

CITY OF  
WOLVERHAMPTON  
COUNCIL

  
*Wolverhampton  
Clinical Commissioning Group*

# **Wolverhampton CAMHS Transformation Plan Refresh 2018 – 2020**

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## Forward

In line with the national drive to improve and transform mental health services for Children and Young People and a recognition that this area of health care has lagged behind others, and been historically underfunded, we are committed to investing more and improving our local services. Our first Long Term Plan was published in 2015 and has been refreshed annually to detail our ongoing commitment to Children and Young People's Mental Health as well as to describe our progress to date.

We want the Children and Young People of Wolverhampton to live happy, confident lives and to reach their full potential. It is important that they develop resilience and emotional health and wellbeing as they move into adulthood and that they are able to contribute fully to our society.

It seems that despite improvements made over the years there is still evidence that too many of our Children and Young People struggle with mental health issues and that they are not always able to access services which might support them early in their need meaning that they end up in crisis and requiring longer term and more in depth interventions from specialist services. In Wolverhampton we are committed to improving this situation.

In order to honour our commitment we are investing more in services each year, rolling out our newly commissioned emotional mental health and wellbeing services which ensure early access to counselling and also online services at the first signs of emotional distress. We are also investing more in crisis services to make sure they are available when they are required and we are focusing more on transition both between the services, and also into adult services. Importantly there is a commitment to recruiting and training the workforce.

We are absolutely committed to, and recognise the value and importance of promoting good mental health in Children, young People and their families and to make sure everyone knows where to get help and what services are on offer. This plan goes on to describe this work in more detail and its content is to be welcomed as we go on a journey with the Children and Young People in our City.



Helen Hibbs, Chief Accountable Officer, Wolverhampton CCG

## **Executive Summary**

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

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

### Supporting Access:

Since April 2018, there have been further developments in the Single Point of Access (SPA), where staff from the specialist CAMH service and Beam (the new jointly procured Emotional Mental Health and Wellbeing Service) together triage the referrals received. Beam and the newly commissioned online digital platform which includes counselling (known as Kooth) support the increase in access for young people in the city with emotional mental health and wellbeing needs.

### Urgent and Emergency Care

Following a service review of the Crisis and Home Intervention Treatment Teams (CHITT) in Wolverhampton and Sandwell, gaps in provision that exist in Wolverhampton were identified in line with the differences in how both services are funded. These included Children and young people being seen in the A and E department from 08:00 to 20:00. Work is currently being undertaken across the Black Country and West Birmingham Sustainability and Transformation Programme (STP) footprint to look at aligning the service specifications for CAMHS Crisis, Intensive Community Support and Paediatric Liaison Service to prevent/reduce hospital admissions and ensure that there is better liaison between inpatient and community services.

### Place Based Plans

Wolverhampton continues to benefit from the funding received from the Big Lottery to support the development of workforce capacity and competencies across the

system as part of the HeadStart programme. The THRIVE Model will continue to be used to enable Children and Young People Mental Health services to be delivered according to the needs and preferences of young people and their families in Wolverhampton and a model has been developed which demonstrates how the services in Wolverhampton work together to achieve this.

### Improving data

Black Country Partnership NHS Foundation Trust has cleansed and validated their data to ensure it is accurate and reflects the activity undertaken by staff. The new contracts for NHS commissioned services which have been awarded this year have indicators which include inputting into the Mental Health Services Data Set (MHSDS). All new contracts awarded will be expected to use Routine Outcome Measures to ensure evidence based practices are being used across services. This will increase the quality of interventions, ensure evidence-based interventions are being used and demonstrate clearly the impacts of these interventions as well as showing the participation of the young people in their sessions by using the Rating scales.

### Workforce

The current refresh demonstrates the increase in workforce across the commissioned services since the original Local Transformation Plan (LTP) was developed. It gives a view of further training that will be commissioned across the system to ensure services are CYP IAPT compliant. The city of Wolverhampton was successful in its application for third phase funding from Big Lottery for its HeadStart programme. The funding for HeadStart will be used to support the workforce development using test and learn models which will continue to impact on the universal offer for the Children's workforce across the city in being able to support Children and Young People's Emotional Mental Health and Wellbeing. It is anticipated that further work will be undertaken on understanding the wider workforce over the coming months given the changes in funding from various streams over the past years and coming years.

### Community Eating Disorders

Local Transformation monies have allowed the NHS provider to provide an all age Eating Disorders service. The service is commissioned in partnership with Sandwell and West Birmingham CCG and has grown from 4.64 WTE to 14.35 WTE since 2015. A joint service specification for across the STP is being completed to support the collaborative working between the two trusts who operate in the Black Country. NHS England are requesting that all commissioned services meet NHS timescales of 7 days to be seen for urgent cases and 28 days for routine cases which Wolverhampton CCG and its providers are working towards.

### Wider System support

The City of Wolverhampton Council (CWC) and Wolverhampton Clinical Commissioning Group (CCG) are collaborating together to ensure that services are appropriate and meet the needs of the Children and Young People of the city without duplication and ensuring that the Thrive model is the basis of understanding of the services provided and their impact. The Transforming Care Programme ensures that all CCGs and Local Authorities in the Black Country are working together to ensure that Children and Young People who meet the criteria to be part of the cohort receive the same service regardless of their postcode.

### Transitions

There is a transition CQUIN which is now in its second year of operation. It enables the NHS provider to demonstrate the effective transitions for Children and Young People to adult mental health services. Transitions are also seen in the more specialist services from inpatient to community and community to inpatient whilst Children and Young People are still within the age limit for these services or when they are inpatients as under 18s but still require inpatient intervention as adults. Work has been undertaken with specialist commissioning to map the pathways and ensure that all admissions are appropriate and ensure all transitions are well-managed.

### Health and Justice

Work has been undertaken with the Health and Justice services to ensure that the pathways from Liaison and Diversion (L & D) are clear and that services are aware so that referrals can be accepted. This includes pathways from L & D into the Youth Offending Team and into and out of the new Emotional Mental Health and Wellbeing service (Beam). The resettlement officer for the Youth Offending Team works with the CAMHS worker for YOT to ensure that the mental health needs of the young people coming out of the secure state are addressed.

## **1. Introduction**

The Wolverhampton CAMHS Local Transformation Plan (2015-2020) was developed by Wolverhampton Clinical Commissioning Group along with our partners in response to the publication of Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing (report of the government's Children and Young People's Mental Health Taskforce in 2015). The vision of the original plan was to use the additional Future in Mind funding to transform mental health services for children and young people in Wolverhampton by building capacity and capability at critical points across the system so that by 2021 measurable progress could be demonstrated towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes in Wolverhampton.

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

## **2. Transparency and Governance**

The LTP will be refreshed and republished by the deadline of 31st October 2018 and is accessible via <https://wolverhamptonccg.nhs.uk/your-health-services/children-and-young-people-s-mental-health-services>. It will be available on all of our partner's websites, including Black Country Partnership NHS Trust, City of Wolverhampton Council, Royal Wolverhampton NHS Trust and Wolverhampton HealthWatch as well as Wolverhampton Voluntary Sector Council. *The LTP will be available in accessible formats for CYP, parents, carers and those with a disability on the website by the 30<sup>th</sup> November 2018.* Wolverhampton's Local Transformation Plan (LTP) is aligned to the Black Country's Sustainability and Transformation Plan (STP). The Black Country STP for Mental Health and Learning Disability services focuses on the collaboration between providers and commissioners to improve care and outcomes for Mental Health & Learning Disability service users, including Children, Young People and their families. An identified priority for the STP is to work as 'one NHS commissioner' across the Black Country and West Birmingham, "leading to a substantial reduction in the current unwarranted variations in the quality of care, standardised services, and the creation of an environment in which our providers can

maximise resources and workforce through better skill mix utilisation”<sup>1</sup>. The four CCGs of the Black Country (Wolverhampton, Dudley, Walsall and Sandwell and West Birmingham) have worked together over the past year to align our service specifications for Crisis and Core CAMHS as well as Eating Disorders and Early Intervention in Psychosis as an all age pathway with progress being made on all of the specifications. This work has involved a different children’s commissioner in the Black Country CCGs taking responsibility for each of these service specifications and working with the providers to align the service specifications so each area is working in the same way. Once a draft has been developed the specification is shared with all of the other commissioners to ensure they are happy to agree the specification developed. Some concerns have occurred regarding the funding of the proposed specifications and these have been raised with the leads of the STP. We are keen to demonstrate our commitment to achieving ‘mental health parity of esteem’ across our footprint, including equity of access to evidence based care and treatment, equity of status in the measurement of mental health outcomes (i.e. including the April 2017 MHSDS) and equity of funding in terms of the CCG Mental Health Investment Standard. The STP refers to sharing of best practice and aligning to the work of other agencies to reduce variation; improve access, choice, quality and efficiency; and collaborate to develop new highly specialised services in the Black Country and West Birmingham e.g. Children’s Tier 4. The Black Country STP can be found at

[http://sandwellandwestbhamccg.nhs.uk/images/161020\\_Black\\_Country\\_STP\\_-\\_October\\_Submission\\_V0\\_8\\_clean.pdf](http://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf) The CCGs who form the Black Country STP are also beginning work on co-designing, agreeing and delivering a pathway based suite of designed and specified services for CAMHS Learning Disabilities common to all 4 areas of the STP footprint.

The STP Mental Health Work Stream has identified that insufficient intervention at primary and secondary care level can lead to higher levels of secondary and tertiary care including out of area services. This approach is both clinically and financially inefficient with poor outcomes for patients and their carers - such as delays accessing services and longer recovery periods - and higher financial costs. Collaborative commissioning across the mental health improvement blue print and some other areas of critical need will allow re-calibration and re-specification of some services including their financial profiles allowing opportunities for re-investment where there are gaps or QIPP (Quality, Innovation, Productivity and Prevention (QIPP) programme).

The STP has identified key priorities for implementation as:

- Mental Health Liaison

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<sup>1</sup> Black Country and West Birmingham Sustainability and Transformation Programme accessed via [https://sandwellandwestbhamccg.nhs.uk/images/161020\\_Black\\_Country\\_STP\\_-\\_October\\_Submission\\_V0\\_8\\_clean.pdf](https://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf)

- IAPT Expansion for both adults and CYP.
- Perinatal Mental Health
- CAMHS TIER 4 and TIER 3 PLUS

In 2015/16, Future in Mind provided additional funding of £501,000 towards CAMH services in Wolverhampton. An additional £124,000 was invested in 2016/17 which was made recurrent to support a waiting list initiative and reduce the waiting times for Children and Young People who require specialist services. The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the aims set out in the LTP. However, in line with the vision of Future in Mind, agencies in Wolverhampton should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes. An additional £114,000 was identified that needed to be invested into the CYP Mental Health services to ensure that the services were meeting the Mental Health Minimum Investment Standard. The future potential investment from Wolverhampton CCG which will impact on Wolverhampton Children and Young People Mental Health services from 2018 /19 onwards is identified below.

<b><u>Includes Inflation, Efficiencies and LTFM Growth</u></b>					
	2017/18	2018/19	2019/20	2020/21	2021/22
Growth	105,660	107,858	110,101	113,228	115,419
		145,000	148,016	152,220	155,165
		116,000	118,413	121,776	124,132
			100,000	102,840	104,830
				197,000	200,812
	9,331	9,527	9,724	9,989	10,183
	114,991	378,385	486,254	697,053	710,541

Most of this year's additional funding is being used to jointly procure an Emotional Mental Health and Wellbeing service with the Local Authority to address the gap at this level. NHS Wolverhampton CCG has also made the decision to fund the online counselling and digital platform available from Kooth, a national organisation who have contracts with all of the local CCGs across the Black Country ensuring we are continuing to address the gap in services at an early intervention level and across the STP. This service will support those young people identified in figure 1 who have identified universal needs, targeted or early help needs, or have less complex diagnosable needs. Potentially young people with complex and more risky needs may use the service but depending on their issues may be redirected to more specialist services. The PRU CAMHS link worker pilot post established in 2017 was evaluated and found that it did not increase access for those pupils in a way that was envisaged or by the number anticipated. Although it is likely that it did support

young people to attend appointments and bridge the gap between education and CAMHS, increasing access has to be the focus of any additional funding at this time, before looking at bridging relationship gaps. Last year, it was anticipated that £70,000 (recurrent) of the £145,000 for this year would be set aside from funding for a STP crisis bid if it was successful; to provide the additional funding from each CCG in the STP required in addition to that to be provided by NHS England. However, it was decided that the figures originally used in the bid were not appropriate or correct and each CCG felt this was no longer an appropriate use of their funding going forward. The CCG is committed to providing additional funding this year to the Crisis and Home Interventions services.

In order for NHS Wolverhampton CCG to reach the Mental Health Minimal Investment Standard it was agreed that an additional £114,000 is required to invest into the CYP MH services. It was agreed that in discussion with the specialist services an initial assessment team could be developed to support reduction in the waiting times. This additional investment will allow recruitment of 2 senior clinicians to work with the SPA to focus purely on the initial assessment of clients referred to specialist CAMHS. The clinicians would commence treatment interventions at this point and direct referrals through to the appropriate care constellation for their multidisciplinary core treatments. This additional resource would support us with the 18 week RTT and support the building of capacity within the care constellations – as this would reduce the amount of initial assessments all clinicians within CAMHS have to undertake as part of their job plans. This is to be included in the new CAMHS specialist service specification. NHS Wolverhampton CCG has also reviewed the service provided by the Key team over the past 12 months and felt that this was no longer meeting the needs of the population in a way that was an effective use of money and it was agreed to remove funding from this service to re-invest into Crisis and Home Intervention service. This will mean that £167,474 will be taken from the Key team finance line and reinvested into the Crisis and Home Intervention Team going forward although for 18/19 this is with a 6 month effect resulting in £83,737 being re-aligned to Crisis services in this current financial year. In 2018/19, there is still £70,000 to invest (previous agreement from last year's refresh but no longer required for crisis given movement from Key team). It has been agreed that £20,000 of this £70,000 will be aligned to the crisis and home intervention team, some of the funding will be for an additional administration post to support the increase in the SPA function with all referrals for both the specialist CAMH service and Emotional Mental Health and Wellbeing service being received and the money remaining from the £70,000 to be used to support an initial assessment team along with the additional money to support parity of esteem.

The increase in funding which has been identified for the next 2 years will be used to support increasing the access numbers for Children and Young people across the city of Wolverhampton in Emotional Mental Health and wellbeing services which will include specialist CAMHS. It is essential that all of these services are able to input

into the MHSDS to ensure that NHS Wolverhampton CCG is able to accurately record access data and that we are able to demonstrate an increase in our reach.

Baseline figures, updated figures and trajectories for Finance, staffing and activity are provided below. These indicate the increase in funding that is going into CYPMH services year on year, the increase anticipated in services as a result of this increase in funding and what the activity that will be as a result of this increase:

DESCRIPTION	2016/17	2017/18	2018/19	2019/20	2020/21
Finance	4,595,959	4,581,637	4,904,887	4,921,064	5,131,863
Staffing Levels across the system	59.77	70.67	80.11	81.25	87.45
Activity / Access (minimum expected)	1276	1455	1978	2102	2164

The workforce across Wolverhampton for current commissioned services which impact on Emotional Mental Health and Wellbeing are included in the table below. However, work needs to be undertaken on capturing those staff engaged in universal services, especially given the changes as a result of budget reductions. It is anticipated that this work will be undertaken over the coming year.

Funded Posts	14/15	17/18	18/19	19/20	20/21	Comments
<b>Management</b>	4	3	3	3	3	
<b>Core CAMHS</b>	16.53	16.17	16.17	16.17	16.17	
<b>Key Team</b>	4.80	4.80	0	0	0	
<b>Inspire</b>	8.43	7.75	7.75	7.75	7.75	
<b>CAMHS CIHTT (Crisis/Home Treatment)</b>	3.00	6.10	10.90	10.9	10.9	Realigned from Key team disinvestment
<b>Single Point of Access</b>	0.00	2.00	2.00	2	2	Creation of Initial assessment team
<b>Youth Offending Service</b>		1.00	1	1	1	
<b>136 Suite</b>		1.00	1	1	1	
<b>External Placement Panel</b>		1.00	1	1	1	
<b>Early Intervention</b>		1.50	1.5	1.5	1.5	
<b>Eating Disorders</b>	4.64	14.35	14.35	14.35	14.35	Commissioned in partnership with Sandwell and West Birmingham CCG
<b>CAMHS</b>	0.00	2.00	2	2	2	

<b>HeadStart Link Workers</b>					
<b>CAMHS PRU Link Worker</b>	0.00	1.00	0	0	0
<b>Waiting List Initiative Workers</b>		2.00	2	2	2
<b>LD/ASD consultant</b>				0.5	0.5
<b>Potential Primary care workers for schools</b>					5
<b>EMOTIONAL MENTAL HEALTH AND WELLBEING SERVICE – Beam</b>					
<b>Management</b>	0.00	0.00	2.68	2.68	2.68
<b>SPA</b>	0.00	0.00	0.98	0.98	0.98
<b>CYP IAPT therapists</b>	0.00	0.00	2.55	2.55	2.55
<b>Sessional Therapists</b>	0.00	0.00	0.91	0.13	0.13
<b>Administrators</b>	0.00	0.00	0.84	0.42	0.42
<b>Youth Workers</b>	0.00	0.00	1.26	1.26	1.26
<b>Volunteer Co-ordinator</b>	0.00	0.00	0.42	0.42	0.42
<b>Volunteers</b>	0.00	0.00	2.16	6.0	7.2
<b>ONLINE DIGITAL PLATFORM INCLUDING COUNSELLING</b>					
<b>Kooth – 110 hours per month</b>			0.64	0.64	0.64
<b>BARNADO'S INTENSIVE THERAPEUTIC SUPPORT</b>					
<b>Management</b>		1	1	1	1
<b>Therapeutic Family Support Workers</b>		6	6	6	6
<b>PUBLIC HEALTH FUNDING - Hospital Youth Link Workers</b>					
<b>Link Workers</b>	2	2	2	0	0
<b>Totals</b>	43.4	70.67	80.11	81.25	87.45

The activity within Black Country Partnership Foundation Trust in 2017 -18 is detailed below and for that year they were the only provider commissioned by the NHS to provide services. The table identifies the number of referrals received in year and the number that were actually accepted by the service. This is as a result of the lack of tier 2 services for the referrals to be redirected to. This new service (Beam) has now been jointly procured by the council and NHS Wolverhampton CCG. The table demonstrates the waiting times for the first appointment as well as second appointment as well as those waiting for treatment.

Total Referrals received by BCPFT 2017-18	Total Referrals accepted by BCPFT 2017 -18	Average waiting time at year end 2017-19 to first contact (proxy assessment)	Average waiting time at year end 2017 - 18 to second contact (proxy assessment)	Total on the waiting list at 2017-18 year end that have been referred but not yet had first contact wait list	Total on the waiting list at 2017-18 year end assessed and accepted but not yet started treatment
2078	1455	5.74 weeks	18.13 weeks	250	474

Work has been undertaken with the third Sector Providers to input into the MHSDS and targets set for First and Second Load to the MHSDS Submission Windows. Kooth has just received confirmation from NHS England that they are able to upload activity to the MHSDS which meets the following definition; a contact on Kooth.com is when a young person has engaged in a live chat counselling session with a Kooth professional OR has been involved in a therapeutic message exchange. Beam's Emotional Mental Health and Wellbeing services are currently in the early mobilisation stage and are already showing an increase in the number of CYP who are participating in 2 contacts from when they started in April. It is anticipated that this increase in numbers will continue but with more intensity.

	3 <sup>rd</sup> Sector BI Lead	Activity Month 18/19	Submissions Window Opens	Submission Window Closes	Extracts Available	Actions / Comments
CHILDREN'S SOCIETY (WOLVES)	Stavroula Loakeim	<u>June (Refresh)</u> July (Primary)	Mon 30 July	Wed 22 Aug	Fri 31 Aug	QTR 1/ QTR 2. Stavroula confirmed up load of Aug/Sept by 22 <sup>nd</sup> Oct . JK has designed template for their report on load figures which will give time for any queries/corrective actions re NHSD Primary publications and ahead of/for refresh. JK has also drafted table to record and with as Rob F to help finish in

						excel.
KOOTH (WOLVES)		Aug (Refresh) Sept (Primary)	Mon 1 Oct	Mon 22 Oct	Tues 30 Oct	QTR2/3 See above
N/A		<u>Sept</u> (Refresh) <u>Oct</u> (Primary)	Tues 30 Oct	Thurs 22 Nov	Fri 30 Nov	

The transformation plans were developed and shaped through extensive consultation with Children, Young People and parents/carers, as well as stakeholders. This has been an on-going process since early 2015 and continues through discussions with Children in Care Council and Youth Council as well as HeadStart Partnership board, Voice4Parents and engagement sessions with pupils in different mainstream secondary schools.

The Transforming Care Program has also ensured that consultation has been undertaken with parents and carers whose children and young people have either Learning Disabilities and/or Autism and with SEND needs. These parents were keen for their experiences to be shared and to support any developments of new services or review of existing services that were being considered. The CCG now has a list of parents/carers who are happy to participate in any consultation required in future for this cohort. These parents and young people were asked to give their experience of services they had received and where support would have been useful and what it should have looked like. This will impact on the services the STP is looking to develop for the TCP cohort especially regarding the intensive support service. An audit is also to be undertaken with CYP who have been admitted to tier 4 and who are part of the Transforming Care Programme cohort to understand their journeys so that lessons learned can be used to develop services required by the children, young people and their families and to also understand the make up of the cohort. Black Country Minds website has been pulled together as a result of the participation group that is being run by Black Country Partnership NHS Trust. This group created the website to provide advice and support to young people who find themselves referred to CAMHS and the group also supports any service transformation that is occurring. The website is available at and other young people are invited to participate here <http://www.blackcountryminds.com/about-your-camhs/get-involved/> Voice4parents also provide feedback to the commissioners to inform commissioning decisions. The CYP IAPT partnership board which is in the embryonic stage and the HeadStart partnership board feed into the CAMHS transformation board providing input into governance, needs assessment and service planning. The CAMHS transformation Board has terms of reference available. Children, Young People and their parents/carers will be involved with service delivery and evaluation when the principles of CYP IAPT are embedded

within services as it focuses on improving user participation in treatment, service design and delivery as one of its main tenets.

