



# Children and Young People Scrutiny Panel 14 January 2015

**Time** 6.00 pm      **Public Meeting?** YES      **Type of meeting** Scrutiny  
**Venue** Committee Room 1 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

## Membership

**Chair** Cllr Julie Hodgkiss (Lab)  
**Vice-chair** Cllr Mark Evans (Con)

<b>Labour</b>	<b>Conservative</b>	<b>Liberal Democrat</b>
Cllr Susan Constable Cllr Dr Michael Hardacre Cllr Paula Brookfield Cllr Lorna McGregor Cllr Peter O'Neill Cllr Martin Waite Cllr Daniel Warren Cllr Jasbinder Dehar	Cllr Christopher Haynes	Cllr Michael Heap

Quorum for this meeting is three Councillors.

## Co-opted Members

Wolverhampton Youth Council	Wolverhampton Youth Council
Hadeel A Ahmad	Parent Governor Representative
Leanne Dack	Parent Governor Representative
Cyril Randles	Church of England – Diocese of Lichfield
Portia Tsvangirai	Parent Governor Representative
Mrs R Watkins	Catholic Church Representative
Stacey Atim	Wolverhampton Youth Council
Emma Curran	Wolverhampton Youth Council
Kasmie Hawker	Wolverhampton Youth Council
Tanya Kasinganeti	Wolverhampton Youth Council
Vernandah Madahni	Wolverhampton Youth Council

## Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact**      **Earl Piggott-Smith**  
Tel: 01902 551251 or [earl.piggott-smith@wolverhampton.gov.uk](mailto:earl.piggott-smith@wolverhampton.gov.uk)

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Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

**Website**    <http://wolverhampton.cmis.uk.com/decisionmaking>  
**Email**        [democratic.support@wolverhampton.gov.uk](mailto:democratic.support@wolverhampton.gov.uk)  
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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.

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# Agenda

## Part 1 – items open to the press and public

*Item No.*    *Title*

1            **Apologies for absence**

2            **Declarations of interest**

3            **Minutes of the previous meeting 4.11.14** (Pages 5 - 8)

[To approve the minutes of the previous meeting as a correct record.]

4            **Minutes of the previous meeting 12.11.14** (Pages 9 - 16)

[To approve the minutes of the previous meeting as a correct record.]

5            **Matters arising**

[To consider any matters arising from the minutes.]

### DISCUSSION ITEMS

6            **Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016** (Pages 17 - 50)

[Sarah Fellows, Mental Health Commissioning Manager, NHS Wolverhampton CCG, to present report on progress against the aims of the strategy.]

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# Children and Young People Scrutiny Panel

## Minutes - 4 November 2014

### Attendance

#### Members of the Children and Young People Scrutiny Panel

Cllr Julie Hodgkiss (Chair)  
Cllr Susan Constable  
Cllr Dr Michael Hardacre  
Cllr Michael Heap  
Cllr Peter O'Neill  
Cllr Martin Waite  
Cllr Daniel Warren  
Cllr Jas Dehar

Hadeel A Ahmad	Parent Governor Representative
Mrs R Watkins	Catholic Church Representative
Portia Tsvangirai	Parent Governor Representative

#### Employees

Earl Piggott-Smith	Scrutiny Officer
Bill Hague	Service Manager – School Places and Transport
Tom Knott	School Organisation Officer
James McElligott	Assistant Director, Learning and Achievement
Trevor Pringle	Head of School Planning and Resources
Marc Webb	Service Manager – Capital and Assets

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## Part 1 – items open to the press and public

*Item No.*      *Title*

- 1 Apologies for absence**  
Apologies were received from the following  
  
Councillor Paula Brookfield  
Councillor Lorna McGregor  
Cyril Randles  
Leanne Dack  
Tanya Kasinganeti
- 2 Declarations of interest**  
There were no declarations of interest received.

3 **Final Decision regarding the 2015 Primary School Expansion Programme**  
Bill Hague presented a report detailing the outcome of consultation with primary school communities regarding the 2015 Primary School Expansion Programme for pre-decision scrutiny by the panel.

Bill explained that there is proposal for a 10<sup>th</sup> scheme but details about the scheme will not be available till 17.11.14.

Bill commented on the overall aims of the programme and the responsibilities of local authorities to ensure that they have sufficient school places to meet demand. Bill explained that the Council had invested in increasing school places to meet rising levels of demand for extra primary school places.

Bill gave a brief summary of the comments, both positive and negative, received from schools about the proposals. Bill highlighted a number of common themes in the responses to the proposal, for example, increased parking problem, reduction in the quality of teaching, changes to the existing school ethos. Bill commented that while accepting these concerns there was a responsibility on the authority to minimise the disruption to the children's education during the expansion programme. Bill explained that the Council is not able to address all the issues highlighted in the responses to the consultation, but highlighted a range of potential mitigation strategies.

Bill commented on the recent press report about the level of parental support for the planned increases in school places. Bill explained that majority of negative responses were from one school and therefore not representative of the other schools where a smaller number of responses was received.

The panel made the following general comments and queries about the proposals:

- The panel queried the position of the authority in a situation where a school governing body was not in favour of a proposed expansion. Bill explained that a final decision about the proposed expansions will be the decision of Cabinet. Bill explained that while accepting the concerns, their priority is the meeting the needs of the children and if the school is capable of coping with change of increased demand for places.
- The panel queried if there was a risk that a school governing body which was against a proposed expansion would consider moving to academy status, in response. Bill explained that a lot will depend on the relationship with the school. The current guidance relating to schools stresses the importance of parental choice and legislation offers schools the option to move out of local authority control.
- The panel queried whether the local authority would be expected to fund the expansion if a school decided to change to academy or free school status. Bill explained that the local authority would have to fund the expansion regardless of the status of the school.
- The panel queried the impact of the expansion on the pupil/teacher ratio. Bill Hague clarified that it was the size of the schools that was increasing, not the individual class sizes. Bill Hague explained that the schools would be expected

to act in accordance with the School Admissions Code and Infant Class Size Regulations.

- Panel noted that the increased demand will have an impact on secondary schools. Bill explained that an increase in the demand for the secondary school estate was expected in 2017. Bill explained that a new free school is likely to be opened which will increase capacity. In addition, the Royal School is proposed to convert to Free School status. If the proposal is accepted by the Education Funding Agency then the school will be able to provide extra capacity, in both primary and secondary phases.
- The panel queried the process for the future planning of secondary school places. Bill explained that a full assessment of the secondary school estate will be undertaken in order to ascertain future capacity in the City's secondary schools. Bill explained that a report will be produced annually on school place planning.
- The panel commented on the impact of rising demand for places on the education appeals service. Bill explained the challenge in managing the large number of mid-year appeals. There is a need for work to be done to explain to parents the low success rates for appeals as schools are constrained by legal limits on class sizes. Bill explained that schools forum was consulted about the expansion plans.

The panel made the following specific comments about the outcomes of the consultation about primary schools included in the 2015 primary school expansion programme.

### **Bushbury Primary School**

The panel welcomed the proposed expansion in places. The panel commented on the plans for providing extra provision and specifically the type of accommodation. Marc Webb explained that the proposed expansion would be in permanent structures and not portacabins. In addition, the changes would have to meet environmental regulations.

