

Northern, Eastern and Western Devon  
Clinical Commissioning Group

# Investing in the future

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## **Transformation Plan 2015/16 – 2020/21** Child and Adolescent Mental Health Services (CAMHS)

*2016/17 refresh*

*Date: 31<sup>st</sup> October 2016*



# Joint Foreword Statement

Position Statement: This is NHS Northern, Eastern and Western Devon Clinical Commissioning Group's (CCG) Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan (LTP) refresh. Our CAMHS LTP refresh reflects our position and planning as of 31st October 2016. Together with our partners we are currently reviewing and developing our strategic priorities and commissioning intentions for children's services as a whole of which CAMHS is an integral part. We have planned engagement and consultation on these developments scheduled for November 2016. Going forwards our CAMHS LTP will reflect these developments and strategic intentions and in doing so, have the voice of children and their families firmly embedded in our plans. We will ensure our CAMHS LTP is updated accordingly and we will present this to our Health and Well-Being Boards for this to be endorsed and formally adopted later this year.

NHS England requires the CCG to refresh and republish our CAMHS LTP on an annual basis. This plan sets out our commissioning strategy, priorities and plans to transform the support and services offered to children and young people over a five year period. The refresh has been developed by the CCG working with partners and providers and taking into account on-going engagement and consultation with children and young people and their families.

This refreshed plan provides a summary of what we have achieved in the last twelve months and an overview of our priorities for 2016/17 and beyond. This LTP refresh should be read alongside the original NEW Devon CAMHS Transformation Plan published in October 2015, as this provides background information and in-depth perspective.

This refreshed plan is consistent with our Sustainability and Transformation Plans (STPs) across Devon, Plymouth and Torbay which reflects a strategic commitment across the whole of Devon to work together as partners to develop all age, seamless services that achieve a place-based commissioning approach.

We are committed to the on-going improvement of services and will seek to ensure that we are supporting local needs, delivering outcomes for families and individuals as well as best value for money. The evidence base underpinning a place-based approach highlights the relationship between the quality of health services, health outcomes and educational attainment. We are also committed to an all age approach that ensures that local services are integrated and coordinated to ensure that all young adults in transition have a seamless experience and best support available to meet their needs. There is a growing body of research and guidance indicating the importance of an 'all age' approach to the delivery of local services for the whole

population. These approaches are reflected in this plan and the CCG's strategy for children and young people.

The emotional health and wellbeing of children and young people is everybody's business. Children/Young people, who feel good about themselves are confident and optimistic about their future and will be more resilient to deal with the stresses that life may bring. Conversely, poor mental health is associated with social exclusion, reduced education/employment opportunities and financial, social and health inequalities which impact throughout an individual's life. This refreshed plan sets out how we will work with our partners and providers to ensure the greatest possible benefit for children and young people's emotional health and well-being in our area.

# 1. Strategy & Policy update

## 1.1 Updates strategies and policies

The first iteration of LTP reflected our plans in accordance with the Future in Mind report. Since October 2015 our strategic plans with partners have progressed to more fully reflect our joint ambition across the whole STP area to re-model our provision across health, social care and education.

In addition to Future in Mind, there are some recent and key publications that we are taking into account in our strategic planning and delivery. This includes the national technical guidance for Early Intervention Psychosis (EIP) and Eating Disorder (ED) services which was published in 2016, and, The Five Year Forwards View for Mental Health which endorses the recommendations of the Future in Mind report. The Five Year Forward View focuses on the need to build consensus on how to improve services for people of all ages. It proposes a three-pronged approach to improving care through prevention, the expansion of mental health care and the integration of physical and mental health care.

Locally we have robust partnerships, commissioning intentions and work programmes that focus on seamlessness across CAMHS and adult mental health services. Our local plans reflect the need for a whole system approach to developing robust early help and prevention models that support children and young people to develop coping strategies and resilience.

Our Transforming Care Partnership plan has been developed to support delivery of an all age approach to reduce the use of inpatient services for people who have a learning disability and/or autism who display behaviour that challenges. The plan recognises the importance of having capable and robust community providers which support individuals as close to their home as possible and the need for providers to be joined up in their approach to supporting vulnerable children and young people to get the right support in crisis.

## 1.2 Our story so far

In 2014, local strategies for emotional health and wellbeing, including CAMHS, were developed across the area and informed by extensive engagement of children and young people and key stakeholders. Our strategic priorities were agreed and embedded in our transformation plan and we have been putting in place the foundations of change through a range of service developments supported through the CAMHS transformation plan funding in 2015. This reflects our commitment to improving the well-being and mental health of our children and young people of Devon.

As a result we have been able to make definitive improvements in services in Northern, Eastern and Western Devon.

<b>Early help</b>	New arrangements for early help for school age children.
<b>Participation</b>	On-going engagement and involvement with children and young people in in service design, commissioning and delivery.
<b>Access</b>	Investment to reduce waiting times for children and young people in CAMHS.
<b>Developments</b>	<ul style="list-style-type: none"> <li>• Crisis response and Outreach across Plymouth and Devon offering short term intensive support and reducing hospital and tier 4 admissions.</li> <li>• A dedicated Place of Safety is available to support children and young people and prevent those with mental health problems being assessed in police cells.</li> <li>• Closer working between health and social care to support placement stability in residential and foster care</li> <li>• 24/7 access to mental health act assessments as indicated</li> <li>• Increased support for children and young people who self-harm or experience eating disorders.</li> <li>• Plymouth has an improved the Autistic Spectrum Condition pathway with an increased offer of support to parents to help them manage emotional distress and behaviour problems and a rapid response to support in the home to prevent crisis.</li> <li>• Plymouth has a crisis response service for children presenting with mental health need at hospital who don't require a Mental Health Assessment which has been extended to 7 days a week, 8am - 8pm, so that CYP can be seen within a few hours or next morning</li> </ul>
<b>Evidence &amp; Impact</b>	<ul style="list-style-type: none"> <li>• National recognition of a best practice Eating Disorder pathway which is a new development in Eastern Devon.</li> <li>• Reduced number children and young people going into tier 4</li> <li>• Increased workforce trained in CYP IAPT</li> <li>• Increased workforce</li> <li>• Improvement in placement stability for Children in Care</li> </ul>

These improvements give us real confidence that we have the demonstrable partnerships, commitment and the capability within our system to translate our commissioning intentions into reality.

Over the next five year period we will work to achieve the right balance between moving at pace and planning effectively to achieve successful and sustainable improvements in services and the outcomes they achieve for children, young people and families.

## 2. Engagement & Planning

### 2.1 Engagement, Service Design & Planning

This is an update on what we have achieved and our successes in the last 12 months. What our local children and young people are saying and how we have involved them;

- We recently held a Devon-wide young person celebration event with the CYP IAPT collaborative.
- Each Devon CAMHS team has a locality champion to promote positive participation at a local level.
- Guidelines for children and young people involved in recruitment of CAMHS clinicians have been developed and used in the appointment of additional staff funded through our plan.
- CAMHS locality champions are exploring ways for collaboration with Young Devon (voluntary sector provider).
- Virtual CYP participation group established using email, text and social media to inform service development with service user experience
- Local Healthwatch Devon report September 2016<sup>2</sup> as a result of their engagement with children and young people about their health.
- Plymouth System Design Groups (SDG) established with core principle to involve children, young people and families, through the network of participation groups.
- Engagement with parents and carers led by Devon Carer Parent Voice and Plymouth Parents' Forum.
- In Plymouth a new system of support was co-commissioned between PCC, NEW Devon CCG and Schools which commenced in September 2016. This system has been funded through DSG (£1.24m over 3 years) and the transformation agenda. The investment has funded a whole school approach to emotional health and wellbeing, targeted interventions including online support and counselling, face to face counselling and talking therapies, Theraplay, and specialist CAMHS liaison workers. A conference led by Plymouth UKYP focused on support in schools and this informed the service specifications for the new Early Intervention Services. Young people were involved in evaluating the tender.
- CYP are involved in projects to develop IT accessible information, information leaflets and some therapeutic session pilots.

