

**Worcestershire's Transformation Plan for Children and Young People's**  
**Emotional Wellbeing and Mental Health**  
**Plan Refresh autumn 2017**

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Cabinet Member with responsibility for Health and Wellbeing

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## **Foreword from John Smith, Cabinet Member with responsibility for Health and Wellbeing**

It is my pleasure to present Worcestershire's refreshed transformation plan for children and young people's emotional wellbeing and mental health. The Worcestershire plan is based on the recommendations from the Future in Mind report (Department of Health and NHS England, 2015) and forms a key part of delivering one of the key priorities within the Joint Health and Wellbeing Strategy 2016-21: Good mental health and well-being throughout life.

Our vision is to address the following key themes outlined in Future in Mind:

- Promoting resilience through a focus on prevention and early intervention
- Improving access to effective support
- Focus effort on support and care for the most vulnerable
- Increased accountability and transparency
- Improving the capability and quality of the workforce

This sits well with the Health and Well-being Strategy's commitment to prevention, and commitment to ensuring that services are effectively targeted and evidence based. The plan requires action by a range of different organisations across health, education and social care. This will enable a joined up approach to improve outcomes for children and young people's emotional wellbeing and mental health. We will ensure that organisations from across the sector will work together on commissioning and providing evidence based services which are targeted at those in greatest need.

We are determined to make a difference and will look at the whole system across Worcestershire to improve outcomes around emotional wellbeing and mental health.

## 1. Executive Summary

Worcestershire's Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health (2015–2020) was first published in October 2015 and updated in November 2016. This is a further updated version of the plan for 2017. Whilst the original plan was primarily focused on setting out a bold and wide reaching vision, and the 2016 refresh updating on planning and early phases of implementation, this version demonstrates that Worcestershire has made significant progress in turning its plan to improve the emotional wellbeing and mental health of children and young people in to reality.

In future years our intention will be to see further improved outcomes as a result of the investments and service developments implemented and sustainability with the provision of recurrent funding for these. It is also our ambition to actively engage and work with a wider range of partners and stakeholders, particularly in the areas of health promotion, prevention and early intervention, to develop a broader plan in order to deliver children and young people's health and wellbeing, in line with the aspirations of Worcestershire's Children and Young People's Plan.

The plan covers the populations of South Worcestershire, Wyre Forest and Redditch & Bromsgrove Clinical Commissioning Groups.

Data from NHS England shows that the number of admissions of children and young people to tier 4 inpatient CAMHS services has fallen significantly over recent years, demonstrating that as well as improving local services, Worcestershire's plan is contributing to a system wide breadth of transformation including the ambition of NHSE specialised commissioners to reduce reliance on inpatient care.

A number of new initiatives in the emotional wellbeing and mental health pathway have taken place in the last 12 months, including:

- Kooth.com launched in November 2016 – an online platform offering free access to counselling, advice and support to children and young people, which has seen around 1000 new registrations in the first 8 months of operation.
- Launch of schools and colleges emotional wellbeing toolkit in May 2017, giving comprehensive guidance and advice to support a whole school/setting approach including clear referral routes to other services.
- Launch in May 2017 of Reach 4 Wellbeing – a county wide team promoting and supporting emotional wellbeing for children and young people aged 5-19 years and offering short-term group support programmes
- Commissioning of additional counselling services for children and young people
- CAMHS CAST (consultation, advice, support and training) team operational since summer 2017 – providing schools, colleges and other universal services with a named contact who can support settings working with children and young people who are having difficulties with their emotional wellbeing or mental health.
- Specialist Community Eating Disorders Service for Children and Young People became operational in early 2017 - the new eating disorder model and pathway has been developed to help promote earlier identification and referral and reduce the number of young people going in to hospital for treatment by providing specialist treatment in the community.
- Extension in hours of CAMHS tier 3+ (intensive community support) service – now available 8am to 6pm Monday to Friday.

- Youth Mental Health First Aid and new Self Harm and Young People training courses offered free to a range of people working with young people, including teachers.
- Increase in clinical psychology time in the integrated service for looked after children (ISL) team, with new posts funded by the NHS transformation monies and children's social care.

These developments reflect national policy, including the NHS 5 Year Forward View published in October 2014 and the 'Future in Mind' report published in March 2015, as well as the priorities of our stakeholders and citizens, as seen in the consultation and engagement that has taken place both before and since the original plan was launched. For example; access to online support; greater support for schools and other universal services to help children and young people in their care to achieve emotional wellbeing and good mental health; and support for the most vulnerable young people in our communities.

This plan also continues to complement other strategies and priorities for Worcestershire, including:

- Worcestershire Health and Wellbeing Board's 2016-21 joint strategy
- Worcestershire Health and Wellbeing Board: Good mental health and wellbeing throughout life action plan 2016-2021
- Worcestershire's Children and Young People's Plan 2017-2021
- Herefordshire and Worcestershire Sustainability and Transformation Plan

The outcomes we expect to be achieved through the implementation of our plan are:

- More children and young people will develop resilience as a result of education and support from their families, schools and other settings and agencies.
- Children and young people who go on to use an emotional wellbeing or mental health service will report their health has improved as a result.
- Service users will give positive feedback on their experience of emotional wellbeing and mental health services.
- Referrers will give positive feedback on the emotional wellbeing and mental health services they refer to.
- Children and young people will have shorter waiting times for services.
- There will be fewer referrals to Tier 3 CAMHS and Tier 4 inpatient beds as a result of more effective early support and preventing escalation of needs.
- Service users transitioning between CAMHS and Adult Mental Health Services will report a positive experience.
- Fewer children and young people will attend A&E or require local hospital admission following self harm.

## 2. The Plan – updated October 2017

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.1. Create a transformation board to oversee the implementation of the plan.	Lead commissioner	<p>Interface group and Emotional Wellbeing stakeholder group already engaged.</p> <p>CAMHS Youth Board engaged.</p> <p>Transformation plan approved by NHSE</p>	<p>Children and Young People's Emotional Wellbeing and Mental Health Transformation Project Board to continue to meet monthly</p> <p>Continue to engage wide range of stakeholders through Partnership Board</p> <p>Refresh Local Transformation plan by 31<sup>st</sup> October 2017</p> <p>Sign off of the refreshed plan by the Health and Wellbeing Board</p> <p>Youth cabinet survey results analysed by January 2017</p>	<p>Transformation Board meets monthly</p> <p>Youth cabinet survey on young people's emotional wellbeing and mental health completed and results taken into account in plan refresh</p> <p>Partnership Board continues to meet and engage wide range of stakeholders</p>	<p>Active engagement by all partners, regular attendance at Board Meetings and actions to be RAG rated as Green within set timescales.</p> <p>The transformation plan to have children, young people and families involvement.</p>	Green

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.2. The universal workforce including midwifery, health visitors and school nurses promoting a whole community preventative approach to parenting, promoting resilience and emotional wellbeing and identifying those at risk	Public health commissioner	Emotional wellbeing/mental health were not priority outcomes in the pre-2015 service specifications	<p>New 0-19 public health nursing service, Starting Well, to be launched in Worcestershire in October 2016</p> <p>New parenting provider service in place October 2016</p> <p>0-19 Transformation board established by October 2016</p> <p>Ante-natal and post-natal mental health screening pathway to be signed off by all partners (including midwifery, health visitors and family nurse partnership) by March 2018</p>	<p>Starting Well service commenced in October 16 with full redesigned service model in place February 17. Quarterly contract monitoring meetings take place including full KPI review.</p> <p>New parenting providers model started December 16, with 2 service elements: a) a menu of parenting support/courses &amp; b) building community capacity.</p> <p>Integrated Targeted Family Support Board and Starting Well Transformation Board meets monthly.</p> <p>Maternal mental health pathway drafted.</p> <p>Basic awareness training is delivered for voluntary youth sector personnel based on Youth Mental Health First Aid principles.</p>	Service specification in place with KPIs monitored regularly.	Green

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
<p>2.3 Schools are taking a whole school approach to promoting positive emotional wellbeing. (e.g. Anti-bullying policies, PSHE, peer mentoring, etc)</p> <p>Schools are commissioning high quality, evidence based interventions to improve outcomes for children and young people.</p>	Lead Commissioner/ Public Health Commissioner	100% of schools have a health improvement plan highlighting specific targets identified from the Public Health School Profiles.	<p>Schools and colleges emotional wellbeing toolkit drafted and circulated for consultation by October 2016; final version launched in spring 2017.</p> <p>CAMHS CAST team (consultation, advice, support and training) to be commissioned as part of new CAMHS service specification in 2017/18</p>	<p>Schools and colleges emotional wellbeing toolkit has been completed and was launched to all schools in May 2017. Additional resources are shared with all settings through the Worcestershire portal as they become available.</p> <p>CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from September 2017</p> <p>Commissioners working with Babcock Prime on development of an emotional wellbeing pathway resource for classroom teachers, due for launch early 2018</p>	<p>100% schools will have access to good practice guidance on provision of an emotionally healthy school environment and quality evidence-based interventions.</p> <p>All schools will have named link worker in CAMHS CAST team.</p>	Green

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.4. A one-stop shop for information and advice around emotional wellbeing for children and young people and parent/ carers and professionals. (How to promote resilience and recognise signs of emotional distress/mental health issues/ eating disorders.)	Lead Commissioner/ Public Health Commissioner	Current referrals to Tier 3 is 2,548 for 2014/15  Current percentage of accepted referrals is 70% for 2014/15	Appointment of CAMHS SPA (single point of access) manager  Implementation of the online emotional wellbeing service (Kooth) December 2016  Face to face emotional wellbeing service (Reach 4 Wellbeing) implemented by February 2017  Implementation of CAMHS CAST (consultation, advice, support and training) team to support schools and other universal services  WCC 'Your Life Your Choice' (YLYC) platform to be web based one stop shop available to professionals, children and young people, and families/carers  Development of on line platform for emotional wellbeing in progress through YLYC and linking to schools portal	The referral process to CAMHS has been updated to include the new community eating disorder service  CAMHS SPA (single point of access) manager appointed February 2017.  New emotional wellbeing service commissioned and in operation as part of the Starting Well service – includes both face to face service (Reach 4 Wellbeing) and online platform (Kooth)  CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from Sept 17  WCC new 'Your Life Your Choice' website went live June 2017 and includes information and advice for children and young people on emotional wellbeing and mental health	Improving and understanding thresholds, leading to decrease in inappropriate referrals to all services as a result of better understanding of how best to meet children and young people's needs  Good uptake of new services which have been launched as part of plan implementation  (NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)	Amber



