

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Coventry and Rugby Clinical Commissioning Group leading on behalf of Warwickshire North and South Warwickshire Clinical Commissioning Group:

Name: Jacqueline Barnes
Title: Chief Nurse
Email:
jacqueline.barnes@coventryrugbyccg.nhs.uk
Telephone: 02476 246101

Name: Matthew Gilks
Title: Head of Contracting & Procurement
Email:
matt.gilks@coventryrugbyccg.nhs.uk
Telephone: 02476 246049

Warwickshire North Clinical Commissioning Group:

Name: Jenni Northcote
Title: Director of partnerships & engagement
Email: Jenni.northcote@warwickshirenorthccg.org.uk
Telephone: 02476 324321

South Warwickshire Clinical Commissioning Group:

Name: Anna Hargrave
Title: Director of Strategy & Engagement
Email:
anna.hargrave@southwarwickshireccg.nhs.uk
Telephone: 01926 353722

Name: Alison Scott
Title: Head of Contracts
Email:
Alison.scott@southwarwickshireccg.nhs.uk
Telephone: 01926 353723

In collaboration with Coventry City Council and Warwickshire County Council:

Coventry City Council
Name: Harpal Sohal
Title: CAMHS Programme Manager
Email: Harpal.sohal@coventry.gov.uk
Telephone: 02476 832126

Warwickshire County Council
Name: Andrew Sjurseth
Title: CAMHS Commissioner
Email:
Andrew.sjurseth@warwickshire.gov.uk
Telephone: 01926 742336

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?).

CAMHS Redesign Board

CAMHS is commissioned across Coventry and Warwickshire by five commissioning organisations: Warwickshire County Council (WCC) and Coventry City Council (CCC) commission universal and targeted provision (tiers 1 and 2), with specialist services (tier 3) funded by the three local CCGs, with Coventry and Rugby CCG (CR CCG) acting as the contract lead.

These commissioning bodies each recognise the current CAMHS system is not meeting the needs of children and young people and, in 2014, jointly established a CAMHS Redesign Project Board with the following two overarching aims:

1. Redesign the comprehensive CAMHS system through a co-production process
2. Develop options for joint commissioning CAMHS across Coventry and Warwickshire

Redesign objectives

The CAMHS redesign process has the following objectives:

- 1) *Outcomes*: To develop an outcome based specification and service model
- 2) *Co-production*: To co-produce a new CAMHS system with key stakeholder groups: children and young people; parents and carers; professionals referring into CAMHS; and CAMHS providers. The objectives of this co-production work are to:
 - Develop draft outcomes for the redesigned CAMHS system
 - Ensure the redesigned system meets the needs of those who will use, deliver, and work alongside CAMHS
 - Embed the involvement of children, young people, and their parents and carers throughout the design and delivery of the new CAMHS system
 - Redesign and commission CAMHS through a transparent process
- 3) *Clinical assurance*: To ensure CAMHS outcomes clinically assessed to ensure they are deliverable and will meet need
- 4) *Financial sustainability*: To ensure the CAMHS system is affordable within existing financial envelopes and redirects investment to where it is needed, such as prevention and early intervention.
- 5) *Transparent commissioning*: To develop joint commissioning options and contractual arrangements that are open, clear, and deliver effective services.
- 6) *System change*: To engage with wider services, such as the education sector, to ensure their readiness to integrate with the new CAMHS system and promote resilience, prevention, and support early intervention.

Interim activity

In addition to the redesign work, an Improvement Board has been established to coordinate interim activity to improve existing commissioned CAMHS services, including:

- a) Improvements to reduce waiting times with Specialist CAMHS
- b) Implementing the National CAMHS Service Specification
- c) Assurance that quality care standards are being provided by all commissioned CAMHS services
- d) Improvements are made with clear robust improvement plans and timescales
- e) Assurance of service improvements being undertaken within commissioned services

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.)