Central to our planning is what matters to CYP and what good looks like to them;

Statement written by young people:

“We would like the people who work for CAMHS to be understanding, patient and respectful. They should be trustworthy and make us feel safe and comfortable. It is important that they use their skills and experience to listen carefully in a non-patronising and non-judgemental way. When CAMHS staff are positive and friendly, they help to create an environment that is informal and without pressure.”

A recent consultation undertaken by Health watch<sup>1</sup> (Feb 2015 – May 2016) to ascertain the key health priorities for children and young people in Devon. Notably, the top 3 healthcare issues that respondents indicated were most important to them related to Emotional Wellbeing and Mental Health:

- Depression and anxiety
- Self-harm
- Sexual health

Key areas for improvement identified from the feedback provided by children and young people include:

- Better access to healthcare services in a timely manner, particularly mental health services
- Attitudes of healthcare staff when treating children and young people
- Access to information about what services or support are available locally
- Better access to support for children and young relating to specific healthcare issues

The top 3 reasons that prevent respondents from being active include:

- Education\work commitments
- A lack of motivation
- A physical health issue

We will be utilising this feedback to shape the focus of this Plan for 2016/17 and beyond.

## 2.2 Strategic Planning

NEW Devon CCG, with our partners, are using this opportunity to strengthen our focus and approach to achieve a more consistent overall offer for children and young people across an integrated system. In doing this we also recognise we need to ensure we have local delivery that is matched to ‘place’ and needs of the local community. This is consistent with our vision for “*Right care, at the right time, in the right place*”.

The configuration of CCGs, local authorities and CAMHS providers in our area has an inherent risk of creating boundaries that can be experienced by children, young people and their families. We view the Sustainability and Transformation Plan (STP) to be an enabler as this is describing our whole system/whole Devon planning. Our intentions in this CAMHS LTP refresh are reflected in our STP.

We continue to build and strengthen our future commissioning arrangements and in doing so future proof our emotional well-being and mental health model. System Integration has a benefit as it enables commissioners and providers to realise efficiencies and productivity through the eradication of duplication and shared approach to improving services that are sustainable for the future. Most importantly, it will improve the experience of care and support for people receiving services.

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<sup>1</sup> Healthwatch Devon, Our Health, Our Say - Children and young people speak out on health and wellbeing (September 2016)  
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The proposed model is for a system that supports integration of a seamless and responsive support offer from early help to specialist support. It describes a system that layers additional help to the core community offer, according to need and circumstance. Locally we are developing proposals for our model of care based on the Anna Freud Centre THRIVE model as a foundation. This will be tested through our engagement and consultation processes.

We recognise that CYP are different and their needs are different, we are considering how we develop a core offer of Children's Services that will deliver services as part of a system model to meet the needs for:

- *Early Years & Childhood Development*
- *Children with Special Needs and Disabilities (SEND)*
- *Children with specific health problems, including mental health problems*
- *Children and young people vulnerable to poor outcomes, including looked after children*

Our on-going engagement and co-design with children, young people and their families ensures they are central to the developments of our local offer and pathways across for Early Help, Targeted and Specialist support.

*We are considering how we can achieve better Outcomes for children and families through our collaborative whole system approach which:*

- *Enable parents to meet the needs of their children*
- *Keep children living at home, where possible*
- *Enable children and young people to achieve their maximum learning potential*
- *Ensure a positive transition to adulthood that maximises the independence for young people*

## 3. Where we are now?

### 3.1 The commissioning baseline 2014/15 to 2016/17

In setting the path for the future, it is important to look at where we are now in relation to our baseline for CAMHS in 2014/15.

#### **Baseline since 2014/15**

The CCG spending on CAMHS services for 2014/15 was £6.5 million. For 2015/16 the allocation was also £6.5 million.

- Of the £6.5 million total, the expenditure on CAMHS services (tier 2 and 3) with Virgin Care Ltd was £4.1 million and with Livewell Southwest £2.4 million, before additional investment as a result of the CAMHS Transformation Fund allocation of £1.6m in 2015/16.

- Additional commissioning investment by local authorities in 2014/15 and 2015/16 was £648,806 for Plymouth and £84,000 for Devon. (not sure about the £84k in 15/16).

### **Current investment in 2016/17**

In addition to the main investment in Emotional Wellbeing Mental Health across Devon for 2016/17 as highlighted above, there is a multifaceted range of support for Early Help including Devon County Council investment:

Devon Early Help for Mental Health investment 2016/17

Funding sources:

- Public Health ring-fenced grant £0.5m
- Better Care Fund £0.1m
- Dedicated Schools Grant £0.1m

Total £0.7m

Invested in:

- Virgin Care £0.5m
- Young Devon/Xenzone £0.2m

Total £0.7m

And also Active Contracts:

- Whole School Approach – Xenzone – Annual contract value = £218,500 (DSG Funding)
- Counselling in Secondary Schools – The Zone – Annual contract value = £65,000 (DSG Funding)

In addition to there are other areas of spend on children's services which are considered as key components of the system. These include spend on the Vbranch contract, individual placements, Short Breaks and the cost of admissions to paediatric wards. NHS England also incurs commissioning spend on highly specialised (tier 4) placements, which in 2014/15 was £5.0m. A key outcome to be delivered by this plan is to reduce highly specialised placements, releasing resources to support community services providing earlier intervention. The CCG has also received some non-recurrent funding such as the successful schools bid in Plymouth (which has been match funded from education and supports the early intervention work), and the additional funding for all age psychiatric liaison services, which all adds to the overall investment sum in CAMHS services across Devon.

*NB. Because of the footprint of Devon and the differing commissioning boundaries of the CCG and the 2 Councils these investments in services may cover a wider footprint than that of the Devon CCG area.*

## 3.2 The CAMHS provision baseline

Each provider has supplied baseline information including activity and waiting times and workforce detail. A summary is below and further information is provided in appendices.

