



Lancashire Children  
and Young People's  
Emotional Wellbeing  
and Mental Health  
Transformation Plan

# Lancashire Children & Young People's Emotional Wellbeing and Mental Health Transformation Programme

## Health and Wellbeing Board

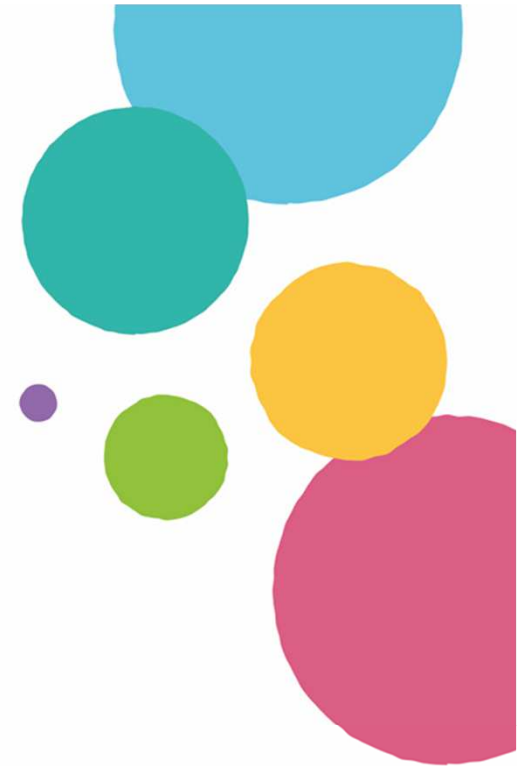
20th June 2017

 @CYPEWMH1



# Agenda

1. Future in Mind
2. The pan-Lancashire Programme
3. Progress to Date
4. Challenges Ahead
5. Solutions in Planning
3. Summary
4. Conclusion



# Future in Mind: The Commitment to Children and Young People



We want you to grow up to be confident and resilient so you can develop and fulfil goals and make a contribution to society.

When you need help, you want to find it easily and to be able to trust it.

You are experts in your care and want to be involved in how mental health services are delivered and developed.

You'll be able to get help wherever you are in the country, and the help you get where you live won't be worse than if you lived somewhere else.



# The CYPEWMH Transformation Programme Board



Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation Plan



# The CYPEWMH Transformation Plan

- Developed in 2015 in response to local concerns and in line with NHSE guidance
- Co-produced as a pan-Lancashire plan
- Based on engagement with a wide range of stakeholders including children, young people and families
- Signed off by the CCGs and Health and Wellbeing Boards
- Assured by NHSE on December 24<sup>th</sup> 2015
- A 5 year plan for fundamental change; 200+ deliverables over 5 workstreams



# Investment Allocations



	2016/17	2017/18	2018/19	2019/20	2020/21
Total Lancashire	£ 3,398,640	£3,998,400	£4,855,200	£5,426,400	£6,111,840

We talked to you on 24.10.16 re how we were investing this money.

