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

November 2016

Worcestershire Health and Care NHS Trust

Worcestershire Acute Hospitals NHS Trust

Redditch and Bromsgrove Clinical Commissioning Group

Wyre Forest Clinical Commissioning Group

South Worcestershire Clinical Commissioning Group

Worcestershire's voluntary and community sector

NHS England

worcestershire county council

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Foreword from John Smith, Cabinet Member with responsibility for Health and Wellbeing

It is my pleasure to present Worcestershire's refreshed transformation plan for children and young people's emotional wellbeing and mental health. The Worcestershire plan is based on the recommendations from the Future in Mind report (Department of Health and NHS England, 2015) and forms a key part of delivering one of the key priorities within the Joint Health and Wellbeing Strategy 2016-21: **Good mental health and well-being throughout life**

Our vision is to address the following key themes outlined in Future in Mind:

- **Promoting resilience through a focus on prevention and early intervention**
- **Improving access to effective support**
- **Focus effort on support and care for the most vulnerable**
- **Increased accountability and transparency**
- **Improving the capability and quality of the workforce**

This sits well with the Health and Well-being Strategy's commitment to prevention, and commitment to ensuring that services are effectively targeted and evidence based. The plan requires action by a range of different organisations across health, education and social care. This will enable a joined up approach to improve outcomes for children and young people's emotional wellbeing and mental health. We will ensure that organisations from across the sector will work together on commissioning and providing evidence based services which are targeted at those in greatest need.

We are determined to make a difference and will look at the whole system across Worcestershire to improve outcomes around emotional wellbeing and mental health.

1. Executive Summary

Worcestershire's approach to Prevention is being re-focused to generate a multi-agency response to promoting early identification and intervention in relation to children and young people's needs, in partnership with children, young people and families. This Transformation Plan (2015-2020) is a key part of the wider Prevention agenda with a detailed focus around children and young people's emotional wellbeing and mental health. The focus on emotional wellbeing and mental health is significant as it creates 'a positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life' (Mental Health Foundation).

We aim to:

- Improve the emotional well-being and mental health of Worcestershire's children and young people; this will also contribute to an improvement in their wider health, social and educational outcomes.

We expect the following outcomes:

- More children and young people will develop resilience as a result of education and support from their families, schools and other settings.
- Children and young people who go on to use an emotional wellbeing or mental health service will report their health has improved as a result
- Service users will give positive feedback on their experience of emotional wellbeing and mental health services
- Referrers will give positive feedback on the emotional wellbeing and mental health services they refer to
- Children and young people will have shorter waiting times for services
- There will be fewer referrals to Tier 3 CAMHS and Tier 4 inpatient beds as a result of more effective early support and preventing escalation of needs.
- Service users transitioning between CAMHS and Adult Mental Health Services will report a positive experience.
- Fewer children and young people will attend A&E or require local hospital admission following self harm.

Our focus in delivering these outcomes will be to:

- Bring commissioners and providers of emotional wellbeing and mental health services together to build strong co-commissioning and partnership agreements with the aim of developing a seamless pathway which delivers evidence-based interventions and services that children, young people and families can access easily.

- Ensure that children, young people and families are actively involved in the processes of commissioning and delivering services so that their views and experiences inform this transformation plan.

- Develop a consistent approach to promoting resilience, prevention and early intervention for mental health and wellbeing in partnership with early help and universal services such as schools, colleges, primary care, youth settings and early years settings.

- Commission a targeted service (at Tier 2 level of need) for children and young people who need support around emotional wellbeing to avoid/prevent the need for specialist mental health services.

- Develop an effective 24/7 mental health crisis response in partnership with other services.

- Develop a CAMHS service which delivers evidence-based specialist mental health interventions directly, builds capacity in the universal workforce and supports children and young people in their local community in a timely manner, avoiding the need for inpatient admission.

- Develop a multi-agency response to support timely hospital discharge, where children and young people have required an admission to Tier 4 inpatient units.

- Commission a specialist community eating disorder service which works with all partners to ensure problems are identified early and treated effectively.

The Case for Change

- Good emotional wellbeing and mental health underpins the achievement of educational, social and wider health outcomes, as well as increasing wellbeing and happiness.

- Preventing or effectively treating mental illness in childhood is likely to prevent longer term illness in adulthood, since half of lifetime cases of mental health disorder start by the age of 14 years.

- There is a strong invest to save argument for using evidence based interventions to treat or prevent mental illness in order to make savings not only in childhood, but throughout the life-course (Chief Medical Officer Annual Report, 2012 'Our Children Deserve Better: Prevention Pays; Chapter 3: The economic case for a shift to prevention).

- Children and young people are given equal priority with adults within the cross-government strategy 'No health without mental health' (HMG/DH 2011), and in the subsequent policy document 'Closing the gap: priorities for essential change in mental health' (DH, 2014). This recognises the importance of early identification and treatment in childhood to help children and young people reach their full potential in all outcome areas as well as preventing long term problems continuing into adulthood.

- In 2014 children's mental health came under close government and media scrutiny. The resulting Task Force report 'Future in mind: promoting, protecting and improving our children and young people's mental health' (NHSE/DH, March 2015), identified the need for change and it laid out the government's national ambition to transform services for children and young people with mental health needs.

- An Early Help Needs Assessment was completed in 2015. This recommended an increased focus on prevention and early intervention to improve children and young people's emotional wellbeing and mental health.

- An emotional wellbeing and mental health needs assessment was also completed in 2015, again emphasising the need for moving the focus towards prevention and earlier intervention.

- The Children and Young People's Plan (2014-2017) and the Health and Care Strategy for Worcestershire (2015-2020) both outline the importance of emotional well-being and a commitment to the provision of a clinically effective CAMH service.

What children, young people and parents/carers tell us they need?

- Young people want to speak to somebody they know and trust
- Young people would value face to face support, but on-line support would be welcomed as an additional choice for support
- Skill up a wide range of professionals and parents to identify issues earlier
- Make use of websites, apps and social media to promote advice and resources for families
- To consider the needs of the whole family
- Make waiting times for services shorter

Children, young people and parent/carers continue to help us shape services through engaging in our Partnership Board, engaging in specific focus groups such as patient experience around the neurodevelopmental pathway, and the Youth Cabinet and Who Cares we Care. The Youth Cabinet survey is out (as at September 2016), with results being collated in January 2017.

