

Local Transformation Plan for Children & Young People's Emotional Well-Being & Mental Health in Bournemouth, Dorset and Poole

Refresh - October 2016



Supporting people in Dorset to lead healthier lives

1. Introduction

In 2015, in response to the Government paper 'Future in Mind', NHS Dorset CCG in partnership with Bournemouth Borough Council, Dorset County Council, Borough of Poole, Public Health Dorset and a wide range of other stakeholders including local NHS providers, the Voluntary & Community Sector (VCS), schools and members of the public, developed the Local Transformation Plan (LTP) for Children & Young People's Emotional Well-being & Mental Health.

The existing Emotional Well-being & Mental Health Strategy for Children & Young People was also due to be updated at around the same time so the decision was taken to update the strategy in the context of the LTP and combine the full range of strategies, plans and initiatives into one strategy underpinned by a detailed implementation plan. Work on the strategy was completed in January 2016 by a multi-agency steering group with the draft for consultation signed off at the February meeting of the CYP Joint Commissioning Board (JCB).

The results of the consultation demonstrated overwhelming agreement with the direction and spirit of the strategy with questions focusing on 'how' rather than what. This provided useful ideas and content for the implementation plan.

The strategy post-consultation was approved by the May meeting of the CYP Joint Commissioning Board subject to the development of a detailed implementation plan to be agreed additionally by the three Local Authority Children's Trust Boards.

The decision in Dorset therefore, has been to wrap all our plans into the strategy and the implementation plan which contains over 20 workstreams to address our priorities.

Additionally at the time of writing, a parallel piece of work is taking place to translate the strategy and implementation plan into the format agreed for the Dorset Sustainability & Transformation Plan (STP).

This refresh of the LTP is not intended as a separate document, but rather brings together progress and plans going forward in the format of:

- We said
- We did
- We will

The refresh document will provide the focus for our communications work in Dorset to demonstrate progress one year on and mobilise stakeholders around new workstreams and priorities.

The strategy and implementation plan are included as appendices.

2. Governance, implementation & co-ordination

We said:

- We would put in place additional staffing to implement the strategy and improve performance and partnerships.
- We would develop an implementation plan to bring together all strands of EWB&MH for CYP.
- We would put in place KPIs, work towards outcomes and update service specifications.

We did:

- The strategy has an Implementation Steering Group which brings together partners from the range of agencies to oversee implementation and performance management.
- The Implementation Steering Group has started to consolidate the local service model based on the THRIVE principles, setting out the role of different parts of the whole system of service delivery. This includes answering the question 'what is CAMHS for?' as some of our system-wide problems are caused by inappropriate referrals to CAMHS specialist services because other options are either non-existent or not known.
- Our implementation plan sets out our priorities and the workstreams which will take forward key projects. The plan is intended as a 'living' document which will be updated regularly to keep it relevant, capitalise on new developments and respond to unforeseen circumstances and changes.
- On 1st September 2016, responsibility for EWB&MH for CYP moved from the Maternity & Family team to the Mental Health & Learning Disability team. This move will lead to a more joined up approach across CYP and adult mental health, will capitalise on opportunities presented by the higher profile of mental health and will have practical benefits such as a more co-ordinated approach to all aspects of contract management with our local mental health provider.
- Responsibility for implementing the strategy still rests with the CYP JCB with more operational issues worked through at monthly Joint Commissioning Operational Group (JCOG) meetings.
- The strategy and implementation plan have been agreed by the Health & Well-Being Board and two of the three Children's Trust Boards, with the final Board due in November. Regular updates are provided to the Local Safeguarding Children Board.
- We are currently embedding our priorities from the strategy and implementation plan into the Dorset STP which has a strong focus on mental health.

We will:

- Ensure we make use of the opportunities in the STP process to bring additional capacity and commitment to these priorities.
- Continue to lead the process of making sure EWB&MH is everyone's priority. This includes linking with other initiatives in Dorset around future service models including the Acute Vanguard, the Integrated Children's Community Health Services (ICCHS) Programme, the Primary Care Strategy and the Paediatric & Maternity Strategies.
- Agree whole system outcome measures as well as detailed project plans for individual workstreams which set out a menu of what the evidence tells us is effective (what good looks like) and how impact will be measured.
- Continue to ensure our joint commissioning arrangements are effective and develop our relationship further with NHS England Specialised Commissioning as well as with schools in their commissioning role.

