WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

NHS WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP

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REPORT PRESENTED BY:

Sarah Fellows, Mental Health Commissioning Manager

Title of Report:	WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING
Purpose of Report:	• The purpose of this report is to outline the key out puts and deliverables of the WOLVERHAMPTON LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING • This is to deliver a dedicated whole systems project across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21, deliver QIPP in the short, medium and longer term, deliver to the key strategic drivers and ambitions of Future in Mind and transform the lives of the children and young people of our city.
Author(s):	• Sarah Fellows, Mental Health Commissioning Manager
Key Points:	• HEADSTART: WOLVERHAMPTON pilots are delivering a range of resilience and self-efficacy building initiatives for children and young people aged 10-16 years to prevent common mental health conditions. • Future in mind Promoting, protecting and improving our children and young people's

	mental health and well-being (HM GOVT 2015) outlines the NHS England Children and Young People's Task Force vision for CAMHS TIERS 1-4. This report details how funding allocation/s will be spent in the short, medium and long term in line with local levels and patterns of need. • WOLVERHAMPTON Clinical Commissioning Group are leading the Black Country wide NHS England funded pilot regarding alternative models for CAMHS TIER 3 PLUS, CAMHS TIER 4 and Tri-partite funded placements. • WOLVERHAMPTON Clinical Commissioning Group and WOLVERHAMPTON City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions and support plans to reduce numbers of looked after children. • All of the above provide an opportunity to develop and deliver a transformational plan with an aligned financial model into 2020/21that will recurrent and non-recurrent funds to deliver a service model across TIERS 1-4 realise sustainable benefits across the whole system, reduce numbers and levels of complex and enduring difficulties with regard to CAMHS presentations, deliver early intervention and prevention and deliver QIPP on a WOLVERHAMPTON and Black Country footprint.
Recommendation/s	Next Steps are proposed in the detail of the report.
Clinical view:	A wide range of clinicians are engaged in CAMHS Strategy implementation plans and HEADSTART.
View of patients, carers or the public and the extent of their involvement.	Service user and carer groups are engaged in both of the above projects.
Resource Implications and	• A financial plan is provided within the appendices section of the report.

Financial consequences:	
Risk / Legal implications:	• Section 149 of the Equality Act 2010 outlines the Public Sector Equality Duty to engage with relevant individuals regarding key decisions. • A period of consultation will be required regarding any proposed changes to mental health services locally, with a requirement to take revised service models to Health Scrutiny Panel/s.
Implications on Quality and Safety:	• The recommendations within the report are suggested to improve the quality of experience and outcomes across CAMHS TIERS 1-4 which includes universal, primary, secondary and tertiary care in health and social care and initiatives delivered in the range of the City's education establishments, including for engaged and not engaged and excluded children.
Equality Impact Assessment:	• Equality Impact Assessments will be conducted on any proposed service redesign prior as part of the revised service model/s.
Implications on Information Governance	• Enhanced information sharing protocols are required across health, education and social care organisations.
Relevance to National / Local Policy:	National service framework: children, young people and maternity services (2004). Joint Commissioning Panel for Mental Health Guidance for commissioners of child and adolescent mental health services (2013). Mental Health Policy Implementation Guide -Dual Diagnosis Good Practice Guide (HM Government 2002). The National Service Framework for Mental Health (HM Government, 1999, 2004). 'No health without mental health' (HM Government, 2011). Preventing suicide in England: One year on (HM Government 2014). 'Closing the Gap' (HM Government 2014). Achieving Better Access to Mental Health Services by 2020 (HM Government 2014). FIVE YEAR FORWARD VIEW (HM Government 2014). Future in Mind - Promoting, protecting and improving

	our children and young people's mental health and wellbeing (HM Government 2015). WOLVERHAMPTON CRISIS CONCORDAT ACTION PLAN (March 2015). Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England (HM Government March 2015) Looked-after children and young people NICE guidance PH28 (NICE and SCIE MAY 2015). The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review. National Framework for Children and Young People's Continuing Care (HM Government 2010). WINTERBOURNE VIEW – TIME FOR CHANGE Transforming the commissioning of services for people with learning disabilities and/or autism (HM GOVERNMENT 2014) Transforming Care for People with Learning Disabilities Next Steps (2015) NICE GUIDANCE INCLUDING BUT NOT EXCLUSIVELY: • Depression in children and young people: Identification and management in primary, community and secondary care • Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care • Self-harm: longer-term management • Autism diagnosis in children and young people: Recognition, referral and diagnosis of children and young people on the autism spectrum.

