NHS
Bedfordshire
Clinical Commissioning Group

NHS
Luton
Clinical Commissioning Group

Bedfordshire (Bedford Borough & Central Bedfordshire) and Luton

Children and Young People's Mental Health and Wellbeing Future in Minds Local Transformation Plan 2015-2020.

Local Transformation Plan Update 2016

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Bedfordshire and Luton Children and Young People's (CYP) Mental Health and Wellbeing Local Transformation Plan 2015-2020

1. Introduction

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

1.2. This plan details investment that we have allocated to each priority from the Future in Minds transformation funding allocation for Bedfordshire and Luton. There is a commitment to fully utilise the funding allocated for CYP mental health to develop services locally for CYP and their families to improve health and wellbeing outcomes. Whilst this is a joint plan it is important to recognise that the two areas of Bedfordshire and Luton do have different needs and this is reflected in the weighting of the investment.

1.3. This plan provides a vision for Bedfordshire and Luton that recognises the importance we place on 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 avoidable escalating need.

1.4. This is a dynamic plan 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. As we deliver what we set out in the plan we will take the opportunities of continuing to engage CYP, their families, their carers and professionals working with them to ensure that we stay ahead of any changing needs and wants of those requiring these services in Bedfordshire and Luton. The plan has been agreed through the Bedfordshire and Luton Mental Health and Wellbeing Strategic Transformation Steering Group.

1.5. Transforming children and young people's mental health, evidencing the impact that this additional funding from which we are redesigning services, recruiting specialist staff, increasing activity has on the lives of service users in Bedfordshire and Luton is central to what we are aiming to achieve.

1.6. This plan is published online and available to stakeholders, community groups, families and individuals.

2. Vision

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

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

2.3. The delivery of extra capacity and capability across Children's and Adolescent mental health services will improve outcomes for CYP in Bedfordshire and Luton.

2.4. Our plan is to 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. Definition of Current Tiers(1-4) system in mental health

Children and young people who are experiencing difficulties that could be related to their mental health are usually first identified within Tier 1 services, for example by a teacher, GP, health visitor or school nurse. Similarly, parents/carers who identify that their child is experiencing difficulties will usually initially seek help from services at that level. Children and young people with an identified need may be subsequently referred into specialist CAMH services (falling within Tiers 2–4) for assessment and intervention if necessary.

The following describes in more detail the services provided at each tier of CAMH service operation.

Tier 1

Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists but do have an understanding of mental health. This includes:

- GPs
- health visitors
- school nurses
- teachers
- social workers, and
- youth justice workers
- Voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, are trained to identify problems early in the child or young person's development and refer to more specialist services.

Tier 2

Mental health practitioners at Tier 2 level include CAMH specialists working in teams in community and primary care settings and Practitioners in the third sector agencies. They can include, for example:

- Mental health professionals employed to deliver primary mental health work, and
- Psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may or may not lead to treatment at a different tier), and training to practitioners at Tier 1 level.

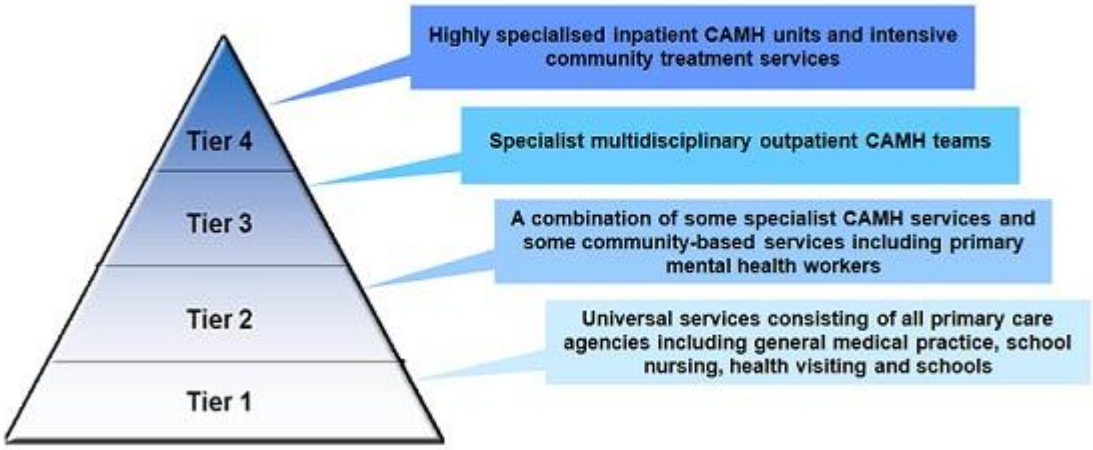
Tier 3

Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service. They provide a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- Child and adolescent psychiatrists
- Social workers
- Clinical psychologists
- Community psychiatric nurses
- Child psychotherapists

Tier 4

Tier 4 covers essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services provided for the small number of children and young people who are assessed to be at greatest risk (of rapidly declining mental health or serious self-harm) and could require a period of intensive input for the purpose of assessment and/or treatment. A consultant child and adolescent psychiatrist or clinical psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patient.



4. Governance

A formal steering group with membership including strategic and operational leads, commissioners, public health, local authorities, service providers and service users has been created to oversee the development, implementation and evaluation of impact of this plan.

The multi-disciplinary, multiagency stakeholders involved provide a forum through which we have started to develop a more comprehensive evidence base for a needs assessment so that we have a shared understanding of who to target, how to engage them and what services they are most likely to access and benefit from and are best placed with service users involvement to plan the services based on what professionals and services users say they want and need. The group has overseen the early stage implementation and as the service starts to mature are able to use developing service activity and outcome data to influence any changes required. Additional specialist support has been sourced to measure the outcomes and impact that are being delivered to provide the basis for sustaining and continually developing the service into maturity with staff who are confident and competent to deliver the services required.

Reporting to the Transformation Steering Group are a number of task and finish working groups to support operational delivery.

The Steering Group reports to Luton and Bedfordshire CCG, Luton Children's Trust, Bedfordshire Children's and Families Commissioning Board, joint Commissioning Groups in both Bedford Borough and Central Beds and both Luton and Bedfordshire Health and Wellbeing Boards.

This plan has been signed off by the Health and Wellbeing Boards (HWBB) for Bedfordshire and Luton and updates are being presented 6 monthly to the HWBB and Children's Trust boards in all organisations.

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

4.1 Luton CCG approach

To ensure services are commissioned in a cohesive and coordinated way, a Joint Commissioning Group was set up in Luton between the CCG and Luton Borough Council (LBC) under which there is a joint integrated children's commissioning team. This approach is to ensure a shared commissioning function which enables a more integrated approach to commissioning services for children, young people and their families. This department has recently been restructured and led by the LBC Public Health and Commissioning department, reporting to the Director of Public Health and Commissioning and the CCG Director of Quality who is the lead CCG director for children services. This means that there is a greater focus on need assessment, whole system planning and investment with clear commissioning cycles and intentions. A Section 75 Agreement between the two commissioning organisations formalises this agreement.

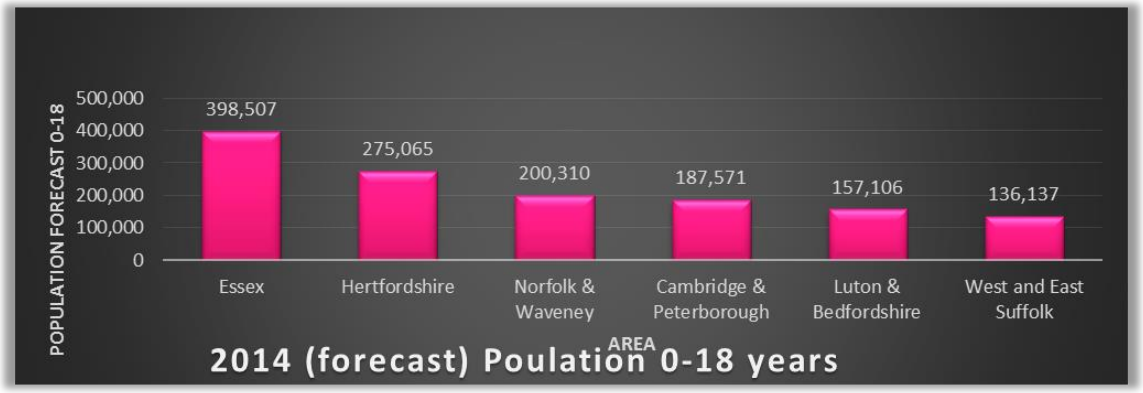
4.2 Joint services BCCG/LCCG approach

Within the Bedfordshire and Luton joint commissioning arrangements each CCG will remain accountable for meeting their own statutory duties in relation to quality, financial resources, equality, health inequalities and public participation. To ensure effective decision making arrangements are established a robust joint governance framework has been developed. The framework will require all contributory organisations to work collaboratively to reach and act on decisions.

5. Local Need

5.1 Population

The following population forecast (taken from Sub National Population Projections for England) has been calculated to reflect the Community CAMHS Provider organisations population areas and is used to show the different size of 0-18 year old population being served by each area.



5.1.1 Central Bedfordshire and Bedford Borough population

Bedfordshire (consisting of Bedford Borough Council and Central Bedfordshire Council) have growing child populations. Need assessments and reviews of service provision have been undertaken in 2013/14 by each local authority public health team of Tier 1 and Tier 2 Child and adolescent mental health and wellbeing services.

The data found that:

- 8580 young people will have experienced mental health problems appropriate to a Tier 1 response from CAMHS,
- 4,005 young people will have experienced mental health problems appropriate to a Tier 2 response from CAMHS in Central Bedfordshire (2012)
- An estimated 5420 young people will have experienced mental health problems at tier 2 level in Bedford Borough.

<u>The population of these two areas based on 2014 data is:</u>

- Bedford Borough Council (BBC) = 41,300 (25.2% of population) – increasing to 42,347 in 2016 (25.1% of population)

Central Bedfordshire Council (CBC) = 64,200 (23.9% of population) increasing to 65,439 (23.6% of population)

-

(From PHE Child Health Profile 2016)

The total Registered Population (BCCG) is 468,095 (as of July 2016)

The resident populations for each area are:

- Central Beds projection (2016): 277,271
- Bedford Borough projection (2016): 168,303
- Total projection for: 445,574

5.1.2 Luton population

Similar to the rest of Bedfordshire, Luton also has a growing child population. In 2015 there were estimated to be 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.

The Children's and Young People's Mental Health and Wellbeing Profile (2014 data) identified that of the 23 risk variables compared to the England average Luton is:

- Significantly higher in 10 risk areas
- There is no significant difference in 8 risk areas
- Significantly lower in 1 area (relationship break-up)
- The area associated with homelessness has no local value, however for Luton homelessness of families is the highest priority for the council.

5.2 Prevalence data

5.2.2 Estimated prevalence of mental health disorders in Bedfordshire

Based on CAMHS Needs Assessment -
http://atlas.chimat.org.uk/IAS/profiles/needsassessments

Can be broken down by sex, age group and disorder but totals are as follows

Estimated number of children with mental health disorders aged 5-16 years (2014)	
Bedford Borough	2220
Central Bedfordshire	3225
BCCG	5655

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

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

	Tier 1 (2014)	Tier 2 (2014)	Tier 3 (2014)	Tier 4 (2014)
NHS Bedfordshire	14,885	6,945	1,840	75

This modelled prevalence of mental health and emotional wellbeing need is greater than the capacity available within current services. This was identified as an issue in two reviews of CAMHS Services in Bedford Borough and Central Bedfordshire undertaken in 2013 (CAMHS Tiers 1 and 2) and 2014 (CAMHS Tier 3). The recommendations from these reviews were for improvements to the CAMHS service to improve access, raise awareness of Tier 1 and 2 support (including School Nursing) and reduced waiting times.

5.2.3 Estimated prevalence of mental health disorders in Luton

The prevalence of mental health and wellbeing need for Luton is demonstrated below.

