

Children and Young People’s Emotional Wellbeing and Mental Health Local Transformation Plan Refresh 2017/18

1. INTRODUCTION

- 1.1. The Bolton Children and Young People’s Emotional Wellbeing and Mental Health Local Transformation Plan (LTP) forms part of the overarching Bolton Health and Care Locality Plan which sets out the local vision and aims which directly support the development and delivery of the Greater Manchester (GM) Devolution programme.
- 1.2. Bolton’s LTP has now been in place for one year and is required to be refreshed in order to describe and reflect on local progress, confirming that funding has been spent in accordance with the original plan. The refresh provides a high-level overview of the future ambition of the locality to fully achieve whole system transformation in order to improve outcomes for children and young people with mental health problems.
- 1.3. A national review by Education Policy Institute’s Mental Health Commission of all LTP’s highlighted that our original plan required improvement in relation to Transparency, Involving Children and Young People (CYP) and Ambition. As such in providing the following update on our LTP, these areas have been addressed.
- 1.4. The LTP reflects the strategic vision of Bolton Clinical Commissioning Group (CCG), Bolton Council, Bolton NHS Foundation Trust (FT) and Greater Manchester West NHS Foundation Trust (GMW). The plan has been developed with Children and Young People (CYP) with lived experience of CAMHS, Voluntary, Community and Social Enterprise (VCSE) sector, Bolton Healthwatch and other key stakeholders across the Borough. Delivery of the outcomes is only possible with significant joint working between all these partners and at scale across GM.
- 1.5. As the Greater Manchester Health and Social Care Partnership has established it is clear that a considerable amount of Future in Mind transformation planning and commissioning is best done to scale across the GM footprint rather only at a single LA/CCG footprint.
- 1.6. Some aspects of service planning and delivery will only support improved outcomes when commissioned and delivered more at scale. The partnership has agreed that a GM transformation plan is developed by the end of March 2017. This plan will incorporate objectives outlined in local plans and in turn local plans will need to reflect where planning and implementation will be at a GM or local level.

2. NEEDS ASSESSMENT AND ACTIVITY ASSUMPTIONS

- 2.1 Within Bolton approximately 15,050 young people (aged 5 – 19 years old) may be eligible for CAMHS services at tiers 1 and 2 (services for more common (less severe) mental health needs). This is a very inclusive figure which covers children and young people accessing mental health support in mainstream services (e.g. school nurses) and may include children with emotional distress but below the threshold for a diagnosable disorder.

- 2.2 It is anticipated that at any one time around 80-90% of the total population of children and young people will fall into the needs-based grouping of thriving (based on Green et al (2005). In order to model the EHWP activity this assumption has been applied to the population of Bolton;

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
80% of the needs based group is thriving and would benefit from EHWP support only.	In development	56%	64%	72%	80%
Activity Projections		8,428	9,632	10,836	12,040

- 2.3 There are 4,400 Children and young people (aged 5 – 16) in Bolton who are eligible to be seen by a NHS funded community mental health provider. Bolton NHS Foundation Trust (Bolton FT) provides a community mental health service for patients aged 5 – 18 years. A further 1,990 16-19 year olds suffer from a common mental health problem. Within Bolton there are three community mental health providers Bolton FT CAMHS (5 – 18 year olds), IAPT (16 – 18 year olds) and Early Intervention in Psychosis 14 years old +.
- 2.4 In order to model current activity levels the tier 3 population base for 5 – 19 year old have been taken into consideration;

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service	28%	30%	32%	34%	35%
Additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000
Workforce: Therapists WTE	200	428	428	228	52
Workforce: Supervisors WTE	50	107	107	57	13

- 2.5 The data suggests that the children’s community MH teams have already achieved the targets for 2016/17 and 2017/18.
- 2.6 Additional work needs to be undertaken to further clarify and develop whole-system pathways. The work plan for 17/18 includes:
- Clarify data to ensure that CAMHS referrals are appropriate and that CYP access IAPT and Early Intervention in Psychosis (EIP) age appropriate services.
 - Develop whole system pathways for Anxiety, Depression and Self-Harm
 - Take forward the recommendations from the Thematic review of young suicides in Bolton

3. GOVERNANCE

- 3.1 The governance structure to oversee the implementation of the CAMHS transformation plan has recently been strengthened to include the wider children’s agenda. The LTP transformation will now be driven through a recently developed Emotional Health and Wellbeing Transformation Steering Group comprising of representatives from partners, stakeholders, provider, parents and young people from across the locality. This group will support the development and provide oversight with scrutiny to those schemes identified to deliver the CAMHS Transformation Plan. This group meets on a monthly basis and feeds directly to the Children and Maternity Strategy and Planning Group with reports submitted to the Mental Health Strategy and Planning Group.

