



Ipswich & East Suffolk Clinical Commissioning Group  
West Suffolk Clinical Commissioning Group

# SUFFOLK CHILD & ADOLESCENT MENTAL HEALTH

## TRANSFORMATION PLAN

*"Our vision is for all children and young people in Suffolk to have the best start in life, enjoy good mental health, be resilient and productive, enjoy school, make friends, achieve their full potential and have positive and happy relationships."*

Suffolk Children's Emotional Health and Wellbeing Strategy (2013-17)

October 2015

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## 1. OUR VISION

- 1.1 This Transformation Plan describes our ambition for children and young people's emotional wellbeing and outcomes in East and West Suffolk. We include in this children and young people presenting with behavioural difficulties that disrupt family relationships and impair their ability to attend and learn - this includes challenging behaviour, conduct disorder and neurodevelopmental disorders. Great Yarmouth and Waveney CCG have submitted a similar transformation plan with Norfolk County Council that aligns with this plan, and we are seeking to increase integration across the borders over the transformation period as this makes sense for families. This is our year one statement of our initial key priorities which will evolve over time through co-production and partnership working.

Transforming mental health services is a complex business but our overall aim is to establish an integrated family-focused response to all children, young people and families presenting with emotional, behavioural or mental health need. This integration would be across Local Authority Children's and Adult Services, Education, Voluntary and Community Sectors and specialist Mental Health and Paediatric Services. We intend to deliver services that consider the family context and work with the whole family wherever practical. We have therefore sought to keep it simple with **five big ideas** and **ten priorities** for transformation.

Our big ideas are about creating a radical new service design that will make a big difference to all children and young people and their families in Suffolk. Children, young people and clinicians want real, early help. In particular we wish to address the estimated 20,000 (24% of our CYP population) who have a diagnosed and additional mental health need. We want young people to feel more resilient because of our guidance and a new 24/7 online instant messaging service - reducing the time to access specialist advice. We want all emotional and behavioural services to be accessed from a single point so that there is no more confusion and bouncing of referrals around the system. We want all our interventions to be evidence-based and more effective - re-designing services so they fit with the Suffolk delivery model and are unrelenting in their focus on better outcomes, moving away from traditional 'number counting' measures. We will not be successful until everyone sees emotional wellbeing as their business - including teachers promoting mindfulness, council staff trained in Cognitive Behavioural Therapy (CBT) and parents and peers who are better informed and supporting more vulnerable children and young people.

Our priorities have been identified by children, young people and their families showing us gaps in services, and by our extensive Joint Strategic Needs Assessment showing where outcomes can quickly improve. Through this transformation plan we will improve outcomes for Children in Care, young people with eating disorders, neurodevelopmental problems, new mothers and their babies through perinatal services, children subject to sexual exploitation, young people in the justice system, children and young people presenting in crisis and/or self-harm, parents of children with emotional wellbeing needs and young people in transition to adult services. We will work with service users, representative groups and providers to ensure we understand the needs of Lesbian, Gay, Bisexual and Transgender communities, ethnic minorities and other marginalised groups and ensure access to services.

We know that poor mental health is closely linked to drug and alcohol misuse, domestic violence, parental difficulties, additional needs, being in care and offending - impacting on Suffolk communities for generations. Our developments will consider and address

family needs and dynamics, working closely with Adult Mental Health Services when appropriate. This is our opportunity to turn the system around, capture the hearts and minds of everyone working across Suffolk children's services and really change the life experience and emotional wellbeing of children and young people for this and future generations. We are clearly working in a challenging financial climate and all partners will need to work closely together to deliver our Transformation Plan.

## 2. OUR FIVE BIG IDEAS

To achieve this system turnaround we have developed five big ideas, drawn from our engagement with children, schools, families and clinicians, from our needs assessments, undertaken by Suffolk Public Health and from what we have learnt from the work and opportunities detailed above. These five big ideas will be co-produced with service users, building on their knowledge and expertise. We will develop the skills and knowledge of young people to be better able to support and listen to each other and know when to seek more specialised interventions.

2.1 **Building simple referral routes and pathways with a family focus supported by a single point of access and assessment, whatever the type of presenting need.** This will make sure needs are assessed and responded to quickly by the most appropriate service and that there will be no more referrals bouncing round the system.

2.2 **Ensuring that people receive the right support at the right time and in the right place, regardless of how they present to services, using evidence based interventions and building on expertise and learning in line with the principles of the Thrive model<sup>1</sup>.** This encompasses the redesign of services as part of a whole system offering a pathway response to need from early intervention through to support for those with complex need, including those requiring inpatient specialist treatment. We will develop a whole system approach, including parents/carers and universal professionals in the delivery of support throughout the care pathway and using group based therapy and peer mentoring where it is shown to be effective. We will embed the Suffolk Signs of Safety<sup>2</sup> and Wellbeing approach, used by Suffolk County Council Children's Services to promote consistency of how we work with children, young people and families. We will offer support and interventions as early as possible by integrating early intervention for emotional wellbeing difficulties and emergent mental health problems within the CYPS multi-agency teams. We will prioritise perinatal infant mental health and crisis response.

The principles of CYP IAPT will be embedded across early support and intervention through to services for more complex and severe mental health need, including

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<sup>1</sup> Thrive Model: a needs-based model that enables care to be provided according to four distinct groupings (Coping, Getting Help, Getting More Help & Getting Risk Support) and is determined by a patient's needs and preferences for care. Emphasis is placed on prevention and the promotion of mental health and wellbeing. Patients are empowered to be actively involved in decisions about their care through shared decision making. THRIVE is complimentary to successful existing models e.g. CAPA and CYP IAPT. It provides a clearer distinction than before between: treatment and support, self-management and intervention, more systematic integration of shared decision making and routine collection of preference data.

