Sandwell CAMHS Transformation Plan REFRESH 2017 & beyond

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SWB CCG
10/30/2017

Contents

Version Control

Date	Comments
16.10.2017	Initial draft V.01
19.10.2017	Amended following brief consultation V.02
20.10.2017	Final draft submitted to NHSE V.03
30.10.2017	Final Doc, following full assurance from NHSE V.04

Forward

I was very pleased to be asked to write the foreword for this transformation plan-refresh for SWB CCG. As one of the mental health leads, I consider children and young people's (CYP) mental health services are absolutely critical. Mental illness destroys lives. 50% of all lifetime cases of mental illness begin by age 14, 75% by age 24; approximately 50% of students age 14 and older with a mental illness drop out of high school and even more critically suicide is the third leading cause of death in youth ages 10 - 24.1

Implementing the Five Year Forward View for Mental Health lays out a blueprint for the delivery of the recommendations over the coming years to 2020/21.2 Aims include a significant expansion in access to high-quality mental health care for children and young people, developing new and innovative alternatives to in-patient admissions and developing new services for children and young people for a range of conditions which have previously been underfunded- if mental health services are the "Cinderella service" of our NHS, Child and Adolescent Mental Health Services (CAMHS) are the Cinderella Service of Cinderella Services.3

One distinct benefit of the transformation plans is the need for different services, organisations and professionals including the NHS, public health, children's social care, education and youth justice, children and young people and their families to work together and co-produce the best possible services. This refresh document is a update on our progress to provide transformed child and adolescent mental health services in Sandwell. We know that Sandwell is a vibrant area and welcomes new arrivals from the EU and beyond. We must be alert to this though and ensure that as demographics change our services are able to adapt and be flexible enough to provide equitable provision and reduce health inequalities.

We have been working hard to improve access for children and young people to specialist mental health services and to reduce waiting times and increasing numbers of staff are now being trained to provide psychological therapies or children and young people. Key areas that are supporting this are the development of the single point of access which offers children and young people rapid access to a range of professionals including third sector workers too. Sandwell is highly innovative in having a comprehensive 'tier 2' service which provides psychological therapies and support, reducing the need for referrals to speciality CAMHS.

Whilst this is taking place, there is a change in the wider landscape of commissioning with the implementation of STPs (Strategic Transformation Plans), which aim to develop services that are consistent in their approach, have the same outcomes and to reduce variation; improve access, choice, quality and efficiency; and develop new highly specialised services in the Black Country e.g. Children's Tier 4, secure services Conditions that benefit from a strategic approach to planning and

[1] Merikangas KR.et al. 2010. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study. Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry. Oct;49(10):980-989.

[2] Implementing the mental health forward view. NHS England, 2017

[3] Reforming young people's mental health services is a crucial mission for us in delivering a fairer society. https://www.libdems.org.uk/reforming_young_people_s_mental_health_services_is_a_crucial_mission_for_us_in_delivering_a_fairer_society

development include Eating disorders and crisis care home treatment and we are very pleased to announce that we now have a fully compliant eating disorder service which is a big step forward in treating this condition.

We hope that this refreshed plan will show that we are moving closer to the service envisaged by children and young people in one of the initial engagement events which offer choice, access and personalised care as their key components. By building capacity and capability across the system and investing in comprehensive services we are making measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes.

Dr Liz England
SWB CCG Mental Health Clinical Lead
RCGP Mental Health Clinical and Commissioning Lead

Sandwell CAMHS 'Refreshed' Transformation Plan

Introduction

Following the publication of "Future in Mind" – promoting, protecting and improving our children and young people's mental health and wellbeing (report of the government's Children and Young People's Mental Health Taskforce in 2015), Sandwell & West Birmingham Clinical Commissioning Group worked with partners to develop its 'Sandwell' Local Transformation Plan for Children and Young People's Mental Health and Wellbeing for the period 2015 -2020.

The CCG submitted its Transformation Plan (see appendix 1) in October 2015 and it was fully assured with an **88%** assurance rating from NHSE.

Links to the original Transformation Plan can be found here
http://sandwellandwestbhamccg.nhs.uk/publications/policies

Our LTP set out the local areas joint response to Future in Mind, including the use of new resources. CCGs received a total of £149M in 2016-17 and will receive £170m in 2017-18.

The requirement to produce a further refresh, of LTPs was set out in the Planning Guidance, for implementing the Five Year Forward View for Mental Health. **NHSE expect that refreshed plans will document and represent significant progress from the initial submission in 2015.**

The aim of this refresh is to confirm that there is, and has been transparent commitment and local engagement in 2017/18 to deliver existing planning commitments for CYP MH&WB and to make the necessary preparations for future years.

Following submission of this refresh (October 2017) which includes information requested via the KLOE (appendix 2) and assurance from NHSE. We should be able to confidently confirm that intentions/plans are progressing and are backed by a substantive and transparent commitment with system-wide partners which is reflected in demonstrable progress towards the building of improved access, capacity and capability since the first LTP in 2015.

Sandwell's LTP is a 'living' document. The joint work to improve outcomes set out in the initial plan, requires continued commitment to working together to ensure success. Sandwell's plan has now been in place for over 2 years, this refresh will reflect local progress, showcase impact/outcomes to date and inform on further ambitions.

Sustainability & Transformation Plan (STP)

The Five Year Forward View for Mental Health (2016), the CCG Improvement and Assessment Framework (2016/17) and Implementing the Five Year Forward View for Mental Health (2017) describe NHS England's detailed improvement blueprint for mental health to 2020 which has been developed in partnership with patient groups, clinicians and NHS organisations.

Achieving 'mental health parity of esteem' includes a focus on the performance management of CCGs regarding equity of access to evidence based care and treatment, equity of status in the measurement of mental health outcomes (i.e. including the April 2017 MHSDS) and equity of funding in terms of the CCG Mental Health Investment Standard but also with release of NHS England targeted investment funding. NHS England mandated mental health transformation programme presents challenges but also great opportunities for the Black Country & West Birmingham STP (BC&WB STP) CCGs with key improvements and benefits for our registered populations.

The 'Working as One Commissioner' work programme will collaboratively commission a set of services to strengthen and energise the CCGs delivery of the improvement blue print for Mental Health both in terms of the delivery of transformed service models and CCG targets. The set of services that commissioners have agreed to collaboratively commission from providers are as follows:

- Early Intervention in Psychosis (EIP)
- Perinatal services
- Eating Disorders (all age)
- Personality Disorder
- Criminal Justice
- Core 24 psych liaison
- 136 suite
- Memory Clinics and Dementia front end (i.e. diagnosis and assessment)
- Neuro-Developmental services
- LD service (Community assessment and treatment)
- **CAMHS**
    1. **Eating disorders**
    2. **'Core' CAMHS**
    3. **Crisis**

Across the Black Country & West Birmingham STP, gaps have been identified across: Crisis & Intensive Community Support, Paediatric Liaison, 24/7 coverage 365, Capacity to offer intensive support in the community and in-reach into CAMHS TIER 4 Units and tri-partite funded packages to facilitate repatriation / discharge to community settings.
In addition there is evidence that there are difficulties associated with:

- Delayed discharges
- Long hospital stays
- High rates of hospital re-admissions
- Admissions to Paediatric Wards and Departments with lengthy waits for Tier 4 admission or gatekeeping and / or development of the appropriate care plan

Our collective experience as CAMHS commissioners is that the needs and requirements of our CAMHS population has changed, in a manner which requires response on a footprint that can deliver locally whilst benefitting from sub-regional collaboration. We are aiming to bridge hospital and community services to deliver a dynamic CAMHS 'Whole System' to build upon and develop local and sub-regional capacity and capability and utilise a set of standardised care pathways that are NICE compliant utilising the framework of the Care Programme Approach as the overarching delivery model, building on our successes i.e. reductions in admissions to TIER 4 in 2016/17 across our footprint.
This will ensure improved responsiveness and access across the system, with a focus upon integration, early intervention and prevention and reducing the impact on the Acute and Community Trusts. In essence we aim to align our processes, systems and care pathways across our STP working with NHS England to develop TIER 3PLUS Services to impact upon:

- Delayed discharges
- Long hospital stays
- High rates of hospital re-admissions
- Large numbers of patients (30%) placed outside the West Midlands
- Large numbers of referral into Tier 3
- Large numbers of admissions and referrals to paediatric wards/A&E
- Lengthy waits for Tier 4 admission or gatekeeping and / or development of the appropriate care plan.

We will unify our systems, reporting and recording across our Mental Health and Acute & Community Trust for all patient records and all HRG, ICD 10 and other recorded data to provide better information at patient, service and system level. We will work with providers to ensure they meet the requirements of the transformation agenda including the: Mental Health SDS, national KPIs, waiting and access standards.
Each CAMHS commissioner across the STP footprint has agreed to lead on a work-stream. T&F meetings have commenced to ensure that service specifications are drafted by October 2017.

In addition to the above planned activity, partners have also agreed to develop a 'suite' of ROMs for all CAMHS provision across the STP footprint. ROMs will be initially piloted in both the ED & Crisis service. The ultimate vision for the CAMHS provision across the STP is that we will only commission for outcomes, and that the ROMs used will be pathway focused!!

Link to STP
http://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf

Transparency & Governance

The CAMHS Transformation Board (Executive Director Level) oversees the delivery of the local transformation plan. The Transformation board reports into the Health and Wellbeing Board and the Childrens Joint commissioning Board. The programme of work is managed by the Children and Young People's Emotional Wellbeing and Mental Health Group (EWMHG) (Operational Management Leads). Working groups (Teams/Service Managers) reporting to the EWMHG are responsible for informing and implementing specific areas of work that are developed as part of the plan.
The CAMHS transformation board is represented by:

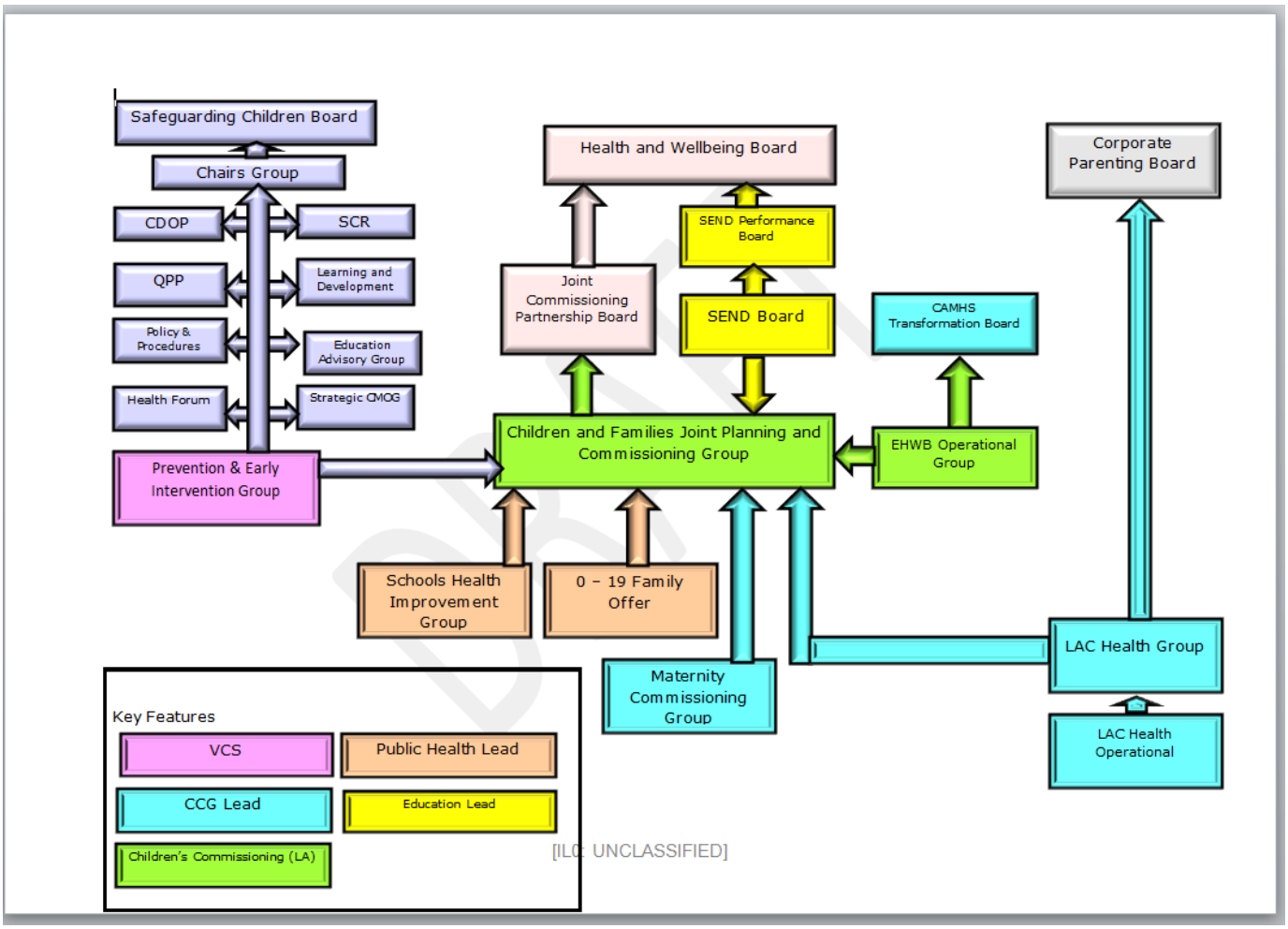
- ✓ Accountable Officer for CCG
- ✓ Director of Public Health
- ✓ Director of Children's Services
- ✓ Schools Head teachers
- ✓ CAMHS Clinical Director
- ✓ GP Clinical Leads
- ✓ Voluntary sector
- ✓ NHSE
- ✓ Provider clinical lead
- ✓ Engagement lead (Brook)

