



Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020

A submission from Shropshire CCG, Shropshire Council, Telford and Wrekin Council and Telford and Wrekin CCG

1. Introduction to the plan

- 1.1 This is a joint transformation plan for children and young people's mental health and wellbeing services across Shropshire, Telford and Wrekin. The document begins by setting the scene in relation to what we know about the mental health needs of children and young people in Shropshire, Telford and Wrekin. The plan also explains our current provision and journey so far in improving outcomes for children and young people as well as outlining our plans for further transformation.
- 1.2 An overview of the programme of work is included in section 7 to highlight the main transformation activities.
- 1.3 The final section of the document provides a detailed self-assessment against the key requirements set out within Future in Mind¹ and describes the transformation activities that are planned over the next five years in order to fully meet the requirements of Future in Mind and improve outcomes for local children and young people.
- 1.4 We welcome the national focus on this agenda. This transformation plan has been produced by partners to highlight some of the key issues and solutions. It reflects a point in time and will be treated as a working document to usefully guide activities. It should be read in conjunction with the emergent project documentation for the respective programmes.

2. Leadership and Governance

- 2.1 This plan has been developed collaboratively with partners across health, social care, early help and education. Strategic oversight of the implementation of the plan will be provided by the Health and Wellbeing Boards. Delivery of the plan will be driven by the 0-25 Emotional Health and Wellbeing Strategic Group, which is accountable to the local Health and Wellbeing Boards. The plan will be refreshed twice a year by the 0-25 Emotional Health and Wellbeing Strategic Group. The most up to date version of the plan will be available on the local authorities' and clinical commissioning groups' websites from December 2015.
- 2.2 The 0-25 Emotional Health and Wellbeing Strategic Group spans Shropshire, Telford and Wrekin and includes membership from a broad range of partners, including Health Commissioners (CCG and NHS England (currently represented by the West Midlands Strategic Clinical Network and Senate)), Local Authority Commissioners and Providers (Public Health, Social Care, Early Help), Safeguarding (including Police), CAMHS Providers, Adult Mental Health Service Providers, Voluntary Sector Services,

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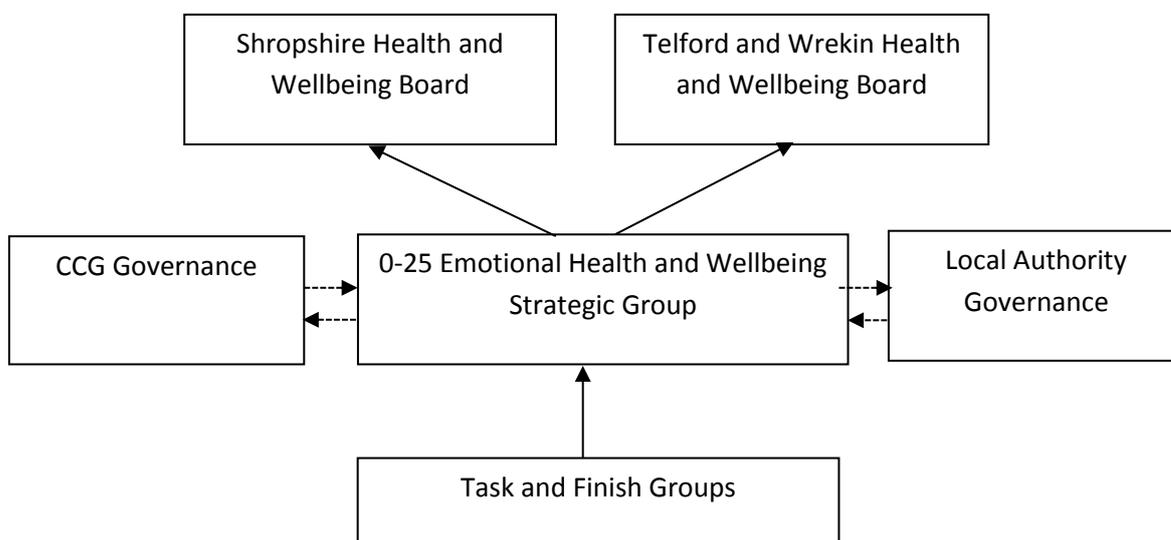
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Education Providers (Primary, Secondary and Further Education), Youth Offending Services and Service Users.

2.3 The group will ensure timely development, delivery and review of the Transformation Plan ensuring that activity is in line with the overarching aims of the group, which are:

- To ensure joined up strategic commissioning across the four tiers of Child and Adolescent Mental Health services and into Adult Mental Health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that strategic commissioning activity leads to the development and delivery of joint outcomes.
- To develop joined up solutions to any issues across the four tiers of Child and Adolescent Mental Health services and into Adult Mental Health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that the views of service users and potential service users are taken account of and inform the work of this group.

2.4 Each programme within this plan will have a multi-agency task and finish group, which will be accountable to the 0-25 Emotional Health and Wellbeing Strategic Group. The members of each task and finish group will be responsible for doing the actions required to deliver the relevant programme of work. The diagram below illustrates the governance structure in place for the delivery of the Transformation Plan. Whilst unlikely, should there be dispute between the two health and wellbeing boards around proposals or activities in relation to children and young people’s mental health services, this will be escalated to the System Resilience Group which is a senior multi-agency group covering both Shropshire and Telford and Wrekin.



3. What do we know about what we need?

3.1 The proposals within this plan have been informed by a range of data that has been gathered over recent years in Shropshire, Telford and Wrekin.

3.2 Stakeholders across Shropshire, Telford and Wrekin work in partnership to ensure commissioners have access to an up to date holistic profile of needs. Key local information is used to routinely inform

service improvements and design, including data collected as part of the JSNA, public health data, social care data, service provider data including hospital admissions, information and feedback from stakeholders and service users including young health champions. Nationally produced data, including CHIMAT and information from neighbouring and comparator areas is also used by commissioners to inform service design and improvements. A summary of the key data is provided in this section.

- 3.3 Children and young people under the age of 20 years make up 21.9% of the population of Shropshire and 26.0% of the population of Telford & Wrekin. 6.3% of school children in Shropshire are from a minority ethnic group compared to 14.5% in Telford & Wrekin. The health and wellbeing of children in Shropshire is generally better than the England average. In Telford & Wrekin, the health and wellbeing of children is mixed compared with the England average. Infant and child mortality rates are similar to the England average for both Shropshire and Telford and Wrekin.
- 3.4 In Shropshire it is estimated that there are around 4,000 children and young people with a diagnosed mental health problem. The conditions with the highest prevalence rate in Shropshire are conduct disorders, followed by emotional disorders and then hyperkinetic disorders.
- 3.5 In Telford and Wrekin it is estimated that there are around 3,100 children and young people with a diagnosed mental health problem. The conditions with the highest prevalence in Telford and Wrekin are conduct disorders, followed by emotional disorders and then hyperkinetic. (If any mental health disorder is included the figure increases to 5,625).

Tier 1 – Prevention: What do we know about children & young people’s mental health and how are we responding?

- In a typically sized class of 30 children, it is estimated that 3 will have an emotional or mental health need.
- Looked After Children and those with disabilities are more likely to have mental health problems than other children.
- 66% of pupils in Shropshire attend a school where there is at least one Tier 1 prevention programme (TaMHS).
- 87% of pupils from the most deprived areas of Shropshire attend a school where there is at least one Tier 1 prevention programme (TaMHS) in place.
- Tier 1 provision across Telford and Wrekin schools is mixed. It ranges from no provision through to schools procuring their own counselling services.

Tier 2 – What do we know about children & young people who need some support?

- Overall the top 5 referrals to Tier 3 CAMHS were for depression, anxiety, anger/aggression, ADHD and Autism/Asperger’s respectively. There were differences between referrals for girls and boys, with girls more likely to be referred for depression and anxiety and boys more likely for anger/aggression, ADHD and Autism. Girls were less likely to be referred for ADHD and Autism; instead the fourth and fifth most likely reason for referral for girls was deliberate self-harm and self-harming behaviour.

Tier 3 – What do we know about children and young people who need specialist treatment?

- Overall there were around 989 children and young people referred to Tier 3 specialist CAMHS in 2014-15.
- There were a similar percentage of referrals to Tier 3 CAMHS services for both boys and girls, but the

age distribution between genders varied with significantly more girls referred aged 15-16 (33.2%) and significantly more boys aged 05-09 (37.4%).

- There were significantly more referrals to Tier 3 CAMHS from the most deprived areas (23.8%) compared to the most affluent (16.8%).
- The majority of referrals to Tier 3 CAMHS came from GPs (67.9%).
- The self-harm figures for Shropshire show the rates are higher than the national average for the period 2011/2012 but lower for the period 2013/2014.
- There were 9 suicides in young people aged 19 years and under between 2007-2011 of which slightly more were in boys than in girls.
- Telford and Wrekin is ranked 13th out of 15 local authority areas (within the same deprivation decile) for performance in self-harm hospital admissions of young people (with 169 admissions in 2012/13 at a standardised rate of 511.5 admissions per 100,000, *CHIMAT Child Health Profile Report 2014*). Geographical variation and differences in local referral and reporting culture may be contributory factors within some of these findings.
- For Shropshire, in comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2011/12- 2013/14 period. The admission rate in the 2011/12- 2013/14 period is lower than the England average. In 2013/14 there were 226 Shropshire patient admissions for self harm of children and young people aged 10-24.
- Of the 406 admissions for self-harm in Telford and Wrekin during 2012/13, the greatest proportion for self-harm admissions was 15 to 19 years (70 admissions), 20 to 24 years (63 admissions), 50 to 54 years (39 admissions) and 30 to 34 years (38 admissions). Females made up the greatest proportions within each of these age-bands.
- There is a greater burden of self-harm admissions for young people in Telford and Wrekin with 40% of all local self-harm admissions aged between 10 and 24 years (2012/13) in comparison to a national equivalent proportion of 33% for this age range.

Tier 4 services – What do we know about children and young people requiring inpatient support?

- Between April 2014 and March 2015 there were 12 admissions for Shropshire patients and 4 for Telford and Wrekin
- Of the Tier 4 admissions across the area, 2 were related specifically to Eating Disorders and 4 admissions were to Psychiatric Intensive Care Units.

3.6 The views of children, young people and their families as well as professionals have been gathered through questionnaires, focus groups, telephone audits and face to face interviews. Professionals consulted through these activities include workers in local authority, health, education, police, youth offending service and the voluntary sector. The earliest information used for this plan is information gathered as part of the Shropshire CAMHS review in 2011 during which the views of 111 people were gathered. The most recent information referenced for this plan relates to activities that took place in 2014 and 2015. This includes the following:

- 2014/15 Review of Shropshire CAMHS (telephone audit with GPs, Case File audit, young person's focus group, face to face interviews with professionals, written feedback from professionals)
- 2014 TaMHS 'visioning day' (multi-agency workshop involving 19 organisations involved in Targeted Adolescent Mental Health services across Shropshire)
- 2014 CAMHS Parent/Carer Forum feedback (three workshops with parent/carers and the two parent carer organisations)

- 2015 Feedback from schools to Shropshire Safeguarding Children Board in relation to CAMHS
- 2015 Shropshire Autism Needs Assessment
- 2015 Focus groups with Young Health Champions

3.7 The detail from each of the needs analysis has been analysed and summarised into key themes in the table below:

Key Theme	Feedback re improvements required
Access	<ul style="list-style-type: none"> - Waiting times for assessment and intervention are too long, particularly in relation to neurodevelopment assessment - Referral process for GPs needs to be more effective - Insufficient out of hours provision - Professionals unclear about the range of Tier1 and 2 services available and how to access them - Distance/time to travel to access services can be difficult from more rural areas - Access into the service for previous service users needs to be quicker
Fragmented Provision	<ul style="list-style-type: none"> - Transition into adult services is inconsistent - Flow between tiers of services needs to be smoother - Transition for young people leaving care is difficult - Schools feel there is too much expectation for them to deliver mental health support - Lack of psychological therapy within current service model
Lack of crisis support	<ul style="list-style-type: none"> - Insufficient out of hours support - Need for immediate response to prevent crisis and hospital admission - Incidence of self harm continue to rise - Need increase in specialist crisis support to prevent Tier 4 admissions
Inconsistency of support	<ul style="list-style-type: none"> - Varied availability of support and provision within universal services - Frequent changes of staffing and recruitment issues impact negatively on care pathway and service user outcomes - Schools staff don't feel they have the skills to offer the support pupils need
Poor communication/information sharing	<ul style="list-style-type: none"> - Communication between professionals needs to be improved - Information provided within referrals needs to be strengthened - Information for children, young people and their families in relation to the plan of support needs to be strengthened - Poor information sharing and communication makes referral pathways longer and more

3.8 What young people locally have told us about what is important to them

Over the years the Councils and CCGs have collected some rich information from the local population. This has been in relation to current services as well as about their aspirations for change. These messages have been gathered from a variety of sources including general engagement activities with a range of stakeholders, community/representative groups, scrutiny committees and complaints. In addition, in order to progress the agenda further, the organisations have been working with their young health champions to better understand the outcomes they would hope to achieve from mental health services for children and young people.

