

TITLE	Local Transformation Plan for Children and Young people's Mental Health and Wellbeing
FOR CONSIDERATION BY	Health and Wellbeing Board on 8 October 2015
WARD	None Specific
DIRECTOR	Judith Ramsden – Director of Children's Services Gabrielle Alford – Director for Joint Commissioning Berkshire West CCG

OUTCOME / BENEFITS TO THE COMMUNITY

Facilitation of greater access and standards for CAMHS services, promoting positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

RECOMMENDATION

That the Board endorse the proposed plan prior to its submission for approval at regional level on the 16th October 2015.

SUMMARY OF REPORT

The Transformation plan is an NHS England requirement for system wide transformation over 5 years with plans signed off by local Health and Wellbeing Boards before additional recurrent funding is released to CCGs. Wokingham's Transformation Plan builds on our Early Help and Innovation Strategy and Emotional Wellbeing Strategy.

It sets out key areas to be addressed and a proposal of an order in which changes might be worked and what might be realistically achieved by April 16 including:

- Workforce training on emotional health and wellbeing across partners in Wokingham
- Reduced waiting times for specialist CAMHs
- Common Point of Entry building on our Early Help Hub.
- Joint commissioning of voluntary sector organisations where the Local Authority and CCG are currently commissioning independently
- Evaluate Short Term Care team
- Launch Young SHaRON
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Better access to local perinatal mental health services and advice
- Outcome framework developed and agreed across all partners
- Commission enhanced Eating Disorders service. Start delivery (subject to recruitment)

Background

On 7th September the Health and Wellbeing Board received a paper on implementing “Future in Mind”¹ in Wokingham Borough Council. That paper set out what was required by NHS England in terms of developing Local CAMHS Transformation Plans, and overview of work undertaken to date and identified key areas to be addressed in the Berkshire West Local Transformation Plan.

In August 2015, NHS England published guidance on how local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide transformation over 5 years with plans signed off by the local Health and Wellbeing Board before additional recurrent funding is released to CCGs.

The principles outlined in “Future in mind” were to:

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

The scope of Local Transformation Plans should cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable, making it easier for them to access the support they need when and where they need it (see section 4). They should include existing improvement initiatives such as the Crisis Care Concordat .That said, Transformation Plans will also need to include

¹ “Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing”, the report of the government's Children and Young People’s Mental Health Taskforce, was launched on 17 March 2015 by Norman Lamb MP, Minister for Care and Support. <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

an initial focus on some key deliverables for which the additional funding has been given.

The requirement of NHS England was that plans should:

- cover the whole spectrum of services for children and young people's mental health and wellbeing from prevention to interventions, for existing or emerging mental health problems, including in patient care and transitions between services;
- address the full spectrum of need including children and young people who have particular vulnerability to mental health problems for e.g. those with learning disabilities (LDs), looked after children and care leavers, those at risk or in contact with the Youth Justice System, or who have been sexually abused and/or exploited;
- align with LD Transformation Plans in LD "fast track" areas ;
- clarify local leadership and governance arrangements for children and young people's mental health and wellbeing to secure a whole system approach to delivery at local level;
- demonstrate evidence of joint working and collaborative commissioning approaches both within and across sectors to establish clear and coherent care pathways;
- describe the working arrangements with collaborative commissioning oversight groups in place between NHS England specialised commissioning teams and CCGs and with NHS England Health and Justice teams who have direct commissioning responsibility for the Children and Young People's Secure Estate. This includes transition to and from secure settings to the community for children placed on both youth justice and welfare ground; robust care pathways from Liaison and Diversion schemes and from Sexual Assault Referral Centres;
- set out the steps towards agreeing a clear role for schools and colleges locally including providing locations for delivering accessible services;
- ensure coherence with local priorities and the child mental health requirements in the existing 15/16 joint planning guidance; and critically
- set out clear metrics so that success can be measured and be transparent.