	• Autism NICE quality standard [QS51] • Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults. • Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges • NICE GUIDANCE UNDER DEVELOPMENT: • Children and Attachment – NOVEMBER 2015

1. PURPOSE OF THIS DOCUMENT

1.1 The purpose of this document is to detail the WOLVERHAMPTON LOCAL CAMHS TRANSFORMATION PLAN. This is to deliver the following key outputs:

- Delivery of an integrated whole systems transformation programme across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21 with an aligned financial plan which utilises the Future in Mind funding from 2015/16 to 2020/21.
- Delivery of an aligned programme of QIPP in the short, medium and longer term.
- Delivery of the key strategic drivers and ambitions of Future in Mind across CAMHS TIERS 1-4 and therein transform the lives of the children and young people of our city by covering areas of recognised

provision weakness, increase numbers of children and young people in early treatment and support and therein reduce levels of need and complexity.

- Re-design 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.

- Re-design and delivery of improved care pathways and services across CAMHS Tiers 1-4 on a Black Country wide footprint in collaborative and / or consortium commissioning arrangements which will potentially include co-procurement with Black Country wide health and social care commissioning partners. This will involve asset mapping across CAMHS TIERS 1-4 including financial, human and other resources such as buildings and location of services etc. with the core purpose of increasing local provision, providing care close to home and increasing access to early intervention and prevention services at scale and critically closing treatment gaps.

- Collaboration with specialised commissioning at the Birmingham, Solihull and Black Country NHS England Local Area Team regarding collaborative approaches to CAMHS TIER 4 commissioning and care pathways into and out of the local system into CAMHS TIER 4.

- Delivery to the national and local imperatives of the Transforming Care agenda for children and young people and their families and carers.

- Build on pilots commissioned using non-recurrent and development funding to deliver substantive service models and deliver change.

- Deliver effective early intervention and prevention for mental health difficulties including for groups of children and young people with

multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

- Develop appropriate and bespoke care pathways that incorporate models of effective, evidence based interventions for vulnerable children and young people, ensuring those with protected characteristics such as learning disabilities are not turned away in line with Transforming Care and ensuring care close to home wherever possible for all children with complex and challenging needs.

1.2 The WOLVERHAMPTON CAMHS TRANSFORMATION PLAN assurance process will be integrated within the mainstream planning framework from 2016/17 onwards and will require WOLVERHAMPTON CCG to work closely with our local Health and Wellbeing Board partners, NHS England Specialised Commissioning and other key agencies including our local schools and education providers for children and young people who are alternatively engaged to refresh our plans and to monitor and evaluate improvements, developments and outcomes.

This plan outlines the priorities and key actions for 2015/16 and should be regarded as a living document, subject to assurance and evaluation and monitoring processes and therefore subject to continued development and change.

The plan high level summary is attached as Appendix 1. The WOLVERHAMPTON CAMHS Plan self-assurance is attached as Appendix 2.

1.3 The WOLVERHAMPTON CAMHS TRANSFORMATION PLAN builds on and further develops the following key initiatives:

- Development and implementation of the WOLVERHAMPTON Emotional and Psychological Well-Being Strategy for Children and

Young People aged 0-25 Years. This living document should be regarded as a re-fresh of the Strategy.

- Development and implementation of HeadStart: Wolverhampton pilot schemes and initiatives, including peer support network, resilience training in schools, development of digital technology and resilience building community based clubs and initiatives.

- Learning from the pilot schemes and initiatives that have provided additional funding into CAMHS Crisis Services, the Single Point of Access and Early Intervention in Psychosis Services through use of Targeted Resilience Funds.

- Development and implementation of the WOLVERHAMPTON Mental Health Strategy including pilot initiatives such as Liaison Psychiatry and Street Triage and the over-arching work of the Black Country Partnership NHS Foundation Trust and Wolverhampton Cinical Commissioning Group Joint Efficiency Review Group.

- Development and Implementation of the Eating Disorder Services Action Plan and use of development funds.

1. 4 Promoting equality and addressing health inequalities are at the heart of NHS WOLVERHAMPTON'S values. Throughout the development of this transformation plan due regard has been given to eliminate discrimination, harassment, victimisation and stigma and to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it and to reduce inequalities in terms of access to and outcomes from healthcare services and to commission children and young people's mental health services in an integrated way to support the reduction of health inequalities.

1.5 An Equality Impact Assessment is included as Appendix 3. Issues of in-equality are also described in our high level summary needs assessment information which is detailed within Appendices 4 and 5. A high level summary of the qualitative and quantitative information obtained from our stakeholder engagement is attached as Appendices 6 and 7. Current benchmarking data is outlined in Appendix 8.