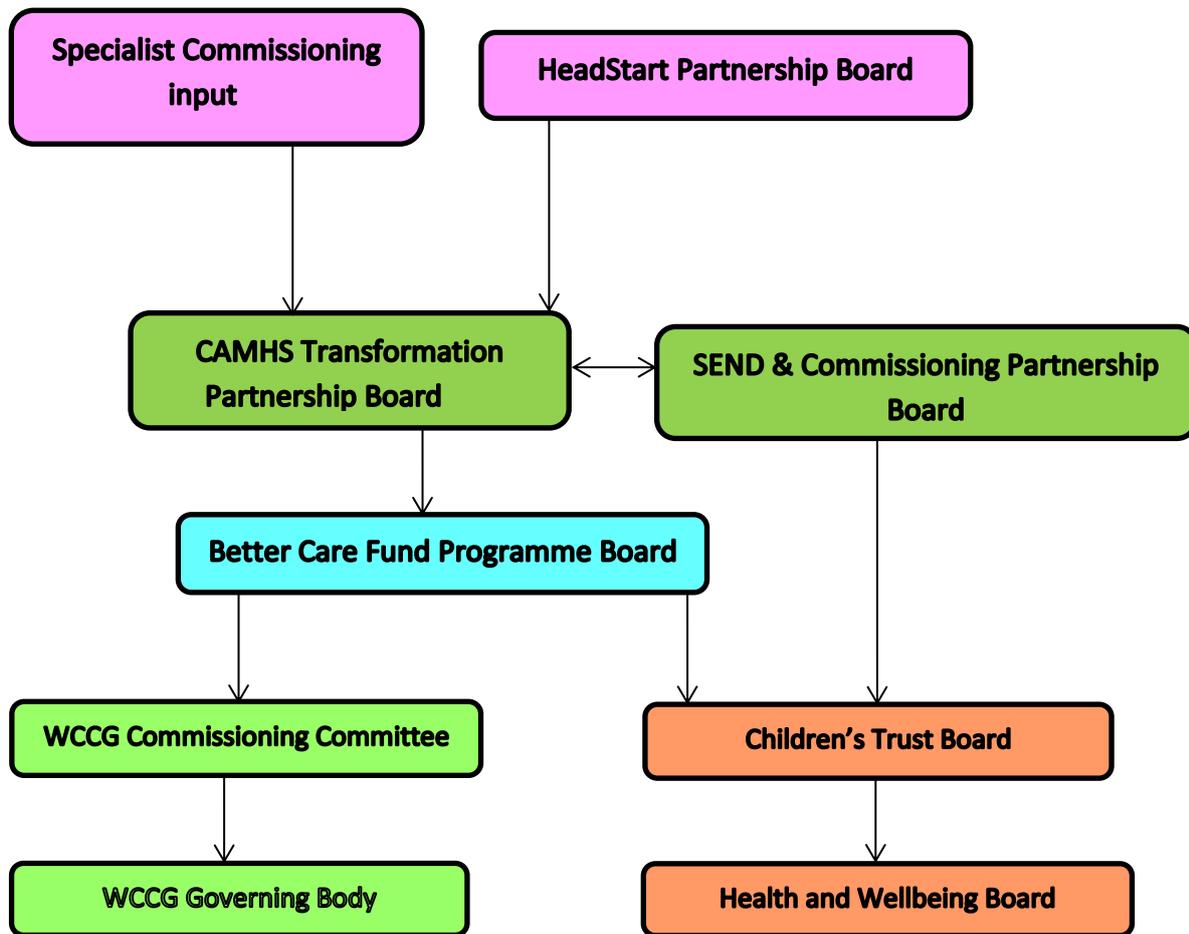
The local service offer has been developed in collaboration with parents, Children and Young People and backed up by a single and simple point of accessing services, and is needs-led rather than diagnosis-led or merely focused on what services or funding is available. This ensures that individuals receive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

The Refugee and Migrant Council developed a joint bid between the CCG and City of Wolverhampton Council for additional support for Unaccompanied Asylum Seekers as Children ensuring that this specific cohort of Young People's needs were given consideration in the city when taking mental health needs into account. Liaison continues to occur with this group of young people who have very specific needs to ensure that these are taken into account during intervention. Engagement has occurred with the Liaison and Diversion team to ensure that their services dovetail with the Youth Offending Team and specialist CAMHS and ensure that the services commissioned via Youth and Justice are clearly identifiable as part of this refresh and taken into account when transforming the system for CAMHS.

Specialist commissioning have supported the refresh of the Local Transformation Plan (LTP) by agreeing to the escalation plan which is available at appendix 1 and are keen to work with the local CAMHS commissioners to reduce the number of Children and Young People admitted to tier 4 beds by looking at what alternatives are available to meet the needs of the Children and Young People in the community. The intention is to build on the developments in terms of our CAMHS LTP Crisis investments and reinvest funding from the Key team to support the Crisis and Home Intervention Service. Specialist commissioning have also been involved in the Youth and Justice pathway to ensure that all commissioners are aware of the Liaison and Diversion team and how it dovetails into current services commissioned by CCG.

Wolverhampton's commissioners are working together to reduce fragmentation in commissioning and prevent duplication. We have worked in partnership to jointly procure the emotional mental health and wellbeing service as well as applying to be part of the trailblazer for Mental Health Support Teams in School.

**The Governance for the Wolverhampton Children and Young People’s Mental Health Transformation Plan Refresh October 2018 onwards:**



Appendix 2 contains all of the terms of references of the meetings detailed above to understand the governance structure that the CAMHS transformation programme feeds into. It gives explanations as to the roles and responsibilities of each of the boards and committees which the CAMHS transformation board feeds into. Each member of the transformation board is involved with CYP services across the city impacted by children, young people and their mental health needs. The expectation of those who attend the board is that they will be able to bring their individual experiences and knowledge to support the transformation of services. The CAMHS Transformation Partnership Board is to continue in its current guise to ensure that services for CYP are fit for purpose going forward but is likely to be renamed the Emotional Mental Health and Wellbeing Services Transformation Board. This board will report into the Better Care Programme Board from April 2018 to ensure that Mental Health services for Children and Young People are governed through joint arrangements with Wolverhampton Clinical Commissioning Group (WCCG) and City of Wolverhampton Council (CWC), and in a similar manner to Adult Mental Health services. This will support transition of the Young People who need ongoing support from adult services in a more comprehensive manner.

Feeding into the Better Care Fund Programme Board results in a joint approach to commissioning, contract management, and activity monitoring for Children and Young People's Emotional Mental Health and Wellbeing services, and channels responsibility through the Better Care Programme Board for all Mental Health services across the lifespan. This option also introduces efficiencies which will reduce the number of meetings commissioners and service providers need to attend.

Members of the CAMHS Transformation Partnership Board have been working on this refresh document since August 2018 with drafts submitted as they were being worked up. It has been sent to all on the board, with agreement that it will be agreed virtually and signed off. Presentation of the final refresh will be presented at the next CAMHS Transformation Partnership Board. The first draft of the CAMHS transformation refresh plan was presented at Children's Trust board on 20th September 2018 and the Governing Body on the 11th of September 2018. The Children's Trust Board comprises of a range of representative from services in the city who work with Children and Young People; including representatives from Black Country Partnership Foundation Trust, West Midlands Police, Royal Wolverhampton Trust and Wolverhampton Voluntary Sector who are all involved in the provision of services for CYP Mental Health services. Terms of references are included in appendix 2 at the end of this refresh. The final plan will be presented to them in December 2018. The second draft submitted to NHSE was presented to the Health and Wellbeing board on 17th of October 2018 and will be presented to the governing body of Wolverhampton CCG on 13th of November 2018.

The initial draft of the refresh has been discussed at all of the above boards and has also been discussed with the Director of Children's Services who was already aware of the direction of travel following conversations with her senior officers who are active members of the CAMHS transformation board.

Specialist commissioning have supported the refresh of the Local Transformation Plan (LTP) by agreeing to the escalation plan which is available at appendix 1 and are keen to work with the local CAMHS commissioners who will be involved in commissioning the aligned STP crisis service specification. Across our STP, there are current gaps across our Crisis and intensive community support and Paediatric Liaison for Children and Young People in terms of full 24/7 coverage everyday with capacity to offer intensive support on the paediatric wards and in the community and in-reach into CAMHS tier 4 Units. However, on examination, there is anecdotally not the demand for a full 24/7 service and the current coverage supports any child or young person in crisis out of hours. The intention is to build on the developments in terms of our CAMHS LTP Crisis investments which have seen another reduction in admissions to TIER 4 in 2017/18 across our footprint. We will be reviewing this position over the next few months as part of the crisis service specification alignment to confirm the data as to when during the day young people go into crisis and their underlying needs.

Specialist commissioning have also been involved in the Youth and Justice pathway to ensure that all commissioners are aware of the Liaison and Diversion team and how it dovetails into current services commissioned by CCG. They have provided funding for specialist pilot services to support those young people who may or have come in contact with the health and justice system. Currently NHS Wolverhampton CCG is working up a proposal with the YOT service to support an application for Speech and Language therapy intervention due to the amount of communication difficulties these young people are experiencing. This is seen as a significant need for this cohort of youngsters which is currently an unmet need.

An action plan with key performance indicators is included in appendix 3 of this plan to identify how progress on the plan can be tracked for the coming years.

### **3. Understanding Local Need**

From ONS Crown Copyright Reserved figures obtained from Nomis on 10 September 2018 Wolverhampton has a population of 66,018 children and young people aged 0-19. The number of children aged 0-19 years is projected to increase to 70,300 by 2037, representing a net gain of about 6.49%. 65 per cent of Wolverhampton residents are from a white ethnic background with the remaining 35% 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. In terms of levels of deprivation, Wolverhampton is the 17<sup>th</sup> most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally. Nearly a quarter of children in the city live in poverty and almost 60% of all 0-15 year olds living in the city, live in what is considered a deprived area.

1,120 Children and Young People in the city have Education, Health and Care Plans whilst an additional 5,907 are in receipt of SEN support. Wolverhampton has been identified as being below the national average for Children and Young People with a diagnosis of Autistic Diagnostic Spectrum with a higher than expected cohort of youngsters with Learning Disabilities. It may be that differential diagnoses is not undertaken when the young person already has a diagnosis of Learning Disabilities and a place in a special school as it has been felt that further diagnostics would not alter their school placements. A Joint Strategic Needs Analysis (JSNA) was recently developed and is available at

<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=11583&p=0>

Wolverhampton currently has a Looked After Children's population of 649 children and young people, 287 of these are located within the city boundaries; an increase in numbers from the same time last year. The Mental Health of Looked-after children is significantly poorer than that of their peers, with almost half of Children and Young People in care meeting the criteria for a psychiatric disorder and that up to 70-80%

have recognisable problems.<sup>2</sup> Looked after Children and Young People have particular physical, emotional and behavioural needs related to their earlier experiences before they became Looked after. These earlier experiences have an influence on brain development and attachment behaviour. The rates of emotional, behavioural and Mental Health difficulties are 4 to 5 times higher amongst Looked-after Children and Young People than the wider population. It is important that services are provided in a timely manner to prevent the escalation of challenging behaviour and reduce the risk of placement breakdown; these should be based on the child or young person's needs and not on service availability. Looked after Children who need access to Mental Health services often have numerous and complex issues that require specialist input across multiple agencies, but high numbers of Young People are being turned away from CAMHS because they do not fit the medical criteria of having a diagnosed Mental Health problem and, in addition, many Looked after Children are refused a service on the grounds of placement instability in spite of statutory guidance which states that this should not be the case.

Based on wider Mental Health promotion evidence, the Centre of Mental Health's methodology for assessing emotional and Mental Health needs across the spectrum has been applied to the Children and Young People population of Wolverhampton from ONS Crown Copyright Reserved accessed via Nomis on 10 September 2018 – see Figure below. This formula aims to provide potential numbers for those Children and Young People who may require the different levels of service across the system and give assurance to commissioners whether sufficient services are commissioned or planned to be commissioned. It will also identify if there is an area of unmet need and if so, where it is and how it can be met? However, it is unclear if it takes into account the levels of deprivation in specific areas which would impact on Children and Young People's Mental Health.

<b>CYP's mental health needs</b>	<b>Description of CYP needing help</b>	<b>% of CYP</b>	<b>Potential Numbers of CYP (2017)</b>	<b>Responsible organisations</b>
Universal needs	All CYP and families need resources and assistance to build strong mental health in children.	100%	66018	Whole service system
Targeted or early help needs	Some CYP need extra help to build resilience because they face greater exposure to risk. Some CYP also have deteriorating mental health and need early help to deescalate and restore good wellbeing.	15%	9,903	Whole service system
Children with less complex diagnosable	Some CYP will have less complex and diagnosable level needs	7%	4,621	School counselling, voluntary sector, evidence based counselling,

<sup>2</sup> Luke et al, *What works in preventing and treating poor Mental Health in looked-after children?* (August 2014), p 7

needs				primary mental health support
Children with complex and more risky needs	Very complex or high risk diagnosable mental health needs	1.85%	1,221	Specialist CAMHS and services seeking to avoid further escalation
Children with highly risky, complex or specialist needs	Some CYP will have highly complex, concerning and specialist diagnosable mental health needs.	0.075%	50	Inpatient settings, broader service system

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

Emerson and Hatton (2004) showed age related prevalence for learning disabilities for 5-9 year olds as 0.96%, for 10-14 year olds as 2.26% and for 15-19 year olds as 2.67%<sup>3</sup>. When these rates are applied to the Wolverhampton population, it is estimated that in the city we have 173 children aged 5-9 years, 348 children aged 10-14 years, and 389 young people aged 15-19 years who have a learning disability. The prevalence for mental health associated with learning disabilities is reported as 40% and this is even higher in those with severe learning disabilities. Application of this to the estimated number of children and young people with learning disabilities in the Wolverhampton population shows that we are likely to have 69 children aged 5-9 years, 139 children aged 10-14 years, and 156 young people aged 15-19 years with learning disabilities who could also have mental health problems. Inspire is the local Learning Disabilities Mental Health service provided by Black Country Partnership Foundation NHS Trust which provides support to this cohort of young people. Wolverhampton CCG and City of Wolverhampton Council currently commission this service jointly.

As a result of the project to support Asylum Seeking Children (UASC) and their mental health needs, BCPFT is currently working with a caseload of 15 young people. The provider is currently being trained in EMDR to support this work and if necessary, will be identifying specialist services who can meet this cohort of young people, if their needs are considered to be significant and not appropriate for our local provider to support. All our Looked after UASC have suitable accommodation across the City. This is made up of school boarding, foster placements, National Asylum Support Service (NASS) accommodation and semi-independent living provision. Some also have come to live with family members who have already settled in the city. The impact of this type of migration is evidenced by national

<sup>3</sup> Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2004.

research: *Health Needs Assessment – Unaccompanied children seeking asylum* (March 2016) by Kent Public Health Observatory and primary research undertaken locally entitled *Effective practice with Unaccompanied Asylum Seeking Children- A Local Authority perspective* which engaged with professionals and Children and Young People. Both groups identified that UASC are at high risk of mental illness. The most common diagnoses included:

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

Delayed presentations of mental illness are also recognised and may affect up to 1 in 5 unaccompanied children. This may be because Young People are reluctant to discuss their symptoms due to shame or guilt, or due to cultural differences in interpretation of symptoms of mental illness. It is likely that this number of UASC coming to the city is likely to remain constant due to Dublin III cases, spontaneous arrivals and the proximity of motorway links. Their specific needs should be given consideration when planning services and training needs going forward.

To understand the numbers of Children and Young People who require inpatient intervention in Wolverhampton it is important to have access to the numbers who have been admitted in the previous year. In 2017/18 10 Children and Young People from Wolverhampton were admitted to tier 4 inpatient beds across the country; a reduction from the previous year when 15 CYP were admitted to inpatient facilities. One of these Young People had two admissions during this period, following a relapse and she was moved to a more appropriate unit during her second stay. She transitioned into an adult inpatient unit when she turned 18. A second member of this cohort was moved to another inpatient facility during her stay in tier 4 following a tribunal recommendation and has remained in hospital after a year's admission but with regular input into her CPA meetings from our local Mental Health provider and social care team as she is a Looked After Child. As a result of work being undertaken across the STP and alignment of service specifications for adults as well as Children and Young People, work is being undertaken on personality disorders across the Black Country. It has been agreed that this work stream will include CAMHS commissioners as there has been acknowledgement that some of our young people who transition as inpatients from CAMHS tier 4 to adult inpatient units have been diagnosed with emerging personality disorders and we should be giving consideration to this cohort prior to admission if possible and learning from best practice in the community.

PHE CYP mental health and Wellbeing profile<sup>4</sup> demonstrates how Wolverhampton compares to its neighbours in the region for certain indicators and it shows that against many of these areas it performs on a similar or better than our regional neighbours and against the national benchmark. Within the particular area of School pupils with social, emotional and mental health needs: (% of school pupils with social, emotional and mental health needs), Wolverhampton appears to be performing better against the national benchmark. This could be as a result of the HeadStart funding which is available in the city for the Test and Learn Programme to support development of resilience and supporting young people’s emotional mental health.

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Seithull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warrickshire	Wolverhampton	Worcestershire
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24	2016/17	407.1	413.9	322.9	438.5	648.8	365.6	386.9	317.4	394.7	435.0	640.0	380.0	416.5	502.9	449.7	364.6
Hospital admissions as a result of self harm: Crude rates per 100,000 (10-14 yrs)	2016/17	207.2	235.7*	223.2	268.8	368.6	306.7	214.6	174.1	135.6	165.9	205.6	281.6	247.0	353.2	216.6	222.3
Hospital admissions as a result of self harm: Crude rates per 100,000 (15-19 yrs)	2016/17	617.1	631.3*	436.1	739.4	893.5	552.4	627.0	466.5	594.6	706.4	923.7	463.6	717.0	791.6	704.1	601.4
Hospital admissions as a result of self harm: Crude rates per 100,000 (20-24 yrs)	2016/17	397.9	378.1*	310.5	318.2	681.5	248.4	324.8	312.0	448.9	433.0	778.1	393.7	296.4	375.6	430.2	277.9
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2018	2.19	1.88	1.58	2.25	2.42	2.40	2.25	1.72	2.36	1.28	2.30	2.34	1.34	2.23	1.47	2.14
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2018	2.31	2.18	2.21	1.84	1.96	2.92	3.26	1.75	2.75	1.32	2.66	2.93	1.55	2.45	2.30	2.39
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2018	2.39	2.19	2.09	2.25	2.37	2.90	2.73	1.85	2.62	1.54	2.63	2.70	1.61	2.41	2.00	2.40

However, from the table it is identified that although Wolverhampton is performing within the national benchmark there is more work required in the 15 – 19 age group for young people who are admitted as a result of self-harm. This year an increase in funding is being allocated to the crisis team to support young people who present in A and E and avoid admission where clinically appropriate.

<sup>4</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000005/ati/102/are/E08000031>

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

- high numbers of Black and Minority Ethnic communities
- parents in prison or in contact with the criminal justice system
- social deprivation and high levels of unemployment
- high rates of housing and homelessness
- refugees and asylum seekers (new arrivals, including CYP who are unaccompanied)
- children and young people with long term conditions/physical and/or learning disabilities
- lesbian, gay, bisexual and transgender people (LGBT)
- children and young people who are questioning their sexual orientation and/or gender (LGBTQI)
- substance misuse
- people of all ages with neurodevelopmental conditions such as Autism and ADHD
- children and young people who are victims of violence, abuse and crime including domestic violence and bullying
- Mental health needs of pre and post natal mothers, people with co-morbid substance misuse and people with learning disabilities.

These inequalities are being addressed by identifying the specific groups who are affected in Wolverhampton and using proactive action between them and the whole children and young peoples' population. In the past when confirming whether there were high numbers of BAME using services, it was established that ethnicity was not captured during a record audit. There is a suggestion that BAME CYP are underrepresented in CAMHS and over-represented in AMHS, therefore not accessing services at an early intervention and prevention level. HeadStart's aim is to target these groups as part of their test and learn programme and the data from the programme will support the commissioning of services in the future. HeadStart have commissioned services to provide interventions for these targeted groups as well as capturing the data from the new Beam service to ensure these groups are being addressed. The pathways into Beam will be monitored and reviewed as part of contract review and ongoing negotiation. HeadStart, as part of their phase 3 bid for Lottery funding - <https://www.headstartonline.co.uk/the-phase-3-bid/> - identified health inequalities which exist within Wolverhampton and how the test and learn programme will be used to address these issues. NHS Wolverhampton CCG and the City of Wolverhampton Council have now jointly procured an Emotional Mental Health and Wellbeing service known as Beam from the Children's Society with an initial funding of £350,000 annually for 3 years. This new service will look to support

Children and Young People who are identified as having less complex diagnosable needs in figure 1 above. Some of this funding is provided from HeadStart on a non-recurrent basis to ensure they are able to reach their specific cohort for targeted and specialist support as part of the test and learn program they are running. HeadStart is also using some of its funding to support the capacity and capability building and community empowerment to support transformational system change across the city. The training programmes for Emotional Mental health and Wellbeing, using a test and learn model and train the trainer approach for sustainability going forwards will be available across all stakeholder organisations including schools, voluntary/community groups and statutory services.

The Transforming Care Program has been working on developing services across the Black Country for CYP with autism and/or Learning Disabilities. The joint Wolverhampton Autism Strategy 2016 – 2021 identified the need to develop a clear and consistent pathway for diagnostics as well as post diagnostic support across the ages which is to be addressed across all services this year and ensure all appropriate services are inputting into NICE compliant services as part of the pathway. Work is currently being undertaken on developing the CYP Autistic Diagnostic pathway to ensure that it is NICE compliant and includes all the necessary professionals across different agencies. Once this is complete, the next piece of work is to develop a post diagnostic service for CYP. This particular piece of work will occur in Wolverhampton and will include a range of different organisations, including the voluntary sector. Other work will be on a Black Country footprint and will be around the development of an intensive support service for children, young people, families and carers when they are in crises and need an appropriate level of support from various professionals to prevent hospital admissions. In Green H et al (2005) it was identified that just under one third (30%) of Children and young people diagnosed with ASD had another clinically recognisable mental disorder; 16% had an emotional disorder, usually an anxiety disorder; and 19% had an additional diagnosis of conduct disorder, often made on the basis of severely challenging behaviour<sup>5</sup>. It is important to consider this cohort of children and young people to ensure that the mental Health difficulties which impact on their ability to function are addressed as part of the Future in Mind funding going forward as well as taking the work of the Transforming Care Programme into account. This will remove any issues which have occurred in the past with this group of Children and Young People as to whether the issues are as a result of Mental Health needs or due to behavioural issues.

The transforming Care work programme includes undertaking an audit of the previous 3 admissions from each of the CCGs in the Black Country to learn lessons as to how these admissions can be reduced and what service would need to be commissioned in the future to support this process.

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<sup>5</sup> <http://content.digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf>

Work has continued within Strengthening Families hubs to develop clear processes and competencies for all staff and this work dovetails into the CAMHS transformation plan to give assurance that all stakeholders in the city know what services are available and appropriate for Children, Young People and their families and when as well as how they can be accessed. This is readily seen when looking at the common referral processes used for accessing the Single Point of Access using the Early Help Assessment.

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

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

- promote mental health in children, young people and families right from the first spark of life and providing continuity through age-related transitions
- strengthen protective factors and assets that build strong child and youth mental health and reducing influences that compromise a child’s healthy social and emotional development
- help children build resilience to cope with and manage inevitable setbacks
- provides extra help to children struggling developmentally, socially or emotionally de-escalating difficulties early and emotional ranges
- intervenes as early possible to support those presenting with diagnosable difficulties
- provides a clear gateway with trouble-free access to an easy to understand offer of help for all children, young people and families.
- commit to an ‘invest to save’ approach: recognising that inadequate early investment stores up problems for all sectors later on, damaging children’s

outcomes, reducing quality of life and building up later crisis costs (Knapp, et al., 2011)

- has an effective and child/youth/family/carer friendly service design - providing 'the right help at the right time in the right place'
- ensures equal parity of esteem for mental and physical health (Department of Health, 2015)
- minimises the chances of children falling between the gaps of systems of care – particularly during adolescence which is the peak age for escalating mental illness
- works together to achieve best outcomes for all children - regardless of gender, sexuality, ethnicity, religion, class and disability (recognising that some families, children and young people face greater risk adversity and need more help).