<sup>2</sup> Signs of Safety and Wellbeing is a solutions-focused approach which works in partnership with families and young people to name concerns and ways these can be addressed in their everyday lives. The approach emphasises;

- the quality of working relationships with families and young people and between professionals
- open and honest communication which uses natural language used by the family
- solutions produced in collaboration with the family/young person and their network, identifying strengths that can provide safety over time
- risk-sensible practice with named consequences should behaviour changes not be made.
- Practitioners becoming the catalysts of change in families'/young people's lives, using their authority with skill and compassion

outcomes monitoring to an agreed framework across CYPS and specialist services. This would include the CYP IAPT Outcomes Tools and other locally identified measures as appropriate, which we will co-produce with children, young people, their families and carers to define our patient centred outcomes. Staff will be trained and receive clinical supervision across a range of evidence-based therapies provided in line with needs identified through local JSNA processes and service user and stakeholder feedback.

- 2.3 **Increasing early help for children and young people** by focusing the service on the whole population of children, using schools, Primary Mental Health Workers, council staff, parents and peers to significantly increase the volume and speed of support. We will measure how effective we are through robust outcome monitoring across the population in Suffolk, benchmarking against our peers across the region and nationally. We will explore how we can effectively support our vulnerable groups through collaborative work with the Voluntary and Community Sector and peer group initiatives.
- 2.4 **Emotional wellbeing will be everyone's business in Suffolk with a more confident and competent wider children's workforce responding to the impact of parental difficulties on the emotional wellbeing of their children.** Teachers, school staff and GPs will be supported through a named Primary Mental Health Worker and helped to offer direct support and promote resilience. We will build a market for quality assured counsellors, support schools and primary care to access this market through a quality assured process. We will support the promotion of emotional wellbeing and early response through use of digital technology, making information, online guidance and support available to our workforce across the statutory and voluntary sector, making emotional wellbeing everybody's business. This will be achieved through implementation, over time, of a comprehensive programme of multi-agency workforce development that is aligned to role and function and incorporates principles of Signs of Safety and CYP IAPT. This workforce development will be provided according to a system-wide didactic and experiential training programme that also facilitates career development and succession planning within the partner organisations.
- 2.5 **We will radically increase access for low to moderate need through the use of technology and digital based applications and similarly reduce the time interval for response so people do not have long waits for support.** Suffolk young people have told us they want 24/7 online support, so we will explore how we can make it easy for children, young people and those who care for them to get direct help 24/7, find out information about what good mental health is, what support is available to them and how to access that support at any time of the day or night. We are already rolling out the ChatHealth instant messaging service for our School Nurses (Monday to Friday, 9am-5pm) and expect this platform to deliver our online support. Alongside this we will ensure that professionals, such as GPs, can access specialist advice and consultation.

### 3. **OUR TEN PRIORITIES FOR CHILDREN'S MENTAL HEALTH**

- 3.1 Children, young people and their families and carers and our JSNA analysis have identified the following gaps in services. These are our ten priorities to be improved over the period of this Transformation Plan:

#### **1. Access**

Implementation of a Single Point of Access and Assessment for children, young people and families incorporating access to early response services supporting clear referral and treatment pathways from early intervention through to inpatient care.

## **2. Eating Disorders**

Building on our existing Children's Eating Disorder services, we will commission an Eating Disorders service for East and West Suffolk which meets the requirements of the new national commissioning guidance.

## **3. Children in Care / Vulnerable Children**

We have a dedicated service for Children in Care, the CONNECT service, which is a priority for review. This will be part of exploring how to put in place a psychologically informed therapeutic model for vulnerable children including young offenders, those at risk of sexual exploitation and children in need. This model would integrate the work of educational psychologists, clinical psychologists and utilise evidence based models for behavioural interventions.

## **4. Behavioural Pathway**

We currently have initial pathways for autism, ADHD, Learning Disabilities and Challenging Behaviour but they are not co-ordinated. We will review these pathways and test a new multi-agency family assessment model to inform future commissioning.

## **5. Perinatal Mental Health**

Review the guidance for perinatal mental health services due to be released in late 2015/16 and build on our pilot perinatal mental health services in Suffolk to provide an early response to identified need.

## **6. Crisis Care**

Support the priorities identified for Children and Young People within the Suffolk Crisis Care Concordat and associated [Action Plan](#). Develop an appropriate intensive outreach response to crisis in the community wherever safe and practical to do so. This will include increasing provision of health/social care based places of safety and support. Crisis encompasses children and young people presenting with acute mental health needs including psychosis, severe weight loss and significant self-harm.

## **7. Youth Justice Mental Health**

Respond to national developments within the youth justice arena, including the rollout of the pilot Youth Diversion Scheme to ensure the mental health needs of an arrested young person are addressed. Continue to support this multi-agency commissioned service.

## **8. Transition**

Where appropriate our services will go up to age 25 years to ensure that the needs of young people in transition to adulthood and other times in a child's development that put additional stress on their emotional wellbeing e.g. starting school, moving from primary to secondary school, child bereavement are supported in a planned integrated way.

## **9. Families & Carers supporting Children with Emotional Wellbeing Needs**

Ensure that we as commissioning organisations and providers consider the needs and influence of families and carers in the lives of our children and young people, in order to develop resilience both in themselves and the Adults who care for them. This is a cross cutting theme throughout every aspect of our transformation plan.

## **10. Workforce Development**

Developing our workforce across the whole system is an absolute priority as we will not be able to realise our transformation plan without a fundamental culture change for all those in Suffolk who work with children young people and families.

## 4. INTELLIGENCE TO UNDERPIN OUR FIVE BIG IDEAS & TEN PRIORITIES

We have identified our priorities for this transformation plan through our stakeholder engagement programme and the recommendations of our Suffolk Joint Strategic Needs Assessments and review of our current service provision and identified gaps.

