

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Relevant Officer:</b>	Dr Amanda Doyle, Chief Clinical Officer; David Bonson, Chief Operating Officer
<b>Relevant Cabinet Member:</b>	Councillor Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	18 January 2017

## **CHILDREN AND YOUNG PEOPLE’S EMOTIONAL HEALTH AND WELLBEING TRANSFORMATIONAL PLAN 2015/ 2020**

### **1.0 Purpose of the report:**

- 1.1 To provide the Board with an overview and update on progress with regard to the ‘Children and Young People’s Emotional Health and Wellbeing Transformational Plan 2015/ 2020’.

### **2.0 Recommendation(s):**

- 2.1 The Board is asked to endorse the progress made in delivering the Transformational Plan and agree next steps.

### **3.0 Reasons for recommendation(s):**

- 3.1 The Board is the strategic forum accountable for the delivery of the Transformation Plan.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council’s approved budget? Yes

### **3.3 Other alternative options to be considered:**

There is no alternative option; there is an expectation on CCG’s from NHS England that transformation plans will be produced.

### **4.0 Council Priority:**

- 4.1 The relevant Council Priority is Priority Two – Communities: Creating stronger communities and increasing resilience

## 5.0 Background Information

- 5.1 In 2015, the Government published 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'. The report documents the findings of a Taskforce established to understand:
- How it can be made easier for children, young people, parents and carers to access help and support when needed
  - Ways of improving how children and young people's mental health services are organised, commissioned and provided
- 5.2 The Taskforce led by Norman Lamb MP reviewed the different aspects of care and services which resulted in a suite of seven documents being published with recommendations for systemic changes.
- 5.3 The reports, collectively produced by Department of Health (DoH), Department for Education (DfE) and NHS England recommended that Clinical Commissioning Groups (CCG) take ownership and be the lead organisation around children and young people's emotional health and wellbeing across all mental health tiers.
- 5.4 Subsequently, the Government announced additional funding to help meet ambitions of 'Future in Mind' - £30m nationally to establish community services for young people with eating disorders and £250m for five years to deliver the recommendations of the report. Each CCG was required to produce a Transformational Plan to secure release of funding.
- 5.5 The eight CCGs within the pan Lancashire footprint took the decision to submit a joint plan to NHSE. The plan was co-produced with representatives from all CCGs, all local authorities (county and unitary), Lancashire MIND (representing third sector), NHS provider organisations, the Strategic Clinical Network and NHS England Specialised Commissioning. It builds on broader engagement undertaken within each of the partner organisations whilst recognising the need for further engagement with local community, children, young people and families to shape service offer that responds to needs and not service structures.
- 5.6 The pan Lancashire Resilience, Emotional Wellbeing and Mental Health Transformation Plan was signed off by NHS England in December 2015. A pan Lancashire Governance structure has been developed and Project Initiation Documents with action plans developed and signed off at Board level. Five work stream areas have been established to deliver the plan with progress reported on a monthly basis to the Board. These are in line with the objectives in the plan and are as follows:

1. **Promoting resilience, prevention and early intervention** – place the emphasis on building resilience, promoting good mental health, prevention and early intervention;
2. **Improving access to effective support** – a system without tiers – simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service;
3. **Care for the most vulnerable** – deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable, so people do not fall between gaps;
4. **Accountability and transparency** - harness the power of information: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.
5. **Developing the workforce** - sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience.

5.7 It is the ambition of the Pan Lancashire plan to ensure equity of services for children and young people across Lancashire and work stream leads are working with partners to develop and design evidenced based services and pathways for future delivery.

5.8 For 2016/ 2017, the transformation of children and young people’s health is one of the five mental health priority areas for national assessment and forms part of the new Improvement and Assessment Framework for CCGs. The CCG is required to submit quarterly returns via Unify answering the transformational questions. These include assurance around readiness for the Eating Disorder Standard due in April 2017, local spend in line with the allocation provided, plans to show increased numbers of children supported and increases in workforce.

5.9 The Pan Lancashire Children and Young People’s Emotional Wellbeing and Mental Health Transformation plan forms part of the SDP and is one of the five pan Lancashire work stream areas for the Lancashire and South Cumbria Transformation Programme. This is led by Fylde and Wyre CCG’s Chief Commissioning Officer as the SRO and a Partnership Board is in place to lead and govern delivery.

