Bedfordshire and Luton
Children and Young People’s Mental Health and Wellbeing Local Transformation Plan
2015-2020

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Content Page

1................. Introduction

2................. Vision

3................. Local need

4................. Engagement with Children, young people, families and carers.

5................. Current Situation

6................. Proposals for change

7................. Outcomes and Key Performance Indicator’s (KPI’s)

    Delivery plans Year 1  (October 2015- March 2016)

    Delivery plans Year 2  (April 2016-March 2017)

    Delivery plans Years 3-5 (April 2017 – April 2020)

8................. Future Engagement

9................. Governance

10........... Next Steps
1. **Introduction**

1.1. This plan outlines the strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) in Bedfordshire and Luton.

1.2. It provides a vision for Bedfordshire and Luton that recognises the importance of supporting and equipping children, young people their parents and families, to recognise their mental health and wellbeing needs, access appropriate and timely support, at the earliest opportunity to improve mental and emotional wellbeing and reduce the risk of escalating need.

1.3. This plan has been developed in partnership with children and young people and contributed to by all stakeholders with an interest in promoting, improving and supporting the emotional wellbeing and mental health of children and young people. The plan has also been agreed through the Bedfordshire and Luton Mental Health and Wellbeing Strategic Transformation Steering Group.

1.4. Throughout the duration of implementation children, young people and their carers will remain engaged to oversee its implementation and evaluate the difference it is making to their lives and that of their carers.
2. **Vision**

2.1. Strong resilience, emotional wellbeing and mental health of children and young people is a key priority across Bedfordshire and Luton. All children and young people are entitled to access appropriate support including opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop personal resilience and build positive relationships.

2.2. Bedfordshire and Luton in partnership with local stakeholder organisations, are reviewing their current CAMHS strategies to reflect the requirements of Future in Mind, 2015. This requires us to promote, protect and improve our children and young people’s mental health and wellbeing whilst driving the transformation of local services and support that is available. The revised evidence based strategies will provide assurance that the transformation will deliver clear and co-ordinated whole system pathways.
3. **Local Need**

**Central Bedfordshire and Bedford Borough population**

Luton and Bedfordshire (consisting of Bedford Borough Council and Central Bedfordshire Council) have growing child populations. In 2015 there are approximately 60,238 children and young people under the age of 19 living in Luton; this number is expected to rise by 1% in 2016, and a further 7%, by 2021. Both Central Bedfordshire and Bedford Borough have a growing population. Needs assessment, review of service provision and gaps undertaken in 2013/14 by our local authority public health teams around Tier 1 and Tier 2 Child and adolescent mental health and wellbeing services found that 8580 young people will have experienced mental health problems appropriate to a Tier 1 response from CAMHS, and 4,005 young people will have experienced mental health problems appropriate to a Tier 2 response from CAMHS in Central Bedfordshire in 2012. It was estimated that 5420 young people will have experienced mental health problems in Bedford Borough.

The deep dives also identified the following gaps in service provision:

- **Referral routes** - There are currently a number of ways in which a young person can be referred to child and adolescent mental health services. This has been reported as causing confusion and delays and a need was identified for a single point of referral. Bedfordshire Clinical Commissioning Group, South Essex Partnership Trust (SEPT) and CHUMS are piloting a single point of referral for Tiers 2 and 3 CAMHS in 2013/14 which can inform development of a referral route for all Tiers of CAMHS.

- **Awareness of services** – There was a lack of clarity about current services available locally and a need was identified for a directory of services to be available, which could be used for the development of a pathway for child and adolescent mental health in the longer term

- **CAMHS service and outcomes information** – Outcomes and activity data reported by providers of Tier 1 and 2 services often did not include outcomes data as part of routine monitoring of information or break down data by local authority area. A need for a consistent way of reporting information and outcomes of services was identified

- **Tier 2 demand and longer term Tier 2 support** – The majority of current Tier 2 services in Bedford Borough are short term (e.g. CHUMs: 4 sessions; Relate: usually up to 6 sessions; Open Door: usually up to 12 weeks). There is also limited provision of Tier 2 family based and group based mental
health and wellbeing services. Some of the current Tier 2 services are experiencing more demand than capacity and as a result have long waiting times (e.g. CHUMS)

- **Increased early prevention/Tier 1 work** – was identified as an area that could be further strengthened
- **Family based mental health and wellbeing support** – were identified as an area that could be expanded (rather than child only services)
- **Pathway for children with autism** – was identified as an area that could be strengthened
- **Continuity of Care** – between children’s and adults mental health services was identified as an area of weakness as eligibility criteria differ between these services, which can interrupt service provision
- **Communication between Service Providers** – some areas were identified where service providers could better share information

**Luton population**

Similar to other parts of Bedfordshire, Luton also has a growing child population. In 2015 there are approximately 60,238 children and young people under the age of 19 living in Luton; this number is expected to rise by 1% in 2016, and a further 7%, by 2021.

**Current Needs**

Needs identified across Bedfordshire and Luton:

<table>
<thead>
<tr>
<th>Disorder type</th>
<th>Luton Age 5-16yrs</th>
<th>Bedfordshire Age 5-16yrs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional disorder</td>
<td>1,215</td>
<td>2,282</td>
<td>3,497</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>1,905</td>
<td>3,544</td>
<td>5,449</td>
</tr>
<tr>
<td>Hyperkinetic disorder</td>
<td>505</td>
<td>924</td>
<td>1,429</td>
</tr>
<tr>
<td>Mental Health disorder</td>
<td>3,385</td>
<td>5,445</td>
<td>8,830</td>
</tr>
<tr>
<td>Less Common disorders</td>
<td>280</td>
<td>832</td>
<td>1,112</td>
</tr>
<tr>
<td>Autistic spectrum disorders</td>
<td>300</td>
<td>554</td>
<td>854</td>
</tr>
</tbody>
</table>

**Estimated No: of children as at 2012 Age 16-19yrs**
Mixed anxiety and depressive Disorder | 965 | 433 | 1,398
---|---|---|---
Generalised anxiety disorder | 150 | 371 | 521
Depressive episode | 205 | 340 | 545
All phobias | 150 | 525 | 675
Obsessive compulsive disorder | 105 | 62 | 167
Panic disorder | 65 | 124 | 189
Any neurotic disorder | 1,530 | 3,554 | 5,084

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Bedfordshire</td>
<td>14,885</td>
<td>6,945</td>
<td>1,840</td>
<td>75</td>
</tr>
</tbody>
</table>


Unmet Need

This prevalence of mental health and emotional wellbeing need is greater than the capacity available within current services; and there is evidence of unmet need. This was highlighted in two reviews of CAMHS Services in Bedford Borough and Central Bedfordshire which were undertaken in 2013 (CAMHS Tiers 1 and 2) and 2014 (CAMHS Tier 3). Recommendations from these reports called for improvements to the CAMHS service to improve access, raise awareness of Tier 1 and 2 support (including School Nursing) and reduce waiting times.

Health Inequalities in children and young people in Bedfordshire and Luton

Overall, Bedfordshire children and young people have generally better to mixed levels of wellbeing than the England average; although there are parts of the county where children and young people experience worse outcomes. Bedford Borough is ranked 96 and Central Bedfordshire is ranked 138 out of 152 local authorities. In IMD 2015, Luton had a deprivation score of 27.58 and was ranked (based on average score) 47th out of 152 local authorities, a rank of 1 being the most deprived.
Annual Director of Public Health Report 2014 for Bedford Borough and Central Bedfordshire Councils on Mental health and wellbeing report areas of low satisfaction correlate with areas of high deprivation. Therefore, to address mental wellbeing we must continue to address inequalities in children young people.

In Luton there are relatively high levels of deprivation. Around 1 in 4 children in Luton in comparison to 1 in 6 children in Bedford Borough and 1 in 8 children in Central Bedfordshire live in poverty and this figure is expected to increase.

Joint strategic Needs Assessment

The JSNA documents produced for the Local Authority areas in 2014 provide a summary of local need.

The Director of Public Health Reports for Bedford Borough and Central Bedfordshire 2014 included key recommendations that reflected the unmet need in mental health and wellbeing in children young people. The priority areas therefore that need to be addressed based on this intelligence are identified – Developing a robust service to address Eating Disorders across Bedfordshire and Luton, ensuring excellent maternal health services are provided, helping children become and young people become more resilient through the provision of appropriate early intervention provision and providing services which respond to young people presenting in crisis.

These key recommendations together with the outcome from the Bedford and Luton self-assessment tracker and recommendations from the Emotional Health and Wellbeing Strategy formed the basis of discussions and debate at two whole system stakeholder events. During these events current pathways were scoped, risks and challenges identified and new models of care were proposed, (Appendix D), to close the gap in emotional health and wellbeing services for the children and young people of Bedfordshire and Luton.

The informed understanding gathered from the strategic documents and the stakeholder events has shaped the development of our transformational plan. Specifically the need to prioritise the development of new whole system models and pathways to address Early Intervention/Prevention; Eating Disorders; Perinatal Mental Health and the need to embed the principles of C&YP IAPT across all services.
Intelligence obtained from Director of Public Health annual reports for Bedford Borough and Central Bedfordshire Councils for 2014 states:

That perinatal mental illnesses (including depression, anxiety and postnatal psychotic disorders, affect at least 10% of women. In our area the estimated prevalence of each type of disorder is as follows:

<table>
<thead>
<tr>
<th>Rates of perinatal psychiatric disorder per thousand maternities</th>
<th>Estimate of number of women affected in Bedford Borough</th>
<th>Estimate of number of women affected in Central Bedfordshire</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum psychosis 2/1000</td>
<td>&lt;5</td>
<td>&lt; 10 (n=6)</td>
<td></td>
</tr>
<tr>
<td>Chronic serious mental illness 2/1000</td>
<td>&lt;5</td>
<td>&lt;10 (n=6)</td>
<td></td>
</tr>
<tr>
<td>Severe depressive illness 30/1000</td>
<td>60</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Mild-moderate depressive illness and anxiety states 100-150/1000</td>
<td>200-300</td>
<td>330-500</td>
<td></td>
</tr>
<tr>
<td>Post-traumatic stress disorder 30/1000</td>
<td>60</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Adjustment disorders and distress 150-300/1000</td>
<td>300-600</td>
<td>500-1000</td>
<td></td>
</tr>
</tbody>
</table>

A common theme across all three JSNAs’ and Early Help Strategies across the three unitaries recommends the importance of ensuring excellent maternal mental health by:

- Identifying women with poor mental health through antenatal and postnatal maternal mood assessments
- Ensuring that the ante- and postnatal pathways for maternal mental health are followed and women have access to high quality and timely support for mental health illness

The documents also highlight the importance of parenting support to improve parental mental health. This has been developed through the Bedford Borough

**Eating Disorders**

Nationally, eating disorders are estimated to affect more than 1.1 million people in the UK.

They are more common in girls i.e. more than 90%, with a peak age of 18 years. It is rare in pre-pubescent children but has been documented in children as young as 7 years.