### 4.1 Stakeholder Engagement & Co-Production

The Children's Emotional Wellbeing Group Stakeholder Engagement Plan is being led by the Suffolk County Council (SCC) Engagement Hub and CCG Communications Team to build on existing good practice and be fully inclusive of all the relevant stakeholders, including specific engagement with young people and parents/carers and with schools. As the work progresses there will be opportunities for feedback from a broad network of stakeholders. The Plan encompasses the four core values of co-production outlined in Co-Production - changing the relationship between people and practitioner (DH), which are:

- Recognising people as assets
- Valuing working differently
- Promoting reciprocity
- Building social networks

**APPENDIX 1:** [STAKEHOLDER ENGAGEMENT PLAN](#)

**APPENDIX 2:** [WHAT MAKES YOU HAPPY? - YOUNG PEOPLE'S HEALTH AMBASSADOR REPORT](#)

4.1.1 In addition to our ongoing programme of engagement, two stakeholder workshops have taken place which reviewed the current Strategy and priorities for our transformation plan and added further areas to consider based on local and national views/emerging policy.

#### 4.1.2. **Workshop 1: Suffolk Multi-agency Children's Emotional Wellbeing Stakeholder Workshop (July 2014)**

This workshop was facilitated by Dawn Rees, a national CAMHS expert. The purpose was to bring together the key stakeholders (including children, young people and families). 68 delegates attended from across the sectors and included presentations from a parent and a young service user on their experiences of mental health services.

#### 4.1.3 **Workshop 2: Norfolk & Suffolk Foundation Trust Provider workshop (July 2014)**

The workshop focused on operational issues in the delivery of CAMHS services by the main provider. This session has informed in-year and future priorities to be worked through between commissioners and providers.

### 4.2 Communication about our Plan & Progress

4.2.1 Transparent and clear communication for children, young people, families and providers, about the Transformation Plan and our progress on the development and delivery of our key priorities is vital to ensure that we keep our stakeholders fully briefed on our progress and to support our commitment to engagement and co-production. Prior to publishing our plan on partner's websites, we will seek

feedback from service users to make sure that this is in a clear and easy to read format.

### **APPENDIX 3: [COMMUNICATION PLAN](#)**

#### **4.3 Population Health Needs**

4.3.1 This Transformation Plan addresses the needs of the population of Ipswich and East Suffolk and West Suffolk localities. As part of Suffolk's Joint Strategic Needs Assessment Public Health is currently updating knowledge and intelligence on children and young people experiencing emotional or behavioural difficulties and mental health disorders in Suffolk. Interim findings have informed the development of the implementation plan and will inform the development of the Suffolk wide children's emotional wellbeing strategy.

4.3.2 The following summarises key data on the burden of mental health problems and disorders in Suffolk:

- In any year 1 in 5 children are estimated to have a mental health problem which equates to 25,000 5-19 year olds in Suffolk
- It is estimated that 9.6% or 9600 5 to 16 year olds have one or more mental health disorders at any one point in time in Suffolk
- The most common disorders are conduct disorder (i.e. behavioural problems). It is estimated this affects over 5,800 children or around 5.8% of the county's 5 to 16 year old population.
- Anxiety disorders, hyperkinetic disorders and autistic spectrum disorders also have prevalence in excess of 1% of the population, suggesting numbers of cases in excess of a thousand.
- Approximately 2% of all children have two or more mental health disorders, which equates to approximately 1900 children in Suffolk, with 700 experiencing a combination of conduct and emotional disorder and 700 children with a combination of conduct disorder and hyperkinetic disorder.

#### **4.3.3 Refresh of the Child & Adolescent Mental Health Needs Assessment 2013**

The refresh includes updated epidemiology, current service structures and data on the access to services for children and adolescents not meeting the threshold for Tier 3 and 4 services. It also examines any changes in boundaries between Tier 2 and 3 services. Data in both the CAMHS and children with emotional or behavioural difficulties needs assessment will identify the key characteristics of children experiencing mental health and emotional or behavioural difficulties in Suffolk e.g. disability, looked after child, family context, ethnicity etc. These findings will be used to inform service development and ensure interventions are targeted at the most vulnerable groups with the aim of improving outcomes and reducing health inequalities.

### **APPENDIX 4: [CHILD & ADOLESCENT MENTAL HEALTH NEEDS ASSESSMENT - DRAFT REFRESH 2015](#)**

#### **4.3.4 Needs Assessment on Children & Young People with Emotional or Behavioural Difficulties**

The needs assessment focuses on those children experiencing emotional or behavioural difficulties in Suffolk who do not meet the clinical criteria for CAMHS services. The needs assessment brings together data from universal and targeted services to quantify the level of need and examine current services.

#### **4.3.5 Evidence Reviews of Best Practice**

A number of evidence reviews have been undertaken to inform service development, topics include:

- Whole system models / approaches to addressing and preventing emotional, behavioural and mental health difficulties in children and young people
- Single Point of Access and Assessment for children and young people with emotional, behavioural and mental health difficulties
- Promoting and improving emotional health through building resilience in children and young people using whole school approaches
- Effective interventions for supporting and managing vulnerable groups of children with emotional and behavioural difficulties

**APPENDIX 5A:** [EVIDENCE REVIEW OF BEST PRACTICE – VULNERABLE CHILDREN](#)

**APPENDIX 5B:** [EVIDENCE REVIEW OF BEST PRACTICE – IMPROVING EMOTIONAL HEALTH BUILDING RESILIENCE](#)

**APPENDIX 5C:** [EVIDENCE REVIEW OF BEST PRACTICE – WHOLE SYSTEM MODEL AND SINGLE POINT OF ACCESS](#)

#### **4.3.6 Refresh of the Needs Assessment of CYP with Speech, Language and Communication difficulties**

Speech, language and communication difficulties are an important predictor of emotional, behavioural and mental health difficulties in children and young people. The refresh will examine current service provision in more detail.