- 3.2 The Children and Maternity Strategy and Planning Group also meet on a monthly basis with senior representation from the whole system including commissioning, NHS providers, Third Sector providers, Children's Social Care, Education and parents. and feeds directly into the System Sustainability Transformation Board.
- 3.3 The System and Sustainability Transformation Board drive the changes needed with our partner agency colleagues within the Health and Wellbeing Executive through to the Health and Wellbeing Board. This framework of oversight and scrutiny continues the theme of continuous improvement by leadership members from each organisation providing the transparency and governance at each stage through to Health and Wellbeing Board.
- 3.4 Appropriate Governance documentation including clear terms of reference, risk registers, action logs and reporting templates are in place to support the continued scrutiny of this work programme ensuring that the focus on outcomes for children and young people remains a key priority.
- 3.5 Bolton's refreshed LTP has been further strengthened by its continued commitment to the alignment governance and transparency processes detailed within the Greater Manchester (GM) Mental Health Strategy. This GM Strategy forms part of the GM shared Health and Social Care Partnership (HSCP) which is derived from the 12 GM CCG's and 10 GM Councils and is strengthened further by representatives from NHS England Specialised Commissioning and Public Health.
- 3.6 Bolton is committed to inclusion both at a local level with our Bolton partners but similarly within the shared values of the framework of the GM HSCP Health and Wellbeing Strategy who have incorporated a whole system approach to meeting the individual needs of each member of the GM community; with the mental health needs of children having key priorities.
- 3.7 We will collaborate with GM's other local transformation partnerships to further develop and implement a single performance and outcomes framework. The planned GM framework will draw from the best practice already developed by local transformation partnerships, and will be informed and shaped by the voices of children and young people. (Patient reported outcome measures).
- 3.8 The GM outcomes framework and overall work programme will also be informed by learning from the children and young persons' IAPT programme and through continued work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.

4. CHILDREN AND YOUNG PEOPLE INVOLVMENT AND ENGAGEMENT

- 4.1 Bolton continues to be committed to the involvement and engagement of children, young people and their families in the development and implementation of the transformation work plans that form our LTP and form the basis of our need for change, development and continuous improvement.
- 4.2 Recognising that further work was required in our approach to engagement with children and young people we have listened and been active in our commitment to further develop this area of the work programme. This has included, for example, commissioned engagement projects through our Voluntary Sector Providers to engage children and young people who experience mental health difficulties to actively "tell us", in through a variety of methods.

- 4.3 The CAMHS transformation plan was co-produced as a result of the Building Health Partnerships programme which ran during 14/15 – 15/16. Four events were held during this period and representation was sought from:
- Children and young people with lived experience of mental health services
 - Bolton VCSE
 - Local authority
 - CCG
 - NHS providers
- 4.4 The action plans from the Building Health Partnerships were presented to Bolton's Youth Council who prioritised the actions which were then transposed to the Bolton's LTP.
- 4.5 Children and young people continue to be central to our engagement process; ensuring we have a robust transformation plan; we have led on a number of projects including:
- Development of an Anti-stigma campaign
 - Development of a mobile app which supports action planning with CAMHS
 - Describing the vision of the new CAMHS pathways through a variety of forums
 - One young person has been filmed explaining his involvement with Building Health Partnerships and this film will be showcased on the Building Health Partnerships national roadshow during 16/17.
 - Children and young people have contributed to the development of an investment panel to review ideas and innovations from a range of voluntary sector organisations and supported agreement for funding of small investment opportunities aimed at improving outcomes for children, young people and their families across the borough
- 4.6 We have also and continue to sought evidence from our partner agencies about how Bolton children and young people view our services; Bolton Young Voices group based at Bolton CAMHS meet regularly and their opinions are shared with the CAMHS Steering Group through the CAMHS Participation Lead.
- 4.7 A comprehensive consultation of Bolton CAMHS took place during 2016 by our partner Healthwatch Bolton; who identified themes for improvement which have formed the basis of our refresh of the Local transformation Plan.
- 4.8 Further work is underway with the delivery of children and young people focussed engagement events which centre on the supporting the whole service redesign of CAMHS. These events are specifically aimed at ensuring the needs and voices of our children and young people are integral to the whole process.
- 4.9 Through the development of robust engagement processes, aligned reporting and joined up governance processes the outcomes of Bolton children and young people's remain a key strategic priority. The increasing level of quality monitoring processes and systems which both recognise and affect change such as ROM (routine outcome measurement) which is embedded within CAMHS quality monitoring and reporting, continues to reflect the vision of constant quality that Bolton continues to strive for.

