

Report title:	Children & Young People’s Mental Health - Local Transformation Plan for Norfolk & Waveney (2017/18 Refresh)
Date of meeting:	27 September 2017
Sponsor (H&WB member):	Antek Lejk, Chief Officer, North & South Norfolk CCGs (on behalf of the Chief Officers of North, South, Norwich, West Norfolk and Gt Yarmouth & Waveney CCGs)
<p>Reason for the Report</p> <ul style="list-style-type: none"> • To approve the refreshed CAMHS Local Transformation Plan (LTP) • To reflect changes and amendments to the plan including how original LTP proposed service developments have progressed and been implemented • To endorse the proposed strategic LTP priorities for the next 2 years <p>Report summary</p> <p>NHS England requires each partnership to refresh their LTP annually to reflect the anticipated annual financial uplift, how this will be spent and how the original plan has been implemented and evolved. The full sum of £1.9m was invested in 2016/17 and is now a recurrent commitment in provider contracts (2017-19). Additionally in 2016/17 the CCGs invested £168k of additional recurrent core CAMHS funding for increased specialist CAMHS capacity in the Thetford area and upwards of £350k non-recurrent funding to reduce waiting times in core CAMHS.</p> <p>The refreshed LTP for 2017/18 is deliberately different from previous iterations in that the original projects have become ‘business as usual’, but continues to be influenced by ongoing consultation with children and young people. It sets out the progress made to implement the 9 specific recurrent service developments that were outlined in the LTP. It also summarises some of the challenges and issues with the current system and pathways for children and young people with mental health difficulties. It also answers specific Key Lines of Enquiry (KLoEs) required by NHS England. It proposes that two key strategic priorities are delivered over the next 2 years, namely:</p> <ol style="list-style-type: none"> 1. To ensure the final one of the 9 LTP recurrent service developments is fully implemented and operational as soon as feasible 2. To ensure the project to re-design and re-engineer the entire system for children and young people with mental health needs continues to progress at pace in order to maximise the opportunities for integrated pathways and economies of scale <p>Action/decisions needed:</p> <p>The Health & Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • endorse the refreshed LTP • recommend that the 5 CCGs and NHS England approve and sign off the Plan • advise about other activity which could complement or support delivery of the LTP 	

1. Background

- 1.1 In 2015 CCGs were required to produce Local Transformation Plans (LTPs) to improve mental health provision for children & young people. The 5 CCGs agreed to collaborate to produce a single LTP for Norfolk & Waveney, covering the geographic area served by:
- Gt Yarmouth & Waveney CCG
 - North Norfolk CCG
 - West Norfolk CCG
 - Norwich CCG
 - South Norfolk CCG
- 1.2 With each anticipated yearly uplift, NHS England requires LTPs to be refreshed, signed off by the same bodies as last year, and published on local websites.
- 1.3 In July 2016 NHS England published an [Implementation Plan](#) to set out the actions required to deliver the Five Year Forward View for Mental Health in the years up until 2020/21 – including what LTPs are expected to achieve. LTP specific priorities include:
- 1.3.1 Explicit numeric targets each year until 2020/21 for improved access to services. One of the key national expectations/targets is that by 2020/21 at least 35% of children with diagnosable mental health problems will be able to access support and treatment. In Norfolk & Waveney this is already achieved, with 55% of under 18 yr olds (10,455) with a diagnosable mental health problem accessing support and treatment during 2016/17. However, our ambition is to reach as many of the 8,500 (35%) of under 18 yr olds with diagnosable mental health conditions who do not currently access support and treatment.
- 1.4 It is a formal part of the governance requirement of the NHSE Key Lines of Enquiry (KLoE) that the Health and Wellbeing Board (HWB) approves the annual refresh of the LTP. In September 2016, the HWB received a report on the refreshed LTP 2016/17 and approved the refreshed Plan. [The minutes of the Board's discussion is at pages 4-5 of the following [link](#).]

2. CAMHS Local Transformation Plan

- 2.1 Our [original LTP](#) contains 9 agreed recurrent developments. Of the 9 recurrent service developments, 8 are complete and fully operational and 1 (online developments) is in process of being mobilised. A brief update relating to each now follows:
- 2.1.1 **CAMHS Eating Disorders increased specialist capacity** - £544k of recurrent LTP funding has been allocated to boost capacity. Our specialist provider (Norfolk & Suffolk Foundation NHS Trust – NSFT) has recruited to 13 new clinical posts (including psychologists, nurse therapists, other therapists and support posts).
- 2.1.2 **Point 1 increased capacity** - £242k of recurrent LTP funding allocated to boost capacity in Point 1 (the countywide Targeted CAMH Service). All 6 new posts have been recruited to and referrals received and accepted into the service continues to rise.

- 2.1.3 **Link work function for schools and universal settings** - Staff have been appointed and liaison work between the Norfolk County Council PATHS team and the provider has been established to ensure join up and sharing of expert knowledge. The function will provide advice, support and training to help ensure schools and universal settings are well equipped to meet the mental health needs of children and know when and how to ask for help from our Targeted and Specialist CAMHS teams.
- 2.1.4 **Online developments** - £100k of non-recurrent funding allocated to enable core CAMHS to offer some online therapy to clients/patients and to introduce online and 'app' based self-help materials.
- 2.1.5 **Increased capacity for neurodevelopmental pathways** - £28k of recurrent funding allocated. The initial option put to CCGs was rejected. Revised options are to be put to CCGs regarding the best way in which this funding could be deployed within the Accessibility strand of the LTP.
- 2.1.6 **Increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours** - £84.5k of recurrent funding allocated. Two posts have been appointed to across health and Youth Offending and the service is operational.
- 2.1.7 **Extended opening hours of NSFT CAMHS** - £227k of recurrent funding allocated. This became operational in April 2017.
- 2.1.8 **Crisis Pathways increased capacity** - £384k of recurrent funding to boost specialist capacity to assess and provide intensive support for the most vulnerable clients/patients in crisis. The capacity will also provide training and advice to 'first responders' (Ambulance, Police, Hospitals and Social Care staff) so they feel better equipped to manage such cases. Currently in the final stages of contract negotiations. The increased capacity went live in April 2017.
- 2.1.9 **CAMHS Capacity in the Police Control room** - £30k is provided annually to ensure that Constabulary staff in Norfolk and Waveney dealing with CYP with mental health issues have expert advice and guidance on hand whenever they need it. This service has been operational since funding began in 2015/16.

2.2 **Challenges and opportunities for the refreshed LTP to address** – The 9 new recurrent service developments (when fully implemented) will provide welcome additional capacity and will in part 'transform' provision, particularly for children and young people in crisis. However, there are a number of long standing systemic issues and barriers to effective integration that the refreshed LTP will seek to address, including:

- 2.2.1 Several different providers, all working to different contracts & KPIs, and all producing different performance and outcome data
- 2.2.2 Several different commissioning organisations with lead commissioning responsibility for parts of the CAMHS system, which are managed via separate reporting and performance management routes (thereby making it hard to effectively co-ordinate and join up commissioning activity)
- 2.2.3 Potential joint commissioning opportunities to deliver more cost effective, integrated provision not maximised
- 2.2.4 Inconsistencies and gaps in some pathways/services which could be 'designed out' – variations in age ranges served and variations in the service 'offer' in some areas (e.g. Thetford)

- 2.3 **Proposed priorities for the refreshed LTP to address over the next 2 years** - it is proposed that the following two high level strategic priorities are pursued, with appropriate direction and support provided by the arrangements being put in place to deliver the Norfolk & Waveney Sustainability and Transformation Plan (STP), which is operating to the same (5 CCG) planning footprint as the LTP:
- 2.3.1 To ensure the final one of the 9 LTP recurrent service developments is fully implemented and operational as soon as feasible
 - 2.3.2 To ensure the project to re-design and re-engineer the entire system for children and young people with mental health needs continues to progress at pace in order to maximise the opportunities for integrated pathways and economies of scale.
- 2.4 If such a system-wide re-engineering exercise is to be successfully delivered, key strategic bodies in Norfolk & Waveney will need to collaborate and pull together. Essential to success will be that effective joint governance/decision-making arrangements are in place to deliver the desired changes at scale and pace. It is anticipated that developing effective joint governance and decision making structures will be a central priority for the Norfolk & Waveney STP.
- 2.5 The proposed re-design and re-engineering should include the full system-wide spend on mental health activity for children and young people, which is in excess of £17.5m per year.