2. The Plan – updated October 2016

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.1. Create a transformation board to oversee the implementation of the plan.	Lead commissioner	Interface group and Emotional Wellbeing stakeholder group already engaged. CAMHS Youth Board engaged. Transformation plan approved by NHSE	Refresh Local Transformation plan by 31st October 2016 Sign off by the Health and Wellbeing Board at 1st November meeting Youth cabinet survey results analysed by January 2017 Review of action plan post survey results by March 2017	CAMHS partnership board and sub groups established. Meeting bi-monthly with stakeholders, parents and young people. Youth cabinet survey on young people's emotional wellbeing and mental health launched	Active engagement by all partners, regular attendance at Board Meetings and actions to be RAG rated as Green within set timescales. The transformation plan to have children, young people and families involvement.	
2.2. The universal workforce including midwifery, health visitors and school nurses promoting a whole community preventative approach to parenting, promoting resilience and emotional wellbeing and identifying those at risk	Public health commissioner	A survey to be carried out to determine a baseline	Contract extension of heath visiting and school nursing services October 2016 0-19 Transformation board established by October 2016 Transformation board review of 0-19 service progress by March 2017	Due to no compliant bids being received, commissioners for the 0-19 tender are negotiating contract extensions for health visiting and school nursing. A 0-19 transformation board is being established and lead by public health	Service specification in place with KPIs monitored regularly.	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.3 Schools are taking a whole school approach to promoting positive emotional wellbeing. (e.g. Anti-bullying policies, PSHE, peer mentoring, etc) Schools are commissioning high quality, evidence based interventions to improve outcomes for children and young people.	Lead Commissioner/ public health/Connecting Families	100% of schools have a health improvement plan highlighting specific targets identified from the Public Health School Profiles.	School emotional wellbeing toolkit drafted and circulated for consultation by October 2016. Sign off of emotional wellbeing toolkit and implementation begins – February 2017	School input working group continues to meet monthly and is developing commissioning guidance/provider framework for schools. Small group of headteachers are co-designing the guidance/toolkit for schools.	100% schools will have access to good practice guidance on provision of an emotionally healthy school environment and quality evidence-based interventions.	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.4. A one-stop shop for information and advice around emotional wellbeing for children and young people and parent/ carers and professionals. (How to promote resilience and recognise signs of emotional distress/mental health issues/ eating disorders.)	Lead Commissioner	Current referrals to Tier 3 is 2,548 for 2014/15 Current percentage of accepted referrals is 70% for 2014/15	Implementation of the online emotional wellbeing service December 2016 Face to face emotional wellbeing service implemented by February 2017 New emotional wellbeing triage function embedded in to CAMHS SPA to provide a single point of access for both services	The referral process to CAMHS has been updated to include the new eating disorder service The GP referral form has been streamlined and updated in consultation with GPs Additional capacity within CAMHS SPA out to recruitment as at September 2016. The online emotional wellbeing service contract being negotiated this will include information, advice and guidance for children, young people and families.	A reduction in inappropriate referrals to CAMHS A reduction in referrals to specialist CAMHS Improving and understanding thresholds.	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.5. The Children's workforce across all agencies will understand their role in promoting resilience and identifying and supporting emotional wellbeing and will be trained and supervised appropriately.	Lead Commissioner	Mental health first aid training available in the county	Youth mental health first aid to be accessible across the whole of the children's workforce by October 2016 Procurement of further STORM training Procurement of self harm training one day course by January 2017	Early Help staff have been trained by CYP-IAPT Monthly meetings continue with workforce development team to plan the suite of training for the children's workforce	The children's workforce to be trained and feel confident to identify and support emotional well being issues.	
2.6. A robust specialist primary mental health service that provides consultation, advice and support for the wider workforce.	Lead Commissioner	Current referrals to Tier 3 are 2,548 for 2014/15	New specification for Primary Mental Health Service/ consultation service in place by Oct 2016, with robust KPIs. Implementation of consultation service by February 2017	Service development and improvement group have been meeting regularly and have developed the draft service specification for CAMHS.	A reduction in inappropriate referrals to CAMHS A reduction in referrals to specialist CAMHS	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.7. Provide a high quality; evidence based online and face to face county-wide therapeutic counselling service for CYP with lower level emotional wellbeing needs.	Lead Commissioner	Current referrals to Tier 3 are 2,548 for 2014/15	Implementation of the online emotional wellbeing service December 2016 Face to face emotional wellbeing service implemented by February 2017 New emotional wellbeing triage function embedded in to CAMHS SPA to provide a single point of access for both services Clear pathways in place with the emotional wellbeing service, school nursing, family intervention service and schools by February 2017	Emotional wellbeing service specification and contract variation completed Weekly meetings are in progress with the provider to work towards implementation.	A reduction in inappropriate referrals to CAMHS A reduction in referrals to specialist CAMHS.	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.8. High quality specialist CAMHS T3 and T3+ service where children are able to access assessment and intervention in a timely manner, provided by clinicians trained in evidence based NICE compliant practice, with effective supervision. More effective pathways for the most vulnerable children e.g. LAC and YOS	Lead Commissioner	Current baseline 2010-13 424.2 emergency hospital admissions for self-harm per 100,000 population (aged 10-24yrs) 38 admissions into Tier 4 for 14/15	New service specifications and dashboard of KPIs developed for re-designed Tier 3, 3+ LAC/CAMHS, LD/CAMHS, YOS/CAMHS signed off by November 2016	Service development and improvement group has been meeting regularly over the last 12 months. Business cases submitted, negotiated/agreed. Service specification and contract variation completed. This includes pathways for the most vulnerable children eg LAC and YOS Funding agreed and additional capacity in Tier 3/Tier 3+ in place Care Notes a new system within the NHS provider went live in December 2015 it has the ability to record session by session outcomes and more robust data	A reduction in local hospital admissions and in referrals to Tier 4. A reduction in waiting times for CAMHS Tier 3 A reduction in length of stay on paediatric ward	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.9. High quality responsive CAMHS out of hours service	Lead Commissioner	Complete an audit to establish the baseline.	Report to commissioning executive to summarise the key issues/challenges to out of hours services and provider recommendations by December 2016.	Audit in progress to establish the baseline as at September 2016 Urgent care interface group continues to meet to case review any out of hours issues/incidents in order to inform future commissioning. Conversations are continuing with the West Midlands Health Science Network to clarify how they can support us to commission future out of hours services. The provider NHS Trust has consulted with psychiatrists about future on call services	Referrers report positive experiences of out of hours services. Fewer CYP admitted to T4 Fewer inappropriate admissions to paediatric wards Shorter stays in Acute paediatric wards	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.10. Embed the use of Care Treatment Reviews (CTRs) for children and young people with severe learning disabilities or autism and challenging behaviour across the local health and care system.	Lead Commissioner / Complex Cases Commissioner	An assessment of needs and an evaluation of the current multiagency processes will be carried out in 2015-16, to establish a baseline of current performance Updated baseline Oct 16 – In Worcestershire we have led 1 pre admission CTR and 1 discharge from hospital CTR within the last 6 months	Processes and protocols for completion and monitoring of pre-admission CTRs and discharge CTRs developed by December 2016. CAMHS professionals understand the care and treatment review process and know when to alert commissioners that a CTR is required by March 2017 Other professionals understand the care and treatment review process and know when to alert commissioners that a CTR is required by September 2017 Commissioners to ensure that there is access to experts by experience and clinical experts who can contribute to each CTR	Worcestershire's transforming care action plan continues to be reported to NHS England and this includes both children's and adults. A risk register is in place and further work is in progress with clinicians to determine the criteria for risk assessing children and young people The Children's commissioning team continue to monitor the number of children in hospital and ensure that care and treatments review are undertaken in partnership with NHS England.	More people with learning disabilities and/or autism and their families report that they are listened to, and treated as equal partners in their own care and treatment Reduction in unnecessary admissions into inpatient settings and delayed discharges (measured through number of admissions/delayed discharges and audit of case details) All admissions are supported by a clear rationale with measurable outcomes (through audit).	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.11. Countywide Community Eating Disorder Service for Children and Young people	Lead Commissioner	57 eating disorders referrals to CAMHS within 12 months 14 young people admitted to Tier 4 for eating disorders within 12 months	Service specification drafted by October 2016 Service specification signed off and contract variation agreed by December 2016 Recruitment of staff by January 2017. Training plan for new service to commence January 2017. Eating disorder service to be operational from January 2017	Eating disorder model and pathway agreed A CQUIN (payment by results) has been implemented across the Community and Acute NHS Trusts. Ongoing engagement with Health Education England to ensure a skilled workforce in place	A reduction in local hospital admissions and in referrals to Tier 4. National mandatory waiting times for children and young people's community eating disorder service are met A reduction in length of stay on paediatric ward A reduction in late presentations of eating disorders.	
2.12. Develop community perinatal mental health provision to provide treatment and support for mothers identified with or at risk of mental health issues during or after pregnancy to improve parenting capacity and promote emotional well-being of the child.	Public health commissioner Adult mental health commissioner	To be determined through data collection exercise in 2015/2016	Community perinatal mental health provision in place by March 2017	Agreement to integrate future early intervention provision within the 0-19 service	100% of all agencies are implementing the new primary care mental health service redesign. 100% of those surveyed are satisfied with the service	

What we want to achieve?	Lead	Baseline at 3rd November 2015	Milestones	Progress	KPI/ Measureable outcome	RAG
2.13. All agencies who are providing support around emotional wellbeing and mental health to be working towards the same outcome measures, based on CORC/CYP-IAPT. NB: Worcestershire has been successful in gaining CORC support in the cross-sector outcomes and data linkage project	Lead Commissioner	Audit of current outcomes across agencies to establish baseline.	Engagement of commissioner and provide partners – positive activities, schools, early help, school nurses, CAMHS, VCSOs to follow CORC framework to measure improvement in emotional wellbeing and mental health outcomes. Emotional wellbeing pathway and requirement to use CORC/CYP – IAPT outcomes to be included in all WCC/CCG commissioned service specifications by October 2016.	CORC/EBPU project in progress – piloting ways of linking data and sharing outcomes. Draft data sharing agreement in place. Requirement to use CORC/CYP-IAPT outcomes is in all draft WCC/CCG commissioned service specifications.	100% of agencies signed up to and implementing an agreed pathway and outcomes measurement.	
2.14 A Worcestershire Liaison and Diversion service is commissioned by NHS England by March 2017.	NHS England Lead Commissioner	No current service	Service is procured by December 2016 Service is operational by 1st April 2017 Service is evaluated during 2017/18	Service is out to tender, closes November 11th 2016. 12 months funding is available initially	Improved health and criminal justice outcomes for children and young people who come into contact with the youth and criminal justice systems (measured through audit).	

3. Introduction

3.1 Effective Early Help addresses the root causes of social disadvantage, ensuring that everyone is able to realise their full potential by developing the range of skills we all need to thrive. It is about getting extra, effective and timely interventions to all babies, children and young people who need them, allowing them to flourish and preventing harmful and costly long-term consequences (Early Intervention Foundation, 2015). It is estimated that approximately £17billion is spent each year in England and Wales addressing problems such as mental ill health, unemployment and youth crime. This does not take into account the wider social and economic costs (Ibid). The 2015 Worcestershire Early Help needs assessment emphasises the importance of identifying early opportunities for timely, evidence-based interventions. This is important, first and foremost, for improving the life chances of children and young people; and secondly for generating long term savings.

"Knowledge and understanding of human development, especially in childhood, has grown We can identify more problems earlier; some we can even anticipate or identify as clear risk factors".
(Centre for Excellence and Outcomes, 2010)

3.2 **As outlined in local needs assessments evidence suggests that we should:**

- Ensure better identification, prevention and early intervention
- Strengthen parenting advice and support
- Provide intensive support for vulnerable families in early years & beyond if needed.
- Increase focus on emotional health and wellbeing and resilience at school
- Maximise the benefits of community assets
- Target multiple poor adolescent behaviours with evidence-based 'cluster interventions'
- Integrate delivery of service provision (Manchester model, integrated hub approach)
- Review of all commissioned prevention & early intervention services

3.3 **Key Headlines from the 2015 CAMHS Needs Assessment**

- Demand on the emotional health and wellbeing pathway is forecast to increase, particularly in deprived communities.
- 30% of emergency referrals to CAMHS in 2014/15 were not known to specialist services.
- Office for National Statistics (ONS) data estimates that 2,120 young people require Tier 3 CAMHS. 4,642 children may require a service from universal and targeted services.
- Numbers of referrals to CAMHS and the accepted referral rate have both fallen.
- 70% of parents surveyed said it was either difficult or very difficult to get help.
- The most important improvement suggested by parents and carers was wider workforce staff training and support, and mental health promotion in schools.
- Prevalence data for looked after children (LAC) suggests 306 children may require a specialist service for emotional wellbeing and mental health.

- Waiting times for CAMHS were a top concern for all stakeholder groups responding to the surveys, and in particular over 70% of parent/carer service users rated this as poor.
- The numbers admitted to CAMHS Tier 4 are lower (at around 33 per year) than would be expected based on prevalence data which suggests that 90 children at any one time require Tier 4.

Throughout May and June 2015, 97 surveys were completed by children, young people and parents and 115 were completed by professionals. This was to help us shape the Transformation Plan and Commissioning Intentions. In addition to this, we held focus groups across Worcestershire and spoke to 123 children, young people and parents/carers. They told us:

- Young people want to speak to somebody they know and trust
- Young people would value face to face support, but on-line support would be welcomed as an additional choice for support
- Skill up a wide range of professionals and parents to identify issues earlier
- Make use of websites, apps and social media to promote advice and resources for families
- To consider the needs of the whole family

This Transformation Plan reflects the recommendations from the recent Future in Mind report.

> *"Promoting, protecting and improving our children and young people's mental health and wellbeing*
>
> *There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked.*
>
> *Fortunately that is now changing. However, in taking action there are twin dangers to avoid. One would be to focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand, over medicalising our children along the way. The opposite risk would be to diffuse effort by aiming so broadly, lacking focus and ducking the task of setting clear priorities. This document rightly steers a middle course, charting an agreed direction and mobilising energy and support for the way ahead. I'm pleased to give it NHS England's full support".*
>
> *(*Simon Stevens, *Future in Mind,* March 2015)

3.4 Perinatal Mental Health

Effective Early Help begins before birth with early identification and support for maternal mental health difficulties, continuing into the postnatal period.

