

## Transforming Children and Young People's Mental Health in Cheshire East 2016-2020

**NHS Eastern Cheshire CCG**  
**NHS South Cheshire CCG**  
**Cheshire East Council**

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## **1. Introduction: Shared ambition and commitment to transformation**

The Government's wide-ranging report on children and adolescent mental health, *Future in Mind*, March 2015, stipulates that each Clinical Commissioning Group (CCG) area is required to produce a local Transformation Plan. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

This plan is a living document intended to deliver whole care pathways at scale and with pace to reduce inequity in access, build workforce capacity and capability, seek to close the mental health and wellbeing gap, and deliver sustainable improvements in mental health and wellbeing for all children, and young people. The plan incorporates the full spectrum of service provision across the full spectrum of need; from universal mental health, to Learning Disability and difficulty, Children Looked After, Care Leavers, those in the youth justice, abused or sexually exploited and draws upon extensive local needs assessment as evidenced in the Public Health Annual Report 2015 and Joint Strategic Needs Assessments (JSNA) and integrates with a wide range of plans from across the partnership. (Please see Appendix 1 & 2)

The Cheshire East Health and Wellbeing Board, oversees the delivery and implementation of this Transformation Plan, alongside the Local Children's Safeguarding Board and the Children's Trust. Strategic management is provided by the Children and Young people Mental Health Partnership Strategy Group (see the governance structure in section 6). Wide and broad engagement with children, young people, families and carers has taken place to inform the priorities and we aim to continue to develop and use mechanisms to involve children, young people, families and carers throughout the scope of this plan.

**Note: This document will refer throughout to Cheshire East, this being the Local Authority boundary common to both NHS Eastern Cheshire CCG and NHS South Cheshire CCG**

*Future in Mind*<sup>1</sup> describes an integrated whole system approach to driving further improvements in children and young people's mental health outcomes with the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors working together to:

- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
- deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
- improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;

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<sup>1</sup> Future in Mind (2015) Department of Health, NHS England, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

- deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
- sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
- improve transparency and accountability across the whole system - being clear about how resources are being used in each area and providing evidence to support collaborative decision making.

Over the next 4 years, 2016-2020, work will focus on realigning resources to the areas of need, to improve and enhance early intervention, prevention and specialist mental health services. Work will also ensure that services deliver across changing demographics and local needs. As part of embedding the new model, significant workforce development will be required to ensure shared decision making across service boundaries. This will require a variety of training, skill development and transference to ensure the workforce has both the capacity and capability to meet the needs of our current and future population.

Since the publication of our first plans in October 2015, collaborative activity has been undertaken to commence the transformation of mental health services for children and young people across Cheshire East. Our revised plans have been written following detailed consultation with young people and their families and in partnership with Cheshire East Council, NHS South Cheshire and NHS Eastern Cheshire CCGs and NHS Cheshire and Wirral NHS Partnership Trust and voluntary and community organisations active in the area of mental health.

In December 2015 the annual report of the Director of Public Health<sup>2</sup> focused on Children and Young Peoples Mental Health, and during 2016 the JSNA<sup>3</sup> was extensively updated. Both of these have been used to inform this updated Transformation Plan.

During 2015/16, CCG Commissioners, CWP Service Managers and data analysts have attended a series of IAPT Leadership and Demand and Capacity workshops held by the *North West Clinical Senate Network* and *NHS England North West Mental Health*. The workshops provided valuable insights into evidence based theories of system leadership and system management.

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<sup>2</sup> Cheshire East Annual Public Health Report (2015)

[http://www.cheshireeast.gov.uk/council\\_and\\_democracy/your\\_council/health\\_and\\_wellbeing\\_board/health\\_and\\_wellbeing\\_board.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx)

<sup>3</sup> Joint Children & Young People's Mental Health JSNA (2016) : Cheshire East and Cheshire West

[http://www.cheshireeast.gov.uk/social\\_care\\_and\\_health/jsna/starting\\_and\\_developing\\_well.aspx#mentalhealthandwellbeing](http://www.cheshireeast.gov.uk/social_care_and_health/jsna/starting_and_developing_well.aspx#mentalhealthandwellbeing)

## **2. Our Vision: LTP ambitions 2016-2020**

By 2020 we will have built on existing practice to ensure:-

- Every young person in Cheshire East has access to a graduated and timely response to emotional health issues, ranging from maintaining a healthy mind to acute crisis
- That Cheshire East has a joined up system that operates across the THRIVE Model and harnesses the capacity of the third sector.
- All Cheshire East educational settings are better equipped to support the Emotional Health of their populations working within the getting advice and getting help quadrants of the THRIVE model
- Coordinated robust risk support is available for the most vulnerable between partners including youth justice.
- Everyone in contact with children and young people feels equipped to actively support their mental health and wellbeing
- That access to getting more help and risk support is available through local settings including primary, acute and specialist care, is timely, and based on clear pathways of care linked to different types of need.
- Well informed commissioners with comprehensive intelligence about needs and provision who strive to co-produce with children, young people and their families leading to innovative, creative and responsive support across a range of services from primary to inpatient and secure settings.