5. BOLTON AMBITION

- 5.1 Bolton is committed to the needs of all children and young people and notably those who may experience mental health difficulties; we have considered our original Local

Transformation Plan and in light of the views of our children, young people and their supporters and we have recognised the further development required. There is a clear expectation that through the delivery of our LTP, we will achieve a significant expansion of provision and access to high quality mental health and wellbeing support for our children and young people and those who care for them. This means we must put them at the very heart of all that we do and remain focused on ensuring better outcomes, experiences and delivery of services that meet their needs.

- 5.2 As described above, we are working in a collaborative, integrated system that has and continues to require a comprehensive system wide approach. The key to delivery of the Bolton Vision to significantly improve outcomes with a far greater emphasis (including investment) in prevention and earlier intervention. This programme of system change will continue be delivered through a phased approach that addresses whole scale system changes and the development of a culture which encourages sustainability. We also acknowledge that this approach holds a number of challenges and as such we are aligning, driving and supporting changes at a Greater Manchester level.
- 5.3 We have worked with our colleagues in GM Crisis Care Partnership steering group and have been committed to making the necessary changes to how we support young people and children with mental health needs experiencing crisis. The developments in the RAID process are one area that Bolton has sought to be committed and offer leadership. Bolton was integral to the development of a new On Call Mental Health Liaison Service for children and young people (previously CAMHS on call); ensuring that safe crisis care is provided for Bolton children and those in Greater Manchester irrespective of what day, time of day or place that the child or young person presents in crisis.
- 5.4 Through Bolton's whole service audit and refresh along with its commitment to a Greater Manchester vision for children and young people with mental health need; Bolton is committed to ensuring that the services we commission seek to empower and strengthen the experiences of Bolton children. Ensuring that Bolton children have a positive experience of childhood and develop a strong sense of person, resilience and wellbeing.
- 5.5 Bolton has sought to eliminate the boundaries and challenges that the current mental health service tiered care service model has embedded, This current tiered care systems has at times systems restricted and limited the ability of a child or young person being seen by the most appropriate person or service; at the most appropriate time or suitable place.
- 5.6 Bolton has adopted the THRIVE Model of developing an emotional well-being and mental health service for children, young people and those who care for them that is supported by locality wrap around service.
- 5.7 The THRIVE framework was developed through research by the Anna Freud National Centre for Children and Families and Tavistock and Portman NHS Foundation Trust as the basis of their redesign approach to establishing a system to support CAMHS transformation; and is embedded in the NW North West (NW) Strategic Commissioning Network (SCN) which we are committed to.
- 5.8 The THRIVE Model will replace the tiered model of care and support with a comprehensive therapeutic model which aims to be reflective of need and reactive to a child or young persons need in Bolton as summarised below;
 - **THRIVING** – Global Emotional Health and Wellbeing (EHW) sessions within community venues. Developing specific tailored EHW packages for the most vulnerable within the community for example BME, Not in Education Employment and Training, youth

offenders and Looked After Children. To support this work it is anticipated that 15 – 20 % of specialist nurse/consultant support would be required.

- **GETTING ADVICE (COPING)** - Prevention services across 7 days accessible through a range of mediums and in a range of settings including the utilisation of the voluntary sector youth clubs. One off low level intervention and signposting to other services.
- **GETTING HELP** - Early Intervention and improved and timely access to support for a young person in distress. Aimed at reducing risk and enhancing early interventions. This evidence based approach will be underpinned by enhanced training and support for multi-agency teams who may be first responders or who are already engaged with the young person. Training will be via utilisation of MindEd within group sessions supported by CAMHS professionals, supervision will be accessed via CAMHS and adult mental health voluntary sector providers.
- **GETTING MORE HELP** – Access to specialist services for example Eating Disorder. Follow up and prevention of future crises through effective multi agency care planning, improved access to evidence informed interventions and increased delivery of help in community settings including a young person’s home.
- **GETTING RISK (INTENSIVE) SUPPORT** – A flexible crisis response with access to risk assessment, advice and support 24:7 from a confident and well trained multi agency workforce with access to appropriate hospital and community based places of safety and/or intensive home treatment teams who can support young people in crisis in their own homes.