The effect of a mother's mental health on the subsequent health of her child is equally important as her physical health. Evidence shows that children born to mothers who experienced antenatal stress, anxiety or depression have more emotional difficulties, especially anxiety and depression, and symptoms of ADHD and conduct disorder than children born to non-stressed mothers. Stress, anxiety and depression during pregnancy are however frequently undetected and so not treated. Research indicates that about 10-20% of pregnant women suffer antenatal depression and anxiety and around 1 in 10 mothers experience mild to moderate postnatal depression.

The action needed to tackle perinatal mental health is twofold. Immediate action is needed to plug the gaps in services and ensure that women with perinatal mental health get the timely expert support that they need. In addition, we need a step-change towards better prevention of perinatal mental illnesses, and early intervention when they do occur.

This transformation plan will ensure effective, evidence-based services for Perinatal Mental Health are part of the whole emotional wellbeing and mental health pathway. The separate guidance and funding expected from NHS England later this year for Perinatal Mental Health will be aligned with this transformation plan.

4. Background/Demographics

4.1 Overview of Worcestershire

Worcestershire is a county located in the West Midlands in the heart of England towards the south of the West Midlands Region. The county borders Herefordshire, Shropshire, Staffordshire, the West Midlands Metropolitan Area, Warwickshire and Gloucestershire. Worcestershire has two main rivers running through it, the Severn and the Avon. To the west the county is bordered by the Malvern Hills, and to the south is bordered by the Cotswolds. The northern part of the county is bordered by the West Midlands area. .

Worcestershire consists of 6 districts, namely Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon and Wyre Forest. Worcester City is the main administrative city in Worcestershire, and the main towns of Kidderminster, Redditch, Bromsgrove, Stourport-on-Severn, Malvern, Evesham and Droitwich are also situated in the county.

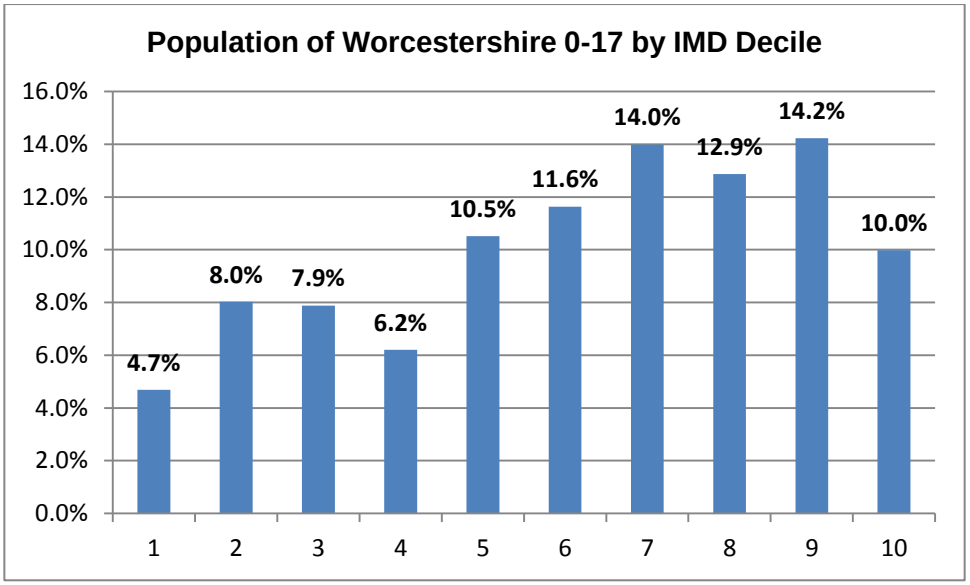
By area Worcestershire is largely a rural county, although around three quarters of the population of Worcestershire is defined as living in an urban area. Wychavon and Malvern Hills are the two most rural districts, whilst Worcester City is a key employment centre and Redditch was designated New Town status in 1964.

Relatively, Worcestershire as a whole is not a deprived county, but pockets of deprivation are present in urban areas. Redditch is the most deprived district within the county, whilst Worcester City, Kidderminster in Wyre Forest and Malvern all have areas that are within the top 10% of deprived areas in England. Approximately 3.5% of the total population in the county live in the 10% most deprived areas in England. This proportion rises to 4.7% when considering the population of children.

It is estimated that 575,400 people live in Worcestershire; including 114,900 children aged 0-17, representing 20% of the total population. Redditch has the highest level of children as a proportion of total population at 22%. Malvern Hills has the lowest at less than 19%. Around 7.6% of the total population of Worcestershire is from a non-White British background. The proportion of children from a non-White British background is 10.4%, illustrating that the Black Minority Ethnic proportion is higher among children than for the total population.

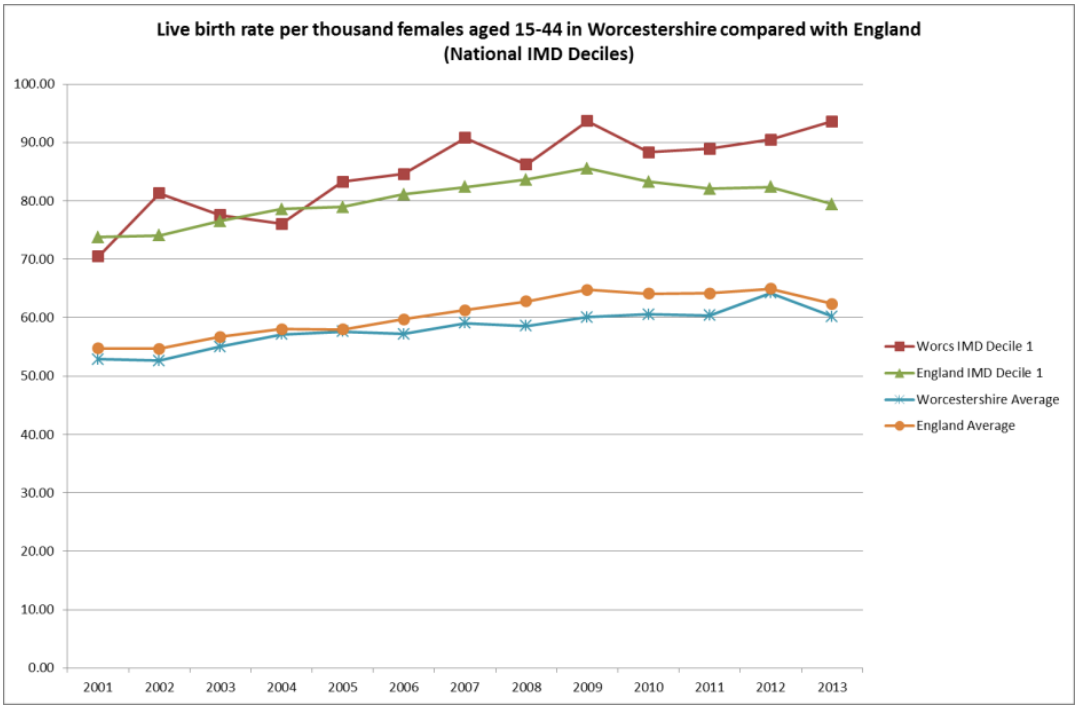
4.2 Deprivation

The Index of Multiple Deprivation (IMD 2010) is commonly used in local areas to measure relative deprivation within a geographical area. The 10% most deprived in England are in decile 1.
Applying this measure in Worcestershire, we can see that a greater proportion of the 0-17s population live in the less deprived areas (decile 7-10) than in the more deprived areas (deciles 1-4).



Source: Worcestershire County Council

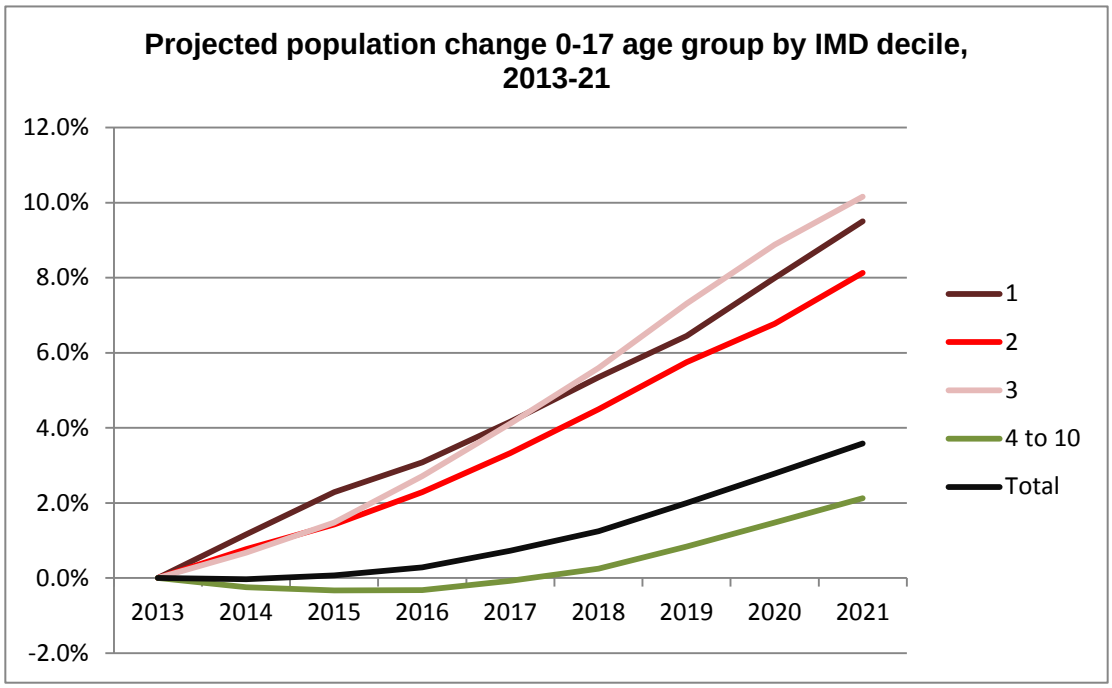
This pattern of deprivation may not stay the same in the future, for example, if housing developments or migration change this picture.
However, on current data, the number of people aged 0-17 in Worcestershire living in the top 30% of deprived areas nationally, according to the 2010 IMD, is projected to increase more over the next few years than the 0-17 population as a whole. This is due at least in part to the high number of births in relatively more deprived areas than in other areas in the county.



The number of Worcestershire 0-17 year olds living in the 10% most deprived areas nationally (decile 1) is projected to increase by over 500 people, representing a rise of

almost 10%. Numbers of children living in decile 2 and decile 3 are also projected to increase by 2021, by 8% and over 10% respectively.

In contrast the number of children in Worcestershire living outside the 30% most deprived areas nationally is projected to increase by just over 2%.