What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.5. The Children's workforce across all agencies will understand their role in promoting resilience and identifying and supporting emotional wellbeing and will be trained and supervised appropriately.	Lead Commissioner/ Public Health Commissioner	Youth mental health first aid training available in the county	<p>Youth mental health first aid (YMHFA) to be accessible across the whole of the children's workforce by October 2016</p> <p>Procurement of further STORM training</p> <p>Procurement of self harm training one day course by January 2017</p> <p>Implementation of CAMHS CAST (consultation, advice, support and training) team to support schools and other universal services</p> <p>Revised levels of need guidance published by Worcestershire Safeguarding Children Board (WSCB) available to the children's workforce across all agencies which includes reference to emotional wellbeing and mental health</p>	<p>Regular meetings continue with workforce development team to plan the suite of training for the children's workforce</p> <p>YMHFA and STORM training continued and new self harm training commenced during 16/17. 74 delegates attended YMHFA training in 16/17.</p> <p>CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from Sept 17</p> <p>WSCB Multi Agency Levels of Need: Guidance to help support, children, young people and families in Worcestershire published in Sept 17</p>	<p>The children's workforce to be trained and feel confident to identify and support emotional well being issues, demonstrated by numbers attending training and post training evaluation.</p> <p>(NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)</p>	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.6. A robust specialist primary mental health service that provides consultation, advice and support for the wider workforce.	Lead Commissioner	Current referrals to Tier 3 are 2,548 for 2014/15	Implementation of CAMHS CAST (consultation, advice, support and training) team to support schools and other universal services	CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from September 2017	CAST team staff in post and schools and other universal services aware of how to contact  (NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)	Amber
2.7. Provide a high quality; evidence based online and face to face county-wide therapeutic counselling service for CYP with lower level emotional wellbeing needs.	Lead Commissioner/ Public Health Commissioner	Current referrals to Tier 3 are 2,548 for 2014/15	Implementation of the online emotional wellbeing service November 2016  Face to face emotional wellbeing service implemented by February 2017  Clear pathways in place with the emotional wellbeing service, school nursing, family intervention service and schools by February 2017	Online emotional wellbeing service (Kooth) and face to face service (Reach 4 Wellbeing) both commissioned as part of new Starting Well service and went live during 2016/17	A reduction in inappropriate referrals to CAMHS  A reduction in referrals to specialist CAMHS.  Appropriate and quantifiable use of new services  (NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
<p>2.8. High quality specialist CAMHS T3 and T3+ service where children are able to access assessment and intervention in a timely manner, provided by clinicians trained in evidence based NICE compliant practice, with effective supervision.</p> <p>More effective pathways for the most vulnerable children eg looked after children and young offenders</p>	Lead Commissioner	<p>Current baseline 2010-13 424.2 emergency hospital admissions for self-harm per 100,000 population (aged 10-24yrs)</p> <p>38 admissions into Tier 4 for 14/15 (NB: a more recent data release from NHSE has adjusted this number down to 33; this new baseline is used in calculating trends later in the document)</p>	<p>New service specifications and dashboard of KPIs developed for re-designed Tier 3, 3+ LAC/CAMHS, LD/CAMHS, YOS/CAMHS signed off by November 2016</p> <p>Continued access to CYP IAPT training and support</p>	<p>Service development and improvement group continues to meet regularly to monitor implementation of plan.</p> <p>New service specification agreed, including pathways for the most vulnerable children, eg looked after children and young people known to YOS</p> <p>New posts recruited to and tier 3+ hours extended to 8am to 6pm weekdays, which has also enabled extended hours for same day CAMHS assessments of young people on acute ward who are medically fit.</p> <p>Two new psychology posts appointed to in Integrated Service for Looked After Children (ISL) – one funded by children's social care and one by CCGs</p> <p>Continued access to CYP IAPT training and support</p>	<p>A reduction in admissions to Tier 4.</p> <p>A reduction in waiting times for CAMHS Tier 3</p> <p>A reduction in length of stay on paediatric ward</p> <p>(NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)</p>	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.9. High quality responsive CAMHS out of hours service	Lead Commissioner	Complete an audit to establish the baseline.	Report to commissioning executive to summarise the key issues/challenges to out of hours services and provider recommendations by December 2016.	<p>Urgent care pathway relaunched September 17.</p> <p>Urgent care interface group continues to meet to review any out of hours issues/incidents in order to inform future commissioning.</p> <p>The provider NHS Trust has consulted with psychiatrists about future on call services</p> <p>Tier 3+ team hours extended to 8am to 6pm.</p> <p>Number of tier 4 admissions has reduced by 45% between 2014/15 and 2016/17</p> <p>Successful bid to NHSE in Oct 17 for crisis funding to design and deliver training package by March 18 to partners in urgent care pathway</p>	<p>Fewer CYP admitted to T4</p> <p>Fewer inappropriate admissions to paediatric wards</p> <p>Shorter stays in Acute paediatric wards</p>	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.10. Embed the use of Care Education and Treatment Reviews (CETRs) for children and young people with severe learning disabilities and/or autism and challenging behaviour across the local health and care system.	Lead Commissioner	An assessment of needs and an evaluation of the current multiagency processes will be carried out in 2015-16, to establish a baseline of current performance	<p>Processes and protocols for completion and monitoring of pre-admission CETRs and discharge CETRs developed by December 2016.</p> <p>CAMHS professionals understand the CETR process and know when to alert commissioners that a CETR is required by March 2017</p> <p>Other professionals understand the care and treatment review process and know when to alert commissioners that a CTR is required by September 2017</p> <p>Commissioners to ensure that there is access to experts by experience and clinical experts who can contribute to each CTR</p>	<p>Worcestershire's transforming care action plan continues to be reported to NHS England and this includes both children's and adults.</p> <p>A risk register is in place and further work is in progress with clinicians to determine the criteria for risk assessing children and young people</p> <p>The Children's commissioning team continue to monitor the number of children in hospital and ensure that CETRs are undertaken in partnership with NHS England.</p> <p>Experts by experience and clinical experts contribute to CETRs</p> <p>All age CTR/CETR policy drafted and will be formally launched in autumn 2017</p>	<p>More people with learning disabilities and/or autism and their families report that they are listened to, and treated as equal partners in their own care and treatment</p> <p>Avoidance of unnecessary admissions into inpatient settings and delayed discharges (measured through number of admissions/delayed discharges and audit of case details)</p> <p>All admissions are supported by a clear rationale with measurable outcomes (through audit).</p> <p>All partners to be aware of and adhere to the CTR/CETR policy</p>	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.11. Countywide Community Eating Disorder Service for Children and Young people	Lead Commissioner	<p>57 eating disorders referrals to CAMHS within 12 months</p> <p>14 young people admitted to Tier 4 for eating disorders within 12 months (NB: a more recent data release from NHSE has adjusted this number down to 12; this new baseline is used in calculating trends later in the document)</p>	<p>Service specification signed off and contract variation agreed by December 2016</p> <p>Recruitment of staff by January 2017.</p> <p>Training plan for new service to commence January 2017.</p> <p>Eating disorder service to be operational from January 2017</p>	<p>Eating disorder model and pathway agreed and team recruited to.</p> <p>A CQUIN relating to the CYP eating disorders pathway was implemented and fully achieved in 2016/17 across the Community and Acute NHS Trusts.</p> <p>Ongoing engagement with Health Education England to ensure a skilled workforce in place – the new team has accessed the training commissioned by NHSE.</p> <p>Number of admissions to a Tier 4 eating disorder service has reduced by 33% between 2014/15 and 2016/17</p>	<p>A reduction in local hospital admissions and in referrals to Tier 4.</p> <p>National mandatory waiting times for children and young people's community eating disorder service are met</p> <p>A reduction in length of stay on paediatric ward</p> <p>A reduction in late presentations of eating disorders.</p> <p>(NOTE: RAG rating reflects fact that all milestones have been achieved but not clear evidence yet that this is achieving all the outcomes)</p>	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.12. Develop community perinatal mental health provision to provide treatment and support for mothers identified with or at risk of mental health issues during or after pregnancy to improve parenting capacity and promote emotional well-being of the child.	Public health commissioner  Adult mental health commissioner	To be determined through data collection exercise in 2015/2016	Community perinatal mental health provision in place by March 2017	<p>Agreement to integrate future early intervention provision within the 0-19 service.</p> <p>New pathway designed, including guidance on tools and referral pathways for midwives and public health nurses.</p> <p>Perinatal mental health provision has been reviewed across the STP footprint. An unsuccessful bid was submitted in 2016 for mental health transformation funds to develop an STP wide clinical network; a further bid will be submitted for funding in 2017</p>	All partners aware of and following pathway.	Amber

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.13. All agencies who are providing support around emotional wellbeing and mental health to be working towards the same outcome measures, based on CORC/CYP-IAPT.	Lead Commissioner	Audit of current outcomes across agencies to establish baseline.	<p>Engagement of commissioner and provider partners – positive activities, schools, early help, school nurses, CAMHS, VCSOs to follow CORC framework to measure improvement in emotional wellbeing and mental health outcomes.</p> <p>Emotional wellbeing pathway and requirement to use CORC/CYP – IAPT type outcomes to be included in all WCC/CCG commissioned service specifications by October 2016.</p> <p>Engagement in national CORC Evidence Based Practice Unit data linkage/shared outcomes project.</p>	<p>Participation in national CORC Evidence Based Practice Unit data linkage/shared outcomes project was undertaken to explore ways of linking data and sharing outcomes, culminating in draft data sharing agreement locally and national report on findings in all sites published. Project is now completed at local and national level.</p> <p>Requirement to use appropriate outcome measures is included in all WCC/CCG commissioned service specifications.</p> <p>Since 16/17, supporting and improving young people's emotional wellbeing and mental health is in the service specification of commissioned VCS providers of positive activities for young people and outcomes are measured.</p>	Appropriate outcome measures included in service specifications.	Green



### **3. Introduction**

Worcestershire's original 2015 Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health Services was developed in partnership with children and young people, their parents and carers, service providers and stakeholders from across the county.

The plan was informed by the 2015 CAMHS needs assessment, which recommended improvements to the commissioning of children's emotional wellbeing and mental health services, across the spectrum of needs, in order to reduce waiting times, seal the gaps between services and increase capacity for prevention and earlier intervention across the system, in particular to provide more support for children and young people in schools and other universal settings. The needs assessment also recognised that schools and colleges, as commissioners, need to be engaged in improving emotional wellbeing as equal partners within the whole system. To do this they needed more advice, support and training and to have a voice in the commissioning strategy as a whole.

A Transformation Plan in each CCG area became a requirement in the autumn of 2015, following recommendations in the government's 'Future in Mind' report, which called for urgent change across the system for children and young people's emotional wellbeing and mental health provision.

Worcestershire's 2015 Transformation Plan and the government funding that supported its implementation has now begun to have an impact on children and young people's outcomes. It is the purpose of this 2017 refresh to review these outcomes and consider the evidence for continuing with the plan, or making changes in order to seek continual improvements for the county's children and young people.

Commissioners recognise that a major review of early help services and children's social care in Worcestershire is currently underway and that this Transformation Plan will need to remain responsive to any re-design requirements at the interface between emotional wellbeing and mental health services and children's social care services.

## **4. Background Demographics and Needs**

### **4.1 Overview of Worcestershire**

Worcestershire is a county located in the West Midlands in the heart of England towards the south of the West Midlands Region. The county borders Herefordshire, Shropshire, Staffordshire, the West Midlands Metropolitan Area, Warwickshire and Gloucestershire. Worcestershire has two main rivers running through it, the Severn and the Avon. To the west the county is bordered by the Malvern Hills, and to the south is bordered by the Cotswolds. The northern part of the county is bordered by the West Midlands area.

Worcestershire consists of 6 districts, namely Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon and Wyre Forest. Worcester City is the main administrative city in Worcestershire, and the main towns of Kidderminster, Redditch, Bromsgrove, Stourport-on-Severn, Malvern, Evesham and Droitwich are also situated in the county.

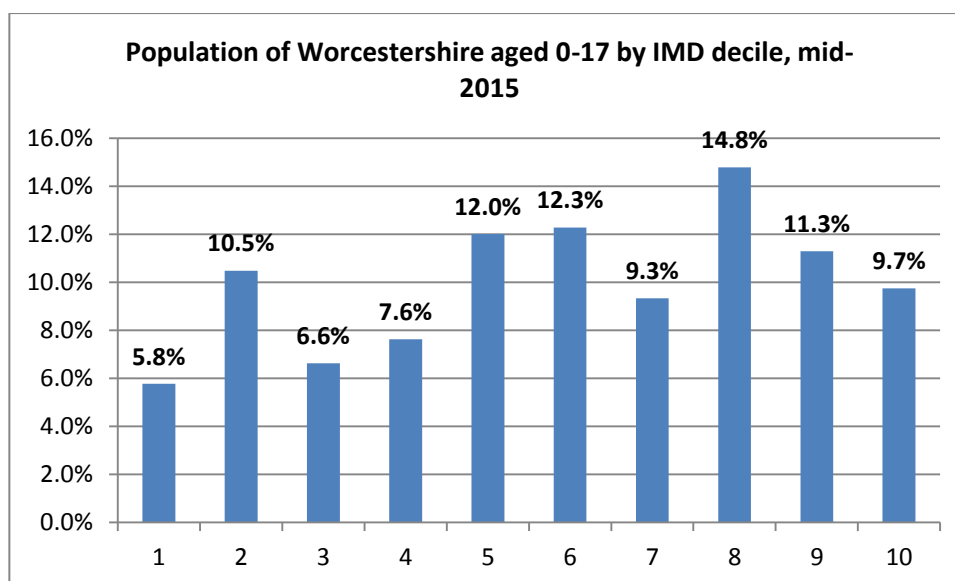
Worcestershire is largely a rural county, although around three quarters of the population is defined as living in an urban area. Wychavon and Malvern Hills are the two most rural districts, whilst Worcester City is a key employment centre and Redditch was designated New Town status in 1964.

Relatively, Worcestershire as a whole is not a deprived county, but pockets of deprivation are present in urban areas. Redditch is the most deprived district within the county, whilst Worcester City, Kidderminster in Wyre Forest and Malvern all have areas that are within the top 10% of deprived areas in England. Approximately 4.2% of the total population in the county live in the 10% most deprived areas in England. This proportion rises to 5.8% when considering the population of children.

It is estimated that 583,053 people live in Worcestershire, of which 122,815 (21%) are children and young people aged 0-17 years (ONS mid-2016 population estimates). Redditch has the highest level of children as a proportion of total population at 22% and Malvern Hills the lowest at less than 19%. Around 7.6% of the total population of Worcestershire is from a non-White British background, with the proportion of children from a non-White British background being greater at 10.4%.