#### **4.3.7 Review of all-age Autism service and Needs in Suffolk**

The need to improve services for children and young people with Autism is a priority for Clinical Commissioning Groups, Suffolk County Council (SCC) and parents locally. The service evaluation aims to identify gaps and areas of improvement in the service provision, as well as demand for the services.

**APPENDIX 6A:** [REVIEW OF ALL-AGE AUTISM SERVICE & NEEDS IN SUFFOLK – ASD ORGANISING SERVICES ALL AGE GROUPS](#)

**APPENDIX 6B:** [REVIEW OF ALL-AGE AUTISM SERVICE & NEEDS IN SUFFOLK – ASD REPORT FINAL](#)

**APPENDIX 6C:** [REVIEW OF ALL-AGE AUTISM SERVICE & NEEDS IN SUFFOLK – SUMMARY ASD REVIEW FINAL](#)

#### **4.3.8 Audit of referrals and outcomes for CYP aged under 18 covering Jan-April 2015 processed by the Access and Assessment Service of our main provider, Norfolk and Suffolk Foundation Trust**

The evaluation of referrals will allow us to understand the number and characteristics of children who may be experiencing emotional, behavioural and social difficulties in Suffolk. Furthermore it would allow us to examine the level of unmet need in the population as a large proportion (approx. 75%) of children referred to specialist services fall below the threshold for services and will inform our modelling of the planned Single Point of Access and Assessment.

#### **APPENDIX 7: [AAT CAMHS Referral Audit](#)**

#### **4.4 Self-Assessment Mapping Toolkit**

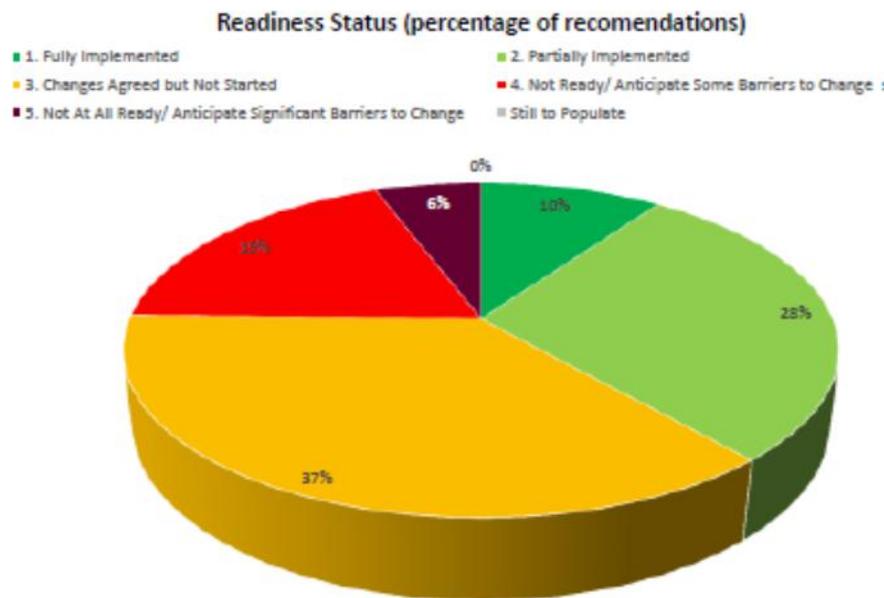
We have used the Self-Assessment Mapping Toolkit provided by the East of England Strategic Clinical Network with input from commissioners, providers, children and young people's services, Norfolk and Suffolk Foundation Trust the Voluntary Sector and young people to inform our transformation planning. The findings have highlighted the following key areas:

- A Single Point of Access and Assessment for the whole system in relation to accessing support and interventions for emotional, behavioural and mental health problems.
- Our crisis response services require development, particularly in supporting young people in the home environment through intensive outreach, availability of in-county provision for short term in-patient care and more effective pathways between Tier 4 and community based services. Our crisis response also needs to identify mental health needs in young offenders and ensure they are appropriately supported and not held in police cells or secure settings.
- Collaborative work with educational settings to enhance their ability and confidence to promote emotional wellbeing and be their first line of response when problems emerge.
- Whole system workforce development.
- Improving the availability of information that gives accurate emotional wellbeing and mental health promotion messages, guidance to available support and how to access, online support and therapy.
- Improving the co-ordination of services for children and young people vulnerable to difficulties with emotional wellbeing or mental health and improve access to these services.

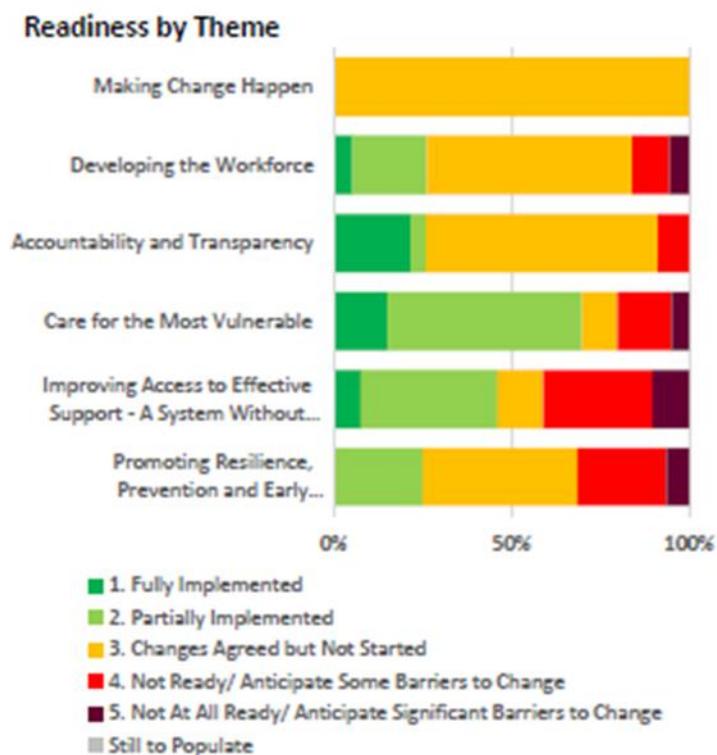
Overall feedback has told us that service users and practitioners do not know what services are available, what the right service for which need is, and how to access them. It is imperative therefore to collaborate with service providers and service users to design a system model with clear, simple pathways supported by a single point of access and assessment for early intervention services through to those for complex or crisis need. Once developed this needs to be communicated widely and repeatedly to ensure all become aware and conversant with the model and the access process. In preparation, we have undertaken a review of evidence and examples of best practice for whole system models / approaches to managing and preventing emotional, behavioural and mental health difficulties among children and young people, and models of single point of access and assessment. Appendix 8 sets out the state of readiness.

