Section 7: Our Plan with the Future in Mind

7.1 This final section of the transformation plan outlines and summaries our priorities in taking forward and delivering our vision and ambition. In addition it outlines the proposal for the new Emotional Wellbeing and CAMHS funding.

7.2 We have already started to take forward our vision and aim for children, young people and those who care for them in Tameside and Glossop. Our initial phase, in this first period 2015 to 2016, sees our focus and attention on access and partnerships and developing learning collaborations (developing robust information and monitoring and performance systems). We have embarked upon linking services so that care pathways can be joined up, simplified and to seek the removal of artificial barriers and duplication. We are developing creative and initiative ways to ensure that the voice of the child is held at the heart of our transformation.

Community Eating Disorders Service

7.3 Tameside and Glossop CCG is working with 5 others CCGs (Trafford, Stockport, Oldham, Bury and Heywood, Middleton and Rochdale) and Pennine Care NHS Foundation in a partnership to develop and deliver a community based eating disorder service that meets the requirements established by NHS England (July 2015), 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder'. *See Appendix 3 for full details on PCFT Eating Disorders Business case*

7.4 In summary the proposal is to provide a comprehensive locally based service to young people, who are resident in the identified Boroughs and who have an eating disorder. The pathway will be delivered through the development of a dedicated Community Eating Disorder Service (CEDS) staffed by a range of multi-disciplinary professionals. The national guidance states that there should be a dedicated team per 500,000 of the general population. Across the localities covered there is a population of 1.3 million and this would require the development of a minimum of two teams. It has been agreed in partnership with other CCG commissioners and the provider that two teams will be developed as follows:

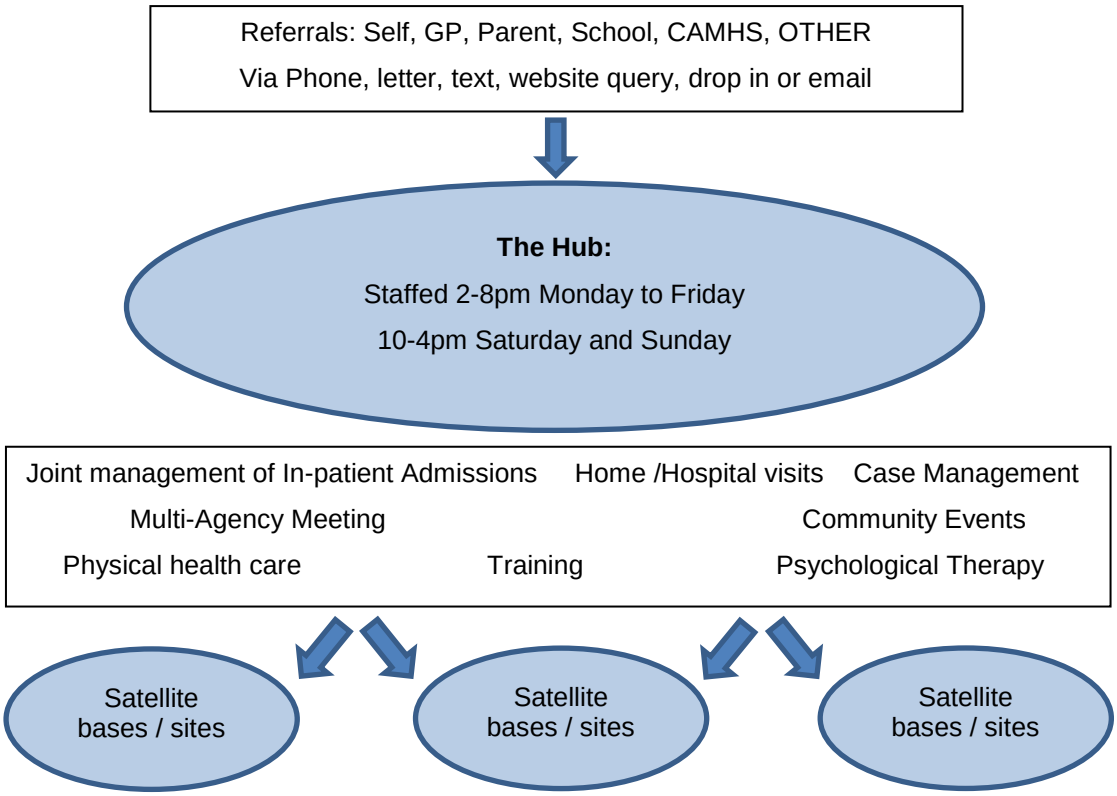
- South Hub –Tameside and Glossop, Trafford, and Stockport
- North Hub – Bury, Heywood, Middleton and Rochdale (HMR), Oldham.