### **4.2 Deprivation**

The Index of Multiple Deprivation (IMD 2015) is commonly used in local areas to measure relative deprivation within a geographical area. The 10% most deprived in England are in decile 1. In Worcestershire, we can see that a greater proportion of the 0-17s population live in the less deprived areas (decile 7-10) than in the more deprived areas (deciles 1-4).



Source: Worcestershire County Council

### 4.3 Health inequalities

Addressing health inequalities is central to this Transformation Plan, with all partners providing accessible and effective interventions across the spectrum of needs ranging from advice and guidance to specialist intensive support for those most in need. Commissioned services will have due regard to the Equality Act.

Services and pathways are in place that are targeted towards children and young people particularly vulnerable to emotional wellbeing and mental health difficulties, such as looked after children, children with learning disabilities and those within the criminal justice system.

### 4.4 Emotional wellbeing and mental health in Worcestershire's children and young people

According to the first National Wellbeing survey of children in 2013, we should expect at least 75% of Worcestershire's children to have moderate to high levels of happiness. Worcestershire is a county with relatively low levels of deprivation and low risk factors for poor mental health in children, but despite this there are some indications of higher levels of emotional wellbeing needs than would be expected amongst school children and a trend towards increased hospital admissions for self-harm in younger age groups. Conversely, however, there are also signs that self-harm admissions overall in young people are bucking the national upwards trend and are stabilising:

- Worcestershire has a higher percentage of school age pupils with social, emotional and mental health needs than both the regional and national average (2016 data, <https://fingertips.phe.org.uk>).
- Worcestershire had higher rates of hospital admissions for self-harm in 10-24 year olds than the regional average in the period 2010-13. However, more recent data (2015-16 data (<https://fingertips.phe.org.uk>)) shows that an increase in admissions seen across the region and nationally has not been replicated in Worcestershire. Here, the admissions

rate for self-harm in young people aged 10-24 has held steady since 2011 and is now lower than the regional average and is similar to the national average.

- Despite the stability since 2011 in Worcestershire in rates of hospital admissions for self harm in 10-24 year olds overall, the rate of admissions for self-harm in younger age groups has followed the national upwards trend. The rate has remained similar to the national average all this time and is now 236.1 admissions per 100,000 10-14 year olds in 2015-16 (<https://fingertips.phe.org.uk>), compared to the 2011 rate of 102.1 admissions per 100,000 10-14 year olds.

#### **4.5 Key Headlines from the 2015 Children's Emotional Wellbeing and Mental Health Needs Assessment**

The needs assessment found that:

- Demand on the emotional health and wellbeing pathway was forecast to increase, particularly in deprived communities.
- 30% of emergency referrals to CAMHS in 2014/15 were not known to specialist services.
- Office for National Statistics (ONS) data estimate that 2,120 young people require Tier 3 CAMHS. 4,642 children may require a service from universal and targeted services.
- Numbers of referrals to CAMHS and the accepted referral rate had both fallen.
- Prevalence data for looked after children (LAC) suggested 306 children may require a specialist service for emotional wellbeing and mental health.
- Waiting times for CAMHS were a top concern for all stakeholder groups responding to the surveys, and in particular over 70% of parent/carers service users rated this as poor.
- The numbers admitted to CAMHS Tier 4 were lower (at around 33 per year) than would be expected based on prevalence data which suggested that 90 children at any one time require Tier 4.

An engagement exercise was carried out during February to July 2015 to inform the needs assessment. This comprised an electronic survey, focus groups and stakeholder events.

The engagement exercise informed the development of the first version of the CAMHS Transformation Plan, with headline findings including the following:

- There was evidence of unmet need for lower level emotional wellbeing support and gaps in the pathway, with a strong call for more earlier intervention, particularly in schools, and better joined up working across the pathway:
- Over 85% of parents and carers felt that they had needed help to deal with an emotional or mental health issue in their children, and 70% said it was either difficult or very difficult to get help, with waiting times and high thresholds for CAMHS seen as major barriers.
- The most important improvement suggested by parents and carers was staff training and support and mental health promotion in schools. Earlier intervention was seen as particularly important by those parent/carers whose child had seen CAMHS.
- Children and young people said their biggest problems were: family problems, bullying and school worries. Like parents, they felt the biggest barriers to help were lack of availability of services and long waiting times. The most important prevention strategy they suggested was to provide someone to talk to whom they could trust: more counsellors and more school nurse time.
- Professional stakeholders overwhelmingly called for better joined up working across the whole pathway, with 71% of responses saying this. They also strongly called for better

training to enable greater awareness, prevention and earlier intervention in mental health difficulties.

- Young people want to speak to somebody they know and trust
- Young people would value face to face support, but on-line support would be welcomed as an additional choice for support
- Skill up a wide range of professionals and parents to identify issues earlier
- Make use of websites, apps and social media to promote advice and resources for families
- Consider the needs of the whole family

#### **4.6 Other surveys of children and young people's needs**

Since June 2015 two further surveys have been carried out, by Health Watch Worcestershire in 2015 and by the Worcestershire Youth Cabinet in 2016. The findings of these surveys are summarised below and inform this refresh of the Transformation Plan.

##### **2015 Health Watch survey of young people's mental health services**

Headline findings included:

- Many people who have accessed support from CAMHS have found the support beneficial, the majority feel that staff are kind and compassionate and they have been treated with respect.
- There was a need to reduce waiting times and ensure that all young people are receiving the support they need. Findings suggested that there was a delay in receiving a diagnosis and more specific support required for those with Autism or ASD.
- There was found to be a need for better partnership working between CAMHS and schools and other agencies.
- Feedback also suggested that CAMHS needed to ensure that those from Black Asian and Minority Ethnic communities can access support and that there is an effective transition from CAMHS to adult mental health services.

##### **2016 Youth Cabinet survey of young people's mental health**

During 2016 commissioners worked closely with the Worcestershire Youth Cabinet, who had chosen to survey children and young people's perceptions of mental health needs and services in Worcestershire. The views of children and young people were gathered around what their understanding of mental health is, what they think about mental health services currently available, and what they believe is most important in a mental health service.

Headline findings included:

- Over 90% of respondents (out of 230) stated that they understood what mental health was
- Over a third of respondents identified themselves as having mental health issues, with more respondents from a BME background and more females saying they had these issues

- Almost 30% of respondents who accessed a mental health service said that they did not feel that their mental health improved as a result of seeing the service
- Among respondents that had used online mental health services, a half felt that their situation had improved since using the services
- Two thirds of respondents who have not used mental health services indicated that they would not know how to physically access them.
- The most mentioned aspect that respondents feel is important in a mental health service is understanding and empathy of specialists and professionals working within the service.
- Respondents rated more help in schools as being the most important thing to do to improve mental health services
- Among respondents who thought that more support in schools was needed, suggestions included having more mental health specialists in individual schools, and having set time to teach young people more about mental health. The "stigma" around mental health in schools was talked about; with others feeling that teachers were not equipped to deal with students going through issues around emotional wellbeing, or not taking those issues seriously.

The findings from each of these surveys correlate well with one another.

The findings from all surveys are being addressed through the Transformation Plan, for example:

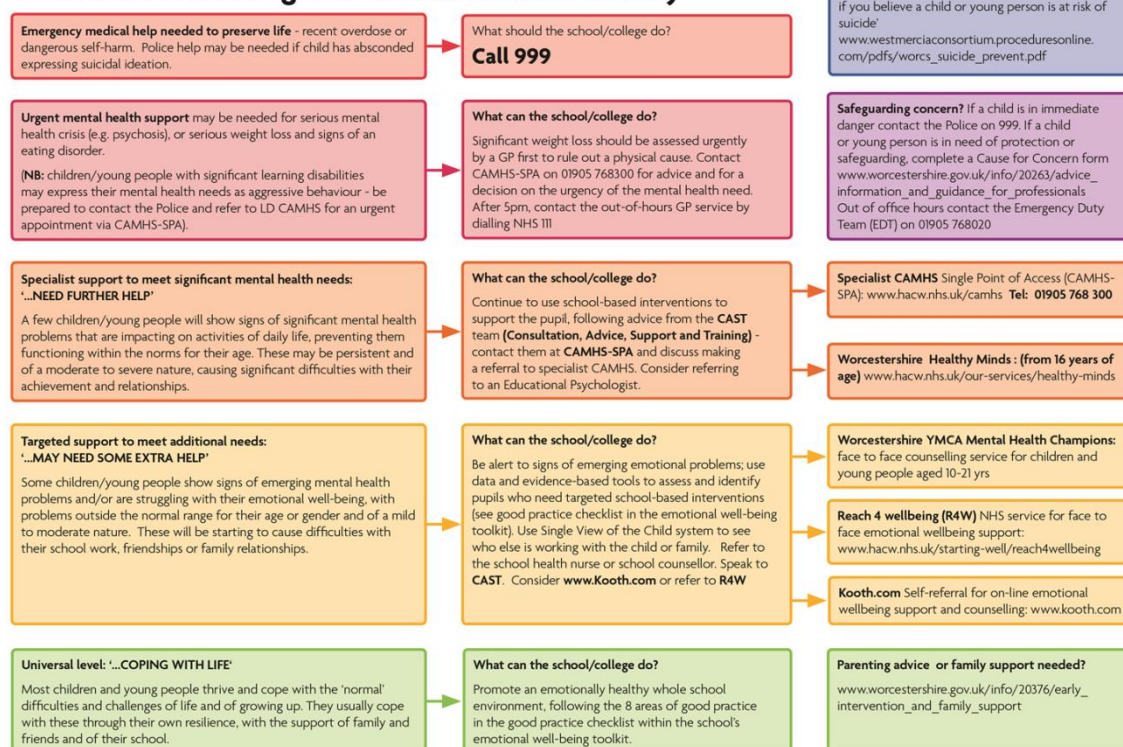
- Progress has been made on reducing waiting times for both initial assessment and start of treatment in CAMHS.
- A schools and colleges emotional wellbeing toolkit has been launched, which gives comprehensive guidance on best practice.
- Additional guidance is in development and due to be launched in 2018. This emotional wellbeing pathway will give practical strategies to classroom teachers to support learners' emotional wellbeing needs.
- Further progress has been made in the commissioning of emotional wellbeing services, both face to face and on-line, in order to meet gaps highlighted.
- Youth Mental Health First Aid training and self harm training has been commissioned locally to enable all schools and others to access free training. This will continue to be provided alongside the government's recent offer of a one day Youth Mental Health First Aid course for schools, allowing schools even more access to this evidence-based training.

## 5. The Emotional Wellbeing and Mental Health Pathway

### 5.1 Summary of pathway

As part of Worcestershire's Emotional Wellbeing and Mental Health Transformation Programme, an emotional wellbeing toolkit for schools, colleges and skills providers has been developed, which supports the whole school or setting approach, together with clear referral routes to additional services within the pathway. The pathway diagram below is extracted from the toolkit. This summarises the Worcestershire transformation road map, which has a vision of a comprehensive spectrum of support and evidence based care from universal level focusing on health promotion, prevention and early intervention, through targeted and specialist support, to urgent and emergency care including inpatient provision for the small number of children and young people who will be in crisis.

#### Emotional Wellbeing and Mental Health Pathway



**5.2 Services within the pathway** (where services are newly launched since the 2016 plan was published, this is indicated)

#### Kooth – new this year

The on-line Kooth service was commissioned as part of the transformation programme and has been operational in Worcestershire since November 2016. Kooth.com website is open to children and young people in Worcestershire aged 11-19. The site is staffed by fully trained and qualified counsellors available until 10pm each night. It is free, safe, confidential and provides a non-stigmatising way for young people to receive counselling, advice and support on-line.

Further information: <https://kooth.com>

#### **Reach 4 Wellbeing (R4W) – *new this year***

This service has been operational since May 2017 and is commissioned to provide face to face support for children and young people with mild to moderate emotional and mental health difficulties that have not responded to school or setting based prevention and emotional wellbeing support. Typically their difficulties will be starting to impact on their functioning in the home or school setting, but their difficulties are not yet severe enough to require referral to specialist CAMHS. Further information: [www.hacw.nhs.uk/starting-well/reach4wellbeing](http://www.hacw.nhs.uk/starting-well/reach4wellbeing)

#### **Counselling services – *newly funded this year***

Counselling and targeted intermediate mental health services have been commissioned as part of the Transformation Programme to offer support through Worcestershire YMCA Mental Health Champions and ContinU Trust.