3. Schools

We said:

- We will work with schools as partners in the care of CYP with EWB&MH needs.
- Ensure school staff have education and support to deal with lower level needs and refer to more specialised help as necessary.

We did:

- Reviewed the evidence about what constitutes an effective schools approach.

- Mapped our local schools environment to include emerging partnerships, Academy chains and Teaching School networks.
- Worked with the Pan Dorset PE and School Sport Alliance and Active Dorset to hold a Dorset-wide school sports conference on 30th September with a focus on how sport and outdoor activity can contribute to emotional well-being.
- Worked with Public Health Dorset and the three Local Authorities to review of the role of school nursing. We are working through the skill mix and level of capacity needed in terms of direct service delivery, management of LTCs and the health champion role. Work is ongoing with NHS England to clarify funding and capacity for immunisations and the implications of pressures from each on the school nursing role.
- Planned a Self Harm campaign via school nursing for winter 2016/17.

We will:

- Work with networks of schools, as appropriate in each area, to clarify training and support needs and how these can be met.
- Respecify the school nursing service and review the role of the Primary Mental Health Worker in CAMHS to agree how best to structure this in future and to set out any potential synergies between the two.
- Improve the links between schools and CAMHS and CYP Eating Disorder services.

4. Early help and low level support / signposting

We said:

- Focus on early intervention to pick up issues in a timely manner.
- Work with mainstream services to support them to address EWB&MH concerns.

We did:

- Mapped out the Early Help offer in each Local Authority and piloted an initiative to strengthen the role of CAMHS in collaboration with Early Help Teams.
- Started a review of counselling provision which will agree the scope of counselling alongside other kinds of support.
- Started a programme of work to integrate digital approaches into our network of service provision.
- Started a programme of work to build peer support into our service offer.

We will:

- Consolidate pathways between Early Help services and CAMHS and ensure the offer is well understood by potential service users.
- Agree how counselling and support will be commissioned in future, including models, any specialisms required and how we will attempt to 'regulate' counselling services in Dorset.
- Update all websites to ensure service information is up to date.

5. Digital offer

We said:

- We will use digital technology to deliver services both as aides to self-management and as part of treatment pathways within specialist services.

We did:

- Brought together stakeholders to map current developments and funded activities / pilots.

- Agreed principles about not duplicating or replicating a fragmented terrestrial service environment online.
- Agreed the scope to use digital technology within the CAMHS service as part of treatment pathways as well as in the wider system to support self-management and low level support.
- Identified capacity within the CCG and CAMHS to lead on innovation and started work with Bournemouth University – a major national hub for technological development.

We will:

- Bring together all stakeholders including industry and young people to co-design digital solutions.

6. Workforce

We said:

- As we develop our new service model along THRIVE principles, we will identify the workforce implications of the changes we want to make both in terms of skill mix & recruitment and training & education.
- As first-wave CYPIAPT partners, we will continue to make best use of the training and development available from this source.

We did:

- We have developed a range of new roles such as non-clinical support workers to support families going through the ASD assessment process
- We have appointed to nurse prescriber / non-medical prescriber roles in CAMHS and are identifying suitable existing staff to be trained to do this.
- As part of CAMHS Transformation, we started to review the skill mix required to deliver services so that staff are operating to the top of their licence and grades are matched to appropriate functions.
- Started a conversation with HEE about how they can help us with our recruitment and retention challenges as well as our requirements from commissioned education initiatives.
- Registered an interest in new HEE / CYPIAPT roles – Psychological Well-being Practitioners (PWP) and the Recruit to Train (RtT) scheme.

