

Bolton's transformation plan for children  
and young person's mental health &  
wellbeing

## Index

		Page
1	Background	
2	Greater Manchester strategic mental health context	
3	Our plans to make the change happen – system reform	4
4	Local transformation plans	6
5	Children and Young People (CYP) IAPT	12
6	Perinatal mental health	13
7	Liaison Psychiatry	13
8	System wide key performance indicators	13
9	Mental health and housing	14
10	Performance Management and governance	14
11	Current funding streams	15

## Transformation plans for children mental health and wellbeing

### 1. Background

- 1.1 This briefing paper outlines the direction of travel within in Bolton in relation to children and young person's mental health and wellbeing. It takes into account the recommendations from Future in Mind along with the guidance for the transformation plans and the view of service users within Bolton.
- 1.2 Paragraph 2.1.4 of the local transformation plan guidance for children and young people mental health services states: *More of the same is simply not an option. Unless we make some real changes right across the whole system, getting serious about prevention and moving investment upstream opportunities to build resilience in our children and young people, promote good mental health and intervene early when problems first arise will continue to be missed and unacceptable variations in quality of care and outcomes will persist.*
- 1.3 Within Bolton we have delivered a large engagement event on young person's mental health and suicide prevention with users of the service, our current CYP MH providers, adult MH providers, local authority, police, schools, and safeguarding board.



Building Health



BHP Bolton Final



BHP Bolton (draft)



BHP Bolton - DRAFT

Partnerships Bolton - DRAFT notes of sessiAction Plans from 22Cnotes of session 4 - 1

In order to maintain user engagement a further three events will be held during 2015/16. Also a communication strategy will be developed to further gain users and the publics views including, links with youth magazines, continuing contact with the youth forum and clinical meetings with providers and GPs to agree pathways etc.

- 1.4 Alongside the engagement activity baseline data has been collated from providers of the service along with Public Health England fingertips data collection, hospital statistics and local JSNA data. This data can be found baseline data.



CYP MH and wellbeing baseline.do

- 1.5 The transformation plans for children mental health and wellbeing will be incorporated into Bolton's locality plan.

## 2 GM Strategic Mental Health Context

- 2.1 Children and Young People's mental health forms an integral part of the Greater Manchester wide Health and Social Care early implementation priorities. Devolution provides Greater Manchester with the opportunity to take advantage of it unique position and collectively respond to the challenges outlined within Futures in Mind and in doing so make a step change in the provision of services for the young people in Greater Manchester.
- 2.2 Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems

create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

2.3 Greater Manchester is developing an all age Mental Health and Wellbeing Strategy that will provide an umbrella for our work on Children and Young People's mental health and the locality Transformation Plans. Implementation of the strategy will redress the balance of services, increasing community based provision and early intervention reducing the need for higher level interventions and in turn delivering efficiencies through a reduction of high cost, intensive interventions and use of beds.

2.4 The GM strategy will focus on:

- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
- **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment
- **Integration** - many people mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
- **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in GM or elsewhere to challenge the way we plan and invest in mental health.

2.5 Given the prohibitive timescales to complete these plans there has been no opportunity to develop a Greater Manchester CAMHS model. Bolton CCG will continue to work with the Strategic Clinical Network to develop Greater Manchester models of care where appropriate. Bolton CCG have placed in two potential GM models within our plan including a BME suicide awareness programme and The Sanctuary model for children.

2.6 IT systems across the health and social care conurbation would be useful in the management of children and young people. The potential for IT systems to capture and collate CAMHS data are being discussed at the devolution Manchester meetings.

### 3 Our Plans to Make the Change Happen - System Reform

3.1. Bolton locality plan outlines the Joint Commissioning arrangements as set out below.

Bolton leaders have a shared vision of “place” to deliver the best possible care and outcome for the local population.