### *Virgin Care Ltd (Devon): Activity and waiting times*

Virgin Care is an integrated provider of children and young people's services, including CAMHS in Devon. In terms of access, waiting and activity of CAMHS a breakdown for 2014/15 and the first part of 2016/17 is below:

VCL	Referrals Received	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	217	226	247	249	152	207	284	263	289	266	290	342
	2015/16	238	266	299	271	161	257	321	313	297	277	329	363
	2016/17	248	292	307	248								

VCL	Referrals Accepted	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	143	152	137	148	83	117	164	159	162	141	172	179
	2015/16	132	148	153	141	78	151	167	170	143	137	159	154
	2016/17	108	149	153	136								

VCL	Waiting over 18 weeks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	371	390	414	425	400	368	360	362	313	270	263	215
	2015/16	188	162	170	217	213	222	226	200	188	180	154	136
	2016/17	100	61	66	88	101							

The Devon CAMHS workforce is:

Service	2015/16 (WTEs)	2016/17 (WTEs) <sup>2</sup>	Admin 16/17
CAMHS	98.35	111.63	3.87
Assertive Outreach	7.8	10.91	1
JACAT	6.4	5.59	0
SAC	3.9	4.09	0
<b>Total</b>	<b>116.45</b>	<b>132.22</b>	<b>4.87</b>

The Devon CAMHS workforce is an active participant in the CYP IAPT programme for transformation in CAMHS. In December 2016, local partners will be building on the strengths and successes of CYP IAPT in Devon and have drafted and agreed the principles of a multiagency workforce development strategy. This will be published with the CAMHS transformation plan. One strand identified for inclusion in the strategy will be the importance of staff wellbeing and building workforce resilience.

<sup>2</sup> Includes admin

**Livewell Southwest** provides CAMHS in Plymouth. In terms of access, waiting and activity of CAMHS a breakdown for 2014/15 and the first part of 2015/16 is below:

LSW	Referrals Received	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	65	96	81	94	69	104	108	101	118	108	99	104
	2015/16	100	109	101	101	60	98	109	104	109	96	99	111
	2016/17	105	123	110	91	73	86						

LSW	Accepted Referrals	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	57	89	73	90	66	94	96	97	113	96	92	95
	2015/16	96	105	89	93	58	95	95	98	97	88	96	106
	2016/17	92	113	103	89	71	84						

LSW	Waiting over 18 Weeks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	2014/15	21	19	20		17	27	17	28	34	39	43	47
	2015/16	41	23	38	41	16	11	24	17	33	26	44	27
	2016/17	9	9	11	16	9	12						

The Plymouth workforce is:

Service	2015/16 (WTEs)	2016/17 (WTEs) <sup>3</sup>
CAMHS (multi-disciplinary team and managers)	32	36
Community facing	11.1	18.1
Community outreach	4.6	7.6
<b>Total</b>	<b>47.7</b>	<b>61.7</b>

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<sup>3</sup> Includes admin

# 4. The transformation

## 4.0 Four system priorities

In keeping with our strategy to adopt a twin track approach that ensures strong core CAMHS services and effective access to specialised support whilst shifting services upstream towards early help, early intervention and prevention. We identified four big system priorities and the relative level of change needed to achieve these priorities varies across our CCG with each area having a different starting point. The desired end point for each of our priorities is set out below:

### *Priority 1: Crisis response*

We want to ensure timely and effective responses when children and young people are facing a crisis to ensure that co-ordinated and appropriate support and intervention is available 24 hours a day/7 days a week and in accordance with the Crisis Care Concordat.

### *Priority 2: Prevention and Early intervention*

Our purpose is to promote and support the emotional, psychological and social wellbeing of children and young people. Early help programmes can support the drive for early intervention and enable cultural change in the way first contact services such as schools can support children and young people with mental health problems.

### *Priority 3: Vulnerable Children and Children in Care*

We know that children in care are significantly more vulnerable to emotional and mental health problems and we want to ensure that there is a flexible and integrated system to support children in care and in particular where they have identified mental health needs.

### *Priority 4: Specific Services*

Our **Eating Disorder pathway/service** is nationally recognised and its use has been successful in reducing Tier 4 admissions. The model was published in the NHS England best practice guidance in August 2015 and is one of only 5 services highlighted. This proposal will ensure that delivery of the pathway/service is sustainable and can be delivered across the whole CCG. This will ensure that the aims set out in the Eating Disorder guidance can be met for all young people in Devon who have an eating disorder.

The eating disorder pathway delivers a multidisciplinary approach, providing consultation and treatment for children and young people who are experiencing a range of severe and complex emotional and mental health problems with just under a third (30%) of the children and young people who are referred to the service requiring treatment for a co-existing mental health problem. The team consists of clinical staff from a range of disciplines, including psychiatry, psychology, family

therapy, dietetics and nursing. In addition, the service has support workers who provide home treatment and community care. The team works in partnership with paediatricians who have a specialist interest and expertise in eating disorders. This has had a dramatic impact on delivery of care.

The service operates to the CYP IAPT transformation programme principles and has trained staff in the delivery of systemic family practice for children and young people with an eating disorder. They have also trained systemic family therapist supervisors.

**Self-Harm Pathway;** In the light of the local area being a national outlier in hospital admissions for self-harm we wish to fully embed the self-harm evidence based pathway throughout the CCG. In addition we have allocated resource to in year workforce training and development; family engagement and a range of steps to better monitor and report outcomes and strengthen communications and information sharing.

**Crisis Response Pathways:** Providers are delivering crisis teams across the CCG. This brings a consistent management of risk, interface with the paediatric wards and the assessment and intervention for young people presenting with self-harm needs. We are further strengthening our evidence based models of interventions and monitoring outcomes for CYP who present with self-harm needs. There has been an increase in support for rapid response for those presenting in crisis at emergency departments and in the community. These teams interface with paediatric wards and the acute services generally.

We recognise that we are not in the position to do everything and we are on a five year journey. Our engagement, planning and prioritisation processes support our sharing of best practise and for us to identify areas for development. As resources are freed up through re-design or other funding opportunities we will cease these and focus all efforts to optimise our outputs and delivery of our plans ambition.

## 4.1 The Transformation Schemes

New developments both by the CCG and by commissioning and delivery partners are well underway. Redesign of the system is happening on a day to day basis and, we have now identified schemes for initial attention. Some of these are funded by partners and others will be resourced through transformation funding. We have referred to all in this plan as combined they support transformation and delivery of our priorities and system change.

We consider implementation will bring added value to the experiences and outcomes of children, young people and their families in line with *Future in Mind* and our local strategies – as well as creating the potential to unlock resources from high cost care in the long run. Our approach is to positively protect advances already made towards a position where the best evidence based practice is available across the area.

The schemes and how they will achieve our identified priorities are detailed below.

## 4.2 Priority 1: Strengthening crisis response

### Why this is important

Baseline data showed an increase in presentation at the local emergency departments for young people in a crisis, particularly in self-harm with a significant proportion of those being already known to CAMHS services. Although elements of a crisis service are available to varying levels of delivery across the patch, the full requirements of the Crisis Concordat were not yet fully achieved and there was a need to commission 24/7 support to achieve timely and quality front door responses. Listening to patients we identified crisis response as an area that required particular focus in 2015.

### What we said we would do

In 2015, our local system did not achieve a consistent level of crisis response and therefore crisis response represented a significant priority. We said we would ensure:

- timely front door responses in an acute crisis
- alignment the various crisis response services to ensure seamless response
- enhanced levels of support if the needs of a child or young person are escalating
- support repatriation to Devon and discharge process from Tier 4

### In Plymouth

In Plymouth, although a core crisis team was in place, additional staff have been employed with the skills to increase capacity to enable triage and provide mental health assessments including for those children and young people with complex behaviour, including learning disability and autistic spectrum disorders. Where a mental health assessment is required the aim is to increase access to within a maximum of two hours, so that the most appropriate response can be identified and provided for the child at an early stage.