We will:

- Continue to review skill mix and develop new roles – including new roles developed through the CYPIAPT Programme.
- Continue to make use of the CYPIAPT programme and in recognition that this only addresses the needs of a proportion of our workforce, assess the wider training / education needs in our system and work with CYPIAPT and HEE to work through how existing commissions might be changed if necessary or new initiatives commissioned.
- Work with HEE to ensure EWB&MH for CYP is incorporated into the training of doctors, nurses and Allied Healthcare Professionals.
- Agree how we will meet the training needs of non-NHS staff.
- Promote Dorset as an excellent place to come and work in EWB&MH for CYP.

7. CYP Eating Disorder Service

We said:

- We will develop a 7 day, all-age CYP ED service which is NICE-concordant and meets waiting time standards.

We did:

- Implemented 7-day working and an integrated approach across CYP and adult provision so that transition is not an issue.
- Met access and waiting time standards.
- Funded additional capacity within the service.
- Developed outcome measures based on work in the CYPIAPT initiative.
- Improved our liaison with colleagues in paediatrics and gastroenterology and developed protocols around MARSIPAN guidance.
- Developed an all-age integrated service specification.

We will:

- Increase levels of participation and co-production in the service.
- Develop skill-based training for carers to enable them to support better and to aide self-care.
- Work in partnership with other services to provide workshops on issues such as self-harm.
- Promote the service to relevant stakeholders and ensure the service offer is understood particularly when a partnership in the care of a person with ED is required, for example in cases of severe / enduring ED
- Develop peer support initiatives and mentoring services with recovered service users.
- Expand training delivery to GPs, schools and other services that are partners in the care of a person with ED.
- Showcase our developments and good practice in Wessex and nationally.

8. Peer support & self management

We said:

- People with lived experience have the resources to support each other and promote greater self-management.
- We will commission new peer support services.

We did:

- We have started a process of co-designing peer support in partnership with Local Authorities as joint commissioners. This will be multi-faceted and focus on supporting both CYP and parents / carers.
- As part of CAMHS Transformation, peer support approaches are being developed within the CAMHS service.
- As part of CAMHS Transformation self-management is being embedded as part of treatment pathways and as part of the development of online / digital approaches.

We will:

- Got to the market to procure a new system of peer support which supports CYP and parents /carers and is firmly embedded within treatment pathways.

9. Development & Behaviour Pathway

We said:

- We will publish a new Development & Behaviour Pathway which focuses on redesigning services based on needs and which brings together NHS, Local Authority and VCS services in a consistent way.

We did:

- Agreed a pathway which focuses on the needs of children and families and which supports them regardless of whether they obtain a diagnosis of autism.

- Worked with paediatricians from each Trust as well as from CAMHS to agree a consistent best practice pathway across east and west Dorset for implementation in 2017.
- Funded additional Educational Psychology input into Multi-Agency Assessments to speed up processes
- Consulted with parents and carers about their support needs
- As a result of this consultation, recruited to family support posts in the east and the west to offer practical support to families while they are waiting for their assessment, through the assessment process itself and ensure they are kept informed every step of the way.

We will:

- Implement the best practice pathway across the whole system and smooth out processes so that CYP are able to access services speedily and relieve some of the pressure on the specialist CAMHS service.
- Based on the learning from the new family support posts, review CYP and family / carer support needs and shape existing / new services around these needs.
- Ensure initiatives to develop peer support include the needs of CYP & families / carers with development & behaviour needs.
- Undertake a new piece of work around transition to adult services in order to understand the issues faced by CYP and making recommendations for improvements to services.

10. THRIVE Pathways

We said:

- We will make use of the THRIVE principles to redesign our whole system of service delivery as well as operational aspects of our CAMHS service (moving away from a service with tiers).

We did:

- Through our Implementation steering group we have mapped our services against THRIVE principles and outlined pathways and interdependencies, as well as how these can be improved.
- As part of that work, we have developed a workplan for the list of issues to be addressed, including how a range of conditions and needs will be managed in our service models and clarifying areas of responsibility and co-ordination.
- We have identified recurrent issues around attachment and the need to work with whole families.
- We commissioned Action for Children to provide parenting support to families where there are issues around conduct disorder. Additionally in Poole, Action for Children will work to provide support in Children's Centres and for the Families First (13-18 service).
- We have started a Local Authority and NHS initiative to on discharge protocols for young people coming out of residential / inpatient services.
- Started working with NHS England across the south on priorities for the commissioning of Tier 4 services and ensuring pathways back to local services are robust.

