

Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



**TO EACH MEMBER OF THE
HEALTH AND WELLBEING BOARD**

23 November 2017

Dear Councillor

HEALTH AND WELLBEING BOARD - Wednesday 29 November 2017

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following revised report for:-

**7. Ensuring Good Mental Health and Wellbeing at Every Age -
Children and Young People are Emotionally Resilient**

To consider the Child and Adolescent Mental Health Services Local Transformation Plan.

Should you have any queries regarding the above please contact Sandra Hobbs, Senior Committee Services Officer on Tel: 0300 300 5257.

Yours sincerely

Sandra Hobbs
Senior Committee Services Officer
email: sandra.hobbs@centralbedfordshire.gov.uk

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CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of Meeting

29 November 2017

Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan

Responsible Officer: Anne Murray
Email: Anne.murray@bedfordshireccg.nhs.uk

Advising Officer: Karlene Allen
Email: Karlene.allen@bedfordshireccg.nhs.uk

Purpose of this report

1. Update on the Future in Minds Local Transformation Plan (LTP) for Children and Young People's mental health.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **note the Local Transformation Plan (LTP) which is an annually refreshed joint plan identifying how Bedfordshire and Luton are aiming to achieve the recommendations identified in Future in Minds and the Five Year Forward View for Mental Health;**
- **the refresh of the joint LTP was circulated to this board for comment in September 2017. The revised version attached was sent to East Of England region for comment on the 25 October 2017 in preparation for submission to NHSE on the 31 October;**
- **this is year two of a five year work programme 2015-2020 and the board are being provided with assurance against progress of the work plan for information and update.**

Progress report on work plan for the Local Transformation plan

2. The key priorities identified in the Local transformation plan are:
 - Implementation of an Eating Disorders community specialist service. (CEDS-CYP)

- Improvement in access and waiting times to CAMHS through developing crisis and community services.
 - Skilling up the workforce and embedding the principles of goal focussed outcomes developed collaboratively with Children and Young People. Identified as CYP - IAPT (Improved access to psychological therapies).
 - Development of Early Intervention and schools support
 - Development of Perinatal Mental Health services
 - Development of pathways for Vulnerable groups ie Autistic spectrum disorder /challenging behaviour / complex care/ LAC
 - Development of collaborative commissioning plans with Specialist Commissioning (NHS England) for Tier 4 beds (acute inpatient admissions for CYP with MH) and FCAMHS (Forensic pathways).
3. The refresh of the Local Transformation plan has been developed based on Key Lines of Enquiry submitted by NHS England. (Appendix 1)
 4. The refreshed version of the Local Transformation plan has been circulated and consulted on through September and October 2017.
 5. The revised version includes changes proposed by CBC Health and Wellbeing Board and BBC Health and Wellbeing Board and is currently with the East of England regional team for comment prior to submission to NHS England. (Appendix 2)
 6. The embedded implementation plans identifying how the plan will be achieved are work in progress for delivery by October 2018 .These will be managed through the task and finish groups for each work stream and monitored by the Future in Minds Steering group .
 7. As part of the Shared Planning Round, every CCG has agreed trajectories for 2017-18 and 2018-19 that set out the number of additional CYP they will treat in each of those years. These trajectories should be in line with the national trajectory aim of 30% in year one and 32% in year two. The assumption is that similar trajectories will be agreed in future planning rounds, building to the 35% target by 2020.
 8. ELFT have submitted a business proposal to achieve these trajectories which will require joint decisions across health and social care to achieve the requirements identified as part of Five Year Forward view for mental health.

Financial and Risk Implications

9. Allocated funding

2015/16 CAMHS LTP funding allocation £795k + Schools pilot £50 K
2016/17 CAMHS LTP funding allocation £925k +Eating Disorders
£227k recurrent until 2020.

2017/18 CAMHS LTP funding allocation £925k +Eating Disorders £227k recurrent until 2020.

10. This money has not been ring fenced by NHS England and has been base lined into Clinical Commissioning Group budgets. BCCG have committed to protecting this funding for CYP mental health transformation.
11. The trajectories identified by NHS England for access to CAMHS services will require additional investment across health and social care to ensure waiting lists do not increase and caseload sizes are safe.

Governance and Delivery Implications

12. A Quarterly Future in Minds steering group has been established with representation from Bedford Borough Council, Central Bedfordshire Council, Luton Borough Council, Bedfordshire Clinical Commissioning group, Parent / Carer forum (SNAP), East London Foundation Trust and CHUMS.
13. The steering group reports to the executive board in BCCG / LCCG and the three Health and wellbeing Boards across Bedfordshire and Luton.
14. The Future in Minds steering group develops and monitors progress against the multi-agency action plan attached to the Local Transformation Plan. See Appendix 1
15. Initial proposals identify that the refresh of the LTP for this year needs to encompass the wider CYP mental health and wellbeing strategy. Guidance is awaited for the refresh of the Local transformation plan due in October 2017.

Equalities Implications

16. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

17. The following organisations have been consulted in preparing the local transformation plans:

Bedford Borough Council (BBC)
Bedfordshire Clinical Commissioning Group (BCCG)
East of England Strategic Clinical Network
Specialist Commissioning – NHS England
Public Health (BBC/ CBC/ LBC)
Central Bedfordshire Council (CBC)
Luton Borough Council (LBC)
Luton Clinical Commissioning group (LCCG)
Education sector
Criminal Justice Sector
South Essex Partnership trust (SEPT)
East London Foundation Trust (ELFT)
Bedford Hospital
L&D Hospital
Parent Carer forums
Children and Young People
Voluntary Sector

Implications for Work Programme

18. Future reports updating on progress against the LTP implementation plans to be shared with the Health and Wellbeing Board.
19. Implementation Plans embedded in Appendix 2.

Next Steps

20. Bedfordshire and Luton are working jointly with Milton Keynes to align mental health strategies across the STP footprint to ensure the requirements align with Future in Mind, 2015 and the Five Year Forward View for Mental Health.
21. The local transformation plan and evolving action plan is scrutinised by NHSE on a quarterly basis to ensure the five year funding is being used to build capacity and resilience across the system to improve measurable outcomes for Children and Young people's mental health and emotional wellbeing.
22. The work plan supporting the LTP is a dynamic plan which is updated quarterly has been developed in partnership with parent/carers, children and young people and contributed to by all organisation stakeholders working with the local community to promote, improve and support children and young people at risk of/ with emotional wellbeing and mental health needs.

Appendices

Appendix 1

Local Transformation Plan including implementation plans

Background Papers

Key Documents:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf>

<https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

<http://everyonesbusiness.org.uk/wp-content/uploads/2014/06/Joint-Commissioning-Panel-perinatal-mental-health-services.pdf>

<http://everyonesbusiness.org.uk/wp-content/uploads/2014/06/Joint-Commissioning-Panel-perinatal-mental-health-services.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

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Bedfordshire Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2017-2020



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Luton Council

Bedfordshire Clinical Commissioning Group
Luton Clinical Commissioning Group

Bedfordshire Clinical Commissioning Group and Luton Clinical Commissioning Group would like to thank partners and colleagues for their collaboration in producing this plan.

Bedford Borough Council

Bedford Hospital Trust

Bedfordshire Clinical Commissioning Group

Central Bedfordshire Council

CHUMS

East London Foundation Trust

Essex Partnership University Trust

Luton and Dunstable Foundation Trust

Luton Borough Council

Luton Clinical Commissioning Group

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Bedfordshire Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2017-2020

1. Introduction

The national review, Future in Mind¹, established a clear direction and key principles about how to make it easier for children and young people to access high quality mental health care when they need it. Bedford and Luton Clinical Commissioning Groups (BCCG and LCCG) in partnership with local stakeholder organisations, are reviewing their current Child and Adolescent Mental Health Services (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.

This plan outlines the strategic priorities for promoting and improving the emotional wellbeing and mental health for children and young people (CYP) in Bedfordshire which include Bedford Borough, Central Bedfordshire and Luton Borough Council areas. It provides a vision for Bedfordshire 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.

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. It has also been agreed through the Bedfordshire Mental Health and Wellbeing Strategic Transformation Steering Group.

Bedfordshire and Luton's Child and Adolescent Mental Health Services (CAMHS) are provided by the East London Foundation Trust (ELFT) and are supported by the local emotional wellbeing service, CHUMS.

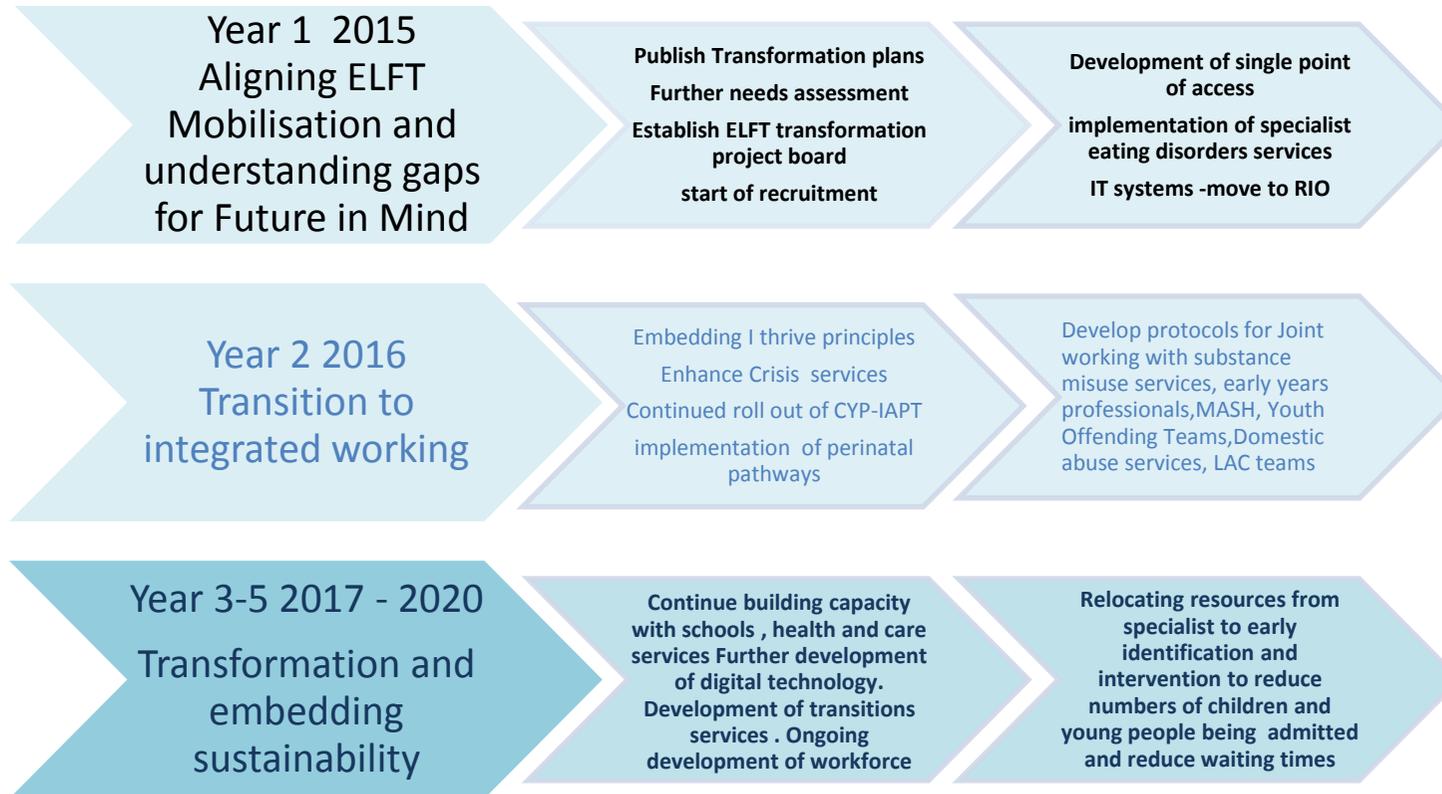
2. Our Vision

Our objectives to achieve this vision are to

Our vision is that our children, young people, their families and professionals can access timely and responsive emotional and/or mental health information, advice and support and they have opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop personal resilience and build positive relationships.

- Promote, protect and improve our children and young people's (CYP) mental health and wellbeing whilst driving the transformation of local services and support that is available.
- Deliver clear and co-ordinated whole system pathways.
- Deliver extra capacity and capability across children's and adolescent mental health services which will improve outcomes for CYP in Bedfordshire
- Embed the overarching principles of integration that will allow organisations the opportunity to exploit areas of commonality to extend boundaries and develop seamless ways of working that can be aligned with the wider STP footprint which incorporates Milton Keynes.

3. A snap shot of where we have come from and where we are now



3.1 Bedford and Central Bedfordshire’s snap shot

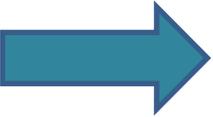
Where we came from in Bedfordshire		Where we are now in Bedfordshire
Multiple referral routes and rigid criteria for services		The Bedfordshire CAMHS single point of entry has been established by ELFT which processes cases on a weekly basis with tier 2 partners (CHUMS). All referrals are either signposted to other external partners dependant on need or allocated into the most appropriate team and assigned a clinician on the same day
A lack of professional awareness of local services		A directory of services has been produced by the Bedford and Early Help Teams which has been distributed widely. ELFT are also collating a full list of community providers to support the work of SPOE. CAMH stakeholder events are now running to share information about CAMH services across Bedford and Central Bedfordshire
A lack of early intervention and prevention outcome information		A quarterly quality report now outlines the outcomes and changes that CAMH have implemented. This report is seen by the quality team at BCCG
Limited early intervention group and family support		A targeted Early Help Team is in operation across both local authorities focusing on the rapid access to targeted interventions for children facilitated at an early stage of need; including joint health and social care assessments and consultation for the Team Around the Child, focusing on the principle of strong, collaborative partnership working between agencies. The targeted CAMHS workers are embedded in each of the Early Help teams within both local authorities

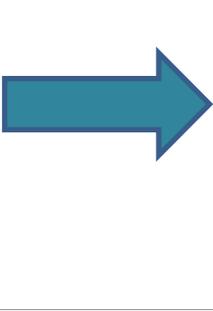
<p>Limited early intervention and prevention individual support</p>		<p>and are providing integrated support to children, young people and their families.</p> <p>The CAMH School Programme has been introduced into Upper schools and Colleges and CHUMs programme into Middle lower and primary schools.;</p> <p>A Bedford and Central Bedfordshire whole school approach to mental health and wellbeing project is being developed</p> <p>The School Nursing service provide tier 1 and 2 support in all schools.</p> <p>Embedded CAMH workers in Early Help teams are improving access to services and support at an early stage</p>
<p>A lack of integration and clarity on ASD and transitioning pathways</p>		<p>A local autism multi-agency Strategy Group has established to ensure that the pathway meets local need and national statutory requirements and transition pathways are integrated and smooth.</p>
<p>The need for better communication between providers</p>		<p>ELF is working more collaboratively with voluntary providers and partner service, CHUMs as well as schools and early intervention teams</p>
<p>Difficulty accessing inpatient beds</p>		<p>ELFT are proposing a business plan for a more local children and young persons’ inpatient unit</p>
<p>Inability to manage increased demand for MHW services including neurodevelopmental assessments</p>		<p>A local autism multi-agency Strategy Group has established to identify any risks regarding service delivery, workforce capacity, standards of care and financial implications for the implementation of the pathway.</p>

Gaps in service provision due to tiered service structure		The Bedfordshire CAMHS single point of entry has been established and regular team meetings are held for every specialist CAMH team to ensure lines of communication are open and gaps in service provision are avoided.
Core CAMHS waiting times between 11 and 18 weeks		The majority of cases are now seen within 5 weeks and figures show that this time is on a downward trend
Limited support for those in mental health crisis		A dedicated CAMHS Crisis Service and 16 plus Street Triage Service is now operational