**Bedfordshire**

<table>
<thead>
<tr>
<th>Figure 4: National and estimated local prevalence of eating disorders in young people Eating Disorder</th>
<th>National prevalence in 2004</th>
<th>Estimated local absolute number* for Central Bedfordshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-10 yrs old</td>
<td>0.3%</td>
<td>55</td>
</tr>
<tr>
<td>11-16 yrs old</td>
<td>0.4%</td>
<td>74</td>
</tr>
<tr>
<td>5-16 yrs old</td>
<td>0.3%</td>
<td>110</td>
</tr>
</tbody>
</table>

- Compared with other mental health issues, eating disorders are not thought to be associated with social deprivation. However there may be higher rates in children attending private girls’ school. English private girls’ schools have been estimated to have a prevalence of 1% in contrast to 0-0.2% in state schools.
- New figures (January 2014) from The Health and Social Care Information Centre (HSCIC) show a national rise of 8 per cent in the number of admissions to hospital for an eating disorder. Men and boys account for an estimated 5% to 15% of patients with anorexia or bulimia and an estimated 35% of those diagnosed with binge eating.
- There are nine times as many females (91 per cent or 2,320) as males (9 per cent or 240) admitted to hospital for an eating disorder and this is similar to figures in the previous year (90 per cent and 10 per cent respectively). (HSCIC)
Luton

Charity eating disorders service, Caraline, 2013/14 has been a successful year for the service, in terms of client referrals and the services we provide to them. In total, a service was offered to 71 service users with a total of 698 individual sessions and two EBG groups were provided to 11 service users. Please look at EBG evaluation in the appendix.

For Luton service users Caraline has continued to offer an outreach programme for 5 service users who fit the criteria for the outreach programme. The aim of the outreach is to target higher risk service users to prevent admission/re-admission to an expensive out of area eating disorder unit which will cost the NHS on average £100,000 per patient per stay. It is always much better to treat an eating disorder in the community but given the nature and risk of the illness inevitably some patients will need to be admitted for medical reasons or they have co-morbidity presence of one or more illnesses that require specialised intervention.

Self – Harm

A national report on self-harm identified it as the number one issue that young people are concerned about among their peers in a list including gangs, bullying, drug use and binge drinking. It is also the one issue that all groups (young people, parents and professionals) feel least comfortable approaching with young people. (Young Minds, 2013). National figures show
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

Local data measures the number of hospital admissions as a result of self-harm in Bedford Borough and shows that Bedford Borough has a rate that is similar to the national average, however actual numbers show a 50% decrease between 2010/11 and 2011/12. However hospital admissions would only represent a small proportion of numbers of children self-harming with most acts of self-harm in young people never coming to the attention of care services. A report into unintentional and deliberate injuries undertaken by Public Health (NHS Bedfordshire 2012) found self-harm was the leading cause of emergency hospital admissions in the 15-17 year old age group. In line with national trends significantly more girls were admitted for self-harm than boys.
Higher prevalence of self-harm behaviour is found in more socially deprived areas. Therefore it is expected that there would be more self-harm behaviour in the wards with more social deprivation. Hospital admissions for self-harm

<table>
<thead>
<tr>
<th></th>
<th>Crude rate per 100,000</th>
<th>England Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>185.2</td>
<td>158.8</td>
</tr>
<tr>
<td>2011/12</td>
<td>92.0</td>
<td>115.5</td>
</tr>
</tbody>
</table>

Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Most brain cell development takes place by age three and how we care for infant’s shapes their lives. Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood.

As part of our plans we therefore want to support all children to realise their full potential through the coordination of early years support.

The Director of Public Health Reports for Bedford Borough and Central Bedfordshire included key recommendations to help children become more resilient including:

- Health and early years practitioners should develop and agree pathways and referral routes that define how practitioners will work together, as a multidisciplinary team, across different services within a given locality
- Ensure practitioners have the knowledge, understanding and skills they need to develop young people’s social and emotional wellbeing
- Provide a curriculum that promotes positive behaviour and successful relationships and helps reduce disruptive behaviour and bullying.

Helping children become and young people become more resilient through the provision of appropriate early intervention provision

Local early intervention services do focus on emotional resilience, however it is acknowledged that there are limited alternative services to signpost service users to, to access the most appropriate support. The lack of local resource
impacts on the ability to respond to needs early and effectively, resulting in the risk of their mental health deteriorating further.

The transformation plans will build upon already existing work that is being delivered by the Early Help strategies across three local authorities.

It is recognised that young people want to see their CAMHS worker at their schools. There is also evidence that low level interventions and advice can be successfully delivered by school staff when supported by CAMHS worker. Therefore, our plans will work with schools to build on existing pathways and develop good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.

Responding to the needs of young people who present in crisis

Our gap analysis of service provision for Tier 3 services across the three boroughs has shown that the current prevalence of mental health and emotional wellbeing need in children and young people is greater than the capacity available within current services; and there is evidence of unmet need. Between 2012/13 and 2013/14, the rate of children and young people admitted to hospital for self-harm in Luton and Bedfordshire under the age of 18 has increased in all three local authority areas. This is identified as a national trend in an article presented by Young Minds in December 2014, highlighting the Health and Social Care Information Centre (HSCIC) statistics for 2013/14 reporting that the number of children admitted to hospital for self-harm was at the highest it had been in 5 years.

HSCIC confirmed that the number of girls admitted, aged 10-14, increased nearly 93% from 3090 in 2009/10 to 5953 in 2013/14. The number of boys admitted rose 45% from 454 to 659.

A World Health Organisation (WHO) survey of around 6000 participants is due to be released in 2015 and it is expected to show that the number of teenagers who have self-harmed has tripled over the last decade. The survey was composed of around 6000 participants.

In Bedfordshire, local data from our Samaritans service reported that between April and September 2015, they had received 630 contacts with young people under the age of 19, the youngest being 11 years old and of those contacts 33% were either expressing suicidal thoughts, making plans to attempt suicide or in the process of attempting suicide at the time of the contact.
In 2013/14 there were 421 people aged 10 to 24 year old admitted to hospital as a result of self-harm. The rate per 100,000 populations was 346.5 in Bedford Borough, 367.9 in Central Bedfordshire and 360.8 in Luton compared to 412.1 nationally.

Our transformation plans in line with ‘Future In Mind’ will ensure that children and young people presenting in crisis get extra help straight away whatever time of day or night it is. We will ensure that they are in a safe place where a team will work with them to assess what needs to happen to help them in the best possible way. We will do this by ensuring the system fits around young people’s needs rather than the services fitting the changing needs of child or young person.
4. Engagement with children, young people, their families and carers

4.1. Luton is ethnically diverse population with around 55% of the population from black minority ethnic groups and 75% of school pupils from black minority ethnic groups. Half of our children do not speak English as their first language. One in three of our adults are inactive. As part of core business Luton CCG and Luton Borough Council actively source representation from the ethnic minority groups at all stakeholder events.

4.2. Across Luton and Bedfordshire there has been a number of engagement events over the last few years which have gained the views of children, young people, their families and carers, including:

- In 2014, the Child and Adolescent Mental Health Services (CAMHS) were part of a procurement for Mental Health services. Healthwatch, service users and carers played an integral part of the process. This included:
  - attendance at user focus groups, engagement in the ‘open dialogue’ sessions between commissioners and potential providers
  - compiling appropriate weighted questions for inclusion in the provider ‘bids’ as part of the moderation process.

- Health related behaviour surveys were carried out across Bedford Borough and Central Bedfordshire schools in 2014 and provided an opportunity for pupils to report on their emotional health and wellbeing. The reports on the findings highlighted the number of children affected and the issues that are worrying them.

- Luton Young Person’s ‘Take over Day’ focus on CAMHS services. Service provision from children and young people’s perspective and their proposals for improving services.

- Bedfordshire and Luton Stakeholder completed the Self Assessment tool. Findings from this were reviewed and discussed at the Stakeholder event. The whole system was represented including ELFT, Cambridge Community Services (Luton); Luton Borough Council, Youth Offending Service, Police, Schools, Early Years, Voluntary Organisations, Third Sector Provider and the Patient Forum.
• Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event to hear about patient experience from their perspective, Quality and Assurance on current service provision and proposals for improving services across the system.

• Bedfordshire and Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event, to hear about patient experience from their perspective, be involved in Q & A on current service provision and proposals for improving services across the system.

4.3. Mental health and emotional wellbeing has been an area of high priority and interest for children and young people. The engagement has provided a wealth of information on how young people view mental health, emotional wellbeing, their expectations of how professionals should support and work with young people, what services they would like to see and how these are delivered. This qualitative information is fundamental to informing our current strategy and transformation plan development. In order to enhance this we will develop a young person’s forum to ensure joint development of outcomes thus ensuring they meet the needs of our local children, young people and their families/carers.

4.4. In Bedfordshire, the CAMHS consultation that took place in preparation for procuring a new mental health provider gave local children, families and communities the opportunity to have their say on improving mental health, emotional wellbeing and learning disability services across Bedfordshire (Bedfordshire Borough and Central Bedfordshire). This was completed through a series of focus groups, surveys and attendance at local youth forums. The views shared at these events were collated into outcomes for the new service which was then shared with the various groups to test that these reflected what was shared. Another follow up event has been planned for January 2016 which will be an annual event to test the market and ensure that the outcomes remain the same or need updating in preparation for the next contracting round. Bringing together the experiences of service users and parent carers is vital in helping to make our services better. LCCG/LBC worked in partnership to undertake a mapping/scoping exercise to develop an integrated service and associated pathways. This included hosting a number of
stakeholder events that provided a forum for joint working to co-produce an integrated model.

The most common areas of concern or improvement identified were;

**A reduction in waiting times for first time appointments**

- Respondents felt that a reduction in waiting times for first appointments was needed and a quicker referral process especially via schools. They wanted CAMH’s services to identify problems early, not just following hospital admission. Both children/young people and parent/carers felt their wait should not be more than 3 weeks and patients should be seen as quickly as possible with minimal delays. They also felt a wanted a quicker response was required for more serious mental health issues so that the situation would not escalate.

**Accessing services:**

- Having a single point of access for service users was highlighted as a key need, since referral services were often fragments and hard to negotiate.
- Young people are interested in short referral times. A maximum wait of 3 weeks was recommended in most cases. They also needed a single point of access to go to and a much more flexible service that is available when needed.
- Most young people reported using SEPT (50) followed by Sorted (26) and CHUMS (15), and Bedford Open Door (9). A minority used other centres such as Beech Resource Centre.

**An improved appointments and referral system:**

- Need for increased number/ longer sessions and regular appointment times, no clock watching and appointments made with parents present
- Later sessions or weekend appointments. Open appointment systems so that service users are seen when needed.
- More awareness of service in schools. However it was noted that focus group participants felt that seeing CAMHS workers in schools was not appropriate due to the underlying peer pressure and stigma associated with mental health
• Appointment times preferred by respondents were Monday – Friday, and Saturdays 1pm – 8pm, followed by Monday – Friday 9am – 5pm and then Monday to Friday 9am – 10pm.
• Parents/carers also want short referral times, a maximum of 3 weeks. They also needed a single point of access.

**Location of service**

• The preferred location for young people to see their CAMHS worker was at their local CAMHS clinic, followed by school and at home.
• On average most parent/carers want to be seen at CAMHS clinics followed by meeting at home.
• Need for neutral environments to meet counsellors/CAMHS workers. Make consultation rooms more welcoming and homely.
• Travelling to appointments – most services were located locally so reduced the journey time.
• Some children and young people wanted a much more flexible service with regards to location and type of treatment needed.