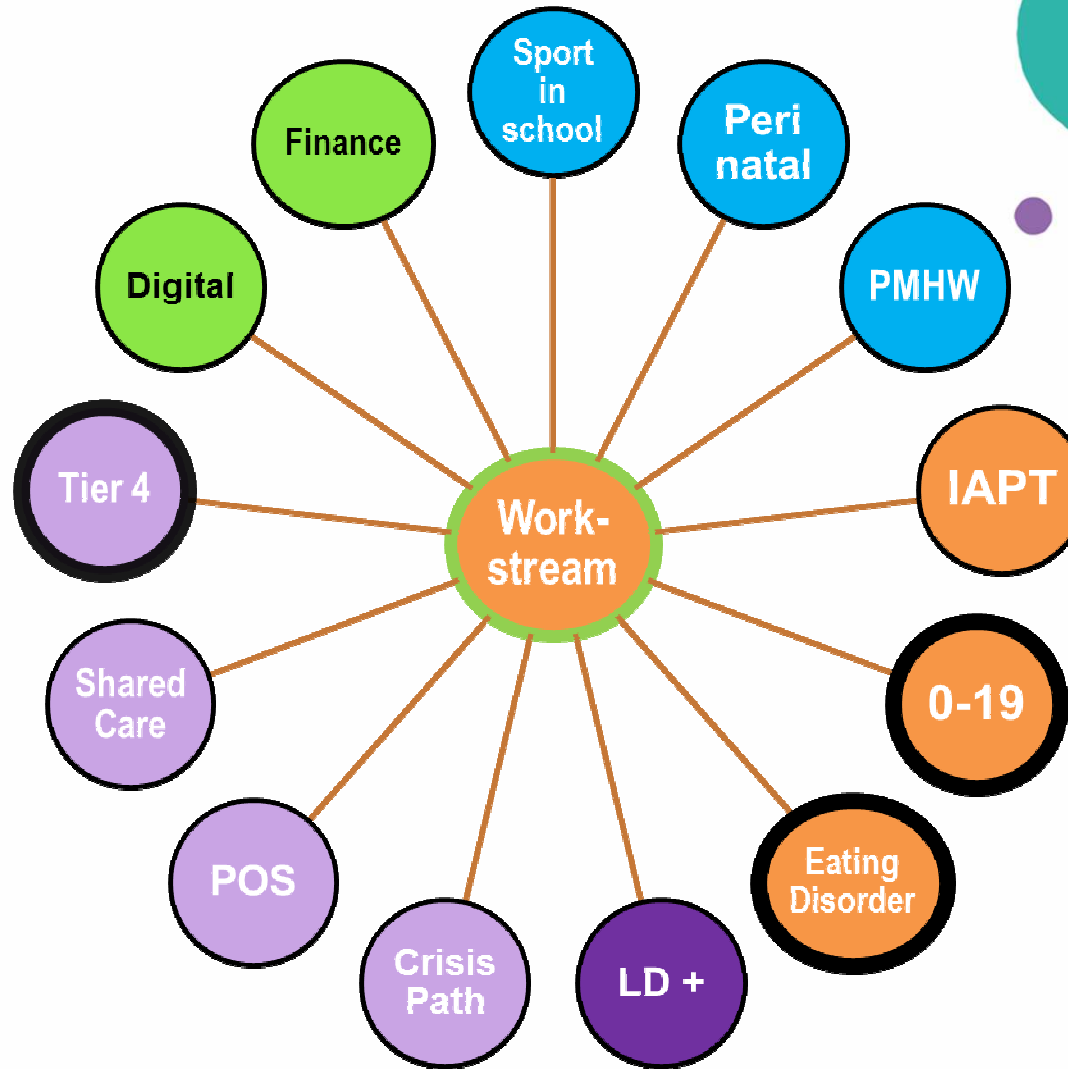


Winter 2016	Spring 2016	Summer 2016	Autumn 2016
<ul style="list-style-type: none"> <li>Plan was mobilised in January 2016</li> <li>Programme launch: Singing the BLEWSS in March</li> </ul>	<ul style="list-style-type: none"> <li>Plan into action</li> <li>Formal and well attended Board</li> <li>Work streams and leads identified</li> <li>Governance and reporting established</li> <li>Aligned with Healthier Lancashire</li> <li>Orienting partners and instigating PMO processes</li> </ul>	<ul style="list-style-type: none"> <li>Finance lead, Clinical Lead, Comms Lead appointed</li> <li>Procured the Eating Disorders Review, the Organisational Development support and Digital Thrive</li> <li>Established Clinical Reference Group</li> <li>Joined the national iTHRIVE community</li> </ul>	<ul style="list-style-type: none"> <li>'Decision Making Principles' developed and approved</li> <li>Agreed 16/17 investment schemes and 15% pool</li> <li>All year: designing and delivering: national bids, workshops</li> <li>Continued Assurance: NHSE, CQC, Safeguarding Boards, 3 HWBB, Lancashire Association of Secondary School Headteachers, Youth Justice Board, Children's Trusts, local partnerships</li> <li>Enabling support, stakeholder mediation and negotiation, leadership of all kinds</li> </ul>