The Board oversees the delivery of the plan and ensures that risks are managed appropriately. Sandwell's Governance arrangements reflect individual's accountabilities whilst also creating a basis for collective action. They are inclusive, and as such ensure that those involved in delivering and receiving services are meaningfully involved in decision-making, and able to co-ordinate the range of activities necessary to meet the plans ambitious objectives

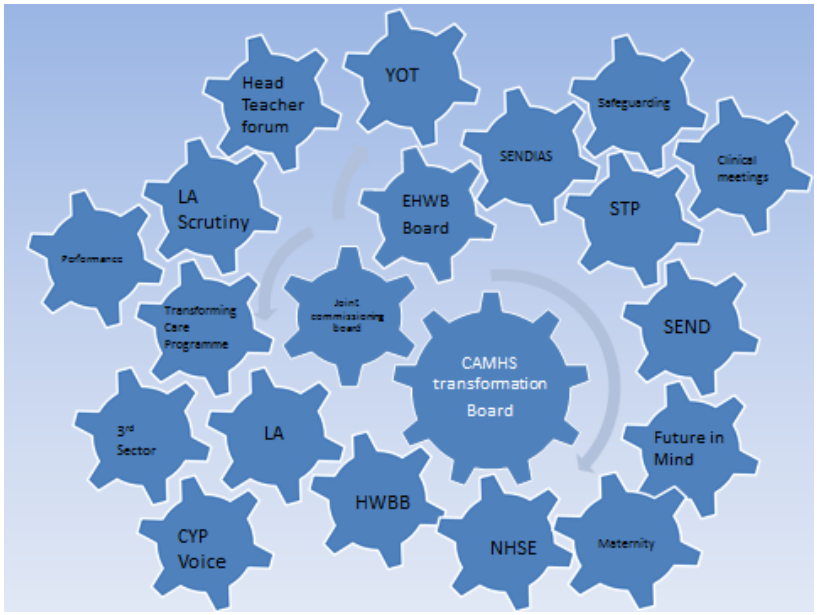
The governance arrangements allow leaders to work collaboratively, using a system leadership approach, based on negotiation and influence, and importantly underpinned by clinical leadership and the engagement of frontline clinical staff. This ensures that Sandwell is able to deliver on changes needed.

The board is well established, and conflicts are resolved by utilising informal mechanisms, the board recognises conflict as a healthy reflection of the state of our collaborative working and our ability to disagree and move on. Members are clear about the consequences for organisations that fail to play by the agreed rules and behaviours of the system.

The CAMHS board is also part of a wider partnership structure across the local health, social care and education economy, ensuring that those that can influence positively are able to do so



CAMHS in Partnership



Finance

Creating a sustainable finance model for CAMHS has not been simple and continues to require commissioners and providers to work together.

Local partners have had to agree the collective resources available to meet the objectives of LTP. In practice, this has resulted in the commissioners and local authority working together to pool their budgets and commission services jointly.

The challenge for the CAMHS LTP Board, has been in developing a sustainable finance model, whist managing the growing imbalance between providers' incomes and spending.

In Sandwell we have actually spent considerably more than the allocation (+increase) that we have received into our baseline e.g. in 2016-17 for Sandwell we spent **£632 more** than the allocation and in 2017-18 our spend is **£660k more than** the allocations in our baseline.

Going forward, we need to consider innovative ways to utilise the existing investments to fund any identified unmet needs.

	2015-16	2016-17	2017-18
Allocations	***£000's***	***£000's***	***£000's***
Eating Disorders	289	300	300
CYP - Indicative	723	1,192	1,402
Total in Baseline	**1,012**	**1,492**	**1,702**
Expenditure	***£000's***	***£000's***	***£000's***
West Birmingham	418	606	732
Sandwell	1,070	1,518	1,630
Sandwell & West Birmingham Total	**1,488**	**2,124**	**2,362**
Spend above allocation	**476**	**632**	**660**

Risks & Mitigation

There are six key barriers that could hinder the process of transforming CAMHS in Sandwell, these are:

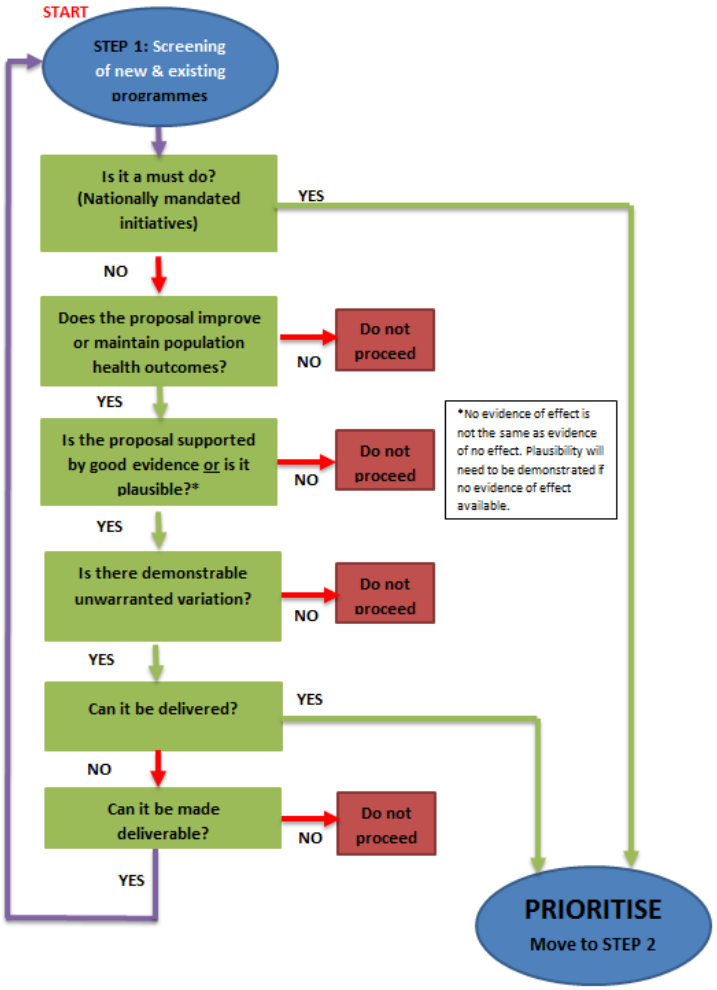
- Workforce
- Funding
- Commissioning
- Data
- Fragmentation
- Intervening too late

Workforce

A comprehensive CAMHS service requires a diverse range of interventions and skills to be available and this requires professionals with a range of competencies. Limitations are often evident due to who providers can appoint to a post because of the way that professionals are regulated by the Health and Care Professions Council. Increased access to training will strengthen the skills in the workforce locally. The planned skills/training needs audit will enable us to understand better where the gaps are, and enable us to proactively seek solutions

Funding

Children's mental health services have been historically underfunded. In 2012-13 £704m was spent on CAMHS43, the equivalent of about 6 per cent of the total mental health budget, or around 0.7 per cent of the total NHS budget. The majority of our CAMHS services are funded via block contracts, and investment hasn't always kept pace with demand. Locally, we are aiming to move to outcome based commissioning, giving us the autonomy to decide on the most appropriate payments. We are also ensuring that we are fully informed/aware of services commissioned with 'Short term budgets' and how we will ensure that future funding is available to enable us to plan effectively over the long term. Services are being robustly reviewed to ensure that they are fit for purpose, and achieving the desired outcomes. Prioritisation tools are being utilised to support difficult decisions (see diagram below)



Data

Child and adolescent mental health services have been described as working in a 'fog' due to the lack of up to date and reliable data. However from March 2016, new data began to flow from the Health and Social Care Information Centre's minimum dataset, this will eventually include information on everything from referral rates to waiting times and outcomes of treatment. Additionally data on CYP MH prevalence is being updated and will be available in 2018. The partnership in Sandwell is committed to improving local data collection, necessary to inform on both success and gaps. Transformation funds exceeding 300k were provided in 2015-16 for investment in improving IT capability locally

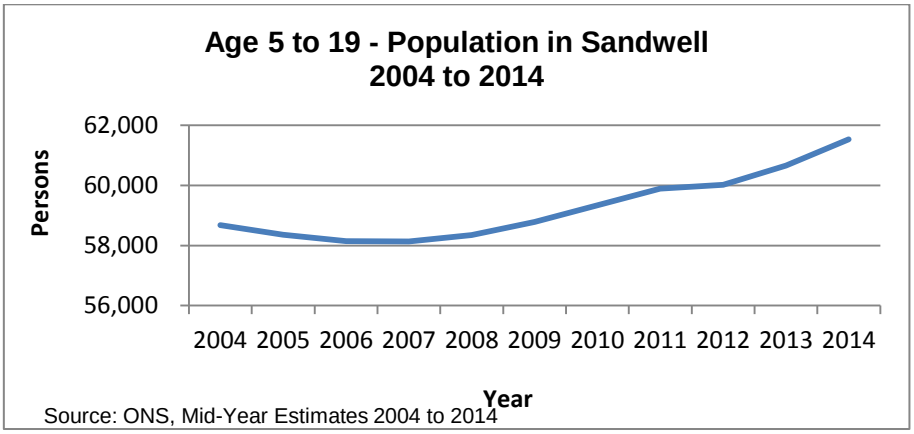
Mitigation

An undertaking of this magnitude is not without its risks. A number have been discussed in previous chapters, strategies can be used to mitigate against these risks (examples blow). However prior planning and anticipation is crucial, in order to increase our chance of successful transformation.

Risk	Mitigation
Failure of providers to implement agreed changes	Use contractual levers, with the possibility of considering an open tender process if providers fail to deliver the necessary changes.
Skill mix of CAMHs staff not appropriate to meet intervention requirements of the new model	Use contractual levers, with the possibility of considering an open tender process if providers fail to deliver the necessary changes.
Insufficient resources, to meet the demands of place based care – assumption is that over time, referrals to Specialist CAMHS will reduce.	Using population and service utilisation data, a robust model needs to be developed. Using parity of esteem and other levers, the CCG and partners may need to review the level of services that can be delivered.
Failure of organisations to work together due to structural/contracting impediments and/or conflicting priorities	Escalate to STP senior executives. Use contracting levers, with the possibility of considering an open tender process if they fail to deliver the necessary changes.

Understanding Local Need

In 2014 Sandwell had an estimated population of 316,719 people, with 19.4%, (61,530) aged 5 to 19 years old. Over the last decade Sandwell has seen an increase in the numbers of younger residents with 5-19 year olds increasing by 4.9% (2,853 persons), since 2004.