### **3. What is the local need?**

The Cheshire East JSNA (2016)<sup>3</sup> currently includes five relevant sections:

- Perinatal mental health – May 2016
- Self-injury in young people under 25 years – May 2016
- Children and young people’s mental health – September 2016
- Autism spectrum – November 2016
- Alcohol and drugs – currently in draft – will be published in January 2017

The JSNA highlights that around 3,800 women go through pregnancy each year. Promoting positive mental wellbeing among all pregnant women can help to reduce levels of anxiety and stress, and this will protect the mental health of 10-15% of unborn children during a critical period of brain development.

Up to 30% (1,100) of women will experience minor or moderate mental health problems during pregnancy, and around half of them can be safely managed by their midwife and/or health visitor. The others can be managed by their GP or by an IAPT service. Serious perinatal mental health problems requiring referral to psychiatric services are much less common, and affect around 3% (110) of pregnant women annually.

The high risk of recurrence of mental health problems during pregnancy and the postnatal period justifies general practitioners sharing information about historic mental health problems with midwives and health visitors either at a pre-conception stage or early in pregnancy.

There is a strong evidence base that shows that infants and toddlers who are born with or who have emerging mental health problems can be systematically identified and managed during their first two to three years of life. The JSNA<sup>3</sup> suggests that up to 350 infants and toddlers could benefit annually from a pathway for the early assessment and management of emerging mental health problems, including autism spectrum disorder and the earliest manifestations of conduct disorder and attention deficit hyperactivity disorder (ADHD).

Mental wellbeing can be defined as “feeling good and functioning well”. It is often described as a combination of a child or young person’s experiences (such as happiness and satisfaction) and their ability to function as an individual and as a member of society. Mental wellbeing is of particular importance in very young age groups, as experiences in infancy and the first five years of life have a lasting impact upon a child’s mental wellbeing. Taking actions to improve mental wellbeing in this age group will deliver gains across their whole life course.

The Early Years Foundation Stage (EYFS) Profile shows that in Cheshire East there have been steady improvements in young children’s personal, social and emotional development since 2013. This suggests that Early Years initiatives are having a positive impact on mental wellbeing. If these improvements can be sustained, it is likely that there will be corresponding reductions in the number of primary school age children who develop mental health problems, followed by a decline in their need for mental health services over the longer-term.

In early adolescence, there is a second opportunity to improve mental wellbeing. The proportion of young people with low levels of subjective wellbeing nearly doubles between the ages of 11 and 15, with the lowest levels being at around 14 to 15 years. The self-injury JSNA section highlights the many opportunities to improve mental wellbeing in this age

group, to provide a rapid and supportive response to young people during a time of emotional crisis, and to ensure that there are clear pathways to emergency care if needed.

Young people in all areas of Cheshire East experience mental health problems. There are no areas where the occurrence of mental health disorders in children and young people under 18 is thought to be below 9%. However, the occurrence of mental illness in children in some parts of Crewe and Macclesfield may be up to 50% higher than in other parts of the locality – affecting up to 14% of children and young people.

The most common mental health problems among children and young people are conduct disorders, emotional disorders (anxiety and depression) and ADHD/hyperkinetic disorders. Self-injury is common among teenagers.

Certain groups of children and young people are at much higher risk of developing poor mental health. The table illustrates the degree of increased risk faced by children and young people from some of these groups:

<b>Risk group</b>	<b>Degree of risk</b>	<b>Prevalence of risk (Cheshire East)</b>
Children with learning disability	6.5 fold increased risk of mental health problem	Just over 3% of those aged 0-25 have learning disabilities. 2,800 with moderate difficulties and 500 severe
Children with long term conditions	2 fold increased risk of emotional/ conduct disorders over a three-year period	Nearly 5,000 under 16 year olds are on chronic disease registers of general practices in Cheshire East
Cared for children	5 fold increased risk of any childhood mental disorder 6 to 7 fold increased risk of conduct disorder 4 to 5 fold increased risk of suicide attempt as an adult	In March 2015 there were 357 cared-for or “looked after” children aged under 18 years in Cheshire East
Homeless young people	8 fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation	There were 331 homeless young people aged 16-24 in Cheshire East in 2013/14.
Young people who are lesbian, gay, bisexual or transgender	7 fold increased risk of suicide attempts in young lesbians 18 fold increased risk of suicide attempts in young gay men	Nationally 2.1% of those aged 16-24 identified themselves as LGBT (2011), which equates to approximately 750 in Cheshire East
Young offenders	18 fold increased risk of suicide for men in custody aged 15 to 17 4 fold increased risk of anxiety/ depression 3 fold increased risk of mental disorders	174 young offenders aged 10-17 years in Cheshire East in 2013/14
Children of prisoners	3 fold increased risk of antisocial-delinquent outcomes	Approximately 635 children in Cheshire East per year are estimated to have a parent in prison, based on a national figure of 0.8%

Table originally taken from “Confident Communities Brighter Futures. A framework for developing wellbeing” Department of Health 2010<sup>6</sup> prior to adding local data.

Mental health services for young people in Cheshire are characterised by a complex system of provision, and care is being provided by NHS consultants from three specialities – CAMHS, Community Paediatrics, and Adult Psychiatry. True transformation will address the

connectivity between these specialities and the other services that exist for children and young people who are experiencing mental health difficulties.

The JSNA suggests that the key requirements are to reduce teenage referrals to specialist services, and then to restructure existing capacity to improve access for younger children.

In order to ensure our work is informed by an understanding of the impact of wider inequalities on access and take up of services the C&YP MHSG and its commissioned providers will undertake **Equality Impact Analysis** of existing service provision, in line with Public Sector Equality duties and Social Value Act (2012) responsibilities to ensure plans have taken into account the need to address health inequalities and social responsibility considerations. [\(Please see Appendix 3\)](#)

#### **4. What children, young people and their families are telling us?**

During 2016 a significant amount of research was undertaken involving children and young people, parent and carers, and professional staff including GPs, therapists, and clinical colleagues in order to create a baseline understanding of need about current and future mental health and wellbeing services.

The intention of carrying out these areas of work simultaneously is to create a multi-faceted vision for transformation for the future that includes young people's experiences and expectations, into a workable service delivery plan.

- Engagement with young people to understand mental health service requirements
- Analysis of awareness and expectations of young people who have accessed, or are accessing, mental health services across Eastern and South Cheshire
- Exploring referrals into CAMHS, engaging with GPs & understanding Parent/Carer needs

##### *Summary of findings:*

- *No agreed approach to mental health issues in schools: teacher/pastoral staff reactions are inconsistent*
- *More early intervention (pre CAMHS referral) services available*
- *Pupils feeling undervalued and fearing indiscreet or inappropriate responses*
- *Designated 'Wellbeing areas' having negative perceptions and are age-inappropriate. Better to have wellbeing services integrated within the school*
- *Confusion amongst pupils about school and external support services*
- *Inconsistent knowledge/use of CAMHS by schools*
- *Inconsistent approaches across schools, (communication referral pathway, level and availability of resources, parent engagement) each school addressing the issue of mental health in young people differently particularly at transition points. Use of shared record keeping such as Cheshire Care Record could improve this.*
- *Family and Friends are the two key initial 'go to' groups if in need of support – important for resilience and supporting peer-to-peer networks*
- *GPs are the 'go to' service that young people are most aware of, therefore we need to make sure they are informed, educated and equipped around mental health in young people*
- *Progress is being made regarding tackling stigma of mental ill-health and this should be built upon*
- *Any future service re-design should be led by those who do or may use services*
- *Commissioners should consider use of centralised referral processes (virtual SPA) based within existing infrastructure such as CheCS*

For a detailed overview of the research carried out, please see appendices:

Appendix 3 – Engagement with young people to understand mental health service requirements

Appendix 4 – mental health needs assessment (MHNA) of adopted children and young people in Cheshire East x

Appendix 5 – Analysis of awareness and expectations of young people who have accessed, or are accessing, mental health services across East and South Cheshire x

Appendix 6 – Exploring referrals into CAMHS, engaging with GPs and understanding parent/carer needs

## 5. Key national drivers - one year on

Since the publication of *Future in Mind* in 2015<sup>1</sup>, the publication of the NHS Five Year Forward View for Mental Health Task Force Strategy Report (2016)<sup>4</sup> has highlighted the following key recommendations as clear deliverables for Children and Young People's Mental Health by 2021:

- At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service and nationally 70,000 additional CYP will be treated over the 2014/15 baseline
- Bed use in paediatric and adult wards will be eliminated completely
- Bed use of Specialist in-patient beds for children and young people with an eating disorder should reduce substantially
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, and will have the minimum possible length of stay, and will be as close to home as possible and be commissioned on a 'place-basis'
- CCGs will have collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016
- Creation of a *national Prevention Concordat programme*, led by Public Health England, will enable all Health and Wellbeing Boards to support local needs and produce mental health *Prevention Plans*
- Emphasis on the mental health and wellbeing of staff across the NHS and all those working with people with mental health problems
- Implement new access and waiting time standards, and plan for improvement against the standard beginning from 2017/18
- Perinatal mental health support; 30,000 more women per year to receive support
- Prioritisation of mental health support for anyone with long term physical health conditions
- Reduce suicides by 10%
- The championing of digital innovations to improve access and choice to mental health support.

In line with findings from *Future in Mind*, The *Mental Health Taskforce Report* made clear, that 75% of people experiencing mental health problems are not using health services, possibly due to stigma, inadequate provision and people using their own resources to manage their mental health. The action for a *Prevention Concordat Programme for Better Mental Health* will aim to galvanise local and national action around the prevention of mental illness and facilitate every local area to put in place effective planning arrangements led by Health and Wellbeing Boards, CCGs and Local Authorities. The programme will cover

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<sup>4</sup> NHS Five Year Forward View for Mental Health Task Force Strategy Report (2016)

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

prevention in the widest sense from promotion of good mental health through to living well with mental health problems and everything in between.

## 6. What we did in 2015/16

A timeline of key achievements in 2015/16 includes:

<p><b>Children &amp; Young People's Mental Health JSNA</b></p>	<p>The development of the <b>Joint Children &amp; Young People's Mental Health JSNA (2016): Cheshire East and Cheshire West</b><sup>3</sup>. This section of the local JSNA was developed in partnership across Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG:  <a href="http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx">http://www.cheshireeast.gov.uk/social_care_and_health/jsna/jsna.aspx</a></p> <p>Key Points from the Children &amp; Young People Mental Health JSNA include:</p> <ul style="list-style-type: none"> <li>• Inadequate support for mothers mental health during and after pregnancy</li> <li>• Little use of CAMHS by the under-fours</li> <li>• Inconsistency in what the upper age for CAMHS should be – <i>reinforced by our CYP research</i></li> <li>• Many services are not being “joined-up” for young adults – <i>reinforced by our CYP research</i></li> <li>• Poor support for teenagers who self-injure – <i>reinforced by A&amp;E data</i></li> <li>• Many young people with autism spectrum disorder or a learning disability not receiving effective support</li> </ul> <p>(See section 3 for further detail of need)</p>
<p><b>Phase 1 of Emotionally Health Schools (EHS)</b></p>	<p>The delivery, review and evaluation of <b>Phase 1 of EHS</b>. Work was initially funded by a DoE bid secured by NHS South Cheshire CCG and NHS Eastern Cheshire CCG. A Pilot programme working with 6 Secondary Schools across Cheshire East. The pilot was delivered in partnership by a number of CAMHS providers which include Visyon, Just Drop In, Children's Society and Cheshire and Wirral Partnership NHS Trust. This included a CAMHS link role and the development of systems, promising approaches and tools to enable schools to improve their support to children with emotional health needs. The pilot programme has been independently evaluated by Salford University. The evidence from the evaluation has been used in conjunction with performance data and learning from schools, CAMHS providers and commissioners, to develop an enhanced programme for wider delivery across Cheshire East (Phase 2 of EHS) from January 17</p>
<p><b>Supporting the Mental Health of Children &amp; Young People Strategy (2016-2018)</b></p>	<p>The Children and Young people's Trust '<b>Supporting the Mental Health of Children &amp; Young People Strategy (2016-2018)</b>' has been developed based on local need and national guidance. Strategic priorities from the strategy include:</p> <ul style="list-style-type: none"> <li>• Putting front-line mental health care and support into every community: New Approaches to Care and Support;</li> <li>• Support all women who experience anxiety and depression during pregnancy;</li> <li>• Diagnose and treat young children with mental health problems during their second year of life</li> </ul>