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NORFOLK AND
WAVENEY CCGS

CHILDREN AND ADOLESCENT
MENTAL HEALTH SERVICES
LOCAL TRANSFORMATION PLAN
2015-2020

SEPTEMBER 2017 REFRESH



Produced collaboratively by Norfolk's CAMHS Strategic
Partnership

Assured by the Health and Well Being Boards of Norfolk
and Suffolk

NHS
South Norfolk
Clinical Commissioning Group
NHS
North Norfolk
Clinical Commissioning Group

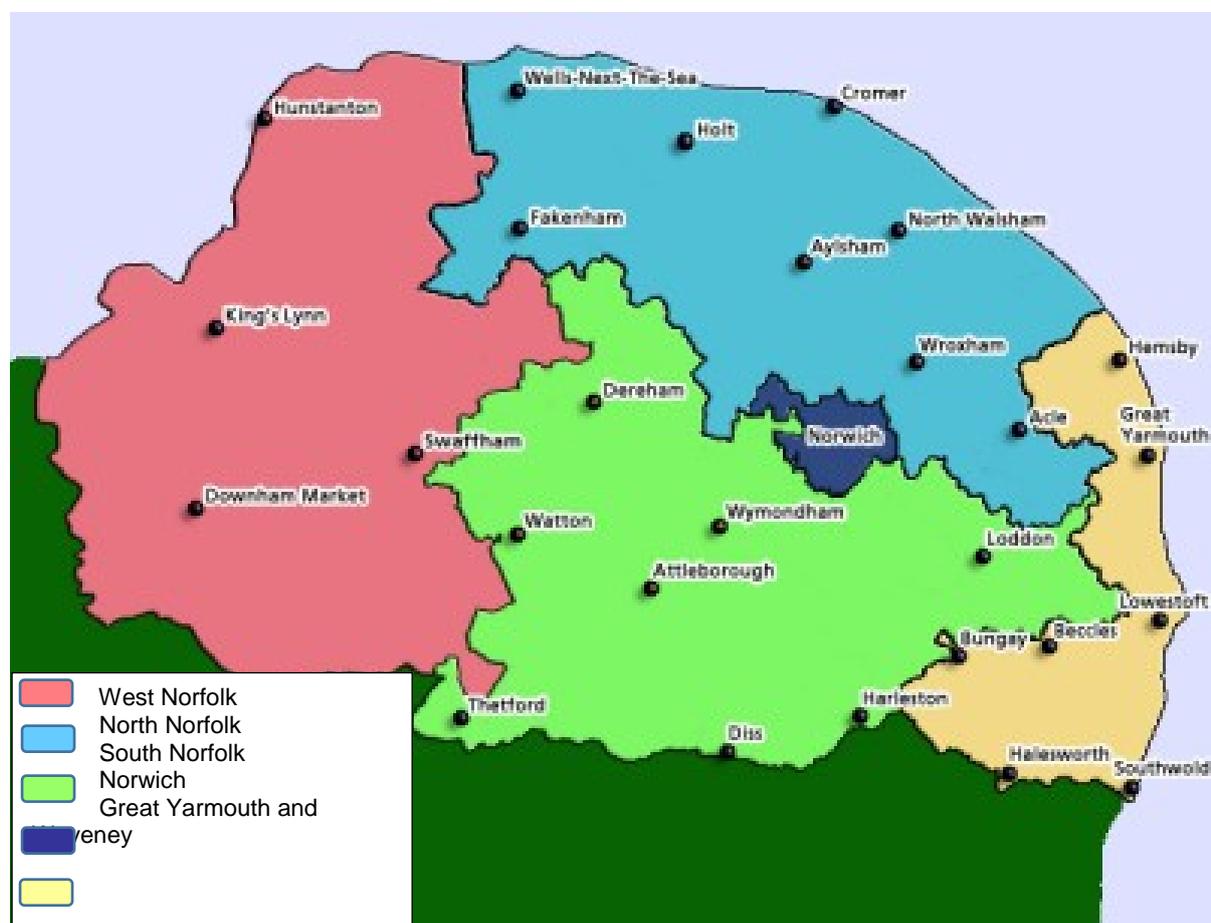
NHS
Norwich
Clinical Commissioning Group
WEST NORFOLK
Clinical Commissioning Group
NHS
Great Yarmouth
and Waveney
Clinical Commissioning Group

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Who do the Norfolk and Waveney CCGs commission services for?

The area of Norfolk and Waveney covers 2900 square miles, with approximately 110 miles of coastline. The area extends from the fens in the west to the broads in the east, the north Norfolk coasts and the Brecks of south Norfolk. It covers a vastly rural landscape with 4 main urban areas of Norwich, King's Lynn, Great Yarmouth and Thetford. The population is estimated at 976,000 people with 40% of them living in the 4 built up areas. The map below shows the geographical footprint of the area. Within that area there are five CCGs: Norwich, West Norfolk, South Norfolk, North Norfolk, and Great Yarmouth and Waveney. Waveney is within the county of Suffolk and is administered by Suffolk County Council.



- The five CCGs and Norfolk County Council jointly commission a Targeted CAMHS offer for Norfolk. The provider is a consortium of two third sector organisations and the local Mental Health trust.
- The five CCGs jointly commission Specialist CAMHS services for Norfolk and Waveney. The provider is the local Mental Health Trust.
- Both the Targeted and Specialist offers have a PIMHS element.

- The geographical area above is covered by two separate Children’s Services, and Public Health departments, and two Youth Offending Teams – Norfolk County Council and Suffolk County Council.
- There are 8 District Council areas.
- Norfolk and Waveney has 3 acute hospitals in its area with a fourth in Suffolk that covers the Thetford population.

There are also many other third sector and private providers who cater for children and young people with mental health and emotional wellbeing concerns, and some of our schools provide outstanding CAMHS and wellbeing support in-house to their pupils. In addition there are youth services, family support and social care provisions that together play a key role in the delivery of a whole system of support for children, young people and their families and carers.

National Context

Transforming children and young people’s mental health and emotional wellbeing services has a current and high national profile that goes back to the launch of the Future in Mind report. This set a challenge and clear guidance for the [next five years](#), backed up by the [Five Year Forward View](#), with specific focus on eating disorders, early intervention and crisis support. Some of the requirements include increasing access to CYP IAPT and evidenced based therapies, increasing access to eating disorders services and improving waiting times, and enabling at least 35% of children and young people with a diagnosable mental health condition to access the help they need.

Norfolk and Waveney has sought to look for ways to transform the existing system, whilst looking to the future and a wider whole system redesign of CAMH services to ensure that children and young people, in line with government expectations that radical change can be effected by health and care systems.

Funding

Nationally £1.25 billion has been committed by 2020 to transform CAMHS, with £150 million for eating disorders. Norfolk and Waveney received £1.9 million in the first year, including £0.5 million for eating disorders.

Local Context

Norfolk and Waveney faces a population increase in the 0-24 age range in the next 10 years, despite an increasing aging population being the major focus for the area. This group make up 27% of the total population within Norfolk and Waveney. The projected increase in 0-18 year olds is predicted to be higher at 6.5% by 2015. This group make up 20.2% of the total population within Norfolk and Waveney.