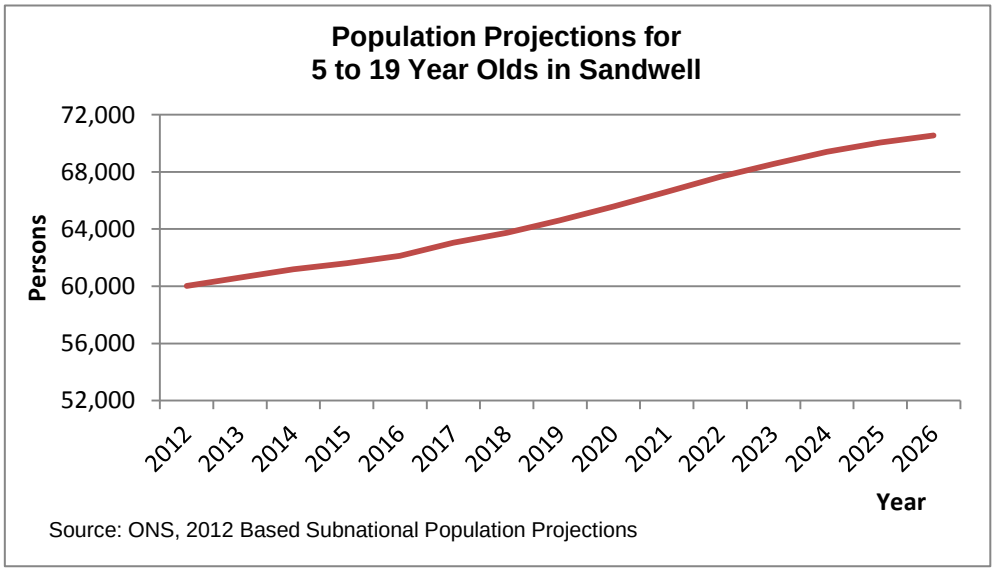


Source: ONS, Mid-Year Estimates 2004 to 2014

Changes over this period show marked differences in the younger sub-age groups, with 5-9 year olds increasing by 18.9%, 10-14 decreasing by -3.9% and 15-19 remaining fairly static, increasing by just 0.3%. There was also a 27.8% growth in the numbers of 0-4 year olds. These changes compare to a 9.7% increase for the whole population (all ages) in Sandwell, for the same period.

There are higher proportions of 5 to 19 year olds in Sandwell (19.4%), than in England (17.0%) and only Birmingham (21.0%) in the West Midlands has a greater proportion of this age group.

Over the next decade to 2026 the 5 to 19 population in Sandwell is projected to increase by 15.3% to 70,546 persons. The greatest increase being 24.5% within the 10-14 year age band, followed by increases of 11.6% and 10.6% in the 15-19 and 5-9 year groups.



Source: ONS, 2012 Based Subnational Population Projections

The 2015 initial CAMHS LTP included estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 (provided by Kurtz;1996). The figures were applied to the Sandwell population based on the 5-16 year age group and the 0-25 year age group.

Table 5 - Estimated number of children and young people requiring CAMHS by Tier

	Tier 1	Tier 2	Tier 3	Tier 4
Kurtz estimated proportion	15%	7%	1.85%	0.08%
Sandwell 5-16	7,448	3,476	919	37
Sandwell 0-25	16,560	7,728	2,042	83

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report)

Point of access data/informing on need

The Point of Access (POA) is a collaborative venture between Sandwell Metropolitan Borough Council, Sandwell and West Birmingham Clinical Commissioning Group, Black Country Partnership NHS Foundation Trust and the EHWB collaborative (Childrens society, KOOTH, Kaleidoscope). The POA allows us to monitor referrals across the whole of the EHWB/CAMHS provision

The development of the POA for all children's emotional wellbeing and mental health referrals was agreed as part of the LTP vision (Operating Guidance: appendix 6), and following the identification of concerns regarding timeliness of response and duplication of referrals that resulted in an ineffective system causing delays to access of the right support, at the first time and promptly. The aim of POA is to reduce duplication of referrals, simplify the referral processes and offer a reduction in waiting times for assessment and intervention/treatment.

The POA became operational in September 2015, a comprehensive review was undertaken in 2016, the data used for the review was from the period 1st October 2015 - 31st March 2016 (3rd and 4th Quarter). There were **1446 referrals made to POA between October 2015 and March 2016** of those, 703 referrals were for females and 743 referrals for males.

The majority of referrals were from the health sector; with GPs and other Primary Care sources making 678 referrals equating to 47% of all referrals. Schools were the second highest referrers at 415 referrals (29%). Specialist CAMHS received 20% of the overall referrals, It must be noted that referrals for Looked after Children and Children with a Learning Disability do not come via POA.

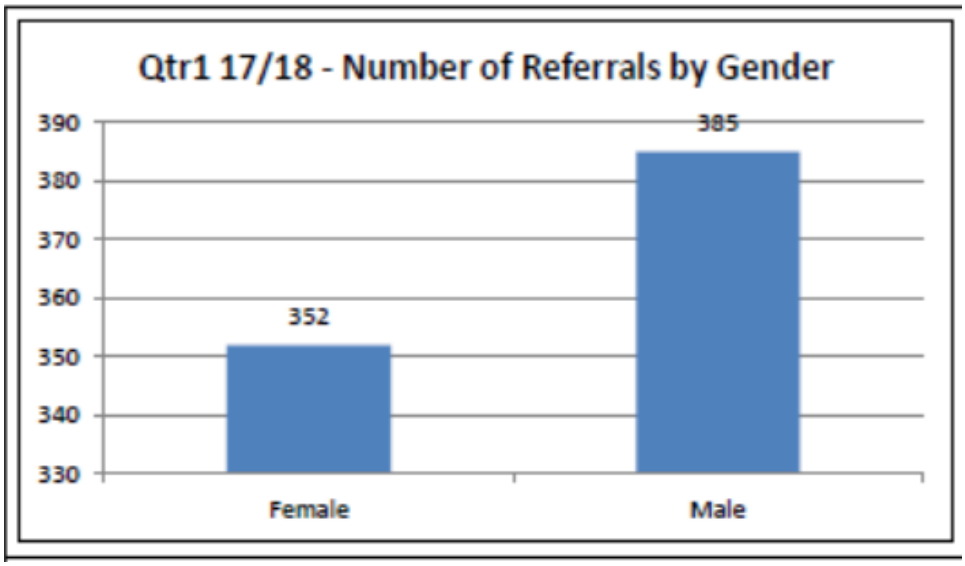
The above data has enabled us to react proactively, and plan engagements with both GP's and Schools. A dedicated PLT session with general practitioners is planned for January 2018.

The Sandwell POA activity, is monitored by the CAMHS Board, the increasing demand has identified that there is scope for improving outcomes even further. Improvements are planned and will be done in line with best practice guidance, so that the children and young people of Sandwell will have a gold standard service and have the best available opportunity to reach their full potential. Improvements currently under consideration are:

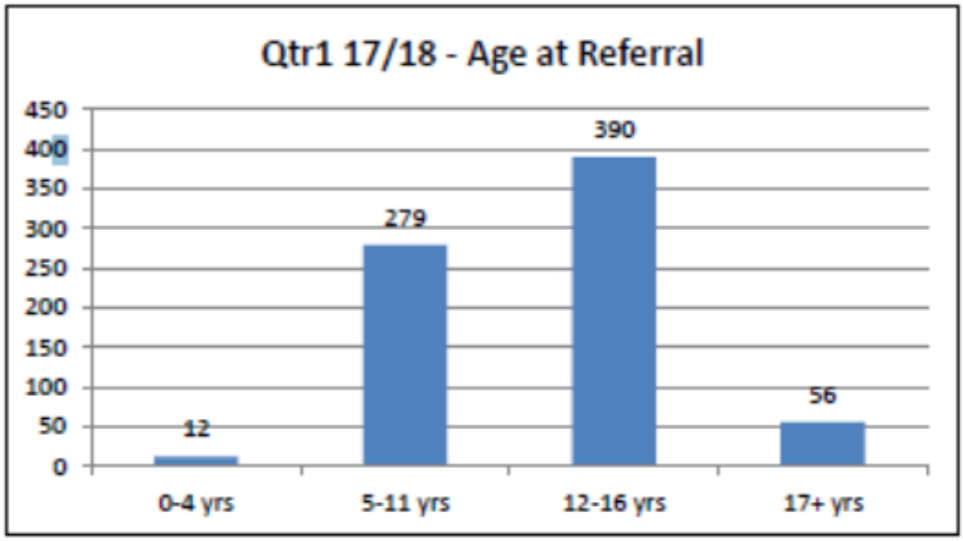
- Increase capacity within the POA i.e. create a team leader post
- Align the POA to the MASH
- Accept self-referrals

Current POA data: Qtr. 1 2017-18 continues to demonstrate demand for services:

Referrals by gender



Referrals by age



LTP Ambition

Sandwell is committed to moving away from the traditional tiered system for CAMHS and aims to embrace the concepts of the 'Thrive Model'. The original LTP used this approach to outline future plans: Coping, Getting Help, Getting More Help and Getting Risk Support.
Key objectives of the additional funding, embraced by the partnership in Sandwell are:
• Build capacity and capability across the system so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;
• Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)
• Develop evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services;
• Improve perinatal care. There is a strong link between parental (particularly maternal) mental health and children's mental health.

Our ambition is to ensure that a systematic approach to commissioning and working with current and new providers will ensure integrated services where provision is delivered seamlessly. Our ethos was and still is to remove the barriers that have previously hindered access to reduce the numbers of children and young people falling through the gaps of service access criteria's. Our plan is based on a systemic approach that links universal services to targeted and specialist services, by:

- Promoting resilience through self-management
- Early Intervention
- The provision of outreach mental health services
- Training and advice support for universal services
- The delivery of a full range of psycho social therapeutic interventions based on the young person's need
- Community based services that include school based interventions
- Timely access
- Holistic provision- all services under one pathway from the point of triage

These principles will continue to be used to transform local services for young people, it is widely accepted that the onset of mental ill health occurs before the age of 18, highlighting the need for robust pathways and services for young people that experience issues with their emotional wellbeing and or mental health.
Our plan is system wide; however there is a greater emphasis on vulnerable groups that have previously been neglected, especially LAC, SEND, CSE and YOS. To date additional resource for LAC includes:

- Dedicated Primary Mental Health Worker (PMHW) for LAC
- Additional commissioning support for LAC/CAMHS. The post holder is currently: ensuring that panels are comprehensive and 'fit for purpose'/ reviewing the CETR process to ensure it is explicit and fit for purpose/ ensuring that risk registers are up to date
- Additional PMHW capacity for unaccompanied asylum seeking children & young people

Additional resources for SEND include:

- 2 new posts: EHCP planning officer (appendix 3), ensuring that input from health professionals is outcome focused, and Early Years Psychologist to support early identification of ASD, and input into the MAA process

The CAMHS landscape in Sandwell looks significantly different to how it did in 2015; by 2020 the partnership aims to fulfil its original ambition, which includes a commitment to ensure that provision in in line with expectations outlined within the Five Year Forward View.

Sustainability of the work stream beyond 2020 is under discussion. The partnership is committed to ensuring that provision is maintained, and robustly monitored to ensure that capacity issues are addressed.

The ambition beyond 2020 is to ensure that funding is aligned to areas where impact will be greatest and outcomes evident. Government policy has called for a shift in focus of services from crisis intervention to one of early intervention and prevention. A key principle is that **all** professionals working with and on behalf of children, young people and their families accept their full responsibility for ensuring that everything possible is done to prevent the unnecessary escalation of issues and difficulties and that a positive focus is maintained on ensuring the best outcomes.

Sandwell's plan has recognised that it is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible, hence the increased investment into the EHWB provision.

Our model is already demonstrating a reduction in the number of referrals into specialist CAMHS, and this trend should continue as services 'up-stream ' enable young people to be resilient, develop coping strategies and manage their emotional health and wellbeing without the need for specialist intervention. Clear national evidence is available to demonstrate that early intervention is cheap, effective and cost-saving. The cost of providing mental health support is estimated as:

- £5.08 per student – the cost of delivering emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 - the average cost of an admission to an in-patient CAMHS unit

Not only is provision much cheaper if delivered earlier, it is also more (cost) effective: Public Health England estimates that every £1 invested in emotional resilience programs in schools has a £5 benefit realised over 3 years.