6. THE BOLTON JOURNEY

- 6.1 Utilising the local transformation funding, Bolton has made progress and invested in expanding the capacity of CAMHS to ensure appropriate access for CYP in a timely manner. In addition, invest and service development have commenced within our community and voluntary sector provision as well as early help and intervention within other settings such as schools. A summary of the main work stream areas from 2016/17 is detailed below.
- 6.2 Our partnership, like all across GM, are promoting MindEd e-learning platform as a training resource for the whole workforce. MindEd is an educational resource for children, families and professional produce by the Royal College of Psychiatrists website: <https://www.minded.org.uk/> MindEd has been included in the approved training programme for Bolton local authority funded schools. This approved training programme will also be shared with independent schools within Bolton. A Greater Manchester schools/college engagement event took place in November 2016 with a view to establishing a network of school/college emotional wellbeing champions and we will work with GM's other 9 local partnerships to develop shared support networks.
- 6.3 Plans are to be developed to commence the systematic roll out of the MindEd tool to all children’s services in Bolton by utilising Local authority and voluntary sector links. A continuous rolling training programme will be developed to ensure that skills are kept up to date and that training needs are being met.
- 6.4 Within our Workforce Development Work Stream, assumptions have been made on the demand within Bolton. The resulting local workforce plans will be fed into Bolton's Strategic workforce group (LWAB) via the Children and Maternity Strategy and Planning Group. The workforce development programme is currently being developed which includes:
 - Development of a community voluntary sector workforce

- Promoting CAMHS and assisting in the recruitment and retention of staff
 - Promoting the CYP IAPT model and recruiting a wider community workforce
 - Development of an all age liaison psychiatry model
 - Feeding into the wider GM workforce development
 - Development of a GM IThrive hub.
- 6.5 During 16/17 5 trainees have commenced the enhanced evidence based practice course, 4 from CAMHS and 1 from Think Positive. Two staff members have completed supervision courses and one is currently applying for the service leadership course. The aim would be to send the new 3 x CAMHS nurse posts aligned to secondary schools on the evidence based practice course. CYP IAPT funds are being utilised to support supervision of the trainees, extend the IT for ROMS collection and look at VIG and FFT developments.
- 6.6 The 5–19 Children’s Health and Wellbeing Service has commenced and will continue to develop a programme of work promoting emotional wellbeing through the school-aged years working alongside Children and Young People to identify and support those with emotional and mental health difficulties with clear referral process to CAMHS where appropriate. The key areas of this developing work include;
- Processes, support and training to identify any mental or emotional health issues and develop appropriate Brief Interventions and onward referral as required.
 - Development of training for Children and Young People focusing on improving emotional Wellbeing, resilience and survival of life events and access to appropriate emotional/mental health support.
 - Further enhance provision of emotional/mental health support in Educational Settings for those Children and Young People identified as requiring ‘getting help’ ‘getting more help’ under the Thrive model, but not requiring a referral to the CAMHS service.
- 6.7 CAMHS nurses have also been recruited to provide school support with mental health education and training and providing a link into the specialist CAMHS service. It is anticipated that these nurses will also support to staff who deal with the most vulnerable children for example Looked after Children, pupils referred to the pupil referral unit (PRU) and excluded children.
- 6.8 Whilst we have incorporated schools and colleges within our engagement for CAMHS re-design and re-development we recognise that active engagement within schools, colleges and early learning establishments is a process of continuous engagement, review reflection an change in order that we can support the emotional wellbeing needs and children and young people alongside children and young people who may have these needs alongside mental health needs.
- 6.9 Bolton CCG have and continue to be actively involved in the GM Crisis Care pathway development programme around access to 24:7 Mental Health provision and 7 Day Community Provision for Children and Young People (CYP).
- 6.10 To deliver this priority, a whole system approach is required that includes bringing together commissioning, simplifies the provider system, includes involvement from the independent and third sector and holds children and young people and those who care for them at the heart of change. This whole system change has already started and will continue into 2017/18.
- 6.11 We will continue to support the development of a GM Out-of-hours and Crisis Liaison Service (including extension of RAID to under 16’s) that will be accessible to all children and young people in crisis (not just those with a perceived mental health crisis.) We will work with

GM's local authorities and mental health services providers to develop a GM wide multi-agency offer that is informed by single GM standards and GM wide trusted processes and tools.