		Period	Local value	Eng. value	Eng. lowest	Range
Estimated prevalence of any mental health disorder: % population aged 5-16		2014	9.8 ^	9.3	7.1	
Estimated prevalence of emotional disorders: % population aged 5-16		2014	3.7 ^	3.6	2.8	
Estimated prevalence of conduct disorders: % population aged 5-16		2014	6.1 ^	5.6	4.0	
Estimated prevalence of hyperkinetic disorders: % population aged 5-16		2014	1.7 ^	1.5	1.1	
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds		2013	3460 ^	-	502	
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds		2013	3670 ^	-	570	
Children who require Tier 3 CAMHS: estimated number of children		2012	980	-	145	
Children who require Tier 4 CAMHS: estimated number of children		2012	40	-	245	

Based on 2014 data the rates per 100,000 children in Luton were:

- Higher for child admissions for mental health – 95 per 100,000 – compared to England (87.4)
- Lower for self harm among young people aged 10-24 (Luton 211.4; England 352.3)
- Lower for under 18 alcohol admissions (Luton 23.6 – England 42.7)
- Lower admissions for substance misuse ages 15-24 (Luton 56.3 – England 88.8)
- Lower for admissions for unintentional and deliberate injuries.

5. 3 Joint Strategic Needs Assessment

The JSNA and Annual reports of the Directors of Public Health in each of the three local authority areas have provided a summary of local need.

These reports include recommendations that reflect the unmet mental health and wellbeing need for children young people in Bedfordshire and Luton. Based on local data the priority areas that we identified need address were:

- Developing a service to manage children and young people with eating disorders across Bedfordshire and Luton,
- Providing excellent maternal health services with mental health support
- Helping children and young people become more resilient through the provision of appropriate early intervention provision
- Providing services that effectively respond to young people presenting in crisis.

These recommendations taken together with the outcome data from the Bedford and Luton self-assessment tracker and Emotional Health and Wellbeing Strategy formed the basis of discussions at two 'whole system' stakeholder events, during which current pathways were reviewed, risks and challenges identified and new integrated care pathways were proposed, through which we can address the gap in service provision locally.

This information has informed the development of our transformational plan; the prioritising of the development of a new systems model and integrated pathways for Early Intervention/Prevention; Eating Disorders; Perinatal Mental Health and the need to embed the principles of C&YP IAPT across all services. We have jointly developed services for eating disorders and crisis management that commenced in April 2016.

http://www.bedford.gov.uk/health_and_social_care/bedford_borough_jsna/developing_well/young_people_mental_health.aspx

https://www.jsna.centralbedfordshire.gov.uk/jsna/info/4/developing_well/54/child_and_adolescent_mental_health

http://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/7.1%20Mental%20and%20emotional%20health%20and%20wellbeing.pdf

5.4 Gaps in provision

The review we carried out also identified the following gaps in service provision:

- **Awareness of services** – There was a lack of clarity about current services available locally and a need was identified for a directory of services to be available, which could be used for the development of a pathway for child and adolescent mental health in the longer term
- **CAMHS service and outcomes information** – Outcomes and activity data reported by providers of Tier 1 and 2 services often did not include outcomes data as part of routine monitoring of information or break down data by local authority area. A need for a consistent way of reporting information and outcomes of services was identified
- **Increased early prevention/Tier 1 work** – was identified as an area that could be further strengthened
- **Family based mental health and wellbeing support** –were identified as an area that could be expanded (rather than child only services)
- **Pathway for children with autism** – was identified as an area that needs to be strengthened.

- **Continuity of Care** – between children's and adults mental health services was identified as an area of weakness as eligibility criteria differ between these services, which can interrupt service provision
- **Communication between Service Providers** – some areas were identified where service providers could better share information

CAMH services in Luton and Bedfordshire are challenged by similar long-term issues that have been identified nationally. Some of the issues include:

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

5.5 Health Inequalities in children and young people in Bedfordshire and Luton

Overall, Bedfordshire and Luton 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.

There is a direct correlation between the deprivation of an area and mental health and wellbeing need. This is set out in the annual reports of the Directors of Public Health in the three local authorities. Of the 152 local authorities (rank of 1 being the most deprived) the deprivation of each area is:

- Bedford Borough is ranked 96 and 1 in 6 children live in poverty
- Central Bedfordshire is ranked 138; 1 in 8 children live in poverty
- Luton is ranked 47 with 1 in 4 children living in poverty

Therefore if we are to effectively address mental wellbeing we must continue to address inequalities in the health and social conditions that impact children and young people.

5.6 Eating Disorders

Eating disorders are estimated to affect more than 1.1 million people in the UK.

They are more common amongst girls who account for more than 90% cases with the peak of the disorder occurring at age 18. Although it is rare in pre-pubescent children there has been documented cases affecting children as young as 7 years.

Bedfordshire:

Bedfordshire

National and estimated local prevalence of eating disorders in young people Eating Disorder	National prevalence in 2004	Estimated local number* for Central Bedfordshire
5-10 yrs old	0.3%	55
11-16 yrs old	0.4%	74
5-16 yrs old	0.3%	110

Unlike other mental health issues, eating disorders are not thought to be associated with social deprivation and evidence suggests there may be higher rates in children attending private girls' school with an estimated prevalence of 1% in contrast to 0-0.2% in state schools.
In January 2014 the Health and Social Care Information Centre (HSCIC) showed an 8% rise in the number of admissions to hospital for an eating disorder nationally. Men and boys account for an estimated 5% to 10% of patients with anorexia or bulimia and an estimated 35% of those diagnosed with binge eating.

There are nine times as many females (91 per cent or 2,320) as males (9 per cent or 240) admitted to hospital for an eating disorder and this is similar to previous years (90 per cent and 10 per cent respectively). (HSCIC)

Luton:

Caraline, a third sector organisation provides a community service in Luton for children and young people affected by eating disorders. The service offers an outreach programme that targets higher risk service users to prevent admission/re-admission to out of area eating disorder units. These units are not only costly, an average costing £100,000 per patient per stay, they are also located a distance from the young person's family and can lead to lengthy periods away from important family support.

While it is usually more effective and appropriate to treat an individual with an eating disorder in the community, the nature and risk of the illness inevitably can lead to some patients needing admission to a hospital or specialist unit as a result of their medical need and requiring specialised intervention.

5.7 Perinatal Mental Health Needs

Perinatal mental illness (including depression, anxiety and postnatal psychotic disorders) affects approximately 1 in 10 women.

The annual births in the three local authorities areas and the estimated prevalence of each type of disorder is as follows:

Rates of perinatal psychiatric disorder per thousand maternities	Estimated number of women affected in Bedford Borough	Estimated number of women affected in Central Bedfordshire	Estimate number of women affected in Luton
Postpartum psychosis 2/1000	<5	< 10 (n=6)	7
Chronic serious mental illness 2/1000	<5	<10 (n=6)	7
Severe depressive illness 30/1000	60	100	105
Mild-moderate depressive illness and anxiety states 100-150/1000	200-300	330-500	350-525
Post-traumatic stress disorder 30/1000	60	100	105
Adjustment disorders and distress 150-300/1000	300-600	500-1000	525-1050

The table below shows 2014 births in each area (according to ONS) and predicted number of women affected by the various MH conditions, in line with RCPsych expected prevalence. Where RCPsych gives a range of values e.g. 10-15%, the mid-point of the range is used:

	Rate	**Bedford**	**Central Beds**	**Luton**	**Total**
Live Births 2014		2150	3246	3481	**8877**
Adjustment disorders and distress	22.5%	484	731	784	**1999**
Mild to Moderate Depression	12.5%	269	406	436	**1111**
Severe Depression	3.0%	65	98	105	**268**
Post-Traumatic Stress Disorder	3.0%	65	98	105	**268**

Chronic Serious Mental Illness	0.2%	5	7	7	**19**
Post-partum Psychosis	0.2%	5	7	7	**19**

A common theme across all the JSNAs' and Early Help Strategies of all three unitaries is the importance of promoting maternal health and wellbeing and preventing mental ill-health by:

- Identifying at the earliest opportunity women with poor mental health through antenatal and postnatal maternal mood assessments.
- Ensuring that the antenatal and postnatal care pathways for maternal mental health are effectively implemented women have access to high quality and timely support for mental health illness
- Recognising The importance of evidence based parenting support programmes to help parents care for their children to minimise the impact of parental mental health on the child's development is recognised and being developed through the Bedford Borough Early Help Strategy (2014), Central Bedfordshire Early Help for All strategic document (2014) and Luton's Early Years Flying Start Strategy 2014-24.
- There is recognition that women who give birth to a baby with complex health needs may need to be routinely linked into the postnatal pathways for Perinatal Mental Health to help support mothers to adjust to the complex needs of their baby.

5.8 Crisis Services

5.8.1 Responding to the needs of young people who present in crisis

Our gap analysis of service provision for Tier 3 services across the three boroughs has shown that the current prevalence of mental health and emotional wellbeing need in children and young people is greater than the capacity available within the current services; there is therefore unmet need.

Between 2012/13 and 2013/14, the rate of children and young people admitted to hospital for self-harm in Luton and Bedfordshire has increased in all three local authority areas. This is a national trend reported in an article presented by Young Minds (December 2014) which highlighted from the Health and Social Care Information Centre (HSCIC) statistics for 2013/14 that the number of children admitted to hospital for self-harm was at the highest it has been in 5 years.

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

Self Harm:

Young Minds (2013) identified self-harm as the number one issue that young people are concerned about amongst their peers in a list including gangs, bullying, drug use and binge

drinking. It is also the one issue that all groups (young people, parents and professionals) feel least comfortable about addressing.. National figures show that:

- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.

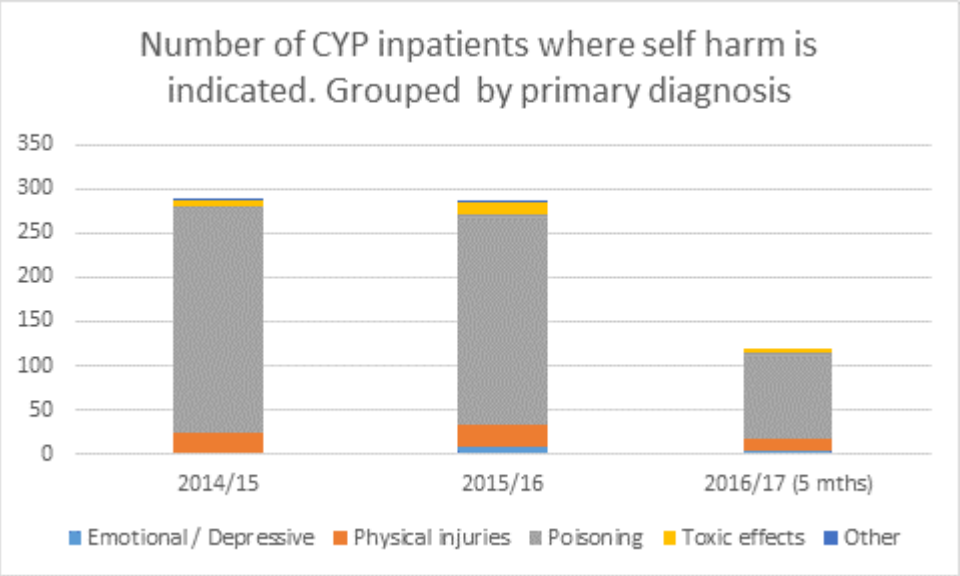
Local data measures the number of hospital admissions as a result of self-harm in Bedford Borough and shows that Bedford Borough has a rate that is similar to the national average, however actual numbers show a 50% decrease between 2010/11 and 2011/12. However hospital admissions would only represent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

Higher prevalence of self-harm behaviour is found in more socially deprived areas. Therefore it is expected that there would be more self-harm behaviour in the wards with more social deprivation. Hospital admissions for self-harm:

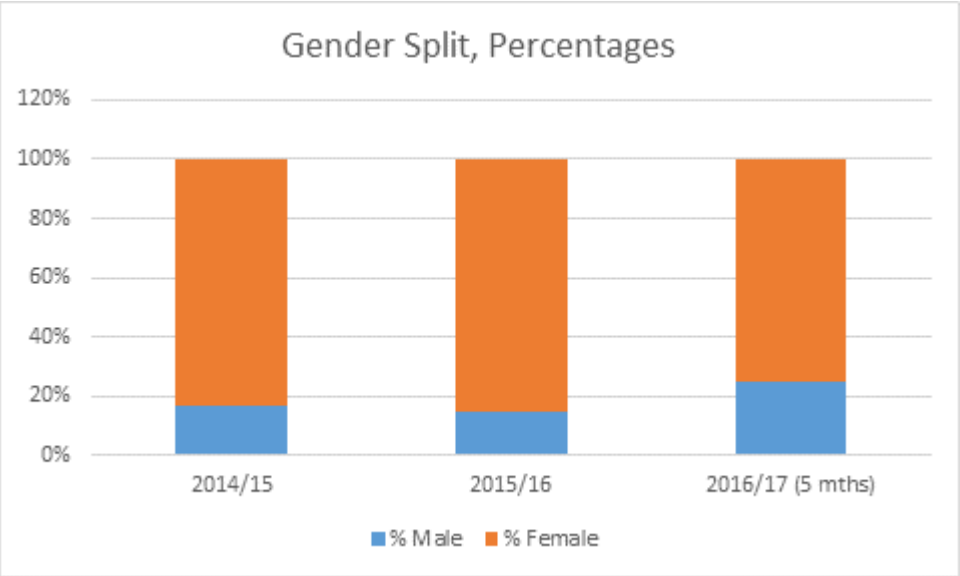
	Local no. per year	Crude rate per 100,000	England Average
2010/11	66	185.2	158.8
2011/12	33	92.0	115.5

For Luton the most recent data shows that hospital admissions for young people aged 10-24 per 100,000 was 211.4 (2010/11 – 12/13) higher than the Bedfordshire areas but lower than the England average (352.3).

