



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 - Update

Lancashire Health & Wellbeing Board

20th November 2018

 @CYPEWMH1



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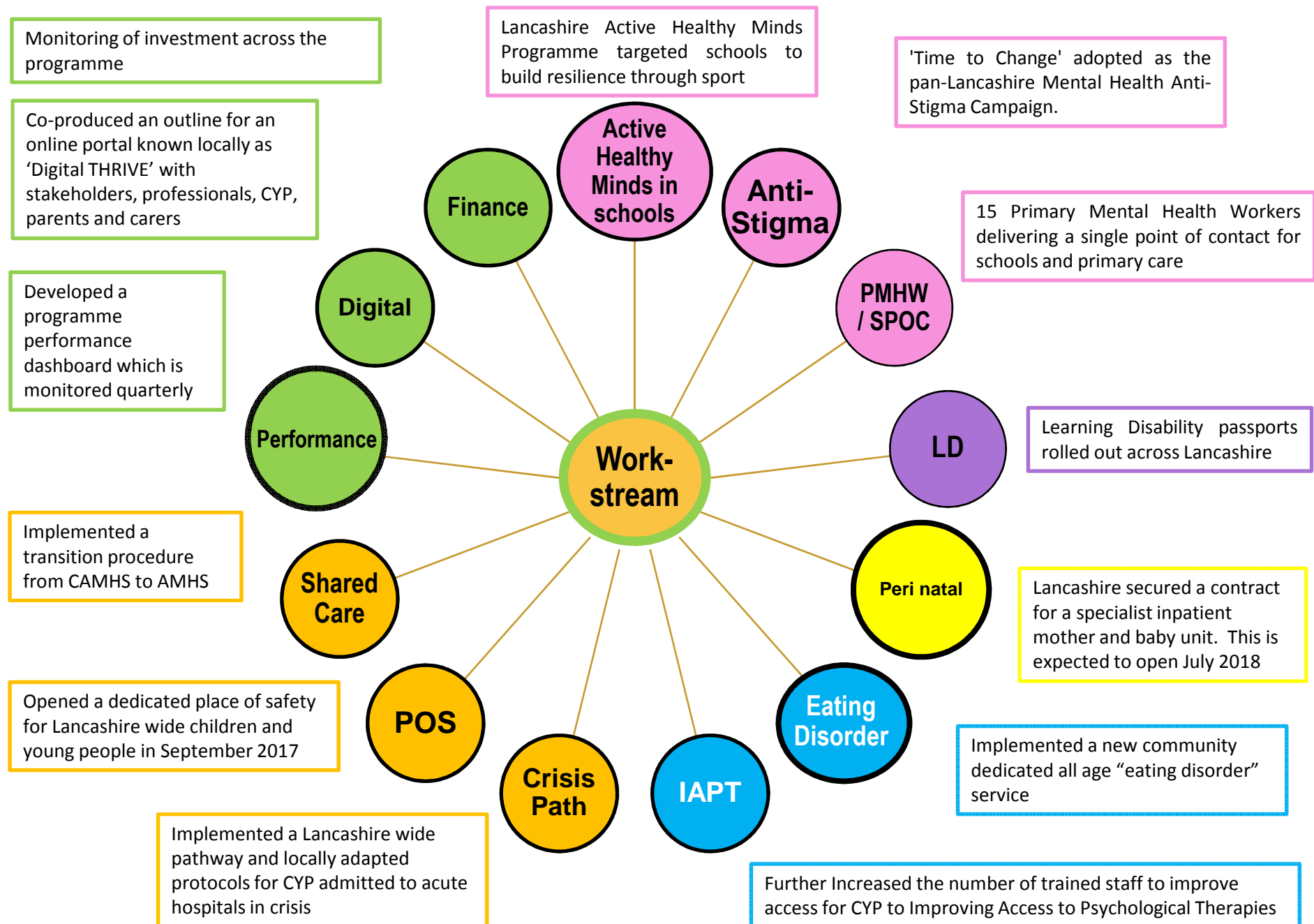
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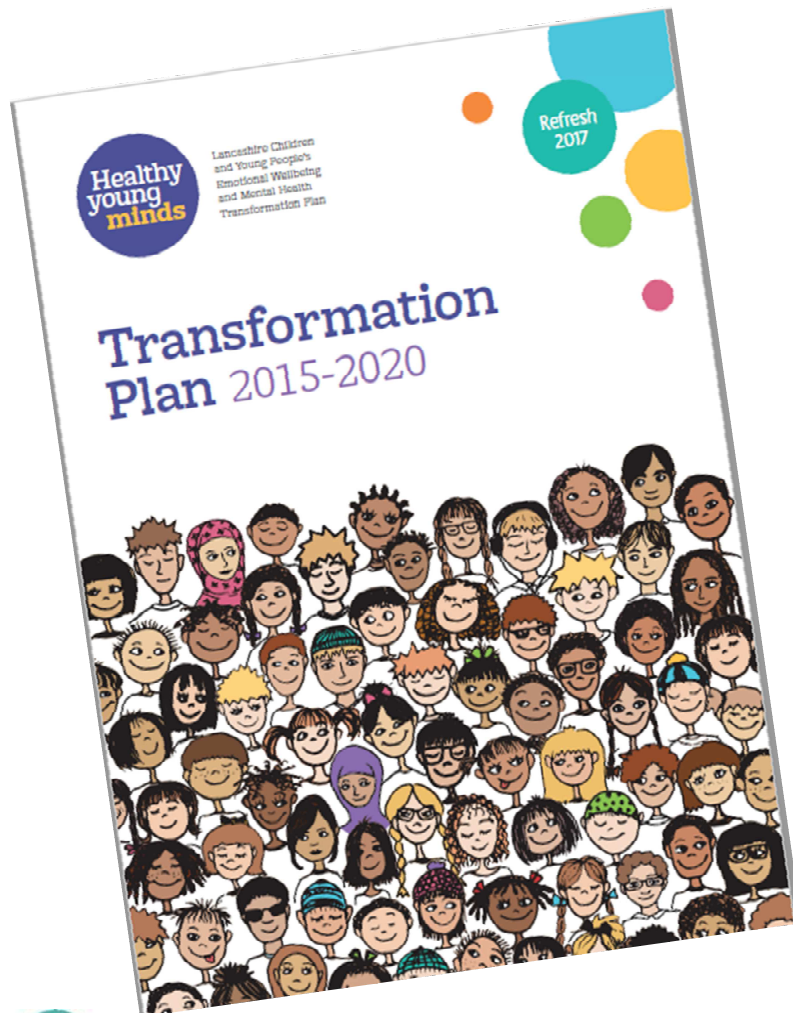
The CYPEWMH Transformation Plan – reminder