A joint Emotional Health and Wellbeing Strategy was agreed by the Health and Wellbeing Board in June 2015. It set out ambitious actions to accelerate local improvement in service delivery and was informed by the Healthwatch report and the CAMHS engagement report. That strategy set out the partnership offer from early help to intensive interventions including that provided by the voluntary sector. The focus of that strategy is on good mental health – with an emphasis on support for the most vulnerable children and young people, including those in care, those in contact with the criminal justice system (managed by the Youth Offending Service) and Children in Need.

In developing this plan there has been extensive engagement and joint working with

service users, families, referrers, practitioners and other stakeholders to benchmark the current provision of services across comprehensive CAMHS and to identify opportunities to develop the services to better meet local needs.

Analysis of Issues

The Transformation Plan has been agreed through a Co-production Network (a series of user and voluntary sector led events) and through the Children's Partnership Voluntary Sector network meetings.

A self-assessment was undertaken as part of the assurance process. CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network which took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services. This self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future in Mind for Berkshire West. It was felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.

As outlined in the plan, our main objective is to increase resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children whose needs escalate to require a specialist intervention or crisis response.

The detailed plan is contained in pages 19-27 of the attached report.

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff	15/16	A
	CPE open longer hours	15/16	A
	Technology development and roll out	onwards	A
	Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 onwards	A

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis)	15/16	A
	Prioritise higher risk cases, paying particular attention to Children in Care	15/16	A
	Ongoing risk review of those on waiting list	15/16	A
	Collect data from RBH on A and E attendances, wait times- identify any trends	From Q3 15/16 and 16/17	A, AT
	What can we learn as a system from YP who escalated into Tier 4? Those who stepped down from Tier 4?	16/17	A, V
	Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.	15/16 onwards	A, AT, V
	Use of on line platforms such as SHaRON and Yong SHaRON	15/16 onwards	A
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	CPE open longer hours-staff available for longer	15/16	A
	Embed new care pathway	15/16 onwards	A
Is there a need for a local intensive crisis home treatment team for CYP?	Evaluate learning and data from initiatives above Establish the interface with the transformed Eating Disorders service Develop options appraisal	Late 16/17	A
	Commission and implement service	17/18	
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate	Berkshire Adolescent Unit transfer to NHSE- MOU implemented	15/16	AT
	See also "Is there a need for a local intensive crisis home treatment team for CYP?" above	16/17	V

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
safe and timely discharge.	Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care Implement changes to community Eating Disorder services	15/16 onwards	A
Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions	Evaluate perinatal MH pilots in the community/ children's centres. Impact on take up of services for new mothers? Consider the recommendations.	15/16	R, W
	Commission enhanced perinatal MH service- RBH working with BHFT	15/16	R
	Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children	Q4 15/16 16/17	A, R,W, V
	LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements	TBC 17/18	AT, W, V
	Develop conduct disorder/ behaviour pathway building on learning from trials and evidence across the system Roll out conduct disorder/ behaviour pathway	18/19	A, AT, V
	Publicise and promote attendance at the Thames Valley trauma conference	15/16	A, W, V, R W
How far can we push integration? Enabling single points of access to increasingly become a key part of the	Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered	16/17	A, V

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working.	prior to referral to CAMHs? Should this also consider physical healthcare e.g. therapies?	15/16	A, W, AT
For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.	How does this differ to existing MASH and Early Help hubs? How does the current system link to SARCs, YOS and the Troubled families programme? Consider the feasibility of changes on a Berkshire West only basis	16/17	A, V, W
Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	How does a "Tier 2 or 3" child present? Unpick clinical thresholds and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.	Early 16/17	A, V
	Identify the skills needed in the workforce in order to respond to different levels of need/ complexity	15/16	A, V
	What can we learn from successful YOS and Troubled Families services re approach?	Late 16/17, early 17/18	A, V
	Overcome information sharing/ data collection issues between agencies	16/17	A, V, R
	Roll out changes	TBC	V,A
	Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour?	TBC	V,A
	Services for LAC placed out of area but within the Thames Valley?		
	YP who have been sexually exploited?	15/16 onwards	
	Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach		W, AT,