0-24 year olds	2015	2025	Population Change (%)
Norfolk & Waveney	271,698	278,600	2.5% 

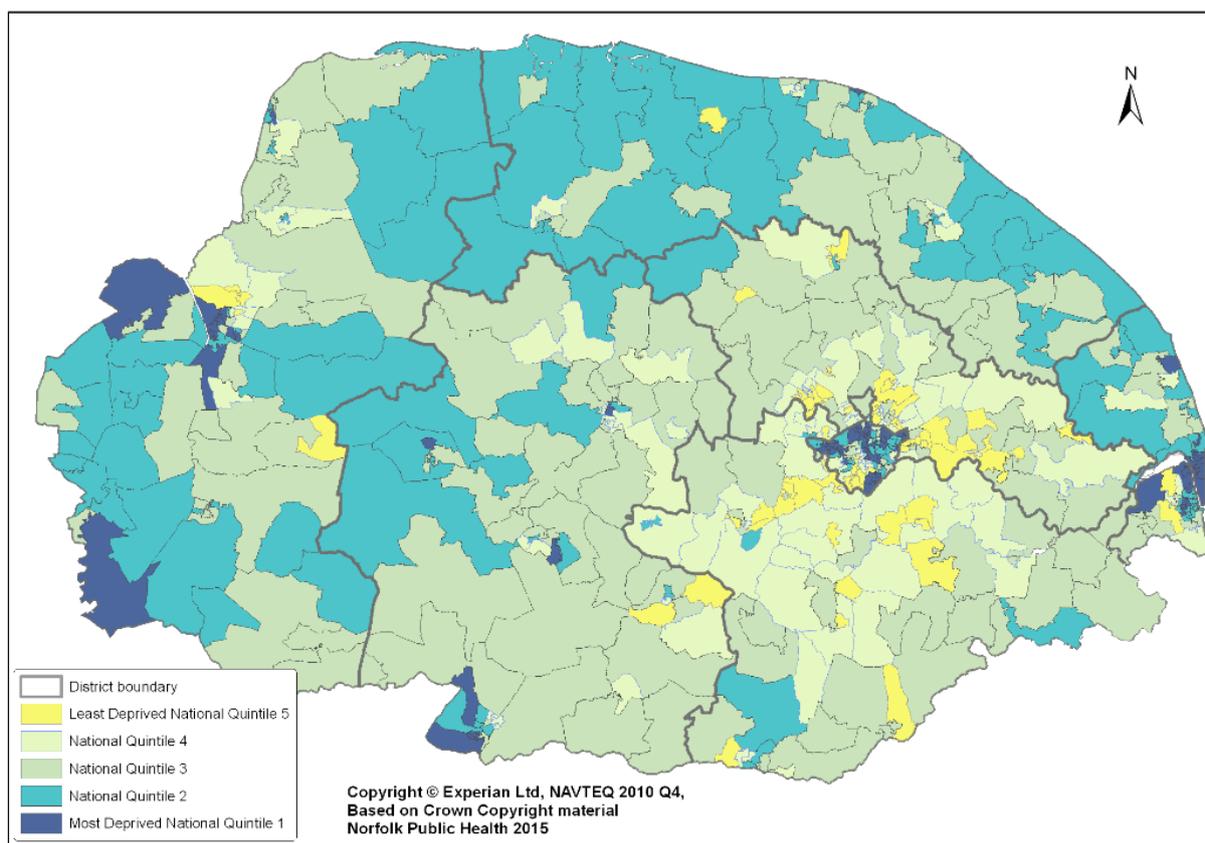
0-18 year olds	2015	2025	Population
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			change (%)
Norfolk & Waveney	201,989	215,958	6.5% ↑

Deprivation

Norfolk, as a county authority, has a deprivation ranking score of 88 out of 152 local authorities. The mean deprivation score for all single tier and county councils within England is 77 (out of 152). This means that Norfolk is less deprived than the mean (average) for single tier and county councils. In terms of deprivation, Norfolk and Waveney is more deprived than the mean for county local authorities, but not as deprived as the mean for the single tier and county councils. The areas that are within the 10% most deprived nationally include pockets within Great Yarmouth, Lowestoft, Norwich, King's Lynn and Thetford.

The percentage of children aged 16-18 years who were not in education, employment or training (NEET) in Norfolk in 2015 was 4.2%. This was slightly higher than the mean for all English county local authorities (3.8%).

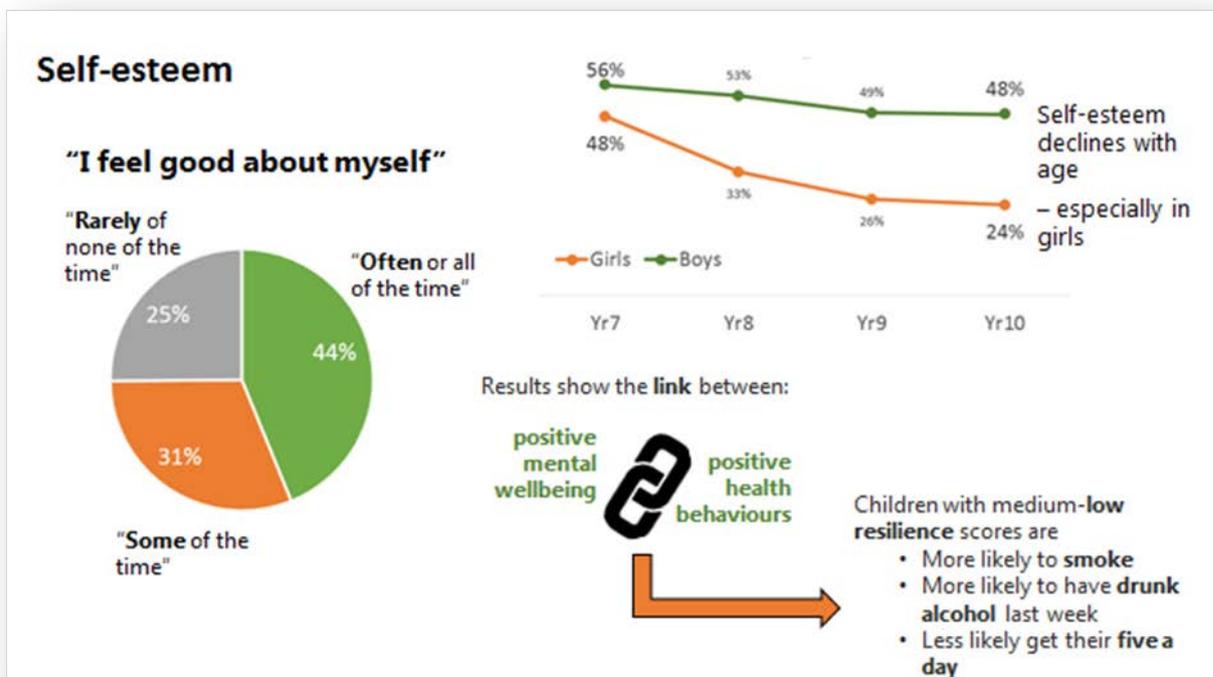
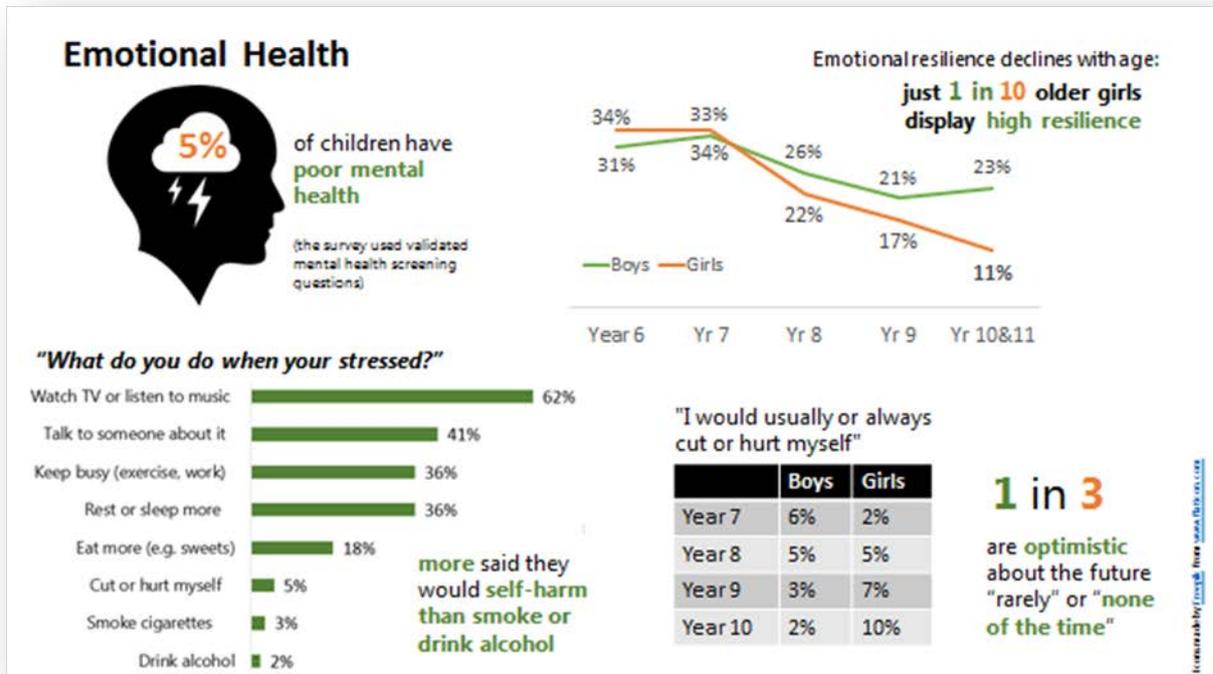


