Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 5 December 2017, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Tuesday, 5 December 2017, 2.00 pm, Lakeview Room, County Hall

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Dr R Davies	Redditch and Bromsgrove CCG
Catherine Driscoll	Director of Children, Families and Communities
Mr A I Hardman	Cabinet Member with Responsibility For Adult Social Care
Mr M J Hart	Cabinet Member with Responsibility for Education and Skills
Dr Frances Howie	Director of Public Health
Dr A Kelly	South Worcestershire CCG
Sander Kristel	Director of Adult Social Services
Dr C Marley	Wyre Forest CCG
Peter Pinfield	Healthwatch, Worcestershire
Mr A C Roberts	Cabinet Member with Responsibility for Children and Families
Steve Stewart	Chief Executive
Simon Trickett	Redditch & Bromsgrove & wyre Forest Clinical Commissioning Group

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Kevin Dicks	District Local Housing Authorities
Cllr. Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils
Chief Supt. M Travis	West Mercia Police

Agenda

Item No	Subject	Presenter	Page No
1	**Apologies and Substitutes**		

Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Kate Griffiths, Committee Officer on Worcester (01905) 846630 or email: KGriffiths@worcestershire.gov.uk

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Date of Issue: Monday, 27 November 2017

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2	**Declarations of Interest**		
3	**Public Participation** *Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 4 December 2015). Enquiries can be made through the telephone number/e-mail address below.*		
4	**Confirmation of Minutes** For the meeting on 10 October 2017.		1 - 12
5	**CAMHs Transition Plan**	Simon Trickett	13 - 74
6	**Sustainability and Transformation Partnership Update**	Joanne Alner	75 - 80
7	**Development Meeting update**	Frances Howie	81 - 84
8	**Adverse Childhood Events (ACES)**	Frances Howie	85 - 88
9	**Immunisation Update**	Frances Howie	89 - 136
10	**Special Education Needs and Disabilities (SEND) Strategy**	Catherine Driscoll	To follow
11	**Future Meeting Dates** **<u>Dates for 2018</u>** **Public meetings** (All at 2pm) • 27 February 2018 • 22 May 2018 • 25 September 2018 • 13 November 2018 **Private Development meetings** (All at 2pm) • 30 January 2018 • 27 March 2018 • 24 April 2018 • 19 June 2018 • 17 July 2018 • 23 October 2018 • 4 December 2018		

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Health and Well-Being Board
Tuesday, 10 October 2017, Council Chamber, County Hall - 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Ms J Alner, Dr R Davies, Mr A I Hardman, Mr M J Hart, Dr Frances Howie, Sander Kristel, Gerry O'Donnell, Peter Pinfield, Mr A C Roberts, Margaret Sherrey, Mark Travis and Simon Trickett

Also attended:

Fay Baillie, Derek Benson, Felix Borchardt, Bridget Brickley, Kathy McAteer, Michelle McKay and Tim Rice.

450 Apologies and Substitutes

Apologies for absence were received from Carole Cumino, Catherine Driscoll, Carl Ellson, Anthony Kelly, Clare Marley and Steve Stewart.

Jonathan Sutton attended for Carole Cumino. Nick Wilson attended for Catherine Driscoll and Simon Adams represented Healthwatch until the arrival of Peter Pinfield.

451 Declarations of Interest

None

452 Public Participation

None

453 Confirmation of Minutes

Anne Duddington had requested an amendment to the draft minutes.
Minute 440 – Carers strategy should now read:

"…but was concerned about the resilience of carers and felt that services for parent carers needed to be further developed to bring them in line with the outcomes in the strategy."

Subject to this amendment the Minutes were accepted as an accurate record of the meeting and were signed by the Chairman.

454 Worcestershire Acute Hospital - CQC and

Michelle McKay, Chief Executive of Worcestershire Acute Hospital Trust thanked the Board for the opportunity to provide an update on the current situation.

Performance update

In mid-July 2017 the CQC had issued a Section 29a notice which required the hospital to improve by 30 September. They were due back at some point in October, for an unannounced inspection, to assess the progress made.

The improvement plan that had been developed would provide evidence of the work being done to make improvements, but they must show that the improvement was consistent. Information was provided about how patient flow was being improved and peer reviews would be carried out across the trust. Normal work would be continuing and assessors would need to be able to see that.

A cultural change programme had been launched the previous week which was a recruitment and retention policy. A People and Culture Strategy was currently going through the governance process.

In the following discussion the following points were clarified:

- Richard Haines had been appointed as Director of Communication and Engagement and was working on a public engagement strategy which would involve Healthwatch,
- The hospital was very aware of the patient experience and care being carried out in the Emergency Department corridor. Work was on-going with the aim that there would be no more corridor care by December,
- Capital investment was being used to develop streaming of patients so that in future 25-30% of emergency patients would go through the new pathway rather than the emergency department,
- Recruitment was an issue with the County Council as well as the hospital. Michelle McKay said she was surprised that Worcestershire's nursing vacancy rate was not bad when concerned to the regional figure. All the local health organisations were competing for the same pool of staff,
- With Winter Pressures looming, Board Members felt more should be done to inform the public about appropriate use of the Accident and Emergency department. Michelle agreed that communications were planned to address that issue and also what the community could do for themselves, such as have the flu vaccine,
- The Chairman felt that more could be done to tell people about Minor Injuries Units, such as the one

in Evesham.

RESOLVED that the Health and Well-being Board noted this update about Worcestershire Acute Hospital performance and the CQC

455 NHS Local Maternity System Board Plan

Fay Baillie, Divisional Director of Nursing and Midwifery, presented the Local Maternity System Board (LMS) Plan. As part of the Governance arrangements, all participating organisations needed to be happy with the plan before it went to the National Team.

The LMS was part of the Sustainability and Transformation Plan and was organised on the same footprint. The Secretary of State had an ambition to reduce the numbers of still births, neonatal deaths and maternal deaths through the strategy 'Better Births'. Unlike the STP the LMS was part of statute but reported through the STP.

Information from public health had been used to create the plan. The plan looked at issues such as why the population were getting more obese, smoking in pregnancy and why Worcestershire was an outlier for small birth weight babies and caesarean sections. Pre-conception care also needed to be done better.

The next steps involved putting a project plan together with timelines and an implementation strategy.

During the discussion the following points were made:

- The maternity pathway was broader than just the birthing phase and although the plan reflected the importance of antenatal care and support after birth this would need to be further strengthened as plans develop,
- Public Health and the County Council were pleased to be involved in the plan and County Midwifery services and Children's services were working together more closely. In future there would be a second strand of work concerning vulnerable children and getting the right support for them in the community, Making sure that community assets to support vulnerable families are strengthened,
- An experimental hub had been started in Kidderminster as an antenatal group but had expanded and now operated as a drop in breast feeding clinic, weight management support group and held coffee mornings and support sessions. The next hub to be organised would be in

Evesham and would offer whatever support was needed in that area,
- This was the first example of a detailed STP programme area, which operated on the Herefordshire and Worcestershire footprint, reporting to the Board. Differences in approach between Hereford and Worcestershire had been identified and peer reviews were happening so both areas received the same level of challenge and were able to learn from each other,
- It was suggested that members should consider whether all reports should contain a section on patient involvement and co-production,
- It was clarified that the LMS would be seen by Herefordshire HWB as well as Worcestershire's Board,

RESOLVED that the Health and Well-being Board approved the Local Maternity System Board Plan in principle, subject to the comments above, having received and reviewed the plan on behalf of Worcestershire.

456 Worcestershire Safeguarding Children's Board

Derek Benson, the Independent Chairman of the Worcestershire Safeguarding Children's Board explained that the annual report was for 2016-17, so did not include the follow up from Ofsted regarding Children's safeguarding in Worcestershire or the appointment of Essex Council as an Improvement Partner.

Ofsted had reviewed the Safeguarding Board and found that it required improvement to be good. An action plan was in place against which progress was being charted on a quarterly basis and progress was being made.

During 2016/17 the Board had a particular focus on 6 main areas. They included:

- Child Sexual Exploitation - Superintendent Kevin Purcell was the strategic lead for that area of work in Worcestershire,
- Early Help. The pathway was being looked at and consideration was being given to whether partners were aware of the role,
- Family front door – this was launched in July 2016 but there were certain issues such as inappropriate placement of thresholds and processes not being robust enough,
- Young people at the point of transition

- Children with disabilities
- Strengthening the Board's learning and achievement framework

The Board was compliant in its statutory requirements (although they could be subject to change under the Children and Social Work Act) however that was not enough; the Board needed to do more to make a difference to the lives of children. There was a strong commitment amongst partners to safeguarding children, but there were failings. The Board would seek reassurance around the early help offer and the family front door would be monitored. There was a lot of work to be done.

It was hoped that by the time of the next annual report the Board would be more positive.

In the ensuing discussion the following points were made:

- When asked what effort was made to involve District Councils in the work of the Board the response was that a Chief Executive of a District Council was a member of the Board but more could be done such as the Chairman visiting more District Councils to update them and involve them in improving services,
- The number of health reviews for Looked After Children had dipped; unfortunately this was the same around the country,

Felix Borchardt, Chairman of the Child Death Overview Panel, joined the meeting at a later point and explained that the relatively small numbers of deaths meant that statistical conclusions could not be reached and their focus had been on modifiable factors. Such factors were determined locally and Worcestershire made a point of including more factors than some other areas so that there was more opportunity for learning and action. However this did mean that it was difficult to compare figures with other regions or nationally. Nonetheless the importance of smoking and obesity in raising the risk of child death should not be ignored.

Working with other agencies had been effective on issues such as the safer sleeping initiative. They had now resolved the previous backlog of looking at cases.

RESOLVED: that the Health and Well-being Board

a) Noted the key headlines and conclusions from the 2016/17 Annual Report;

b) Considered any points which may inform future work of the Board in respect of its strategic priorities; and
c) Should in future identify any cross cutting themes where the HWB had a role to play in reducing risks to Children.

457 Worcestershire Safeguarding Adults Board

Kathy McAteer, the Independent Chairman of the Board, explained that it was a statutory requirement of the Care Act to have a Safeguarding Adults Board and publish an Annual Report. The Board had a 3 year plan which ended in March 2018.

The Board's priorities were;

- Improving Communication – with actions such as developing a website,
- The Mental Capacity Act – to gain assurance that agencies had delivered training and that practice was becoming more consistent,
- Listening to adults with care and support needs - it is a care act requirement that the adult should be at the centre of the process,
- Cross Cutting Work with other Boards – Safeguarding Children's Board, HWB and also Community Safety Partnership,
- Working with Partners to understand risks to Adults – ensuring the right information was being collected and spreading knowledge gained from safeguarding adults reviews,
- Increasing community awareness – prevention strategy launched.

The foundations were in place to meet all the statutory functions and no major risks were identified. Some areas of work had slipped, but targets should be achieved by the end of the year. The main problem was the lack of capacity in terms of personal able and willing to serve on the Safeguarding Board and its sub groups.

5 Reviews had been started – 1 completed and published and 4 still in progress. Some Boards had not carried out any reviews but it was good to get referrals from other agencies. The Worcestershire conversion rate (concerns being converted into full enquiries) was improving and was currently at 20% (the national benchmark was 25%).

Most abuse happened within peoples own homes and was carried out by people known to the adults involved. Most were elderly women and it was known there was an under-reporting from Asian groups.

The safeguarding board were assured that making care personal was being embedded in policies and practice at the County Council although they were less assured that it was happening in other organisations.

