

South Devon and Torbay Clinical Commissioning Group

**2016/17 Refresh of Local Transformation Plan of the
Five Year Child and Adolescent Mental Health
Services Local Transformation Plan 2015-2021**

October 2016



We will ensure that this Refreshed Local Transformation Plan is presented to our Health and Wellbeing Boards for their endorsement and formally adopted later this year

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Children and Young People Foreword

'Have Your Say' is a young people's participation group that works to improve mental health services for children and young people in Torbay.

As the Have Your Say group, we have been heavily consulted with about Torbay's transformation plan and are very proud of its content and the work that will be taking place. We feel passionately that young people and their families should have the opportunity to access quality support services to support their emotional health and wellbeing. We believe that this plan will improve access to CAMH services for young people and simplify the system. As a group we are delighted that we were given the opportunity to comment on this plan, and are looking forward to the work that will come from it.

Have Your Say October 2016

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Who does South Devon and Torbay CCG commission services for?

The area of South Devon and Torbay covers some 350 square miles; with approximately 75 miles of coastline. The area extends from the beaches of the South Devon coast, to open moorland of Dartmoor and takes in both rural communities and urban centres. Please see the map below for the exact geographical footprint of South Devon and Torbay (SDT) CCG. Within our area we have five localities: coastal, moor-to-sea, Newton Abbot, Torquay, and Paignton and Brixham.



Figure 1: Geographical area that SDT CCG is responsible commissioners

NEW Devon CCG is the responsible commissioners for the remaining areas of Devon. Please see the map below.

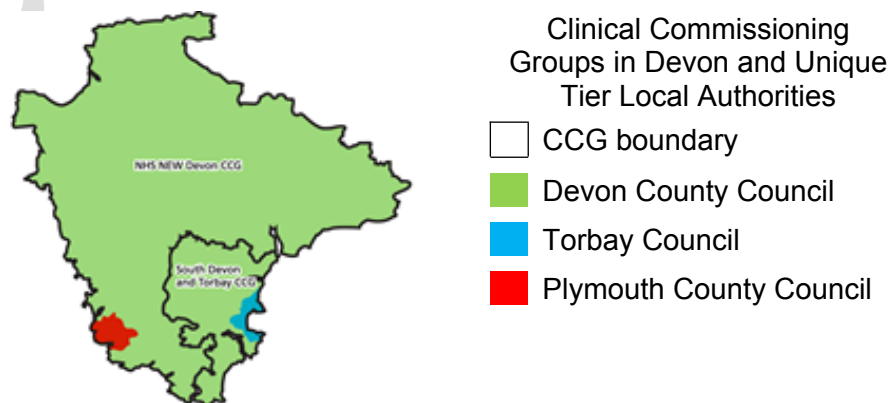


Figure 2: CCGs and Local Authorities across Devon

- The two CCGs and Devon County Council jointly commission an integrated children's services for Devon – North, East, West and South Devon. The area of Torbay is not part of these joint commissioning arrangements.
- In relation to Children and Adolescent Mental Health Services (CAMHS), we have two providers – Torbay and South Devon NHS Foundation Trust (TSDFT) for Torbay; and Virgin Care Ltd for South Devon.
- We have two separate Public Health and Children's Services – Torbay Council and Devon County Council

There are also a wide range of providers who support children and young people including youth services, family support, schools, hospitals and social care. Everyone plays a key role in the delivery of a whole system of support in respect of improved mental health.

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Scene Setting: Background to this Refreshed Local Transformation Plan

The government report *Future In Mind* was published in 2014. This report described the changes that were vital to improve children and young people's mental health. These changes are especially important given that:

- 50% of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by the age of 18
- 1 in 10 children and young people need support or treatment for mental health problems
- Mental ill health can affect the life chances of the young person including lower educational achievement, reduced life expectancy and is strongly associated with behaviours that pose a risk to their health such as drug and alcohol abuse and risky sexual behaviour.

Source: *Future in Mind* 2014

The recommendations made in the report were based around five key themes:

- 1) Promoting resilience, prevention and early intervention
- 2) Improving access to effective support – a system without tiers
- 3) Care for the most vulnerable
- 4) Accountability and Transparency
- 5) Developing the workforce

The full report can be accessed via:

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

The Five Year Forward View for Mental Health was published in February 2015. This outlined the ambitions that the NHS should strive for mental health across all ages:

- Everyone should have access to high quality mental health services when needed, as close to home as possible,
- Bring mental and physical health together
- Promote good mental health, prevention and early intervention

The Five Year Forward View supported the approach laid out in *Future in Mind* that it was vital that we have a,

“... model for wider system reform which involves the NHS, public health, voluntary, local authority and youth justice services working together through Local Transformation Plans to build resilience, promote good mental health and make it easier for Children and young people to access high quality care.” (Page 23)

The full report can be accessed via: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

To support this vital transformation to improve children and young people's mental health services, the government pledged £1.25 billion nationally by 2020 to support improvements in children and young people's mental health and wellbeing, along with £150 million for eating

disorder services. A proportion of this additional funding for the next five years will be released into CCGs baseline for investment and transformation of Children and Young People's Mental Health from 2015 – 2021.