National deprivation quintiles

Schools

The Child and Young People Health and Wellbeing survey carried out in Norfolk schools in 2015 found that 5% of secondary school pupils scored very low on the Warwick-Edinburgh Mental Wellbeing Scale, a validated screening tool. This was very similar to the national average. The survey indicated that emotional resilience and self-esteem

declined as pupils got older, this was more marked for girls than boys. Also higher amongst girls is the prevalence of self-harm and this too increases with age. The survey will be repeated in October 2017.



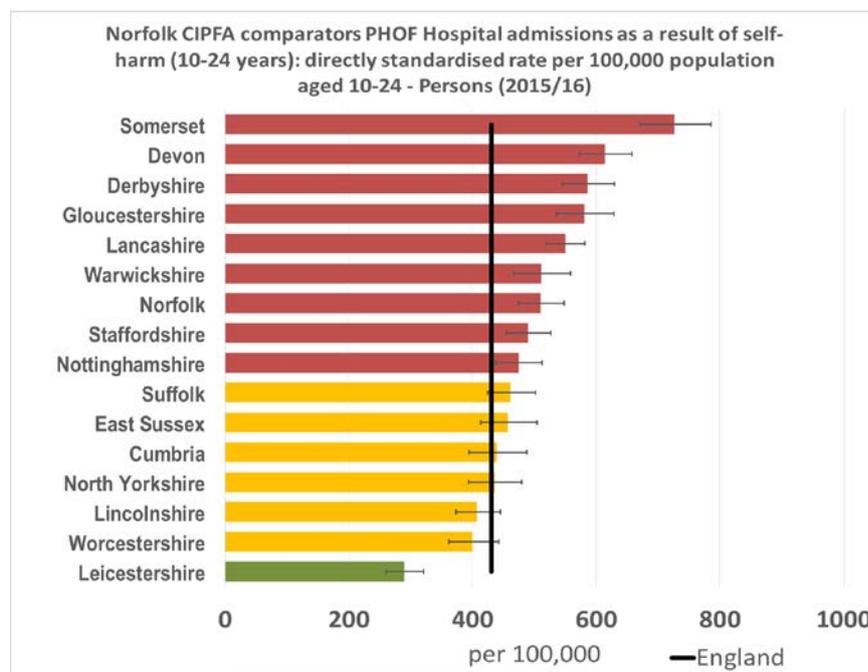
Population Increase

Looking to the future, the population increase will bring higher numbers of mental health and emotional wellbeing needs for CYP. The table below outlines the predicted increases over the next 8 years.

Year	Diagnosable Mental Health Condition		Emotional Disorder		Conduct Disorder		Hyperkinetic Disorder		Less Common Disorders	
	2015	2025	2015	2025	2015	2025	2015	2025	2015	2025
Boys	7,256	8,044	1,962	2,197	4,778	5,291	1,632	1,794	1,220	1,334
Girls	4,648	5,252	2,590	2,984	2,387	2,691	244	270	451	514
All	11,904	13,296	4,551	5,181	7,165	7,982	1,875	2,064	1,671	1,848

Self Harm

From analysis of CIPFA comparators, it is clear that Norfolk has a role to play in reducing self-harm admissions in acute hospitals. However, alcohol related admissions are low compared to the same comparators and remain under the national average by some distance.



Youth Justice

Norfolk has significantly higher proportion of children aged 10 to 17 entering the youth justice system for the first time compared to the England average and its CIPFA (Chartered Institute of Finance and Accountancy¹) comparator group. This has the impact of raising the proportion of 10 to 17 year olds ever entering the youth justice system and suggests another group of young people who may be experiencing or bordering on emotional wellbeing concerns that are manifesting in criminal behaviour.

¹ CIPFA nearest neighbour' is a comparative analysis between a local authorities *nearest neighbours* based on their distance apart. Available at: <http://www.cipfastats.net/resources/nearestneighbours/>.

In Norfolk, there were 325 first time entrants to the youth justice system in 2015, compared to 424 (-99) in 2014. There were a total of 838 children recorded as being in the youth justice system in 2015, compared to 830 in 2014.

Looked After Children

The average difficulties score for all looked after children in Norfolk aged 5-16 who have been in care for at least 12 months as of 31st March 2016, was 14.6². This is above the national average of 14.0 but comparable to the East of England average of 14.5. Ofsted have shown that this is a focus of their activity in Norfolk and include those young people leaving care.

The rate of looked after children in Norfolk is 62.2 per 10,000 population (0-18 years). This is higher than the regional rate of 48.7 per 10,000 and national rate of 60.3 per 10,000. This places Norfolk children and young people more at risk of suffering from emotional wellbeing concerns that in turn can lead to mental health issues.

As of April 2017, there were 1,090 looked after children in Norfolk. Over 1,700 vulnerable families have been supported by Norfolk Family Focus.

Learning Disabilities

In the United Kingdom, there is an estimate of between 700,000 to 1.5 million people living with a learning disability. Using the QOF 2015/2016 register for Norfolk and Waveney a total of 6,268 people with learning disabilities (all ages) were registered with GP practices, from a total GP practice population of 1,029,714. This is equal to a prevalence of 0.61% across Norfolk and Waveney (up 0.02% from 2014/2015). The prevalence of learning disabilities for England is 0.5%.

Using the SEND report data (Special Educational Needs Data, metric 2212, Department for Education, Special Educational Needs in England), in Norfolk 15.4% of pupils have a statutory plan of SEN (statement or EHC plan) or are receiving SEN support (previously school action and school action plus). This compares to an average of 14.4% across all English regions and a CIPFA nearest neighbours average of 13.6%.