2018/19

Outcome/Objective	Proposed works	Measurement/Links
Increase access for CYP and reduce waiting times	*Formerly review the current POA *secure further investment if capacity is an issue * expand POA provision to include self-referral	*Review recommendations *budget decisions *self-referral pathway

Strategic Direction Implement the year on year trajectories for workforce and access as outlined in FYFV and FiM	* Continue to support the IAPT collaborative Develop further training programmes, based on intelligence from audits, identify backfill where required * Ensure all courses are formerly evaluated (Gather data on courses attended, skills gained measured against NICE Concordat)	* Numbers trained * Number of pathways fully compliant to deliver against NICE recommendations *Formal evaluations completed
In patient Care Reduce LOS, by extending the choice of treatments to support patients remaining in community treatment, as close to home as possible including the development of appropriate day care	*Build relationships with NHSE Case workers * Model/cost day care options * Align TCP and FiM agenda a for recovery centre approach	* pilot day care approaches * develop day care service specification
CYP Mental Health Continue to explore and understand the EHWB needs of CYP in Sandwell as demographics change (new arrivals, asylum seekers etc.) and adapt services to provide equitable provision and reduce health inequalities	* Data interrogation and analysis *fully utilise the **MHSDS** * Joint Strategic Needs Assessment *Co-production * Schools Charter mark * consider rolling out the STEER programme	* Joint Strategic Needs Assessment *improved outcomes for CYP, including educational attainment
Maintain co-production arrangements and joint working	* Agreed Memorandum of understanding *Robust TOR * accurate reporting * Agreed pooled budget	* Pooled budget published *meeting minutes
STP Continue to work collaboratively across the STP footprint, to achieve the 1 commissioner model	*Develop single service spec's * plan implementation * support providers with new model of working * set timeframe for formal review	*service Spec, fully implemented *service fully functioning
CYP IAPT Continue to roll out training across all tiers. Agree suite of ROMs across all provision	*training numbers increase *access to IAPT increases * Outcome focused ROMs captured	

2019/2020

Outcome/Objective	Proposed works	Measurement/Links
To have a fully compliant CAMHS service, that meets all core standards and where possible NICE guidance	* Review baseline against current activity * Develop robust business cases for assured long term/recurrent investment * Develop contractual documentation including Service Specs & KPI's * Ensure transition is addressed	* Service fully compliant across all provision * Linked to MERIT * linked to STP
Reduce health inequalities through better systems: Co-production & Joint commissioning of emotional wellbeing services	* Develop emotional wellbeing and mental health strategy for 0 to 25 * Develop formal documentation for service contracts (Specifications, quality metrics and KPI's) * Continue engagement/consultation process	* Service Specs in place and included in contracts *Quality metrics agreed * KPI's agreed
Mental health workforce are skilled to support the needs of all CYP in Sandwell	* Develop a long term Workforce/training strategy agreed across all partners	See previous plans

Workforce

Future in Mind through the transformation funding has supported both the expansion and development of specialist CAMHS workforce. The development of a capable and competent workforce is essential to the continued modernisation and expansion of evidence-based services across the whole CAMHS pathway.

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

Sandwell and West Birmingham CCG have invested transformational monies into the provider trust, to build the workforce within specialist areas of CAMHS; this has allowed the specialist CAMHS workforce to develop a new model of care delivery by removing some of the specialist provisions around vulnerable children and young people from core CAMHS into the dedicated provisions of Crisis Intervention and Home Treatment and Eating Disorders. This will hopefully support core CAMHS in delivering on the increase in access to mental health services, and has also supported the identification and delivery of specific training to meet local skills gaps.

The new model of care ensures evidence based treatment interventions and a pathways approach and has allowed further consideration to be given for consideration of skill mix.

Expansion in the workforce has been within specific elements of the service; further financial support to expand and change the model of care offered: CAMHS Crisis Intervention/Home Treatment provision, Eating Disorder provisions and work in partnership with early years by providing specialist psychological support for the under 5 year old with specific learning disabilities.

Other new partnership workforce development posts include having CCG commissioned posts working as Primary Mental Health workers with the local authority. The Primary Mental Health workforce delivers mental health interventions within Sandwell COG's (community operational groups). As well as other specialist mental health arenas such as for children who experience sexual exploitation and those that are LAC.

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

- Engagement in a Sandwell local partnership to join the Midlands C&YP IAPT collaborative and attend leadership and clinical training modules and clinical supervision
- Ensuring our leadership team undertake the C&YP IAPT Leadership and Transformation training
- Accessing the C&YP IAPT outreach training sessions
- Exploring skills and competencies gaps within specialist CAMHS and providing locally based competencies training to meet local skills gaps for particular evidence-based treatments or diagnostic categories
- Accessing the national Eating Disorder training days

Specialist CAMHS have also supported universal provisions through training in schools and have ran specific group parenting sessions that have a psychoeducational element to supporting parents and foster parents in the care and management of children and young people. The workforce has been enabled by providing further IT support with training and some equipment. Local young people that

have engaged with specialist CAMHS have developed the CAMHS web site that has further information and self-help support for all.

Lodge Road (specialist CAMHS venue) in Sandwell has been upgraded with IT equipment and refurbished through transformational funding; young people were involved in the decor and design of the building to ensure that it is an environment suitable to meet the needs of children and young people.

Sandwell and West Birmingham CCG specialist CAMHs workforce investment through LTP

Black country Partnership			
CAMHS/Crisis Teams Sandwell			
Funded posts			
	14/15	17/18	
Management	2.00	1.00	
Primary Care CAMHS	1.30		
CAMHS Crisis and Home Treatment	3.00	10.10	
Eating Disorders	4.64	14.35	Jointly Comissioned service between Wolverhampton and Sandwell
Specialist MH - CPN and Other (403)	11.90	13.76	
Specialist MH - Psycology (409)	9.00	9.18	
	31.84	48.39	

In July 2017, NHSE published a mental health workforce plan: **Stepping forward to 2020/21**. The plan focuses on the health workforce to 2021, whilst acknowledging that social care, housing, community and the third sector all provide invaluable services which need to be thought about in the context of cross-cutting themes.

The workforce plan was agreed by a number of partners across many systems and is based on the most comprehensive and robust study of the mental health workforce nationally to date. To deliver the improvements locally will require a concerted action and focus from everyone working in Sandwell across the children & young people's health and social care system. .

CYP ACCESS:

The table below sets out an indicative NHS England trajectory for increased access based on existing data on prevalence of mental health problems in children and young people. It will hopefully be reviewed in 2018 following publication of new national prevalence data

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

By 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 current staff being trained by 2020/21 in addition to the additional therapists above.

Transformation funding to date has impacted on the CAMHS workforce across all tiers, as demonstrated in the table below, funded post have almost doubled since 2014:

	Funded posts			
Service Area	**2014 - 15**	**2015 - 16**	**2016 - 17**	**2017+**
Commissioning (CCG)	1WTE	1WTE	1WTE	
Commissioning (panel representative)	0	0.1WTE	0.1WTE	
Management CAMHS	2WTE	2WTE	3WTE	
Point of Access	0	2WTE	2WTE	
Core CAMHS	21.5WTE	21.5WTE	22.67WTE	
Crisis/Home treatment	5WTE	9.1WTE	9.1WTE	
Eating Disorders	4.64WTE	4.64WTE	14.35WTE –Sandwell and Wton	
Early Years (0-5)	0	0.6WTE	0.6WTE	
EHWB Service				
KOOTH				
Primary Mental Health Workers	0	10 WTE	10 WTE	
CAMHS waiting list initiative	0	0	2WTE	
136 suite	0	1WTE	1WTE	
TOTAL	**34.14**	**51.84**	**65.82**	

FUTURE WORKFORCE PLANS POST 2018

Partners in Sandwell recognise that further changes are needed to the local workforce within Child and Adolescent Mental Health services, including the creation of new/innovative roles that will support increasing access to services at a much lower level. Preventing children & young people becoming so ill that they require significant specialist intervention.

The partnership is committed to:

- Identifying funding to ensure that annually local practitioners have access to the CYP IAPT training
- Ensuring capacity for crisis provision 24/7
- Identifying and utilising a Workforce audit Tool, to inform on future needs
- Adopting best practice in respect of CAMHS workforce initiatives

Collaborative & Place based Commissioning

NHS England has listened to patients' experiences of mental health services. Feedback has advised that care pathways are often disjointed, particularly where the commissioning responsibility for services changes, leading to gaps in provision and poor sharing of data, resulting in poor outcomes for children and young people.

CCG's have been encouraged to develop a more collaborative approach to commissioning, making it easier for commissioners to work together to better align pathways, and service models across all systems, resulting in a more holistic and integrated approach to improve healthcare for the diverse local populations served, and improve outcomes.

Definition-collaborative commissioning

> *the ability to plan effectively in a coherent way to provide the highest quality healthcare, to reduce any inequalities in access to services and to improve outcomes. For providers, collaborative commissioning will mean the opportunity to have one conversation about all the services they provide.*

Aims of collaborative commissioning:

• Improve pathway integrity for service users, helping to ensure that care is commissioned as part of a single pathway;
• Enable better allocation or investment decisions, giving CCGs and their partners the ability to invest in prevention or more effective services;
• Improve financial incentives over the longer term, reducing demand, where appropriate, and unwarranted variation, and increasing value for money
• Ensure providers can be effectively held to account, ensuring clearer links between services, commissioners, referrers and providers.
• A better patient experience through more joined up services;
• Improved equitable access to high quality sustainable services.

Locally 'Place-based Commissioning' ensures that providers of services are working together to improve health care for children & young people in Sandwell. Our partnership working arrangements advocate that all partner organisations collaborate to manage the common resources available to them rather than each organisation adopting a 'fortress mentality' and acts to secure its own future and funds regardless of the impact on others.

Sandwell's Local Transformation Plan (LTP) enabled all partners to have a shared vision and shared aims & objectives, tailored to the needs of the population, reflecting the challenges that exist and the level of ambition necessary. The plan built on work done previously by commissioners and the health and wellbeing board in understanding the needs of the local population, as well as providers' knowledge of local services.

Collaborative and place based commissioning is a key feature of Sandwell's LTP.

Collaboration with NHSE

SWB CCG was party to a joint funding bid to pilot a 'New Care Model' (NCM) to manage in-patient provision. The bid submitted reflected the overall vision that children and young people should be treated as close to home as is possible, and were suitable enable them to stay in the community accessing specialist inpatient care. Unfortunately the joint bid was unsuccessful and funding/management remained with NHSE.

Following the unsuccessful bid, Sandwell's partners have strengthened the links with NHSE case managers to ensure processes are in place to enable young people to access in-patient provision in a timely/coordinated manner. Aligning systems is still 'work in progress', but together we are aiming to ensure that the planning will always consist of a joined up approach across the whole care pathway, as indicated in the original Transformation Plan, including content agreed with and signed off by a representative of the local Specialised Commissioning Team.

In addition the local CAMHS STP (Black Country & West Birmingham) leads are working closely with NHSE case managers to scope the possibility of developing a virtual 'NCM' for tier 3+ and tier 4 provisions across the STP footprint.

Collaboration with LA/Youth Offending

The LTP recognised the need to identify specific resources to support young offenders. Working collaboratively has resulted in the following provision:

- A full time dedicated 'Primary Mental Health worker' co-located with the YOT. Co-location with the YOT has supported the efforts of a variety of criminal justice partner organisations in building stronger community links to preventing crime and anti-social behaviour.
- Dedicated support from a SALT practitioner (2 days per week) to identify communication issues, especially in relation to undiagnosed ASD, resulting in timely intervention from specialist CAMHS. Involvement of SALT in a recent case led to a young person being diagnosed with a rare form of ASD, this in turn resulted in the YP receiving a much reduced custodial sentence.

Collaboration with LA/ SEND

Sandwell have a well-established SEND Partnership board, the CAMHS Commissioner, and CAMHS providers are present. Board membership also includes representation from the 'people's parliament' (mental health service users). The board has a detailed delivery plan that includes actions across the partnership to ensure that all partners are fully compliant with the SEND code of practice.

However the recent (January 2017) Ofsted/CQC SEND joint inspection raised some concerns in respect of CAMHS provision and its statutory obligations in respect of the SEND agenda. The formal feedback included the following statement:

The child and adolescent mental health service (CAMHS) is not fulfilling its statutory role in cooperating with the local authority to integrate provision that would promote the well-being of children and young people who have special educational needs and/or disabilities. For example, as frontline practitioners are not fully aware of their responsibilities with regard to education, health and care (EHC) plans, they are not contributing consistently to the process. This is limiting the local area's ability to work in partnership with children, young people and their families towards positive outcomes.