### **Eastfield Primary School**

No comments

### **Loxdale Primary School**

No comments

### **Manor Primary School**

The panel commented on the late distribution of a letter by the School's Chair of Governors outlining and opposing the plans, which was distributed a few days before the end of the consultation period. Bill Hague summarised the list of parties who

were consulted with in the consultation process. The impact of increased number of children on the existing problem of traffic was highlighted. A concern was expressed about the proposal to increase the number of places by 50% in the pupil population. A comment was made about the level of co-operation with Dudley as they have a school close which may be affected by the decision to increase numbers. It was suggested that the school has spaces which could meet the needs of local parents. Bill Hague explained that the situation of schools in Dudley should not affect the decision to expand Manor Primary School. Bill reiterated that under current guidelines, Manor Primary school is an ideal school to be expanded due to its popularity and performance.

Marc Webb explained that the local authority will need Secretary of State Consent before using green spaces for development. A comment was made about the option of using before and after sessions such as breakfast clubs to help spread the congestion.

**St Martin's CE Primary School**

No comments

**Stowlawn Primary School**

No comments

**West Park Primary School**

No comments

**Westacre Infant School**

No comments

Resolved

The panel agreed that their comments would be summarised and submitted to Cabinet for consideration.





# Children and Young People Scrutiny Panel

## Minutes - 12 November 2014

### Attendance

#### Members of the Children and Young People Scrutiny Panel

Cllr Julie Hodgkiss (Chair)  
Cllr Mark Evans (Vice-Chair)  
Cllr Lorna McGregor  
Cllr Peter O'Neill  
Cllr Christopher Haynes  
Cllr Martin Waite  
Cllr Daniel Warren  
Cllr Jasbinder Dehar

Cyril Randles

Church of England – Diocese of Lichfield

#### Employees

Earl Piggott-Smith	Scrutiny Officer
Daphne Atkinson	Senior Consultant Social Worker, Community Directorate
Emma Bennett	Assistant Director - Children, Young People and Families
Alexandra Chilcott	Head of Standards and Vulnerable Pupils
Colin Parr	Licensing Manager
Adam Hadley	Scrutiny and Transparency Manager
Alison Hinds	Head of Looked After Children
Alison Shannon	Finance Manager

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1 Apologies for absence**  
Apologies were received from the following members of the panel  
  
Cllr Susan Constable  
Cllr Dr Michael Hardacre  
Cllr Paula Brookfield  
Mrs Rosalie Watkins  
Portia Tsvangirai
- 2 Declarations of interest**  
There were no declarations of interest recorded

3 **Minutes of the previous meeting 24.9.14**

The minutes of the meeting of 24.9.14 were approved

4 **Matters arising**

There were no matters arising from the minutes.

5 **Budget Review - 2015/16 Budget and Medium Term Financial Strategy 2015/16 - 2018/19**

Cllr Val Gibson, Cabinet Member for Children and Families, gave a brief overview of the background to the budget savings proposals. Cllr Gibson commented on the further savings target of £15 million to be achieved by 2016/17. Cllr Gibson commented that if any of the savings proposals are not accepted that savings would have to be sought from elsewhere.

Cllr Gibson commented that the biggest budget cost was expenditure on looked after children service, but explained that the work of the Families R First programme is expected to deliver savings in the future. Cllr Gibson commented on the learning from the changes introduced by Essex County Council in the looked after children and the work being done to implement them locally.

Cllr Gibson confirmed the Council's commitment to Wolverhampton Youth Zone. Cllr Gibson commented on discussions with representatives of Steve Morgan Foundation about future plans.

The panel comments on the saving proposals are attached at **appendix 1**.

## Appendix 1

Updated June Savings Proposals		
Description of Saving	Directorate	Comments
<b>Children and Families</b>		
Children's Short Breaks administration	Community	No comments
Wolverhampton Youth Zone	Community	Kasmie Hawker was disappointed at the further savings cuts aimed at the youth service. Kasmie wanted reassurance that the impact of the savings will be effectively monitored after they have been made.
Special Educational Needs Reform Grant Efficiencies	Community	No comments
Looked After Children	Community	<p>There was concern about the size of the budget and its needs to be watched. Cllr Gibson accepted this and explained that the number of looked after children had stabilised at around 800 and was confident that the savings target could be achieved.</p> <p>The proposals were welcomed as an alternative to care homes and there was support for the Council taking this approach.</p>
Commissioning – Bring forward 18/19 savings	Community	No comments
Additional Savings - The Haven	Community	The service is highly regarded and provides important support to vulnerable groups. The support given by the Council to help Haven secure alternative sources of funding was queried. Cllr Gibson explained that the Council works closely with Haven to make the savings

		<p>and how they could become self-sustaining. Cllr Gibson commented on the work being done to provide different types of support, for example helping people to move through the system quickly.</p> <p>There is a risk that the savings cuts will represent a false economy and issue for the people concerned will not be resolved and lead to problems in the future. A comment was made about whether the Council was confident that there was not going to be gaps in the care provided.</p>
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October Savings Proposals		
Description of Saving	Directorate	Comments
<b>Children and Families</b>		
Children, Young People and Families Voluntary Redundancies.	Community	A comment was made about whether the Council has got the skills and experience to continue to deliver the service. There was concern that about the numbers of staff who could qualify for voluntary redundancy and the impact that this could have on the service. Cllr Gibson responded that she was confident that the service has the skills. Cllr Gibson commented on the changes in workforce as a result of the introduction of the new operating model that would support the delivery of the service in the future.
Review Workforce Need and Capabilities within the Safeguarding and Quality Service	Community	No Comments

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7

#### **CYP Scrutiny Budget Report Appendix A 12.11.14 (Ofsted) Inspection Outcomes (April - October 2014)**

Alexandra Chilcott explained that 19 schools had been fully inspected and the report provides a summary of the judgements of Ofsted. As a result of the Ofsted inspections Wolverhampton is expected to move up the league table.

The panel commented that the performance of secondary schools was much better than primary schools. The panel commented about concerns from expressed by primary schools that they had not been properly supported by school improvement team. Further there was surprise about the lack of support to help schools prepare for the inspection.

Alexandra explained that due to budgetary pressures and changes in the service there is strong focus on challenging schools to prepare for the inspection and improve their service. Alexandra explained that there are two primary school advisers that cover 80 primary schools, which makes it difficult to provide the kind of support that schools would like. There is no secondary school adviser.

In addition, schools can buy in additional support in preparation for an Ofsted inspection.

The panel commented on the results for Deansfield Secondary School which was now in special measures and queried the reasons for change. Alexandra explained that the result for Deansfield was a surprise. The Ofsted report had previously been

subject to light touch inspection due its previous performance at GSCE. The effectiveness of school leadership was highlighted in the report.

A key factor in Deansfield school results was a national change which meant that vocational qualifications were no included in the calculation of the GCSE scores. This change had a massive difference to schools teaching a large number of vocational schools. Deansfield School is currently looking for an academy sponsor.

The progress of the school is being reviewed every six weeks by the school improvement board. The school have been advised to make changes to their action plan. The school are also receiving support from inspection services.