**Positive relationships with CAMHS workers**

• Comments included
  • increase availability of therapists who are empathetic, non-condescending and respect the service user
  • staying with the same CAMHS worker so no need to keep repeating diagnosis or story

These will continue to be developed as part of our local plan and consideration of the wider mental health and wellbeing agenda.
5. **Current Situation**

CAMHS in Luton and Bedfordshire face many of the same long-term issues that have been identified nationally. Some of the core issues include:

- Increasing demand for services which cannot be managed effectively within the current resources and working practices.
- A lack of focus on resilience and wellbeing throughout the network of services for children and young people.
- A lack of awareness among professionals of what services are available locally.
- A lack of integration and clarity on how treatment pathways are structured.
- Gaps in local provision arising from the tiered structure of services.
- Difficulty accessing tier 4 beds.
- Rigid criteria for access to some mental health services.

**Vulnerable groups**

The adverse health and wellbeing outcomes for looked after children and care leavers is noted as significant, with an increased risk of mental, behavioural and emotional problems and often diagnosed with at least one physical health need. This was as taken into account during 2014/15 when procuring the new CAMHS service. Investment in Bedfordshire was provided by Bedford Borough and Central Bedfordshire Local Authorities to support tier 2 interventions and improving the LAC service.

**Luton:**

Luton has a higher rate per 10,000 children who are looked after compared to the East of England, England and statistical neighbours, 399 as at 31 March 2015.

**Bedford Borough:**

The proportion of children from Bedford Borough who are looked after was 73/10,000 in 2014 which was higher than the national average. [1]

In July 2015 there were 249 looked after children, 122 being placed within Bedford and a further 78 in neighbouring Local Authorities. There were also 128 children placed within Bedford by other placing authorities who would access

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primary care and education. Following the significant rise in numbers experienced from mid-2011 to mid-2014 numbers have steadied and the 12 month average is starting to indicate a small downward trend.[2]

Central Bedfordshire:  
The proportion of children from Central Bedfordshire who are looked after was 47/10,000 in 2014, which was better than the national average but higher than the best in the country which was 20/10,000[3]

- In March 2015 there were 274 children in care. This number is growing slowly: it grew by 2.2% between March 2014 and March 2015[4]. 110 looked after children were placed ‘in county’ and 164 were placed ‘out of county’.

3 Public Health England Child Health Profiles 2015  
4 Central Bedfordshire Council Looked after Children Annual Report July 2015, published by Bedfordshire Clinical Commissioning Group

**YOT**  
Our local Youth Offending Services recognise the importance of good mental health support and emotional resilience of the young people accessing their service and as a result of identified local need and with additional support from our CAMHS provider, they have employed a mental health nurse.

Neurodevelopmental (BCCG data)  
It is difficult to get accurate data about the children and young people who are being assessed for ASD but referred for other reasons. This data will be collected prospectively as children are seen in clinics.

There have been 78 new referrals for children aged 10 and above for ASD assessment (Jan to Oct 2016)

Out of 78, 25 referrals have been rejected (from July 2015 onwards)

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There were 11 children aged 10 and above being investigated for ASD whilst there are being seen for other reasons in the clinics (partial data identified Aug to Oct 2015).

To date there have been six requests for second opinion for ASD and these could not be accommodated locally hence were managed through the Individual funding route (IFR). There is increasing pressure from parents to resolve this as they are concerned about undue delay and impact on the child’s education and adequate support becoming available.

Agreement on how many children might need ADOS and ADI assessments is required. Peterborough get about 3 referrals a week and the team carries out 100% ADOS and 30% ADI tests. At Luton, the community paediatric team has 2 clinicians carrying out ADOS together and this does mean intense resources.

Local data collection

The ability to extract historical reliable information has been a challenge locally but Commissioners are confident that this is now being addressed, as a key priority for East London Foundation Trust (ELFT), the new service provider, has been able to implement a robust data collection and reporting structure and this will enable us to complete further work to collate more comprehensive data. This will enable Commissioners to be better informed for all future service redesign work. This is particularly important for us to be able to identify potential opportunities for co-commissioning with Specialist Commissioning Team, (particularly the developing of ‘step-up, step-down’ models for children and young people requiring inpatient care) and to develop the workforce to ensure appropriate competency, skills, capabilities and capacity to meet the needs of the population.

EoE SCN events

Bedfordshire and Luton Commissioners have been fully engaged in East of England Strategic Clinical Network (SCN) events supporting local areas in the development of transformation plans, which have included:

- Providing general guidance relating to the planning process.
- How NHS England will interface and work with CCG’s going forward, particularly around crisis pathways, home treatment teams and rapid discharge planning.
• Access to self-assessment tools that provide a local and regional Mental Health and Wellbeing picture.

An interface discussion with our local Specialist Commissioning Group where agreement was reached to:
  o Review opportunities for co-commissioning
  o Development of a whole system pathway to bring care closer to home.
• An opportunity for regional CCGs to participate in the monthly NHS England – Midlands and East monthly parity of esteem telecoms.

**Specialist commissioning**

In addition to working with Specialist Commissioning as members of the SCN, from a local perspective we actively sought the views of Specialist Commissioners on our proposed new models of care, and development of our transformational plan to ensure a seamless model of care between commissioned services. To ensure a sustainable working partnership we have invited a representative from Specialist Commissioning to be a member of our local joint mental health and wellbeing steering group.

**Workforce development**

A competent workforce is key to the delivery of an effective, efficient high quality service and LCCG and BCCG are now engaged with Health Education England, to agree how Health Education England will interface and work with LCCG and BCCG going forward.

We are also working closely with our provider to understand any skills gaps that will require further development opportunities and up skilling staff in early years and education settings to recognise problems early and refer / signpost on appropriately.

Mental health practitioners are actively encouraged to take up CYP IAPT training.

**CYP- IAPT Collaborative**

Bedfordshire and Luton are part of an existing Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Collaborative (Oxford
The Collaborative has developed a support programme to meet the challenge of embedding the principles of CYP IAPT into CAMHS services. The programme includes training, site visits and development days through the University of Reading. Our local CAMHS provider has named CYP IAPT leads in both Bedfordshire and Luton. The leads are fully engaged with the Collaborative and as a result of this, a number of staff have already accessed training to deliver evidence based practice and are routinely using outcome measures in the care they provide. Both CCG’s have re-procured our CAMHS services based on the principles of CYP- IAPT throughout all areas. The provider in partnership with the CCG’s is reviewing those services currently utilising the IAPT model to assure compliance with the standards to engage all children and young people in developing their own goals and outcomes.

**Current challenges**

There are a number of key performance indicators (KPI’s) and quality standards that need to be addressed within local services:

- Waiting times in local core CAMHS are currently between 11 and 18 weeks
- CAMHS Emergency assessments in Emergency Department settings have increased significantly in recent years which has placed considerable additional strain on our CAMHS and limited support for those in mental health crisis
- Insufficient access to inpatient CAMHS provision (commissioned by NHS England) has led, to times when our young people have stayed inappropriately in acute settings for a number of days.
- General referrals to CAMHS have also significantly increased in recent years.
- Increase in requests for neurodevelopmental diagnosis

**LCCG**

To address this LCCG/LBC have worked in partnership to commission Enable East to undertake a mapping/scoping exercise to develop an integrated service and associated pathways. This included hosting a number of stakeholder events attended by representatives from Local Authority, Public Health, Social Care, Youth Offending Service, CAMHS provider, community services, Parent Forum and users. This work continues to move forward to integrate service/pathways.

The planned outcomes of this work include:
• **Improvements in transition:** Luton has a whole system transition group. LCCG commissioners have agreed a transition model with physical health community services to roll out a transition model that includes joint working with adult service at age 14yrs. The intention will be to develop this initiative to include CAMHS services.

• **Early intervention (EI):** Both early identification and early treatment, for example Train, support and consolidate the care pathway between Early Help Social Care Services and CAMHS EI. This includes Children in Need, Stronger Families team (nationally known as Troubled Families); with intensive support for families.

• **Toxic Trio:** Aligned with the above, review the potential to develop and deliver training for school/Children Centre staff on two of the three ‘Toxic Trio’, (domestic violence, drugs/alcohol and parental mental health,) which has been identified locally as a key priority. Benefits include greater awareness of the impact of abuse and developmental trauma on children’s/families mental health and wellbeing.

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**Emotional Health & Wellbeing – self esteem and confidence**

This measurement is derived from the responses to a set of ten statements taken from a standard self-esteem enquiry method developed by Denis Lawrence (Lawrence, 1981). The scale is based on social confidence and relationships with friends.

- 42% of pupils had a high self-esteem score (15 or more).
- 19% of pupils had a med-low self-esteem score (9 or less).
- 31% of pupils responded that they are usually ‘at ease’ when meeting people of their own age for the first time.
- 61% of pupils responded that they can ‘usually or always’ say no when a friend wants them to do something they don’t want to do.

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BCCG
In February 2013, BCCG launched its Mental Health Strategic Objectives which describes its commitment to the improvement of Mental Health services in Bedfordshire. See - https://www.bedfordshireccg.nhs.uk/page/?id=3713

Within the Mental Health Strategic Objectives, BCCG have committed to a programme of transformation which has already started to redesign mental health services, to improve quality, improve health outcomes, increase capacity and reduce gaps in provision.

Progress requires integrated services, jointly commissioned whenever possible. BCCG is keen to increase the volume and range of services for people with mild to moderate mental health issues, which are provided in primary care, enabling people to receive help earlier with the aim to prevent more severe problems developing.

Changes also need to be made to secondary care services. This will ensure that services for people with more serious or complex needs are more accessible and quicker to respond. Generally, there is a need for greater access to psychological therapies across the whole mental health pathway.

Thus, the Commissioning Organisations (including BCCG, Bedford Borough Council and Central Bedfordshire Council) are committed to the development of Mental Health services and have developed the model for delivery of care across both the health and social care systems that will be high quality, safe, fit for purpose and sustainable.

To achieve the necessary transformation of services and to enable the Commissioning Organisations to achieve a strengthened, integrated framework of services for Mental Health Services, the BCCG Governing Body approved the Executive Team recommendation for a formal procurement process. In addition this was agreed through both the Bedford Borough Council and Central Bedfordshire Council that those services commissioned through Section 75 arrangements would also be part of the procurement process.

Child and Adolescent Mental Health (CAMH) Service

As part of the procurement Bedfordshire CCG developed its vision for Children’s services. This was based on an integrated partnership multi-disciplinary approach to all community based services. This work reflected NHS England’s
and Operating Framework 2014/15 vision of integrated working between health and social care. Children’s services both in and outside hospitals are also being reviewed and a model will be developed to support the vision, which will include the integration of services. With this in mind the CAMH Service model is being developed in line with this approach to ensure there is a strategic fit within this vision.

A recent review of CAMH Service highlighted some key areas for improvement in local provision. BCCG has agreed to work closely with partners to address these issues.

The aim is to improve current provision by bringing all current BCCG CAMH Service funding together with Bedford Borough Council and Central Bedfordshire Council CAMH Service funding to form a single contract (separate from Adult Mental Health services). The service will provide all early intervention and specialist community CAMH services in Bedfordshire and provide an equitable, evidence based, outcomes focused, single pathway for children and young people under the age of 18.