Worcestershire YMCA Mental Health Champions offers one to one counselling sessions for children and young people aged 10 to 18 years, provided by professional qualified counsellors. Up to 6 sessions are offered for suitable referrals. This is a preventative service offering counselling to children suffering from anxiety, stress and relationship issues or any other emotional well-being issue. Further information: [counselling.referrals@ymcaworcestershire.org.uk](mailto:counselling.referrals@ymcaworcestershire.org.uk)

#### **CAMHS CAST team – *new this year***

The CAST (Consultation, Advice, Support and Training) team became operational during summer 2017. The team provides schools, colleges and other universal services with a named contact within CAMHS who can offer advice, support and training to those working with children and young people who are having difficulties with their emotional wellbeing or mental health. CAST can also give advice on referrals to CAMHS or other services. Further information: CAMHS-SPA: 01905 768300

#### **Specialist Child and Adolescent Mental Health Services (CAMHS) – *additional investment this year***

CAMHS in Worcestershire is commissioned to provide a countywide provision for children and young people up to 18 with moderate to severe mental health conditions, offering a range of evidenced based interventions, following the CAPA model. CAMHS uses a 'stepped care' approach to provide a sequence of intervention and support options to meet need. The service also provides acute ward liaison and intensive community support services to reduce inpatient admissions and facilitate smooth discharge where such admissions occur.

Referrals are accepted from any health, care or education professional through a Single Point of Access (CAMHS-SPA), open 9-5pm, Mondays to Fridays

Interventions used during Partnership work with children and young people include:

- Psycho-social interventions



- Psycho-therapeutic interventions
- Cognitive Behavioural Approaches
- Systemic Family Therapy and other systemic interventions
- Group interventions
- Dialectical Behaviour Therapy
- Where appropriate, referrals to other services (eg paediatricians) to support identified needs may be made and referrals about safeguarding concerns made to the Worcestershire Family Front Door.
- Psychotherapy
- Dyadic Developmental Psychotherapy
- Pharmacological interventions including the monitoring of individuals' responses to medication

The majority of CAMHS staff work in three locality based teams with the children and young people who are referred to the service for 'core' CAMHS assessment and treatment. There are a number of specialised teams and pathways, including those for: under 5s; children with moderate to profound learning disabilities and additional mental health needs; integrated CAMHS and children's social care Service for Looked After and Adopted Children (ISL); CAMHS Tier 3+ team, working intensively with children and young people with severe and urgent mental health needs. A mental health practitioner from CAMHS works within the Youth Offending Service. In addition, the new Children and Young People's Community Eating Disorders Service (CEDS-CYP) is now operational within CAMHS. Clinical psychology resource in the ISL team has been increased this year, with funding from the transformation monies and children's social care.

Worcestershire bid successfully for Children and Young People's IAPT (Improving Access to Psychological Therapies) funding in 2014 and CAMHS began implementing this service transformation programme in the autumn 2014. CYP-IAPT is a service transformation programme with four key priorities: accessibility, evidence based practice, children and young people's participation and routine outcomes measurement (ROMS). Progress in each area has been made, including staff accessing training for evidence based practice such as cognitive behavioural therapy (CBT) and other supervision and leadership training and the embedding of routine outcome measures (ROMS) in the service.

As part of Worcestershire Health and Care NHS Trust's Global Digital Exemplar status, an online/app resource is being developed in CAMHS for young people. This project aims to respond to feedback from young people who have told commissioners and the service that mental health services need to make better use of modern electronic and online media. The project will use a collaborative design process using young people who are service users in CAMHS, members of the Trust's Youth Board, CAMHS clinicians and web/app designers. The aim is to create a resource that young people will be able to use to help manage their emotional health needs. A trial version has been tested and further work will be carried out from November 2017.

The CAMH service has also recently begun working with Sports Partnership Herefordshire and Worcestershire to develop sports and activity programmes for young people with mental health needs. In particular, the aim is to help young people who have an interest in this area but might not have previously had the confidence to join a formal club or gym. The

initiative is building on the existing evidence base supporting the use of physical exercise, particularly when managing low mood. This has been a successful approach already used in adult mental health in Worcestershire (the SHAPE programme).

### **Urgent Care Pathway – *additional investment this year***

Children and young people in the care of specialist CAMHS whose needs escalate can receive intensive support in the community from the CAMHS tier 3+ team with the aim of preventing hospital admission. If admission to CAMHS Tier 4 becomes necessary then the tier 3+ team attends meetings to help facilitate discharge planning and avoid delayed discharge.

Children and young people not previously known to CAMHS may require emergency assessment. Advice on urgent and emergency referrals is available to referrers from the duty clinician at CAMHS-SPA during office hours with emergency assessments available within 24 hours or according to need.

Paediatric Ward Liaison and assessment of young people with mental health issues who are medically fit for discharge is provided by CAMHS during the week and by the all age Mental Health Liaison Team at weekends and bank holidays. Referrals of medically fit children and young people are accepted up to 2pm for same day assessment. The CAMHS tier 3+ service offers a 9am Monday appointment available to children and young people who may present at the acute trust over the weekend, for whom the offer of an early appointment may prevent the need for admission.

Out of Hours CAMHS advice is available 24/7 through the Crisis Team and the Mental Health Liaison Team on an all age basis. Both teams include at least one experienced CAMHS practitioner. A Multiagency Urgent Care Pathway details these access points. This pathway is regularly monitored and reviewed by a multi-agency urgent care interface group. A separate joint protocol ensures that CYP with acute eating disorders and physical health needs receive timely and appropriate paediatric ward care when needed.

The children and young people's urgent mental health pathway and multiagency protocol was reviewed during 2017 and further investment was made to increase the hours of the Tier 3+ team and increase capacity in CAMHS to provide paediatric ward liaison.

There is emerging evidence that the work on the urgent mental health care pathway for children and young people over recent years is starting to show a positive impact.

- Recent data from NHS England Midlands and East shows that the number of admissions of Worcestershire children and young people to CAMHS Tier 4 inpatient beds has reduced by 45% from 33 admissions in the baseline year 2014/15 to only 18 in 2016/17.
- The number of admissions to a Tier 4 Eating Disorder Service has also reduced over the same time period from 12 to 8, a reduction of 33%.
- Worcestershire had higher rates of hospital admissions for self-harm in 10-24 year olds than the regional average in the period 2010-13. However, more recent data (2015-16

data, <https://fingertips.phe.org.uk>) shows that an increase in admissions seen across the region and nationally has not been replicated in Worcestershire. Here, the admissions rate for self-harm in young people aged 10-24 has held steady since 2011 and is now lower than the regional average and is similar to the national average.

On the other hand, there is some local evidence that very recently admissions to the paediatric ward have increased, although length of stay is usually short, with many children discharged the day after admission. This requires further investigation and there will be continuing efforts to further improve the children's urgent mental health care pathway.

The children's health commissioner and mental health provider are represented on the Worcestershire Crisis Care Concordat Group, which oversees the all age Worcestershire Crisis Care Concordat. The Concordat action plan has recently been revised and published on the national concordat website. Current work in relation to provision of crisis care includes:

- Undertaking a review of the mental health liaison service to assess if there is a need for 24 hour provision, to be completed by the end of December 2017
- Being a partner in the West Mercia wide review of section 136 place of safety provision
- Planning for Core 24 implementation by 2021 at the latest.

### **5.3 Pathways development and links to specialised commissioning**

Commissioners and providers are working together to ensure that there are clear pathways for children and young people to access services. The new emotional wellbeing services link closely with CAMHS, universal services and other services such as early intervention family support, to ensure the right service is provided at the right time.

In Worcestershire a multiagency pathway and collaborative commissioning arrangements are in place for the assessment and diagnosis of children with neurodevelopmental difficulties, such as those on the autistic spectrum. CAMHS specialists, speech and language therapists, paediatricians, occupational therapists and specialist teachers all contribute to the pathway.

In terms of the Worcestershire contribution to the wider pathway, including provision of inpatient care and out of county placements, one of the priorities of the Herefordshire and Worcestershire STP plan is to work with NHS specialised services to increase capacity in local children and young people's mental health services in order to reduce demand on complex out of county placements and enable complex cases to be repatriated to local areas. As can be seen above, there is already some evidence that, by building capacity and services within Worcestershire, there is a reduced reliance on out of county placements with:

- Fewer young people accessing tier 4 beds, both for general admissions and eating disorders
- CETRs being carried out, including some which have prevented a hospital admission

We will continue to proactively link and work with specialised commissioning colleagues, for example by:

- Sharing intelligence, information, learning and good practice through attendance at the regional Future In Mind Steering Group meetings.
- Liaison between commissioning colleagues, the CAMHS tier 3+ service and specialised commissioning colleagues in relation to patient specific and local urgent care pathway and Transforming Care issues.
- Inviting specialised commissioning colleagues to relevant task and finish groups concerning the whole place based commissioning pathway (for example, such groups have been convened in the past in relation to concerns with patients waiting on local paediatric wards for admission to a tier 4 bed).

## 5.4 Activity and outcomes

### Kooth

This online service became operational in November 2016, and has seen around 1000 young people registering on the website in the first 8 months. The majority of young people heard about Kooth from their school, reflecting the activity in schools of the Kooth participation and engagement worker. The number of logins has also increased, with 70% taking place out of office hours. The number of young people using 'chat' counselling sessions (an instant messaging service with a counsellor) has quickly grown to around 50 to 70 per month. Young people are also able to send a message to a counsellor at any time of the day or night and will receive a response during the next working session.

Activity in the first 8 months of operation is summarised below:

	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Total
New registrations	11	22	25	63	259	283	180	156	999
Total no. logins	36	68	69	332	1130	1560	1571	1092	5858
Unique YP using chat counselling	1	3	8	15	50	71	58	49	255
YP using message counselling	3	13	16	40	158	208	134	102	674

In terms of outcomes, Kooth measures each young person's progress towards goals and end of session feedback. Positive results are being reported and 95% of responses from 70 unique young people state that they would recommend Kooth to a friend.

### Reach 4 Wellbeing

Since this service was launched on 27th March 2017, there have been 208 referrals from schools and parents, which have resulted in therapeutic CBT-based group work, initially for anxiety conditions, taking place in 7 schools as well as additional one to one sessions for children and young people for whom group work was not appropriate. Group work

comprises 6 weeks of 2 hourly sessions with outcomes, including goal-based outcomes, being recorded in line with CYP-IAPT principles.

Initial outcomes analysis shows that overall total anxiety scores improved for 79% of the children and young people who completed both pre- and post- therapy routine outcome measures questionnaires (n = 19). Further analysis shows that the improvements in anxiety scores seen following attendance at the groups compare very well with published data from larger trials for group CBT, which demonstrates a positive start for this new service.

Feedback from children and young people who have attended the groups has been very positive: 85% of attendees say they are likely or extremely likely to recommend the service to a friend or family member. Examples of comments are:

'Without Reach 4 Wellbeing I would not have been able to get through my interview for a job' (young person aged 15)

'It might seem scary doing it as a group, but it helps a lot' (young person aged 15)

'It has been amazing, they really helped me get over my fears' (young person aged 11)

### **Worcestershire YMCA Mental Health Champions**

This service is commissioned to provide counselling support to children and young people and saw 50 people in its first 6 months of operation, of which 30 were female and 20 male. Most young people seen (70%) were in the 13 to 15 age group and the average number of sessions of counselling received was 6. Schools made 70% of referrals, with other sources of referral including self referral, social workers and family support workers. Reasons for referral include anxiety, low mood, anger issues, low confidence and difficult relationships. Outcomes following the sessions are recorded by the young people and they have shown to have improved levels of confidence, positive thinking, self-worth and reduced anxiety.

### **Specialist CAMHS activity data**

There were 2,440 referrals to CAMHS via the CAMHS-SPA during 2015/16, of which 73% were accepted. Referral numbers have remained steady in 2016/17, with the number of referrals to CAMHS-SPA at 2,445. However the percentage accepted as appropriate referrals decreased to 65%. This may in part be due to the fact that new services have been commissioned in line with the transformation programme, to which appropriate referrals are now being signposted. However, the rate of acceptance suggests that more work is needed to improve referrers' understanding of the CAMHS referral criteria and of alternative services within the emotional wellbeing and mental health pathway.