1.6 Waiting time and access standards in Generic and Specialist CAMHS, Early Intervention in Psychosis and Eating Disorder Services to drive out inequalities and deliver parity of esteem are outlined in the dashboard section in Appendix 8.

2. T HE STRATEGIC VISION FOR 20/21

2.1 The wide ranging mental health difficulties addressed by CAMHS include:

- Conduct disorder
- Anxiety and depression
- ADD
- Psychosis
- Learning Difficulties
- Co-morbid substance misuse
- Eating Disorders
- Self-harm and suicidal behaviour
- Bullying
- Challenging Behaviour

2.2 Mental health problems which begin in childhood and adolescence are common and can have multiple, wide-ranging and long-lasting effects. The

economic case for investment is strong. Recent studies have estimated that mental illness costs the United Kingdom economy as much as £100 billion per year. In addition mental health problems can also have a terrible impact on people's physical health. People with schizophrenia are almost twice as likely to die from heart disease as the general population and four times more likely to die from respiratory diseases.

2.3 75% of mental health problems in adult life (excluding dementia) start by the age of 18. For young people, mental illness is strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. Mental health problems in children and young people are common and account for a significant proportion of the burden of ill health in this age range. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood

2.4 Most mental health difficulties can be effectively treated. Many people can recover completely, whilst for others the severity and impact of the condition, and the lifetime cost can be significantly reduced. In general terms, the treatments for mental health problems can be as effective as those for physical illness.

2.5 Despite the high costs to individuals and society and the range of NICE approved interventions however, it is estimated that only a quarter of children and young people with mental health difficulties receive treatment. Nationally a history of underinvestment in CAMHS means that services are not currently able to offer all of the timely evidenced-based interventions that could be delivered across CAMHS TIERS 1-4.

2.6 Nationally and within WOLVERHAMPTON there is a compelling moral, social and economic case for change and a growing evidence-base in terms of clinically effective and cost effective interventions. There is also growing

evidence regarding rising levels of need - for example referral rates to Tier 3 CAMHS have risen by more than 40% between 2003/04 and 2009/10.

2.7 It is important to note that the Wolverhampton needs analysis data for CAMHS describes under use of universal and targeted services at TIERS 1and 2, causing over use of services at TIER 4 with under use of services at TIER 3 Plus TIER 4 due to poor care pathways, lack of availability of local services and lack of parity of esteem with an impact upon high use of paediatric beds and tri-partite funded services.

2.8 Fundamentally therefore our Wolverhampton vision is 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 will involve increasing numbers of children and young people entering services across TIERS 1-2 in keeping with the national vision outlined in Future in Mind and preventing therefore the high numbers of children, young people and adults developing conditions that require high levels of support across their life span.

2.9 This fundamental alignment from pro-active to reactive commissioning and delivery involves culture and behaviour change in adults at all levels, i.e. home, family, community, education, health and social care. Key elements of this ethos are around:

- Developing the abilities and capabilities of adults to interact and respond to children and young people in the required child centred and supportive manner with i.e. unconditionally and with awareness, understanding and compassion that builds resilience, confidence and self-efficacy in the child, their family and wider system.

- Developing capacity and capability in the system to up skill adults and consequently children and young people in the ways described above.

- Responding in a targeted and strategic manner to risks, vulnerabilities threats and challenges within individuals, families and communities that mitigates negative consequences and delivers soft touch preventative and early response interventions for children and young people who are disadvantaged, have a disability and or illness, are in poverty or who are vulnerable to risks such as abuse and bullying, exploitation and substance misuse.

- Developing a dynamic and modern system that connects education health and social care and uses digital technology and the skills, knowledge and attributes of people flexibly and well and in an integrated and child centred fashion that facilitates and enables happiness and achievement and 'joins up the dots' in terms of self-efficacy building, mental health awareness raising and quality of life and the role and functionality of the system therein.

2.10 Our vision is to utilise 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 we can demonstrate measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in WOLVERHAMPTON.

2.11 We will do this by investing in critical areas of need within the system and align these new developments with changes and re-specification to existing care pathways and services, including the key deliverables of HeadStart:Wolverhampton within schools and universal provision so that by 2020/21 we have a 'Tierless Whole System' without gaps or barriers which responds pro-actively and effectively reducing levels of morbidity and chronicity allowing us to dis-invest in high cost and reactive tertiary levels of care and invest more in community models with improved clinical and non-clinical outcomes.

2.12 There are clear opportunities for a greater multi-agency / collaborative and integrated approach to commissioning and delivery of CAMHS within WOLVERHAMPTON. This involves risks and interdependencies, but also opportunities to better meet the needs of the population that we serve, reduce the impact of mental health difficulties upon statutory services in the longer term both CAMHS and AMHS and achieve wider system efficiencies, including for example upon the criminal justice system.

