

Worcestershire's Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health

November 2018

Worcestershire Health and Care **NHS**
NHS Trust

Worcestershire **NHS**
Acute Hospitals NHS Trust

NHS
Redditch and Bromsgrove
Clinical Commissioning Group

NHS
Wyre Forest
Clinical Commissioning Group

NHS
South Worcestershire
Clinical Commissioning Group

Worcestershire's voluntary
and community sector

NHS
England

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county council

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1.Introduction

The Government established a Children and Young People's Mental Health and Wellbeing Taskforce in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

In 2015 the Department of Health and NHS England published the report 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' which responded to the findings of the Taskforce, calling for urgent change across the system for children and young people's emotional wellbeing and mental health provision.

One of the proposals of the Future in mind report was the development and agreement of Local Transformation Plans for Children and Young People's Mental Health and Wellbeing which reflect the national ambitions and clearly articulate the local offer. The plans were to be drawn up by Clinical Commissioning Groups, working closely with Health and Wellbeing Board partners and be supported by additional investment from NHS England.

Worcestershire's Transformation Plan for Children and Young People's Emotional Wellbeing and Mental Health Services covers the Clinical Commissioning Groups (CCGs) of South Worcestershire, Wyre Forest and Redditch & Bromsgrove. It was first published in 2015. It was developed in partnership with children and young people, their parents and carers, service providers and stakeholders from across the county. The plan was informed by the 2015 CAMHS needs assessment, which recommended improvements to the commissioning of children's emotional wellbeing and mental health services, in order to reduce waiting times, seal gaps between services and increase capacity for prevention and earlier intervention across the system, in particular to provide more support for children and young people in schools and other universal settings. The needs assessment also recognised that schools and colleges, as commissioners, needed to be engaged in improving emotional wellbeing as equal partners within the whole system and needed more advice, support and training to do this.

The Transformation Plan has been refreshed and updated each year in order to report on its implementation and impact and to provide assurance that our aims are being delivered through appropriate investment, service redesign and system change. This is the 2018 refresh of the Worcestershire Plan.

2. Key priorities 2015-2020

These priorities have been developed in consultation with key stakeholders. Commissioners have consulted with the Chair of the Health and Wellbeing Board, Children and Young People's Strategic Partnership Group, Safeguarding Children's Board whose membership includes the Director of Children's Services, Integrated Commissioning Executive Officers Group, Children and Families Integrated Commissioning Group and the Transforming Care Children and Young People's lead on these key priorities. In addition to this, commissioners have developed the priorities in partnership with the Emotional Wellbeing and Mental Health Partnership Board which acts as our local participation group for children and young people, parents and carers.

	Priority	What we have achieved to date	Where we want to be by 2020	How we will measure success
1.	Increase the number of children and young people receiving help for emotional wellbeing and mental health needs	Commissioned new services creating additional capacity:- <ul style="list-style-type: none"> • Reach 4 wellbeing • Kooth • Consultation, Advice, Support and Training (CAST) • Community Eating Disorder Services (CEDS) for CYP 	Achieve national indicator of at least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service	Achieving each annual target in NHS Five Year Forward view for mental health
2.	Reduce waiting times for mental health and emotional wellbeing services	Commissioned new services creating additional capacity:- <ul style="list-style-type: none"> • Reach 4 wellbeing • Kooth • CAST • CEDS for CYP 	Waiting times for CAMHS, referral to first appointment no more than 8 weeks, referral to treatment no more than 18 weeks Waiting times for Community Eating Disorder Service in line with National Access and Waiting Times standard	Performance management through regular KPI reporting (KPIs and trajectories are shown in body of plan)