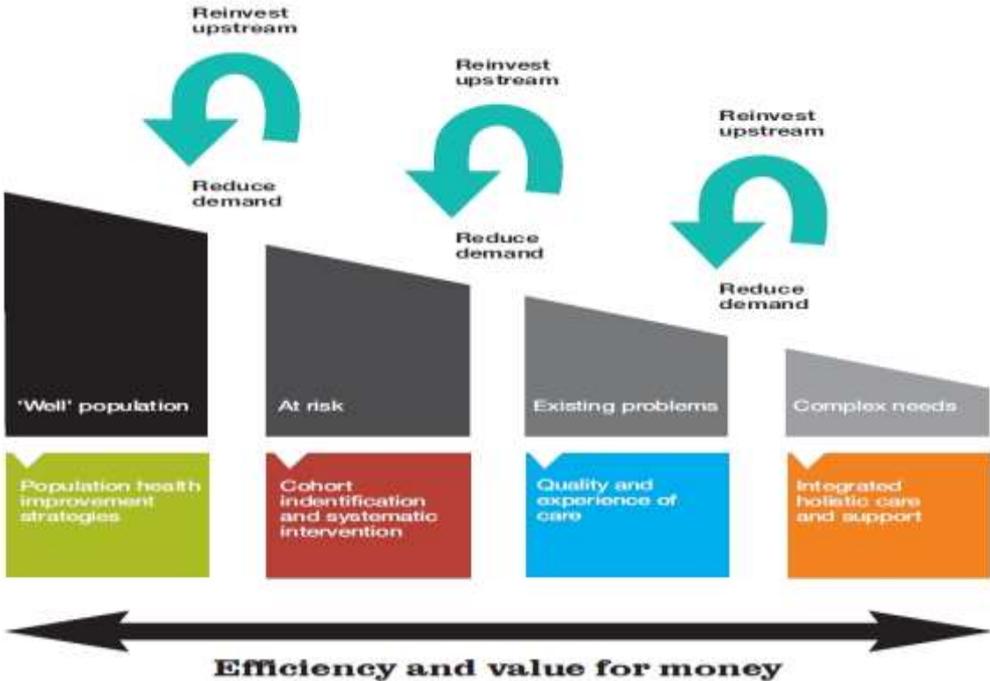
Through the newly established Joint Commissioning Board, Bolton Council and Bolton CCG are working towards a combined budget for health and social care throughout 2016/17 and beyond of circa £350m, building upon the foundations laid by our Better Care Fund plans. This Board will be responsible for ensuring the best use of every Bolton £, which will mean taking decisions about which services should and should not be commissioned and therefore provided. This will necessitate further engagement

with the local population in the way in which we have in the past when deciding on priorities for the future.

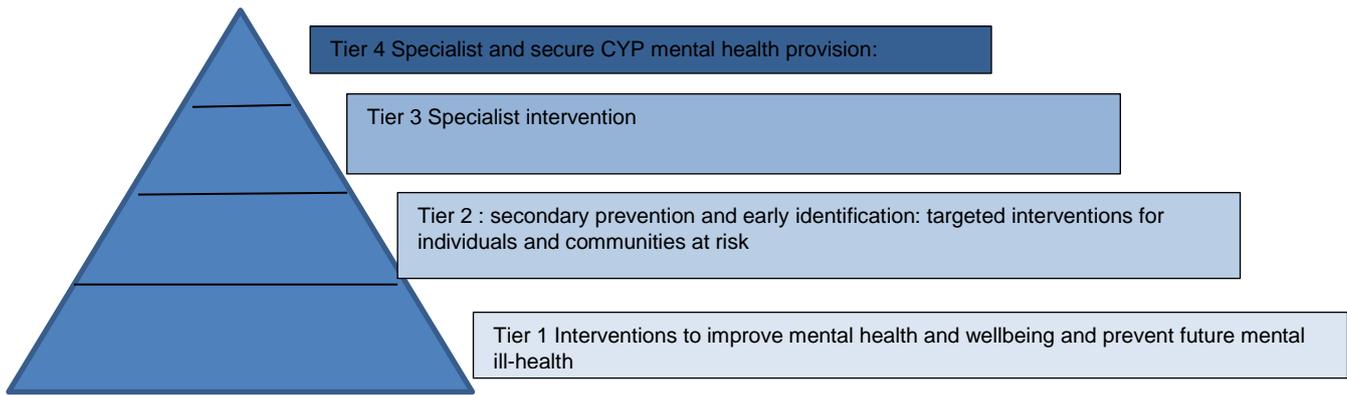
The basis on which commissioning will be delivered is in line with the scale of population need. Services which are on a larger scale with lower level of intervention and require local determination will be commissioned on a locality basis – predominantly through pooled CCG and Council budgets. Locality based integrated community and care services will be a major component of this and will specifically focus on the building of current strengths within primary care. Commissioning of more specialist or low volume, high cost services or treatments will be undertaken at sector or GM level. This will include the pooling of budgets across a number of organisations as appropriate with lead commissioner (and provider) arrangements. On a sector basis this will include the commissioning of high acuity general surgery and potentially women’s and children’s inpatient services and on a GM basis, could include specialist Learning Disability and neuro-rehabilitation services.