2.13 Future in Mind describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;

- improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

2.14 A summary of our stakeholder feedback including that of children and young people and their families and carers is included in the appendices section however key facets or the children and young people's views are that they wish to see:

- Improved and enhanced crisis and home treatment services.
- Improved and enhanced Early Intervention in Psychosis Services.
- Improved response times across all services
- A single point of access
- Improved access to Eating Disorder Services
- Care as close to home as possible with fewer out of area education, health and social care placements outside Wolverhampton.
- Far greater connectivity across education, health and social care system with fewer barriers and gaps and far greater integration in terms of delivering help and support
- Help support and advice in school, including peer support, targeted support in school/s from CAMHS staff and resilience and mental health awareness building training for staff, children and parents
- Help support and advice at 'our finger tips', i.e. digital resources including web based and social media solutions that provide help support and guidance
- 'A place to go' which provides social interaction, support and positive role models and parental advice.

- Help and support with bullying.
- Help and support with self-harm.
- Services and care pathways that are discreet, confidential and anti-stigma.
- Help and information regarding substance misuse.

2.15 All of the above key principles are underpinning our service transformation at local level. The table below illustrates key facts from Future in Mind regarding the case for prevention and early intervention:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder.
- 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder.
- 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder.
- This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder.
- 5.8% or just over 510,000 children and young people have a conduct disorder.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 0.9% or nearly 80,000 children and young people are seriously depressed.
- Hyperkinetic disorder (severe ADHD): 1.5% or just over 132,000 children and young people have severe ADHD.

- 12% of young people live with a long-term condition (LTC) (Sawyer et al 2007).

- The presence of a chronic condition increases the risk of mental health problems from two-six times.

- 12.5% of children and young people have medically unexplained symptoms, one third of whom have anxiety or depression (Campo 2012). There is a significant overlap between children with LTC and medically unexplained symptoms, many children with long term conditions have symptoms that cannot be fully explained by physical disease.

- Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults.

- People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population.

- Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life and affect life chances.

- Despite this burden of distress, it is estimated that as many as 60-70% of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age.

- Evidence shows that, for all these conditions, there are interventions that are not only very effective in improving outcomes, but also good value for money, in some cases outstandingly so, as measured by tangible economic benefits such as savings in subsequent costs to public services.

2.16 Our local vision to transform the outcomes and experience for service users and carers in receipt of CAMHS across TIERS 1-4 responds to the need to provide early intervention and prevention services and ensure improved access to appropriate community and hospital treatment care pathways. Delivering parity of esteem in terms of quality of patient experience and outcomes within CAMHS is a key driver. A number of key focussed areas of work have informed our needs and gap analysis and will continue to do so over the next few months and these are:

- Wolverhampton CCG was one of 8 areas across the Country to be awarded a project grant by the Children and Young People's Task Force to scope potential to re-design / improve current CAMHS commissioning models, following an invitation to submit EOIs. The Wolverhampton project focused upon CAMHS Tier 4 and TIER 3 plus model/s across the Black Country and this includes a focus on tri-partite funded placements for children and young people that are 'out of area'. This work was delivered by Wolverhampton CCG on behalf of all of the four CCGs (Dudley, Walsall, Sandwell and Wolverhampton) across the Black Country covering a population of 1,152,500 (ONS 2013 mid-year population estimates). Details of the key out puts from the project are included in the Appendices section of the report. There are many commonalities however across the four Black Country CCG in terms of the need to improve care pathways and outcomes regarding CAMHS TIER 4 placements, TIER 3 PLUS Services and tri-partite funded placements with a number of areas of potential opportunity to develop local service models and improve patient experience and deliver QIPP through co-commissioning and alignment of models moving forward. From initial stakeholder findings there are initial clear messages regarding the need for whole systems change. It is the expectation of NHS England that the Black Country co-commissioning pilot continue via the four Black Country CCGs Future in Mind Transformation Plans.

- HEADSTART WOLVERHAMPTON is well established and currently funding pilots to deliver a range of resilience and self-efficacy building initiatives for children and young people aged 10-16 years to prevent common mental health conditions. The pilots include development and use of digital technology and social media apps and resources, resilience and self-efficacy training in schools and communities for parents, teachers and peer mentors and a variety of initiatives as part of 'a place to go', such as out of schools clubs and community groups with a focus on supporting children and young people to develop self-efficacy skills and attributes and receive support from strong and positive role models and peers whilst having fun. Learning from the HeadStart pilots informs every strategic decision for CAMHS as we develop our services across all tiers to support self-efficacy building amongst children and young people and their families and communities as a key part of transforming lives. This ethos involves a huge culture and behaviour change in staff across all services TIERS 1-4 in terms of creating an atmosphere wherein children and young people can thrive and develop.