3.2 Luton’s snap shot

Where we came from in Luton		Where we are now in Luton												
Multiple referral routes and inconsistency of usage of criteria		All referrals are screened daily due to the introduction of the Clinician of the Day. A weekly referral meeting is held attended by the same senior clinicians which has made significant improvements to accessibility to the service and appropriate signposting to alternative providers when required												
Lack of awareness of the role of CAMHS from other organisations		Quarterly stakeholder events are held to provide information to the community of the role of CAMHS and attendance from partner agencies has increased. Training has been provided to GP Forums, Junior Doctors training programme, A&E and Paediatric teams												
Waiting Times were between 11 and 18 weeks for both assessment and treatment		Luton CAMHS have reduced their waiting times for assessment from @ 12 weeks to an average of 5 weeks from the date of referral and an average of 8 weeks for treatment to commence												
Rate of DNA’s for first appointment and follow up		<p>The DNA rate for both first assessment appointments and follow up has significantly reduced following a Quality Improvement project to address this and the results for 2017/18 Q1 are below</p> <table border="1" data-bbox="1355 1141 2038 1244"> <thead> <tr> <th></th> <th>April</th> <th>May</th> <th>June</th> </tr> </thead> <tbody> <tr> <td>DNA 1st Appointment</td> <td>16%</td> <td>9%</td> <td>11%</td> </tr> <tr> <td>DNA Follow up Appointment</td> <td>13%</td> <td>8.8%</td> <td>9%</td> </tr> </tbody> </table>		April	May	June	DNA 1 st Appointment	16%	9%	11%	DNA Follow up Appointment	13%	8.8%	9%
	April	May	June											
DNA 1 st Appointment	16%	9%	11%											
DNA Follow up Appointment	13%	8.8%	9%											

<p>Limited support for children and young people in crisis.</p>		<p>The introduction of the dedicated Crisis Workers has been well received by L&D colleagues both in A&E and Paediatrics. The Crisis Workers operate until 9.00 p.m. Monday to Friday and 10.00 – 14.00 at weekends. This has reduced the amount of young people admitted to paediatric wards and reduced the length of stay for those who have required a short-term stay.</p>
<p>Difficulties accessing in-patient beds</p>		<p>Although there are relatively small amounts of young people requiring in-patient beds from Luton, staff have been more proactive in securing in-patient beds in advance of a crisis. The Coburn Unit (ELFT) has been used on occasions which has enabled more joint working across in-patient and community care. The service is in discussions with colleagues from Luton & Bedfordshire CCG’s regarding the possibility of a Tier 4 provision being developed within the local area.</p>
<p>Communications and Links with Partner Agencies</p>		<p>Considerable work has been undertaken to establish more effective communication with partner agencies. The Children’s Trust Board and Emotional and Well-Being committee have been re-established and CAMHS are well represented at meetings. The ACD provides support and advice as a ‘Critical Friend’ to senior colleagues within the LA/CCG. Re-established working relationships with YOS and MASH. The Local Authority has funded 2 new posts from Stronger Families to enable CAMHS staff to support this agenda for both the children/young people and the parents/carers. CAMHS staff have re-established links with Children’s Centre and Health Visitors as part of the wider Flying Start Strategy.</p>
<p>Lack of clarity of service provision between CAMHS and Edwin Lobo Centre</p>		<p>CAMHS staff have been working alongside ELC, Local Authority, CCG and other colleagues to develop pathways for ASD and ADHD to enable a more seamless pathway of care for this vulnerable group.</p>

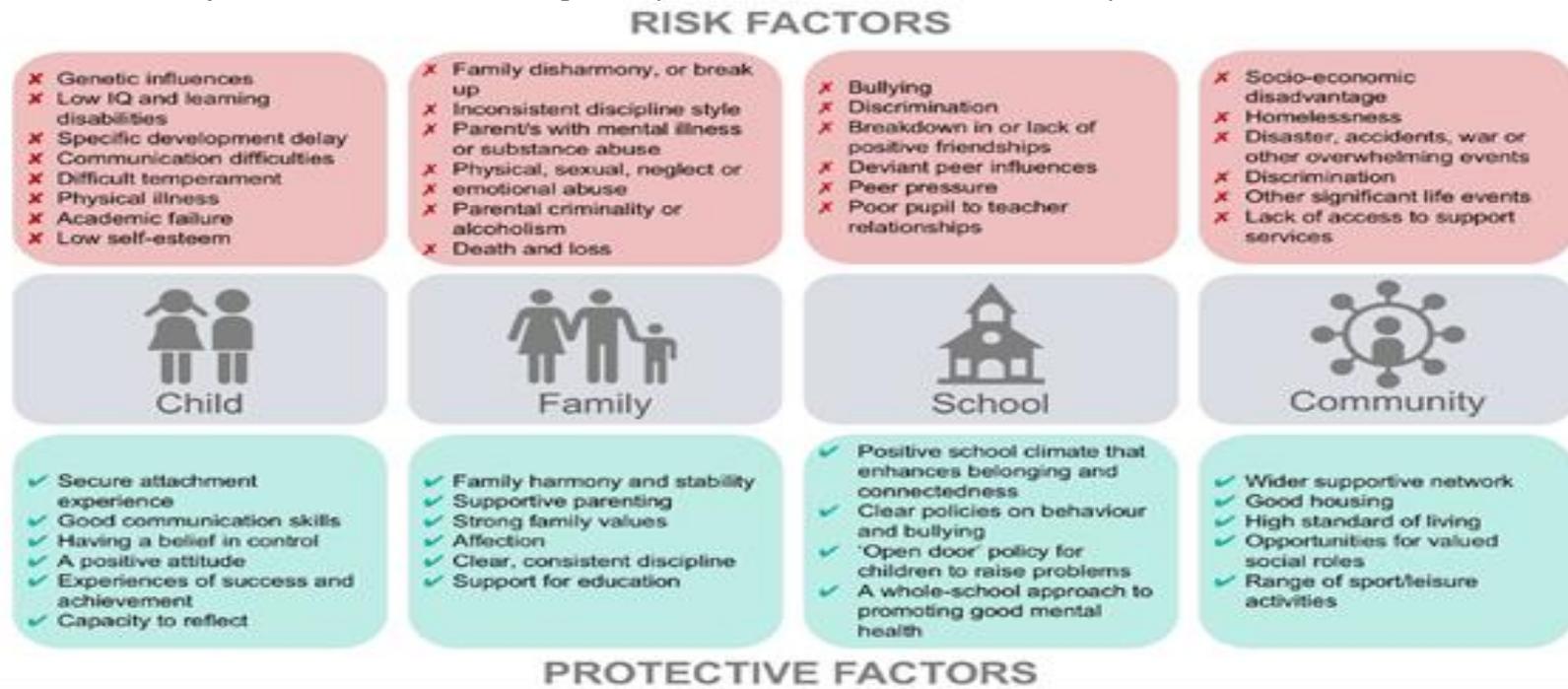
Mental Health Needs Analysis		CAMHS has contributed to the Children and Young People’s Mental Health Analysis and are represented on all 4 work streams to address the findings
Limited Early Intervention and Prevention		Due to reductions in funding CAMHS are only commissioned to deliver a Tier 3 service at this time. However, an increasing number of schools and education provisions have purchased CAMHS consultation and support via the Traded Model. This is well received and also includes the local Sixth Form College. CAMHS has an Early Years provision to support early intervention and prevention for 0 – 5’s and families/carers as part of the Flying Start Strategy
Specialist Eating Disorder service		The introduction of a dedicated countywide Eating Disorder service has been able to provide rapid support to young people with eating disorders and avoid admissions wherever possible. The service has also benefitted from being part of the National Eating Disorder training and supported by an National & International Consultant Psychiatrist during it’s development.
Transition of young people to other services		Considerable progress has been made to make the transition of young people into adult mental health and/or learning disability services more effective. Regular meetings are held with colleagues once a service user reaches 17/17.5 years of age.
Service User Participation		Considerable work has been done to increase service user participation within the service. All interviews for clinical staff have service user representation as part of the selection panel and this has proved very effective. A Gardening Project Initiative has been established. The purpose is to support young people with low mood/social anxiety to engage with others through working on something collectively. Regular service user groups continue to be held where

		<p>feedback from young people is collated by the service user participation lead and passed immediately back to the local senior leadership team. They are consulted on service development and involved in staff recruitment. The programme is also involved in promoting the following initiatives across the service.</p>
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4. Our population of children and young people

Bedfordshire (consisting of Bedford Borough, Central Bedfordshire and Luton Borough Councils) 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 (CB) and Bedford Borough (BB) have a growing population and is expected to increase to 71,800 and 44,800 by 2025 CB and BB respectively.ⁱⁱ

We know that some children and young people are more at risk of mental ill health than others. Promoting and developing protective factors can help to prevent problems, aid recovery and contribute to achieving more positive outcomes. These risk and protective factors are shown below.



Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

Source: Public Health England: The mental health of children and young people in England, December 2016)

CYP who....	Are LAC	Live in poverty	Have experienced neglect	Are CIN	Are babies who have parents affected by DV, MH, drugs or alcohol	Are teenage parents	Have SEND	Are NEET
Luton	357 (Dec 2016)	25%	42% (subject to CP plan for neglect 31 st March 2017)	1906 (Aug 2017)	Est 21,000	Conception rate 22.3 per 1000 (2017)	4707	3.3%
Central Bedfordshire	287 (March 2016)	12.7%	10%	1461	26%	85 (2014)	5996	3.1%
Bedford Borough	256(March 2016)	16.8%	13.6%	753	26%	75(2014)	3,773	5.4%

Table 1

The table above (Table 1) shows the numbers and percentages of vulnerable CYP 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 96th, Central Bedfordshire is ranked 138th and Luton 47th with deprivation score of 27.58 out of 152 local authorities (IMD 2015)^{vi}.

5. What we know about our children and young people's emotional and mental health and wellbeing

5.1 Emotional wellbeing

The Bedford Borough, Central Bedfordshire and Luton Borough JSNAs on children's mental health and wellbeing provide up to date data and information about the needs of children and young people, our services and key recommendations for the futureⁱⁱⁱ.

The emotional health and wellbeing of children is just as important as their physical health and wellbeing. Over the past few years there has been a growing recognition of the need to make dramatic improvements to mental health services for children and young people (CYP). Many mental health problems can be prevented. Understanding the early signs of and causes of emotional distress and intervening early can prevent problems escalating into diagnosable MH disorders needing specialist services.

Nationally, levels of happiness and confidence have dropped. The Princes Trust Youth Index score 2015 was 71; a decrease on last year's index of 72^{iv}. **In Central Bedfordshire and Bedford Borough positive life satisfaction scores (2014/15) amongst 15 year olds were higher than the East of England and national percentages, however, Luton's scores are lower at 57% compared to East of England 62.8%.**

ChildLine reported 315,111 counselling sessions nationally in 2015, with the primary concerns being family relationships, bullying, physical abuse and self-harm. The Bedford and Central Bedfordshire School Nursing Service also reported that nearly 50% of the young people attending school drop-ins are presenting with issues around emotional wellbeing and anxiety (2015/16). In Luton, local school survey work undertaken in 2016 showed an increase in anxiety in students in recent years. One school reported that in year 11 nearly 20% of the year group had levels of anxiety where advice from a GP was sought.

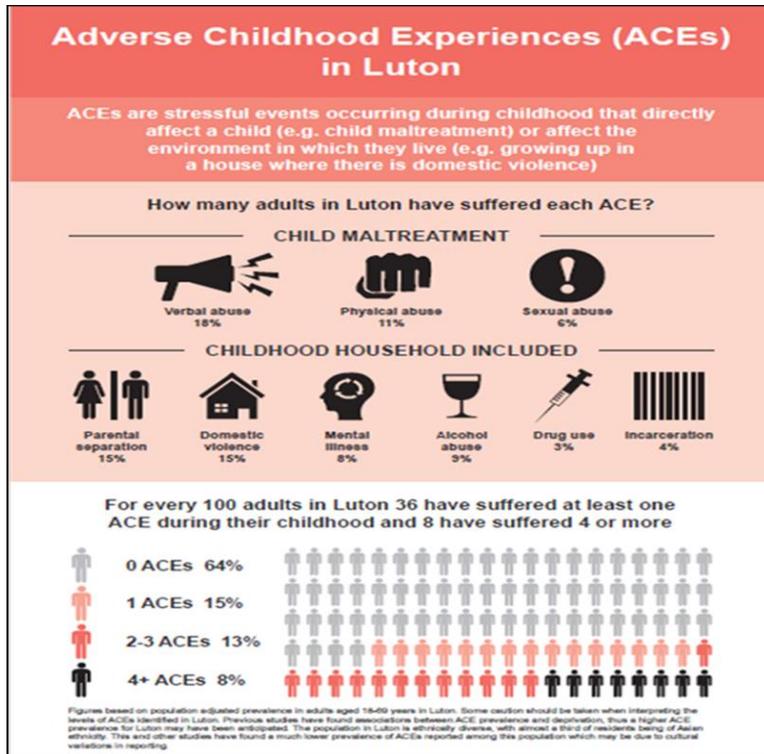
Locally, the 2015/16 Schools Health Education Unit Emotional Wellbeing Survey, of 4416 year 5-12 pupils from 48 Central Bedfordshire schools, revealed that more than 1 in 10 children and young people sometimes felt so worried that they found it hard to concentrate on anything. Over a third (36%) of Year 8, 10 and 12 pupils were also found to have low resilience scores. 11% of younger pupils and 17% of older pupils did not get sufficient sleep to feel awake during the day and 42% (younger) 22% (older) pupils sometimes felt afraid of going to school due to bullying. However, fewer Central Bedfordshire 15 year olds were recently bullied in 2014/15 compared with the East of England percentage (52.1% and 56.4% respectively). The results of the 2014 Bedford Borough schools' Emotional Wellbeing survey tells us that most children and young people are happy most of the time.

however, the percentage of pupils who reported feeling sad was higher in those over 14 years of age.

Our new CAMH specialist schools team reported 45 referrals in the last 2 quarters of 2016/17. This is increasing each quarter.

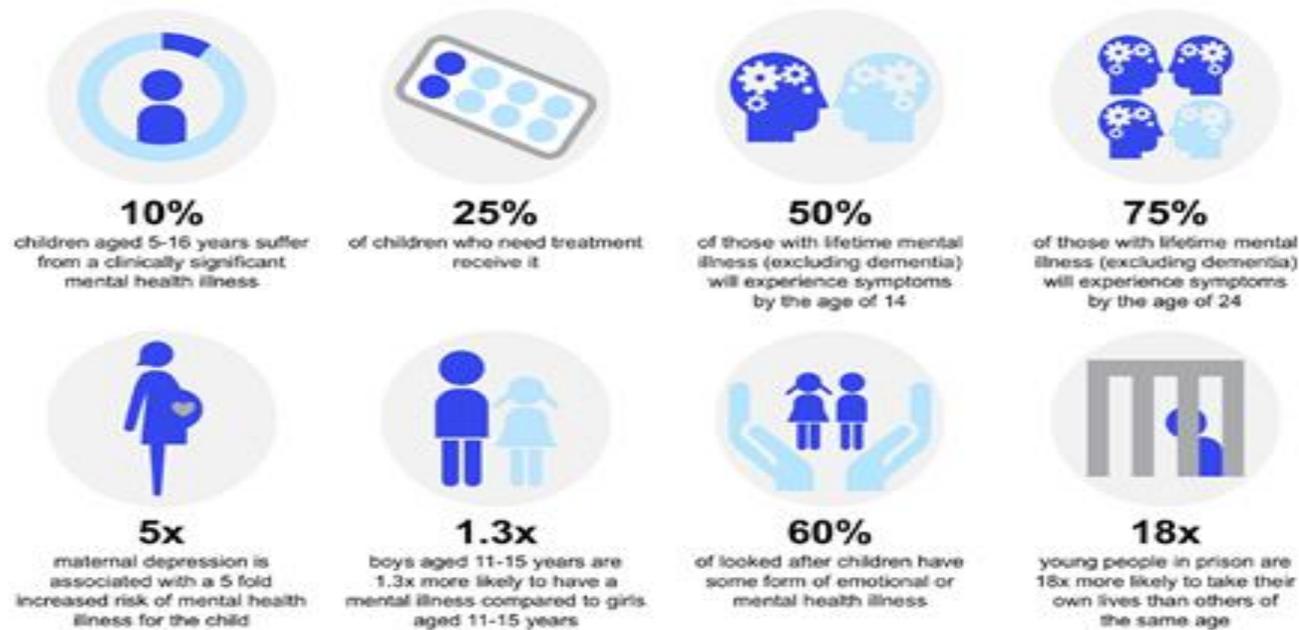
The 2015 SHEU survey in Luton was completed by 513 boys and 579 girls in primary school, and 727 boys and 1114 girls in secondary schools. 59% of primary school children and 48% of secondary school children stated that they worry about at least one of the issues listed. 41% of primary school children said that they very often, often or sometimes felt afraid to go to school because of bullying. This figure was lower in secondary schools, with 19% stating the sometimes, often or very often felt afraid to go to school because of bullying.