There were 4 key areas of focus for the future:

- Improve awareness of professionals and the public as to what safeguarding is,
- Create a reference group to listen to service users,
- Seeking assurance from partners around mental capacity
- Work with the Safeguarding Children's Board on transitions

In the ensuing discussion it was clarified that:

- There were shortfalls in capacity to deliver the functions of the Board rather than shortfalls in the capacity to deliver services around safeguarding,
- It was difficult to compare the numbers of cases to the numbers seen before the introduction of the Care Act as definitions had changed,
- It was thought that the number of 2400 individual cases was quite high. There was a triage system which assessed whether the report was a safeguarding issue but professionals did not want to discourage people from reporting concerns,
- Reports of concerns about home care and residential care should be dealt with when commissioners dealt with the quality of services although the Safeguarding Board would look for patterns of concerns. There was a link between safeguarding and quality assurance as concerns about quality could be an early warning sign of safeguarding issues,
- The deprivation of liberty standards was a concern for the Council and was an expensive but un-costed burden,
- Safeguarding concerns about vulnerable and homeless people should be picked up by the agencies who had contact with them. The Board was looking to improve its links with the housing sector,
- There was still work to do to get service user engagement on the Board. An advert would be put in the press in order to attract people to the Board,
- The Health and Well-being Board was addressing the issue of homelessness firstly through the

refreshed JSNA which recognised homelessness as an emerging theme and secondly through inviting a housing representative to sit on the Board,

- It was pointed out by a District Councillor that they did not know what services were available for homeless and vulnerable people and would appreciate more information.

RESOLVED that the Health and Well-being Board agreed to consider any cross cutting themes and to refer issues either directly to the Safeguarding Board or through the next joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.

458 Joint Strategic Needs Assessment Annual update

It was a statutory duty to have a Joint Strategic Needs Assessment (JSNA). The aim of the information was to allow commissioners to make evidence based decisions about public health and to be able to reduce inequalities. Frances Howie asked Board Members to consider whether we make the best use of the data so that system leaders and commissioners have a shared understanding of vulnerability, risk and prevention.

People in Worcestershire were generally healthy but there were inequalities which were not being dealt with. It was important that people had a healthy life expectancy rather than having a long period of poor health which put a lot of demand on services.

The social gradient needed to be considered, with a significant difference between the most and least deprived populations, of how long people live and how long they live in good health. This was partly because those in deprived areas go for help at a later stage.

A large proportion of the population were overweight which was not normal or good. The current generation of children were more overweight than any previous generation so it was likely they would be the least healthy adults ever and would therefore have the greatest need for health services.

The main areas of focus in the Health and Well-being Strategy were:

- Being active at every age
- Mental well-being
- Alcohol harm

Each district had different areas of concern which needed

to be addressed. Countywide the areas of concern were:

- The narrowing gap between Worcestershire and England
- Infant mortality
- Drug misuse deaths
- Excess weight and diabetes
- Violent crime
- Homelessness
- Autism spectrum disorder

In the ensuing discussion the following points and questions were raised:

- Various members felt that the data was not being used effectively. It was suggested that prevention strategies should be applied to the emerging issues,
- It was queried whether causation was being examined, as it was proven that adverse childhood events affected well-being and could lead to homelessness,
- The data should be used to focus actions towards things which could be affected and improved,
- The rates of smoking in the general population was not included in the data and should be addressed as an on-going concern, and specifically included in the JSNA for next year,
- The priorities were multi-faceted and had various boards looking at the issues. There should be more co-ordination so that countywide priorities could be identified. The data should be used to meet partnership priorities and maximise outcomes,
- Was there enough presence in the communities, should the focus be on pockets of deprivation and carrying out work at a community level to make a difference to hard to reach people. Resources needed to be targeted differently,
- It was confirmed that specific communities were being targeted in some areas of the county,

In response it was pointed out that there were positive messages and smoking levels were lower than before. It was recognised that there were clusters of unhealthy behaviours so there needed to be a single response to those in a vulnerable position and although adverse events could lead to homelessness there were some resilience factors which led to better outcomes.

There was a HWB private development session on 7 November which could concentrate on vulnerability and

risk and look in particular at data and priorities so that we could consider what HWB members, as systems leaders, could do better together.

RESOLVED that the Health and Well-being Board:

a) **Noted the information on progress and issues relating to Health and Well-being Board Priorities, equality and inclusion,**
b) **Noted the emerging issues and ensure commissioners and system partners to consider these for action during the next planning period;**
c) **Noted the briefings and other further reports available and ensure the evidence is embedded across the health and care system; and**
d) **Will use the development session on 7 November to assess the JSNA information and consider whether existing priorities are fully intelligence led and where new joint working may be beneficial.**

459 HIG Bi-Annual Update

The Health Improvement Group had met twice since its last update and received presentations about Wychavon and Redditch.

There would be a stakeholder event on 15 November entitled Think Drink and all members would be receiving invitations.

Wychavon District Council was holding events to mark World Mental Health Day.

RESOLVED that the Health and Well-being Board:

a) **Considered the progress made by the Health Improvement Group (HIG) between April 2017 and September 2017; and**
b) **Encouraged each organisation represented by the Board to play an active part in the Stakeholder event of 15 November, as well as in the broader delivery of the Joint Health and Well-being Strategy and fully participate in providing the necessary updates and information for the reporting of progress.**

460 Health and Housing

Tim Rice gave a brief update on the work of the Housing Task and Finish Group. Housing was a complex area of work with a number of challenges.

The governance arrangements needed to be right and it

was important that housing authorities at District Council level should be represented at the HWB to ensure the Memorandum of Understanding can be fully implemented and issues such as homelessness were adequately understood.

Future commissioning needs should be considered to ensure effective working between housing, health and social care. There was a huge amount of data available and an information and exchange communication platform was being set up to share ideas.

Board members were keen that the right person be appointed to the Board, that they should just represent housing issues and that the appointment of the co-opted member should be reviewed in 12 months.

It was suggested that more focus should be put on the importance of housing on for care leavers.

RESOLVED that the Health and Well-being Board;

a) **Noted this first interim report; and**
b) **Agreed that the governance arrangements should be strengthened and the Memorandum of Understanding should be supported, through inviting a single senior officer representative of the Local Housing Authorities to become a Co-opted member of the HWB for an initial period of 12 months when the appointment would be reviewed.**

461 Worcestershire Time to Change Hub

Frances Howie explained that the report as printed in the agenda should have included the equality and diversity implication that the Time to Change Hub would have an impact on those with the protected characteristic of disability through mental ill health.

The report asked the Board to sponsor the bid on behalf of the member organisations.

RESOLVED that the Health and Well-being Board:

a) **Agreed to oversee and endorse the Time to Change Hub application in Worcestershire, as the hub "host",**
b) **Required each organisation represented by the Board to commit to sign the Time to Change employer's pledge to demonstrate the importance of embedding mental health and anti-stigma activity within their own organisation; and**

c) Supported the collective production and ownership of the Local hub action plan.

462 Future Meeting Dates and Meeting Frequency

Dates for 2017

- 7 November 2017 – Development (private) session to consider the effective use of JSNA information.
- 5 December 2017 – Public Meeting

Dates for 2018

Public meetings (All at 2pm)

- 27 February 2018
- 22 May 2018
- 25 September 2018
- 13 November 2018

Private Development meetings (All at 2pm)

- 30 January 2018
- 27 March 2018
- 24 April 2018
- 19 June 2018
- 17 July 2018
- 23 October 2018
- 4 December 2018

The meeting ended at 4.15pm

Chairman …….

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AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
5 DECEMBER 2017

WORCESTERSHIRE'S TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH – AUTUMN 2017 REFRESH

Board Sponsor
Simon Trickett, Accountable Officer
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

Author
Philippa Coleman, Interim Lead Commissioner Children's Community Health Services

	(Please click below then on down arrow)
Priorities	
Good Mental Health and Well-being throughout life	Yes
Being Active at every age	No
Reducing harm from Alcohol at all ages	No
Other (specify below)	
Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	No
People with learning disabilities	No
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Decision

Recommendation

1. **The Health and Well-being Board is asked to:**

(a) Approve the refreshed Transformation Plan and continue to support its development and implementation; and
(b) Note this transformation plan will be implemented as part of the programme of work under the HWB Strategy priority of improving mental

health and well-being.

Background

2. The Department of Health and NHS England published Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, in 2015. This document signalled a national focus on addressing mental health issues for young people and the requirement for each area to publish a 5 year Transformation Plan for children and young people's emotional wellbeing and mental health. First published in 2015, these Transformation Plans have thereafter been refreshed on an annual basis and submitted to NHS England for assurance.

3. In addition to this, a local needs assessment highlighted several areas for improvement, including investing in the children's workforce to address emotional wellbeing at an earlier stage and investing in a Tier 2 service to avoid the need for specialist mental health services.

4. Attached is the refreshed Worcestershire Transformation Plan, outlining achievements to date and future intentions. 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.

5. Achievements over the past 12 months include:

- Reduction in the number of admissions of children and young people to tier 4 inpatient CAMHS services
- Implementation of new services including community eating disorders team, and face to face and online emotional wellbeing and counselling services
- Launch of CAMHS CAST (consultation, advice, support and training) team providing support to schools, colleges and other universal services working with children and young people who are having difficulties with their emotional wellbeing or mental health
- Launch of schools and colleges emotional wellbeing toolkit, giving comprehensive guidance and advice to support a whole school/setting approach including clear referral routes to other services.
- 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.
- Increase in clinical psychology time in the integrated service for looked after children (ISL) team.

6. In future years our intention will be to see further improved outcomes as a result of the investments and service developments implemented and sustainability of these services.

Legal, Financial and HR Implications

Financial implications	Continued investment in children and young people's emotional wellbeing and mental health
HR Implications	Some redesign and recruitment across providers

	(the main provider being the Health and Care Trust).

Equality and Diversity Implications

An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of designing services relating to emotional wellbeing and mental health.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Hannah Needham, Assistant Director, Families Communities and Partnerships
Email: hneedham@worcestershire.gov.uk

Philippa Coleman, Interim Lead Commissioner
Email: pcoleman@worcestershire.gov.uk