Substantial progress has been made against the CAMHS redesign objectives, with activity planned to develop an options appraisal for consideration by the five commissioning partners by October 2015:

Achievements to date:

YoungMinds led on a co-production programme (November 2014 – March 2015) involving over 750 children and young people, parents and carers, referrers, and providers. A final report was produced (appendix 1) alongside a draft outcomes framework (appendix 2). This work forms the basis of the redesign and future CAMHS system for Coventry and Warwickshire.

The following key themes emerged from the co-production work that the new CAMHS system must deliver:

- An emphasis on prevention and early intervention
- A focus on building resilience
- Developing integrated working across services, especially with schools
- Working systemically with families
- Delivering CAMHS from 0 to 25 years
- Developing a tier-less service
- Ensuring support for complex and vulnerable children.

Six headline outcomes were developed out of these themes:

- 1) Promote positive mental health and increased resilience amongst all children and young people
- 2) Identify and treat children & young people's mental health needs earlier
- 3) Provide quality mental health services that meet the priorities and standards set by young people and their families
- 4) Support young people up to the age of 25 and provide support during transition
- 5) Enable parents and carers and other family members to support children and young people's mental health

6) Ensure that the most vulnerable young people are supported to improve their mental health

The co-production work was undertaken prior to the publication of Future in Mind (2015) and compliments the national ambition to transform system wide CAMHS services. Further recommendations as detailed within Future in Mind will be picked up as part of the local CAMHS redesign project.

Underway

Work is underway to develop the draft outcomes framework into a viable outcomes-based service specification and identify the preferred commissioning arrangements for the CAMHS model. This work includes

Establishing a financial envelope for a 0-25 service. Working within existing budgets and identifying services in scope for CAMHS.

Clinically appraising the draft outcomes framework by developing a subset of definable and measurable outcomes underneath the six headline outcomes.

Market testing the outcomes framework to identify the strength of the market in delivering the redesigned CAMHS outcomes across Coventry and Warwickshire within the financial envelope.

Next steps

An options appraisal will be developed by the end of October 2015 that will make recommendations to the five commissioning partners on the Redesign Board on:

- The scope and outcomes (including a draft service specification) of a redesign CAMHS system
- The financial envelope to deliver the service
- Preferred contractual arrangements
- Whether there is a viable market to tender for the new service, or work with current providers.

The approval process will take approximately three months, with work to implement the new CAMHS model commencing early in 2016.

Interim improvements:

Work is ongoing to make interim improvements to current service delivery and is being overseen by the CAMHS Improvement Board. Significant activity to date, in line with the recommendations within the Future In Mind, includes:

- Continued development of the Single Point of Entry (SPE) service, delivered in partnership across tier 1 to 3 services to provide a single referral route for all CAMHS referrals into any commissioned service across Coventry and Warwickshire
- CAMHS referral criteria handbook for professionals and referrers to understand how the current system meets needs across thresholds. This document can be accessed using the following link: [CAMHS Referral Criteria Handbook](#).
- Implementation of the National CAMHS Specification locally
- Non-recurrent investment in specialist CAMHS to reduce waiting times across Coventry and Rugby during 2015/16

- Investment to develop an Acute Liaison Service with the three local acute hospitals across Coventry and Warwickshire with increased flexibility to deliver timely assessments with dedicated resource to support children and young people presenting with self-harm
- Additional investment in 2015 to Specialist CAMHS to support the increased waiting times for children and young people requiring an assessment for ASD.
- Specialist CAMHS have been successful in their recent submission to implement and roll out the Children's and Young People's Improving Access to Psychological Therapies Programme (IAPT). The programme will commence in January 2016.
- The Specialist CAMHS provider is undertaking an internal redesign programme to scope and develop effective and responsive clinical and patient pathways across Coventry and Warwickshire, enhance SPE arrangement and development of a clear outcomes framework to evidence the impact and effectiveness of the service and interventions delivered.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.)

CAMHS commissioning bodies across Coventry and Warwickshire will decide whether to tender for CAMHS, or work with current providers, based recommendations within the options appraisal. By April 2016 work will be underway to either:

1. Initiate an open market tender process
2. Begin negotiations with current providers on how to deliver the redesigned specification

Alongside this work, a number of priority actions have been identified key themes for focusing in year investment that can be initiated independently of the decision to tender or work with incumbent providers. The key themes identified require further development within the CAMHS transformation plan.