In 2016 Luton commissioned Liverpool John Moore University to carry out a study on Adverse Child Experience as an indicator of health and wellbeing. The results are as follows:



5.2 Mental ill health

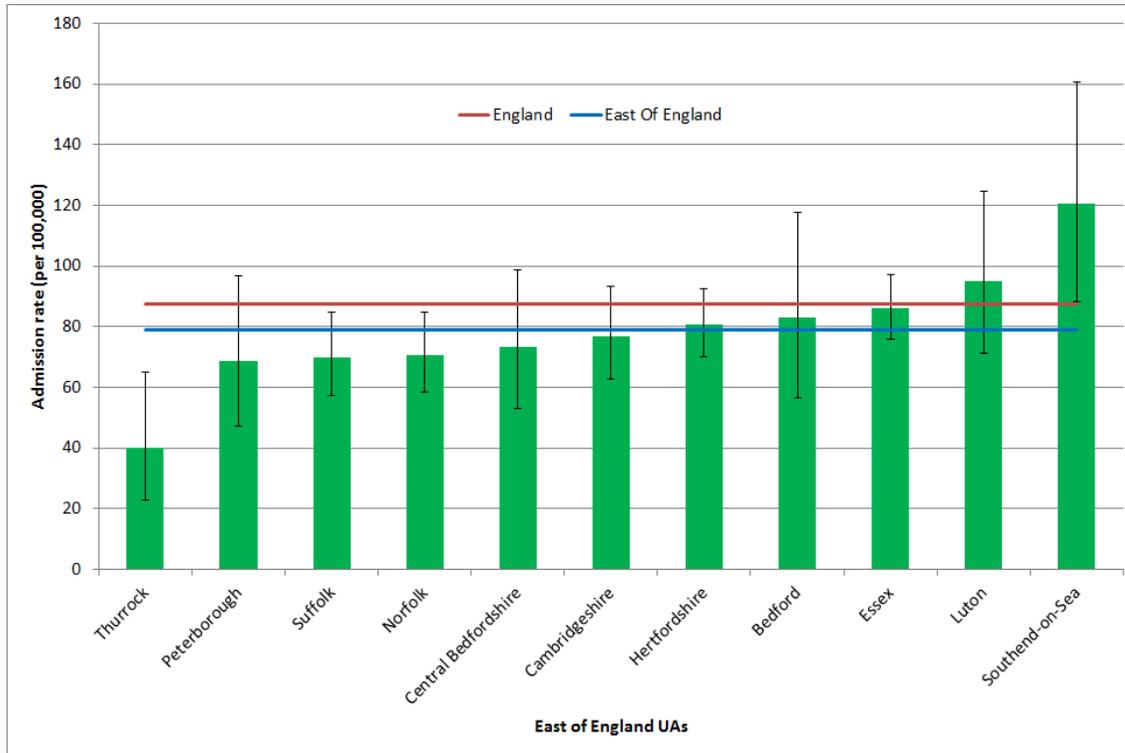
The national picture of children and young people's mental health issues are shown below.



Source: Public Health England: The mental health of children and young people in England, December 2016)

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

Locally, hospital admission rate for 0-17 year olds for mental illness (2015-2016) in Bedford and Luton are high compared to the East of England. Luton are also above the England average, as shown in the bar graph below.



Graph 1. Source: Children’s and Young People’s Mental Health and Wellbeing (PHE)

Measuring self-harm rates is extremely difficult as most individuals do not contact a health professional regarding their self-harm. Therefore nationally, in order to develop a consistent picture, each CCG measures the number of hospital inpatient episodes where self-harm is indicated. For Bedfordshire patients, this number increased by 45% between 2011/12 to 2014/15. Then for the last three financial years has remained at a constant level of around 150 inpatient episodes, for Bedfordshire children and young people, per annum.

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

Within Bedford and Central Bedfordshire the School Nursing teams offer drop-in sessions in secondary schools, which young people can attend. **In 2016/17 the School Nursing teams had 1,683 contacts with young people**, of which 229 were self-harm related (13%). Of these, 202 were with girls, and 27 contacts with boys.

The number of children and young people in Bedfordshire and Luton who have a diagnosed mental health disorder are shown in table 2 below:

Disorder type	Luton Age 5-16yrs	Bedford and Central Bedfordshire Age 5-16yrs	Total
Emotional disorder	1,301	2,123	3,424
Conduct disorder	2,145	3,285	5,430
Hyperkinetic disorder	589	890	1,479
Mental Health disorder	3,453	5,506	8,959
Less Common disorders	298	867	1,165
Autistic spectrum disorders	340	812	1,152
Estimated No: of children as at 2015 Age 16-19yrs			
Mixed anxiety and depressive disorder	887	1,678	2,565
Generalised anxiety disorder	150	283	433
Depressive episode	182	344	525
All phobias	139	263	402
Obsessive compulsive disorder	96	182	278
Panic disorder	53	101	155
Any neurotic disorder	1,422	2,689	4,111

Table 2. Source: PHI Luton Borough/Bedford Borough/Central Bedfordshire Councils

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

The Bedfordshire CAMH Service Single Point of Entry (SPOE) recorded the following referral figures for 2016/17:

Team	Q1	Q2	Q3	Q4	YTD
Central Bedfordshire Emotional & Behavioural	147	121	173	149	590
Bedford Emotional & Behavioural	62	66	83	72	283
Adolescent Mental Health	45	30	77	34	186

Table 3

Luton CAMHS received a total of 1113 referrals for 2016/17 of which 829 were accepted into the service and 284 signposted to other services

Luton	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Received	87	113	109	103	67	74	81	85	81	90	97	126	1113
Accepted	62	79	81	73	45	56	62	67	62	71	76	95	829
Not Accepted	0	0	0	0	0	0	0	0	0	0	0	0	0
Sign Posted	25	34	28	30	22	18	19	18	19	19	21	31	284

Table 4

5.3 The mental health of our vulnerable groups

Children and young people known to the Criminal Justice system

Children and young people known to the Criminal Justice system are a particularly vulnerable group in respect of emotional and mental health concerns and prevalence. Research has long demonstrated the significantly higher levels of such issues in this group as compared with the general adolescent population. Children and young people known to the Criminal Justice system have complex needs and challenging circumstances with far higher prevalence of SEN (2015/16 national research project showed this as at least 50-60% of open YOS caseloads) as well as significantly higher proportion with communication difficulties than those in general adolescent population. There is an accepted link between some disorders and a risk of offending. This vulnerable group are at risk of criminalization by their needs and complexities⁽ⁱ⁾

In 2016/17 24% of the young people known to the Bedford and Central Bedfordshire Youth Offending Service (YOS) had a referral for Mental Health intervention; three quarters of them had not previously received any support prior to being open to the YOS. The national assessment tool used by YOS ASSET Plus contains a module in relation to emotional and mental health. In terms of overall prevalence of need– 50% of the children and young people known to the YOS in 2016/17 had a risk level of medium; high or very high in relation to their wellbeing. Thus, half the total open caseload were determined to have issues of emotional and mental health. As previously stated just under one quarter of the total open caseload met the threshold for a CAMHS referral to the seconded worker.

In Luton in 2016/17 20% of the young people known to the Youth Offending Service (YOS) had a referral for Mental Health intervention; this is skewed by a period where YOS had a vacancy with the Seconded CAMHS post which can depress referrals. Analysis of the mental health information derived from Asset plus revealed that 60% of our young people had a prevalence of need in relation to their emotional wellbeing aggregating the risk level of medium; high or very high for the judgements of this area. Thus 3/5ths of the Luton caseload were determined to have issues of emotional and mental health, although 20% met the immediate threshold for a CAMHS referral to the seconded worker, we would expect that figure to rise this year with full provision of staff now in place.

Looked after children

The adverse health and wellbeing outcomes for looked after children (LAC) 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. Nationally the emotional wellbeing score for LAC 5 to 15 years is 14. Both Bedford and Central Bedfordshire looked after children have higher wellbeing scores than Luton’s LAC score of 13.8 which is lower than the national average. In Central Bedfordshire, there were 287 (March 2016) children in care and 248 in care in Bedford Borough (July 2017). This number is increasing slowly: it grew by 4.4% between March 2015 and March 2016^v. In Luton, data from Luton Borough Council has shown that in August 2017 the caseload of looked after children was 357 with the numbers increasing and with 36 unaccompanied asylum seeker children (UASC).

Our Bedford and Central Bedfordshire specialist CAMH LAC team recorded 79 LAC referrals into the single point of entry in 2016/17.

The percentage of looked after children in 2015/16 where there is cause for concern following their SDQ, is not statistically different in Central Bedfordshire and Luton compared with the East of England average, however it is statistically higher for Bedford which is close to the regional worst^{vi}.

Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March 2015/16



Accompanied and unaccompanied asylum seekers

Children rely on the positive attachments with their care givers to develop an internal working model of the world and their safety within it ^{vii}.

For refugee families there are many mixed and complicated emotions and events which culminate in their granted refugee status, itself only a temporary respite. For these children, who may lack a cognitive understanding of the events that are occurring to them, there is the pain of the events that caused their family to seek safety, the distress of leaving a home, the possible preoccupation of carers who may lack resources to help the child, as well as the long, tiring and often dangerous journey to an unfamiliar country with a different language and culture. This immense change has to be endured during a time of vulnerability and uncertainty about their future safety. The impact of these life events on the caregivers also has a significant effect for the children. Where caregivers are unable to mediate the impact of events because of their own difficulties children are more likely to experience symptoms of physiological and emotional anxiety^{viii} which may be noticed only by adults outside of the immediate family.

While many of these children may seem cognitively bright and alert to the point of being able to learn a new language and seemingly adjust to a new school; they may not be able to show creativity, good memory recall or avoid risk taking. In these children making appropriate behavioural choices and making sense of current situations and being able to recount a history of events was poor^{ix}. The Health of Londoners project (1999) suggested that most refugee health problems are related to psychological issues linked to trauma, isolation from friends and community, racism or discrimination and most problems are related to the difficulty adjusting to the change in life circumstances. The basic task for professionals working with this group is to recognise the complex interplay of psychosocial problems to promote communication and empowerment rather than victimisation^x.

The specialist CAMH looked after children team, has seen 10 Unaccompanied Asylum Seeking Young People between December 2016 until July 2017. The young people seen originate from various countries, including Iraq, Vietnam and Africa (i.e. Nigeria, Democratic Republic of the Congo and Ethiopia). On average, the team have received one referral a month since December 2016, in relation to Unaccompanied Asylum Seekers. The ages of the 10 young people at the time of the referral were between 16-17 years old. Three of the ten young people continue to be open to the CAMHS LAC Team, with one receiving ongoing therapeutic intervention. Psychotherapy is being provided to the one young person receiving ongoing support. Of the 3 remaining open, a common presentation is feelings of isolation and low mood.

Children at risk of sexual exploitation

Child sexual exploitation has been shown to affect physical (including sexual) and mental health and well-being^{xi}. The exact number of children at risk of sexual exploitation across Bedfordshire is not known. However, we can gain an idea of the scale of this problem from the CSE investigations carried out in recent years. The Independent Inquiry into Child Sexual Exploitation in Rotherham published in 2014 estimated that 1,400 children were sexually exploited in Rotherham between 1997 and 2013. We also know that around 20 – 25% of victimised children and young people are 'looked after'. Children and young people living at home can be just as vulnerable, if not more vulnerable as they may not be known to social services and therefore are less likely to be identified as vulnerable to child sexual exploitation. Early recognition and intervention is crucial to support children and young people children who have been a victim of CSE.

Black and ethnic minority children

Black and minority ethnic (BME) young people are under-represented in Child and Adolescent Mental Health Services (CAMHS), across the teams in Bedford and Central Bedfordshire CAMHS (both of our Emotional Behavioural Teams, Adolescent Mental Health Team, Looked After Children and School Programme Team) they make up a proportion of approx. 8% of the total active caseload (this figure does not include those families where ethnicity has not been stated).

5.4 The mental health of our Future in Mind priority groups

Women with perinatal mental health needs

Applying the estimated prevalence of national perinatal mental health to projected births gives the projected prevalence across Bedfordshire, as shown in table 5 below.

Indicator / estimated prevalence rate	NHS Bedford and Central Bedfordshire (2021) (based on projected number of births: 5552)	Luton (2021) (based on projected number of births 3,400)
Postpartum Psychosis 2/1000	11	6.8
Chronic SMI in perinatal period 2/1000	11	6.8
Severe depressive illness 30/1000	166	102
Mild moderate depressive illness and anxiety in perinatal period (lower estimate) 100/1000	555	340
Mild moderate depressive illness and anxiety in perinatal period (upper estimate) 150/1000	833	510
PTSD in perinatal period 30/1000	167	102
Adjustment disorders and distress in perinatal period (lower estimate) 150/1000	833	510
Adjustment disorders and distress in perinatal period (upper estimate) 300/1000	1666	1020

Table 5

An estimated 500-800 women in Bedford and Central Bedfordshire are affected by mild to moderate depression during the perinatal period each year. In Luton this is estimated to be between approximately 300 and 500 women. Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

Maternal depression is also the strongest predictor of paternal depression which is estimated at 4% during the first year after birth.

Children and young people with eating disorders

The Bedfordshire Community Eating Disorder Service recorded 65 referrals in the year 2016/17 and 45 referrals in 2017/18 up to August 2017.

The number of open cases to Luton & Bedfordshire Community Eating Disorder Service since inception is shown in table 6 below

April 16	May 16	June 16	July 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	April 17	May 17	June 17	July 17	Aug 17
0	0	0	29	28	34	33	44	47	47	48	51	54	54	58	58	62

Table 6

Caraline, our Eating disorder service for young people transitioning between child and adult services saw a total of **58 clients in the year 2016 – 2017.**

Children and young people with LD or neurodevelopmental disorders

Young people with learning difficulties 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^{xii} The incidence of children with severe learning disability alone is expected to rise by 1% year on year for the next 15 years.^{xvii}

People aged 18-24 predicted to have autistic spectrum disorders in CBC is likely to increase as table 7 below shows

2014	2015	2020	2025	2030
198	200	184	186	208

Table 7 produced on 04/11/16 from www.pansi.org.uk version 8.0

It is difficult to get accurate data about the children and young people who are being assessed for ASD but referred for other reasons. However, our specialist CAMH Neurodevelopmental Team operating across Bedfordshire have reported 164 referrals into their service for the year 2016/17. The Community Paediatric Service (Essex Partnership University Trust) also received 421 referrals in 2016 for ASD assessments of which Preschool 0-4 yrs : 37%, 5-9 yr olds : 36%, Over 10 yrs: 27%.

