

Local Transformation Plan for Children and Young People's Mental health and Wellbeing in Halton

Halton Transformation CAMHS Plan (incorporating Eating Disorders)

1. Introduction

This narrative needs to be viewed along with the high level summary document, the self-assessment checklist for the assurance process and the CAMHS Assurance data collection Template.

1.1 Halton is committed to promoting, protecting and improving the mental health and wellbeing of children, young people and their families. Through the development of the local Transformation Plan, Halton CCG and its partners have put together an ambitious plan to build capacity and capability across the whole community to improve access to services, reduce stigma and to ensure that mental health has the same parity of esteem as physical health.

1.2 Halton have a single all Age mental Health Strategy (adopting the life course approach) and a single underpinning Action Plan. However this Action Plan has been divided into three sections, younger people, adults and older people. As a result Halton have an existing Action Plan to deliver a number of work streams and service improvements to deliver against the aspirations from Future in Mind and other relevant national guidance. This Action Plan has formed the basis of the Halton Transformation Plan (incorporating Eating Disorders)

1.3 Halton is the 27th most deprived local authority area in England (out of 326) and 36.9% of children aged 0 to 15 are in families in receipt of council tax or housing benefit (2012). Modelled data would suggest that 2500 Halton children aged 0-15 have a diagnosable emotional and mental health condition, however this is likely to be an underestimate due to the correlation between deprivation and higher levels of mental disorder in children (particularly in boys). Table 1 below shows the estimated prevalence of mental health disorders of children and young people in Halton.

Gender	Age group	Population	Mental Health Disorder		Conduct Disorder		Emotional Disorder		Hyperkinetic Disorder		Less Common Disorders		Totals
			Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	
females	5 to 10	4,586	5.1%	234	2.8%	129	2.5%	115	0.4%	18	0.4%	18	514
	11 to 16	4,485	10.3%	462	5.1%	229	6.1%	274	0.4%	18	1.1%	49	1032
	17 to 19	2,170	10.3%	224	5.1%	111	6.1%	132	0.4%	7	1.1%	24	498
males	5 to 10	4,784	10.2%	488	6.9%	330	2.2%	105	2.7%	129	2.2%	105	1117
	11 to 16	4,476	12.6%	564	8.1%	363	4.0%	179	2.4%	107	1.6%	72	1285
	17 to 19	2,387	12.6%	301	8.1%	193	4.0%	96	2.4%	57	1.6%	38	685
persons	5 to 10	9,370	7.7%	722	4.9%	459	2.4%	225	1.6%	150	1.3%	122	1556
	11 to 16	8,961	11.5%	1031	6.6%	591	5.0%	448	1.4%	125	1.4%	125	2320
	17 to 19	4,557	11.5%	524	6.6%	301	5.0%	228	1.4%	64	1.4%	64	1181
total all ages		22,888		2277		1351		901		339		311	5179

Source: Green 2005 & ONS 2012

Table 1: Estimated number of Halton children with mental health disorders, by age group and gender, 2013

- 1.4** Hospital admissions rates for mental health conditions in Halton is not significantly different to the England average (2013/14), however does have a Halton higher rate of hospital admissions due to self harm amongst 0-18 year olds (779.1 per 100,000) than the England (412.1 per 100,000) average (2013/14).
- 1.5** Evidence from a local survey of year 9 children identified the most common form of bullying to be verbal, which had been experienced by 49% of respondents, and 23% had experienced emotional or psychological bullying. 60.9% of pupils responding to TellUs4 in Halton said that they enjoyed good relationships with their family and friends. This compares to 56.0% nationally. The prevalence data was utilised when planning and commissioning the new Tier 2 service within Halton to ensure sufficient capacity within the service to meet the identified needs

2. Engagement and Partnership

- 2.1** There has been significant engagement and consultation around the development of key elements of the Plan. The review of the existing Tier 2 during service during 13/14 and development of the new specification was undertaken in conjunction with a focus group of young people from a local third sector voluntary project – The Canal Boat Project and the local Youth Parliament and two of the Youth Parliament members were on the interview panel for the procurement process. The whole review was launched at a stakeholder event which included services, local elected members, service users and carers in July 2013. Work undertaken around production of literature for front line staff to raise awareness of identification of young people with EWB issues incorporated review of the leaflet content by young people in service with Young Addaction. Guidelines for professionals on how to respond to young people self-harming, have been developed in collaboration with young people and we have involved young people in the production of a DVD on the impact of parental mental illness and substance misuse. Locally there is a robust infrastructure for engagement with young people and families via a group called INVOLVE. The group has a number of representatives from third sector organisations dealing with children families and young people. They act as an expert reference group and support commissioners working on service developments by advising them on the best way to engage with existing groups or whether there would be a need for a specific process. Commissioners also often utilise the user participation groups within the 5Boroughs Partnership Trust (SHOUT).
- 2.2** With regard to the development of the Transformation Plan a short presentation (*See Appendix 1*) has been shared with a variety of services and individuals to be utilised with small groups of young people to try and elicit further feedback on the overall Plan content. It is the intention of the EWB for YP Partnership Board to develop a comprehensive engagement plan to align with specific scheme developments identified within the Plan Tracker.