- 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 24th 2015. Published January 2016
- A 5 year plan for fundamental change; 200+ deliverables over 5 work streams





Plan Re-fresh – Workstreams and Objectives



- Re-freshed winter 2017/18
- Based on engagement with a wide range of stakeholders including CYP and families
- Consultation feedback appendix 4
- Signed off by CCB January 2018
- Signed off by JCCCGs March 2018
- Implementation 1.4.18 onwards
- 6 workstreams
- 28 objectives



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Challenges 18/19 and onwards

- National Access Target for CAMHS from 17/18
- LCC £1.1 million re-prioritized investment into early help. Backfilled in CAMHS by transformation funding
- Variation in service provision and funding
- Transformation Plan aspiration to implement THRIVE
- Implications of green paper.
 - 4 week wait for specialist CAMHS,
 - designated lead for MH in all schools,
 - NHS MH support teams into schools/colleges for early intervention and ongoing help



More about variation

CCG's received an assessment of the significant variations in

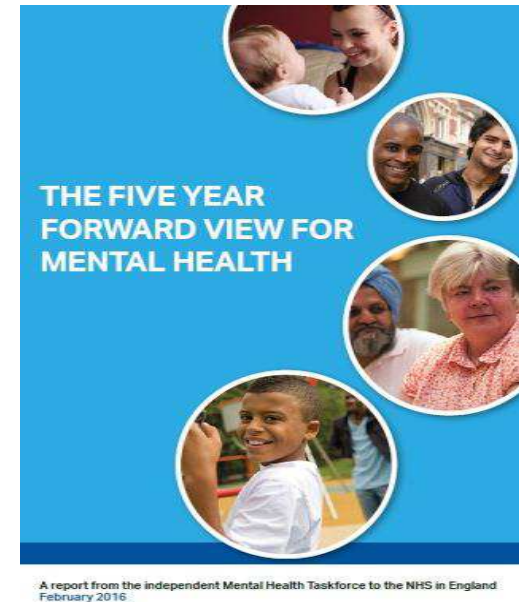
- Investment
- Access
- CYP experiences
- Audits and feedback from stakeholders