- Wolverhampton Clinical Commissioning Group and Wolverhampton City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions, and support plans to reduce numbers of looked after children placed in and out of city including those in high cost packages and placements. This will be addressed by delivering preventative, supportive and pro-active services locally and improving the outreach provision to and repatriation of children and young people placed out of City by ensuring far greater connectivity with CAMHS care pathways and services. Critically this will involve a special emphasis on children and young people with a Learning Disability, physical disabilities and / or autism to ensure full alignment with Transforming Care and SEND guidance and reforms.

- The WOLVERHAMPTON Crisis Concordat Declaration is attached as Appendix 9. The urgent care pathway development that has delivered a refreshed approach to the compassionate, pro-active and safe sound and supportive across the lifespan holds opportunities for further evaluation to develop greater connectivity across CAMHS and AMHS urgent care pathways, again across a Black Country wide footprint where possible and support and improve outcomes for the most vulnerable. In CAMHS this includes closing gaps concerning Section 136 MHA and Place of Safety facilities and developing new and dynamic 24/7 services, including Street Triage, Paediatric Liaison and Crisis Resolution and Home Treatment services for example.

- WOLVERHAMPTON CCG is developing a Primary Care Strategy which will inform the commissioning, modernisation and transformation of services and care pathways across primary, secondary care and tertiary care. Opportunities exist to increase connectivity across these tiers, to align this with the troubled families' agenda and to increase the capacity, capability and responsiveness of CAMHS at a primary care level.

2.17 There is a clear opportunity therefore for our Local Transformation Plan to use the impetus and learning of all of the above initiatives to redesign and re model local services to deliver a model for sustainable future provision across CAMHS TIERS 1-4 by using programme funds from both HEADSTART and Future in Mind and also the financial values within existing budgets and sources of revenue to re-commission transform and align the system across health, education and social care with a financial plan and QIPP deliverables for 2015/16 – 2020/21.

3.0 MAKING IT HAPPEN A PHASED APPROACH

3.1 In addition to the above local priorities Future in Mind identifies the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

3.2 In addition to the above key themes Future in Mind identifies the following key priorities:

- Place the emphasis on building resilience, promoting good mental health, prevention and early intervention.
- Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service.
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable so people do not fall between gaps.
- Harness the power of information: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/ carers and value from investment.
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience.

- Make the right investments: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals.

3.3 In addition to the above key themes Future in Mind identifies the following key priorities for investment:

- Mental health awareness / resilience training in schools and support for schools.
- Support for parents.
- Harnessing digital technology.
- Reducing the impact of bullying.
- Improving the mental health and physical health interface.
- Getting more numbers of children and young people into treatment,
- Responding early to self-harm.
- Improving Crisis support.
- Developing CYP Integrated Access to Psychological Therapies.

3.4 Our WOLVERHAMPTON approach to delivering Future in Mind is to align the additional funding with HEADSTART Wolverhampton funds to commission, develop and deliver a sustainable and transformed whole system working across all partners and stakeholders and co-produced with children, young people and their families. The WOLVERHAMPTON vision outlined in the section above can be described as requiring the following key outputs /

key priorities for investment in service deliverables and care pathway development and re-alignment and re-specification across existing CAMHS Service provision in 15/16 and beyond until 20/21.

1. Increased capacity and capability within commissioning in 15/16 and 16/17 across health and social care to develop a transformational commissioning plan to deliver a 'Tierless Whole System' across education, health, criminal justice and social care with a single value base. This will focus upon pro-active and responsive support that meets the need of the child in a whole system context and that at every access and delivery point enables achievement and growth. The transformational commissioning plan will demonstrably use HeadStart and Future in Mind funds to pump prime a programme of change and transformation to deliver by 20/21. Increased commissioning capacity will include some dedicated project support to deliver Black Country wide solutions to TIER 3 PLUS, CARE PATHWAYS into TIER 4 and TIER 5 and Criminal Justice and Youth Offending Services where opportunities to co-commission across care pathways into regionally and nationally commissioned care pathways will be further developed as part of next steps to the Black Country NHS E funded co-commissioning TIER 3 PLUS and TIER 4 project. This will also build on the learning from our DAPA Pilot.