A competitive dialogue process was undertaken for the procurement of mental health and learning disabilities services across Bedfordshire.

The bidders were asked to submit bids for CAMHS based on the following:

CAMH Services - SEPT currently provide Specialist CAMH services (Tier 3) with Tier 2 services (e.g. counselling and psychology) being provided by CHUMS, Relate, Sorted and Bedford Open Door.
1. **Alignment to the commissioners’ Mental Health Strategic Priorities** in delivery of safe, high quality and affordable solutions to meet local need, including local authorities statutory duties in relation to mental health; The new model for Bedfordshire will be implemented.

2. **Early Intervention.** Early Intervention across all services is a principle thread running throughout the Mental Health Strategic Objectives.

3. **Outcome Based Service Delivery.** The Commissioning Organisations are committed to the implementation of outcome based service specifications.

4. **Integration across health and social care, children’s and adult services, including primary care, secondary care and voluntary sector providers.** Meeting the needs of the population will serve requires whole system frameworks and integrated working across all services.

5. **Recovery.** People will be supported in their recovery and this will be reflected in the care packages for each individual.

6. **Expansion of personal health and social care budgets,** giving more personalised options and choices to people across health and social care.

7. **The role of housing and evidence based employment-related support** in effective care pathway planning is recognized and prioritized.

8. **Coordination of IT systems** across various Lots and the Local Authorities should be critical. Patients and performance data are shared without problems.

**Lot 4 - Child and Adolescent Mental Health (CAMH) Service**

Individual service lines will comprise:
- CAMH Learning Disability
- CAMH TIER 3
- CAMH TIER 2 Early Intervention
- CAMH Home treatment,
- CAMH Looked After Children and Young Offenders

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**Critical Success Factors**

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**Schools /early education**
Luton

Luton has an existing ‘Traded Service’ relationship with schools. The model delivers a successful community-based, non-stigmatising and accessible early intervention service to schools across Luton with an emphasis on broadening closer partnership working with early year’s settings and schools and to provide a seamless service across the local social and emotional health and well-being economy.

The Take Over day focussed on CAMH and the transfer of commissioning responsibilities for the NHS 5-19 services in 2013 led to a review of PHSE in Luton schools in 2014. This identified a variation in the scope and quality of health and wellbeing education in schools and the lack of local evidence for schools upon which they could and should prioritise their curriculum. To coordinate and respond and raise standards across all schools led to the funding of an education service post to develop a more consistent approach to health and wellbeing education in Luton schools with each secondary school having access to a school health profile to evidence their student population need and through coordination of quality assured providers access to a core PSHE programme for health areas, this has included drugs and alcohol, CSE, mental health resilience and mental health first aid, awareness of radicalisation.

In 2013 a two year funded health and wellbeing programme targeting the most vulnerable young people at Luton pupil referral unit was implemented that looked at health and health resilience and moved young people from self-assessed baseline through bespoke programmes for the individual and their family to a self-assessed return to mainstream school and using a self-star showed personal resilience improvement. 40 young people were funded and what we learnt is that targeting the most vulnerable children and young people through prevention and early intervention with dedicated resource helped to create personal awareness and start to break the cycle of need locally.

As part of the Luton Early Years Strategy ‘Flying Start’ the need for more focus on perinatal mental in line with the recommendations of the Luton Perinatal Mental Health Needs Assessment (2014), with one of three outcome areas of the strategy being social and emotional attachment and parenting. The target for the strategy is that more Luton children are securely attached and emotionally resilient with improved school readiness and in the longer term the impact of poor maternal mental health and associated risk factors on child outcomes will be reduced. There has been multi-agency five to thrive training in Luton as part of this strategy and a multi-agency learning and development programme has been developed for 0-19 services to develop the workforce.
**Bedfordshire**

BCCG were successful in their bid to be a pilot site for the CAMHS and schools link training pilot scheme. The intention is to help improve access to effective mental health support, including having a named contact with CAMHS and a named lead within each school. The named lead in school would be responsible for mental health and wellbeing developing good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.

**Bedford Borough**

Over 30 schools involved in the Bedford Borough Wellbeing strategy working with Young Minds, Early Excellence and Schools of Tomorrow.

Since April 2015 483 cases have been discussed at Early Help allocations these have been broken down into the following presenting issues

16  –  Mental Health  
25  –  Other Health  
178  –  Behaviour (which often has a wellbeing dimension)  
27  –  School refusal (which often has a wellbeing dimension)

Between September and the End of October 50 Early Help Assessments were sent in from secondary schools with 41 related to behaviour, Mental Health or school refusal.

**Stakeholder engagement**

To commence the development of our local plan for Transforming Children and Young People’s Mental Health and Wellbeing, commissioners have facilitated two whole system stakeholder events. Key JSNA messages together with the outcome from the Bedford and Luton self-assessment tracker formed the basis of lengthy discussion and debate. In the first workshop, current pathways were scoped, risks and challenges identified and in the second workshop, participants began to develop whole system pathways, identify outcomes, KPIs and key deliverable actions.

5.2 This work will form an integral part of our local Children and Young people’s mental Health and Wellbeing Transformation Plan. Working in partnership we propose to:
• Children’s commissioners are engaged in the Operational Group of the Crisis Care Concordat and committed to plans to deliver all age services, seamless transfers from children to adult services, equity of access through, in particular, Liaison Psychiatry and seven day services. The Police Lead for Crisis Care Concordat has also been engaged in all the workshops delivered to date.

• CAMHS EI is a member of a multi-agency Task and Finish Group whose purpose is to develop and implement a whole system strategy. The strategy aims to improve the emotional well-being of LAC and increase awareness and detection of mental health problems. Fundamental to the strategy is the development of a whole system emotional well-being care pathway for all LAC including those in kinship care arrangements.
6. Proposals for Change

Our proposals for change to improve the outcomes for our children with mental health needs will be based on the following principles:

- We will endeavour to understand the profile and needs of our children, young people and their families.
- We will be pro-active rather than re-active.
- We will aim to stopping problems starting in the first place….or if not get to them early and ‘nip them in the bud’.
- We will get actively involved, hands on, to support children, young people and their families and communities to build resilience and problem solving skills so that any new problems can be successfully managed.
- We will change the way that we work so that we work the ways that children young people and their families need us to.

Our transformation plans will be based upon working with our new provider and our local authorities and other partners such as hospitals and the voluntary sector to improve outcomes for the children, young people and their families across Bedfordshire and Luton.

We will make sure that health inequalities across all areas of the transformation plans will be addressed and will be monitored by:

1. Making sure that children, young people or their parents who do not attend are not discharged from services.
2. Commissioners and providers will work across health, education, social care and youth justice sectors working together to address bespoke pathways.
3. Making multi-agency teams available with flexible acceptance criteria for vulnerable children and young people.
4. Mental Health assessments will make sure that sensitive enquiry is made around abuse, neglect and violence.
5. Services are sensitive that those who are sexually abused have specialist input.
6. Specialist services are adequately represented in multi-agency hubs so that vulnerabilities in children are identified early and addressed.
7. For the most vulnerable young people with multiple and complex needs we will continue to monitor the outcomes for the above areas. We will also ensure that the plans address the mental health needs of children.
that are most excluded from society such as those involved in gangs, homeless, sexually exploited, looked after children and those that are in contact with the youth justice system.

Priority – Eating Disorders Service

Background

Currently there is no dedicated community eating disorder service for children and young people within Bedfordshire. The Provider (ELFT) CAMHS teams have, however, developed a degree of expertise in identifying and supporting young people who are suffering from eating disorders, particularly the most common eating disorders, Anorexia Nervosa and Bulimia Nervosa.

The majority of young people who have an eating disorder as their primary presenting problem are treated by the existing CAMH services. There is some variation in the service delivery model employed.

These young people require a significant amount of clinical input for both their physical health and psychological issues - this has a corresponding impact on the availability of team members to provide care for other patient groups. Care delivered is NICE-concordant as far as possible but there are gaps in both service capacity, the range of provision (e.g. dietetic support) and the degree of specialist training in evidence-based interventions. A dedicated specialist resource for eating disorders would therefore be beneficial.

Although the majority of young people can be treated on an outpatient basis, a small minority with very severe problems (approximately 5-6 each year) are admitted to specialist Tier 4 provision for Adolescent Mental Health anywhere in the UK. These patients are likely to have significant physical health issues due to advanced malnutrition, repeated vomiting etc. and often require nasogastric feeding and/or supervised eating. Once admitted, young people may remain in specialist units for a significant period of time, sometimes a year or more.

Local Need has been highlighted in the first section of this document for Bedford Borough, Central Bedfordshire and Luton borough councils.
Our proposal is to create a single service consisting of a core team (cross Trust) supporting and working alongside locally based Eating Disorder service staff. The aim would be to deliver most interventions and services locally except where there is a strong imperative to offer an intervention from a central location (e.g. multi-family groups).

The central resource would include consultant Psychiatric input, Paediatrician input, a Clinical Nurse Specialist (or Clinical Psychologist) who would also act as team coordinator and a Dietician, with a dedicated Administrator and some input from an assistant psychologist to support outcome monitoring. This team would provide expertise to support colleagues across the CAMHS system in ensuring effective treatment and support for young people with eating disorders.

The service model will include an appropriate emphasis on prevention and early intervention. Therefore all team members of the CEDS-CYP will contribute to the prevention and early detection components of the service model. This includes all roles having dedicated time allocated towards addressing some of the barriers that have been identified to early intervention for eating disorders. These barriers include an inadequate understanding of eating disorders, poor recognition of risks, poor awareness of local care pathways or eating disorder services, delays in referral to appropriate services and therefore delays in treatment and recovery.

The service will work alongside partner agencies across primary care, education, social care and third sector to develop psycho-education and training programmes. These training programmes will be delivered across partner agencies and communities in order to increase awareness of eating disorders and promote standardised screening tools to ensure symptoms are identified as soon as possible and appropriate intervention sought.

All three councils have established user participation groups; it is essential that these user participation models are incorporated into the CEDS-CYP service model and that of partner agencies. Children and young people with eating disorders and their families will remain at the heart of service design, delivery,
outcome monitoring, quality assurance and continued development of the CEDS-CYP and partner agencies.

The CEDS-CYP will provide leadership and co-ordination of the service, ensuring a high quality and effective service. The CEDS-CYP will complete standardised assessments to establish physical and psychiatric risk and to diagnose the presence of eating disorders. If both physical risk and psychiatric risk are low and symptoms of an eating disorder are mild, it is likely that the evidence-based intervention could be delivered through locally established partnerships with GPs, Practice Nurses and, where available, Tier 2 and third sector agencies. Although CEDS-CYP may not have capacity and hold responsibility for direct delivery of these interventions, the service will offer training, consultation and supervision in order to ensure that children and young people are accessing standardised NICE concordant evidence-based interventions at all levels of severity and need.

More specifically, the team will take a lead on the direct delivery of interventions for children and young people presenting with moderate and severe presentations of eating disorders. Therefore the CEDS-CYPS service will deliver the following functions:

**Providing comprehensive assessments**

As recommended by the guidance, the CEDS-CYPS team will provide specialist assessments, including assessment of physical and psychological domains as well as family assessments. The assessment also needs to take into account the child or young person’s current functioning as well as interruptions to development across multiple domains (medical, psychological, social, and educational). The support needs of all family members should be evaluated. These assessments will be carried out by two members of the multidisciplinary team to ensure that the required level of expertise across these domains is brought to the process.