We will:

- Improve our pathways as we work through CAMHS transformation and clarify different components of the whole system.
- Publish information about our pathways of care and how to access them.
- Ensure pathways include other relevant and connected services such as Drugs & Alcohol services and the Youth Offending service.
- Work with Local Authorities, Public Health Dorset, the ICCHS Programme and the range of children's services, as well as using the learning from services commissioned from Action for

Children to identify opportunities to build and improve on family support and attachment work in order to improve the EWB&MH of CYP.

- Continue to work locally and with NHS England around the future arrangements for Tier 4 services and ensuring local post-discharge step-down services are improved and better-coordinated.
- Collaborate with fellow commissioners in NHS England to ensure any savings from the re-procurement of Tier 4 are invested into local alternatives.

11. Transition to adult services

We said:

- We will ensure transition to adult services is as seamless as possible.

We did:

- Responsibility for EWB&MH for CYP moved to the Mental Health & Learning Disabilities team in the CCG in September 2016, thereby improving the links with adults commissioning and enabling more pathway-based commissioning across the life course.
- Redesigned our Eating Disorders service so that it is now an integrated all-age service. Lessons from this will inform other aspects of transitions work.
- Integrated 'Transition' into all workstreams including CAMHS transformation.

We will:

- Work in more detail on plans for transition in each workstream.
- Appraise transition models, eg 'Ready Steady Go' in order to agree applicability as a standard for Dorset.
- Share good practice and learning across our network.

12. Psychiatric Liaison and crisis care

We said:

- We need to improve services for CYP attending Emergency Departments with mental health issues.
- We will work with Street Triage services and places of safety to ensure services are meeting the needs of CYP.

We did:

- We appointed a post to address psychiatric liaison issues. Early feedback has shown the value of having someone on hand whose prompt action leads to better care.
- Street Triage services have been expanded to meet growing needs.

We will:

- Extend the psychiatric liaison role, learning from lessons from work carried out in the east where the work is more developed.
- Work with NHS England to commission additional capacity from national CAMHS Transformation funding to ensure Liaison & Diversion and Street Triage Services continue to address EWB & MH needs and take on a preventative role with greater numbers of CYP.
- We will continue to work to ensure Places of safety are appropriately meeting the needs of CYP.

13. Health in the Criminal Justice System

We said:

- We will work with our integrated Dorset Youth Offending Service (YOS) to ensure EWB&MH needs are addressed.

We did:

- We started unpicking the historical arrangements around the health components of the YOS and secondment arrangements across organisations which mostly pre-date the CCG.
- We started dialogue with NHS England around more integrated joint commissioning and to agree the best use of national CAMHS Transformation funding for health & justice.

We will:

- Re-specify the health elements of the YOS service and review and formalise secondments and joint with healthcare services, eg CAMHS.
- Capitalise on opportunities to work on an all-age basis brought about by CYP EWB&MH being part of the wider Mental Health & Learning Disabilities programme in the CCG as well as collaborative commissioning arrangements with NHS England.

14. Looked After Children (LAC)

We said:

- We will increase the capacity, scope and skills of the existing LAC nursing service so that it is able to support all health needs including the emotional resilience, well-being and mental health needs of all LAC.

We did:

- We have invested in a substantial growth in staffing for the LAC nursing service to enable EWB and MH needs to be addressed. This includes the delivery of evidence-based therapeutic interventions.

We will:

- Continue to support the LAC nursing service and ensure it has robust pathways to CAMHS services as appropriate. We will ensure that needs and issues uncovered by the service are fed back into service delivery and commissioning.

15. SARC

We said:

- Links with the paediatric element of the SARC will be strengthened to facilitate rapid access to services and improve pathways to local services.