Youth Council criticised the support given to Deansfield School and was concerned about the GSCE rate falling from 78% to 48%. Alexandra explained that the results are unvalidated and do not take account the work done with the school to improve its performance. Alexandra commented on the support given to schools before an inspection by the school improvement service. Alexandra commented that schools can commission support services to help them prepare for an inspection.

The panel commented on the 'warning signs' in respect of light touch schools and whether they the school inspectors could have picked up that there was an issue. Alexandra commented that the changes such as the appointment of a new Headteacher or changes in the membership of school governing bodies are situations where inspectors will look at a school.

Alexandra explained that all schools get a visit from the school improvement service and inspectors will consider risk factors and where there are concerns extra visits are arranged.

The panel welcomed the report and the improvements in the performance of schools that were inspected. The panel commented on whether the approach adopted by the service was too heavy handed and affecting the relationship with schools. Alexandra commented on efforts to rebuild relationships with head teachers and the support offered to schools, for example, the weekly newsletter sent to schools.

Resolved

The panel welcomed the report. The panel agreed to receive a further update report in June 2015 on school inspection reports.

## 8 **Fostering recruitment strategy report**

Daphne Atkinson and Alison Hinds introduced the report. Daphne outlined the range of work being done to recruit new foster carers and promote the service. Daphne explained that Wolverhampton is part of the DFEE network and the work being done using social media to engage with potential foster carers and also to explain what is involved in the process and what they should expect.

Daphne commented that Wolverhampton is on target to meets its aims to approving an agreed number of foster care applications.

Daphne commented that the service had received nine referrals contacts last week, which will be followed up. Daphne commented on the use of MOSAIC system to help to profiling potential foster carers. The information provided is used to target foster carers in a different way than before.

Daphne commented that the foster care service is looking at the fees policy as part of wider efforts to both support existing foster carers and also recruit new foster carers.

Cllr Gibson commented on the work being done with City Direct who responded to advertisement and have expressed an interest in being a foster carer. Cllr Gibson commented that there was not enough follow up during the early stages of the recruitment process. Daphne commented on the work being done with City Direct when they receive calls to check that the caller meets the basic criteria before referring them. For example, that the caller has a spare bedroom. Daphne explained that work is being done on the revised script for City Direct which will help to improve the situation and ensure that calls are dealt with correctly. This work will be supported by publishing information on share point.

Daphne wanted to record her thanks to staff who given up their time to attend public fostering events and show a level of enthusiasm that engaged members of the public.

The panel expressed surprise that the report did not include references to Wolverhampton College and the fostering courses they offer. Daphne explained that work done with Wolverhampton College. Wolverhampton College delivers mandatory NVQ courses to foster carers. The college also provide online courses for foster carers.

The panel commented on the checks done on the suitability of potential foster carers. Cllr Gibson commented on the reasons for people may not go through the whole process. Cllr Gibson explained that people can start the process again at a future date. Daphne explained that it is important that people are clear about what is expected from them as future foster carers and it fits with their family circumstances and home situation.

Alison commented on the importance of looking at the reasons why people have dropped and continuing to talk to them and the work done to support existing foster carers.

Daphne commented on the importance of keeping in touch with people who have expressed an interest in wanting to be a foster carer.

The panel commented on the advertising work done to recruit foster carers and the profile of people who apply. Daphne commented on the reasons that people and that are typically very ordinary people who want to do something for their local community.

The panel queried the reason for the increase in the number of telephone enquiries in May 2013. Daphne explained that during this period there are lot of local and national promotional work linked to national fostering week. Emma Bennett that the

Council website has lots of links to information on the internet, including videos aimed at encouraging people to consider becoming a foster carer

Resolved

The panel welcomed the report

9 **The Licensing Authority and Safeguarding Children**

Colin Parr gave a brief summary of the report headlines and the reasons for presenting the report to the panel. Colin explained that there have been regular meetings between employees from licensing services and safeguarding. The findings of the Jay Report into child sexual exploitation in Rotherham had highlighted the role played by the taxi drivers in the abuse.

Colin commented on the value of the regular contact between the services and how information sharing agreements had been used as to support investigations into concerns about private hire driver's licenses. Colin commented on the establishment of the Regulatory and Safeguarding Forum and that this was the only such forum in the West Midlands region.

The panel endorsed the report and the reassurance that the issue of child safeguarding is being tackled together by the key agencies. The panel queried the opportunity for councillor involvement in the process.

Colin explained that regular reports are presented to the licensing committee, but there was limited Councillor involvement in the process. The licensing committee get updates on progress. The work is also within the remit of the Childrens Board.

Colin commented that an update report will be presented to the panel in 12 months detailing the work of the forum. The report will provide the opportunity to see the impact of the new work detailed in the report. Colin commented that in addition to the issue of taxi drivers, there was also concern about young children working in off-licences and selling alcohol to other children. Colin explained that a report could be presented to the panel in December 2015.

Resolved

The panel welcomed the report and agreed to receive an update report detailing the work of regulatory services and safeguarding forum at meeting in December 2015.

The meeting closed at 7:35pm





# Children and Young People Scrutiny Panel

14 January 2015

<b>Report title</b>	Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well-Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Noreen Dowd, Interim Director, Strategy and Solutions, Wolverhampton Clinical Commissioning Group.	
<b>Originating service</b>	Commissioning – Wolverhampton CCG	
<b>Accountable employee(s)</b>	Sarah Fellows Tel Email	Mental Health Commissioning Manager 01902 42573 sarahfellows2@nhs.net
<b>Report to be/has been considered by</b>		

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider and comment on the update regarding the Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016.
2. Agree to receive an updated progress report from work being undertaken by the Community Development Workers in May 2015 to scope and understand the under representation of children and young people from Black and Minority Ethnic Groups in the referrals to CAMHS.

3. Agree to receive a report from the Care Quality Commission based on the findings of an inspection of national mental health crisis care in Wolverhampton when available.

**Recommendations for noting:**

1. The Panel is asked to note the following progress and key next steps regarding implementation of the Emotional and Psychological Well Being Services Strategy:
  - the submission of the Wolverhampton Crisis Concordat Declaration to the National Programme.
  - Wolverhampton Clinical Commissioning Group's successful application for Children and Young People's Task Force funding to scope and develop Child and Adolescent Mental Health Service (CAMHS) TIER 4 commissioning pathways across the Black Country.

## 1.0 Purpose

- 1.1 The purpose of this report is to provide members of the Children and Young People's Scrutiny Panel with an update regarding progress of the implementation of the Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016
- 1.2 The strategy includes developments that are part of HeadStart: Wolverhampton. (The aim of Headstart is primarily mental health promotion and early intervention, preventing common mental health issues becoming bigger problems later in life. It hopes to offer a more resilient future for our young people, by giving them the support and skills to cope with adversity and do well at school and in life.)

## 2.0 Background

- 2.1 The Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016 was developed in June 2013. The strategy outlines the transformation of mental health service delivery in Wolverhampton for the period 2013-2016 which is key to improving the quality of life of the children and young people of our City.
- 2.2 The strategy development was informed by local data collection and analysis - which included a population based needs assessment and bench marked quantitative and qualitative activity data from stakeholder engagement (including service users, carers, people who refer into the service and providers).
- 2.3 A definition of the four tier CAMHS Framework is given below:

**Tier 1:** A primary level of care.

**Tier 2:** A service provided by specialist individual professionals relating to workers in primary care.

**Tier 3:** A specialised multi-disciplinary service for more severe, complex or persistent disorders.

**Tier 4:** Essential tertiary level services such as day units, highly specialised.

out-patient teams and in-patient units.