In terms of the range of multidisciplinary team members within the CEDS-CYPS, the medical and nursing staff will complete comprehensive assessments of the child or young person’s physical state and establish appropriate medical management plans for implementation. These medical management plans may require additional consultation to be provided by paediatric colleagues. Paediatric support and primary care access and liaison will be established as part of the service model to ensure that both urgent and routine medical management plans can be implemented in an optimal fashion across the care
pathway. Some children and young people who have co-existing medical conditions will require modified medical management plans e.g. children and young people with diabetes.

Members of the CEDS-CYP team with child and adolescent mental health training (for example, psychologists, psychiatrists and mental health nurses) will need to ensure that mental state and psychosocial aspects of the child or young person’s presentation are comprehensively assessed and appropriate management and support plans put in place. The team members will need to possess expertise to diagnose eating disorders in children and young people. In addition to this they will need to have or develop expertise in diagnosing co-existing mental health disorders which can exist alongside eating disorders.

Providing NICE concordant evidence-based interventions for eating disorders
Members of the CEDS-CYP team will deliver comprehensive intervention packages that will be delivered to treat the eating disorder whilst also taking into account the service user’s development and functioning. Interventions will need to be evidence-based interventions for eating disorders that will include:

- Monitoring and management of the child or young person’s physical/medical state;
- Monitoring and management of the child or young person’s general mental state, overseen by a psychologist or psychiatrist;
- Nutritional rehabilitation overseen by a dietician;
- Individual psychological interventions and family based interventions provided by psychologists, nurse therapists or other appropriately trained and qualified therapists.

Interventions may need to be delivered within the home context and would include mealtime support, provided by nursing and support staff.

All interventions will be evaluated for effectiveness utilising standardised outcomes measures such as those recommend within the guidance. Interventions for more severe presentations may require a longer period of follow-up to ensure that physical and mental health outcomes are achieved and maintained post intervention.

Providing support in developing/managing the interface with Tier 4 Specialist CAMHS in patient units and with local paediatric teams.

It is envisaged that the CEDS-CYP will provide support in developing and managing the interface with specialist inpatient units and with local paediatric
teams. This work will ensure that children and young people are able to access acute physical and mental health care as may be required as a result of progression of the eating disorder. These interfaces will be extremely important as part of the care pathway to ensure that rapid response and admissions can be provided when required; but also that children and young people would remain in day-patient and in-patient settings for as short a time as possible.

**Managing a single point of entry into Tier 4 services**
Although one of the main aims of establishing a CEDS-CYP is to limit the need for referral to Tier 4 services, there may be a very limited number of cases where consultation and consideration of referral to Tier 4 service may still be required. It would also be important to maintain a link with this National Tier 4 service to ensure that opportunities for quality assurance and contributing to research within the field of eating disorders in children and young people can be utilised as they arise.

**Supporting transition to adult Eating Disorder services**
The CEDS-CYP would contribute to establishing transition protocols for young people over 18 years old who continue to require support with eating disorders. Some of these young people may require transition to adult eating disorder services. However there may be many more that have progressed to a point where they may not meet criteria for adult mental health or adult eating disorder services. It is likely that these young people will continue to access support from primary care colleagues e.g. GPs, practise nurses etc. Therefore it will be important for CEDS-CYP to establish partnerships with relevant agencies that will be able to continue delivering interventions to young people with eating disorders. This may include third sector providers who will require training and or consultation as part of a transition from CEDS-CYP to adult support services.

**Training, Supervision & Consultation**
The CEDS-CYP would need to establish robust partnerships with local providers to offer interventions to children and young people presenting with mild presentations of eating disorders. At every level of severity it will be important to ensure the quality of and effectiveness of interventions being delivered. Therefore CEDS-CYP will play a key role in designing and delivering training to increase awareness of eating disorders and evidence based interventions that are recommended.
The CEDS-CYP team members should offer supervision and consultation to colleagues across agencies to ensure the provision of high quality evidence based interventions. Consultation could also be offered so that as soon as a child or young person presents with concerning behaviours related to their eating colleagues across agencies can access a named clinician within the CEDS-CYP to consider the most appropriate response to ensure that the young person’s needs are met and intervention is accessed as soon as possible.
7. **Outcomes and Key Performance Indicator’s (KPIs)**

There are a number of intended outcomes that the CEDS-CYP are required to achieve:

- Rapid Access to specialist support
- Improved patient experience
- Reduced hospital admissions for Eating disorders
- Increased awareness across our communities of children, young people and families, agencies and communities of the presentation and prevalence of eating disorders.
- Development of a care pathway to provide assessment and intervention for children and young people with symptoms of and eating disorders within the access and waiting times set out by national guidance for presentations assessed as routine and urgent.
- Where eating disorder symptoms do not meet criteria for eating disorder, to ensure that children and young people and families are provided with appropriate access to early intervention psychoeducation, access to self-help materials and links to service user groups to ensure that they are supported appropriately.
- Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners enabling all areas to accelerate service transformation.
- Where eating disorders are diagnosed, to ensure that the children, young people and families have access to high quality NICE concordant evidence based interventions within the access and waiting time frames set out by guidance for presentations assessed as routine and urgent.
- Children and young people accessing the CEDS-CYP care pathway should show measurable improvements in the presentation of their eating disorder symptoms against an agreed range of outcome measures.
- The CEDS-CYP will continue to incorporate the experiences of children, young people and families to continue to improve the quality and effectiveness of the all aspects of the service. Service users will remain at the heart of continuing service delivery and developments.

It is suggested that all of the above intended outcomes will have key performance indicators that will be set and monitored and reviewed to ensure that all intended outcomes for children and young people with eating disorders and their families are met.
Equally, partner agencies contributing to the delivery of assessments and interventions at all stages of the CEDS-CYP care pathway will need to ensure key performance indicators are met and delivered according to agreed time frames.

**Estimated activity**
Across the two CCG areas, we anticipate that around 50 patients each year will be referred to specialist Eating Disorder services; the service will also support patients within the wider CAMHS and/or paediatric services in Bedfordshire and Luton who have mild-to-moderate eating disorders, including where it is a secondary diagnosis.

In addition to working with, the team will also raise awareness and skills across partners across healthcare, social care and education. This will help to ensure that young people in need of help can be recognised early and supported to access appropriate services before their eating disorders escalate to a crisis.

**Proposed performance indicators**

Proposed performance indicators for the CEDS-CYP to measure and monitor the success of the service:

- Number of people accessing community eating disorders service
- Length of time to assessment service
- Length of time to start time
- Clear care pathways for eating disorders
- Number of CYP-ED requiring inpatient admission
- Patient reported outcomes measures
- Clinician reported outcomes measures

**In future we would like to monitor**

- Delivery of psycho education and training as part of the prevention and early intervention aspects of the service model and partnership working

Further analysis and of measures should be incorporated into performance indicators to ensure that effective interventions are being delivered.

**Evaluating impact and effectiveness**
Robust baseline monitoring and review will be built into service model. This will include clinical reviews and outcome measuring as part of the clinical reviews.

The access and waiting times guidance highlights a number of outcome measures that should be incorporated into the service model. These include measures that collect information about the severity of eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as coexisting mental health problems such as depression and anxiety disorders. These measures will be both patient reported outcome measures (PROMS) and clinician-rated outcome measures.

In addition to this, information about the attitudes and experiences of the child or young person and their family towards the treatments and service being provided will be collated as part of the suite of outcome measures.

The third area of information that will be collected will be about CEDS-CYP care pathway, clinical practice and service development, design and usage information, including clock starts and stops, referral pathways, and specific information about the treatment provided and appointments attended.

Many of the PROMS and clinician-rated outcomes measures are already part of the CYP-IAPT outcome tools, however additional measures relating specifically to symptoms of eating disorders e.g. Eating Disorder Examination Questionnaire (EDE-Q) will also need to be incorporated into the outcome measurements across the CEDS-CYP.

There will be a need to establish standardised protocols for the measurement of outcomes and reporting and analysis of outcomes data across the CEDS-CYP and partner agencies who will be working alongside the service. It is suggested that CEDS-CYP should hold responsibility for the implementation of a robust monitoring system across the service and its partners. All outcome measures will also need to be mapped onto the Mental Health Services Data Set (MHSDS) which includes data from CYPIAPT and CAMH services.

Further monitoring of the service provision and modifications will be required as a result of the establishment of the service. For example, review of staffing levels and competencies etc. will ensure we have the right skills mix to deliver an effective service.

**Partnership working arrangements**
CEDS-CYP key partners are our children, young people and families. Our service model as delivered in partnership will keep the needs of our service users at the centre of the delivery and continued development of the service. All three boroughs have established user participation groups within their current provision of services and it essential that these user participation models are incorporated into the CEDS-CYP service model and that of partner agencies. In addition to working closely with local CAMHS and paediatric teams, the CEDS-CYP will build links with other health providers including GP practices, school nursing providers and emergency departments across East London.

It will be important to establish links with specialist eating disorder third sector organisations such as Beat. Beat is the UK’s leading charity supporting anyone affected by eating disorders or difficulties with food, weight and shape. It is imperative that CEDS-CYP develops such partnerships to ensure that it is able to work alongside such established organisations in the field of eating disorders.

In addition to links within the health system, it will also be important to maintain effective working relationships with local schools, colleges, third sector providers and community groups to maximise the reach and impact of the service.

**Priority – Schools & Early Intervention**

**Early Intervention**

In Bedfordshire and Luton, parents who need support will have access to the most appropriate parenting programme that will support them to be better parents and across the system, the workforce will be trained to promptly recognise the need then either deliver the right intervention or be able to access the most appropriate support.

Bedfordshire Early Help Strategy;- The transformation plans will support and work with the early help offer in Bedford Borough and Central Bedfordshire Local Authorities.
The relationship with core CAMHS and our local schools will be improved, through closer partnership working, building resilience and developing skills and practice to enable early identification of mental health issues and improved access to CAMHS teams as and when appropriate. This approach will ensure that intervention is available at the earliest opportunity and that health needs are met before they escalate.

As part of the Flying Start strategy the Family and Childbirth Trust were commissioned to look at all universal and targeted parenting programmes and the impact they were delivering. Since October 2015 a parenting coordinator has been in post and consolidated and reviewed the parenting programme offer, identifying thresholds and inclusion criteria for each programme and their targeted intervention level to deliver a consistent evidence based catalogue of programmes that maximises resources and matches the right programme to the family/parent.

A comprehensive workforce plan will ensure that a range of professionals will be trained across the system, to enable them to identify mental health needs early and be able to provide early intervention to children, young people and their families. In Luton this will include 0-19 services as a new integrated health service model and core offer to families is being developed that puts assessment, physical, emotional and mental health need at its centre for early years and families with older children for whom the school aged children will have access to a first line nurse service based in schools who will work with students and direct them to more accessible services at the earliest opportunity.