The following two graphs identify inpatient admissions for self-harm in Bedford hospital and the Luton and Dunstable Hospital, the acute trusts which serve Bedfordshire and Luton.



This graph shows that the vast majority of inpatients are for poisoning, small number for physical injuries, and a couple for toxic effects. The 16/17 data is for 5 months, but if projected comes out exactly the same as 2014/15 and 15/16. So no overall increase or decrease in self- harm related inpatient admissions (annual average around 290 cases)



Gender splits, percentages instead of absolute numbers showing that the % of boys has increased in 2016/17.

5.9 Early Intervention

Help Children Become More Resilient through the provision of Early Intervention Services

Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Significant brain cell development takes place by age three and how we care for infant's shapes their lives. Therefore enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood and to achieve that we need prevention and early intervention services available to reduce the risk of avoidable escalation of psychological health need and responsive services that can respond to children and young people in crisis.

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

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

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

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

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

The second, and often the forgotten surge of significant brain development occurs during the teenage years, these two periods of development are important times to maintain and promote health and wellbeing.

It is recognised that young people want to access their CAMHS worker at their schools. There is also evidence that low level interventions and advice can be successfully delivered by school staff when supported by CAMHS worker. Therefore, our plans will include working with

schools as partners to build on existing pathways and develop good strong and effective relationships with CAMHS to support timely and appropriate referrals to services.

5.10 Vulnerable groups

5.10.1 Youth offending

Children and Young People known to the Criminal Justice System:

This vulnerable group primarily works with the Youth Offending Service. Bedfordshire has two services; Luton and Bedfordshire services (a shared service covering Bedford Borough and Central Bedfordshire).

As defined by legislation (1998 Crime and Disorder Act) these are multi-agency Services which are made up of staff from the relevant statutory partners (Police; Probation; Social Care; Education and Health). The governance of the YOS is through the two respective Chief Officer's Management Boards with senior officers from each of the statutory partners.

The National Picture:

More than 6,000 young people under the age of 18 pass through the criminal justice system each year and at any one time there are approximately 1,800 in custody. The issue of unmet mental health support provision for those young people entering the criminal system has been well researched and recorded. The outcomes are that despite a significant number of policy initiatives designed to improve services for young people with mental health problems at risk of, or engaged in offending behaviour, very little improvements have filtered through to young people who report many of the same problems that were experienced by young people 20 years ago.

Statistics vary however they highlight the alarming disparity of these young people compared to their peers in the general population who are outside of the criminal justice Process. Approximate figures are that:

- 85% of those known to the criminal justice system have personality disorders which is eight times higher than the social norm.
- 60% also have speech or language problems,
- 25%have learning difficulties - a figure which rises to 50% for youngsters in custody.
- Cases of depression, anxiety, psychosis and self-harm are also higher than average.

Mental health is nationally recommended to remain a primary focus within the Youth Justice Process. Specialist mental health workers should always be available, however all staff should have on-going training in mental health issues. Access to mental health services should be ongoing and seamless, in terms of transition between custody and community but also after reaching 18.

The Local Picture:

Bedfordshire YOS 2014/15 headline statistics:

- 44% of children and young people who received an intervention had an identified emotional or mental health need
- 16% of the overall number of children and young people who received an intervention had a referral to the YOS Mental Health specialist
- (2015/16) 32% had an identified emotional or mental health needs
- 14% of those on an intervention were referred to a YOS Mental Health specialist.

Luton YOS 2014/15 –

- 33% of children and young people who received an intervention had an identified emotional or mental health need
- 24% of the overall number of children and young people who received an intervention had a referral to the YOS Mental Health specialist
- 2015/16 41% had an identified emotional or mental health needs
- 22% of those on an intervention were referred to the YOS Mental Health specialist.

The national research and policy recommendations, regarding the need for specific services for children and young people known to the Criminal Justice system that are delivered as part of a multi-agency framework and with specific complementary interventions, is acknowledged by partners in Bedfordshire. This is reflected in the provision of specialist staff to YOS and in the operational processes around access to services for this group of children and young people.

It is acknowledged that children known to the criminal justice system are:

- Less likely to access universal services;
- Often present at point of crisis;
- More likely to present issues of co-morbidity;
- Have far higher levels of issues of emotional and mental health than the wider same age population
- Have competing and often complex family, social and environmental issues.

The location of specific workers in Bedfordshire within a multi-agency framework (YOS) meets national recommendations: that issues relating to mental health; substance misuse are picked up as early as possible; that there is consistency of relationships for young people; that there are trained staff with the relevant knowledge and skills to balance delivery regarding health and criminal justice using a multi-modal approach; that there is co-ordination between services specifically about pathways into health and appropriate responses including an aim to demonstrate that there is assertive health care pathway management and to aim to ensure that children, young people and their families understand what health services are available and know where to get advice and information. The YOS response to emotional and mental

health includes the facilitated access to all CAMHS services as well as the Early Intervention Psychosis project.

Both YOS work with children and young people across a range of criminal justice interventions including early intervention and Diversion programmes; Health is a critical aspect at all points:

- There is a pro-active response to children and young people detained in Police custody (County wide Triage approach regarding working jointly with Police and CPS regarding outcomes and decisions)
- Work within Court regarding Bail support packages for those at risk of being remanded into custody
- Work in the community regarding Court and out of court disposals (including prevention and diversion); also for those subject to Bail or Licence programmes
- Work within the Secure Estate : joint work with secure estate for those sentenced or remanded: identification of needs; planning and resettlement

Both YOS are signatories to the Crisis Concordat and are part of relevant strategic partnerships across the county in relation to the delivery of both Criminal Justice and Children's Services.

5.10.2 Neurodevelopmental

Autism spectrum disorders occur in at least 1% of children and are commonly associated with comorbidities. Current services are not able to respond in a timely manner to achieve diagnosis at an earlier age and delayed diagnosis impacts the development of a child and has significant social implications for the family.

Each area has established and ASD steering group in line with NICE guidelines and are at different stages of developing referral and treatment pathways to achieve a more effective service for children.

Locally, referrals are only accepted by CAMHS for possible ASD where there is a suspected moderate to severe mental health disorder such as anxiety or depression.

- BCCG - Between Jan to Oct 2016 there have been 78 new referrals for children aged 10 and above for ASD assessment.
- LCCG - Between 1st April 2015 and 29th February 2015, the Luton Community Paediatric service accepted 335 referrals for suspected autism from Luton and South Bedfordshire.

Waiting times for an initial appointment within the Community Paediatric Service varies between 14 and 18 weeks; however complex or uncertain cases of suspected autism wait up to 3 years for an autism-specific assessment).
Requests for sensory processing interventions are increasing and currently there is no service available.

5.10.3 LAC /leaving care

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

Luton:
Luton has a higher rate per 10,000 children who are looked after compared to the East of England, England and statistical neighbours, 361 as at May 2016.

Bedford Borough:
The proportion of children from Bedford Borough who are looked after was 66.7/10,000 in March 2016 the rate has decreased in the last two years but remains higher than the national average**. [1]**

In March 2016 there were 253 looked after children, 140 being placed within Bedford and a further 113 in neighbouring Local Authorities. As of the 23 October 2016, 97 children were placed within Bedford by other placing authorities who would access primary care and education. Following the significant rise in numbers experienced form mid-2011 to mid-2014 numbers have steadied and the 12 month average is starting to indicate a small downward trend.[2]

Central Bedfordshire:
The proportion of children from Central Bedfordshire who are looked after was 48.2/10,000 in March 2016, which was better than the national average (but higher than the best in the country which was 20/10,000**[3])** **Do not have the up to date figures**

- March 2016 there were 287 children in care. This number is growing slowly: it grew by 4.4% between March 2015 and March 2016[4]. 119 looked after children were placed 'in county' and 168 were placed 'out of county'.

6. Communication and Engagement

[1] Public Health England Child Health Profiles 2015
[2] Bedford Borough Safeguarding Children Board Assurance Report Looked After Children 16.9.15
[3]Public Health England Child Health Profiles 2015
[4] Central Bedfordshire Council Looked After Children Annual Report July 2015, published by Bedfordshire Clinical Commissioning Group

6.1 Children, Young people, their families and carers

Key demographics:

- Luton is ethnically diverse population with around 55% of the population from black minority ethnic groups and 75% of school pupils from black minority ethnic groups. Half of Luton's children do not speak English as their first language. As part of the organisations core business Luton CCG and Luton Borough Council actively source representation from the ethnic minority groups at all stakeholder events.

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

- In 2014, the Child and Adolescent Mental Health Services (CAMHS) were part of procurement for Mental Health services. Healthwatch, service users and carers played an integral part of the process. This included:

    - attendance at CYP focus groups, engagement in the 'open dialogue' sessions between commissioners and potential providers
    - Compiling appropriate weighted questions for inclusion in the provider 'bids' as part of the moderation process.

- Health related behaviour surveys were carried out across Bedford Borough and Central Bedfordshire schools in 2014 and provided an opportunity for pupils to report on their emotional health and wellbeing. The reports on the findings highlighted the number of children affected and the issues that are worrying them.
- Luton Young Person's 'Take over Day' focus on CAMHS services. Service provision from children and young people's perspective and their proposals for improving services.
- Bedfordshire and Luton Stakeholder completed the Self-Assessment tool. Findings from this were reviewed and discussed at the Stakeholder event. The whole system was represented including ELFT, Cambridge Community Services (Luton); Luton Borough Council, Youth Offending Service, Police, Schools, Early Years, Voluntary Organisations, Third Sector Provider and the Patient Forum.
- Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event to hear about patient experience from their perspective, Quality and Assurance on current service provision and proposals for improving services across the system.
- Luton schools participated in a SHEU survey in 2015 with 3000 participants that asked their views on their health, wellbeing and lifestyle choices. This survey has just been completed with greater numbers of children for 2016.
- Bedfordshire and Luton Commissioners and CAMHS provider attended CAMHS Patient Forum event, to hear about patient experience from their perspective, be involved in Q & A on current service provision and proposals for improving services across the system. Mental health and emotional wellbeing of children and young people has

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

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

The most common areas of concern or improvement identified were;

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

   - Respondents felt that a reduction in waiting times for first appointments was needed and quicker referral processes particularly via schools. They wanted CAMH services to identify problems early, not just following hospital admission. Both children/young people and parent/carers felt their wait should be no more than 3 weeks and patients should be seen as quickly as possible with minimal delays. They also wanted a quicker response for more serious mental health issues so that the health need would not escalate.

2. **Accessing services:**
   - Having a single point of access for service users was highlighted as a priority to have in place since referral services were often fragmented and difficult to navigate.
   - Young people want shorter referral times. A maximum wait of 3 weeks was recommended.

- Most young people reported using SEPT (50) followed by Sorted (26) and CHUMS (15), and Bedford Open Door (9). A minority used other centres such as Beech Close Resource Centre.