Wolverhampton Clinical Commissioning Group was asked to complete an Expression of Interest to become a trailblazer for the Mental Health Support teams in schools and the 4 week waiting time pilot which they completed on time. By linking the work of the new MHSTs to the 'Getting it Right' resource tool<sup>6</sup> it will provide a shared framework for identifying and assessing needs that ensures the MHSTs will be part of a graduated response that starts with a whole school approach and capacity building moving up to more individualised and potentially specialist support. Learning from CAMHS link roles within HeadStart, the Big Lottery 'test and learn' programme in Wolverhampton, can be used within the new MHSTs to ensure that lessons learned are not lost. These roles are funded recurrently via the CCG, and will continue when the programme finishes. The new MHST roles will be further connected to the CYPMH service (including Beam), school nursing service and also the Educational Psychology service to support integration into schools and ensure 'buy in' from the schools/colleges and alternative provisions that will be involved in the trailblazer. The overall approach for the MHSTs will be to work alongside the existing services (education, health and social care) to develop capacity and provide training and support for the schools to develop a whole school approach to emotional well-being and resilience.. It will support a reduction in health inequalities across the city by helping to develop a confident and skilled school workforce supported by effective multi-agency information sharing and joint commissioning, which will impact on the whole service system. It is known that the workforce should be working at different stages of the life span and across sectors, including education, working to common outcomes and backed up by a clear shared understanding of roles and responsibilities which will again impact on how young people and their emotional mental health and wellbeing is managed. This program will support the workforce to

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<sup>6</sup> City of Wolverhampton Council. *Getting It Right: Positive Steps to Support Behaviour and Emotional Wellbeing in Schools: A Good Practice Guidance Resource*. 2018

develop competencies in understanding, promoting and preserving health, emotional wellbeing and behaviour.

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

#### 4. LTP Ambition 2018-2020

The main ambition of the original LTP was to re-balance activity across Tiers 1–4 by closing gaps, pump priming safe, sound and supportive services whilst also increasing capacity and capability in early intervention and prevention services to reduce numbers of Children and Young People requiring interventions at tiers 3–4 in the short, medium and longer term. This was envisaged to involve all services across the city where impact would be seen for a Child/Young Person’s emotional Mental Health and wellbeing. The ambition for the services commissioned is to increase the number of Children and Young People accessing community Mental Health services which were NHS funded. The figures underneath are the expected population numbers of Children and Young People in Wolverhampton with a diagnosable Mental Health condition receiving treatment from an NHS funded community service as per the Centre of Mental Health’s methodology.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given 6,182 is the total number of CYP aged 0 – 19 with a diagnosable mental health condition expected to be in NHS funded community MH services in Wolverhampton	1582	1855 <i>actual numbers were 1455 for this year</i>	1978 - target	2102 – target	2164 – target

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

Regarding Inpatient care for Children and Young People from Wolverhampton, it is seen that the increase in services at a preventative and early intervention level will support reducing the numbers of Children and Young People from needing in-patient care. This has already been seen when comparing numbers from last year to this year i.e. from 15 to 10. It has been seen that the connections between local services and the inpatient units are secure and local staff are actively involved in the Children and Young People's care planning for discharge. In England, the Children and Young People's Health Outcomes Forum (Department of Health, 2012) recommended introducing the use of Routine Outcome Measurement in CAMHS, building on the approach taken in the CYP-IAPT pilots ([www.iapt.nhs.uk/cyp-iapt](http://www.iapt.nhs.uk/cyp-iapt)) and the work of the CAMHS Outcomes Research Consortium ([www.corc.uk.net](http://www.corc.uk.net)). Since Wolverhampton has now joined the Midlands collaborative for CYP IAPT, it is an intention that new services being commissioned or contracts being reviewed going forward will include the collection of these Routine Outcome Measures.

Since the development of the initial LTP, which talked about re-designing and delivery of a model of prevention, resilience, early intervention and personalisation at local level, employing the resilience and self-efficacy building facets of HeadStart across the whole system, involving schools and alternative provision as key stakeholders, the City of Wolverhampton Council has invested in developing Strengthening Family hubs and has commissioned an Intensive Therapeutic Family Support service which has impacted on a universal level and a universal plus level across the city with the Children, Young People and Families the services have worked with. The Intensive Therapeutic Family Support service is aimed at some of the more complex children, and their families, who are on the edge of care. Headstart programmes, also working at a universal level but in specific areas of the city and with certain age ranges, have been developed to promote, protect and preserve the mental wellbeing of 10-16 year olds across our city, by inspiring them to dream big, supporting them to maintain motivation and control, and equipping them with the skills to cope with setbacks and adversity. These programmes again work on the universal offer within a system wide CAMHS Transformation Plan.

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

Part of the LTP ambition was to reduce the gaps in provision across the system and as a result a service has been jointly procured from April 2018 by the City of Wolverhampton Council and Wolverhampton CCG on a recurrent basis at an initial cost of £225,000 with HeadStart contributing £125,000 to the service for potentially three years only, whilst their funding lasts. This fixed term HeadStart funding will be used to support the sustainability of the new model of provision for the services going forward. Further negotiation will be undertaken to establish where this funding will come from in the future when HeadStart is no longer in place and the discussions will take place as part of the CAMHS Transformation Board meeting. Within Primary Care, the Five Year Forward View for Mental Health reported that there would be a need for 70,000 more Children and Young People across the country to be able to have access to evidenced based interventions and with a greater focus on early intervention and prevention. Primary care will now be able to refer to the Emotional Mental Health and wellbeing services and therefore increase the access for Children and Young People.

Another ambition of the LTP was to develop care pathways, particularly in relation to Youth and Justice which has not necessarily been clear in the intervening years. Liaison and Diversion currently review any young people who are in custody aged 18 years and under to assess if they have any emotional Mental Health issues. They also receive referrals via police for those Children and Young People who have received Court Resolution Orders. However, an issue that has been identified is that the referrals for the Children and Young People can come to L & D several months after the issuing of the Court Resolution Order and support is not wanted by the Child and/or Young Person and their families. It was evident that the L & D services for the Black Country undertake health and wellbeing checks and if further interventions are required, a referral is made to CAMHS. However, this has proved difficult as on occasions the intervention required does not meet thresholds for these specialist CAMH services. Now that the Emotional Mental Health and Wellbeing service is in place since April 2018, the L & D team will be able to refer into this service via the Single Point of Access. Liaison has now taken place between the two services.

The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional Mental Health support is available within the team. Work has now been undertaken to ensure that work within the Liaison and Diversion team ties into the YOT CAMHS work and/or specialist CAMHS and/or the Emotional Mental Health and Wellbeing Service via the SPA as well as the strengthening families' hubs and potentially the intensive therapeutic family support service. These pathways have now been developed.

HeadStart's workforce development plan will support schools and colleges to up skill their staff by developing skills in supporting Children and Young People with their Emotional Mental Health and Wellbeing across the city. This will support the early

prevention and early intervention services in Wolverhampton. Provision of the Emotional Mental Health services will ensure that Children and Young People will be able to access services earlier as and when required and provide routine care. The plan for services going forward is to have the Children and Young People Improving Access to Psychological Therapy (CYP IAPT) principles embedded to include;

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improve user participation in treatment, service design and delivery.
- Improve access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- And train managers and service leads in change, demand and capacity management.

The Five Year Forward View for Mental Health identified that improving outcomes for Children and Young People required a joint-agency approach, including action to intervene early and build resilience as well as improving access to high quality evidence-based treatment for children and young people, their families and carers. The City of Wolverhampton Council and Wolverhampton CCG senior leaders with particular responsibility for children work collaboratively to identify needs across the city, provide resources if necessary, and commission relevant and appropriate services, ensuring quality and removing duplication. This is evident in the new jointly procured Emotional Mental Health and Wellbeing service available from April 2018 to support early intervention and build resilience. The City of Wolverhampton Council is applying to participate in a pilot programme that tests improved approaches to the mental health and wellbeing assessments that looked after children receive when they enter care.

The STP expects all CYPMH commissioners across the Black Country to work as 'one commissioner' to ensure alignment of service specifications to commission similar services are available across the area and to allow efficiencies of scale. The STP is also exploring opportunities with partners across a much wider footprint to develop new models of care around integrated system principles in areas including tier 4 CAMHS. The transition CQUIN supports children and young people move into adult services and ensure they are properly prepared for this. The ambition of services post 2020 is that young people will be fully aware of their plan going forward into adulthood and that services will be available to meet their needs. As part of their transition process, young people will have had contact with their new adult team and be aware of how they can receive support going forward. As part of this ambition it is important for us to continue to reduce the number of admissions to tier 4, unless it is essential for intervention to occur. This ambition includes those children and young people who are part of the cohort for TCP to reduce admissions and ensure an intensive support service is available across the Black Country to allow these young people to stay in the community with additional support who have adequate and appropriate training.

Wolverhampton's ambition for services in 2020/21 is that children, young people and their families and carers will be able to access the 'right services, at the right time and at the right place'. Once the services that have been put in place as a result of 'Future in Mind' are reviewed and an understanding of the outstanding or newly-recognised/understood needs of the children and young people of the city are clear, services will be altered to meet those needs. This may result in funding for services being altered and realigned against alternative services which are better suited to meet the needs of the children and young people. Staff across the city will have been trained and have confidence in identification and awareness of emotional mental health and wellbeing issues, as well as being trained in developing young people's resilience and self-esteem. This will also apply to staff within the education system in the city where we are driving training in Mental Health in First Aid. The city is looking to ensure that schools and educational settings have an emotional mental health and wellbeing offer which will support the trailblazer site application for Mental Health Support Teams in Schools. By linking the work of the new MHSTs to the 'Getting it Right' resource tool it will provide a shared framework for identifying and assessing needs that ensures the MHSTs will be part of a graduated response that starts with a whole school approach and capacity building moving up to more individualised and potentially specialist support. Learning from the CAMHS link roles within HeadStart, the Big Lottery 'test and learn' programme in Wolverhampton, can be used within the new MHSTs to ensure that lessons learned are not lost. These roles are funded recurrently via the CCG, and will continue when the programme finishes. The new MHST roles will be further connected to the CYPMH service (including Beam), school nursing service and also the Educational Psychology service to support integration into schools and ensure 'buy in' from the schools/colleges and alternative provisions that will be involved in the trailblazer. The overall approach for the MHSTs will be to work alongside the existing agencies to develop capacity and provide training and support for the schools to develop a whole school approach to emotional well-being and resilience.

An emotional mental health and wellbeing service will be well established with the ability for young people to self-refer, with access to an online counselling service for those who feel this is the most appropriate way to access the services. This provision will ensure that Children and Young People are being seen at an earlier point in time, which may prevent them from developing more serious mental health problems. The CAMHS team will have appropriately trained specialist teams available to meet the needs of the Children and Young People referred to them. All of these services will be CYP IAPT compliant and will be using routine outcome measures. Children and Young People who require in-patient facilities will be placed closer to home and their lengths of admissions will be reduced with adequate community provision to support an earlier discharge and allow intervention at home to support this process. It is also envisaged that the Crisis and Home Intervention Treatment team will provide intensive support to prevent unnecessary admissions. There will be an increase in awareness of the L & D team to ensure that all Children

and Young People who require this intervention will be able to receive appropriate follow on services either from CAMHS or the established Emotional Mental Health and Wellbeing service.

In addition, some children are particularly vulnerable to developing mental health problems - including those who are looked after or adopted, care leavers, victims of abuse or exploitation, those with disabilities or long term conditions, or who are within the justice system. Although Black Country Partnership Foundation NHS Trust provides a service to the Looked after Children, it is not specifically commissioned and therefore pathways and access are not necessarily clear to those working in the area. The CCG is keen to develop clear pathways for those who are within the justice system and this was completed last year and incorporated Liaison and Diversion, specialist CAMHS, and YOT CAMHS worker. The pathway also included the new Emotional Mental Health and Wellbeing pathway commissioned from Beam, Wolverhampton. Funding was committed last year for a CAMHS link worker in the PRUs as an innovative pilot post to support identifying Children and Young People earlier who have mental health issues that may be impacting on their ability to succeed in education and potentially reduce re-offending. The post did not meet the objectives initially set out but some of the lessons learned will be used when developing the business case should Wolverhampton CCG be successful in applying to become a trailblazer site. Not enough of an impact was seen as a result of the post being in place and therefore it is not being funded recurrently and the additional funding will be used for other schemes.

An ambition of the LTP was that Core CAMH services are available for Children and Young People who require specialist CAMHS and that those children and young people who are referred into this service will be seen within 18 weeks. The CCG has applied to be a trailblazer site for the 4 week waiting pilot. Going forward the service specification will require that the services provided will be evidenced based and use the principles of CYP IAPT to ensure Routine Outcome measures are embedded and used in the services. Currently the service is available as a Monday to Friday service from 9.00 to 17.00. Following the full mobilisation of the Emotional Mental Health and Wellbeing service, it is anticipated that fewer referrals will be refused by CAMHS as the Emotional Mental Health and Wellbeing service will pick them up and ensure the specialist service is receiving more appropriate referrals. This will be supported by further development of the Single Point of Access (SPA) which has been developed between this new service and specialist CAMHS, and has initially been co-located with CAMHS with virtual links developed between the SPA and the MASH (Multi Agency Safeguarding Hub). This will ensure that the appropriate services accept the referral and meet the needs of the child/young person and their family.

The original LTP also identified that the Crisis care and intensive services needed additional funding to support availability 7 days a week and with increased opening hours. Additional funding was initially invested in the service which now has staff

available who visit 7 days a week from 8.00am to 8.00pm although there is a drive from the five Year Forward View paper that this is extended to cover 24 hours a day, 7 days a week. Currently there is a core CAMHS psychiatrist who is available on call across Wolverhampton and Sandwell to meet the needs of Children and Young People in crisis across these two CCGs, 24 hours a day, and 7 days a week. Further funding is to be diverted from the decommissioning of the Key team to the Crisis and Home Intervention service to increase the staffing levels.

Another ambition of the original LTP was to identify the gaps and provide a service to meet those needs either as a commissioned service or one which could be spot purchased as required. This in particular refers to those children and young people who have experienced trauma or abuse, or 3 or more adverse childhood experiences (ACEs). ACEs are stressful events occurring in childhood which include:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems.

The specialist CAMH services are developing skills in treating children and young people who have experienced trauma or adverse childhood events in their lives by receiving training in Eye Movement Desensitisation and Reprocessing (EMDR). Drop in services provided by the new emotional mental health and wellbeing services as well as the online digital counselling and signposting service will enable a range of young people who traditionally would have poor access to mental health services to access them easily.

The CCG and City of Wolverhampton Council have developed a strategy for managing Harmful sexualised behaviour across the city. This has been identified as a gap in provision, for training, assessment and intervention. Multi-agency training has been undertaken with different agencies across the city to ensure that staff are able to address harmful sexualised behaviour as part of their ongoing intervention with the young person. This training although originally funded by the CCG is going to be funded via the Safeguarding board going forward as it has been recognised that it is important for this training to be sustainable in the future and available across agencies. There has been a slight increase in the number of Children and Young People in care, who have been identified as perpetrators of sexual abuse, usually as a result of abuse and trauma in their earlier lives. In these instances, the CCG and the local authority has spot purchased an independent expert to provide a full assessment of needs particularly in relation to the therapy required when the young

person is in care, dealing specifically with their harmful sexualised behaviour. This assessment then provides support towards the intervention required and expected outcomes of interventions. In turn, this allows the Mental Health professionals, in conjunction with the social worker, to assure that suitable interventions are being undertaken with the young person and that the young person is making progress to reduce the risk of engaging in further harmful sexualised behaviour as they grow older. Specialist CAMHS do support Children and Young People who have experienced trauma. The Local Authority has procured a service for Intensive therapeutic family support to prevent admissions to care which has been producing good outcomes for those families who have been engaging with the service. Children with Learning Disabilities are seen within the Inspire service in Wolverhampton which is funded by both the CCG and City of Wolverhampton Council, albeit to different degrees. Liaison and Diversion as well as the CAMHS worker in YOT will support those who are at risk of entering the justice system or have actually entered the service. All of these posts have as their remit to increase access to Mental Health services, supporting the drive of the LTP to give consideration for Early Intervention.

One of the underlying aims of the original Local Transformation Plan and which will further support work which has already been progressing in this area was the drive to bring care closer to home and prevent hospital admissions. The pre-admission Care, Education and Treatment Reviews (CETRs) for Children and Young People with diagnoses of Autism Spectrum Disorder and/or Learning Disabilities support the process of reducing hospital admissions as it allows individual commissioning to be undertaken to support a child/young person to remain at home with more intensive support than is commissioned as part of the universal offer. It is hoped that in future the funding from specialist commissioning for NHS England will return to the CCG to support this reduction in admissions and allow more individual personalised commissioning to take place to meet the child/young person's needs and continue allowing them to remain at home. Wolverhampton CCG and City of Wolverhampton Council are part of a Black Country and West Birmingham Transforming Care Partnership (TCP) which is responsible for meeting the needs of a diverse group of Children and Young People with a learning disability, autism or both who display, or are at risk of developing behaviour that challenges, including those with Mental Health conditions. Wolverhampton has a specialist CAMHS LD service which supports the difficulties which sometimes exist when there are separate Mental Health and Learning Disabilities services.

A new model of care has been developed within the Eating Disorders service which is now an all age service with a significant amount of funding put into this service since the inception of the LTP in 2015. There is now a dedicated psychiatrist employed who is a specialist Eating Disorders Consultant Psychiatrist working across Children and Adults services; only one of two psychiatrists working in this way across the country. The trust invested in their psychiatrist to develop the skills to

enable him to work across the ages. The trust is looking to become a member of the Community Eating Disorder Service National Quality Improvement programme in the coming year. Early intervention for psychosis has also become an all age service and has demonstrated marked improvement in reaching the NHS target of accessing a NICE-approved care package within 2 weeks of referral by 2020/21 for those Children and Young People experiencing a first episode of psychosis.

The 136 suite has not been utilised regularly over the past year with only 3 Young People being cared for there in 2017/18. When a young person is admitted to the 136 suite, the Crisis team provide the staff for it. It is hoped that this downward trajectory will continue and that less young people will require the 136 suite in the future.

From the LTP, one of the ambitions was to invest in CAMHS Link workers for schools, special schools and alternative provision providing targeted and specialist interventions within establishments and facilitating and supporting the HeadStart: Wolverhampton school peer support and Mental Health resilience training programmes whilst also facilitating speedy and responsive access to care pathways and services within generic and specialist CAMHS and primary care and universal services including GPs. The peer support programme in particular is going to be used as part of the trailblazer application for MHSTs in school as the first layer of intervention. With the success of the bid for phase 3 of Headstart funding from Big Lottery, these posts are now in place and have been recruited to on a substantive basis. However, although the posts have been recruited to over a 15 month basis, turnover of staff has been an issue and currently the service is on their second recruitment drive. It must be acknowledged that HeadStart is a test and learn model and only began last academic year to develop the roll out of their programmes where the impact of the CAMHS link workers can be seen.

Another area of concern when the LTP was originally submitted was the Mental Health support for those Children and Young People who meet the criteria for Tri-partite funded placements as part of the External Placement Panels (EPP). These Young People are considered to be the most vulnerable and have the most complex needs; usually with the most expensive placements and concerns have been raised that their outcomes were amongst the poorest for the Looked after Children cohort. As part of the drive to develop new models of care a post was established to support this EPP process from the specialist CAMHS team who would provide clinical expertise to support the social worker to identify the Mental Health needs of the young people, specifying the Mental Health interventions that are appropriate and are NICE compliant to meet the needs of the young person and setting outcomes for the interventions. The successful candidate, is able to measure whether the placement has met the mental health needs of the young person and supported them to step down or up to alternative placements as required to ensure their development in these complex placements supports them to become functional adults. The CAMHS person in this post supports the young person to transition to

the appropriate Mental Health team in the future with a clear need identified. This additional mental health support ensures that assurance is received from the provider that evidence based interventions are being used to support the young person in their care. Those young people who have physical needs are supported in post by the continuing care co-ordinator from the CCG to ensure that their physical needs are being addressed in the placement. These posts will ensure that our most vulnerable young people are in the most appropriate placements, which delivers evidence-based individualistic interventions appropriate to their needs.

Since the LTP was first submitted, some consideration has been given to the specialist commissioning for Youth and Justice and how the LTP could support an increase in reaching Children and Young People who are at risk of offending or re-offending and who may have Mental Health disorders which have not been identified. Consideration is going to be given to support communication needs of the young people who are under the care of the Youth Offending Team with an application to Youth and Justice NHS Commissioning to join their pilot projects, by requesting funding for specialist Speech and Language therapy assessment and intervention. This is also considered to be a new model of care and potentially if following review of the KPIs, funding could be used from future years of the Future in Mind money to support the service in 2020.

Funding for the CAMHS link worker for HeadStart and EPP post has been confirmed as recurrent and all have been recruited to although HeadStart retention has been problematic. This could be as a result of the 'test and learn' model that HeadStart is part of which results in lack of definition of clear boundaries.

The Unaccompanied Asylum Seeking children service which has a dedicated CAMHS worker as part of it is considered to be different from other models that are in existence across the country as all of the other services are providing the interventions using existing staff from Core CAMHS and not from dedicated staff for this service. Also BCPFT have proposed that staff should receive training in EMDR to support this cohort and the CCG has agreed to fund this training. It is anticipated that part of the work of this post will be to develop pathways into CAMHS so that when the funding is over in 2020, there will be sustainability as it is anticipated that these young people will continue to be placed in Wolverhampton.

Forensic CAMHS for the Black Country is available through Youth First, a service available from Birmingham and Solihull Mental Health Trust. It is a specialist community child and adolescent mental health service for high risk young people with complex needs in the West Midlands region, providing an advisory, consultation, assessment and intervention model of care. Referrals are made by any professional working with those under 18 who are giving cause for concern and about whom there are questions regarding his/her mental health or neurodevelopmental difficulties including learning disability and autism who:

- present high risk of harm towards others and about whom there is major family or professional concern, and/or
- are in contact with the youth justice system, or
- about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and/or challenging behaviour which cannot be managed elsewhere.

New models of care are being tested in many areas in Wolverhampton and as long as they are providing a service which impacts on the number of children and young people who are able to access mental health services in Wolverhampton as and when they need it, ensuring that health inequalities are addressed and providing evidence based interventions which use Routine Outcome Measures to demonstrate the journey of the young people seen, LTP monies will continue to be invested beyond the pilot. If Specialist commissioning have invested in a pilot and have pumped a service which meets a gap in provision there is a commitment from the CCG that funding will be found to continue the investment going forwards.

Joint agency sustainability plans are being developed going forward although concerns exist as a result of financial constraints which exist in the council and which are under review on an annual basis. Currently the funding given to all CYP Mental Health services in Wolverhampton is reviewed as part of CAMHS transformation board to ensure funding is in the correct area and supporting the plans developed over the years. Part of the joint agency sustainability plans going forward beyond 2020/21 is the development of the Lawnswood Centre of Excellence where efficient and sustainable professional learning and opportunities will be delivered to a wide range of professionals working across the city in many different agencies. This sustainability plan also includes the voluntary sector organisations and how they continue to address the emotional mental health needs of the young people of the city.

## **5. Workforce**

### **Current Staffing levels in Wolverhampton**

Future in Mind through the transformation funding, in its initial phase, has supported both the expansion and development of the specialist CAMHS workforce and this year has supported the expansion of the non-specialist workforce with the development of the new Emotional Mental Health and Wellbeing service and the online digital signposting and counselling service provided via Kooth. The development of a capable and competent workforce is essential to the continued modernisation and expansion of evidence-based services across the whole CAMHS pathway.