2. Development of a specified Children and Young People's Improving Access to Psychological Therapies programme in Wolverhampton (WOLVES CYPT IAPT), wherein it is estimated that talking therapy services can save £1.75 for the public sector for every £1spent. This will include interventions for very early years and linkage with the Adult IAPT programme in terms of parental IAPT programmes and a joined up approach with The Families in Focus (Troubled Families) Programme to target interventions at families and individuals with key vulnerabilities in a systemic approach. This will all be aligned with the deliverables outlined in the HEADSTART Wolverhampton Pilots in terms of resilience building and awareness raising in schools, use of digital technology and social media and other local anti-stigma and resilience

funded initiatives including the pilots funded under HEADSTART providing 'a place to go'. WOLVERHAMPTON will join the MIDLANDS AND EAST IAPT COLLABORATIVE; an application will be submitted to join this learning collaborative by December 2015, building on work undertaken as part of a scoping project in 2013/14. The lead/s will be the mental health commissioner within the CCG and the appointed project manager within the existing service within the Black Country Partnership NHS Foundation Trust (BCPFT). Outcomes for 15/16 will focus upon care pathways for delivery for Cognitive Behaviour Therapy, Dialectical Behaviour Therapy and Family Therapy along with other highly specialised psychological and psycho-therapeutic interventions at Step 2 and Step 3. This programme of work will articulated with timelines within the application to join the CYP IAPT collaborative. Locally key issues will include focus on alignment with HEADSTART WOLVERHAMPTON across schools and primary and universal care and a focus upon hard to reach groups, including dis-engaged and alternatively engaged children and children and young people from BME groups.

3. Increased *cap*acity and capability in crisis and home treatment services, in line with the national and local Crisis Concordat/s, bridging the gap between hospital and community services and reducing the need for high cost CAMHS Tier 4 Services and providing child suitable Section 136 MHA and Place of Safety facilities. This will include substantive funding for the Single Point of Access (SPA).

4. Additional investment in Early Intervention in Psychosis Services for children and young people to achieve greater compliance / fidelity with the NICE guidance model, wherein it is estimated that if everyone who required Early Intervention in Psychosis services received a service the NHS could save £44 million annually by improving clinical outcomes for individuals, reducing relapse and re-hospitalisation rates, increasing numbers of patients achieving recovery and reducing the numbers of patients requiring high cost out of area placements and care packages. This will include a particular focus on improved joint working with substance misuse services for those with dual

diagnosis needs and requirements. This model will be co-commissioned with Sandwell and West Birmingham CCG.

5. Investment in a local community Eating Disorder Service co-commissioned with Sandwell and West Birmingham CCG building on existing service provision which will deliver an assertive outreach community approach with better liaison with Acute, Paediatric, Primary Care and Tertiary Care services for children and young people as part of an all age model. This will also bridge the gap between hospital and community services, reducing the need for high cost Tier 4 Services and reduce the prevalence and impact of SEED (Severe and Enduring Eating Disorders). A draft service specification is attached as Appendix 14. This details how we will achieve the GUIDANCE ON THE ACCESS AND WAITING TIMES STANDARDS FOR CHILDREN AND YOUNG PEOPLE WITH AN EATING DISORDER.

6. 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 and also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs.

7. Re-specification of CAMHS Learning Disability services and Specialist and Generic CAMHS to support the needs of children with learning disabilities and / or physical disabilities who have the most complex requirements including children and young people with neurological conditions such as Attention Deficit Disorder and Autism. This will include a focus upon the local service developments required to deliver transforming care bed reductions at national regional level and local level and development of community based alternatives to In-patient provision, prevent and repatriate from tri-partite funded out of city placements wherever possible and ensure transition to adult services that is focussed upon and meets the needs of the individual young

person. This will also include re-specified bespoke local support for children and young people with special educational needs, Looked After Children, adopted children, care leavers, those in contact with the Youth Justice System, children and young people who have been sexually abused and/or exploited or who display sexual risks to others and children and young people who require continuing care packages. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres. Co-commissioning options for repatriation, reviews and development of local services will be explored with neighbouring CCGs and Local Authorities. Re-specified services will include focus on compliance with most recent guidance regarding care and treatment reviews and step up and step down from TIER 4 services.

8.Develop a PERI NATAL Mental Health Service working across CAMHS AMHS and Child and Maternity, Primary Care and Specialised Services develop a local peri-natal mental health service which will deliver local care pathways across agencies and support improved maternal mental health as outlined in Future in Mind.