- 6.12 Working in collaboration with NHS Wigan CCG (lead commissioner) a business case has been developed to meet NICE guidelines and Access and Waiting Times Directive. The Business Case has been approved at Bolton CCG Executive and will be ratified at October board.
- 6.13 Bolton in collaboration with Wigan have agreed a single service model for the Wigan and Bolton Eating Disorder Service; of which the agreed jointly commissioned provider is 5 Boroughs Partnership Trust (5BP's).
- 6.14 The new joint service is expected to support an additional number of children and young people who experience eating disorders and this has been calculated to be an increase of 230 additional children and young person than the number of children and young people seen in the 2016/17 period.
- 6.15 In order to achieve this goal additional specialist staffing has been recruited for the Wigan and Bolton joint Eating Disorder Services. This equates to 8.1 WTE ED practitioners for the Wigan and Bolton Eating Disorder Service which may be broken down in to the following posts; 2 Consultant Psychiatrists for Children and Young people, 1 Paediatrician working 2 sessions per week, 1 Band 7 Lead Practitioner, 3 Band 6 Practitioners and 1 Band 6 Project Support Officer.

The Wigan and Bolton Eating Disorder Service is recruited to and has a go live date of 1st April 2017.

- 6.16 Bolton CYP ADHD pathway is provided within the core CAMHS offer. Bolton CCG have agreed with the provider that education and training around the ADHD pathway would fall into the overarching education and training programme to be offered to schools and other health professionals. Bolton CCG has commissioned the QB test which was implemented during 2015/16. We will continue to support the implementation of the agreed GM standards underpinning the delivery of ADHD services for children and young people and we will work with the service providers to ensure that the best practice developed at a local level is delivered at scale across GM.

7. BOLTON'S PRIORITIES

- 7.1 Bolton remains committed to continuous improvement for all our Bolton family; to achieve this we have to work together; Bolton has; and continues to be; committed to engagement, research and striving for excellence through a collaborative approach to joined up working with our Bolton children and young people, their community; peers, supporters; parents, carers, schools, primary care colleagues, specialists third sector agencies, and too many to mention.
- 7.2 To further demonstrate our commitment to Collaborative Commissioning across Greater Manchester (GM), there are a number of strategic groups, including GM Children's and Maternity Commissioning Consortium, the GM Future In Mind Group, the GM Mental Health Strategy - Children and Young People's Mental Health Group, Association of Directors of Children's Services (GM Children's Services Review) which all have within the function clearly identified key areas of work needed to promote the mental health and emotional well-being for children and young people within their transformation priorities.

- 7.3 A collaborative approach across the 10 Local Authority footprints has enabled the sharing and implementation of good /best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across GM.
- 7.4 Some of the collaborative projects are in place to look at delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.
- 7.5 We will continue to work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.
- 7.6 By the first quarter we will have in place a detailed action plan that outlines our priorities for the next phase of Bolton children and Young People Emotional Wellbeing and Mental Health Local Transformation Plan with timescales for delivery and agreed outcomes, with agreed to key performance indicators in order to offer measurement.
- 7.7 **Thrive;** In 2017, the Thrive model (I-Thrive) will start being applied to the whole GM children and young persons' system to help deliver improved access, reduced waiting times and help deliver clinical efficiencies (more people seen within the resource envelope). The development of a partnership with the Anna Freud Centre to develop a GM I-THRIVE Hub (hosted by the GM SCN) that will provide additional capacity to lead a whole system approach to transforming services for children and young people.
- 7.8 We have recognised the need for a transformation of our children and young people mental health service provision that is currently provided within the Tier2/3 framework of a CAMHS service. Whole service engagement with patient, children and young people, carers and parents, our stakeholders from primary care, acute paediatric services, social care, schools and residential services have been engaged with this challenge.
- 7.9 During 2017/18 Bolton will be undertaking an open procurement to secure a new provider to provide our Children and Adolescent mental Health Service (CAMHS). To support this development a comprehensive process of engagement and consultation will be undertaken with a wide range of service users, providers, agencies, and professionals across Bolton to support the development of the new service model to be procured.
- 7.10 The new service will be required to deliver a Thrive Model of Children and Young people's Mental Health and Emotional Wellbeing Service for Bolton. This new Conceptual Framework is based primarily on a model of liaison and consultation and will be used to organise the provision of services and to help children and young people with mental health problems, their families, carers and professionals access the most effective interventions based on the following core principles:
- Early identification and help
 - Easy flexible access to early intervention
 - Delivery care that is evidence based, clinically safe, well lead, effective, efficient and responsive
 - Positive experience for children and young people through well planned transition to adult services where appropriate