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

Whilst the new transformational workforce demonstrates no direct increase in the core CAMHS Wolverhampton workforce, the new transformation workforce has allowed specialist CAMHS workforce to develop new models of care delivery by removing some of the specialist provisions around vulnerable Children and Young People from core CAMHS as well as increasing the workforce in the earlier intervention and prevention pathways, Eating Disorders service and Early Intervention in Psychosis services. This has supported all of the CYP mental health services in delivering on the increase in access to Mental Health services and has supported the identification and delivery of specific training to meet local skills gaps. The new model of care ensures evidence based treatment interventions and a pathways approach and has allowed further consideration for skill mix.

The expansion in the workforce has been within specific elements of the service; Specialist CAMHS (BCPFT) have received further financial support to expand and change the model of care offered within the CAMHS Crisis Intervention/Home Treatment provision and the Community Eating Disorder service provisions and they work in partnership by providing specialist psychological support within the Youth Offending Service. The other new partnership workforce development posts include having CAMHS clinicians working in the Wolverhampton HeadStart programme and working across City of Wolverhampton Council provisions for the most vulnerable Young People whom may or have presented to the External Placement Panel (EPP). There is now also the increase in the workforce by the addition of the online counselling service as well as the Emotional Mental Health and Wellbeing service.

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

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

Restorative practice is a 'high support, high challenge' model which is being introduced across the city as a multi-agency approach that centres on doing things with people rather than, to them, for them or doing nothing at all. It is envisaged that training in this approach will increase the skill of those members of the children's workforce whilst improving outcomes for children and their families. There will be 3 days accredited training for all frontline workers with a similar amount of training for all first and second line managers across the agencies. This approach will be the underpinning of all interventions with children and young people with emotional mental health and wellbeing services.

Within schools and colleges in the city, there is an expectation that the 'Getting it Right' resource tool will provide a shared framework for identifying and assessing needs that ensures a graduated response that starts with a whole school approach and capacity building moving up to more individualised and potentially specialist support. If the CCG is successful in its application to be a trailblazer site for Mental Health Support Teams in Schools (MHSTs) these will also be part of the graduated response. Learning from CAMHS link roles within HeadStart, can be used within the new MHSTs if successful to ensure that lessons learned are not lost. These CAMHS link worker roles are funded recurrently via the CCG, and will continue when the programme finishes as support across schools and colleges with links into CAMHS. However it is likely that the area where they currently cover will alter post-HeadStart. The new MHST roles will be further connected to the CYPMH service (including Beam), school nursing service and also the Educational Psychology service to support integration into schools and ensure 'buy in' from the schools/colleges and alternative provisions that will be involved in the trailblazer. The overall approach for the MHSTs will be to work alongside the existing agencies to develop capacity and provide training and support for the schools to develop a whole school approach to emotional well-being and resilience building on the 'Getting it Right' suggestions for training for emotional mental health and wellbeing services. Work is to be undertaken in the coming year on what is available within schools and colleges in terms of emotional mental health and wellbeing services to have a clear view of how all of the services work together.

The city of Wolverhampton is also committed to supporting the drive for Mental Health First Aid training within Wolverhampton schools. This would also be seen as a universal offer as part of the emotional mental health and wellbeing service in the city. The CAMHS transformation board is also keen for all of the schools and colleges to have a universal response to children and young people for emotional mental health and wellbeing needs. To serve this purpose the Local Authority has agreed to establish a centre of excellence in the city known as the Lawnswood Partnership Centre of Excellence Conference Facilities. It is dedicated to delivering efficient and sustainable professional learning and opportunities and is a partnership formed between education providers, mental health and wellbeing specialists and the University of Wolverhampton. The website for this facility is available at

<https://www.lawnswoodpartnership.co.uk/>. This facility will support the workforce development across the city which will increase capacity and capability of the wider system. The partnership was formed with the following aims:

- Foster excellence in the understanding of young people’s mental well-being by ensuring a skilled and confident workforce
- Procure and deliver innovative and engaging professional development opportunities
- Ensure that professional development opportunities are undertaken in comfortable, engaging and inspiring surroundings
- Promote the use of digital technologies to empower and engage young people in more innovative and creative ways
- Provide suitable real-life contexts for enhancing professional experience
- Offer placement opportunities within settings relevant to specific workforce development
- Offer students and other trainees opportunities to apply their theoretical training within an appropriate setting
- Provide a range of courses and qualifications which are both formally and informally accredited
- Deliver statutory safeguarding training to schools, voluntary and community organisations at times to meet all needs.

BCPFT will continue to support universal provisions through training in schools and have ran specific group parenting sessions that have a psycho-educational element to supporting parents and foster parents in the care and management of children and young people. They have enabled their workforce by providing further IT support with training and some equipment and the young people have developed BCPFT’s CAMHS web site that has further information and self-help support for all.

The Gem Centre in Wolverhampton houses a range of Children and Young People’s provisions, not just Mental Health in a C&YP person friendly environment. This close working environment allows integration with a range of professionals, shared learning platforms and impromptu discussions, particularly for those professionals working in the community paediatrics services including Occupational Therapy, Physiotherapy and Speech & Language Therapy.

**Wolverhampton CAMHS and Emotional Mental Health and Wellbeing Services Workforce – Table demonstrating workforce increase since 14/15 and intended changes over the next few years.**

Funded Posts	14/15	17/18	18/19	19/20	20/21	Comments
Management	4	3	3	3	3	
Core CAMHS	16.53	16.17	16.17	16.17	16.17	
Key Team	4.80	4.80	0	0	0	

Inspire	8.43	7.75	7.75	7.75	7.75	
<b>CAMHS CIHTT (Crisis/Home Treatment)</b>	3.00	6.10	10.90	10.9	10.9	Realigned from Key team disinvestment
<b>Single Point of Access</b>	0.00	2.00	2.00	2	2	Creation of Initial assessment team
<b>Youth Offending Service</b>		1.00	1	1	1	
<b>136 Suite</b>		1.00	1	1	1	
<b>External Placement Panel</b>		1.00	1	1	1	
<b>Early Intervention</b>		1.50	1.5	1.5	1.5	
<b>Eating Disorders</b>	4.64	14.35	14.35	14.35	14.35	Commissioned in partnership with Sandwell and West Birmingham CCG
<b>CAMHS HeadStart Link Workers</b>	0.00	2.00	2	2	2	
<b>CAMHS PRU Link Worker</b>	0.00	1.00	0	0	0	
<b>Waiting List Initiative Workers</b>		2.00	2	2	2	
<b>LD/ASD consultant</b>				0.5	0.5	
<b>Potential Primary care workers for schools</b>					5	
<b>EMOTIONAL MENTAL HEALTH AND WELLBEING SERVICE – Beam</b>						
<b>Management</b>	0.00	0.00	2.68	2.68	2.68	
<b>SPA</b>	0.00	0.00	0.98	0.98	0.98	
<b>CYP IAPT therapists</b>	0.00	0.00	2.55	2.55	2.55	
<b>Sessional Therapists</b>	0.00	0.00	0.91	0.13	0.13	
<b>Administrators</b>	0.00	0.00	0.84	0.42	0.42	
<b>Youth Workers</b>	0.00	0.00	1.26	1.26	1.26	
<b>Volunteer Co-ordinator</b>	0.00	0.00	0.42	0.42	0.42	
<b>Volunteers</b>	0.00	0.00	2.16	6.0	7.2	
<b>ONLINE DIGITAL PLATFORM INCLUDING COUNSELLING</b>						
<b>Kooth – 110 hours per month</b>			0.64	0.64	0.64	
<b>BARNADO'S INTENSIVE THERAPEUTIC SUPPORT</b>						

<b>Management</b>	1	1	1	1	
<b>Therapeutic Family Support Workers</b>	6	6	6	6	
<b>PUBLIC HEALTH FUNDING - Hospital Youth Link Workers</b>					
<b>Link Workers</b>	2	2	2	0	0
<b>Totals</b>	43.4	70.67	80.11	81.25	87.45

The 14.35 WTE posts that are allocated to the Eating Disorders service are providing a service across Wolverhampton and Sandwell and West Birmingham CCG. This is a significant increase in the number of staff who were originally employed in the service. The staff in the Eating Disorders service have received training in CYP IAPT including Systemic Family Practice. As staff are moving from one area to another, appraisals are being used to identify their training needs including additional specialist IAPT training. The new jointly procured Emotional Mental Health and Wellbeing service has also increased the workforce for Children and Young People Mental Health with potentially more than 700 Children and Young People needing to access these services. There will be a need for up to 5,600 additional sessions for this cohort to ensure CYP are being seen in the correct place which may be an addition to the workforce of up to 9 W.T.E. which includes supervision, preparation note writing and actual sessions, both group and individual. The Childrens Society (Wolverhampton Beam) has employed an additional 8.8 WTEs in their services to meet their contracted activity. Kooth employ 0.64 WTE to provide the online counselling service for Wolverhampton.

The City of Wolverhampton Council has contracted Barnardo's to provide the Wolverhampton STAR (Specialist Therapeutic Advanced Response) Service which uses a range of innovative therapeutic and evidence based intervention methods to work with "hard to reach" young people and their families. They use a whole system approach to address health and well-being, to empower young people and their families to improve and enhance their life chances and help them get back on track with their lives. This service is supporting prevention of family and/or placement breakdown as required and it is part of the larger emotional mental health and wellbeing services available in the city.

Another part of provision which is funded by the Public Health department at the City of Wolverhampton Council around Emotional Mental Health and Wellbeing is the Hospital Youth Link (HYL) which has been in existence for some time. The service specification stipulated that support is targeted to a core group of young people who attend hospital as a result of violence, or with low-level mental health issues, who are unlikely to have been receiving support from existing services. The overarching aim of the service is to provide a link between hospital and community services, to ensure vulnerable young people receive support to prevent further deterioration of their individual circumstances. Referrals to the HYL service are predominantly made

from the emergency department (ED) and the Children's Ward. Individuals are assessed by HYL staff and support is offered to young people aged 11-18 who attend hospital with:

- Low-level mental health issues
- Evidence indicating involvement in assault or youth violence issues.

The HYL are not able to work with individuals already receiving on-going support from other community services. When the support criteria are fulfilled, the HYL team seek to risk assess and engage with individuals at the earliest opportunity. This service currently links in to all Children and young people services across the city. Both of these services together currently add an additional 9 WTE posts to the workforce for CYP Emotional Mental Health in the city.

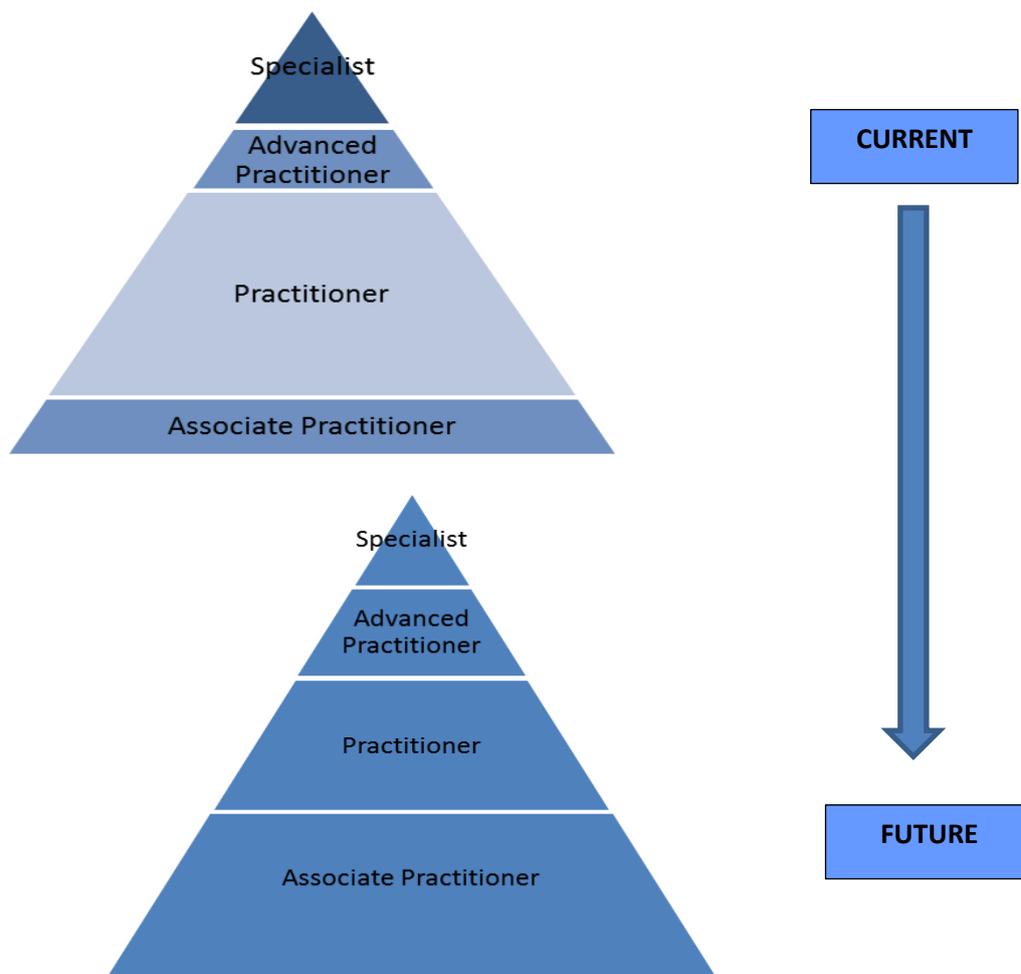
The HeadStart phase 3 bid refers to building a confident, accessible and responsive workforce for Young People with staff who share a common language and common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. The workforce development strategy and outcomes cut across all four of the pillars of the Phase 3 HeadStart programme: City-wide, Universal, Universal Plus, and Targeted, and range from promotion and awareness raising, to developing a common language and common approaches to supporting young people, to more in-depth programmes of both academic study and professional practice for the wider Children and Young People workforce. Training is to be arranged in SUMO, Restorative Practice and other HeadStart approaches for the entire workforce through flexible delivery methods to improve the universal offer across the city and enable this workforce to respond in a positive way to Children and Young People and their Emotional Mental Health and Wellbeing needs. The CYP IAPT training will support the Universal plus and more targeted workforce to develop skills in evidence based interventions to be used with Children and Young People across the services and ensure that Routine Outcome Measures are used to identify the Young Person's needs and increase the ability to identify journey travelled with interventions.

In Appendix 4, is attached the education, training and workforce development strategy developed by Black Country Partnership Foundation Trust for CAMHS /LD which identifies the specific training needs for the specialist CAMH services above the universal offer. Currently the Child and Adolescent Mental Health services are undertaking training in Positive Behaviour Support where the aim is to improve the quality of a person's life, and the quality of life of those around that person. This will support those services who are supporting children and young people who are part of the TCP cohort; those with ASD and/or LD. It will be intensive training for those staff working with children and young people with LD and/or ASD. It is also suggested that some of the therapy staff may need to undertake some specialist Sensory integration training to support those young people who have underlying

sensory needs. Given the issues with Children and Young People with Autistic Spectrum Disorder and specifically PDA traits it is essential for all staff to have an understanding of this condition and how to manage their behaviours.

It will be important for those members of staff who are EU nationals living and working in the UK. The Home Office has announced plans to test the EU Settlement Scheme with all health and social care workers from 26 November 2018. This means EU citizens working in the health or care sector will have early access to the scheme, before it is rolled out more widely in 2019. NHS Employers will be working with the Department of Health and Social Care and the Home Office to produce and disseminate communication materials that will help you best support your colleagues who need to register for the scheme. While the scheme does not open until 26 November, it is vital CCGs, trusts and voluntary sector services affected start preparing now by both identifying those staff who need to register and ensuring they are aware. Within the Black Country, most of the staff working within CAMHS are either white British or BAME but not necessarily European and as a result it is unlikely that Brexit will have a significant impact within the West Midlands.

**Future Workforce plans:**





Across the Black Country STP the growth trajectory for the mental health workforce plan states the following:

		33.45	27	52.9	47	20
Area	Role	2016/17	2017/18	2018/19	2019/20	2020/21
<b>CYP</b>	Nursing	7.5	5	2.5		
	AHP	5	5			
<b>Adult IAPT</b>	Nursing	7.5	5	2	2	2
	Admin	1.45				
<b>Perinatal</b>	Medical			2		
	Nursing			3	2	
	AHP			3	6	
	Support to Clinical			3		
	Admin			3		
<b>EIP</b>	Nursing				2	8
	AHP				2	
	Admin					
<b>Liaison</b>	Admin		12	11	21	10
<b>Core Community</b>	Nursing increase	12				
<b>Core Acute</b>	Nurse Associates BCP			10	10	
	Nursing			10	2	
	HCA			3.4		

The STP in the workforce development plan has noted the additional specialist mental health workforce required to meet the needs across the patch which is indicated above. The LTP has referenced the development of new services and the additional workforce required for across the system including third sector organisations. NHS England has provided funding for CYP IAPT training and it is essential that this funding is used to fund the necessary courses and backfill to ensure the CCG is able to meet any performance figures required in the future from NHS England. However, there have been difficulties finding enough staff who meet the criteria for the courses and who are free to attend the courses whilst activity continues in the service. Currently the CCG has funding for 63% backfill but there is a limited number of places funded on the courses with demand outstripping availability of places. At least 2 staff members will be sent on training annually to ensure continuation in the CYP IAPT training programmes. However, on further exploration it was identified that as long as staff have training which is considered to be CYP IAPT compliant and Routine Outcome Measures have been embedded in practice as well as CYP are participating in service design and evaluation then the service could be considered CYP IAPT compliant. The CCG is looking to fund alternative courses to ensure that staff are trained in CYP IAPT type courses whilst embedding the principles within the services. These courses will have places

allocated to the specialist CAMH services as well as to the voluntary sector who either are commissioned, have been commissioned or could be commissioned in the future by the NHS. It will be building capacity in the city for future. It has been identified that there is a CBT diploma course available via APT which will be commissioned to provide the training for staff mentioned above. The modules for the course are available at <https://www.appt.ac/cbt-diploma.html>

There is also a need to give consideration to the additional workforce requirements to meet 24/7 crisis care. Currently CAMHS in Wolverhampton has an on call rota for CAMHS psychiatrists who are available by phone if necessary to answer queries and also there is a rota available for members of staff to be available should a young person need to use the 136 suite.

### **Potential future training needs:**

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

Work has been undertaken in the city around the gap in provision for Children and Young People who have been identified as engaging in Harmful Sexualised Behaviour (HSB). This gap includes awareness, assessment and intervention. Three levels of training have been developed for whole system training depending on levels of need, similar to levels in safeguarding training. The emphasis of the training in level 1 will be to raise awareness around HSB as well as normal childhood sexual development. Level 2 will build on this work and discuss with trainees about ways to work with this group and level 3 will look at how to provide interventions for this group of Children and Young People. A significant number of staff across agencies have undertaken this training in the city to date and report they have more skills to undertake interventions with our young people. One of our voluntary organisations is now in a position to undertake some low level interventions with our

young people under consultation with the independent expert who has delivered the training.

There is also a need to consider training in the principles of Positive Behavioural Support to ensure that these are applied for CYP with ASD and/or LD. Potentially staff will also need to have an understanding of sensory needs for this group of CYP and how it potentially impacts on their behaviours that can prove challenging as a result.

HeadStart's workforce development plan reinforces the need to build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches through a transformed system of cross-disciplinary, multi-agency and multi-layered services. This will ensure that staff working with Children and Young People across their daily lives including schools, colleges and community areas will be able to support this cohort in a more effective manner and ensure that if further intervention is required this will be identified and acquired quickly and appropriately.

## **6. Collaborative and Place Based Commissioning**

Collaborative commissioning occurs between the CCG and a range of others to meet the needs of Children and Young People and their families who come into contact with different strands of CAMHS. This includes CAMHS commissioners across the STP footprint, Specialist commissioning for NHS England, Youth and Justice, NHS England, and the City of Wolverhampton Council.

### **STP Commissioning**

The STP discussed making submissions to NHS England for additional funding and it is acknowledged that the way forward is to work collaboratively across the footprint to align service specifications and potentially develop services to produce economies of scale. Admissions to Tier 4 inpatient facilities in the Black Country are showing a reduction with a slight increase in 2015/16 only and reductions for 2016/17 and 2017/18.

Admissions to Tier 4 in-patient beds in the Black Country	
2014/15	83
2015/16	86
2016/17	83
2017/18	78

It will be important for intensive support to occur for those children and young people in crises within their home environments rather than admissions to hospital. Admission avoidance to tier 4 with support from Specialist commissioning is important to ensure that young people receive treatment closer to home. Also increasing the offer of intensive home support will help to reduce delayed discharges

and ensure that pathways between community and hospital are smooth and consistent across the Black Country. It will also **assist** collaboration amongst local authorities and CCGs to support the Transforming Care Programme to reduce the number of young people with ASD/LD who go into inpatient facilities but then experience difficulties with discharge back to appropriate community settings. Currently the CAMHS commissioners are working on aligning service specifications for Core CAMHS and also Crisis as part of their work for the STP with each of the children's commissioners taking responsibility for aligning specifications for different services.

The Improving Mental Health and Services for Learning Disabilities chapter of The Black Country Sustainability and Transformation Plan 2016-2021 Specialist Commissioning – NHS England demonstrates the role of the STP which is reflected in place-based commissioning plans i.e. aligning services specifications across different CAMH services. The STP has monthly meetings called 'One Commissioner' where any workstream meetings that have been taking place are discussed and any decisions required are passed over to either executives or the clinical reference group. The current issue is regarding age limits of services for CAMHS across the Black Country and it has been agreed that this decision will be made by the clinical reference group.

These pathways, when confirmed, between Specialist commissioning and Local commissioning will demonstrate the interdependency of the growth of community services using a 'place-based' approach and aligned with the re-commissioning of inpatient beds, including supporting an increase in crisis and home treatment, admission avoidance and support appropriate and safe discharge and will be across the Black country STP. Specialist commissioning have suggested that if there is a reduction in admissions as a result of development of a crisis and home intervention service that this may release funding from specialist commissioning. From the numbers of CYP who have been admitted into tier 4 beds, it can be seen that the increase in funding into the Crisis and home Intervention services is starting to have an effect on admissions and as a result less beds will need to be recommissioned going forward. However, it is also acknowledged that specialised commissioning are trying to ensure that if local children and young people need tier 4 beds, they are being admitted to 'local' beds rather than being sent many miles away.

The pathways for Children and Young People with ASD/LD are evident in the use of the pre-admission CETR (Care, Education and Treatment Review process which can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/03/ctr-policy-v2.pdf> ) which involves all relevant agencies in the local area. For those under 18 years, by integrating the provisions of both the CETR process and the Access Assessment for an inpatient bed, it ensures that consideration is given to the whole care pathway and will help to strengthen the range of treatment modalities available and wider support for the adult or child, young person and their family. It will also

ensure that all other alternatives have been considered before secure provision is agreed as the appropriate placement option. Specialist commissioning from NHS England are also part of this process as well as commissioner from the CCG, specialist CAMHS, child/young person and/or parents/carers, social care and education from the Local Authority as well as a patient by experience and Independent clinician. Any pre-admission CETRs that have taken place in Wolverhampton over the past 12 months have had a specialist commissioner from NHS England present to support the process. These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission. Appendix 1 details the pathway used in BCPFT for escalation of a Child or Young Person to specialist Mental Health services.