Key to delivery of the Bolton vision to significantly improve outcomes and move towards a financially sustainable solution is a major shift in commissioning spend – with far greater investment in prevention and earlier intervention to reduce demand for hospitalisation and more complex care as demonstrated in figure 1 below:

Figure 1: Investment Shift



To do this we need to segment the population appropriately from early years and preventative care, to those requiring early intervention treatment, which and those requiring the greatest support. All of which need to be underpinned by far greater self-care and support across neighbourhoods.



#### 4. Local transformation plans

NHS England has published guidance on how to deliver Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

##### 4.1 Developing an Evidence Based Community Eating Disorder Service

We will develop a Child and Adolescent Eating Disorder Services (CAEDS) in collaboration with NHS Wigan CCG, using existing examples of good practice (eg from the local Wigan service) to ensure compliance with the Access and Wait Time Standards guidance (NHS England & NCCMH, 2015).

Below are the current waiting times and activity for the Bolton Eating disorders services



EATING DISORDERS WAITING LIST April 2



EATING DISORDERS WAITING LIST April 2

##### 4.2 Developing mental health services to meet the needs of children and young people

4.2.1 In line with the locality plan NHS Bolton CCG will work in partnership with the local authority and voluntary sector to develop mental health services for young people, moving towards a Thrive model rather than tiered model for CAMHS delivery in Bolton.

Thrive The AFC – Tavistock Model for CAMHS



As someone seeking help from a professional, I have a right to:

# RESPECT

## REVIEW

- ▶ Know what options are available
- ▶ Know the pros and cons of the different options

## EFFECTIVE HELP

- ▶ Know the evidence for the help and support being suggested
- ▶ Know if there are different types of help that may be effective
- ▶ Know what is expected from me or others for the treatment to be effective

## SELECT

- ▶ Make choices about what help I get when different evidence-based approaches exist

## PROGRESS

- ▶ Be involved in setting and reviewing goals
- ▶ Know how soon and to what extent things are likely to improve
- ▶ Agree what will happen if things don't get better

## EXPRESSION

- ▶ Be listened to and have my views taken into account

## CLARITY

- ▶ Know how those supporting me understand the difficulties
- ▶ Know what is happening to information about me

## TRANSITION SUPPORT

- ▶ Be supported to find further help if needed



Part of  
Anna Freud  
Centre



4.2.2 Although moving towards a seamless pathway model this section covers the work with the different tiers of the service.

### 4.2.3 Tier 1

By developing voluntary sector services to provide non clinical mental health support to CYP the support offered to these patients will be available at different times of the day, weekends and at various venues across Bolton. The services will receive evidence based training on mental health non clinical interventions and will be able to refer patients into Tier 2 following robust protocols. The Bolton youth forum will be developing self-management tools with support from the CCG and providers of services.

#### 4.2.4 Tier 2

The local authority has commissioned a Tier 2 mental health service within the 5 – 19 service. It is envisaged that this service will assist in the reduction of inappropriate referrals to Tier 3 services and support people from becoming mentally unwell therefore not requiring CAMHS intervention. Bolton local authority have recently undertaken and health and wellbeing survey within schools the results of which have yet to be published but will be included within the CYP MH plans.



1180211 - FINAL  
VERSION 5 - 19 Speci

#### 4.2.5 Tier 3

Bolton FT is the provider of the CAMHS service and we are working closely with the service to redesign its current function to take into account CYP IAPT, psychiatry liaison with ED and further developing links with schools and youth justice. Three CAMHS nurses will be aligned to school clusters providing education sessions, links into CAMHS and potentially carrying a caseload.