3. An improved appointments and referral system:

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

4. Location of service

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

5. Positive relationships with CAMHS workers

- increase availability of therapists who are empathetic, non-condescending and respect the service user
- Consistent health professional; staying with the same CAMHS worker so no need to keep repeating their diagnosis or story

These issues raised by children and young people will continue to be developed as part of our work to support the transformation plan. An engagement and communication plan is being developed which will include all stakeholders, children, young people their families and carers and detail how we will engage with them.

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

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

LCCG:

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

The planned outcomes of this work will lead to:

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

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

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

In 2015 Luton also commissioned a survey of 1500 people to understand the impact of Adverse Child Experiences on health and we are currently working on implementing the ethos of ACE in our assessments of service users.

6.2 Stakeholder engagement

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

This work will form an integral part of our local Children and Young people's mental Health and Wellbeing Transformation Plan. Working in partnership we propose that:

- Children's commissioners are engaged in the Operational Group of the Crisis Care Concordat and committed to plans to deliver all age services, seamless transfers from children to adult services, equity of access through, in particular, Liaison Psychiatry and seven day services. The Police Lead for Crisis Care Concordat has also been engaged in all the workshops delivered to date.
- CAMHS EI is a member of a multi-agency Task and Finish Group whose purpose is to develop and implement a whole system strategy. The strategy aims to improve the emotional well-being of LAC and increase awareness and detection of mental health problems. Fundamental to the strategy is the development of a whole system emotional well-being care pathway for all LAC including those in kinship care arrangements.

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

7. Current Situation (2016)

BCCG:

In February 2013, BCCG launched its Mental Health Strategic Objectives which describes its commitment to the improvement of Mental Health services in Bedfordshire.

See - https**://www.bedfordshireccg.nhs.uk/page/?id=3713**

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

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

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

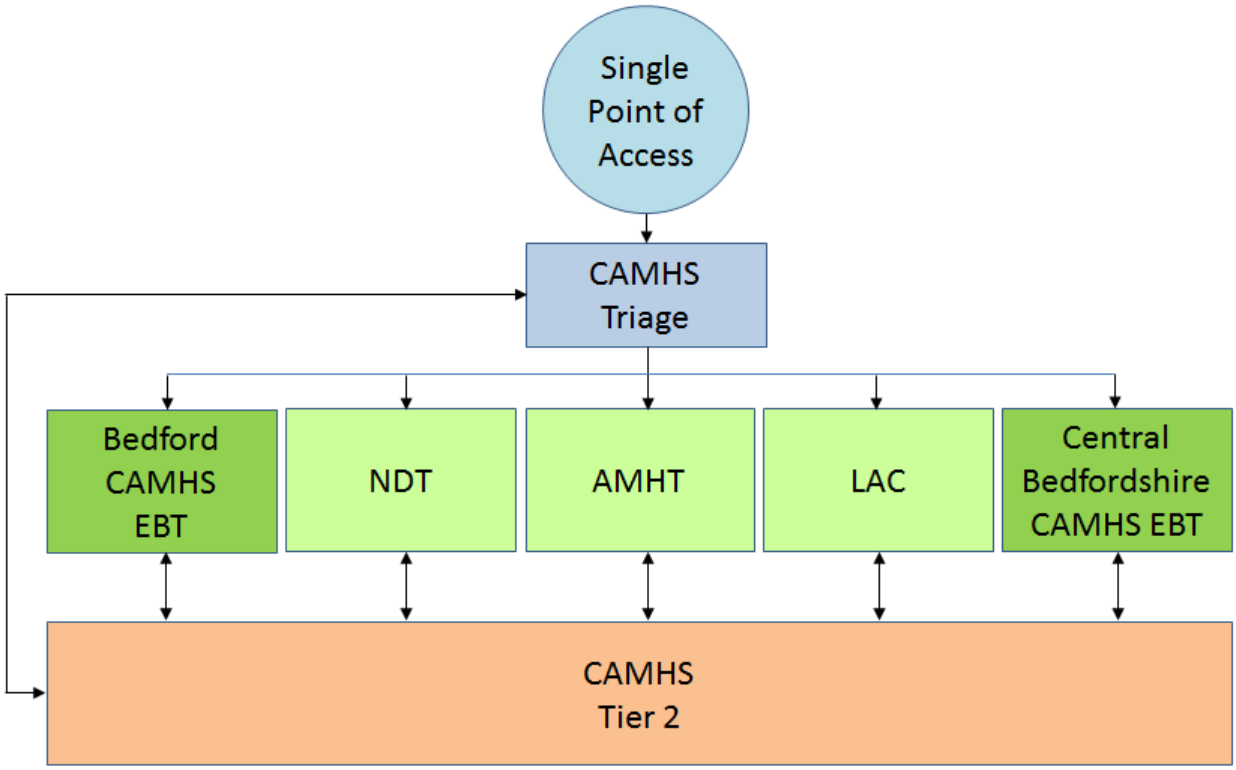
The Commissioning Organisations (including BCCG, Bedford Borough Council and Central Bedfordshire Council) have developed a model for delivery of care across both the health and social care systems that identified high quality, safe, fit for purpose and sustainable services.

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

Child and Adolescent Mental Health (CAMH) Service

As part of the procurement Bedfordshire CCG has developed its vision for Children's services. This was based on an integrated partnership multi-disciplinary approach with all community based services. This work reflected NHS England's and Operating Framework 2014/15 vision of integrated working between health and social care. Children's services both in and outside hospitals are also being reviewed and a model will be developed to support the vision, which will include the integration of services. With this in mind the CAMH Service model was developed in line with this approach to ensure there is a strategic fit within this vision.
East London Foundation Trust (ELFT) successfully took over as the provider of mental health services for Bedfordshire and Luton and have implemented a new model for managing CAMHS services since April 2016.

Bedfordshire CAMHS Clinical Service Model



EBT = Emotional and Behavioural Team
NDT = Neurodevelopmental Team
AMHT = Adolescent Mental Health Team
LAC = Looked After Children

- Increase the capacity of the service, and shift capacity from Tier 3 (Specialist) to Tier 2 (Targeted), with an increased focus on early intervention and preventative work
- Provide services to those clients of greatest need in the environment, most likely to benefit from service uptake, and close to home as possible
- Provide evidence-based practice, eg. NICE compliant.

REFFERALS and ACCESS

The service:

- Integrates referral pathways for Tier 2 and 3 services, and also accept self-referrals
- Has a single point of entry
- Provides same day screening all referrals, with a CAMHS MDT Filter Group triage of referrals and allocation of first appointments
- Manages a maximum 5 week wait for assessment, and 4 hours for emergency *assessments.*

ASSESSMENT

All referred CYP receive an assessment using standardised CAMHS Assessment and Risk Assessment pro-forma, or are redirected to an appropriate partner agency for further intervention.

TREATMENT and INTERVENTIONS

The service integrates clinical pathways for delivery of Tier 2 and 3 services, where appropriate co-delivered with the 3rd sector. This includes:

- A stepped care model of service delivery
- Shared care protocols with GPs
- In Step 2, embedding staff within partner agencies (LAC, Social care, PRU, YOS, CCH) to provide training, consultation and assessment
- Embedding the use of Goal Based Outcomes.

Services are provided within designated teams, with case-management by clinical leads:

Two Emotional and Behavioural Teams

- Bedford Emotional & Behavioural Team will be based in Bedford town, and Central Bedfordshire Emotional & Behavioural Team will be based in Dunstable
- Provides assessment and treatment service for CYP with emotional and/or behavioural difficulties, unless already managed within one of the three specialist CAMHS teams
- Includes a Paediatric Liaison service to provide input in the local catchment area hospital
- Supports the work of targeted CAMHS staff embedded within partner agencies teams, including Youth Offending Service, and Special Schools.

Adolescent Mental Health Team

- A multi-disciplinary team for 13 – 18 years, providing assessment and treatment to young people with developing severe mental health problems, including mental illness
- This includes home treatment (HTT)
- By provision of such specialist input, treatment is maintained in the community wherever possible, thereby reducing the need for adolescent in-patient treatment.

Neurodevelopmental Team, including CLDT

- A comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health Provider

- Includes an assessment and treatment service for CYP presenting with ASD and/or moderate to severe LD with comorbid mental health problems
- Includes an assessment and treatment service for CYP presenting with significant symptoms of ADHD.

Looked After Children Team

- A multidisciplinary target CAMHS team providing mental health and network support service to children and young people in the care of Central Bedfordshire and Bedford Borough Councils, and to their carers
- The team provides consultation to social workers as well as mental health assessment of the child and family, cognitive and neuropsychological assessment, and state of mind assessment when indicated
- The team provides short and long-term mental health treatment where appropriate, as well as support to birth and foster families for placements, preventing breakdown wherever possible.

DISCHARGE and TRANSITION SERVICES

To ensure a smooth transition from hospital to community care, or when discharged or transitioned from our CAMHS services, planning arrangements include where appropriate:

- Discharge planning meetings with ward staff, education staff, school nursing and social care
- Following discharge from hospital, follow-up appointments are offered within 7 days with CAMHS PLT or AMHT/HTT
- Timely meetings with our adult mental health services to ensure smooth transitions of care at the appropriate age. Transfer of clients with acute mental health difficulties is completed according to an established Transfer protocol, using the Care Programme Approach where indicated.

CLINICAL LEADERSHIP

Bedfordshire CAMHS has an Associate Clinical Director/Lead Clinician, accountable to the Clinical Director Bedfordshire.

The Bedford and Central Bedfordshire *Emotional and Behavioural Teams are* each jointly led by a Consultant Child and Adolescent Psychiatrist, and consultant level clinician from another core CAMHS profession.

The *Neurodevelopmental* and *Adolescent Mental Health Teams* are led by a Consultant Child and Adolescent Psychiatrist.

The Looked After Children *Team* is led by a Senior Clinical Psychologist or other Senior Therapist.

Schools /early education

Luton

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

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

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

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

of this strategy and a multi-agency learning and development programme has been developed for 0-19 services to develop the workforce.

Bedfordshire

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

Bedford Borough

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

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

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

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

8. Proposals for Change

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

- We will endeavour to understand the profile and needs of our children, young people and their families
- We will be proactive rather than reactive
- We will get actively involved to support children, young people and their families and communities to build resilience and problem solving skills so that any new problems can be successfully managed.
- We will change the way that we deliver services so that we work in ways that children young people and their families need us to

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

We will address the health inequalities across all areas of the transformation plans and monitor the impact by:

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

How we will measure impact:

We will use the baseline of 15/16 to determine our key performance indicators moving forward as set out in the action plan see p 78. We will focus on the baseline of finances, staffing and activity.

All our public health teams are working with us and we have the support of Associate Solutions who are working with us through a commissioned arrangement by the Strategic Clinical Network who together will provide the specialist support to achieve this.

Challenges and priorities:

The challenges that we face in Bedfordshire and Luton are not unique. The funding of statutory services in the current economic climate is reducing year on year and as savings are being made there is often a short termism view that fails to tackle 'whole systems' rather focus on individual organisations and a narrow interpretation of impact.

As part of this often silo working we remain data poor. We know that schools are reporting greater need in their student population and that thresholds for service provision are geared towards the upper tiers rather than prevention and early intervention. We also recognise that the gap between health inequalities, in particular vulnerable groups that evidence tells

us are more affected by mental health, will not narrow unless we can put services in place that target those groups .

The development of STP's provides us with a forum through which we have system leaders working together to raise the status of Mental health as a greater priority and we have the influence and motivation to be able to get the outcomes we need.

Our priorities are set out below however fundamentally what we need to do is ensure the principles of CYP IAPT, social prescription and making every contact count are embedded. We will achieve this through the 'Prevention' work stream of the STP.

In addition, upskilling and raising awareness of frontline staff who work with CYP and their families on mental health and personal resilience to be proactive and focus on prevention and early intervention rather than crisis management.

Priority – Eating Disorders Service (Bedfordshire has invested £227k recurrently in eating disorders services; Luton has invested a £113k.)

Background:

A dedicated specialist community eating disorder service for children and young people has recently been established across Bedfordshire and Luton. The Provider (ELFT) CAMHS teams are developing the workforce expertise in identifying and supporting young people who are suffering from eating disorders, particularly the most common eating disorders, Anorexia Nervosa and Bulimia Nervosa.

The majority of young people who have an eating disorder as their primary presenting problem treated by the existing CAMH services will now have access to this new service.