Key headlines included under use of services at CAMHS TIER 2 (with over use at CAMHS TIERS 3 and 4), with increasing referrals for Crisis and Home Treatment and In-patient services, in keeping with national trends.

Another key headline included the under use of specialist and non-specialist CAMHS by children and young people from Black and Minority Ethnic Groups.

2.4 In response to local needs analysis and consultation the strategy contains seven key priority areas:-

- Priority 1 Universal Services, Schools and Colleges
- Priority 2 Early Interventions and Prevention
- Priority 3 Information and Communication
- Priority 4 Vulnerable Children & Young People (including LAC)
- Priority 5 Assertive Outreach, Day Services and In-Patient Services
- Priority 6 Young Adults Service
- Priority 7 Parental Mental Health

2.5 Implementation of the strategy has also been informed by key local and national initiatives including the following:

- Clinical Commissioning Groups' Operational and Strategic Plans,
- HeadStart: Wolverhampton,
- Wolverhampton Adult Mental Health Strategy,
- Wolverhampton response to National Crisis Concordat (2014),
- Suicide Prevention Strategy for England (2013),
- Closing the Gap (2013),
- NHS England Five Year Forward View (2014)
- and the Special Educational Needs and
- Disability (SEND) reforms (Children and Families Act, 2014).

2.6 Concerns regarding the outcomes of the provision of mental health services for Children and Young People remains the subject of national scrutiny as highlighted by the NHS England Review of TIER 4 and TIER 3 CAMHS and the House of Commons Health Committee Children's and Adolescents' mental health and CAMHS Third Report of Session 2014–15.

### 3.0 Progress

3.1 The Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016 outlines the vision to develop improved care pathways across health, education and social care, and improve patient and carer experience by providing ease of access to responsive services that provide care, support and intervention for children and young people aged up to 25 years.

3.2 Following initiation of the implementation of the strategy a process of service re-design has commenced with the Black Country Partnership NHS Foundation Trust (BCPFT). An Action Plan is attached as **Appendix 1**. To date care pathway and service re-design has focussed upon:

- Access into services – including development of a Single Point of Access
- Urgent care and care and support during episodes of crisis
- Development of Care Pathways which have been categorized into care constellations
- Multi-agency working across health, education and social care
- Urgent care and care and support during episodes of crisis
- Review of the current model including the Key Team
- Care Pathways for Looked After Children
- Early Intervention in Psychosis Services
- Eating Disorder Services
- Transition into Adult Services and consideration of 'all age approaches'
- Care Pathways for young people aged 18-25 years
- Care Pathways into and out of Tier 4 Services
- Neurological conditions
- Alignment with the refreshed Adult Mental Health Service Model

- Development of service standards (with West Midlands Quality Review Service WMQRS)
- Opportunities for collaborative commissioning
- Revised Service Specifications

3.3 A draft service model is in development with Black Country Partnership NHS Foundation Trust which has involved the development of care pathways in care constellations and re-specifying service models and service specifications accordingly (**see Appendix 2**). This model is currently being reviewed against the draft National Tier 3 Service Specification by commissioner and provider jointly.

3.4 In the interim non-recurrent funding has been used to 'pump prime' service developments and initiatives including increased capacity in CAMHS Crisis and Home Treatment services (CRHT), developing a Single Point of Access (SPA), increasing fidelity with the NICE Guidance model for Early Intervention in Psychosis Services (EIS) and providing additional expertise within Eating Disorder Services.

Moving forward these changes will be aligned with the service re-design and developments that are occurring as part of the Adult Mental Health Strategy implementation process and financial plan. Co-commissioning opportunities are also being explored with Sandwell and West Birmingham CCG across CAMHS to provide a Trust wide service model that can offer economies of scale and therefore some increased sustainability.

3.5 Crisis and Home Treatment and In-patient care pathways will be developed as part of the local Crisis Concordat declaration and action plan. A copy of the Wolverhampton Crisis Concordat declaration is attached as **Appendix 3**. The local Crisis Concordat Action Plan is under development and will be submitted to the National Programme by the end of March 2015.

A Care Quality Commission themed inspection of national mental health crisis care is currently being under taken. Details of the Wolverhampton inspection visit are expected shortly and will be shared with the scrutiny panel when available.

3.6 The national programme to transform the outcomes and experience for service users and carers in receipt of CAMHS is being led by the NHS England Children and Young People's Task Force, based within the Department of Health.

Wolverhampton CCG is one of eight areas across the country that has been awarded a project grant to scope potential to re-design / improve current CAMHS commissioning models, following an invitation to submit expressions of interests. The Wolverhampton project will focus on CAMHS Tier 4 and TIER 3 commissioning model/s and this will include a focus on tri-partite funded placements for children and young people that are 'out of area'. This work is being led by Wolverhampton CCG on behalf of all of the four CCGs across the Black Country. Details of the 8 successful expressions of interests including the Wolverhampton submission are included as **Appendix 4**.

3.7 Following successful submission of the HeadStart Stage Two application for BIG Lottery funding Progress should also be noted regarding HeadStart Wolverhampton pilots as follows:

- Children's 'Dragons' Den' Procurement Sessions occurred in December 2014, wherein over 45 children and young people assessed bids from potential providers for project initiatives.
- Moderating panels regarding the above will occur in January 2015 to allocate funding to successful bidding organisations. It is expected that pilot projects will be starting in February 2015 following the moderating process.
- Resilience and self-efficacy training has begun across the City's schools that are engaged in HeadStart Wolverhampton. The training has been extended to external partners including West Midlands Police and CAMHS.

3.8 In addition to the above the following key next steps should be noted:

- Scoping of gap analysis regarding services and initiatives at CAMHS TIER 2 – including how these can be aligned with the Local Authority provided Early Help service.

- Review of tri-partite funded out of area placements to inform commissioning intentions and improved processes for children and young people with complex needs and requirements that are placed 'out of area'.
- Scoping of current care pathways and initiatives regarding children and young people who display sexually harmful behaviour, to inform commissioning intentions and improve care pathways and outcomes.
- Analysis of referrals into CAMHS to further scope and understand the under representation of children and young people from Black and Minority Ethnic Groups. This work is being under taken by the Community Development Workers, based within the Joint Commissioning Unit, with colleagues in specialist CAMHS. An update on progress can be presented to scrutiny panel in May 2015
- Work with the lesbian, gay, bisexual, and transgender (LGBT) community to understand and scope the needs of young people in Wolverhampton who are questioning LGBT.

#### **4.0 Financial implications**

- 4.1 Non-recurrent funding has been used to 'pump prime' service developments and initiatives within specialist CAMHS as described above. HeadStart funding will be allocated against pilots as described above.

#### **5.0 Legal implications**

- 5.1 There are currently no legal implications to report.

#### **6.0 Equalities implications**

- 6.1 Children and Young People from Black and Minority Ethnic Groups are underrepresented in CAMHS. Other equalities potential concerns also involve care pathways for Looked after Children and young people who are LGBT. This is addressed in the Implementation Plan.