#### ***Number of referrals received and accepted***

	11/12	12/13	13/14	14/15	15/16	16/17
<b>All Referrals</b>	<b>3,333</b>	<b>3,139</b>	<b>3,294</b>	<b>2,548</b>	<b>2,440</b>	<b>2,445</b>
Accepted Referrals	2,813	2,518	2,437	1,774	1,783	1,590
<i>Accepted Referrals %</i>	<i>84%</i>	<i>80%</i>	<i>74%</i>	<i>70%</i>	<i>73%</i>	<i>65%</i>
Rejected Referrals	520	621	857	774	657	855
<i>Rejected Referrals %</i>	<i>16%</i>	<i>20%</i>	<i>26%</i>	<i>30%</i>	<i>27%</i>	<i>35%</i>

The proportion of females referred has increased, with more females than males referred for the past 4 years, as shown below.

***CAMHS referrals by gender***

	11/12	12/13	13/14	14/15	15/16	16/17
<b>All Referrals</b>	<b>3,333</b>	<b>3,139</b>	<b>3,294</b>	<b>2,548</b>	<b>2,440</b>	<b>2,445</b>
Male	1756	1558	1533	1163	1162	1046
Female	1572	1579	1759	1383	1278	1399
% female	47%	50%	53%	54%	52%	57%
Unknown/Missing	5	2	2	2	0	0

There has been an increase over recent years in the proportion of referrals to CAMHS for those in their teenage years and a corresponding decrease in the proportion of children aged under 13.

***CAMHS referrals by age at referral***

Year	12/13	%	13/14	%	14/15	%	15/16	%	16/17	%
<b>All Referrals</b>	<b>3,139</b>		<b>3,294</b>		<b>2,548</b>		<b>2,440</b>		<b>2,445</b>	
5 and Under	280	8.9	220	6.7	154	6.0	116	4.8	97	3.9
6-9	706	22.4	619	18.8	447	17.5	384	15.7	300	12.2
10-12	633	21.2	642	19.5	490	19.2	477	19.5	519	21.2
13-15	1,041	33.2	1,288	39.1	983	38.6	1015	41.6	1107	45.2
16-18	476	15.2	525	15.9	468	18.4	448	18.4	422	17.3

Over the past 5 years the proportion of CAMHS referrals by CCG has remained fairly stable. In 2016/17, 49% were for children and young people in South Worcestershire, 30% in Redditch and Bromsgrove and 19% in Wyre Forest. Out of county and unknown CCG referrals made up 2% of the total in 2016/17.

***CAMHS referrals by CCG area***

	12/13	13/14	14/15	15/16	16/17
<b>All Referrals</b>	<b>3,139</b>	<b>3,294</b>	<b>2,548</b>	<b>2,440</b>	<b>2,445</b>
Redditch and Bromsgrove	990	959	811	823	738
South Worcestershire	1,455	1,563	1,166	1,166	1190
Wyre Forest	632	691	492	451	467
Out of county/Unknown	62	81	79	tbc	50

CAMHS referral data has historically not shown reliable coding for ethnicity; one of the recommendations from the 2011 needs assessment was that this should improve. In 2010/11 nearly 50% of records had no ethnicity recorded. There has been an increase in recent years in the proportion of referrals that have an ethnic group recorded, so that by 2016/17, 78% of referrals had an ethnic group coded and 22% were not stated or not known.

According to the 2011 census data, over 10% of the population of children and young people aged 0-17 in Worcestershire would identify as BAME (i.e. Black, Asian and Minority Ethnic Persons - those not of White British origin); this frequency is apparently not reflected in referrals to Worcestershire CAMHS, albeit it is difficult to be sure about this given the proportion with no ethnicity recorded.

Until more up to date prevalence data is available, together with more complete records of ethnicity in CAMHS referrals, it is very difficult to judge the level of unmet need for mental health services in Worcestershire's minority ethnic groups. However, the 2015 survey by Healthwatch reported some concern around difficulties in accessing services by children, young people and families from BAME communities, reflecting possible unmet need which will be investigated further.

#### ***CAMHS referrals coded by ethnicity***

Year	12/13	13/14	14/15	15/16	16/17
<b>All Referrals</b>	<b>3,139</b>	<b>3,294</b>	<b>2,548</b>	<b>2,440</b>	<b>2,445</b>
White British	1,084	1,531	1,423	1,594	1,766
Other White Background	18	25	31	36	47
Asian	6	24	20	21	17
Black	5	6	16	5	5
Mixed	43	43	40	50	58
Other ethnic groups	10	6	6	6	9
Not stated/Refused	1,913	1,115	362	143	200
Unknown	60	544	650	585	343

### **5.5 Waiting times for CAMHS**

The average wait from referral to the first 'Choice' appointment (in weeks) is shown below for the years 2015-16 and 2016-17. On average there has been a reduction in the length of the average wait to the first appointment between 2015-16 and 2016-17.

#### ***The average wait from referral to the first 'Choice' appointment (in weeks)***

Apr-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
6.79	6.14	4.94	4.61	4.98	5.53	5.31	5.49	5.01	5.08	5.76	5.99

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
5.99	5.85	4.96	4.69	6.02	3.27	3.41	3.37	5.07	4.83	5.39	5.14

The average wait from referral to first 'Partnership' appointment for 2015-16 and for 2016-17 is shown below. Again, this data indicates that there has been a reduction in average waiting time from referral to the second CAMHS appointment between 2015/16 and 2016/17.

***The average wait from Referral to Partnership (in weeks)***

<b>April 15**</b>	<b>May 15**</b>	<b>Jun 15</b>	<b>Jul 15</b>	<b>Aug 15</b>	<b>Sept- 15</b>	<b>Oct- 15</b>	<b>Nov 15</b>	<b>Dec 15</b>	<b>Jan 16</b>	<b>Feb 16</b>	<b>Mar 16</b>
12.38	14.04	23.21	21.11	16.47	16.00	16.72	14.97	19.71	21.18	17.13	18.89

<b>Apr- 16</b>	<b>May- 16</b>	<b>Jun- 16</b>	<b>Jul- 16</b>	<b>Aug- 16</b>	<b>Sep- 16</b>	<b>Oct- 16</b>	<b>Nov- 16</b>	<b>Dec- 16</b>	<b>Jan- 17</b>	<b>Feb- 17</b>	<b>Mar- 17</b>
17.36	15.02	14.8	15.32	14.77	10.87	11.23	11.39	13.6	14.73	14.26	18.03

\*\*Please note Apr – May 15 is the average wait for those children seen for their first Partnership appointment in month. The June 2015 and subsequent figures are based on the new referral to partnership reports and cover all patients currently waiting not just those seen in month. Therefore, the June 2015 and later figures are not directly comparable with previous months' figures as they are based on different data parameters.

Waiting times are monitored monthly. Over the period April 2016-March 2017, 98.9% of all children and young people were seen for their first CAMHS appointment within 18 weeks. The CAMHS service is monitored against a performance dashboard. A new service specification has been introduced in 2017/18 based on the national CAMHS specification, which incorporates a new suite of key performance indicators as shown below:

<b>Performance Indicator</b>	<b>Indicator</b>	<b>Threshold 17/18</b>	<b>Trajectory 18/19</b>	<b>Trajectory 19/20</b>
<b>Waiting times to emergency appointment</b>	No child will wait longer than one working day for an assessment where a referral is triaged as an emergency	100%	100%	100%
<b>Waiting times to urgent assessment appointment</b>	No child will wait longer than 4 weeks	100%	100%	100%
<b>Waiting times in weeks routine to first appointment (Choice)</b>	No child will wait longer than 8 weeks for a first appointment (Choice)	<b>By April 2017:-</b> 90%	95%	95%
		<b>By Sept 2017:-</b> 95%		
<b>Waiting times in weeks to partnership appointment</b>	No child will wait longer than 18 weeks from referral to partnership appointment	<b>By April 2017:-</b> 80%	95%	95%
		<b>By Sept 2017:-</b> 90%		
		<b>By April 2018:-</b> 95%		



Key performance indicators for Community Eating Disorders Service waiting times:

<b>Performance Indicator</b>	<b>Indicator</b>	<b>Threshold 17/18 and Trajectories for 18/19 and 19/20</b>
<b>Waiting times to emergency treatment</b>	No child will wait longer than 24 hours to begin NICE concordant treatment	100%
<b>Waiting times to urgent treatment</b>	No child will wait longer than 1 week to begin NICE concordant treatment	100%
<b>Waiting times in weeks to routine treatment</b>	No child will wait longer than 4 weeks to begin NICE concordant treatment	100%

In addition to waiting times, Routine Outcome Measures using CORC/CYP-IAPT principles are monitored.

Data collected by CAMHS is compliant with the Mental Health Services Data Set (MHSDS). A new electronic patient administration system, CareNotes, was recently commissioned by the provider, which will support the effective collection, analysis and reporting of outcomes measures, KPIs, performance data, case notes and other monitoring data.

## 5.6 Workforce Plan

CAMHS funded whole time equivalent staff by staff group are shown below. The total number of whole time equivalent staff has increased from 80.92 in the previous year, an increase of 9%, driven largely by increased investment in the service in line with the transformation plan, and these staffing levels are expected to be maintained in line with recurrent investment for the lifetime of this plan.

<b>CAMHS Staffing budgets</b>	
	Funded Wte
Consultant	5.74
Specialty Doctor	0.40
Nurse band 7	6.93
Nurse band 6	21.10
Nurse band 5	3.00
Nurse band 3	2.25
Nurse Band 8A	2.00
Dietician band 6	0.80
Occ Therapist band 6	1.70
Psychotherapist Band 6	0.83
Psychotherapist Band 7	2.60
Psychologist band 8	6.48
Psychologist band 7	7.01
Psychologist band 4	0.60
Admin & Clerical band 5	2.80
Modern Apprentice (NVQ) - A&C	1.00
Admin & Clerical band 4	2.00
Admin & Clerical band 3	9.60
Admin & Clerical band 2	5.60
Social Worker Qualified	1.00
Social Worker Unqualified	1.00
Social Worker - Band 7	1.00
Social Worker - Band 8A	1.00
Social Worker - Band 6	1.40
<b>TOTAL</b>	<b>87.84</b>

Recruitment has taken place in new and extended services in order to deliver the aims of this transformation plan and current staffing levels are therefore expected to be maintained in the future. Where appropriate, skill mix has been and will continue to be considered; for example, appointment of a band 7 and band 5 post rather than 2 band 6 posts, in response to difficulty in appointing suitable band 6 staff. We will review new opportunities during 2017/18, including for the introduction of Psychological Wellbeing Practitioner roles.

Investment has also been made and will continue in training and other resources to enable all partners in the emotional wellbeing and mental health pathway to deliver effective,

evidence based support. A summary of this workforce plan going forward and building on implementation of the transformation plan to date is shown below.

Action	Date by
CEDS CYP team to complete HEE whole team training package	Dec 17
Incredible Years 3 day licensed course to be provided for county wide parenting provider staff	March 18
Develop and deliver training package to services involved in the CYP urgent care pathway following successful bid for NHSE funding	March 18
Strengthen whole school approach work, including review and update of emotional wellbeing toolkit for schools and colleges on ongoing basis, with new information and resources shared through schools portal, Yammer social media platform and Your Life Your Choice website in real time	Ongoing through life of plan
Staff in CAMHS and other services and agencies continue to access IAPT and other appropriate training in order to ensure that staff are appropriately skilled and offering evidence based interventions	Ongoing through life of plan
Continue to commission training to equip staff in the universal workforce including Youth Mental Health First Aid and Self Harm, reviewing training needs across the whole workforce and encouraging schools to access the recently announced government-funded one day YMHFA training	Ongoing through life of plan
Continue to identify and respond to broader training needs across the universal workforce in support of emotional wellbeing, eg adverse child experiences (ACEs), attachment, parenting	Ongoing through life of plan

## 5.7 Care, Education and Treatment Reviews (CETRs)

Worcestershire's transformation plan embeds the use of CETRs for children and young people with moderate to severe learning disabilities and/or autism across the local health and care system in order to:

- ensure people with learning disabilities and/or autism and their families are listened to, and treated as equal partners in their own care and treatment;
- prevent unnecessary admissions into inpatient settings;
- ensure any admission is supported by a clear rationale with measurable outcomes;
- ensure all parties, including local councils, work together with the person and their family to support discharge into the community (or to a more appropriate setting) at the earliest opportunity;
- help people challenge current care and treatment plans where necessary, and;
- identify barriers to progress and to how these could be overcome

The new specification for specialist CAMHS includes a requirement for the provider to ensure CETRs are in use. The CAMHS learning disabilities specialist team works with commissioners, social care partners and inpatient units to ensure continuity of planning, appropriate and effective care and timely discharge planning. A local all age CTR/CETR policy is in draft currently and will be formally launched during 2017.

So far, the experience of the pre-admission care education and treatment review in Worcestershire has been positive, with anecdotal evidence that CETRs are preventing

inpatient admission. The task and finish group for care and treatment reviews continues to develop the approach to monitor children and young people with ASD and/or a learning disability who are at risk of inpatient admission or 52 week residential placement. The focus is on keeping young people safe and close to home where possible.