The CAMHS commissioners from the Black Country (STP footprint) have met and worked collaboratively with NHS England specialist commissioning to ensure that pathways across the STP are consistent and support the local crisis teams to ensure the correct support is available for Children and Young People as and when required. There is a national drive to reduce the need for inpatient beds for CAMHS or at least, reduce the length of stays, which supports the above STP bid for the Black Country wide Mental Health Crisis and Intensive Community Support Service. The previous New Care Model bid failed but the plan was to retain the finances within the CCGs as reductions were made in the need for Children and Young People to require inpatient beds. Within the new models of care there is a drive for the budget to be transferred to the Accountable Care Systems to again alter the care model and prevent admission. The Black Country CAMHS commissioners are currently scoping arranging regular meetings with specialist commissioning to discuss recent admissions to hospital and lessons which can be learned from those admissions to support the development/alterations of/to local services.

These meetings are routinely organised when an admission is requested to ensure that all services involved with the Child/Young Person are providing the appropriate level of support whilst in the community and if not, this support can be arranged/commissioned as a matter of urgency to prevent admission.

### **City of Wolverhampton Council and Wolverhampton CCG**

The LTP discussed the under use and lack of provision of universal and targeted services at the previously known tier 1 and 2 provision and this has been recognised by both agencies. Funding has been secured across both agencies to provide investment into the new Emotional Mental Health and Wellbeing services (formally known as tier 2). Awarded to the Children's Society and known as Beam it has been operational in the city since April 2018 although it has been slow to mobilise. The City of Wolverhampton Council and Wolverhampton CCG have agreed to stop funding the Key team with the CCG realigning the funding into the crisis and home

intervention service. Both organisations invest in the Core CAMHS service, and Inspire, albeit to different degrees, all of which are currently provided by Black Country Partnership NHS Trust.

SEND (Special Educational Needs and Disability) reforms were introduced under the Children’s & Families Act (2014) resulting in Wolverhampton CCG commissioning services jointly for Children and Young People (up to age 25) with SEND, including those with Education Health and Care (EHC) plans. As part of this process, there are many Children and Young People who access CAMHS (core CAMHS) and Inspire (Specialist Learning Disability CAMH service) and now have these needs addressed as part of their EHC plans with clear focus on health outcomes as well as education and social care which will make a real difference to how a Child or Young Person lives their life.

### Place Based Commissioning

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

It will be important for the STP to support place-based plans to ensure that services are located locally and meet the needs of the children and young people in the area. This will support admission avoidance by providing a more comprehensive integrated urgent and emergency care pathway.

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



The leadership for the collaborative and place-based commissioning will take place in a number of meetings. Meetings are being arranged with NHS England – Specialist commissioning to ensure that there is a clear understanding of the crisis needs of the Children and Young People located across the STP and locally as there are differences across the patch. These meetings will support an understanding of these differences and usage of in-patient beds across the area. The CAMHS commissioners in the Black Country meet on a regular basis to ensure we are able to meet the needs of the population of Children and Young People within the geographical area and to ensure services are able to learn lessons from both good and poor practice.

With regards to SEND processes and commissioning for health needs of the Children and Young People who have an EHC plan, this is discussed at a regular EHC panel where requests in excess of standard provision are brought to discuss amongst the senior people who are available. These include SEND partnership officer for the CCG, SEND manager, Designated Medical Officer (DMO), and senior social work manager. Usually additional funding is required for specialist input for Young People who are post 16 and are in colleges that are located out of city.

Currently, for place based commissioning, CAMHS Transformation Partnership Board has been the overarching meeting where all services have fed into, ensuring that the transformation plans are in place and are delivering on the targets set including waiting times and recruitment issues etc. Any challenges have been discussed at this meeting as well as spend on CAMHS and areas where additional funding is required or will be needed in the future. It has been where opportunities have existed for discussion about changes in practice for the City of Wolverhampton Council as well as services commissioned by Wolverhampton CCG which may impact on health, social care and education working together. Although it was initially suggested that the CAMHS Transformation Board would be subsumed into the Better Care Programme Board from October 2018, it has been decided to continue with its work to ensure the transformation within the city continues. It is likely to be called Emotional Mental Health and Wellbeing services transformation board going forward.

## **7. Health and Justice**

Those Children and Young People who are in services that are commissioned directly by Health and Justice are currently reviewed by Liaison and Diversion (L & D) working specifically with Children and Young People, when they have been arrested and are in the Custody suite aged 18 years and under to assess if they have any emotional Mental Health issues as part of their health and wellbeing assessments. They also see Children and Young People who are issued with Court Resolution Orders although there can be a time lag between the issue of the order and the first visit from the L & D team. This can impact on the Child and Young Person and their families from engaging in the process as they feel the issue has

already passed. If the L & D team identify Mental Health needs, even if it is for Anger Management or Cognitive Behavioural Therapy they have to refer to another service as currently they do not have the skills to undertake the interventions. L & D will refer to the Single Point of Access if further intervention is required. L & D have now been fully sighted on the new jointly procured Emotional Mental Health and Wellbeing service to support their process. L & D are also able to access Youth First service which is the forensic CAMH service available in the West Midlands. Further details are provided later in this chapter.

The CCG identified the need to have a CAMHS worker situated permanently within the Youth Offending Team which has been allocated from the initial Future in Mind investment and ensures this level of specialist emotional Mental Health support is available within the team. L & D have developed connections with the CAMHS YOT worker and the new Emotional Mental Health and Wellbeing services to ensure that there is a comprehensive pathway which ensures that if the Child/Young Person is known to one of the services this information can be shared with other services. It will also be important to ensure L & D are aware of the work that is undertaken in the strengthening families' hub and potentially the intensive therapeutic family support service.

The Youth Offending Team in Wolverhampton is developing its custody resettlement work in line with the 7 resettlement pathways identified by the Youth Justice Board. This process is being modelled around the Resettlement Support Panel (RSP) strategy piloted by the YJB and the concept of accessing support from wider networks in the resettlement plan. A key aspect of this is the health pathway which, amongst other areas, ensures the complex mental health needs of young people in the secure estate, or those at risk of the secure estate, are appropriately assessed and managed. Central to this is timely access to specialist provision in complex and challenging cases, and the utilisation of referral and commissioning opportunities such as Youth First. Therefore, the links with services such as the Children's Commissioners is essential when such needs are identified as part of the resettlement process.

Currently there is a resettlement Social Worker based in the YOT who works with young people who are being repatriated from Secure Estate on both welfare and youth justice grounds. For those young people who are in the secure care home estate, it is likely that they are in receipt of therapeutic interventions already and this worker co-ordinates intervention required when the young person is re-settled ensuring that if anything additional is required, a request is made to the children's commissioner to spot purchase as necessary. There are concerns that those young people who are in secure training centres or Young Offenders Institutes do not receive the same level of interventions as therapeutic interventions are not necessarily available. The resettlement social worker is identifying those young people who have additional health needs within this estate and ensuring the

commissioner as well as the relevant Mental Health teams are aware to support repatriation.

Forensic CAMHS for the Black Country is available through Youth First, a service available from Birmingham and Solihull Mental Health Trust. It is a specialist community child and adolescent mental health service for high risk young people with complex needs in the West Midlands region, providing an advisory, consultation, assessment and intervention model of care. Referrals are made by any professional working with those under 18 who are giving cause for concern and about whom there are questions regarding his/her mental health or neurodevelopmental difficulties including learning disability and autism who:

- present high risk of harm towards others and about whom there is major family or professional concern, and/or
- are in contact with the youth justice system, or
- about whom advice about the suitability of an appropriate secure setting is being sought because of complexity of presentation and severe, recurrent self-harm and/or challenging behaviour which cannot be managed elsewhere.

This service can work with existing services to support the young people by providing a consultation approach as well as face to face assessment and intervention as necessary. Usually referrals are made to this service for CYP who are at risk of entering the youth justice system, or have already entered it and are in custody. The pathway which is in development will identify that the children's commissioner is aware of these cases for any additional funding that may be required for intervention purposes.

The Sexual Assault Referral Centre is now known as the West Midlands Paediatric Sexual Assault Service (PSAS). Specialist counsellors are available who are trained in talking to and supporting children and young people who have been sexually abused and understand how difficult it can be to talk about it. The service works with children and young people aged 5 – 17 years old and also parents and carers of children aged below 5 years old. The counselling can take place in a number of different locations so that they can find a place that is comfortable and feels safe for those in receipt of counselling. However, pathways available state that if the child or young person is at risk of self-harm or have suicidal thoughts then they should be urgently referred to the local CAMHS crisis team for these issues to be addressed as a matter of urgency. Once intervention is complete and if ongoing counselling is required as a result of their assault the child/young person can be referred back to those services that specialise in this area.

Given that L & D in Wolverhampton do not provide any interventions, rather referring into appropriate services in CAMHS, there is no specific transition from L & D youth pathways to adults unless a Young Person has turned 18 in between being issued with a Court Resolution Order and being seen at which point, the Young Person will

be transferred to the Adult L & D service. However, if Children and Young People are in secure settings and then are released into the community, whilst under 18 years old, the services will be in contact with our Youth Offending Team (YOT) who will ensure that the CAMHS worker who is attached to the team is aware of the Young Person returning to the community. If the Young Person has turned 18 prior to them being released from a secure setting and further input is required from a Community Mental Health service, the Young Person will be referred into the adult Mental Health community team via Penn Hospital. This process works the other way too that if a Child or Young Person is known either to YOT or CAMHS and is sent to a secure setting, the service involved will ensure that the secure setting are aware of their input to date including interventions, assessments started or completed and diagnosis and medication prescribed.

If a child or young person is brought into one of the two custody suites in the Black Country, (Wolverhampton Police Station or Oldbury Custody Suite) whether in crisis or not, every effort is made for them to be prioritised and assessed by the Liaison & Diversion Practitioners (Mental Health Nurses). A RAG rated referral/screening form is used and those under 18yrs are marked as Red which equates to an automatic referral to the Liaison & Diversion (L&D) Service. If the young person is presenting as acutely unwell, again this cohort will be seen as a priority and will consider options which may include referral for a Mental Health Act Assessment (MHAA) and will contact the appropriate AMHP to arrange and coordinate this. Just to note the L&D staff will look at each referral on an individual needs basis and always look at least restrictive options before considering a MHAA. Liaison and Diversion are available 365 days a year but only between the hours of 8am to 8pm. Out of these hours, Mountain Health Care are commissioned to provide a general health service to those in custody and if a young person comes into custody in crisis after Liaison and Diversion's core hours, the team contacts out of hours mental health team, give a presenting picture and are advised of any services that may already be in place and who to contact for further support. This could be the out of hours psychiatrist and/or the AMHP depending on needs.

If (following a MHAA) the assessing team feel there is a need for the young person to be detained a request will be made to NHSE for a tier 4 bed. However, if the young person is part of the TCP cohort, i.e. has ASD and/or LD, a blue light Care, Education and Treatment Review will need to be undertaken to confirm no other services can be commissioned to support the young person in the community and avoid admission or entry to the criminal justice system if possible. If as a result of the mental health act assessment it is felt that detention is not required, the team can refer the young person to the (CAMHS) crisis team for home intervention. However, depending on the reasons for coming into custody it may be felt that a referral to Youth First (FCAMHS) is more appropriate. Youth First will offer support depending on which part of the model of care is appropriate whilst the CAMHS crisis team will assess and offer intervention as needed at home.

## **8. CYP Improving Access to Psychological Therapies (CYP IAPT)**

Wolverhampton CCG joined the CYP IAPT Midlands Learning Collaborative in 2016 and has subsequently received funding for training backfill for providers of CCG commissioned services. (This will also include jointly commissioned services with the Local Authority). Staff have been identified to undertake the training and some have already completed their courses and graduated, including the leadership course. However, the courses have been difficult for staff to access due to the distance from home as well as the intensity of the courses and the level of training and experience staff need to be able to apply.

The key tenets of the CYP IAPT programme are:

- The use of regular feedback and routine outcome measures to guide therapy in the room and better understand the impact of interventions
- Improving user participation in treatment, service design and delivery.
- Improving access to evidence-based therapies through new training programmes that are NICE approved and best evidence-based
- Training managers and service leads in change, demand and capacity management

The new service specification for the Emotional Mental Health and wellbeing service, Beam, states that 90% of Children and Young People will have Routine Outcome Monitoring (ROMs) as part of their interventions and they will be embedded in the service. Beam have agreed to use RCADs, SRS and an Adapted ORS which includes the 3 KPIs, measuring family relationships, peer relationships and self-esteem. The outcomes used across our NHS commissioned services ensure that outcomes are captured to demonstrate the journey travelled by the children and young people, whilst the voice of the child/young person is heard throughout the session by session rating scale ensuring they are full participants in the sessions and collaborating on their interventions. Both of the local NHS trusts had a joint day led by the Midlands Learning Collaborative regarding use of ROMs to identify which ROMs should be used across the STP footprint ensuring consistency across the area. An agreement was reached to use RCADS, SRS, ORS and the Experience of Service Questionnaire (ESQ) especially for Core CAMHS with the Eating Disorder Services using the Eating Disorder Questionnaire and Score 15, which is a family functioning albeit not a specific CYP IAPT Outcome Measure.

There is a drive to ensure that self-referrals are possible into all Children and Young People Mental Health Services particularly CYP IAPT. The Crisis and Home Intervention Treatment team already accept self-referrals into the service by the nature of these Children and Young People being unwell and requiring urgent intervention. The New Emotional Mental Health and Wellbeing service has drop-in services as part of their offer ensuring self-referral is possible. Kooth already support receiving of self-referrals. From April 2019 there is an expectation that Routine

Outcome Measures will be recorded as part of the MHSDS. It will be important for all NHS commissioned services to be able to input this onto the system.

From last year Wolverhampton CCG was already aware that we had received more backfill funding from Health Education England since 2016/17 than funded places available on identified courses. We will have a significant shortfall in the number of staff who can be trained due to availability of funded places on courses. We have been working hard with our providers and NHSE to develop a plan of how we can ensure that existing and new staff continue to be trained in evidence based interventions as well as staff in other sectors to increase the knowledge base in the city. Our mitigations for this risk are that we have identified a course to provide a diploma in Cognitive Behavioural Therapy for staff in specialist CAMHS and in the voluntary sector, run by APT. This course is run in face to face sessions with online training and supplementary workbook and practice of interventions learned. Further exploration will be undertaken of alternative courses to ensure the staff are trained in evidence based interventions including Eating Disorders service and also to establish what training is available for those working with CYP with autism. This training has not been available within the Midlands Collaborative. Funding of these courses at a venue closer to home and running in a different way will mean that salary support will not be required as the number of training days will be less.

Our LTP notes where Wolverhampton CCG has received income from the CYP IAPT programme and the assurance process in place is a mechanism for guaranteeing that the spend goes to CYP MH services in the local area, particularly a commitment to the training or backfill for CYP IAPT. Agreement has been reached for the funding to be carried over for the purposes of training. The CCG is currently in discussions with alternative providers to undertake other courses which will meet the requirements for training and then the CYP IAPT principles will be embedded in the services. The local partnership has also been successful in obtaining two Wellbeing Practitioners for CYP which will be used in specialist CAMHS and the emotional mental health and wellbeing service for the future year in the first instance. It is anticipated that these posts will be recruited to for training purposes on an annual basis. Our specialist CAMH service is also to be funded to provide supervision for those undertaking both this course and other courses undertaken as part of the CYP IAPT courses availability.

Wolverhampton CCG has agreed to fund a Cognitive Behavioural Course this year with potentially two additional courses to be run next year to support the skills of the staff dealing with the children and young people in Wolverhampton. It has been agreed that 15 places will be funded for the course in question with 10 allocated to the specialist CAMHS team in Wolverhampton and 5 for the voluntary sector who are either currently commissioned, were commissioned or who could be commissioned in the future. This includes our current jointly commissioned Emotional Mental Health and Wellbeing Service. This training will support development of the use of evidence-based interventions for children and young people across Wolverhampton.

It is envisaged that across the Black Country this type of training course could be commissioned across the 4 CCGs for the sustainability of training in evidence-based interventions. Retention of the CYP IAPT workforce for children remains a challenge and in Wolverhampton we are exploring ways of building career pathways for IAPT staff that recognise their skills and experience. Currently in Wolverhampton our local authority are not keen to allow staff to participate in this training as they do not have staff who are employed in delivery of the type of services that would benefit from this training.

BCPFT and the new Beam service provide evidence based interventions across services and clinical pathways. The evidence based interventions provided included CBT, CBT for Eating Disorder, Family Therapy, and DBT.

## **9. Eating Disorders**

Up until the beginning of 2017 Sandwell and Wolverhampton did not have a discrete eating disorder service as outlined in national guidance. There was a dedicated adults Eating Disorder service and some identified resource within the CAMHS provision, however, this did not provide for dedicated eating disorder resources for children and young people. CAMHS offered a core service for patients with eating disorders that did not meet the thresholds for inpatient admission. The service provided a multi-disciplinary approach to eating disorders but lacked some of the specialisms as outlined in the guidance here.

Wolverhampton now has a comprehensive all aged specialist eating disorder provision, ensuring that all people referred with Eating Disorders have access to effective, dedicated eating disorder interventions from a dedicated, committed and experienced multi-disciplinary workforce resulting in improved outcomes for Children and Young people – particularly in relation to waiting times (helped by prioritising referrals in line with MARSIPAN Guidelines); increased access to services (as seen in increased referral rates for eating disorders); and helping preventing admission to Tier 4 (as there have been no CAMHS admissions over the past 18 months).

Service users are at the centre of the continued evolution of the service and continue to be asked for feedback using the services Service Evaluation Questionnaire, the Tell Us How We Are Doing Questionnaire and Session Rating Scales. This has led to changes in the therapeutic environments, greater collaboration between the CAMHS ED elements and the Crisis Intervention & Home Treatment Service to help prevent admission, the adoption of a Systemic based Assessment at the start of treatment (to improve access and experience of the service on entering the service), and the seamless progression for Young People with Eating Disorders in the context of an All Age Service – thus eliminating the need to transition from CAMHS to AMHS Eating Disorders Services.

The Eating Disorder Service adheres to set standards that drive and monitor the performance here, these include:

- Working in partnership with both primary and secondary services to ensure that care team can identify, assess and when appropriate treat people with Eating Disorders and are fully coherent with the referral pathway to the specialist provision.
- Working in partnership with a range of acute and general medical treatments and services to ensure that physical health needs are addressed and information is shared on treatment and diagnosis.
- Working in partnership with inpatient provisions for children, young people and adults to ensure both timely access and discharge, with adequate follow up as recommended by NICE guidance.
- In line with influencing strategies and current evidence base the all age eating disorder service will work to develop a high quality, safe and therapeutic continuum of assessment, treatment and care for all ages across all tiers of service.

During 2017 the Team also participated in a range of programs to help develop the service here this culminated in 2 practitioners accessing the CYP-IAPT Training in Systemic Family Practice (SFP-Eating Disorders); The teams family therapist accessing the CYP-IAPT Supervisors Course (i.e. to support the SFP trainees); and the Team accessing the National CEDS Training in Bristol throughout that year.

This culminated in the SFP trainees graduating with Merits and a Distinction, the provider having greater clinical governance to offer NICE Compliant interventions in Systemic and Family Based practice, and them adopting the 'Systemic Assessment' (Eisler et al, 2016) towards the end of that year.

Interventions currently offered by our comprehensive provision include

- Cognitive Behaviour Therapy (CBT)
- Systemic Family Therapy
- Family Based Treatment (FBT)
- Psychological Psychotherapy
- Dialectical Behaviour Therapy (DBT)
- Nutritional Counselling
- Medical / Psychiatric Intervention

In 2018 BCPFT have continued to embed the above and benefitted from the appointment of a dynamic Service Manager and changes in the workforce that will enable them to intensify their efforts with those young people who require more intensive support. They have also increased their capacity to deliver CBT to this core group in the past month.

They have also identified a number of exciting developments for the coming year that will enable them to further enhance their governance around NICE compliant interventions such as FBT, help them build capacity for a Parent Group Program (based upon Surry Early Intervention Program by Nicholls & Yi 2015), and develop provision for Binge Eating Disorders using Self Help Models as a further resource.

BCPFT also hope to be in a position to offer Self-Referral in 2019 (a year earlier than the National Strategy / Plan).

## **During 2016-17: Feedback received from CYP with ED**

*"It's like having the weight of the world lifted off your shoulders. I feel as though I have bounced back and recovered finally from an awful condition I never expected any respite from".*

*"I have learnt so many new skills from you to help me deal with and process all sorts of challenges in my life; without my eating or health being affected, and for the first time in a long time as a result I feel very confident going forward".*

*"People like me wouldn't have a light at the end of the tunnel without people like you".*

## **During 2017 – 18: Feedback from CYP with ED**

*"I appreciated that the therapist worked around my school time table".*

*"I liked that the therapist was able to see me in school".*

*"I would have liked a parent support group and would have welcomed the opportunity of meeting other families".*

*BCPFT have received a letter HRH from Kensington Palace congratulating 'us' on the work we had undertaken with one of our families after they contacted the Royal Family to praise their interventions with their young person.*

## **Eating Disorder Referrals under 18 years for Wolverhampton CCG**

							<b>Grand Total</b>
<b>Age at Referral</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17-18</b>	
<b>2015-16</b>	2	3	5	0	5	22	37
<b>2016-17</b>	0	7	13	19	13	39	91
<b>2017-18</b>	2	3	6	8	8	14	41
	4	13	24	27	26	75	169

During the financial year 2017/18, the Eating Disorder service did not meet the standards for the urgent cases in every quarter except one, as a result of families being unable to attend the appointment within the timescale prescribed of 1 week. Exception reports were submitted by BCPFT on each occasion when the target was not reached. Usually the young people were offered at least one appointment within the timescale but families cancelled due to not being able to get time off to attend the appointment. On occasions the cancellation occurred on the same day as the appointment was booked and therefore could not be rebooked within the timescale. BCPFT are making an effort to book an appointment with the young person as soon

as the referral is received. 100% of the routine cases were seen within the timescale of 4 weeks.

Since April 2018, 100% of urgent cases have been seen within the timescales but routine cases were not seen within the timescale prescribed, again due to families not being available to attend the appointments as required. The themes of the exception reports received from BCPFT reported that the young people were usually offered at least one appointment if not two appointments, within the timescale but families cancelled the appointments and not enough time was left to rebook the appointment within the 4 week timescale. On occasions the cancellation occurred on the same day as the appointment was booked. BCPFT are making an effort to book an appointment with the young person as soon as the referral is received to ensure there is more time to rebook if the young person or family cancel. The table below identifies the number of Children and Young People seen within the first quarters for 2018/19 and reported to Unify.