The percentage of school aged children identified as having a social and emotional mental health need is similar to the England average in Central Bedfordshire and Luton but is statistically significantly lower in Bedford. However compared to the regional average, Bedford shows a lower percentage and Luton a higher percentage whilst Central Bedfordshire remain at a similar level of need.^{xiii}

Children and young people with SEND

A partnership approach between Bedfordshire Clinical Commissioning Group, Bedford Borough and Central Bedfordshire to plan and deliver a collaborative and proactive Education, Health and Social Care system is under development to best support the needs of young people as they transition into adulthood and for the duration of their adult life. The focus is upon encouraging and enabling optimum levels of independence whilst also taking account of the growing needs of people with multiple long term conditions, together with those who are vulnerable and at high risk of neglect and/or hospital admission.

Care and support will be commissioned using whole system data and intelligence that enables services to get upstream to inform and plan commissioning priorities and associated budget priorities, shifting care and support to be developed locally. This requires an Information Sharing Agreement (IFA) between; Bedford Borough Council (BBC), Central Bedfordshire Council (CBC), Bedfordshire Clinical Commissioning Group (BCCG) and East London Foundation Trust (ELFT) that has been developed and is awaiting governance authorisation.

This work is being aligned strategically with the Transforming Care Agenda across our Sustainable Transformation Plan^{xiv} (STP) footprint to support the health and care system commitment to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

6. Engagement

6.1 CAMHS Engagement

Regular CAMH service user groups are held where feedback from young people is collated by the service user participation lead and passed immediately back to the local senior leadership team. They are consulted on service development and involved in staff recruitment. The programme is also involved in promoting the following initiatives across the service:

- Developing a local CAMHS Duke of Edinburgh Bronze Award scheme for our current and ex- service users
- Working with ELFT colleagues in adult recovery to establish service specific Recovery College workshops for 16-19 year across Bedfordshire
- Attending Voice of the Child subgroup meetings in Central Bedfordshire to oversee gathering of feedback from young people across the Borough. The group are also planning on broadening this to include young people with learning disabilities and non-verbal children
- Organizing events, displays and fundraising across the area to promote Awareness days including World BiPolar Day, Autism Awareness Week & Eating Disorder Awareness Week. This included arranging guest speakers and service user presentations
- Organizing upcoming event for Foster Care Fortnight Attended "Gift's Our Future Minds" event where young people fed back to HEE about their experiences of services including Health & Education
- Working with our School Programme team developing filming sessions with service users to make short films which will be used on CAMHS/CHUMS website and then shared in local schools to raise awareness of mental health
- Working with service users and school programme staff to plan assemblies, which will be delivered in schools during Mental Health Awareness Week

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- Working with schools programme staff and service users to develop written guidelines for schools supporting young people with mental health issues.

Quarterly ELFT Stakeholder Meetings are held across the locality where external partners, parents & carers are invited to attend to receive updates on CAMHS services and speak directly with the leadership team. An average of over 30 guests from a variety of services (including Health, Local Authorities, Education and Commissioning) are offered an update on local service developments and information from a range of guest speakers.

Previous engagement with children and young people accessing CAMH services highlighted areas for improvement. Here’s how the service responded.

Our service users said they wanted	Actions in response
An increased number of and longer treatment sessions with regular appointment times, no clock watching and appointments made with parents present	Bedford and Central Bedfordshire CAMHS have a dedicated clinician (COD) undertaking daily triaging of all referrals. In addition to screening referrals for risk, one of the aims of the Clinician of the Day role is to provide a single point of contact for all new or urgent business coming into CAMHs. All new appointment letters are circulated to the young person and their parents at the beginning of the treatment plan. Further review dates are made jointly at each session with those present. CAMHS have seen a reduction in current waiting times and all cases treatment plans are reviewed during staff supervision or at the weekly clinical team meeting for consideration by the MDT to ensure the treatment plan is effective and efficient.
Later sessions or weekend appointments. Open appointment systems so that service users are seen when needed. 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.	Bedford and Central Bedfordshire CAMHS offer an extended out of hours service via our A&E Liaison team who work Monday – Friday 08.00 – 20.00 and 10.00 – 16.00 at weekends. Team bases are also offering extended clinic opening times from 08.00 – 18.00 hours with dedicated support from admin staff although this is yet to be formalised. Plans are also in place to extend these hours further to a late night clinic or weekend end working. The Bedford and Central Bedfordshire CAMHS School Programme team offer a drop in service to young people over the age of 16 at the local colleagues, the team are looking at extending this service

	further in schools for young people below the age of 16 ensuring consent and risks are appropriately managed.
More awareness of CAMH and CAMH services in schools	As of 1st January 2017, the Bedford and Central Bedfordshire Schools Programme has successfully been recruited into, ELFT currently have 5.00wte Band 6 staff within the service and 1.00wte Band 7 to lead on the delivery, providing consultations across the various schools sites, training sessions based on the IAPT train the trainer modules and in house direct assessments with young people where needed. Staff also act as a conduit for referrals into the CAMHS services should the needs warrant additional interventions. The team is currently exploring the options of developing a training package to deliver peer mentoring service to support young people in schools. The vision is to create a 3 tiered training approach to increasing schools response to early stage mental health, this is in partial response to service participation feedback hereby young people reported that they felt they were unable to talk to professionals about their problems when they first arose.
More choice of location for appointments, such as at their local CAMHS clinic, school, at home and locally to reduce travelling times	Bedford and Central Bedfordshire CAMHS offer a wide range of appointment venues for our young people dependent upon their preference and need, these can include community visits to the home address / school / external community settings or clinic. Bedford and Central Bedfordshire CAMHS staff are now co-located in each of our local authority Early Helps teams, secondary schools and colleges and at our local Acute hospital.”
Neutral environments to meet counsellors and CAMHS workers with consultation rooms more welcoming and homely	Bedford and Central Bedfordshire CAMHS are currently redeveloping the clinical bases to accommodate additional staffing, therapeutic space and ensure areas are DDS compliant – this estates programme is expected to take 6 months to complete and will include and complete revamp of all areas – staff and service users have been invited to comment upon preferred colour schemes and plans.
Travelling to appointments – most services were located locally so reduced the journey time	Bedford and Central Bedfordshire CAMHS offer a wide range of appointment venues for our young people dependent upon their

	<p>preference and need, these can include community visits to the home address / school / external community settings or clinic. Bedford and Central Bedfordshire CAMHS staff are now co-located in each of our local authority Early Helps teams, secondary schools and colleges and at our local Acute hospital.</p>
<p>Increase availability of therapists who are empathetic, non-condescending and respect the service user</p>	<p>Bedford and Central Bedfordshire CAMHS has recruited into many of the vacancies which have arisen via the transformation plans with a variety of professional staff to suit the needs of the service. During the recruitment process all staff are invited to answer questions related to value including respect, dignity and diversity. Each quarter Bedford and Central Bedfordshire CAMHS provide a Service wide away day to focus on quality, these events have also be extended to include third sector parties and external colleagues – recent topics include Quality Improvement SCE and management of harmful sexual behaviours.</p>
<p>To stay with the same CAMHS worker so no need to keep repeating their diagnosis or story</p>	<p>Working in partnership with Bedford and Central Bedfordshire CAMHS Service User Participation Lead, our young people have developed a profile which can be shared across all services outlining their story and treatment plans to date. Bedford and Central Bedfordshire CAMHS allocate cases based on need and refer cases to the most appropriate discipline upon receipt of referral although as risks change cases may need to be transferred to other teams or professionals.</p>

Luton CAMHS have a dedicated clinician of the day (COD) who undertake daily triaging of all referrals. In addition to screening referrals for risk, the COD also provides a single point of contact for all new or urgent business coming into CAMHS and provides consultation to potential referrers.

Once a referral has been accepted appointment letters are circulated to the young person and their parents at the beginning of the treatment plan. The voice of the child is listened to in respect of what outcome they would hope from attending the service alongside the view of the parent/carers. Goal based outcomes are an aspect of all clinical work. Further review dates are made jointly at each session with those present.

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Appointments are offered between 08.00 and 18.00 Monday to Friday and the Crisis Workers operate until 21.00 weekdays and 10.00 to 14.00 at weekends for young people in crisis. Luton CAMHS offer a wide range of appointment venues for our young people dependent upon their preference and need, which can include community visits to the home address / school / GP or other external community settings or within the CAMHS clinic.

Alongside the Service User Participation Lead, young people have developed a generic profile which can be shared across all services outlining their story and treatment plans to date to avoid repetition and duplication.

One of our service users presented to the Multi-Agency Children's Trust Board meeting on his experience of CAMHS and also the wider issues young people face in relation to emotional well being

A Gardening Project Initiative has been established. The purpose is to support young people with low mood/social anxiety to engage with others through working on something collectively.

6.2 Local Authority Engagement

Youth Services

CBC Youth Parliament constructed a Mental Health Survey alongside MIND BLMK to gather information from young people in Central Bedfordshire with the following aims:

- To understand the level of Mental Health need amongst 11-18 year olds in Central Beds
- To evaluate what the current Mental Health services provide and if/what the barriers are to young people accessing this support
- To consider how/what support mechanisms could help support young people with Mental Health (particularly focussing on low-level Mental Health support)

The CBC Youth Parliament had a good engagement from young people for this questionnaire and received a total of 1,221 responses. From these questionnaire results the CBC Youth Parliament have constructed a thorough report which includes a number of recommendations for Central Beds Council to consider. This is currently waiting an initial meeting and approval with The Director of Children's Services before the recommendations will be taken forward and implemented.

The Local Children's Safeguarding Board for Central Bedfordshire has developed a subgroup which has piloted a tool to capture the voice of service users from all agencies including education, health and other provider services. The tool is being rolled out in the forthcoming year.

Bedford Borough and Central Bedfordshire are also engaging with schools in focus group events in the development of a toolkit to promote a whole school approach to mental health and wellbeing.

As Luton develops its Borough-wide children and young people's emotional wellbeing strategy, young people will be engaged with the obtain their views and input. Further engagement work includes a recently commissioned piece of work via MIND engaging and consulting with young people and an Adverse Childhood Experiences questionnaire with those involved to better understand needs through Relate.

Health and wellbeing surveys

Bedford Borough and Central Bedfordshire and Luton all conduct regular health and wellbeing surveys of school aged children. Surveys across Bedfordshire in 2015 focused on emotional wellbeing and gave children an opportunity to answer questions about their worries, friendships, sources of information and support. The information is used by schools to shape their own policies and interventions and the summary report is shared with all partners. Information contained in the latest survey has informed an action plan to improve MH and wellbeing of children in Bedfordshire.

Central Bedfordshire Mental Health and wellbeing stakeholder group

A stakeholder group has been set up in Central Bedfordshire with representation from health and mental health provider services, the voluntary sector, youth engagement, parent reps, education, the CCG and other Local Authority colleagues. The group has met a number of times and their views have been pivotal in the development of a Central Bedfordshire action plan for the promotion and early intervention for mental health and wellbeing in children and young people.

Bedford Borough and Central Bedfordshire are also engaging with schools in focus group events in the development of a toolkit to promote a whole school approach to mental health and wellbeing.

Luton is establishing a Children and Young People Emotional Wellbeing Board, and Luton schools have also recently established a Behaviour, Inclusion, and Wellbeing advisory board.

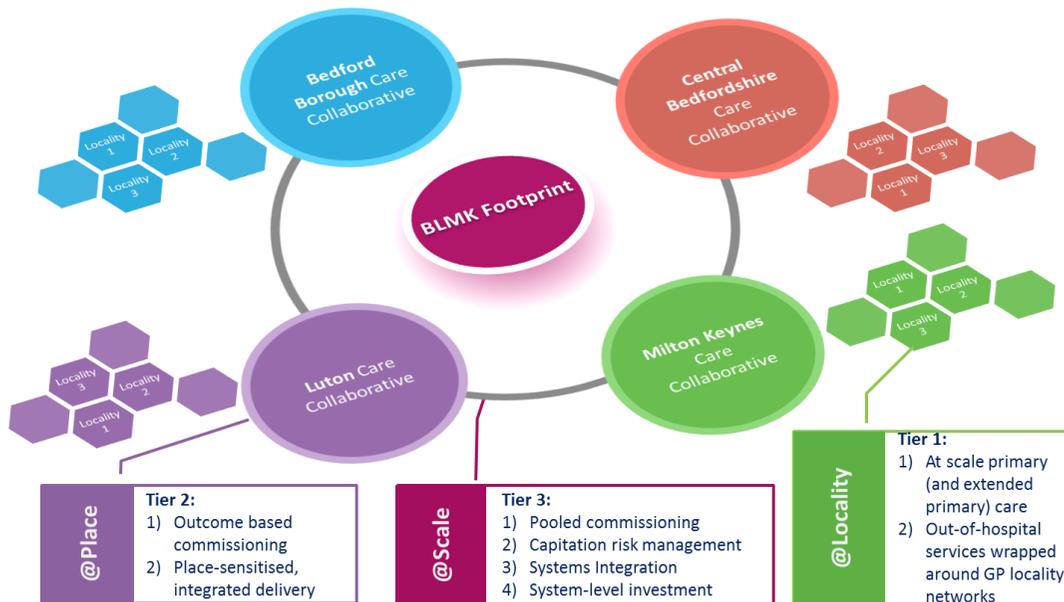
6.3 CCG Engagement

Sustainability Transformation Plans

The CCG has developed an approach to localising the strategic direction emerging from the Sustainability Transformation Plan (STP), whilst ensuring that we are addressing the particular needs of our population.

This CCG forms part of the Bedford Central Bedfordshire, Milton Keynes and Luton STP (BLMK STP) area. In June 2017, the CEO of NHS England, announced at the NHS Confederation that BLMK STP is one of eight areas that has been successful in its application to become one of the lead Accountable Care Systems (ACS) in the first wave of development.

ACS proposed model



Strategic commissioning

- Identifying health and well-being needs of the population
- “whole population-based” approach to commissioning, using shared budgets and appropriate incentives
- Health outcome focused with established, long-term contracts to drive efficiency within statutory frameworks.

Systems integration

- The “nerve centre” of an ACS, enabling the population’s health to be risk-assessed and managed
- supporting care co-ordination and decision making
- managing workflow and maintaining smooth data exchange across clinical and organisational boundaries
- developing new ways of working and fit-for-purpose solutions

Accountable care provision

- The “nerve centre” of an ACS, enabling the population’s health to be risk-assessed and managed
- supporting care co-ordination and decision making
- managing workflow and maintaining smooth data exchange across clinical and organisational boundaries
- developing new ways of working and fit-for-purpose solutions

This is an excellent opportunity to reshape our health and social care system so that it’s easier for us to work together to deliver better health and wellbeing outcomes for our population.

The STP has identified five priority workstreams as:-

- Priority 1: Encouraging self-management and social capacity to impact on health improvement and illness prevention
- Priority 2: Achieving high quality, scaled and resilient primary, community and social care services across BLMK
- Priority 3*: Developing sustainable secondary care services across the footprint
- Priority 4: Forging footprint-wide collective leadership, and designing a BLMK digital programme
- Priority 5: Development of an Accountable Care System: Re-engineering health and social provision to meet the variable needs of residents

*Priority three includes the need for secondary care to network services across the footprint and as part of this will need to identify and address those service areas that are currently unsustainable, for example, due to workforce and capacity issues.

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Bedfordshire and Luton CCGs have identified five key strategy areas which are aligned to the STP priorities. They are:

- Urgent and Emergency Care
- Planned Care
- Prevention and Detection
- Out of Hospital Care
- Primary Care

Our organisations' commissioning intentions for 2017-19 were developed to reflect the changes required across each of these strategy areas and clinical priorities. We will continue this work in 2018-19.