Source: Worcestershire County Council

4.3 Health inequalities

Addressing health inequalities is central to this Transformation Plan, with all partners providing accessible and effective interventions across the spectrum of needs ranging from advice and guidance to specialist intensive support for those most in need. Commissioned services will have due regard to the Equality Act, ensuring that impact assessments are undertaken against service specifications**.**

4.4 Emotional wellbeing and mental health in Worcestershire's children and young people

According to the first National Wellbeing survey of children in 2013, we should expect at least 75% of Worcestershire's children to have moderate to high levels of happiness. Worcestershire is a county with relatively low levels of deprivation and low risk factors for poor mental health in children, but despite this there are indications of higher levels of needs than would be expected with some increase in needs in younger aged groups:

- Worcestershire had higher rates of hospital admissions for self-harm and for alcohol specific conditions in 0-24 year olds than the regional average in 2010-13.

- Rates of hospital admissions for self harm in 0-24 year olds have been stable since 2010/11 and attendance at A&E for self harm fell between 2010/11 to 2012/13. However, there are some signs of a recent increase in A&E attendances and there has been a trend towards an increase in rates of attendance amongst younger females, aged 10-14 years, whilst rates have fallen in older age groups.

5. Service baselines

5.1 Specialist CAMHS - Tiers 2, 3, 3+ (age 0-18th birthday)

Specialist Child and Adolescent Mental Health Services in Worcestershire are commissioned to promote, maintain and improve the mental health and psychological well-being of children and young people from 0 to 18 years of age. Where appropriate the service will see over 18s, for example those in transition, if this is required. The service works with other agencies and partners within the 4 tiered CAMHS model to contribute towards improving the emotional wellbeing and mental health of all children and young people in Worcestershire. CAMHS uses a 'stepped care' approach to provide a sequence of intervention and support options that offer simpler and less expensive interventions first, and step up to more complex and expensive interventions only if needs have not been met or have changed. The service provides targeted, specialist and intensive (tier 3+) mental health and emotional wellbeing and mental health services for children and young people at tiers 2 and 3 of need.

Referrals from any professional are made through a Single Point of Access (CAMHS-SPA), open 9-5pm, Mondays to Fridays, co-located with the Family Front Door (previously Early Help Hub).

Out of Hours CAMHS advice is available 24/7 through the all-age Psychiatric Assessment Team and the all-age Mental Health Liaison Team. Both teams have a specialist CAMHS worker who ensures the rest of the team have CAMHS expertise. There is a Multiagency Urgent Care Pathway that details these access points.

The service works to improve outcomes in mental health and wellbeing, with expectations as follows:

- More children and young people say their experience of CAMHS is good (measured using CAMHS Outcomes Research Consortium (CORC) outcomes measures).
- Children and young people have shorter waits for a CAMH service (no child will wait more than 18 weeks for a first appointment and the average wait will be no more than 5 weeks).
- Fewer children and young people will have missed appointments.
- More referrers are advised how to signpost families appropriately when they do not meet referral criteria (through the SPA).
- Fewer children and young people will be placed out of county in either CAMHS Tier 4 or complex needs placements.
- Children and young people who need a hospital bed will spend less time in inappropriate accommodation.
- There is better access for children and young people who are LAC, YO, BME or disadvantaged.
- More young people have a quality planned transition to Adult Mental Health Services when they need it and more are successful transitions.
- More young people say their transition to AMHS was good.

- More partners say they are satisfied with the support they received from CAMHS.
- The service is to meet You're Welcome criteria in all localities teams within specialist CAMHS.

Within CAMHS the majority of staff work with the large number of children and young people that are referred to the service for 'core' CAMHS Tier 3 assessment and treatment. But there are also a number of teams, or individuals embedded in other services, who specialise in working with different groups.

The specialist teams/individuals are:

- CAMHS Tier 2 team, working with universal services to build capacity (the Primary Mental Health Worker role)
- CAMHS 0-5s team,
- CAMHS/LD team for children with learning disabilities and additional mental health needs,
- Integrated Service for Looked After and Adopted Children (ISL)/CAMHS working with looked after and adopted children,
- CAMHS Tier 3 Plus team, working with children and young people with severe and urgent mental health needs to avoid inpatient admission and shorten stay
- A CAMHS specialist works within the Youth Offending Service
- CAMHS specialists work within both the all-age Mental Health Liaison and the all-age Psychiatric Assessment teams providing out of hours cover as part of the urgent mental health care pathway. These are equivalent to one post in each team.

Service model for specialist CAMHS

The core work of CAMHS is managed by applying the Choice and Partnership Approach (CAPA) www.capa.co.uk .

Interventions used during Partnership appointments include:

- Psycho-social interventions
- Psycho-therapeutic interventions
- Cognitive Behavioural Therapy (CBT)
- Systemic Family Therapy
- Occupational Therapy assessments and treatments
- Anxiety and Stress management
- Social work interventions
- Group interventions
- Physical Health Care
- Parenting skills, advice and education
- Family Therapy
- Child Psychotherapy
- Pharmacological intervention
- Monitoring of individuals' responses to medication

Service Transformation through CYP-IAPT (Improving Access to Psychological Therapies)

Worcestershire bid successfully for Children and Young People's IAPT funding in 2014 and CAMHS began implementing the programme in the autumn 2014. CYP-IAPT is a service transformation programme with four key priorities: accessibility, evidence based practice, children and young people's participation and routine outcomes measurement (ROMS). Progress in each area has been made:

- Participation: A Participation worker is employed 2 days per week in CAMHS, focussing on participation, including young people and families overseeing CYP-IAPT at a steering group level.
- ROMS (Routine Outcomes Measures): Building on the CORC measures that have been used since 2012, a new set of routine outcome measures is in use, including new session by session measures, supported by a CYP-IAPT data administrator.
- Accessibility: A working group, which involves young people, is developing open referral to CAMHS.
- Evidence Based Practice: Three Cognitive Behavioural Therapy (CBT) trainees continue their studies and are doing well, as are two supervisors (one for CBT and one for conduct disorder). Three leadership trainees are close to completing their course.

Pathways development

- Commissioners and providers are working together to ensure that there are clear pathways for children and young people to access services. The new emotional wellbeing service will link closely with CAMHS, universal services and other services such as early intervention family support to ensure the right service is provided at the right time
- The eating disorder pathway is in draft and has been shared with key stakeholders ready for the service implementation in January 2017.

5.2 Neuro-developmental assessments for ASD/ADHD and associated conditions

In Worcestershire a multiagency pathway and collaborative commissioning arrangements are in place for the assessment and ongoing support for children and young people with autism, ADHD and associated neurodevelopmental conditions. CAMHS specialists, specialist teaching staff, speech and language therapists and paediatricians all contribute to the pathway, which is managed through community paediatrics. This pathway is currently under review to reduce the waiting times for neurodevelopmental assessment and in October 2016, parent/carers will be providing their views on the neurodevelopmental pathway and how this can be improved further. Learning from parent/carers experiences will shape further transformation and inform the all age Autism Strategy.

5.3 Sexual Assault Referral Centre

Birmingham Community Healthcare NHS Foundation Trust and its partners, one of which is Worcestershire Health and Care Trust, have been successful in their bid to deliver the Regional Paediatric Sexual Assault Service (PSAS), sometimes referred to as SARC (Sexual Assault Referral Centre). The contract to provide the service, which will commence

on 1 October 2016, was designed to provide a high quality and readily accessible, 24/7, one-stop open access sexual assault service to victims of rape, sexual violence and sexual abuse for children and young people aged 0-17 years.

The West Midlands Paediatric Sexual Assault Service offers a holistic assessment and care for children and young people under 18 years of age who are victims of rape or serious sexual assault or where there is suspected sexual abuse, including:

- Physical examination
- Collection of forensic evidence
- Screening and treatment for Sexually Transmitted Infections
- Emergency contraception
- Counselling and support package

Local pathways are being developed but it is likely that after a SARC counselling and support package ceases, any ongoing needs will be addressed through relevant services in the voluntary sector, the Emotional Wellbeing service, and CAMHS if appropriate. Commissioners intend to continue to monitor demand in order to inform future service planning.

5.4 Youth justice system/ liaison and diversion

In 2015 NHS England commissioned the Offender Health Collaborative to undertake a deep dive of Liaison & Diversion provision across the West Mercia Police Force footprint. The outcome of this report was a series of recommendations including the development of a West Mercia Wide Liaison & Diversion Service.

Whilst the ambition is to develop a West Mercia Wide Liaison & Diversion Service, it is our intention to focus the developments of a service within Worcestershire, with the initial focus on a service within Police Custody Suites.

The key elements of a full Liaison & Diversion as set out in the national operating model include:

- Early intervention;
- An all-age service. A model of Children and Young People Liaison & Diversion, focussing on the early stages of the Youth Justice Pathway;
- Targeted to a range of vulnerabilities including, mental health, learning disabilities, substance misuse, housing, social care and education;
- Operating at all points of the justice pathway, including pre-police custody (for those people interviewed under voluntary attendance), police custody and courts;
- 24/7 service with a mixture of core hours agreed to suit operational requirements and out of hours arrangements;
- A range of referral pathways;

NHS England recognise that the amount of investment available is not sufficient to deliver a full Liaison & Diversion Service across Worcestershire, however the funding is available

to start a model which can deliver aspects of the national service specification with an initial focus on delivery within Police Custody.

The new CAMHS service specification emphasises the requirement for continued provision of the primary mental health worker placed within the Youth Offending Service (YOS). The aim of the service is to facilitate joint working and care pathways between CAMHS and YOS and to build capacity in core YOS staff so that these vulnerable children and young people have early access to support for their emotional wellbeing and any mental health needs that require specialist CAMHS are identified and can be treated in a timely manner before they escalate.

5.5 Early intervention in Psychosis

In Worcestershire there is an early intervention in psychosis team offering intensive, evidence based interventions (NICE compliant) to those aged 14-35 years experiencing first episode psychosis or bipolar disorder.

Current performance shows that more than 80% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral (August 2016).

The aim of the service provided by the PMHW (EIS) is to facilitate joint working and care pathways between CAMHS and EIS and to build capacity in core EIS staff so that young people who have had a first episode of psychosis or bipolar disorder have early access to appropriate support for their complex mental health needs and that transition from CAMHS to adult services is seamless for these vulnerable young people.

5.6 Activity Baselines:

There were 2,440 referrals to CAMHS via the CAMHS-SPA during 2015/16. 73% of referrals were accepted. The low rate of acceptance suggests that work should still be done to improve referrers understanding of the CAMHS referral criteria. However, the picture is complicated by the fact that, if the family has given consent, referrals are able to be passed to the Family Front Door Early Help Hub when they do not meet the criteria for CAMHS.