Year	Period	Description	Gt 0 - 1	Gt 1 - 2	Gt 2 - 3	Gt 3 - 4	Gt 4 - 5	Gt 5 - 6	Gt 6 - 7	Gt 7 - 8	Gt 8 - 9	Gt 9 - 10	Gt 10 - 11	Gt 11 - 12	Gt 12 Plus	Week Total	Pathways	0-4 wks	%
			Week	Week	Week	Week													
2018-19	JUNE	CYP ED care pathways (urgent cases) completed this quarter	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	100.00%
2018-19	JUNE	CYP ED care pathways (routine cases) completed this quarter	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2	2	100.00%
2018-19	JUNE	CYP ED care pathways (urgent cases) incomplete at quarter end	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%
2018-19	JUNE	CYP ED care pathways (routine cases) incomplete at quarter end	0	0	1	0	0	1	0	0	0	0	0	0	0	2	1	1	50.00%
2018-19	SEPTEMBER	CYP ED care pathways (urgent cases) completed this quarter	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	100.00%
2018-19	SEPTEMBER	CYP ED care pathways (routine cases) completed this quarter	0	2	2	2	1	0	0	0	0	0	0	0	0	7	6	6	85.71%
2018-19	SEPTEMBER	CYP ED care pathways (urgent cases) incomplete at quarter end	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	100.00%
2018-19	SEPTEMBER	CYP ED care pathways (routine cases) incomplete at quarter end	0	1	1	0	0	0	0	0	0	0	0	0	0	2	2	2	100.00%

Other data for the Eating Disorder service can be seen in appendix 5. The four local CCGs (Wolverhampton, Sandwell, Walsall and Dudley) are partnering up in the Eating Disorder cluster. The providers of the service in these CCGs are working more collaboratively and this will support the cluster work and ensure that the service provided is consistent across the areas. The service specification is almost completed for across the cluster. This Community Eating Disorder service (CEDS) will be in line with the model recommended in NHS England's commissioning guidance. Currently the CEDS is internally benchmarking against the Royal College of Psychiatry Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED) in preparation for registering with them for the formal evaluation/benchmarking. National training had to be completed prior to this. BCPFT are showing progress on their journey to ensure the Community Eating Disorder Service achieve full accreditation which they intend to have by December

2019. Wolverhampton CCG will be monitoring their progress on this journey at the monthly contract meeting held with BCPFT.

## 10. Data – Access and Outcomes

Black Country Partnership Foundation NHS Trust was the only service commissioned by NHS Wolverhampton CCG to provide CYP MH services within Wolverhampton for 2017/18. They had been flowing key national metrics into the MHS Services Data Set and reached a total access figure of 19% for 2017/18. The CCG has jointly commissioned an Emotional Mental Health and Wellbeing service with the Local Authority (run by the Children’s Society) and their contract states that data must be flowed through the MHSDS from 2018 onwards, as soon as the service is in operation. The service is currently in its mobilisation phase and so currently data is flowing although not to the numbers that would be expected once the service is fully operational which is expected to be in December 2018. Work is being undertaken by the STP project manager to ensure that data is being collected and flowed by the Emotional Mental Health and Wellbeing service. She is also working with Kooth, the online counselling service commissioned by Wolverhampton CCG to ensure that NHS England are accepting their definitions to be able to input data into the MHSDS. The action plan developed by the project manager has been included in the appendices at the end of the CAMHS transformation refreshed plan.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Given 6,182 is the total number of CYP aged 0 – 19 with a diagnosable mental health condition expected to be in NHS funded community MH services in Wolverhampton	1582	1855 <i>actual numbers were 1455 for this year</i>	1978 - <i>target</i>	2102 – <i>target</i>	2164 – <i>target</i>

Our local NHS trust provider, Black Country Partnership Foundation Trust (BCPFT) have made significant efforts to ensure local data recorded on clinical systems is accurate, valid and applicable for upload to the Mental Health Services Data Set (MHSDS). BCPFT have also worked hard to ensure clinical staff are aware of the importance of inputting accurate data onto the system to ensure that MHSDS is accurate for data of CYP who are accessing services. We have received confirmation from the Trust that there is validated data being submitted to MHSDS for CAMHS Patients entering treatment and Early Intervention in Psychosis and there is confidence in how this is now being uploaded.

All CCGs are currently working with an STP appointed programme manager and to an agreed implementation plan since August 2018, included in the appendices. The target is to have all significant providers uploading for QTR 3. The remaining 3rd sector provider (Kooth) are being supported to work with NHS Digital and the NHSE IST so as to allow uploads to commence. The CCG is maintaining dialogue with provider performance and operational leads to identify and problem solve data accuracy and reporting issues as they occur. We are continuing to support ongoing education provided by NHSD and NHSI in this area. The IST Team are providing high levels of support currently to the STP. However the CCG are still awaiting dates for the IST to provide additional support around referral processes and integration of our new emotional mental health and wellbeing service and specialist CAMHS.

BCPFT last year accepted 1455 referrals out of 2078 received. It is anticipated that with the development of the joint Single Point of Access for triaging referrals into the specialist CAMHS and the new Emotional Mental Health and Wellbeing Service (Beam) few referrals will be rejected and combined with the numbers of CYP who access the new online counselling service; the target for Wolverhampton will easily be reached. Currently it is anticipated that all of the commissioned providers will be flowing data directly as all have their own connectivity point arranged and already in place.

The Trust and Beam are working on developing the appropriate suite of Routine Outcome Measures that will be used as recommended by CYP IAPT principles so that the paired scores can be increased in the MHSDS and inputted when required from April 2019. Access figures and ED are routinely monitored and used within Contract Review Meetings and also they are going to be used as part of the performance data discussed at the Children's Trust Board going forward.

A CYPMH dashboard is being developed as part of CAMHS transformation board so that all activity captured can be discussed and to ensure that we are meeting our targets and able to question any data received. The first draft of this performance framework is available in appendix 6. Data has been compared amongst the local STP Black Country footprint to ensure that we are all on course to meet our targets on a wider footprint. NHS Digital and IST have been involved in supporting our area to reach our access targets and have run several workshops to support this work and all providers understanding of what has to be done and what the definitions for contacts are. There is a clear action plan which identifies when the missing commissioned providers will be flowing accurate data and this is included in appendix 7.

## **11. Urgent & Emergency (Crisis) Mental Health Care for CYP**

From September 2018, one of the services initially commissioned from BCPFT will be decommissioned with the funding being realigned to the Crisis, Intervention and

Home Treatment Team to increase the staffing within this service and ensure that more CYP are able to be seen when in crisis and prevent them from being admitted to hospital. The team are currently available from 08.00 - 20.00 with access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting. A mental health assessment can also be arranged with an AMHP at any time of the day as the CAMHS crisis team have an on call rota to attend such an assessment. The additional initial investment into specialist CAMHS supported the establishment of a Place of Safety (136 suite) which is staffed by members of the Crisis, Intervention and Home Treatment Team when it is required which is on an ad hoc basis as seen by the numbers using the 136 suite over the past financial year.

Currently, anecdotally there does not appear to be a need for a full service cover 24 hours, 7 days a week for the Crisis, Intervention and Home Treatment Team given the number of children and young people who appear to go into crisis out of hours. There is a service available from 08:00 to 20:00 with a CAMHS rota available for Crisis staff outside of these hours to undertake Mental Health assessments with a psychiatrist available via a rota from the core CAMHS team. However, the on call CAMHS psychiatrist is not dedicated to the Crisis team but rather is part of core CAMHS. It is reported that the number of children and young people who present to A and E in crisis tend to have overdosed or self-harmed and as a result follow the self-harm NICE compliant pathway for children and young people where they need to be admitted for either medical and surgical management of the self-harm.

As part of the alignment of specifications for the crisis service in the STP, a review will be undertaken of those children and young people who go into crises across the Black Country to establish if out of hours crisis intervention is required and if a fully staffed crisis and home intervention service is required 24 hours a day, 7 days a week. This review will be undertaken over the next 6 months to identify the service available, gap analysis and times when young people present as well as where the children and young people have come from. This information will then be used to support the aligned crisis, home intervention and treatment team across the Black Country with finances identified to ensure that the service required can be commissioned across the region. It is anticipated that following on from this review a new proposed service developed with the providers will be in place and agreed by all commissioners. The increase in funding for the Crisis, Intervention and Home Treatment Team will further promote the model which supports crisis presentations at Royal Wolverhampton NHS Trust and within the community and accepts the out of hours care for children and young people who are attending and in need of specialist core CAMHS assessment and intervention. This team will work with the Acute trust at the Royal Wolverhampton Hospital to respond to referrals received in A and E and jointly decide who should see the children and young people and whether they present with a medical risk or a psychiatric risk or both, to support triaging in A and E. The team also provides home treatment for those presenting with greatest risk or

who are unable to attend other services. Home treatment is also provided to young people who present with Eating Disorders and support for any young person requiring Mental Health act assessment in a place of safety. These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.

The Children and Young People Crisis, Intervention and Home Treatment team provide staffing to the 136 suite as and when required and a 24 hour rota is in place should it be required. Children and Young People are accepted into this place of safety from other areas as there are no similar suites available in the region except for Birmingham. Over the past year, it has been used by 3 Children and Young People from Wolverhampton. The Crisis team tended to intervene before young people got to the 136 suite. The Crisis, Intervention and Home Treatment Team have employed Learning Disability nurses as well as CYP MH nurses with experience within an ASD service to support those Children and Young People with these co-morbid conditions who present in crisis. This has helped the CIHTT to better support this cohort of young people and prevent admissions to hospital due to the development of specialist knowledge across the team. With the changing in funding streams, it is seen that the children and young people who require urgent and emergency crisis mental health who have additional needs e.g. disabilities, autism or learning disabilities could be seen within a familiar environment e.g. home or school rather than having to attend the A and E department. Over the course of a year there have been three young people who are part of the TCP cohort who were admitted to a tier 4 bed. All of these have since been discharged with two in particular having very short admission periods. BCPFT use a feedback mechanism to monitor the experience and outcomes of CYP who have received a service from the Crisis team. A service review was undertaken over quarter 3 and 4, in 2017/18 in conjunction with Sandwell and West Birmingham CCG, when service users who have engaged with the Crisis service in the past were engaged with, regarding their experiences, to support any service redesign which was felt to be appropriate following the review. The headlines of the review were that it identified that the additional funding provided by Sandwell and West Birmingham CCG allowed a more comprehensive response both within the A and E department or even diverting the CYP from there straight to CAMHS and also providing more capacity in the Home treatment part of the service. This is the type of service that the service users felt was more appropriate than being admitted to tier 4 provisions. The participation of the young people in the review demonstrated the benefit of co-production in designing services and ensuring funding is allocated appropriately to necessary services.

Crisis at home interventions are currently seen within 4 hours of referral if appropriate or the young people are advised to attend Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit in line with the local Self harm policy. With the increase in funding that has been agreed

with the realignment of funding from the decommissioned service of the Key team, an addition to the service specification will be that the aim of the service will be admission avoidance and with a need to see the young people within a shorter period of time, working towards a one hour response by 2021. The data below represents the KPIs that are collected locally for the number of children and young people who are seen at W and E. The first one relates to the percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral. The second KPI relating to the crisis team is that every person presenting at A&E with crisis is seen within 4 working hours for referrals received between 08:00 and 12:00. The clock starts when A&E makes the referral to crisis. For next year the intention is that this KPI will alter to capture the increase in staffing within the crisis team which will lead to all children and young people being seen within 4 working hours for referrals received between 08:00 and 20:00. As mentioned earlier all children and young people seen by the crisis team have their experiences and outcomes captured as a matter of course.

LQCA03	LQR	CAMHS	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	>95%	Monthly	As set out in GC9	%	100.00%	100.00%	100.00%	100.00%	100.00%
							Demoninator	26	18	26	30	31
							Numerator	26	18	26	30	31
LQCA04	LQR	CAMHS	Every person presenting at A&E with crisis seen within 4 working hours (i.e. referrals received between 08:00 and 12:00). The clock starts when A&E make the referral to crisis.	100%	Monthly	As set out in GC9	%	100.00%	100.00%	100.00%	100.00%	100.00%
							Demoninator	0	1	0	0	1
							Numerator	0	1	0	0	1

## 12. Integration

A Commissioning for Quality and Innovation indicator (CQUIN) is in place for 2018/19 which considers transitions out of Children and Young People's Mental Health Services (CYPMHS) with an aim to incentivise improvements to the experience and outcomes for young people as they transition out of CYPMHS on the basis of their age. This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway.

There are three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning; and

2. A survey of young people's transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement Survey).

The Action Plan for the last quarter of this financial year is detailed below:

<b>Q4 2018/19</b>	Case note audit to be undertaken for CYPMHS transitioning out of CYPMHS from Q3 and Q4 Assessment of discharge questionnaires for those who transitioned out of CYPMHS Q3 and Q4	Sending provider
	Assessment of post-transition questionnaires of those who transitioned to AMHS from CYPMHS for Q3 and Q4	Receiving provider
	Results will be presented to commissioners at the end of Q4 with final response submitted to NHS England	Sending & Receiving providers

In 2017/18 9 young people transitioned to Adult Mental Health services within BCPFT, whilst 203 were referred back to Primary Care. Concerns have been raised about the number of post transition questionnaires that were received from Young People who had transitioned into adult services from CAMHS. The sending provider has been asked to use innovative ways to obtain the completed questionnaires from those transitioning and that sending it out without follow up is not in the spirit of the CQUIN, particularly if the receiving provider is also BCPFT.

Below is a table detailing the numbers of expected transitions from CYPMHS with year on year improvements shown.

Year	Number of CYP in CAMHS	Number of CYP transitioning at 18
2017/18	1455	212
2018/19	1978	255
2019/20	2102	281
2020/21	2164	293

There are also Looked after Children and Young People who are placed more than 20 miles outside of the city of Wolverhampton and as a result need to be transferred to the local services where they are now placed for on-going intervention. If this occurs, CAMHS within Wolverhampton send a clinical report giving a clear indication of the needs of the Young Person as well as any medication they have been prescribed, on-going difficulties and potentially aims of their intervention with clear objectives. On occasions, the local CAMHS team where the Child and/or Young Person is now residing will only see the Child and/or Young Person when the responsible CCG where the child came into the care system, in this case Wolverhampton CCG, has agreed to fund intervention required.

For those Children and Young People who are part of the Health and Justice system the following pathways are available for those transitioning into adulthood –

As L & D in Wolverhampton do not provide any interventions, rather referring into appropriate services in CAMHS, there is no specific transition from L & D youth pathways to Adults unless a Young Person has turned 18 in between being issued with a Court Resolution Order and being seen, at which point, the Young Person will be transferred to the Adult L & D service. However, if Children and Young People are in secure settings and then are released into the community, whilst under 18 years old, the services will be in contact with our Youth Offending Team (YOT) who will ensure that the CAMHS worker who is attached to the team is aware of the Young Person returning to the community and the appropriate service will pick them up and meet their needs. If the Young Person has turned 18 prior to them being released from a secure setting and further input is required from a Community Mental Health service, the Young Person will be referred into the adult Mental Health community team via Penn Hospital. This process works the other way too that if a Child or Young Person is known either to YOT or CAMHS and is sent to a secure setting, the service involved in Wolverhampton will ensure that the secure setting are aware of their input to date including interventions, assessments started or completed and diagnosis and medication prescribed. The resettlement officer from YOT is actively involved in supporting the Young person to either return to Wolverhampton with the identified mental health support or to go to the secure estate with their identified health needs communicated with the services available in the secure unit.

Transition pathway is provided in Appendix 8 to demonstrate how Children and Young People are transitioning from CAMHS to AMHS (Adult Mental Health Service).

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

The Early Intervention Service (EIP) is a specialist community Mental Health team which works with Young People aged between 14 and 65 years in the three years following a first episode of psychosis or those who are deemed to be at risk of developing psychosis (At Risk Mental State). Priority is given to those aged 14 – 35 years. The Service adopts an assertive outreach approach and provides individualised, comprehensive, evidence based interventions to optimise recovery, prevent relapse and help young people and their families to cope with their experiences. All referrals to Child and Adolescent Mental Health Services (CAMHS) where psychosis or At Risk Mental State may be indicated will be passed to Early Intervention as soon as possible to ascertain if assessment is appropriate.

If the individual is allocated a care coordinator within the Early Intervention Service, medical responsibility will be held in the Early Intervention. However, liaison will

continue with professionals in CAMHS as appropriate. This will ensure that the holistic needs of the individual and family are met. Crisis and out of hours support will be requested from the CAMHS crisis service as needed. In order to ensure continuity of care, all outpatient appointment letters, care plans and risk assessments will be routinely forwarded to the appropriate CAMHS Consultant so that information regarding treatment and risk can be accessed as needed.

The Early Intervention in Psychosis service aims to complete referral to treatment within 10 working days in line with Early Intervention access and waiting standards.

Children and Young People who are accepted to this service are more likely to be transitioned from EIP into adult community Mental Health services when the three year period of work EIP delivers with each individual is over. The below is the trajectories for % of CYP receiving treatment in 2 weeks and the expectations for the services to be in line with NICE recommendations and at what point they will be.

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

The Wolverhampton Early Intervention in Psychosis Service operates Monday to Friday, 9.00 - 17.00 although appointments may be agreed outside these hours if needed. Out of hours support is provided by the Crisis and Home Treatment Team.

Currently monitoring of the CYP access to the EIP service is around having crisis and relapse plans as well as 95% of all non-urgent EIP referrals receive initial assessment within 10 working days. The numbers of Children and Young People who have been referred into the Early Intervention in Psychosis Service is detailed below.

<b>Year of Referral</b>	<b>Numbers of CYP under 19 in EIP</b>
2016/17	53
2017/18	46
2018/19	19*

\*Up until 12.09.18

## 14. Green Paper

NHS Wolverhampton CCG has met all of the criteria set to be invited to complete an expression of interest to become a trailblazer site for implementation and testing the new delivery model for the Mental Health Support Teams (MHSTs), as well as the 4-week pilot. This EOI was submitted on the 17<sup>th</sup> of September 2018 in collaboration with our partners; BCPFT, City of Wolverhampton Social Care and Education teams as well as the voluntary sector and schools and colleges. We have liaised with Children and Young People to establish what they think this service should look like and how it could support them better than services already available. The existing transformation plan has been enhanced by giving consideration to the MHSTs and how they will dovetail into the services in existence and thinking through how these services can be enhanced to support the new teams. The links between these services and how they will be embedded have been described throughout the plan. It gives consideration as to how the MHSTs will engage with the peer support network that is already active within most schools across the city and provide a conduit between schools and CAMHS. This will increase the knowledge and skill set of the staff working in the education system to support Children and Young People across the city.

## 15. Other

**Potential Wolverhampton CCG Funding which could to be used to transform Children and Young People's Mental Health 2018 – 2021.**

<b>Year Plan Figure</b>	<b>Available from Where?</b>	<b>Service to be invested in</b>
2018/19 £145,000	Additional funding from EPP uplift not required and money left from last year = £15,000 additional – both identified above	£20,000 to be included in funding for Crisis. £25,000 Admin post for the SPA to increase support £25,000 to increase funding to Initial assessment team. £63,500 +VAT Online digital counselling service £27,000 still to be allocated due to poor evaluation of PRU CAMHS link worker.
2018/19 £116,000	Additional funding to reach Mental Health Investment Standard	£116,000 to fund an initial assessment team. Further investment has been requested as part of the application for the 4 week waiting time pilot as part of

		the trailblazer application site.
2017/19 £341,713 – funding provided from NHS England for CYP IAPT training	This funding has been ear marked for CYP IAPT training/backfill which needs to be arranged either by finding courses or staff who can be recruited to train to ensure the services commissioned to deliver NHS community services are able to deliver evidence based interventions.	CYP IAPT services for training and /or backfill only – <b>NOT TO BE USED TO COMMISSION ACTUAL SERVICES FOR CYP</b>
2019/20 £100,000	When all services that have been invested in from previous years, are taken into account at full year effect, there is approximately £70,000 for investment in other services.	£70,000 possibly to be invested in Neurodevelopmental services to support the ASD strategy for CYP – this may be appropriate to scope LD consultant for CAMHS which could be commissioned across Sandwell and Wolverhampton depending on numbers. £30,000 to be used for recurrent funding of post identified from previous years.
2020/21 £197,000	There is approximately £197,000 for investment in services going forward and it is felt that investment in primary care workers for CYP should be considered at this time once other services have been reviewed and redesigned if necessary	£197,000 potentially for investment for primary care workers and possibly for Core CAMHS. Also some of this funding will have to be identified to undertake additional CYP IAPT training.

Progress against the plan will be reported initially as part of the CAMHS transformation board, feeding into the Better Care Fund Programme Board. An action plan has been developed against work needed to be undertaken to ensure that progress is clearly demonstrated. This is seen in appendix 3. Outcomes and outputs will be clearly seen with the completion of the actions.

Risks are available in appendix 10 with the detail and mitigating actions that are in place. One of the key risks to delivery of the Local Transformation Plan is the workforce and the difficulty with being able to recruit suitably qualified staff with the relevant experience and competencies to be able to support the implementation of the plan in a timely fashion. Regionally and nationally there have been challenges in recruiting suitably qualified staff to any CAMHS posts which are available and this

has been evident in the Black Country where the area is densely populated and staff can move too easily for different specialist Mental Health roles across trusts. Also there is a need for the CAMHS commissioners across CCGs and Local Authorities to engage in discussions with Health Education England and Skills for Care regarding the training needs of staff required given the future population needs of the Black Country and West Birmingham STP. Mitigating actions will be where consideration is given to alternative staffing structures and posts to ensure those in posts have the appropriate competencies to deliver the appropriate and necessary service. These competencies are listed as part of appendix 9 which highlights the pathways and staffing needs required in each area. There is a potential that some of these posts could be replaced with alternative solutions to specialist CAMHS.

The additional workforce has been found for the new Emotional Mental Health and Wellbeing Service (Beam) through the voluntary sector. There has however been a delay in mobilisation of the new service due to an issue with establishing where the service could be run from as well as the flow of data from both Beam and Kooth. It has only just been agreed by NHS England how Kooth can input their data into the MHSDS due to their data currently been anonymous and the definitions that they can use. The other risk involved is regarding training in CYP IAPT and ensuring that enough staff are trained appropriately and in turn, able to put in place the principles of CYP IAPT

Contracting levers can be used if the services fail to deliver the necessary changes or services required. It will be important for those members of staff who are EU nationals living and working in the UK. The Home Office has announced plans to test the EU Settlement Scheme with all health and social care workers from 26 November 2018. This means EU citizens working in the health or care sector will have early access to the scheme, before it is rolled out more widely in 2019. NHS Employers will be working with the Department of Health and Social Care and the Home Office to produce and disseminate communication materials that will help you best support your colleagues who need to register for the scheme. While the scheme does not open until 26 November, it is vital CCGs, trusts and voluntary sector services affected start preparing now by both identifying those staff who need to register and ensuring they are aware.

Assumptions have been made when looking to develop or procure new or extended services which will pose risks to service delivery if the assumptions used were not accurate. Most of these new services have been developed to meet the new targets set by NHS England or to increase the access rates for Children and Young People based on the trajectories that we have agreed.

There is a risk that the services may not meet the trajectory that has been set of 32% this year with further increases year on year going forward up until 2020. However, this is unlikely given the number of accepted referrals that are currently received into CAMHS as well as the fact that BCPFT had reached 19% of the access rate last

year. It is anticipated that the extra activity generated by Beam and Kooth will ensure that Wolverhampton reaches its access target. These services will be able to input their activity directly into the MHSDS, ensuring that the trajectory for access is met. Again contracting levers should be used to ensure that alternative options can be considered whilst waiting for the service to be delivered.

Also if these new services are not meeting the objectives set for the service, a redesign can be undertaken to establish how the funding can be used in a more appropriate manner to meet the objectives based on the lessons learned. There will be also be quarterly reviews of any new services being commissioned or designed to ensure that they are meeting the proposed trajectories and demonstrating their impact on access for CYP as well as quality of service commissioned.