Supporting Information

Appendix 1 – Refreshed Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

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

November 2017

Worcestershire Health and Care NHS Trust

Worcestershire Acute Hospitals NHS Trust

NHS Redditch and Bromsgrove Clinical Commissioning Group

NHS Wyre Forest Clinical Commissioning Group

NHS South Worcestershire Clinical Commissioning Group

Worcestershire's voluntary and community sector

NHS England

worcestershire county council

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

Contents

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	Interface group and Emotional Wellbeing stakeholder group already engaged. CAMHS Youth Board engaged. Transformation plan approved by NHSE	Children and Young People's Emotional Wellbeing and Mental Health Transformation Project Board to continue to meet monthly Continue to engage wide range of stakeholders through Partnership Board Refresh Local Transformation plan by 31st October 2017 Sign off of the refreshed plan by the Health and Wellbeing Board Youth cabinet survey results analysed by January 2017	Transformation Board meets monthly Youth cabinet survey on young people's emotional wellbeing and mental health completed and results taken into account in plan refresh Partnership Board continues to meet and engage wide range of stakeholders	Active engagement by all partners, regular attendance at Board Meetings and actions to be RAG rated as Green within set timescales. The transformation plan to have children, young people and families involvement.	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	New 0-19 public health nursing service, Starting Well, to be launched in Worcestershire in October 2016 New parenting provider service in place October 2016 0-19 Transformation board established by October 2016 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	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. New parenting providers model started December 16, with 2 service elements: a) a menu of parenting support/courses & b) building community capacity. Integrated Targeted Family Support Board and Starting Well Transformation Board meets monthly. Maternal mental health pathway drafted. Basic awareness training is delivered for voluntary youth sector personnel based on Youth Mental Health First Aid principles.	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
2.3 Schools are taking a whole school approach to promoting positive emotional wellbeing. (e.g. Anti-bullying policies, PSHE, peer mentoring, etc) Schools are commissioning high quality, evidence based interventions to improve outcomes for children and young people.	Lead Commissioner/ Public Health Commissioner	100% of schools have a health improvement plan highlighting specific targets identified from the Public Health School Profiles.	Schools and colleges emotional wellbeing toolkit drafted and circulated for consultation by October 2016; final version launched in spring 2017. CAMHS CAST team (consultation, advice, support and training) to be commissioned as part of new CAMHS service specification in 2017/18	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. CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from September 2017 Commissioners working with Babcock Prime on development of an emotional wellbeing pathway resource for classroom teachers, due for launch early 2018	100% schools will have access to good practice guidance on provision of an emotionally healthy school environment and quality evidence-based interventions. All schools will have named link worker in CAMHS CAST team.	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	Youth mental health first aid (YMHFA) to be accessible across the whole of the children's workforce by October 2016 Procurement of further STORM training Procurement of self harm training one day course by January 2017 Implementation of CAMHS CAST (consultation, advice, support and training) team to support schools and other universal services 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	Regular meetings continue with workforce development team to plan the suite of training for the children's workforce YMHFA and STORM training continued and new self harm training commenced during 16/17. 74 delegates attended YMHFA training in 16/17. CAMHS CAST (consultation, advice, support and training) specification agreed, formal launch including named link worker for all schools from Sept 17 WSCB Multi Agency Levels of Need: Guidance to help support, children, young people and families in Worcestershire published in Sept 17	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. (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
2.6. 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
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. More effective pathways for the most vulnerable children eg looked after children and young offenders	Lead Commissioner	Current baseline 2010-13 424.2 emergency hospital admissions for self-harm per 100,000 population (aged 10-24yrs) 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)	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 Continued access to CYP IAPT training and support	Service development and improvement group continues to meet regularly to monitor implementation of plan. New service specification agreed, including pathways for the most vulnerable children, eg looked after children and young people known to YOS 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. 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 Continued access to CYP IAPT training and support	A reduction in admissions to Tier 4. A reduction in waiting times for CAMHS Tier 3 A reduction in length of stay on paediatric ward (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
2.9. 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.	Urgent care pathway relaunched September 17. Urgent care interface group continues to meet to review any out of hours issues/incidents in order to inform future commissioning. The provider NHS Trust has consulted with psychiatrists about future on call services Tier 3+ team hours extended to 8am to 6pm. Number of tier 4 admissions has reduced by 45% between 2014/15 and 2016/17 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	Fewer CYP admitted to T4 Fewer inappropriate admissions to paediatric wards Shorter stays in Acute paediatric wards	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	Processes and protocols for completion and monitoring of pre-admission CETRs and discharge CETRs developed by December 2016. CAMHS professionals understand the CETR process and know when to alert commissioners that a CETR is required by March 2017 Other professionals understand the care and treatment review process and know when to alert commissioners that a CTR is required by September 2017 Commissioners to ensure that there is access to experts by experience and clinical experts who can contribute to each CTR	Worcestershire's transforming care action plan continues to be reported to NHS England and this includes both children's and adults. 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 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. Experts by experience and clinical experts contribute to CETRs All age CTR/CETR policy drafted and will be formally launched in autumn 2017	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 Avoidance of unnecessary admissions into inpatient settings and delayed discharges (measured through number of admissions/delayed discharges and audit of case details) All admissions are supported by a clear rationale with measurable outcomes (through audit). All partners to be aware of and adhere to the CTR/CETR policy	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	57 eating disorders referrals to CAMHS within 12 months 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)	Service specification signed off and contract variation agreed by December 2016 Recruitment of staff by January 2017. Training plan for new service to commence January 2017. Eating disorder service to be operational from January 2017	Eating disorder model and pathway agreed and team recruited to. A CQUIN relating to the CYP eating disorders pathway was implemented and fully achieved in 2016/17 across the Community and Acute NHS Trusts. Ongoing engagement with Health Education England to ensure a skilled workforce in place – the new team has accessed the training commissioned by NHSE. Number of admissions to a Tier 4 eating disorder service has reduced by 33% between 2014/15 and 2016/17	A reduction in local hospital admissions and in referrals to Tier 4. National mandatory waiting times for children and young people's community eating disorder service are met A reduction in length of stay on paediatric ward A reduction in late presentations of eating disorders. (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
2.12. 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	Agreement to integrate future early intervention provision within the 0-19 service. New pathway designed, including guidance on tools and referral pathways for midwives and public health nurses. 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	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.	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. 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. Engagement in national CORC Evidence Based Practice Unit data linkage/shared outcomes project.	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. Requirement to use appropriate outcome measures is included in all WCC/CCG commissioned service specifications. 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.	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.

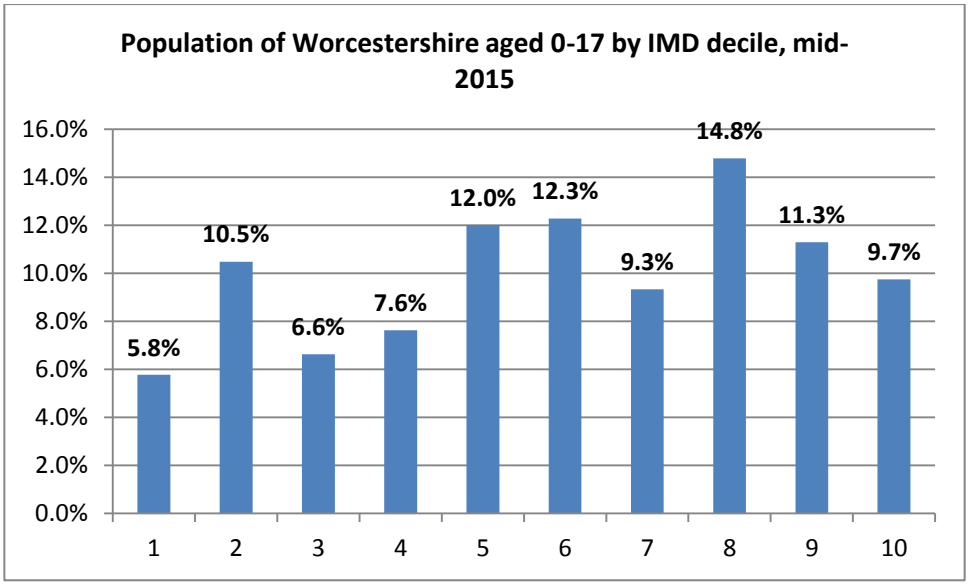
Worcestershire is largely a rural county, although around three quarters of the population is defined as living in an urban area. Wychavon and Malvern Hills are the two most rural districts, whilst Worcester City is a key employment centre and Redditch was designated New Town status in 1964.

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/carer 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.

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

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

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 it 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
All Referrals	**3,333**	**3,139**	**3,294**	**2,548**	**2,440**	**2,445**
Accepted Referrals	2,813	2,518	2,437	1,774	1,783	1,590
Accepted Referrals %	*84%*	*80%*	*74%*	*70%*	*73%*	*65%*
Rejected Referrals	520	621	857	774	657	855
Rejected Referrals %	*16%*	*20%*	*26%*	*30%*	*27%*	*35%*

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
All Referrals	**3,333**	**3,139**	**3,294**	**2,548**	**2,440**	**2,445**
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	%
All Referrals	**3,139**		**3,294**		**2,548**		**2,440**		**2,445**	
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
All Referrals	**3,139**	**3,294**	**2,548**	**2,440**	**2,445**
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
All Referrals	**3,139**	**3,294**	**2,548**	**2,440**	**2,445**
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)

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

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
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:

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

Key performance indicators for Community Eating Disorders Service waiting times:

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

CAMHS Staffing budgets	
	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
TOTAL	**87.84**

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 ensures 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**
Health and Wellbeing Board		• Approve strategy • Strategic oversight of S75 • Approve Transformation Plan
CCG Governing bodies	**WCC Cabinet**	• Key decisions in respect of their services • Corporate governance of finance, performance and quality in respect of their funding and services • Receive reports on Transformation Plan as appropriate
Accountable Officers (meeting as Integrated Commissioning Executive Officers' Group – ICEOG)		• Consists of senior officers from Clinical Commissioning Groups and Worcestershire County Council's Children's and Adult Services and Public Health • 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 • Receive reports on Transformation Plan as appropriate
Integrated Commissioning Group		• 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 • Coordinate commissioning plans across the system and produce integrated system solutions • Act as Project Board for CAMHS Transformation Plan, meeting monthly
Commissioners		• Develop and consult on strategy, liaising with ICG • Implementation of strategy and key decisions • Oversight of commissioned services • Develop and lead on Transformation Plan

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.

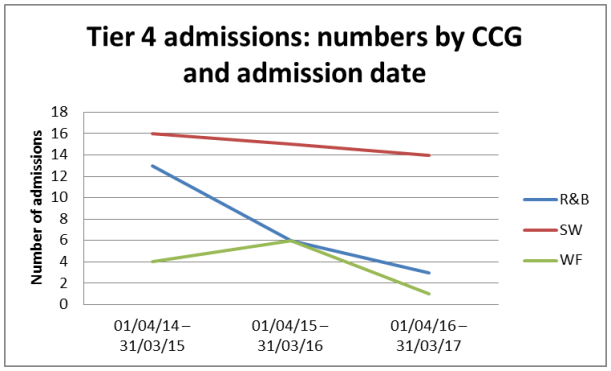
Further evidence for a positive impact may be seen in a significant reduction in the admission rate to Tier 4 beds from Worcestershire. Data supplied by NHS England Midlands and East shows that admissions have reduced from 33 admissions in the 2014-15 baseline year to 18 admissions during 2016-17. This 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).

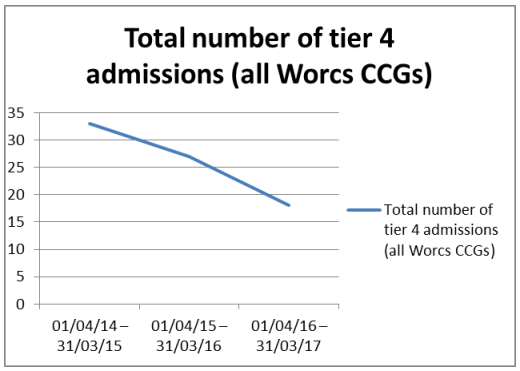
Tier 4 admissions numbers by CCG, year of admission and type of service

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%

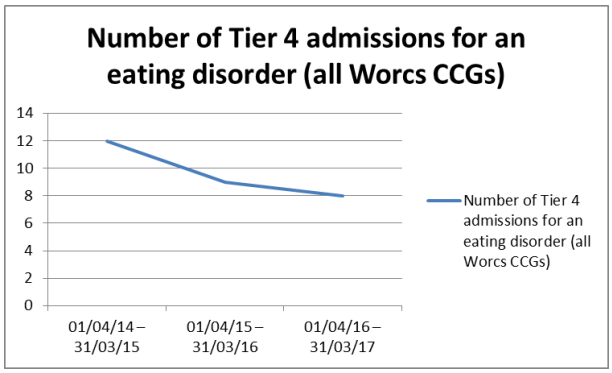
Data source: NHS England Midlands and East

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://ylyc.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 to19 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.

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AGENDA ITEM 6

HEALTH AND WELL-BEING BOARD
5 DECEMBER 2017

AN UPDATE ON THE HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Board Sponsor
Dr Carl Ellson, Strategic Clinical Lead Worcestershire CCG's and Simon Trickett – Accountable Officer Worcestershire CCG's

Author
Jo-Anne Alner, STP Programme Director and Ali Roberts, STP Programme Manager

	(Please click below then on down arrow)
Priorities	
Mental health & well-being	Yes
Being Active	Yes
Reducing harm from Alcohol	Yes
Other (specify below)	
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendations

The Health and Well-being Board is asked to:

- **Receive the responses provided in line with the points raised by HWB members at the joint Herefordshire and Worcestershire HWB in June 2017.**
- **Take note of the development towards Accountable Care.**
- **Consider which areas of the plan they would like to receive further detail on from the STP.**

Background

1. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, the Future of Acute Hospital Services in Worcestershire and other local transformation schemes. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:

- **Health and Well Being** - The main focus of this work is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.

- **Care and Quality** - The main focus of this work is on securing changes to enable our local provider trust to exit from the CQC special measures regime and to reduce avoidable mortality across the system through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.

- **Finance and Efficiency** - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

2. The STP is undertaking a refresh of the financial model to understand the current position financial gap to 2020/21. This will enable a review of the transformation programmes that underpin the delivery of the STP Plan.