Between July 2016 and July 2017 there were nine Community CETRs, of which only two resulted in an inpatient admission. In one case the view of the Consultant recommending admission was challenged, a second opinion was obtained and an alternative package of Community based residential support was organised, so that admission was avoided. On another occasion, a parent commented that they felt 'it was the first time people were really listening to the concerns, and addressing how to resolve them'.

## **6. Specialist Community Eating Disorders Service for Children and Young People (CEDS-CYP)**

The new CEDS-CYP service became operational within Worcestershire CAMHS in early 2017, serving the populations of South Worcestershire, Wyre Forest and Redditch & Bromsgrove Clinical Commissioning Groups. Prior to the establishment of this specialist team, children and young people with an eating disorder were seen within core locality CAMHS teams. The care model and therapies used were partially NICE compliant.

In order to meet standards in the CEDS-CYP guidance, transformation funding has been invested to provide a countywide specialist team with additional capacity, skills and training to meet current and additional needs in all localities. The team is now fully recruited to and has received the National Community Child and Adolescent Eating Disorders Whole Team Training in Bristol. The team is registered with the Royal College of Psychiatrists Quality Network for Community Eating Disorder services for children and young people (QNCC-ED). An initial QNCC-ED peer review of the Worcestershire CEDS-CYP took place in June 2016 and a further visit will take place in 2018.

The new eating disorder model and pathway that has been developed will help to promote earlier identification and referral. A separate joint protocol now ensures that joint working between the Acute Trust and CAMHS CEDS-CYP provides appropriate and timely access to physical health care when needed. A new children's community dietetic service is in place as part of the CEDS-CYP team and a dietetic referral pathway, including referral criteria for ARFID (Avoidant/Restrictive Food Intake Disorder) and OFSED (Other Specified Feeding or Eating Disorder) patients is being trialled.

There is a dashboard of key performance indicators to monitor service performance and effectiveness for the CEDS-CYP. In addition to monitoring and reporting on service user feedback and routine outcome measures, the service will be expected to comply with waiting time indicators. No child should wait longer than 24 hours to begin NICE concordant emergency treatment; no longer than 1 week to begin NICE concordant urgent treatment and no longer than 4 weeks to begin NICE concordant routine treatment.

A workforce training plan is in development to build capacity in the universal and targeted services within the pathway.

### **Baseline Activity**

There were 57 referrals for eating disorders to the CAMHS Single Point of Access (SPA) within the 12 months from June 2014 to May 2015. This would be sufficient to maintain a CEDS-CYP according to the guidance. It is estimated that 583,053 people live in Worcestershire, of which 122,815 (21%) are aged 0-17 years (ONS mid-2016 population estimates). This also meets the requirements of the minimum population. Data from NHS England Midlands and East shows that there were 12 admissions to a tier 4 inpatient unit for Worcestershire children and young people with eating disorders in 2014-15, which accounted for 36% of all tier 4 admissions.

### **Activity following launch of CEDS-CYP**

An audit of activity for the period from 1st January 2016 to June 1st 2017 (17 months) shows that there were 73 eating disorder cases seen within CAMHS and the new CEDS-CYP service. This is equivalent to a rate of 52 per annum, which is very similar to the baseline of 57 referrals seen in 2014-15. 86% were female and the average age was 14 years.

The average wait from referral to the first appointment for these eating disorders cases was 28 working days, which is technically not meeting the mandatory waiting times standard, which expects all cases to be seen within 4 weeks (20 working days). However, this has improved as recruitment to the team has progressed and pathways and service model developed. In the first quarter of 2017/18, all children and young people referred to CEDS-CYP were classed as routine rather than urgent and commenced treatment within the target 4 week timescale.

From January 2016 to June 1st 2017 nine cases were referred to and admitted to a Tier 4 bed for treatment. This is equivalent to a rate of 6 per annum. Compared with the baseline year, when there were 12 admissions in 2014-15, this is promising evidence that the new service, working together with the enhanced Tier 3+ service, has contributed to a reduction in Tier 4 admissions. Data released recently from NHS England Midlands and East confirms that there has been a 33% reduction in the numbers admitted to a Tier 4 inpatient eating disorders service since the baseline year.

### **Resource expected to be released by commissioning a CEDS-CYP**

Savings are eventually expected to derive from:

- Savings in the Tier 4 spend for eating disorder admissions by earlier and more intensive treatment provided in the community
- Savings in the Acute Paediatrics spend for admissions due to physical health deterioration
- Earlier referral from GPs, other universal and targeted services and families as a result of better information and access to a specialist service. This will allow shorter, less intensive and costly treatments to be used, preventing Tier 4 referrals. CAMHS clinicians estimate that around 9 of the young people who required a tier 4 admission for an eating disorder in 2014/15 presented late.

## 7. Governance and arrangements for joint working with stakeholders including children, young people and families

### 7.1 Section 75 Agreement

A Section 75 Partnership Agreement between Worcestershire County Council and Redditch and Bromsgrove, South Worcestershire and Wyre Forest Clinical Commissioning Groups has been in place since April 2013. Prior to this, a Section 75 agreement was in place between Worcestershire County Council and NHS Worcestershire since April 2011. The governance structure is shown in the table below.

Section 75 Governance		
Body		Role
<b>Health and Wellbeing Board</b>		<ul style="list-style-type: none"> <li>• Approve strategy</li> <li>• Strategic oversight of S75</li> <li>• Approve Transformation Plan</li> </ul>
<b>CCG Governing bodies</b>	<b>WCC Cabinet</b>	<ul style="list-style-type: none"> <li>• Key decisions in respect of their services</li> <li>• Corporate governance of finance, performance and quality in respect of their funding and services</li> <li>• Receive reports on Transformation Plan as appropriate</li> </ul>
<b>Accountable Officers (meeting as Integrated Commissioning Executive Officers' Group – ICEOG)</b>		<ul style="list-style-type: none"> <li>• Consists of senior officers from Clinical Commissioning Groups and Worcestershire County Council's Children's and Adult Services and Public Health</li> <li>• Responsible for development and implementation of strategies in respect of service areas covered by the Section 75 Agreement as well as operational governance of finance, performance and quality</li> <li>• Receive reports on Transformation Plan as appropriate</li> </ul>
<b>Integrated Commissioning Group</b>		<ul style="list-style-type: none"> <li>• Brings together commissioners of services for children and families to work collaboratively in commissioning efficient and effective services which improve outcomes for Worcestershire's children and families</li> <li>• Membership includes commissioners from Worcestershire County Council, Clinical Commissioning Groups and West Mercia Youth Offending Service</li> <li>• Coordinate commissioning plans across the system and produce integrated system solutions</li> <li>• Act as Project Board for CAMHS Transformation Plan, meeting monthly</li> </ul>
<b>Commissioners</b>		<ul style="list-style-type: none"> <li>• Develop and consult on strategy, liaising with ICG</li> <li>• Implementation of strategy and key decisions</li> <li>• Oversight of commissioned services</li> <li>• Develop and lead on Transformation Plan</li> </ul>

## 7.2 Effective joint working

In addition to the governance structure shown above, there are a number of multi-agency and monitoring groups which contribute to ongoing development and ensuring the effectiveness of the emotional wellbeing and mental health pathway, with the Integrated Commissioning Group acting as the forum keeping oversight of all the strands as a cohesive whole and escalating any issues if required. These include:

- **Connecting Families Strategic Group** – the multi-agency sub-group of the Health and Wellbeing Board which has oversight of the Children and Young People's Plan. The group offers in particular the opportunity to engage with a wider range of services and partners that can contribute to the health promotion, prevention and early intervention agenda.
- **Children and Young People's Emotional Wellbeing and Mental Health Partnership Board** – this group is open to anyone with an interest in the pathway and has wide membership including stakeholders such as schools, colleges, NHS providers, social care, voluntary sector, parents and young people. The group operates both as a face to face group and as a virtual network, connected by the council's social media system, enabling commissioners to circulate the 80 or so members between meetings with up to date information and to seek their views.
- **CAMHS Service Development and Improvement Group** – commissioner and provider meeting to discuss and monitor service development and performance management of child and adolescent mental health services.
- **Children's Community Health Performance and Monitoring Meeting** – commissioner and provider meeting to discuss and monitor service development and performance management of non-CAMHS services which may contribute to the overall emotional wellbeing and mental health pathway, eg community paediatrics and ASD diagnosis pathway.
- **CAMHS/Social Care/Acute Trust Interface Group** - forum for commissioner and agencies involved in the multiagency care pathway for children and young people with urgent, severe and complex mental health needs to keep pathway under continuous review and resolve any issues arising.
- **Integrated Targeted Family Support Board and Starting Well Transformation Board** – commissioner and provider meeting to discuss and monitor service development of these areas. The Starting Well area includes the public health nursing, Reach 4 Wellbeing and Kooth services, which are also monitored through regular commissioner/provider meetings specific to these services.
- **Crisis Care Concordat Group** – multi agency group chaired by adult mental health commissioner and with children's service commissioning on membership, overseeing the all age Worcestershire Crisis Concordat. Current work includes reviewing and developing the mental health liaison service (which contributes to the children and young people's urgent care pathway) and planning for Core24 implementation by 2021 at the latest.

## 7.3 Participation of children and young people and parent/carers

Surveys and consultation with children, young people, parents and carers have been



integral to the development and ongoing review of this plan, as described earlier. Groups of children and young people who have participated in such work to tell us their experiences of CAMHS and emotional wellbeing support services and to tell us about the needs of children and young people include Worcestershire's Children in Care Councils, the Youth Cabinet and the Worcestershire Health and Care Trust's Youth Board.

The CYP-IAPT programme, of which Worcestershire is a member, has the strong and active involvement of children and young people, through the Youth Board, who have been involved in many aspects of the work plan.

Outcomes measurement using CYP-IAPT and CORC principles is in place in service specifications for CAMHS and other commissioned services across the emotional wellbeing and mental health pathway. This includes the use of experience of service questionnaires such as CHI-ESQ.

The children's health commissioning team are part of a Worcestershire Youth Engagement Group which engages with a variety of groups of young people with the support of Healthwatch Worcestershire and participation and engagement colleagues from the local authority, NHS trust and voluntary sectors.

Parents/carers and young people are members of the Children and Young People's emotional wellbeing and mental health partnership board and attend meetings to discuss gaps in services and shape specific projects such as the emotional wellbeing toolkit.

#### **7.4 Transition and services bridging children and adult services**

Child and Adolescent and Adult Mental Health Services in Worcestershire are provided by the same provider Trust, Worcestershire Health and Care NHS Trust. This considerably aids communication and appropriate transfer of care between the services and this has been further enhanced over recent years with the implementation of a Trust wide patient record system, CareNotes.

As previously described, some Adult Mental Health (AMH) services contribute to the urgent mental health care pathway for children and young people on an 'all age' basis, including the Crisis Team and the Mental Health Liaison Service. A number of other services hosted in AMH also offer services to children; there are agreed pathways between CAMHS and AMH for these services, which include the Early Intervention in Psychosis service (which works with young people from 14 years of age and follows NICE concordant treatment programmes, whilst those under 14 would be treated in line with the CAMHS emergency and urgent care pathway) and the Enhanced Primary Mental Health Care Service, known as 'Healthy Minds', which accepts referrals from the age of 16 years.

During 2017-19 there is a national CQUIN (Commissioning for Quality and Innovation) service improvement incentive payment – Indicator 5: Transitions out of Children and Young People's Mental Health Services (CYPMHS). The aim of the CQUIN is to drive improvements to the CAMHS to AMH services transition process for young people approaching 18 years of age, including transition to primary care when the threshold for AMHS is not met.

Based on case note audit there were 14 young people transitioning from CAMHS to AMHS in the last year, but better data collection is needed in future through the CareNotes system, including numbers that transition to AMHS both successfully and unsuccessfully and those that transition back to primary care.

Worcestershire already has a CAMHS to AMH transition protocol which has been in place since 2011 and has been recently reviewed in order to incorporate the CQUIN requirements. This protocol is based on evidence of best practice. When a young person is going to transition to an adult service, transition goals are agreed with them. The young person's experience of the transition process is measured by the use of both pre and post transition questionnaires, which have been developed in consultation with Worcestershire Health and Care Trust's Youth Board. Implementation of and any issues with the transition protocol are monitored through quarterly transition group meetings.

Worcestershire is part of the international 'Milestone' project researching the quality of transitions from CAMHS to adult mental health services.