The teams will mirror each other in terms of skill mix and pathway but the development of two separate teams allows for the evolution of local identity over time as the team becomes embedded.

7.5 The service will be structured on a hub and spoke model due to the large geographical area covered and the relatively small size of the teams. The following has been agreed in principle. The South Hub will be based in Stockport with satellite bases in Trafford and Tameside and Glossop. The North Hub will be based in Oldham with satellite bases in HMR and Bury.

7.6 We envisage The Hub as a vibrant, child oriented, community facility, located centrally. The Hub will be staffed 7 days a week and will be the main base offering drop ins, groups, assessments and treatments. Our ambition is for it to be a thriving community resource including a library of self-help resources, a café and a centre for training events, groups and meetings/talks. Staff at the hub will be able to offer same day responses to screen referrals and will be able to travel to carry out emergency visits where needed. Routine and specialist services will be available including family based approaches. There will also be a number of smaller satellite bases/sites that can offer assessments and treatments, located conveniently in separate geographical locations

Figure 3: Visual representation of the Hub Model



7.7 The expected outcomes for this service are:

- A more equitable and standardised level of provision for children, young people and their families
- More timely access to evidence based community treatment
- Fewer transfers to adult services
- Earlier step down and discharge from inpatient settings
- Reduced use of both medical and mental health inpatient.
- Reduction in crisis presentations and re referrals to specialist services
- Increased awareness and skill within the community including families/carers and peers
- Extend the Early Help offer to include lower level eating disorders
- Release capacity within generic CAMHS to enable shorter access times into the service

Our Priorities 2015-2017

Period	Key Priority	Thematic Domain
June 2015 to March 2016	**Getting Help** – we will ensure children, young people and those who care for them can access help when and where they need it through a single point of access that covers the whole system and not just specialist CAMHS; providing a clear understandable service offer (what support should be received). We aim to: - • Review access pathways for specialist CAMHS, benchmarked with other similar partnership area service(s). • Undertake referral mapping and audit to identify low and high referral sources; Identify key sources of redirected referrals and focus of redirection (which services are families signposted to); Re-referral rates. • Identify the hard to reach young people and families by locality and collect baseline information on access to specialist CAMHS and benchmark findings • Develop and produce access pathways and a clear, '*understandable'* CAMHS 'local offer' for meeting emotional wellbeing and mental health needs, which includes self-referral • Develop and plan, in partnership, interventions (training needs analysis and programme, supervision, link practitioners) to encourage self-referral and improve referral quality and appropriateness (address low and high referral sources/routes). • Ensure that the most experienced professionals with expert knowledge of children and young people's mental health are accessible from the start' across the system; particularly placing them where children and young people are most vulnerable (LAC, Youth Offending), so that there are no gaps through which they can fall • Work with NHE England and the Department for Education to pilot and test the named lead approach and the training programme with schools. • We will ensure that all GPs have a named CAMHS Consultant to improve communication and access between primary care and CAMHS • Implement Single Point of Access (SPA) within the integrated Public Service Reform Hub to improve access for children, young people and those who care for them • Place the third sector within the management of the NHS CAMHS service to enable a joined up offer between statutory and voluntary services; offer mediation within referral appeals • Implement local waiting time targets that seek the improvement in access specialist CAMHS services support and treatment • Agree our parenting programme offer, ensuring that we have consistent access to high quality evidence based parenting programmes, delivered to model fidelity	A, C, D, E, F
September 2015 to March 2017	**Community Eating Disorders Pathway** – we will work with our identified CCG partners and Pennine Care NHS Foundation Trust to develop and deliver a community based eating disorder service that meets the requirements established by NHS England (July 2015), 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder'. We aim to: - • Ensure the service model is developed in partnership with key stakeholders, placing the voice of the child and	A, B, C, D, E