3.5 Working closely with key partners, NHS WOLVERHAMPTON is developing a phased approach to deliver and evaluate and monitor this ambitious programme of system wide transformation. Initially our work is focussed upon establishing the baseline, closing gaps in service provision, and building system readiness to deliver the longer term sustainable system wide transformation envisaged in Future in Mind and the local vision outlined above. Our phased approach for 2015/16 is outlined in the WOLVERHAMPTON CAMHS TRANSFORMATION Implementation Plan 2015/16 is attached as Appendix 10.

3.6 A copy of the WOLVERHAMPTON CAMHS TRANSFORAMTION PLAN Assurance and Compliance Data Template is attached as Appendix 11.

4. Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Initial Action for WOLVERHAMPTON and NEXT STEPS

4.1 Delivering our local ambition for 2020 will require strong local leadership and ownership and effective joined up working arrangements across the NHS, Public Health, Local Authority, Youth Justice and Education sectors. Governance processes will be reviewed and developed accordingly.

The following forums are key strategic drivers in terms of delivery of our plan:

- CAMHS TRANSFORMATION PLAN IMPLEMENTTAION GROUP
- WOLVERHAMPTON CLINICAL COMMISIONING GROUP COMMISIONING COMMITTEE
- HEADSTART PROGRAMME BOARD
- INTEGRATED COMMISSIONING BOARD
- CHILDREN AND YOUNG PEOPLES TRUST BOARD
- SAFEGUARDING BOARD
- MENTAL HEALTH STAKEHOLDER FORUM.
- MENTAL HEALTH PARTNERSHIP FORUM.
- BLACK COUNTRY MENTAL HEALTH LEADS.
- SPECILAISED COMMISSIONING OVERSIGHT GROUP.
- HEALTH AND WELL-BEING BOARD.
- FAMILIES IN FOCUS PROGRAMME BOARD.
- WOLVERHAMPTON CCG AND BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST BI-LATERAL CONTRACT MONITORING MEETING AND CLINICAL QUALITY REVIEW MEETING.
- WOLVERHAMPTON CCG AND BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST JOINT EFFICIENCY REVIEW GROUP.
- BLACK COUNTRY CLINICAL SENATE

- SPECILAISED COMMISSIONING OVERSIGHT AND SCRUTINY GROUP.

4.2 We have a strong history of co-production and partnership working in WOLVERHAMPTON; this is both in terms of working with children and young people and their families and carers including the most vulnerable but also in terms of working with and across agencies and partners. Details of our stakeholder engagement feedback is described in the appendices section of this document.

4.3 Our outline financial plan for 2015/16 is attached as Appendix 12.

4.4 It is proposed that following assurance of our WOLVERHAMPTON LOCAL TRANSFORMATION PLAN, we will move to full publication and formal consultation in keeping with WOLVERHAMPTON CCG Governance and legislative requirements. Our governance and reporting structure is outlined in Appendix 13.

4.5 We will continue to engage with all partners and stakeholders continuing a strong theme of co-production continuing to use children and young people and their parents and carers as key co-production agents in the commissioning, development and design of our care pathways and services. This will build upon our HEADSTART WOLVERHAMPTON Engagement process and will include the development and roll out of a peer mentorship programme in CAMHS and a CAMHS CHILDREN AND YOUNG PEOPLE'S DEVELOPMENT BOARD which will review, monitor evaluate the plan as part of the CAMHS TRANSFORMATION PLAN governance and reporting structure including development and review of KPIs on the dashboard.

4.6 Our level of ambition includes our commissioning intention to deliver the following interventions:

- Cognitive Behaviour Therapy
- Dialectical Behaviour Therapy

- Systemic Family Therapy
- Cognitive Behaviour Therapy for Eating Disorders
- Resilience and Self-Efficacy Building (Penn Resilience Programme and SUMO – aligned with HEADSTART WOLVERHAMPTON PENN and SUMO programmes).
- Psycho-dynamic psychotherapy.
- Medication Management and Recovery focussed self-management support for children and young people experiencing episodes of psychosis.

Outcome measurement tools will include (but not exclusively):

- HoNOSCA (Health of the Nation Outcome Scales Child and Adolescent mental health) – including self-rating tool and parent rating tool
- CGAS (Children's Global Assessment Scale)
- SDQ (Strengths and Difficulties Questionnaires) - including self-rating and parent and teacher rating questionnaires.
- CAMHSSS (CAMH Service Satisfaction Scale)
- EDE & EDE-Q version 16 and self-report
- Nisonger Child Behaviour Rating Form - including parent rating
- DBC (Developmental Behaviour Checklist) - parent rating
- DBC (Developmental Behaviour Checklist) - teacher rating
- Preventing people from dying prematurely Sterling Eating Disorder Scale (SEDS) (Williams and Power, 1995), (an 80-item questionnaire with 10 items contributing to each of 8 subscales: low assertiveness, low self-esteem, self-directed hostility, perceived external control, anorexic dietary cognitions, anorexic dietary behaviour, bulimic dietary cognitions and bulimic dietary behaviour).
- PHQ-9 (Spitzer, Williams and Kroenke, 1999), a 9-question standard instrument for assessing depression in primary care.