- Proactive care planning that involves the child, young person and their family
- Co-ordinated and responsive follow-up of children and young people in crisis
- Targeted support to those most vulnerable children, young people and their families
- Proactive support to families and carers of children and young people experiencing mental health issues
- Shared care planning and goals with other professionals and agencies supporting children and young people
- Service delivery that focuses on improved outcomes
- Clinical leadership of and joint working with other services including voluntary/third sector organisations who work with children and young people who are or are risk of experiencing mental health issues
- Provision delivered locally within Bolton and from a variety of settings within our communities

7.11 The service will be child and family focused, and to be delivered within the context of a whole systems approach to ensure early identification and integrated working across the health and social care economy. Most importantly children and young people must be at the centre of the intervention, and the culture of the service should be participatory and genuinely led by children and young people, and they should feel listened to.

7.12 The service model will also support the principle that the least intensive intervention that is appropriate is typically provided first, with the ability to step up and step down between provision in order to best meet the changing needs and in response to interventions for children and young people. The model must also ensure that intensive interventions are reserved for those children and young people at the highest level of need and who do not benefit from first-line interventions.

7.13 In order to strengthen the delivery of new models of care for children and young people with emotional wellbeing and mental health needs there has been active work within underpinning work streams which aim to support the development of the Thrive model.

7.14 **Crisis Care;** We are committed to continuous improvement and new ways of working. Bolton are a pilot site, due to commence June 2017, for the all age RAID model, which will be one of the only RAID services in the country that supports children and young people in need of mental health assessment. The development of RAID will ensure parity of access not only for children in comparison to adults, but also as detailed in FIM; provide parity in relation to seeing mental health needs as priority alongside those which physical health needs currently attain.

7.15 Across GM it is acknowledged there is a lack of community out of hours, 24:7 crisis care services for children and young people. As such the CCG should align and support the GM aim to stabilise 24:7 specialist CAMHS on call and that by January 2018 we will have developed and implemented a 24/7 crisis care support pathway for children and young people providing easy access to services that are responsive and provide appropriate help across all of GM.

7.16 The aim of this transformational change is to reduce duplication and make more efficient use of available resources to achieve better outcomes including a vision for integrated leadership, commissioning and delivery. There is a real opportunity to use the collective intelligence, experience and resources across GM to develop a crisis care pathway for children and young people that is innovative, accessible and effective supported by extended community provision across 7 days to provide wraparound crisis prevention help.

- 7.17 To deliver our aim GM-wide integrated mental health crisis prevention, assessment and support pathways for CYP which are available 7 days per week are being developed.
- 7.18 Work has commenced through the GM Children and Young Peoples Mental Health Board to review current provision from a range of perspectives; to scope best practice across the region and beyond; to consult widely with all stakeholders; and to connect with associated transformational processes e.g. GM Crisis Concordat, Mental health Liaison Strategy, Local Transformation Plans, Children's Services review, Youth Justice Review and NHSE CAMHS Tier 4 and Secure Procurement review.
- 7.19 The next stage is to co-produce and articulate a multi-agency and single system response that maps onto the Thrive model for CAMHS; developing an emotional well-being and mental health service for children, young people and those who care for them that is supported by locality wraparound services and provision that seeks to prevent a journey of escalation and/or increasing severity and complexity.
- 7.20 In the interim prior to the development of the Bolton Children and Young People Emotional Wellbeing and Mental Health Local Transformation Plan Action Plan we aim to focus on the key priorities below;
- Developing a GM outcome framework
 - Sharing of data collaboratively across GM
 - Service champions and carer engagement
 - GM IThrive hub
 - Out of hours and crisis liaison services
 - Improved access to advice and support
 - Age and Developmentally Appropriate mental health services for young people
 - Community Eating Disorders
 - ADHD
 - Perinatal Mental Health Care
 - In Patient (T4) offer for GM -Place Based Commissioning
 - Vulnerable Groups; LAC, children on the "edge of care"
 - Supporting Schools & colleges
 - Workforce development
- 7.21 As part of the finance plan outlined in Section 8 there is a need for the CCG/SCB to invest and support the GM Crisis Care approach in order to improve health outcomes for young people across our locality and GM, which seeks to reduce the requirement for acute and long term care.
- 7.22 The GM offer will be underpinned by current best practice providing a range of options for young people in crisis, meeting their immediate needs effectively. It will reduce the use of A&E as a first response to crises and reduce the use of paediatric wards while awaiting assessment.
- 7.23 **Eating Disorders:** A comprehensive community based Eating Disorder Service which manages and coordinates care for children and young people with eating disorders across Wigan and Bolton Boroughs will be launched on 1st April 2017. The service will work across the community and will reach in to hospital to support service users who have acute