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	<p>service in the event of this moving from Specialised Commissioning across to CCGs</p> <p>Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively</p> <p>Is there a need to improve links with SARCs?</p>	16/17	V,A V
Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	<p>Linked to CPE work above BHFT working with service users to improve communications</p> <p>Will schools commit to having MH lead?</p> <p>Agree interface between BHFT and local services- clinical supervision, training</p> <p>Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention?</p> <p>How do we make the offer easy to navigate?</p>	<p>15/16</p> <p>16/17</p> <p>16/17</p> <p>16/17</p> <p>16/17</p>	<p>A</p> <p>A, W</p> <p>A,W,V, AT</p> <p>AT, R</p> <p>AT, R, A</p>
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	<p>CCG assurance visit</p> <p>Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.</p>	<p>15/16</p> <p>16/17</p>	<p>V, A</p> <p>V,A</p>
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for	BHFT expand children's toolkit to include Mental Health	15/16 and 16/17	A, R

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
children with SEN	Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	16/17	A, V
	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs and Disabilities (SEND)	ASD diagnostic waiting time standard in contract 15/16	15/16	A
	Recruitment underway BHFT 15/16	Q2 15/16	A, W
	DH guidance on LD and ASD expected.	Q2 15/16	AT
	BHFT expand children's toolkit to include ASD and ADHD	Q3 and 4 15/16	A, R, W
	BHFT develop internal neurodevelopmental pathway.	Q3 and 4 15/16	AT, A, W, V
	Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system.	15/16/17	A, AT, W
	Workforce training	16/17	W
	Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	16/17 onwards	A, V
Supporting self-care	Expansion of children's toolkit to include MH	15/16 and early 16/17 15/16	R, A
	Publicise Puffell apps developed in Berkshire once accredited	15/16	R, A

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	Reading pupils given MH self-care booklets- other areas to consider whether they wish to adopt this approach	15/16 onwards	R, A
	Launch Young SHaRON	15/16	R, A, V
Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.	Transition into adult services project Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers Embed changes	15/16 15/16 onwards 15/16 onwards	A A A
Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.	PPEPCare training to primary care and selected schools If bid successful, roll out school link pilot	15/16 15/16	W, R W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity	15/16 onwards to 19/20	W
	Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	16/17	W
	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes	16/17	W, R, A, AT, V
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	Scope LA, school and voluntary sector issues/ workforce development	16/17	W, R, A, AT, V
Building on the success of the existing anti-stigma			

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.			
<p>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p>	Develop Transformation Plan, HWBs to approve plans	Aug/ Sept 15	AT
	HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group,	Sept 15	AT
	Transformation Plans submitted to NHSE	Sept 15	AT
	JSNA	Q3 15/16	AT
	Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan)	Aug- Oct 15	AT
	NHSE approve plans and release funding	Q3 15/16	AT
Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.	Implement Open Rio (BHFT)	15/16	AT
	Start collecting data in accordance with new CAMHs minimum data set	From Jan 16	AT
	Develop outcomes framework across all providers and commissioners	Q4 15/16	AT, W
	Implement outcomes framework across all contracts and SLAs.	16/17	AT, W

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
	Offer Open Rio access to the voluntary sector once new system is gremlin free	16/17	AT, W
	Outcomes and progress to be reported up to HWB	15/16 onwards	AT
Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve?	16/17	AT, R
	Transparency of CCG financial arrangements	15/16	AT
	Transparency of LA financial arrangements	15/16	AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning	For 16/17 contract	AT, A
	Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	16/17	A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above	Q2/3 15/16	AT
	Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group JSNA update	Q3 15/16	AT

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

	How much will it Cost/ (Save)	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)			
Next Financial Year (Year 2)			
Following Financial Year (Year 3)			

Other financial information relevant to the Recommendation/Decision

Our intention is to develop aligned budgets to support this plan.

Reasons for considering the report in Part 2

N/A

List of Background Papers

Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Joint Emotional Health and Wellbeing Strategy

Health and Wellbeing Strategy

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