This will result in fewer admissions to acute Paediatric wards and more appropriate interventions for children. In Plymouth the CAMHS provider runs the local specialist inpatient unit with the result there is an overnight Consultant child psychiatry on call service and access to mental health services out of hours.

This team are also a part of a new multi-agency task group who will share data on those most at risk in the city to create multi-agency risk management and risk response plans. This includes staff from the hospital, social care, police, and (where identified) and care home placement providers.

### In Devon

In Devon the CCG has previously commissioned a Consultant led Assertive Outreach service from Virgin Care, supporting high risk young people in the

community, facilitating earlier discharge from inpatient units and reducing the number of highly specialised placements by 50% to the current levels. A more recent key focus is the establishment of an out-of-hours crisis response service which has been operational since 1<sup>st</sup> November 2015. This will encompass an enhanced first on call telephone service and introduce the availability of 24 hour access to Consultant child psychiatry for Mental Health Act assessment.

Both of these services have been complemented by the statutory Place of Safety assessment suite which became operational in March 2015 and provides a service for the whole of Devon, Plymouth and Torbay. The development and operation of the Place of Safety has demonstrated the CCG's commitment to working effectively in partnership. An evaluation will take place in order to test whether this has provided sufficient capacity and whether additional provision is needed to take account of the geography and distances to be travelled across the area.

#### The added value and intended impact:

As a result of these schemes we expected to see the following impact:

- Fewer children admitted to hospital, care and highly specialised placements
- 24/7 crisis responses for young people wherever they live in the CCG area
- Children and young people directed into the correct pathway to avoid repeat crisis
- Elimination of the need for children with a Mental Health issues being detained in a police cell.

#### Funding

These services were initially funded through the Transformation Fund from 2015/16. The Virgin Assertive Outreach service for Devon is funded from core CCG funds.

#### What we have achieved in 2016/17

- Out of Hours Crisis support

The CAMHS Crisis response team is now fully staffed and working in tandem with Out of Hours senior nurses until 10pm weekdays and also 9-5pm Saturday / Sunday. They are predominately working onto the wards to discharge young people where appropriate who have been admitted following an overdose. Currently, the service is running this new service on the weekends and is monitoring usage to ensure best use of clinical capacity thereafter.

Further commissioned capacity has enabled CAMHS to develop an out of hour's crisis response service (CRS). In addition to the previous telephone on call service, the service is able to respond to Mental Health Act assessments 24/7. We continue to develop our acute care pathway work plan in accordance with the local Crisis concordat work and core 24.

- Place of safety (POS)

The Place of Safety for CYP within the Plymbridge Tier 4 inpatient unit in Plymouth was opened in 2015. This has vastly reduced the numbers of YP presenting in crisis

within the police estate and has ensured that when they do, they are assessed promptly and consideration given to the management of their acute needs that has been used for Mental Health Act assessments.

Admissions to Place of Safety												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	5	1	3	5	4	2	3	2	1	2	0	3
2016/17	0	0	2	1	1	2						

The POS has been used 6 times since April 2016. The crisis response group is exploring opportunities for the development of Safe Places to help better support step down from acute settings and for young people who do not meet threshold for inpatient support but who are in crisis.

A pilot study is being developed by commissioner colleagues in South Devon to see if a further reduce admissions to the Paediatric estate can be achieved by offering an intensive 72hr community provision to reduce risk. This pilot and sharing of best practise will be reported in Mid-2017.

The number of young people presenting to the hospital continues to be consistently high and the complexity of the young people being admitted can increase their length of stay. The challenge of meeting this group of young people’s needs in the acute setting continues to be an issue. CAMHS are in the process of creating a joint process for risk assessment and creating management plans during admission. Work and learning from the development of this will be utilised across the system of support moving forward. In addition, Plymouth CAMHS have been central to developing opportunities for sharing risk between partners and are currently Chairing a stakeholder group focusing on crisis response and how this can be better coordinated and avoided in the first instance.

**Impact:**

Workforce: All staff in crisis and outreach teams and those working in the acute pathway are being trained in the evidenced based model of intervention for distressed young person and those who present with serious self-harm. This is based on a Dialectical Behavioural Therapy (DBT) approach which will ensure that a coherent model of intervention is in place to support CYP and staff. The number of children and young people who have had a Mental Health Act Assessment by the CRT since Dec 2015 is 4.

162 CYP managed by Livewell CAMHS Outreach Team in 6 Months Apr-Sept 2016

**CAMHS Crisis & Assertive Outreach Team (AOT)/Outreach team**

NEW Devon CCG in partnership with NHS England commissioned an AOT model which became operational in October 2014, was fully staffed by March 2015 with CAMHS mental health nurses and a consultant psychiatrist.

Crisis and AOT/Outreach Team offering intensive short term expert support in Devon bringing a significant reduction in children in inpatient care.

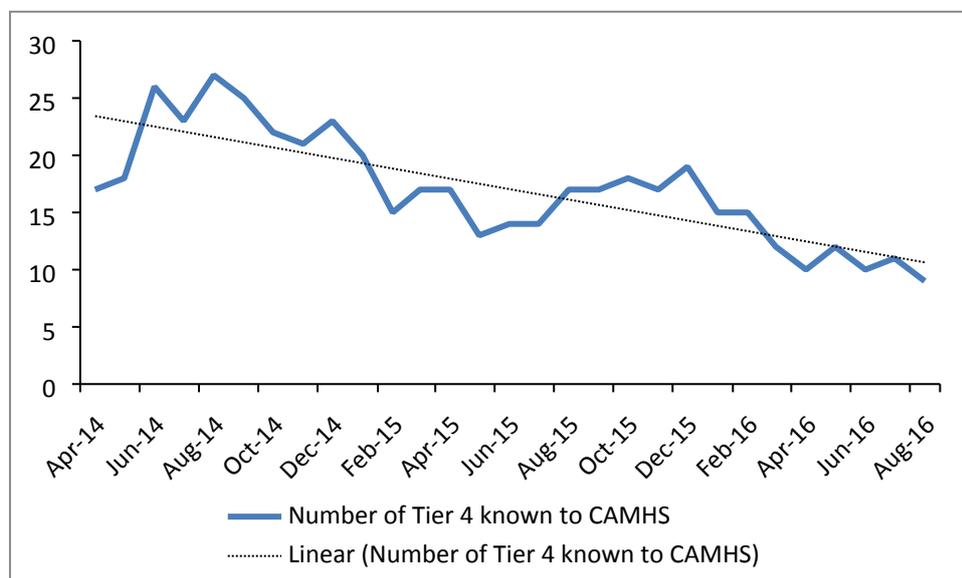
**Benefit:**

AOT remit is simple; provides intensive community CAMHS capacity to support YP at risk of admission and utilise the same capacity where possible to prevent or reduce length of stay in acute hospitals or Tier 4

The team work extended hours, evenings and weekends and provide intensive care & risk support to families, carers, systems and of course CYP. They attend Tier 4 reviews and play a central role in co-ordinating the care planning and step down.

**Impact:**

Over the 1<sup>st</sup> 18 months inpatient admissions dropped from an average of 32 to now 9. Length of stay has been reduced by approx. 35% and continues to drop.



The team now work closely with the local area teams and are increasingly supporting the acute care pathways within the 3 area teams. This involves working with the paediatric wards to manage risk and avoid long paediatric admissions by encouraging positive risk management into the community teams.