paediatric medical needs. The service delivers the requirements of *The Access and Waiting Time Standard for Children and Young People with an Eating Disorder* (NHS England).

7.24 The Key objectives of the new service are:

- To provide advice, guidance, signposting and training support to GPs, social services and schools/ colleges with a view to raising awareness to support early case identification in the community.
- To reach out to young people both through technology and awareness raising events.
- To respond and treat patients within the specified access and waiting times.
- To deliver outpatient clinics / home visits within each CCG area.
- To provide access at evenings/ weekends
- To use NICE-concordant evidence-based family interventions that directly addresses the eating disorder.
- To assist the Commissioner and working in partnership with the Acute Trusts to establish direct acute paediatric / adult inpatient admission routes to the hospital sites for acutely ill patients.
- To have a system in place to enable community based staff to visit and support service users and NHS staff in the acute hospital setting (NB. This service is not seeking to commission Tier 4 Mental Health beds)
- To actively support patient transition to other eating disorder services whether this is for the reasons of geography or age.

7.25 Following the successful launch and implementation of the CEDS, 2017 will involve a series of work streams to support the roll out of the new service through continued development and a phased incremental expansion. Key developments will include;

- Offer bespoke training to those who work with or care for young people. This will be done in partnership with national eating disorder charity B-eat.
- Establish eating disorders champions across wider services to enable staff to better work together to support the different needs of young people.
- Launch the new hubs for the Bolton hub
- Further develop close working arrangements with a range of support services from the third sector in each borough and further afield
- Specialist training for schools and the voluntary sector is also planned for 17/18 with the roll out of eating disorder training provided by national charity BEAT and suicide prevention awareness by PAPYRUS.

7.26 **Perinatal Mental Health Care:** it is clear that parental mental health prenatally, postnatally and throughout childhood also has a significant impact on a child's outcomes, wellbeing and mental health. An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.

7.27 Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

7.28 The argument for intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Pathways need to be joined up from Perinatal through and into early years (0-5 yrs). This is a priority area that we recognise in Bolton requires some urgent attention.

- 7.29 Through 2017 we are committed to work with clinicians locally as well as the Strategic Clinical Network and other GM localities to develop and embed a specialist community offer for perinatal mental health. Work with local Maternity, Health Visiting, GP's and the Bolton Start Well service to embed the GM Early Years Delivery Model pathways to support parenting and attachment.
- 7.30 **Housing;** The effect of poor housing options, experiences and choices cannot be underestimated in the life opportunities, sense of wellbeing and potential for our children and young people to live longer, healthier lives; and as such Bolton is committed to greater collaboration with our colleagues in Bolton Housing options services.
- 7.31 Whilst striving for suitable housing provision for all our Bolton family we are especially focussed upon improving the outcomes for our most vulnerable groups such as our children and young people who live in overcrowded, unsuitable housing; children and their families on "the edge of care" and those LAC; young people striving for independence, be this after a period of supported specialised accommodation and/or after care from being a LAC or moving on from a home setting.
- 7.32 Through our work with Public Health and Housing and third sector providers we have several initiatives in place which look to support children and young people in their own homes or in need of housing aid to achieve this. We plan to;
- Foster stronger liaison and links with our Housing Options team by inviting them to have regular participation in our Bolton's Children and Young Person Integrated Resource Panel; this panel is a collaboration between both Health and Social Care colleagues including Bolton CCG and SEND departments to consider how we can work together to improve the lives and outcomes of individual children and young people. It has become evident that at times swift Housing support and support to move can make a profound impact on the emotional health and mental health of the children and their families.
 - Appraise the existing experiences of young person with mental health needs housing choices and their sense of emotional wellbeing and stability since moving.
 - Our LAC Nurse specialist is conducting a whole service review of the choice, needs and outcomes for our Bolton LAC and this may also influence and identify and direct our future needs for this area.
 - Similarly, the LAC service review involves engagement and participation events with children and young people who are currently or have previously been a Looked After Children.