CCGs were required to publish their Transformation Plan outlining their ambitions. In December 2015, South Devon and Torbay CCG published their plan following sign off from senior leaders within the CCG and the local Health and Well Being Boards. The original plan described the overarching ambitions to:

- a) Improve Children and Young Peoples experience
- b) Reduce the number of young people with Mental Health problems admitted to paediatrics and to Tier 4 beds.
- c) Reduce the number of young people presenting in crisis
- d) Meet the access and waiting times for Eating Disorder services and psychosis
- e) Meet waiting times for assessment at 1 week for urgent cases and 6 weeks for non-urgent.
- f) Increase levels for direct access (self-referral) and increase the skill set of those working with children to recognise mental health issues and how they can support young people with referrals to more specialist services.

The original plan can be accessed via: <http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/CAMHss-transformation-plan.pdf>

NHS England requires CCGs to refresh and republish these plans. This document is our Refreshed Local Transformation Plan (LTP) which provides a review of our progress to date, challenges and next steps. It reflects the working together ethos in the whole system to achieve a consistent vision and strategic priorities whilst recognising the different points and stages of development of services; the mixed urban and rural geography; diversity of needs and importance of alignment with key local priorities.

Local context:

The population of children and young people in Torbay and South Devon is detailed in table 1 below:

	2014	2018	2022	2026	2030
England	(24.1%)	(23.6%)	(23.4%)	(23.5%)	(23.6%)
South Devon and Torbay	55,500 (20.2%)	55,100 (19.7%)	55,700 (19.5%)	56,900 (19.5%)	58,400 (19.7%)
Torbay	27,200 (20.6%)	26,900 (20%)	27,100 (19.8%)	27,700 (19.9%)	28,400 (20.1%)

Table 1: Population of children and young people. Source: 2012 based Sub National Population Projections ONS

Torbay: The health of people in Torbay is varied compared with the England average. Torbay is one of the 20% most deprived districts/unitary authorities in England and about 22% (4,900) of children live in low income families. Life expectancy is 7.8 years lower for men and 4.4 years lower for women in the most deprived areas of Torbay than in the least deprived areas. The rate of alcohol-specific hospital stays among those under 18 was 61.5*, worse than the average for England. Levels of teenage pregnancy, GCSE attainment and smoking at time of delivery are worse than the England average (Taken from Public Health

England Health Profile 2016: <http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000027.pdf>)

Devon: The health of people in Devon is varied compared with the England average. About 12% (15,200) of children live in low income families. Life expectancy is 5.6 years lower for men and 3.1 years lower for women in the most deprived areas of Devon than in the least deprived areas. The rate of alcohol-specific hospital stays among those under 18 was 47.3*, worse than the average for England. Levels of teenage pregnancy and GCSE attainment are better than the England average. (Taken from Public Health England Health Profile 2016: <http://fingertipsreports.phe.org.uk/health-profiles/2016/e10000008.pdf>)

The rate per 100,000 persons aged 10 to 17 receiving their first reprimand, warning or conviction is higher across Torbay compared to the England average. In Torbay 585/100 000 of 10-17 years olds received their first reprimand; and in Devon, the rate is better when compared when to the England average: 332/100 000. (Source: Public Health Outcomes: <http://www.southdevonandtorbay.info/performance-frameworks/phof/>)

South Devon and Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years (JSNA 2014/15). Of these, 45% (Devon) and 43% (Torbay) had scores on the Strength Difficulties Questionnaire (SDQ) that were cause for concern who had been in care for at least 12 months as of 31st March 2106. (Source: Public Health Outcomes <http://www.southdevonandtorbay.info/performance-frameworks/phof/>)

Torbay and South Devon have a high number of children and young people who self harm. In 2014/15, Torbay there were 314.3/100,000 emergency hospital admissions for intentional self harm; and for Devon 247.9/100,000. (Please note: in this case Devon refers to the county and is not specific to South Devon).

These are all factors and outcomes that are associated with poor emotional and mental health; as well as indicating the demands that will be placed on local CAMHS services. This Refreshed LTP reflects these as our priority areas.

Where are we now?

Our Refreshed LTP, co-produced and working with our partners and providers to ensure delivery of the original ambitions, is to adopt a twin track approach to ensure:

- 1) that vulnerable children and young people have access to specialist and expert help within Children and Adolescent Mental Health Services (CAMHS),
- 2) an emphasis on earlier help and intervention that will build greater resilience in children and young people; and through earlier intervention reduce the need to access specialist, expert help from CAMHs.

Nationally, there is a move away from tiered services in which access to services is determined by increasing thresholds of severity and needs. The framework that is receiving national endorsement is that of the Anna Freud's iThrive Model (Figure 3). The model outlines groups of children and young people and the sort of support they may need and

tries to draw a clearer distinction between treatment on the one hand and support on the other. Rather than an escalator model of increasing severity or complexity. This approach is being embedded across Health, Public Health, Social Care and Education Services.