Health and Well-Being Board Request

3. At the July 2017 HWB Meeting members received the final STP Plan that was published on the 5th of July and is available at www.yourconversationhw.nhs.uk. The HWB provided the following points for the STP to consider in context of this, response from the STP are then provided below:

- *Worcestershire Health and Well-being Strategy priorities. The Board has sought reassurance that the Strategy priorities are strongly reflected in the STP. These priorities are: prevention; reducing heath inequalities; reducing the harm from alcohol; increasing physical activity; and improving mental health and well-being.*

4. **STP response**: The STP strongly supports addressing these priorities, Addressing these areas in collaboration with our wider partners is key to delivering our Triple Aim as described above. These priorities are visible through the work of our STP Prevention Board and STP Mental Health workstream. As an example the STP is implementing the National Diabetes Prevention Programme across Herefordshire and Worcestershire.

- *Prevention.The Board has asked for a robust prevention narrative to be evident throughout the STP. It asked for prevention to be embedded within each programme area, as well as delivered through specific delivery platforms such as social prescribing.*

5. **STP response**: Both Herefordshire and Worcestershire Unitary and County Council's Public Health Directors (DPHs) and teams are integral to delivery of the STP Prevention programme. The DPHs have developed a set of prevention interventions relevant for each Clinical Work programme which will support the programmes to address prevention in their plans. When we conduct "deep dives" into our individual work programmes this is a key line of enquiry. Under the leadership of Public Health, the STP is developing a Prevention Dashboard so we can set our ambition and monitor our progress.

- *Engagement. The Board has sought assurance that engagement will continue beyond the 2016 phase of engagement on high level plans. I expect strong engagement and formal public consultation on specific programme areas as more detailed plans develop.*

6. **STP response**: The STP expects the same and is fully committed to engagement. In addition to regular reports to the Board, the STP recently presented the Local Maternity Plans as an example of delivering on this commitment. The STP has recruited a full time Community Engagement Officer, Linda Onerhime who is focusing on supporting the following programmes with their engagement activities: Local Maternity Systems Plan, Cancer Programme, Mental Health and Learning Disability Services.

- *Digital health offer. Although the Board has recognised the potential benefits of digitalising the heath offer, for example by on-line appointment booking; Skype consultations; or access to digital advice. However, it has also sought reassurance that those who cannot access on-line services should not be disadvantaged.*

7. **STP response**: The STP is currently refreshing the Digital delivery programme and County Council colleagues are and will be core members of taking the local vision forward. Improving access for all patients is a core requirement, the STP assures the board that those who are not digitally able will not be overlooked and therefore disadvantaged. This is evident through the delivery of the "Local Digital Roadmaps'.

- *Impact on Adult Social Care. Board members have consistently asked about the potential impact of the STP on other services, in particular on Adult Social Care. They have expressed concern that the STP may increase demand for Adult Social Care and that this has potential has not yet been modelled.*

8. **STP response**: The STP fully acknowledges that the population of Herefordshire and Worcestershire will only fully benefit and achieve the best outcomes if there is a robust and sustainable health and social care provision. Providing timely access and discharge to health and social care services is to the benefit the population, to ensure they benefit from improved short and long term health and social care outcomes. The STP is fully committed to making sure that every patient is seen and treated by the right person, in the right place and at the right time and continue to work very closely with council colleagues on this. County Council membership on the STP board ensures close attention is paid to this.

- *Details of plans. Board members have regularly asked for the detail of the plans.They have been broadly in agreement with the high level aims, but have wanted to see more detail about specific impact on local residents.*

9. **STP Response:** Since the final STP was published on the 5th of July the implementation plan for the STP has continued; Programmes where the HWB has

received a formal update include: Future of Acute Hospital Services – July and NHS Local Maternity Systems Plan – October.

- *Impact of partners across the system. Board members have emphasised the need to involve partners across the system, including District Councils, Police, Fire and Rescue, in considering the challenges and opportunities of the STP.*

- *Housing. The Board has stressed the importance of appropriate and safe housing to individual health outcomes and has asked for plans to include reference to*
closer working on housing across the whole system.

- *Transport. Board members have consistently expressed concern about changes in service location. They have stressed the challenges of rurality and importance of maintaining good access to services.*

10. **STP Response**: Areas which have been raised by the Board where the STP agrees more can be done is on Housing, Transport and working better with partners (such as police, fire and district councillors) across the system. Although it is recognised that the individual organisations that form the STP have engaged at differing levels and through varied forums on these areas and relationships, the STP as a collaboration of partners welcomes the board's support in improving on this.

Developing Accountable Care across Herefordshire and Worcestershire

11. An Accountable Care System (ACS) is a place-based system which will take collective responsibility for managing performance, resources and the totality of health. This opens up possibilities for easier and more effective integrated working with local authorities, in particular with regard to public health and social care services. Local authority statutory duties remain unchanged within an ACS, but there are new opportunities to improve delivery of the statutory duty of collaboration. Once an ACS is approved they will receive greater freedoms and flexibilities from NHS England and NHS Improvement.

The STP held a workshop for the STP Partners in November 2017, to review the approach to delivering Accountable Care in Herefordshire and Worcestershire.

Legal, Financial and HR Implications

12. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

Privacy Impact Assessment

13. There are no specific issues to highlight at this stage

Equality and Diversity Implications

14. There are no specific issues to highlight at this stage

Contact Points

County Council Contact Points
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Worcestershire Hub: 01905 765765

Specific Contact Points for this report
Jo-Anne Alner, STP Programme Director, Herefordshire and Worcestershire
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Supporting Information

A full copy of the plan and summary plan can be accessed through www.yourconversationhw.nhs.uk.

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AGENDA ITEM 7

HEALTH AND WELL-BEING BOARD
5 DECEMBER 2017

REPORT FROM DATA WORKSHOP

Board Sponsor
Cllr John Smith, Cabinet Member with Responsibility for Health and Well-being

Author
Dr Frances Howie, Director of Public Health

Priorities	(Please click below then on down arrow)
Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	Yes
Other (specify below)	

Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding	
Impact on Safeguarding Children	Yes
If yes please give details Improved shared understanding of evidence would be an important driver of change.	
Impact on Safeguarding Adults	Yes
If yes please give details	

Improved shared understanding of evidence would be an important driver of change.

Item for Consideration

Recommendation

1. **The Health and Well-being Board is asked to:**

    1) **Note a recent workshop following on from the presentation of the Joint Strategic Needs Assessment to the October meeting of the Board;**
    2) **Request further work to take place to develop a shared understanding of Adverse Childhood Experiences;**
    3) **Request further consideration of children's road safety outcomes, and invite a representative of the Safer Roads Partnership to present data and action at a future meeting of the Board, to strengthen understanding of priorities in this area;**

4) **Confirm a system commitment to improve understanding of vulnerability and risk, in order to strengthen prevention and inform response.**

Background

2. At its meeting on October 10, the Health and Well-being Board received the annual Joint Strategic Needs Assessment (JSNA). Following discussion, a recommendation was made to use the planned Board development Session on 7 November to assess the JSNA information, and consider whether existing priorities are fully intelligence led, and where new joint working may be beneficial.

3. The Board development sessions are held in private, and no formal minute is kept. However, the session took place as planned, and a further consideration of JSNA took place. This focussed on emerging concerns around drug related deaths; violent crime; infant mortality; homelessness; and numbers of children killed or seriously injured on the roads, and there was detailed discussion and sharing of perspectives from across the system.

4. In discussion, it was agreed that there is a pattern of clustering of poor outcomes among certain groups of the population, so that many people experience vulnerability and risk across a number of different parts of their lives. It was noted that different organisations may have different priorities, which may limit the most effective approach being adopted across the system.

5. It was noted that many of the adverse outcomes experienced by individuals could have been predicted and, with the right intervention, avoided. It was agreed that many of these adverse outcomes are associated with adverse childhood experiences (ACES), and especially with having been exposed to multiple ACES. However, this area of research and practice is still developing.

6. It was also noted that the Health and Well-being Board has not ever specifically considered children's road safety, even though children experience serious injury each year.

7. **It was agreed that**: the Board should receive an information item on ACES at its next meeting, in order to increase system awareness and a shared understanding.

8. **It was agreed that:** the Board should consider requesting a representative of the Safer Roads Partnership to a future meeting, to increase system awareness of this aspect of child safety.

Legal, Financial and HR Implications

9. None

Privacy Impact Assessment

10. N/A

Equality and Diversity Implications

11. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points
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Specific Contact Points for this report
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Supporting Information

- None

Background Papers

There are no backgrounds papers to this Report.

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AGENDA ITEM 8

HEALTH AND WELL-BEING BOARD
5 DECEMBER 2017

ADVERSE CHILDHOOD EVENTS (ACES)

Board Sponsor
Dr. Frances Howie, Director of Public Health

Author
Liz Altay, Consultant in Public Health

	(Please click below then on down arrow)
Priorities	
Good Mental Health and Well-being throughout life	Yes
Being Active at every age	Yes
Reducing harm from Alcohol at all ages	Yes
Other (specify below)	
Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes
Safeguarding	
Impact on Safeguarding Children An improved understanding of vulnerability would be expected to mitigate against harm to children.	Yes
Impact on Safeguarding Adults An improved understanding of vulnerability would be expected to mitigate against risk for vulnerable adults.	Yes

Item for Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**

   1) Consider and comment on the ACEs briefing presented to the Board.

   2) Ensure that each organisation represented by the Board attends future ACE events and plays an active part in the formulation and delivery of action to prevent and respond effectively to ACEs across the life course.

Background

2. There is now a robust evidence base linking adverse childhood experiences (ACEs) to severe negative health and social outcomes across the life course. This

evidence came initially from large population studies in the US, and has been replicated in studies in many countries, including England and Wales.

3. Adverse Childhood Experiences (ACEs) are traumatic events occurring before the age of 18. There are ten ACEs; five which related directly to the child and five which relate to the parents / household.

The Ten Adverse Childhood Experiences	
Child	**Parents / household**
• Physical abuse • Sexual abuse • Emotional abuse • Physical neglect • Emotional neglect	• Mother treated violently • Household substance misuse • Household mental illness • Parental separation or divorce • Incarcerated household member

4. In the absence of protective factors, these experiences can cause toxic stress that damages the child's developing brain. This is turn leads to an increased risk of adopting harmful behaviours (such as smoking, misuse of alcohol and drug use, risky sexual behaviours, poor diet, low levels of exercise, violence and criminality). These behaviours then lead to an increased risk of poor physical and mental health later in life (eg. cancers, heart disease, depression) as well as negative social outcomes, such as domestic violence, low levels of education, incarceration, and early death.

5. ACEs are strongly associated with the development of long term conditions as well as a substantial increase in the use of health and care resources. In the Welsh ACEs study, those with four or more ACEs were:

- 4x more likely to develop Type 2 diabetes;
- 3x more likely to develop heart disease;
- 3x more likely to develop respiratory disease;
- 2x more likely to have frequently visited their GP;
- 3x more likely to have attended A&E; and
- 3x more likely to have stayed overnight in hospital.

6. Where ACEs occur in family settings, there is a high risk of intergenerational transmission, contributing to a cycle of disadvantage and health inequity. As such, the World Health Organisation has described the impact of ACEs as a global crisis, driving both current and future high levels of demand and poor outcomes across the health, education, care and criminal justice sectors. Preventing and reducing this negative impact has the potential to not just deliver improved life-long outcomes for individuals and short and long-term savings for the public sector, but also to improve the life chances of future generations.

7. The October Health & Wellbeing Board development workshop addressing the emerging issues highlighted in the JSNA identified a number of poor or worsening outcomes that could be attributed to ACEs. It was acknowledged that we do not have a consistent or comprehensive approach to the identification or prevention of ACEs but significant activity and resources were being expended in tackling the later impact of ACEs across the system. It was noted that shared learning and

understanding across all partners was a pre-requisite to improving prevention and identification of ACEs.

8. It was agreed that an initial briefing on ACEs be presented at this Health & Wellbeing Board to raise awareness and understanding and that subsequent events should be held to develop this further, at strategic and operational levels, and across the life course..