Table 1: Number of CAMHS referrals and numbers accepted/rejected

	11/12	12/13	13/14	14/15	15/16
All Referrals	**3,333**	**3,139**	**3,294**	**2,548**	**2440**
Accepted Referrals	2,813	2,518	2,437	1,774	1783
Accepted Referrals %	*84%*	*80%*	*74%*	*70%*	*73%*
Rejected Referrals	520	621	857	774	657
Rejected Referrals %	*16%*	*20%*	*26%*	*30%*	*27%*

CAMHS referrals by gender and age

Table 2: CAMHS referrals by gender

	11/12	12/13	13/14	14/15	15/16
All Referrals	**3,333**	**3,139**	**3,294**	**2,548**	**2440**
Male	1756	1558	1533	1163	1162
Female	1572	1579	1759	1383	1278
% female	47%	50%	53%	54%	52%
Unknown/Missing	5	2	2	2	0

Table 3: CAMHS referrals by age at referral

Year	12/13	%	13/14	%	14/15	%	15/16	%
All Referrals	**3,139**		**3,294**		**2,548**		**2440**	
5 and Under	280	8.9	220	6.7	154	6.0	116	4.8
6-9	706	22.4	619	18.8	447	17.5	384	15.7
10-12	633	21.2	642	19.5	490	19.2	477	19.5
13-15	1,041	33.2	1,288	39.1	983	38.6	1015	41.6
16-18	476	15.2	525	15.9	468	18.4	448	18.4
Unknown								

Source: CAMHS database analysed by Worcestershire Children's Services PDT. Note unknown figures have been supressed due to low numbers.

There has been an increase since 2011/12 in the percentage of all CAMHS referrals that are in the older age groups 13-18 years and a corresponding decrease in the proportion of younger age groups.

5.7 CAMHS referrals by CCG area

Over the past 4 years the proportion of CAMHS referrals by CCG has remained stable, with almost 50% (46%, 2014/15) in South Worcestershire, around 30% (32%, 2014/15) Redditch and Bromsgrove Group, and nearly 20% (19%, 2014/15) Wyre Forest, Out of county and unknown referrals equate to a small percentage each year, 3% 2014/15. The data for 2015/16 on out of county/unknown is still being collated.

	12/13	13/14	14/15	15/16
All Referrals	**3,139**	**3,294**	**2,548**	**2440**
Redditch and Bromsgrove group	990	959	811	823
South Worcestershire	1,455	1,563	1,166	1,166

Wyre Forest	632	691	492	451
Out of county/Unknown	62	81	79	tbc

5.8 CAMHS referrals by ethnicity

Referrals data has historically not shown reliable coding for ethnicity and one of the recommendations from the last needs assessment in 2011 was that this should improve. In 2010/11 nearly 50% of records had no ethnicity recorded. There has been an increase in recent years in the proportion of referrals that have an ethnic group recorded, so that by 2015/16 70% of referrals had an ethnic group coded and 30% were either 'not stated', 'refused' or 'unknown'. 65% of referrals were from a white, British background. The next biggest ethnic group was 'mixed' at 1.5%.

According to the 2011 census data, over 10% of the population of children and young people aged 0-17 in Worcestershire would identify as BAME (i.e. Black, Asian and Minority Ethnic Persons - those not of White British origin); this frequency is clearly not reflected in Worcestershire CAMHS referrals, but 30% of these had no ethnicity recorded.

Until more up to date prevalence data is available, together with more complete records of ethnicity in CAMHS referrals, it is very difficult to judge the level of unmet need for mental health services in Worcestershire's minority ethnic groups.

Table 5: CAMHS referrals coded by ethnicity

Year	12/13	13/14	14/15	15/16
All Referrals	**3,139**	**3,294**	**2,548**	**2440**
White British	1,084	1,531	1,423 (56%)	1594 (65%)
Other White Background	18	25	31 (1.2%)	36 (1.5%)
Asian	6	24	20 (0.8%)	21 (0.9%)
Black	5	6	16 (0.6%)	5 (0.2%)
Mixed	43	43	40 (1.6%)	50 (2%)
Other ethnic groups	10	6	6 (0.2%)	6 (0.25%)
Not stated/Refused	1,913 (61%)	1,115 (34%)	362 (14%)	143 (5.9%)
Unknown	60 (2%)	544 (17%)	650 (26%)	585 (24%)

For further baseline information relating to vulnerable groups such as LAC and those known to the youth offending service please refer to the emotional wellbeing and mental health needs assessment, 2015 – available on request. An Equality Impact Screening has been completed and when the CAMHS design phase begins, a full Equality Impact Assessment will be completed in relation to changes to the CAMHS service.

5.9 Waiting times

The average wait from referral to the first 'Choice' appointment (in weeks) is shown below:

Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	June 16	July 16
4.98	5.53	5.31	5.49	5.01	5.08	5.76	5.99	5.99	5.85	4.96	4.69

The KPI data for average wait from referral to partnership from August 2015 (therefore taking account of the waits both from referral to Choice and Choice to Partnership) is shown below

Aug 15	Sept-15	Oct-15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	June 16	July 16
16.47	16.00	16.72	14.97	19.71	21.18	17.13	18.89	17.66	15.02	14.80	15.32

Referral to Partnership Average Waits (in weeks) from August 2015- July 2016

The above figures cover all those patients currently waiting not just those seen in month.

5.10 Workforce baselines, Specialist CAMHS

CAMHS Total Funded WTE
(current plan as at M5 1617)

Staff Group	WTEs Funded
5040 Consultant	5.74
5071 Specialty Doctor	0.40
5236 Nurse band 7	4.93
5268 Nurse band 6	21.78
5269 Nurse band 5	3.00
5271 Nurse band 3	2.38
5285 Nurse Band 8A	1.00
5354 Occ Therapist band 6	0.70
5474 Psychotherapist Band 6	0.83
5477 Psychotherapist Band 7	2.61
5479 Psychologist band 8	9.28
5493 Psychologist band 7	3.40
5495 Psychologist band 5	1.00
5639 Admin & Clerical band 5	1.80
5656 Admin & Clerical band 4	2.00
5657 Admin & Clerical band 3	10.67
5658 Admin & Clerical band 2	4.00
5740 Social Worker Qualified	1.00
5743 Social Worker Unqualified	1.00
5754 Social Worker - Band 7	1.00
5755 Social Worker - Band 8A	1.00
5918 Social Worker - Band 6	1.40
Total	**80.92**

The current service has been benchmarked against similar CAMHS using the NHS Benchmarking toolkit (2014). This shows that the workforce skills mix was similar to other CAMHS in 2013/14, except for a greater % of Band 8c operational managers which have since been reduced in number. The total number of WTE has reduced since last year however this is due to a reduction in admin staff to streamline processes within the Trust.

The following workforce requirements outline the current recruitment plan up to 2020, although there will be some flexibility, depending applicants and skills available.

Additional Eating Disorder staff – Consultant time, senior psychologist time, 1.6 Band 6 clinicians, 0.8 Band 6 dietician, 1 x Band 4, 0.8 x Band 8a, and acute consultant time.

Additional CAMHS staff – additional 3 x full time Band 6 nurses and 0.2 administrators (permanent appointments).

Emotional Wellbeing – 2 psychology sessions, 1 full time x Band 6, 3 full time x Band 3 staff.

In terms of training, eating disorder training will be prioritised and this will be in line with the Maudsley model. Worcestershire intends to continue to access appropriate intervention and supervision training offered via CYP IAPT (Individual Access to Psychological Therapies), including CBT for example. The Emotional wellbeing case workers will be trained around Motivational Interviewing and Solution Based Brief Therapy to support the creation of a Care Plan (they will have clinical guidance throughout this process from the Clinical Psychologist).

CAMHS workers are attending a further CYP – IAPT outcome measures workshop in order to continue to invest in a culture focussed on outcomes so that changes can be made to care plans if an approach is not working.

Workforce needs continue to be reviewed, through:

- Feedback from universal services on the impact of training such as Mental Health First Aid and the new self harm course when developed.
- Feedback from patients and staff and activity data showing impact of additional capacity within services.
- Feedback from stakeholders and partner agencies to review pathways and gaps / duplication in service provision.

5.11 Workforce development

An important part of the local transformation plan is to develop the workforce that work directly with children and young people. Our vision is to have a suite of training that the workforce can access easily and that meets the different levels of need of the workforce.

Currently the workforce can access a 2 day Youth Mental Health First Aid (YMHFA) course which is available to all professionals working with young people and STORM, a 3 day suicide prevention course which is commissioned specifically for managers in social care and CAMHS practitioners.

The table below shows the number of professionals in Worcestershire that have been trained in Youth Mental Health First Aid and STORM during 2014/15 and 2015/2016.. Delegates evaluate this training very positively.

	YMHFA	STORM
2014/15	149	57
2015/16	108	69

A workforce development sub group was set up to review the current training and to develop a plan for future training based on gaps previously identified by the workforce. A gap that has been identified is for a self harm course. Therefore the group is in the process of commissioning a one day course that aims to provide understanding, knowledge and skills of how to respond when you suspect a young person is self-harming or they disclose they are self-harming.

5.12 Current Baseline KPIs, Specialist CAMHS

The CAMHS service is monitored against a performance indicator dashboard. In line with the new commissioning intentions a suite of outcome-based KPIs will be developed using the national CAMHS specification. The intention is for the KPIs to be more ambitious. In addition, Worcestershire aspires for all children and young people to be able to seek advice immediately from professionals and from high quality online advice and information.

KPIs based on CORC outcomes are in the current dashboard, but session by session service user routine outcomes measures (ROMS), being implemented currently as part of CYP-IAPT service improvements, will be used in the revised service specification.

All data collected by CAMHS will be compliant with the Mental Health Services Data Set (MHSDS) and a new electronic patient administration system, CareNotes, has been commissioned to support the effective collection, analysis and reporting of outcomes measures, KPIs, performance data, case notes and other monitoring data. CareNotes will be operational by December 2015.