3.9 The outcomes identified by young health champions have directly informed the programme of transformation described in this plan. The changes young health champions have told us they want to see are:

- More children and young people to be **noticed** earlier when mental health issues develop. This includes effective early help which may prevent problems escalating.
- Improved **access** to services in schools, colleges, CAMHS. Providing more venues at which services can be accessed e.g. drop in sessions and enabling quicker accessibility through out of hours provision.
- Improved **availability** and ease of access to emotional health and wellbeing support e.g. anxiety, body image, self-esteem, stress.
- Increased choice through a range of **methods** including; face:face, skype, telephone
“the more options the better” Young Health Champion (April 2015).
- More children and young people to be **supported** to maintain good emotional wellbeing, with appropriate services available, including school provision.
- More efficient care pathways including care co-ordination for **vulnerable groups** of children and young people. More efficient and quicker access to support, especially crisis care in the community at tier 3.5 and to tier 4 provision.
- More efficient care pathways for young people in **transition** to mental health support beyond 16 years.
- Reduced **distress** as a consequence of interventions.

3.10 Current level of investment dedicated to CAMHS related services

Shropshire and Telford Child and Adolescent Mental Health Services – Current level of investment	
Commissioner	Current Funding (approximate)
Shropshire CCG	£2,259,000
Telford and Wrekin CCG	£1,873,000
Shropshire Council	£200,000

Telford and Wrekin Council	£150,000
NHS England spend 2014/15 for Shropshire CCG Patients)	£1,112,132
NHS England spend 2014/15 (for Telford and Wrekin CCG Patients)	£240,469

N.B. As part of the current procurement exercise the organisations are mapping through the activity levels and investment associated with all aspects of care relating to mental health for those aged 0-25 years. This will be complete by Christmas 2015

3.11 Current service provision

The majority of targeted and specialised mental health provision for children and young people in Shropshire, Telford and Wrekin is provided by Shropshire Community Health NHS Trust. The same organisation also delivers the Health Visiting and School nursing service. In Telford and Wrekin, some additional distinct services are provided by third sector organisations. South Staffordshire and Shropshire NHS Foundation Trust provide adult mental health services, many of which take referrals from the age of 16 years (from 14 years for Early Intervention Psychosis service). Both CCGs also fund mental health posts within the local Youth Offending Service. A summary of the key services commissioned is provided in the chart below.

Shropshire and Telford & Wrekin Mental Health provision for Children and Young people aged 0-25		
0-16 Years of Age	16-18 Years of Age	18-25 Years of Age
Think Good, Feel Good (Universal) *Shropshire Only* Provider: Shropshire Council		
CAMHS Tier 2 (Targeted) Provider: Shropshire Community Health NHS Trust (Joint commissioned CCGs & Local Authorities)		
CAMHS Learning Disability Provider: Shropshire Community Health NHS Trust		
CAMHS Tier 3-3.5 (Specialist) Provider: Shropshire Community Health NHS Trust		
	Early Intervention in Psychosis (14-35) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Crisis Resolution, Home Treatment Services (16-65) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Improving Access to Psychological Therapies (16+) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Criminal Justice Liaison (16-65) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Primary Care Counselling Service (16+) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Rapid Assessment, Interface and Discharge Liaison Service (16+) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Secondary Care Psychological Therapy Service (16+ N.B. if in full time education, CAMHS will be service provider) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Mental Health Obstetric Liaison Clinic (Perinatal Mental Health) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
	Eating Disorder Service (17+) Provider: South Staffordshire and Shropshire NHS Mental Health Foundation Trust (SSSFT)	
		Assertive Outreach Service (18-65) Provider: SSSFT
		Community Mental Health Teams (18+) Provider: SSSFT
		Acute in-patient services (18+) Provider: SSSFT

3.12 The staffing levels within the current CAMHS Tier 3 service are illustrated in the tables below.

3.12.1 Telford & Wrekin Team

Service Area	Post	WTE
Telford and Wrekin Tier 3		
Clinical	B6 Mental Health Practitioner (MHP) (nurse)	2.6
	B7 Family Therapist	1.0
	B7 Occupational Therapist	0.4
	B6 MHP (social worker)	1.0
	B7 MHP Nurse Prescriber	0.91
Total Tier 3 clinical staff		5.91
Medical	Consultant Child and Adolescent Psychiatrist	2.0
	Speciality Dr	1.0
Overall clinical and medical staff		8.91
Administration	B4 Admin Team leader	0.3
	B4 Medical Secretary	1.0
	B3 Secretary	1.58
	B2 Admin Support/Reception	2.8
ROS (Reaching Out Service) Split 60/40 Shropshire/T&W (Tier3 intensive home treatment)		
	Band 6 MHP	4.8
	Band 7 Dietician	0.2
	Band 7 Team leader	0.25

3.12.2 Shropshire Team

Service Area	Post	WTE
Shropshire County Tier 3		
Medical	Consultant Child & Adolescent Psychiatrist	3.0
Clinical	Band 7 Clinical Team Leader	0.8
	Band 7 SMHP/Psychotherapist	1.0
	Band 7 Cognitive Behavioural Therapist	0.6
	Band 7 Family Therapist	1.0
	Band 6 Mental Health Practitioner	2.0
Total Tier 3 clinical staff		4.4
Neurodevelopmental Team	Band 7 Occupational Therapist	0.8
	Band 7 Speech and Language Therapist	0.5
	Band 6 Neurodevelopment Nurse Prescriber	0.8
	Band 4 ASD Co-ordinator	1.0
Overall clinical and medical staff		10.5
Administration	B4 Admin Team leader	0.3
	B4 Medical Secretary	2.0

Service Area	Post	WTE
	B3 Secretary	1.4
	B2 Admin Support/Reception	3.19
ROS (Reaching Out Service) Split 60/40 Shropshire/T&W (Tier3 intensive home treatment)		
	Band 6 MHP	4.8
	Band 7 Dietician	0.2
	Band 7 Team leader	0.25

3.13 In addition to the above, there are 6.56 FTE Senior Mental Health Practitioners working across the County at Tier 2.

3.14 A skill mix audit of existing staff has been undertaken and highlights the wide range of skills and experience within the team including nurses, social workers, primary mental health workers, family therapists, psychotherapists. The range of skills and specialisms include CBT, eating disorders, youth offending, mindfulness, 3di, deliberate self harm, psychosis, autism, looked after children.

3.15 In 2014/15 the CAMHS service in Shropshire, Telford and Wrekin received a total of 1,382 referrals across all services. Further detail in relation to the referral and discharge activity can be found in the table below.

2014/15 Numbers of CAMHS Referrals and Discharges			
Service	Priority level	Referrals	Discharges
CAMHS Tier 3 Shropshire	1	91	458
	2	264	
	3	189	
	Inappropriate Referral	3	
Total		547	
CAMHS Tier 3 Telford & Wrekin	1	79	411
	2	94	
	3	251	
	Inappropriate Referral	17	
	Not Recorded	1	
Total		442	
CAMHS LD	2	2	119
	3	97	
	Inappropriate Referral	15	
	Not Recorded	1	
Total		115	
Tier 2 Shropshire	2	1	26
	3	126	
Total		127	
Tier 2 Telford & Wrekin	2	1	68
	3	91	
Total		92	
CAMHS LD Tier 2	3	4	27
	Inappropriate Referral	2	

Total		6	
CAMHS LAC Shropshire	1	4	
	2	1	
	3	20	
Total		25	17

3.16 Waiting times for CAMHS services have significantly reduced, as documented in paragraph 3. An overview of the current position is illustrated in the document below.



3.18 In 2014/15, 9,050 young people up to the age of 25 years accessed adult mental health services in Shropshire, with 6,555 young people from Telford also accessing adult mental health services.

3.19 The cross-cutting programme in section 7 below highlights the need for a robust framework of multi-agency needs analysis to be in place in order to better understand the needs and views of children and young people who need or may need access to mental health support. This will be delivered through the 0-25 emotional health and wellbeing group.

4. Our journey so far

4.1 Commissioners and providers across Telford and Shropshire have been working together to improve child and adolescent mental health services across the area. Whilst Shropshire and Telford and Wrekin have different geographies and demographics, the areas form part of the same county and share the same Acute Hospitals and Community Health providers.

4.2 Since 2012, and in particular over the past 18 months this partnership has achieved some demonstrable improvements for children, young people and their families. One of the main examples is the introduction of a single point of access to guide and support service users and professionals (through 'Family Connect' in Telford and 'Compass' in Shropshire) which together have co-ordinated support for a large number of vulnerable families. This improved access was developed in response to the views of stakeholders, young people and their families who reported that access was difficult and pathways were unclear. Since the introduction of the single points of access, stakeholders report improved access, particularly since the development of an electronic referral form for GPs which was implemented in 2015.

4.3 As described in section 3, a particular issue for Shropshire, Telford and Wrekin has been the time children and young people have had to wait to access the assessments and support they need. Through a close working relationship between commissioners and the provider, processes have been improved and capacity increased which have resulted in a significant improvement in waiting times. To illustrate the scale of the change, in September 2013 141 children and young people across Shropshire, Telford and Wrekin were waiting to receive Tier 3 CAMHS. Of these, 47 had been waiting

longer than 18 weeks. 33 CYP classed as Priority 2 who should have been seen within two weeks were waiting over that time, with the longest wait being 28 weeks – 6 months over the target wait time. 57 children and young people who should have been seen within 13 weeks were waiting over this time, with the longest wait at 59 weeks.

- 4.4 The most recent position reports no waits over 2 weeks for those classed as Priority two and only five children and young people classed as Priority three waiting over 13 weeks in Shropshire and 7 in Telford and Wrekin. With the exception of one case, all of those waiting above 13 weeks require a neurodevelopmental assessment.
- 4.5 Another key improvement has been in relation to more timely assessment and support for children and young people presenting to the acute hospitals following self harm or other mental health crisis. Through close partnership working between commissioners and providers, including the acute hospital trust and the provider of the adult RAID service, processes have been improved and capacity increased in order to reduce length of stay in hospital and ensure timely assessment. The changes have also helped to build a stronger relationship between the providers and begin to improve the skills and knowledge of acute hospital staff in relation to caring for children and young people in mental health crisis.
- 4.6 Of particular importance to commissioners, is the involvement of children and young people in all areas of the commissioning cycle. A significant example is the very successful ‘young health champions’ project which enables a group of young people to work closely with commissioners in order to inform service design and improvements. In addition, commissioners routinely work with a broader range of service users including those accessing services from health and the local authorities as well as Healthwatch and the local parent carer groups.
- 4.7 Whilst progress has been made against many of the areas of need outlined in section 3, commissioners require further changes in order to ensure that the needs of the community are met. Particular areas that remain unmet are in relation to:
- the offer of a seven day service (currently only the on call consultant is available over 7 days to deal with mental health emergencies)
 - reducing waiting times for children and young people requiring a neurodevelopmental assessment
 - the early help offer
 - the offer for children and young people presenting in mental health crisis
- 4.8 Partners have recognised the need to be more radical in order to achieve the required changes locally as well as ensuring that services are in line with the national direction. Partners in Shropshire, Telford and Wrekin have agreed to commission a new service to dramatically improve the offer to children and young people. This new service will focus on those areas traditionally known as Tiers 2, 3 and 3+, with strong links to Tier 1 workers to improve skills and knowledge and early help within universal provision.