Legal, Financial and HR Implications

9. N/A

Privacy Impact Assessment

10. N/A

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points
County Council: 01905 763763
Worcestershire Hub: 01905 765765

Specific Contact Points for this report
Liz Altay
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Supporting Information

- N/A

Background Papers

In the opinion of the proper officer there are no background papers to this report.

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AGENDA ITEM 9

HEALTH AND WELL-BEING BOARD
5 DECEMBER 2017

FLU VACCINATION UPDATE

Board Sponsor
Frances Howie, Director of Public Health, Chair of the Health Protection Sub Group of the Board

Author
Dr Kathryn Cobain, Public Health Consultant

	(Please click below then on down arrow)
Priorities	
Good Mental Health and Well-being throughout life	No
Being Active at every age	No
Reducing harm from Alcohol at all ages	No
Other (specify below)	Health Protection/System Resilience
Groups of particular interest	
Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes
Safeguarding	
Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Information and assurance

Recommendation

1. **The Health Protection sub-Group asks the Health and Well-being Board to:**

   a) Note, support, advocate and cascade the changes in the flu vaccination programme within their organisations; and

   b) Commit as organisations to working together to improve flu vaccination uptake within health and social care workers and in the eligible population.

Background

2. Many people with flu show no symptoms, meaning healthcare workers who feel fit and healthy can unwittingly infect vulnerable patients. Getting vaccinated is the best way to stop the spread of influenza and prevent deaths. It can also ease pressures that a heavy flu outbreak would place on services such as doctors' surgeries and busy hospital wards, like those seen recently in Australia and New Zealand. NHS staff are already offered the vaccination for free to protect patients and the public.

3. The national programme for influenza (Flu) immunisation is commissioned by NHS England and provided through General Practice (GP), Pharmacy and School aged immunisation service (SAIS). This programme is intended to reduce the circulation of flu, decrease medical complications and admissions related to flu and increase system resilience to winter pressures within the NHS and Social Care.

4. The flu vaccination has been available since the end of September and uptake data is being collected from all sources mentioned above. The uptake data from last year are complete and indicate a downward trend in both over 65 year olds and at risk individuals in Worcestershire having their immunisation. Worcestershire remains above the national England average but the trend for a decline in uptake is of concern.

Population vaccination coverage	7a Baseline	Standard[2]	Key			Geography	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Flu (aged 65+) (%)	72.7	75	<75		>=75	Worcestershire	73.3	74.8	74.0	74.3	74.2	72.6
						England	72.8	74.0	73.4	73.2	72.7	71.0
Flu (at risk individuals) (%)	50.3	75	<55		>=55	Worcestershire	52.2	53.7	52.3	54.9	54.1	49.4
						England	50.4	51.6	51.3	52.3	50.3	45.1
Flu (2-4 years old) (%)			<40	40-65	>=65	Worcestershire					38.0	39.1
						England					37.6	34.4

Source: PHOF, PHE

[1] National baseline based on the 2016-17 Public Health Functions Agreement

[2] Standard is the clinical standard required to control disease and ensure patient safety.

5. Last year both Worcestershire Acute Trust and Worcestershire Health and Care Trust achieved significant progress in health care worker immunisations with both organisations achieving coverage of around 75% of the frontline workforce. This was a significant achievement attributed in part to the availability of a flu vaccination commissioning for Quality and Innovation (CQUIN). NHS England this winter are also introducing other measures to assist with winter pressures including writing to doctors, nurses and other healthcare workers to remind them of their professional duty to protect patients by being vaccinated. The Health Protection sub group (HPG) of the board raised concerns to the Health and Well-being Board in their annual report in July 2017 that in social care there was both a lack of information available to inform the group on uptake flu vaccination of care staff and at that point vaccinating care staff was the sole responsibility of their employer.

6. The HPG notes with pleasure and wishes to raise the awareness of this with the board and publically for the Worcestershire care population that within the last two weeks NHS England has notified partners of a late addition to the NHS Flu programme to assist with winter pressures and to ensure that there is broader system resilience as this is recognised to impact on the NHS during the pressured

winter period. NHS England has extended free jabs to up to more than one million care home workers and has set aside £10m to fund it.

7. This addition means that health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over are now eligible within the general vaccination programme to attain a free vaccination without having to navigate their occupational health systems. This has been noted as a barrier in smaller organisations, which applies to many care homes and domiciliary care organisations.

8. Most community pharmacies and many GP practices will provide the vaccinations. It is recommended that staff contact their community pharmacy or GP practice to check they are providing the service, before attending. For GP practices, this has to be the registered practice of the carer. Eligible staff need to take appropriate ID which shows their name and their employer such as an ID badge, letter from their employer or a recent pay slip.

Legal, Financial and HR Implications

9. No implications identified

Privacy Impact Assessment

10. No issues identified

Equality and Diversity Implications

11. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

12. However, increasing the immunisation of the social care and health care workforce will be a protective factor in reducing the vulnerability associated with age and disability.

Contact Points

County Council Contact Points
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Worcestershire Hub: 01905 765765

Specific Contact Points for this report
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Supporting Information

- Appendix A - Service specification for pharmacy add on cohort
- Appendix B - Enhanced service specification for nursing and residential care homes
- Appendix C - NHS England letter notifying changes to programme

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) there are no background papers relating to the subject matter of this report:

Service specification

Community pharmacy seasonal influenza vaccination advanced service

July 2017 (amended from 20 November 2017 to include additional patient cohort for 17/18 service)

NHS England Publications Gateway Reference: **07365**

www.psnc.org.uk

www.england.nhs.uk

Version control tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
0.1 1st draft	Jul 2015	NHS Employers/PSNC	Draft	New service
1.0 approved document signed off by all parties	Sep 2015	NHS Employers/ PSNC/NHS England	Approved	For publication
1.1 minor revision	Sep 2015	NHS Employers/ PSNC/NHS England	Draft	Change to notification requirements
2.0 re-approved version	Sep 2015	NHS Employers/ PSNC/NHS England	Approved	For publication
2.1 revisions for 2016/17	May 2016	NHS Employers/ PSNC/NHS England	Draft	Revisions to reflect minor changes to service following recommissioning for 2016/17
3.0 re-approved version	Aug 2016	NHS Employers/ PSNC/NHS England	Approved	For publication
4.0 Revisions for 2017/18	June 2017	PSNC / NHS England	Draft	Revisions to reflect changes to service in 2017/18
4.1 Reapproved version	July 2017	PSNC / NHS England	Approved	For publication
4.2 Additional patient cohort added	November 2017	PSNC / NHS England		Addition of additional patient cohort for vaccination during 17/18 season only

Contents

1. Service description and background

1.1 For most healthy people, influenza (flu) is an unpleasant but usually self-limiting disease. However, older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they catch it.

1.2 Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E. It is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter. In order to improve access to NHS flu vaccination for eligible patients, NHS England has commissioned an advanced service for community pharmacies to provide flu vaccinations.

1.3 During the seasonal flu vaccination campaign period, pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who are specified in Annex A of this document, which is informed by the NHS England, Public Health England and Department of Health annual Flu Plan[1].

1.4 The community pharmacy seasonal flu immunisation service was implemented from 1 September 2015. The service will run from 1 September to 31 March each year. Focus should be given to vaccinating eligible patients between 1 September and 31 January in order to maximise the impact.

1.5 The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction (PGD) which will be published on the NHS England website[2].

1.6 This service will operate as an advanced service.

2. Aims and intended service outcomes

2.1 The aims of this service are:

a. to sustain and maximise uptake of flu vaccine in at risk groups[3] by building the capacity of community pharmacies as an alternative to general practice
b. to provide more opportunities and improve convenience for eligible patients to access flu vaccinations
c. to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

[1] PHE. Seasonal influenza. https://www.gov.uk/government/collections/annual-flu-programme
[2] NHS England. https://www.england.nhs.uk/
[3] The at risk groups and PHE target vaccination levels are set out in the annual Flu Plan. https://www.gov.uk/government/collections/annual-flu-programme

3. Service specification

3.1 The pharmacy contractor is required to offer eligible patients the opportunity of receiving a flu vaccination at the pharmacy. The cost will be met by the NHS. The vaccine is to be administered by an appropriately trained pharmacist under the authority of the NHS England PGD[2].

3.2 The service is effective from 1 September and runs to 31 March, but focus should be given to vaccinating eligible patients between 1 September and 31 January each year. Eligible patients should be vaccinated as soon as the vaccine is available. Widespread immunisation may continue until December in order to achieve maximum impact, but where possible, should be completed before flu starts to circulate in the community. However flu can circulate considerably later than this and pharmacists should apply clinical judgement to assess the needs of individual patients who are eligible for vaccination under this service to receive immunisation beyond 31 January. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop[4].

3.3 The patient groups eligible for seasonal flu vaccination under this service, unless contraindicated, are listed in Annex A. Contraindications to the vaccine are listed in the PGD and in the Summary of Product Characteristics (SPC) for each vaccine.

3.4 The seasonal flu vaccination to be administered under this service is one of the inactivated flu vaccines listed in the NHS England, Public Health England and Department of Health annual Flu Plan[1].

3.5 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book)[5], which outlines all relevant details on the background, dosage, timings and administration of the vaccination, and disposal of clinical waste[6].

3.6 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain. The vaccines should not be used after the expiry date shown on the product.

[4] https://www.gov.uk/government/statistics/weekly-national-flu-reports
[5] https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
[6] While the Green Book references eligible patient groups for vaccination, community pharmacy staff are to refer to Annex A of this service specification for the groups eligible for this service. The list of eligible patients for this service does not include all those patients outlined in the annual Flu Plan[1] or the Green Book[5].

3.7 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine.

3.8 Patients who are eligible for other vaccinations should be referred to their GP practice for these vaccinations (or they can be administered by the pharmacy if they are contracted to do so under the terms of a Local Enhanced Service or Locally Commissioned Service, for example, pneumococcal vaccine).

3.9 Each patient will be required to complete a consent form (see annex D[7]) before being administered the vaccine. The consent covers the administration of the vaccine and the information flows necessary for the appropriate recording in the patient's GP practice record. It also covers the sharing of information with NHS England and the NHS Business Services Authority (NHS BSA) for the purpose of administration and evaluation of the care provided.

3.10 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and post payment verification. Section 6 details the required records that must be kept as part of provision of the service.

3.11 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used (see Annex B[8]). The information sent to the GP practice should include the following details as a minimum:

a. the patient's name, address, date of birth and NHS number (where known)
b. the date of the administration of the vaccine
c. the applicable Read V2, CTV3 or SNOMED CT codes – see Table 1 below
d. any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction
e. reason for patient being identified as eligible for vaccination (e.g. aged 65 or over, has diabetes, etc).

All relevant paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care'[9].

Table 1: Applicable Read V2, CTV3 and SNOMED CT codes for notification to the GP practice

Code Type	Code	Description
Read V2	65ED0	Seasonal influenza vaccination given by

[7] A standalone version of the Flu Vaccination Record and Consent Form is available on the PSNC website
[8] A standalone version of the GP Practice Notification Form is available on the PSNC website
[9] https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

Code Type	Code	Description
		pharmacist
CTV3	XaZfY	Seasonal influenza vaccination given by pharmacist
SNOMED CT	849211000000109	Seasonal influenza vaccination given by pharmacist

3.12 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.

3.13 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

3.14 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service (including where the vaccination is undertaken off the pharmacy premises).

4. Training and premises requirements

4.1 In order to provide the service, pharmacies must have a consultation room. The consultation room, which will be used to undertake vaccinations, must comply with the minimum requirements set out below:

- the consultation room must be clearly designated as an area for confidential consultations
- it must be distinct from the general public areas of the pharmacy premises
- it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).

4.2 The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises[10].

4.3 Prior to provision of the service, the pharmacy contractor must have signed up to service delivery through the NHS BSA website[11]. This must be done each year prior to provision of the service.