Access Targets

The Five Year Forward View for Mental Health introduced 2 access targets specific to children and young people:

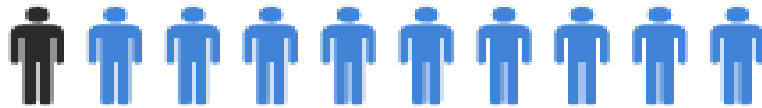
- At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.
- Children and Young People with an Eating Disorder to be able to access support in the community within 1 week if urgent and 4 weeks if routine.



2017/18 Performance- Locally reported

10%

1 in 10 children have a
diagnosable mental health
condition



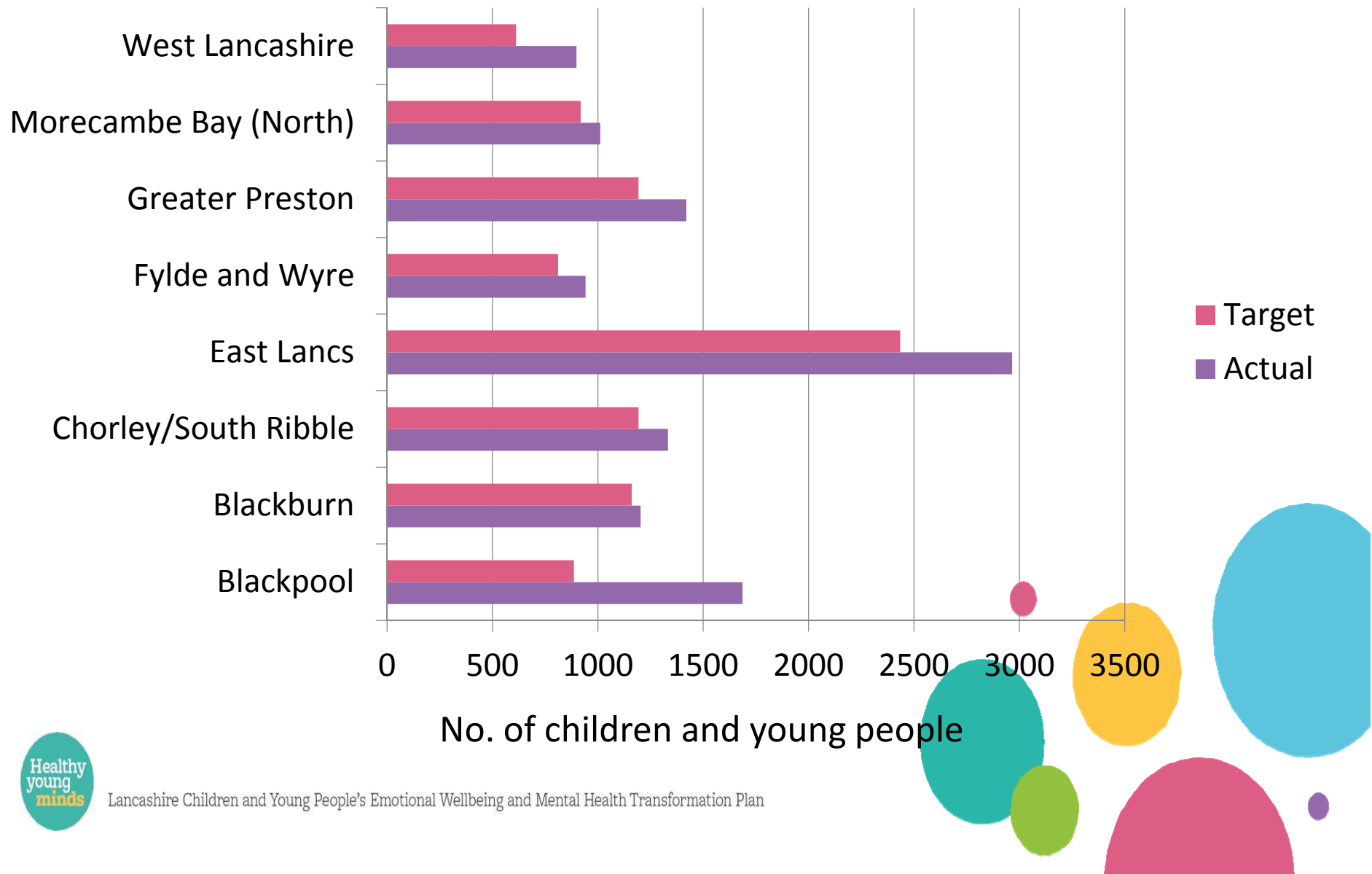
11,461 children accessed NHS funded
mental health services in 2017/18, which is
7% above the access target