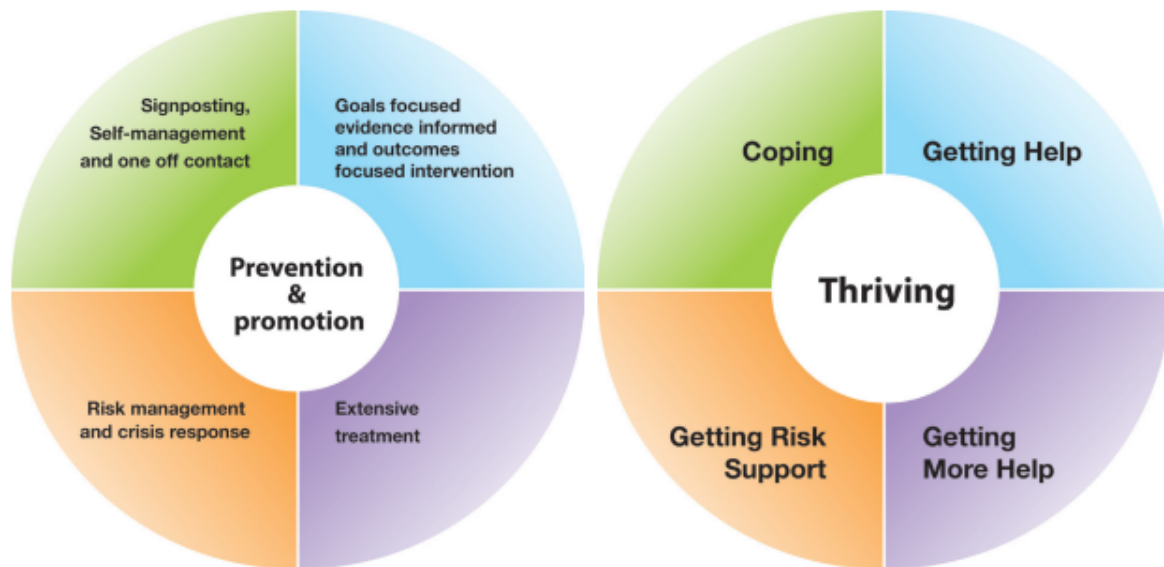


Figure 3: iThrive Model Source: Thrive. The AFC –Tavistock Model for CAMHS.

This Refreshed Local Transformation plan (LTP) aims to describe to date the investment; changes made; challenges and next steps.

This Refreshed LTP should be read alongside other key local strategies and plans including:

- The original South Devon and Torbay CCG Five year Child and Adolescent Mental health Services Transformation plan. This can be accessed via: <http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/CAMHss-transformation-plan.pdf>
- Torbay Children’s and Young People plan 2014-2019. This can be accessed via: <http://www.torbay.gov.uk/media/1932/cypp2014.pdf>
- NEW Devon CCG Transformation Plan 2015/16 -2020/21: original and refresh. This can be accessed via: <https://www.newdevonccg.nhs.uk/your-ccg/mental-health/child-and-adolescent-mental-health-services-CAMHss-transformation-plan-201516--202021/101881>

The arrangement of CCGs, local authorities and providers across Devon has the potential to create barriers and boundaries to those needing to access mental health services. CCGs are currently finalising their Sustainability and Transformation Plan (STP). For us, our STP will cross Devon, Torbay and Plymouth and provides the opportunity to describe and deliver a whole system-whole Devon approach. Within the STP, mental health is a priority area and reflects our commitment to work together to deliver an all age seamless approach to delivering mental health services. While this whole system-whole Devon approach is vital, we need to balance this with the needs of our local communities. We are committed, with our partners, to deliver local services that are integrated and coordinated so that children, young people and their families experience high quality services that are seamless in their delivery.

This Refreshed Local Transformation Plan is consistent with our Sustainability and Transformation Plan.

Funding:

The information below shows the investment from the CCG on children and young people's mental health services.

CAMHS Expenditure/Plan		Expenditure			Plan	
<u>Contracts</u>		13/14	14/15	15/16	16/17	
CAMHS	Core CAMHS Contracts	2,324,000	2,709,455	2,610,912	2,611,452	
CAMHS	Transformation	-	-	253,171	608,979	
CAMHS	Vanguard	-	-	127,066	669,000	Non Recurrent
CAMHS	Parity of Esteem	276,580	-	171,679	285,833	
		2,600,580	2,709,455	3,162,828	4,175,264	
		Increase	4%	17%	32%	

Children and Young People Involvement:

The services we commission are there to meet and support the needs of the children and young people and their families. Children and young people in our local area have consistently told us that mental health is their top health concern (*Our Health, Our Say*. Healthwatch Devon 2016)

So what have we done?

- Commissioned the charity Young Devon to lead a participation group for Torbay children and young people; as well as their families who are either current or previous CAMHS service users. The focus of these groups is to work in partnership with the local CAMHS service to ensure the perspective of the service user is reflected within service delivery. The commissioning manager attends the Children and Young People's group (*Have Your Say*) on a monthly basis.
- In partnership with Healthwatch Torbay, set up focus groups within a local Further Education College.
- Met regularly with the participation worker for South Devon CAMHS service users. Our engagement with these young people is through an established virtual participation group, which uses email, text and social media.
- Each Devon CAMHS team has a locality champion to promote positive participation at a local level. To enable us to We have established a
- Met individually with young people and their families who have directly contacted the CCG to share their experiences.

Through this engagement, children and young people and their families have told us what is important to them:

- easy access to information about mental health;
- the right support to avoid a crisis;

- improving support when in crisis
- professionals who listen and are respectful;
- care and support close to home.
- improving access times to therapy;
- accessing alternate provisions such as e.g. horse riding, relaxation, physical activities, art and crafts
- improving the curriculum and awareness within schools around emotional and mental health. They felt this should be available to years 5-6; as well as secondary aged young people.
- improving the information provided if access to tier 4 inpatient services is needed
- improve the knowledge of families, practitioners and peers around mental health
- support for parents/families

These key messages and other feedback received have been taken into account in the development and implementation of this Refreshed LTP.