The other issue that exists is the expectation that the CCG will take over the role of funding the evidence-based CYP IAPT courses from the increase in CYPMH funding. However, although this will improve the quality of the training received for staff employed within the services, it will impact on the availability of funding for the proposed additional services. Consideration is being given to commissioning a provider to deliver a training package in Wolverhampton to ensure staff gain knowledge in evidence-based interventions which can then be used to support embedding CYP IAPT principles into the service along with the use of Routine Outcome Measures and participation of the service users. BCPFT have already started to explore training which may fit into this category and have sourced a DBT course which can be delivered to a larger group of staff in a more timely fashion and at a more reasonable cost. This will offer some mitigations for the services where staff can be trained in a group setting and more local to place of work. Undertaking any training will increase the quality of the service and this will ensure that Children and Young People in Wolverhampton will receive an increase in the use of evidence based practice which can only impact on the quality of services delivered, in the city. Self Referrals, shared decision making and participation need to be introduced across services by 2020 but staff are concerned about children being able to self refer without discussions with parents/carers.

Another of the ambitions of the LTP is to demonstrate co-production in a practical way and increase service user participation. Wolverhampton specialist CAMH service completed a project last year, which saw the launch of a co-produced website ([www.blackcountryminds.com](http://www.blackcountryminds.com)), which was developed and designed by young people. The website is an on-going co-production initiative with further phases agreed. The website has won a Trust award from co-production and has benefited CYPF in numerous ways such as feeling “heard” and “important”, to gaining presentation skills and website coding experience for their CVs. The website has been shared with the Digital team from Headstart to explore the synergies and ensure consistency in information. Headstart’s digital offer (available at <https://www.headstartonline.co.uk/>) highlights innovation in relation to the use of social media and it is looking to use existing services that are already available

giving consideration to the sustainability of the service when funding for HeadStart is finished. Currently this offer provides signposting for CYP to support them to develop resilience and in raising their awareness of their own mental health and that of their peers, as well as preventing the development of lifelong mental health issues.

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

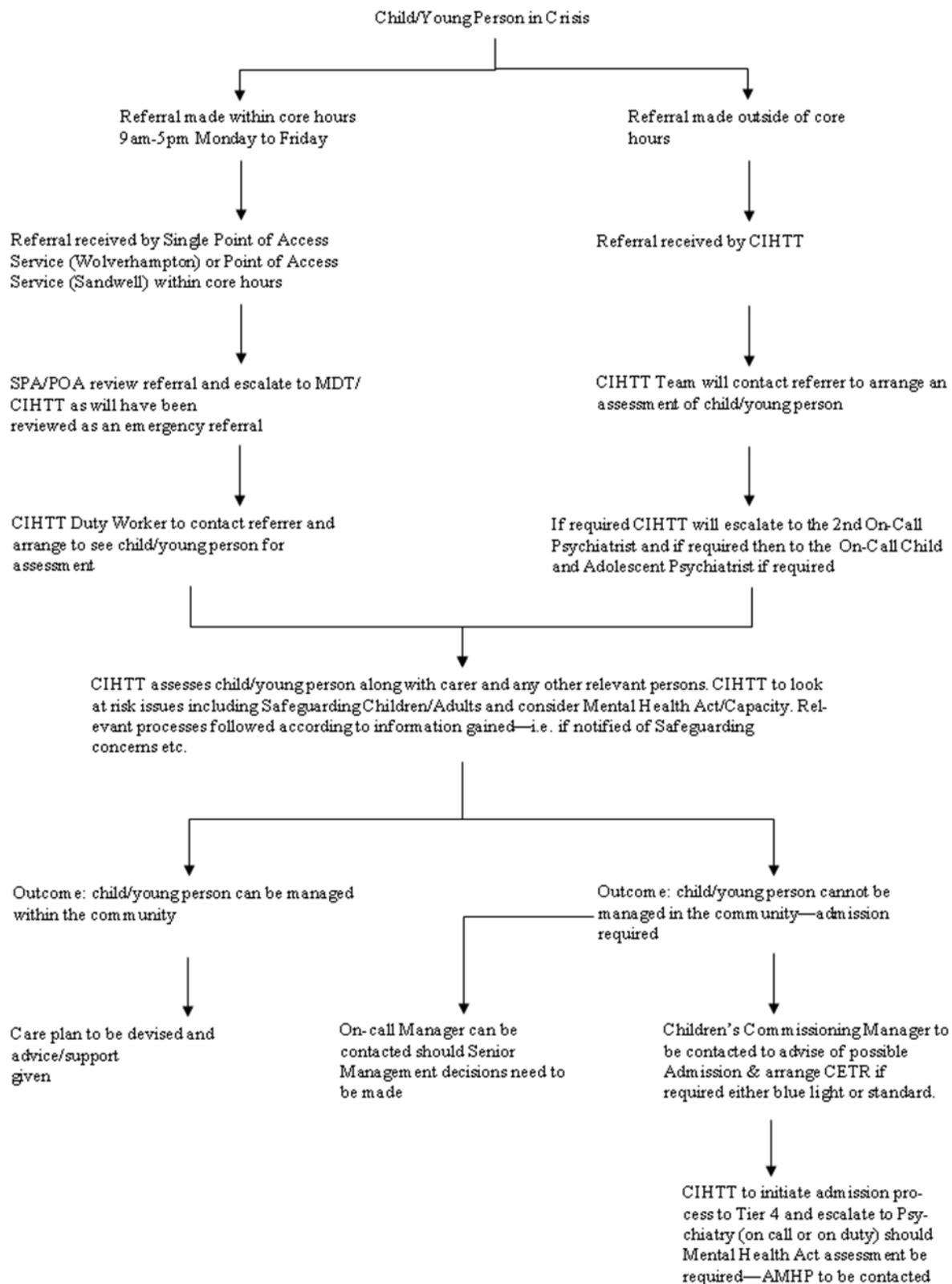
HeadStart has specifically shown an innovative approach to the use of social media, digital delivery and apps to ensure that Children and Young People are able to access information appropriate to their needs. This is part of their universal approach and will be a city wide mental wellbeing information and awareness raising offer. They use a range of Twitter accounts to publicise relevant information and draw attention to their offer for Children and Young People to access. XenZone who have Kooth as part of their online digital platform provide both online counselling as well as moderated platform for young people to engage in a forum and to seek advice via signposting online.

The HeadStart CAMHS link workers are innovative in that they straddle the test and learn programme of HeadStart, schools and specialist CAMHS as well as offering some input into the new Emotional Mental Health and Wellbeing service. When HeadStart is no longer available within the city these posts will be kept within the services as primary mental health working posts and potentially will be subsumed with the development of the new MHST services. The External Placement Panel Post (EPP) supports all of the young people who are funded via tri-partite funding, currently up to 23 children and young people, whose main identified needs are health but who also have social care and potentially education needs. This post helps to identify the mental health needs of the young people and ensures that the care provider is providing evidence-based therapy to meet the identified needs. This post also supports the social worker to identify appropriate care homes and if they will be able to meet the therapeutic needs of the young people. In particular the EPP post supports commissioning for outcomes as the needs of the young people are clearly identified with outcomes jointly set by the social worker and the nurse who is currently in the EPP post with continuous review as to whether the outcomes are being met.

Commissioning for outcomes is clearly evidenced where Routine Outcome Measures are used to demonstrate the start of the journey for all children and young people in the city and where they are at the end of their interventions clearly showing their progress.

Although Wolverhampton has made significant progress in the area of CYP and Mental Health and Emotional Wellbeing, and the CCG has used any NHS funding that it has received from Future in Mind funding as well as additional funding streams, to ensure Mental Health Investment Standard is met for CYPMH there is still a way to go. Wolverhampton CCG and the City of Wolverhampton Council have a collaborative working relationship with regards to commissioning to ensure that the right services are available at the right time and at the right place for Children and Young People as they need them. We will continue to strive to make a difference to our Children and Young People and their emotional Mental Health and Wellbeing, as well as specialist Mental Health needs as required. In the words of the Children's Commissioner for England now is a time to "Be bold, be brave and do not compromise. We can transform the provision of children's Mental Health care, and the rewards for doing so are enormous". (Anne Longfield OBE, Children's Commissioner.)

## APPENDIX 1 BCPFT CAMHS SPECIALIST MENTAL HEALTH SERVICE ESCALATION PROCESS



## APPENDIX 2 Governance structures

Terms of References are included for each of the committees mentioned in the transparency and governance section of the CAMHS transformation plan refresh.



G. Agenda item 8c -  
AppendixH5Commissic



Enc. 5.0 Revised  
DRAFT Terms of Refe



HeadStart Phase  
3-TORs and Org Struc



Agenda Item 3 -  
Terms of reference SI



Terms of Reference  
HWWB.docx

## APPENDIX 3 Action plan

DELIVERABLES	2018/19				2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Emotional Mental Health &amp; Wellbeing Service</b>												
Mobilisation & implementation of Beam - development of SPA to incorporate new service into specialist CAMHS												
Beam Started in April 2018												
<b>Capacity across the system using HeadStart funding</b>												
Regular conferences, workshops, teachmeets, and other events providing access to specialists and experts alongside HeadStart staff and partners - to be monitored quarterly												
Training in SUMO, Restorative Practice and other HeadStart approaches for all of the workforce through flexible delivery methods - monitored quarterly with schools progressing through four levels that build on each other.												
Training in the use of a common language and common approaches including the use of the HeadStart pathway, signposting and referral pathways, Early Help Assessments, and the use of Eclipse to include all staff across the system - monitored quarterly												
Peer Support Network with both a city-wide and local focus in the four geographical areas will bring the workforce working in HeadStart providers, schools and other services together to share experiences and good practice.												
<b>Procurement of online counselling services</b>												
Service began May 2018												
Work being undertaken to support Kooth inputting into MHSDS												
Service to be evaluated from Oct - Nov 2018 to establish if it should be recommissioned in its current guise.												
<b>Improving Data Quality</b>												
Number of new CYP who are receiving treatment from NHS funded community services to meet trajectories												

DELIVERABLES	2018/19				2019/20				2020/21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>CYP IAPT workforce training</b>												
Identify accurately numbers of staff that need to be trained following procurement of joint Emotional Mental Health and Wellbeing Service.												
Course fees indentified at relevant universities or alternative options												
Report to be written to Commissioning committee to confirm additional funding which can be used for backfill and/or training												
Places to be purchased where appropriate if required												
Staff to sign up to courses												
ROMs to be introduced to each service as staff undertake training.												
<b>Neurodevelopmental Services</b>												
Scope the needs of the group of CYP with ASD and LD including benchmarking and if LD consultant required.												
Engage focus groups												
Develop joint service specification with Sandwell and West Birmingham CCG / STP if appropriate												
CVO to be completed for funding if service is developed with clear KPIs developed												
New service starts if appropriate - April 2019												
Service to be evaluated												
<b>Development of Self Referrals into CAMHS &amp; Emotional Mental Health and Wellbeing Services</b>												
Scoping how self referrals can be made into services												
Liaise with services how they could support the implementation of self referral												
Implementation plan providing a clear self-referral process is available for all children, young people and/or parents/carers (as is appropriate for that service and compatible with local commissioning guidance.)												
Information is available in a variety of formats to support CYP and/or parents/carers to make direct contact												
Clear procedures are available to ensure young people voluntarily agree to attend the service												
<b>Additional CYP MH services in Wolverhampton</b>												
Scoping of existing services for CYP MH using focus groups												
Benchmarking across the country to establish what other services may be useful												
Service specification to be developed for new services												
CVO to be written as appropriate												
Service to be commissioned if appropriate												
Service begins April 2020												
Service to be evaluated												

## **APPENDIX 4 Education, training and workforce development strategy for CAMHS/LD 2017 - 2020**

### **Introduction**

The Trust values the importance of education and training both to develop its own workforce and to support the delivery of high quality care on a sustainable basis, and to play a part in the wider training of the future workforce within the NHS.

This is of increased importance when services are undergoing major organisational change as the Black Country Partnership NHS Foundation Trust is with both STP and TCT and the CAMHS redesign.

To support the Trust in ensuring its continuing role in education and training in this increasingly competitive environment and to support the CAMHS/LD workforce in the implementation of the new CAMHS/LD model of care this document sets out the priorities for CAMHS/LD education and training.

Investment in education and training also supports the creation of a CAMHS learning culture so that the new model of care has embedded up to date academic and research information and developments informing innovation and improvements in care and delivery that will benefit children, young people and families.

### **Mission and Vision**

Black Country Partnership NHS Foundation Trust CAMHS/LD is committed to using education and training to develop its workforce to support the fulfilment of its mission and vision to:

- Improve the mental health and wellbeing of our communities in Sandwell and Wolverhampton through the provision of high quality, coproduced mental healthcare
- To be the CAMHS of choice for the local communities recognised for its excellence and innovation in delivering mental health and learning disability care of the children, young people and families by a caring and valued workforce.

Education and training plays a crucial role in the implementation of our new model of care and in the development and retaining of a high quality and motivated workforce. It ensures that our CAMHS/LD workforce are fit and safe to practice, are as effective as possible within their roles, up to date with the latest learning and evidence based practice and continuously developing their skills whatever their discipline or level of responsibility within our provisions.

## Context

The CAMHS/LD provisions within the Black Country Partnership NHS Foundation Trust are commissioned by Wolverhampton and Sandwell and West Birmingham CCG's. Historically the origins and developments of the two workforce provisions have to some extent been shaped by the individual services with little joint planning or sharing as a whole Black Country Partnership NHS Foundation Trust CAMHS/LD provision. Such approaches can result in the lack of interdisciplinary learning and disconnected 'episodes' of care rather than a whole team approach.

The new CAMHS/LD model will have amongst its workforce 56 wte clinicians and the current administrative and clerical, ancillary and management and medical staff. There are staff members across all disciplinary groups including nursing, occupational therapy, psychology, counselling psychology, family therapy, psychotherapy, speech and language, social work and youth workers. Amongst the current workforce there are some professional training posts; within the new model we will review and build on training placements especially within nursing.

The key priorities for action in developing the workforce to deliver the new model are:

**Team learning and team working:** clarifying the role of a team approach to the delivery of care for children and young people and families in CAMHS/LD and ensuring that our young person's journey through the service is not hindered by repetitive assessments or waits.

**Service line management and clinical leadership:** to support local control, ownership and accountability for both the management and clinical oversight of the discrete elements of the service.

**Strengthening clinical supervision and people management:** developing interdisciplinary team approaches to interventions within the care constellations supports interdisciplinary learning and supports interdisciplinary clinical supervision. The workforce need to feel supported and feel that they get good management. Clearer management practice will support the defining of the management roles within CAMHS/LD.

**Leadership development:** providing positive leadership within care constellations through nurturing the Trust values in our clinical leaders to support the developments and offer innovation and inspiration.

**Wellbeing of staff:** support staff to look after their health and wellbeing, helping them lead a fulfilled life with exercise, learning, connections and community.

Our education, training and workforce development strategy needs to support delivery of the Trusts priorities and these are dependent on good education, training and workforce development, they include:

- The Trusts quality agenda
- The Trusts risk management strategy
- Work on specific projects through the Project Management Office e.g. CIP programme

A specific CAMHS education and training strategy will also support skills development and the creation of new or enhanced roles that can help CAMHS deliver more cost effective care through changes in skill mix as it wrestles with the challenge of reducing cost and maintaining and improving service quality. The Trust has a CIP requirement of around 4.5% each year.

Staff that receive education and training feel that they are the beneficiaries of investment in their development and are more likely to feel motivated and less likely to leave our CAMHS; hopefully reducing recruitment and turnover costs whilst contributing to the national agenda of ensuring that we have adequately trained workforce in CAMHS.

## **CURRENT ACTIVITY AND DELIVERY**

### **Investment in Training across Sandwell and Wolverhampton CAMHS 17/18**

- 30 clinicians across Specialist Mental Health (CAMHS, CAMHS Crisis, Eating Disorders and Early Intervention Psychosis Service) have received the diploma level Dialectical Behaviour Therapy (DBT) training. DBT has evolved from the go-to treatment for borderline personality disorder to one of the most recognised and sought after therapies for a variety of difficult to treat client problems. The increasing pressure to adopt treatments that work and in adolescents can prevent escalation of emotional dysregulation symptoms, makes DBT skills and strategies a must-have for all types of therapists. A range of multi-disciplinary clinicians within our services have completed this training.
- 10 clinicians attended the National training for Eating Disorders. A range of multi-disciplinary professionals attended this year long training to support the implementation of the Community Eating Disorder Service – Children Young Peoples model implementation. Training goals included; develop multidisciplinary eating disorder teams, understanding the complex nature of eating disorders, develop a strong team culture, develop early intensive skills, training and ongoing support and supervision, adopt core CYP-IAPT principals and evaluating the impact of training on transformation of eating disorder provision through engagement in national research post the training.
- Continued attendance at the C&YP IAPT training modules. 2 clinicians commenced the transformational leadership training, 1 completed the SFP clinical supervisors training, 2 clinicians attended the CBT module and 1 clinician attended the enhanced evidence based training. We have also support 4 clinicians from our Sandwell and Wolverhampton C&YP IAPT

partnerships to attend either the CBT or SFP training by providing either placements and continuous supervision and pastoral support, or by providing clinical supervision and pastoral support.

- 1 clinician has commenced and completed the foundation training for systemic family therapy and 1 clinician has commenced and completed foundation for integrative psychotherapy.
- 3 clinicians attended non medical prescribing training for nurses to support a multi-disciplinary approach to the development of ADHD clinics.

### **Investment in training across Sandwell and Wolverhampton 18/19**

- C&YP IAPT applications have been made for both the recruit to train and the well-being practitioner training. We have made 2 applications for the systemic family therapy recruit to train course to continue the development of our systemic family therapy team and 2 applications for the well-being practitioner training. We have also applied for 2 further places on this training for partners and we will be provided the clinical supervision and support for these placements. We are waiting to hear from HEE and the Midlands Collaborative around these trainings.
- We will be purchasing 15 places on CBT training at diploma level to support the embedment of C&YP IAPT principals and to have a 'whole team' common approach to CBT in our clinical work. We waiting to hear if our CCG's will support us with this training.
- 2 clinicians have been supported to attend Autism Diagnostic Observation Schedule (ADOS) training to support our multi agency pathway approach to assessment of children and young people.
- Continued commitment to completion of integrative psychotherapy training for 1 clinician and review of continued SFT training.
- CBT for Eating Disorder – this whole team approach will be delivered locally by one of the UK's leading independent providers of training in mental health and related areas. Covering the full range of eating disorder presentations (across the age range) and looking at diagnostic dilemmas the course addresses the complex causes of an individual's eating disorder alongside a cognitive behavioural understanding and techniques for maximising the chances of a successful intervention.
- 1 clinician from our ED team is also attending training with BEAT.
- Eye Movement Desensitisation and Reprocessing (EMDR) therapy is one of the most significant and innovative developments for decades in the treatment of psychological trauma related conditions. It is a therapy intervention that is supported by extensive research and recommended for the treatment of PTSD in national and international guidelines including National Institute of Clinical Excellence (NICE) an the World Health Organisation (WHO). Wolverhampton CCG are supporting this training and

its implementation in Wolverhampton CAMHS and our partnership project with UASC.

- PBS (Positive Behaviour Support) training for core CAMHS at baseline level and intensive training for CAMHS/LD.

### **Trust Mandatory Training**

The Trust mandatory training and some core clinical skills training is provided by the Trust and in recent years has been developed to make use of on-line e-learning as much as possible to reduce the need for face to face training and increase accessibility for all clinicians. The capture of training status/records has also been improved using the Electronic Staff Record (ESR) to hold training data. Excellent appraisal and personal development processes supports continuous learning for all CAMHS clinicians.

### **Summary**

The CAMHS training strategy is to support the Trusts overall training and workforce strategy to ensure the skills, competence and abilities of all CAMHS staff are maximised and are aligned with high quality, clinically effective and safe care and that education and training delivery is coordinated and overseen effectively. It is also intended to promote a collaborative approach to delivery of learning and development and key partners in this will be other NHS providers, Sandwell and West Birmingham and Wolverhampton CCG, Midlands Collaborative and Health Education England.

(document review April 2019)

## APPENDIX 5 - Trajectories for Children and Young People with Eating Disorders

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

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

This table is for the urgent cases of Children and Young People with Eating Disorders.

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

## APPENDIX 6 Wolverhampton CAMHS Transformation Programme Performance Framework

This Performance Framework articulates the key performance indicators for all commissioned services that are contributing towards improving child and adolescent Emotional Mental health and wellbeing in Wolverhampton.

The portfolio of services commissioned are as follows:

1. BEAM (Childrens Society) Tier 2 CYP Emotional Mental Health and Wellbeing service.
2. BCPFT – Tier 3 Specialist CAMHS, Eating Disorders, Crisis, Home Intervention and Treatment Team, Inspire (Learning Disabilities)
3. Kooth provided by XenZone - Online online counselling and support service for children and young people aged 11 -19 whilst also providing an accessible, safe, secure, moderated website with online community features
4. Barnados STAR- Specialist Intensive Family Therapeutic Support multi- disciplinary specialist service providing high level intensive support for CYP and parents/ carers with high level complex need.

The following sections of this document details the current performance management metrics currently reported by each of these services.

### 1.Wolverhampton Beam Quarterly Monitoring report template

Performance Indicators	
<p><b>Activity</b>            At least 70% of staff time will be used to deliver interventions            1.0 full time staff to be based in the SPA            To provide evidenced based planned one to one interventions and group based targeted interventions for a minimum of 1200 children and young people per annum.</p>	
<b>Service Delivery (quarterly reporting)</b>	
<b>Performance Indicator</b>	<b>Threshold (per annum)</b>
* Indicates this is a HeadStart target and reach figures to be finalised at contract negotiation	
*No of individual young people supported	1200
Number of Outcome focussed plans developed and signed	100%

*Number of service users completing intervention in a planned way (as stated in individual Support Plan)	80%
Number of young people leaving the service prior to completion of their OFP plan. Over 10% explanation required	<10%
% of referrals accepted/ not accepted (will be required to provide reasons)	80%
Time between date of referral and date intervention commences / percentage that take over 30- working days. <ul style="list-style-type: none"> <li>• 90% should be seen within 30 working days</li> <li>• 100% should be seen within 50 working days</li> </ul> Exception reports expected if they fall outside these thresholds	<10%
All children and young people referred to the service will be contacted and initial appointment arranged within 5 days of referral.	<10%
Number of needs assessments refused by the young person. Over 10% will require explanation	
Nature of presenting issues. Please list	
% of referrals in the past 12 months which are re-referrals	
a) Number of onwards referrals made. <ul style="list-style-type: none"> <li>• Name of service</li> <li>• nature of / reason for referral</li> </ul> Referrals made to adult services in respect of other family members.	
No and % DNAs of all appointments	
Please summarise any consultation and participation activities undertaken	
Number of Compliments	
Number of Complaints (please provide details)	
* % of service user's satisfaction with service	80%. If below, please explain
* Evidence of improvements made to service as a result of feedback	
Qualified staff in place	100%
Turnover of staff	30%. If high staff turnover, please explain
No of staff CYP IAPT trained	
No of staff who have applied to be CYP IAPT trained this quarter	
% sickness absence	
No of vacant posts within service	

## HeadStart Wolverhampton Contract Reporting template for BEAM contract

Headstart age group is 10-16 years.