Work on developing a consistent self-harm approach has progressed; the Risk Assessment Service (RAS) in Eastern & Northern teams supports the assessment and treatment of serious self-harm by ensuring same day assessment and onward management into dedicated systemic family practice care pathways, which use evidence based family therapy as the core intervention.

**Next steps**

Building on the progress we have made in crisis care, in January 2017 we will be completing a review of local compliance with crisis concordat standards. The CAMHS provider has assured that all provisions of the crisis concordat standards will

be fully met and evidenced by 1<sup>st</sup> April 2017. We will refine our reporting requirements for these newly developed services and build locally developed outcomes into a Devon-wide strategic dashboard for Children and Young People's emotional wellbeing and mental health. Crisis Response Team staffing currently is a mixed staffing of permanent and agency and the service is working towards full permanent staffing.

### 4.3 Priority 2: Delivering early prevention and intervention

#### Why this is important

Evidence demonstrates that an increased focus on early intervention will reduce the number of referrals in to more specialised CAMHS services. An early offer will reduce escalation and can be handled in a less intense manner. We intend to promote and support the emotional, psychological and social wellbeing of children and young people. This requires strong connections with universal health services, schools, GPs and youth services for example to raise awareness, and deliver early and appropriate whole system responses.

#### What we planned to do

##### In Devon

In 2014, in consultation with schools, Public Health Devon started their planning & commissioning of this new emotional, psychological, and social wellbeing service for children and young people in Devon called **Early Help for Mental Health Programme (EH4MH)**.

The aim of EH4MH is to build resilience in children and young people by tackling mental health problems before they become more serious via early prevention and early intervention.

Importantly, EH4MH aims to change the culture around mental health in schools and provide support to young people at the earliest possible opportunity with a long term goal of reducing the need for more specialist services.

There are two elements:

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

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

## **Meeting high demand through online self-referral for young people**

Kooth is an online support platform provided by Xenzone. In Devon it provides young people in Devon aged 11 to 18 years access to online counselling, moderated peer-to-peer advice and self-help tools through an online platform. Young people can access the platform 24 hours a day, 365 days a year and interactive counselling is available till 10pm every night. Kooth can then signpost on to further support, such as the face-to-face service provided by Young Devon, if required.

## **Early intervention in Devon Schools**

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

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

## **In Plymouth**

In Plymouth a new system of support was co-commissioned between PCC, NEW Devon CCG and Schools which commenced in September 2016. This system has been funded through DSG (£1.24m over 3 years) and the transformation agenda. The investment has funded a whole school approach to emotional health and wellbeing, targeted interventions including online support and counselling, face to face counselling and talking therapies, Theraplay, and specialist CAMHS liaison workers.

CAMHS services are now being delivered through the locality model described in the original transformation plan with each locality having a team of early intervention staff. In addition, work between the early intervention team and specialist teams has been undertaken to develop clear pathways and referral processes.

This aim is to offer any child or young person a consultation within 7 working days of them or the schools requesting intervention or presenting to the multi-agency Single Point of Contact (Gateway). This consultation from a skilled mental health worker can make an assessment of the mental health needs and make recommendations at this point. This will also enable access to interventions such as evidence based parenting programmes, in partnership with other professionals, daily consultation for the Gateway staff, resulting in a more rapid response to requests for help. It would

also enable greater engagement of CAMHS with the “creative solutions” process for those presenting with high levels of risk at the edge of care.

### **Reducing waiting times**

One of the CCGs’ key priorities is to reduce the backlog of people waiting to access CAMHS services giving the early intervention offer the opportunity to begin to make a positive impact on referrals. We intend to use non-recurrent investment to focus on delivery of reduced waiting times for CAMHS services to achieve a waiting time of 18 weeks by April 2016.

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

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

### **What we have achieved so far**

In September 2015, Public Health Devon commissioned the Early Help for Mental Health (EH4MH) programme. EH4MH is a prevention and early intervention programme that aims to change the culture around mental health in schools and to provide appropriate levels of support to young people at the earliest possible opportunity.

The EH4MH programme operates in two ways:

The school support element of the programme is delivered by Virgin Care and aims to help both primary and secondary schools improve the emotional, psychological, and social wellbeing of their pupils by supporting staff to develop their knowledge of mental health conditions affecting young people and strategies supporting children with early signs of mental and emotional stress.

The direct support element of the programme is delivered by Young Devon and Xenzone. This element offers children and young people of secondary school age access to self-help tools, good information, online counselling and appropriate levels of individual support from trained professionals. EH4MH direct support can be accessed either through a web-based interface via Kooth.com or face-to-face in one of Young Devon’s locations.

### **Benefit:**

To date, all schools in Devon have been approached and over 75% of school have decided to opt into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member of staff(s) who will act as the school’s EH4MH Champion. All EH4MH Champions are invited to attend an “Introduction to Mental Health” training course. These courses have been very

well attended and evaluation forms show that attendees have found the training informative and worthwhile.

The first year has seen the programme grow significantly to become an integral part of the way schools are addressing the mental health of their pupils. Some schools have shown exceptional innovation in the way they are managing mild to moderate levels of their pupils' mental health needs. Service improvements such as this build more of a variety of resources for young people's emotional wellbeing and mental health.

The EH4MH providers report to Public Health as the lead commissioner with the contract being overseen by a Contract Oversight Group that includes representatives from Public Health, Schools, Social Care, and CCGs.

In Plymouth, the new system of support for emotional health and wellbeing in secondary and special schools was launched in September 2016 which brings together financial resource from Schools with transformation funding.

This model of working is focused on embedding a whole school approach across each school, starting with an audit of current delivery based on the National Children's Bureau recently published toolkit (October 2016). The Zone (external provider) will support schools with the development, implementation and achievement of their school delivery plan by utilising resources from across the EH4MH system as appropriate.

Young Devon and Xenzone will provide targeted interventions through counselling provision as set out in the EH4MH statement above, including the ability for young people to self refer for support. Special Schools have implemented delivery of Theraplay sessions after receiving level 1 and 2 training as a targeted intervention.

All work is supported through CAMHS transformation with each school having a named CAMHS liaison worker who has an allocated half day per week to each school. This enables early assessment, triage, delivery of brief interventions and effective pathway planning.

All services commissioned are required to work together to ensure a robust system response that enables a coherent pathway from early help through to specialist interventions.

All services report to the Integrated Commissioning Team who manage all CAMHS contracts and transformation plan delivery. On-going system design is coordinated through a local steering group which includes representatives from the school system, educational psychology, CAMHS and school nursing.

**Impact:**

[Improving access for young people with measurable outcomes \(EH4MH\)<sup>4</sup>](#)

The service is now 13 months on with the following results

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<sup>4</sup> Further information and case studies available here: <https://xenzone.com/casestudies/devon-council/>

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

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

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

Both online and face-to-face counsellors have supported young people through a wide range of issues including reduced confidence, low self-worth, depression, self-harm, and problems in family and/or partner relationships. However, anxiety/stress has remained the top presenting issue for Q4 2015/16 and Q1 2016/17 for both the face-to-face and online services.

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

Both online and face-to-face services have seen an increase in the number of younger age groups accessing support. Number of 13 year olds accessing the service has doubled between Q4 2015/16 and Q1 2016/17. From 1 January 2016 to 31 March 2016, only 40% of young people using the service were aged 15 and under. From 1 April 2016 to 30 June 2016 the service saw the number of young people aged 15 and under accessing support increase to 60%.