Subject to available resources, the CCG will endeavour to deliver increased funding under parity of esteem for patients with mental health conditions and deliver the key priority areas e.g. early intervention in psychosis. Similarly, the CCG is committed to supporting people with learning disabilities through the Transforming Care programme which is an STP-wide initiative.

For some of the clinical priority areas, the commissioning intentions point to an end to end pathway and mode of delivery review. This is to ensure that we work with partner organisations to establish the issues with specific clinical areas, and identify the changes needed in order to make improvements.

Collaborative commissioning

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 has taken place with our local Specialist Commissioning Group where agreement was reached to:

- Review opportunities for co-commissioning
- 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

In addition to working with Specialist Commissioning as members of the SCN, from a local perspective we continue to actively seek 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.

The Luton and Bedfordshire CCGs hosted two whole system stakeholder events to develop the Crisis Care pathway. During these events current pathways were scoped, risks and challenges identified and new models of crisis care were proposed. Children's mental health commissioners are also 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.

An overarching engagement plan which details Bedfordshire's high-level intentions for engagement into 2018 is attached at appendix A. The plan is being further developed by a new Engagement and Communication Group which will ensure that all stakeholders, including disadvantaged and hard to reach children, young people their families and carers will be involved.

7. Where we are now in more detail

A snap shot of our current mental Health provision for CYP across Bedfordshire has been provided in section 3. This section looks in more detail at these improvements, which reflect the needs identified by the JSNAs, and the views expressed in the engagement processes.

7.1 How we are doing against National targets

1. At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service 2017-19 – improvements in services are underway but the target has not yet been reached. Work is continuing to meet this target by 2019
2. By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases. 2017-1 - Joint NICE compliant specialist community eating disorders team are now in place and are achieving treatment requirements within one week and four weeks. Wider system pathways are currently under development to support this team .
3. Oversee the implementation of locally led transformation plans for children and young people's mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people's Improving Access to Psychological Therapies (IAPT) programme by 2018 – on track.
4. To support at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment - Community pathways, crisis pathways and in- patient pathways to meet the requirements for a Perinatal Mental Health Service are currently being agreed across Bedfordshire. We are awaiting the wave 2 bid opportunity to expand the service to include a specialist perinatal service across the STP footprint. IMHOL training is also being rolled out across Bedfordshire.
5. Bedfordshire and Luton CCGs are fully compliant with many of the Children and Young People's Mental Health Services Transformation Milestones including our crisis and eating disorder service development plans. Our CCGs are working towards collaborative commissioning plans with NHS England for tier 3 and tier 4 CAMHS. We are partially compliant with the requirement to have published joint agency workforce plans detailing how we will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives. Work is ongoing to become fully compliant.

7.2 Early intervention and education setting's services – where we are now

The CAMH Schools project is being delivered as part of the Future in Mind transformation of MH services for children and young people, Working with colleagues in Primary Care and education, a targeted team of CAMH professionals provide sessions in every School and College in Bedford and Central Bedfordshire with Year 9 and above students, providing a whole system approach to improving access to mental health services. The specialist team deliver on site training, consultation and are able to undertake face to face assessments developing appropriate therapeutic treatment plans to meet the needs of young people presenting with emotional needs.

CHUMS, in partnership with CAMHS, deliver prevention and early intervention mental health support to schools across Central Bedfordshire and Bedford Borough. CHUMS will be offering support to clusters of lower, middle and primary schools in the following ways:

- Half termly training for a dedicated member of school staff on the most common presenting issues identified in this age group.
- Half termly peer consultation sessions with a CHUMS practitioner to discuss those children in school who may be a cause for concern.
- Early intervention therapeutic group programmes for children aged 5-10 who are showing early signs of anxiety and/or low self-esteem.
- Recreational therapeutic programmes, using football as a tool for engagement, in young people aged 9-13 who are at risk of disengagement with school and/or displaying challenging behaviour in school.

Clear pathways have been established for both School Programme and Early Help CAMHS teams to ensure that the partner agencies are referring directly into the teams.

Schools programme staff have an allocation of schools and they spend a day a fortnight at the respective schools. Early Help CAMHS staff are embedded within the Early Help teams within the respective Local authorities. A training strategy for CAMHS School programme and Early Help team is being developed to ensure a more streamlined approach.

There is also range of early intervention Mental Health support services for children and families listed in the Early Help and Domestic Abuse services list. Some of these services are operate in the universal sector (e.g. 0-19 Health teams, Children Centres) and some are targeted (CHUMS Emotional Wellbeing Service). Services that are targeted require an Early Help Assessment to be completed. Other examples of Tier 1 and 2 services include:

- school-based counsellors
- projects to support children at risk of exclusion
- youth support service advisers, health visitors, social workers and GP-based counsellors
- voluntary sector providers

As of 1st January 2017, the Bedford and Central Bedfordshire Schools Programme has successfully been recruited into, with 5.00wte Band 6 staff within the service and 1.00wte Band 7 to lead on the delivery.

- Early Help Specialist CAMHS Practitioner – Band 8a
- Early help CAMHS practitioner – Band 7
- Schools team Lead – Band 7
- 5x Schools CAMHS Practitioner – Band 6
- 2x Schools CAMHS Practitioner – Band 6 – fixed term expires in March 2018

Bedford and Central Bedfordshire CAMHS are also piloting a peer mentoring programme in 6 schools across the area. The model trains staff members who will then train year 12 and 13 pupils to mentor their younger peers and offer tier 1 support. This enhances the School Nursing offer of tier 1 and 2 support.

Bedford Borough's Early Help Strategy outlines how we will tailor the right support to meet the needs of families, at the right time and right place. This emphasis on early identification and intervention is key for the work we do around Children and Young People's Mental Health. Bedford Borough is committed to working with partners to ensure we are able to offer interventions at the earliest point of identification. We are committed to ensuring our workforce is trained in evidenced based interventions to support children and young people. All of our staff are trained in Solution Focus Interventions and Protective Behaviours and we have supported the School Project by having a Solution Focus Worker based in every Secondary School for half a day a fortnight for two terms a year, we have 2 Staff Members who have completed the diploma in Solution Focus Therapy from the Internationally renowned BRIEF Centre for Solution Focused Practice in London. Another key tenet of the Early Help Strategy is integration and we have joined the local CYP IAPT Collaborative enabling 4 of our frontline workers to be enrolled in the Enhanced Evidence Based Practice Course learning to deliver 6 – 8 weeks of CBT Intervention for Children and Young People with low to moderate anxiety and depression. We will continue to look at new and innovative ways to work with partners to further enhance the range of interventions that can be undertaken at the earliest point of identification.

Luton has a Stronger Families Early Help team who have within the team two mental health workers working directly with families. The team provides a whole family assessment and plan to address identified complexities. Support includes to manage debt (including rent arrears), housing issues, parenting support, emotional wellbeing support, employment advice & support and parental support and counselling. Families experiencing at least 2 of 6 following eligibility criteria can use the services:

1. Parents & young people involved in crime & antisocial behaviour
2. Children who have not been attending school regularly
3. Children who need help
4. Adults out of work or at risk of financial exclusion, and young people at high risk of worklessness
5. Families affected by domestic violence or abuse
6. Parents and children with a range of health problems

In Central Bedfordshire, the My Life programme is available for children and young people between the ages of 11-18 who have been identified as in need of support to maintain healthy relationships, improved self-esteem and who are at risk of teenage pregnancy and poor sexual health. The programme consists of 6 x1:1 sessions. Referrals can be made by any professionals working with children and young people across Central Bedfordshire. The key outcomes of the programme are:

- a measureable improvement in self-esteem using the Rosenberg Self Esteem Scale (RSES) 10 point Likert scale
- measurable improvement in the key risk factors for teenage pregnancy
- an increased awareness of healthy relationships and staying safe (reducing Child Sexual Exploitation (CSE) risk, domestic abuse and poor sexual health)
- self-reported improvements in aspirations

In addition, the school based Aspire programme, commissioned by both Central Bedfordshire and Bedford Borough Councils, addresses health and wellbeing and behaviour change for high risk/vulnerable young people aged between 11 and 16 years. The programme uses a range of psychological and coaching tools to deliver measurable and sustained outcomes that improve overall health and wellbeing. In the academic year 2016/17, 4 programmes were delivered in targeted schools across Central Bedfordshire and has demonstrated sustained improvements in levels of: school attendance, self-esteem, confidence, aspirations, participation in positive activities and personal well-being. This early intervention programme has demonstrated on average, an 85% improvement in self-esteem (using the Rosenberg Self Esteem Scale (RSES) 10 point Likert scale).

Across Bedfordshire early intervention and prevention services are provided by Health Visitors and School Nurses for all children, young people and their families, as part of their delivery of The Healthy Child Programmes 0-5 years and 5-19 years.

The Health Visiting service:

- Provides antenatal care and postnatal parenting programmes which support positive mental health of parents and carers
- Supports general access to 'talking therapies' and parental support
- Provides assessment of parental mental health needs including maternal mental health at 6/8 weeks
- Identifies attachment/bonding concerns
- Delivers health promotion, advice and support
- Signposts to financial and welfare support
- Supports breastfeeding promoting secure attachment

The School Nursing Service:

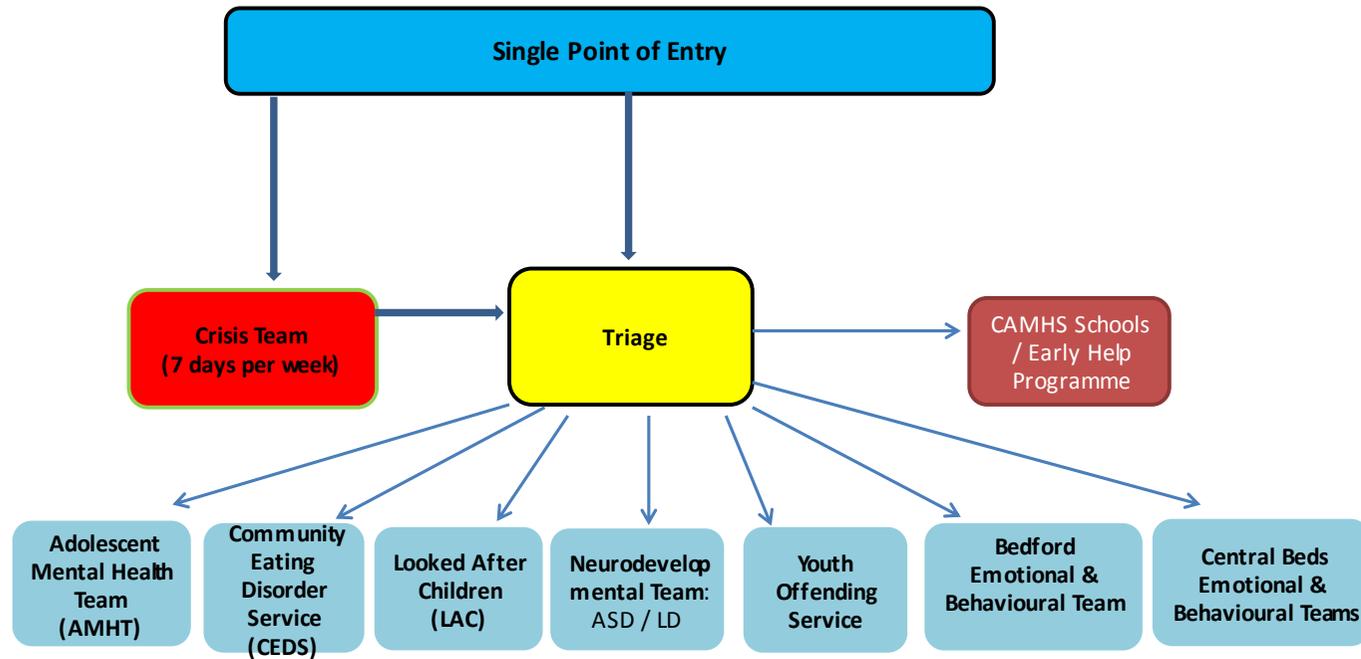
- Ensures assessment of health and wellbeing need and early identification of risk factors
- Advises and supports children and young people and their families
- Provides health checks to indicate developmental concerns and delays
- Ensures support for health promotion and change management around issues such as obesity, smoking, drugs and relationship issues and sexual health
- Offers drop ins for years 7 and above (Bedford and Central Bedfordshire only)
- Offers a triage service enabling those students identified as having an emotional or mental health issue is provided with advice and support in collaboration with the school or college and the CAMH workers in school.
- Offers an emotional wellbeing support pathway of 4-6 visits with onward referral to specialist services or to the school welfare team as required (Bedford and Central Bedfordshire only)

Bedford Borough Council has recently introduced mindfulness yoga for all 12 – 16 year olds. Parents are encouraged to stay and speak with CAMHS staff who are available to offer advice & signposting to local services. The progressive sessions are delivered by coaches trained in mental health first aid and the focus is on promoting positive mental & physical health. Signposting to other services and support networks is also available.

7.3 Our CAMH Services – where we are now

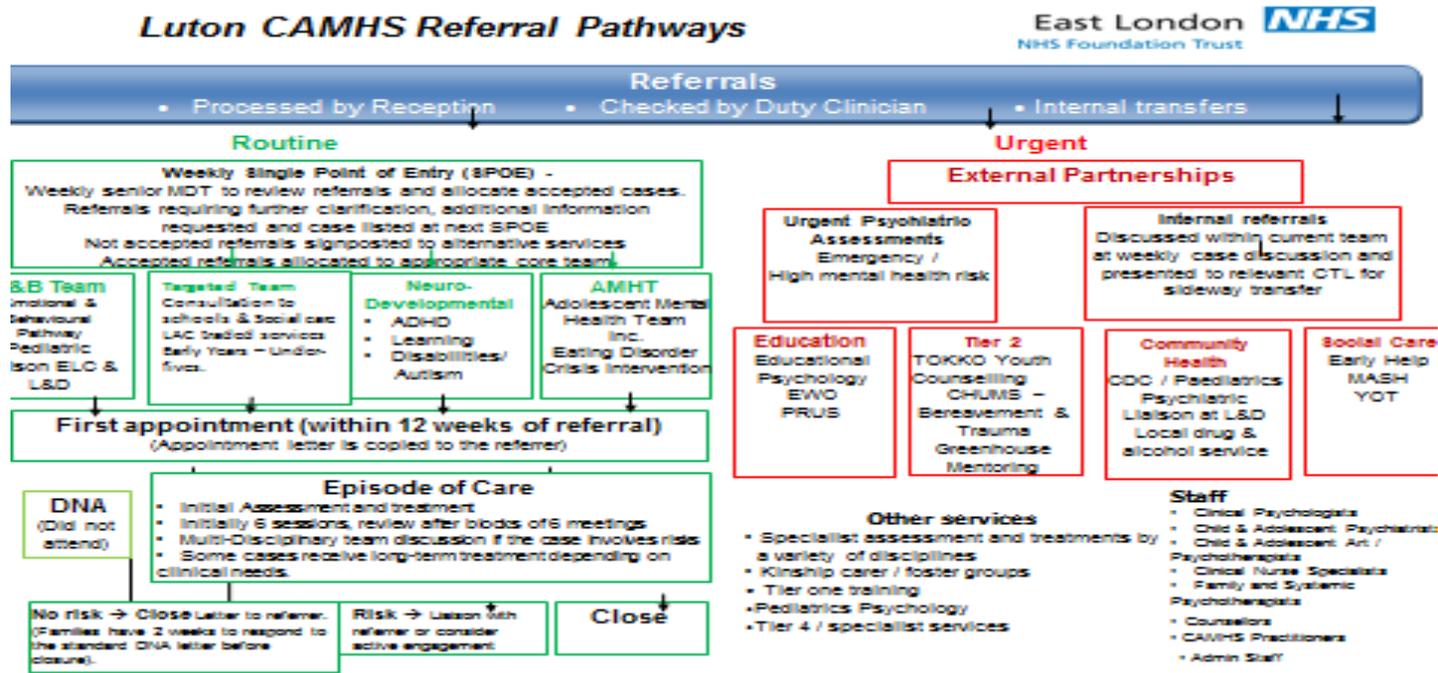
CAMHS are specialist NHS services offering assessment and treatment when children and young people have emotional, behavioral or mental health difficulties. This includes specialist CAMH workers embedded within the YOS and the LAC team. The Bedford and Central Bedfordshire CAMH service model is shown below.