A collaborative approach to addressing the concerns raised has resulted in both Ofsted/CQC reporting that they are fully assured with the progress made. Specialist CAMHS practitioners have now embraced the SEND agenda and to date completed actions have included:

- Revised staff induction process, that incorporates the SEND code of practice
- SEND has been incorporated within clinical and business team meetings as a standing agenda item
- The provider Trust has published the CAMHs contribution to the Local Offer, CAMHS eligibility criteria has also been added, CAMHS website link has been added to the Local Offer
- Refresher training to be provided to all CAMHs staff as part of an overarching CPD programme (commenced June 2017).
- CAMHs staffs have received training in relation to developing outcome focused EHC Pians
- CAMHS have developed an Exemplar template to support the completion of Statutory Advice, and ensure that EHCP information is outcome focused

In addition the CCG have commissioned a post within the Statutory SEND Team: **Health EHC Planning Officer for Special Educational Needs and Disability (SEND)** this will ensure high quality reports are received from Health colleagues within 6 weeks. The post is very innovative, and NHSE are keen to see the impact the post has, and to share the concept with other areas (Post details added as an appendix)

Collaboration with Liaison and Diversion

Research in the UK and internationally demonstrated that prison populations have significantly higher psychiatric morbidity than the general population. The Institute of Mental Health on behalf of the Offender Health Collaborative, part of the National Liaison and Diversion Development Programme (Kane et al, 2012), found evidence to support the following:

• Diversion should happen at the earliest possible point on the pathway.
• Defendants in the police station/court should be screened face-to-face for mental illness.
• Individuals and their behaviours should not be inappropriately pathologised, creating stigma,
• A clear and boundaried definition of the service should be provided with multiagency commitment
• Availability of a service infrastructure into which individuals can be diverted
• Diversion and liaison services are most effective when commissioned on the basis of joint funding from mental health and criminal justice agencies.

Collaboration has led to the commission of a Black Country Liaison and Diversion service; it is located within the police and courts to divert those most at risk away from the criminal justice system and into local health and care services. The service is provided by the Black Country NHS Partnership

Trust, Dudley and Walsall Mental Health Partnership NHS Trust, delivering a single service across the Black Country consisting of Dudley, Sandwell, Walsall and Wolverhampton, working closely with existing Criminal Justice Teams (CJT).

The service comprises of an outreach function designed to ensure those at risk are offered appointments with providers and are supported in engaging with other providers and increasing the uptake of services. The service is agile and makes use of information technology, capturing data electronically at the point of contact, enabling teams to view mental health records across the area through improving access to existing systems.

Youth Justice Liaison and Diversion workers have access to young people in custody although their interventions will primarily take place outside Criminal Justice settings including Mental Health clinics, schools and outpatient buildings. Screening will assist in the early identification of unmet mental health needs, speech and communication needs, and learning difficulties of children and young people. In addition the CCG fund a full time PMHW who is based with the YOT, and working closely with colleagues in Youth justice. Primary Mental Health Workers (PMHWs) work with children and young people, families and carers and professionals providing support where there are emotional or mental health concerns. PMHWs come from a range of professional backgrounds having specialist training and experience in helping children, young people and their families and carers when there are emotional or mental health concerns.

Their skills include but are not exclusive of:

- Counselling
- Cognitive Behaviour Therapy (CBT)
- Play Therapy
- Art Therapy
- Transactional Analysis
- Solution Focussed
- Humanistic Approaches
- Trauma and Attachment
- Family Functioning

The PMHW increases the capacity of mental health services for children and young people (CYP) who have been in contact with NHS England Health & Justice directly commissioned services and assists in improving their journey through the full clinical pathway, providing a better link into mainstream/community services and ultimately achieving improved outcomes for CYP families and carers who access the service. Referrals come via the YOI/YOS, the Diversion Service, the single POA and potentially SARCs. Interventions are available for CYP/families/carers where the CYP is in custody pending release to Sandwell. Referrals are also taken from staff engaging with CYP and families and carers both in a general capacity e.g. Officers who note a concern with emotional wellbeing or CAMHS in custody who wish to refer to a transitional service into the community.

Essentially we know that CYP in detention and/or the adult carers in the community may require some support in relation to emotional and mental health needs and this support can be accessed by the service. Our service focuses on supporting good emotional and mental health and wellbeing, the prevention of escalation of bad emotional or mental health and wellbeing, ensuring seamless access of services pre and during the transition from custody to community.

Sandwell partners are committed to supporting NHSE Clinical networks Children and Young People's Mental Health & Wellbeing team, in their quest to map current provision, and will also seek to secure additional national funding to pilot new models or strengthen existing models

Collaboration with Public Health/Education

Public Health colleagues have invested in the LTP, they are committed to the model, and keen to ensure that children and young people locally are supported to become resilient, and have improved Emotional health & Wellbeing.

The Charter Mark for Schools- is a universal programme designed to promote emotional and mental health through a whole-school approach. It is a three-year programme now entering the third year. It was extended recently to include secondary schools. As of August 2017, 66 schools were involved at various stages of the process with a new cohort starting in September 2017.

Schools are awarded the Sandwell Wellbeing Charter Mark if they can demonstrate that they take a whole-school approach to emotional health and wellbeing through a process of audit, action planning and review. Educational Psychologist undertake a baseline audit looking at 8 criteria:

1. Leadership
2. Ethos and Environment
3. Curriculum, Teaching and Learning
4. Student Voice
5. Staff Development/wellbeing
6. Identifying Needs and Monitoring Impact
7. Working with parents/carers
8. Targeted support and appropriate referral

Research psychologists gather data i.e. exclusion rate, staff sickness etc; undertake a staff questionnaire, conduct parent focus groups and child focussed activities.

Findings are collated into a baseline report and Schools then develop an action plan to address areas of improvement, which is reviewed in order to reach a judgment about whether the criteria have been met. A measurement tool has also been developed and standardised that maps against the outcomes of the programme.

Both the CCG CAMHS commissioner and the PH 0-19 Commissioner are keen to collaborate to ensure that all opportunities to improve outcomes locally are identified. As such we are keen to secure investment to participate in the **Mental Health Services and Schools Link Programme**, which will be running with funding from the Department for Education.

Mental Health Services and Schools Link Programme

The Anna Freud Centre for Children and Families (AFCCF) and the Department for Education are inviting partners to take part in a ground-breaking initiative to help CCGs and LAs work together with schools and colleges to provide timely mental health support to children and young people.

Following a successful pilot across 27 CCGs and 255 schools in England, AFCCF are now recruiting 20 further areas for 2017/18. Participating areas will receive two workshops for CCG leads, LA leaders, school staff, NHS CYPMHS providers and community organisations working with CYP. The workshops

take a blended learning approach, drawing on evidence-based approaches to training and system transformation.

Participating in the programme will:

- Develop a shared view of strengths and limitations and capabilities and capacities of education and mental health professionals
- Increase knowledge of resources to support the mental health of children and young people
- Ensure more effective use of existing resources
- Improve joint working between education and mental health professionals

CYP Improving Access to Psychological Therapies

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a change programme delivered by NHS England in partnership with Health Education England. Sandwell's commitment to success and proactive approach resulted in us joining the programme in 'Wave 1'. The programme aims to:

- work with existing services that deliver mental health care for children and young people (provided by NHS, Local Authority, Voluntary Sector, Youth Justice)
- create, across staff and services, a culture of full collaboration between child, young person and/or their parents or carers by:
- using regular feedback and outcome monitoring to guide therapy in the room, using a mixture of goals and symptom measures suitable for all child, young person and/or family/carer – Child Outcomes Research Consortium (CORC); CHIMAT; PHE Fingertip tools; Mental Health Services Data Set
- improving young people's participation in treatment, service design and delivery – Young Minds Amplified and GIFT MYAPT – improving access through self-referral
- improving the efficiency of services by training managers and service leads in change, demand and capacity management
- improving access to evidence-based therapies by training existing CYP MHS staff in in an agreed, standardised curriculum of NICE approved and best evidence-based therapies.

The ambition over the next five years is to build effective, evidence-based, outcome focussed Child and Adolescent Mental Health Services for the future, in collaboration with children, young people and families. This includes delivering improved access and waiting times, reduced numbers of children requiring inpatient care, development of a fully trained and competent workforce, and self-referral across the system. Services should utilise technology to achieve accountability to all stakeholders, including children, young people and families, commissioners, and the services themselves

CAMHS partnerships were requested to select a collaborative they wished to join, creating a network of partnerships. Sandwell bid to join the Midlands Collaborative in 2016, enabling us to shape the development of course content, learn from others, encourage good practice and avoid pitfalls as the CYP IAPT programme developed.

The Midlands collaborative currently comprises the following CAMHS partnerships across the East and West Midlands:

- Leicester, Leicestershire and Rutland
- North Derbyshire
- Lincolnshire and North East Lincolnshire
- **Sandwell**
- Solihull
- Wolverhampton
- South Derbyshire
- South Staffordshire
- Dudley
- Walsall

Sandwell CCG entered into an agreement with NHSE, with a clear understanding that as a partnership we would: honour, observe and perform the obligations agreed by parties following the successful bid to join to Children and Young People's Improving Access to Psychological Therapies

(CYP IAPT) Programme. Table 1 demonstrates the initial funding agreed for the Sandwell partnership.

Table 1

FUNDS		**INSTALMENTS**	
Training	**Firm Price**		
18 CBT + 3 SFP therapists (@ £30k each)	£630,000	**July 2016**	£111,250
4 supervisors (@ £20k each)	£80,000	**February 2016**	£111,250
20 Enhanced Evidence Based Practice trainees (@ £5k each)	£100,000	**July 2017**	£293,750
		October 2017	£293,750
Total Price	**£810,000**		

Specialist CAMHS and C&YP IAPT

Training has commenced for modules on CBT and SFP eating disorders and 5 clinicians from Sandwell CAMHS are in the final stages of completing these courses; two for CBT and three for the SFP training, clinicians are based either within the CAMHS Crisis Intervention Home treatment provision or within the all aged eating disorder provision working with the under 18 year olds. One core CAMHS clinician is just completing the EEBP module.

Clinicians are also completing the Transformational Leadership module and a range of clinical supervision training inclusive of PWP, CBT and SFP clinical supervision.
Specialist CAMHS have been completing routine outcomes manually during the training process and have just had their first workshop on ROM's and will be working towards a whole service electronic reporting of CAMHS ROM's.

The vision for 2020 is that across the STP footprint, there will be an agreement in respect of the most appropriate ROMs to use. It is anticipated that a whole of suite of ROMs will be agreed/available for all partners in the Black Country by March 2018.
The current EHWB provision in Sandwell is assessed in respect of effectiveness by the use of **Outcome star,** however this provision will be able to utilise ROMs from those agreed.

Service	**Name**	**Course Attended**	**Supervision Requirements**
CAMHS	Sarah Hogan	Transformational Leadership	External
CIHTT	Melissa Beckford	CBT	Ruth Stevens or Sarah Simpson
CIHTT	Elizabeth Shaw	CBT	Ruth Stevens or Sarah Simpson

CIHTT	Rachel Buckley	SFP - Eating Disorder	Simon Thompson
Eating Disorder	Clare Dupree	SFP - Eating Disorder	Simon Thompson
Eating Disorder	Sultana Begum	SFP - Eating Disorder	Simon Thompson
Core CAMHS	Megan Gwilt	EEBP	TBA
Core CAMHS	Simon Thompson	SFT Clinical S/V	Not applicable
Core CAMHS	Ruth Stevens	Clinical Supervisor CBT	TBA
Core CAMHS	Sarah Simpson	Clinical Supervisor PWP	TBA

In order to continue to train the whole of our specialist CAMHS workforce an application has been completed for further training: the award will secure:

4 CBT modules and 1 EEBP module; these modules are being distributed between specialist CAMHS and our partnership.

Eating disorders

Sandwell did not have a discrete eating disorder service as outlined in national guidance. There was a dedicated adults Eating Disorder service and some identified resource within the CAMHS provision, however, this did not provide a discrete eating disorder service for children and young people. CAMHS offered a core service for patients with eating disorders that did not meet the thresholds for inpatient admission. The service provided a multi-disciplinary approach to eating disorders but lacked some of the specialisms as outlined in the guidance such as dietetic support.
The initial 2015 transformation plan, detailed a number of commitments in respect of delivering a comprehensive eating disorder service, including:

- Developing an eating disorder service, aligned to national guidance that ensures cyp get help, before requiring more help
- Intervention in Psychosis 14 to 35 year olds and Eating Disorders
- Develop and implement waiting time standards for Eating Disorder services
- Accessible service available that increases access for people with eating disorders

In 2016, NHS England outlined a clear commitment to driving a more equal response across mental and physical health. A key element of this is ensuring timely access to evidence-based and effective treatment, a vision outlined in Achieving Better Access for Mental Health Services by 2020. An Access and Waiting Time standard was implemented, stating that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care

Standards

% within 1 week
The percentage of CYP Eating Disorder **urgent** cases started within 1 week of referral.
% within 4 weeks
The percentage of CYP Eating Disorder **routine** cases started within 4 weeks of referral.

Progress to date:

Sandwell now has a comprehensive all aged specialist eating disorder provision, ensuring that all people referred with Eating Disorders have access to effective dedicated eating disorder interventions from a dedicated committed and experienced multi-disciplinary workforce, resulting in improved outcomes. (ED pathway aged 5-18: appendix 5)

Service users are at the centre of the continued evolution of the service and their experiences are being improved through the elimination of transition from CAMHS to AMHS, despite robust transition protocols young people and their families have often found themselves in limbo as thresholds and philosophies of care differ.