### **Primary Mental Health Worker (PMHW) Provision**

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

The Plymouth CAMHS early intervention offer has been embedded into a locality model delivered by Livewell Southwest. Each locality (of which there are 4) includes a school liaison worker, a community liaison worker, a community worker and a support worker; in addition there is a school liaison worker specifically for special schools. The team's priority is that by December 2017 the model of working enables; Consultation within 7 working days.

- Assessment within 4-6 weeks.
- Timely targeted individual and group interventions in the community.
- Training (as required based on identified need).
- Referral through joint assessment to specialist CAMHS

The service is prioritising the ability for self-referrals and drop-in clinics, ensuring the child / young person is involved in all planning for their care. A further priority is working with the primary school system to develop a model of delivery for children aged under 11 that is responsive and needs led, enabling live screening in community based settings.

**Benefit:**

There is good evidence from national studies that consistent 'upstream' and targeted focus reduces referrals to CAMHS and improves community intervention for children and young people with mental health needs.

**Impact:**

There will be on-going monitoring of the workforce and the activity data to demonstrate the increased number CYP seen.

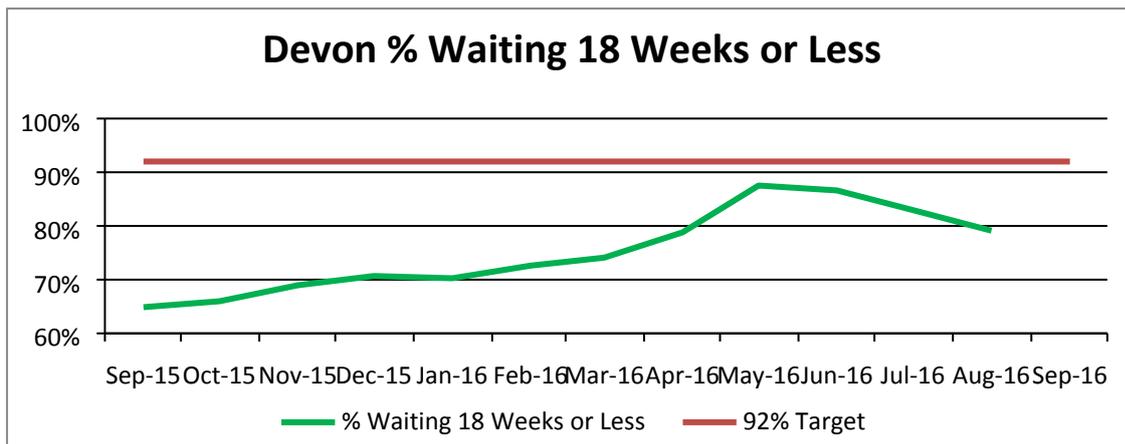
**Positive impact in improving access to Community CAMHS**

Furthermore, there has been a considerable reduction in waiting times achieved across all areas of CAMHS which has been sustained. This reduction has been achieved by a combination of measures including a rigorous, consistent approach to job planning (e.g. setting the number of attended appointments per member of staff reviewed regularly, clinical focus, outcome measures, clinical and line management supervision and a cultural shift towards waits being seen as unacceptable and 'not good enough' for Devon families).

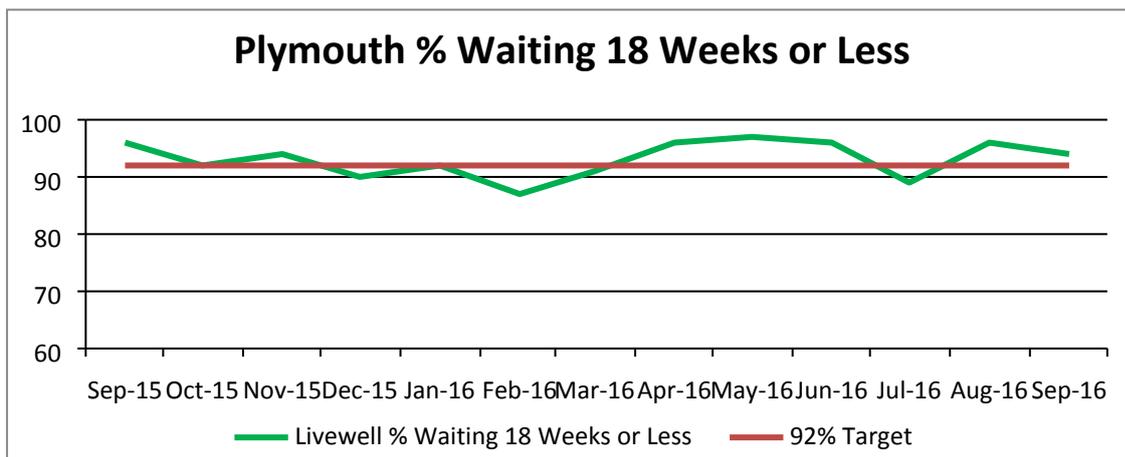
**Impact:**

In March 2016, Virgin CAMHS achieved the commissioner target of 80% of CYP seen and assessed within 18 weeks and are on target to reach the higher target of 92% of children, assessed and treatment commenced within 18 weeks.

As of July 2016, the median waits for new assessments in Devon was 7.5 weeks and all CYP requiring emergency-urgent assessment were seen within 48 hours if emergency and 2 weeks if urgent.



Plymouth data Reduced waiting list – By September 2016 the waiting list was halved through intensive work over the summer months and ongoing monitoring of RTT will continue to evidence the impact of earlier intervention. As of September 2016 the median wait for treatment was 5.3 weeks and all CYP requiring emergency-urgent assessment were seen within 48 hours if emergency and 2 weeks if urgent.



## Funding

The majority of investment for these schemes is by partners. There has been specific funding of £136,000 in 2015 and thereafter £271,000 in subsequent years from the Transformation Fund for these initiatives.

## Next steps

1. Newly appointed senior appointments (in August 2016) will be in post by early November 2016.
2. The Primary Mental Health Worker (PMHW) model will be reviewed (including resource and provision) to ensure we are optimally investing to strengthen Early Help and ensure best outcomes.

3. Refined data set currently being co-developed with lead provider in conjunction with a strategic Emotional Wellbeing Mental Health dashboard to support the review of an anticipated correlated reduction in referrals to Specialist CAMHS.

## 4.4 Priority 3: Vulnerable and Children in care

### Why this is important

Children in care are known to be vulnerable and national prevalence figures estimate that 45% of children in care will develop mental health problems and disorders. Our plans will strengthen support for children in care, in particular those with a high or very high probability of an emotional or behavioural disorder.

### What we plan to do

#### In Devon

In Devon a review of current provision has identified the benefits of having a lead practitioner(s) for children in care in particular to support young people who need CAMHS therapeutic intervention. It will include advice to carers and professionals and direct support to young people, or teams supporting young people using a 'stepped' model of care.

#### In Plymouth

In Plymouth there is already a "Children in Care" CAMHS team. This model is established and working well. Closer liaison and working between this team, placement providers, the Virtual School Head and Social Care, has achieved an improvement in placement stability and already enabled some children placed out of area in residential placements to be brought closer to home.