Through their participation children, young people and their families have:

- reviewed and developed service leaflets to ensure they reflect the perspective of children and young people.
- participated in the interview process of CAMHS practitioners as well as having developed a person specification that they mark potential applicants against
- been leading improvements to the CAMHS waiting area and treatment rooms.
- reviewed proposals for change by commissioners and providers across the system and provided feedback
- 'mystery shopped' at the local CAMHS service and produced a report which is being used as a foundation to enhance services
- participated in practitioner appraisals
- reviewed the original transformation plan and provided feedback to the new commissioning manager as to their views and what they feel should be prioritised, amended and focused upon. The group has also supported the commissioner in developing a children and young person version of the original transformation plan. A Child and young person version of this refreshed plan will also be developed.
- Developed a parent pack to welcome new families to the CAMHS service
- Started planning a Family Consultation Day to gain the views of families who use the CAMHS service, especially around the needs of siblings of children and young people referred to CAMHS.
- Started to explore with the commissioner what 'resilience' means and what a system needs to do to support this

What next for 2016/2017?

- The commissioning manager has asked both Torbay and South Devon children and young people to propose a governance structure which not only enables them to influence services at an early stage, but one that also holds commissioners and providers to account. With our strong partnership working with NEW Devon CCG, this group will cross the footprint for NEW Devon CCG as well. Links between both governance structures (i.e. Torbay and South Devon) will be identified.

- Develop a system wide education programme co-designed with children, young people and their families.
- Explore how personalised budgets can be used by children and young people to access alternate provision.
- Continue to work closely with children and young people and their families directly and through organisations such as Healthwatch to ensure we work in partnership with children and young people to shape services fit for their future.

Data

Data is vital to enable us to understand the needs of the population, as well as to enable us to demonstrate the impact of changes. Recognising that mental health is everybody's business and poor mental health impacts on health, education and social outcomes; it is vital that across the system we share information and use this to effect change and monitor outcomes. As a result, we are starting to work with our partners to identify how we can collectively collate, share and use information to inform system changes. This data collation will also dovetail with the requirements placed on providers to feed into national metrics as part of the Mental Health Services Data Set. Our partners in Torbay Public Health are already working on a system to enable schools to use health and education data to provide a school profile of the health needs of their school population.

For the services we directly commission we establish Key Performance Indicators that we require providers to report against. This enables us as a CCG to monitor delivery of services. We have started to work with families, children, and young people to understand what they feel we should ask providers to report against.

What next for 2016/2017?

- A dashboard of data that is shared across the system will be developed.
- Continue to work with children and young people and their families to identify what matters to them within services and what services should be measured against. As part of this, identify how families can be part of the contract monitoring of services.

Governance

Prior to the Transformation Plan being published in December, in Torbay, there was an established CAMHS Redesign Group. Membership of this group included public health, social care, schools, CAMHS provider and CCG commissioners. This group had been established in recognition of particular challenges faced by the local CAMH service. The group had a detailed work plan which reflected in part the aspirations of the transformation plan. This group has recently reviewed its terms of references and membership and it has been agreed that this group will become the Local Transformation Board. The membership has been increased to reflect children and young people through attendance by the participation worker. Similarly, for South Devon, a Local Transformation Board is to be established.

In both areas, the Local Transformation Board will actively promote and lead transformation including monitoring, reviewing and reporting on delivery. To ensure cohesion across our CCG geographical footprint, the CCG commissioner will act as the link person. Each LTP board will then feed into an executive group whose membership consists of senior leaders from across the system; as well as previously stated accountability to children and young people. Each service and organisation represented will follow its own internal governance arrangements.

Specific Services

Crisis Response:

Children and young people can present in crisis in many ways and as a result, we need to ensure we have a range of services that can respond. Data shows that we have a high number of children and young people presenting in mental health crisis at Torbay Hospital, particularly for self harm (see page 7). The data below shows the numbers presenting in emergency mental health crisis across October 2014-April 2016.

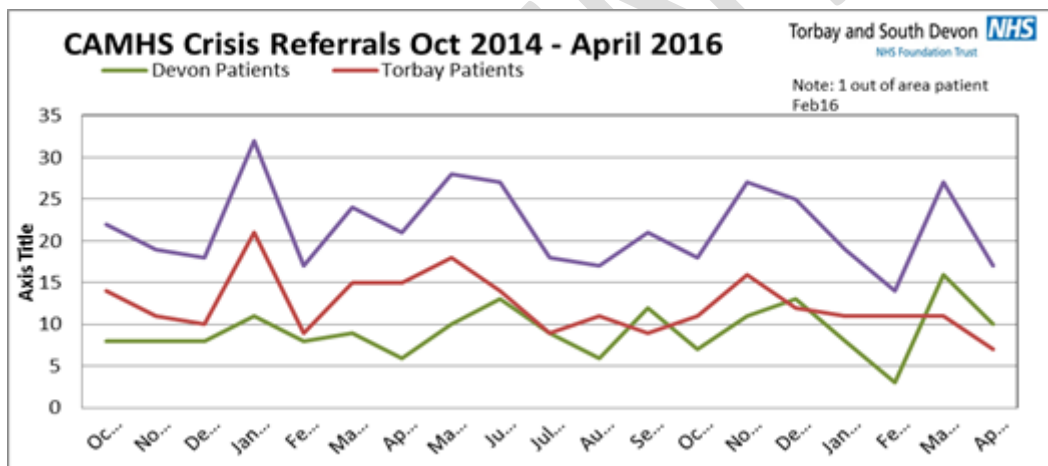


Figure 4: CAMHS Crisis Referrals

A high number of these young people are already known to CAMHS. Data indicates that this is around 40%; however, focusing on the 8 month period between August 2015 and March 2016 of crisis presentation to the local Accident and Emergency Department, 65% were already known to CAMHS. Children and young people also identified crisis response as being a key area for improvement. Nationally there is a limited evidence base as to what is the most effective support service for children and young people in crisis. As a CCG, we were already working to improve crisis response services before the additional investment from government as part of the transformation plan. The following provides a summary of what we are continuing to fund, as well as what we have been additionally been able to commission because of the transformation funding.