[10] http://www.pharmacyregulation.org/standards/standards-registered-pharmacies

4.4 Vaccinations under this advanced service will usually be carried out on the pharmacy premises in the consultation room. However, where the pharmacy receives a request from a long-stay care home or long-stay residential facility to vaccinate a resident/patient away from the pharmacy premises and the pharmacy contractor agrees to vaccinate those patients, the pharmacy contractor must follow the protocols set out in Annex C including seeking approval from NHS England to provide vaccinations at a specific location other than the pharmacy premises. The pharmacy contractor should use the request form included in Annex C[12]. The pharmacy must follow appropriate cold-chain storage measures and ensure that the setting used to administer the vaccinations is appropriate.

4.5 The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the community pharmacy seasonal flu vaccination advanced service Declaration of Competence (DoC)[13]. Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue. The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by pharmacists that they employ/engage to deliver the service.

4.6 The pharmacy contractor must ensure that pharmacists providing the service are aware of the National Minimum Standards[14] in relation to vaccination training, and are compliant with the training requirements within those Standards that apply to pharmacists providing the service, as set out in the DoC at section 4.5.

4.7 The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.

4.8 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5. Service availability

5.1 The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's contracted opening hours[15].

5.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or

[11] http://www.nhsbsa.nhs.uk/
[12] A standalone version of the Request Form is available on the PSNC website.
[13] The Declaration of Competence is available on the CPPE website: https://www.cppe.ac.uk/doc
[14] https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards
[15] The pharmacy contractor should ensure that locums or relief pharmacists are adequately trained, so as to ensure continuity of service provision across the opening hours of the pharmacy.

experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

6. Data collection and reporting requirements

6.1 A national Flu Vaccination Record and Consent Form[16] is set out in Annex D. Pharmacy contractors should use this Flu Vaccination Record and Consent Form to collect the information required for this advanced service.

6.2 Consent forms should be retained for an appropriate period of time. As pharmacy contractors are the data controller it is for each contractor to determine what the appropriate length of time is. Decisions on this matter must be documented and should be in line with 'Records Management Code of Practice for Health and Social Care'[9].

6.3 Where consent forms are scanned into either a patient's notes or into a third party data transfer software solution care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.

6.4 The information contained in the Flu Vaccination Record and Consent Form may be shared on request with NHS England and NHS BSA for the purpose of post payment verification.

6.5 Annex E is a patient questionnaire which patients should be asked to complete following administration of the vaccine[17]. An IT platform will be made available to enable patient questionnaires to be completed electronically either by the patient themselves or with help from the pharmacy team. Where patients complete a paper version of the patient questionnaire pharmacy contractors should utilise the functionality available on the IT platform to submit the patient's responses to the questionnaire so that these responses can be collated and analysed along with those submitted electronically. Guidance on how this process will occur will be made available in due course. Information from these completed patient questionnaires will be used by NHS England to evaluate the service.

7. Payment arrangements

7.1 Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists administering NHS flu vaccinations meet the

[16] A standalone version of the Flu Vaccination Record and Consent Form is available on the PSNC website.
[17] A standalone version of the patient questionnaire is available on the PSNC website.

requirements outlined in this service specification. They must also notify NHS England that they intend to provide the service via a form on the NHS BSA website[11]. This must be done each year prior to provision of the service. If the notification to the NHS BSA is not received prior to payment claims being submitted they will not be processed or paid as the requirement to notify the NHS BSA, set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions, will have been breached.

7.2 If the pharmacy contractor ceases to provide this advanced service they must notify NHS England that they are no longer providing the service via the NHS BSA as soon as possible and within one week of ceasing service provision. The service cessation form is available via the NHS BSA website[18].

7.3 The pharmacy contractor must complete the community pharmacy seasonal influenza vaccination advanced service claim form and submit this to the NHS BSA with their FP34C each month to claim payment for this service. The service claim form is available via the NHS BSA website[18].

7.4 Final payment claims for those vaccinations administered during March must be submitted to the NHS BSA by the 5th of April in the same year in line with the FP34C process. Late claims will not be processed.

7.5 Payment will be £7.64[19] per administered dose of vaccine plus an additional fee of £1.50 per vaccination (therefore a total payment of £9.14 per dose of vaccine administered). The payment of £1.50 per vaccination is made in recognition of expenses incurred by community pharmacies in providing this service. These include training, and disposal of clinical waste. Such costs are not reimbursed elsewhere within the Community Pharmacy Contractual Framework.

7.6 The pharmacy contractor will also be reimbursed for the cost of the vaccine[20]. An allowance at the applicable VAT rate will also be paid.

7.7 The pharmacy contractor will not be reimbursed or remunerated, under this advanced service, for vaccines administered to patients outside of the eligibility criteria set out in Annex A.

[18] http://www.nhsbsa.nhs.uk/
[19] Funding for this service will be in addition to and outside of the core CPCF funding.
[20] Any purchase margin by pharmacies relating to the seasonal flu vaccine would be included in the calculation of allowed purchase margin that forms a part of agreed NHS pharmacy funding.

Annex A: Groups included in this advanced service

This service covers those patients most at risk from influenza **aged 18 years and older**, as listed below.

The selection of these eligible groups has been informed by the target list from the annual Flu Plan[1] and Immunisation against infectious disease: The Green Book[5].

Eligible groups	Further details
All people aged 65 years or over	Including those becoming age 65 years by 31 March 2018.
People aged from 18 years to less than 65 years of age with one or more serious medical condition(s) outlined below:	
Chronic (long term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease, such as heart failure	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease at stage three, four or five	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression, a weakened immune system due to disease (such as HIV/AIDS) or	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting

treatment (such as cancer treatment)	the immune system (e.g. IRAK-4, NEMO, complement disorder). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or splenic dysfunction	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Morbid obesity	Adults with a Body Mass Index ≥40kg/m^2
Pregnant women (including those women who become pregnant during the flu season)	Pregnant women aged 18 or over at any stage of pregnancy (first, second or third trimesters).
People living in long-stay residential care homes or other long-stay care facilities	Vaccination is recommended for people aged 18 or over living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence. For the pharmacy service this only applies to those aged 18 or over.
Carers	People aged 18 or over who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.
Household contacts of immunocompromised individuals	People who are household contacts, aged 18 and over, of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.
Social care workers (17/18 season only)	Health & social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.

Annex B: NHS Community Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name)	

Patient name			
Address			
Patient DOB		**NHS number** (where known)	

This patient was administered a seasonal influenza vaccination at this pharmacy on:

/ /

To ensure that your records are complete, you may find it useful to record this as:
Seasonal influenza vaccination given by pharmacist
Read V2: 65ED0
CTV3: XaZfY
SNOMED CT: 849211000000109

Eligible patient group (please only tick one box, to indicate the reason the patient was initially identified as being eligible)	☐ Aged 65 or over	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential care home or care facility	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)
	☐ Social care worker	

Additional comments (e.g. any adverse reaction to the vaccine and action taken/recommended to manage the adverse reaction)

Pharmacy name	
Address	
Telephone	

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Annex C: Responding to a request to vaccinate people living in long-stay residential care homes or other long-stay care facilities

Request from care home/ long-stay residential setting for vaccinating resident(s) is received by pharmacy providing advanced service for community pharmacy seasonal flu vaccination advanced service.

The pharmacy contractor arranges date/time with the care home/ long-stay residential setting, and prepares all consumables, paperwork etc for the vaccinations. Please see below, for notes on preparation and set up.

For each care home/ long-stay residential setting the pharmacy contractor should complete a "Request to provide NHS flu vaccination to care home/long stay residential home patients form" (See page 17 for the form[21]) and email this to the relevant NHS England office (see PSNC website for contact details) for approval before the vaccination(s) are administered.

Details required include:

- Pharmacy name, address, telephone number, ODS code, name and signature of person completing the form & date request is being made.
- Name & address of the setting where the vaccination will be administered.
- Reason for request to vaccinate offsite (for example, if the resident/patient is bed bound or lacks mental capacity). Clinicians will be aware of their responsibilities around judgements on mental capacity.
- Confirmation for each patient/resident that their GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/ long-stay residential setting. It is up to the pharmacy contractor as to how this is achieved but confirmation that it has been done must be recorded.
- Confirmation that the pharmacy contractor's professional indemnity insurance covers offsite flu vaccination.
- Confirmation that the pharmacist(s) has a valid DBS check.
- Confirmation that appropriate arrangements for waste management for the vaccinations is in place.
- Confirmation that the pharmacy contractor has ensured the setting for vaccination is suitable (for example, that it meets all the requirements for confidentiality).
- Confirmation that there is appropriate infection control in the settings for vaccination.
- Confirmation that the pharmacy contractor has suitable cold chain arrangements for the transport of vaccines.

No additional funding will be provided under this advanced service where vaccinations are provided to people living in long-stay residential care homes or other long-stay care facilities.

NHS England gives the pharmacy contractor approval to vaccinate offsite within five working days of receiving the request (if for clinical reasons approval is needed more quickly that must be arranged locally).

Once the pharmacist has completed all vaccinations, data from the completed patient proforma must be sent to the patients' GP practice in a manner set out in section 3.11.

[21] A standalone version of the Request Form is available on the PSNC website.

Preparation and set up for vaccinating people living in long-stay residential care homes or other long-stay care facilities

Please follow the principles in the service specification and NHS PGD.

A. Preparation and set up

A.1 Pharmacists/pharmacy contractors must notify their professional indemnity insurance provider that offsite vaccinations will be provided to ensure that risks of providing vaccinations away from the pharmacy premises are indemnified.

A.2 Prior to the visit, pharmacists or support personnel should contact the patient/care home to organise a convenient time for the administration of the vaccine. At the same time, re-check eligibility and any reason for exclusion from administration of the vaccine (as defined by the PGD or SPC) for each patient to whom a vaccination will be administered during the visit.

A.3 Pharmacists should consider being accompanied by a trained pharmacy support staff member during visits. The primary role of the support staff member is to assist in the event of an emergency. They could also be responsible for general administrative tasks such as completing consent forms, a review of the vaccination suitability, completion of documents and overseeing the waiting area, as well as being available as a chaperone if required.

A.4 Ensure that you have ordered and take sufficient consumables, as well as anaphylaxis kits, to the setting.

B. Cold chain

B.1 Pharmacists must ensure that the cold chain storage of the vaccines must be maintained at all times. This includes:

- Trained pharmacists must check the packaging for any tampering or damage and confirm the vaccines have been appropriately stored and the cold chain has been maintained at +2ºC to +8ºC.
- Required vaccines should be collected and removed from the drug fridge on the day of administration, just before use and transferred to an appropriate validated cool box (as supplied by a medical company) for transportation.
- The vaccines should not be used after the expiry date shown on the product.
- Vaccines should be transported to the administration location in a validated cool box with the appropriate insulation to keep the temperature between +2ºC to +8ºC.
- The vaccines should be kept in their packaging and insulated (for example, using bubble wrap) from the cooling system to avoid the risk of freezing.
- Any unused vaccines should be returned to the pharmacy fridge within 8 hours of first removal.
- It is the pharmacist’s responsibility to keep the vaccines stored between +2ºC to +8ºC at all times.

C. Waste arrangements

C.1 Pharmacy contractors must ensure that they meet the requirements of The Waste (England and Wales) (Amendment) Regulations 2012 in terms of transferring pharmaceutical waste from the site of vaccination back to the pharmacy premises for subsequent safe disposal.

D. Documentation

D.1 Consideration should be given to the documentation which should be taken to the offsite premises, for example;

- Sufficient patient consent documents
- Sufficient patient information leaflets

D.2 The GP practice notification form found at Annex B must be completed for each vaccination and then be sent to the patient's GP as set out in section 3.11.

D.3 If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice.

D.4 All relevant paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care 2016'[22].

D.5 Report any patient safety incidents in line with the requirements of sections 3.11, 3.12 and the Clinical Governance Approved Particulars for pharmacies.