The services recovery philosophy has ensured that people with Eating Disorders are involved and instrumental in every stage of their journey through the stepped model of care.

Our ‘stepped model’ recognises that the sooner someone with an eating disorder starts an evidence-based NICE concordant treatment the better the outcomes:

- Early intervention and prevention
- Specialist dedicated eating disorder out-patient provisions, and
- Non-admitted community care through our home treatment and day centre teams.

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

Interventions offered by our comprehensive provision include

- Cognitive Behaviour Therapy (CBT)
- Family Based Therapy (FBT)
- Interpersonal Psychotherapy (IPT)
- Dialectical Behaviour Therapy (DBT)
- Nutritional Counselling
- Cognitive Analytic Therapy (CAT)
- Psychiatric Interventions

During 2016-17: Feedback from CYP

Service user 1: *It's like having the weight of the world lifted off your shoulders. I feel as though I have bounced back and recovered finally from an awful condition I never expected any respite from*.

Service user 2: *I have learnt so many new skills from you to help me deal with and process all sorts of challenges in my life; without my eating or health being affected, and for the first time in a long time as a result I feel very confident going forward*.

Service user 3: *People like me wouldn't have a light at the end of the tunnel without people like you*

Data

POA Referral Intelligence

There was a 7.9% increase in the number of referrals between Qtr. 4 15/16 and Qtr. 1 16/17, with 57% for males and 43% for females. 52.6% of all referrals between September 2015 and the end of Qtr. 1 16/17 were for young people in the 12-16 year age group, whilst 40.5% of all the referrals were for young people in the 5-11 year age group.

In total there were 737 referrals in Qtr1 17/18.

- This quarter (QTR 1 2017-18) saw a decrease in the percentage of referrals received from Schools.
- Referrals from health colleagues saw a 10% increase this quarter (76%) compared to Qtr4 16/17 (66%)
- The rate of decisions made within 5 working days was greatly improved for this quarter, Qtr1 17/18 (42%), Qtr4 16/17 (26%)

Data demonstrated that 51% (377) of referrals had the Level of Need as 'Targeted' demonstrating a 7% increase on the last quarter. Those needing specialist intervention (Tier 3 CAMHS) equates to 28% (207) of all referrals. There have been no referrals from Children's Centres or external local authorities this quarter, and the number of referrals received from schools decreased again by 7%, the majority of these referrals continue to be identified as a Targeted Level of Need.

The wealth of data provided by the POA enables us to:

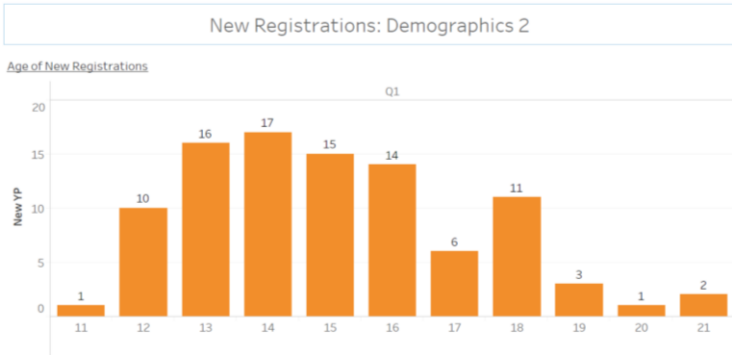
- monitor performance/progress of the POA in respect of capacity
- identity gaps, including capacity issues with service provision and the impact on the timeliness of interventions
- Identify trends

Sandwell & West Birmingham CCG and Sandwell Council have commissioned XenZone, a pioneer of online counselling services, to give children and young people (CYP) access to professional mental health counsellors through its online Kooth service, including provision 'out of hours'.

As with the POA, data is provided quarterly, this enables the CAMHS Board (and other partners) to better understand local need, and respond proactively.

In Qtr. 1 2017-18 there were 1,078 logins and 96 new registrations. 64% of the logins were made out of hours

New registrations by age



Eating disorder Service

Qtr 1 2017 data: National target: 95%.....Local (aspirational target) 100%

Children and Young People - Eating Disorders							
Q1 17/18	Routine Referrals < 4 weeks				Urgent Referrals < 1 week		
	95% from April 2020				95% from April 2020		
	Treatment Starts	% within 4 weeks	Plan Q1 17/18		Treatment Starts	% within 1 week	Plan Q1 17/18
Birmingham and Solihull STP	45	68.9%	91.2%		7	85.7%	91.7%
Coventry and Warwickshire STP	29	62.1%	84.0%		1	0.0%	75.0%
Herefordshire and Worcestershire STP	17	88.2%	100.0%		1	0.0%	100.0%
Black Country and West Birmingham STP	45	84.4%	96.2%		7	85.7%	100.0%
West Midlands	136	75.0%	93.5%		16	75.0%	94.7%
NHS Birmingham Crosscity CCG	26	73.1%	96.4%		6	83.3%	100.0%
NHS Birmingham South and Central CCG	11	54.5%	100.0%		0		100.0%
NHS Solihull CCG	8	75.0%	73.3%		1	100.0%	80.0%
NHS Dudley CCG	10	100.0%	95.0%		0		100.0%
NHS Sandwell and West Birmingham CCG	16	75.0%	100.0%		5	80.0%	100.0%
NHS Walsall CCG	9	100.0%	95.0%		1	100.0%	100.0%
NHS Wolverhampton CCG	10	70.0%	100.0%		1	100.0%	100.0%
NHS Coventry and Rugby CCG	17	58.8%	100.0%		1	0.0%	100.0%
NHS South Warwickshire CCG	10	60.0%	60.0%		0		50.0%
NHS Warwickshire North CCG	2	100.0%	100.0%		0		100.0%
NHS Herefordshire CCG	10	100.0%	100.0%		1	0.0%	100.0%
NHS Redditch and Bromsgrove CCG	0		100.0%		0		100.0%
NHS South Worcestershire CCG	5	80.0%	100.0%		0		100.0%
NHS Wyre forest CCG	2	50.0%	100.0%		0		100.0%

Source: Unify2 ***Weekly Brief 29/09/2017***

Exception reporting revealed the following

Client 1 - offered two appointments and did not attend - offered a third appointment and attended but this was out of the waiting time standard for routine waits
Client 2 - demand on service increased and capacity not available to offer within the agreed time frame
Client 3 - client was seen prior to the routine appointment time by CAMHS Crisis team and admitted for inpatient episode, the appointment was not cancelled on the system

Specialist CAMHS

There are four key KPIs (excluding those relating to Eating disorders) that are included in the current contract with the provider trust.

1. Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks.
2. Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter
3. Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral
4. Every young person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.

The provider trust is currently meeting all four performance targets (see below)

C	D	E	F	H	Q
Area	Quality Requirement	Target	Freq	Format	Aug-17
CAMHS	Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard)' in 'Documents Relied Upon'	>90%	Monthly	%	100.00%
				Demoninator	41
				Numerator	41
CAMHS	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	>80%	Quarterly	%	
				Demoninator	
				Numerator	
CAMHS	Percentage of all referrals from paediatric ward's for self-harm assessed within 12 working hours of referral	>95%	Monthly	%	100.00%
				Demoninator	26
				Numerator	26
CAMHS	Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis.	100%	Monthly	%	100.00%
				Demoninator	8
				Numerator	8

Urgent & emergency crisis Care

Crisis Intervention and Home Treatment Team

Future in Mind document stated that the 'litmus test of any local mental health system is how it responds in a crisis'. (FiM, DoH 2016) our local transformation plan has further invested in provision to support the development of a comprehensive care model to support young people in a mental health crisis.
Our model supports crisis presentations at the acute hospital and within the community and accepts the out of hours care for young people who are attending specialist core CAMHS. The team also provides home treatment for those presenting with greatest risk or who are unable to attend other services. Home treatment is also provided to young people who present with eating disorders and support for any young person requiring mental health act assessment in a place of safety. These provisions ensure that there is a swift and comprehensive assessment of the nature of the crisis.
Our model is driven by a value base that ensures:

- Crisis management is a process of working through a crisis until it is resolved.
- Successful service user engagement is paramount.
- The achievement of a therapeutic alliance with the service user and already involved CAMHS Clinician or referrer is essential before any intervention can be successful.
- The team takes a systemic approach, looking at all the factors involved in the crisis, including biological, psychological and social issues and the context in which that young person lives, using a range of interventions to address these.
- Crisis staff will approach work with service users from a "strengths" rather than an "illness" model, and draw on the innate strengths of service users in order to support them. Communication and engagement processes are of specific importance when dealing with service users with disabilities or whose preferred language is not English.
- Providing crisis management and educating service users and carers to acquire coping skills will form a significant part of the crisis work. The team will assist the service user and their carers to acquire/learn behaviours to improve maintain their mental health. The approach should be one of collaboration with the service user and/or their family by "doing work with them", so as to promote their "ownership" of the crisis.
- As far as is reasonably practicable, the team will work in a way that demonstrates regard for the present, past wishes and feelings of the person receiving services and their cares and/or legal guardian.
- Standards of care will reflect evidence based practice and fit within the CIHTT referral pathway.

CIHTT staff fully exercise their duties in respect of safeguarding adults and children by working with partner agencies to protect vulnerable persons from abuse. This is achieved through cooperating in discussions, meetings and investigations with relevant agencies whenever abuse is suspected or reported.

The current objectives of the service are:

- To provide emergency (Same Day Assessments)
- Provide an extended level of support in conjunction with Core CAMHS/CAMHS ED to support young people at home and avoid hospital admission.
- Provide urgent assessment and intervention to young people who are not known to CAMHS.
- Assess young people in Crisis develop their care plan and ascertain if there is a need for hospital admission and co-ordinate the admission.
- Support young people with stepping down from a hospital admission back into the community.

- Advice and signposting to other agencies regarding appropriate responses and pathways into services.
- Managing and responding to CAMHS 136 suite.
- Gatekeeping of inpatient beds with CAMHS Consultant psychiatrists.

Current Crisis Intervention & Home Treatment Team

Admin & Clerical	Band 3	2.00 WTE
Sandwell Consultant		0.20 WTE
Qualified Nurse	Band 5	1.00 WTE
Qualified Nurse	Band 6	4.00 WTE
Qualified Nurse	Band 7	3.00 WTE
Qualified Nurse	Band 8A	1.00 WTE
Sandwell Specialist Doctor		1.00 WTE

Sandwell's increased investment in the above provision has resulted in the development and delivery of a very comprehensive model, capable of supporting children & young people whom are experiencing a mental health crisis. The Crisis intervention & home treatment team's services have been extended beyond the typical core hours of: 9:00 – 17:00 Monday to Friday to now offering a comprehensive service 7 days a week from 08.00 - 20.00. In addition there is access to a CAMHS psychiatrist on call outside of the core hours to ensure support 24/7 if necessary, for any children or young people who is experiencing a crisis, and has been transported or transferred to an acute hospital setting.

In addition work is progressing via the STP work stream across the Black Country to increase the service, to ensure provision is available 24 hours a day, 7 days a week across the Black Country. Collectively a bid has been submitted to NHSE, to secure funding for **Mental Health Crisis, Intensive Community Support and Paediatric Liaison Service for Children and Young People.** The bid includes additional capacity to ensure delivery 24/7 365, and access to:

- Care and support for patients with high levels of and / or acute need
- In- reach into Acute and Paediatric Wards and Accident and Emergency and Urgent Care Centres and CAMHS TIER 4 units to provide timely assessment and intervention at times of crisis and timely discharge
- Intensive Support to prevent avoidable admissions (including medical, psychological and social models of support / intervention including Family Therapy and DBT), including for those with Complex Needs and / or High Volume Service Users
- Robust care packages for patients with high levels of need including patient reviews, early discharge and repatriation

Should the NHSE bid be unsuccessful, CAMHS commissioners across the STP footprint are committed to delivering a 24/7 service model, and will continue to identify funding opportunities locally and nationally to assist with the transformation of crisis provision.

In addition to the above Sandwell has access to a dedicated 'place of safety' (136 suite). Partners are working collaboratively to agree plans, and offer assurance to NHSE, that when the regulations change the provision is ccompliant with the legislation, regarding the detention of adults and Under 18s under section 136 of the Mental Health Act (MHA).