#### **7.0 Environmental implications**

- 7.1 There are currently no environmental implications to report.



**8.0 Human resources implications**

8.1 There are currently no human resources implications to report.

**9.0 Corporate landlord implications**

9.1 There are currently no corporate landlord implications to report.

**10.0 Schedule of background papers**

10.1 June 2013 - The Emotional and Psychological Well Being Services Strategy for Children and Young People 2013-2016 - Children and Young People Scrutiny Panel

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# The Emotional and Psychological Health and Well-Being Strategy for Children and Young Peoples (2013-2016) Action Plan

## The Emotional and Psychological Health and Well-Being Strategy for Children and Young Peoples (2013-2016) Action Plan

This plan is subject to monthly monitoring. This will be reported by to Integrated Care Programme Board, MSMG, CRM, CQRM and the Mental Health Strategy Group monthly and as required.

<b>Project Key and name:</b>	<b>The Emotional and Psychological Health and Well-Being Strategy for Children and Young Peoples (2013-2016) Action Plan</b>		
<b>Project Description:</b>	<ul style="list-style-type: none"> <li>• The purpose of this Action Plan is to deliver the key requirements of the Emotional and Psychological Health and Well-Being Strategy for Children and Young Peoples (2013-2016)</li> <li>• The Action Plan will deliver the micro and macro commissioning and procurement changes that are required to achieve delivery of the Strategy within budget.</li> <li>• The Action Plan will support the delivery of improved care pathways and service and carer user experience.</li> <li>• The Action Plan will support the delivery of commissioning intentions and key strategic priorities.</li> </ul>		
<b>Action Plan Members:</b>	Mai Gibbons - Joint Commissioning CAMHS, Sarah Fellows – Joint Commissioning Mental Health; CCG /LA – Procurement and Contracting; CCG /LA Finance, CCG /LA Quality and Risk, LA- Provider Lead, Qadar Zada, BCPFT.		

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Milestones	Project Milestones	Timescale/s	RAG Rating
	<p>1. CARE PATHWAYS</p> <p>The Provider has developed 23 Care Pathways. A management of change / service transformation process is on-going. The joint BCP / CCG Strategy Group will agree the funding profile of the revised service model. A Single Point of Access will be delivered and will commence as a pilot in October 2014. The Provider will align the care pathways with the service specification developed by the commissioner to ensure compatibility with proposed service model.</p> <p><b>Action</b> – Provider to align the care pathways with the service specification. Provider and Commissioner to agree implementation timescales and revised funding profile of revised service as above and develop implementation plan accordingly. SPA Pilot to commence in October 2014.</p>	End January 2015	<b>A</b>
	<p>2. COMMISSIONING INTENTIONS</p> <p>These have been developed and will be forwarded to the Trust as per the standard contractual process.</p> <p><b>Action</b> – as above.</p>	On-going	<b>G</b>

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	<p>3. LOCAL AUTHORITY FUNDED ELEMENTS (Key Team) (Impacts on Crisis Resolution and Home Treatment).</p> <p>Detail provided in response to the commissioner information request to the provider regarding the Local Authority funded elements of the service has been received. The information provided is being considered.</p> <p>The commissioning intention to re-profile the funding and service model for the Key Team working with BCPFT.</p> <p>The revised enhanced crisis / home treatment model and succinct Key Team Model can then be finalised.</p> <p>Non –recurrent funds can be utilised in the interim to pump prime increased capacity in CR / HT. Future CRHT model could be collaboratively commissioned with SWB CCG.</p> <p><b>Action</b> – Commissioner and Provider and Local Authority to agree revised service model/s as soon as outcome of LA review agreed and agree time line for implementation.</p>	<p>End January 2015</p>	<p><b>A</b></p>
	<p>4. LOCAL AUTHORITY FUNDED ELEMENTS – Social Workers.</p> <p>Clarification is required regarding the review of the local authority funded social work staff within CAMHS who are seconded into the service, in terms of future location i.e. embedded within CAMHS or based in the Local Authority. .</p> <p><b>Action</b> – The Local Authority and Commissioner will confirm as required above with the Provider.</p>	<p>End December 2014</p>	<p><b>A</b></p>

	<p>5. PRIMARY CARE PATHWAYS</p> <p>A Single Point of Access is under development. This model will be shared with GP sector leads, RWT and the Local Authority and then next steps for implementation agreed.</p> <p>(Clarity is essential in terms of the criteria to the existing CAMHS /AMHS teams for those children and young people aged 0 – 25 years. A “hot line” will offer advice to those primary care G.P’s/Teams who are unsure if their referral is eligible for CAMHS/AMHS criteria. It is imperative that the Single Point of Access agreed interfaces with the New Operating Model across Social Care and Social Inclusion to avoid children/young people falling through the net.).</p> <p><b>Action</b> – Provider to share with Sector GP leads, RWT and LA. Commissioner to share Social Care Operating Model. Implementation time scales to be agreed and planned accordingly. Pilot to commence in October. The Provider will align all draft care pathways with the service specification developed by the commissioner to ensure compatibility with proposed service model.</p>	End January 2015	A
	<p>6. Tier 2</p> <p>Service model for Tier 2 needs to be agreed and commissioning intentions developed accordingly.</p> <p><b>Action</b> – as above.</p>	End January 2015	A

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	<p>7. NEUROLOGICAL CONDITIONS</p> <p>Care Pathways for Adult Autism and Attention Deficit Disorder need to be agreed as part of the Adult Service re-design and an implementation plan agreed accordingly. An all age care pathway should be considered and interim arrangements agreed.</p> <p><b>Action</b> – as above.</p>	<p>End October 2014 (interim arrangements)</p> <p>End March 2015 (all age draft care pathway)</p>	<p><b>A</b></p>
	<p>8. EATING DISORDERS</p> <p>A draft service specification for an all age service collaboratively commissioned with SWB CCG has been shared with the Trust, as has a draft business case for a nurse consultant funded from non-recurrent funds to initiate the service re-design process and provide dedicated clinical expertise and training across primary and secondary care services.</p> <p><b>Action</b> – The provider will provide feedback regarding the service specification and the commissioner will sign off the business case so that the Nurse Consultant/s can be appointed to.</p>	<p>End December 2014</p>	<p><b>A</b></p>
	<p>9. DASHBOARD</p> <p>National guidance will be used to develop a revised dashboard for CYPs. This will include reference to national bench marking standards and will be taken forward by the Trust / CCG joint finance and performance group.</p> <p><b>Action</b> – as above.</p>	<p>End February 2015</p>	<p><b>A</b></p>

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	<p>10. Better Care Fund</p> <p>Discussion with provider and commissioner should include options regarding aligning service re-design and transformation with the Better Care Fund in 16/17.</p> <p><b>Action</b> – Director level meeting to be arranged to take forward discussion / next steps etc.</p>	End October 2014	<b>A</b>
	<p>11. TIER 3 + and Tier 4 (See LOCAL AUTHORITY FUNDED ELEMENTS (Key Team) action point 3 and Better Care Fund action point 9).</p> <p>Discussions regarding potential plans to collaboratively commission Crisis / Home Treatment with SWB CCG and a bespoke revised TIER 3 + and Tier 4 model across the Black Country remain on-going. Both would include plans for CYP provision of Section 136 MHA. This can be aligned with Better Care plans for 16/17. An interim model could be developed for CRHT using Targeted Resilience funds from the Area Team for both SWB CCG and W CCG.</p> <p><b>Action</b> – Provider and commissioners to meet and agree next steps in terms of interim and longer term plans.</p>	End November 2014	<b>A</b>