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2017/18 Performance by CCG area- No.'s accessing



Access for CYP with Eating Disorders Across Lancashire

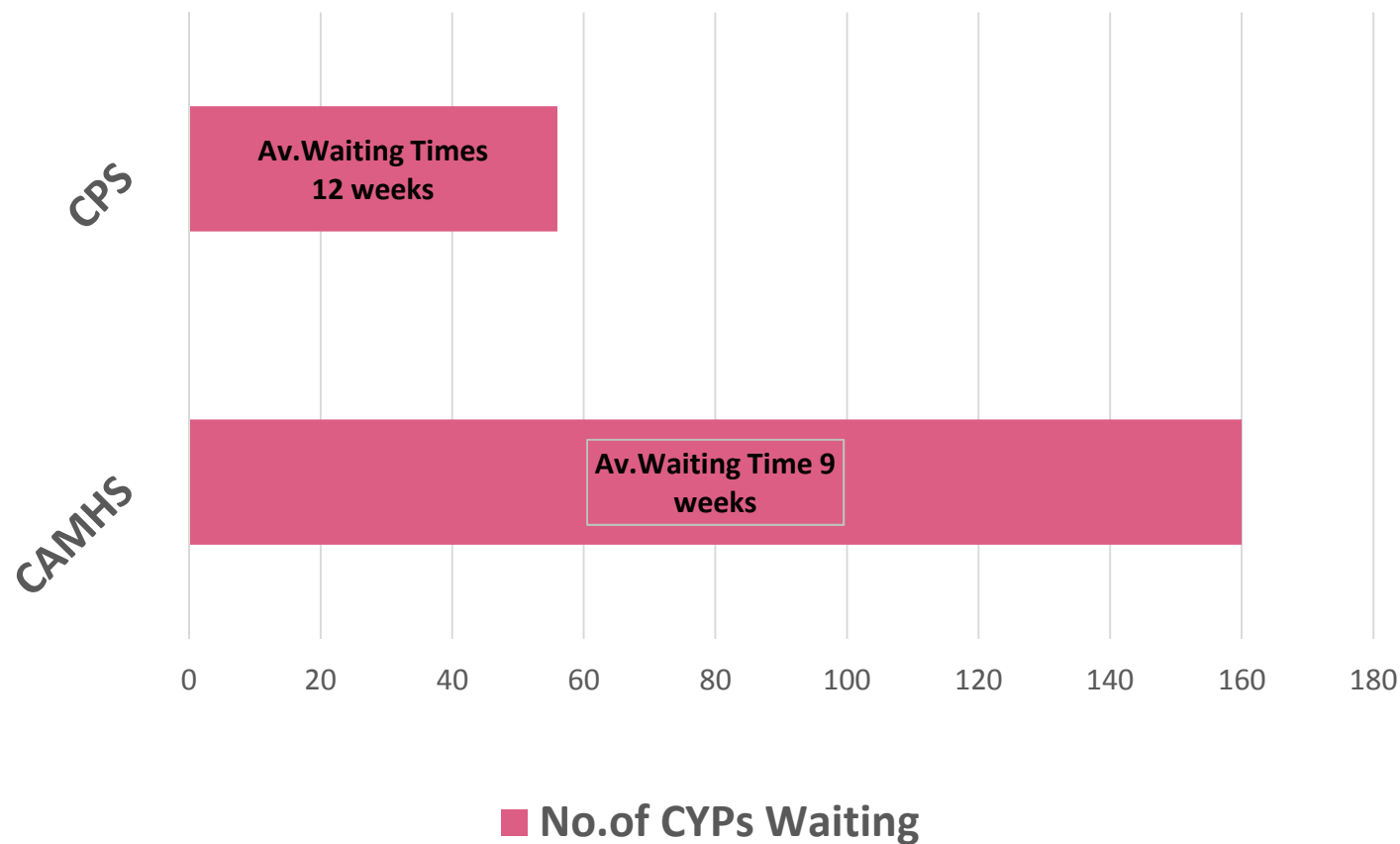
Urgent Cases
47 Children
57% (27)
seen within 1
week