Although the majority of young people can be treated on an outpatient basis, a small minority with very severe problems (approximately 5-6 each year) are admitted to specialist Tier 4 provision for Adolescent Mental Health that can be located anywhere in the UK. These patients are likely to have significant physical health issues due to advanced malnutrition, repeated vomiting and often require nasogastric feeding and/or supervised eating. Once admitted, young people may remain in specialist units for a significant period of time. Closer working relationships are being established with specialist commissioning to support early discharge and reduce length of stay for CYP with and ED admitted to tier 4 beds.

Local Need has been highlighted in the first section of this document for Bedford Borough, Central Bedfordshire and Luton Borough councils.

The service is working alongside partner agencies across primary care, education, social care and third sector to develop psycho-education and training programmes. These training programmes will be delivered across partner agencies and communities in order to increase

awareness of eating disorders and promote standardised screening tools to ensure symptoms are identified as soon as possible and appropriate intervention sought.

Although CEDS-CYP may not have capacity and hold responsibility for direct delivery of these interventions, the service will offer training, consultation and supervision in order to ensure that children and young people are accessing standardised NICE concordant evidence-based interventions at all levels of severity and need.

More specifically, the team will be taking a lead on the direct delivery of interventions for children and young people presenting with moderate and severe presentations of eating disorders; providing NICE concordant evidence-based interventions for eating disorders.

The CEDS-CYP is part of a quality assurance network to remain abreast of recommended interventions and quality indicators.

Managing a single point of entry into Tier 4 services:

Although one of the main aims of establishing a CEDS-CYP is to limit the need for referral to Tier 4 services, there may be a very limited number of cases where consultation and consideration of referral to Tier 4 service will still be required.

It would also be important to maintain a link with this National Tier 4 service to ensure that opportunities for quality assurance and contributing to research within the field of eating disorders in children and young people can be utilised as they arise.

Supporting transition to adult Eating Disorder services:

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

Training, Supervision & Consultation:

The CEDS-CYP is developing partnerships with local providers to offer interventions to children and young people presenting with mild presentations of eating disorders. At every level of severity it will be important to ensure the quality of and effectiveness of interventions being delivered. Therefore CEDS-CYP will play a role in designing and delivering training to

increase awareness of eating disorders and evidence based interventions that are recommended.

The CEDS-CYP team members should offer supervision and consultation to colleagues across agencies to ensure the provision of high quality evidence based interventions. Consultation could also be offered so that as soon as a child or young person presents with concerning behaviours related to their eating colleagues across agencies can access a named clinician within the CEDS-CYP to consider the most appropriate response to ensure that the young person's needs are met and intervention is accessed as soon as possible.

Estimated activity:

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

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

In future we will be monitoring:

- Delivery of psycho education and training as part of the prevention and early intervention aspects of the service model and partnership working
- Further analysis and of measures will be incorporated into performance indicators to ensure that effective interventions are being delivered.

We will be evaluating impact and effectiveness:

- Robust baseline monitoring and review have been built into service model as they have developed. This includes clinical reviews and outcome measuring as part of the clinical reviews.
- The access and waiting times guidance highlights a number of outcome measures that should be incorporated into the service model. These include measures that collect information about the severity of eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as coexisting mental health problems such as depression and anxiety disorders. These measures will be both patient reported outcome measures (PROMS) and clinician–rated outcome measures.

- Information about the attitudes and experiences of the child or young person and their family towards the treatments and service is being collated as part of the suite of outcome measures.
- Effectiveness of the CEDS-CYP care pathway, clinical practice and service development, design and usage information, including clock starts and stops, referral pathways, and specific information about the treatment provided and appointments attended.
- While many of the PROMS and clinician-rated outcomes measures are already part of the CYP-IAPT outcome tools, additional measures relating specifically to symptoms of eating disorders e.g. Eating Disorder Examination Questionnaire (EDE-Q) will also need to be incorporated into the outcome measurements across the CEDS-CYP.

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

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

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

Priority – Perinatal mental health (a Bid for new investment submitted in September 2016)

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

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

Initial proposal:

Two additional posts to provide (one attached to the L&D and one attached to Bedford Hospital):

- Parent-infant psychotherapy Groups
- Teaching/supervision
- Assessment and treatment of infants including working closely with assessed treated
- Liaison/network meetings & sessions offered at the hospitals, Mother and Baby Unit and in the community
- Outcome research

Luton:

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

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

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

Bedford Borough JSNA:

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

attachment and bonding, and is associated with behavioural, social or learning difficulties as the child grows up.

Central Bedfordshire JSNA:

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

Priority – crisis support (24 % of overall investment allocated with an additional subsequent first investment of a 194K for Bedfordshire and £98K for Luton received in October 2016)

Crisis services:

Crisis services are a priority –both within the commissioning intentions and crisis concordat. We expect to see stepped improvement on the support people/families get to plan ahead to avoid crisis (joint crisis plans) and greater resource/response in the community, including street triage, to resolve crisis and reduce inpatient care. This I would want to see in the plans for children too.

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

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

Priority – Schools & Early Intervention (52% allocated from Bedfordshire CCG ,33% allocated from LCCG funding)

Early Intervention:

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

Bedfordshire Early Help Strategy;- the transformation plans will support and work with the early help offer in Bedford Borough, Central Bedfordshire and Luton Local Authorities.

The relationship with core CAMHS and our local schools will be improved, through closer partnership working, building resilience and developing skills and practice to enable early identification of mental health issues and improved access to CAMHS teams as and when appropriate. This approach will ensure that intervention is available at the earliest opportunity and that health needs are met before they escalate.

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

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

Early Intervention:

Within Bedford Borough a CAMH Practitioner (funded at a senior practitioner level - Band 8 – jointly funded with the Council) is embedded into the Early Help & Intervention Service. In addition there is a 0.5 Band 7 post which is shared between Bedford Borough and Central Bedfordshire Councils. The Band 8 Post provides advice and guidance to colleagues and has a clinical caseload working with families where there are mental health concerns. Training and service development will also form part of this role as well as being the IAPT Supervisor for colleagues undertaking the EEBP IAPT course from Early Help. By having an IAPT supervisor within Early Help the IAPT model can continue to grow and build capacity. The Band 8 will also work closely with the school project workers and ensure there is a clear pathway for mental health throughout all early help support.

The Band 7 will support with training of staff, workforce development and support the school project workers.

School Project:

Each secondary school in Bedford Borough and Central Bedfordshire will as the programme develops have an assigned CAMH professional. These practitioners will spend one day a fortnight within the school, working on a bespoke offer dependent on the schools need. It is expected that the school based time will be used for student assessments and consultations, and staff training. The model to be achieved is a 'team around the School' with Early Help Staff, Mental Health and school nursing services all work together in supporting the school.

Within Primary Schools CHUMS are providing an offer for school clusters. There will be a named CHUMS worker linked to each school cluster through which the school can access advice and guidance. CHUMS will look to foster a whole school approach to mental health and wellbeing and support with training of staff within the clusters of schools.

Priority – Vulnerable groups

Neurodevelopmental:

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

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

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

A significant number of people with learning disabilities display behaviour problems that are described as challenging. Some of these behaviours may be sufficiently severe to lead to contact with the criminal justice system.

There is a high prevalence of autism spectrum disorders in people with learning disabilities who have mental health and behavioural problems.

The complexities of support for these children are significant – with relationships with social care, housing, education and other agencies, as well as health services.

Learning Disabilities:

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

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

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

- Increased survival and life expectancy, especially among people with Downs syndrome

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

Autism:

Around 70% of people with autism also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder (ADHD) or anxiety disorders. It is planned to develop:

- Seamless local pathway; by mapping local care pathways for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps.
- Effective multi-agency working; working closely with Community Paediatrics when screening referrals and undertaking assessments, there will be an effective strategic link between CAMHS LD/ND services and SEND services, to ensure coordinated assessment and planning of EHC plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be put in place as well as close working amongst frontline services with clearly defined lead professionals and shared care plans.
- Accessible specialist services; vulnerable groups find it more difficult to access specialist services when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc) apply equally to young people with LD and neurodevelopmental difficulties. To reduce health inequalities we will ensure that young people with protected characteristics are not turned away from receiving effective, evidence-based interventions.

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

By 2020 we aim to deliver the following:

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

We will make address health inequalities across all areas of the transformation plans. This will be monitored by:

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

Priority – Early Intervention in Psychoses (EIP) services

The refresh of this plan has allowed us to focus on how we ensure that access and waiting times for EIP services are embedded.

This has been identified as a commissioning intention for BCCG / LCCG.

We have started implementing a plan to meet the requirements for this priority and expect to have this fully in place by 2017/18.

The aim is to develop the 14+ EIP service to see more than 50% of people referred with suspected psychosis within two weeks.

Priority – CYP IAPT (the funding requirements to deliver this priority are being negotiated and will be published as soon as it is formally agreed)

Bedfordshire and Luton have recently become part of an existing Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Collaborative (London and South East).

The Collaborative has developed a programme to support the embedding of the principles of CYP IAPT into CAMHS services. The programme includes training, site visits and development days. Our local CAMHS provider and CHUMS has named CYP IAPT leads for Bedfordshire and Luton. The leads are fully engaged with the Collaborative and as a result 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 being embedded throughout all areas. The provider, in partnership with the CCG's is reviewing those services currently utilising the IAPT model to ensure compliance with the standards to engage all children and young people in developing their own goals and outcomes .

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

The pathway for CYP IAPT will be fully embedded , providing support quickly and in a way that is underpinned by the Principles of Thrive, enabling the child or young people person to make

decisions about their treatment and support. Several staff have been trained in the principles of CYP IAPT and additional staff have been identified to undertake training next year.

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

The team are members of the Consortium for Outcomes and Research in CAMHS (CORC) and as such collect data routinely including the SDQ and CGAS. There are a number of practical challenges not least the lack of suitable IT systems to support both data entry and data analysis. This is being developed and forms part of ongoing work, this is particularly important to develop working as part of wider integrated teams

Managers are also encouraging a greater uptake from senior clinical staff in applying for Supervisor training to ensure sustainability is built into the service and scope to work with/ support other partnership agencies to train staff in the future.

Bedford Borough Council will be signing up to the local CYP IAPT collaborative and placing members of the Early Help and Intervention workforce on the Postgraduate Diploma in Evidence-Based Psychological Approaches (EEBP) for Children & Young People. It is envisaged that up to 5 members of the workforce will undertake the training whilst being supervised by the Early Intervention worker. This will further increase the access to evidence based psychological therapies with these workers being able to work with a family up to 5 times a week.

9. Outcomes

As part of the procurement of mental health services and development of the Transformation plans we have worked with children, young people their families and carers to ask what they would like from services. These have been captured in an I-Thrive format in figure one.

In collaboration with our providers these requirements were translated into CYP focussed outcomes, tested out with CYP and their families and different ways of measuring their impact were identified. This has been captured in Table 2.

Children, Young people and their families have been invited to a stakeholder event on the 26th October 2016, the aim is to:

- test if these outcomes remain applicable
- influence development of any new outcomes for Bedfordshire CAMHS services
- provide feedback on our Local CAMHS transformation plan refresh.

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Figure 1

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

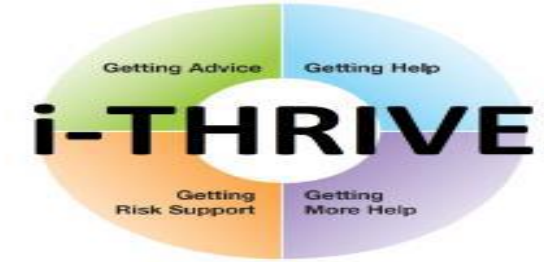
I want to tell my story once as part of my support from services.

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

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

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

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



We want review of school and community based interventions that promote our mental and emotional wellbeing and want professionals to work with us on the things that could be improved

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

Maximising the opportunities for early intervention and prevention.

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

A decrease in unmet Mental Health needs out of hours.

