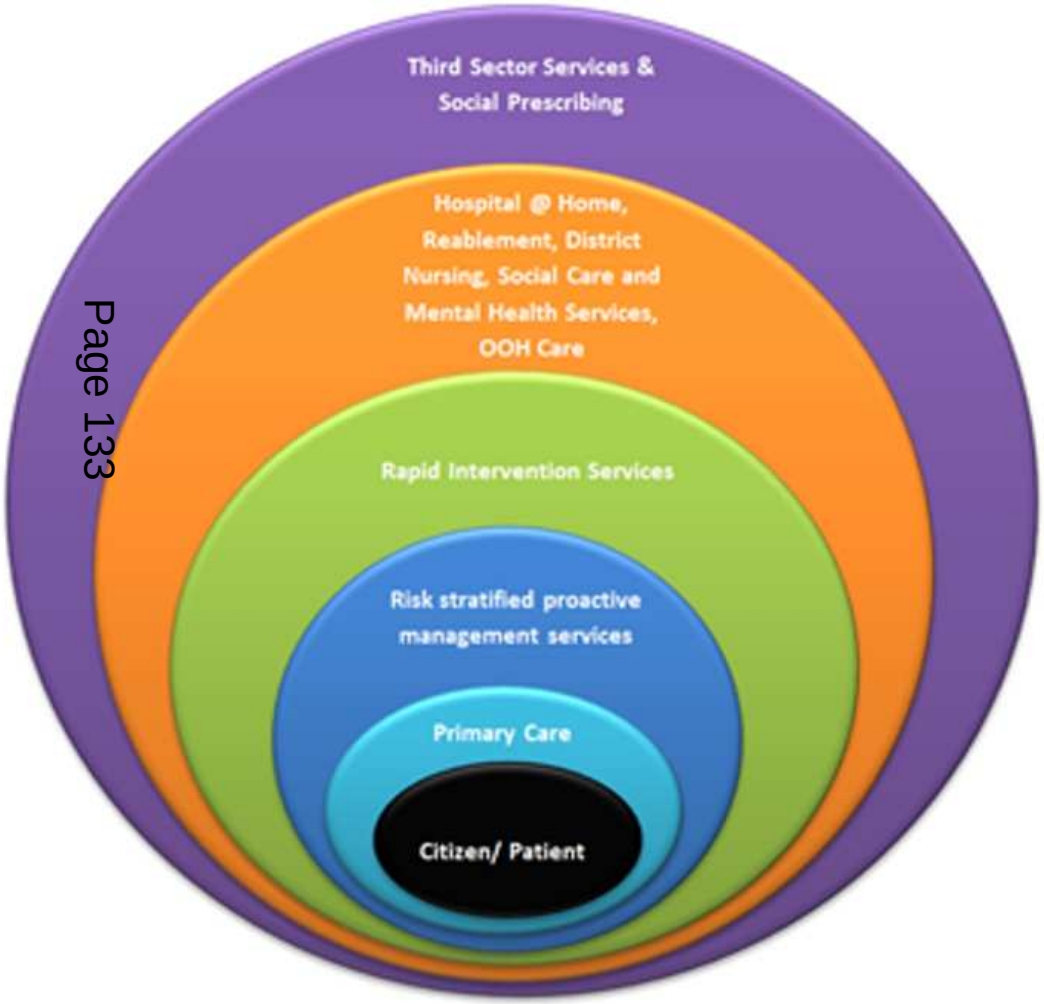
- ***Local Workforce Action Board (LWAB) –*** for Black Country NHS. LA invited. Draft Workforce Strategy being drafted. Other challenges – skills for prevention; ageing workforce; etc
- ***Transformational Change through System Leadership*** **programme** has been established as part of the Black Country STP. NHS and LA partners are participating to support the acknowledged importance of workforce within wider system change.
- ***Careers into Care Partnership*** **-** The City of Wolverhampton Council Place and People Directorate has established a *Careers into Care Partnership* with local care and training providers and the wider voluntary and community sector. This is strengthening the framework through which we are encouraging greater awareness and access to adult social care work – at school, apprenticeship, qualifying and post-qualifying levels.

Discussion – indicative questions

- Do we know the migrant workforce profile in all public agencies working in the City?
- What are the issues for responding to known challenges in the light of current uncertainty?
- How can our partnership add value to workforce challenges?

PLACE BASED APPROACHES

Place- Based approach in the City of Wolverhampton



Black Country & West Birmingham STP

Model for City of Wolverhampton

Places and geographies

- Geographies for the place of the City of Wolverhampton
  - City of Wolverhampton Council and Health and Well Being Board – resident population
  - Black Country & West Birmingham STP footprint including Joint CCG Commissioning Committee
  - West Midlands Combined Authority footprint
  - Association of Black Country Authorities footprint
  - Wolverhampton Clinical Commissioning Group – patient population
  - Royal Wolverhampton NHS Trust – Trust services population
  - Black Country Partnership NHS Trust - Trust services population
  - West Midlands Ambulance Service NHS FT
  - West Midlands Fire Service
  - West Midlands Police Service

Commissioning - knowing our place

- ABCA offer
- Black Country CCGs Joint Commissioning Group
- NHS Five Year Forward View “Models of Care” in the City of Wolverhampton – developing an Accountable Care System:
  - Royal Wolverhampton Trust model
    - Primary Care Home 1 & 2
    - Medical Chambers
    - Wolverhampton CCG Board
- xx

Discussion – indicative questions

- Are we assured that all partners are fully sighted on all aspects of developments on place-based care within partner agencies?
- What might be some of the challenges of co-ordination to ensure integration in the experience of people?
- How can the partnership add value add in assuring citizens that co-ordination of services?