[22] https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

Request to provide NHS flu vaccination to care home/long-stay residential home patients

Please complete the form below in full and submit your request to the local NHS England team (see contact details on the PSNC website)

Name of pharmacy making request		
Pharmacy address		
Town/City		
Postcode		
Contact telephone		
ODS code	F	
Signed		
Print Name		
Date [DDMMYYYY]		

Details of where the vaccination will be administered		
Name of facility		
Address		
Postcode		
Reason for request to vaccinate at this location? (e.g. resident/patient is bed bound, lacks mental capacity)		

Pharmacy declaration for meeting minimum requirements:	
Each patient's GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/long-stay residential facility	☐ Yes
The pharmacy's professional indemnity insurance covers offsite flu vaccination	☐ Yes
The pharmacist(s) has a valid DBS check	☐ Yes
Appropriate arrangements for waste management for the provision of vaccinations in the facility are in place	☐ Yes
The setting for provision of vaccinations is suitable (e.g. will meet all the requirements for confidentiality)	☐ Yes
Appropriate infection control is available in the setting for provision of vaccinations	☐ Yes
Suitable cold chain arrangements for the transport of vaccines are in place	☐ Yes

Annex D: NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service - Record & Consent Form

* indicates sections that must be completed

Patient's details	
First name*	
Surname*	
Address	
Postcode	
Telephone	
Date of birth*	NHS No.
GP practice*	

Patient's emergency contact	
Name	
Telephone	
Relationship to patient	

Patient consent

1. I agree to be given a flu vaccination by a trained pharmacist.
2. I confirm I have not already received a flu vaccination for this flu season.
3. I declare that the information I have given on this form is correct and complete.
4. I consent to the disclosure of relevant information, where appropriate, from this form to:
   - my GP practice to help them provide care to me; and
   - NHS England (the national NHS body that manages pharmacy and other health services) and the NHS BSA for the purposes of checking payments to the pharmacy and to allow them to make sure the service is being provided properly.

Signature		Date			

To be completed by pharmacy staff

Any allergies		
Eligible patient group*	☐ 65 years or over	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential care home or care facility	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)
	☐ Social care worker	

Vaccination details

Name of vaccine/ manufacturer*	Apply vaccine sticker if available	Date of vaccination*				Pharmacy stamp
Batch Number*		Injection site*	☐ Left upper arm ☐ Right upper arm			
Expiry Date*		Route of administration*	☐ Intramuscular ☐ Subcutaneous			
Any adverse effects*						
Advice given and any other notes						
Administered by* (pharmacist name)		Signature*		GPhC number*		

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Annex E: NHS Flu Vaccination Service - Patient Questionnaire

Please complete the short questionnaire below, after you have been vaccinated. The answers will help NHS England to evaluate this service and plan future services.

1	Did you have a flu vaccination last winter?	☐ Yes ☐ No		
2	If yes, where were you vaccinated?	☐ GP practice ☐ Pharmacy ☐ Other location		
3	How did you hear about this pharmacy flu vaccination service? (choose all that apply)	☐ From the pharmacy staff ☐ Poster in the pharmacy ☐ From my GP/nurse ☐ By word of mouth ☐ I used the service last year ☐ Poster in the GP practice ☐ An NHS advert (newspaper, TV or radio)		
4	How satisfied were you with the service you received in the pharmacy?			
	☐ Very satisfied	☐ Fairly satisfied	☐ Not very satisfied	☐ Not at all satisfied
5	Would you be willing to have a vaccination at a pharmacy in the future?	☐ Yes ☐ No ☐ Not sure		
6	Would you recommend this service to your friends and family?	☐ Yes ☐ No ☐ Not sure		
7	If you had not had your flu vaccination in the pharmacy this year, would you have been vaccinated elsewhere?	☐ Yes ☐ No ☐ Not sure		
Some questions about you				
8	What is your sex?			
	☐ Male ☐ Female ☐ Intersex ☐ Prefer not to say			

9	What is your ethnicity?
	A - White ☐ White - British ☐ White - Irish ☐ White - Any other White background **B - Mixed** ☐ Mixed - White and Black Caribbean ☐ Mixed - White and Black African ☐ Mixed - White and Asian ☐ Mixed - Any other mixed background **C - Asian or Asian British** ☐ Asian or Asian British – Indian ☐ Asian or Asian British - Pakistani ☐ Asian or Asian British - Bangladeshi ☐ Asian or Asian British - Any other Asian background **D - Black or Black British** ☐ Black or Black British - Caribbean ☐ Black or Black British - African ☐ Black or Black British - Any other Black background **E - Chinese or other ethnic group** ☐ Chinese ☐ Any other ethnic group
10	How old are you?
	☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+

Thank you for taking the time to complete this questionnaire.

To be completed by the pharmacy staff		
Date of vaccination		
Eligible patient group	☐ Aged over 65	☐ Chronic respiratory disease
	☐ Chronic heart disease	☐ Chronic kidney disease
	☐ Chronic liver disease	☐ Chronic neurological disease
	☐ Diabetes	☐ Immunosuppression
	☐ Asplenia / splenic dysfunction	☐ Pregnant woman
	☐ Person in long-stay residential or home	☐ Carer
	☐ Household contact of immunocompromised individual	☐ Morbid obesity (BMI ≥ 40)
	☐ Social care worker	

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Enhanced Service Specification

Seasonal influenza vaccination programme for Care and Nursing home workers 2017/18

NHS England INFORMATION READER BOX		
Directorate		
Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:	**07401**
Document Purpose	Guidance
Document Name	Enhanced Service Specification Season influenza vaccination programme for Care & Nursing home workers 2017/18
Author	NHS England
Publication Date	November 2017
Target Audience	NHS England Regional Directors, GPs
Additional Circulation List	
Description	All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This Enhanced Service (ES) specification outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services. This Enhanced Service is directed at GP practices delivering vaccination and immunisation services in England.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Regions, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the document
Timing / Deadlines (if applicable)	**N/A**
Contact Details for further information	Linda Issott Programme Manager GP Contracts Quarry House Quarry Hill LS2 7UE england.gpcontracts@nhs.net https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/

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Enhanced Service (ES) Specification

Seasonal flu vaccination programme for Care and Nursing Home workers

Version number: 1

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Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

Contents

Seasonal influenza vaccination programme for Care and Nursing home workers vaccination programme

Please be aware that all aspects of this service specification outline the requirements for this programme. As such, commissioners and practices should ensure they have read and understood all sections of this document as part of the implementation of this programme.

Practices are advised that to ensure they receive payment, particular attention should be paid to the payment and validation terms. Practices will need to ensure they understand and use the designated Read codes as required to ensure payment.

Other formats of this document are available on request. Please send your request to: england.gpcontracts@nhs.net

1 Introduction

1.1 All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification (ES) outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

1.2 This ES[1] is directed at GP practices[2] delivering vaccination and immunisation services in England.

1.3 The aim of the seasonal influenza vaccination programme for Care and Nursing home workers ES is to protect those who are most at risk of serious illness or death should they develop influenza, by offering vaccination to those who care for these vulnerable individuals.

1.4 Where a practice agrees to participate in this ES, they will be also expected to deliver influenza vaccinations to eligible patients for the seasonal influenza programme. If the practice has not accepted the Influenza DES they must contact their local commissioner and accept the DES.

1.5 The arrangements to deliver this ES supersede any previous local agreements.

Seasonal influenza vaccination programme for Care and Nursing home workers

2 Background (influenza)

2.1 For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, children, older people, pregnant women and those with underlying disease are at particular risk of severe illness if they catch it. This ES covers those paid carers who work in a setting where they have direct contact with patients and residents most at risk from influenza.

2.2 This specification is for commissioners to commission a seasonal influenza

[1] Section 7a functions are described as 'reserved functions' which are not covered by the 'directed enhanced services delegated to CCG' category in the delegation agreement. NHS England remains responsible and accountable for the discharge of all the Section 7a functions. As this vaccination is defined as a Section 7a function, this agreement cannot be changed or varied locally.

[2] Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a GMS, PMS or APMS contract.

vaccination programme for the identified cohort. The ES is effective from 1 November 2017 to 31 March 2018. The patients eligible for seasonal influenza vaccination under this ES are those patients included in the following definition:

Flu immunisation should be provided to health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.

2.3 For clarity, registered residential care/nursing home or registered domiciliary care providers, will include the independent sector, third sector and local authority providers.

2.4 For all patients eligible for seasonal influenza vaccination under this ES, one of the inactivated influenza vaccines listed in the NHS England, PHE, DH annual flu letter should be administered. Details of the wider seasonal influenza programme can be found in the annual flu letter and annual flu plan**3**.

2.5 Further details on the background, dosage, timings and administration of the vaccination can be found in the Green Book4.

3 Aims (influenza)

3.1 The aim of this ES is to support commissioners in delivering seasonal influenza vaccination through GP practices in order to protect patients who are at increased risk of severe complications of the influenza by providing influenza vaccination to those social care workers defined above who provide direct care for patients who are most at risk of serious illness or death should they develop influenza.

3.2 The target timeframe for this influenza programme is from 1 November 2017 to 31 January 2018 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be

[3] PHE. Seasonal influenza. https://www.gov.uk/government/collections/annual-flu-programme
[4] DH. Green Book.

completed as soon as practical and preferably before the end of the year. However influenza can circulate well in to the following year and could still be circulating as late as March or April. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop.

4 Process (influenza)

4.1 The seasonal influenza (for Care and Nursing home workers) ES begins on 1 November 2017 until 31 March 2018.

4.2 Commissioners will seek to invite GP practices to participate in this ES before 15 November 2017. Practices who participate in this ES should respond to the commissioners no later than 30 November 2017. The agreement should be recorded in writing with their commissioner.

4.3 Practices who participate in this ES must also be signed up to provide the Seasonal influenza vaccination, Pneumococcal polysaccharide DES.

4.4 Payment and activity recording will be managed by CQRS [5] using the existing data collection that supports the Seasonal flu DES. Participating practices who are not currently participating in the seasonal flu DES are required to sign-up to CQRS at the same time they accept the offer to participate in the ES – no later than 30 November 2017[6].

5 Service specification (influenza)[7]

5.1 The requirements for GP practices participating in this ES are outlined in this section.

5.2 **Provide seasonal influenza vaccination** to all eligible patients registered at the GP practice; unless contra-indicated.

a. Eligible patients for this ES are those who are registered at the practice, who are:

i. Flu immunisation should be provided to health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in

[5] Further guidance relating this enhanced service and how to claim via CQRS and GPES will be provided by NHS Digital when services are updated.
[6] Practices will be required to sign-up to CQRS in order for payment to be calculated and processed.
[7] Commissioners and practices should ensure they have read an understood all sections of this document as part of the implementation of this programme and to ensure accurate payment.

the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over[8].

b. Patients should be vaccinated on an opportunistic basis, when the patient presents and requests vaccination.

c. Prior to vaccination the patient must provide suitable identification that demonstrates they work in a designated direct care environment, caring for at risk patients as described in the seasonal flu DES specification or Green Book[9][10].

d. As part of the consultation and prior to vaccination the clinician is required to check the patients' eligibility for flu vaccination against the clinical criteria under the terms of the Seasonal flu DES. If the patient qualifies under one of the clinical indications the vaccination should be recorded accordingly, if they do not qualify they should then be vaccinated under the terms of this enhanced service.

e. **Immunisation is contra-indicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.**

f. Vaccination must be delivered during the period of this ES, namely between 1 November 2017 and 31 March 2018.

g. The target timeframe for the influenza programme is four months from 1 September 2017 to 31 December 2017 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be completed before influenza starts to circulate in the community. However influenza can circulate considerably later than this and clinicians should apply clinical

[8] Patients who are identified as eligible under the Seasonal flu DES should be vaccinated and recorded using the correct clinical indication code. Practices will then be reimbursed via the seasonal flu DES arrangements.

[9] Patients presenting must also provide one of the following to demonstrate they are employed in a residential care setting as described in the specification and are eligible for vaccination. For example a pay slip from their employer (showing the employer is a care provider) a letter from their employer or an identity card (showing employer is a care provider)

[10] The table identifying eligible patients as described in the Seasonal flu DES can be found in annex A of this document.

judgement to assess the needs of individual patients for immunisation beyond this point. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop.

h. **Vaccination must be with the appropriate vaccine and dosage[11, 12]: Practices should ensure that the correct dosage is administered as clinically appropriate.**

i. One dose of inactivated influenza vaccine is recommended for all patients eligible under this ES. Vaccines should be ordered direct from the manufacturers.