4.9 The new service will be seamless from targeted (including support and training to universal services to deliver effective early help) to specialist and crisis support. Young Health Champions locally have developed a set of outcomes, described in section 3, which will form the basis of a new specification. The new service will be jointly commissioned by Shropshire, Telford and Wrekin CCGs and Local Authorities and will include:

- Service offer for 0-25 year olds
- 7 day service, with some service elements available 24/7
- Integrated service from early help to specialist and crisis support
- Specific service/s for looked after children and their carers
- 'No wait' ethos
- Multi-disciplinary team delivering a wide range of evidence-based therapeutic and clinical interventions and Mindfulness
- Innovative use of technology to deliver advice and support in line with young people's preferences
- Training for workers within universal services
- Flexible transition points for 16-25 year olds into adult services

4.10 The work to commission this new service will be integrated with other work streams, including:

- Re-design of the neuro-developmental pathways of care
- Delivery of CYP IAPT
- Improved perinatal mental health services
- A new eating disorder service
- A training and development programme for professionals including workers in universal services
- The commissioning of an all age psychiatric liaison service

Together these will address the most significant issues from prevention through to treatment services and will form the basis of the programme of transformation.

4.11 A wealth of information has been collected from local service users, their families and professionals about current problems and potential solutions. National consultation exercises have provided some clear messages which have been used to define our aspirations for transformation. Building on this work, a clear communication and engagement plan is in production to ensure stakeholders can co-produce and/or input into the design of the new services. These engagement activities will also provide the opportunity to tackle the stigma associated with mental ill health.

5. Equality and Health Inequalities

5.1 Information from the two local JSNAs has been used to inform the development of the CAMHS transformation plan and constituent projects within it. Moving forward the 0-25 emotional and wellbeing group will be defining more detailed requirements around information on need for each of the projects. This will ensure consistency of presentation across the different locality areas and also provide some more granular information on subsets within groups. It will inform the service redesign,

highlighting where services should be provided to maximise equality of access and identification of 'hot spots' where more targeted intervention is needed.

- 5.2 Rurality (and associated isolation) is considered a particular issue in Shropshire and concentrated areas of deprivation are a particular issue in Telford. Whilst the work to support the CAMHS transformation plan is being carried across the two CCGs areas, all organisations are cognisant of the distinct differences in cultures, populations and geography across the area. Organisations have stated clearly that a 'one size fits all' approach will not be supported and will be checking to see how these differences in need will be met. The single point of access in both Shropshire and Telford will be built upon to make access points as easy as possible, both of which run an ethos of no 'rejections' of request for help.
- 5.3 As the improvements in mental health have progressed, more specific issues/concerns about certain groups have been highlighted. This has led to some very focused work. For example it has recently been suggested that a high proportion of adult patients admitted to the psychiatric intensive care unit are relatively young and a disproportionate number are care leavers. Consequently a case note review of all patients admitted in the last 12 months has commenced which will offer rich information about how we can better support both care leavers and younger people in the future.
- 5.4 Both CCGs have committed to a reduction in health inequalities as part of their vision/strategy and are keen to prioritise work that will proactively achieve this aspiration. The CAMHS plan is viewed locally as one of the major workstreams that will help to do this. As part of the standard project documentation, managers are required to assess the impact on health inequalities. Similarly, the documentation requires project leads to complete an equality impact assessment to ensure that the defined characteristics groups within the Equality Act are considered throughout plans and service development. The projects within the CAMHS transformation plan do of course have a particular focus on a young age group, gender, disability, cultural and racial groups with a specific programme around the issues of pregnancies. One of the main objectives of the new CAMHS 0-25 service is that there will be a dedicated offer for looked after children and their foster carers to improve the emotional health of that particularly vulnerable group.
- 5.5 Every effort has been made to hear from those with lived experience as part of the development of the plan. However, it is recognised that more needs to be done to ensure the voices of the hard to reach are heard and that engagement is representative of those who are most affected. In order to address this more fully we will be commissioning two pieces of work that will take engagement activities to the next level. The first is peer training for our young health champions to help them to identify vulnerability and an appropriate means to reach out to them. The second is to commission the third sector to carry out a communication exercise with those 'hard to reach'. The CCGs believe that this work would be far more appropriately and effectively conducted by third sector rather than statutory organisations.
- 5.6 Throughout the delivery of the Transformation Plan, consideration will be given within all programmes to ensuring that equalities and health inequalities are appropriately addressed and actions taken as appropriate through the completion of equality impact assessments and health inequality assessments.

6. IT and data

6.1 The provider is continuing preparation activities in relation to ensuring effective data collection under MHSDS.

7. The programme of transformation

7.1 The four organisations have acknowledged and responded to the need to improve CAMH related services. In partnership, they have implemented a number of changes which has improved the experience of many individuals and families. However, there is recognition that there is a lot more to do. In answer, there is a commitment to increase the pace and scale of change. This has culminated in the development of a programme of work across Shropshire, Telford and Wrekin that will transform the service offer in this area.

7.2 This offer will build on best practice to improve the responsiveness and implement a model of care to build resilience (rather than reliance on service). Inclusion of children, young people and carers has been, and will continue to be, pivotal in these developments to make sure that together we improve the wellbeing of the younger population.

7.3 The programme of transformation, described below, has been designed to respond to the needs identified locally, as described in section 3. Further detail in relation to how each of the programmes will contribute to the requirements of Future in Mind is provided in the self assessment in section 8.

7.3.1

Programme One: 0-25 Emotional Health and Wellbeing Service
Which areas of identified need will this programme address?
This programme will improve: <ul style="list-style-type: none">- access through 7 day service and improved out of hours provision- choice of methods and treatments, including psychology based interventions and evidence based practice including CBT and Systemic Family Therapy- transition through tier-less service with flexible transition to adult services- access to targeted support for looked after children and children in need- availability of crisis support and intensive home treatment- support for and skills within universal services
What does the programme include?
The programme includes the development of a service specification, the tender process for a new service, the transition from the present service to the new model and the embedding of the new model. The new service model will be centred around service user outcomes, promote emotional resilience in children and young people; will provide targeted interventions, assessment, treatment and a response to crisis including intensive home treatment.
Related priorities in Tracker
1 : Procure seamless 0-25 Emotional Health and Wellbeing Service 4: Expand hours of ROS team to provide better crisis response. 7: Join CYP IAPT 8: Mental health training for lead professionals 11: Improve training and support for universal services <i>N.B. The new service will commence at the end of 2016/early 2017. Recurrent funding for this will use existing NHS funds as well as a contribution from the transformation funds. Non recurrent</i>

<i>projects/initiatives will be funded from the transformation ahead of this development to improve outcomes in the short term.</i>
Related actions in self assessment
3e,6a,7a-c,12 a,12c,13,15,16,20a,22,21,23a,24,25,30,31,32,33,37,38,43
When will the change occur?
Interim improvements will be made to the existing service through non-recurrent funding from quarter 3 2015/16. After a full procurement process the new service will be in place by quarter 4 2016/17.
What outcomes will be delivered?
<ul style="list-style-type: none"> - Improvement in children and young people’s emotional resilience - Improvement in children and young people’s emotional health - Reduction in hospital admissions for self harm and mental health related crisis - Reduction in number of children/young people requiring repeated access to targeted and specialist support - Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings. - Improved access into services - Improved transition between services

7.3.2

Programme Two: Redesign of Neurodevelopmental pathways
Which areas of identified need will this programme address?
This programme will improve: <ul style="list-style-type: none"> - Waiting times for assessment and support - Quality of service through reduced caseloads - Clarity of care pathways - Skill mix/expertise
What does the programme include?
Reconfiguration of existing CAMHS provision to create a separate designated service pathway for neurodevelopmental assessment that delivers evidence based practice and is closely aligned to best practice standards.
Related priorities in Tracker
5 : Investment in new posts to create a distinct neurodevelopmental service
Related actions in self assessment
10a, 10b,12,14
When will the change occur?
Changes will commence in quarter 3 2015/16 and be fully implemented by quarter 2 2016/17.
What outcomes will be delivered?
<ul style="list-style-type: none"> - Reduced waiting times for neurodevelopmental assessments - Reduced waiting times for support with neurodevelopmental needs - Improved patient experience in relation to neurodevelopmental assessments - Improved access to services including for professionals in relation to referrals, advice and guidance

Programme Three: Development programme for workers in universal services (Telford and Wrekin)
Which areas of identified need will this programme address?
<p>This programme will improve:</p> <ul style="list-style-type: none"> - Skills and knowledge professionals within universal services - Mental health support available within schools - Availability of early help and targeted support to reduce incidence of self harm - Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools
What does the programme include?
<p>A comprehensive training and development programme for our Early Help workforce to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues.</p> <p>The identified workforce will include: children and family locality services; social workers (and specifically those supporting children in care); teachers and non teaching staff in primary, secondary and post 16; health visitors and school nurses; and voluntary sector partners.</p>
Related priorities in Tracker
11: Improved training and support for universal services
Related actions in self assessment
2a-e, 3a-d, 8a, 8b, 9a, 26,28,29
When will the change occur?
Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1)
What outcomes will be delivered?
<ul style="list-style-type: none"> - Improvement in children and young people's emotional resilience - Improvement in children and young people's emotional health - Reduction in hospital admissions for self harm and mental health related crisis - Reduction in number of children/young people requiring repeated access to targeted and specialist support - Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.

Programme Three: Development programme for workers in universal services (Shropshire)
Which areas of identified need will this programme address?
<p>This programme will improve:</p> <ul style="list-style-type: none"> - Skills and knowledge professionals within universal services - Mental health support available within schools - Availability of early help and targeted support to reduce incidence of self harm - Availability of early help and targeted support to reduce incidence of anxiety and other mental health issues within schools
What does the programme include?
Roll out of the successful Think Good, Feel Good programme across a wider footprint to non-

education based services, including Scouts and Guides groups, Youth Clubs, sports clubs, recreation sites e.g. museums. An enhanced programme will be introduced to include the content of the new national guidance and improve bespoke provision for special schools in relation to strengthening the links between children’s mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND). Think Good, Feel Good currently extends to special schools, however the more specific intervention based programmes will be enhanced. Existing training and programmes will be developed to more specifically address the needs of children with learning disabilities or special educational needs and disabilities.

This programme also includes investment in additional youth worker time in order for young health champions to progress their mental health improvement projects with more pace.

Related priorities in tracker

11: Improved training and support for universal services

Related actions in self assessment

2a-e, 3a-d, 8a, 8b, 9a, 26, 28, 29

When will the change occur?

Distinct programme from Q3 2015/16 then delivered through the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1)

What outcomes will be delivered?

- Improvement in children and young people’s emotional resilience
- Improvement in children and young people’s emotional health
- Reduction in hospital admissions for self harm and mental health related crisis
- Reduction in number of children/young people requiring repeated access to targeted and specialist support
- Improvement in skills of professionals in order to better manage the emotional health of children and young people within universal settings.

7.3.4

Programme Four: Eating Disorder Services

Which areas of identified need will this programme address?

- Improved access to services
- Increase in availability of crisis support (through re-deploying resources currently allocated for eating disorders)

What does the programme include?

N.B. A full business has been produced through collaboration between the Trust (South Staffordshire and Shropshire NHS Foundation Trust) and commissioners. This business case includes information on prevalence by condition, expected case load, description of the service model (including assessment and treatment) and detail on the staffing needed. This table represents a summary of key points

This programme will be delivered through a jointly commissioned service between Shropshire CCG, Telford and Wrekin CCG and South Staffordshire CCGs (led by South East Staffordshire and Seisdon CCG). A community eating disorder service for children and young people will be developed as an extension to the already well-established specialist Eating Disorder Service for the adult population. The service will be delivered by Shropshire and South Staffordshire Foundation NHS Trust.

The current population of South Staffordshire (603,339) plus Shropshire (inc Telford and Wrekin) (467,625) is above the suggested 500,000 all age population for this service. This footprint is therefore large enough to provide a range of evidence based treatments for young people with a range of eating disorders. The current caseload numbers of young people across this geographical area is 119. This is between 3-8% of the total prevalence of eating disorders for this group of young people. Given the size of the population covered the service will be taking in excess of 100 new referrals per year just under half of which will be from Telford and Shropshire.

The service will deliver an initial assessment which will include consideration of any coexisting mental and physical health problems, strengths and resilience capacity and level of motivation. Treatment options will be concordant with NICE guidance including CBT, family interventions, guided self help and pharmacological interventions. Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and CAMHS services. As well as the assessment and treatment service, the team will also include a strong multi agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

The service will be delivered via a 'hub and spoke' model, with hubs located in both Shrewsbury and Stafford, with satellite services provided across a range of other localities dependent upon local needs. This may be from existing CAMHS bases, schools and/or GP or health centres, as appropriate.