- 2.3** Halton as a borough benefits from a number of non-commissioned services that add capacity to the support provided to young people locally with mental health problems. These include services funded by Lottery grants such as Bereavement UK, Nightstop, and a Children in Need funded project provided by Wellbeing Enterprises aimed at supporting young people on waiting lists.
- 2.4** The Halton Emotional Wellbeing for Young People's Partnership Board is a multi-agency and multi-disciplinary group of stakeholders which includes a representative from Healthwatch and the consultant in public health for children and maternity is the vice chair. The group is chaired by the clinical lead for children and maternity in the CCG. Local Authority representation is secured via attendance by LA children's commissioners and the lead Educational Psychologist. Specialised Commissioning attendance is co-opted as required and the group was recently attended by Alison Cannon for an update on the Tier 4 review. The accountable officer for the CCG chairs a health sub group of the Local YOS Board and the CCG and LA commissioner for children and young people are part of that group. There is also a EWB/MH Prevention sub group for Young People which incorporates a number of stakeholders from the education department, the NEET lead and schools.
- 2.5** The Partnership Board reports back to key Boards within the Children Trust on a regular basis and has developed strong links with elected members. A schematic (*See Appendix 2*) outlines the governance structure locally around Mental Health.
- 2.6** Included in the transformational Plan is a scheme regarding the improvement of access to CAMHS for young people involved in YOS. A joint HNA was commissioned by Halton, Warrington, West Cheshire and Vale Royal CCG's who all share the same YOS. The HNA identified a number of issues and those relevant to Halton have been incorporated into the transformation plan. The most notable was an apparent lack of specific support within our local Tier 3 CAMHS Service for clients of YOS. Consequently as part of the application for the national schools pilot, Halton also applied for the available additional funding of up to £100k for vulnerable groups to address this gap by resourcing a CAMHS Specific practitioner within the YOS service. The outcome of this application is still awaited; however it is also included within the Plan and Tracker to be funded via the new allocation if the application is unsuccessful.

2.7 The Tier 2 service that has recently been re-procured following review was a joint investment between the LA (Public Health) and the CCG. The successful provider is a collaboration between a statutory NHS organisation and a third sector provider of online counselling. The eating disorders service will be a collaborative piece of work with neighbouring CCG's to meet the minimum population requirements. The LA has commissioned a targeted therapeutic service for Children in Care and the borough has an extensive infrastructure around early intervention and complex dependency which draws in stakeholders from across the borough and region and agencies from police through to education. The LA also commission's a range of voluntary providers to engage children and young people in learning about emotional health and well-being and these services are provided by centre based and outreach teams across Halton.

2.8 The borough was successful in securing national monies to roll out CYP IAPT in Halton within Tier 3 CAMHS, however as the provider also provides Tier 2 there is an expectation that CYPIAPT will be rolled out across all targeted CAMHS services. There are plans regarding the expansion of the current nursing support service within the Child Development Centre Service in Halton to support children, young people and their families following a diagnosis of ASD and/or ADHD as it is recognised that these children can have attendant mental health issues. These staff will utilise CYP IAPT methodologies in an effort to widen the roll out of CYP IAPT. This is also a scheme funded from the new allocation.

3. Transparency

3.1 Currently the level of investment in local EWB/MH services for young people is as follows:

CCG 14/15

Tier 2 CAMHS Service*

- Investment: £400k
- Staff compliment: 3.5 WTE (plus admin) plus on line counsellors (3WTE)
- Referrals numbers in 14/15 – 310 * (the service was with a previous provider during 14/15 and was tendered in February 2015 and a new provider secured from August 2015).

Tier 3 CAMHS Service

- Investment: £1.2 million
- Staff compliment and referrals See Appendix 3

Local Authority

Tier 2 CAMHS* (weight management element)

- Investment: £98k
- Staff Compliment: 2 WTE
- Referrals: included in Tier 2 referral figures above*

Targeted therapeutic service for Children in Care

- Investment: £191000
- Staff compliment: MH Health Practitioners 2.8 WTE and Team Manager 0.7 WTE
- Referral numbers in 14/15 – 115

Service for children and young people impacted by parental mental illness/substance misuse.