3.	Monitoring impact and effectiveness of services	<p>Built in requirement to measure outcomes in service specifications</p> <p>Reach 4 wellbeing using routine outcome measures and reporting as part of dashboard</p>	All commissioned services to monitor impact through Routine Outcome Measures	National KPI reporting of routine outcome measures in shadow form 2018/19 for introduction in 2019/20
4.	Enable schools and colleges to meet their responsibility to support emotional wellbeing and mental health in children and young people	<p>Schools toolkit launched and promoted widely, evaluated and updated regularly</p> <p>CAMHS Consultation, Advice, Support and Training (CAST) service established to work with schools and other professionals</p> <p>Kooth undertaking regular engagement with schools to promote online offer</p> <p>Collaborated with education support provider to develop Emotional Health and Wellbeing Pathway for schools</p>	<p>Schools consistently recognising their responsibility to support children's emotional wellbeing and mental health as part of their graduated response to SEND</p> <p>All schools to be aware of how to contact CAMHS CAST and know who their link worker is</p> <p>Express interest in being a Trailblazer for CYP MH Green Paper if further opportunities arise</p>	<p>CAST activity data:- Increase in number of schools accessing CAST from baseline year of 17/18</p> <p>Appropriateness of referrals to services</p>
5.	Improve emotional wellbeing and mental health knowledge and skills of the children's workforce	<p>Commissioned Youth Mental Health First Aid and Self Harm training</p> <p>Produced emotional wellbeing pathway for professionals and distributed widely including to GPs</p> <p>Secured funding for YOS to receive training on mental health and emotional wellbeing</p> <p>Commissioned Incredible Years training to be delivered to 25 parenting practitioners</p>	Children's workforce to have the knowledge and skills to support children and young people with their emotional wellbeing and mental health	<p>Number of professionals undertaking training to be monitored each year</p> <p>Knowledge uplift following training</p> <p>Appropriateness of referral to services</p>

6.	Preventing inappropriate hospital admissions and facilitating effective discharge from hospital including operation of urgent care pathway	<p>Transforming Care process embedded including Community Care Education & Treatment Review process, Dynamic Support Register Forum, relapse plan and 12 point discharge planning</p> <p>Investment in extended hours for Tier 3 plus and investment in a specialist eating disorder service for children and young people (CEDS)</p> <p>Well established multi agency urgent care pathway and interface group</p>	<p>Fewer Tier 4 admissions</p> <p>Reduced length of stay in Tier 4</p> <p>Benchmark against any forthcoming national urgent care pathway for children and young people's mental health</p>	<p>Monitoring Tier 4 admissions</p> <p>Activity of CAMHS + and CEDS intensive community support</p>
7.	Children and young people and other stakeholders are involved in the planning, design and review of services	<p>Established Emotional wellbeing and mental health partnership board with a wide range of stakeholders</p> <p>Worked in partnership with the Youth Cabinet to undertake the mental health survey in 2016</p> <p>Used appropriate information from other sources e.g. engagement work undertaken by Healthwatch Worcestershire</p>	<p>Children and young people and stakeholders continue to be involved in the planning, design and review of services</p>	<p>Number of projects children and young people and other stakeholders are engaged with</p>

3. Background Demographics and Needs

Overview of Worcestershire

Worcestershire is a county located towards the south of the West Midlands Region. Worcestershire consists of 6 districts, namely Bromsgrove, Malvern Hills, Redditch, Worcester City, Wychavon and Wyre Forest. Worcester is the administrative city, with the main towns being Kidderminster, Redditch, Bromsgrove, Stourport-on-Severn, Malvern, Evesham and Droitwich.

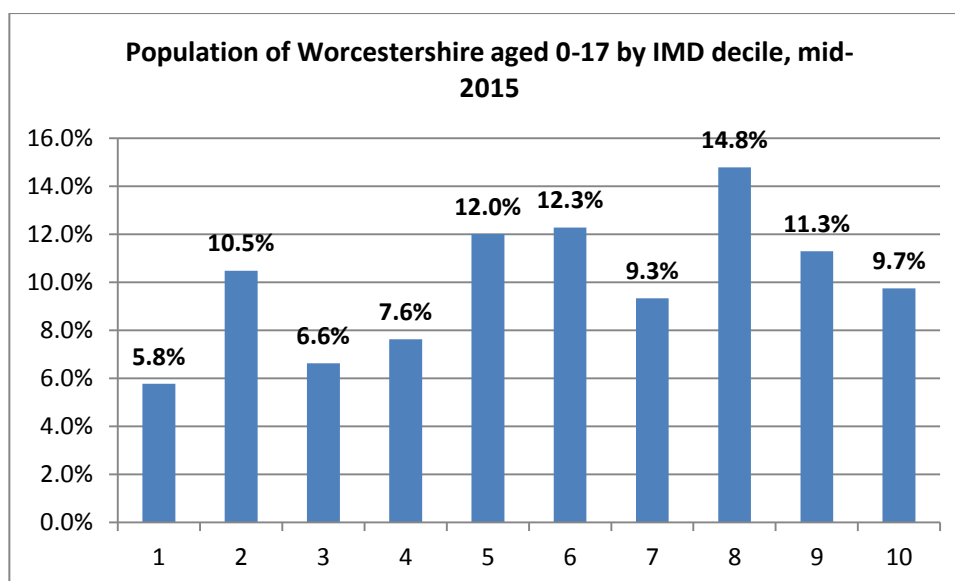
Worcestershire is largely a rural county, although around three quarters of the population is defined as living in an urban area.