Summary of the Previous Local Transformation Plans

The 2015/16 and 16/17 CAMHS LTP for Norfolk and Waveney followed a similar pattern of proposing project streams that were developed through collaboration with providers, the third sector in the region, youth justice partners, and young people. This particular involvement took the form of youth councils and specific youth led projects to determine how the service should be planned and what CYP wanted from their MH services going forward.

The projects identified through this collaborative format were brought online in 2015-17 and their costed spend is listed below.

² Fingertips tool. Available at: www.fingertips.phe.org.uk

ASSURED LTP PLAN		
Section	Proposal / Activity	Recurrent Cost
Early Help and Prevention	Develop a 'link work' function for universal settings	£ 200,000
Accessibility	Online platform and resource e.g. self help, apps	£ 100,000
Accessibility	Increase capacity to targeted CAMHS (Point 1 Service, 6 new posts)	£ 241,696
Accessibility	Increased capacity for neurodevelopmental pathways	£ 28,075
Accessibility	Increase capacity in specialist CAMHS and the local authority to support children exhibiting sexually harmful behaviours	£ 150,000
Eating Disorders	Increase staffing and capacity in line with the new national guidance	£ 543,633
Crisis Pathways	Extension of Core Hours of the 3 specialist CAMHS Teams - Admin cover	£ 105,000
Crisis Pathways	Extension of Core Hours of the 3 specialist CAMHS Teams - Clinical provision	£ 122,000
Crisis Pathways	Increase capacity of intensive support team workforce	£ 49,000
Crisis Pathways	Out of hours crisis assessments	£ 150,000
Crisis Pathways	Trainer /Adviser for Ambulance, police, hospitals, social care & bank staff	£ 30,000
Crisis Pathways	Crisis Support Workers	£ 155,000
Crisis Pathways	Integrated Mental Health Team - CAMHS capacity at the Police Control Room	£ 30,000
		£ 1,904,404

Link work function for schools and universal settings – Staff have been appointed and liaison work between the Norfolk County Council PATHS team and the provider has been established to ensure join up and sharing of expert knowledge. The function will provide advice, support and training to help ensure schools and universal settings are well equipped to meet the mental health needs of children and know when and how to ask for help from our Targeted and Specialist CAMHS teams.

Online developments - £100k of non-recurrent funding allocated to enable core CAMHS to offer some online therapy to clients/patients and to introduce online and ‘app’ based self-help materials.

Point 1 increased capacity - £242k of recurrent LTP funding allocated to boost capacity in Point 1 (the countywide Targeted CAMH Service). All 6 new posts have been recruited to and referrals received and accepted into the service continues to rise.

Increased capacity for neurodevelopmental pathways - £28k of recurrent funding allocated. The initial option put to CCGs was rejected. Revised options are to be put to CCGs regarding the best way in which this funding could be deployed within the Accessibility strand of the LTP.

Increased CAMHS support for Children & Young People affected by domestic abuse and sexually harmful behaviours - £84.5k of recurrent funding allocated. Two posts have been appointed to across health and Youth Offending and the service is operational.

CAMHS Eating Disorders increased specialist capacity - £544k of recurrent LTP funding has been allocated to boost capacity. Our specialist provider (Norfolk & Suffolk Foundation NHS Trust – NSFT) has recruited to 11 new clinical posts (including psychologists, nurse therapists, other therapists and support posts).

Extended opening hours of NSFT CAMHS - £227k of recurrent funding allocated. This became operational in April 2017. Opening hours have been extended from 9-5 to 8-8, Monday to Friday and a minimum of 3 hours on weekend days and bank holidays.

Crisis Pathways increased capacity - £384k of recurrent funding to boost specialist capacity to assess and provide intensive support for the most vulnerable clients/patients in crisis. The capacity will also provide training and advice to ‘first responders’ (Ambulance, Police, Hospitals and Social Care staff) so they feel better equipped to manage such cases. Currently in the final stages of contract negotiations. The increased capacity went live in April 2017.

CAMHS Capacity in the Police Control room - £30k is provided annually to ensure that Constabulary staff in Norfolk and Waveney dealing with CYP with mental health issues have expert advice and guidance on hand whenever they need it. This service has been operational since funding began in 2015/16.

What’s next and priorities for the next year

The full sum of £1.9m was invested in 2016/17 and is now a recurrent commitment in provider contracts (2017-19). Additionally in 2016/17 the CCGs invested £168k of additional recurrent core CAMHS funding for increased specialist CAMHS capacity in the Thetford area and upwards of £350k non-recurrent funding to reduce waiting times in core CAMHS.

The projects listed above now operate as business as usual with performance and outcome reporting occurring regularly and as part of existing contracts. They have been costed year on year at the original £1.9m funding agreement.

The refreshed LTP has a series of priorities over the next year, all of which will continue to move the transformation of CAMHS forward and toward improving services for children and young people in Norfolk and Waveney. These priorities are:

- To maintain the trajectory of transformation in CAMHS in Norfolk and Waveney, a wider and more ambitious redesign project, first outlined in the refreshed LTP in 2016/17 has begun. This will seek to redesign the entire CAMHS system in Norfolk and Waveney within existing budget constraints with an ambition to see approximately 50% of all CYP in the area with diagnosable mental health and emotional wellbeing needs. This would exceed the national Five Year Forward

View target by 15%. It will seek to address identified issues with the current provision:

- a) Several different providers, all working to different contracts & KPIs, and all producing different performance and outcome data
 - b) Several different commissioning organisations with lead commissioning responsibility for parts of the CAMHS system, which are managed via separate reporting and performance management routes (thereby making it hard to effectively co-ordinate and join up commissioning activity)
 - c) Potential joint commissioning opportunities to deliver more cost effective, integrated provision not maximised
 - d) Inconsistencies and gaps in some pathways/services which could be 'designed out' – variations in age ranges served and variations in the service 'offer' in some areas (e.g. Thetford)
- Reporting targeted services activity to the MHSDS to ensure Norfolk and Waveney is accurately represented in UNIFY returns.
 - Taking the place-based/collaborative commissioning agreement forward.
 - Improving our online presence and information available to universal settings and the wider public.
 - Establishing a SPOC for our main services (Targeted and Specialist).

The priorities bring together health and social care partners to focus on the child as a whole to provide resilience for CYP and families and carers until the redesigned service is agreed and implemented, the best and most joined up provision we can.

KLOEs

To ensure that all the elements of the Key Lines of Enquiry are answered we have provided detail below and this forms the final element of the refreshed LTP for 2017/18.

Transparency and Governance

This refreshed LTP and previous versions are available online at

<https://www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/childrens-health-and-wellbeing/mental-health-camhs/professionals>

This includes an annual declaration showing the key investment, staffing and referral rates for providers in the area. It shows the level of investment commissioners are making in CAMHS. Information about KPIs will be appended to this refreshed version of the LTP (Appendix available on request). Our previous LTPs included specific plans to improve local services and these can be found in the 2015/16 LTP. These plans are now operational and we are moving on to a wider plan of transformation that is outlined above.

The LTP has been incorporated into the Norfolk and Waveney STP which has a strong focus on mental health issues for all ages.

The existing services perform well, with an estimated 55% of children in Norfolk and Waveney with a diagnosable mental health condition accessing services. Waiting times

are below the national guidelines and feedback from users is mainly positive. The projects instigated by the CAMHS LTP have ensured the extra capacity has been added to services and new and innovative ideas have been introduced to ensure that children and young people in the area have improved access and improved services. This is illustrated above in the list of work that has been implemented. As we move forward, the finance trajectory below shows that a different approach to transforming services needs to be taken.

The challenge for the future lies in using the existing committed funding across the entire CAMHS system to provide a redesigned service that even more CYP can access, where tiers are removed and gaps between services disappear, where entry criteria no longer exist between levels of need, and where there is no confusion about which service a child needs, because there is only one service. To continue to take transformation forward, Norfolk and Waveney is carrying out a whole system redesign. This will use the existing committed funding for all CAMHS services deemed to be in scope, and will seek to find a fully integrated, easy to navigate MH system for CYP to ensure there are no gaps between teams or services provider to ensure there are no gaps between services. It will also seek to achieve economies of scale to enable more children (50%) with a diagnosable mental health problem to access services.