Winter 2017	Spring 2017	Summer 2017 Plans	Autumn 2017 Plans
<ul style="list-style-type: none"> <li>• Refreshed Plan was mobilised in January 2017</li> <li>• 26 objectives</li> <li>• Programme launch: Singing the BLEWSS 2 in April</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Business Plan</b> for 17/18 with priorities and investment plans</li> <li>• 85% aligned and 15% local</li> <li>• New Programme Dashboard</li> <li>• Reporting into the STP and Joint Committee of the CCGs</li> <li>• New Redesign Project</li> <li>• Board Hijack</li> </ul>	<ul style="list-style-type: none"> <li>• Onward delivery of the 26 objectives</li> <li>• Implementation of the Organisational Development Action Plan</li> <li>• Annual Programme Board Roadtour</li> </ul>	<ul style="list-style-type: none"> <li>• Mobilisation of the new Redesign Project</li> </ul>



# Progress in Services



# Progress in Activity

We Said...	We did...
We would increase the number of Whole Time Equivalent (WTE) staff by <b>45.83 WTE</b>	Recruited an additional <b>42.5 WTE</b>
We would offer support to an additional <b>2675 children and young people</b> in 2016/17	Supported an <b>additional 3359 children and young people</b>

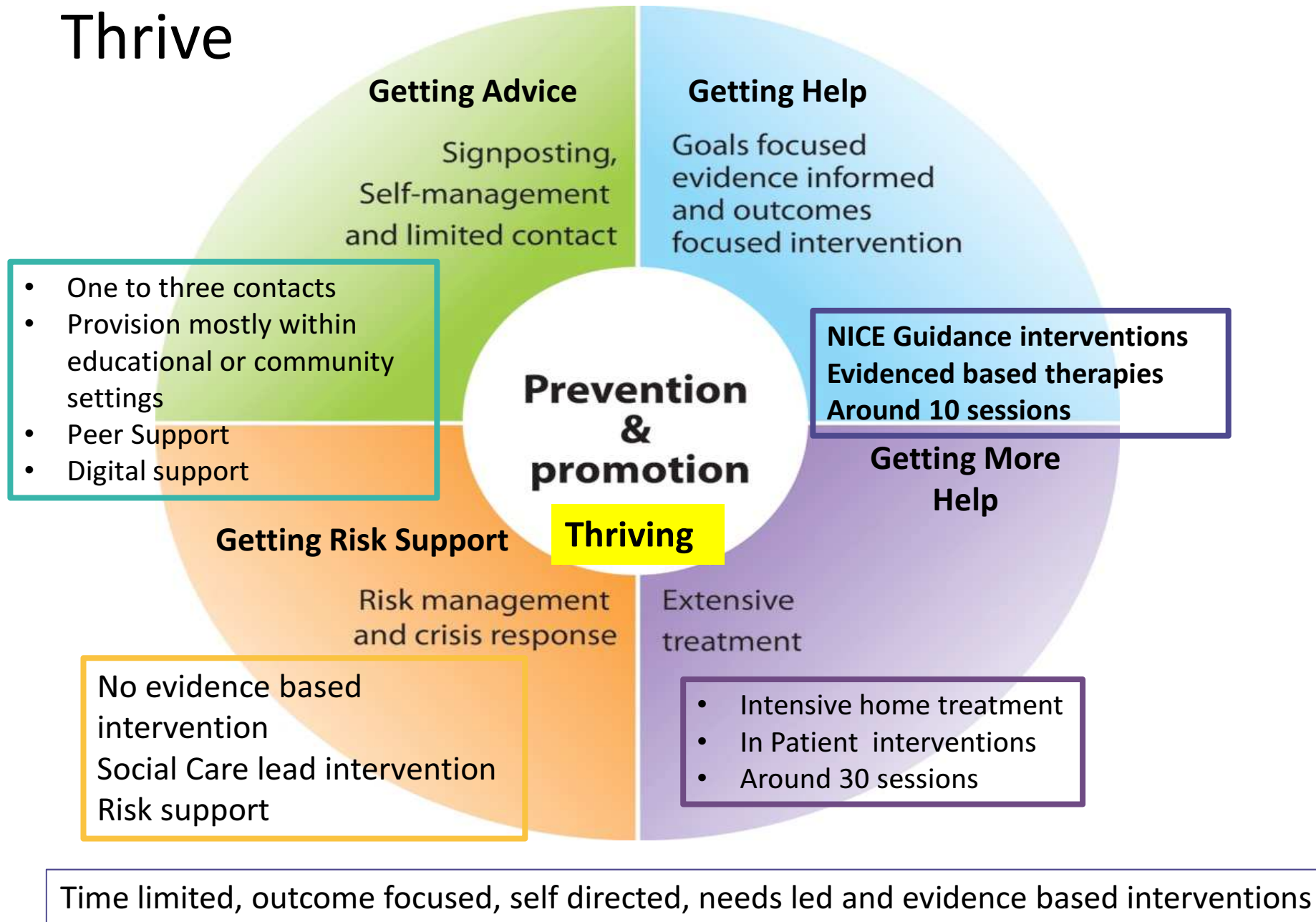