The additional investment will increase staffing levels to meet the access and waiting times. The make-up of the team will include psychology, psychiatry, medical cover, therapists, home treatment specialists and dieticians. The Trust have a robust workforce strategy which covers recruitment and retention issues relating to such specialist services. The Trust has been proactive in exploring opportunities for recruitment for a new service during the development phase of this business case in order to ensure the new team can be established quickly.

Professionals will work across the age range, subject to appropriate child and young person specific training. The provision of an all-age eating disorder service will provide a critical mass of clinical staff trained and skilled to manage eating disorder cases. A larger service will mitigate against the risks associated with having smaller specialist services working across the geographical patch. An all-age service will ensure consistency in treatment between children, young people and adults and avoid the disruption to treatment programmes and ensure continuity of care as young people enter adulthood

N.B. This additional resource in a dedicated eating disorder service will free up capacity within the current CAMHS service to redeploy staff to better support patients in times of crisis and for self harm. The demand and capacity to support this transfer of work has been done between commissioners and the providers of the two respective services.

Access

- Service for Children and Young people (CYP) aged 8 to 18 years
- Provide a 7 day per week service
- Provide direct access to services through self-referral and/or referral from GPs and other professionals / workers.

Waiting Times

- CYP referred for assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases and 4 weeks for routine cases (95% compliance)

achieved by 2020).

- Referrals will be screened within 24 hours to assess urgency, telephone contact may be made with the CYP or parent / carer to clarify risk (e.g. physical, psychiatric, safeguarding and/or other risks)

Key performance indicators

These require further development but will focus on 4 areas to develop a dashboard of outcomes for use at an individual and service level. They are likely to include:-

- *Personal goals* i.e. CYP setting goals they wish to achieve (person focused care)
- *Functional goals* e.g. include national scores
- *Clinical outcomes* based on HoNOS or equivalent to be agreed with provider, BMI, weight, depression, anxiety scores
- *Service outcomes* e.g. patient and carer satisfaction, numbers of individuals seen, length of intervention, readmissions

Related priorities in Tracker

- 2: Expand existing adult Eating Disorder Service to create an All Age Eating Disorder Service
- 3: Redeploy generic staff currently seeing ED cases now seen by community team to improve access to self harm and crisis and invest underspend from ED funds

When will the change occur?

From Q3 2015/16

The Team will be expanding from December. A comprehensive training programme will also be commissioned to underpin this work, using non recurrent available as a consequence of the part year effect of the new service.

What outcomes will be delivered?

The proposed service model will address the requirements of the Access and Waiting Time Standard which intends to:

- Improve the quality of eating disorder services
- Provide new enhanced community and day treatment care
- Ensure staff are adequately training and supervised in evidence-based treatment and effective service delivery
- Ensure best use of inpatient beds

This service will also deliver:

- Improved access to community and day treatment care
- Reduction in in-patient admissions related to eating disorders

7.3.5

Programme Five: All Age psychiatric liaison service
Which areas of identified need will this programme address?
<ul style="list-style-type: none"> - Improved access to out of hours assessment and support - Reduction in hospital admissions/length of stay following self-harm or mental health crisis
What does the programme include?
<p>The development of a service based in the two acute hospital bases to support children and young people who attend the emergency department, or are admitted to a ward, for an emotionally related disorder.</p> <p>The present RAID service supports young people aged 16 and over. A CAMHS liaison worker is currently working during the week across the two hospital sites for the under 16s. The new service will capture all age groups. It will provide assessment, initial early treatment and referral to other services in the community.</p>
Related priorities in Tracker
6: Create all age psychiatric liaison service
Related actions in self assessment
12b
When will the change occur?
Initial increase in support in the hospitals will occur in Q4 2015/16 with the new service commissioned in line with the new 0-25yrs Emotional Health and Wellbeing Service (Programme 1).
What outcomes will be delivered?
<ul style="list-style-type: none"> - Reduction in hospital admissions following self-harm/mental health crisis - Reduction in hospital length of stay following self-harm/mental health crisis - Reduction in number of children and young people with repeated self-harm/mental health crisis

7.3.6

Programme 6 : Improve Perinatal Support
Which areas of identified need will this programme address?
<ul style="list-style-type: none"> - Improved access to services - Improved early help
What does the programme include?
<p>Training for professionals around recognising the early signs, including; children's centres, midwives. community support and wider universal services. Enhancing existing Public Health activity. Increase availability of pregnancy related depression groups with lead workers in adult mental health teams to deliver the groups in conjunction with health visitors.</p> <p>Improved ante-natal information for expectant families, including availability of Understanding your Child parenting programme for ante-natal families.</p>
Related priorities in Tracker

10 : Expand existing perinatal mental health support
Related actions in self assessment
<u>1a,1b,4a,4b</u>
When will the change occur?
Q4 2015/16
What outcomes will be delivered?
<ul style="list-style-type: none"> - To increase professional’s knowledge and skills in relation to perinatal mental health - To provide improved early help to reduce risk/severity of perinatal mental ill-health - To reduce inpatient admissions in relation to perinatal mental health

7.3.7

Cross Cutting Programme: Needs Analysis, Engagement and Transition
Which areas of identified need will this programme address?
These cross cutting programmes will help to ensure that the needs in relation to the emotional and mental health of children and young people are fully understood.
What does the programme include?
<p>This programme includes developing and implementing a robust needs analysis framework and engagement framework in order to ensure that there is ongoing information gathering across agencies to give an accurate picture of the needs and views of service users and potential service users.</p> <p>This programme will include developing improved systems to record and analyse multi-agency information as well as developing and implementing agreed principles in relation to engagement.</p> <p>One of the guiding principles for all organisations, in the development of the various plans, is to reduce the number of transitions points for service users and minimise the problems associated with any remaining transitions. This has been tackled in a number of ways, several of which are highlighted below:</p> <ul style="list-style-type: none"> • Extension of the upper age limit for children and young people emotional health and mental wellbeing services to 25 years through the commissioning of the new service • Mapping out services where transition points arise. Encourage the development of joint pathways/processes to support individuals through those transitions. An example of this is work between the main provider of CAMHS and the main provider for adult mental health services. Closer working between teams, sharing of information and introduction of multidisciplinary meetings is already beginning to improve the offer. • Joint commissioning between the Councils and CCGs. This has built on the informal relationships which have developed over the past few years. It will help to provide a seamless service by abolishing some of the traditional notions of ‘tiers’ and ‘hand offs’ between services. • The introduction of a single point of access for service users and professionals has removed some of the complexity for people trying to navigate through different services.
Related priorities in Tracker
All

Related actions in self assessment
All
When will the change occur?
Q4 2015/16
What outcomes will be delivered?
- Improved understanding of the mental health needs and views of children and young people

7.3.8 Associated work streams

Programmes one to six above cover the main activities taking place to improve mental health provision for children and young people in Shropshire, Telford and Wrekin. These will be integrated with the cross-cutting priorities within the transformation plan around needs analysis, engagement and transition. In addition, there are other related areas of work that warrant inclusion in this plan. These are:

- Co-commissioning of Tier 4 services with NHS England
The two CCGs are active members of the 'Specialised Services Oversight Group' and have encouraged the regional procurement of Tier 4 services. The procurement timings for this regional procurement and the local 0-25 emotional health and wellbeing service are such that the links between the two can be actively promoted through the respective service specifications.
- Mental Health Crisis Care Concordat
The four commissioning organisations are already working very closely with partners on the implementation of the mental health crisis concordat. The action plans have been complimented following regional scrutiny and the Health and Wellbeing Boards are proactively monitoring progress. Some of the key elements which affect children and young people (for example the implementation of a 'help line') are already commissioned jointly. Further detail is provided in part 12 of the self assessment below.
- Early Intervention
The two CCGs commission Early Intervention services from South Staffordshire and Shropshire Foundation Trust. Together they are working in partnership to ensure national waiting times targets are achieved.

8. Self assessment and transformation proposals

Ref	Resilience, prevention and early intervention for the mental wellbeing of children and young people					
1	<p data-bbox="188 376 1374 443"><u>Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots</u></p> <p data-bbox="188 483 1453 551"><i>Reduce the incidence and impact of postnatal depression through earlier diagnosis and better intervention and support</i></p> <p data-bbox="188 591 1310 624"><i>Every birthing unit should have access to a specialist perinatal mental health clinician by 2017</i></p> <p data-bbox="188 665 1469 766"><i>The institute for health visitors is updating training given to all health visitors around mental health and the department of health is working with HEE, the Royal College of Midwives and the Maternal Mental Health Alliance to design training programmes for midwives.</i></p> <p data-bbox="188 804 1433 871"><i>Public health England is publishing an update of the evidence base for the Healthy Child Programme (0-5 years) that will guide professionals including supporting early attachment between infant and parents.</i></p> <table border="1" data-bbox="188 909 1444 1016"> <tr> <td data-bbox="188 909 606 1016">Is this requirement met locally?</td> <td data-bbox="606 909 775 1016">Not Met</td> <td data-bbox="775 909 948 1016">Partly Met</td> <td data-bbox="948 909 1139 1016">Fully Met</td> <td data-bbox="1139 909 1444 1016">Not Applicable/National action only</td> </tr> </table> <p data-bbox="188 1057 395 1090"><u>Current Provision</u></p> <p data-bbox="188 1128 1465 1341">All midwives and Obstetricians have training in mental health and pregnancy/psychosis as part of annual statutory requirements. Midwives currently identify risk and signpost on for further services, where required. At risk women, including pregnant teenagers, have a written care plan and a point of contact for them and their carers. Locally commissioned fortnightly clinics are available for at risk women as well as inpatient support commissioned by NHS England. Both are delivered by Staffordshire and Shropshire NHS Foundation Trust.</p> <p data-bbox="188 1379 1465 1588">A guideline is in place to support mental health emergencies at Royal Shrewsbury Hospital and Princess Royal Hospital, Telford and cases identified through the Community Mental Health Teams for identified issues for patients not in hospital which includes the incidence of postpartum psychosis. Some women are electively admitted to the Women’s and Baby Unit, St Georges, Stafford. In-patients are referred to the RAID team and women in the community are referred to the crisis resolution home treatment team in line with the local guidelines attached below.</p> <div data-bbox="252 1626 320 1688">  </div> <p data-bbox="205 1691 363 1744">Mental Health v6 (101) 3 2 14.doc</p> <p data-bbox="188 1792 1445 1892">There is an infant mental health lead in the health visiting team. Listening visits are undertaken by Health Visitors in order to provide early intervention alongside Pregnancy-related depression groups, led by Health Visitors and mental health practitioner.</p> <p data-bbox="188 1933 491 1966"><u>Proposed Transformation</u></p> <p data-bbox="233 2004 1358 2038">a. Training for professionals around recognising the early signs, including; children’s centres,</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		

midwives, community support and wider universal services. Enhancing existing Public Health activity. Increase availability of pregnancy related depression groups with lead workers in adult mental health teams to deliver the groups in conjunction with health visitors.

- b. Improved ante-natal information for expectant families, including availability of Understanding your Child parenting programme for ante-natal families.

These actions will be delivered through transformation programme 6.

2 Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department of Education’s current work on character and resilience, PSHE and counselling services in schools.

DfE is to produce guidance for schools in teaching about mental health safely and effectively (Spring 2015). Alongside the guidance will be a series of lesson plans covering key stages 1-4 (5-16 year olds). For older pupils they will address such topics as self-harm and eating disorders, as well as issues directly concerned with school life, such as managing anxiety and stress around exams.

DfE is developing an evidence-based schools counselling strategy to encourage more and better use of counsellors in schools with practical and evidence based advice to ensure quality provision, that improves children’s outcomes and achieves value for money. This will be published in Spring 2015.

DfE has invited schools, colleges and organisations to bid for a £3.5m character education grant fund for local projects.

School nurses lead and deliver the Healthy Child Programme (HCP) 5-19 and are equipped to work at community, family and individual levels.

The new draft Ofsted inspection framework ‘Better Inspection for All’ includes a new judgement on personal development, behaviour and welfare of children and learners.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Provision

Shropshire

Promoting Children’s Emotional health and wellbeing and developing resilience across schools is the core aim of the ‘Think Good, Feel Good’ programme in Shropshire. The programme uses a universal population based approach as well as targeted support. Initially aimed at school age children 5-16 years, their families and school staff the programme has now extended to reach under 5’s and 16-19 year olds.