## **7.5 Local Strategy and Plans to which this plan is complementary**

**7.5.1 The Worcestershire Children and Young Peoples Plan 2017-21** includes the priority to improve access to social, emotional mental health and well-being services by strengthening the social, emotional and mental health offer. During the engagement process for the development of Worcestershire's priorities, mental health and wellbeing emerged as one of the most important issues facing Worcestershire's children and young people.

### **7.5.2 Worcestershire Health and Wellbeing Board's 2016-21 joint strategy**

Good mental health and wellbeing throughout life is one of the three key priorities. This includes a focus on young people and children under the age of 5 and their parents/carers, with performance indicators for wellbeing measures, school readiness, CAMHS referrals and hospitals admissions for self-harm in 10-24 year olds. Worcestershire Health and Wellbeing Board has also published its Good mental health and wellbeing throughout life action plan 2016-2021.

### **7.5.3 Sustainability and Transformation Partnership (STP)**

Worcestershire is partnering with Herefordshire to develop their STP, which is geographically one of the largest in the country, covering 1,500 square miles, whilst serving a relatively sparse rural population of 780,000 people.

One of the priorities of the STP is to work with NHS specialised services to increase capacity in local children and young people's mental health services in order to reduce demand on complex out of county placements and enable complex cases to be repatriated to local areas.

The STP Plan published in July 2017 also includes the following commitment: "Through current public sector partnerships we will seek to align our ambitions and developments to maximise wider place based delivery where possible".

The STP priority around better mental health for all ages includes a requirement to deliver the implementation plan for the Mental Health Five Year Forward View, which includes additional psychological therapies, more high quality CYP-MH services (including improved access to CAMHS Tier 3+), treatment within 2 weeks for first episode psychosis and increased access to CYP community eating disorder services.

Our STP will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability. Our local area includes Herefordshire and Worcestershire.

The underpinning vision agreed in both Herefordshire and Worcestershire by the improving mental health and learning disability care workstream is: *to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.*

The focus is on partnership working across traditional commissioner-provider and provider-provider boundaries to ensure we reduce duplication and add value. This includes developing our ability to share resources across the system, in terms of learning, expertise and provision. In addition, it is the intention of the STP to work with local authorities on a place-based approach and embed prevention across the system.

For children and young people's mental health, the priority in the STP is care closer to home for children and young people needing inpatient care or intensive community rehabilitation. Perinatal mental health is another key area within our STP plan.

## **7.6 Health and Justice**

Commissioners have engaged with NHS England on the deep dive in Worcestershire to look at needs of young people who enter the youth justice system. Findings from the deep dive have informed the commissioning by NHSE of liaison and diversion services. The NHSE Health and Justice team has now undertaken a procurement process for a Liaison and Diversion service, which is expected to be in place by June 2018.

The new CAMHS service specification emphasises the requirement for continued provision of the primary mental health worker, employed by CAMHS and placed within the Youth Offending Service (YOS). The aim of the service is to facilitate joint working and care pathways between CAMHS and YOS and to build capacity in core YOS staff so that these vulnerable children and young people have early access to support for their emotional wellbeing and any mental health needs that require specialist CAMHS are identified and can be treated in a timely manner before they escalate.

Worcestershire is a partner in the current section 136 review which is being undertaken across the West Mercia area, including provision for children and young people. The current s136 suite provision in Worcestershire is an all age facility.

Worcestershire is currently developing a bid for funding through the Health and Justice CYP MH Transformation Programme collaborative commissioning network opportunity. The aim of the proposal will be to ensure that partners are more effectively equipped to support children and young people with mental health and emotional wellbeing needs who are vulnerable and/or involved in the health and justice pathway, by increasing knowledge, skills and capacity.

## **8. Impact, Outcomes and Challenges**

### **8.1 Successes**

#### **8.1.1 Emotional health and wellbeing service**

Since the publication of the transformation plan in November 2015 there has been considerable progress. One success has been the development of new emotional health and wellbeing services in order to fill the gap identified in the 2015 CAMHS needs assessment.

The new services, Kooth and Reach 4 Wellbeing offer evidence based interventions and ensure any additional vulnerability or inequality suffered by children and young people (e.g. looked after children, those with a learning disability, or victims of child sexual exploitation) is properly considered when identifying appropriate interventions.

Between them these services have, since November 2016, provided direct emotional wellbeing and mental health support to over a thousand children and young people who would not have met the threshold for CAMHS intervention.

There have also been developments in the support of children and young people's emotional wellbeing in the wider landscape of services, particularly in the health promotion and early intervention and help offer. For example, the service specification for the commissioned providers of Positive Activities for Young People now includes supporting and improving young people's emotional wellbeing and mental health. The Youth Outcomes Star impact measurement tool is used by providers with young people and a sample of 96 of these from 2016-17 showed that 61% of young people engaged in Positive Activities identified improvement in their well-being through their involvement.

#### **8.1.2 Urgent care pathway**

The children and young people's urgent mental health care pathway and protocol was developed during 2014-15 and launched in 2016 and has been reviewed in 2017 and describes how urgent and emergency care needs are met both during normal working hours by CAMHS and out of hours by the all age Mental Health Liaison and Crisis teams. The protocol with its clear pathway and escalation process has improved relationships between the community NHS Trust, Children's Social Care services and the Acute NHS Trust, who now work effectively together to improve crisis care for children and young people, including those with eating disorders. Transformation funds have been used to extend the hours of the CAMHS Tier 3+ team, which has improved the support to the paediatric wards as well as to parents and carers and children and young people in crisis, who now have more access to home treatment as an alternative to hospital admission.

There is some early evidence that the urgent mental health care pathway has had a positive impact. Worcestershire had higher rates of hospital admissions for self-harm in 10-24 year olds than the regional average in the period 2010-13. However, more recent data (2015-16 data (<https://fingertips.phe.org.uk>) shows that an increase in admissions seen across the region and nationally has not been replicated in Worcestershire. Here, the admissions rate for self-harm in young people aged 10-24 has held steady since 2011 and is now lower than the regional average and is similar to the national average.

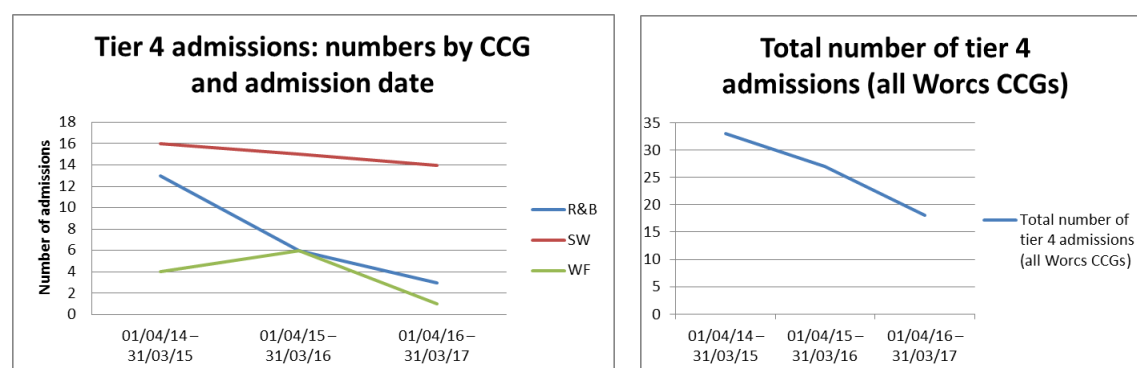
Further evidence for a positive impact may be seen in a significant reduction in the admission rate to Tier 4 beds from Worcestershire. Data supplied by NHS England Midlands and East shows that admissions have reduced from 33 admissions in the 2014-15 baseline year to 18 admissions during 2016-17. This is a decrease of 45% from the baseline. The following table shows this data by CCG, including the number of admissions which were for an eating disorder (ED).

**Tier 4 admissions numbers by CCG, year of admission and type of service**

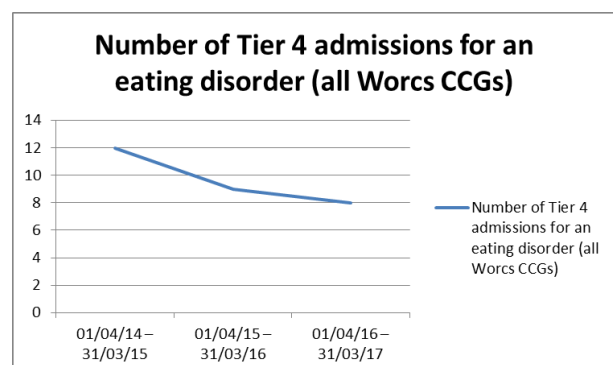
year of admission	Redditch & Bromsgrove CCG	South Worcs CCG	Wyre Forest CCG	Total admissions	Total admitted to an Eating Disorder (ED) service	% of all Tier 4 admissions that were admitted to an ED service
01/04/14 to 31/03/15	13	16	4	33	12	36.4%
01/04/15 to 31/03/16	6	15	6	27	9	33.3%
01/04/16 to 31/03/17	3	14	1	18	8	44.4%

Data source: NHS England Midlands and East

This data shows a clear downwards trend in numbers of Tier 4 admissions since 2014/15 (the baseline year for the Transformation Plan).



The number of Tier 4 admissions to an eating disorder service has also decreased from 12 in 2014/15 to 8 in 2016/17, which is a decrease of 33%. This is a welcome trend and indicates that the CEDS-CYP service, working together with the Tier 3+ service, is having a positive impact.



### **8.1.3 Schools and colleges emotional wellbeing toolkit and collaboration with schools**

The toolkit was developed during 2016-17 in response to the need, identified in 3 local surveys and in the 2015 needs assessment, for more advice and support for schools and colleges to enable them to promote good emotional wellbeing and mental health in their settings and to support pupils and learners who experience difficulties. The development of the toolkit took place through collaboration between both CCG and local authority commissioners and providers of mental health services, education services and schools and also wider partners in youth support, early help, connecting families and family support teams and the Worcestershire Safeguarding Children Board. Young people had input during its development via the Worcestershire Youth Cabinet and the Who Cares, We Care and Speak Out groups.

Schools had extensive opportunities to shape the content and format of the toolkit:

- A small working group of headteachers and senior pastoral leads from schools and colleges came together to design the format, influence the content, comment on drafts and advise on how to engage and encourage all Worcestershire schools to use the final version.
- Two county-wide schools Inclusion Network meetings, attended by SENCOs, PSHE co-ordinators and senior pastoral leads, gave valuable feedback on the drafts.
- Headteachers discussed and gave their feedback on drafts following presentations at their county-wide headteachers' meetings.
- The draft was circulated by email to all schools of all phases, including special schools and short stay schools and to all colleges; all feedback received was incorporated into the final version.

The final version of the toolkit was launched at an Inclusion Network meeting in the Spring Term 2017, followed by wide circulation to all schools and colleges, along with further information about local services commissioned as part of the Transformation Plan.

The toolkit is designed to be a simple-to-use checklist of good practice for schools, colleges and skills providers, helping them to create emotionally healthy, whole setting environments, following national best practice guidance. It guides them to:

- teach good quality lessons about mental health and resilience in PSHE;
- develop strong policies for staff and pupils, such as anti-bullying, diversity and behaviour;
- ask pupils and learners what they need and listen to their concerns;
- train teachers in mental health and how to help children and young people;
- promote staff wellbeing;
- gather information and use data to make smart improvement plans;
- provide confidential support such as counsellors, as well as peer mentors and nurture groups;
- help parents to help their children to be emotionally healthy;
- make sure pupils and learners can get help from more specialist services outside the school or college if they need it.

The toolkit also provides links to other guidance and resources that schools and colleges can use and it details how to get help from local targeted and specialist mental health services external to the school or setting when needed.

#### **8.1.4 Other areas of collaboration with local authority**

Other areas of success in terms of collaboration with the local authority include:

- Working with public health commissioning colleagues to deliver the new Reach 4 Wellbeing emotional wellbeing service as part of the new public health nursing Starting Well service in order to appropriately distinguish it as an early intervention emotional wellbeing service. CAMHS and public health commissioners also collaborate in the monitoring of this contract.
- Requirement to use appropriate emotional wellbeing outcome measures is included in both Worcestershire County Council and CCG commissioned service specifications. For example, since 2016/17, supporting and improving young people's emotional wellbeing and mental health is in the service specification of local authority commissioned VCS providers of positive activities for young people and outcomes are measured.
- The Integrated Service for Looked After Children supports emotional wellbeing and mental health needs with a joint health and local authority funded team, which has received additional investment from both CCGs and children's social care during the life of the Transformation Plan.
- The new CAMHS CAST team offers a named link worker for every school as well as acting as a point of advice and support for universal and other services who are working with children and young people.
- Training commissioned as part of the Transformation Plan in order to support the wider workforce is provided on a multi-agency basis through the local authority.
- An Integrated Targeted Family Support Board and Starting Well Transformation Board meets monthly and includes commissioners for children's health, public health and vulnerable children and families as well as provider representatives.
- The Integrated Commissioning Group, which acts as the Project Board for this Transformation Plan, meets monthly and brings together commissioners of services for children and families to work collaboratively in commissioning efficient and effective services which improve outcomes for Worcestershire's children and families. Membership includes commissioners from Worcestershire County Council, Clinical Commissioning Groups and West Mercia Youth Offending Service.