# Challenges Ahead

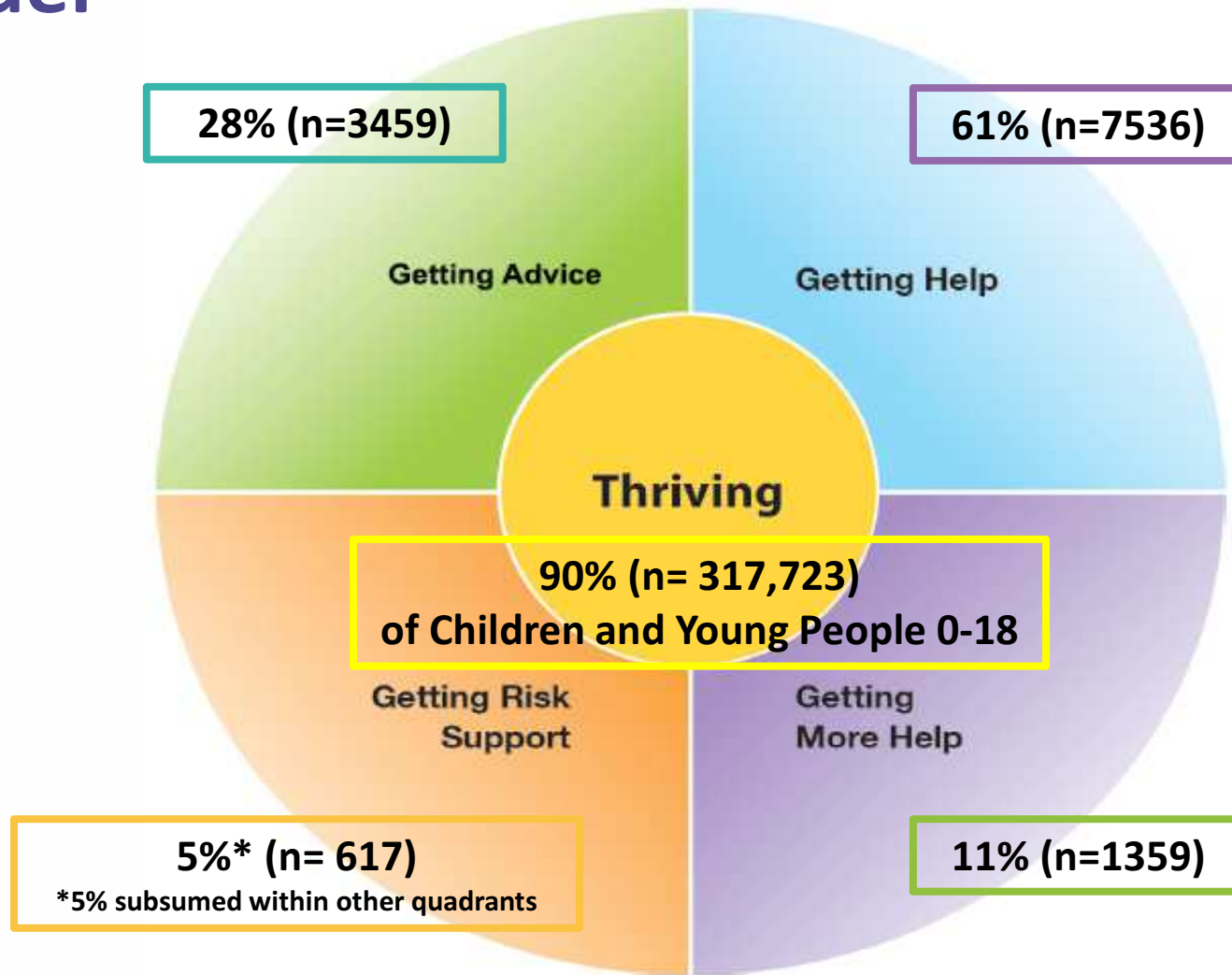
- 3 main 17/18 and beyond pressures:
  - ❖ New **Access Target** (35% with a diagnosable mental health condition in NHS funded treatment by 2021, double numbers treated now, 65% needing a robust alternative)
  - ❖ **LCC disinvestment** in Tier 2/3 CAMHS (£1.1m fye, August 2017 implementation, re-invested in Early Help), provider assessed impact:
    - **ELCAS** 10 staff, 256 new cases 2,560 appointments, 878 day unit attendances, 410 outreach visits, per full year
    - **LCFT** 18 staff, 716 new cases, per full year
  - ❖ No let up on **existing expectations** (5YFV targets, STP dashboard, NHSE assurance, local need for improvements, on-going projects and priorities, implement THRIVE)
- Plus on-going **differential investment and differential delivery** in health and social care services across the County



# Thrive



# Access Targets for 20/21 Applied to a THRIVE Model



# Access Target in More Detail

NHSE expect that:

- By 2020/21, 35% of those 10% of CYP with a diagnosable mental health condition should be provided with access to an 'NHS funded evidence based intervention' i.e. a 'space' in one of the above THRIVE quadrants; and the NHS should keep increasing that activity by 7% each year (to reach **as many of the 10% as feasible and affordable as possible**).
- those CYP who are not in the 35% that are supported by an **NHS** funded evidence based intervention will be supported by other means, e.g. they may receive appropriate help from, for example; social workers, parenting practitioners, school based counsellors etc.

This a significant 'stretch' for Lancashire .....





# Improvement Required



First Treatment Baseline		
Lowest	Highest	Median
10%	26%	11%



# Financial Implications of increasing access

	£m
Pan Lancashire cost to achieve 35% target (2020/21)	22.9
Financial Gap	4.6
Pan Lancashire cost to achieve 100% Prevalence	65.5
Financial Gap	47.2



# Solution Proposed

- *‘ In order to address the challenge the programme recommends a process of whole system, co-produced re-design to take place during 2017/18 alongside the implementation of developments needed to address current gaps and improvement requirements; in other words, mobilisation of the 2017/18 business plan alongside mobilisation of a collaborative re-design of the children’s mental health system.*
- *Much more work is required to scope a re-design process.*
- *.....Re-design proposal will be submitted to CCB ...’*