5.13 Care and Treatment Review (CTR) Pre-admission

Our transformation plan embeds the use of CTRs for children and young people with moderate to severe learning disabilities or autism and challenging behaviour across the local health and care system in order to:

- ensure people with learning disabilities and/or autism and their families are listened to, and treated as equal partners in their own care and treatment;
- prevent unnecessary admissions into inpatient settings;
- ensure any admission is supported by a clear rationale with measurable outcomes;
- ensure all parties, including local councils, work together with the person and their family to support discharge into the community (or to a more appropriate setting) at the earliest opportunity;
- help people challenge current care and treatment plans where necessary, and;
- identify barriers to progress and to how these could be overcome

The new specification for specialist CAMHS will ensure CTRs are in use and that the CAMHS learning disabilities specialist team works with commissioners, social care partners

and inpatient units to ensure continuity of planning, appropriate and effective care and timely discharge planning.

So far, the experience of the pre-admission care and treatment review in Worcestershire has been positive, preventing inpatient admission. The task and finish group for care and treatment reviews continues to develop the approach to monitor children and young people with ASD and/or a learning disability who are at risk of inpatient admission or 52 week residential placement. The focus is keeping young people safe and close to home where possible.

6. Eating disorders

6.1 Specialist Community Eating Disorders Service for Children and Young People (CEDS-CYP)

The current eating disorders service is delivered within specialist CAMHS by clinicians and therapists with specialist experience, training and skills in eating disorders and as such is not monitored separately. The service's waiting times, activity and outcomes are combined within the whole service reporting.

The service sees mainly Anorexia Nervosa, with Bulimia, Avoidant Restrictive Food Intake Disorder (ARFID) and Binge Eating disorders more likely to be seen in core CAMHS if they meet service thresholds. The care model and therapies currently used are partially NICE compliant. They include use of CBT, Family Therapy, Dialectical Behavioural therapy (DBT), EDE diagnostic assessment, Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN), use of Maudsley model. However, there is a need to train more of the current team in EDs specific therapies, e.g. Cognitive Behavioural Therapy, Systemic Family Therapy.

To meet standards in the CEDS-CYP guidance, we need to commission/develop:

- a countywide specialist team with additional capacity, skills and training to meet current and additional needs in all localities.
- a clear multiagency pathway also needs to be developed to promote earlier identification and interventions..
- a separate dashboard of KPIs for the CEDS-CYP to monitor service performance and effectiveness, including service user feedback and ROMS.
- monitoring will include referrals to inpatient, Tier 4, units with targets around reducing these in order to maintain children and young people in their communities.
- A workforce training plan to build capacity in the universal and targeted services within the pathway

Appendix 1 outlines the Eating Disorder checklist which is supporting the developments within Worcestershire.

Current activity

There were 57 referrals for eating disorders to the CAMHS Single Point of Access (SPA) within the 12 months from June 2014 to May 2015. This would be sufficient to maintain a CEDS-CYP according to the guidance. Worcestershire has a population of 575,400 people; including 114,900 children aged 0-17, representing 20% of the total population. This also meets the requirements of the minimum population.

Data from January 2016-July 2016 shows that there were 23 referrals into CAMHS SPA for young people with an eating disorder,

Tier 4 admissions and bed days for children and young people with Eating Disorders are detailed in section 10. Overall there were 14 admissions for eating disorders (37% of all admissions), which accounted for 39% of the total spend in 2014/15.

Baseline Eating Disorder capacity within specialist CAMHS
(data also included in, not additional to, the workforce breakdown in point 5.6)

Estimate of current capacity used on Eating Disorders
1.2 FTE specialist mental health nurse
0.3 FTE Family Therapist
0.2 FTE clinical psychology
0.8 psychiatry

In addition T3+ (Home Treatment) Team time is estimated at 261 patient contacts per year.

The plan in Worcestershire is to commission a specialist CEDS-CYP with a separate specification to deliver a service model and therapies that are compliant with NICE guidelines and standards, which also meet the standard for access and waiting times for children and young people.

In order to meet these standards additional capacity will be needed, bringing the service up to the recommended levels to deliver a wider remit – treating all Bulimia, ARFID, Binge disorders, plus outreaching to universal and targeted services to train and build their capacity to identify, prevent and treat eating disorders at an earlier stage.

Gaps in current capacity
(estimated as a minimum, based on CEDS-CYP guidance for a service seeing 50 referrals per year):
0.6 x FTE Head of Service
3 x FTE therapists/clinicians
0.8 x dietician
0.9 x Band 4 support/assistant psychologist
Plus Acute paediatrician 0.1 x FTE, which is currently provided informally, but needs to be captured in the new specification and improved pathway and protocol.

Resource released by commissioning a CEDS-CYP/benefits realised
A full eating disorders needs assessment will be carried out, which will include a projected quantification of the benefits realised by the commissioning of a specialist CEDS-CYP. Any savings will be invested in crisis/urgent care and self-harm pathways. Savings are expected to derive from:

- Savings in the Tier 4 spend for eating disorder admissions (potential for release of these through co-commissioning agreements)
- Savings in the Acute Paediatrics spend for admissions due to physical health deterioration (potential for release of these through co-commissioning agreements)
- Earlier referral from GPs, other universal and targeted services and families as a result of better information and access to a specialist service. This will allow shorter, less

intensive and costly treatments to be used, preventing Tier 4 referrals. Clinicians in the current service estimate that around 9 out of the 14 Tier 4 referrals in 2014/15 presented late. This is 64%.

7. Governance

7.1 Section 75 Agreement

A Section 75 Partnership Agreement between Worcestershire County Council and Redditch and Bromsgrove, South Worcestershire and Wyre Forest Clinical Commissioning Groups has been in place since April 2013. Prior to this, a Section 75 agreement was in place between Worcestershire County Council and NHS Worcestershire since April 2011.

Section 75 Governance

Body		Role
Health and Wellbeing Board		• Approve strategy • Strategic oversight of S75
CCG Governing bodies	**WCC Cabinet**	• Key decisions in respect of their services • Corporate governance of finance, performance and quality in respect of their funding and services
Accountable Officers (meeting as Integrated Commissioning Executive Officers' Group – ICEOG)		• Agree strategy and key decisions • Ensure implementation of strategy and key decisions • Operational governance of finance, performance and quality in respect of their funding and services
Integrated Commissioning Group		• Coordinate commissioning plans across the system and produce integrated system solutions
Commissioners		• Develop and consult on strategy, liaising with ICG • Implementation of strategy and key decisions • Oversight of commissioned services

7.2 Effective joint working

7.2.1 Children and Families Joint Commissioning Team

- A dedicated team has been established since 2011 to commission health services on behalf of Worcestershire County Council and the three Worcestershire Clinical Commissioning Groups. This team is based within the Early Help and Partnerships Service of Worcestershire County Council's Children's Services directorate.

- The benefit of this team being based within the local authority is having strong links to other key colleagues such as Public Health, early help and education commissioners and social care teams. This integrated approach promotes better outcomes for children and young people.

7.2.2 Worcestershire Integrated Commissioning Officers' Executive Group (ICEOG)

- This Group consists of senior officers from Clinical Commissioning Groups and Worcestershire County Council's Children's and Adult Services.

- The Group is responsible for development and implementation of strategies in respect of service areas covered by the Section 75 Agreement as well as operational governance of finance, performance and quality.

- The Group meets monthly.

7.2.3 Worcestershire's Children and Families Integrated Commissioning Group and Transformation Board

- This Group brings together commissioners of services for children and families to work collaboratively in commissioning efficient and effective services which improve outcomes for Worcestershire’s children and families (pre-birth to 25).

- Membership includes commissioners from Worcestershire County Council, Clinical Commissioning Groups (CCGs), NHS England, West Mercia Youth Offending Service and West Mercia Police and Crime Commissioner's Office.

- This group acts as the Transformation Board for Children and Young People's emotional wellbeing and mental health. Progress on the delivery of the local transformation plan is discussed at each meeting.

- The Group meets monthly.

7.2.4 Worcestershire CAMHS/Social Care/Acute Trust Interface Group

- This Group was originally brought together in July 2012 to establish a forum for agencies involved in the multiagency care pathway for children and young people with urgent, severe and complex mental health needs.

- The Group developed a Protocol for implementing a multi-agency response for the care and discharge plan following hospital admission of a child or young person with urgent and complex mental health needs. Other agencies were brought in to help develop the protocol, including the Ambulance Trust, Police, NHS England. This protocol has now been ratified and launched.

- The Group continues to meet to provide a collaborative forum for commissioners and providers to co-operate to resolve problems in the care pathway.

- Permanent membership includes health and social care commissioners from Worcestershire County Council, Quality and Patient Safety representation from CCGs, together with representatives from the CAMHS service and Worcestershire Acute NHS Hospital Trust.

- The Group meets quarterly.

7.2.5 Tier 4 Issues Group

- This Group was originally established as a Task and Finish Group in January 2014 to address the challenges around the Tier 4 pathway before the national review.

- The Group has ratified the Children and Young People's Multiagency Urgent Mental Health Care Pathway Protocol which guides partners through the pathway and processes where children, young people and their families present in emotional distress or crisis with urgent social, emotional behavioural or mental health needs which may include deliberate self harm.

- The Group was dissolved in November 2014 as waiting times had improved, but reconvened again in May 2015 to look at further issues and associated risks. The Group is chaired by the Chief Nursing Officer for the CCGs and membership includes senior representation from Worcestershire County Council, NHS England, Worcestershire Health and Care NHS Trust and Worcestershire Acute Hospitals NHS Trust.

- The Group is currently dormant, but will reconvene where there is any escalation of risks.

7.2.6 Children and Young People's Emotional Wellbeing and Mental Health Partnership Board

- This group meets quarterly to inform and shape the local transformation plan.
- The membership is wide and includes stakeholders such as schools, colleges, NHS providers, social care, voluntary sector, parents and young people.
- The group has been operational since December 2015 and has focused on the following:-
    - Emotional wellbeing pathway
    - Young people's engagement with the local transformation plan
    - Development of the schools emotional wellbeing toolkit

7.2.7 Provider/Commissioner Quarterly Monitoring

- Across the landscape of providers, regular meetings take place between commissioners and service providers to monitor performance and KPIs. ICEOG oversees performance through quarterly reporting on the commissioners' dashboard.

- Meetings also take place regularly to discuss current issues and challenges and to promote integration between services. For example, promoting the close working between CAMHS and school nursing service eg eating disorders and sexual health and the CAMHS consultation role for early help providers.

- Providers work closely with commissioners to provide relevant information to inform commissioning decisions and to support needs assessments and provision of data through an agreed Information Sharing Protocol between provider and commissioner.

