

# Health Scrutiny Panel

## 25 February 2016

<b>Report title</b>	City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016 CAMHS	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Steven Marshall, Director of Strategy and Transformation	
<b>Originating service</b>	Wolverhampton Clinical Commissioning Group	
<b>Accountable employee(s)</b>	Sarah Fellows	Mental Health Commissioning Manager
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<b>Report to be/has been considered by</b>	Health and Well-Being Board Wolverhampton Clinical Commissioning Group Commissioning Committee	

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. The purpose of this report is to provide members of the Health Scrutiny Panel with an overview of the WOLVERHAMPTON CCG CAMHS TRANSFORMATION PLAN, including key next steps.
2. Recommendations for noting:

The Health Scrutiny Panel is asked to note:

The development and implementation of the WOLVERHAMPTON CCG CAMHS TRANSFORMATION PLAN.

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide members of the Health Scrutiny Panel with an update regarding the WOLVERHAMPTON CCG CAMHS TRANSFORMATION PLAN including key next steps.

## **2.0 Background**

- 2.1 The Wolverhampton Clinical Commissioning Group CAMHS TRANSFORMATION PLAN has been developed following a period of review. This document describes how WOLVERHAMPTON CCG will utilise the Future in Mind CAMHS TRANSFORMATION funds, which is recurrent funding.
- 2.2 Development of the CAMHS TRANSFORMATION PLAN responds to the recommendations of FUTURE IN MIND and key national and local drivers including the CCG's Operational and Strategic Plans, the Wolverhampton City Council and Wolverhampton Clinical Commissioning Group Emotional and Psychological Health and Well-Being Strategy (2013-2016) the Suicide Prevention Strategy for England (2013), Closing the Gap (2013), Achieving Better Access to Mental Health Services (2014), Guidance on the Access and Waiting Times Standards for Children and Young People with an Eating Disorder (2015) and the Transforming Care Programme for People with Learning Disabilities Programme.

## **3.0 Progress**

- 3.1 A number of key priorities are outlined in the WOLVERHAMPTON CAMHS TRANSFORMATION PLAN. The priorities outlined as follows:
  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 £1 spent. 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 16/17 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 capacity 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 children and young people with dual diagnosis needs and requirements, in recognition of the Kings College Study (2015) and other recent research which identifies that the potent form of cannabis 'skunk' is linked to 24% of new psychosis cases. 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). This model will also be co-commissioned with Sandwell and West Birmingham CCG.
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 CAMHS 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.

3.2 The Wolverhampton CAMHS Transformation Plan outlines the vision to develop a tierless system across health, education and social care. This will include significant system re-design within the Black Country Partnership NHS Foundation Trust and re-specification of existing services. Collaborative commissioning opportunities exist across the Black Country, for example regarding TIER 3 PLUS Services and Tri-Partite funded care packages for children placed out of city. Within Wolverhampton co-commissioning with Wolverhampton City Council will include ensuring alignment with HeadStart and the local offer for children and young people, including Early Help and initiatives delivered within schools such as counselling, pastoral and universal services.

#### **4.0 Moving Forwards**

4.1 The Wolverhampton CAMHS Transformation Plan outlines the vision to develop a 'tierless whole system' across health, education and social care. This will include significant system re-design within the Black Country Partnership NHS Foundation Trust and re-specification of existing services. Collaborative commissioning opportunities exist across the Black Country, for example regarding CAMHS Tier 3 Plus Services (CAMHS Crisis, Home Treatment and Assertive Outreach Services) and Tri-Partite funded care packages for children placed out of city. Within Wolverhampton co-commissioning with Wolverhampton City Council will include ensuring alignment with HeadStart and the local offer for Children and Young People, including Early Help, Families in Focus and initiatives delivered within schools such as counselling services, pastoral care and universal services.

4.2 Negotiations and discussions with the Black Country Partnership NHS Foundation Trust and Sandwell and West Birmingham CCG have focussed on an aligned health model and jointly developed service specifications. To date this has focussed potentially joint / aligned models in terms of:

- Eating Disorder Services / Care Pathways.
- Early Intervention in Psychosis Services.
- CAMHS Crisis Resolution and Home Treatment Services.
- Collaborative commissioning across CAMHS TIER 4 with NHS England and other CCGs.
- Tri-partite funded care packages, ie increase access to local residential care and day support to prevent children being placed out of area in high cost placements funded by health and social care.

There are however many other opportunities for collaborative commissioning and these are being explored with Sandwell and West Birmingham CCG, Dudley CCG and Walsall CCG and will be developed as appropriate. Collaborative commissioning approaches provide an opportunity for improved patient experience, improved and increased productivity and value for money cost efficiencies by increasing the capacity and capability of services through improved economies of scale and care closer to home.

## **5.0 Financial implications**

5.1 An outline financial plan utilises funding to pump prime pilots in 15/16 and then substantive service model changes and transformation utilising learning and evaluation to transition to the new service/s in 16/17 and beyond. Key priorities for pump priming are to be utilised to increase capacity and capability develop the CAMHS Crisis AND Home Treatment Services, the Single Point of Access and Early Intervention in Psychosis and Eating Disorder Services.

## **6.0 Legal implications**

6.1 There are currently no legal implications associated with this report.

## **7.0 Equalities implications**

7.1 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 significant proposed changes to mental health services locally. Health Scrutiny Panel will be advised accordingly and in due course.

## **8.0 Environmental implications**

8.1 There are currently no environmental implications associated with this report.

## **9.0 Human resources implications**

9.1 There are currently no human resource implications arising from this report.

## **10.0 Corporate landlord implications**

10.1 There are no corporate landlord implications arising from this report.

## **11.0 Schedule of background papers**

11.1 The WOLVERHAMPTON CAMHS PLAN is attached as Appendix 1.