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	<p>11. INSPIRE TEAM</p> <p>A review of the Inspire Team will take place as part of the care pathways development work. This will include provision of services and interventions</p> <p>(The remit of the existing team is to be revisited to align its work with the revised proposed care pathways which will form the basis of the Young Adults Service 0- 25 years. A Multi Agency workshop has been organised on 24 October 2014 to clarify the All Age Autism Diagnostic Pathway. This work has been included in the draft Young Adults Service Specification submitted to the provider (BCPFT). The outcome of the above workshop may influence the remit of Inspire going forward.)</p> <p><b>Action</b> - Commissioner and provider to agree review timescales and agree next steps accordingly.</p>	<p>Review to commence December 2014</p>	<p><b>A</b></p>
	<p>12. SEXUALLY HARMFUL BEHAVIOUR</p> <p>A review of the services and interventions for Children and Young People who display sexually harmful behaviour will be undertaken across health, education and social care.</p> <p><b>Action</b> - Commissioner and providers to establish task and finish group and identify programme of work. Training provision to be scoped across providers.</p>	<p>Review to commence January 2015</p>	<p><b>A</b></p>

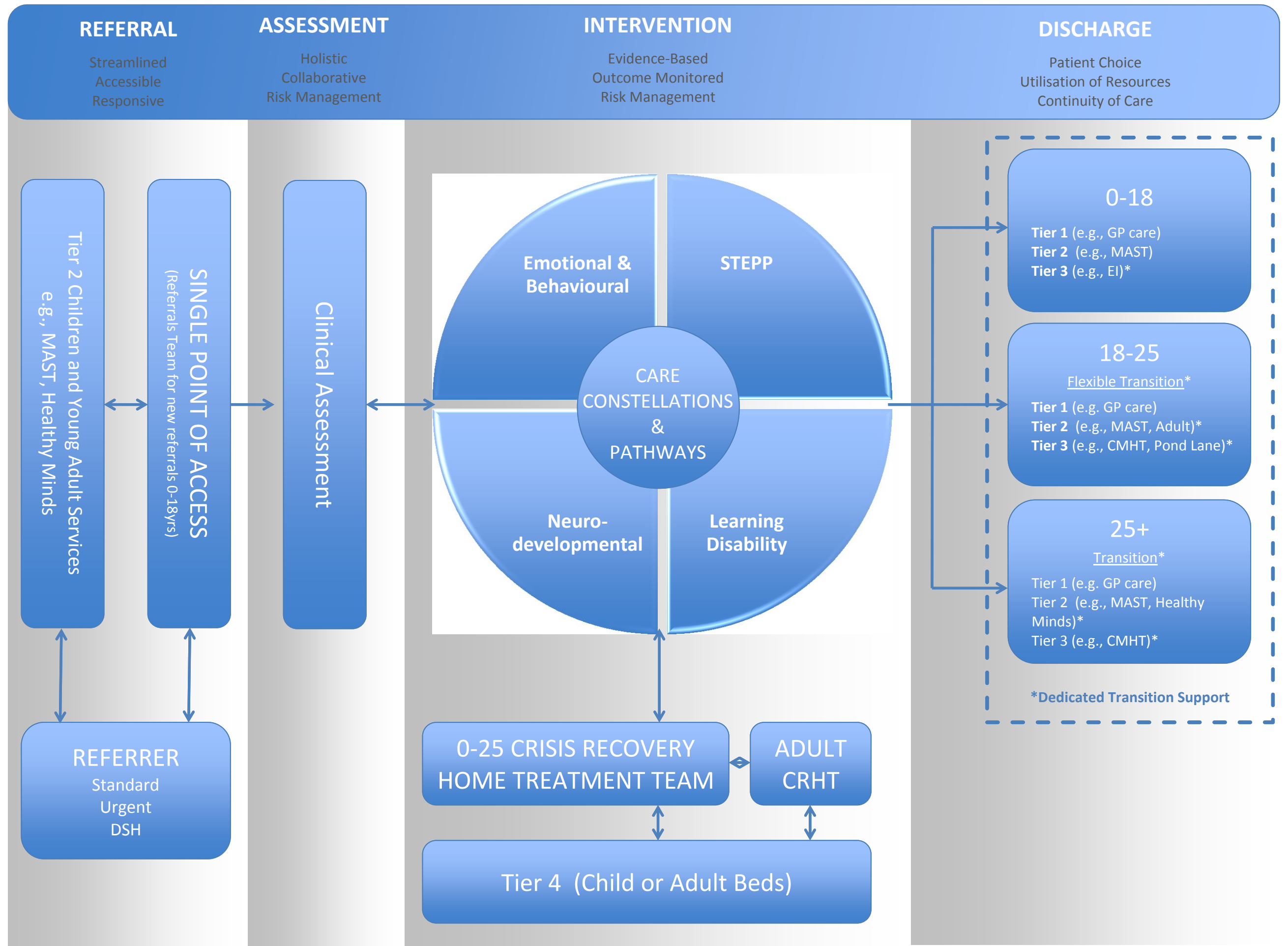
	<p>13. INEQUALITIES SCOPING ACROSS SPECIALIST CAMHS</p> <p>An analysis of the data regarding the ethnicity of referrals and case load size in specialist CAMHS will be undertaken.</p> <p>An analysis of the concerns regarding care pathways for young people who are LGBTQ to be undertaken by the CDWs working with our local equalities and LGBT Group.</p> <p><b>Action</b> - Service to conduct a 2 year retrospective ethnicity audit across CAMHS including patterns of referrals (to include referrals into Tier 4 and admissions to paediatric wards and referrals of all ages into EIS). CAMHS and CCG to jointly review / analyse data - this to be cross referenced with demographic data to identify areas of under referral.</p> <p>CDWs to meet with CAMHS and agree pattern of engagement and support – including key targeted groups. CDWs to provide dedicated support with clear plan jointly agreed with CAMHS. Referral data to include root of access e.g. school / GP - again this to be cross referenced with demographic data to identify areas of under referral. TIER 2 development plans to include targeted interventions based on needs / prevalence.</p> <p>CDWs to meet with specialist CAMHS and LGBT to scope care pathways and potential concerns.</p>	<p>Review to commence January 2015</p>	<p><b>A</b></p>
<p><b>Reporting Process:</b></p>	<p><b>Reporting Process:</b></p>	<p>Frequency</p>	

The Emotional and Psychological Health and Well-Being Strategy for Children and Young Peoples (2013-2016) Action Plan

	This plan is subject to monthly monitoring. This will be reported by to Integrated Care Programme Board, MSMG, CRM, CQRM and the Mental Health Strategy Group monthly and as required.	Monthly
<b>Review Dates of this plan</b>	<b>Review Date / Reviewer/s</b>	<b>Comments</b>
	October 2014 – reviewed by Sarah Fellows.	Timescales and actions reviewed to reflect recent progress /activity.