### Priority – crisis support

**Crisis services**

In association with the hospital Psychiatric Liaison Services (PLS), the CAMHS Crisis Service will provide a working hours and out of hours CAMHS mental health crisis assessment service which is responsive to meet a young person’s and their family’s needs in a crisis.

The funding is going to be used to reduce waiting lists in year and deliver a 7 day service. This will reduce the number of people admitted into Acute Hospitals and Tier 4 placements.
Priority – Vulnerable groups

Perinatal Mental health

This includes the need to develop and enhance Perinatal Mental Health provision, recognising that this is core to building better outcomes for both mothers and their children at this crucial time of nurture and development. This will include additional specialist support within maternity units, improved signposting and access, as well as training in teams and wider multi-disciplinary working in both Bedford and Luton & Dunstable hospitals.

The project team will be responsible for proposing a detailed plan to comply with the standards identified in the guidance.

Initial proposal:

- 2 additional posts to provide (One attached to The L&D and One attached to Bedford Hospital):
  - Parent-infant psychotherapy Groups
  - Teaching/supervision
  - Assessment and treatment of infants including working closely with assessed treated
  - Liaison/network meetings & sessions offered at the hospitals, Mother and Baby Unit and in the community
  - Outcome research

In Luton a perinatal mental health needs assessment was completed in 2014, and aimed to understand the estimated need in Luton for women affected by mental ill-health, the current level of service provision and to identify any gaps in prevention, early intervention and treatment provision. The assessment found that there are a high proportion of women with risks that contribute to perinatal mental health. Based on estimates, in Luton:

- 4% of mothers who give birth (approx. 140 women) will require advice and support from a specialist perinatal mental health service, resulting in roughly 14 women admitted to a specialist mother and baby unit
- 8% (280 women) will require and accept referral for psychological therapies
• 8% (280 women) will experience mental ill-health but will not require, or do not accept the offer of treatment.

The assessment found a lack of local data regarding the number of women diagnosed with perinatal mental illness, although recognised that this was a local and national issue. Current information databases capture information regarding ‘at risk’ rather than capturing data regarding diagnosis and severity of illness. The main data source was L&D Hospital midwifery data, ‘cause for concern’. Over a 24 month period (2011-13) 15% of women giving birth were identified in this category, with 9% (over a 6 month period) as having antenatal mental ill-health and 4.5% having mental ill-health in the post-natal period. This information was shared at the two whole system stakeholder events and influenced the discussion and debate relating to scoping current perinatal pathways, risks and challenges and the development of new models of care. (Appendix D).

**Bedford Borough JSNA**

Women are at risk of developing a first episode of **mental illness**, commonly depression, during pregnancy or in the postnatal period. In Bedford Borough an estimated 200-300 women are affected by mild to moderate depression during the perinatal period each year. Women with pre-existing mental illnesses are at a much higher risk of a worsening or relapse of their illness. Poor maternal mental health during pregnancy and the first year can affect attachment and bonding, and is associated with behavioural, social or learning difficulties as the child grows up.

**Central Bedfordshire JSNA**

The 2013/14 Tier 1 and 2 services review looked at the current provision in Central Bedfordshire and highlighted early prevention as an area that could be further strengthened. Increased support at early stages is important. It can prevent mental health illness from developing or reduce the severity of existing mental health illness by intervening early. This will both improve mental wellbeing of the population through acting early and also reduce costs associated with the need to treat more severe mental health illness. Children born to mothers who experience antenatal stress, anxiety or depression are more likely to experience emotional difficulties themselves. The early identification of poor maternal mental health and provision of interventions is also critical. One of the recommendations from the CBC JSNA is :Ensuring the early identification of poor maternal mental health, helping children become
more resilient and increasing identification of children who are at risk of poor mental health early and ensuring that they have access to appropriate services. There is a significant link between children and young people’s mental health and parental alcohol or substance misuse; therefore services must be effective in supporting families affected by these issues.

**Neurodevelopmental**

A working group will be set up to revisit the recently redesigned pathway for ADHD and ASD services across Local Authority, Community Health and Specialist CAMHS services. This will ensure appropriate services are available in all areas.

The service is to be delivered through a partnership approach, building on current and newly commissioned services provided by CAMHS and adult mental health services, acute health care and Local Authorities bringing together all elements of mental health and wellbeing.

People with learning disabilities who have mental health needs, experience a wide range of problems and therefore require a wide range of services. They can have the full range of mental illnesses seen in the general population such as schizophrenia, bipolar disorder, depression, anxiety disorders, specific phobias, agoraphobia, obsessive compulsive disorder and dementia.

A significant number of people with learning disabilities display behaviour problems that are described as challenging. These include aggressive behaviour directed towards others, self-injurious behaviour, and a range of socially unacceptable behaviours. Some of these behaviours may be sufficiently severe to lead to contact with the criminal justice system. Behaviour described as challenging should not be confused with mental health problems, although people may have both.

There is also a high prevalence of autism spectrum disorders in people with learning disabilities who have mental health and behavioural problems and who display behaviour problems that are described as challenging. These include aggressive behaviour directed towards others, self-injurious behaviour, and a range of socially unacceptable behaviours.

People with learning disabilities who have mental health needs, experience a wide range of problems and therefore require a wide range of services. They can have the full range of mental illnesses seen in the general population, such
as schizophrenia, bipolar disorder, depression, anxiety disorders, specific phobias, agoraphobia and obsessive compulsive disorder. The complexities of support for these children are significant – with relationships with social care, housing, education and other agencies, as well as health services.

**Learning Disabilities**

Children and young people with learning disabilities are likely to encounter the same range of mental health issues as their non-learning disabled peers although the known risk factors for mental health problems in young people are often multiple in those with learning disabilities, including, in addition to their learning disability (Alcorn, A, 2007)

- Co-morbidity: 50% of young people with learning disability present with co-morbid disorders
- Abuse (Parliamentary Hearings on Disabled Children Oct 2006)
- Poverty: 50% of young people with learning disability live in poverty
- Unemployment
- Parental ill-health
- Certain psychiatric disorders are more common than others in children and young people with learning disabilities such as (Bernard and Turk, 2009)
  - Autism Spectrum Disorder
  - Hyperactivity and attention-deficit hyperactivity disorder
  - Depression
  - Psychosis – including schizophrenia and bipolar disorder
  - Tourette syndrome
  - Challenging behaviour
  - Self-injury

The incidence of children with severe learning disability alone is expected to rise by 1% year on year for the next 15 years. There will be at least as high a rise in incidence of children with mild and moderate learning disability due to the following:

- Increased survival and life expectancy, especially among people with Downs syndrome
- Growing numbers of children and young people with complex and multiple disabilities who now survive into adolescence and adulthood
- A sharp rise in the reported numbers of school age children with autistic spectrum disorders, many of whom will have learning disabilities

*Valuing People White Paper 2001*
• The increased survival rate of low birth weight babies (50% of whom show later cognitive impairments)
• Ethnic minority populations are rising in some areas and there is a greater prevalence of learning disability among some minority ethnic populations of South Asian origin
• *(Full Parliamentary Hearings on Services for Disabled Children Oct 2006)*
• Young people with LD are 6 times more likely to have conduct disorder, 8 times more likely to have ADHD, 4 times more likely to have an emotional disorder, and 33 times more likely to have Autistic Spectrum Disorder, than their peers who do not have LDs (Emerson and Hatton, 2007). Research shows that a significant number of individuals typically show more than one type of challenging behaviour, therefore what we commission to support the mental health needs of children with LD needs to be supported by an integrated behavioural and neurological care pathway.

**Autism**

• Around 70% of people with autism also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder (ADHD) or anxiety disorders.
• Seamless local pathways - We will map local care pathways for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps.
• Effective multi-agency working - As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there will be an effective strategic link between CAMHS LD/ND services and SEND services, to ensure coordinated assessment and planning of EHC plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be put in place as well as close working amongst frontline services with clearly defined lead professionals and shared care plans.
• Accessible specialist services - Vulnerable groups including those with disabilities can find it more difficult to access specialist services when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc) apply equally to young people with LD and neurodevelopmental difficulties. To reduce health inequalities we will ensure
that young people with protected characteristics are not turned away from receiving effective, evidence-based interventions.

- Links with the third sector - CCG commissioners will explore opportunities with the local voluntary and community sector to promote local support services, groups and opportunities young people with LD/ND and their families.

**By 2020 we aim to deliver the following:**

- The transitions of young people who require on-going healthcare including into adult learning disability, ADHD and autism services will be seamless within the model of service delivery. To achieve this:
  - We will adopt a lifespan approach with services to ensure the smoothest transition for service users from the CAMHS specialist to the adult service provision
  - All young people with learning disabilities will have a Person Centred Plan to inform and support transition plans
  - These will be undertaken by skilled and trained staff recognising Person Centred Planning Work is very intense, however, and will impact on clinician caseload capacity
  - CAMH Specialist services will have clearly defined transition arrangements and protocols with Adult LD, ADHD and Autism Services, including transparent referral criteria
  - CAMHS Specialist service should be part of any transition policy groups within their organisation and within their localities

We will make sure that health inequalities across all areas of the transformation plans will be addressed and monitored by:

1. Making sure that children, young people or their parents who do not attend are not discharged from services
2. Commissioners and providers will work across health, education, social care and youth justice sectors working together to address bespoke pathways
3. Making multi-agency teams available with flexible acceptance criteria for vulnerable children and young people
4. Mental Health assessments will make sure that sensitive enquiry is made around abuse, neglect and violence.
5. Services are sensitive that those who are sexually abused have specialist input
6. Specialist services are adequately represented in multi-agency hubs so that vulnerabilities in children are identified early and addressed
7. for the most vulnerable young people with multiple and complex needs
We will continue to monitor the outcomes for the above areas. We will also
ensure that the plans address the mental health needs of children that are
most excluded from society such as those involved in gangs, homeless, sexually
exploited, looked after children and those that are in contact with the youth
justice system

Priority – CYP_IAPT

CYP-IAPT

As part of our Children and Young People’s Mental Health and Wellbeing
services, Bedfordshire and Luton teams will increase access to Children and
Young People’s IAPT, operating an integrated model that ensured the use of
trusted assessment and multi-disciplinary, flexible working to meet the
individual needs of children and young people. This approach will address the
issues that are commonly identified within our existing service pathways, by
improving communication, the use of common language for both families and
professionals. An able workforce that is confident in the model and are able to
ensure that children and young people have access to the support they require.

The pathway for CYP IAPT will be fully embedded, providing support quickly and
in a way that is underpinned by the Principles of Thrive, enabling the child or
young people person to make decisions about their treatment and support.
Several staff have already been trained in the principles of CYP IAPT and
additional staff have been identified to undertake training next year.

Bedfordshire and Luton are a 4th wave CYP IAPT site, service development work
continues to embed the regular use of Patient Reported Outcome and
Experience Measures (PROMS & PREMS) within the service.

The team are members of the Consortium for Outcomes and Research in CAMHS
(CORC) and as such collect data routinely including the SDQ and CGAS. There are
a number of practical challenges not least the lack of suitable IT systems to
support both data entry and data analysis. This is being developed and forms
part of ongoing work, this is particularly important to develop working as part
of wider integrated teams
Managers are also encouraging a greater uptake from senior clinical staff in applying for Supervisor training to ensure sustainability is built into the service and scope to work with/ support other partnership agencies to train staff in the future.