Performance Indicators	
H1	Number of young people supported by <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Postcode</li> <li>• School</li> </ul>
H2	Number of service users completing intervention in a planned way (as stated in individual support plans)
H3	% of young people reporting improved peer networks as a result of intervention
H4	% of young people reporting improved confidence and self esteem
H5	% of young people reporting stronger family networks
H6	Number of group sessions delivered
H7	Number of parents/ carers attending and completing interventions
H8	% of services users satisfied with the service. If below 80% an explanation is required
H9	% of young people accessing the service who would recommend it to a friend or peer
H10	Evidence of improvements made to service as a result of feedback
H11	Numbers of children and young people referred to specialist CAMHS
H12	Numbers of children and young people referred back to universal services/ support e.g. places to go activities
H13	For young people aged 14,15,16, how many register as those identifying as LGBTQ
H14	For young people aged 14,15,16, how many register as those who have a family member with a history of mental health issues
H15	For young people aged 14,15,16, how many register as those who are young carers
H16	For young people aged 14,15,16, how many register as those at risk from or involvement in crime/gangs/ youth violence
H17	For young people aged 14,15,16, how many register as new arrivals and or ROMA
H18	For young people aged 14,15,16, how many register as black, Asian or other minority ethnic group (BAME)
H19	For young people aged 14,15,16, how many register as those who have/are witnessing domestic abuse
H20	For young people aged 14,15,16, how many register as having learning difficulties/ disabilities
H21	Number of young people supported who were also seen in the previous quarter
H22	% of young people wellbeing improving
H23	% of young people wellbeing regressing
H24	Number supported through transition to adult services
H25	% of users who have experienced suicidal feelings % of users who have received support to manage their feelings

H26	% of users who have confirmed they are self-harming % of users who have received support to manage their feelings
H27	Number of young people supported through collaborative interventions/ services

## 2. Black Country Partnership Foundation Trust

Performance Indicators			
Ref	Indicator	Threshold	Frequency of reporting
LQCA01	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard)' in 'Documents Relied Upon'	>90%	Monthly
LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	>80%	Quarterly
LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	>95%	Monthly
LQCA04	Every person presenting at A&E with crisis seen within 4 working hours (i.e. referrals received between 08:00 and 12:00). The clock starts when A&E make the referral to crisis.	100%	Monthly

<b>IRCA02</b>	Total number of referrals received and source. (Total numbers, plus LAC)	Quarterly	Appendix IRCA02
<b>IRCA03</b>	Number and reasons for discharge for referrals received and not taken on	Quarterly	Appendix IRCA03
<b>IRCA06</b>	Length of episode	6 Monthly	Average number of Days
<b>IRCA06a</b>	Length of episode for looked after children specific	6 Monthly	Average number of Days
<b>IRCA08</b>	Number of CYP known to CAMHS who are either on Child Protection Plan or Child in Need	6 Monthly	Number
<b>IRCA11</b>	Numbers of CAMHS LAC referrals and reasons (attachment, self-harm etc)	Monthly	Appendix IRCA11
<b>IRCA12</b>	Classification of diagnosis and therapy received - CAMHS [BCP should answer 'Yes' or 'No' on the proviso that a audit could be done to establish whether or not this is being recorded for 95% of cases]	Quarterly	Results from audit to be reported quarterly at CQRM
<b>IRCA14</b>	Number of LAC DNAs/cancellations/reasons and follow up	Monthly	Appendix IRCA14
<b>IRCA16</b>	Number of open LAC cases [If in the month of July BCP has 360 open CAMHS cases, how many are LAC]	Monthly	Number

<b>IRCA21</b>	95% of all non-urgent EIS referrals receive initial assessment within 10 working days, of these how many were LAC specific	Monthly	Total Number of non-urgent EIS referrals
			Number that received initial assessment within 10 days
			Number of Cases that were LAC
<b>IRCA23</b>	Number of out of area LAC patients that are seen in Wolverhampton	Monthly	Number
<b>IRCA24</b>	Number of patients seen by Crisis Team on acute wards (excluding self harm)	Monthly	Number

EH9	The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period	Target to be agreed. WCCG Target: 32%	Review of Service Quality Performance Reports	Quarterly
EH10a	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (0-19 year olds)	95%	Review of Service Quality Performance Reports	Quarterly
EH11a	Number of CYP with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (0-19 year olds)	95%	Review of Service Quality Performance Reports	Quarterly
EH10b	Number of patients with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (19	95%	Review of Service Quality Performance Reports	Quarterly

	year olds and above)			
EH11b	Number of patients with ED (urgent cases) referred with suspected ED that start treatment within 1 week of referral (19 year olds and above)	95%	Review of Service Quality Performance Reports	Quarterly
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care*	For the period 1 April 2017 to 31 March 2018, operating standard of 50%. From 1 April 2018, operating standard of 53%	Review of Service Quality Performance Reports	Quarterly

### 3. BARNADOS STAR SERVICE

#### Barnardo's Quarterly Contract Monitoring Performance Indicators

Performance Indicator		
Service Delivery		
Indicator	Threshold	Reporting Frequency
Total number of referrals		Quarterly
No of families supported -	60 families per annum	Quarterly
Number of Outcome focussed plans developed and signed -	100%	Quarterly
Number of service users completing intervention in a planned way (as stated in individual Support Plan)	80%	Quarterly
Number of edge of care referrals who did not become LAC since interventions (minimum 6 months)	80%	Quarterly
Number of LAC placement breakdown prevented as a result of the intervention (minimum 6 months)	80%	Quarterly
% of referrals accepted/not accepted (will be required to provide reasons)	80%	Quarterly

Performance Indicator		
LAC Edge of Care Early Intervention		
Number and % of families not engaging with service Provider will need to demonstrate they have been proactive in trying to engage with families.	<20%	Quarterly
Number and % of families that have stopped engaging with the service prior to completion of support plan Provider will need to demonstrate they have been proactive in trying to engage with families.	<20%	Quarterly
Time between referral received and commencement of activity. % that take over 10 working days LAC Edge of Care Early Intervention Please provide reason why referrals have taken over 10 days	<20%	Quarterly
<b>Views of Service users</b> <b>This section to be completed at closure of each case, when all service users have had support and feedback will be obtained</b>		
Please summarise any consultation and participation activities undertaken <ul style="list-style-type: none"> <li>- 4 week engagement programme completed</li> <li>- Therapeutic intervention work</li> <li>- Outcome focussed plans commencing</li> </ul>		
Number of Compliments		
Number of Complaints (please provide details)		
% of service user's satisfaction with service	80%. If below, please explain	
<b>Staffing</b>		
Qualified staff in place	100%	
Turnover of staff	30%. If high staff turnover, please explain	0%

4. Kooth provided by XenZone

**Kooth Quarterly Contract Monitoring Performance Indicators**

Performance Indicator
Number of new registrants
Number of active users
Numbers of sessions delivered
Number mail messages sent
Number and times of login
% of users who are BAME
% of users who are male / female
The issues presented by young people accessing the service (by location)
How young people rated the session regarding the therapeutic alliance
How young people rated the provider
Registrations by age
Registrations by location
% of users who have experienced suicidal feelings and % of users who have confirmed they are self-harming and received support from the service to manage their feelings
YP core scores re mental health and wellbeing; % of young people improving, % no change, % regressing

## APPENDIX 7 Data Report across the Black Country STP for Children and Young People - Access Rates

West Midlands		Locally sourced performance July 18	Locally Sourced Performance September 2018 Provided by NHSE Regional	Known data quality issues	Specific actions and timeline	Specific Actions and Timeline - September 2018 Update (to include Key issues, Recovery Plan with clear actions, and Recovery date)
NHS Dudley CCG	6.1%	37.2% (625)	8.0%	<p>D&amp;WMHT BCPFT is improving its up loading process and better aligning with CAMHS Operations. Also a new EPR is being introduced but it is not clear that implementation will be in time for this years returns.</p> <p>The 3rd Sector providers 'The What Centre' and Barnardo's have signed up to flow data into MHSDS. The Phase Trust are working with Barnardo's to use their portal.</p> <p>A national agreement is being negotiated between NHSE and Kooth to allow the flow data with Nov 18 now targeted.</p>	<p>1. The Trust is migrating to a new PAS system where CAMHS are identified as the first service to migrate</p> <p>2. Episode creation within MHSDS linking MHS101, MHS201 - required for May return in July 18</p> <p>3. All CAMHS teams encounters to be included in MHS201 - target for April Refresh 23 June 2018</p> <p>Sept 2018 Update (BLACK COUNTRY STP-WIDE):</p> <ul style="list-style-type: none"> <li>• All CCGs are working with an STP appointed programme manager and to an agreed implementation plan since August 2018. The target is to have all significant providers uploading for QTR 3</li> <li>• Third sector providers (The What Centre, Barnardos, Phase Trust and Kooth) are being supported to work with NHS Digital and the NHSE IST so as to allow uploads to commence.</li> <li>• Maintain dialogue with provider performance and operational leads to identify and problem solve data accuracy and reporting issues.</li> <li>• Continue to support ongoing education provided by NHSD and NHSI in this area.</li> </ul>	<p>Recovery Plan</p> <ol style="list-style-type: none"> <li>1. The CCG Commissioning lead is meeting regularly with the Trust so as to ensure that requirements are met.</li> <li>2. The What Centre are to be offered support from Wolverhampton CCG (on behalf of the STP) to upload the data using an interim data file.</li> <li>3. Barnardos and Phase Trust are working together to up load.</li> <li>4. It is understood that Kooth are awaiting NHSE Policy approval regarding their definitions of contacts and the allowance of anonymity.               <ul style="list-style-type: none"> <li>o Recovery Date - The target is to have all significant providers uploading for QTR 3</li> <li>o IST Support - The IST Team are providing high levels of support.</li> </ul> </li> </ol>
NHS Sandwell and West Birmingham CCG	11.0%	32% (330)	10.2%	<p>The CCG have concerns that that the BSOL numbers may contain west Birmingham activity and intend to look into this issue.</p> <p>SWBCCG has a number of providers of this service. The 11% and 10.2% reported here are just those being seen</p>	<p>BCPFT</p> <p>Data flowing and quality good</p> <p>FTB</p> <p>A Data Quality Improvement Plan (DQIP) is being agreed with FTB.</p> <p>3rd Sector providers</p> <p>The CCG is confident that the impact of</p>	<p>Recovery Plan</p> <p>According to the latest June '18 data sent out S&amp;WB have provided 575 patients with CYP MH services. This still shows that we're achieving 17% and not the 32% as planned.</p> <ol style="list-style-type: none"> <li>1. Kaleidoscope are to be offered</li> </ol>

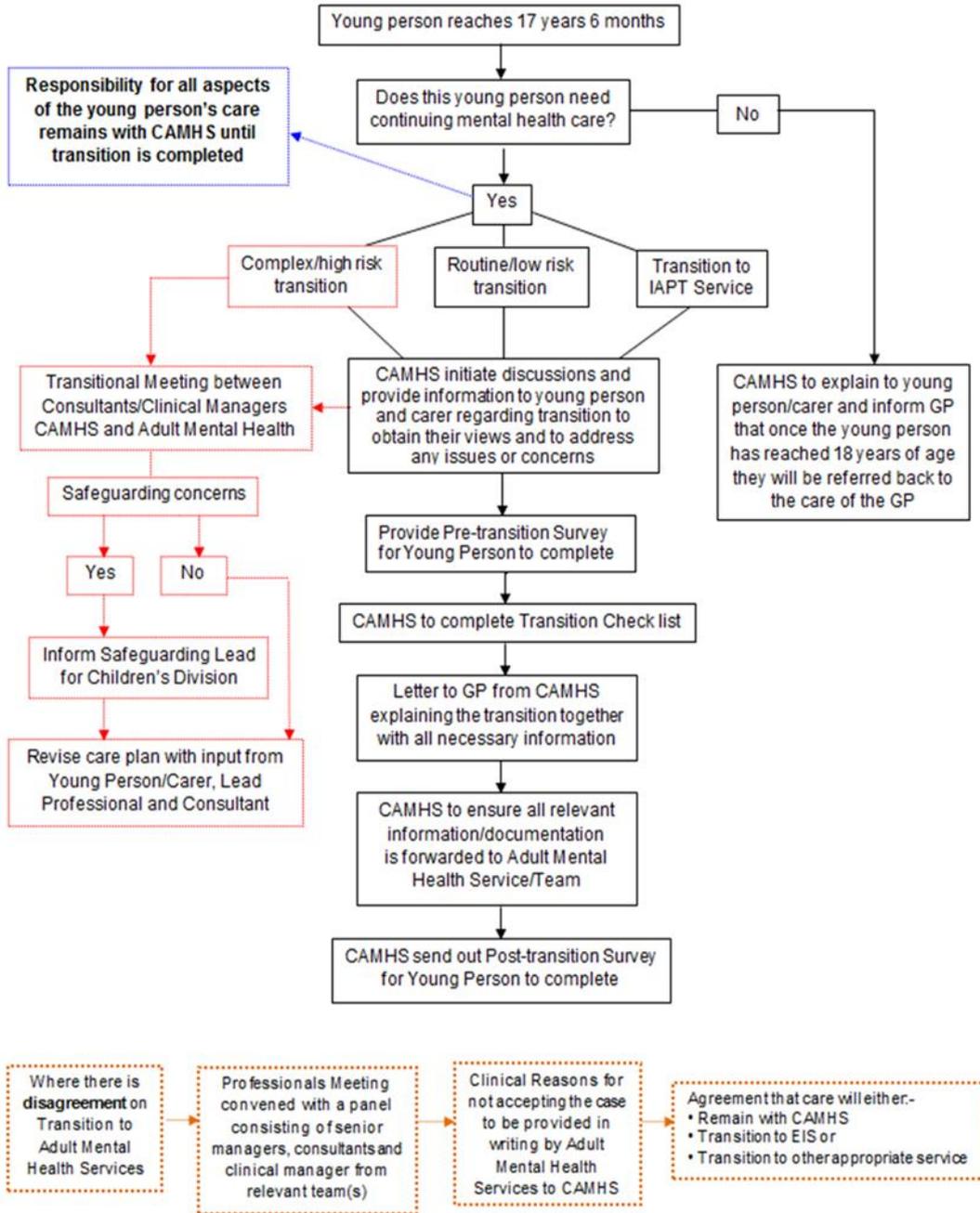
				<p>by the NHS Providers.</p> <p>Black Country Partnership FT (BCPFT) Currently input into MHSDS and have undertaken significant data cleansing in conjunction with NHS Digital to ensure accuracy of information inputted.</p> <p>Forward Thinking Birmingham (FTB) - Birmingham Children's Hospital Data from Birmingham Women's and Children's Hospital is also flowing, data quality continues to be monitored.</p> <p>3rd Sector Providers. The CCG has 3 Third Sector providers - The Children's Society, Kaleidoscope and Kooth. The Children's Society made their first upload in July 2018. Work is on-going with Kaleidoscope. A national agreement is being negotiated between NHSE and Kooth to allow the flow data with Nov 18 now targeted</p>	<p>these services will be the overall achievement of the target.</p> <p>Sept 2018 Update (BLACK COUNTRY STP-WIDE): • All CCGs are working with an STP appointed programme manager and to an agreed implementation plan since August 2018. The target is to have all significant providers uploading for QTR 3 • Third sector providers ( Kaleidoscope and Kooth ) are being supported to work with NHS Digital and the NHSE IST so as to allow uploads to commence.</p> <ul style="list-style-type: none"> <li>• Maintain dialogue with provider performance and operational leads to identify and problem solve data accuracy and reporting issues.</li> <li>• Continue to support ongoing education provided by NHSD and NHSI in this area.</li> </ul>	<p>support to upload the data.</p> <ol style="list-style-type: none"> <li>2. The Children's Society are uploading and being monitored.</li> <li>3. It is understood that Kooth are awaiting NHSE Policy approval in Oct 2018 regarding their definitions of contacts and the allowance of anonymity.</li> </ol> <ul style="list-style-type: none"> <li>o Recovery Date - The target is to have all significant providers uploading for QTR 3. It is thought that it will be possible to submit the data by the Dec '18 window, using Nov '18 data</li> <li>o IST Support - The IST Team are providing high levels of support.</li> </ul>
NHS Walsall CCG	5.5%	32.1% (543)	6.5%	<p>D&amp;WMHT BCPFT is improving its uploading process and better aligning with CAMHS Operations. Also a new EPR is being introduced but it is not clear that implementation will be in time for this years returns. Currently contacts are attached to referrals only, not patient episodes this means a true pathway 1st, second contacts may not be linked and used for CYP MH Access rate to be measured. All CAMHS referrals have been brought into the MHSDS from January 2018 but contacts have not been included for the same teams. The two main teams for entry into the CAMHS service have been excluded at contact level</p> <p>The 3rd Sector providers number two - Walsall Psychological Health (WPH) and Kooth. WPH have committed to uploading.</p> <p>A national agreement is being negotiated between NHSE and Kooth to allow the flow data with Nov 18 now</p>	<ol style="list-style-type: none"> <li>1. The Trust is migrating to a new PAS system where CAMHS are identified as the first service to migrate</li> <li>2. Episode creation within MHSDS linking MHS101, MHS201 - required for May return in July 18</li> <li>3. All CAMHS teams encounters to be included in MHS201 - target for April Refresh 23 June 2018</li> </ol> <p>Sept 2018 Update (BLACK COUNTRY STP-WIDE): • All CCGs are working with an STP appointed programme manager and to an agreed implementation plan since August 2018. The target is to have all significant providers uploading for QTR 3 • Third sector providers ( Walsall Psychological Health and Kooth ) are being supported to work with NHS Digital and the NHSE IST so as to allow uploads to commence.</p> <ul style="list-style-type: none"> <li>• Maintain dialogue with provider performance and operational leads to identify and problem solve data accuracy and reporting issues.</li> <li>• Continue to support ongoing education</li> </ul>	<ul style="list-style-type: none"> <li>o Recovery Plan</li> </ul> <ol style="list-style-type: none"> <li>1. The CCG Commissioning lead is meeting regularly with the Trust so as to ensure that requirements are met.</li> <li>2. Walsall Psychological Health Centre are to be offered support from Wolverhampton CCG (on behalf of the STP) to upload the data using an interim data file.</li> <li>3. It is understood that Kooth are awaiting NHSE Policy approval regarding their definitions of contacts and the allowance of anonymity.</li> </ol> <ul style="list-style-type: none"> <li>o Recovery Date - The target is to have all significant providers uploading for QTR 3</li> <li>o IST Support - The IST Team are providing high levels of support.</li> </ul>

				targeted.	provided by NHSD and NHSI in this area.	
NHS Wolverhampton CCG	19.9%	32.2% (497)	20.7%	Black Country Partnership FT (BCPFT) Currently input into MHSDS and have undertaken significant data cleansing in conjunction with NHS Digital to ensure accuracy of information inputting. 3rd Sector Providers. The CCG has 2 3rd Sector providers - The Children's Society and Kooth. The Children's Society made their first up load in July 2018. A national agreement is being negotiated between NHSE and Kooth to allow the flow of data with Nov 18 now targeted	It should be noted that the new Children's Society service needs to settle down before it can be mapped to a planned recovery date. However the CCG is confident that the impact of the new services will be the overall achievement of the target of 32% for 2018/19 and will be actively monitoring and managing performance in year. Sept 2018 Update (BLACK COUNTRY STP-WIDE): • All CCGs are working with an STP appointed programme manager and to an agreed implementation plan since August 2018. The target is to have all significant providers uploading for QTR 3 • The remaining 3rd sector provider ( Kooth) are being supported to work with NHS Digital and the NHSE IST so as to allow uploads to commence. • Maintain dialogue with provider performance and operational leads to identify and problem solve data accuracy and reporting issues. • Continue to support ongoing education provided by NHSD and NHSI in this area.	Recovery Plan 1. The up-loads from the Children's Society are being monitored. 2. It is understood that Kooth are awaiting NHSE Policy approval regarding their definitions of contacts and the allowance of anonymity. o Recovery Date - The target is to have all significant providers uploading for QTR 3 o IST Support - The IST Team are providing high levels of support. However the CCG are still awaiting dates for them to provide additional support around referral processes and integration of our new emotional mental health and wellbeing service and specialist CAMHS.

# APPENDIX 8

# Transition Pathway diagram

Young Person from CAMHS to Adult Mental Health Services



## APPENDIX 9 CAMHS Pathways, skills and Competencies

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

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

The care pathways within Wolverhampton CAMHS ensure that:

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

**Table** Care pathways offered with Wolverhampton CAMHS

<b>Mood Disorder Care Pathway</b>
<b>Challenging Behaviour Care Pathway</b>
<b>Anxiety Disorder Care Pathway</b>
<b>Attention Deficit Hyperactivity Disorder</b>
<b>Eating Disorder Care Pathway</b>
<b>Post-Traumatic Stress Disorder Care Pathway</b>
<b>Emerging Personality Disorder Care Pathway</b>

<b>Obsessive Compulsive Disorder Care Pathway</b>
<b>Parenting Care Pathway</b>
<b>Sleep Care Pathway</b>
<b>Feeding Care Pathway</b>
<b>Attachment Disorder Care Pathway</b>
<b>Psychosis Care Pathway</b>
<b>Self-Harm Care Pathway</b>
<b>Continence Care Pathway</b>
<b>Autistic Spectrum Disorder Care Pathway</b>

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

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

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

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

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

prescribing practice.

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

Anxiety assessments, identify appropriate interventions, understand the importance of controlling the controllable, countering, thought stopping, cognitive restructuring, applied relaxation – imagery or re-focussing, integrating somatic and cognitive techniques via multi modal interventions. Evaluation of the effectiveness of interventions.

CBT for anxiety, CBT for OCD, Group therapy,

All professionals trained in anxiety management techniques.

**Depressive Conditions**

Skills and competencies associated with delivering: Systemic family therapy for depression, CBT for depression, IAPT for depression, psychodynamic therapy for depression, counselling for depression

Wolverhampton CAMHS clinicians with additional competencies through professional training.

**Eating Disorder conditions**

Systemic family therapy will include following but list is not exhaustive - knowledge of systemic therapeutic approach, systemic approaches that enable therapeutic change, systemic theories of psychological problems, resilience and change. Conduct systemic assessment, develop and maintain engagement, develop systemic formulations and establish context for systemic change.

Co-ordinate multi-dimensional assessment including both medical and psychological into formulation of care planning.

Ability to deliver CBT/CAT/DBT therapy for Eating Disorders.

Wolverhampton CAMHS clinicians with additional competencies through professional training.

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

## APPENDIX 10

## Risks associated with the Emotional Mental Health and Wellbeing transformation

Key Risks/Issues		
Risk Description	Mitigating Action	Overall Score
There is a risk that the trust will not be able to meet the recruitment drive to meet the vision of the service going forward	Competencies required for posts have been identified clearly as part of the CAMHS refresh which will support alternative posts being considered as part of recruitment.	6
There is an issue with having CYP IAPT training courses available to meet the needs of the services going forward	Alternative courses are to be considered as part of the CYP IAPT programme so that it does not involve just the current menu of university courses that are available and will only allow for a limited number of staff to receive training.	6
Currently there are some NHS commissioned services that are unable to enter data through the MHSDS including Kooth and Beam	STP has employed a contractor to support the work that needs to be undertaken to ensure that these outstanding services are entering all of their data correctly onto the system and to ensure that BCPFT are accurately recording their data	6