#### **8.1.5 Engagement of stakeholders**

There is excellent engagement from all stakeholders around the transformation plan to help inform future commissioning of services and service pathways. Stakeholders attend the Children and Young People's emotional wellbeing and mental health partnership board meetings and are provided with regular communication updates using the council's social media platform.

#### **8.1.6 Young people's engagement**

There has been good engagement from young people throughout the years of the transformation plan. Worcestershire's youth cabinet chose mental health and wellbeing to be a focus of their campaign, part of this campaign work was a survey written by young people aimed at young people who have accessed mental health services and young people who haven't, as described earlier.



Young people were and continue to be fully involved in the development of the new emotional wellbeing service including participating in recruitment of staff.

The CAMHS service use routine outcome measures which allow children and young people to play an active role in monitoring their treatment. These outcome measures also play an important role in supervision of staff. Care plans are written and reviewed collaboratively with children, young people and their families.

#### **8.1.7 Workforce development**

Development of an agreed workforce development plan for staff across all agencies and settings is in progress. A workforce sub group has been meeting regularly to develop the training offer for the whole workforce so that all universal services know how to identify emotional wellbeing issues and know what to do to support them. Youth Mental Health First Aid (YMHFA) and STORM training has been delivered to school, social care and other staff from across the county and a new course around self-harm has been piloted and is being rolled out. In the year April 2016 to March 2017, 74 delegates attended YMHFA training.

#### **8.1.8 Waiting times**

There has been a focus on reducing waiting times within the specialist CAMHS service. This focus has resulted in reduced waiting times for young people from referral to definitive treatment (Partnership appointment). Waiting times data show that the percentage of young people waiting less than 25 weeks for treatment increased from 67% in August 2015 to 97% in August 2016. There is still more to do in this area, and the August 2017 data showed a decrease in this percentage to 86%. This transformation plan seeks to reduce waiting times further through investment within CAMHS, but also investment in prevention and early intervention.

#### **8.1.9 Care, education and treatment reviews (CETRs)**

Worcestershire has had a successful start to the implementation of care education and treatment reviews, aimed at preventing inpatient admission for those with learning disabilities and /or ASD, and championing care close to home. Across the children's workforce (health, education and social care) we intend to raise further awareness about the introduction of care and treatment reviews for children and young people with a learning disability and/or Autism. A local CETR protocol is in draft.

#### **8.1.10 Eating disorders**

The NHS provider Trust has developed the new Community Eating Disorder Service for Children and Young People and as part of this has developed excellent working relationships with the Acute NHS Trust paediatric ward. The new service became operational early in 2017.

## **8.2 Challenges**

### **8.2.1 Recruitment**

There have also been some challenges; one of these challenges is recruitment. It can be difficult to recruit to some posts in mental health, especially at a time when service developments are taking place throughout the country. The risk of the delay in recruitment is that this has an impact on the start time of some of the projects. Commissioners and the provider are working with Health Education England to ensure actions are taken to further develop the workforce. Providers also consider appropriate skill mix in order to facilitate filling of vacancies where there appears to be a shortage of suitable applicants at particular bands.

### **8.2.2 Changes within Early Help in Worcestershire**

There are significant changes to the early help offer in Worcestershire due to reduction in county council and public health budgets and the need to re-design services to focus greater effort on vulnerable families and communities. This means that the new emotional health and wellbeing service and CAMHS need to work closely with early help partners to get service pathways right for children and young people.

## **9 How will delivery be different in 2020?**

### **9.1 Waiting times**

In order to improve the waiting times for core CAMHS, commissioners have set clear KPI targets for the provider NHS Trust. Waiting times for referral to treatment need to reduce year on year through recruitment of staff and through innovative ways of working with children and young people. Appropriate use of other services and resources developed through the implementation of the transformation plan will reduce the number of inappropriate referrals to CAMHS, meaning the service can be accessed in a timely fashion by children and young people with moderate to severe mental health issues.

### **9.2 Routine Outcomes Measures**

Routine outcomes measures will be embedded into CAMHS provision so that a child or young person's goals will be at the heart of the delivery of service, and if an approach is not working, a different approach can be implemented quickly. Experience of children, young people and their families will continue to shape service provision.

### **9.3 Worcestershire will have a clear emotional wellbeing pathway understood by all stakeholders**

A clear pathway has been developed as part of the schools toolkit, but this now needs to be promoted and tailored to other professionals such as GPs. One access point is available for advice and guidance via the 'Your Life Your Choice' website:

<https://ylc.worcestershire.gov.uk/>

However, this needs to be developed further and promoted to the whole population.

Schools now have a practical toolkit to support them with procuring good quality emotional wellbeing services, and to be clear on how to support a child in school with emotional wellbeing issues, but its use still requires further promotion to ensure all schools and colleges are fully engaged.

Universal services including schools will feel well supported from a visible CAMHS consultation service, the CAST (consultation, advice, support and training) team.

### **9.4 Workforce**

There will be a robust multi agency workforce plan, with a suite of training for the children and young people's workforce. The workforce will feel confident about identifying emotional wellbeing issues and what to do to help.

Agencies will be working jointly to triage referrals and ensure children and young people are supported by the most appropriate service and prevent a child/young person from having to tell their story over to different professionals.

We will engage with a wide range of statutory and non-statutory partners including emergency response services, local councils and further and higher education providers in further developing health promotion, prevention and early intervention services. This will build on existing successes such as the Hereford and Worcester Fire and Rescue Service's positive role model and mentoring service and the awareness training based on Youth Mental Health First Aid principles which is provided for voluntary youth sector personnel.

### **9.5 Vulnerable groups**

Vulnerable groups of children and young people, such as those who are looked after by the local authority, those in the youth justice system, and those who have experienced abuse will receive timely assessment and intervention.

### **9.6 Eating disorders**

A specialist community eating disorder service for children and young people will be fully operational and will be meeting the access and waiting time standards. Children and young people will be identified as having an eating disorder earlier and fewer young people will be admitted into Tier 4 for an eating disorder.

### **9.7 Tier 4 numbers**

Fewer young people will be admitted to Tier 4 inpatient units due to an increase in provision of intensive support available in the community and earlier intervention to meet needs.

## 10. Finance

### 10.1 Current Total Spend on CAMHS and Transformation Plan implementation

The contract with the provider of CAMHS is paid in block. The current base commissioning budget for specialist CAMHS is shown below and has not been reduced since the last needs assessment in 2011, despite local government and CCG savings being made in other service areas. The CAMHS LA-funded provision includes the specialist mental health service for looked after children.

Year	LA	CCGs
2011/12	£705,000	£3,972,670
2017/18	£732,715	£4,378,583

In addition, a £1,158,821 commissioning budget from the three Worcestershire CCGs in 2017/18 is funding service developments in line with this transformation plan, with the schemes receiving the largest investments being as follows:

- New emotional wellbeing service, including on-line resource - £313,000
- Community eating disorder service for children and young people - £287,000

Transformation spend/commitments for the lifetime of the plan are summarised below:

	South Worcestershire CCG	Redditch and Bromsgrove CCG	Wyre Forest CCG
2015/16	£506,993	£294,596	£201,793
2016/17	£588,833	£337,288	£232,700
2017/18	£588,833	£337,288	£232,700
2018/19	£588,833	£337,288	£232,700
2019/20	£588,833	£337,288	£232,700

Note: the committed spend for 2018/19 onwards is based on the current allocation for 2017/18

Past and planned future activity in line with this investment is summarised below:

#### 2015/16

- Investment in workforce skills to prevent emotional wellbeing issues and to provide early intervention.
- Development of commissioning advice and support for schools to ensure the use of quality providers for addressing emotional wellbeing issues.
- Design and development of a CAMHS consultation service to provide advice and support to universal services including schools.
- Design and project management of a face to face and on-line emotional wellbeing service.
- Design and project management of high quality specialist CAMH service where children are able to access assessment and intervention in a timely manner.
- Review of out of hours mental health service provision.
- Business planning and project management for the Community Eating Disorder Service for children and young people and investment in lead consultant.

- Investment into the neuro developmental pathway.

## **2016/17**

- Continued investment in workforce development including a new self harm course.
- Investment in the new community eating disorder service for children and young people
- Investment in online and face to face emotional wellbeing service
- Investment in ward liaison to improve hospital discharge process and follow up
- Investment in additional capacity in CAMHS Tier 3+ team to extend operating hours
- Investment in Shelf help working closely with library services
- Investment in additional psychologist in looked after children wellbeing service (non recurrent, impact to be reviewed)
- Investment in the dietetic service for children with ASD
- Investment in the neurodevelopment pathway

## **2017/18 to 2019/20 inclusive**

Continued recurrent investment in:

- Community eating disorder service for children and young people
- Online and face to face emotional wellbeing service
- Additional capacity in CAMHS ward liaison and Tier 3+ CAMHS team
- Dietetic service for children with ASD
- Training and workforce development, focused each year in line with priorities of workforce plan

## **10.2 What happens after 2020**

Future service development throughout and beyond the life of this plan will be in line with the Herefordshire and Worcestershire Sustainability and Transformation Plan published in July 2017. The STP plan has a specific work stream focussing on mental health services and a priority to "Work with NHS specialised services to increase local child mental health services to reduce demand for complex out of county services and enable repatriation of complex cases back to their local areas." The STP also explains that partners on the programme board have agreed to take a strategic approach to making investment and disinvestment decisions across the system budgets. This identifies mental health and learning disabilities as one of the areas where there is a strategic intent to increase the indicative funding share over the lifetime of the STP. Other areas of focus in the STP have particular relevance to the whole emotional wellbeing and mental health pathway for children and young people and particularly the emphasis on the importance of early help and intervention, notably the priority to "Put long term life outcomes for children, young people and their families' needs at the heart of the STP agenda in order to prevent the need for more intensive and high cost services now and in the future."

## **10.3 Other Services contributing to the pathway**

A number of other services and agencies contribute to the overall emotional wellbeing and mental health pathway for children and young people, including those described below.

Worcestershire Health and Care NHS Trust which provides the CAMH, CEDS CYP and Reach 4 Wellbeing services is also commissioned by CCGs to provide other services including community paediatric and therapy services and adult mental health services, some of which also reach and support children and young people on an all age basis or open to under 18s.

Worcestershire County Council commissions further prevention and early intervention services for children and young people aged 0-19 years old. These services include:

- A 0 to 19 integrated public health nursing service, providing the universal and targeted requirements of the nationally mandated Healthy Child Programme and undertaking health assessments of looked after children.
- Parenting providers, offering a menu of parenting support/courses and building community capacity.
- Other prevention and early intervention services such as positive activities for young people and targeted family support.

Analysis of Early Help Assessments suggests that a large proportion of the current investment into County Council funded early help services is supporting emotional wellbeing and low level mental health needs.

Through the use of the core budgets, Dedicated Schools Grant and Pupil Premium funding, schools are currently commissioning a variety of services to support emotional wellbeing, for example pastoral staff teams, PSHE provision, school counsellors and peer mentors. In addition to this, schools invest in an Early Intervention Family Support Service.

As stronger partnerships are forged, the aim is to influence all commissioners within the system to support emotional wellbeing and mental health prevention and treatment by investing in the most effective, evidence-based interventions as well as accessing resources that are freely available.

CAMHS Tier 4 inpatient care is commissioned by NHS England and the total spend on such admissions for Worcestershire children and young people for the year 2014/15 (the last year for which spend figures are available at time of publication) was £2,123,788. As already noted, early indications are that developments and investment in the local emotional wellbeing and mental health pathway is contributing to a reduction in the number of tier 4 admissions. As well as reducing costs of inpatient care, the reduction in admissions suggests improvements in quality of care for children and young people in terms of earlier intervention before needs escalate and the provision of more intensive support in the community. This enables service users to maintain valuable links with family, friends, education and other local support networks, rather than being admitted to a hospital which could be a long way from home.