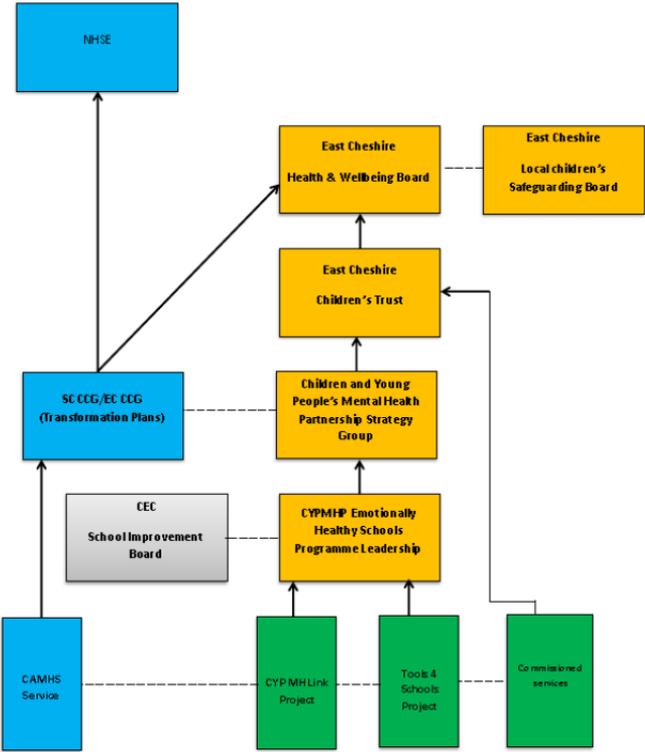
	<ul style="list-style-type: none"> <li>• Improve awareness and support for young people with autism spectrum disorder and learning disability</li> <li>• Help teenagers to deal with the dark feelings that can lead to self-injury</li> <li>• Bring together all emotional health and wellbeing services for young people, possibly up to the age of 25</li> </ul>
<p><b>Sustaining Emotionally Healthy Schools Post Pilot Phase</b></p>	<p>The development of <b>Phase 2 Emotionally Healthy Schools</b>, based on learning from phase 1. There are 5 key components to phase 2 of EHS, as follows:</p> <ol style="list-style-type: none"> <li>1. Access to specialist mental health advice (single point of access) and a brokerage model to support professionals working with Children and Young people (<b>CYPMH Link Programme</b>)</li> <li>2. <b>Access to tools ‘Tools for Schools’</b> piloted through phase 1 and support to professionals to implement</li> <li>3. Education specialist <b>Leadership</b></li> <li>4. Systems and processes to identify and support children and young people in the different THRIVE groups (<b>Vulnerable Children’s Project</b>)</li> <li>5. Development of <b>‘Getting Advice’</b> quadrant including on-line platform</li> </ol> <p>Components 1 (<b>CYPMH Link</b>) and 2 (<b>Tools for Schools</b>) have been commissioned by Cheshire East Council, as part of the MoU with NHS Eastern Cheshire CCG and NHS South Cheshire CCG and commenced from January 2017. Component 3 Education specialist <b>Leadership</b> and component 5 Development of <b>‘Getting Advice’</b> quadrant of the THRIVE model are in co-production phase. Component 4 (<b>Vulnerable Children’s Project</b>) has been extended to July 2017.</p> <p>The key aims of the commissioned programmes are:</p> <p><b>CYP MH Link –</b></p> <ul style="list-style-type: none"> <li>• Pathways, Assessment &amp; Threshold Development,</li> <li>• Mental Health Service Consultation sessions,</li> <li>• Group Facilitated Reflection,</li> <li>• Training,</li> <li>• Liaison between schools, primary care and other providers.</li> </ul> <p><b>Tools for Schools -</b> Interventions within the Tools for Schools Programme will aim to:</p> <ul style="list-style-type: none"> <li>• Develop leadership and management that support and champions efforts to promote emotional health and wellbeing,</li> <li>• Support curriculum, teaching and learning to promote resilience and support social and emotional learning,</li> <li>• Enable the student voice to influence decisions,</li> <li>• Interventions to support staff development to support their own wellbeing and that of students,</li> <li>• Support identifying need and monitoring impact (e.g. tools to support whole school surveys of wellbeing – either anonymously or identifiable with consent),</li> <li>• Support working with parents/carers,</li> <li>• Support interventions linked to appropriate referral,</li> </ul>

- Support an ethos and environment that promotes respect and values diversity.