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

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Table 2 -CAMHS Outcome Measures:

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
1: I want an integrated service which provides the right help at the right time	• Services work together to provide holistic care • Children and young people will receive individualized and seamless care • Children and young people are supported to access wider services	Support given to tier 1 providers		Surveys of Training Effectiveness		
		Joint appointments	% of total appointments	→	→	→
		Integrated working				
		Appointments outside of a clinic setting	% by location		% by location	
2: A clear single point of access, which means that it is simple and easy to get help	• Clear, easy to access information • All Children and young people have equitable access	Referral Number	Monthly report	→	→	→
		Referral Processing Time	Monthly report	→	→	→
		Referral Demographics	Monthly report	→	→	→

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
	throughout Bedfordshire • Families at risk of non – engagement are identified and have access to and engage with services	Waiting times and treatment	Monthly report on crisis referral waiting on: - Referral to patient contact - Referral to assessment - Assessment to treatment			
		Referral Outcome	Monthly Report Number and % received / accepted / rejected (incl. reason) -Presenting need?	→	→	→

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Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
3: I want a focus on early intervention so that problems can be dealt with before they get worse	• Prevention and early intervention to reduce the number of children/young people needing more specialist care • Children and young people at risk of difficulties are identified early	Presenting issues and severity	Quarterly Report			
4: I want a service where			Service User Forums			

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Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
children, young people, parents and carers are to shaping how services are delivered	• Informed choices about treatment • Parents/carers supported to develop knowledge and skills in relation to appropriate interventions for their child or young person • Service users and parents/carers involved/consulted on service development/ delivery	Development of an Engagement Framework	Quarterly reports on • Chi-ESQ measures • Friends and Family test results • CYP IAPT outcomes measures			⇒
5: I want a service that offers a choice of	• Families are able to access advice and support at times and	Location of activity	Quarterly Report - location			⇒

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Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
community / locality based appointments that are timely to meet my needs	in locations that best meet their needs and balances the best use of resources		Chi-ESQ			→
6: I want a quick response when I experience a mental health crisis	• Rapid response Home Treatment Team • Prevention of admissions to acute hospitals or psychiatric inpatient units	Waiting times for assessment in crisis	Monthly report on crisis referral waiting -Referral to Patient contact -Referral to Assessment - Assessment to treatment	→	→	→

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
		Inpatient Admissions Feedback from stakeholder's, particularly the acute providers	Monthly report on - Number admitted - Number currently in Tier 4 -Length of inpatient stay -Length of acute hospital stay prior to transfer	→		→
7: I want the provider to focus on services for	• The concerns of service users are	Service User satisfaction	Friends and family test Chi-ESQ		→	

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
vulnerable groups, so that they have improved life chances	appropriately addressed • Services are targeted (e.g. LAC, LD, YOT)	Engagement activities with specific groups	Monthly team activity report (incl LAC, LD and YOT) what do we mean? Activity report for each service?	→	→	→
		SDQ monitoring for LAC	Quarterly Baseline and review SDQ – total score reduction	→	→	→
		Monitoring	Quarterly CYIAPT measures			

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
8: I want services that run in an efficient and effective way	• CAMHS model delivered using a Choice and Partnership Approach (CAPA)	• Comprehensive development plan and audit on an annual basis • Evidence of CAPA training and implementation plan • Evidence demonstrating adherence to the 11 CAPA components		Development plan and annual audit of CAPA components		
9: I want services to be based on the children and young people's IAPT model	• CAMHS model delivered uses CYP IAPT principles	Reporting on full CYP IAPT measures including participation and use of technology		Quarterly report on CYP-IAPT measures		

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Outcome	Indicators	Measure	How Evidence will be provided linked to No Health without Mental Health			
			Patient Experience (4,6,)	**Clinical Effectiveness (1,3)**	**Safety (5)**	**Recovery (2)**
10: I want a service that supports parents and carers	• Vulnerable adults are protected from harm and abuse • The concerns of children, young people and their parents or carers are heard	Development and implementation of resources	Friends and family test Chi-ESQ			
11: I want a service where am treated in a non-judgmental, non – condescending and respectful way, and have some choice in who I see where possible	• Standards developed with service users	Audit implementation and impact of the same	Chi-ESQ			

Delivery Plans Year 1 (October – March 2016)

1. Recruitment of the joint project team will commence in October 2015 and the Lead will be responsible for the delivery of the plan .The Clinical support Project Team will include a Voluntary Sector Liaison post to ensure wider service inclusion - **ACHIEVED**

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

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

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

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

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

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

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

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

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

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

Delivery Plan Year 2 (April 2016-March 2017)

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

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

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

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

5. Perinatal mental health pathway will 'go live' (subject to funding allocated by NHSE).

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

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

8. Working with Associate Solutions who will be providing consultancy commissioned by the Strategic Clinical network we will:

Planned specific project: *Development of a plan to complete, in-service, an impact assessment on the new crisis service* (helping the service staff to gather the information to measure the impact and own the impact process) with the following day allocations:

- Meeting with commissioners to detail scope
- Development of impact evaluation plan for staff to follow
- Preparation for workshop
- Delivery of workshop
- Data analysis after 6 months, or on-going consultancy support

9. We will work with our partners to commence the develop of a local integrated pathway for CYP requiring beds, including crisis support, admission prevention and safe discharge

Engagement by commissioners with the Health and Justice board to develop local integrated pathways, (including transitioning in or out of secure settings, SARCs and liaison & diversion). A good joint plan will identify: the aim; the pathways concerned; the partners involved with a joint commitment to deliver; a project plan including planning structures; resources (including resource transfer); time scale; benefits and outcomes and; risk assessment and potential barriers.

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

11. Further work to align outcomes in plans with SEND EHCPs will take place.

12. The dashboard for monitoring progress will be developed and this will include protected measures to monitor impact for our vulnerable children and young people.

13. The plan for years 3 – 5 will be developed and agreed through the identified governance structures.

Delivery Plan Years 3-5 (April 2017 – March 2020)

1. Over the following 3 years 2017-2020, we will focus on transforming other parts of the existing services to the new model, continue to embed the new model, relocate 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. We will ensure that services delivered adapt to the changing demographics and local needs and monitor performance to ensure investment is appropriate.

2. As part of embedding the new model significant workforce culture change and development will be required to ensure shared decision making based services across all levels of services. We will work with Health Education England to secure a

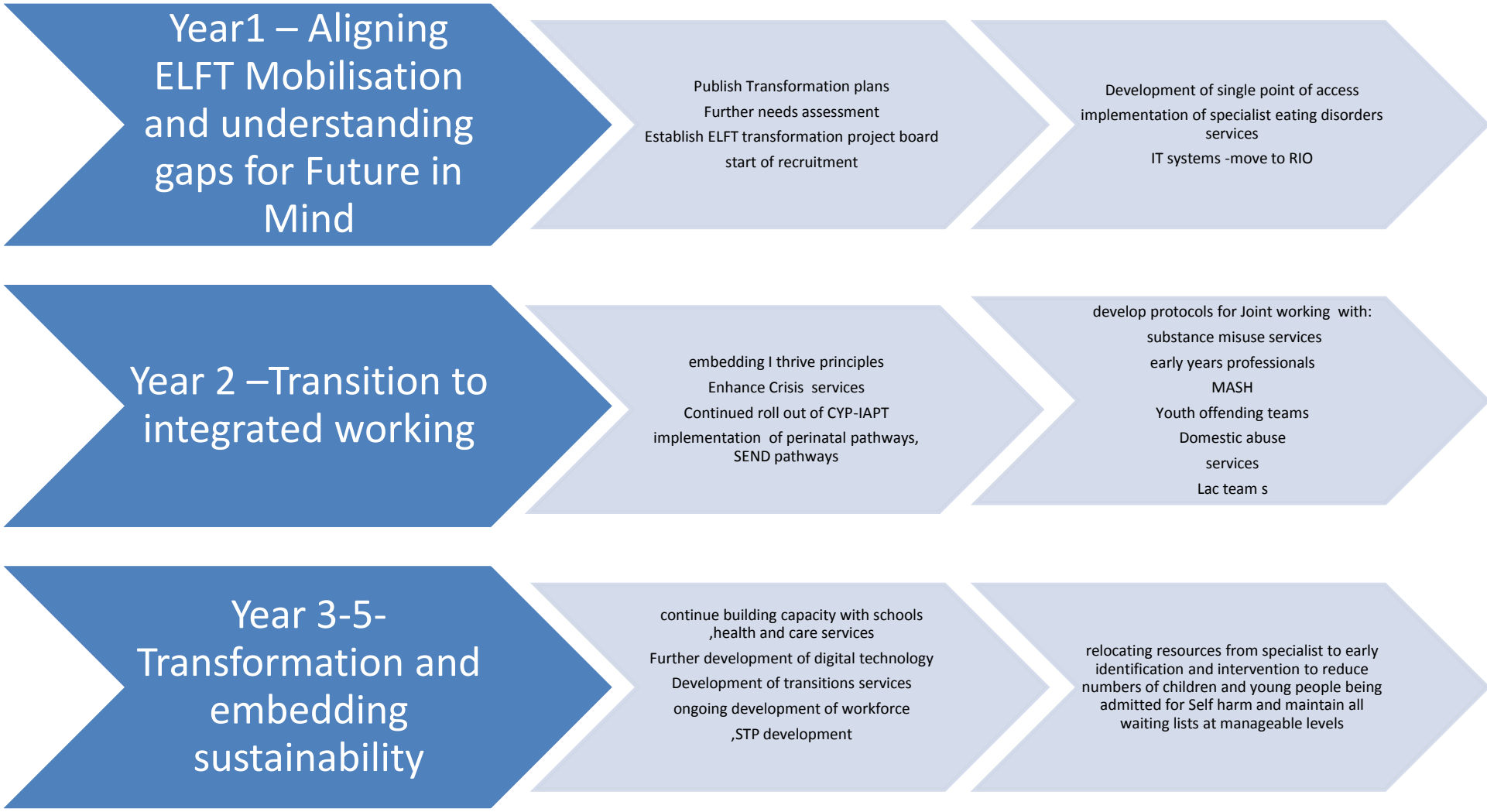
competent workforce that has both the capacity and capability to meet the needs of the changing population.

3. We will make the development and system leadership of the STP work for us to promote mental health across and through all organisations. Through working together we will be able to mitigate the impact on mental health that changes in organisational structure and activity can have in and between organisations

As part of the STP a considerable funded work-stream is focused on digitalisation, the benefits of which for mental health have yet to be fully appreciated. This is an opportunity for us to influence that work-stream to build on the principles of telemedicine, social media and app development so that we can increase opportunities for access and engagement, for education and awareness for service users and for the training for staff in order for there to be a more sustainable delivery that does not just rely on face to face contact.

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group



10. Next Steps:

There is a system–wide commitment to work in an integrated way to identify more effective and efficient ways of working which will be overseen through the transformation steering group. (See Appendix 1)

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

There is a commitment to develop across the wider STP footprint and a joint funding bid for additional perinatal funding has been submitted.

10.1 Collaborative commissioning:

EoE SCN events

Bedfordshire and Luton Commissioners have been fully engaged in the East of England Strategic Clinical Network (SCN) events which have been 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 particularly around crisis pathways, home treatment teams and rapid discharge planning.
- Access to self-assessment tools that provide a local and regional Mental Health and Wellbeing picture.

An interface discussion with our local Specialist Commissioning reached agreement to:

- Review opportunities for co-commissioning
- Develop a whole system pathway to bring care closer to home
- Provide a forum for regional CCGs to participate in the monthly NHS England (Midlands and East) parity of esteem telecoms.

Specialist commissioning

In addition to working with Specialist Commissioning as members of the SCN we have sought the views of Specialist Commissioners on our proposed new models of care, and in the 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.

10.2 Workforce Development:

A competent workforce is an essential part of the delivery of an effective, efficient high quality service and LCCG and BCCG are now engaged with Health Education England, to agree how Health Education England will work with LCCG and BCCG to deliver this service transformation. There have been challenges recruiting the right calibre of staff to deliver this transformation as we compete for the same finite skill base of health professionals as other areas.

We are also working with our CAMH provider and all key stakeholders to develop the workforce we need locally to deliver the services that we need and we change in service model and priorities set out in this plan. Considerable progress has been made to understand any skills gaps that will require up-skilling staff in early years and education settings to recognise problems early and refer and signpost on to the right service appropriately.

We will ensure that all staff whether they are existing or new, are trained in their area of expertise and are fully aware of the needs of the local communities to be as effective practitioners delivering services.