We did:

- NHS England held a Dorset stakeholders' event with over 60 attendees to agree priorities for the future of adult and paediatric SARC services in future. Key issues were the promotion of the Dorset SARC, links to safeguarding, prevention and community safety and improving on-going follow-up care. A priority is also to look at how service provision can be made more equitable given that the SARC is in Bournemouth – a considerable distance from West Dorset.
- We started a process of joint commissioning with NHS England to put in place additional therapeutic services for people who have been raped or sexually assaulted, regardless of whether they have used the SARC.

We will:

- Work to improve pathways between the SARC and CAMHS services.
- Work to ensure the SARC is known by the public and professionals and that myths and misinformation about the role of the SARC are challenged.
- Commission additional therapeutic services for people who have been raped or sexually assaulted.

16. CAMHS & Learning Disabilities

We said:

- We would remodel the CAMHS Learning Disabilities service to ensure provision is consistent across east and west Dorset.

We did:

- The service has reviewed its skill mix and increased the role of nurse prescribers and developed the MDT further to include occupational health, family therapy, psychology; and has developed new services including CBT, sleep clinics and the SOS Approach to Feeding programme for children with restricted diets.
- The service has developed its work programme with children's services such as health visiting to encourage appropriate referrals and support mainstream staff to try other things before making a specialist referral.
- The service has developed its role in supporting parents and carers and in being proactive about transition.

We will:

- Update the service specification for the service to capture new developments.
- Address parity issues across the east and west of the County.

17. Perinatal mental health

We said:

- This issue is a priority in our Maternity Strategy and we will review the pathway in order to ensure needs are picked up and addressed.

We did:

- The pathway has been updated and workshops were held in September / October 2016 for over 300 midwives, health visitors and other staff to raise awareness of perinatal mental health, give information about sources of support and specialist perinatal mental health services, increase confidence in assessing women's vulnerability and addressing issues quickly.

We will:

- A bid has been developed for NHS England funding to develop additional community based services and embed new ways of working within teams as well as a digital offer for women and their partners to encourage early identification of problems and self-help.

18. CAMHS Transformation

We said:

- We have to focus on two aspects of transformation – our specialist CAMHS service and our whole system. They are inter-dependent. They need to function effectively together as deficiencies in one part of the system will be felt in another.
- The CCG and the CAMHS service developed an improvement plan which included waiting time trajectories for the year and a plan for a major programme of transformation and organisational development across the service.

We did:

- The provider appointed a Transformation Manager to lead the process across the CAMHS service.
- A Transformation steering Group was established. It meets monthly and co-ordinates progress, manages performance and unblocks difficult issues. The CCG commissioner is a member of that group.
- The CQC returned to the CAMHS service in 2016 following the full inspection in 2015. The rating for CAMHS was revised from 'requires improvement' to 'good'. With the CQC stating:

Child and adolescent mental health services now considered risk at every point in the child's pathway through services; this was evident in team meetings, records and from family members. Waiting lists were monitored and staff were enthusiastic about the changes and fully engaged in the improvements to the service.

- The only area within the report that required improvement was in the domain of responsiveness and this is being addressed through the work on waiting times.
- In terms of waiting times, the service began to measure team performance against waiting time trajectories from July. In July all trajectory targets were achieved with the exception of Poole Tier 2 Assessment wait (86% compared to a target of 95%) and Bournemouth referral to treatment target (62% compared to a target of 70%).
- Preliminary data for August suggests assessment targets were achieved in all bar three areas: Bournemouth Tier 3 (56% compared to a target of 60%), North Dorset Tier 3 (67% compared to a target of 95%; two of out of six assessments were breaches), Poole Tier 2 (83% compared to a target of 95%; three out of eighteen assessments were breaches).
- No team achieved the referral to treatment trajectory target for August with the overall RTT at 74% compared to YTD position of 76%. A number of factors contributed to this including a focus on increasing assessments capacity bringing a larger cohort of young people onto the treatment waiting list and also annual leave taken over the summer. With additional staff coming into post it is anticipated that this will improve through September and October.
- The transformation programme has 6 workstreams outlined below:

| Work Stream | Initial Priorities |
|--|--|
| Clinical Pathways and Processes | <p>Currently reviewing the CAMHS referral criteria and professional/young person/parent information leaflets.</p> <p>Developing clear care pathways in the service that align to the Thrive model. The intention is that all young people entering the service will be allocated a care pathway that will inform interventions received.</p> |
| Evidence Based Practice / Routine Outcome Measures | <p>Working alongside the Clinical Pathways group to identify the NICE approved interventions that each team should be delivering for young people on the care pathways.</p> <p>The pilot of a web based solution to the completion of routine outcome measures and service user feedback. To increase compliance with paired data.</p> |
| Workforce, Development and Training | <p>Map current workforce and skill sets against the core interventions expected of CAMHS teams. Identify skills gaps and develop a plan to address these.</p> <p>Review the leadership structures across the six CAMHS teams to ensure robust and resilient structures are in place.</p> |
| Data Quality and Performance | <p>Improve the reporting facility on Rio to ensure teams have access to real time information to proactively manage waiting lists and patient flow.</p> |
| Communication and Engagement | <p>A series of staff workshops were held in June/July with a number of recommendations made. These are being picked up in the work streams. A subsequent series is being arranged for November.</p> <p>Once a clear purpose for CAMHS (draft) is agreed to engage with young people and stakeholders to shape and agree this.</p> |
| Participation | <p>The participation work stream has representation from clinicians, young people and a parent representative. The intention is now to draw up a participation strategy to ensure that young people and their families can be involved at every level of service development and delivery.</p> |

We will:

- We will build on the progress made thus far with CAMHS Transformation.
- We recognise that to bring about significant improvement, it is vital to transform the whole system with all its interdependencies.
- We will continue to address waiting times as these are an ongoing issue. There are a number of key pieces of work being undertaken to address these and there is evidence of improvements. Critically, the focus is on improving trajectories and allocating additional resource to particular areas of pressure. To support this, being clearer with referrers and the

wider system as to CAMHS being a specialist mental health service and what the referral criteria is for the service will be important.

- We will ensure that developments in our wider system – eg digital offer – are relevant to the work of CAMHS as well as the whole Dorset network.

19. Primary care

We said:

- GPs, practice nurses and other primary care practitioners have a crucial gate-keeping role in terms of specialist services. Additionally, there are needs that should be dealt with in primary care.
- In the context of the primary care role in the management of long term conditions, GPs need to be partners in the care of CYP with long term, enduring or severe mental illness.

We did:

- We worked with our GP clinical leads and the CCG primary care team to ensure primary care developments are inclusive of CYP EWB&MH.
- We have started to work with the Dorset Primary Care Workforce Centre to look at how we support, train and equip our primary care colleagues to work more confidently on CYP EWB&MH.

We will:

- Work with primary care colleagues to specify and clarify the role of primary care practitioners.
- Carry out a training needs analysis against the competencies required of primary care practitioners.
- Work with the Dorset Primary Care Workforce Centre and HEE to agree how training & education needs can be met.
- Strengthen the links and pathways between primary care and specialist services such as CAMHS and the Eating Disorders service.
- Develop shared care pilots between primary care and specialist services.

20. Conclusion

This has been a year for laying the foundations of the ongoing transformation work that needs to happen with CYP EWB&MH services in Dorset. Some key enablers have been:

- Additional funding for CYP EWB&MH.
- Mobilisation of stakeholders around a plan.
- The STP process and the profile of CYP EWB&MH within that.
- The appointment of a transformation manager and initiation of a whole-service transformation programme within our local CAMHS provider.
- The initiation of collaboration with NHS England commissioners around CAMHS Tier 4 and health & justice commissioning priorities.

We have been initiating new workstreams as part of our implementation plan and momentum is building behind some of our strategic priorities such as improving early help & intervention and work with schools. We are taking advantage of the opportunities offered by digital and technological innovations.

This review has been an opportunity to take stock and review progress and clarify what more needs to be done. It will be published on local websites as an update and call to action for what needs to happen next.