Following a review of local governance arrangements the **Children and Young Peoples Mental Health Strategy Group** has been developed. Membership of this group includes Cheshire East Council (Public Health and Children’s Prevention leads), NHS Eastern Cheshire CCG, NHS South Cheshire CCG, CAMHS providers (Voluntary and Community Sector and Health) and School leadership representatives. This is the accountable group for the delivery of the Local Transformation Plan, which includes phase 2 of EHS.

Cheshire East Accountability/Governance for Children’s Mental Health Services Draft v2

**Review of Governance - Children and Young Peoples Mental Health Strategy Group**



**Early Help (Parenting/Perinatal)** - A **Parenting/Perinatal Programme** is in the early stages of development by Cheshire East Council with partners. The aim is that the programme will be delivered early 2017.

**CYP Eating Disorders Service** A Hub & Spoke Eating Disorders Service across Cheshire is in full operation (one spoke is in Eastern Cheshire and one spoke is in central Cheshire), and is meeting mandated targets for service delivery. Development of the community provision is taking place alongside young people and their families.

**Early Intervention in Psychosis (EIP)** NHS Eastern Cheshire CCG Commissioning and NHS South Cheshire CCG an EIP service delivering a 16+ service for those experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)

**Getting Help – Developing the** NHS Eastern Cheshire have commenced a ‘Getting Help’ service which operates in connection with CAMHS in Eastern Cheshire and is

<b>THRIVE Model in Cheshire East</b>	the first step in implementing the THRIVE methodology locally. The introduction of this provision has allowed the primary mental health care waiting lists to be re-opened.
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## 7. Monitoring and publishing progress of our ambitions

The co-design and co-production with children, young people, their families and wider stakeholders as critical friends will continue to shape a new set of outcome measures to be agreed. As part of this process a system wide outcomes framework which is based on the THRIVE model and incorporates health, care and education outcomes for both children and young people will be used to support contractual arrangements, commissioning models and monitoring delivery of services going forward.

The Mental Health Five Year Forward View dashboard Toolkit (2016)<sup>5</sup> will be utilised in relation to the core elements of the mental health programme transformation and some of the metrics to date that will be measure local commissioning on a national scale. We will adopt and embed this dashboard tool as part of our performance management processes to improve commissioning quality, intelligence reporting and monitoring our local direction of travel progress, in line with national expectations.

Learning from national pilot outcomes will further help to shape our future commissioning decisions and set ambitious performance metrics. Along with the shared learning, new national prevalence data to help with demand and capacity planning in 2018, along with Public Health England fingertips profiles, CHIMAT and local improved data collection for *Prevention Concordat* will support financial modelling for sustainable transformation based on evidenced need. All new care models will measure impacts across prevention, quality, efficiency and be adapted if not working to invest in results that show impact across the THRIVE quadrants:

- Getting Advice: Resilience measures
- Get Help: Change measures
- Getting More help: Impact on life
- Risk Support: Risk management measures.

In addition to our local roadmap (Please see Appendix 7) the work in Cheshire East will also mirror and be aligned to the National Roadmap, which brings together the proposed mental health pathway and infrastructure development programme to deliver the Five Year Forward View. By using the national roadmap as a guide locally we shall ensure that our referral to treatment pathways meet mandated standards.

Pathway		2015/16	2016/17	2017/18	2018/19	2019/20
Referral to treatment pathways						
	Early intervention in psychosis					
	CAMHS: community eating disorder services					
	Perinatal mental health					
	Crisis Care					
	CAMHS: emergency, urgent, routine					

<sup>5</sup> Mental Health Five Year Forward View dashboard Toolkit (2016)  
<https://www.england.nhs.uk/mentalhealth/taskforce/imp/mh-dashboard/>

Acute mental health care						
Self harm						
CAMHS: school refusal						
Attention deficit hyperactivity disorder						
Autistic spectrum disorder (jointly with learning disability)						
Secondary care recovery (will include a range of condition specific pathways)						

National Roadmap - Proposed mental health pathway and infrastructure development programme

Source: NHS Five Year Forward View for Mental Health Taskforce Strategy Report (2016:36)

## **8. What are our plans for 2016-2020**

Priority themes:

### Life course approach

As we continue with our whole system, life course approach, increased involvement from the third sector and community groups will be essential to improve the mental health and wellbeing of children, young people and families. Simplifying the provider system, agreeing outcomes and standards to deliver across the THRIVE quadrants will require holistic, integrated and evidence based care for biological, psychological and social needs of our children and young people to be met.