**Single point of access**

Access to CAMHS service will improve through the introduction of a single point of access, development of adolescent mental health teams and more consistent and cohesive treatment with integrated clinical/ referral pathways, seven days a week.

**Outcomes and KPIs**

- We will ensure that whenever we can the service offered to children and young people in Bedfordshire and Luton is needs led, responsive, equitable and culturally sensitive. We will know the most vulnerable groups of children and young people and we will be responsive to them.

- We will provide services that are evidence based and modelled on national best practice where available.

- Through a comprehensive workforce development plan which enables services in the community and families and carers to identify and support children and young people who are experiencing mental health problems, we will build resilience within the local system, improve access to support through a range of professionals, provide an early offer of help and support and aim to reduce the demand pressure on specialist CAMHS teams.

- The Children and Young People’s Mental Health and Wellbeing model for Bedfordshire and Luton will be integrated where possible, the support will be able to flex to meet the needs of individual children and young people, working in a person centred way. Children, young people, their families and carers will understand the pathway for accessing services and support will be based on individual need and not through a tiered model of care that is rigid in its approaches and access.
• One of the major outcomes of the process will be to embed the principles and practices of early support through the commissioning of a sustainable model of CYP IAPT in Bedfordshire and Luton. Children and Young People will be involved in their care planning, setting goals, reviewing their progress and working in partnership with practitioners to improve their mental wellbeing. As well as delivering better results for children and young people in need, this will also allow and continue delivering effective services in the face of continuing financial pressures across the health and social care economy.

• Following our Stakeholder events, a set of key performance indicators are being developed to monitor progress against the Local Transformation Plans. Our commissioning will be outcome-based and will maximise the contribution of statutory and voluntary sector organisations.

Since submitting the plans BCCG and LCCG have been successful in being identified as an accelerator site for I-Thrive and will receive support to establish baselines, conduct a needs and resources assessment and conduct a fit assessment. In addition there will be additional master classes and training for frontline staff to develop our local workforce.

Figure 1. Key outcomes that children, young people, their families and carers have already told us they would like from our services.

In collaboration with our providers these CYP focussed outcomes have been translated into measurable outcomes and actions see Table 2
We want review of school and community based interventions that promote our mental and emotional wellbeing and want professionals to work with us on the things that could be improved.

I want to be able to access support easily and quickly.

Maximising the opportunities for early intervention and prevention,

I want to know where to go to for support and I want help at the earliest opportunity.

I want to tell my story once as part of my support from services.

A reduction in the number of children and young people admitted to specialist beds.

To improve Children and Young People and their families’ experiences of an out of Hours CAMHS crisis service in Luton & Bedfordshire

A reduction in the number of children and young people in crisis.

Reduce the number of presentations of young people in crisis in terms ensuring continuity of care, (this would include crisis team having access to information about clients presenting and linking with CAMHS clinicians and implementing joined up crisis

I want to shape my goals and be supported to keep going if I don’t at first succeed, and that services provide me with learning opportunities, new, positive experiences, support and empathy

A decrease in unmet Mental Health needs out of hours.

Increase in the percentage of service users who feel supported at point of transition Services will be available for all levels of need
# CAMHS Outcome Measures V2

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicators</th>
<th>Measure</th>
<th>How Evidence will be provided linked to No Health without Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: I want an integrated service which provides the right help at the right time</td>
<td>• Services work together to provide holistic care&lt;br&gt;• Children and young people will receive individualised, seamless care&lt;br&gt;• Children and young people are supported to access wider services</td>
<td>Support given to tier 1 providers&lt;br&gt;Joint appointments&lt;br&gt;Integrated working&lt;br&gt;Appointments outside of a clinic setting</td>
<td>Patient Experience (4,6,)&lt;br&gt;Clinical Effectiveness (1,3)&lt;br&gt;Safety (5)&lt;br&gt;Recovery (2)</td>
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<td></td>
<td>Surveys of Training Effectiveness&lt;br&gt;% of total appointments&lt;br&gt;% by location&lt;br&gt;% by location</td>
<td></td>
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<tr>
<td>2: A clear single point of access,</td>
<td>Referral Number&lt;br&gt;Monthly report</td>
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</tbody>
</table>
which means that it is simple and easy to get help

- Clear, easy to access information
- All Children and young people have equitable access throughout Bedfordshire
- Families at risk of non-engagement are identified and have access to and engage with services

<table>
<thead>
<tr>
<th>Referral Processing Time</th>
<th>Monthly report</th>
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<tbody>
<tr>
<td>Referral Demographics</td>
<td>Monthly report</td>
<td></td>
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<tr>
<td>Waiting times and treatment</td>
<td>Monthly report on crisis referral waiting on:</td>
<td></td>
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<tr>
<td>Referral Outcome</td>
<td>Monthly Report Number and % received</td>
<td></td>
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<tr>
<td>3: I want a focus on early intervention so that problems can be dealt with before they get worse</td>
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<tr>
<td>• Prevention and early intervention to reduce the number of children/young people needing more specialist care</td>
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<tr>
<td>• Children and young people at risk of difficulties are identified early</td>
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<td></td>
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<tr>
<td>Presenting issues and severity</td>
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<td></td>
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<tr>
<td>Quarterly Report</td>
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<tr>
<th>4: I want a service where children, young people, parents and carers are key</th>
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<tbody>
<tr>
<td>• Informed choices about treatment</td>
</tr>
<tr>
<td>• Parents/carers supported to develop</td>
</tr>
<tr>
<td>Development of an Engagement Framework</td>
</tr>
<tr>
<td>Service User Forums</td>
</tr>
<tr>
<td>Quarterly reports on</td>
</tr>
<tr>
<td>to shaping how services are delivered</td>
</tr>
</tbody>
</table>

| 5: I want a service that offers a choice of community/locality based appointments that are timely to meet my needs | Location of activity | Quarterly Report - location | Chi-ESQ |
6: I want a quick response when I experience a mental health crisis

- Rapid response Home Treatment Team
- Prevention of admissions to acute hospitals or psychiatric inpatient units

| Waiting times for assessment in crisis | Monthly report on crisis referral waiting:
|                                      | - Referral to Patient contact
|                                      | - Referral to Assessment
|                                      | - Assessment to treatment

| Inpatient Admissions Feedback from stakeholder’s, particularly the acute providers | Monthly report on:
|                                                                              | - Number admitted
|                                                                              | - Number currently in Tier 4
|                                                                              | - Length of inpatient stay
<p>|                                                                              | - Length of acute hospital stay prior to transfer |</p>
<table>
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<tr>
<th>7: I want the provider to focus on services for vulnerable groups, so that they have improved life chances</th>
</tr>
</thead>
</table>
| • The concerns of service users are appropriately addressed  
• Services are targeted (e.g. LAC, LD, YOT) |
| Service User satisfaction |
| • Engagement activities with specific groups |
| Friends and family test  
Chi-ESQ |
| | Monthly team activity report (incl LAC, LD and YOT)  
what do we mean?  
Activity report for each service? |
| SDQ monitoring for LAC |
| Quarterly Baseline and review SDQ – total score reduction |
| Monitoring |
| Quarterly CYIAPT measures |

<table>
<thead>
<tr>
<th>8: I want services that run in an</th>
</tr>
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</table>
| • CAMHS model delivered using a Choice and  
• Comprehensive development plan and audit |
| Developmen
t plan and annual audit |
| Efficient and effective way | Partnership Approach (CAPA) | on an annual basis  
• Evidence of CAPA training and implementation plan  
• Evidence demonstrating adherence to the 11 key CAPA components | of key CAPA components |
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<tbody>
<tr>
<td>9: I want services to be based on the children and young people’s IAPT model</td>
<td>• CAMHS model delivered uses CYP IAPT principles</td>
<td>Reporting on full CYP-IAPT measures including participation and use of technology</td>
<td>Quarterly report on CYP-IAPT measures</td>
</tr>
<tr>
<td>10: I want a service that supports parents and carers</td>
<td>• Vulnerable adults are protected from harm and abuse</td>
<td>Development and implementation of resources</td>
<td>Friends and family test Chi-ESQ</td>
</tr>
<tr>
<td>11: I want a service where I am treated in a non-judgmental, non-condescending and respectful way, and have some choice in who I see where possible</td>
<td>• Standards developed with service users</td>
<td>Audit implementation and impact of the same</td>
<td>Chi-ESQ</td>
</tr>
</tbody>
</table>
| **Project support - Clinical lead**  
| **Project support**  
| **Admin support**  
<table>
<thead>
<tr>
<th><strong>Representative from voluntary services and CYP and their families.</strong></th>
<th><strong>Key performance indicators BCCG</strong></th>
<th><strong>Key performance indicators LCCG</strong></th>
<th><strong>Benefits</strong></th>
<th><strong>Risks</strong></th>
</tr>
</thead>
</table>
| | 1. Finalise transformation plans and make user friendly and accessible for the website.  
| | 2. Update CAMHS and emotional wellbeing strategies  
| | 3. Engage CYP and their families/Carers in developing the outcomes for service provision | | Development and implementation of perinatal pathways with clinical expertise advice.  
| | | | Review of mobilisation of new CAMHS model focussing on removal of tiers, culture change of workforce to I-thrive principles. | Lack of capacity and resource to embed the new transformational changes.  
| | | | | Risk to organisational reputation |
5. Working with specialist commissioning and HEE to develop workforce and reduce admissions.
6. Development of crisis models to prevent and reduce admissions.
6. Ensuring that CYP IAPT is embedded in the clinical services.
7. Monitoring implementation of plans and assurance for NHSE.
8. Developing I thrive principles in remodelling and
<table>
<thead>
<tr>
<th>Priority – Eating Disorders</th>
<th>Joint community Eating Disorder service (BCCG/ LCCG) established compliant with NICE guidance</th>
</tr>
</thead>
</table>
| embedding across all CAMHS services and wider organisations where applicable | 1. Number of people accessing community eating disorders service  
2. Length of time to assessment service.  
3. Length of time to start treatment  
4. Clear care pathway for eating disorders  
5. Number of CYP-ED requiring inpatient admission |
|  | - Rapid access to specialist support.  
- Improved patient experience  
- Reduced hospital admissions  
- Improve the awareness of mental health promotion and prevention support supporting a child to access a service at the |
|  | Recruitment of staff with specialist skills.  
Inadequate funding to support full specialist team.  

Inadequate funding to support full specialist team.
<table>
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<tr>
<th>Priority – Early intervention/ Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Numbers accessing family therapy</td>
</tr>
<tr>
<td>earliest point for ED</td>
</tr>
<tr>
<td>- Improve the support to parents/carers</td>
</tr>
<tr>
<td>- Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners, enabling all areas to accelerate service transformation</td>
</tr>
<tr>
<td>Early Intervention /emotional wellbeing and schools support.</td>
</tr>
<tr>
<td>Early intervention in psychosis for C&amp;YP who experience a first episode of psychosis to meet the national access and waiting time standards and NICE Standards</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Priority –Crisis prevention</td>
</tr>
<tr>
<td>Crisis prevention - 7 day crisis services. Out of hours. Liaison psychiatry support.</td>
</tr>
<tr>
<td>Priority – Vulnerable Groups</td>
</tr>
<tr>
<td>Perinatal mental health service compliant with NICE guidance</td>
</tr>
</tbody>
</table>
- Number of parents feeding back that they feel supported
- Adult Mental Health Services reporting that they feel better able to understand and support the needs of these parents.
- Effectiveness of intervention monitored through use of outcome monitoring i.e. number of goals achieve/treatment completed

<table>
<thead>
<tr>
<th>Vulnerable groups - Neurodevelopmental LD LAC Youth Offending</th>
<th>1. Number of children aged 10+ referred to Community Paediatricians for ASD assessment</th>
<th>Alignment with LD transforming Care plans to enable people with LD to live in the community and</th>
<th>If support not made available higher rates of suicide, self-harm and complex mental health outcomes long term in CYP. Avoidance of early Trauma.</th>
</tr>
</thead>
</table>

If no further funding received this will need to be funded from current transformation money which impacts on amount available for crisis management.