Relatively, Worcestershire as a whole is not a deprived county, but pockets of deprivation are present in urban areas. Redditch is the most deprived district within the county, whilst Worcester City, Kidderminster in Wyre Forest and Malvern all have areas that are within the top 10% of deprived areas in England. Approximately 4.2% of the total population in the county live in the 10% most deprived areas in England. This proportion rises to 5.8% when considering the population of children.

It is estimated that 583,053 people live in Worcestershire, of which 116,938 (19.9%) are children and young people aged 0-17 years (ONS mid-2017 population estimates). Redditch has the highest level of children as a proportion of total population at 22.2% and Malvern Hills the lowest at 18.3%. Around 7.6% of the total population of Worcestershire is from a non-White British background, with the proportion of children from a non-White British background being greater at 10.4%.

Deprivation

The Index of Multiple Deprivation (IMD 2015) is commonly used in local areas to measure relative deprivation within a geographical area. The 10% most deprived in England are in decile 1. In Worcestershire, we can see that a greater proportion of the 0-17s population live in the less deprived areas (decile 7-10) than in the more deprived areas (deciles 1-4).



Source: Worcestershire County Council

Health inequalities

Addressing health inequalities is central to this Transformation Plan, with all partners providing accessible and effective interventions across the spectrum of needs ranging from advice and guidance to specialist intensive support for those most in need. Commissioned services will have due regard to the Equality Act.

Services and pathways are in place and described in this plan that are targeted towards children and young people particularly vulnerable to emotional wellbeing and mental health difficulties, such as looked after children, children with special educational needs and disabilities (including learning disability and/or autism) and those within the criminal justice system. Commissioners will take into account findings from the forthcoming Early Help needs assessment.

In March 2018, Ofsted and the Care Quality Commission undertook a local area inspection of services for children with special educational needs and disabilities (SEND) in Worcestershire which identified both strengths and weaknesses in the local system. As a result, a detailed action plan has been developed by Worcestershire County Council and Clinical Commissioning Groups, implementation of which is monitored by a SEND Improvement Board comprising a wide range of stakeholders including commissioners and providers of care and parent carer representatives.

The five workstreams of the action plan are:-

- The Local Offer
- Embedding the graduated response
- Assessment and planning
- Joint Commissioning and Leadership
- Workforce and engagement

Further information about the SEND inspection and action plan can be found here:

http://www.worcestershire.gov.uk/info/20546/local_offer_news_and_updates/1614/send_inspection_and_peer_review/1

Emotional wellbeing and mental health in Worcestershire's children and young people

Public Health England's most recent health profiles, comparing Worcestershire with both England and regional averages, are available here:

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000005/ati/102/are/E10000034>

The full profile is shown on the next page. Key points in this profile include the following:

- Worcestershire fares better than the England average for some indicators that could indicate vulnerability or mental health and emotional wellbeing need. For example 16-18 years not in employment, education or training (NEET) and children under 16 in poverty.
- Worcestershire is similar to or worse than the England average for some indicators that could indicate vulnerability or mental health and emotional wellbeing need. For example first time entrants to the youth justice system, family homelessness and children in care.
- The indicators in relation to hospital admissions for mental health related conditions show a positive picture. This could be influenced by a number of factors including prevalence of need but also of the positive impact of community services and the local urgent care pathway. Hospital admissions due to substance misuse (15-24 years), hospital admissions as a result of self-harm (10-24 years) and hospital admissions for mental health conditions are all lower in Worcestershire than the England and regional rates. Admission episodes for alcohol-specific conditions (under 18s) are similar to the England and regional rates.