1. Strengthening mental health support to children and young people within school

Commissioners recognise the role of schools and interagency collaboration in improving resilience and mental health of young people. The CCG's will provide additional investment as part of the early intervention and prevention agenda, to schools to assist in the early identification and provide timely assessment and support to children and families through dedicated mental health support allocated to each school within Coventry and Warwickshire. Support will enable children and young people with moderate to severe mental health needs to receive timely access to support, provide additional support to families and assist in the identification and increase awareness amongst school professionals. This investment will act as an early transformation to support the wider system change through the redesign.

Anticipated achievements by April 2016:

- Increased early identification and dedicated mental health support within schools
- Smooth transitions between services
- Timely access and support to young people and their families

2. Further reducing CAMHS Waiting times

The specialist CAMHS service across Coventry and Warwickshire receive approximately 8000 referrals per year and has seen a 20% year on year increase of referrals. Coventry and Rugby CCG have invested in non-recurrent funding to deliver improvements to access and waiting times within specialist CAMHS using additional clinical capacity. Investing in waiting time reduction will enable the redesigned service to operate with less historical backlog.

The following table illustrates the current number of children and young people awaiting an initial follow up CAMHS appointment:

Area	0-12 weeks	13/24 weeks	25-36 weeks	37-48 weeks	49+ weeks	Total
Coventry and Rugby	24	6	1	0	0	31
South Warwickshire	5	13	26	14	49	107
North Warwickshire	9	15	6	6	3	39

In 2014, over 100 young people were waiting for an initial follow up appointment; this has now reduced to 31 young people for Coventry and Rugby. All urgent cases are seen within 5 days across Coventry and Warwickshire. There has been a breach in the initial waiting to treatment time, which re-current funding and additional capacity until April 2016 will address and enable the trajectory for improvement to be maintained as the system transforms to the new model

Anticipated achievements by April 2016:

- Reduced waiting times for children and young people
- Improved access to specialist CAMHS services

3. Reducing waiting times for children awaiting assessment and treatment for ASD

There is an increasing number of referrals received by Specialist CAMHS requiring assessment for ASD, with the service receiving approximately 80-90 referrals into the service per month, resulting in high waiting times across Coventry and Warwickshire awaiting assessment and treatment, as illustrated in the table below:

Area	No. of young people awaiting ASD assessment	Length of wait July 2015
Coventry and Rugby	587	74 weeks for school aged children & 35 weeks for pre-school aged children
South Warwickshire	183 school age (all under 5s seen before school)	105 weeks longest wait
Warwickshire North	146 school age (all under 5s seen before school)	82 weeks longest wait

Coventry and Warwickshire seek to invest additional capacity using funds available through the Transformation Plan in 2015/16 to provide additional clinical capacity with the Neurodevelopmental Team to provide additional assessments and enable an increased number of young people to be receiving support by April 2016. Investing in ASD diagnostic sessions will enable the redesigned service to operate with less historical backlog.

The investment will enable additional assessments to be completed to reduce the waiting list, and increase the number children and young people assessed by April 2016. The interim changes will alleviate some pressures within the current service, whilst longer term sustainable service delivery options are planned and delivered over the next 5 years through the CAMHS Transformation Plan.

Expected achievements by April 2016:

- Reduced waiting times for young people requiring an ASD assessment
- Additional young people seen by April 2016
- Compliments the existing additional investment made by the CCG to the Neurodevelopmental Service in 2015 to undertake further assessments

4. Mainstream the Acute Liaison Pilot

The CAMHS service is increasingly responding to incidences of self-harm among young people admitted to inpatient hospitals across Coventry and Warwickshire, with referrals continuing to increase as illustrated in the table below:

Area	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July
Coventry & Rugby	33	32	22	44	48	33	55	46	61	38	51	85	78	91
North Warwickshire	23	31	18	23	35	36	38	38	42	28	34	55	49	43
South Warwickshire	12	15	8	6	3	16	18	21	26	42	12	28	20	20
Out of Area	6	4	4	5	5	3	2	1	4	7	0	4	4	5
TOTAL	74	82	52	78	91	88	113	127	159	157	97	172	151	159

Additional non-recurrent investment made by CCG's across Coventry and Warwickshire to deliver the pilot, has enabled additional capacity of 3.4 FTE to deliver an acute liaison function for young people presenting at hospital for self-harm. The aim is to avoid in-patient admissions and undertake follow up to avoid re-admission. The proposal is to mainstream the function and maintain specialist provision for children and young people with presenting needs in self-harm.