An action plan is being developed between Bolton CCG and Bolton FT to implement the recently developed Greater Manchester ADHD pathway for children and young people. The ADHD QB test is currently being piloted for 3 months October 2015 – December 2015 within CAMHS and upon evaluation of the pilot will be rolled out across schools. The ADHD QB test will reduce inappropriate referrals to CAMHS service. Shared care protocols on prescribing have commenced between CAMHS and Bolton CCG

Twice yearly audits of DNA to the CAMHS service will be undertaken to gain an understanding of why patients DNA. With the development of robust pathways and patients being informed of what to expect within the service and supported to access CAMHS; it is expected that there will be a reduction in DNA's by 20% by 2020.

CAMHS have supplied activity data for submission however we wish to validate this data prior to submitting within the transformation plan.

#### 4.2.6 Tier 4

These services are commissioned by NHS England, activity and finance within this plan have been assessed on the 14/15 figures as we need to clarify the 15/16 activity. The development of the services within Bolton will support the transition between services and strengthen the step up step down pathways. Additional support will be offered to Tier 4 to facilitate early discharge. These pathways are to be clarified within Tier 4 services during 2016.

Buy supporting children and young people early within their mental health condition it is anticipated that by 2020 there will be a reduction in Tier 3 and Tier 4 admissions and occupied bed days.

4.2.7 LAC & YOT - Bolton CCG commission community services for Looked After Children and Youth Offending Team and continue to work with the council and providers to ensure that these vulnerable groups are cared for. Bolton CCG has recently reaffirmed its membership on the youth offending board.



YJ Plan 15 16.docx

Bolton Local authority are currently going through a recruitment process to appoint emotional health and wellbeing practitioner posts for LAC within CAMHS and YOT. The newly commissioned health and wellbeing 5 – 19 service will also provide support to this vulnerable group of patients.



1180211 - FINAL  
VERSION 5 - 19 Speci

Clearly identified step up and step down pathways will be developed in Bolton between tier 1 services, 5 – 19 service, CAMHS, Tier 4 and other agencies including YOT and SARC. One of the main outcomes of the pathway development work is to reduce the use of secure beds by at least 20% by 2020. The pathway development work is expected to be completed during 2016.

#### 4.2.8 Health & justice

Relationships and pathways exist between CAMHS and SARC, however these pathways need to be strengthened. AIM assessments are well embed within the Bolton YOT team. The emotional wellbeing practitioners will provide the links between CAMHS and YOT to ensure that relevant CYP have an AIM assessment.

##### Safeguarding

Bolton has a partnership approach to safeguarding.



Early Intervention  
Planning TOR 150115



Lessons Learned.pdf



MCA.pdf



Performance and  
Quality.pdf

Within the transformation plans new providers of care will be established and it will be expected that these services will have safeguarding policies and procedures in place. Safeguarding and any serious incidents will be reported to the CCG and action plans developed accordingly.

Child sexual exploitation (CSE) is a terrible crime with destructive and far reaching consequences for victims, their families, and society. It is not limited to any particular geography, ethnic or social background, and all areas should assume that CSE is happening in their area and take proactive action to prevent it. Bolton CCG and Bolton Local authority will ensure that schools follow the DFE guidance on tackling child sexual exploitation. Providers will use the Greater Manchester toolkit on any CYP identified as potential subject to sexual exploitation.



Safeguarding\_Childr  
en\_and\_Young\_Peop



CSE Risk Indicator  
Tool Guidance final (p

New supportive pathways are to be explored with GMP diversion panels and the use of restorative justice and disposal for CYP with a known MH condition who may be subject to criminal proceedings.

#### 4.2.9 Crisis Care

Bolton CCG currently commission POPYRUS suicide prevention support to deliver suicide awareness training to schools, voluntary sector and community services including pharmacies, dental practices and optometrists. A plan to further develop mental health and suicide awareness campaigns across Bolton will be developed during 2016.

A model for crisis care management was proposed within the BHP mental health engagement events during 2015, these included:

- Mobile application which mapped to crisis services available 24/7
- The Sanctuary model for children – Bolton CCG wish to work with the Strategic clinical network to develop a GM wide footprint sanctuary model for CYP an allocation of funding has been placed within our transformation plan to develop a greater Manchester wide Sanctuary model for children.