Mental health practitioners will be actively encouraged to take up CYP IAPT training and we are using this opportunity to extend tier1 training to our universal services .This provides an opportunity for some health professionals who are currently not working in mental health to develop a special interest and become more closely aligned with our mental health providers and provide opportunities for career development.

PWPs will be recruited by CHUMS, (Mental Health and Emotional Wellbeing Service for Children and Young People) using a variety of sources. CHUMS are able to advertise via NHS Jobs but also have well established links with both the University of Bedfordshire and University of Hertfordshire, who regularly send students on placement.

Additionally CHUMS has a number of networks with which they can advertise and as well as a staff team of 50, has a volunteer network of approximately 80, who also have their own networks. CHUMS also uses its' website, Facebook, Twitter and LinkedIn pages when recruiting to new posts.

Whilst these training posts would initially be a fixed term contract the PWP project is in line with the transformation plans for Luton and Bedfordshire and therefore sustaining these posts is the goal.

These posts have the backing of BCCG and are considered to be an important aspect to the long term transformation of services, particularly the increased early access to support for service users.

The formation of a Single Point of Entry (SPOE) for CAMHS referrals, which includes ELFT

and CHUMS, regularly identifies the need for this level of intervention which falls outside the scope of existing services.

Current transformation plans include the development of early intervention services in conjunction with Local Authorities and includes an integrated project to get clinicians into school settings. The PWPs would offer evidence based intervention for children, young people and their families including parenting approaches and behaviour management for anxiety and depression that may not have been identified, by school, as a problem.

This is in line with plans to increase the number of one to one contacts with young people and families who are in need of support and currently unable to access help because of the low intensity of the presenting problems. Future funding is expected to cover the costs incurred in providing this PWP service and it is anticipated that this funding will help to reduce further strains on the current higher levels of psychological support by providing more timely interventions for families.

Perinatal early intervention training - Champions models for staff training provided through IHV:

We recommend a ratio of 1 Champion per 50 staff to be trained via the cascade and that the Champions provide the cascade training in pairs (i.e. 2 champions: 100 staff to be trained). The cascade will see the Champion pairs providing the one day cascade training to their colleagues, providing the awareness training in groups of up to 20 colleagues at a time.

You have requested a proposal for 20 Champions – thus the cascade of training from this cohort could have a potential reach of up to 1000 staff annually, dependent on a pair of Champions being supported to roll out the cascade on alternate months to groups of 20.

10.3 Local data collection

From the first iteration of this plan where the ability to extract reliable information and data has been a challenge, this refresh has shown us that data collection is significantly better but there are still gaps in data availability that need to be filled if we are to deliver and evidence an improved service for children and young people and inform service redesign.

East London Foundation Trust (ELFT), the CAMH service provider for Bedfordshire and Luton has implemented a new IT system from which data collection and reporting structure and this will enable us to complete further work to collate more comprehensive data can be obtained.

This is particularly important for us to be able to identify potential opportunities for co-commissioning with Specialist Commissioning Team, (particularly the developing of 'step-up, step-down' models for children and young people requiring inpatient care) and to develop the workforce to ensure appropriate competency, skills, capabilities and capacity to meet the needs of the population.

From January 2016 all services delivering children and young people's mental health care including CEDS were required to return data to the Mental Health Services Data Set (MHSDS).

In the long term access to treatment and outcomes will be monitored using MHSDS data, however a recent assessment of coverage and data quality has shown that the data set is not sufficiently mature to provide a baseline at this early stage of development. Therefore the Standardised Committee for Care Information (SCCI) has endorsed an interim NHS England collection via UNIFY (SCCI2185 Amd 25/2016). This is a mandatory Provider quarterly collection.

In addition, Associate Development solutions (ADS) commissioned by the East of England Clinical Network are working with us on a local performance dashboard.

Appendix 1 - Future in Minds Local Transformation Plan Action Plan, 2015-2020.

Appendix 2- Risk register (to be added following FIM steering group held on 21.11.2016)

NHS
Bedfordshire
Clinical Commissioning Group

NHS
Luton
Clinical Commissioning Group

BEDFORD
BOROUGH COUNCIL

Central
Bedfordshire

NHS
Bedfordshire
Clinical Commissioning Group

NHS
Luton
Clinical Commissioning Group

Future in Minds Local Transformation Plan
Action plan 2016-2020

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

LTP Action Plan

A Partnership Framework for LTP

Monitoring Template*)*

Rag Status:

R/red = not achieved to time scale lead to review at mtgs, A/amber = In progress but not complete, G/green = Completed to time scale

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Future in Minds Steering group established	ALL	2015/16		
TOR developed	All	2015/16		
Risk register established	All	2015/16		
Workforce development strategy	All	2016-18		
Communication and engagement strategy	All	2016/17		
Development across STP footprint	BCCG/LCCG/MKCG	2017/18		Perinatal bid across STP footprint submitted

QIPP schemes to be developed	CCG's	Annually		
Link in with CQUIN schemes	CCG's	Annually		

Partnership Themes and Priorities

	Theme 1: Eating Disorders **Aim:** lead on the direct delivery of interventions for children and young people presenting with moderate and severe presentations of eating disorders to improve access and waiting time standards
	Outcomes • Rapid Access to specialist support • Improved patient experience • Reduced hospital admissions for Eating disorders • Increased awareness across our communities of children, young people and families, agencies and communities of the presentation and prevalence of eating disorders. • Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners enabling all areas to accelerate service transformation.

	• Where eating disorders are diagnosed, to ensure that the children, young people and families have access to high quality NICE concordant evidence based interventions within the access and waiting time frames set out by guidance for presentations assessed as routine and urgent. • Children and young people accessing the CEDS-CYP care pathway should show measurable improvements in the presentation of their eating disorder symptoms against an agreed range of outcome measures • The CEDS-CYP will continue to incorporate the experiences of children, young people and families to continue to improve the quality and effectiveness of the all aspects of the service. Service users will remain at the heart of continuing service delivery and developments.
	Baseline
	2014/15 ED data Bedfordshire data n=27 (mild), n=23 (moderate), n=3 (severe). Inpatient n=9. 2015/16 ED data (Q3/Q4 only) n= 7 inpatients .n= 36 on current caseload.
	Trajectory
	Across the two CCG areas, we anticipate that a minimum of 70 patients each year will be referred to the CEDS- CYP service, with activity levels in 2015/16 expected to be higher than those in 2014/5 based on increase in population size, increased morbidity and the maturity of the service. The anticipated trajectory for 2015/16 is 98 cases. This will meet the needs of those with moderate and severe ED. The service will also support patients within the wider CAMHS and/or paediatric services who have mild to moderate eating disorders, including where it is a secondary diagnosis. In addition the team will also raise awareness and skills across partners in health and social care and education. This will

	help to ensure that young people in need of help can be recognised early and supported to access appropriate services before their eating disorder escalates to crisis.				
	Supporting data				
	Manual Baseline data commenced from November 2015 as per KPI requirement. RIO software installed across CAMHS service for BCCG and went live on the 1st may. This has been set up to record the relevant data to assure commissioners that the agreed waiting times and access targets are being met as per ED access and waiting times guidance. The service model has been developed to incorporate information about severity of the eating disorder features, general mental health problems, general functioning and wellbeing, physical health, as well as co-existing mental health problems such as depression and anxiety disorders. The measures involve Patient reported outcome measures (PROMS) and clinician rated outcome measures. Measures to be used; At assessment are:- SDQ - YP , EDI/EDQ, SDQ -parent , CGAS , W4H, BP , Pulse ,BMI , Blood sugar, bloods, Score 15; During therapy:- Score 15 GBO's ORS (13+) ORS(6-12)W4H , BP etc ;At review and last session:- SDQ -YP , SDQ- Parent, CGAS EDI/ EDQ , W$H , BP etc , score 15, GBO , ORS 13+ , ORS 6-12,CHI-ESQ YP , CHI - ESQ - parent . In addition Eating disorder examination questionnaire (EDE-Q) will be incorporated along with attitude and experience measures. In addition activity data will be collated related to clock starts and stops, referral pathways, treatment interventions, appointments attended and waiting times .				
	KPIs(proposed TBC)				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
Number of people accessing community eating disorders service	Updated by Q4				
Reduction in Length of time to assessment	Updated by Q4	75%	80%	90%	95%

service 1 week or less					
Reduction in Length of time to start NICE compliant treatment 4 weeks or less	Updated by Q4	75%	80%	90%	95%
Reduction in Number of CYP –ED admitted to acute trusts	Updated by Q4	20%reduction	30% reduction	60% reduction	85% reduction
Length of stay	Updated by Q4				
Reduction in Number of CYP-ED admitted to Tier 4 bed	Updated by Q4	30% reduction	50% reduction	80% reduction	85% reduction
Length of stay	Updated by Q4				
Discharge planning in place on admission	Updated by Q4	75%	85%	90%	95%
	Updated by Q4	80%	85%	90%	95%

Numbers accessing NICE compliant interventions ie family therapy					

Actions to achieve this

Develop model for community eating disorders service	ELFT	March 2016		Completed
Funding agreement	BCCG/ LCCG	April 2016		BCCG – £225k allocated recurrently LCCG -£113k allocated recurrently
Define KPIs/performance monitoring/ Trajectories	BCCG/LCCG	May 2016		Under final development
Train staff on RIO data base	ELFT	May 2016		
Data cleansing	ELFT	By Q4		
Recruit staff	ELFT	July 2016		Staff recruited
Implement model	ELFT	July 2016		Model commenced. Baselines being identified.
Marketing and communications		September 2016		CYP event on the 26th October to test out outcomes and refreshed LTP.
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established.

Establish pathways for the service to work with school nurses.	ELFT / SEPT / CCG	August 2017		
Risk register Monitored	BCCG	Ongoing		

Theme 2: Perinatal mental health **Aim:**
Outcomes • Reduction in attachment difficulties resulting in stronger emotional resilience and better mental health outcomes in the longer term • Avoidance of early trauma • Parents feeling better supported • Reduction in mental health crisis • Effectiveness of interventions monitored through use of outcome monitoring. • Sustain model of learning over the next years through the use of the champions facilitating training thereafter. All current and future staff to attend training to ensure competence and confidence .
Baselines
Trajectory

- Champions training to provide a cascade for Infant Mental Health/ Perinatal Mental Health (PMH) training for multi-professionals

Following commissioning in September 2016 you have confirmed that the proposed training will include at least 11 HVs (including a Practice Development HV), 2 Social Workers, 4 Early Help team members, 4 Midwives from the 2 hospitals. We discussed stretching the numbers to 22 to meet this.

Champions models for staff training

We recommend a ratio of 1 Champion per 50 staff to be trained via the cascade and that the Champions provide the cascade training in pairs (i.e. 2 champions: 100 staff to be trained). The cascade will see the Champion pairs providing the one day cascade training to their colleagues, providing the awareness training in groups of up to 20 colleagues at a time.

You have requested a proposal for 20 Champions – thus the cascade of training from this cohort could have a potential reach of up to 1000 staff annually, dependent on a pair of Champions being supported to roll out the cascade on alternate months to groups of 20

	KPIs(proposed TBC)				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
Numbers of health visitors trained		12	300	600	1200
Number of midwifes trained		4	100	200	400
Numbers referred for perinatal interventions		To be established			
Numbers of pregnant mothers					

receiving rapid access to adult IAPT services					
Numbers of fathers with mental health problems receiving rapid access to IAPT					
Continue to report outcomes through KPi reporting of number of mothers assessed and number of babies/children assessed at usual milestones ie. 8 weeks, 9 months and 2½ years.					
Continue to report					

outcomes through KPi reporting of number of mothers assessed and number of babies/children assessed at usual milestones ie. 8 weeks, 9 months and 2½ years.					
Continue to report number of early interventions and attendance at these within the HV service for mothers with identified depression					

Actions to achieve this

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Recruit CAMHS parent/infant psychotherapist	ELFT Bedfordshire	September 2017		£75k allocated by BCCG recurrent
Identify appropriate course for both perinatal and infant mental health using a train the trainer model creating 20 champions/key workers to become trainers and also knowledgeable experts in their workplace thereafter				
Roll out perinatal training to Health visitors / midwifes / early years staff. Develop 20 champions to cascade training. Ensure the complete workforce has attended the training over year 2016/17 and record and report attendance to verify.	SEPT / LA's (CBC / BBC)	March 2017		£94 K allocated by BCCG for training, venues and backfill of staff. Non recurrent.
Train the Midwives, Health Visitors and children's centre staff at an appropriate level for their role with an approved training course to ensure competence in assessment/detection, early intervention where				

required and appropriate referral on within the agreed pathway for perinatal mental health in Bedfordshire.				
Define KPIs/performance monitoring/ Trajectories	BCCG/LCCG	December 2016		
Develop model for perinatal specialist community services	ELFT	September 2016		Bid submitted BedsLuton application - NHSE s
Recruit staff – subject to successful funding bid	ELFT	March 2017		
Implement model Phase 1	ELFT	March 2017		
Define KPIs/performance monitoring/ Trajectories	CCG's	March 2017		
Marketing and communications	CCG's	March 2017		
Contractual monitoring commences	CCG's	April 2017		

Theme 3: Crisis Services

Aim: This proposal is to provide a service for children and young people up to the age of 18 years who present in crisis in the community in Luton or Bedfordshire or are in the care of Luton & Dunstable or Bedford hospitals.