Commissioning guidance not available
| Sexualised behaviour management | 2. Number of children aged 10+ referred for other reasons that went on to require or have had ASD assessment | not be admitted to inpatient settings. Close working relationships and information sharing between education, health, social care, and youth justice sector. Co-ordinated ways of working. Integrated services being developed | health problems will arise putting greater pressure on multi-agency crisis services. Increase in complaints if not implemented. Gap in service if not implemented. |
| Priority—CYP IAPT | | | |
| CYP IAPT | Numbers of staff trained in CYP IAPT interventions. Single point of access developed | 1. Choice of evidence based interventions. 2. Routine outcome monitoring | Increase in complaints if not implemented |
| 3. Prevents avoidable admissions and reduces impact on long term health care. Improved patient experience |
1. Recruitment of the joint project team will commence in October 2015 and the Lead will be responsible for the delivery of the plan. The Clinical support Project Team will include a Voluntary Sector Liaison post to ensure wider service inclusion.

2. Work will continue with the Enable East project where local partners have agreed to redesign the pathway for children’s emotional health and wellbeing. Feedback from Professionals and service users is that the current services is not seamless, is not equitable across the locality.

   a. Commissioners will continue to work with our CAMHS provider to dovetail the re-procurement redesign work with that proposed as part of our transformational plan. Redesigning the Emotional Health and Wellbeing pathways will take place as a priority and involve all stakeholders including children and young people, their parents, families and carers. This will involve services currently commissioned by the CCG and Local Authority commissioned services.

3. The future model of service delivery proposed is based upon the ITHRIVE model and in Year 1, work will commence to improve the understanding of this approach locally and to integrate into the detailed modelling for Year 2.

4. The Eating Disorder Services will be enhanced, providing a countywide core team and locality teams to support local demand and it is proposed that this will be available in Q4.

5. The Transformation Steering Group has been set up and it will meet regularly to monitor progress of the delivery of the plans and will ensure that the governance for reporting progress across the system is maintained. Membership of the Transformation Steering group will include representation from the project group, public health, both CCGs, Local authorities x3, early years, CAMHS provider community provider education, social care, third sector, communications and engagement, finance, quality and Parents/carers. The steering group will oversee the
development and implementation of the transformation plans, receive updates from the task and finish groups allocated to the four work streams, monitor any risks through a programme management approach and escalate any issues up through the relevant Health and Wellbeing boards.

6. Additional staff will be trained in CYP IAPT as part of the national training programme and this will include 0-19 services, especially services working with school aged children and young people.

7. Funding for additional capacity to reduce all CAMHS waiting times will be available and additional resources will be available within the teams in November 2015. In addition, a pilot 7 day working for CAMHS will commence and be reviewed in March 2016.

8. The local offer will be available on the internet by the end of December 2015 for both BCCG and LCCG and a dashboard to monitor performance will also be developed and shared publicly.

9. Scoping of perinatal mental health services and early intervention services will continue and detailed plans will be developed by December 2015 to support the need for development of perinatal mental health services the following has been identified through the JSNA

The causes of mental ill-health during pregnancy and following childbirth are not well understood. There is emerging evidence that untreated mental health problems in pregnancy may be associated with poorer long-term outcomes for children beyond the immediate postnatal period.

10. In Bedfordshire, nominated Schools will access training as part of the CAMHS Training Pilot and report on outcomes. In Luton there will be a more extensive offer to all schools focusing on increasing mental health resilience.

11. Guidelines for Care and Treatment reviews are being developed locally and this will be approved and operational.

12. Further work to align outcomes in plans with SEND EHCPs will take place.
13. The dashboard for monitoring progress will be developed and this will include protected measures to monitor impact for our vulnerable children and young people.

**Delivery Plan Year 2 (April 2016-March 2017)**

1. ELFT CAMHS will implement new model of care, providing Adolescent Mental Health Teams in Bedfordshire and Luton.

2. Partners have agreed to develop single point of access to services (including specialist CAMHS) as part of the re-procurement process this work will include all the priorities within this plan. Our intention is that this work will take place during 2015/16 ready for implementation in early 2016/17.

3. Implementation and monitoring of new access to waiting times for Eating Disorder pathways will commence.

4. Feedback on Healthy Schools Pilot will be received and wider roll out anticipated. There will be more school nurses trained to support young people accessing drop in services based in schools.

5. Perinatal pathway will go live.

6. Model for early intervention will be implemented over a phased plan. There will be continued multi-agency learning and development with commitment to emotional health and resilience in line with early year’s strategies and the development of an integrated 0-19 model (Luton).

7. The business case for Liaison Psychiatry will be presented to BCCG.

8. The plan for years 3 – 5 will be developed and agreed through identified governance structures.
1. Over the following 3 years 2017-2020, work will focus on transforming other parts of existing services to the new model, continuing to embed the new model, relocating resources from specialist to early identification and intervention to reduce numbers of children and young people being admitted for Self harm and maintain all waiting lists at manageable levels. Work will also ensure that services delivered adapt to the changing demographics and local needs and monitor performance to ensure investment is appropriate.

2. As part of embedding the new model significant workforce culture change and development will be required to ensure shared decision making based services across all levels of services. Key to the success will be the proposed partnership working with Health Education England to secure a competent workforce that has both the capacity and capability to meet the needs of the changing population.
Year 1 – Aligning ELFT Mobilisation and understanding gaps for Future in Mind

- Publish Transformation plans
- Further needs assessment
- Establish ELFT transformation project board
- Start of recruitment
- Development of single point of access
- Implementation of specialist eating disorders services
- IT systems - move to RIO

Year 2 – Transition to integrated working

- Embedding I thrive principles
- Enhance Crisis services
- Continued roll out of CYP-IAPT
- Implementation of perinatal pathways
- Develop protocols for Joint working with:
  - Substance misuse services
  - Early years professionals
  - MASH
  - Youth offending teams
  - Domestic abuse services
  - Lac teams

Year 3-5 – Transformation and embedding sustainability

- Continue building capacity with schools, health and care services
- Further development of digital technology
- Development of transitions services
- Ongoing development of workforce
- Relocating resources from specialist to early identification and intervention to reduce numbers of children and young people being admitted for Self harm and maintain all waiting lists at manageable levels
8. **Future engagement**

To support the transformation plan an engagement and communication plan is being developed which will include all stakeholders, children, young people their families and carers and detail how we will engage with them.

There are a number of forums and opportunities for ongoing engagement with children young people, families and carers. These include:

- Healthwatch Luton Borough Council/Bedford Borough/Central Bedfordshire
- Bedford Borough Parent carer Forum, SNAP(Central Bedfordshire
- Local Parents and Parent/Forums
- Youth Commissioners
- Young Researchers
- Children in Care Council

As part of our engagement and communication plan we will address health inequalities by initially undertaking bespoke work with children and their families from our vulnerable communities, including children with a learning disability, looked after children and children from BME communities. Models will reflect where adjustments need to be made to ensure services are accessible to all of our populations and an Equality Impact Assessment will be completed to monitor this through implementation of the Transformation Plan.

The engagement and communication plan will also contain information on timescales for publishing the approved transformation plan. Detailing where and when it will be published by other stakeholders, as well as providing progress updates.
9. **Governance**

**LCCG approach**
A key driver for our local focus on emotional health and wellbeing services came from the development of LCCG Emotional Health and Wellbeing Strategy for children and young people 2014-2016, Bedford Borough Early Help Strategy and Health and Wellbeing priorities in Central Bedfordshire and Bedford Borough and the current CAMHS Strategies. These multi-organisational strategies outline our key priorities and have formed the basis for this joint transformation plan.

To ensure services are commissioned in a cohesive way, in Luton, a Joint Commissioning Group was set up comprising the LCCG and Luton Borough Council (LBC). Its role is to ensure a shared commissioning function, which enables a more integrated approach to commissioning services for children, young people and their families. This is achieved through improved analysis of need, whole system planning and investment with clear commissioning cycles and intentions. A Section 75 Agreement is in place that sets out the guiding principles of the joint commissioning group.

**BCCG approach**
Within Bedfordshire a Joint Commissioning Post is in place which works across the system on priority areas agreed by the Joint Commissioning Group. This covers BCCG, Bedford Borough and Central Bedfordshire. A Section 75 Agreement will be developed to formalise the joint commissioning and funding arrangements. Part of the responsibility for this post is to focus on vulnerable groups, SEND, LAC and complex care.

**Joint services BCCG/LCCG approach**
Within the Bedfordshire and Luton joint commissioning arrangements each individual CCG will remain accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation. To ensure effective decision making arrangements are established a robust joint governance framework has been developed. The framework will require form all parties around the table to work collaboratively to reach decisions.

An overarching multi-organisational Transformation Steering Group has been established, this includes Clinical Directors from both BCCG and LCCG, who are both GPs with a lead role for Mental Health, as well as including partners from
across the whole system and this group will oversee the delivery and implementation of the transformation plan. Members include partners from both the Statutory and Voluntary Community Sector, schools, health providers and parent forum, while mechanisms will be put in place to ensure engagement with children, young people and families.

Below the Transformation Steering Group are a number of small working groups to support delivery.

This Steering Group will report to Luton and Bedfordshire CCG, Luton Children’s Trust, Bedfordshire Children’s and Families Commissioning Board. Joint Commissioning Groups in both Bedford Borough and Central Beds and, both Luton and Bedfordshire Health and Wellbeing Boards.
10. **Next Steps**

There is a system-wide commitment to work in an integrated way to identify more effective and efficient ways of working which will be overseen through the transformation steering group.

Currently there are different CAMHS commissioning arrangements across Bedfordshire and Luton. The development of a joint Transition Plan provides an opportunity to work together to identify current services, gaps in provision and to identify and develop local solutions supported by aligned budgets where appropriate. For example eating disorders specialist services and perinatal mental health in the L&D hospital which is accessed by South Bedfordshire patients and Luton Patients.

The Transformation Steering Group has been established and the next priority to ensure we deliver the plan will be the appointment of the Project Team who are essential to our success. The team will build on the existing work, be responsible for engaging children, young people and their families in this journey and developing the system wide relationships necessary to achieve the best outcomes for our communities.

Work has already commenced on the enhanced pathway for Eating Disorders and on receipt of our funding allocation for 15/16, as a priority, recruitment will commence to reduce the unacceptable waiting times for CAMHS services.

By the end of November 2015, we will have a workforce plan and a communication and engagement plan in place.