Finance

Norfolk and Waveney CCGs have committed the following spend year on year.

2015/16	2016/17	2017/18	2018/19	2019/2020
£1,904,404	£1,904,404	£2,125,793	£2,125,793	£1,904,404

Staffing – ED (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
16	26.4	29.3	29.3	29.3

Staffing – Crisis Pathways (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
		14.6	14.6	14.6

N.B. The new and extended service has taken advantage of some existing staff from previous services that no longer exist. The numbers above indicate the number of staff now used to fully run the crisis pathway but it should be noted that some did exist prior to the creation of the new provision. The provider has been unable to state exactly how many are brand new posts but indicate that all the above are funded from the LTP.

Staffing – Link Work Function (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
	5	5	5	5

Staffing – Harmful Sexual Behaviours (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
	2	2	2	2

Staffing – Extra Capacity in Targeted Service (WTE)

2015/16	2016/17	2017/18	2018/19	2019/2020
6	6	6	6	6

Activity

All activity across targeted and specialist services

2015/16	2016/17	2017/18	2018/19	2019/2020
49%	51%	55%	62%	69%

Activity across specialist and targeted services as reported in the Annual Declaration

Year	Activity	% increase
14/15	9252	
15/16	9682	4%
16/17	10455	7%

This includes Point 1 (Targeted), NSFT (Specialist), NCH&C (ADHD cases only). It excludes cases with a dual diagnosis of CAMHS and LD.

Currently Norfolk and Waveney have a population of 190,482 0-17 year olds.

Mentalhealth.org.uk reports that 10% of children will have a diagnosable mental health problem. Currently Norfolk and Waveney are reaching 55% of children with a diagnosable mental health problem.

Activity across Specialist services reported via Unify returns

	16/17	17/18	18/19
Great Yarmouth and Waveney	22.80%	30.00%	32.00%
North Norfolk	24.90%	27.50%	30.00%
Norwich	25.30%	27.50%	30.10%
South Norfolk	19.10%	23.00%	27.00%
West Norfolk	18.30%	22.50%	26.70%

Currently the targeted service is unable to feed data into the MHSDS returns as they do not have access to the required secure connection. The Annual Declaration shows that with their level of referrals, Norfolk and Waveney currently in 16/17 saw 55% of children with a diagnosable mental health issue. Various options regarding the MHSDS return are being explored, including the Clinical Network and NHS Digital working together to find

ways to fund small third sector providers so they can provide data to the MHSDS. We are also in negotiations for this data to be submitted via the local MH provider as a separate data set to ensure that a more accurate picture of Norfolk and Waveney is available.

Engagement

During the planning for the original LTP a significant programme of user involvement took place culminating in a presentation by students from the University of Arts London that explored what CYP in Norfolk and Waveney had asked for in their transformed services. This direct involvement in the service planning ensured that the projects outlined above were in line with those aspirations.

As we move forward with the redesign as the next phase of service transformation there is a further extensive programme of involvement lined up to ensure CYP and their families are consulted on various elements of the proposed new service, including service design, proposed specs, how we evaluate services, and how we will oversee the contracts. We recognise that we need to develop an involvement plan that clearly outlines youth involvement at every stage, both during and after the redesign.

Other aspects of involvement include the Health and Wellbeing Boards sign off: the committee has an obligation to oversee and work on behalf of the residents of Norfolk and Suffolk and ensure that plans represent their needs. In addition we have presented a series of reports to the Norfolk Health Overview and Scrutiny Committee which began soon after the plans launched in 15/16. The committee scrutinises Health decisions and has taken a particular interest in CAMHS work, along with the Children's Services Committee who set up a Task and Finish Group looking directly at CAMHS provision across the county at all levels. We were present at all of these meetings which include service users, providers and commissioners all discussing what was provided and what needed to be provided. The final report has also been instrumental in how we are designing our new service.

The LTP and all CAMHS work is oversighted by the CAMHS Joint Commissioning Group which is made up of the CCG funding partners for the LTP, NHSE Spec Comm and Norfolk County Council who manage the targeted contract for the CCGs and Council. Further oversight is provided by the CCG Mental Health and Learning Disabilities Commissioning Network, The Norfolk Health and Wellbeing Board, Norfolk Health Overview and Scrutiny Committee, and user involvement groups as and when they are needed. Further than this the CAMHS Strategic Partnership (the formal mental health sub-group of the Children and Young People's Partnership for Norfolk) also has oversight of the LTP and its work streams. This group also include youth justice, the Police, providers, third sector representatives and Healthwatch, who all have input into the plan.

The refreshed LTP will be signed off by CCGs and Norfolk Health and Wellbeing Board before it is published and will also be available to any other interested party to endorse including, specialist commissioning, Directors of Children's Services (closely involved in the CAMHS Redesign project), the local safeguarding children's board, and local

participation groups. It will be endorsed by the CAMHS Strategic Partnership before being published too.

The refreshed LTP will also be available in an accessible format by April 2018.

Understanding Local Need

Our LTP has been informed by a range of involvement and engagement activity, including:

- a) Feedback from children and young people who have used our services, via routine service user experience of service questionnaires, structured interviews with young people, group work with Norfolk's Youth Parliament, workshop activity with our Mental Health Trust's Youth Council, and quality concerns/complaints raised by children and young people and their parents/carers
- b) Feedback from staff in schools and other universal settings
- c) Workshops and interviews with front line staff from targeted and specialist mental health teams
- d) Interviews with staff who depend on our targeted and specialist mental health teams for advice and support regarding children/young people they are concerned about – including those who most commonly act as 'first responders' to children and young people during a mental health crisis.

In addition, as stated in the section above, we carried out a programme of involvement prior to the original LTP which informed the projects that were and remain funded by this initiative. Since that point a Task and Finish group carried out a significant and extended piece of work that explored all CAMHS services in Norfolk regardless of funding stream, to explore how provision could be bettered and what exactly service users would want to see.

We are addressing health inequalities directly through several elements of the original LTP including the Crisis Pathway work, the introduction of specific harmful sexual behaviours workers and the link work function in schools. In the redesigned service it is apparent that Looked After and Adopted Children and their carers require a specific pathway to enable them to build resilience and explore their lives. There is also a conversation being had to explore the neurodevelopmental pathways needed to ensure that once children are diagnosed there are better treatment options available to them.

Our JSNA no longer contains any data relating to children's mental health and refers readers to the STP. The needs assessment to this plan gathers information from a wide range of data sources to clearly produce a rounded picture of mental health needs of children in Norfolk and Waveney. It also sets out how these needs could be better met and the implications for local services.

LTP Ambition

It is clear from the financial trajectory above that for the duration of the LTP the funding will not increase. Therefore, commissioners have sought another way to identify and

implement system wide transformation in CAMHS in Norfolk and Waveney. The CAMHS whole system redesign is a project that includes partners from NHS England, local authorities, third sector partners (both providers and representatives), youth justice, primary care GP leads and schools and education establishments via our involvement and link work.

The redesign envisions a service with no tiers and no boundaries to movement between services, either up or down, sideways, in or out. Children and young people will no longer fall between services as criteria for access will cease to prevent movement between provisions, with a focus on collaboration between the child and the professionals to provide what is needed.