7.2.8 Participation of children and young people and parent/carers

- Many groups of children and young people participate in focus groups (as outlined in section 8), including Worcestershire's two Children in Care Councils, the Youth Cabinet and the CAMHS Youth Board, to tell us their experiences of CAMHS and emotional wellbeing support services and to tell us about the needs of children and young people. The CYP-IAPT programme has the strong and active involvement of children and young people, through the CAMHS Youth Board, who have guided many aspects of the work plan.

- Shared outcomes will be developed across the emotional wellbeing and mental health system, using CYP-IAPT and CORC principles. Worcestershire is taking part in the cross-sector outcomes and data linkage project, led by CORC, to support this development. This will include session-by-session routine outcomes monitoring with child or young person reported measures to increase transparency. This will also enable feedback on effectiveness of treatments to be used by clinicians, service leads and commissioners to ensure the most effective and efficient use of resources within the system.

- The commissioning team are part of a Worcestershire Youth Engagement Group to engage with a variety of groups of young people with the support of Worcestershire Healthwatch and participation and engagement colleagues from the local authority, NHS trust and voluntary sectors.

- All plans for the transformation agenda will be made with the involvement and oversight of children and young people, with a separate KPI for monitoring involvement in plans.

- Parents/carers and young people are members of the Children and Young People's Emotional wellbeing and mental health partnership board and attend meetings to discuss gaps in services and shape specific projects such as schools emotional wellbeing toolkit

8. Aspirations of the population of Worcestershire

8.1 What does Worcestershire think?

An engagement exercise was carried out during February to July 2015. This comprised an electronic survey and focus groups. Stakeholder events were also held in February and July. The survey was designed in 3 formats: for children and young people (including questions for service users), for parents and carers (including questions for parents of service users) and professional stakeholders. The survey was widely promoted by email through health, social care and partner agencies' professional networks, Twitter and Facebook sites, plasma screens, newsletters, the schools' e-black bag and via a press release. Hard copies of flyers and posters promoting the survey link were distributed to clinics (including CAMHS), GP surgeries and schools.

The electronic survey was open from 10th March 2015 to 15th May 2015. This was extended to 12th June 2015 for GPs only, in order to gain more responses, since GPs are the main referrer to CAMHS.

The surveys and focus groups revealed evidence of unmet need for lower level emotional wellbeing support and gaps in the pathway, with a strong call for more earlier intervention, particularly in schools, and better joined up working across the pathway:

Over 85% of parents and carers felt that they had needed help to deal with an emotional or mental health issue in their children, and 70% said it was either difficult or very difficult to get help, with waiting times and high thresholds for CAMHS seen as major barriers.

The most important improvement suggested by parents and carers was staff training and support and mental health promotion in schools. Earlier intervention was seen as particularly important by those parent/carers whose child had seen CAMHS.

Children and young people told commissioners that their biggest problems were: family problems, bullying and school worries. Like parents, they felt the biggest barriers to help were lack of availability of services and long waiting times. The most important prevention strategy they suggested was to provide someone to talk to whom they could trust: more counsellors and more school nurse time.

Professional stakeholders overwhelmingly called for better joined up working across the whole pathway, with 71% of responses saying this, and in particular GPs, schools, early help providers, family support workers and other education professionals expressed this view. They also strongly called for better training to enable greater awareness, prevention and earlier intervention in mental health difficulties.

9. Existing improvement initiatives

9.1 CAMHS School link Pilot Scheme

Worcestershire submitted a bid in 2015 for the CAMHS School link Pilot Scheme. Wyre Forest CCG along with the local CAMHS service and 16 schools expressed an interest in developing a more robust schools/CAMHS link through training and consultation and the development of a virtual team to support emotional health and wellbeing.

Worcestershire was not successful with this bid however it was used as a platform to focus on strengthening the CAMHS school link. The new CAMHS service specification drafted in 2016, has a strong focus on the consultation service. This will be in addition to the schools emotional wellbeing toolkit and the integration worker based in the new emotional wellbeing service.

9.2 Crisis Care Concordat

Worcestershire's Crisis Concordat plan includes actions and KPIs for children and young people as part of the all-age crisis response and urgent care pathway, including the review of transition arrangements (from young people's services to adult services), consideration of a 0-25 CAMHS service, support for young carers crisis and liaison support and use of the Section 136 suite.

Worcestershire's Crisis Care Action Plan was recently noted for its strength in a number of areas, including its actions on peer support, liaison and diversion, children and young people and A&E by the Crisis Care Concordat project lead.

9.3 Mental Health Resilience Funding

The Parity of Esteem funding has been invested into the all age Mental Health Liaison Service, Early Intervention in Psychosis service (which works with young people from 14 years of age) and the Enhanced Primary Mental Health Care Service which accepts referrals from the age of 16 years and is currently in development.

9.4 Local Strategy and Plans

9.4.1 The Worcestershire Children and Young Peoples Plan 2014-17 includes the following priorities all of which are relevant to mental health and emotional wellbeing:

- children and young people have a healthy lifestyle (including a focus on improving emotional wellbeing and access to mental health support) children and young people are helped at an early stage
- children and young people reach their full potential in education
- children and young people grow up in secure and stable families
- children and young people are protected from abuse and neglect

- children and young people and their parents/carers know where to go for information about services and support

9.4.2 Worcestershire Health and Wellbeing Board's 2016-19 strategy includes a focus on children under the age of 5 and their parents/carers, and young people .Good mental health and wellbeing throughout life is a key priority.

9.4.3 Worcestershire Health and Wellbeing Board's Mental Wellbeing and Suicide Prevention Plan, 2014, includes several areas of work to promote mental wellbeing in children and young people.

10. Impact and Outcomes

10.1 Successes

10.1.1 Emotional health and wellbeing service

Since the publication of the transformation plan in November 2015 there has been considerable progress. One of the successes has been the development of the new emotional health and wellbeing service. The CAMHS needs assessment completed in 2015 concluded that there was a gap in emotional wellbeing services at Tier 2 level and that there were young people who required support but didn't reach the threshold for Tier 3 CAMHS. In order to provide the support required for this group of young people a Tier 2 emotional wellbeing service was commissioned. Part of this service is an online counselling service which will be provided by Kooth. This provider has considerable experience in delivering online counselling services to young people and their offer includes forums, secure chat rooms and a young person friendly information, advice and guidance section. They are currently working on an innovative app which will ensure young people can access the service from their tablet or smartphone.

The new service will offer evidence based interventions and ensure any additional vulnerability or inequality suffered by children and young people (e.g. looked after children, those with a learning disability, or victims of child sexual exploitation) is properly considered when identifying appropriate interventions.

10.1.2 Urgent care pathway

There has also been success with the launch of the urgent care pathway for children and young people where we have seen improved relationships between the community NHS Trust and the Acute NHS Trust and both are working to improve crisis care for children and young people, including those with eating disorders. There is more work to do over the coming year around ensuring out of hours services are fit for purpose, especially with pressure on hospital beds – agencies need to work together to ensure children and young people with health and social care needs are safely and speedily discharged from hospital.

10.1.3 Schools emotional wellbeing toolkit

There has been good engagement with headteachers and pastoral staff to produce a schools emotional wellbeing toolkit, to provide practical advice to schools around emotional wellbeing issues. The toolkit for emotional wellbeing is currently in draft and is out for consultation with schools.

10.1.4 Engagement of stakeholders

There is excellent engagement from all stakeholders around the transformation plan to help inform future commissioning of services and service pathways. Stakeholders attend the Children and Young People's emotional wellbeing and mental health partnership board meetings and are provided with regular communication updates.

10.1.5 Workforce development

Development of an agreed workforce development plan for staff across all agencies and settings. A workforce sub group has been meeting regularly to develop the training offer for the whole workforce so that all universal services know how to identify emotional wellbeing issues and know what to do to support them. A new course around self-harm is in development.

10.1.6 Waiting times

There has been a focus on reducing waiting times within the specialist CAMHS service. This focus has resulted in reduced waiting times for young people from referral to treatment. The latest waiting time data shows that the percentage of young people waiting less than 25 weeks for treatment has increased from 67% in August 2015 to 97% in August 2016. There is still more to do in this area, and this transformation plan seeks to reduce waiting times further through investment within CAMHS, but also investment in prevention and early intervention.

10.1.7 Waiting times for ND pathway

There has been a reduction in waiting times for neurodevelopment assessment due to a redesign of the pathway. The NHS Trust and commissioners continue to work together with input from parents and carers to make further improvements and inform the all age Autism Strategy.

10.1.8 Care and treatment review

Worcestershire has had a successful start to the implementation of care and treatment reviews, preventing inpatient admission for those with ASD and /or a learning disability, and championing care close to home. Across the children's workforce (health, education and social care) we intend to raise further awareness about the introduction of care and treatment reviews for children and young people with a learning disability and/or Autism.

10.1.9 Young people's engagement

There has been good engagement from young people throughout the first year of the transformation plan. Worcestershire's youth cabinet have chosen mental health and wellbeing to be a focus of their campaign, part of this campaign work is a survey written by young people aimed at young people who have accessed mental health services and young people who haven't. The survey is now live and data will be collated early 2017.

Young people are fully involved in the development of the new emotional wellbeing service including participating in recruitment of staff. The participation and engagement worker is a member of the new emotional wellbeing service development group.

The CAMHS service use routine outcome measures which allow children and young people to play active role in monitoring their treatment. These outcome measures also play an important role in supervision of staff. Care plans are written and reviewed collaboratively with children, young people and their families.

10.1.10 Data linkage

There has been a data sharing agreement developed between the NHS provider and the County Council. The data linkage group continues to meet to explore ways in which outcomes data could be shared across organisations to be able to effectively monitor how children's needs are being met across organisations.

10.1.11 Eating disorders

The NHS provider Trust is developing the new Community eating disorder service for children and young people and as part of this has developed excellent working relationships with the Acute NHS Trust paediatric ward. The new service is due to launch from January 2017.

10.2 Challenges

10.2.1 Recruitment

There have also been some challenges; one of these challenges is recruitment. It can be difficult to recruit to some posts in mental health. The risk of the delay in recruitment is that this has an impact on the start time of some of the projects. Commissioners are working with Health Education England to ensure all actions are taken to develop the workforce.

10.2.2 Workforce development

This Transformation Plan will encourage the development of a suite of training across the workforce to increase skills and knowledge for detecting emotional wellbeing issues and ensuring staff know what to do to support a child or young person. A self harm training course is being developed but the pace of implementing this is slower than anticipated due to procurement processes.

Many CAMHS services across the Country want to upskill staff through training. However, this means there is high demand for training courses, such as eating disorder related training, which lengthens timescales to train staff within CAMHS. Again this issue has been highlighted to Health Education England.