Anticipated achievements by April 2016:

- Reduced number of children and young people presenting with self-harm
- Reduction in tier 4 and inpatient services for self-harm
- Improved resilience amongst young people
- Release capacity within Specialist CAMHS

5. Develop support for vulnerable young people with mental health needs

There are currently 607 LAC within Coventry and 720 within Warwickshire, with approximately 39% with mild to moderate mental health need and receiving support from within tier 2 CAMHS provision and 8% receiving support from specialist CAMHS services for moderate to severe mental health needs. In addition to this, 34 young people within supported accommodation in Coventry have moderate to severe mental health needs, with no additional dedicated resource.

Recognising 50% of LAC are likely to experience a mental health disorder due to their life experiences, many of whom have specific mental health needs which will not meet the thresholds for generic mental health services. LAC are likely to present a range of cross cutting presenting needs which may affect placement vulnerability, attainment and education and placement breakdown.

Recognising our corporate parenting responsibilities to provide support beyond the generic mental health services, the CCG's will provide dedicated mental health support to services supporting vulnerable young people including but not limited to those who are looked after, at the edge of care, in supported accommodation and at risk of youth offending. We will ensure adequate provision is in place for the most vulnerable young people within the city, with a focus to reducing health inequalities and enabling young people with complex and multiple needs have access to timely dedicated mental health support.

Anticipated achievements by April 2016:

- Early recognition and identification of mental health need
- Improved access and timely response for the most vulnerable
- Reduced risk of placement disruption and breakdown
- Fewer admissions to inpatient services
- Improved health outcomes for children and young people including a reduction in post-traumatic stress disorder, anxiety and grief
- Increased support to reduce impairment of educational needs

6. Enhancing access and support through technology

Stakeholder feedback obtained through the local CAMHS co-production phase identified mobile technology and applications as an innovative step towards changing the way services are received and accessed currently. Using investment within 2015/16 for a dedicated online resource and digital platforms will provide information, guidance and support to professionals, parents, and service users to help increase mental health awareness and promotion, increase reach and access for service users and drive efficient improvements within service delivery.

Coventry and Warwickshire CCG's seeks to develop a CAMHS website for professionals and service users and families to access a range of information, support with interactive facilities to engage young people in mental health services i.e. electronic reminders of appointments, self-help topics on a range of mental health needs for families and young people.

Anticipated achievements by April 2016:

- Development of a dedicated CAMHS website
- Use of creative technology to improve patient experiences and efficiencies within current services
- Increased awareness of mental health and emotional wellbeing support
- Increased resilience amongst young people and their families
- Early identification of mental health needs
- Improved access to CAMHS services and wider support networks

7. Strengthening support to the Eating Disorder Service

There has been a steady increase in the number of referrals received for children and young people presenting with eating disorders. On average 90 referrals for eating disorders are received across Coventry and Warwickshire to CAMHS per year, 5-10 of whom are looked after children. Of the referrals 50% of young people have moderate need, 25% mild and 25% severe, requiring intensive support and at high risk of inpatient admission. There are currently 74 young people receiving support from Specialist CAMHS for eating disorders, and 6 patients with eating disorders occupying tier 4 CAMHS beds.

The Specialist CAMHS provider has developed a CAMHS transformational change programme, which includes development of effective, responsive eating disorder pathway. Data from the service shows the current average wait for the current service is approximately 5 weeks.