- Investment: £71000
- Staff compliment 2 WTE
- Referral numbers n 14/15 – 66 (all seen initially within one week)

Specialised Commissioning

Please see Appendix 4

3.2 It is the intention of the CCG and Local Authority to publicise the Plan on the Children's Trust website as Halton retained the Children Trust structure when the Local Safeguarding Board was established, and the Local Authority web site as well as the CCG website once the Plan has been agreed. It is the intention to publish by end December 2015

4. Level of ambition

4.1 All the schemes identified within the Plan have been included as they are supported by a number of national documents or advised best practice from NICE. All schemes were required to demonstrate the evidence base before they could be included. Listed over leaf are the various sources of evidence base which under pin all the actions and schemes of work.

Type of Need	Age Range		Source of Evidence (NICE etc.)
	5-10 years	11-19 years	
Universal Provision & whole school approaches	Healthy Child Programme 5-19		http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_107566
	Healthy Schools Programme		http://www.education.gov.uk/schools/pupilsupport/pastoralcare/a0075278/healthy-schools
	NICE PH23 School-based interventions to prevent smoking		http://publications.nice.org.uk/school-based-interventions-to-prevent-smoking-ph23
Promoting mental health & wellbeing	NICE PH12 social and emotional wellbeing in primary education		http://publications.nice.org.uk/social-and-emotional-wellbeing-in-primary-education-ph12
		NICE PH 20 social and emotional wellbeing in secondary education	http://publications.nice.org.uk/social-and-emotional-wellbeing-in-primary-education-ph12
	NICE CG16 Self-harm: The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care		http://www.nice.org.uk/guidance/CG16
	NICE 131 Self-harm: longer-term management		http://publications.nice.org.uk/self-harm-longer-term-

		management-cg133
	NICE CG155 Psychosis and schizophrenia in children and young people: Recognition and management	http://publications.nice.org.uk/psychosis-and-schizophrenia-in-children-and-young-people-cg155
Social Factors	NICE CG158: Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management	http://publications.nice.org.uk/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people-recognition-intervention-cg158
	NICE PH44: Domestic violence and abuse - how services can respond effectively	http://guidance.nice.org.uk/PHG/44

4.2 The work streams/schemes within the Plan also capture what Halton intend to do to implement existing guidance around the new Early Intervention in Psychosis Access target for people aged 14 years and above and the new Eating Disorder Guidance. Some of the schemes such as the work around equalising the A&E offer for young people at our local trusts is as a result of the Crisis Care Concordat aspirations around:

- Access to services before crisis
- Access to quality services when in crisis
- Access to services to enable recovery
- Access to services to keep well

One of the major evidence based initiatives in Halton is around the implementation of the CYP IAPT in targeted CAMHS Services.

4.3 The EWB for YP Partnership Board are currently looking to develop a Quality Outcomes Framework to support monitoring of outcomes for young people to demonstrate if the system as a whole is delivering improvements in the EWB and mental health of young people in Halton. It is expected to include a mixture of quantities and qualitative data and KPI's and will be in addition to scheme specific outcome and KPI's.

4.4 At a service level individual services currently utilise a variety outcome measured to monitor effectiveness of delivery of services such as SHWEMWEBS. The LA are currently monitoring the outcomes of 21 young people accessing the Children in Care MH Service provided by Barnardos using CORS and SDQ's. *Also attached in Appendix 5* is a case study from the local INSPIRE project which is provided by a local third sector partner with Children in Need funding and also some case studies from our local Hidden Harm Project also provided by a third sector provider with LA funding. These evidence how local service include qualitative patient feedback as part of the monitoring of outcomes. (See Appendix 5)

5. Equality and Health Inequalities

5.1 Over the last 12 months there has been work undertaken regarding addressing the needs of some vulnerable groups such as clients of YOS and children in care. The LA decided to commission a bespoke service for Children in Care which is provided by a national third sector organisation (Barnardos) and works closely with local statutory and other third sector partners. As previously mentioned there is also on going work to address the inequalities gap for young people in Halton in YOS services with regard to them accessing CAMHS Services. The EWB for YP Partnership Board has also instigated contact with the local SARC service to ensure there are fast track referrals into the local CAMHS Service for on-going therapeutic input to victims of sexual abuse or CSE. Commissioners will ensure that in future contracts and renegotiation of current contracts they include requirements around CSE in line with latest reports and recommendations. There is a local authority provided specific CSE service who also work closely with the local CAMHS Services. Included in the Plan is a work scheme around expanding the offer from the Child Development Centre to include support for children with ADHD and ASD who are known to have a higher incidence of emotional well being/mental health issues as a result of their condition. These staff will also utilise specific IAPT methodologies for young people with ASD and LD. The recently re-procured Tier 2 service include support for children and young people with weight management issues and associated emotional wellbeing and mental health problems. The Emotional Wellbeing Service for young people (Tier 2) includes a priority fast track process for children from prioritised/vulnerable groups.