4.7 Ensuring that our services deliver outcomes across the whole system, including targeted interventions for vulnerable groups is a key priority for this plan. The Wolverhampton 2011 census describes our resident population as 248,470. The average age in Wolverhampton is 39 years, which is similar to the England average; however Wolverhampton has a slightly higher proportion of children aged under 16. In terms of ethnicity, 68% 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 in our City Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Deprivation is disproportionate across the city, with the more affluent wards in the west of the city. A number of sources of evidence suggest that a number of equalities and demographic factors can have a significant effect on the local need and uptake of mental health for children and young people including:

- The prevalence of Black and Minority Ethnic communities
- Parents in prison or in contact with the criminal justice system
- Deprivation
- Unemployment
- Housing and homelessness
- Refugees and asylum seekers (new arrivals)
- Children and Young people with long term conditions or physical and or learning disabilities including autism
- Lesbian, gay, bisexual and transgender people (LGBT) and / or children and young people who are questioning their sexual orientation and / or gender (LGBTQ)
- Substance misuse

- Children and Young people who are victims of violence, abuse and crime including domestic violence and bullying including victims of sexual abuse and violence and exploitation and school, higher education and work place bullying

4.8 Our interventions to support the specific needs and vulnerabilities of key groups will include children and young people with disabilities, including children and young people with learning disabilities and children and young people with Autism and Attention Deficit Disorder. We are using our Community Development Workers across CAMHS and HEADSTART WOLVERHAMPTON to co-ordinate a focus upon engaging children and young people and their families in an audit of services to deliver a targeted engagement plan. This will involve linkage with primary care, universal services and schools. The relatively low prevalence of numbers of children from BME groups referred to Tier 2 and Tier 3 CAMHS (less than 20% of referrals, compared with 41% of the population of children and young people in our City) suggests that prevention and early intervention should include a focus upon targeted interventions for children and young people and their parents and carers from BME groups and communities of new arrivals. Evidence from our audit and the evaluation of the HEADSTART pilots will be used to develop a targeted interventions engagement plan, with a focus upon schools, 'a place to go', primary care and TIER 2 services.

4.8 The necessary actions and interventions that are needed to deliver the targeted interventions and engagement plan will require a community development work approach which has previously focussed in Wolverhampton on initiatives such as those outlined in 'Delivering race equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett' (HM Govt. 2005).

The key building blocks of our refreshed and broader approach will include:

- More appropriate and responsive services – achieved by improving services and up skilling the workforce across the whole system model to better respond to the needs of key groups to enable all members of the population to access all of our services equally and by working with all key stakeholders to that ensure that together we have a joined up approach to challenging and addressing the broader determinants of mental ill-health and stigma and discrimination and promote parity of esteem, compassion, equality and respect diversity and human rights.

- Wider community engagement – achieved by extending stakeholder engagement to capture agencies, voluntary groups and organisations that can have a strategic and day to day influence on the wider determinants of mental health and embedding agreed key deliverables into the Resilience Plan and Implementation Plan. Supported by our Community Development Workers and aligned with HEADSTART WOLVERHAMPTON comms and engagement plan.

- Better information, communication and marketing - achieved by improved data collation, capture and analysis of the City's vulnerable groups, mapping their needs and requirements and monitoring agreed actions via the implementation plan, which forms of part of this living document and our HEADSTART needs analysis. This will include delivery of a pro-active marketing campaign aligned to parity of esteem and national campaigns such as Beat Bullying, Time to Change, Health Poverty Action, and Child Sexual Exploitation of the NSPCC, again aligned with HEADSTART.

5. NEXT STEPS

5.1 Next steps as follows:

- Development and implementation of service specifications as outlined in the 15/16 plan.
- Report to Health and Well-Being Board and development of communication, consultation and publication plan with timelines.
- Continued development of commissioning intentions and service models across a broader, for example Black Country wide foot print, using the current Street Triage Model as an example, for example. This currently delivers the Street Triage Service across two provider trusts, ambulance and police services for the four Black Country CCGs, and especially with Sandwell and West Birmingham CCG.
- Following NHS England assurance implementation, monitoring and review of pilot schemes as described in Section 3.
- Via CCG and BCPFT Joint Efficiency Review Group development of financial model for 16/17 with confirmed allocation (SEE APPENDIX 12).