### The added value

Overall we would expect to see change with:

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

### Financial

We continue to work with our partners on the priorities and targeting of the CAMHS LTP money to these this is alongside the re-modelling of the core CAMHS budget.

### We have achieved

Children in Care often present with needs that are complex, enduring and life impacting.

Positive steps have been taken to begin the process of remodelling the current Devon SAC (Service around the child) provision. The service is being revised to screen the CYP to understand their emotional and possible mental health needs. For those reaching the threshold for clinical significance will be formally assessed.

The support for these CYP from social care and CAMHS will be co-ordinated and ensure there is additional professional development for staff within pathways to meet the needs of CYP in the care system

### **Mental health screening of Children in Care**

The co-development of an agreed new working model to screen children and young people who come into care and to undertake an appropriate and comprehensive assessment on those above the clinical threshold on agreed screening tools. This 'Children in Care assessment pathway' will be integrated into the Single Point of Access (SPA) process.

The core aim is to identify children coming into care earlier who exhibit higher levels of risk, for example in the form of challenging and risky behaviour. Furthermore, where appropriate, clinicians will accelerate access to the specialist support and intervention for children within generic CAMHS services.

#### **Next steps**

1. Aim to implement new pathway in 2016.
2. A new senior manager will be in place to oversee service delivery.

## **4.5 Priority 4: Specific Services & pathways**

In light of the local area being a national outlier in terms of hospital admissions for **self-harm** we wish to fully embed the self - harm evidence based pathway throughout the CCG.

For **eating disorders** where new guidance has been published, we have a nationally recognised approach in Eastern Devon and we are now looking to extend the model across Devon and Plymouth in line with the evidence base.

For 2015/16 we have taken an important step to address core CAMHS service pressures. This has included additional funding to reduce waiting times for both Devon and Plymouth CAMHS with the intention that there are no children and young people waiting over 18 weeks by 31<sup>st</sup> Dec 2016.

In addition we have taken the opportunity to allocate resource to in year workforce training and development. We are currently working on our Joint Agency Workforce plan that is due to be published in December 2016. We have a robust learning collaborative and framework of CYP IAPT training to upskill the workforce in

evidence based interventions. This adds value to our pathways as Evidence based Interventions and CYP IAPT are proven to have a positive impact on outcomes and length of care episodes.

New Devon CCG is delighted to be able to say that it has been successful in bidding for additional funding to further develop its perinatal mental health services. Devon had existing specialist perinatal mental health services which was assessed regionally as one of only two full Specialist Community Perinatal Mental Health (SCPNMH) service which meeting the level 5 requirements in the Maternal Mental Health Alliance's 'Everyone's Business' national mapping. However the service was not equitable across the CCG this funding will allow the CCG to move rapidly to delivering an equitable service to all mothers and families in the CCG. The bid was collaboration between multiple providers, NEW Devon CCG and SD&T CCG.

### **The development of a 'pathway based approach'**

In 2013, Virgin CAMHS started to deliver their care using a pathway based model. This was to align children to care pathways that were specific in their intention to treat according to NICE guidelines which is shown to improve outcomes for young people with MH needs.

This approach to re-design has begun the blueprint for service change across the wider Devon Virgin CAMHS services. It is hoped that by autumn 2017 most of CAMHS interventions will be aligned to the Anna Freud THRIVE model and delivered within the 9 clinical care pathways.

1. EH4MH & Primary Mental Health (Early Help, including online, self-management)
2. Managing Relationships (early years, including attachment)
3. Managing Mood (PTSD, Depression & Anxiety)
4. Managing Emotions & behaviours (self-harm/emotional dysregulation)
5. Managing Eating
6. Managing Neuro-Diversity (ADHD, ASD)
7. Managing when living in Care (Children in Care)
8. Managing your acute needs (acute & crisis care)
9. Managing Journey after child abuse and trauma (trauma recovery)

In Plymouth our multi-agency pathway developments are currently:

- Early Help and access to specialist services
- ASD pathway
- Self-Harm Pathway
- Transition to Adulthood
- All age Psychosis pathway
- Multi-agency crisis recovery
- Trauma Recovery
- Post-natal depression (CAMHS offer in attachment and delivery of programmes in children centres)

This 'whole system' approach has significant benefits:

- Service improvements are embedded in practice aiding sustainability
- Staff are 'allowed' to develop clinical expertise and apply it in practice
- CYP are treated with best evidenced approaches and should experience symptom reduction
- New Model of care that puts the child or young person at the centre. Model based on *THRIVE* and the 4 quadrants of 'coping, getting help, getting more help, risk support'
- Re-design and better integration aims to improve productivity and efficiencies that will enable us to address challenges and gaps and move demand 'downstream' to early help offer.

#### We have achieved

- Best practice with Eating Disorder pathway/ service
- The development of Exeter-Maudsley model credited as being in the top 5 best Eating Disorder services in the country. This is an outpatients family based approach which includes family members in the sessions, valuing them as an integral and positive resource in the journey of recovery. It is an approach that works collaboratively with parents and carers, partners and siblings. The Exeter-Maudsley model has three phases needing on average 15-20 sessions:
  - Phase 1: concentrates on weight restoration
  - Phase 2: returning control over eating to the young person
  - Phase 3: supporting the healthy adolescent identity

#### Next steps

1. Developing our Emotional Wellbeing Mental Health Strategy
2. Develop models that make the best use of resources within the whole system and ensure seamlessness across all age models.
3. Commissioners and providers to work together to review key areas of pathway development to confirm best approach for local needs and place based deliver.
4. Implementation of three week re-feed model
5. Self-assessment of service compliance with new access and service standards which come into effect April 2017.

## 4.6 A focus on vulnerable children and young people

There are a number of children and young people who have a greater vulnerability to mental health problems. Children with learning disabilities and autistic spectrum disorders do require effective and comprehensive community and crisis support. Workforce development will also be important to ensure that their needs are considered and met. This way, children with learning disability and autism will be able to access the same core service as other groups.

Many other children are vulnerable to mental health problems including looked after children, those from troubled families, young carers, children and young people in transition, children at risk of entering the criminal justice system, refugee children,

gypsy's and travellers and others. As well as the greater likelihood of experiencing emotional issues, these children and young people may find it more difficult to access appropriate support.

At all points of contact with the service it is essential we make sure that their needs are recognised and the service promotes equality of access and takes steps to minimise further health inequalities. This is important in terms of policy and workforce development and our approach will include ensuring that all transformational schemes fully take into account the risks and positive actions they can take to ensure effective access for the most vulnerable children and young people.

### **Early Intervention to Psychosis (EIP)**

The delivery of support for Devon children and young people is provided by DPT and through The Zone in Plymouth. These services are commissioned to deliver support for 14+ age range. In practice, no young people have presented with psychotic symptoms locally under the age of 14. However, arrangements are in place to ensure that the Single Point of Access (SPA) would treat any cases, irrespective of age, as a crisis response and provide support accordingly, linking in with the specialist team. Effectively, a level of all age support is in place to meet the needs of the local population with regard to Early Intervention to Psychosis. Commissioners will be completing a review of provision to ensure that treatment is fully compliant with NICE-recommended treatment and access standards. There is a local protocol to ensure smooth link up between the specialist CAMHS provider and EIP provider.

Over the course of our initial phase and this first year of our transformation key publications have been published: the NSPCC “the time is right” and the article in the Youth Justice review on Trauma Recovery, points us to the importance of multi-agency response for those affected by trauma and abuse. This needs to sequence support in order to ensure engagement and stabilisation, processing of lived experience and readiness for and engagement in therapy.