CAMHS Bedfordshire



The Child and Adolescent Mental Health Service (CAMHS) offers assessment and help to children, young people and their carer’s and families with significant emotional, behavioural, and mental health difficulties. The service assesses, and where possible, finds ways of working with the child or young person and those who look after them, in understating and supporting their problems in order to achieve change. The service aim is to provide a service that respects the beliefs of those who use our service, being sensitive to their culture, beliefs and gender.

Luton CAMHS organisational chart is given below.



All changes to service have been subject to equality impact assessment and quality impact assessments to ensure that services do not discriminate against any individuals and services commissioned are clinically effective and capture patient experience and are delivered in safe environments.

There were 681 new referrals to the Bedford and Central Bedfordshire CAMHS single point of entry in Quarter 4 (Q4 January to March 2016) which relates to approximately 56 per week which continue to be processed on a weekly basis with our tier 2 partners (CHUMS). This figure does not reflect CHUMS data which averages an additional 40 referrals / week. All referrals are either signposted to other external partner's dependant on need or allocated into the most appropriate team and assigned a clinician on the same day; the clinician will offer a date for an assessment which will be included within each appointment letter and issued within 48hrs of the panel taking place.

There were 316 new referrals to Luton CAMHS in Q4 of which 242 (74%) were accepted in to the service for assessment and 71 signposted to other services. This relates to approximately 20 new cases per week All referrals are either signposted to other external partners dependant on need or allocated into the most appropriate team and assigned a clinician on the same day; the clinician will offer a date for an assessment which will be included within each appointment letter and issued within 48hrs of the panel taking place.

Bedford and Central Bedfordshire CAMHS are currently targeting the external waiting times in an attempt to ensure service users are offered a dedicated intervention within 2 weeks of referral. The scheme has been in operation since March 2017 and aims to:

- Offer telephone call triage assessment to identify the appropriateness of treatment and intervention
- Assess the receptiveness of psychoed groups as a first stage of treatment
- Assess the impact this will have on external waiting lists, assess the impact
- Assess the impact on DNAs
- Assess if leads to an increase in patient satisfaction

The new CAMHS website has been launched and developed in collaboration with service users and includes young people's testimonials and "experience of mental health issues" stories for the new website. Some of the CAMHS clinicians may recommend apps to individuals list of recommended apps are being developed on the CAMHS website.

The about "All About Me" profile document supports young people Transitioning into other services. This document contains information about the child or young person's background, their likes and dislikes and avoid repetition of their 'story'. CAMHS are in the process of getting this made into an app with a draft prototype being piloted.

Our local CAMHS provider has rolled out a Hybrid mail which enables staff to send psychical letters straight from their PC. The electronic file is automatically sent to a central mail house where it is printed, enveloped and sent by Royal Mail at a fraction of the current processes and postal costs. All post is tracked up until the point of postage, the system is compliant with the Trust's IG regulations and ensure a swift and safer service than currently in operation. Beds CAMHs admin staff have been trained on this new system

Our CAMH service is about to pilot a pre-booking system by the admin team to try and increase the numbers of clients seen and it is hoped to develop an Automated Text reminders service shortly – we have encountered delays in setting this service up due to data cleansing although are confident this has been addressed.

Community eating disorder services

A dedicated specialist resource for eating disorders was identified as being needed across Bedfordshire as part of the original gap analysis conducted in 2015.

A new Eating Disorder Service and pathway has now been established which offers:

- A single service consisting of a core team (cross Trust) supporting and working alongside locally based Eating Disorder service staff 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).
- 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.
- An emphasis on prevention and early intervention. All team members of the CEDS-CYP 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.
- Partnership working with other agencies across primary care, education, social care and the voluntary sector to develop psycho-education and training programmes. These training programmes are 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.
- Interventions for children and young people presenting with moderate and severe presentations of eating disorders including providing comprehensive assessments, providing NICE concordant evidence-based interventions, supporting in developing and managing the interface with specialist inpatient units, with local paediatric teams and adult teams.

The Community Eating Disorder service (CEDDS) are working in line with the National ED targets of 5 days for urgent and 28 days for routine cases, and is reviewing the process of Bedfordshire CAMHS SPOE and the management of ED cases to ensure any unnecessary delays are eliminated and any ED referral is passed directly to the team upon receipt for screening and appropriate action.

Staffing into the team is 93% completed. In keeping with NICE guidance, the team have recently completed whole team training for Dialectic Behavioural Therapy (DBT) in Family Therapy for the management of Anorexia Nervosa at The Maudsley Hospital. The team has now increased Dietician input in to the team who will facilitate more collaborative working with Consultant Paediatricians within the acute Trusts.

The Eating disorder service provider, 'Caroline' has also been commissioned to provide support and intervention to ensure young people are supported in their transition to adult services thereby reducing potential of increased vulnerability to eating disorders and other mental health conditions and associated risk into adulthood.

Caroline provide group support to people with an eating disorder and their families and Intensive support for the person with an eating disorder in their own home or community setting.

The Bedfordshire target with a baseline of 12.8% of the population in treatment in 2016/17, is to get to 19.6% in 2017/18 and 27.3% in 2018/19. ELFT are in the process of refreshing the Beds data to exclude Tier 2 (CHUMS activity) and this will increase numbers in treatment significantly reflecting the true value.

Perinatal mental health service

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.

Bedford and Central Bedfordshire CAMHS have secured funding via the transformation funds to appoint a 1.00wte targeted Perinatal Infant Psychotherapist; this post is currently out to advert again due to poor response in the first round of adverts. This post will work in partnership with local

services to enhance existing maternal, perinatal and early years health services, support parenting programmes to strengthen attachment between parent and child, avoid early trauma and build resilience to improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. A detailed perinatal pathway has been developed and is being agreed by all parties.

Workforce development is key to ensure professionals working with women during the perinatal period are aware of the impact of mental illness and are able to identify women who need support as early as possible.

- A two-day Perinatal and Infant Mental Health Champions Training event was held for 20 multi agency staff in 2017. Plans are in place to cascade one-day awareness training to upskill health visitors, midwives, social workers and children's centre staff.
- A number of staff across Bedfordshire, representing mental health services, children's centres and health visiting, have accessed the NHS England regional Perinatal Mental Health training programmes.

Developing local pathways has been a key priority to enable all professionals to better understand available services and make appropriate referrals across Bedfordshire. Pathways have been developed and finalised across community, in-patient and crisis services.

Crisis Care Services

The Crisis service has 5.00wte out of the 6.00wte funded posts for the countywide CAMHS A&E Liaison crisis response service covering Bedfordshire. A pathway has been developed and there is now an opportunity to consider reviewing extended hours of operation to meet the needs of CYP in crisis. The service is staffed with Registered Mental Health Nurses who are skilled provide rapid face to face mental health crisis assessment to any young person presenting in mental health crisis at the local acute hospital (Luton and Dunstable and / or Bedford General Hospital) between 09.00 – 19.00hrs weekdays and 10.00 – 14.00hrs on weekends.

ELFT have worked closely with Bedford General Hospital to establish a training programme for front line staff including:

- General signs and symptoms of Mental health
- Management of self-harm
- Management of Eating Disorder
- Legal aspects of the Mental Health Act

We have also identified dedicated work space for our CAMHS A&E Liaison staff to base themselves from the hospital; this will enable them to develop stronger working links with acute staff and to provide direct consultation / management to frontline complex cases where support is needed on the paediatric wards.

The Crisis Care concordat and the Bedfordshire action plan to deliver its goals inform this work. A pilot street triage service has been operational across Bedfordshire. The pilot has been extended for 3 months to completed further work on benefits, to complete contract negotiations and decide on extension of provision.

The Mental Health Street Triage pilot, responded to 38, 999 calls in the last 12 months, where a person under the age of 18 had self-harmed or was attempting suicide. Street Triage Partners have agreed to extend the service until 31st March 2018, with active discussions taking place regarding how the Service can continue from 1st April 2018. Mental Health Street Triage is seen as a key part of the mental health crisis care pathway, therefore is part of the mental health crisis care review.

Vulnerable groups and inequalities

Our Youth Offending Service has embedding dedicated provision to meet the emotional and mental health needs of its service user group in line with the multi-agency model introduced in 2000 nationally. Bedford and Central Bedfordshire YOS (covering Central Beds and Bedford Borough) has a seconded Mental Health Nurse which demonstrates the meeting of the recommendation from Future in Mind (DOH 2015) to have mental health practitioners in teams responsible for groups of vulnerable children and young people.

A multidisciplinary team assesses ASD in preschool age group, involving a Paediatrician, the Early Years Support Team and a Speech and Language Therapist. For over 11 yr olds, a Paediatrician and Clinical Psychologist is involved and those which present with complex needs, are assessed using advanced diagnostic investigations such as ADOS (Autism Diagnostic Observation Schedule) and 3Di (Developmental, Dimensional and Diagnostic interview). Referrals are made to CAMHS in case of children and young people with moderate to severe mental health problems.

A Clinical Psychologist has been appointed within the Child Development Centre (CDC) who will be contributing to the assessment process for children and young people referred to the CDC who are suspected to have Autistic Spectrum Disorder. The CP will also provide some short-term post diagnostic intervention and work closely with the Neurodevelopmental Team (NDT).The nursing staff at the Child Development Centre also run Behaviour and Sleep workshops for parents and carers. The CAMHS NDT of the Bedford Borough CAMHS has delivered parent training sessions for children and young people with ASD.

In line with NICE recommendations, a local autism multi-agency Strategy Group is established with managerial, commissioning and clinical representation from child health and mental health services, education, social care, parent and carer service users and the voluntary sector to oversee the development and implementation of the ASD pathway across Bedfordshire

The aims of the Group include:

- Improving early recognition of autism by raising awareness of the signs and symptoms of autism through multi-agency training.
- Ensuring that relevant professionals are aware of the local autism pathway and how to access diagnostic services.
- Supporting the smooth transition of young people with ASD to adult services.
- Ensuring that data collection / regular monitoring and audit of the pathway takes place.
- Ensuring that the pathway meets local need and national statutory requirements.
- Identifying any risks regarding service delivery, workforce capacity, standards of care and financial implications for the implementation of the pathway.
- Engaging service users and stakeholders' views about the development and audit of the pathway.
- In Luton, the community paediatric team has 2 clinicians carrying out ADOS together and this does mean intense resources.

The autism pathway is underway to ensure all referrals have input from the child's school at the beginning. The aim of the pathway is to ensure that referrals will only be accepted from schools with appropriate supporting information.

The specialist LAC team had 29 referrals for Quarter 1 2017 and 14 who were admitted to appropriate adolescent in-patient Tier 4 services during Q1 of which 1 was into a specialist eating disorder units. 256 looked after children and young people are currently receiving services in a variety of settings including CAMHS clinics, schools or home. Dependant on individual needs appointments were either face to face, telephone, consultation with other professionals, i.e. school, social care.

'Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network' area was published in April 2017^{xv}. The protocol aims to achieve the elimination of the variation in practice and the delay and harm that can cause to looked after children and care leavers and all LSCBs have signed up to the protocol across the Eastern Region. It also aims to ensure children and young people have consistent, fair, open access to the local core service offer in whichever part of the East of England they live or present in.

The variation in practice also causes confusion among operational staff from the mental health providers, Local Authorities, and commissioners which can exacerbate the delay and harm to children and young people and damage effective working relationships between staff and organisations.

The protocol makes a pledge to looked after children and care leavers as follows:

1. If your mental wellbeing deteriorates and you need a mental health assessment and some support or treatment, you will be able to access the 'local offer' of the area you are in without delay or obstruction – irrespective of your looked after status or which area you lived in when you were first brought you into care.

2. If the service that assesses your mental health thinks that you need some support and treatment, it will get on with delivering that to you straight away (in line with the waiting time standards that apply in your area).
3. The service that treats you may have the right to reclaim the cost of the treatment it provides to you from the CCG you lived in when you first became looked after. However, any process to seek that funding (and whether it is successful or not) will not delay or prevent you from receiving care and treatment – as long as that care and treatment is something which is part of the commissioned service offer of the area you are in.
4. Mental health services, Clinical Commissioning Groups and Local Authorities will not argue about the 'price' to be charged for your treatment and care. To avoid any arguments, we agree to charge/pay each other in line with the East of England standardised CAMHS Out of Area (OoA) Assessment & Treatment Agreement and standardised tariff (Appendix 1). We will comply fully with the relevant government guidance, which is known as [Who Pays? Determining responsibility for payments to providers](#)
5. If there is any doubt regarding whether this protocol applies to you, our services and commissioners will assume it does apply, if by doing so you are likely to receive better, faster care and treatment.

When BME young people are referred into CAMHS it is usually not through the GP and can often occur when they are in crisis. A recent local study In Bedford Emotional Behavioural Team observed that engagement with BME young people was more likely to take place in settings outside of the CAMHS clinic than in clinic. Two main themes were identified from the study as potential barriers to accessing CAMHS. Firstly, how ethnicity mismatch between client and therapist may impact on young people accessing mental health services. The second theme to develop was the impact of stigma on BME communities, linked to lack of awareness of mental illness and the awareness of mental health services within those communities. Bedford and Central Bedfordshire CAMHS are currently undertaking a further piece of work to address these issue via a Quality Improvement project which includes specific focus groups with our young people and families to help address these issues locally.

Inequalities are also addressed by ensuring all children and young people have equal access through early help and the schools team at universal level. The Single Point of Access ensures support is identified according to need using a risk based approach. The engagement plan will ensure that children and their families who are harder to reach or from deprived backgrounds are consulted to ensure our services meet their needs.

An equality impact assessment has also been completed for the Future in Mind work and this can be found at **appendix B**

Forensic CAMH services

Secure adolescent in-patient mental health provision represents a highly specialist resource which forms part of a range of universal, specialist and highly specialist services for children and young people. We recognise that action is needed to address gaps in provision and to ensure that children and young people with complex forensic mental health needs have access to appropriate community based services in addition to the existing network

of medium secure in-patient units, local tier 3 CAMHS and other therapeutic services. In our 'future plans' section, we have detailed our developments in this area.

Early Intervention in Psychosis service

A 14 plus service is now available in Bedfordshire and there are plans to extend this to an all age service. Bedfordshire Early Intervention in Psychosis Service (provided by Bedfordshire Mental Health and Wellbeing Trust, ELFT) offers a multi-disciplinary approach. The service offers:

- assessment and start treatment if appropriate within two weeks of referral
- Care Coordinated NICE compliant package of care
- a service for three years in line with "critical period" research
- NICE-recommended treatment (from both internal and external sources)

A one year treatment service for CYP who fall into the category of being "At Risk Mental State" (ARMS) is also available across Bedfordshire. This service offers

- Assessment and start treatment if accepted into service within two weeks of referral.
- A Care Coordinated NICE compliant package of care to service users.
- A service for one year but transfer people into the three-year service should patients "transition" to a clear psychotic episode.