5.10 A local partnership board has been established in Blackpool in line with developments in all other CCG areas. The purpose of this group is to facilitate local engagement with schools, voluntary sector providers, councils and locally commissioned health services both to ensure local delivery of the transformation plan but also to enable the local community to influence the pan Lancashire developments.

5.11 A robust action plan has been co-produced with contributions from Better Start, Head Start, council services e.g. Youth Offending, and emotional health and wellbeing services (CASHER, Connect and CAMHS). The plan is updated, by stakeholders, on a monthly basis. An additional bespoke action plan has been produced with our health based emotional health and wellbeing services.

5.12 A number of key achievements have been made to date. On a pan Lancashire footprint:

- Work is ongoing to co-design an evidence based dedicated community eating disorder service for our children and young people by March 2017. A draft service specification, pathway and funding model was agreed at the pan Lancashire Board in mid-December. Within Blackpool, a small task and finish group, involving representatives from the Council, CCG and NHS providers has been established to respond to the service mobilisation plan at a local level.
- Work is ongoing to develop a 0-19 CAMHS service model. Project Initiation documents have been approved by the Board and by the Collaborative Commissioning Board (CCB).
- Lancashire's Transformation plan and Lancashire's Crisis Care Concordat identifies an ambition to develop a designated Section 136 facility for children and young people. Lancashire has been successful in securing Department of Health capital funding to develop these facilities. No locations have been determined at this stage, however the aim is to use the funding to:
  - develop one of more S136 facilities for children and young people
  - improve crisis assessment facilities across Lancashire for children and young people

5.13 At a local level:

- National trajectories for access have been set by NHSE to increase access of children and young people with a diagnosable Mental Health Condition from 25% (baseline) to 35% in 2020/21 (70,000 children and young people nationally). From a baseline in 2015/16, incremental year on year increases have been identified to reach the target of 35% for 2020/21 – the target for 2016/17 is 28%; Blackpool CAMHS/Connect Counselling services are currently achieving 33.6% (Q's 1 and 2 2016).
- As a result of additional funding being released by NHSE, commissioners and providers have been able to develop robust plans to reduce waiting times for Blackpool CAMHS/Child Psychology by 20% by end of Q4
- Duty hours (for the provision of emergency paediatric psychosocial assessments) within CAMHS have been extended until 4:00pm – Child and Adolescent Self Harm Emergency Response Team (CASHER) are on duty at 5:00pm

- CAMHS have extended their opening hours until 7pm twice a week. Connect Counselling are now opening and offering appointments three evenings a week with a twilight drop in starting in January 2017
- CAMHS 'Choice' appointments will be offered in both North and South Shore Medical Centre and at YOT offices from January 2017
- A clinical psychologist for Looked After Children has been recruited to offer consultation and support to social workers working with our children who are experiencing emotional or mental health difficulties. A second post, currently out for recruitment, will offer direct support for our children and young people
- Connect Counselling CLA post
- Connect Counselling are now offering counselling support to the children's diabetic clinic
- Two CAMHS Transformation Champions have been identified within our CAMHS service and have completed two days training funded by Health Education England
- Two Primary Mental Health Workers (PMHW) are in post with Blackpool CAMHS. This role acts as a named contact in CAMHS for all schools and GPs and supports professionals to identify a child's mental health needs and consider appropriate ways of meeting their needs. They will work with staff in universal services and directly intervene when a child has not responded to the measures undertaken by the staff, if the intervention is likely to be short term and the level of need does not warrant intervention by specialist CAMHS. The PMHW will work alongside colleagues in Headstart to provide training programmes for professionals working with children to increase and build on their understanding of mental health issues.
- A CAMHS patient experience survey has been completed – 77% of respondents said that they were very satisfied/satisfied with the care delivered by the service
- Engagement events are being held on a regular basis with 'Breaking the Cycle' (anti bullying group)
- CASHER self harm support follow up will commence in Spring 2017

#### 5.14 Locally, our next steps are to:

- Understand the impact of social media and growth of sexting on children and young people's mental health
- Understand provision across Blackpool and map against the THRIVE model
- Review of single point of access for CAMHS, child psychology and Connect Counselling
- Develop a more permanent response for children and young people presenting out of hours in Accident and Emergency (across the Fylde Coast)
- Roll out 'learning disabilities passport' across hospital to support children and

young people with a learning disability, and their families, when they are admitted

- Continue to implement actions from Year 1 of the plan
- Continue to work with our health based emotional health and wellbeing services to implement the bespoke action plan

Does the information submitted include any exempt information?

No

**List of Appendices**

None.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 None.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.