### **Next steps**

1. Complete bid for additional non-recurrent resource to support Youth Offending Team with additional Speech and Language therapy and CAMHS practitioner input
2. Review the requirements of CAMHS to provide evidence based interventions for sexual trauma and other forms of trauma by Dec 2016
3. Ensure full compliance with Early Intervention to Psychosis (EIP) waiting time standards by April 2017.
4. Trauma recovery: for the coming year we are setting an ambition to ensure across the whole of Devon we work closely with our CAMHS team, social care, the VCS to ensure a multi-agency pathway of care that supports recovery from trauma and reduced risk of CSE and further abuse. This is a critical pathway in our “getting risk support” in the THRIVE model. The evidence suggests we would have a positive impact through a reduction of self-harm and enduring mental health problems.

## 4.7 ...Workforce Development – CYP Improving Access to Psychological Therapies (CYP IAPT)

In 2016/17, Virgin CAMHS in Devon and Livewell Southwest in Plymouth have been proactive participants in the national Children and Young People's IAPT programme. The focus of this transformational programme is to:

1. Embed the use of evidence-based clinical outcome methodologies – this includes the use of session by session clinical outcome measures and to achieve the young person's goals.
2. Train staff in the most effective evidence-based interventions e.g. Cognitive Behaviour Therapy (CBT), systemic family therapy and Dialectical Behaviour Therapy (DBT)
3. Encouraging service user participation in service improvement

### Benefits:

- Some CYP IAPT trainees have registered as accredited therapists. Other staff have benefited from post graduate training, leadership and clinical supervision.
- A high percentage of clinical work is monitored using patient reported outcome and experience measures (PREMS/PROMS).
- Patient reported outcome measures can be used within clinical supervision to inform learning and optimise therapy to the client's progress.
- Consistent evidence has shown that utilising outcome measures improves outcomes for clients and reduces length of treatment.
- Devon has adopted the national service user's pledges and has involved young people and carers in many aspects of service delivery.

### Impact:

- Since 2012, more than 40 staff from Devon have been seconded to and completed CYP IAPT training and in 2017 a further 10 staff will be seconded for therapy training.
- A further 15 will be seconded for an Enhanced Evidence Based Practice training course (EEBP) with these staff coming from a mix of public health and third sector organisations such as the Children's society.

Plymouth CAMHS has a workforce development plan based on identified future needs and known areas of recruitment and training. This has identified the need for additional training in a number of areas. Livewell Southwest's ambition is to undertake a full review of skill mix, analysing demand information, including information from the new Early Help offer, and where there may be waits for particular interventions to re-assess skill mix and develop comprehensive plan.

### Next steps

1. Engage with key professional stakeholder groups (including the local authority, third sector, youth justice and schools & colleges) via electronic survey to elicit priorities and existing mechanisms for workforce development
2. Scope cost implications of continued support for CYP IAPT programme

3. Scope the benefits of e-learning as a platform for upskilling the wider children's workforce e.g. MindEd
4. Develop a multi-agency workforce development plan for Emotional Wellbeing and Mental Health in Devon by Dec 2016

# 5. Making it happen

## 5.1 Managing demand and complexity

### System challenges

Demand for CAMHS remains high with nearly 50% of all new Virgin ICS referrals being for CAMHS. 80% of Virgin care website activity is CAMHS related. We anticipate that increasing the upstream early help offer of; EH4MH and former PMHW provision will gradually reduce demand. This is coupled with the increased support within schools to build resilience and coping.

Increasing complexity of clinical presentation is reported nationally with most research showing increases in eating disorder, serious and sustained self-harm and symptoms associated with low mood in the adolescent population. We are working closely with key partners to find collaborative methods of supporting these vulnerable groups and recognise that for a significant number of children 'wrap around' care and intervention is required.

Nationally, there are significant pressures with recruiting to staff. Many CAMHS services have reported difficulty in filling vacancies and are further challenged by high turn-over rates. We have developed a workforce plan and approach to recruitment. We have recently run a recruitment 'fair' that attracted many new staff to our service; we were able to fill many of our vacancies.

CAMHS services are currently reviewing the way in which CYP with complex risk presentation are managed but will not or cannot engage in intervention work. The desired outcome is to reduce the length of time these young people are kept open to the service but not in active treatment and support them to be managed safely in the community. CAMHS plan to have a clear pathway to work alongside the other developments taking place through CAMHS transformation, such as collaborative working with the COT and community teams to create a step up and down process across the service.

### Transition - development of a 16 + pathway

CAMHS teams have established a pathway for young people who are 16 and over to ensure that their needs around preparing for adulthood, their treatment and their transition to other services are addressed. There is a process in place to discuss transition to Adult Mental Health but there is further work to be done to support young people who don't meet threshold.

Commissioners recognise the value of the JACAT team in supporting young people with trauma and providing therapeutic interventions. VCL has 3-4 members of staff trained in EMDR which is evidence-based as being highly effective for PTSD. We are keen to ensure that adequate support is in place for children and young people

who have been subject to emotional or sexual abuse. Further scoping work will be developed to review current requirements based on the needs of the local population.

## **5.4 A five year commissioning and delivery calendar**

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

### **Next steps – key milestones**

1. Develop an enhanced vision for Emotional Wellbeing and Mental Health in Devon (2020/21) by November 2016
2. Refresh Emotional Wellbeing Mental Health strategy by November 2016
3. Develop multi-agency workforce development strategy by December 2016
4. Develop whole system strategic dashboard to support the monitoring of progress of CAMHS Local Transformation Plan by January 2017
5. Ensure full compliance with new Eating Disorder access waiting time standards by January 2017
6. Ensure full compliance with Early Intervention to Psychosis (EIP) waiting time standards by April 2017
7. Develop care pathway approach for approval by July 2017
8. Develop the model of care in Devon including engagement on the use of the I-THRIVE model to finalise our recommendations as part of whole system approach by September 2017

## 6. Important documents

There are a range of key national & local documents. Please note: this is not aiming to reflect the full extent of all documents.

**Sustainability and Transformation Plan (NEW Devon and South Devon & Torbay CCG)**

**VCL HEE Workforce Summary**

**PCH HEE Workforce Summary**

**VCL & PCH providers contract performance and quality data.**

**Devon 'My Life, My Journey' Children's and Families Alliance Strategy**

**Devon SEND Strategy – under development**

**Plymouth CYP Commissioning Strategy**

**PCH Action Plan <http://www.plymouth.gov.uk/hscintegrationstrategies>**

**Healthwatch Devon, Our Health, Our Say - Children and young people speak out on health and wellbeing. September 2016.**

**NSPCC 'the time is right'. 2016.**

**Review of Health & Justice Pathways for the CAMHS Transformation NHS England South (South-West and South Central) 2016.**

**Ministry of Justice: Review of the Youth Justice System: An interim report of emerging findings. 2016**

**Children and Young People Mental Health and Emotional Wellbeing in Devon (2016)**



Emotional and MH  
Presentation June201

**Hearing the Voice of Children and Young People and Valuing their Experience Emotional, Psychological and Social Wellbeing Engagement with Children, Young People and Parents and Carers (December 2014)**



Emotional  
Psychological and Soc