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# 0-25 CHILDREN AND YOUNG ADULT SERVICE WORKING MODEL



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**The 2014 WOLVERHAMPTON Declaration on improving outcomes for people of all ages experiencing mental health crisis NOVEMBER 2014.**

We, as partner organisations in WOLVERHAMPTON will work together to put in place the principles of the National Concordat to improve the system of care and support so that people of all ages in crisis as a result of a mental health difficulty are kept safe and well supported. We will help them to find the help they need whatever the circumstances and from whichever of our services they turn to first.

We will work together to prevent crises occurring whenever possible. We will do this by intervening to support people at risk of mental health crisis an early stage and by ensuring that all of our interventions focus on helping people experiencing mental health difficulties to achieve recovery and stay well.

We will support individuals, families and communities who are particularly vulnerable or at risk and we will ensure that targeted interventions in terms of mental health promotion and crisis prevention and support reach people and communities with the greatest levels of need and vulnerability.

We will respond with awareness and sensitivity to our City's diverse demographic in terms of culture and ethnicity and acknowledge the unique needs of seldom heard groups and communities such as the LGBT community.

We will work together to make sure that we focus on mental health prevention and the development of personal resilience skills across the lifespan.

We will work together to co-ordinate our responses to meeting the needs of vulnerable people in urgent situations. We will ensure that our services work together to make sure that people of all ages receive the right care at the right time from staff who respond with professionalism and compassion to ensure the best possible outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover. We will work towards developing ways of sharing information to help front line staff provide better responses to people in crisis.

We are responsible for delivering this commitment in WOLVERHAMPTON by putting in place reviewing and regularly updating an action plan.

We will do this working in partnership with service users and carers and working across agencies and with a focus upon the broader determinants of health and mental health.

**This declaration supports 'parity of esteem' between physical and mental health care in the following ways:**




- By agreeing a shared 'care pathway' to safely support, assess and manage anyone who asks any of our services in WOLVERHAMPTON for help in a crisis. This will result in the

best outcomes for people with suspected serious mental illness, provide advice and support for their carers, and make sure that services work together safely and effectively.







- By working together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals.
- By making sure there are safe and effective services with clear and agreed policies and procedures in place for people in crisis, and that organisations can access services and refer people in the same way as for physical health and social care services.
- By all organisations who sign this declaration working together and accepting our responsibilities to reduce the likelihood of future harm to patients and service users, their families and carers, the staff that work in our services and the wider community and by working together to support people of all ages to recover and achieve improved quality of life and wellbeing.

**We, the organisations listed below, support this Declaration. We are committed to working together to continue to improve crisis care for people with mental health needs in WOLVERHAMPTON.**

**Electronic signatures of Chief Executive Officers and Directors of concordat partners**

Name	Signature
<p><b>Helen Hibbs</b>                      <b>Chief Accountable Officer NHS Wolverhampton Clinical Commissioning Group.</b></p>	
<p><b>Noreen Dowd</b>                      <b>Interim Director Strategy and Solutions, NHS Wolverhampton Clinical Commissioning Group.</b></p>	
<p><b>Vivienne Griffin</b> <b>Service Director – Disability &amp; Mental Health, Wolverhampton City Council.</b></p>	
<p><b>Sarah Norman</b> <b>Strategic Director – People Wolverhampton City Council.</b></p>	<p><i>Sarah Norman</i> <b>Page 40</b></p>



Name	Signature
<p><b>Emma Bennett</b> Service Director – Children &amp; Young People.</p>	
<p><b>Councillor Sandra Samuels -</b> Cabinet Member for Health and Well Being.</p>	
<p><b>Ros Jervis</b> Director – Public Health and Wellbeing.</p>	
<p><b>David Ashford</b> Head of Clinical Practice – Mental Health West Midlands Ambulance Service NHS Foundation Trust.</p>	
<p><b>Superintendent Allan Gregory</b> Midland Sub-divisional Commander British Transport Police.</p>  <p><b>BRITISH TRANSPORT POLICE</b></p>	

Name	Signature
<p><b>Jas Pejatta</b></p> <p>Head of Walsall &amp; Wolverhampton Probation – SWM Community Rehabilitation Company.</p> 	
<p><b>David Jamieson</b></p> <p>West Midlands Police and Crime Commissioner.</p> 	
<p><b>Dave Edwards</b> Operations Commander West Midlands Fire Service.</p> 	
<p><b>Anna Lunts</b> Chief Executive Creative Support</p> 	

Name	Signature
<p><b>Mr Melvin Passmore</b> Wolverhampton Mental Health Stakeholder Forum.</p>	
<p><b>John Wade</b> Managing Director for Support, Innovation &amp; New Ventures Bromford Housing Association.</p>	 <b>Bromford.</b>
<p><b>Alison Shea Mohammed</b> Chief Operating Officer Rethink.</p> 	
<p><b>Alicia Spence</b> Afro-Caribbean Cultural Initiative.</p>	
<p><b>Vanessa Biddulph</b> Service Manager Voiceability. Black Country</p> 	 

Name	Signature
<p><b>Lesley Roberts</b> <b>Chief Executive Officer</b> <b>Wolverhampton Homes.</b></p>  <p>Wolverhampton Homes</p>	
<p><b>Janet Meredith, Project Co-ordinator</b> <b>Base 25.</b></p> 	
<p><b>Jamie Edwards</b> <b>National Probation Service</b></p>	

Name	Signature
<p>Mike O'Hara Superintendent – Local Policing Wolverhampton LPU</p> 	
<p>Karen Dowman, Chief Executive</p> <p>Black Country Partnership  NHS Foundation Trust</p>	
<p>Gwen Nuttall Chief Operating Officer Royal Wolverhampton NHS Trust</p> <p>The Royal Wolverhampton  NHS Trust</p>	

**Glossary of terms used in this declaration**

<p><b>Concordat</b></p>	<p>A document published by the Government. The Concordat is a shared, agreed statement, signed by senior representatives from all the organisations involved. It covers what needs to happen when people in mental-health crisis need help. It contains a set of agreements made between national organisations, each of which has a formal responsibility of some kind towards people who need help. It also contains an action plan agreed between the organisations who have signed the Concordat. Title: Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis Author: Department of Health and Concordat signatories Document purpose: Guidance Publication date: 18<sup>th</sup> February 2014 Link: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf</a></p>
<p><b>Mental health crisis</b></p>	<p>When people – of all ages – with mental health problems urgently need help because of their suicidal behaviour, panic attacks or extreme anxiety, psychotic episodes, or behaviour that seems out of control or irrational and likely to put the person (or other people) in danger.</p>
<p><b>Parity of esteem</b></p>	<p>Parity of esteem is when mental health is valued equally with physical health. If people become mentally unwell, the services they use will assess and treat mental health disorders or conditions on a par with physical illnesses. Further information: <a href="http://www.england.nhs.uk/ourwork/qual-clin-lead/pe">http://www.england.nhs.uk/ourwork/qual-clin-lead/pe</a></p>
<p><b>Recovery</b></p>	<p>One definition of Recovery within the context of mental health is from Dr. William Anthony: “Recovery is a deeply personal, unique process changing one’s attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of psychiatric disability” (Anthony, 1993) Further information <a href="http://www.imroc.org/">http://www.imroc.org/</a></p>

**Accelerating and sharing good practice in co-commissioning arrangements for child and adolescent mental health services (CAMHS) : successful pilot areas**

**A. Co-commissioning a comprehensive care pathway from Tier 1 – 4\* (See note below)**

• **NEW Devon - £75k**

Builds on NEW Devon CCG and Plymouth City Council integrated working. This will involve working closely with Plymouth Teaching School Alliance to develop whole systems approach for children and young people who may not meet specialist CAMHS criteria but who have significant issues such as self-harm or substance misuse. The pilot will work with education to develop a co-commissioned “Single Point of Contact” for professionals and parents that will identify family risk factors and enable whole family care planning and early help.