## APPENDIX 8: [SELF-ASSESSMENT MAPPING TOOLKIT](#)

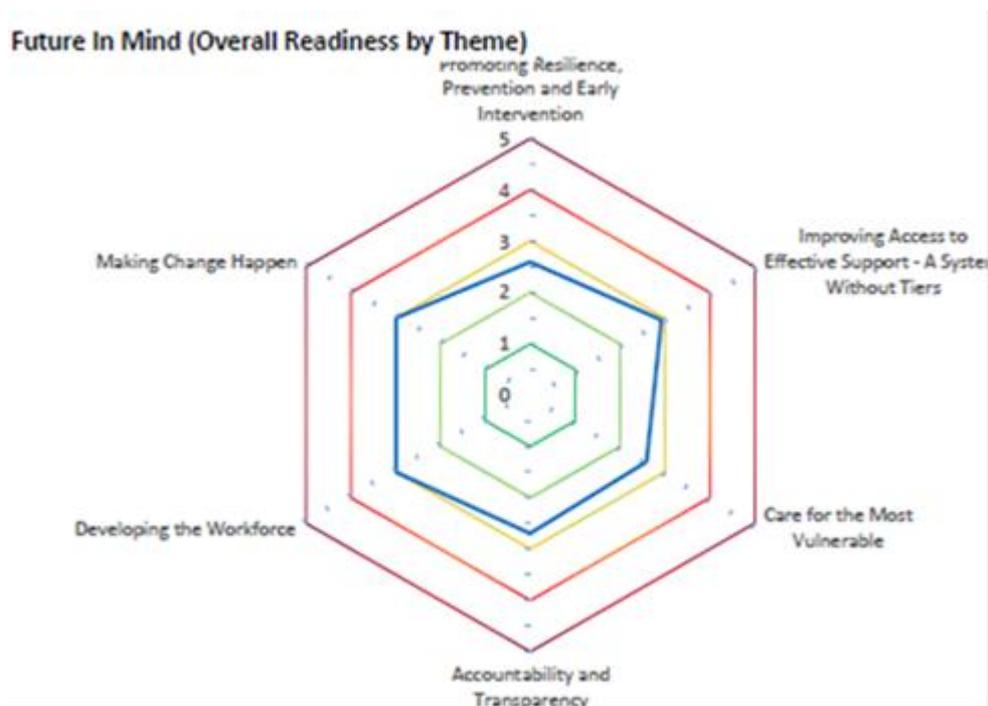
### 1: Self-Assessment Readiness Status against Future in Mind Priorities



### 2: Self-Assessment Readiness by Theme



### 3: Self-Assessment Readiness by Theme



#### 4.5 Finance

The Children's Emotional Wellbeing Group has worked to agree and organise a range of projects to maximise the potential of the new CAMHS monies (eating disorders, spring budget and non-recurrent liaison funding) to be made available, as set out below. For year 1, 2015/2016 this includes plans for financial slippage.

These CAMHS projects complement the existing national parity of esteem priorities and focus as set by NHS England and which have brought increased funding into mental health services by CCGs. Locally, Ipswich and East Suffolk CCG and West Suffolk CCG have developed a +13 years psychiatric liaison service in Ipswich and West Suffolk hospitals and created an age inclusive police street triage service in East and West Suffolk. We have also further invested in safer staffing levels and emergency access and assessment at Norfolk and Suffolk Foundation Trust. We were also successful in securing additional investment from NHS England in 14/15 for crisis response which has been used to work with Suffolk County Council to invest in the Belhaven project - designed to support young people in crisis including residential beds, in order to reduce the escalation of needs and need for tier 4 paediatric/acute bed provision.

The 2014/15 system spend on Children's Mental Health is shown on the next page.

#### 4.5.1 System Spend 2014-2015

<b>CCG CAMHS Spend 2014- 2015</b>	
<b>Ipswich and East Suffolk CCG</b>	<b>£3,860,137</b>
<b>West Suffolk CCG</b>	<b>£2,587,394</b>
<b>NHS England Spend 2014- 2015</b>	
<b>Ipswich and East Suffolk CCG</b>	<b>£4,955,690.62</b>
<b>West Suffolk CCG</b>	<b>£3,445,066.06</b>
<b>Local Authority Budget</b>	
	<b>£805,991</b>

**APPENDIX 9A:** [ANNEX 3: TRACKER TEMPLATE TO MONITOR & REVIEW PROGRESS - WEST SUFFOLK CCG](#)

**APPENDIX 9B:** [ANNEX 3: TRACKER TEMPLATE TO MONITOR & REVIEW PROGRESS – IPSWICH AND EAST SUFFOLK CCG](#)

## 4.6 Key Risks to Delivery

With reference to our risk plan we are conscious at the time of writing that we have not got a full picture of how our finance relates to our current activity and service delivery models. This plan gives the best picture we have to date and it is a priority for us to firm this up. Appendix 10 sets out previous supporting work on scoping our Suffolk emotional health and wellbeing pathway. We will continue to work with the Suffolk system to get the full profile of staffing, profile of referrals and access times. Appendix 11 sets out risks we have identified to be considered when working on our Transformation Plan. Appendix is the completed pro-forma as required by our strategic clinical network.