The deliverables set out in the Five Year Forward View for children and young people's mental health relate to 70,000 additional children and young people receiving and evidence based treatment. This equates to 35% of children with a diagnosable mental health issue receiving treatment, which in Norfolk and Waveney is already occurring. Norfolk and Waveney is seeking to increase this to 50% by redesigning the service. It has also sought to increase the number of staff who can provide evidenced based treatment by joining a CYP IAPT collaborative and putting 13 people through a variety of treatment based training. Further to this a Mother and Baby unit is opening in East Anglia, and the LTP ensured that MH support in A&E was enhanced with our 24 hour Crisis Pathway ensuring staff and CYP are supported when they present in crisis. In addition we provide support to the Police control room so Constabulary staff are able to access expert help when they encounter CYP with mental health needs, be it in the community, at hospitals or in the cells.

The LTP addresses the whole system of care as follows:

Early help and early intervention including universal setting, schools and primary care – the plan allows for an online offer which is currently being drafted by the provider as well as the Link Work function already in place. This function will link with schools and primary care and ensure they are supported and informed in relation to the CAMHS system and how to access it. The Healthy Child Programme has also employed 9 staff to provide support and advice to early help settings.

Early help provision with local authorities – two projects fulfil this aspect, the 1st responder training provided as part of the crisis pathway, and the work being carried out to support CYP with harmful sexual behaviours. The 1st responder training is open to local authority staff who may encounter children in crisis, often social work staff. The sexually harmful behaviours workers are helping children in the justice environment to prevent reoffending.

Routine care – Three areas of work have improved and increased routine care, increased capacity in the Point 1 service, the targeted function; increased capacity in the eating disorders service to within 12% of the total suggested by the workforce calculator provided by NHS England; and the specialist function has increased its opening hours to better suit CYP in the Norfolk and Waveney area.

Crisis care and intensive interventions – The crisis pathway in Norfolk and Waveney is now 24 hour, with CAMHS assessments and access to support for CYP and acute hospital staff if needed. Clinics assess children admitted at weekends to ensure they do not stay in a hospital bed longer than they need to, and ensure that a referral is made for ongoing support following the crisis. Police staff also receive expert CAMHS help and support from staff based in the police control room to ensure that any situation involving a child with a CAMHS need is supported and referred for services if required. This provides the police with a level of confidence that enables them to better deal with these situations.

Both the existing plan and the redesign include elements that focus on providing care for particular needs, those in the LTP are outlined above. The redesign is specifically looking at pathways for LAC CYP and those with neurodevelopmental needs, as well as any outlined in the national model CAMHS specification. There also exists a protocol outlining how the CAMHS needs of looked after children and care leavers will be met that was signed off by the Norfolk Safeguarding Children Board meeting in June 2017 and the East of England Clinical Network's Future in Mind Steering Group in March 2017 .

Our ambition is to jointly commission seamless pathways for those children and young people who may require inpatient care. Facilitated by the East of England Clinical Network, over the last 12 months CCGs and Local Authorities in the East of England have worked with NHS England's Specialised Commissioning team to develop an agreed set of objectives that we want to achieve for those who may need inpatient care. The objectives have guided work to co-produce a Collaborative Commissioning (or Placed Based Commissioning) Agreement for CAMHS Tier 4 pathways in the East of England.

Specialist care has been improved in the plans outlined above, included increased capacity in specialist provision from eating disorders to more suitable and longer opening hours.

There are currently no sustainability plans in place as there is an assumption that funding will continue at the current level beyond the end of the LTP lifetime, as indicated by NHS England.

Workforce

The LTP does not currently have a multi-agency workforce plan as the existing funding remains level and staff appointments have been made. However, the need for a plan remains where the redesign is concerned as this seeks to explore the balance of funding and staffing at current tiers and whether it requires rebalancing to enable the new service to see more CYP. It will also link with the involvement plan to ensure that key organisations are consulted, and it will show how capacity and capability will be increased within the wider system. Currently this is achieved via the 1st responder training, the link work function and the support to the police control room, each provider the wider CAMHS community with a level of confidence and support not previously experienced. The challenge for this workforce plan will be to continue CYP IAPT training programmes after back fill funding assistance ceases altogether. Currently the uptake for this training is encouraging, with year three providing the highest application rate so far.

Through the original funding we have implemented a 24/7 crisis care pathway that is fully staffed. This required additional staff to be drafted in and existing working patterns to be changed but enabled the provider to create a modern reactive pathway from existing resources, thinking smarter.

Collaborative and Place Based Commissioning

A joint place based plan exists between CCGs and specialised commissioning which develops in-patient care pathways across the locality footprint. It includes work to support crisis and admission avoidance, whilst looking at ways to ensure safe and appropriate discharge.

The plan will be submitted to the team supporting the STP to ensure it is integrated and published as part of the next iteration. It is currently published on the Norfolk County Council website alongside the previous LTPs.

The plan also outlines oversight of the work and was drafted by an implementation group for the region who are ensuring clear leadership is in place to bring about the changes the plan outlines.

In the Spring of 2017 the East of England Health & Justice Commissioners undertook a piece of work to review the evidence base and good practice, and to identify key priorities to invest new recurrent funding to better meet the needs of children involved in health and justice settings. Norfolk providers and commissioners supplied data to KPMG, were interviewed by them and participated in two regional workshops to help identify how the funding could be put to best use. At the time of writing it is expected that CCGs will be invited to bid for a share of £700k to invest in their local communities. Norfolk & Waveney's CCGs anticipate participating in the bidding round.

The Place-Based/Collaborative Commissioning Agreement provides further opportunities to build stronger links with the work of Health & Justice commissioners as the CYP served by Health & Justice commissioned provision also often need access to core community based and inpatient CAMHS units. To facilitate this, Health & Justice Commissioners are invited to join the East of England working group being established to enable greater collaborative commissioning between community and inpatient provision.

CYP Improving Access to Psychological Therapies (CYP IAPT)

Following feedback from two management Service Leadership candidates who trained through the CYP IAPT collaborative in 2016/17, the PID for the CAMHS redesign has been written around the CYP IAPT principles and a commitment from the project board to follow these throughout the project has been made.

Norfolk and Waveney joined the South East CYP IAPT collaborative in 2015 and has, in the three years since, supported or hopes to support 10 therapists and 5 managers through a variety of training, ensuring that CYP IAPT evidence-based practice and principles are embedded in all of our main providers. Both health and the third sector have put forward staff for training at all levels and there has been a move toward routine outcome monitoring were previously there wasn't, as well as improved supervision arrangements.

CCGs have provided salary support from one off grant funding whilst salary support for the third cohort remains to be secured. At the current time there are no sustainability plans for the Norfolk and Waveney element of the collaborative beyond the 3rd year.

The Norfolk CYP IAPT Stocktake shows the following table regarding uptake in its accredited training.

	Intervention	Presenting problems	Staff began training	Status (Complete unless stated otherwise) + EOIs / Applications 2017/19
	Service leadership		3	1 Completed 2017 2 In Progress due to complete 2018 2 Applications 2017/18 – offered
Supervision	Supervision		2	
	Supervision (SFP ED)		0	
	Supervision (CBT)		1	1 Completed 2017
	Supervision (SFP CDD)		1	1 Completed 2017
	Supervision (PT)		0	
Therapy Training	Parenting Training (PT)	Children (3-10 years) with conduct problems and their parents/carers	0	
	CBT	Anxiety and Depression	3	1 Withdrew 2016 2 Completed 2017 5 Expressions of Interest 2017/19 4 Applications received – 3 of which from EOIs, 1 asked not to process by manager as 2 ppl already training
	Interpersonal Therapy (IPT-A)	Adolescents with depression	3	1 Completed 2017 1 Withdrew 2016 1 In Progress due to complete 2019
	Systemic Family Practice (SFP CDD)	Depression, Self-Harm and Conduct Problems	3	1 Completed 2017 1 Withdrew 2016 1 In Progress due to complete 2019 4 Expressions of Interest 2017/19
	Systemic Family Practice (SFP ED)	Eating Disorders	0	2 Expressions of Interest 2017/19
	Staff working with Autistic Spectrum Conditions and Learning Difficulties (ASDLD)	Autistic Spectrum Conditions and Learning Difficulties	0	
	Evidence Based Counselling Practice (EBCP)	Depression, Anxiety	0	1 Expression of Interest 2017/19 1 Application received - asked not to process by manager as 2 ppl already training
	Working with 0-5s and their parents/carers (0-5s)	Mixed (Conduct problems)	0	1 Expression of Interest 2017/19

Eating Disorders

Baseline performance of the 0-18 Eating Disorder Service is shown below as at Quarter 4 2016/17, the most recent published data available. All five Norfolk and Waveney CCGs are part of the cluster. (Data provided by NHS England).