POPYRUS SUICIDE  
SAFER COMMUNITIES

- Joint working with public health, local authority and ccg commissioners to develop a new suicide prevention model

#### 4.2.7 Work with schools

The transformation plan includes 3 CAMHS nurses working within secondary school clusters. The clusters include secondary care schools, academies, special need schools and pupil referral unit. CAMHS are also developing an education programme for schools. Bolton CCG will continue to work with the local authority to support further developments in mental health provision for schools.

### 5. CYP IAPT

5.1 Bolton FT are currently part of the national pilot for CYP IAPT. The CYP IAPT funds are to be utilised to support the continued delivery of evidenced based step 2 mental health education package to staff including:

- CAMHS staff
- Staff who provide supervision to IAPT professionals
- 5 – 19 service
- Pastoral support staff in schools
- School nurses

5.2 The on-going development of IT solutions to support the management of patients and the service. Bolton CCG will work with Bolton FT CAMHS to further develop their CAPA action plan. Bolton BHP youth forum, youth council and young minds have developed an action plan for mental health.

5.3 The delivery of the CYP IAPT plans will be monitored via the CAMHS Steering group meeting.



CAMHS Steering  
Group Minutes 28 9 1

5.4 The funding allocated for CYP IAPT will also contribute towards the redesign of the service in relation to education of staff within hospitals settings.

## 6. Perinatal mental health

Bolton CCG has established a perinatal task group which has met on one occasion so far. A model has been proposed (attach) and is being reviewed by the taskforce. This model will also need to reflect the contribution of wider stakeholders for example health visitors and the voluntary sector.



EAS paper.pdf



TOR - PIMH,



PIMH, Attachment  
Attachment and Parenting Workst

## 7. Liaison psychiatry in ED

This project will focus on the following areas:

- Extension of the existing 136 suite for children and young people.
- Pathway development with emergency services (police, ambulance, and fire); linking in with the pathway for Young Persons Sanctuary model
- Develop pathways with 360 drug and alcohol service for children
- Provide information to commissioners on repeat attenders which will inform commissioning decision during 16/17 onwards

<http://www.boltondrinkanddrugs.org/about/alcohol-and-drugs-services-bolton/drugs-services-for-young-people-in-bolton/services-for-young-people-360>

## 8. System wide Key Performance Indicators

With the system wide implementation of the projects outlined within the transformational plans for CYP mental health it is expected to see an increase in CYP mental health and wellbeing. The following KPIs have been discussed with stakeholders.

The following KPIs are based on the baseline figures at 1.4 in this plan.

By 2020 we aim to:

- Reduce primary school fixed exclusions from 1.19% to 0.76% to meet regional baseline figure
- Reduce secondary school fixed exclusions by 10%
- Reduce fixed period exclusions due to persistent disruptive behaviour from 1.04% to .085% to meet England baseline value
- Reduce fixed period exclusions due to drugs/alcohol use from 0.13% to 0.093% to meet England baseline value
- Reduce looked after children in secure units, children's homes and hostels from 8.5% to 7.7% to meet regional baseline value
- Reduce the emotional and behavioural health outcome for LAC considered 'of concern' from 39.0% to 32.0% to match regional baseline value
- Reduce the rate of all entered into youth justice system from 8.7 to 7.1 to meet regional value
- Reduce child admission for mental health from 157.9 to 110.2 to meet regional baseline value
- Reduce the number of children admitted to hospital for self harm by 25%
- Reduce the rate of child hospital admission due to alcohol specific conditions from 54.6 to 42.7 to meet England baseline figure
- Reduce the rate of child hospital admission due to substance misuse from 144.6 to 112.2 to meet England baseline figure
- Reduce young people hospital admissions for unintentional and deliberate injuries by 20%

## **9. Mental health & housing**

Within the mental health strategy additional work is on-going to develop supported housing for people with mental health conditions. This work will also include the housing needs of CYP with mental health conditions. These developments sit outside the transformation plan allocations.

## **10. Project Management & Governance**

Each of the projects within the transformation plan will have their own project documentation including attached. Highlight reports will be presented to the mental health planning and strategy group and feed into the health & wellbeing board following the agreed governance committee structure.



Project  
documentation 15-16



Governance  
Committee Structure'

## 11. **Current funding streams**



current funding  
allocations.xlsx