**APPENDIX 10:** [PATHWAY OF SERVICES MAP](#)

**APPENDIX 11:** [RISK LOG](#)

**APPENDIX 12:** [STRATEGIC CLINICAL NETWORK NEEDS ASSESSMENT DATA](#)

## 5. DELIVERING THE PLAN - THE STORY SO FAR AND BUILDING FOR THE FUTURE

- 5.1 Whilst we acknowledge we still have a way to go to fully achieve our big ideas and priorities we are not starting from scratch. Together the Children's Emotional Wellbeing Group has started our programme of transformation giving us the foundations on which to further build our programme. We have already achieved senior system leader sign up to prioritise Children's Emotional Health and Wellbeing. The Suffolk Health and Overview Scrutiny Committee considered CAMHS Services at its July 2015 meeting and received an update on the work under way. In addition this Transformation Plan has been signed off by the Suffolk Health and Wellbeing Board. The Health and Wellbeing Board will be receiving a full update on the completed plan in November 2015.
- 5.2 Our Leadership and governance structures are established with a history of collaborative working between Local Authority and CCG commissioners. Our work is led by the established Children's Emotional Wellbeing Group - core membership: Suffolk County Council, Ipswich and East Suffolk CCG, West Suffolk CCG, Great Yarmouth and Waveney CCG, Public Health Suffolk, Suffolk Constabulary, Suffolk Schools and Suffolk Youth Health Ambassador. We will establish a stakeholder reference group which will include parents, carers, young people and providers across statutory and voluntary provision in order to inform and sense check the implementation of our Transformation Plan.
- 5.3 Our leadership and governance structures ensure that our Transformation Plan and future strategy will align with and will be embedded in any future strategic developments such as:
- Health and Social Care Integration e.g. in two pilot areas, Sudbury in West Suffolk and East Ipswich in East Suffolk, health and social care and local communities are working together to develop integrated neighbourhood teams and networks to support local people in their communities. Children and young people's Services are part of the development of these multi-disciplinary teams. This way of working will be rolled out across Suffolk.
  - Ensuring correlation between related strategies such as the Suffolk Adult Mental Strategy, the Suffolk Mental Health Promotion Strategy, the Suffolk Learning Disability Strategy and future Children's Strategy
  - Possible future devolution plans

- 5.4 We have started the dialogue about co-working with Specialised Commissioning and provided service data to help scope the picture of mental health provision across the region. NHS England Specialised Commissioning colleagues attended the Suffolk Health and Overview Scrutiny Committee meeting focussing on Child and Adolescent Mental Health Services on 7 July 2015 and were invited to the 14 July 2015 local stakeholder workshop. We have participated in recent regional dialogue such as the event on 10 September 2015 and the section below specifically responds to the Midlands and East Specialised Commissioning CAMHS LTP Statement received on 12 October 2015.

Specialised Commissioning tell us that within East of England there are 12 CAMHS hospital sites (both NHS and independent sector) in 5 of its 7 counties including one in Suffolk. In line with the national picture the pressure for beds is steadily increasing so that on occasion young people are being admitted to beds outside the region particularly for PICU. In addition the region has two specialist units which attract placements from outside the region. The first is in Cambridge, which provides for under 12's in T4 CAMHS environment, and where the whole family are admitted as part of the young person's treatment programme which is unique across the whole country. The second is specialises in ADHD and ASD, and as a result of its specialism, is accessed by most other regions.

Our ambition in this Transformation Plan is to ensure that children and young people get the right support at the right time so that they are able to access the level of care they need whether it is in preventing escalating need or supporting step down from intensive support to less intensive interventions within their local community. Working with Suffolk County Council who has secured a Department for Education Innovation Grant, we are exploring how to prevent the need for out of county residential placement for young people in crisis through our Belhaven Project. Our priorities in this Transformation Plan address the priorities of Specialised Commissioning and we will seek to work jointly with them to develop opportunities which reduce the need for tier 4 services by our children and young people, in particular;

1. **Priority 1 - Access:** Implementation of a single point of access and assessment supporting clear referral and treatment pathways from early intervention through to inpatient care.
2. **Priority 2 - Eating Disorders:** Building on our existing Children's Eating Disorders services so that we have a county wide community based service which will intervene early, consider the context of the whole family and in-reach to paediatric services, with the aim of reducing the need for admission.
3. **Priority 4 - Mental Health:** We will review our pathways for ADHD, ASD, Learning Disabilities and Challenging Behaviour to test a new family assessment model. Our plan supports our current development of a new age inclusive community based model of care for people with Learning Disabilities with Norfolk and Suffolk Foundation Trust.
4. **Priority 6 - Crisis Care:** We already commission a 13 plus years psychiatric liaison service in our two Suffolk Acute Trusts and will continue to work towards the aspiration to provide a 24/7 age inclusive offer. A key theme within our Transformation Plan is to develop an outreach response to Crisis so that young people can remain within their home communities where possible avoiding secondary care admission.
5. **Priority 10 - Workforce Development:** We also plan to develop our workforce across the whole system including CYP-IAPT with the aim of becoming part of the IAPT collaborative in 2016/17.