### Parity of Esteem

The number of children and young people living with long term mental health conditions, which includes medically unexplained symptoms, needs to be met to help contribute to reduced demand on other services, such as A&E, but most importantly equally deliver *Parity of Esteem, Health and Social Care Act (2012)*. A community based 'Get Help' drop in model of delivery with psychiatrist provision will be a move away from clinical environments to community settings, with sustainable recovery pathways integrated with condition specific pathways and vulnerability pathways.

### Self-care and awareness

More emphasis on developing social media related campaigns and mental health apps will provide low cost, easily scalable interventions through accredited online provision, live chat, text or telephone help as part of the THRIVE 'Get Help' offer. Ongoing co-production and co-design approaches with children and young people will help to shape future media provision/campaigns and self-care management. A centrally held directory of services that is accessible, current, along with branding of one service with access to shared care records, with consent, will support the single front door approach and overall THRIVE delivery.

We will encourage local organisations and employers to sign up to the national Time to Change Employer Pledge<sup>6</sup>, to improve workplace practice and employer understanding of mental health conditions, and greater inform preventative stress management approaches.

### Crisis Care

A mental health crisis for children and young people may require compliance with child protection and safeguarding legislation. Crisis Care Concordat plans will need to cover mental health and link to locally approved robust safeguarding arrangements. Children and young people and their families will need the best help and clinical interventions, as close to home, as possible, when dealing with mental health crisis. This includes the need to ensure that there is enough capacity to stop children and young people (or vulnerable adults), undergoing mental health assessments in police cells. Section 136 and Street Triage Care arrangements will need to be reflective of children and young people no longer being detained in police cells from April 2017, following detention under Section 135 or 136 of the Mental Health Act.

We will seek to embed The *Future in Mind* recommendations for crisis care:

- Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.

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<sup>6</sup> Time to Change, Employer Pledge, <https://www.time-to-change.org.uk/get-involved/get-your-workplace-involved/employer-pledge>

- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour
- Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.

#### Liaison Psychiatry Services in Accident and Emergency

The national development of all age liaison mental health services in Accident and Emergency (A & E) Departments, should improve access to appropriate mental health support in A&E for children and young people experiencing mental health crisis. It is mandatory that the views and experience of children and young people are taken fully into account as urgent and crisis care services are transformed and improved. In particular they should be involved on the co-production of further access and waiting time standards. We will adopt many of the recommendations in the Healthy London Partnership<sup>7</sup>. This document also contains a directory of best practice examples from across the UK. From 2017/18 commissioners will be developing an all age liaison psychiatry service that meets the requirements of Core 24 in collaboration with Local authority partners. This will include a review of the Children and Young People's Self Harm pathway

#### Integrated Commissioning

Integrating collaborative commissioning arrangements with NHS England will need to move at pace in relation to specialist health and justice pathways, and transition planning in 2017/18. Working with our partners across Cheshire Constabulary and Cheshire Fire and Rescue Service and the use of Safe Havens will all play a part of Crisis Care, youth justice, transition pathways and the THRIVE offer across Cheshire East.

#### Transition and integrated mental health and wellbeing

Our local CCG plans to deliver the primary care General Practice Forward View (2016) will be integrated in design to support transitional services for vulnerable ages and be a part of the THRIVE framework across Cheshire East. Continuity of service for those transitioning from improved children and young people pathways to adult, or from inpatient or secure care pathways will be scoped as part of local Multispecialty Community Providers plans. The specific condition needs of children and young people with long term conditions will need to be included in workforce plans. The Adult IAPT access rate set to increase to 25% by 2020 will need to include vulnerable transitional needs and accessible, cost effectiveness short term group work across educational locations. Whole population based budgets based on GP registered lists to improve the underlying health and life chances of children and young people will be part of the plan to tackle inequalities, and system variance across Cheshire East.

The *NEF 5 Ways to Wellbeing*<sup>8</sup>, social prescribing concepts and Asset Based Community Development models of delivery incorporating outcome frameworks of the NHS, Public Health and Social Care sectors will be aligned with THRIVE approach to grow community resilience – “community manages itself.” The future development of the *Cheshire East Prevention Concordat* will enable use of the best data available to plan and commission the right mix of provision to meet local mental health and wellbeing need. The JSNA will require

<sup>7</sup> Healthy London Partnership, Children and Young People Programme:

Improving care for children and young people in mental health crisis in London: Recommendations for transformation of services

<https://www.myhealth.london.nhs.uk/system/files/Improving%20the%20care%20of%20CYP%20with%20mental%20health%20crisis%20in%20London%20-%20Emerging%20findings%20November%202015.pdf>

<sup>8</sup> NEF 5 Ways to Wellbeing <http://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence/>

a focus on mental health with co-morbid drug and alcohol, parenting programmes, housing, worklessness and suicide prevention plans with a strong multi-agency approach. Opportunities to access the *Public Health England, Life Chances Fund*, to improve assessment, care, support for co-morbid substance misuse and mental health will need real time data to evidence need.