# Approach to Next Steps

- We would take expert advice
- We would develop options for next steps and appraise them
- We would submit them to CCB, and the participant organisations (decision makers for a decision and co-commissioners for a view), with a recommendation around a preferred option
- We would suggest preferred options and request an indication of support or otherwise
- We would come back to CCB to formalise a decision



# Outcome

- Options Appraisal Paper shared with 8 CCGs and 3 Local Authorities
- All 8 CCGs endorsed the preferred options
- 1 Local Authority endorsed the preferred options (noting that it did not consider itself a decision maker but expressing support)
- 1 Local Authority felt unable to fully endorse either of the 4 options at this stage (and did not propose an alternative way forward, though did give feedback)
- 1 Local Authority did not respond (formally)
- Lots of comments received; these can be summarised as follows.....



<b>Feedback</b>	<b>Response</b>
<b>1. Designing services around the NHS Access target leaves 65% of CYP in Lancashire without access to treatment?</b>	<p><b>We understand the concern: but</b></p> <ul style="list-style-type: none"><li>• <b>moving forward with redesigning services, to increase access to NHS funded treatment to 35% of prevalence, is in line with NHSE’s expectations of CCGs, nationally,</b></li><li>• <b>it greatly improves the current situation in Lancashire (35% plus 7% year on year “stretch”)</b></li><li>• <b>not all cyp with a diagnosable mental health, condition are expected to need or want an NHS funded intervention,</b></li><li>• <b>those not in NHS treatment are expected to be supported by other services.</b></li></ul> <p><b>We would welcome HWBB support to hold the whole system to account for the delivery of services and supports to the other 65% of CYP in Lancashire as well as the 90% who are “thriving”.</b></p>



Feedback	Response
<b>2. The redesign plans do nothing to address the historical variations in commissioning and delivery, across the CCG footprints.</b>	<p><b>We recognise this issue, but:</b></p> <ul style="list-style-type: none"><li><b>• historical variation affects all health and social care services across the whole county and we cannot tackle this issue in isolation in the CYP agenda,</b></li><li><b>• this has to be considered across the STP work programme,</b></li><li><b>• the STP is considering what this might require (financial principles, strategic commissioning etc.)</b></li><li><b>• the CCGs are committing over £6m more recurrent investment into CYP services by 2021 in the meantime,</b></li><li><b>• the redesign approach will deliver a minimum core and standardised offer as part of the new care model to be developed. This is the first time that this will have been delivered for CYP and will be a significant step forward.</b></li></ul>

Feedback	Response
<b>3. How can a whole system focus be retained if you design around one target?</b>	<p><b>We are not focusing on one target:</b></p> <ul style="list-style-type: none"><li>• <b>we will continue to deliver against the other 26 objectives in the Transformation Plan which cover the whole spectrum of need and a range of standards and targets</b></li><li>• <b>public Health will continue to focus on the resilience and prevention agenda</b></li><li>• <b>early Help and Wellbeing Services (EHWS) will continue to be developed</b></li><li>• <b>we want to initiate an additional programme of work to better coordinate and develop services that are complimentary to treatment (subject to finding a lead commissioning partner to take it forward)</b></li><li>• <b>the Programme will continue to work on improving all services from wellbeing to in-patient care</b></li></ul>

# Summary

- The Transformation Programme has undoubtedly made significant progress on improvements, after just 18 months of operation in a 5 year journey
- New challenges are ahead this year
- We have proposed a means of meeting those challenges, and we believe the redesign is the right approach
- We welcome feedback and are committed to work together on assurances around the whole system
- We must move forward and continue to make improvements
- We welcome the on-going input from the HWBB



# Conclusions

**The HWBB are asked to note this overview and support our on-going work.**



# Thank You