8. BOLTON FINANCIAL COMMITMENT TO IMPROVEMENT

- 8.1 Bolton is committed to ensuring that the necessary funding is in place to support the far-reaching vision for our Bolton children and young people. Through the activity within universal, targeted and specialist services; we are committed to develop services and resources that enhance the life opportunities, health and wellbeing for our Bolton Community and aim to enhance these life chances by supporting quality provisions in the "Getting Help" and "Getting more help" framework.
- 8.2 Bolton Local Transformation Plan-CAMHS-Financial Projection

Bolton CCG LTP Funding	2017/18 (£)	2018/19 (£)	2019/20 (£)
NHS Bolton CCG LTP Income			
Community Eating Disorders (CED)	170,000	170,000	170,000
Local Transformation Funding	793,000	962,000	1,075,000
Total LTP Income	963,000	1,132,000	1,245,000
Potential Expenditure			
Core Programme:	Estimated Cost		
Community Eating Disorders –Wigan and Bolton Eating Disorder Service	171,175		
ITHRIVE	100,000		
Vulnerable groups (Domestic abuse, young carers)	29,000		
Co-design	2,500		
Looked After Children (LAC)	50,000		
CAMHS link to Schools	98,662		
Workforce development	75,035		
Universal education and training	103,000		
Improved Access and Waiting Times	40,350		
ADHD pathway	30,000		
Transformation Support	23,911		
Crisis intervention; on call rota	104,000		
Crisis intervention; all age RAID service	52,000		
Perinatal & Parent Infant Mental Health	83,367		
Total Expenditure	963,000		
Balance	0		

9. BOLTON RISK

- 9.1 Whilst being both an exciting time in Bolton; notably for children and young people with emotional wellbeing and mental health needs, this is also be a challenging time; posing challenge and scrutiny to the way we practice, with new ways of working, new partners and new drivers for change with comprehensive and transparent monitoring and governance processes for all that we do and plan.
- 9.2 Bolton recognises there are risks when striving for high standards of provision;
- Ongoing capacity to enable transformation and service restructure; Bolton has encountered difficulties in the recruitment and retention of staff. Recruitment of highly skilled, experienced practitioners who are able to meet the needs of Bolton children and young people to an optimum level is vital to meet our ambitions

- Bolton is undertaking a whole service review of CAMHS and as such we may have a period of transition until the new provider of CAMHS is able to meet Bolton's exacting standards
- New services and greater collaboration between health, social care and voluntary sector communities with shared visions, goals and budget allocations can cause anxiety and fear of handover/handoffs
- Lack of clarity and sharing of new pathways and processes leading to confusion and the potential for risk this may cause

10. CONCLUSION

- 10.1 We recognise in Bolton that there has been disparity for children and young people in their experience of support with their mental health needs. Through engagement, research and feedback from areas such as Healthwatch, service user feedback at point of delivery, friends and family questionnaires etc., we are aware that for some children and young people when they get to see the right children and young person service they value and respond well to the service; however we have had too many children and young people who have had difficulty get the help they need.
- 10.2 A substantial amount of work has been undertaken within the implementation of Bolton's LTP which has built strong foundations for the next phase of work and transformation. This has been maintained through recognising that mental health is everybody's business, the emotional health and mental health needs of children and young people must remain a core priority.
- 10.3 To continue to build on the success to date we recognise that more work is required in addition to an increase in funding to achieve and maintain a whole system approach that includes participation and prioritisation from all of our partners and key stakeholders.
- 10.4 We are keen to establish a sound, robust place based cohort of services and resources to bring about a whole system approach to meeting the emotional and mental health needs of children and young people. This is and will continue to be delivered through a range of interventions including MinED, CYP IAPT, schools, and third sector agencies in order to provide a whole service needs based wrap around provision that is inclusive and reflective of our unique Bolton strengths and community.
- 10.5 To make Bolton's vision for children and young people work we are keen to continue working with our partners in NHS England, researchers and experts Royal College of Psychiatrists and Anna Freud & Tavistock centres alongside our local partners including GM Health and Social Care Partnership.

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