Routine Cases
128 Children
and young
people
85% (109)
seen within 4
weeks



On average over 2017/18 period for Lancashire (Excludes ELCAS figures for Q2-4)



Current Investment levels

- CCG spend in 2017/18 was £15.2m

Annual Children's Services Spend - 2017/18									
Service	Blackpool CCG	Blackburn with Darwen CCG	Chorley & South Ribble CCG	East Lancashire CCG	Fylde & Wyre CCG	Greater Preston CCG	West Lancashire CCG	North Lancashire	Subtotal CCG Spend
TOTAL CORE	£1,922,157	£1,308,517	£1,301,419	£3,564,236	£1,078,165	£1,162,958	£866,207	£566,033	£11,769,692
TOTAL TRANSFORMATION (85% aligned)	£437,920	£376,040	£376,040	£847,280	£342,720	£447,440	£238,000	£333,200	£3,398,640
TOTAL CORE + TRANS. IN 2017/18	£2,360,077	£1,684,557	£1,677,459	£4,411,516	£1,420,885	£1,610,398	£1,104,207	£899,233	£15,168,332
Registered Population (under 19s)	34,658	45,068	38,819	88,476	32,686	45,633	23,097	31,200	339,637
Investment (£) per Reg. Population	£68.10	£37.38	£43.21	£49.86	£43.47	£35.29	£47.81	£28.82	£44.66

- LA spend in 2017/18 was £4.5m

Annual Children's Services Spend - 2017/18				
Service	Lancashire County Council	Blackpool Council	Blackburn Council	Sub Total Local Authority
TOTAL CORE	£3,979,668	£163,233	£350,700	£4,493,601



CCG Investment compared to national average

CCG Investment per population 0-18

Lancashire & South Cumbria	National Average
£38.39	£50.13

Funding
gap:
£4.9M



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Key Priority Area

- We have reviewed our Transformation Plan in light of these challenges, issues, national requirements and the changing strategic context and agreed that a fundamental objective must be **to improve access** to CAMHS and **reduce variation** in service offer and investment
- Our ambition is to go beyond the national access target but this will be dependent on **increased investment** alongside service redesign.
- It has been agreed by the CCG's that this will be achieved through a co-produced **Service Redesign Project** in line with the nationally recognised model THRIVE
- At the same time, if we are to prevent more CYP developing MH conditions, **other partner investment** in resilience and prevention also needs to be increased.



Aim: To redesign and commission NHS funded children and young people's emotional wellbeing and mental health (CYPEWMH) services across Lancashire and South Cumbria in line with THRIVE



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Services in Scope

**NHS funded services for children
and young people with a
diagnosable mental health
condition**

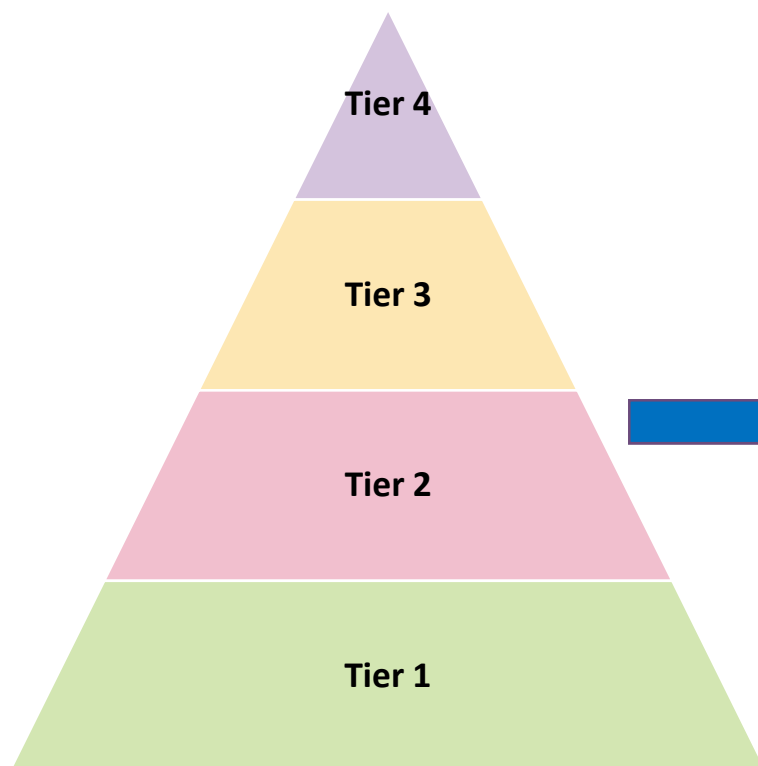


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The Case for Change: Adopting THRIVE