	those who care for them at the heart; utilising national guidance, local clinical expertise, performance data and service user feedback • Review the range of services available for young people with eating disorders, including inpatient treatment, support from the In reach/Outreach team (IROR) and community CAMHS intervention ensuring that the new service provision builds on and takes into account existing provision and expertise • Explore the true need in providing support to young people across a full pathway form emerging, lower levels to moderate and severe, ensuring support is readily available for all levels of need • Scope and ensure that Paediatric and Dietician services are seamless delivered within an integrated Eating Disorders Pathway • Ensure the reduction of inequalities in access and outcomes; service design and communications should be appropriate and accessible to diverse communities. Scope building services in more visible, more central and more accessible sites may assist in addressing socio-economic or cultural barriers to access. • Review and consider the findings from the Surveillance Review December 2013 of the 2004 NICE Eating Disorders Guidance with emerging evidence that day patient care is equally effective as in-patient care but associated with lower cost • Ensure CYP accessing the service are offered a generic mental health assessment to identify/exclude any co-morbid needs, a specialised eating disorder assessment, a baseline physical health screening and an individualised care plan. • Ensure the service can offer a range of therapeutic interventions, which are evidence based and underpinned by a multidisciplinary team (MDT) ethos and approach. The MDT will work in close collaboration with the virtual team members that they regularly interface with such as Acute Trust Paediatric and Medical services, and with Primary Care, to ensure young people's co-existing physical health needs are met.	
October 2015 to October 2016	**Transition to Adulthood** – we will continue to explore all avenues to smooth the transition from children's to adult services by taking a developmental, personalised approach rather than being dictated by chronological birthdates. We aim to:- • Establish an all age Eating Disorder Service, enabling young people to stay on within the same service until they are ready to be discharged. • Establish an all age ADHD service to support CAMHS graduates and families as well as adults. • Review mental health provision for young people aged 16 and 17 and engage young people in the design of options for consideration • Strengthen the integrated pathways between CAMHS and AMHS, using the learning from the transformation plan to better support the service transition in particular for vulnerable groups including CSE, Looked after young people and young people who self-harm.	A, B, C, D, E

	• Explore evidence base and options for vulnerable young people to continue within the CAMH service until they are ready to leave. • Develop a CQUIN that builds upon and improves transition arrangements between CAMHS and Adult Mental Health.	
September 2015 to December 2016	**Parental Mental Health** – we will continue our focus on Parent Infant Mental Health and expand this to include parents of children of all ages. We aim to:- • Undertake a whole system audit of practice based on the NICE Guidance on Ante and Postnatal Mental Health and check our findings against gathered experiences of care in the perinatal period from parents. • Refresh our Integrated Parent Infant Mental Health Pathway in line with recent developments including NICE Guidance on Ante and Postnatal Mental Health. Review training programme and amend as required. • Establish a pathway for families with high needs, such as those within the child protection system and parents with learning needs, from early pregnancy to school. To support this we will extend the capacity of our Early Attachment Service to deliver intensive evidence based parenting programmes such as Mellow Parenting to prospective mothers and their partners and to extend provision for dads. • When published, work with partners across GM to agree a sector solution to the expectations of the NHS England Perinatal Mental Health Standards to ensure women have access to specialist perinatal services when they are required, including access to Mother and Baby Units/community based alternatives as an option for all expectant mothers or those in the first year after birth. • Build on last year's Parental Mental Health CQUIN, CCG Carers review, evidence base on outcomes for children where parents have mental health needs and agree whole system requirements to promote good outcomes for children.	A, B, C, D, E, F
October 2015 to May 2016	**Neurodevelopmental Umbrella Pathway** – we will work with all partners across the health and economy and children's social care and education to deliver an umbrella pathway for children and young people where there are queries or concerns about difficulties in the following areas: Attention, concentration, impulsivity and hyperactivity (ADHD and ASD). In addition we will strive to widen the pathway within a phased approach to also cover: Learning, thinking behaviours; Tics and other motor mannerisms; and other difficulties such as sensory processing. We aim to:- • Work with CYP and those who care for them to improve assessment, diagnosis, management, on-going support and outcome plans for all children and young people, whether a specific diagnosis is reached or not • Establish multi agency partnership and steering group to review, develop and implement a pilot Neurodevelopmental Umbrella Pathway, continuing to work in partnership with the ADHD Foundation • Deliver the GM and Lancashire Strategic Clinical Network ADHD standards	A, B, C, D, E