**Other partner agencies involved in the application**

Plymouth City Council

• **Derbyshire - £40k**

This pilot will provide commissioning capacity to enable schools to identify and manage emotional wellbeing and behaviour through early help and will be piloted with five schools as co-commissioners. The commissioned pilot service will build on good practice in integrated working, including ‘team around the school’, with multi-agency meetings to support children, young people and families. The pilot will test a single point of access, with a set of referral and threshold criteria which has been drafted for targeted and specialist services. The aim is to improve appropriateness and timeliness of access to specialist services.

**Other CCGs involved in the application**

Southern Derbyshire CCG

Erewash CCG

North Derbyshire CCG

Hardwick CCG

**Other partner agencies involved in the application**

Derbyshire County Council

Derby City Council

Local schools

Primary care

Voluntary and community sector

Children and Young People Derbyshire Healthcare NHS Foundation Trust

Chesterfield Royal Hospital NHS Foundation Trust

Derby Hospitals NHS Foundation Trust

• **Newcastle - £75k**

A joint bid across Newcastle and Gateshead LAs and CCGs. They have already established a joint project to design a whole system approach to family mental health including wellbeing promotion, early support and evidence based practice. The pilot will create new commissioning arrangements by mapping CAMHS services and exploring a variety of contracting and payment methods, including personal budgets. It will build on the existing local waiting times initiative and Targeted Mental Health in Schools project. A group of children, young people and parents will be trained to be involved in the commissioning process.

### **Other CCGs involved in the application**

Newcastle West CCG, Gateshead CCG

## **B. Joint commissioning across health, social care and education at Tier 2/3.**

### **• Thameside and Glossop - £75k**

The pilot will equip all front line staff to be able to identify and respond to mental health issues within an agreed framework for intervention providing clear pathways and access supported by consultation, advice and guidance model. The pilot will review existing thresholds for Tier 2 and Tier 3 Child and Adolescent Mental Health Services (CAMHS), benchmarked with other similar partnership services. They will ensure open consultation into developing thresholds and a service 'core offer' at Tiers 2 – 3, with all partners including children, young people and families.

### **Other CCGs involved in the application**

Through co-commissioning partners of the CAMHS contract and as wider partners of the Pennine Care contract, Stockport, Oldham, Bury and HMR.

### **Other partner agencies involved in the application**

Tameside Metropolitan Borough Council (including Public Health and Education)

Derbyshire County Council

Tameside and Glossop CAMHS (Pennine Care Foundation Trust)

42nd Street (voluntary sector organisation)

### **• Norfolk - £40k**

This is a consortium of Norfolk CCGs and the County Council. The pilot will focus on the learning disabilities pathway. This will allow specialist time to be dedicated to reviewing and jointly commissioning more robust pathways, from a range of agencies, with piloting of how CAMHS and LA outreach teams jointly manage a number of cases.

### **Other CCGs involved in the application**

North Norfolk CCG, Norwich CCG, West Norfolk CCG, Great Yarmouth & Waveney CCG

### **Other partner agencies involved in the application**

Norfolk County Council, Norfolk CAMHS Strategic Partnership (members include a range of Norfolk's statutory and voluntary sector providers and commissioners)

### **• Southampton - £45k**

Currently Southampton City Council and Southampton City CCG undertake joint commissioning within an Integrated Commissioning Unit. The Headstart Project covers 21 schools within the city and includes Emotional First Aid training, school counselling and mindfulness training. The pilot will develop a framework for extending joint commissioning and integrated services to help young people address a range of inter-related personal, practical, emotional, health, social welfare and legal needs simultaneously. The pilot will also identify future opportunities for re-commissioning services looking at all resources currently spent on children and young adults in order to support improved transitions, including extending to a 0-25 service.

### **Other partner agencies involved in the application**

Southampton City Council

No Limits (Southampton) Ltd



### C. Co-commissioning by clusters of CCGs with NHS England for Tier 4 CAMHS.

- **Wolverhampton - £75k**

Bid from Black Country CCGs and Wolverhampton LA to scope, map and analyse commissioning of CAMHS Tier 4 and other health funded out of area placements, with the aim of preventing the large numbers of children from the Black Country being placed 'out of area'. The pilot will develop specialist care pathways, improving early intervention and prevention to reduce the use of Tier 4 provision. It will include commissioning urgent care at Tier 3 / Tier 3+ to include focus upon delivering a Black Country wide solution to children and young people requiring admission to a place of safety (under Section 136 of the Mental Health Act).

**Other CCGs involved in the application**

NHS Sandwell and West Birmingham CCG

NHS Dudley CCG

NHS Walsall CCG

Specialised Commissioning within the Birmingham Black Country and Solihull NHS England Area Team

**Other partner agencies involved in the application**

The Black Country Partnership NHS Foundation Trust

Wolverhampton City Council

The Children's Society

### D. Collaborative commissioning across the transition age span to 25.

- **South Sefton - £75k**

Wide consortium bid including LA and VCS partners. Builds on DfE-funded BOND project (which focused on VCS role in brokering and co-ordinating youth-focused emotional wellbeing services in the community). The pilot will build on existing mapping to enable clearer support pathways for 5-25 year olds, and will work with children, young people and families to design the process. The pilot will use voluntary sector services within the partnership to deliver specific services that meet the needs of young people currently being referred to Tier 3 CAMHS but do not meet the threshold.

**Other CCGs involved in the application**

Southport and Formby CCG

**\*CAMHS tiers:**

***Tier 1 (Universal services)***

These are services whose primary remit is not that of providing a mental health service, but as part of their duties they are involved in both assessing and/or supporting children and young people who have mental health problems. Universal services include GPs, health visitors, schools, early years' provision and others. Universal services are commissioned by CCGs and Local Authorities and schools themselves, and may be provided by a range of agencies.

***Tier 2 (Targeted services)***

These include services for children and young people with milder problems which may be delivered by professionals who are based in schools or in children's centres. Targeted services also include those provided to specific groups of children and young people who are at increased risk of developing mental health problems (e.g. youth offending teams and looked after children's teams, paediatric psychologists based in acute care settings). Targeted services are commissioned by CCGs and Local Authorities and schools, and are provided by a range of agencies.

***Tier 3 (Specialist services)***

These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the team is often via referral from a GP, but referrals may also be accepted from schools and other agencies, and in some cases self-referral. These services are commissioned by CCGs although there may be a contribution from Local Authorities.

***Tier 4 (Specialised CAMHS)***

These include day and inpatient services and some highly specialist outpatient services including services for children/young people.

ENDS