To aid referral decisions, ARMS is defined as:

- Vulnerability group: People with a history of psychosis in a first degree relative and a drop in levels of expected social functioning in the last year.
- Attenuated psychotic symptoms group: subthreshold psychotic symptoms which are not severe or frequent enough to reach threshold levels for psychosis.
- Brief Limited Intermittent Psychotic (BLIP) group: a recent episode of clear psychotic symptoms which resolved spontaneously without antipsychotic medication within one week.

The service aims to identify those experiencing psychosis as early as possible and to offer timely evidence-based care and treatment in order to reduce likelihood of transition for those "at risk" and to reduce the "duration of untreated psychosis" for those who are already experiencing clear psychotic

symptoms. The time between onset of symptoms to their treatment is important as quicker intervention is associated with improved personal and social outcomes.

For this reason, it is also an important part of our role to raise awareness about psychosis to ensure early access to treatment and to challenge stigma. Training professionals to recognise psychosis early is one important part of this process.

Primary Care Guidelines for Identification of First Episode Psychosis
 Adapted from Launer and MacKean (2000) in French and Morrison (2004)

Check list for psychosis	Scoring
One point each	
Spending more time alone	-----
Arguing with friends and family	-----
The family is concerned	-----
Excess use of alcohol	-----
Use of street drugs (including cannabis)	-----
-----	Sub total: _____
Two points each	
Sleep difficulties	-----
Poor appetite	-----
Depressive mood	-----
Poor concentration	-----
Restlessness	-----
Tension or nervousness	-----
Less pleasure from things	-----
-----	Sub-total: _____
Three points each	
Feeling people are watching you*	-----
Feeling, seeing or hearing things that others cannot*	-----
-----	Sub-total: _____
Five points each	
Feeling that TV/Radio/Computer is giving messages*	-----
Unusual beliefs being expressed*	-----
Odd manner of thinking or speech	-----
Inappropriate moods	-----
Odd behaviour or appearance	-----
First degree family history of psychosis	-----
-----	Sub-total: _____
	Final total: _____

If any * item is endorsed, then consider a referral to EI Services even if the total score is less than 20

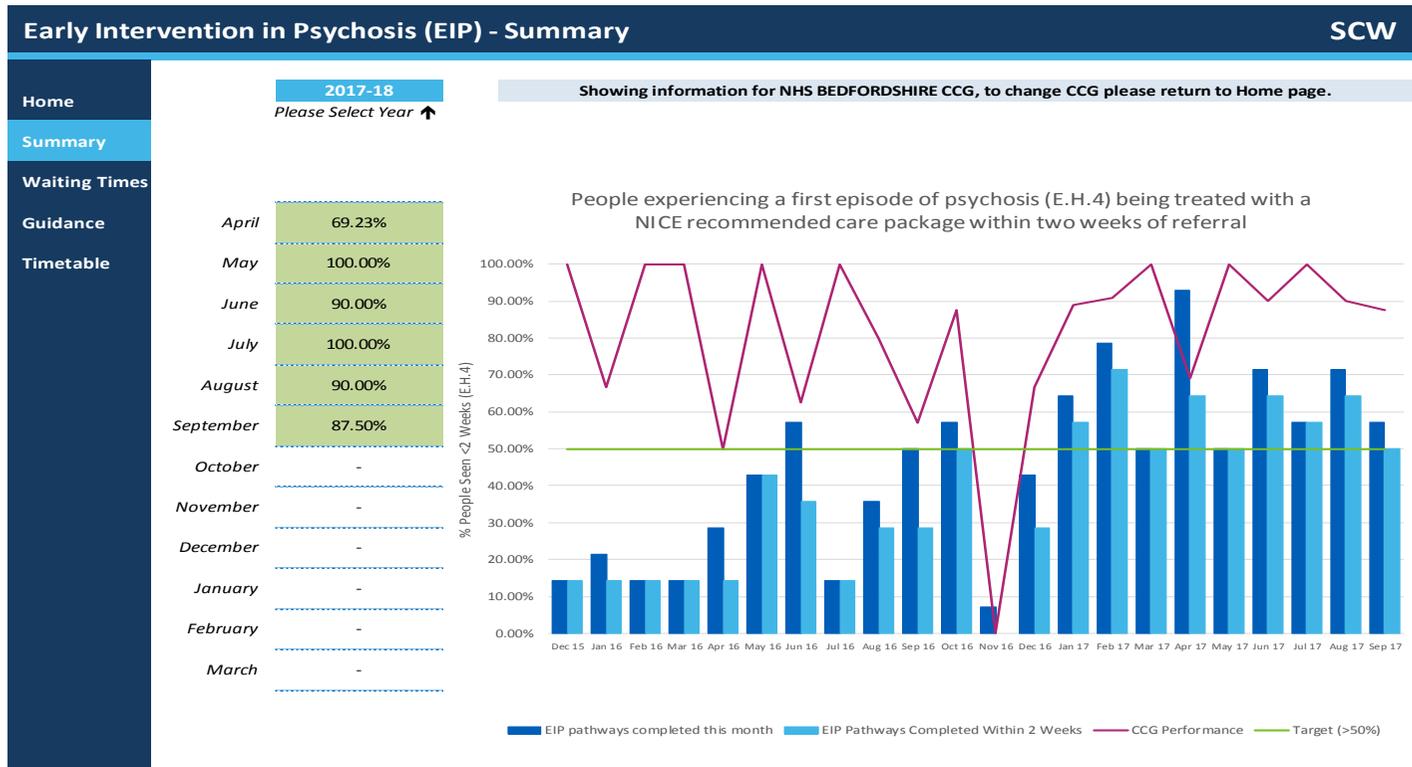
Clear first episode psychosis or a total score of 20 or more? Refer to EI Services

Bedfordshire and Luton
 Early Intervention Service
 01234 315690

If there are immediate risks to others or to self, please follow the usual referral route for emergency assessment



In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis. The graph below shows that since January 2017, this target has been exceeded for the Bedfordshire and Luton area.



Graph 2

7.4 CYP IAPT where we are now

Bedfordshire are part of an existing Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Collaborative (Oxford and Reading). 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. 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.

In Luton, IAPT services will form part of the newly awarded contract for wellbeing services, and as this progresses CYP IAPT will be developed as part of this.

Bedfordshire CAMHS have commenced the CYP-IAPT supervisor training for Systemic Family Practice and parent training respectively. The course runs for one year and will equip two of our CAMHS provider staff with the latest evidence based clinical supervision training to support current / future trainees and cascade and embed learning to substantive staff within the service.

Bedfordshire CAMHS also have funding for a parent trainee post for a two-year period. CAMHS have worked closely with our Early Help colleagues in Bedford Borough to identify 4 staff to undertake the Enhanced Evidenced Based Practice (EEBP) modules via the IAPT training centre; these trainees will receive clinical supervision from CAMHS clinicians. We are also working with the UCL to arrange on-site IAPT based training to train 15 of our CAMHS staff in the Enhanced Supervision training; this will ensure we can sustain supervision requirements to our partner agents moving forward.

Since joining the CYP IAPT Collaborative in 2016 a total of 5 staff have signed up for CYP IAPT training in various modalities/routes – 3 in progress of completion, 2 withdrawn. 2 applications and 1 expression of interest have been received for upcoming 2017/19 CYP IAPT trainings. The new Workforce Initiative covers the Children's Wellbeing Practitioner programme (CWP) and The Recruit to Train programme (RTT) with the aim of increasing mental health workforce capacity by training 1700 new staff in Evidence Based treatments by 2020 offering support to 70k more children and young people. 4 staff from Bedfordshire CHUMS are currently training in the CWP 1 Year Certificate that started in April 2017 .2 Recruit to Train staff are currently training on the 2 year Postgraduate Diploma in CYP IAPT Therapy Parent Training modality.

7.5 Bedfordshire and Luton CCGs where we are now

Bedfordshire, Luton and Milton Keynes (BLMK) health and care communities have come together to formulate a Sustainability and Transformation Plan (STP), as part of a national drive to improve health and well-being, care quality, and affordability across the NHS. The BLMK STP is one of 44 health and care 'footprints' in England, bringing organisations together to develop plans to support the delivery of the NHS Five Year Forward View.

All 44 STPs submitted an initial draft plan on 30 June 2016. This has been developed further over recent months and an updated plan will be shared with NHS England by 21 October. These draft plans explore ideas and possibilities for transformational change to support improved health and well-being, service quality and affordability. Engagement with stakeholders around the draft plans will take place following the October submission.

Mental Health services across Bedfordshire and Luton CCG areas are commissioning using an outcome based model. The contract is monitored on this basis.

A CAMHS Tier 4 (Inpatient Care) – Place Based/Collaborative Commissioning Framework/Agreement for the East of England is in development which includes Bedfordshire/Luton. The agreement relates to Clinical Commissioning Groups, Local Authorities in the East of England Clinical Network area and NHS England's Specialised Commissioning Team (Midlands & East).

The aims and objectives are as follows:

Aim

- To jointly commission high quality, seamless pathways for those children and young people who may require inpatient care
- To meet the requirement that a Place Based or Collaborative Commissioning Agreement regarding CAMHS Tier 4 is co-produced and signed off by CCGs, Local Authorities and NHS England's Specialised Commissioning
- To comply with the NHS England (NHSE) published guidance - *Place-Based Commissioning of Specialised Services: Implementation through STPs (NHSE, March 2017)* [LINK in here](#)

Objectives

1. Ensure pathways (including admission and discharge planning) are quality reviewed and audited regularly, and lessons learned are put into practice
2. Keep the number of admissions at or below an 'ideal' level per 100k of population in each area
3. Ensure average lengths of stay are consistently in line with good practice
4. Eliminate inappropriate admissions
5. Develop/incentivise admission avoidance schemes/programmes
6. Ensure that a minimum % of CYP from our area who need inpatient beds receive their treatment close to home – reducing the number of CYP placed 'out of area'
7. Keep re-admission rates at or below optimal levels
8. A longer term objective is to see a reduction in T4 beds

The specific gaps and weaknesses we want our Framework/Agreement to address are:

1. Pathways for some of those CYP who need CAMHS Tier 4 inpatient stays (some of our most vulnerable CYP) are fragmented – delivered by a range of providers who work to separate contracts, KPIs and who are performance managed by a range of different commissioning bodies.
2. Joint review and improvement activity for CYP who need CAMHS Tier 4 inpatient stays is limited at an operational lead commissioning level – i.e. between those leading CAMHS related commissioning for LAs, CCGs and NHSE Specialised Commissioning.
3. It is difficult for CCGs and LAs to understand when/if their community services are using Tier 4 beds appropriately, as information about relative use of Tier 4 and outcomes by CCG is not shared and discussed jointly with operational commissioning leads across the East of England.
4. Processes to share and jointly review activity and performance data or quality, safety and outcome data vary across the East of England footprint. Some CCG commissioning leads meet with NHSE Specialised Commissioning monthly to review activity and quality information, whereas others meet less frequently. Local Authorities typically do not attend such meetings.
5. There are no formal initiatives in place in the East of England (EoE) to incentivise the development of intensive community provision to avoid or minimise inpatient stays, via for example risk share agreements.

A task and finish group has also been set up to review inpatient provision need and demand and development of place based solutions across the STP footprint.

Current providers ELFT are exploring opportunities and preparing a business case for options around developing local Tier 4 inpatient provision as this has been identified as a gap. This will take into account learning and recommendations from Vanguard sites delivering new Models of Care and shared with NHS England.

In addition,

A project manager has been identified within BCCG Children's commissioning team to review the out of area repatriation work which links very strongly to the impact of Children and young people with complex behavioural challenges that are currently causing significant resource pressures on the health and social care economy .

The products to be delivered are:

- Options paper for joint commissioning across CCG/ Social care for residential placements in county.
- Scoping LD/ ASD/ MH services, quality and pathways
- Involvement in Joint Market position statement (including market testing events and expression of interest)
- Service specification development
- Bid preparation for CYP – Transforming care.
- CETR processes developed and robust

In Luton:

- A new ASD pathway is in development with clear responsibilities for medical paediatrics and CAMH with transition to adult services clearly stated
- CAMH specification has been reviewed and updated. Capacity of medical paediatrics and therapies have been reviewed as part of service development to improve diagnosis and access to services
- A review is underway of transitions to adult services for children with learning difficulties

7.6 Bedford Borough, Central Bedfordshire and Luton Borough Councils where we are now

The Bedford, Central Bedfordshire and Luton Local Authorities commission universal services provided by Health Visitors and School Nurses for all children, young people and their families, as part of their delivery of The Healthy Child Programmes 0-5 years and 5-19 years. Health Visitors provide antenatal care and postnatal parenting programmes which support positive mental health of parents and carers. The School Nursing Service offers a triage service enabling those students identified as having an emotional or mental health issue support in collaboration with the school or college and the CAMH workers in school. It also offers an emotional wellbeing support pathway of 4-6 visits with onward referral to specialist services or to the school welfare team as required.

Partners from Central Bedfordshire Council Children's Trust Board met five times between September 2016 and January 2017 to consider available published evidence on effective interventions, evidence from existing services for children and young people who are striving to improve emotional wellbeing and children across Central Bedfordshire. The partnership group then used this evidence to develop a partnership action plan to improve the lives of children across the developmental stages in their lives.

The action plan was developed from the input from services commissioned by Bedfordshire Clinical Commissioning Group, Central Bedfordshire Children Services, Public Health, Schools, children and their families, Early year's services and provision, CAMHS service, adult services to support transitions, youth services, leisure services and the voluntary sector.

The action plan takes an approach to:

- Improving access to professional support when our children are feeling vulnerable
- Increasing expertise in all front line staff, who work with children to detect early signs of emotional distress
- Building resilience in the community, including parents

In addition, an online and Facebook resource has been set up for schools in Central Bedfordshire enabling access up to date information, resources and training opportunities relating to Emotional wellbeing, as part of their whole school approach to promoting the health and wellbeing of students and staff and as part of their PSHE provision.

Bedfordshire Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

The vision of the draft Central Bedfordshire Children and Young People's Plan 2017- 2019 is that every child in Central Bedfordshire to enjoy their childhood and have the best possible start in life. We want every child to reach their potential, make friends and build strong relationships with their family. As young adults, we want every young person to have the knowledge, skills and qualifications that will give them the best chance of success, so that they are prepared to take their full place in society as a healthy, happy, contributing and confident citizen. One of the 3 'obsessions for the Plan is improving emotional health, wellbeing and resilience.

The refreshed Bedford Borough Children, Young People and Their Families Plan, 2016 to 2020 brings together in one place the key aims of the local plans, strategies and partnership groups that are focused on improving the health and wellbeing for Children, Young people and their Families. The plan builds upon the progress made over the life of the previous plan, and sets out a shared vision for the next phase *"To give all children and young people, including those with SEND, firm foundations in life, through a strong network of family, carers, friends, schools and wider communities, with the earliest support and best education that can be offered throughout their lifetime"*

The Plan focuses on three priorities for the Council and its partners: Thriving Families, Good Health and Wellbeing, and High Aspirations and Achievement. Key actions, targets and outcomes are set out for each priority wellbeing of children and young people.

8. Our future priorities and plans

8.1 The future for our priority areas

Going forwards Bedfordshire and Luton Commissioning Group have developed a commissioning plan, built on the national policy and priorities set out in the NHS England Five Year Forward View and Right Care, which sets out potential action areas, including those relating to CAMHS. We will continue to align our future actions to the 2017/18 MH5YFV targets as follows:

<ul style="list-style-type: none"> Improve access and quality of Children & Young Peoples Mental Health services, with at least 30% (2017/18), 32% (2018/19), 34% (2019/20), 35% (2020/21) of CYP
<ul style="list-style-type: none"> By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need
<ul style="list-style-type: none"> Implement locally led transformation plans for children and young people’s mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people’s Improving Access to Psychological Therapies (IAPT) programme by 2018.
<ul style="list-style-type: none"> NHS England will fund 150-180 new CAMHS Tier 4 specialist inpatient beds in underserved parts of the country to reduce travel distances for treatment
<ul style="list-style-type: none"> Better mental health care for new and expectant mothers – 4 new units. Boost bed numbers in current 15 units by 49%. Treat 9,000 more women by 18/19
<ul style="list-style-type: none"> To support at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment. (2000 by 2017/18, 8000 by 2018/19, 20,000 by 2019/20, 30,000 by 2020/21)

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

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.