	• Ensure timely access to NICE concordant care through the delivery of Neurodevelopmental Umbrella Pathway - drawing on, but not limited to, Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults; and Autism: The management and support of children and young people on the autism spectrum • Ensure clear ownership and accountability for the pathway • Review and monitor the effectiveness and impact on resources and ensure provision is sustainable	
August 2015 to June 2016	**Develop the Workforce** – we develop training programmes that lead to an appropriately skilled workforce across the whole system that seek to ensure a 'no wrong door' approach and promotes early invention and timely access. We aim to:- • Implement workforce audits that leads to the development of training pathway and programme that cuts across the whole workforce; including volunteers, support staff and receptionists • Establish multi agency partnership and steering group to review, develop and implement a training programme that can be accessed by all agencies and organisations across Tameside and Glossop that are working with children, young people and those who care for them. This will include training and development on adult mental health to enable children's services staff to support parents into adult mental health provision if required • Promote access to e-learning and tuition lead courses to all CYP workforces, including volunteers, across Tameside and Glossop; minimising the barriers to access • Develop and implement Self-Harm and Suicide Strategy, guidance for all practitioners across setting supported by training and supervision (action learning model) • Maintain and roll out CYP IAPT from our NHS CAMHS service to all partners, including the third sector and education. • Develop and implement training programme for parents and carers	B,C D, F
September 2015 to April 2016	**Coping –** we will ensure access to a range of information and develop the infrastructure that enable those children, young people and those who care for them the choice over their care that enables self-directed care and management. We aim to:- • Develop and support infrastructure that enables self-directed care and management (e-platforms and apps), one off contact (online or face to face) and peer mentoring • Develop choice and control for children, young people and those who care for them through: promotion of the local offer; Personal Health Budgets (PHB); establish and maintain Service User Fora • Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day)	A, B, C
September	**Getting Risk Support** – we will continue to develop preventative and proactive as well as intervention services for	A, B, C, D, E

2015 to June 2016	children and young people who are vulnerable such as those who are looked after, in the criminal justice system, those with a mental Health crisis and those requiring in-patient care. We aim to:- • Review interface between CAMHS community based and CAMHS inpatient services (including secure) • Review interface between CAMHS (PCFT) and Paediatrics (THFT). • Establish interface meetings to ensure effective pathways and joint working between CAMHS and Tameside Hospital emergency department through to the Paediatric ward. • Build effective risk management and early intervention for children and young people at risk of a crisis • Refresh our Crisis Care Concordat to ensure that children and young people are appropriately reflected (see appendix 4 Tameside Template action plan to enable delivery of shared goals of the Mental Health Crisis Care Concordat). • Review crisis care for children and young people within our evaluation of RAID services at Tameside General Hospital in line with NHS England Psychiatric Liaison Standards. • Review CAMHS In-reach Outreach Service in conjunction with the development of the home treatment aspect of the Community Eating Disorder service and develop urgent/crisis care home treatment model, ensuring cross organisational support and integrated delivery. • Scope opportunities in conjunction with the LA to develop Edge of Care services in localities to prevent family breakdown and reduce the use of unplanned care episodes • Work with colleagues in GM to develop a local approach to commissioning CAMHS Inpatient care and alternatives to in-patient care in line with GM Devolution. • Ensure, with the Local Safeguarding Children's Boards (LSCBs), that findings from Serious Case Reviews (SCRs) in relation to emotional well and mental health are implemented • Review CAMHS pathway for Child Sex Exploitation (CSE) and develop action plan based on findings	
September 2015 to March 2017	**Joint Commissioning** – in line with our Care Together plans we will integrate the commissioning of emotional and mental health services and ensure a Mindful approach to commissioning that ensures services meet the emotional wellbeing and mental health needs of children, young people and those who care for them. We aim to:- • Maintain our commitment to systematically ensuring the voice of the child is heard and acted upon within commissioning arrangements • Build on our engagement with children and young people by developing and maintaining Service User Fora to provide a direct voice into our Programme Board and future commissioning intentions; ensuring decisions around design and delivery are shaped by those best placed to know what works and help monitor effectiveness • Place the Voice of Child statements as KPI's and audit within all service specifications commissioned to deliver emotional wellbeing and mental health service for CYP and those who care for them	A, B, C, D, E, F

	• Ensure all service specifications (including physical health) highlight emotional wellbeing and mental health requirements of the provider. • Expand the remit and terms of the current Children, Young People's emotional Wellbeing and Mental Health Transformation Programme Board until 2020. • Pilot CAMHS Modelling Tool to support the of improved mental health services for children and young people beyond 2016/17 • Ensure outcome based commissioning is developed and that Routine Outcomes Measure (ROMS) are stipulated within service specifications • Review and consider implementation of online web based IT system to capture and collate data from CAMHS and partners agencies, ensuring business intelligence support form CORC. • Establish New service specification for Community CAMHS 2016/17 based on Local Transformation Plan principles and Thrive Model for CAMHS; placing the voice of child 'I' statements at the heart service specifications • Through the CCG Nursing and Quality Directorate undertake audit and quality visit to PCFT CAMHS and ensuring NICE concordant delivery • Develop and Maintain Pennine Care CAMHS Commissioning and Provider interface, with those CCGs who commission Pennine Care NHS Foundation Trust as their CAMHS provider (Tameside and Glossop, Oldham, Trafford, Stockport, Bury and Haywood, Middleton and Rochdale) • Work with all partners within our work to create an Integrated Care Organisation that supports a single point of access to all children and young people's provision (including Mental Health). This will ensure smooth pathways into a range of support with a significant reduction in 'asks for help' being rejected and/or referred on. We will ensure direct access to help for children, young people and those who care for them.	