The programme adopts a whole school/ service approach with the following key objectives:-

- Increase awareness of mental health/mental ill-health
- Develop a common language that expresses thoughts and feelings
- Promotion and development of strategies to support mental health, build confidence self- esteem and resilience
- Improve communication and consultation with specialist services such as CAMHS
- Support schools to develop their role as commissioners to achieve positive mental health outcomes

- Provide training for school staff and partners to deliver targeted support intervention programmes supporting varying emotional needs within universal and targeted services
- Each school to have a core offer around a number of mental health related topics aimed at mentors, pastoral leads, teaching assistants

Schools and partner agencies are invited to attend centrally based multi-agency core training on issues such as self-harm, suicide prevention, domestic abuse, loss and bereavement, anxiety, anger management. The training increases the knowledge base of staff enabling them to recognise early signs and symptoms of need, provides practical examples of how to respond to the emotional needs of young people as well as tips and strategies on what to do and say following identification of need. The more in-depth intervention based training provides resources and clearly structured programmes that school based staff can deliver within the school setting to support a wide range of emotional needs. All of the training programmes that are delivered are evidence based, either nationally or internationally and are supported by high quality resources. This work is supported on a multi professional basis by input from educational psychologists, primary mental health workers and school nurses.

Telford

The Public Health team consulted with Telford schools during June 2015. The majority of secondary schools said that the mental health and wellbeing of children and young people was their primary concern. High levels of stress and anxiety were reported, especially referencing resilience or a lack of coping skills to help face issues in and out of school. Self harm, either in a 'self destructive manner', to cope with stress or copying as part of a friendship group was also a concern.

Schools would like information and support for staff and young people to educate and support them especially including those young people who are below the threshold for CAMHS Tier 2. Staff would like strategies to support young people with mental health issues, including those who are on the cusp of escalating through the CAMHS tiers. More training is required to help staff identify when things are 'not quite right' with a young person. They felt it could be helpful to indicate the prevalence of mental health issues in young people and to highlight the possible future outcomes for these young people if they are not supported early. Schools would like training and development to build their capacity to:

- manage within their own setting, children and young people with emotional problems and emerging mental health issues
- provide opportunities for children and young people to receive better education themselves about mental health issues
- effectively support children and young people who self harm

School nurses in their role as leads for the Healthy child Programme 5-19 years play a central role in supporting individual children's mental health needs and providing expertise to school staff on effective health improvement plans within the school setting. A recent review and action plan has highlighted the need for a named public health lead nurse on emotional health and wellbeing.

This work reduces demand on targeted and specialist services as well as enabling schools and staff to develop a whole school approach to emotional health and wellbeing and to provide staff with the confidence to support children with low level mental health issues.

School nurses are delivering a targeted approach in order to identify children who may need further support with their emotional and mental health needs. School Nurses meet termly with schools to plan support that will meet the needs of each school in relation to emotional and mental health. Support will include working in partnership with teachers to deliver activities for mindfulness and resilience; providing school drop-ins and support for parents; providing support where behavioural difficulties are present; and providing signposting and referral to support services.

Proposed Transformation

- a. Roll out of the successful Think Good, Feel Good programme across a wider footprint. In Shropshire, an enhanced programme will be introduced to include the content of the new national guidance and improve bespoke provision for special schools in relation to strengthening the links between children's mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND). Think Good, Feel Good currently extends to special schools, however the more specific intervention based programmes could be enhanced. Existing training and programmes will be developed to more specifically address the needs of children with learning disabilities or special educational needs and disabilities.
- b. Increased youth worker support for young health champions in order to enable them to deliver their projects in relation to raising awareness of mental health within a shorter timeframe.
- c. To extend the existing CAMHS consultancy support to professionals through introducing a named mental health worker for each school, who will offer further support and inform the decisions schools staff make in relation to early intervention for pupils. This extended consultancy support will develop the mental health knowledge and skills of school staff in order for school staff to deliver improved and sustainable early intervention for their pupils. This will ensure that awareness of mental health issues continues to be raised as well as raising the importance of the schools role in supporting the emotional needs of their students through a whole school approach. Enhancing the training and support currently offered through this proposal will provide schools with the opportunity to review individual cases with a trained mental health professional to increase confidence, broaden the knowledge base and make on-going support sustainable. This enhanced involvement with schools will also help in relation to the planning of resources at higher levels of support.
- d. Mindfulness. Preparing for engagement with national programme, once rolled out.
- e. Develop a comprehensive training and development programme for teaching and non-teaching staff working in Telford and Wrekin schools to build their capacity to manage and support children and young people with emotional problems and emerging mental health issues.

These actions will be delivered through transformation programme 3.

3 Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues in children and young people.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

The Think Good, Feel Good programme in Shropshire raises awareness in schools of mental health issues in children and young people. Further detail is provided in section 2.

Young Health Champions in Shropshire have done a number of projects focused on mental health including designing a workshop which they delivered at a conference to members of the police force and nursing staff. The focus of the workshop was tackling hate crime but the young people noted that there is a step before this which is about ‘understanding’. They now wish to extend this work which they hope to do working with FRESH which is a local co-operative that support fairness, respect and equality. The consensus of the young people is that the public and professionals need to engage in a conversation about what is mental health? What is stigma and its causes? and What can we do as individuals to bring about change? The young health champions believe that more work needs to be done to get everyone to have the same positive intentions to make change.

A young health champions project which is under development is set to focus on creating a chain of happiness and kindness, this is because they would like to take proactive steps to look at mental health in a positive way. They believe that there is an educational step prior to identifying mental health illness which is about keeping mentally well. The young people feel that huge amounts of resources are spent on physical wellbeing but that mental wellbeing does not receive the same effort around prevention. The young people believe this could stop a significant number of their peers ever becoming seriously unwell in the first place.

Proposed Transformation

- a. In Shropshire Extend the Think Good, Feel Good training to non-education based services, including Scouts and Guides groups, Youth Clubs, sports clubs, recreation sites e.g. museums.
- b. Invest in additional youth worker time in order for young health champions to progress their mental health projects with more pace.
- c. In Telford and Wrekin, national campaigns will be embedded into Programme 3 (the development of Tier 1 workers) to ensure consistent messages based on a sound evidence base.
- d. In Telford and Wrekin we will invest in teams working within communities to build capacity and resilience using national campaigns as a driver for change. E.g. The Youth Innovation team who will work in priority neighbourhoods to provide community based positive activities and programmes for young people.
- e. It will be an expectation that the provider of the new 0-25yrs Emotional and Wellbeing Service (Programme 1) embeds national campaigns into its service delivery and uses intelligence from the broader national conversation to inform service provision.

These actions will be delivered through transformation programmes 1 and 3.

4 (Future) Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.

(Potential) Achieving Better Access to Mental Health Services by 2020 sets out that DH and NHS England will consider developing an access and/or waiting time standard for rapid access to mental health services for women in pregnancy or in the postnatal period with a known or suspected mental health problem.

(Potential) the DfE and DH are to run 0-2 year intervention pilots looking to prevent avoidable problems later in life. The Government will consider the emerging evidence in relation to prevention and intervening early with mental health problems.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Mental wellbeing is a central element of parenting support in Shropshire, Telford and Wrekin. Providing support around mental wellbeing forms part of children’s services delivery including our workforces in Early Help, Children’s Centres, midwifery, health visiting and school nursing who are all key to the early identification and delivery of universal and targeted prevention programmes around mental wellbeing. Evidence-based parenting programmes such as Understanding Your Child (Solihull Approach) and Incredible Years are delivered in Shropshire, Telford and Wrekin through midwives, health visitors, school nursing, Children’s Centres, schools and other agencies.

Mental wellbeing is a core component of the Telford parenting offer. Parenting programmes are delivered by children and family locality services, health visitors and a small number of voluntary sector providers. Local provision includes the Solihull approach, Incredible Years and the HENRY programme.

There is a Specialist Midwife to support vulnerable patients. TIMS approach is delivered by Midwives to support teenage mums with mental health needs to breast feed and maintain this method of feeding.

In Shropshire, The Family Nurse Partnership (FNP) programme is being offered to all eligible expectant mothers aged 19 and under. The FNP programme provides intensive support to improve mental well-being, attachment and building resilience and offer early intervention.

Children’s Centres in Shropshire offer baby massage courses to parents to strengthen attachment.

Health Visitors are trained in Mellow Parenting.

Proposed Transformation

- a. Identified midwives, health visitors and children’s centre support workers will be trained to deliver Antenatal Solihull Approach.
- b. Offer of Understanding Your Child Antenatal (Solihull Approach) parenting programme to all expectant mums in Shropshire and Telford. This will be delivered by midwives, health visitors and children’s centres who are trained to deliver Solihull Approach parenting programme.

These actions will be delivered through transformation programme 6.

5 (Future) Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kitemarking scheme in order to guide young people and their parents in respect of the quality of the different offers.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Young Health Champions have discussed this locally and have said it should move forwards with a level of caution. They said there needs to be a recognised national symbol that identifies trusted sites. The young people also highlighted that due to social media, young people provide peer support to friends outside of their geographical area and this again highlighted the need for national standards so that peer advice is relevant.

Improving access to effective support

6 Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Whilst Shropshire, Telford and Wrekin currently have fragmented, tiered provision in relation to services for emotional and mental health of children and young people, progress is being made to commission a new integrated, seamless service for children and young people up to the age of 25. The four commissioning organisations (Shropshire CCG, Shropshire Council, Telford and Wrekin CCG, Telford and Wrekin Council) are finalising the service specification and available funding for the new jointly commissioned integrated service. Further details are provided below.

Proposed Transformation

- a. Commission a new integrated, seamless service for children and young people up to the age of 25. This element of work will utilise the majority of additional investment. This will range from targeted support (including support and training to universal services to deliver early effective help) to specialised support and crisis response. Together, the four commissioning organisations (Shropshire CCG, Shropshire Council, Telford and Wrekin CCG, Telford and Wrekin Council) will procure a jointly commissioned solution across the geographical patch. This solution will radically change the focus to an innovative model of provision which improves resilience, increases early intervention, embraces the notion of social capital and promotes good emotional wellbeing for younger people. More specifically the service would include a:
 - Service offer for 0-25 year olds
 - 7 day service, with some service elements available 24/7
 - Specific service/s for looked after children and their carers
 - 'No wait' ethos
 - Multi-disciplinary team delivering a wide range of evidence-based therapeutic and clinical interventions
 - Innovative use of technology to deliver advice and support in line with young people's preferences
 - Training for what was traditionally been known as tier 1 workers
 - Flexible transition points for 16-25 year olds into adult services

The new service model will be centred around outcomes identified by local young people. These currently include:

- I access the support I need when and where I need it.
- I can choose the type of support that best meets my needs at a place and time that I am happy with.
- I understand what the support in my plan aims to achieve.
- My mental health has improved as a result of the support I have received and I feel more able to manage my mental health.
- When I change services or workers, the transition is easy.
- My carer/family feel they are appropriately supported during my period of care

The outcomes based model will enable innovation, flexibility and responsiveness in order to ensure that

the service is adaptable to effectively meet the needs of children and young people living in Shropshire, Telford and Wrekin. The procurement process will encourage providers to submit their own innovative solutions to delivering the outcomes within the service specification.

These actions will be delivered through transformation programme 1.

7 Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.

One point of contact for a wide range of universal services to access a team of children and young people’s mental health professionals for advice, consultation, assessment and onward referral.

Initial risk assessment to ensure children and young people at high risk are seen as a priority

Prompt decision making about who can best meet the child/young person’s needs (including targeted or specialist services, voluntary sector youth services and counselling services)

Young people and parents are able to self-refer into the single point of access.

Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop shop services, based in the community.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Shropshire and Telford and Wrekin each have their own single points of access to a wide range of services and professionals. Compass (Shropshire) and Family Connect (Telford and Wrekin) both aim to provide access to support and advice in relation to children and young people’s services simple, clear and effective. They help to ensure that children and young people in with a range of needs, including mental health issues, receive appropriate and timely support, suitable to their level of need.

Compass and Family Connect both include a range of professionals who work together as an integrated team to undertake a triage function in order to ensure the most appropriate response is actioned for each case. As well as receiving referrals for services, each single point of access also offers consultation to professionals working with children and young people.

In Shropshire, young people and parents are able to self-refer into Compass.



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2015.10.01 The Family Connect Servic



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Proposed Transformation

- a. Improve self-referral processes across Shropshire, Telford and Wrekin.
- b. Improve engagement of voluntary and community sector organisations in delivering single points of access.
- c. Develop single points of access to include those aged 18 -25 in line with the new service model.