Proposals developed across the CAMHS service and CCG's, which require further refinement in line with the Access and Waiting Time standards, will help enhance the patient experience and support the reduction in waiting times:

- Early intervention and prevention support within schools and the community to raise awareness and support
- Interim investment and resource to form a dedicated community based eating disorder service to release capacity with Specialist CAMHS
- Employ a dietician to support meal planning, raise awareness and release capacity of CAMHS clinicians
- Invest in specialist mental health support to work with patients in tier 4 to provide dedicated home based and community based support to integrate the young person into specialist CAMHS / GP support and integrate back into education

Anticipated achievements by April 2016:

- To maintain young people within their community focusing on a service developed to support the individual needs of the individual and family
- Avoids re-admission into inpatient services
- Will release CAMHS clinician time and increase capacity within Specialist CAMHS
- Pilot scheme empowers young people and families to manage and receive specialist support tailored to individual need
- Reduced waiting times within the service

Q5. What do you want from a structured programme of transformation support?

The co-production work and development of a draft outcomes framework has set a clear vision and direction for the redesign of CAMHS across Coventry and Warwickshire where:

- Investment is made in prevention, early intervention and building the resilience of children and young people to resolve issues early
- CAMHS works systemically with other service areas and families to support the network around the child
- CAMHS operates up to the age of 25 to ensure support is provided through periods of transition into adulthood
- CAMHS operates a seamless service with no tiers to navigate for families and referrers
- CAMHS supports vulnerable young people and those with complex needs

Transforming CAMHS will require a number of challenges to be need met by commissioners and providers. Not all these challenges are primarily financial: delivering a seamless service with no tiers is a technical and cultural challenge requiring appropriate contractual arrangements and relationships between providers. Working in a more integrated manner will require some investment, but also primarily requires cultural change on behalf of CAMHS providers as well as the need for other services to buy into CAMHS outcomes.

There are two areas of the vision that will require substantial investment to enable the transformation to be effective:

1. Shifting the emphasis to prevention, early intervention and building resilience will lead to longer term reductions in demand for specialist CAMHS. This will result in a period of double running where investment is needed at both ends to establish effective early support while meeting the need of those young people who have already developed more acute mental health issues.
2. Increasing the age limit of CAMHS up to 25 will require an investment in funds to address the following issues:
 - Double running as 18-25 year olds in the system will require their high level of needs to continue to be met
 - It is understood that there is unmet need for 18-25 year olds who either do not meet the threshold for adult mental health services, or who leave services at the point of transition
 - Retraining adult practitioners in skills to work within a CAMHS environment

While these are the two areas that require the most substantial investment, other areas of redesign also require funding to enable transformation to the new CAMHS system:

- Enabling CAMHS practitioners to train and support other services in delivering resilience and prevention programmes
- Training CAMHS practitioners to work more systemically with the family
- Investing in IT from in-session and out of session tools, to a clear online information site for children, parents, and referrers.

Therefore, three things are sought from a structures programme of transformation support:

1. Support for the CAMHS redesign process that has been co-produced by children and young people and their parents and carers and is well underway
2. Transformation funding to invest in the redesign, in particular for early intervention and prevention, and delivering a 0-25 service
3. Advice and guidance on delivering cultural change within and across services to deliver a seamless and integrated CAMHS system

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list

Annex 2: Self-assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:	Y	
1. Have been designed with, and are built around the needs of, CYP and their families	Y	
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	
4. promote collaborative commissioning approaches within and between sectors	Y	
Are you part of an existing CYP IAPT collaborative?	Y	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	
Level of ambition		
Please confirm that your plans are:		

1.	based on delivering evidence based practice	Y	
2.	focused on demonstrating improved outcomes	Y	
Equality and Health Inequalities			
	Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	
Governance			
	Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	
	Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	
Measuring Outcomes (progress)			
	Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	
	Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
Finance			
Please confirm that:			
1.	Your plans have been costed	Y	
2.	that they are aligned to the funding allocation that you will receive	Y	
3.	take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

J. Barnes

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Jacqueline Barnes, Chief Nurse, Coventry and Rugby CCG

Name, signature and position of person who has signed off Plan on behalf of local partners

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Name signature and position of person who has signed off Plan on behalf of NHS

Specialised Commissioning.