Providing accessible locations, with the right resources at the right time by a children and young people focussed workforce with the right skills, competencies and experience will mobilise a shared vision, created, and agreed by all, with sound governance, and commitment to meet future lower and higher intensity needs and demands.

#### Data and intelligence

NHS services in Cheshire are largely unable to provide robust information about their diagnostic workload and clinical outcomes. Voluntary, community and faith sector services are generally able to provide better information about case-mix and outcomes.

Information systems should support regular reporting with high data quality, to address need and to support quality improvement. Any hidden waits for treatment following assessment will need to be transparently reported by providers. System service resilience planned around holiday periods will need to be forward planned by providers to ensure waiting time standards and recovery outcomes metrics are continuously met as part of business continuity.

Data collection and quality measures to improve recording of case-mix and clinical outcomes, dual diagnosis, complex needs, risk factors, risk stratification and population segmentation approaches will inform refreshed JSNA updates and thereby support evidence based commissioning decisions.

#### Utilising resources/workforce planning

Strong leadership, effective communication, quality measures, financial balance, stakeholder involvement, interagency cooperation, informed JSNA intelligence, robust project management and commissioning to contract or adjust new models of integrated care will be partnership actions to deliver sustainable landscape change.

#### Promoting and maintaining good mental health

- Improve access to high quality **acute maternal acute mental health services**
- improve **Early Years initiatives** for children who are eligible for free school meals, and maintain a comprehensive range of parenting initiatives that are accessible to young children in all geographical areas
- improve the **emotional wellbeing of looked after children**, and children and young people who are in **particular risk groups** (see table in section 3 above)
- commission selective prevention programmes for **young children at high risk of conduct disorder**
- **diagnose and treat** very young children with emerging mental health problems

#### Reduce self-injury in teenagers

- reduce **school bullying** and provide support for **sexual orientation** and other worries
- encourage active participation of pupils in **sports and other forms of regular exercise**
- support parents to promote **good sleep patterns** and **reduce gaming and social communication** at night time
- **raise awareness about** how to access local services, including school-based support, services provided by the voluntary sector, and reliable **online resources**

#### Improve access to care and support

- children and young people requiring mental health care currently use services in Crewe, Macclesfield and Congleton. Services should be available in **age-appropriate locations** closer to where they live
- all children and young people should have **ready access to a counsellor** (and overcome their dislike of special areas designated to mental health in schools/colleges or reluctance to approach pastoral staff)
- **bring together all emotional health and wellbeing services for young people**, possibly up to the age of 25. Youth information, advice and counselling services should provide social welfare legal advice alongside mental health interventions in accessible young person friendly settings. Services should not be located in buildings associated with authority or with services that carry stigma
- enable young people to **transition to adult mental health services** when it is right for them as an individual, possibly up to the age of 25

## 9. Our Roadmap – the ‘Quick View’

For our detailed plans, please see Appendix 7

<p><b>2017/18</b></p>	<p>Roll out “Tools for Schools” project</p> <p>Roll out “MH Links” project</p> <p>THRIVE “Getting Help” pilot</p> <p>Development of CYPIAPT Workforce</p> <p>Redesign of service specification for CAMHS</p> <p>Workforce redesign – including staffing resilience/workforce development</p> <p>Development of perinatal mental health pathways from universal services inc. acute services</p> <p>Development of a single point of contact for information and advice</p> <p>Develop access to (on-line) counselling services</p> <p>Implementation of Self Harm pathway</p> <p>Review local CYP MH commissioning arrangements – exploring lead commissioner models and mapping against local need</p> <p>Comprehensive workforce review as part of Strategic Clinical Network business planning</p>
<p><b>2018/19</b></p>	<p>Implementing new models of care for THRIVE</p> <p>Recommissioning of YP Substance Misuse Services</p> <p>Develop all age dedicated MH Crisis and liaison Response appropriate to CYP</p> <p>Recommissioning of 0-19 services</p> <p>Brokerage of Counselling Services for educational settings</p>
<p><b>2019/20</b></p>	<p>Full parity of esteem in all settings</p> <p>0-25 delivery of an integrated MH service with a single point of access and locally accessible points of access</p> <p>Stronger linkage between needs analysis and resources for MH</p>