These actions will be delivered through transformation programme 1.

8 Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people’s mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.

There is a dedicated named contact point in targeted and specialist mental health services for every school and primary care provider, including GP practices

There should be a specific individual responsible for mental health in schools, to provide a link to expertise and support to discuss concerns about individual children and young people, identify issues and make referrals.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Professional consultation sessions are currently available within both Compass and Family Connect (single points of access) whereby professionals working with children and young people including GPs and school staff can contact primary mental health workers for advice and guidance in relation to helping to meet the mental health needs of a particular child or young person.

There is not currently a mental health worker allocated to each school. However, CAMHS staff attend SENCO meetings to improve links and referrals. If children and young people are known to Tier 3 CAMHS, then the Tier 3 CAMHS worker will have links with the school if they have been given consent from the family/young person.

Proposed Transformation

- a. Please see section 2, proposal c for Shropshire.
- b. Telford and Wrekin we will invest in a multi-agency co-located team of professionals including Educational Psychologists, Learning and Behaviour Support, Social Workers, Case Workers and SEND Officers who will provide support to schools. The team will take a whole family systemic approach to preventing need from escalating, ensuring that the right children and young people get the right help at the right time thereby reducing the pressure on more specialist services.

These actions will be delivered through transformation programme 3.

9	<u>Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.</u>				
	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
<p><u>Current Position</u></p> <p>Telford and Wrekin CCG and Shropshire CCG both submitted bids for CAMHS and Schools Link pilot scheme, but were unsuccessful. However, both areas intend to link in with the scheme when possible and continue to implement some elements of the bid where possible, through various proposals within this transformation plan.</p> <p>These actions will be delivered through transformation programme 3.</p>					

10	<u>Strengthening the links between children's mental health and learning disabilities services and services for children with special educational needs and disabilities (SEND).</u>									
	<p><i>There is a strategic link between children's mental health services and services for children and young people with special educational needs and disabilities (SEND)</i></p> <p><i>There should be involvement, where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without EHCP)</i></p>									
<table border="1"> <tr> <td>Is this requirement met locally?</td> <td>Not Met</td> <td>Partly Met</td> <td>Fully Met</td> <td>Not Applicable/National action only</td> </tr> </table>						Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only						
<p><u>Current Position</u></p> <p>The CAMHS Learning Disability Service is a distinct team within the exiting CAMHS provision in Shropshire, Telford and Wrekin. The team is made up of a Consultant, Nurses, Psychologists and Therapists to support young people with an intellectual disability and mental health concern. This service has excellent links and working relationships with specialist schools in the area, and works closely with teachers, social care, respite care and parents around challenging behaviour.</p> <p>In order to meet the needs of individuals referred into the service, the team includes a Learning Disability specialist nurse whose role includes supporting specialist schools. The team are well engaged in the new arrangements related to the SEND reforms and are involved in the preparation of Education Health and Care Plans.</p> <p>In Telford and Wrekin, health professionals are co-located with the early Years team (0-5 years) with positive outcomes through partnership working during this diagnostic / support phase when parents and carers need access to a range of information sources. This co-location is not in place for the 5-25 years age groups resulting in duplication of services between CAMHS and the Local Authority and some confusion for families. Furthermore this can create gaps in professional's information in creating a holistic assessment / plan.</p>										

Proposed Transformation

a. In Telford and Wrekin we will promote co-location and improved joint working arrangements as part of a multi-agency provision for the 5-25 years age range.

b. Please see section 2, proposal a.

These actions will be delivered through transformation programme 2.

11 Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.

Peer support schemes should be led and designed by children and young people or by parents or carers, with careful professional support to reduce and manage risk both to peer mentors and the young people and families they are involved with.

Further work should be done with relevant education and third sector partners to audit where peer support is currently available and evaluate it, building on existing work such as the Royal Society for Public Health Youth Health Champions. Local areas can then consider closing gaps in provision.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Shropshire Young Health champions, supported by youth workers and the commissioner are working to develop a local peer support network to raise awareness of mental health issues and offer advice and guidance.

Proposed Transformation

a. To enhance the existing Young Health Champions work around peer mentoring through increase youth worker support (as per section 3, proposal b). This will enable the project to be implemented within a shorter timescale.

b. Telford and Wrekin plan to develop the Youth Health Movement Project which is a national collective that works with young people to empower and involve them to actively promote health and wellbeing in their community. As part of the Movement the young people will be able to follow set modules that will provide them with skills and knowledge to facilitate peer to peer education and mentoring about lifestyle related risks to health and to effect real and lasting change in the wider community. On completion of the modules they will gain the Certificate of Youth Health Champions qualification.

These actions will be delivered through transformation programme 3.

12 Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.

CYP experiencing mental health crisis receive appropriate support/intervention as outlined in the Crisis Care Concordat. There is an out-of-hours mental health service available for children and young people

experiencing mental health crisis

Supporting a CYP in a crisis includes a swift and comprehensive assessment of the nature of the crisis

There are dedicated home treatment teams for children and young people

The national development of all-age liaison psychiatry services in A&E departments should mean that appropriate mental health support in A&E is more readily available

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

There is a joint Mental Health Crisis Care Concordat plan across Shropshire, Telford and Wrekin. The figures for the numbers of children and young people aged under 18 held under section 136 show. The positive feature of the information below is that the use of police custody for children and young people held under section 136 has declined significantly with none to date in the current financial year.

Section 136 Detentions – Under 18 years

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16*
Shrewsbury Custody	9	7	6	4	1	0
Malinsgate Custody	6	5	3	0	0	0
Wellington Custody	0	1	3	0	0	0
Total Custody	15	13	12	4	1	0
Redwoods Centre	n/a	7	12	21	26	12
Total	15	20	24	25	27	12

*as at end August 2015

CYP experiencing mental health crisis currently receive support/intervention in a number of ways including access to the mental health crisis helpline available 24/7 and delivered in partnership between South Staffordshire and Shropshire Mental Health Partnership Foundation Trust (SSSFT) and Shropshire MIND. An out of hours mental health service is currently available through an on-call CAMHS consultant available 24/7 as well as the Reaching Out Service which is available from 8am-8pm Monday-Friday.

The Reaching out Service (ROS) is an intensive service for young people with short term acute mental health needs identified as being at risk of admission. Young people are seen, monitored and have intensive treatment at home as an alternative to Hospital. There is an expectation that the known staff for the young person remain involved whilst the crisis is managed and then to step back down to Tier 3 as ROS end their interventions. ROS have an 8am to 8pm provision so can provide greater support when required.

	<p>The team can also help to facilitate early discharge from Hospital.</p> <p>Mental health support is available for acute hospital patients age 16 and over through the 24/7 RAID service in Shropshire and between the hours of 8am-8pm in Telford and Wrekin. In addition, a CAMHS liaison worker is available to each acute hospital site on week days. Children and young people can have a mental health assessment whilst in our acute hospital following a mental health crisis through our CAMHS liaison worker, or the RAID service for those aged 16 and over. RAID also provide training, advice and guidance to acute hospital staff in relation to caring for patients presenting in/following mental health crisis.</p> <p>One local young health champion has successfully enhanced mental health out of hours crisis support. Through her fundraising efforts, the young health champion has managed to secure extended hours of the ‘no panic’ helpline for a year. This not only benefits her Shropshire peers, but is also available nationwide.</p> <p>Areas relating to children and young people that are not yet fully delivered within the local Mental Health Crisis Care Concordat action plan include:</p> <ul style="list-style-type: none"> - Establish age appropriate environment within A&E in which to assess young people presenting in crisis. - Initiate transition planning at 16 years of age and ensure all new referrals considered for a range of possible options including single or joint AMH/CAMHS assessment. - Ensure delivery of a 7 day CAMHS crisis provision. - Review Safe discharge planning for adults & children from hospitals (including tier 4 CAMHS beds etc) – and review adherence & effectiveness of a good plan - To review the multi-agency training needs requirements for mental health crisis care and establish education and training programme for front line staff about the needs of children and young people who present in crisis. - Establish interface between Adult Mental Health Services and CAMHS IT systems. - To scope the needs of children taken to A&E owing to deliberate self-harm or other forms of MH crisis care needs in order to better understand the needs. Devise pathway to support this group <p>Plans are in place to commission an all-age psychiatric liaison service in order to improve local arrangements and develop services in line with the national direction. It is anticipated that the commissioning of this service will commence in 2016.</p> <p><u>Proposed Transformation</u></p> <ol style="list-style-type: none"> a. Improve CAMHS crisis support through expanding existing ROS service and CAMHS liaison worker to provide improved assessment and intensive community support through increased resource and 24/7 cover. This improved provision will contribute towards admission prevention, earlier discharge from in-patient care and smoother transitions into community services. b. Commission all-age psychiatric liaison service. c. Improve transition planning and align associated care pathways to ensure a seamless service based on stage not age. <p>These actions will be delivered through transformation programmes 1 and 5.</p>
13	<p><u>Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.</u></p> <p><i>There is strong support for investing in effective targeted and specialist community provision, including</i></p>

admission prevention and 'step down' provision.

There are clear pathways for young people leaving inpatient care to help avoid unnecessary use of inpatient provision and shorten duration of stay by easing the transition out of inpatient care

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

See section 12 in relation to the Reaching Out Service which provides intensive support in the community.

Proposed Transformation

See section 12, proposal a and c.

These actions will be delivered through transformation programme 1.

14 Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.

There is a robust admission gateway process for CYP with learning disabilities

There is a challenge process that checks that there is no alternative to admission for CYP with learning disabilities and/or challenging behaviour.

The creation of an agreed discharge plan on admission for CYP with learning disabilities and/or challenging behaviour is standard practice.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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See section 10 and 12.

These actions will be delivered through transformation programme 2.

15	<p><u>Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.</u></p> <p><i>There is flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice between services to promote continuity of care.</i></p> <table border="1" data-bbox="188 409 1444 517"> <tr> <td data-bbox="188 409 608 517">Is this requirement met locally?</td> <td data-bbox="608 409 778 517">Not Met</td> <td data-bbox="778 409 949 517">Partly Met</td> <td data-bbox="949 409 1139 517">Fully Met</td> <td data-bbox="1139 409 1444 517">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>Shropshire CCG and Telford and Wrekin CCG have a Transition CQUIN in place to contractually manage transition effectively in mental health services. This helps to ensure that joint working between adult and child mental health providers is effective.</p> <p>See section 6 in relation to the proposed new model of emotional health and wellbeing services for children and young people up to the age of 25, which includes flexible transition points for young people aged 16-25.</p> <p>The proposed new service model described in section 6 will enable this requirement to be fully met. The new service model will include a flexible age limit in order that the most appropriate service for 16-25 year olds will be determined based on the needs and wants of the young person. Under the new model, young people from 16-25 years of age will be able to access either adult or CAMHS provision (14 for Early Intervention Psychosis) in accordance with their needs and preferences.</p> <p><u>Proposed Transformation</u></p> <p>See section 6, proposal a.</p> <p>These actions will be delivered through transformation programme 1.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
16	<p><u>(Future) Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.</u></p> <table border="1" data-bbox="188 1518 1444 1626"> <tr> <td data-bbox="188 1518 608 1626">Is this requirement met locally?</td> <td data-bbox="608 1518 778 1626">Not Met</td> <td data-bbox="778 1518 949 1626">Partly Met</td> <td data-bbox="949 1518 1139 1626">Fully Met</td> <td data-bbox="1139 1518 1444 1626">Not Applicable/National action only</td> </tr> </table> <p>See responses in sections 7 and 8.</p> <p>These actions will be delivered through transformation programme 1 and 3.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		