1) Place of Safety

With our CCG partners across our STP footprint, we are continuing to fund a Place of Safety. This is used by police when they have contact with a child or young person in a

public place and who they believe to be in need of 'immediate care and control' for their mental health needs. In these circumstances, police can detain individuals under section 136 of the Mental Health Act (1983) and take them to a place of safety. Police custody is not a suitable place of safety. It has the effect of criminalising people who are in need of medical attention and can exacerbate their mental state. At the Place of Safety, the child or young person's mental health needs can be assessed and decisions made as to next steps.

2) Out of Hours Crisis Response

This service offers contact to an experienced on-call mental health practitioner who will provide telephone advice and / or triggering of mental health act assessments. They hold operational responsibility for mental health act assessments needed out of hours and are available weekdays from 5pm until 9am (including bank holidays) the following morning and from 5pm on Fridays until 9am Monday morning. This service ensures that mental health act assessments are available 24/7.

3) Assertive Outreach

Over extended hours, this service provides community based therapeutic support for children and young people and their families who are known to South Devon CAMHS who need a more intensive package of support. This service supports young people to remain in the community, facilitate earlier discharge from inpatient units and reduce the number of highly specialised placements. Data shows that this service has reduced the need for such placements by 50%.

Both the Out-Of -Hours crisis response and Assertive Outreach Service are jointly funded by NEW Devon and our CCG.

4) Crisis Resolution and Home Intervention Service

For Torbay children and young people, a similar service to the Assertive Outreach is being established, funded from the CAMHS Transformation Fund; however there are some differences.

The role of this service is to provide a crisis response to both Torbay and South Devon Children who present in mental health crisis at Torbay Hospital across extended hours (8am-10pm), seven days a week. This involves an assessment of their mental health needs and establishing an appropriate care plan. (If a mental health act assessment is needed out of hours, this will be provided by the out of hours crisis response service).

In addition, as with the assertive outreach service, it will provide intensive therapeutic support for children, young people, and their families who are known to CAMHS who need a more intensive package of support. The service will support young people in the community, facilitating earlier discharge from inpatient units and reduce the number of highly specialised placements. The additional transformation funding has meant that we have been able to increase the Torbay CAMHS workforce by being able to fund:

Substantive Posts	WTE
Consultant Psychiatry	0.50
Band 7	1.00
Band 6	1.50
Band 3	1.00

Table 2: Crisis Resolution and Home Intervention service additional workforce.

Workforce represents one of the key challenges to the implementation of our transformation plan. There is a national shortage of mental health professionals, particularly in the South West. To illustrate the posts for the Crisis Resolution and Home Intervention service have been advertised on a number of occasions. Recruitment is still ongoing after ten months.

5) Safe Places

Torbay and South Devon Foundation Trust with support from the CCG were successful in securing funding to convert spaces on both the Emergency Department and the paediatric ward at Torbay Hospital. This funding is being used to create a safe, appropriate environment to assess and meet the needs of children and young people who need to use them if presenting in mental health crisis.

What's next for 2016/17?

- We will continue to monitor the services that we have already commissioned, working with our providers to ensure that we are meeting the needs of the children and young people who need to use these services.
- We will continue to ensure funding is available to the Crisis Resolution and Home Intervention Service.
- Nationally there is a limited evidence base as to what is the most effective support service for children and young people in crisis. As a Vanguard site, we were invited to contribute to this evidence base by applying for funding to pilot an additional service to enhance our understanding of an effective crisis response to children and young people. This pilot is based on the information provided by young people who have clearly communicated that they know when they are either approaching or are in crisis; that they would like ongoing support when in crisis; and receive care closer to home. Our successful bid enables us to test plans to provide crisis response AND intensive therapeutic support for up to eight weeks after the crisis (there will be flexibility if clinical needs indicate the need for additional support). We are proposing a team of eight mental health practitioners to provide this service 8am – 11pm, seven days a week. Crucially, with this pilot, referrals will be actively encouraged and accepted from the community including self-referral and not just from Emergency Departments. This will prevent the need for children and young people to present at Emergency Departments. This approach provides a supportive pathway from 'Getting Risk Support' into 'Getting More Help' (as per iThrive model).
- The evaluations of all these services will enable us to understand the offer that will best meet the needs of our children and young people for a 24/7 crisis service.

Eating Disorders

It is vital that children and young people with eating disorders, and their families and carers, can access effective help quickly. Offering evidence-based, high-quality care and support as

soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions. The availability of dedicated, community eating-disorder services has been shown to improve outcomes and cost effectiveness. A key requirement for the additional transformation funding was the implementation of a nationally recognised model. Virgin Care have such a model which has been credited as being in the top five best eating disorder services in the country.

We are in the process of commissioning Virgin Care, using a prime contractor model, to deliver a community based eating disorder service in line with their national model. The new service across the CCG footprint will meet the access and waiting time standards of maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. Investment into this service includes both CAMHS as well as hospital acute based services around dietetics and paediatricians input. This additional funding builds on the existing workforce and equates to a 4.2WTE increase in workforce. Please see table 3 for more specific details. Across our STP footprint there will be a consistent service delivery model.