Triage Car

The availability of a ‘the triage car’ further enhances the crisis provision locally. It is mostly called by 999 to assist in an emergency, data demonstrates that there are a number of younger adults and children accessing this service which aims to prevent hospital admissions (unless the child requires inpatient care) A number of case studies shared have evidenced that this type of support has and will continue to save lives given the fast response (mostly under one hour, the police powers to access property, the paramedic with the skills to provide essential first aid and the CPN providing the psychiatric support.

Integration/Transition

Sandwell's LTP is working towards **integration** across the whole CAMHS pathway to ensure that Sandwell C&YP are seen by the right people, in the right time and at the right place. Our EHWB provision for young people accessing help is a partnership consortium currently led by the Children's Society in partnership with other local voluntary sector providers, woman's aid and BCPFT.

All referrals for mental health and wellbeing enter these services via the jointly managed Point of Access as previously described. The POA clinicians not only triage referrals and ascertain further information from referrers but they also facilitate transition of cases up and down the CAMHS pathway should a need be identified.

Transition

Sandwell's specialist CAMHS provider has committed to implementing the Transitions CQUIN: Age-based Transitions out of Children and Young People's Mental Health Services.

The CQUIN: consists of three components;

1. a case note audit in order to assess the extent of Joint-Agency Transition Planning; and
2. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. a survey of young people's transition experiences after the point of transition (Post-Transition Experience).

The following principals have been adopted in the local CAMHS transition CQUIN plan, and have been developed in line with the following national guidance recommendations; Quality Criteria for young people friendly health services; Your Welcome (DoH, 2011), Closing the Gap (DoH, 2014), Future in Mind, (DoH, 2015), Five Year Forward View (NHS England, 2014) From the pond into the sea Children's transition to adult health services (CQC 2014), Transition from children's to adults' services for young people using health or social care services (NICE NG43 2016)

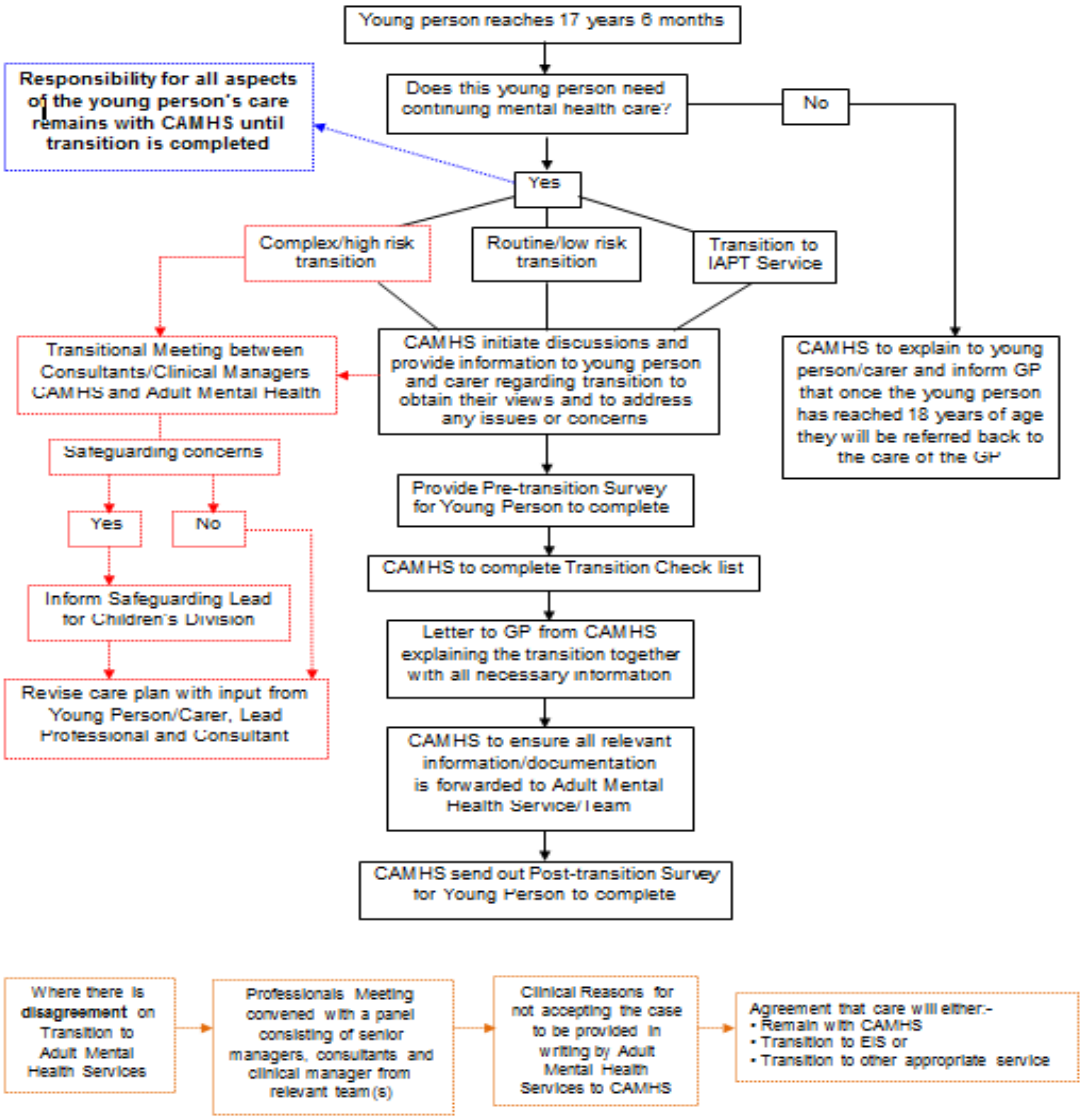
All young people will have access to age-appropriate services that are responsive to their specific needs as they grow into adulthood. All transition processes are planned and focused around preparation of the young person. Young people and their families are actively involved in transition planning. Plans for young people are developed between agencies as appropriate, and ensure that:-

- ✓ Young people are not transferred fully to adult services until the supports are in place to enable them to function in an adult service;
- ✓ Individual disciplines have clear good practice protocols for the management of young people's health during transfer to adult care.
- ✓ General Practitioners are kept informed; and
- ✓ Joint audit of local transitional arrangements is undertaken

The trust has developed their Engagement Implementation Plan for Qtr 1, (appendix 4) in line with both the CCG, and NHSE expectations. The plan includes a very comprehensive transition pathway (below)

4.0 Transition Pathway

Young Person from CAMHS to Adult Mental Health Services



Page 3 of 4

In addition to the CQIUN work, the SEND DMO is leading on the development of a comprehensive joint transition policy, this will include provision across schools, primary care, early help etc.
The DMO will be adopting a co-production approach to ensure young people are engaged in the process. A time limited task & finish group is about to be established locally to develop a joint policy that will suit the needs of CYP, including those that are vulnerable (SEND) and encompasses current best practice. Progress of this work will be monitored as part of the 'Written Statement of Action' used to inform DfE/CQC following the recent joint SEND inspection

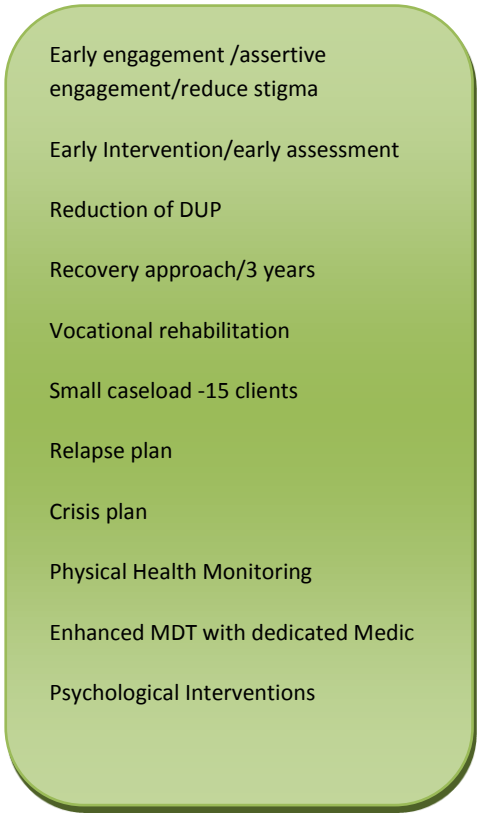
Early Intervention in Psychosis

Sandwell commission the Black Country Partnership NHS Foundation Trust (BCPFT) to provide community Early Intervention (EI) Services, support for young people and adults aged between 14-65 who are going through their first episode of psychosis, or who seem at risk of going through psychosis.

The specialist approach that this service offers, aims to improve recovery outcomes for patients by reducing relapse and readmission rates. This enhances the likelihood of a patient returning to or remaining in employment, education or training. Evidence based research into Early Intervention Services has highlighted the significant positive impact it has on patient outcomes.

The dedicated team consists of Psychiatric Nurses, a Psychologist, Specialist Doctor, Occupational Therapist, Consultant Psychiatrist and a Medical Secretary. The dedicated Consultant is able to support both physical and mental health issues, ensuring continuity of care. The team link into staff within Primary Care GP practices, providing information/education to support the reduction of the duration of undiagnosed psychosis (DUP). This improves the likelihood of the young person/adult receiving the treatment they require at the right time, by the right person, with the right skill.

Sandwell EI Service model



The model provided fits the national agenda for EI services. Various publications -Mental Health Crisis Concordat (Feb 2014), Practical Mental Health Commissioning (joint commissioning panel for Mental Health) and the Mental Health Five Year Forward View- have been released indicating the need for better links between Primary and Secondary Care to provide a more dynamic mental health service. The importance of EI services in providing this link has been highlighted nationally.

The Department of Health and National Institute for Health and Care Excellence (NICE) indicate that EI Services can improve patient outcomes allowing them to have a better quality of life and has the

potential to save the NHS £44 million per year (Department of Health, October 2014, Achieving Better Access to Mental Health Services by 2020).

In February 2011, the Mental Health Strategy 'No Health without Mental Health' indicated six objectives to improve mental health outcomes. Key priorities highlighted in this document include

- **Prioritising EI services across all age groups.**
- Tackling health inequalities.
- Supporting people who experience mental health issues to recover meaningful lives.

The model outlined above provides an extended service running from 8am-8pm, including dedicated link workers that liaise with various external agencies; providing additional support, education and training to assist with the earlier referral of patients and helping patients sustain a good quality of life.

The 8-8 service is flexible and responsive to community needs; Sandwell EI also supports those Primary Care centres which offer extended hours to patients. Appointments are offered outside of usual office hours increasing the contacts the service can provide. The joint working with employment agencies has been significant in supporting those patients seeking to return to employment, further support, assistance, enhancement of skills and confidence building has also been possible by linking in with recovery colleges and other partnership agencies.

Sandwell EI services have clinical pathways which lead into CAMHS and Adult Mental Health Services, supporting safe and effective transition. The service is integral to the mental health community services that BCPFT deliver.

The Early Intervention team's promotion and education of Psychosis within Primary Care and Local Communities has encouraged early contact with the service, thereby reducing the duration of undiagnosed psychosis in patients and potentially reducing the risk of future relapse and hospital admission.

The flexibility of the service allows it to respond to community needs, links have been made with external agencies that can assist with the quality of life experienced by the patient, enabling some to remain in employment and assist those dealing with substance misuse. Early Intervention clients have often presented with comorbid substance misuse as an integral part of their complexity, and the interface with these services has been crucial, the EI consultant has a training specialist endorsement in substance misuse which is proving beneficial during clinical reviews; risk assessment and the treatment requirement of this client group.

Sandwell EI services are also committed to providing a comprehensive physical health evaluation for all new referrals and for ongoing cases as they are often on anti-psychotic medication, this is also maintained for all new referrals into the service.

Impact & Outcomes

Previous chapters provide comprehensive information in respect of the 'transformation' road map to date. This refresh demonstrates the progress made locally, and the services/initiatives/projects locally that are innovative and key enablers to the transformation.