Outcomes

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

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

- Develop and improve effective pathways to manage crisis
- Develop and improve CAMHS of hours access to advice and assessment
- Decrease unmet Mental Health needs out of hours.
- Reduce the number of presentations of young people in crisis in terms ensuring continuity of care, (this would include crisis team having access to information about clients presenting and linking with CAMHS clinicians and implementing joined up crisis planning.
- To improve Children and Young People and their families' experiences of an out of Hours CAMHS crisis service in Luton & Bedfordshire.

- Prevent unnecessary inpatient admissions

Baselines

- 44 patients assessed following crisis referral, 41 patients assessed following urgent GP referrals, 30 targeted referrals on waiting list.

Trajectory

Reduction in current waiting lists to five weeks maximum wait
Reduction in admissions to Tier 4 and acute hospitals

	KPIs(proposals TBC)				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
Number of CYP seen out of office hours	To be confirmed by Q4				
Reduction in Numbers of repeat presentations	To be confirmed by Q4	10% reduction	25% reduction	50 % reduction	75% reduction
Numbers of MH patients seen and assessed within 2 hours of presentation at A+E	To be confirmed by Q4	50%	75%	85%	95%

length of waiting times (in weeks)	To be confirmed by Q4				
Numbers attending A+E	To be confirmed by Q4				
Reduction in Numbers admitted to inpatient (acute trusts split by BHT and L&D)	To be confirmed by Q4	50%	75%	85%	95%
Reduction in Numbers admitted to Tier 4	To be confirmed by Q4	50%	75%	85%	95%
Reason for admission	To be confirmed by Q4				
Discharge plan in place		80%	85%	95%	100%
Length of stay	To be confirmed by Q4				

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Actions to achieve this

Central Midlands	NHS Bedfordshire	194
Central Midlands	NHS Luton	98

Please find attached the Midlands and East region's funding splits out of the additional £25m to reduce waiting times in CYP MH.

The splits per CCG are across the whole funding period and, therefore, the first tranche of funding will be half of what is stated in the attached. The second tranche (i.e. the other half), as you are aware, will be released in January dependent on submission of CCG baselines and trajectories and assurance of CCG plans.

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Develop model for crisis services	ELFT	March 2016		

Crisis pathway refresh	all			 crisi pathways.docx
Funding agreement	BCCG/ LCCG	April 2016		BCCG allocated £225k recurrent LCCG allocated £xxx K recurrent
Additional crisis funding to reduce waiting times and improve access application	CCG's	October 2016		Submission end of October
Define KPIs/performance monitoring/ trajectories	BCCG/LCCG	May 2016		
Recruit staff	ELFT	July 2016		Staff recruitment ongoing. Risk identified as first phase of recruitment did not fill all vacancies. Agency staff being used.
Implement model	ELFT	July 2016		
Marketing and communications	ELFT / CCG	September 2016		
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established .
Crisis concordat partnership group established	CCG's	Ongoing		
Street triage				The service has so far seen 438 patients, of which 7.08% are U18, so 31

				Mental Health Street Triage Perfori
Develop pathways/protocol for admission to tier 4				http://www.camhsbedavailability.nhs.uk/
Develop protocol for delayed discharges				
ADS on behalf of the East of England Clinical Network working with Beds and Luton will: **Development of a plan to complete, in-service, an impact assessment on the new crisis service** (helping the service staff to gather the information to measure the impact and own the impact process) with the following day allocations: 1. Meet with commissioners to detail scope 2.Developimpact evaluation plan for staff 3. Preparation for workshop 4. Delivery of workshop 5. Data analysis after 6 months				
Development of co –commissioning arrangements with specialist commissioning	CCGs/ NHSE	December 2016		

NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

Theme 4: Early Intervention lead: Bedford Borough Council , Central Bedfordshire Council **Aim**: To increase access to evidenced based interventions at the earliest point to decrease the number of young people requiring Tier 3 or tier 4 support. Improving advice and guidance to frontline family practitioners and embedding mental health professionals within Local Authority Early Help Teams and Secondary Schools.
Outcomes • Reduction in CAMH waiting times • Increased access to mental health support • Embedded mental health workforce within Early Intervention teams and schools • Improved family based support • Increased awareness across our communities of children, young people and families, agencies and communities of the presentation and mental health disorders. • Joining up services locally through collaborative commissioning approaches between CCGs, local authorities and other partners enabling all areas to accelerate service transformation. • Training provided to school staff • Assessments being undertaken within school settings at earlier point

- Increased workforce using IAPT Principles

Baselines

Trajectory

	KPIs				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
	To be established by Q4				
Number of people accessing parenting classes					
Numbers accessing voluntary sector support services					
Number of teachers trained in mental health					

Number of schools with a CAMHS link worker					

Actions to achieve this

actions	Lead Organisation	Completion By:	Rag Status	Evidence/Commentary
Develop model for early intervention and schools pathways across Bedfordshire	ELFT/ LA's	September 2016		
Funding agreement	BCCG	September 2016		BCCG – £188k early intervention /£297k schools support. Recurrent funding.
Define KPIs/performance monitoring/ trajectories	BCCG/LA's	October 2016		Under final development
<u>EarlyYears</u> Provision of training and skills development for the staff within the local authority teams to enable them to be able to assess emotional issues and to intervene to support and maintain placements.				

Provide easy and quick access to interventions to prevent placement breakdowns for Looked After Children where there are emotional / behavioural issues threatening the placement stability				
To ensure problems do not escalate to become more acute, and more costly, to the detriment of children and families, by investing in effective community services and multi-agency coordination				
Schools Increasing access to specialist advice and support to staff working with vulnerable groups				
Implement CHUMS emotional wellbeing project model across lower middle and upper schools ; to develop awareness of emotional well-being issues in schools, and to provide training to enable staff to better identify and deal with issues involving mental health				
Increasing access to specialist support for young people presenting with emotional needs and signposting to appropriate treatment options				

Increase awareness and knowledge of mental health problems amongst school staff				
Improve skills and competencies for assessing and providing first-line interventions amongst school staff				
Increase school staffs' confidence of dealing with such problems within schools				
Develop clear pathways within staff working with vulnerable groups for access to more specialist CAMHS support if / when required				
Increase appropriate referrals / decrease inappropriate referrals to specialist CAMHS				
Develop local protocols for joint working across schools and CAMHS which supports feedback from children and young people who participated in focus groups for the mental health procurement and identified a requirement for early intervention.				
Recruit staff	ELFT/ LA's	September 2016		Staff recruited
Implement model	ELFT/ LA's	September 2016		Model commenced. Baselines being identified.

Marketing and communications	BCCG	October 2016		
Contractual monitoring commences	CCG's	September 2016		Currently still monitored through the FIM steering group whilst baselines and trajectories established.
Review and implement -Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and collages				

Theme 5 Vulnerable Groups

Aim: To ensure all vulnerable CYP and CYP in high risk groups are given optimum opportunity to access services at the right time, in the right place by the right people to meet their needs.

Outcomes

- Alignment with LD transforming Care plans to enable people with LD to live in the community and not be admitted to inpatient settings.
- Alignment to the SEND agenda.
- Close working relationships and information sharing between education, health, social care, and youth justice sector.
- Co-ordinated ways of working.
- Integrated services being developed across seamless pathways.
- Roll out of CYP IAPT principles across all agencies with routine outcomes monitoring established.
- Person centred approach with engagement from CYP and their families involved in decision making.
- Reduction in health inequalities
-

Baselines
Trajectory

	KPIs				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
	To be established by Q4				

Actions to achieve this :

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
Neurodevelopmental pathways established	ELFT /SEPT / BCCG	2017		BCCG funded 100 ADOS assessments to support ASD diagnosis. Non Recurrent BCCG - £40k allocated for ASD facilitator post .Recurrent funding BCCG allocated £70 K for clinical psychologist post. Recurrent funding.

Alignment to Transforming Care / SEND	CCG's / LA's	2017		
Development of processes/ protocols for care and treatment review process	CCG's LA's	2017		
Funding agreement	BCCG/ LCCG	2017		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
A comprehensive multi-disciplinary neurodevelopmental assessment and treatment service, in partnership with local Community Child Health Provider • An assessment and treatment service for CYP presenting with ASD and/or moderate to severe LD with comorbid mental health problems • An assessment and treatment service for CYP presenting with significant symptoms of ADHD. Looked After Children Team- • A multidisciplinary target CAMHS team providing mental health and network support service to children and young people in the care of Central Bedfordshire and Bedford Borough Councils, and to their carers Provision of consultation to social workers as well as mental health assessment of the child and family,				

cognitive and neuropsychological assessment, and state of mind assessment when indicated • Provision of short and long-term mental health treatment where appropriate, as well as support to birth and foster families for placements, preventing breakdown wherever possible.				
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		
Contractual monitoring commences	CCG's	2017		.

Theme 6: EIP **Aim**: to meet the national access and waiting time standards as per NICE Guidance
Outcomes Specialist EIP service in line with NICE recommendations

Baselines
Trajectory
More than 50% of people with first episode of psychosis are treated with a NICE approved package of care within two weeks of referral.

	KPIs(proposed TBC)				
	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
%of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
Specialist EIP service in line with NICE recommendations	Define baselines	Complete baseline self-assessment	Achieve Grade at level 2	Achieve grade at level 3	Achieve grade at level 3 or more

35% receiving early treatment are in employment compared with 12% in traditional care		**Establish baselines**			
Reduced likelihood of an individual receiving compulsory treatment from 44% to 23% during first two months of psychosis					
Reduced suicide risk from 15% to 1%					
Reduced numbers detained under mental health act					

Referral to treatment time					

Actions to achieve this:

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
EIP standards scoped	ELFT /SEPT / BCCG	2016/17		.
Model /Pathway developed	CCG's / LA's	2017		
Funding agreement	BCCG/ LCCG	2017		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		

Contractual monitoring commences	CCG's	2017		.

Theme 7 – CYP IAPT **Aim**: Improve access rate to Children and Young people with mental health	
Outcomes • Upskill/ develop workforce in CYP IAPT interventions • Improved outcomes monitoring and measurement • Increased access to NHS funded community health services for Children and young people	
Baselines	
Trajectory	
	KPIs

	2015/16(baseline)	2016/17	2017/18	2018/19	2019/2020
	Establish baselines				
Atleast 35 % of CYP with a diagnosable MH condition receive treatment from Community MH services		20%	25%	30%	35%
Number of additional CYP treated		7% increase on baseline	Increase of additional 7%	Increase of additional 7%	Increase of additional 7%
Number of staff trained in CYP IAPT					

Actions to achieve this:

actions	Lead Organisation	Completion during	Rag Status	Evidence/Commentary
Change of collaborative	ELFT /SEPT / BCCG	2016		

Set up task and finish group	CCG's / LA's / Chums	2016		
Funding agreement	BCCG/ LCCG	2016/17		
Define KPIs/performance monitoring	BCCG/LCCG	2017		
Workforce development	ELFT/ CCG	2017		
Implement model	ELFT	2017		
Marketing and communications	ELFT /CCG's	2017		
Contractual monitoring commences	CCG's	2017		.

NHS
Bedfordshire
Clinical Commissioning Group

NHS
Luton
Clinical Commissioning Group