17	<p><u>(Future) Putting in place a comprehensive set of access and waiting time standards that bring the same level of rigour to mental health as is seen in physical health services.</u></p> <table border="1" data-bbox="188 338 1445 450"> <tr> <td data-bbox="188 338 604 450">Is this requirement met locally?</td> <td data-bbox="608 338 775 450">Not Met</td> <td data-bbox="778 338 946 450">Partly Met</td> <td data-bbox="949 338 1117 450">Fully Met</td> <td data-bbox="1120 338 1445 450">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
18	<p><u>(Future) Enabling clear and safe access to high quality information and online support for children, young people, parents and carers, for example through a national, branded web-based portal.</u></p> <table border="1" data-bbox="188 607 1445 719"> <tr> <td data-bbox="188 607 604 719">Is this requirement met locally?</td> <td data-bbox="608 607 775 719">Not Met</td> <td data-bbox="778 607 946 719">Partly Met</td> <td data-bbox="949 607 1117 719">Fully Met</td> <td data-bbox="1120 607 1445 719">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
19	<p><u>(Future) Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety.</u></p> <p><i>No child or young person under-18 would be detained in a police cell as a place of safety, subject to there being sufficient alternative places of safety.</i></p> <p><i>Develop improved data on the availability of crisis/home treatment for under-18 year olds and the use of section 136 for children and young people under-18 to support better planning.</i></p> <p><i>CQC should carry out routine assessments of places of safety with a focus on their age-appropriateness for children and young people.</i></p> <table border="1" data-bbox="188 1256 1445 1368"> <tr> <td data-bbox="188 1256 604 1368">Is this requirement met locally?</td> <td data-bbox="608 1256 775 1368">Not Met</td> <td data-bbox="778 1256 946 1368">Partly Met</td> <td data-bbox="949 1256 1117 1368">Fully Met</td> <td data-bbox="1120 1256 1445 1368">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
Caring for the most vulnerable						
20	<p><u>Making sure that children, young people and their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them engage. This can apply to all children and young people.</u></p> <p><i>Not attending appointments should not lead to a family or young person being discharged from services, but should be considered as an indicator of need and actively followed up.</i></p> <p><i>Services monitor attendance and actively follow up families and young people who miss appointments and inform the referrer.</i></p> <p><i>It may be necessary to find alternative ways to engage the child, young person or family.</i></p> <table border="1" data-bbox="188 1928 1445 2040"> <tr> <td data-bbox="188 1928 604 2040">Is this requirement met locally?</td> <td data-bbox="608 1928 775 2040">Not Met</td> <td data-bbox="778 1928 946 2040">Partly Met</td> <td data-bbox="949 1928 1117 2040">Fully Met</td> <td data-bbox="1120 1928 1445 2040">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		

Current Position

In Shropshire, Telford and Wrekin if a child or young person does not attend a planned appointment, the clinician will call to try to understand the reason behind and will attempt to make contact on at least two occasions. A new appointment will be sent out. If the family do not attend twice then the case is closed with a follow up closing letter to the family which allows them the opportunity to contact the service again.

Proposed Transformation

- a. Existing processes are revised in order to ensure a more pro-active response to non-attendance at appointments and repeat cancellations. This should include improved joint working with other services in order to try to engage the child/young person and their family.

These actions will be delivered through transformation programme 1.

21 Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.

Health inequalities duties apply only to the Health Secretary and NHS, the Taskforce encourages all those involved in commissioning mental health and wellbeing services for children and young people to give the same consideration to the need to reduce health inequalities in access and outcomes.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

The Shropshire 0-25 multi-agency emotional health and wellbeing strategic group includes commissioners, providers and other professionals from a range of organisations including health, social care, early help, education and youth justice.

The aims of this group are:

- To ensure joined up strategic commissioning across the four tiers of Child and Adolescent Mental Health services and into Adult Mental Health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that strategic commissioning activity leads to the development and delivery of joint outcomes.
- To develop joined up solutions to any issues across the four tiers of Child and Adolescent Mental Health services and into Adult Mental Health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that the views of service users and potential service users are taken account of and inform the work of this group.

The deliverables for this group include:

- Joined up service specifications/clear service pathways across all tiers of emotional

health and wellbeing services for children and young people and into adult services

In Telford and Wrekin emotional health and well being is a key component of the Early Help Strategy which is overseen by the Early Help Partnership Board, a strategic group made up of commissioners and providers across a range of partners. This Board works alongside the Strategic Commissioning Group to ensure that services that are commissioned are integrated and able to deliver the outcomes of the health and Wellbeing Board (of which improved emotional health and wellbeing is a priority)

Proposed Transformation

- a. In Telford and Wrekin to align partnership arrangements to ensure that transition arrangements are strengthened starting at a strategic level.
- b. Consideration will also be given in relation to whether the remit of the 0-25 emotional health and wellbeing group should be expanded in order to further improve integrated strategic planning and service delivery.

These actions will be delivered through transformation programme 1.

22 Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on presenting needs of the child or young person and the level of professional or family concern.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

CAMHS in Shropshire is a multidisciplinary community based service designed to meet the mental health needs of children 0 to 18 years of age, (including those with learning disability), across Shropshire and Telford. The CAMHS service is part of Shropshire Community NHS Trust and consists of [Shropshire CAMHS](#), [Telford and Wrekin CAMHS](#) and [CAMHS Learning Disabilities](#). The multi-disciplinary team is made up of Mental Health Practitioners, Social Workers, Psychologists, Nurses, Psychiatrists, Occupational Therapists, Speech and Language Therapists and others.

Proposed: See response to 6.

These actions will be delivered through transformation programme 1.

23 Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

The risk assessment which forms part of the CAMHS assessment in Shropshire, Telford and Wrekin includes enquiry in relation to the possibility of neglect, violence and abuse including child sexual abuse or exploitation.

As all Telford and Wrekin referrals come through the Family Connect (other than DSH) CAMHS know if any of them are open to the local authority or CATE (Children Abused Through Exploitation) and the reasons behind it.

The CAMHS staff member that is co-located in Family Connect, holds consultations with the CATE team as and when they feel there are mental health concerns. A CAMHS team member also attends the CATE team meetings and gives consultation to join up working, highlights any role for CAMHS and aids smooth transition if any cases are being closed back to CATE from CAMHS.

In Shropshire, whilst there is no specific CATE team, CAMHS workers within Compass hold consultations with social workers where there are mental health concerns associated with a child subject to neglect, violence and abuse. In addition a pilot scheme is currently in operation to continue this consultation later on in the child’s journey with a mental health practitioner working within the social work team offering training and consultation in relation to open cases where there are continuing mental health concerns.

Proposed Transformation

a. COMPASS and Family Connect processes and assessments are reviewed and improved through to improve processes, joint working and effective response in relation to ensuring routine enquiry and appropriate action in relation to neglect, violence and abuse including child sexual abuse or exploitation.

These actions will be delivered through transformation programme 1.

24 Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

The CAMHS staff member that is co-located in Family Connect, holds consultations with the CATE (Children Abused Through Exploitation) team as and when they feel there are mental health concerns. A CAMHS team member also attends the CATE team meetings and gives consultation to join up working, highlights any role for CAMHS and aids smooth transition if any cases are being closed back to CATE from CAMHS

In Shropshire, whilst there is no specific CATE team, CAMHS workers within Compass hold consultations with social workers where there are mental health concerns associated with a child subject to neglect, violence and abuse. In addition a pilot scheme is currently in operation to continue this consultation later on in the child’s journey with a mental health practitioner working within the social work team offering training and consultation in relation to open cases where there are continuing mental health concerns.

Proposed Transformation

	<p>See section 23, proposal a.</p> <p>These actions will be delivered through transformation programme 1.</p>					
25	<p><u>Specialist services for children and young people’s mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.</u></p> <table border="1" data-bbox="188 551 1445 660"> <tr> <td data-bbox="188 551 606 660">Is this requirement met locally?</td> <td data-bbox="606 551 777 660">Not Met</td> <td data-bbox="777 551 948 660">Partly Met</td> <td data-bbox="948 551 1139 660">Fully Met</td> <td data-bbox="1139 551 1445 660">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>See section 7 in relation to the Multi Agency Safeguarding Hub.</p> <p>These actions will be delivered through transformation programme 1.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
26	<p><u>For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.</u></p> <p><i>A designated or lead professional should be identified and their role strengthened – someone who knows the family well – to liaise with all agencies and ensure that services are targeted and delivered in an integrated way.</i></p> <table border="1" data-bbox="188 1198 1445 1308"> <tr> <td data-bbox="188 1198 606 1308">Is this requirement met locally?</td> <td data-bbox="606 1198 777 1308">Not Met</td> <td data-bbox="777 1198 948 1308">Partly Met</td> <td data-bbox="948 1198 1139 1308">Fully Met</td> <td data-bbox="1139 1198 1445 1308">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>In Shropshire, there are quarterly lead professional network meetings and all early help professionals are engaged in this. These meetings look at how the lead professional role can be strengthened.</p> <p>Across the county there are Common Assessment Framework meetings for professionals in support of vulnerable young people to ensure a co-ordinated approach to care and support. The lead professional chairing the meeting, is the person who has raised the original concerns, is responsible for co-ordinating the meeting, gathering information etc. CAMHS Practitioners attend these meetings, but do not take on the role of chair.</p> <p>Furthermore in Telford and Wrekin, for families with multiple complex needs we have a key worker model in place which provides a whole family, systemic and intensive approach to intervention. (Family Intervention team)</p> <p><u>Proposed Transformation</u></p> <ol style="list-style-type: none"> Improved information sharing between lead professionals in order to better plan support. In Telford and Wrekin we will invest in up skilling a range of professional who may find themselves in 	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		

the role of Lead Professional to ensure they are able to capitalise on the unique relationship they have with the family. This would also apply to the family Intervention team and to social workers.

These actions will be delivered through transformation programme 3.

27 (Future) Improving the skills and staff working with children and young people with mental health problems by working with professional bodies, NHS England, PHE and HEE to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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28 (Future) Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful.

Specialist services are available to provide advice, rather than to see those who need help directly to advise on concerns about mental health or neurodevelopmental difficulties.

Consultation and liaison teams are used to help staff working with those with highly complex needs which include mental health difficulties – such as those who have been adopted or those with harmful sexual behaviour, and those in contact with the youth justice system –based on the complexity of the issues involved above and beyond the level of existing cross-agency provision (including specialist services)

There is an identified specialist point of reference, including a senior clinician with specific expertise within mental health services.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Provision

At a strategic level the Health of Looked After Children over sees provision in Telford and Wrekin. There is currently a gap in direct support for LAC.

The Looked After Children (LAC) CAMHS service in Shropshire provides Looked after Children with access to a well-established programme around mental health support including assessment for early help.

The partnership want to expand on this to both provide direct work to more young people through targeted early help and to reach additional vulnerable groups of young people who have been assessed as children in need of support or protection.

Proposed Transformation

- a. Given the lead professional role, Social Workers and Youth Workers are in a prime position to work with these vulnerable young people but need specialist training to feel that they have

adequate levels of skill and confidence in being able to provide advice and guidance where a mental health problem is suspected or identified as part of their direct work with a child and or family.

Develop a bespoke training package based on national good practice around mental health that would consist of a two day training course to develop skills and knowledge amongst professionals working with vulnerable young people; covering assessment, early identification, self-harm, child development, mental health risk and development of resilience. The training would use a strengths based approach building on existing resources of the young person (including family, school, peers, and skills).

As a result of the training we would expect to see the following:-

- more effective referrals to the CaMHS team
- social workers and other professionals working with vulnerable young people equipped with 'Mental Health First Aid Skills'
- a set of skills and tools to undertake direct work with young people at tier two
- increased capacity in the workforce to address and support young people with emerging mental health problems
- Young people would receive more timely and direct one to one support when required
- Improvements in young people's mental health

In addition, we will be seeking dedicated support / services for vulnerable groups including a specific focus on proactive support for Looked After Children as part of the new 0-25years Emotional Health and Wellbeing Service. (Programme 1)

These actions will be delivered through transformation programme 3.

29 (Future) Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.

This is a small number of young people, who may not even recognise that they have mental health problems. They benefit from having a mental health practitioner embedded on teams that have relationships with, and responsibilities for such groups, such as a youth group or hostel. This model shall incorporate the necessary governance structures essential for success.

Develop a highly flexible team structure which includes the regular mapping of each young person's needs, informing a consistent and psychologically-informed approach across the team members.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

Mental Health workers are embedded within Shropshire, Telford and Wrekin Youth Offending services.

Proposed Transformation

- a. Enhanced training for professionals working with these young people as described in section 28, proposal a.

These actions will be delivered through transformation programme 3.

To be accountable and transparent

30 Having lead commissioning arrangements in every area for children and young people’s mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.

There is a lead accountable commissioning body to co-ordinate commissioning and the implementation of evidence based care.

There is a single, separately identifiable budget for children’s mental health services.

The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/carers

The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health.

Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding children and young people’s mental health and wellbeing.

As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan, drawing on approaches already used in some areas such as Mental Health Advisory Panels or Children’s Partnership Boards.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

See response in section 21 in relation to the 0-25 Emotional Health and Wellbeing Strategic Group. This group is accountable to the Shropshire Health and Wellbeing Board, through the Shropshire Children’s Trust, who have delegated responsibility for child and young person’s emotional health and wellbeing.