6. Governance

6.1 Halton have a multi-disciplinary and multi-agency partnership board - the Emotional Wellbeing for Young People's Partnership Board which is chaired by the clinical lead for children in the CCG. The group has a wide variety of stakeholders including a user representative and Health watch. The Board oversees the strategic direction of travel and service development in the borough

including the roll out of CYP IAPT. The Board is accountable for delivery of the children and young people's section of the all age MH strategy and Action Plan for Halton (which has formed the basis of the Transformational Plan). It holds to account a number of task and finish groups, subgroups and individuals for delivery of specific lines within the Plan. The group is accountable to the Mental Health Oversight Group which is chaired by the local elected member who is the MH Champion for the borough. This group will take over responsibility for delivery of the Transformational Plan for CAMHS including ED. Further information has been provided in section relating to Engagement and Partnership.

6.2 One of the key sub groups to the Board is the EWB Prevention and Promotion Group which works extensively with partners in schools, education, school nursing, health promotion, to promote awareness and training around MH issues. A particularly successful vehicle for this has been the Health Improvement Programme in schools (Healthitude) which covers a number of topics including emotional wellbeing and mental health issues.

7. Measuring outcomes

7.1 Baselines for those schemes for which baselines can be obtained are known and have been included in the tracker. All commissioned services include a range of outcome based and activity based key performance indicators which are managed via the usual contracting mechanism and any new schemes/services developed will also include a range of indicators. The major provider of targeted CAMHS services (5Boroughs Partnership) will be rolling out CYP IAPT from December 2015 which will utilise outcome measures set by the young people themselves, and it is intended that the specific outcome measures for children with ASD/ADHD within IAPT are utilised by the expanded nursing service for children with ADHD/ASD.

8. Finance

8.1 The schemes identified within the tracker have been costed and are aligned to the funding allocation for ED and CAMHS. The CCG have received the full year's allocation of the Eating Disorder funding. As per the information in the Tracker it is the intention of the CCG to jointly fund a Project Manager post with our collaborating CCGs (listed in the Tracker) to lead on the drawing up of a service specification, undertake the required consultation and engagement, procurement, mobilisation and transfer of clients to ensure there is an eating disorder service available for Halton that is compliant with all guidance. As a result there will be slippage monies that will be utilised to support non recurrent schemes/pilot work during 15/16 and possibly 16/17 until the recurrently commissioned service is in place.

8.2 It is unclear at this stage what funding will be made available from the proposed allocations and when it will be released into CCG baselines. As a result it is difficult to quantify exact spend in each quarter however as with the Eating Disorders funding there is an expectation that by the end of 16/17 the full allocation (and any freed up resource from ED) will be recurrently utilised in funding developments in the following main areas:

- Support for continuing the schools education pilot if evaluation is positive
- Filling the gap around clients of YOS with regard to accessing CAMHS via a dedicated worker
- Enhancing the skill set of the additional ASD/ADHD Nurses to implement CYPIAPT
- Investing in the Psychiatric Liaison service for young people (CART) at A&E's at both local trusts
- Improving identification and support for pregnant women and new mothers with perinatal mental health issues
- Working with specialised commissioning to develop a community based intensive support service to provide additional short term intensive interventions to young people moving towards crisis or who have presented to A&E in crisis to enable them to stay in the community via support to both them and family members, and also support step down cases.

8.3 A robust governance process will be implemented to oversee any non-recurrent spend. This is likely to be a small group of CCG and LA commissioners including public health who will evaluate proposals for their impact and delivery of outcomes before agreeing funding on a non recurrent basis. All schemes will need to demonstrate how they will deliver the aspirations of Future in Mind.

8.4

The spend identified within the Tracker spread sheet totals the £80k allocation due in November 15 and will be spent in the final quarter of the year due to the date of receiving the funding. Any underspend will be utilised non recurrently as previously advised – and any underspend on the Eating Disorder allocation will also be utilised in supporting CAMHS and the eating disorder agenda

8.5 A number of the work schemes identified in the Tracker Spread sheet will be implemented using existing resources via service redesign and collaborative working.

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