Substantive Posts	WTE
CAMHSS practitioners	
Band 7	1.5
Band 6	1.6
Dietician	0.5
Nurse	0.6

Table 3: Increase in workforce for delivery of eating disorder service

What's next for 2016/17?

We are in the process of finalising the governance arrangements between providers and the service specification which outlines the expectations, outcomes and key performance indicators the service needs to deliver against.

Early Intervention Psychosis:

Devon Partnership Trust delivers our early intervention psychosis pathway for children and young people from the age of 14. All referrals are offered an NICE recommended treatment.

Core CAMHS

The table below shows the workforce in 2015/16 and then 2016/17 within CAMHS. This shows the additionality of workforce as a result of the additional investment to date.

Service	WTE as per original transformation plan	2016/17 WTE
TSDFT – Core CAMHSs	34.84	39.26 (current vacancies: 4 WTE)
Virgin Care – Core CAMHS*	33	35.68

*Some service provided by Virgin Care are county wide. The workforce for these services is as follow:

Devon County Wide CAMHS services	2015/16 (WTEs)	2016/17 (WTEs)
Assertive Outreach	7.8	10.91
Journey After Child Abuse and Trauma	6.4	5.59
Services Around Child	3.9	4.09

Table 4: CAMHSS Workforce : Note WTE includes clinical and non clinical staff.

Recruitment has been challenging, with many posts needing to be re-advertised on several occasions. However, recently providers are reporting an increase in the number and quality of applications for posts.

The number of accepted referrals for each CAMHS providers are shown in table 5; with the percentage of referrals seen within 18 weeks shown in table 6.

Service	Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
TSDFT	2015/16	56	38	32	46	23	37	43	50	43	45	56	45
	2016/17	36	25	24	27	21	30						
Virgin	2015/16	29	46	42	30	20	40	44	52	42	51	42	41
	2016/17	24	31	32	21								

Table 5: Number of accepted CAMHS referrals

Date	Virgin Care	TSDFT
	CAMHS - % of referrals seen within 18 weeks	CAMHS - % of referrals seen within 18 weeks
Apr-15	76%	74%
May-15	87%	78%
Jun-15	92%	33%
Jul-15	89%	45%
Aug-15	88%	71%
Sep-15	85%	90%
Oct-15	88%	72%
Nov-15	83%	50%
Dec-16	85%	83%
Jan-16	85%	54%
Feb-16	85%	76%
Mar-16	92%	68%
Apr-16	91%	89%
May-16	91%	90%
Jun-16	89%	91%
Jul-16	91%	87%
Aug-16	85%	78%

Table 6: Percentage of referrals seen within 18 weeks

What next for 2016/17?

Plans are being finalised to fund additional posts that will enable even further timely access to assessment and treatment. This investment will also support practitioners to be released to participate in evidence based training as part of the children and young people's improving access to psychological therapies (CYP – IAPT).

The CYP IAPT programme is centred around the principles of offering effective and efficient evidence-based treatments within a collaborative therapeutic relationship. The principles of CYP IAPT are reflected within service specifications as are Patient Reported Outcomes (PROMs).

The CYP IAPT training programme offers a wide range of evidence based interventions that are open to practitioners across the workforce. In December 2016, the CCG will publish its collaborative workforce plan to indicate how the CCG and its partners will support the ongoing training of practitioners. The CCG has agreed to provide salary support to the 16/17

cohort of practitioners from services directly funded by the CCG who have applied for CYP IAPT places. Through our CAMHS providers we are already part of a CYP IAPT learning collaborative.

Self Harm

South Devon and Torbay, along with the wider Devon footprint have a high number of children and young people who self harm (for data see page 7). For Torbay, the commissioning manager is chairing meetings with providers and commissioners from across the system to develop and enhance pathways. Services have been mapped according to the iThrive model and data analysed to enable us to understand the needs and current system response. Children and young people representation is a key factor within these meetings; with the participation lead from Young Devon attending meetings. A similar approach is being taken in Devon.

Early Intervention and Prevention

Devon: The following information has been provided by Devon public health.

Early Help for Mental Health

Across Devon in 2014, in consultation with schools, Public Health Devon started their planning and commissioning of this new emotional, psychological, and social wellbeing service for children and young people in Devon called Early Help for Mental Health Programme (EH4MH). The aim of EH4MH is to build resilience in children and young people by tackling mental health problems before they become more serious via early prevention and early intervention. Importantly, EH4MH aims to change the culture around mental health in schools and provide support to young people at the earliest possible opportunity with a long term goal of reducing the need for more specialist services.

There are two elements:

- direct support for children and young people of secondary school age through online and face-to-face counselling on a self-referral basis
- school support which promotes and supports cultural change in the way schools support children and young people, including those with mental health problems

Virgin Care is commissioned to deliver the schools element which will deliver a whole school approach and build capacity in schools to support their own wellbeing and that of their students. This has been led by Devon County Council Public Health. These important services are delivered through partnership working between Young Devon a voluntary sector provider, Xenzone, an online support provider, and Virgin Care, the Devon CAMHS provider. This is a key development in our early help offer and builds coping and resilience for children and young people through their schools.

Kooth is providing young people in Devon aged 11 to 18 years access to online counselling, moderated peer-to-peer advice and self-help tools through the online platform. Young people can access the platform 24 hours a day, 365 days a year and interactive counselling is

available until 10pm every night, Kooth can then signpost on to further support, such as the face-to-face service provided by Young Devon.