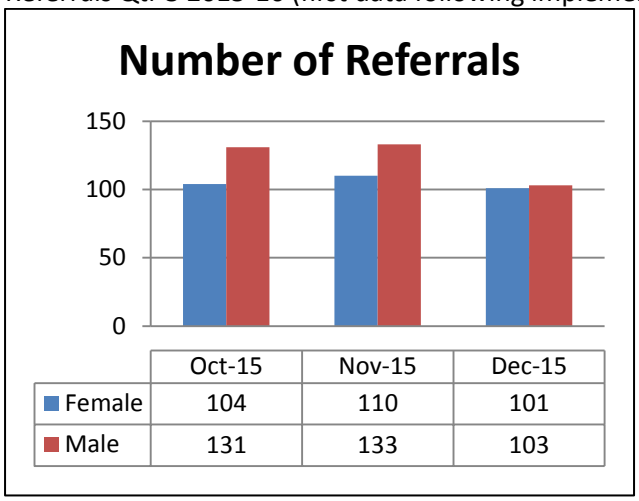
Our commitment to the CYP IAPT programme (early membership) and our plans to develop a suite of ROMs across all CAMHS services, clearly further demonstrates our commitment to commission for outcomes and not activity

Collaborative commissioning is successful in Sandwell and allows us to be both optimistic and enthusiastic in respect of further improvements to provision. The partnership are excited about emerging opportunities e.g. STPs, New Care Models, Vanguards etc

Key successes:

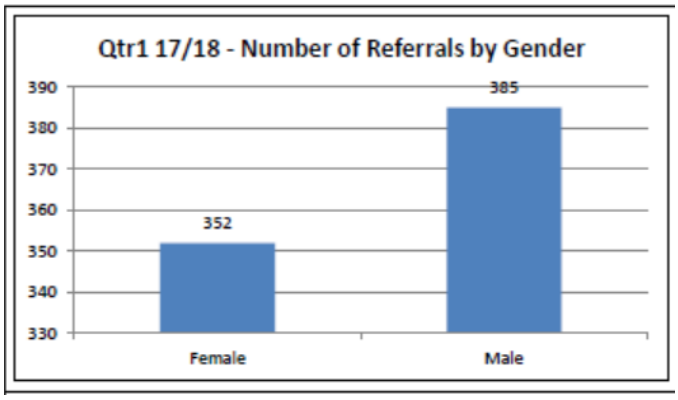
Single point of access, leading to increased access

Referrals Qtr 3 2015-16 (first data following implementation) **total 682**



	Oct-15	Nov-15	Dec-15
Female	104	110	101
Male	131	133	103

Referrals Qtr 1 2017-18 **total 737**



This demonstrates an increase of 8%, in respect of CYP accessing CAMHS Tier 1, 2 and 3. However this figure is not inclusive of cyp facing crisis and accessing provision via urgent care

Comprehensive Tier 2 provision, including drop in sessions and self-referral

Case Study 1
Name: HB, age: 10, Area/Town: West Bromwich, Ethnicity: White British

Home situation.

HB lives with Mom, Dad and 8-year-old brother

Reason for Referral.

Mum took HB to the GP because she was concerned about behaviours he was presenting at home. These included him making strange sounds and having extreme mood swings that often led to violent outbursts.

Work/targets undertaken.

In the first session HB attended the drop in with his mum and dad. He was extremely shy and unable to engage with me. His eye contact was poor, with mum and dad doing most of the talking. They explained that they suspected he may have autism as his behaviours seemed to be suggesting this. An intense dislike for self was prevalent which resulted in him hitting his head off the floor and stating that he wanted to die. HB also struggled with social interactions and was unable to make or keep friendships easily. This was affecting his feelings towards school as he became quite isolated. He then bottled up these frustrations all day, letting them out in fits of rage when he came home. When he returned the following week he felt a little more at ease and was able to meet with me on his own. He gradually began to talk about his difficulties, exploring his thoughts, feelings and reactions to them. We also looked at changes that were possible to his behaviours and how he might be able to implement them. In-between sessions I contacted the school who informed me that they had no concerns about HB and hadn't observed any autistic traits from him and as such a referral to Inclusion Support was deemed unnecessary. The sessions carried on for a number of weeks, each time HB would talk through his week, identifying what had worked and what was more challenging. From this he was able to put strategies in place in a step by step approach that helped him reduce the difficulty and increase positivity. Client's response to intervention. After the initial reluctance he acknowledged his difficulties and was quite upset that his reactions had become so problematic. As a result, he was willing to work through strategies to help him instigate changes. HB is small in stature and disliked it when people talked to him as if he were younger than he was. At the drop in he responded well to the conversation as he felt that he was treated in a way that was appropriate for his age. He told me that he preferred working with me as some of the female staff didn't understand him. One particular week I was busy when he arrived at the drop in and it would have meant a very long wait if he wanted to see me. He was given the option to work with someone else but he refused and went home without being seen. The following week we were able to explore this in more detail and it became a focus of our work for a while. He struggled with relationships and needed support to help navigate ways of accepting himself as well as other people. He responded well to the identification of his positives as a starting point and gradually became kinder to himself as a result. He also felt that because he didn't have a wide circle of friends that this was negative. In our exploration of relationships, he was able to see that the few trusted friends he did have were good and it was beneficial for him to invest in them. By the end of our time together his relationships with friends in school where much better and was the eventual catalyst to the conclusion of our work. HB explained his current feelings, how things had moved in a positive direction and that he wouldn't need the service anymore. He left with a greater appreciation of his own qualities and a group of friends that he was able to connect with.

Changes observed by self and others.

HB demonstrated significant changes in the way he engaged with me at the drop-in. When we first met he struggled to speak to me or give me eye contact. By the end he was engaged in full conversation, explaining his emotional journey really well. He was also able to engage with different people at the drop-in not just me and seemed to have a lot more self-belief. Mum explained that his behaviours at home were better and although he still had arguments with his brother he had a way of calming himself which he wasn't able to do before. The self-hatred that she had upsettingly witnessed was not happening anymore which was a huge relief.

Barriers to positive progress.
Mums initial feelings that he had a medical difficulty were a barrier to begin with as she was looking for a diagnosis. She gained an understanding of the emotional wellbeing service as the sessions went on and how the intervention could support her son to make positive changes. Although HB made a significant amount of progress he still has low self-esteem, which will be a continual difficulty that he will have to overcome.
Recommendation for the future based on Client's progress.
HB would benefit from a safe place to talk about any difficulties that arise for him such as a mentor in school. He doesn't need continual support, but someone on hand if he needed to would be beneficial.
HB has been given the option of using the drop-in if he feels that is needed at some point in the future.

On line Provision

Sandwell commission Kooth, an online counselling and emotional well-being support service for children and young people available free at the point of access, as an early intervention solution. Kooth helps to reduce waiting times for young people seeking help while removing the stigma associated with accessing mental health support.

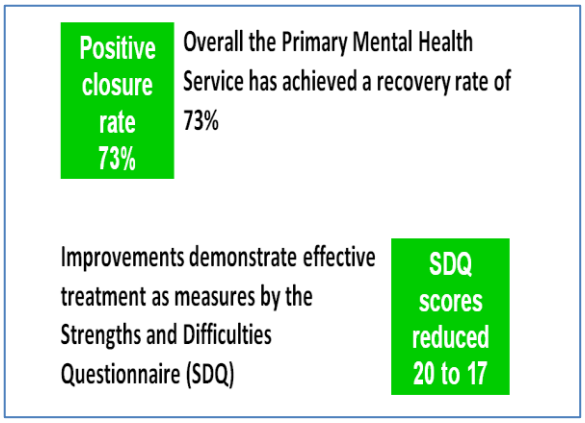
Feedback from children and young people has been very positive:

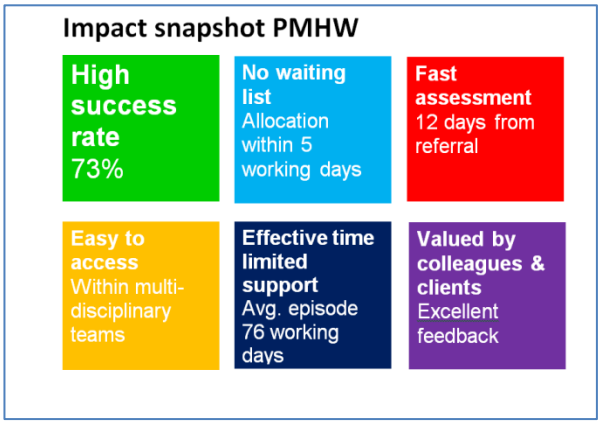
"I love this website it kind of helped me and I can actually share with someone without knowing who it is and the happiest thing is that it gives me a logical way of thinking." Sandwell young person

"*Kooth is very supportive and I'm only in year 7 but I think I'll be on kooth until I'm almost 18. it's so supportive and I love how I don't know the people"* Sandwell young person

Community based Primary Mental Health Workers, including specialists for: LAC, YOT and CSE

Positive responses in respect of the PMHW service





Comprehensive ED service

Capacity has improved as demonstrated below: in 2014-15, 40 young people accessed the service, in 2016-17 the number rose to 91

Eating Disorder Referrals Under 18 years 2014-2017

Age at Referral	12	13	14	15	16	17	18	
2014/15			1	2	2	35		40
2015/16	2	3	5		5	22		37
2016/17		7	13	19	13	39		91
Total	2	10	19	21	20	96		168

Schools Charter Mark

Impact to date:

- 66 schools have engaged so far
- The majority of schools that have completed the cycle have seen improvements in staff sickness, pupil attendance, tier 2 referrals, and school change requests.
- Pre-and post-staff perception surveys show an increase in average scores across five domains: Environmental, quality, self-esteem, emotional processing, self-management and social participation.
- 26 other Educational Psychology Services from other LA's have adopted the model.
- The pupil wellbeing survey has been used by schools to identify students requiring additional support as well as give an overall baseline position for cohorts of pupils. Following factor analysis and standardisation the measures have been adjusted, so we will be in a position to compare scores before and after the action planning process in the future.

Early Intervention service, in partnership with Adult commissioners

Key outcomes

- Meeting KPIs
    - 95% of all routine EI referrals receive initial assessment within 5 working days
    - 80% of caseload 17 years or under have a carers care plan
    - 85% of caseload will have a crisis or relapse prevention care plan

- Meeting NICE guidelines
    - A maximum wait of two weeks from referral to treatment
    - Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia

- Meeting the CQUIN targets
- Reduced Duration of Undiagnosed Psychosis
- Strengthened links between Primary Care and Secondary Care
- Improved Patient and Carer experience
- Skilled staffing within service to offer Medical Support
- Ability to offer Family Therapy and Support
- Reduced Hospital Admissions
- Reduction in relapses
- Comprehensive physical health Evaluation

Formal Engagement

Sandwell undertook a wholescale engagement exercise in 2015, to inform on the Local Transformation Plan. The plan outlined the commitment to further formally engage with children, young people, parents, carers and providers on an annual basis.

Since the initial consultation/engagement exercise in 2015, over 140 people have participated in activities to share their views about CAMHS. The outcomes to date are:

- Over 120 young people are aware that their voice is important in the transformation of services they have access to.
- Over 20 parents/ carers and relevant professionals are aware that they can input into the transformation of services their children, or children they work with could use.
- 5 young people were highly engaged to help lead on the engagement work locally and co-design activities, integral to the work but also sought to develop their skills and knowledge.
- Baseline views around what young people worry about, and what they believe would be a good service was sought. This will be referred to throughout the transformation when focusing on specific elements of CAMHS.
- Baseline views around crisis situations and what young people think they are and what support they would want if they were in that situation. This will be expanded upon and support recommendations to the crisis intervention home treatment team service, which is being formerly reviewed (as part of the commissioning cycle) in November 2017.

Next steps!

- Sandwell will consult with all partners on the content of this draft 'refreshed' transformation plan.
- Amendments were necessary will be made, before publication, and following assurance from NHSE.
- The refresh will be formerly discussed at the Health & Wellbeing Board on November 28th 2017
- The refresh will be formerly discussed at the CAMHS Transformation Board on November 21stth 2017
- Plans will be edited into a plain English version to ensure that it is accessible to all.
- A summary document that outlines the plans will be developed following full assurance, and sign off from all partners
- The plans will be made available via Sandwell & West Birmingham CCG website.
- Links to the plans will be made available on Local Authority websites.

Contributions

Anet Baker: SWB CCG

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Sarah Cresswell: Childrens Society

Mandip Chahal: Sandwell LA

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Kevin Roland: Sandwell LA

Liz England: Clinical Lead, SWB CCG

Adnan Khaliq: CAMHS Finance Lead, SWB CCG

Phil Walsh: NHSE

Appendices

1	2015-16 Initial LTP	Sandwell CAMHS Transformation Plans
2	2017-18 KLOE	Copy of REFRESHED KLoE Guidance for L
3	JD: Health EHC Planning Officer for Special Educational Needs and Disability (SEND)	JD Health EHC planning Officer for S
4	CYPMHS Transition to Adult Services: Engagement and Implementation Plan	5. Engagement Plan CYPMHS Transition tc
5	SANDWELL CAMHS 5-18 CARE PATHWAY: EATING DISORDERS	SANDWELL CAMHS Care Pathway Templa
6	POA: Operational Guidance	POA Operational Guidance Final Versio
7		
8		