## **APPENDIX 13: [SPECIALIST COMMISSIONING SERVICE ESTABLISHMENT TEMPLATE](#)**

- 5.5 Commissioners already have a record of commissioning collaboratively in Suffolk:
- The CCGs and SCC CYPS fund Primary Mental Health Workers who work across the interface of mental health, schools, primary care and the wider universal and targeted system. This is an area in which we increased investment in 2014/15 and we are committed to these being part of our remodelled age-inclusive Primary Mental Health (Wellbeing) Service currently out to procurement.
  - Residential short breaks and residential therapeutic assessment and interventions for children with complex need.
  - We will seek to explore with NHS England and Specialised Commissioning priorities for collaborative commissioning approaches to meet the priorities for children with complex needs e.g. improved eating disorder services, early intervention and crisis management to prevent escalation and Suffolk use of Tier 4 beds.
- 5.6 We have specific services for vulnerable children and young people e.g.
- The jointly commissioned Connect Service for Children in Care and Primary Mental Health Workers co-located with the Youth Offending Team as well as the multi-systemic Foster Care Service. These are commissioned under separate contracts and therefore fragmented. We want to develop an integrated commissioning framework for vulnerable children that will bring these together in line with our integrated model. We are aware that Suffolk will be accommodating refugees who are likely to have mental health needs and our planning will take account of future needs as this picture develops.
  - Learning Disabilities: in 2015/16 Suffolk is modernising its learning disability services developing an all age learning disability pathway with an emphasis on community based provision. This is a joint project between health and social care.
- 5.7 Families and Carers - supporting the parents and carers of children and young people with emotional and behavioural needs and supporting the mental health needs of young carers of parents and siblings. We have some initiatives in place and we will work to evaluate these and seek to embed these as part of our integrated model e.g. through the Primary Mental Health (Wellbeing) Service and our work with the voluntary sector.
- 5.8 The Suffolk Children's Emotional Wellbeing Group is represented on the Suffolk Youth Offending Board and members of the youth offending team have engaged in our workshops and development of this plan. The CEWG and development of the Transformation Plan will take into account national developments within the youth justice arena, including the rollout of the pilot Youth Diversion Scheme and it is a priority to ensure the mental health needs of an arrested young person are addressed.
- 5.9 CYP Increasing Access to Psychological Therapies (IAPT) - we have agreed that we will become part of the CYP IAPT Collaborative in 2016/17 and our main mental health provider Norfolk and Suffolk Foundation Trust has signed up to using 2015/16 to become ready for joining. Three senior managers will receive CYP IAPT training to lead this, one of whom is the lead psychologist working directly with children's services as part of their family focus approach. Our intention is to have CYP IAPT embedded across early intervention and specialist services and there will be a dedicated steering group overseeing this element of the plan. As such, we have children and young people's

services practitioners undertaking IPT-A and SFT training this year. We will be working collectively to develop system wide CYP IAPT and related outcome monitoring. We will also establish a baseline understanding of children and young people's emotional wellbeing through comprehensive annual school based surveys such as the School Health Education Tool which we have piloted.

- 5.10 It is universally recognised that referral into services is fragmented with the result that many children and young people 'bounce around' the system and services are expending energy in gatekeeping. To bring the system together into a unified and coordinated response we are seeking to establish a Single Point of Access and Assessment. This will be the front door to the integrated family focus pathway. Some building blocks are already in place. Referrals into our main provider, Norfolk and Suffolk Foundation Trust (NSFT) are through the Access and Assessment Team. In addition key providers are present in the Suffolk Multi Agency Safeguarding Hub (MASH). We have also reviewed and evaluated models from other systems and will consider this information together with the findings from the audit of referrals to the Access and Assessment Team and the audit of referrals and activity into the MASH. This will inform the shape of our future service.
- 5.11 Suffolk County Council children and young people's services are scoping the workforce development needs for the wider children's workforce to achieve the culture change we need, and will work with NSFT and commissioners to ensure the programme complies with CYP IAPT evidence based interventions. Over time the workforce development programme will include the needs of health and primary care. In years one and two we are looking to commission and deliver training in CBT, Systemic Family Therapy and IPT-A. We will be implementing recommendations arising from our recent evaluation of parenting programmes delivered in Suffolk and are currently in negotiation with Duncan Law to put in place training for practitioners to deliver the CYP IAPT parenting programmes
- 5.12 In Suffolk we have been developing a Resilience Hub model that will deliver timely access to consultation, advice and support and joint assessment between children and young people's services and mental health clinicians. This is with the aim of facilitating self-help and reducing escalating demand by enhancing resilience in our children, young people, families and workforce. Our Primary Mental Health Workers are commissioned to work with primary care, schools, and the youth offending team and are a core component of this approach. Over time we will be seeking to further integrate them with children and young people's services e.g. through co-location with the CYP early help teams as described in the age inclusive Suffolk Primary Mental Health (Wellbeing) Service currently out to tender. This resilience hub model is a key stepping stone for incorporation into our transformation model for an integrated family approach.
- 5.13 There are IT platforms which are monitored and updated for quality assurance already in place such as the Source for children and young people. Young people are involved in the on-going development of digital provision.

Our School Nurse workforce is about to implement the use of ChatHealth, a text service for children and young people, to correspond directly with them. We will look at the benefits of extending this across other workforce groups.

- 5.14 There is an established process and plan for young people, parents and carers and stakeholder engagement. The Suffolk Youth Health Ambassador is jointly funded by Health and Suffolk County Council Children and Young People's Services and has been focussing on consultation with children and young people on their perception of mental

health and experiences of services. Similarly we have appointed young commissioning apprentices and a graduate trainee who will help support the roll out of our transformation plan going forward. We will be ensuring we explicitly engage with children and young people and families from marginalised groups and groups vulnerable to mental health problems to ensure equity of provision is built into our service model.