Our priority areas for 2017 to 2020 will continue to be:



Bedfordshire have set up a number of implementation groups to drive progress and to report into the overarching Steering Group. Action plans are utilised for many of the project areas, showing current and planned activity and KPIs. These are appended to this document at **appendix C**.

8.2 Additional plans for the future

Suicide Prevention

In response to the Five Year Forward View for Mental Health which called for local areas to have a multi-agency suicide prevention plan, BCCG, LCCG, Central Bedfordshire and Bedford and Luton Borough Councils have developed a suicide prevention strategy in partnership with other key agencies. This plan ensures that suicide prevention is a key part of the MH Crisis Care work. The strategy has been produced by the Bedfordshire Suicide Prevention Steering Group, and sets out the regional approach to suicide prevention over the next three years. The Suicide Prevention Steering Group reports into the Bedfordshire Crisis Care Concordat, which in turn reports into the Health and Wellbeing Boards for Bedford Borough Council, Central Bedfordshire Council, and Luton Borough Council.

The suicide prevention programme ambition is zero suicides across Bedfordshire and the objectives to achieve this aim are as follows:

- ❖ Reduce the number of suicides by 10%, by 2020/21
- ❖ Publish a Three-Year Suicide Prevention Strategy
- ❖ Establish a multi-agency suicide prevention group
- ❖ Build a wider network of partners and individuals to engage in suicide prevention
- ❖ Actively involve people who have been affected by suicide in strategy development and action planning
- ❖ Reduce self-harm rates in Bedfordshire
- ❖ Improve patient experience of health services during a mental health crisis
- ❖ Improved support for those bereaved by suicide

Forensic CAMHS

Commissioning arrangements for FCAMHs varies widely nationally resulting in the lack of comprehensive geographical coverage of specialist FCAMH services in England and Scotland. Large areas of England and Scotland do not have access to the specialist skills of a community FCAMH team with a specified catchment. This necessitates the engagement of a 'spot-purchased' intervention from a team which can be remote to the local environment and services. Such input on a case-by-case basis is frequently expensive and may be provided by services who are geographically remote and who cannot participate in local service development. This can result in consequent lack of service development by local clinicians and agencies which might be of greater benefit to young people and their families.

Action is needed locally to address gaps in provision and to ensure that children and young people with complex forensic mental health needs have access to appropriate community based services in addition to the existing network of medium secure in-patient units, local tier 3 CAMHS and other therapeutic provision. Even in situations where local Tier 3 CAMHS currently provides liaison to YOTs or where MST pilot sites target families of high risk young people for intensive intervention, there still remains a need for community FCAMHS to supplement such provision.

Currently bids are being reviewed by Specialist commissioning teams to provide models of care to provide specialist FCAMHs support. Once these providers have been confirmed local pathways will be strengthened to improve joint working between CAMHs/ YOS / Youth offending institutes and secure estates. Partnership discussions with Local authorities (Bedford Borough, Central Bedfordshire and Luton Borough Council) are reviewing strategies related to SEND, out of area placements and Transforming Care to ensure alignment of these work streams.

Transitions

The recommendations from the work on improving transitions include the following:

- To ensure Partnership working with Central Bedfordshire Council support early intervention and preventative work with schools (parent involvement via schools). And with clinical advice and support from NHS services
- To develop a school transitions toolkit
- To ensure transitions are part of the EHCP process for children with SEND.

The recommendations are informing policies as well as commissioning arrangements for the future.

Police and crime act.

- Review the new guidance due out to scope the impact on:
 - Availability of suitable S136 provision for U18's
 - Impact on A+E
 - Reduction in detention powers from 72 hours to 24 hours

- Availability of Tier 4 beds within 24 hours
- Availability of S12 doctors (including regulation of S12 doctors and quality assurance measures)
- Availability of AHMPS

CQC thematic review of mental health services in Bedford Borough

A thematic review was conducted by the CQC of mental health services across Bedford Borough in September 2017. The aim of the review was to document current knowledge about what worked and what did not work, along with enablers and barriers to good practice and the impact of current approaches on young people and their families. Overall the services were deemed to be good. Where gaps had been identified, partners were working towards closing them particularly regarding transitions, BME and third sector involvement. ELFT was delivering on their service and thinking about how it could be improved in the future.

The gaps in service were identified as follows:

- The need for a floating assessment/support service using the CAMHS school worker into the CHUMS service, as CAMHS schools workers could also undertake assessments.
- Some discrepancies had been identified between CHUMS and CAMHS in terms of how they reached out to service users and some disconnections between the two.
- The location of CHUMS in Silsoe also proved to be a challenge for some service users in the borough of Bedford.
- Hard to reach groups including LGBTQ had identified gaps whereby staff did not appear to be aware of what was available locally with no specialist support available.
- GP's did not appear to be engaged with the whole mental health referral system, and were sometimes given advice which contradicted schools and CAMHS.

The results of the review will be taken into account in the future planning and development of services across Bedfordshire. Transgender training for staff has been already been arranged and the Bedfordshire sexual health service ICASH had recently appointed a designated worker for clients requiring specialist support regarding LGBTQ issues

8.3 Sustaining our workforce beyond 2020

We recognise that it is crucial to continue to develop our CYP mental Health workforce. We need to place more emphasis on CYP IAPT and we are discussing the longer term sustainability of the IAPT trained workforce. Our CAMH provider has highlighted that capacity issues are a significant concern in order to meet the growing trajectory. ELFT is trying to maximise the current system, including support from schools in order to prevent upstream. This includes working collaboratively to establish individual baseline capacity and monitor waiting times and referrals lists based on need and risk assessments. Moving forward ELFT will be arranging to meet all tier 2 colleagues with a view to reviewing existing caseloads and current pathways to create additional capacity across the system.

In Bedford and Central Bedfordshire CAMHS there are a total clinical workforce headcount of 70 staff, all of whom are registered with professional bodies and skilled to deliver evidenced based therapy. In addition to mandatory staff training requirements all staff are supported to continue to develop their professional development, this is undertaken through a variety of means including; supporting external training courses, service wide regular CPD sessions (sharing skills across all teams), quarterly quality half days to focus on current themes or trends and developing training needs analysis within each team at regular team away days. Bedford and Central Bedfordshire CAMHS have currently invested in on site DBT training to upskill the workforce with a view to establishing a DBT pathway across the service.

Plans are in place to cascade one-day perinatal mental health awareness training to upskill health visitors, midwives, social workers and children's centre staff.

NHS England has set a trajectory which aims to achieve at least 32% access within the expected prevalence of common mental health conditions by 2018/19, rising further to 35% by 2020/21.

In Bedford and Central Bedfordshire, both ELFT and CHUMS deliver CAMHS, and jointly the two providers have achieved a high rate of access. Therefore a local trajectory to meet the 2020/21 target is proposed, as shown in the table below.

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
National Target	28%	30%	32%	34%	35%
Local Target (percentage)	28%	31%	32.5%	34%	35%
Local Target (number)	2,110 (actual performance = 30%)	2,190	2,296	2,402	2,473
Additional CYP against current baseline	-	80	186	292	363

In Luton, access has historically been significantly below the national target of 25%. Therefore, the trajectory set is very steep. The targets for 2017-19 and 2018-19 are based on current population/prevalence so do not account for predicted population growth. Annual numbers receiving treatment will rise from 692 CYP in 2016/17 to 1,920 in 2020/21 – an increase of more than 175%.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
National Target	28%	30%	32%	34%	35%
Local Target (percentage)	12.7%	17.9%	24.8%	31.2%	35%
Local Target (number)	692	980	1,360	1,646	1,920
Additional CYP against baseline	-	288	668	954	1,2

Bedfordshire Children and Young People’s Mental Health and Wellbeing Local Transformation Plan 2017 - 2020

In Luton, the following estimated staffing requirements and costs in each year up to 2020/21. The posts will be at a mixture of bandings to reflect the service’s management needs and availability of suitable candidates.

Cumulative Total for year:	Additional CYP in treatment	Additional Therapists	Total Additional Staff
2017/18	288	6.9	11.2
2018/19	668	15.9	26.0
2019/20	954	22.8	37.1
2020/21	1,228	29.3	47.8

In Bedford and Central Bedfordshire the following are estimated staffing requirements and costs in each year up to 2020/21. The posts will be at a mixture of bandings to reflect the service’s management needs and availability of suitable candidates.

Cumulative Total for year:	Additional CYP in treatment	Additional Therapists	Total Additional Staff
2017/18	80	1.9	3.1
2018/19	186	4.4	7.2
2019/20	292	7.0	11.4
2020/21	363	8.7	14.1

Further details of the workforce trajectories are set out in the confidential Bedfordshire proposals to meet National access targets for CAMHS

A high- level workforce strategy has also been drafted and is currently under development with key partners across the system. This can be found at **appendix D**

Workforce development CYP IAPT

The following goals for improving the CYP IAPT project were identified in the most recent Quarterly Monitoring submission.

- The IT infrastructure requires improvement to enable sufficient access to the data and data quality updates
- A and E liaison training programmes needs to be developed in Luton.
- Training - ELFT has put in a business plan to BCCG and LCCG to upskill frontline education staff and foster carers. To consider bidding for additional CWP places in Luton
- To organise a meeting between social care (Family Safeguarding Model, and Troubled Families) and psychology to support their work
- To consider the sustainability of Children's Wellbeing Practitioners
- Get CYP IAPT involved in ELFT projects on capacity and demand and BME

These improvements are being addressed as part of the ongoing work with the regional collaborative.

9. Our governance structures

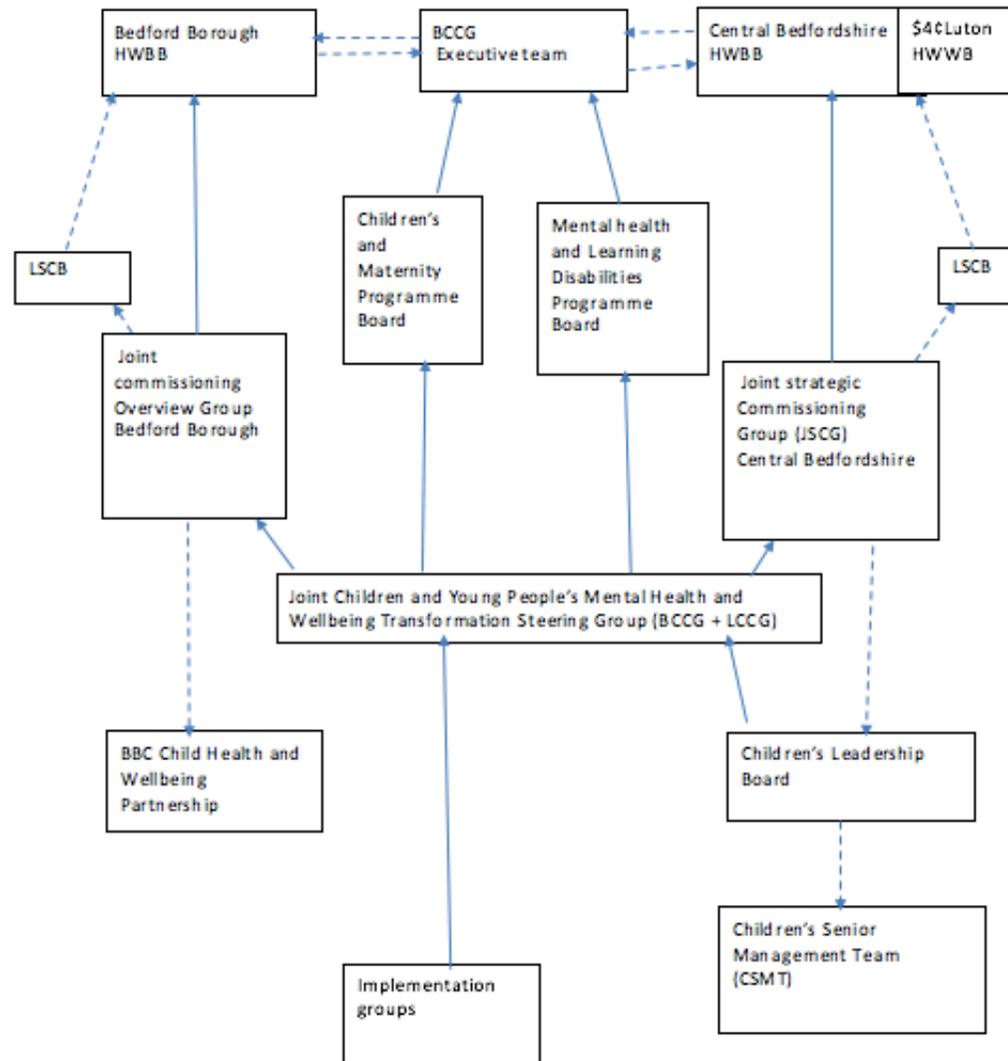
Within the Bedfordshire and Luton joint commissioning arrangements, each individual CCG will remain accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation. To ensure effective decision-making arrangements are established within a robust joint governance structure.

An overarching multi-organisational Transformation Steering Group has been established. This includes representation from BCCG and LCCG Commissioners, Children and Maternity Services, Clinicians, Local Authorities, Quality, Parent carers, Finance, Education and Hospitals. The group oversees the delivery and implementation of the transformation plan and monitors progress against predetermined targets. The aim of the Steering group is that Bedfordshire children and young people's outcomes will be improved through the implementation of an integrated response to their mental health and wellbeing needs as identified in the Bedfordshire Local Transformation Plan; focussing on the priorities within the LTP. A risk log is maintained as well as a reporting form to ensure projects are driven forwards.

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

This Steering Group reports to the Luton and Bedfordshire CCGs, the Luton Children's Trust and the Bedfordshire Children's and Families Commissioning Board. Joint Commissioning Groups in both Bedford Borough and Central Beds and, both Luton and the Health and Wellbeing Boards as shown below:

Future in Mind Steering Group Governance structure



10. Our finances

Luton CCG	2016/2017	2017/2018	Bedfordshire CCG	2016/2017	2017/2018
Eating disorders service	£113,000	£113,000	Eating disorders service	£227,000	£225,000
Crisis service (with Beds)	£225,000	£225,000	Crisis service (with Luton)	£225,000	£225,000
Caraline transition ED service (with Beds)	£36,000	£36,000	Caraline transition ED service (with Luton)	£36,000	£36,000
CYP IAPT (with Beds)			CYP IAPT (with Luton)		£100,000
CAMHS	£3.2 million	£3.2 million	CAMHS	£1 158,034	£4,802,979
FIM	£465,833	£465,833	FIM		£925,000 £194k October 2016/ January 2017 waiting times and waiting lists improvement
			Early intervention		£188,000
			Schools and colleges		£297,000
			Vulnerable groups- autism & psychologist post to support Community autism service		£40,000 £75,000 recurrent

11. Summary

This refresh of our Local Transformation Plan signals Bedfordshire's ongoing commitment to giving children and young people the best start through early intervention and accessible mental health services.

The Bedfordshire and Luton CCGs will continue to work with partners to drive the vision in which the child mental health and wellbeing is everybody's business. This local transformation plan communicates how we will make this happen with children and young people at the heart of our transformation.

11. References and appendices

Appendix A

Appendix B

Equality Impact Assessment

Appendix C

Future in Mind project group action plans (Crisis, EIP, Schools and early intervention, Eating disorders, Perinatal)

Appendix D

Bedfordshire
Future in Mind Workforce Strategy

References

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