Thematic Domain Key:

A. The voice of the child - reforming care delivery based on the needs of young people, children and those who care for them;
B. Developing resilience, prevention, early intervention and promoting good mental health and wellbeing;
C. Improving access to appropriate services that are as close to home as possible and at the right time that are implementing evidence based pathways;
D. Promoting working across agencies leading to a clear joined up approach for the benefit of children and young people in Tameside and Glossop;
E. Improved accountability, transparency and ownership of an integrated whole system; and
F. Development of training programmes that lead to an appropriately skilled workforce across the whole system.

Finance Plan

7.8 The following Finance Plan shows the new funds allocated to Tameside and Glossop and our commissioning intentions as to its potential use, subject to assurance process for final agreement.

Figure 1: Tameside and Glossop Commissioning Intentions 2015-17 utilising NHSE CAMHS Transformation investment

	Tameside &Glossop CAMHS New Funding	2015/16		2016/17	2017/18	2018/19	2019/20
	New CAMHS Income						
	Community ED (initial allocation on submission of plan - October 2015	145,589					
	Following assurance (Nov/Dec time)	364,423					
	All	510,012		510,012	510,012	510,012	510,012
	Potential Expenditure	**Forecast Outturn 2015-16**	Notes	***2016-17 Plan***			
	Core Programmes:						
	Community Eating Disorders	145,589	1	*147,045*			
	Parent Infant Mental Health	10,000	*2*	*40,000*			
	Access and Transitions	8,000	*3*	*32,000*			
	Early Help	0	*4*	*43,772*			
	Neurodevelopment Umbrella Clinics	9,000	*5*	*36,360*			
	LAC Psychology	14,910	*6*	*60,237*			
	YOS Forensic & Transition	0	*7*	*51,575*			
	Schools Liaison and Consultation	12,766	*8*	*43,772*			
	Workforce Development (Training Post)	10,835	9	*43,772*			
	CYP/Service User Fora	10,000	10	3,678	**All Schemes subject to review and evaluation for continuation to 2020.**		
	LTP Benefits Realisation (Monitoring and Evaluation)	16,000		7,800			
	Non Recurrent Service Development:						
	Neurodevelopment Umbrella Service Development and Coordination	34,000		0			
	Neurodevelopment Umbrella Clinical Development	45,000		0			
	School Health and CAMHS Service Development	45,000	11	0			
	LAC Emotional Well Being and Mental Health Service Development	45,000		0			
	Challenging Behaviour Service Development	46,000					
	Non Recurrent Programmes:			0			
	Voice of the Child Findings & Development	20,000		0			
	Public Health Campaign Awareness/resources	15,000	12				
	Youth Mental Health First Aid Course (2 trainer the trainers)	5,476		0			
	Training Materials Non Pay Costs	17,436		*0*			
	Total	**510,012**		**510,012**			
	Remaining	**0**		**0**			

	Notes
1	Planning & Delivery of an Integrated Service
2	Expansion of Early Attachment Service (EAS) and perinatal Care
3	*3rd Sector Funding to improve access and transition for children and young people and to coordinate and embed 3rd sector offer within our statutory CAMHS service*
4	Early Help funded through non-recurrent funding and ends 31.03.2015
5	New Umbrella Neurodevelopment Pathway with additional Community Paed Clinics
6	New dedicated LAC service with Psychology
7	NHSE divisionary funding end 31.03.2015 establish New dedicated YOS service with MH practitioner based in YOT
8	New CAMHS School Consultation and Liaison Service
9	New MH Training Officer post
10	Support Cist for CYP service user Fora
11	New service developments cost
12	Non Recurrent programmes - Public Health Campaigns and Training Programmes

7.9 The plan is built on sustainability and supports a phased approach in delivering our vision and ambition. As such this first phase of commissioning intentions outlines the potential expenditure to 31st March 2017, building on the existing Emotional Wellbeing and CAMHS 2015-16 Investment outlined in 4.64. The commissioning intensions make explicit our plans in prompting equality and addressing health inequalities. As such the commission intentions hold a focus around those children and young people deemed vulnerable to mental health

issues, such as LAC, School Exclusions/truancy, those associated with criminal Justice (YOS) and having a parent who has had mental health problems.

7.10 Following assurances at a local, regional and national level we will adhere to the performance management framework outlined in section 5 that will review and decide upon subsequent use of monies pass this date. As such the commissioning intentions outlined here as all subject to review and evaluation going forward to 2020.