- 5.15 Engagement with education is progressing rapidly through a number of routes, including:
- Working with a number of schools and higher education settings to consult with staff and pupils and this is informing our continued engagement with a wider range of educational provision e.g. consultation workshops
  - Strategic representation on the Children's Emotional Wellbeing Group and Children's Trust Board from schools
  - Cross representation on the schools Commissioning Boards
  - Joint working between schools and Child and Adolescent Mental Health Services for assessment of children and young people with special educational needs and named Primary Mental Health Worker for each school
  - We have undertaken a project to explore the feasibility of revitalising the Targeted Adolescent Mental Health Programme (TAMHS) in Suffolk. The learning from this is informing our workforce development and our digital technology developments. We are working directly with schools to take this forward.
- 5.16 We have an existing co-production history with commissioned providers and development of our priorities will be dependent on continuing our principles of co-production.
- 5.17 NHS England's Access and Waiting Time Standard for Children and Young People with an Eating Disorder clearly outlines and prescribes how to plan and implement a community based eating disorder service for children and young people. We intend to ensure compliance with this guidance as efficiently and effectively as possible. East and West Suffolk both have an eating disorder service for children and young people commissioned from Norfolk and Suffolk Foundation Trust, but these are two different models and the staffing levels are not compliant with national models. We have begun working with our provider to remodel these into a cross county model compliant with the recently published national commissioning guidance. We will work with partners to ensure:
- Compliance with NHS England's Access and Waiting Time Standard for Children and Young People with an Eating Disorder by reporting based on the minimum data set as outlined within the guidance
  - Provision of an enhanced, county-wide community based service, including home treatment and an out of hours response
  - A robust and well-staffed ED service
  - Peer support to children and young people and their families and carers, ensuring their voices, feedback and input are part of the service redesign
  - Continued training and support for staff, including up-skilling existing staff with an interest in Eating Disorders
- 5.18 Perinatal Infant Mental Health: Suffolk has developed and piloted the Maternal Mental Health Pathway as part of the Healthy Child Programme (NHSE sponsored Sustain project). This will be rolled out across Suffolk. We will look to see how we can use the learning from our perinatal mental health pilots – Psychiatric Liaison in West Suffolk

Foundation Trust and Intensive Maternal Support in Waveney to inform further development of our services against the guidance due in late 2015/16.

5.19 Suffolk has a robust voluntary and community sector infrastructure and we will be working directly with them to develop their capacity and ensure they are a core component of our integrated pathway model, through procurement, our stakeholder reference group and additional targeted funding.

5.20 We acknowledge that the Suffolk Crisis Response needs addressing and therefore is a key priority within our Transformation Plan to address the gaps and enhance community provision to avoid unnecessary admissions to inpatient care. As part of this work we will bring together our current initiatives including the following:

- Delivering the actions in the Suffolk Crisis Care Concordat to which we are all signatories.
- We were successful in gaining a Department for Education (DfE) innovation grant, for the Belhaven project which is exploring how to prevent the need for out of county residential placement for young people in crisis but not requiring clinical tier 4 interventions. This is a joint project between health and social care and it is anticipated it will also facilitate timely step down from Tier 4 and Acute Paediatric bed admissions.
- We have an age inclusive police street triage car service for people with suspected mental health needs and we are looking to develop the prioritisation of health based places of safety for children and young people.
- There are psychiatric liaison services in both West Suffolk Foundation Trust and Ipswich Hospitals for people aged 13 and above. We are mindful that the national direction is for an all age service by 2020 and we will incorporate this into the development of our crisis response.

5.21 We are using research reviews such as that undertaken by Peter Fonagy, and evidence based good practice such as the Thrive Model and CYP IAPT principles to determine the evidence base and effective interventions which we will incorporate within our service model showing who will deliver which intervention and in which setting along the care pathway.

5.22 We will look to any opportunities such as the re-procurement of our specialist community service currently provided by West Suffolk Foundation Trust in partnership with Ipswich Hospital and Norfolk Community Health 2017/18 to scope how we can deliver an integrated family based approach leading to the closer integration of physical and mental health service delivery.

## **6. DELIVERING THE PLAN – TIMEFRAME & MEASURING SUCCESS**

6.1 We attach our Initial Action Plan 2015-18 to set out our direction of travel to deliver our ambitions. Of necessity this will grow and develop over time. Our schedule of activity for this year (2015/16) is contained in the Action Plan.

### **APPENDIX 14: [ACTION PLAN](#)**

## **7. DELIVERING THE PLAN - GOVERNANCE & ACCOUNTABILITY**

7.1 The accountable body for the Transformation Plan is the Children's Emotional Wellbeing Group (CEWG), a multi-agency forum which co-ordinates the strategic commissioning

and performance management of mental health services for children and young people in Suffolk. Core membership: Suffolk County Council, Ipswich and East Suffolk CCG, West Suffolk CCG, Great Yarmouth and Waveney CCG, Public Health Suffolk, Suffolk Constabulary, Suffolk Schools and Suffolk's Youth Ambassador.

*It should be noted that for the purposes of this Transformation Plan submission, Great Yarmouth and Waveney CCG have opted to submit their plan with Norfolk. GY&WCCG continue to have a seat at our CEWG group and are party to all conversations.*

7.2 The transformation of children's mental health has cross party political support and is an identified strategic priority within the Health and Wellbeing Board Strategy in particular:

- Priority One: Every child in Suffolk has the best start in life
- Priority Two: Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing
- Priority Four: People in Suffolk have the opportunity to improve their mental health and wellbeing

7.3 Governance is through the Children's Emotional Wellbeing Group (CEWG) which is ultimately accountable to the CCG Governing Bodies via the CCG clinical workstreams and SCC cabinet via the SCC Children and Young People's Services Directorate Management Team, for funding and resource decision making. The CEWG also works to the Suffolk Children's Trust Board, to share proposals on strategy to ensure collaboration and alignment with other children and young people initiatives. In the event that system-wide issues may require strategic 'unblocking', these will be fed up to the Suffolk Children's Trust Board in the first instance. All commissioning proposals should link back up to the overarching Suffolk-wide strategy as set by the Health and Wellbeing Board.