Urgent Cases: The number of patients started treatment by week since referral

CCG Name	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 1 week
NHS GREAT YARMOUTH AND WAVENEY CCG	1	0	1	0	2	50.00%
NHS NORTH NORFOLK CCG	9	2	3	0	14	64.30%
NHS NORWICH CCG	5	1	0	2	8	62.50%
NHS SOUTH NORFOLK CCG	3	2	2	1	8	37.50%
NHS WEST NORFOLK CCG	4	1	1	0	6	66.70%

Routine Cases: The number of patients started treatment by week since referral

CCG Name	>0-1 week	>1-4 weeks	>4-12 weeks	12 plus	Total number of completed pathways (all)	% within 4 weeks
NHS GREAT YARMOUTH AND WAVENEY CCG	0	6	2	3	11	54.50%
NHS NORTH NORFOLK CCG	0	10	9	1	20	50.00%
NHS NORWICH CCG	1	14	3	1	19	78.90%
NHS SOUTH NORFOLK CCG	2	21	6	1	30	76.70%
NHS WEST NORFOLK CCG	9	8	3	1	21	81.00%

As reported to the [Norfolk Health Overview and Scrutiny Committee](#) in July 2017, figures for April 2017 prepared and data cleansed by the provider suggest that performance has improved considerably and will meet and exceed the targets. However, until these figures are verified and submitted to the MHSDS we won't be publishing them in this refreshed LTP.

Further funding has been awarded to the provider by CCGs for the 17-19 contract as the LTP funding was not originally sufficient to provide the total number of staff suggested by the workforce calculator. This new funding is focusing on further staff recruitment to improve the waiting times above and ensure more people can access the services faster.

The current ED service is in line with commissioning guidance and provides a community based, family focused service that uses evidence based NICE concordant treatment protocols. It has excellent transition arrangements with local adult services, and also works with services if a young person is transitioning to a destination service outside of

Norfolk or Waveney, e.g. going to university. Liaison services are established and work well, with GPs providing risk management around collecting routine medical data for young people in the care of the ED service. Staff go above and beyond to ensure that their clients are seen, despite remaining below the workforce calculator advised staffing levels. Individual staff are also being supported through CYP IAPT ED specific evidence based training and whole team is enrolled on CAMHS ED training.

Both the CEDS provider and commissioners attend the East of England meeting of the national quality improvement programme held at NHS England at Fulbourn in Cambridgeshire.

Data

Commissioners recognise the fact that services funded by CCGs must flow data into the Mental Health Services Data Set, regardless of whether they have the required network connections that are standard in large NHS providers. For some providers this cost is significant and cannot be met. To remedy this we are looking at an offer from the large NHS MH provider in Norfolk and Waveney to flow the data on behalf of other smaller providers, some NHS, some non-NHS which we hope will reduce the cost significantly. This will ensure that all providers are able to meet the requirement to provide data for key national metrics and which in turn will reflect a large upturn in the currently reported figures relating to referrals in Norfolk and Waveney. We are also exploring with NHS England and NHS Digital whether there are other solutions that can be found to enable the required data to flow to NHSE (without necessarily requiring small providers to undertake the complex task of installing a large national database system that may not be relevant to much of their non-mental health/NHS work). The Clinical Network is currently working with east of England colleagues and NHS Digital to explore this.

It is estimated that the targeted provider is handling over 4000 referrals a year currently. The referral rates are shown below.

13/14	14/15	15/16	16/17
2946	3556	3978	4113

Currently providers use different templates for reporting their performance data with differing levels of input. However, another purpose of the redesign is to ensure that the provider/s report performance data to a single template that marries with the MHSDS and provides key information to commissioners on how the services are working towards targets.

Urgent and Emergency (Crisis) Mental Health Care for CYP

The original LTP in 2015/16 laid out a series of initiatives that ensured CYP had a functioning 24/7 crisis service where previously it did not (as outlined above in the list of projects). That service has been operational since April 2017 and will remain fully funded for the duration of the LTP. KPIs for the service were embedded in the new 2 year contract with the provider, along with clear access and waiting time ambitions. The service is seeking the involvement of CYP and their families, including monitoring their

experience and outcomes. This involves looking at the best time to seek feedback from this group of service users to ensure that the best outcomes are available to both the provider and the CYP and their families. The provider has a user involvement group that is able to provide some insight but will be working on how to locate and best extract user experience about the crisis pathway.

Integration

A two year Transition CQUIN is being delivered locally. The local MH trust is exploring transitions to adult services at ages 17/18 and 25/26 but currently is unable to provide data relating to the numbers involved as people can transition out of a service for reasons other than age. It is hoped that the CQUIN will help uncover the true picture around this and provide ways to map the year on year improvements in metrics.

The Link Work function introduced by the LTP in 2015/16 is now live with the task of providing support and training to all schools across Norfolk and Waveney, as well as GPs. There are links between this service and the PATHS team in Children's Services to ensure that whole school approaches are considered for schools. In addition the Healthy Schools Programme also has new staff appointed to provide advice and support to universal settings. A priority area that is receiving specific staffing funded by the LTP is CYP with sexually aggressive behaviour that are accessed via the Youth Offending Team. The redesigned service is seeking to have pathways focusing specifically on LAC and care leavers around resilience, with any SEND child able to access the services if they require a mental health or emotional wellbeing intervention. The same being said for BME and CSE communities. The revised needs assessment documents the areas of Norfolk and Waveney's population that would benefit from specialist services and this has been taken into account in the planning for the new service.

The integration with liaison psychiatry already exists in our acute hospitals with CYP from 16 upwards accessing this service and support. Crisis pathway CAMHS workers and the mental health psychiatry liaison work collaboratively with cases that overlap.

Early Intervention in Psychosis (EIP)

CYP in Norfolk and Waveney have access to the EIP service provided by the local mental health trust's Youth Service. This provides a full age range service that includes all CYP experiencing their first episode of psychosis up to the age of 25. They are offered NICE recommended treatment in house where all treatment is provided and includes pathways for those who present to the specialist MH service. It currently exceeds the national waiting time standard of 50% (61%). This service operated prior to the LTP and continues to do so and was therefore not highlighted as a service requiring further transformation. However, it will be considered as part of the redesign package as the LTP moves forward.

Impact and Outcomes

The transformation road map will be appended to the Plan.

The CAMHS system redesign project is a prime example of innovation and a key enabler for transformation without increasing cost. It will seek to increase access, innovation whilst maintaining existing levels of expenditure. It will also focus on outcome using the CYP IAPT principles as a framework and will require a common dataset be used by the chosen provider to ensure that data can be compared equally across all aspects of the system.

Other Outcomes

The risk register for the CAMHS system redesign project will be appended to the Plan.

The original LTP highlighted recurrent funding for online services and several business plans have been put forward, none of which were accepted. A further plan has been presented by the provider for consideration that looks at how best to use the money. This remains an area for development and will also be a focus of the redesign, acknowledging that CYP have identified social media and apps as an area for improvement.

The original LTP projects are business as usual now with performance reporting from providers being received regularly by commissioners against agreed KPIs. The updated provision has been written into contracts for existing providers, including how and when they will report outcomes.