The collaboration sees practitioners educating school staff on basic mental health concerns so they can manage low level issues. As well as introductory courses in mental health, more focused training courses delivered in schools include Anxiety, Bereavement, Self-Harm, and Thinking about Attachment Patterns. With Tier 1/Coping quadrant issues such as anxiety, stress and relationships the most presented issues by children and young people in Devon, the goal over the longer term is to improve access to services and reduce waiting times by taking a stepped approach to support. Aiming to reduce stigma surrounding mental health issues, school staff can also access clinical based supervision.

All schools will have a named contact within the team and the service will deliver core and targeted training and consultation to school staff. Key performance indicators focus on increasing the amount of support delivered to school age children. The two strands are largely funded by Devon County Council Public Health with contributions from Schools, CCGs and Devon County Council Social Care.

As a result of these programmes of work commissioners expect children and young people to be able to access support at an early stage through routes they know and trust. Furthermore, it is anticipated that over time there will be a gradual reduction in referrals to CAMHS as the first option.

The EH4MH service has Programme Impact Measures in place with targets for 2016/17 being mutually agreed between Public Health and the EH4MH providers. Data for these measures will be collected as part of an audit of whole school practice from those schools that engage with the EH4MH programme. These will include:

- Number of children who have sought help from school for emotional and mental health difficulties at Tier 1/Coping, Tier 2/Getting Help, and Tier 3/Getting more help.
- Percentage of children seeking help who have been successfully supported within school setting, without referral on to other services
- Percentage of children seeking help who have been signposted for support to Kooth/Young Devon counselling
- Percentage of children seeking help who have been referred to CAMHS

To date, all schools in Devon have been approached and over 75% of school have decided to opt into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member of staff(s) who will act as the school's EH4MH Champion. All EH4MH Champions are invited to attend an "Introduction to Mental Health" training course. These courses have been very well attended and evaluation forms show that attendees have found the training informative and worthwhile. The first year has seen the programme grow significantly to become an integral part of the way schools are addressing the mental health of their pupils. Some schools have shown exceptional innovation in the way they are managing mild to moderate levels of their pupils' mental health needs. Service improvements such as this build more of a variety of resources for young people's emotional wellbeing and mental health. The EH4MH providers report to Public Health as the lead commissioner with the contract being overseen by a Contract

Oversight Group that includes representatives from Public Health, Schools, Social Care, and CCGs.

The service is now 13 months on with the following results:

- 163 schools regularly accessing EH4MH
- 114 schools in progress
- 211 registered EH4MH Champions

From 1 April 2016 to 30 June 2016, 260 young people accessed the face-to-face counselling. There were 354 new registrations on Kooth during the same time period.

To date, 65 young people have participated in school based mental health workshops delivered by Young Devon.

Both online and face-to-face counsellors have supported young people through a wide range of issues including reduced confidence, low self-worth, depression, self-harm, and problems in family and/or partner relationships. However, anxiety/stress has remained the top presenting issue for quarter 4 2015/16 and quarter 1 2016/17 for both the face-to-face and online services.

- 68% of Kooth.com log-ins are outside of office hours
- 88% of the young people accessing Kooth say they prefer online counselling to face-to-face
- 97% of Kooth users say they would recommend Kooth to a friend
- 1 in 5 new registrations online are male. The majority of young people accessing the direct support services are female, with slightly more males using the face-to-face service than online. Both services have however, seen an increase in males accessing the service. Kooth male user percentage rose from 18% to 21% in the last reporting period and the face-to-face service saw an increase from 24% to 30% in the same period.

Both online and face-to-face services have seen an increase in the number of younger age groups accessing support. Number of 13 year olds accessing the service has doubled between quarter 4 2015/16 and quarter 1 2016/17. From 1 January 2016 to 31 March 2016, only 40% of young people using the service were aged 15 and under. From 1 April 2016 to 30 June 2016 the service saw the number of young people aged 15 and under accessing support increase to 60%.

Primary Mental Health Worker (PMHW) Provision

Virgin Care CAMHS has a number of PMHW colleagues working across the area teams in Devon. The re-visioning of this provision is focused on reviewing behaviour and parenting groups offer with clear and consistent delivery of evidenced based groups and other interventions. One aim is to ensure that capacity is refocused 'upstream' and into primary care by ensuring that by March 2017 every GP practice or cluster will have a named PMHW staff allocated to support or inform referral decision making.

Torbay:

Primary Mental Health Worker (PMHW) Provision

In Torbay, schools and the CCG have jointly funded primary mental health workers (PMHW). These PMHWs are clustered around schools and GP practices. The work involves directly working with children and young people who need to access support as part of Tier 2/Getting help. As well as working directly with the child/young person and their family, the PMHWs deliver training to school based staff and work with staff to enable them to support these children and young people.

Torbay Healthy Learning Project: The following information has been provided by Torbay Public Health.

This project is a model for identifying, planning and delivering health and wellbeing work within settings for 2-19 year olds. It provides a framework through which campaigns, initiatives, information and resources can be delivered through child focused settings. Through this, the outcomes achieved include:

- To help raise the achievement of children and young people
- Support educational settings, children and young people in developing lifelong healthy behaviours
- To reduce health inequalities
- Promote social connectedness
- Help educational providers deliver on their overall vision for their children, young people, staff and communities.

The overarching principles are prevention and early intervention; place based public health and whole school approach. There are four themes in total with Emotional Health and Wellbeing and Personal, social and Health Education being two of them. The other two themes also link to mental health as they focus on physical activity and diet and nutrition.

What's next for 2016/2017?