Current Approach



“...a radical shift in the way that services are conceptualised and potentially delivered”.



“rather than an escalator model this is a conceptual framework that groups children and young people, goal focused, evidence informed.”





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The Ask to Providers

Providers are asked to collaborate with each other, with VCFS providers and with CCGs to clinically lead the co-production of a core service model for NHS funded CYPEWMH Services (CAMHS) across Lancashire and South Cumbria



CCG's have agreed a 'collective' service redesign project. The outcomes will be:

- More children who need services are able to access them
- Waiting times are reduced
- Variations in service across Lancashire and South Cumbria are addressed
- Best practice both nationally and locally is shared and built upon
- Existing and additional investment is deployed in the best way to meet need.



Providers

- East Lancashire Child and Adolescent Services
- Lancashire Care NHS Foundation Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Cumbria Partnership NHS Foundation Trust
- Range of VCFS providers in scope



The Ask:

Providers are asked to collaborate with each other to clinically lead the co-production of a core service model for NHS funded Children and Young People's Emotional Wellbeing and Mental Health Services across Lancashire and South Cumbria in line with the following:

Must Do's:	Pathways to be included:	Must Do's continued:
<p>a. Be co-produced with CYP, families, providers, commissioners and other stakeholders (see appendix A).</p> <p>b. Reflect and respond to previous consultation (see EIRA) and incorporate ongoing engagement with CYP and families.</p> <p>c. Offer quality services that result in positive patient experiences and deliver positive outcomes for children, young people and families in line with PREMS and PROMS.</p> <p>d. Respond to the needs of our diverse communities and vulnerable groups (see EIRA).</p> <p>e. Incorporate the use of digital therapies in line with evidence base and offering choice</p> <p>f. Incorporate clinical support to online parenting groups and peer support based on recommendation in the THRIVE consultation e.g. closed Facebook groups with clinical input</p> <p>g. Incorporate the full range of NHS funded interventions provided across sectors e.g. counselling (see appx B)</p> <p>h. Reflect the THRIVE model: evidence based and outcomes lead; options and information for children and young people in need but not in treatment; interventions are focused and time limited; and a clear approach to risk support.</p> <p>i. Support delivery of the national access target (see appendix B).</p> <p>j. Take referrals from birth up to 18th birthday and continue to support up to 19th birthday, as needed</p> <p>k. Offer a clear single point of contact for CYP, families, schools and primary care including providing consultation and advice.</p> <p>l. Offer clear referral pathways including self-referral.</p> <p>m. Incorporate a single point of access to all elements of the THRIVE model including a 'warm handover' to other services</p> <p>n. Offer a direct route from adult IAPT for 16-18s with anxiety/depression as part of 'getting help'</p> <p>o. Incorporate a range of roles including the new PMHWs and CWP's.</p>	<p>Pathways to be developed as part of the redesign, reflecting the national access target definition, the needs based groupings set out in THRIVE elaborated (p14) and NICE guidance. Pathways to include those delivered directly and those delivered in partnership with other services</p>	<p>p. Ensures workforce requirements are delivered in line with Stepping Forward to 2020/21.</p> <p>q. Offer 7-day CAMHS crisis response with access to out of hours on-call services and places of safety alongside Core 24</p> <p>r. Offer access to the service in a range of CYP friendly settings.</p> <p>s. Work in partnership with in-patient services to ensure CYP are supported in the least restrictive setting.</p> <p>t. Allow for innovation and continuous improvement in response to national and local standards while enabling place based delivery and local variation, where appropriate. This should include the Green Paper (December 2017).</p> <p>u. Support a collaborative system and a positive culture around children and young people's mental health by working in partnership with non-NHS funded services that form part of the complementary offer; to tackle stigma and raise awareness; and positioning the new service within the context of an overall offer for 0-25.</p> <p>v. Work in partnership with AMH and physical health services to ensure CYP and families are supported holistically and that services recognise and respond to the impact that AMH may have on CYP</p> <p>w. CYP are appropriately supported to transition in line with pan Lancashire Transitions procedure and NICE quality standards and learning from recent CQUIN.</p> <p>x. Children and young people, who are vulnerable e.g. children looked after, young offenders, should have priority access to mental health assessments by specialist practitioners. Access to subsequent treatment should be based on clinical need.</p>
Performance and outcome measures and targets		
<p>1. Access Target: Included in THRIVE diagram above and CCS breakdown appendix B (Attached)</p> <p>2. Waiting List Measures: included as placeholders in FIPV MH dashboard and as part of national indicator set therefore may require further amendment once finalized nationally.</p> <p>a. Total number of CYP waiting for treatment by number of weeks waiting</p> <p>b. Average waiting time (days):</p> <ol style="list-style-type: none"> from referral to treatment/intervention (National proposed 4 weeks – Green Paper Dec 2017) from assessment to treatment/intervention from referral to assessment <p>3. Quality Measures</p> <p>a. Transitions out of Children and Young People's Mental Health Services as per Commissioning for Quality & Innovation (CQUIN) 2017/18 specification, with a goal to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.</p> <p>b. Additional measures to be developed by providers</p>		<p>4. Outcome measures:</p> <ol style="list-style-type: none"> No's of CYP with paired outcome measures % of CYP who show reliable improvement No's of CYP who have developed a goal based outcome % of those that show improvement on those goals % of CYP who completed patient experience measure % of CYP reporting positive patient experience measure <p>5. Mental Health Service Data Set (MHSDS): Compliance to the minimum MHSDS submission of 100% completeness and full compliance against data quality as per the NHS Digital provider level data quality report, with ambition to be fully conformant to MHSDS by 1st June 2018 as per the Information Standard Notice.</p>