5.3 **Take all reasonable steps to ensure that the medical records of patients receiving the influenza vaccination are kept up-to-date** with regard to the immunisation status and in particular, include:

a. any refusal of an offer of immunisation.

b. where an offer of immunisation was accepted and:

i. details of the informed consent to the immunisation,

ii. the batch number, expiry date and title of the vaccine,

iii. the date of administration,

iv. when two or more vaccines are administered in close succession the route of administration and the injection site of each vaccine,

v. any contra-indication to the vaccination or immunisation,

vi. any adverse reactions to the vaccination or immunisation[13].

5.4 **Ensure that all healthcare professionals who are involved in administering the vaccine have:**

a. referred to the clinical guidance available; and

b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

[11] Further details on the background, dosage, timings and administration of the vaccination can be found in the tri-partite letter.
[12] This is also included at Annex B of this Specification.
[13] This should be reported via the yellow card scheme. https://yellowcard.mhra.gov.uk/

5.5 **Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time.** Practices are required to order inactivated influenza vaccines for all other patients eligible for vaccination under this ES direct from the manufacturers[14].

5.6 **Ensure that all vaccines are stored in accordance with the manufacturer's instructions** and that all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that the readings are taken and recorded from that thermometer on all working days and that appropriate action is taken when readings are outside the recommended temperature.

5.7 **Services will be accessible, appropriate and sensitive to the needs of all service users.** No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this ES due to a protected characteristic, as outlined in the Equality Act (2010) – this includes race, gender, disability, sexual orientation, trans status, religion and/or age.

5.8 **Practices will monitor and report activity information via ImmForm on a monthly basis.** The activity information shall include a monthly count of all eligible patients who received a seasonal influenza vaccination in the relevant month. This information will be used by NHS England and Public Health England for monitoring uptake achievement and national reporting.

5.9 **Practices who agree to participate in this ES will be required to indicate acceptance on** CQRS to enable CQRS to calculate the monthly payment achievement.

5.10 **Practices will be required to input data manually into CQRS until GPES is available.** The only Read Code to be used to record vaccination activity under this ES is 9OX4[15]. [16] Further guidance is available in the document "Technical requirements for 2017/18 GMS contract changes"[17].

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[14] The available inactivated influenza vaccines and suitable age ranges are detailed in the tri-partite letter.

[15] To identify vaccination and allow data collection and payment for this patient group practices are required to code 9OX4. Where a clinician has made a clinical judgement that a patient requires the seasonal influenza vaccination but believes that they may not fall within the list of acceptable conditions for the purposes of this enhanced service. This is the only code that can be used to guarantee collection and payment. .

[16] The generic term Read is used, to recognise GP practice systems. This could mean Read2, CTV3 or SNOMED

[17] NHS Employers. Technical requirements for 2017/18 GMS contract changes. www.nhsemployers.org/vandi201718

6 Monitoring (influenza)

6.1 Commissioners will monitor services and calculate payments under this ES using CQRS, wherever possible[18]. GPES will provide information, using the defined Read codes, on the number of patients on the practices registered list, who are defined as eligible in the service specification section and who are recorded as being vaccinated against influenza during the period 1 September 2017 to 31 March 2018.

6.2 Practices will be required to manually input data into CQRS, until such time as GPES[19] is available to conduct electronic data extractions. For information on how to manually enter data into CQRS, see the NHS Digital website[20].

6.3 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period e.g. 1 September to the end of the relevant reporting month. The reporting month will be the month prior to the month in which the collection is run e.g. if the collection month is October, the reporting month will be September.

6.4 When collections begin, GPES will provide to CQRS the monthly counts.

6.5 The 'Technical Requirements document' contains the payment counts, management information counts and Read codes which are required for this service. The Read codes will be used as the basis for the GPES data collection, which will allow CQRS to calculate payment and support the management information extractions, when available. Practices should use the relevant Read codes or re-code if necessary, only those included in this document and the supporting Business Rules (http://content.digital.nhs.uk/qofesextractspecs) will be acceptable to allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant code from the beginning of this service and re-code patients where necessary.

6.6 Supporting Business Rules will be published on the NHS Digital website[21].

[18] Although the seasonal influenza and pneumococcal vaccination programmes are mutually dependent, they are separate services on CQRS and GPES.
[19] When GPES becomes available it will be communicated via NHS Digital.
[20] NHS Digital. https://digital.nhs.uk/article/279/General-Practice-GP-collections
[21] NHS Digital. http://content.digital.nhs.uk/qofesextractspecs

Commissioners and practices should refer to these for the most up to date information on management information counts, Read codes.

7 Payment and validation (influenza)

7.1 Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

7.2 Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.

7.3 Payments will begin provided that the GP practice has manually entered and declared achievement, or GPES[22] has collected the data and the practice has declared such data. The first payment processed will include payment for the same period.

7.4 Practices who wish to participate in this ES will be required to sign up to CQRS no later than 30 November 2017.

7.5 Payment is available to participating GP practices under this ES as an item of service payment of £9.80 per dose to eligible patients and in accordance with the 'service specification section' and provisions within this ES specification. Practices should ensure that the correct dosage is administered as clinically appropriate.

7.6 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:

a. The GP practice is contracted to provide vaccine and immunisations as part of additional services.

b. All patients in respect of whom payments are being claimed were on the GP practices registered list at the time the vaccine was administered and all of the following apply:

i. The GP practice administered the vaccine to all patients in respect

[22] See 'Process' section for information relating to sign-up and automated collection.

of whom the payment is being claimed.

ii. All patients in respect of whom payment is being claimed were within the cohort (as per the service specification section) at the time the vaccine was administered.

iii. The GP practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then the commissions may reclaim any payments as set out in the annex).

iv. The GP practice submits the claim within six months[23] of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).

7.7 Commissioners will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

7.8 Administrative provisions relating to payments under this ES are set out in Annex C.

[23] In line with the SFE and only applicable if CQRS is not being used.

Annex A: Groups included in included in the national influenza immunisation programme as defined in the annual flu letter and Green Book

Eligible groups	Further details
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2018 (i.e. born on or before 31 March 1953).
Chronic respiratory disease aged 6 months and over	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months and over	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months and over	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged 6 months and over	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease aged six months and over	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation to all patients with a learning disability[24]. Clinicians should offer immunisation, based on individual assessment, to vulnerable individuals including those with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.

[24] Practices are advised of the importance to ensure patients with learning disabilities are vaccinated. Patients with a learning disability are included in the eligibility for payment under this DES. PHE understand the difficulty with vaccinating this group with injectable vaccines. PHE advises that LAIV is not licensed for adults so practice should attempt to vaccinate using an injectable vaccine. Previously, it has been found that LAIV is easier to use in similar patients and is less distressing. However, in the event that an injectable vaccine is not appropriate, GP's can use their clinical discretion to use the LAIV vaccine off license.

Eligible groups	Further details
Diabetes aged 6 months and over	Type 1 diabetes, Type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged 6 months and over	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen aged six months and over	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbidly obese (class III obesity)[25]	Adults with a BMI $\geq$ 40 kg/m^2 (adults aged 16+).
People in long-stay residential or homes	Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence.
Carers	Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Locum GPs	Where locum GPs wish to be vaccinated, they should be vaccinated by their own GP *(all other GP's and primary care staff are the responsibility of their employer as part of occupational health arrangements)*.

[25] Many of this patient group will already be eligible for vaccination due to complications of obesity that place them in another risk category.

PHE state that this list is not exhaustive and the clinicians should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above[26].

[26] Only those patients eligible for vaccination as defined in this ES specification will be paid for under this ES.

Annex B: Vaccines and dosage

Seasonal influenza vaccination programme (as defined in the annual flu letter[27])

Eligible groups	Vaccine	Dosage
6 months to less than 2 years in clinical risk groups	Inactivated influenza vaccine	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
2 years to less than 9 years in clinical risk groups	LAIV unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
9 years to less than 18 years in clinical risk groups	LAIV unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose
18 years and over in clinical risk groups	Inactivated influenza vaccine	1 dose
65 years and over	Inactivated influenza vaccine	1 dose

For a list of the available inactivated vaccines, suppliers and the appropriate age indications see the tri-partite letter.

[27] PHE. Seasonal influenza. https://www.gov.uk/government/collections/annual-flu-programme

Annex C: Administrative provisions relating to payments under the ES

Payments under this ES are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.

1. Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.
2. Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.
3. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
    a. the GP practice has participated in both the seasonal influenza and pneumococcal polysaccharide DES and this ES,
    b. the GP practice must make available to commissioners any information under this ES, which the commissioner needs and the GP practice either has or could be reasonably expected to obtain,
    c. the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,
    d. all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, commissioners may, in appropriate circumstances, withhold payment of any or any part of, an amount due under this ES that is otherwise payable.
5. If the commissioner makes a payment to a GP practice under this ES and:
    a. the practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);
    b. the commissioner was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or
    c. the commissioner is entitled to repayment of all or part of the money paid,

    commissioners may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such deduction can be made, it is a condition of the payments made under this ES that the contractor must pay to the commissioner that equivalent amount.
6. Where the commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the commissioner does so or recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 5 of this annex, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

Provisions relating to GP practices that terminate or

withdraw from this ES prior to 31 March 2018 (subject to the provisions below for termination attributable to a GP practice split or merger)

7. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates or the GP practice withdraws from the ES prior to 31 March 2018, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.
8. In order to qualify for payment in respect of participation under this ES, the GP practice must provide the commissioner with the information in this ES specification or as agreed with commissioners before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the ES agreement.
9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2018 will be based on the number of vaccinations given to eligible patients, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

10. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new agreement to provide this ES.
11. The ES agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 7 of this annex.
12. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the agreement for this ES, will be assessed and any new arrangements that may be agreed in writing with the commissioner, will begin at the time the GP practice(s) starts to provide such arrangements.
13. Where that agreement is entered into and the arrangements begin within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have begun on the date of the new GP practice(s) being formed. Payment will be assessed in line with this ES specification as of this date.

Provisions relating to non-standard splits and mergers

14. Where the GP practice participating in the ES is subject to a split or a merger and:
    a. the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the commissioner, lead to an inequitable result; or,
    b. the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

    commissioners may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.

To:

Social care organisations representative bodies

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22 November 2017

Dear Colleagues

Extension of the seasonal flu immunisation

Following our letter dated 8 November 2017 [Publications Gateway reference 07359], we wanted to update you that social care workers that offer direct patient/client care, working in England, are now eligible for free vaccination as part of the extension to the seasonal flu immunisation programme in 2017/18:

> Which staff are eligible under the extension to this programme?
> Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza, meaning those patients/clients in a clinical risk group or aged 65 years and over.
>
> Where can eligible staff get their vaccination?
> Most community pharmacies and many GP practices will provide the vaccinations. We recommend that staff contact their community pharmacy or GP practice to check they are providing the service, before attending. For GP practices, this has to be the member of staff's registered practice.
>
> What ID should staff take to their pharmacy/GP to be vaccinated?
> Eligible staff will need to take appropriate ID which shows their name and their employer such as an ID badge, letter from their employer or a recent pay slip.

The extension to this programme is designed to complement, not replace, existing immunisation schemes already in place across health and social care. Some employers will already have a vaccination scheme in place and some staff will already be eligible for free vaccination by being in one of the defined risk groups set out on NHS Choices. We encourage all eligible staff to take up this offer and help protect themselves and their patients.

Employers can access a range of resources as part of the flu fighter campaign: www.nhsemployers.org/flufightercare

Further information is available on the NHS England website: www.england.nhs.uk/flu

Any queries can be directed to NHS England at england.phs7apmo@nhs.net

Yours faithfully

Alex Morton
Director of Commissioning System Change & Public Health Commissioning

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