There are lead arrangements in place for contracts. Telford and Wrekin CCG have been allocated the role of lead organisation for the procurement of the 0-25 year service.

Proposed Transformation

- a. The proposed new 0-25 emotional and mental health service (see section 6) will be commissioned through aligned/pooled budget arrangements.

- b. As part of their work plan, the 0-25 emotional health and wellbeing strategic group will ensure that all spend and resources allocated across agencies in relation to children and young people's mental health services are clearly identifiable.

These actions will be delivered through transformation programme 1.

31 Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.

Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Current Position

A key focus for the Shropshire Health and Wellbeing Board since 2013 has been children and young people's mental health, which has been devolved to the Children's trust for delivery of key actions including the development of a comprehensive camhs strategy, single point of contact and referral, further development of the prevention programme tamhs (targeted mental health in schools, Think Good, Feel Good), a self-harm tool kit, as well as the completion of the recent Autism Needs Assessment. The Health and Wellbeing Board, through the Children's Trust have ensured that action is taken accordingly to address the mental health needs of children, young people and their families through overseeing projects implemented to improve the mental health of children and young people in Shropshire. The success of these projects is determined in part through monitoring key indicators.

The JSNA focusses on mental health of children and young people and a summary can be found [here](#). More detailed information will be published once existing websites have been updated.

Strategically, the focus of children and young people's mental health is robust, however, further work is required in relation to building closer working relationships with partners outside of health and social care including those working in education and economic wellbeing.

One of the key areas for Telford and Wrekin's Health and Wellbeing Board is to improve the emotional health and wellbeing board for children and young people. The Joint Strategic Needs Assessment identified the priority of improving emotional health and wellbeing. Within the Health and Wellbeing Strategy is a proposed outcome measure to reduce the number of people admitted to hospital as a result of self-harm and increase the numbers of people reporting positive wellbeing. Self-Harm is an area that the Public Health Team, the CCG, Providers and Parent Groups are focusing in order to develop a clear approach to supporting children and young people through an agreed action plan.

Proposed Transformation

- a. Activities to take place to encourage closer working relationships with partners outside of health and social care including those working in education and economic wellbeing
- b. Increased work in a multi-professional capacity with partners to ensure that self-harm identification and support is on everyone's agenda.
- c. To develop and implement a formal, ongoing needs analysis framework

These actions will be delivered through transformation programme 1.

32	<p><u>By co-commissioning community mental health and in-patient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.</u></p> <table border="1" data-bbox="188 405 1444 517"> <tr> <td data-bbox="188 405 606 517">Is this requirement met locally?</td> <td data-bbox="606 405 778 517">Not Met</td> <td data-bbox="778 405 951 517">Partly Met</td> <td data-bbox="951 405 1139 517">Fully Met</td> <td data-bbox="1139 405 1444 517">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>Tier 4 admissions, April 2014-March 2015:</p> <table data-bbox="204 696 523 763"> <tr> <td>Shropshire</td> <td>12</td> </tr> <tr> <td>Telford and Wrekin</td> <td>4</td> </tr> </table> <p><u>Proposed Transformation</u></p> <p>a. Within the proposed new service model as outlined in section 6, an expectation will be included in relation to the provider of the new service adapting provision accordingly in order to respond to co-commissioning with in-patient care as required. The CCGs are, and will continue to be, active partners in the procurement of Tier 4 services</p> <p>These actions will be delivered through transformation programme 1.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only	Shropshire	12	Telford and Wrekin	4
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only						
Shropshire	12									
Telford and Wrekin	4									
33	<p><u>Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions.</u></p> <table border="1" data-bbox="188 1267 1444 1379"> <tr> <td data-bbox="188 1267 606 1379">Is this requirement met locally?</td> <td data-bbox="606 1267 778 1379">Not Met</td> <td data-bbox="778 1267 951 1379">Partly Met</td> <td data-bbox="951 1267 1139 1379">Fully Met</td> <td data-bbox="1139 1267 1444 1379">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>Quality Standards from the National Institute for Health and Care Excellence (NICE) are routinely used to inform and shape commissioning decisions as part of strategic reviews and service re-configurations. In addition the service provider uses such standards to benchmark existing practice in order to drive further improvements.</p> <p>These actions will be delivered through transformation programme 1.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only				
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only						
34	<p><u>By Ofsted and CQC working together to consider how to monitor the implementation of the proposals from Future in Mind in the future.</u></p> <p><i>CQC and Ofsted should develop a joint cross inspectorate view of how the health, education and social care systems are working together to improve children and young people's mental health outcomes and how this area should be monitored in the future.</i></p>									

	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
35	<p><u>The Department of Health fulfilling its commitment to complete a prevalence survey for children and young people’s mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.</u></p> <p><i>The CAMHS minimum dataset, already in development, will allow specific outcome metrics by condition, activity and evidence based interventions to support evaluation of the effectiveness of the care commissioned.</i></p> <p><i>Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes are properly co-ordinated and incentivised.</i></p>				
	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
36	<p><u>Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health services by 2020.</u></p> <p><i>The introduction of the first ever waiting time standards in respect of early intervention in psychosis.</i></p> <p><i>Access to services is reported as time to different events in a pathway of care linked to delivery of NICE concordant treatment and measurement of outcomes.</i></p>				
	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
37	<p><u>Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step.</u></p>				
	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
	<p><u>Current Position</u></p> <p>Access and waiting times are monitored as part of routine commissioning practice.</p> <p><u>Proposed Transformation</u></p> <p>a. Improve contract monitoring arrangements to include processes to measure against pathway standards as per this requirement.</p> <p>These actions will be delivered through transformation programme 1.</p>				

38	<p><u>Making the investment of those who commission children and young people’s mental health services fully transparent.</u></p> <p><i>NHS England will be able to identify the overall children’s mental health spend by the NHS.</i></p> <p><i>Further work is undertaken to improve understanding of child and adolescent mental health funding flows across health, education, social care and youth justice to support a transparent, coherent, whole system approach to future funding decisions and investment.</i></p> <table border="1" data-bbox="188 573 1445 680"> <tr> <td data-bbox="188 573 606 680">Is this requirement met locally?</td> <td data-bbox="606 573 775 680">Not Met</td> <td data-bbox="775 573 948 680">Partly Met</td> <td data-bbox="948 573 1139 680">Fully Met</td> <td data-bbox="1139 573 1445 680">Not Applicable/National action only</td> </tr> </table> <p><u>Current Position</u></p> <p>As part of the re-configuration of CAMHS services locally funding levels and flows across CCGs, Public Health and Social Care have been analysed. Further work is required in order to ensure funding flows are fully transparent.</p> <p>See also response to 30.</p> <p><u>Proposed Transformation</u></p> <p>a. Establish systems to ensure that funding levels and flows are fully transparent across agencies.</p> <p>These actions will be delivered through transformation programme 1.</p>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
39	<p><u>Committing to a prevalence survey being repeated every five years.</u></p> <table border="1" data-bbox="188 1326 1445 1435"> <tr> <td data-bbox="188 1326 606 1435">Is this requirement met locally?</td> <td data-bbox="606 1326 775 1435">Not Met</td> <td data-bbox="775 1326 948 1435">Partly Met</td> <td data-bbox="948 1326 1139 1435">Fully Met</td> <td data-bbox="1139 1326 1445 1435">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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Developing the workforce						
40	<p><u>Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments.</u></p> <p><i>Professionals trained to be able to: Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience.</i></p> <p><i>Professionals trained to: Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.</i></p> <p><i>Professionals trained to be able to: Identify mental health problems early in children and young people.</i></p> <p><i>Professionals trained to be able to: Offer appropriate support to children and young people with mental</i></p>					

	<p><i>health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.</i></p> <p><i>Professionals trained to be able to: Refer appropriately to more targeted and specialist support.</i></p> <p><i>Professionals trained to be able to: Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.</i></p> <p><i>Professionals trained to be able to: Work in a digital environment with young people who are using online channels to access help and support.</i></p> <table border="1" data-bbox="183 616 1487 728"> <tr> <td data-bbox="183 616 606 728">Is this requirement met locally?</td> <td data-bbox="606 616 774 728">Not Met</td> <td data-bbox="774 616 949 728">Partly Met</td> <td data-bbox="949 616 1141 728">Fully Met</td> <td data-bbox="1141 616 1487 728">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
41	<p><u>Implementing the recommendations of the Carter Review of Initial Teacher Training (ITT) to commission a sector body to produce a framework of core content for ITT which would include child and adolescent development.</u></p> <table border="1" data-bbox="183 869 1487 981"> <tr> <td data-bbox="183 869 606 981">Is this requirement met locally?</td> <td data-bbox="606 869 774 981">Not Met</td> <td data-bbox="774 869 949 981">Partly Met</td> <td data-bbox="949 869 1141 981">Fully Met</td> <td data-bbox="1141 869 1487 981">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only		
42	<p><u>By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.</u></p> <p><i>Attendance at these accredited courses should be a requirement for all those working in commissioning of children and young people's services.</i></p> <table border="1" data-bbox="183 1234 1487 1346"> <tr> <td data-bbox="183 1234 606 1346">Is this requirement met locally?</td> <td data-bbox="606 1234 774 1346">Not Met</td> <td data-bbox="774 1234 949 1346">Partly Met</td> <td data-bbox="949 1234 1141 1346">Fully Met</td> <td data-bbox="1141 1234 1487 1346">Not Applicable/National action only</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
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43	<p><u>(Future) Extending the CYP IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes.</u></p> <p><i>The workforce in targeted and specialist services need a wide range of skills brought together in the CYP IPAT Core Curriculum.</i></p> <p><i>All staff should be trained to practise in a non-discriminatory way with respect to gender, ethnicity, religion and disability.</i></p> <p><i>Skills gaps in the current workforce around the full range of evidence-based therapies recommended by NICE shall be addressed.</i></p> <p><i>Skills gaps in the training of staff working with children and young people with Learning Difficulties, Autistic Spectrum Disorder, and those in inpatient settings shall be addressed.</i></p> <p><i>Counsellors working in schools and the community will receive further training to improve evidence-based care.</i></p> <table border="1" data-bbox="183 1989 1487 2022"> <tr> <td data-bbox="183 1989 606 2022">Is this requirement met locally?</td> <td data-bbox="606 1989 774 2022">Not Met</td> <td data-bbox="774 1989 949 2022">Partly Met</td> <td data-bbox="949 1989 1141 2022">Fully Met</td> <td data-bbox="1141 1989 1487 2022">Not</td> </tr> </table>	Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not		

				Applicable/National action only					
	<p><u>Current Position</u></p> <p>Shropshire, Telford and Wrekin intend to join the CYP IAPT programme in 2015/16.</p> <p><u>Proposed</u></p> <p>a. Shropshire, Telford and Wrekin take part in the CYP IAPT programme during 2015/16. b. An IAPT 'offer' will be included in the service specification for the 0-25 year new service</p> <p>These actions will be delivered through transformation programme 1.</p>								
44	<p><u>(Future) Building on the success of the CYP IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.</u></p> <table border="1"> <tr> <td>Is this requirement met locally?</td> <td>Not Met</td> <td>Partly Met</td> <td>Fully Met</td> <td>Not Applicable/National action only</td> </tr> </table>				Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only					
45	<p><u>(Future) Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.</u></p> <table border="1"> <tr> <td>Is this requirement met locally?</td> <td>Not Met</td> <td>Partly Met</td> <td>Fully Met</td> <td>Not Applicable/National action only</td> </tr> </table>				Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only					
Making change happen									
46	<p><u>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</u></p> <p><i>Develop agreed Transformation Plans for Children and Young People's Mental Health and Wellbeing which will clearly articulate the local offer. These plans would cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transition between services.</i></p> <table border="1"> <tr> <td>Is this requirement met locally?</td> <td>Not Met</td> <td>Partly Met</td> <td>Fully Met</td> <td>Not Applicable/National action only</td> </tr> </table> <p>This requirement is met through the content of this document.</p>				Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only					

47	<u>Establishing clear national governance to oversee the transformation of children’s mental health and wellbeing provision country-wide over the next five years.</u>				
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only	
48	<u>Enabling more areas to accelerate service transformation.</u>				
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only	
49	<u>(Future) The development of an improved evidence base, on the safety and efficacy of different interventions and service approaches, supported by a world class research programme.</u>				
Is this requirement met locally?	Not Met	Partly Met	Fully Met	Not Applicable/National action only	