Key Milestones & Progress to Date

Phase 1:

Checkpoint 1:- **Completed**

Confirmation of agreement to proceed with the redesign received from providers 10.11.17

Checkpoint 2: **Completed**

MOU submitted and agreed 5.2.18;

Co-production and Engagement plan submitted and signed off 20.4.18

Checkpoint 3:

Submission of outline proposal **Completed** and submitted **10.08.18** and evaluated.



CAMHS Redesign - achievements

- We have an agreed clinical model for CAMHS delivery across L and SC for the first time ever
- Staff are committed to delivery having been heavily engaged throughout the co-production
- Commissioning and provider roles integrating – breaking new ground. This is a real test case for new ways of working
- CYP and families are optimistic about the future – positive feedback from the co-production process so far



CAMHS Redesign – Next steps

Agreement of timeline and resourcing for phase 2 to include:

Refinement of Clinical model

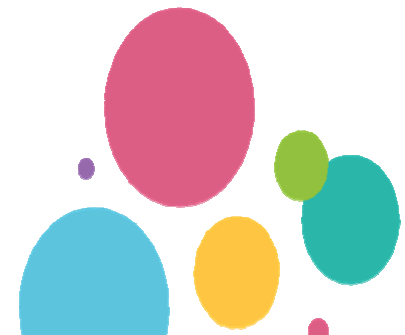
- Significant further co-production with CYP, families, stakeholders
- Further communications & engagement
- Clinical modelling
 - Planned and unplanned care
- Demand & capacity modelling
- Estates
 - Delivery of service locations – influenced by engagement
- Workforce
 - Designing new roles, terms & conditions, TUPE

Development of Business Model

- Detailed bottom-up costing
- Organisational/provider delivery model
- Payment model
- Contract/commissioning model



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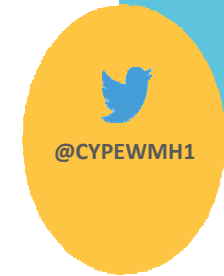
Summary

- The Transformation Programme has made significant progress on improvements, after just 2 years 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 and support from the Lancashire Health & Wellbeing Board





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Thank You

[http://www.healthierlsc.co.uk/application/files/7815/2845/4017/
Lancashire CYP EWMH Transformation Plan Refresh .pdf](http://www.healthierlsc.co.uk/application/files/7815/2845/4017/Lancashire_CYP_EWMH_Transformation_Plan_Refresh_.pdf)