Joint funding for the Torbay PMHWs has been agreed until 2018. Across 2016/17, we will be working together to evaluate indepth the outcomes achieved to inform future shaping of this service. In addition, as a CCG we are exploring the offer that we can make to primary school aged children and their families. It is anticipated that this will involve up-skilling family support workers who are based within primary schools to enable them to work with families.

The impact of the Early Help for Mental Health will be monitored and the use of online counselling for Torbay explored.

Torbay has also been successful in securing arts council funding to pilot some arts projects that we will be targeting towards primary aged children who are transitioning into secondary schools. One of the outcomes of this work is to prevent young people needing to be referred to CAMHS. A similar application for funding has been made to enable this project to be extended to South Devon. Currently we are awaiting the outcome of this application.

Children in Care

Children in care are known to be vulnerable and national prevalence figures estimate that 45% of children in care will develop mental health problems and disorders. South Devon and Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years. Our plans will strengthen support for children in care, in particular those with a high or very high probability of an emotional or behavioural disorder. In Devon, we have been working as part of the Children In Care Redesign Team. Through restructuring existing pathways and resources, all children and young people in care will be screened for mental health needs. Based on the results of this screening assessment, CAMHS practitioners will then complete further assessments and provide appropriate therapeutic intervention.

The outcomes from this will be:

- Placement stability and reduced number placements breaking down
- Fewer children in care or highly specialist placements are out of area
- Carers and professionals can access early CAMHSS advice and support
- Children at high or very high risk receive timely therapeutic intervention
- Less need for referrals to core CAMHS provision for children in care.

What next for 2016/17?

We will continue to work as part of the Children in Care Redesign Team to finalise the pathway. Discussions have already started within Torbay to look at how this pathway can be rolled out across the patch. Similarly we will be working with our partners to achieve a consistent offer to children in care with regard to accessing CAMHS if needed.

Perinatal and Infant Mental Health

There is a strong link between parental (especially maternal) mental health and children's mental health. In November 2014, Dr Alain Gregoire, Chair of the Maternal Mental Health Alliance, in a presentation to the South West Strategic Clinical Network shared information from research which stated that '...children depressed at 16 all had mothers who were depressed, mainly during pregnancy...' This highlights the importance of not only ensuring that parental mental health is identified and supported; but of equal importance is ensuring that infant mental health is equally well supported, especially in view of research into brain development which shows the importance of early interactions to healthy emotional, language and communication development.

What next for 2016/2017?

The CCG has recently submitted a bid for additional funding to enhance the perinatal mental health service. In addition, we will be working with providers and commissioner across both adult and children mental health services to ensure that these two pathways are intertwined and that both parent and child mental health receive equal status.

Youth Justice

In the briefing paper, *Turning Young Lives Around*, by the Prison Reform Trust:

- 43% of children on community orders have emotional and mental health needs, and the prevalence amongst children in custody is much higher
- 60% of children who offend have communication difficulties and, of this group, around half have poor or very poor communication skills
- Around 33% of all children accessing local drug and substance misuse services are referred from the youth justice system

As local data shows, Torbay has a higher than average rate for 10 to 17 receiving their first reprimand, warning or conviction when compared to the England average.

What's next for 2016/17?

The CCG will be working with partners from across Speech and Language Therapy, the Police, Youth offending teams, social care and CAMHS to ensure that the children and young people who are known to youth offending teams have appropriate screening and assessment to ensure their needs are identified and supported. We are currently waiting on the outcome of a bid to enable us, with our CCG neighbours, to fund speech and language therapists and mental health practitioners to be co-located within Youth Offending Teams.

Through this approach CYPs and their families will have:

- Better understanding of needs and strategies to support
- Timely access to relevant services
- Access to more effective intervention as it accounts for their needs
- Improved educational outcomes
- Improved peer and family relationships
- Improved mental health
- Improved functional language and communication skills
- Reduced risk of offending/re-offending
- Reduced risk of contact with Health and Justice Pathways

Benefits to the system will include:

- Upskilling of the workforce
- Reduction in costs associated with contact with Health and Justice Pathways
- Reduced health inequalities

Dartington Social Research

Health and social care systems need to be understood as complex adaptive systems. Systems tend to self-regulate, and changes to one part of system will likely have knock-on effects to another part of the system. System Dynamic modelling approaches seek to identify how systems behave, what rules govern these behaviour, and what changes could be introduced to what effect. South Devon and Torbay CCG have partnered with the Dartington Social Research Unit and Professor Peter Hovmand from the Social System Design Lab in St Louis, Missouri. This work will inform a series of recommendations about mental health system reform locally in Torbay and South Devon.

Summary

The NHS, Social Care and Public Health Outcome Frameworks critically underpin this Refreshed LTP and the Sustainability and Transformation Plan; however in addition specifically for this plan we will focus on outcomes that will demonstrate success with shifting the balance from crisis to planned care; from inpatient to home or outpatient care; from intervention to prevention and we will look at existing and new measures to understand these points. We will also study children in transition including moves between care settings as well as transitions between children and adult services. Additionally we will maintain a focus on access and waiting times and access to evidence based interventions.

Wherever possible we will encourage the use of child reported outcome measures and will be particularly interested to see more children achieving measurable improvement against their baseline outcome assessment based on the outcome agreed at the outset.

This Refreshed Local Transformation Plan is a 'living plan' that provides the basis for transformation while recognising that as a long term plan the detail will necessarily be reviewed, revised and refreshed whilst the overarching direction, principles and outcomes remain constant. This Refreshed Local Transformation Plan will be supported by a commissioning and delivery calendar which sets out our shared system actions to describe, monitor and track improvements.