10.2.3 Changes within Early Help in Worcestershire

There are significant changes to the early help offer in Worcestershire due to reduction in county council and public health budgets and the need to re-design services to focus greater effort on vulnerable families and communities. This means that the new emotional health

and wellbeing service and CAMHS need to work closely with early help partners to get service pathways right for children and young people.

10.2.4 Out of hours service provision

Due to the relatively small numbers of children and young people requiring out of hours support, in comparison to adult services, commissioners are exploring how Worcestershire can further develop out of hours services in a collaborative way across providers to ensure that cover is available out of hours. Commissioners have engaged with the West Midlands Science Network to evaluate out of hours provision.

10.3 How will delivery be different in 2020?

10.3.1 Waiting times

In order to improve the waiting times for Tier 3 CAMHS commissioners have set clear KPI targets for the provider NHS Trust. Waiting times for referral to treatment need to reduce year on year through recruitment of staff and through innovative ways of working with children and young people.

10.3.2 Routine Outcomes Measures

Routine outcomes measures will be embedded into CAMHS provision so that a child or young person's goals will be at the heart of the delivery of service, and if an approach is not working, a different approach can be implemented quickly.

Experience of children, young people and their families will continue to shape service provision.

10.3.3 Worcestershire will have a clear emotional wellbeing pathway

A clear pathway will be in place for young people, parent/carers and professionals to seek support with emotional wellbeing issues. One access point will be available for advice and guidance. Instant information will be available via phone or online/through an app.

Schools will have a practical toolkit to support them with procuring good quality emotional wellbeing services, and to be clear on how to support a child in school with emotional wellbeing issues.

Universal services including schools will feel well supported from a visible CAMHS consultation service.

10.3.4 Workforce

There will be a robust multi agency workforce plan, with a suite of training for the children and young people's workforce.

The workforce will feel confident about identifying emotional wellbeing issues and what to do to help.

Agencies will be working jointly to triage referrals and ensure children and young people are supported by the most appropriate service and prevent a child/young person from having to tell their story over to different professionals.

10.3.5 Vulnerable groups

Vulnerable groups of children and young people, such as those who are looked after by the local authority, those in the youth justice system, and those who have experienced abuse will receive timely assessment and intervention.

10.3.6 Eating disorders

A specialist community eating disorder service for children and young people will be fully operational and will be meeting the access and waiting time standards. Children and young people will be identified as having an eating disorder earlier and fewer young people will be admitted into Tier 4 for an eating disorder.

10.3.7 Tier 4 numbers

Fewer young people will be admitted to Tier 4 units due to an increased in provision in Tier 2 and 3 and hospital stays will be shorter.

11. Finance

11.1 Current Total Spend on specialist CAMHS

The contract with the current provider is paid in block. The current commissioning budget (2015-16) for specialist CAMHS T2/3/3.5 for the 0-18s population has not been reduced since the last needs assessment in 2011, despite local government and CCG savings being made in other service areas. Worcestershire CAMHS has been protected during and following the 2012 service re-design and has had additional investment both from the LA and CCGs.

Table 6:

Year	LA	CCG	Total
2011/12	£705,000	£3,972,670	**£4,632,131**
2016/17	£739,019	£4,401,668	**£5,140,687**

The current CAMHS LA-funded provision includes the specialist mental health service for looked after children.

11.2 CAMHS transformation spend/commitments

	South Worcestershire	Redditch and Bromsgrove	Wyre Forest
2015/16	£506,993	£294,596	£201,793
Activity	• Investment in workforce skills to prevent emotional wellbeing issues and to provide early intervention. • Development of a one stop shop for information, advice and guidance for young people and parents/carers. • Development of commissioning advice and support for schools to ensure the use of quality providers for addressing emotional wellbeing issues. • Design and development of a CAMHS consultation service to provide advice and support to universal services including schools. • Design and project management of a face to face and on-line emotional wellbeing service • Design and project management of high quality specialist CAMHS service (Tier 3 and Tier 3 plus) where children are able to access assessment and intervention in a timely manner. • Review of out of hours mental health service provision across organisations to meet demand. • Business planning and project management for the Community Eating Disorder Service for children and young people • Investment in a lead consultant for eating disorders • Investment into the neuro developmental pathway • Investment in looked after children health and wellbeing services. • Investment in ward liaison to improve hospital discharge process and follow up.		

2016/17	£588,833	£337,288	£232,700
Activity	• Investment in review and evaluation of the out of hours mental health service with the West Midlands Health Science Network **non recurrent • Continued investment in workforce development including commissioning a new self harm course. • Investment in the new community eating disorder service for children and young people • Investment in online and face to face emotional wellbeing service • Investment in ward liaison to improve hospital discharge process and follow up • Investment in additional capacity in the Tier 3 plus CAMHS team to extend operating hours • Investment in Shelf help working closely with library services • Investment in additional psychologist in looked after children wellbeing service **non recurrent (impact to be reviewed) • Investment in the dietetic service for children with ASD • Investment in the neurodevelopment pathway		
2017/18	£588,833	£337,288	£232,700
Activity	Continued recurrent investment in:- • Community eating disorder service for children and young people • Online and face to face emotional wellbeing service • Ward liaison to improve hospital discharge process and follow up • Additional capacity in the Tier 3 plus CAMHS team to extend opening hours • Dietetic service for children with ASD		
2018/19	£588,833	£337,288	£232,700
Activity	Continued recurrent investment in:- • Community eating disorder service for children and young people • Online and face to face emotional wellbeing service • Ward liaison to improve hospital discharge process and follow up • Additional capacity in the Tier 3 plus CAMHS team to extend opening hours • Dietetic service for children with ASD		
2019/20	£588,833	£337,288	£232,700
Activity	Continued recurrent investment in:- • Community eating disorder service for children and young people • Online and face to face emotional wellbeing service • Ward liaison to improve hospital discharge process and follow up • Additional capacity in the Tier 3 plus CAMHS team to extend opening hours • Dietetic service for children with ASD		

Note: the committed spend for 2017/18 onwards is based on the current allocation for 2016/17

11.3 Current total spend on Early Help

Worcestershire County Council currently commissions a range of prevention services for children and young people aged 0-19 years old. These services include:

- A 0-19 integrated public health nursing service which will deliver prevention services by providing the universal and targeted requirements of the nationally mandated Healthy Child Programme.
- Parenting and Family Support Providers (one for each district area) who provide evidenced based parenting support, targeted family support, support to those young people who are at risk of becoming not in education, employment and training and community capacity building
- Other prevention and early intervention services such as positive activities for young people and targeted family support.

The total budget available (16/17) for these services is over £12million.

Whilst it isn't currently possible to quantify the actual 'early help' spend on emotional well being and mental health needs, analysis of Early Help Assessments suggests that a large proportion of the current investment into County Council funded early help services is supporting emotional well being and low level mental health needs.

An additional £65K was allocated to the Early Help providers from 2013-14 to support families where parent/carers have low level mental health needs and where early help support is required but not to the extent where specialist mental health services are needed. In addition, Early Help providers receive Mental Health First Aid training to support young people.

11.4 Plans for newly allocated funding

The Eating Disorder transformation funding allocation is £286,427 recurrently.

Further funding allocation across Worcestershire will be £716,955 recurrently for 5 years.

	Eating disorders and planning 15-16	**Additional funding available**	**Total**
R&B	84,096	261,718	345,814
SW	144,727	436,197	580,924
WF	57,604	174,479	232,083
	286,427	**872,394**	**1,158,821**

11.5 Current spend by NHS England on Worcestershire children placed in Tier 4 (2015/16)

The total spend on CAMHS Tier 4 admissions for the year 2014/15 was £2,621,295 this covered 40 admissions, with an average cost per admission of £65,532.

This can be broken down to understand where the largest costs are currently and to identify where the biggest 'invest to save' developments can be made. By commissioning more effective interventions in CAMHS Tier 3 and in the urgent care pathway and crisis support, together with an effective specialist CEDS-CYP service, it is proposed that large savings could be made in the Tier 4 spend for Worcestershire. Currently an estimated 54% of Tier 4 spending is on inpatient eating disorders (based on an average bed-day cost of £604) which have increased from 39% for 2014/15, reinforcing the need for an effective CEDS-CYP in order to reduce the number of admissions and length of stay.

	Redditch and Bromsgrove		**South Worcestershire**		**Wyre Forest**		**Total no. admissions**	
2015/16 spend on Tier 4	£884,656		£1,425,181		£311,458		40	Total spend £2,621,295
	No. of admissions	No. of bed days	No. of admissions	No. of bed days	No. of admissions	No. of bed days		Spend breakdown based on av. Spend per bed day (£604 per day)
Eating disorders	6	742	10	1384	Number supressed	211	18	£1,411.548
Acute	Number supressed	359	6	342	Number supressed	363	15	£643,260
High Dependency Unit	Number supressed	16	0	0	0	0	Number supressed	£9,664
Low secure unit	Number supressed	346	Number supressed	459	0	0	5	£486,220
Paediatric intensive care	0	0	Number supressed	134	0	0	Number supressed	£80,936
TOTAL	**14**	**1463**	**20**	**2319**	**6**	**575**	**40**	

Source: NHSE specialised commissioning

NB There was a slight difference in numbers of bed days when analysing the raw data from NHSE specialised commissioning compared to the summary data supplied. Also there were 20 admissions in South Worcestershire however 3 of these admissions were the same young person who was transferred to 3 units within 1 admission.

Mean number bed days per bed type and CCG:-			
	Redditch and Bromsgrove	South Worcestershire	Wyre Forest
Eating disorders	124	138	106
Acute	72	57	91
High Dependency Unit	16	0	0
Low secure unit	173	153	0
Paediatric intensive care	0	134	0

Source: NHSE specialised commissioning

11.6 Schools – current spend

Schools through the use of the core budgets, Dedicated Schools Grant and Pupil Premium funding are currently commissioning a variety of services to support emotional wellbeing e.g pastoral staff teams, PSHE, school counsellors, peer mentors and music and art therapy. However, it is not possible to quantify the level of this funding currently. Once stronger partnerships are forged the aim will be to influence all commissioners within the system to support emotional wellbeing and mental health prevention and treatment to invest in the most effective, evidence-based interventions.

In addition to this, schools invest £1.48 million on an Early Intervention Family Support Service (this amount is included in the 12 million outlined in Section 11.2). This service complements the County Council commissioned 0-19 Early Help Providers and use the Early Help Assessment Framework as the tool to identify and meet need.