Compared with benchmark: ● Better ● Similar ● Worse ○ Not Compared



Indicator	Period	Worcs		Region England				England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range		
Infant mortality	2014 - 16	—	89	4.9	6.0	3.9	7.9		1.6	
Child mortality rate (1-17 years)	2014 - 16	—	31	9.4	12.7	11.6	22.4		6.2	
Population vaccination coverage - MMR for one dose (2 years old)	2016/17	↑	5,632	94.5%	93.2%	91.6%	69.8%		97.5%	
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2016/17	↓	5,725	96.1%	96.0%	95.1%	74.7%		98.6%	
Children in care immunisations	2017	↓	145	29.9%	79.3%	84.6%	5.0%		100%	
Children achieving a good level of development at the end of reception	2016/17	↑	4,638	69.7%	68.6%	70.7%	60.9%		78.9%	
Average Attainment 8 score	2016/17	—	—	46.4	45.4	44.6	37.6		56.2	
Average attainment 8 score of children in care	2016/17	—	—	21.2	23.4	22.8	12.1		34.2	
16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method	2016	—	570	4.7%	7.3%	6.0%	44.8%		2.1%	
16-18 year olds not in education, employment or training	2015	↓	520	2.9%	4.3%	4.2%	7.9%		1.5%	
First time entrants to the youth justice system	2017	↓	179	352.3	344.5	292.5	687.0		104.4	
Children in poverty (under 16s)	2015	↓	13,570	13.7%	19.8%	16.8%	30.5%		6.1%	
Family homelessness	2016/17	→	467	1.9	2.7	1.9	8.4		0.1	
Children in care	2017	↑	765	66	75	62	184		20	
Children killed and seriously injured (KSI) on England's roads	2014 - 16	—	46	15	19	17	47		1	
Low birth weight of term babies	2016	→	148	2.72%	3.20%	2.79%	5.22%		1.28%	
Obese children (4-5 years)	2016/17	→	611	9.5%	10.7%	9.6%	13.5%		4.8%	
Obese children (10-11 years)	2016/17	↑	1,100	19.6%	22.4%	20.0%	29.2%		11.3%	
Children with one or more decayed, missing or filled teeth	2016/17	—	—	21.8%	25.7%	23.3%	47.1%		12.9%	
Hospital admissions for dental caries (0-4 years)	2014/15 - 16/17	—	—	*	94.5	234.7	25.3		1,144.8	
Under 18 conceptions	2016	↓	151	16.1	21.4	18.8	36.5		4.6	
Teenage mothers	2016/17	↓	46	0.8%	0.9%	0.8%	2.1%		0.0%	
Admission episodes for alcohol-specific conditions - Under 18s	2014/15 - 16/17	—	103	29.7	28.5	34.2	100.0		6.5	
Hospital admissions due to substance misuse (15-24 years)	2014/15 - 16/17	—	118	60.9	74.6	89.8	339.0		32.1	
Smoking status at time of delivery (current method)	2016/17	↓	626	12.0%	11.8%	10.7%	28.1%		2.3%	
Breastfeeding initiation	2016/17	↑	3,928	66.7%	68.9%	74.5%	37.9%		96.7%	
Breastfeeding prevalence at 6-8 weeks after birth - current method	2016/17	—	2,536	45.6%	*	44.4%*	19.3%		75.6%	
A&E attendances (0-4 years)	2016/17	↓	12,589	392.5	556.0	601.8	1,926.8		333.5	
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2016/17	→	871	90.0	106.7	101.5	190.5		43.3	
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2016/17	↓	662	104.7	120.0	129.2	254.8		64.0	
Hospital admissions for asthma (under 19 years)	2016/17	→	208	169.3	258.9	202.8	496.5		63.5	
Hospital admissions for mental health conditions	2016/17	↓	76	65.5	84.3	81.5	188.8		14.3	
Hospital admissions as a result of bath (10-24 years) New data	2016/17	—	350	364.6	413.9	407.1	1,156.8		98.2	

Key Headlines from the 2015 Children's Emotional Wellbeing and Mental Health Needs Assessment and subsequent surveys

The needs assessment undertaken in 2015 in Worcestershire found that:

- Demand on the emotional health and wellbeing pathway was forecast to increase, particularly in deprived communities.
- 30% of emergency referrals to CAMHS in 2014/15 were not known to specialist services.
- Office for National Statistics data estimate that 2,120 young people require Tier 3 CAMHS. 4,642 children may require a service from universal and targeted services.
- Numbers of referrals to CAMHS and the accepted referral rate had both fallen.
- Prevalence data for looked after children (LAC) suggested 306 children may require a specialist service for emotional wellbeing and mental health.
- Waiting times for CAMHS were a top concern for all stakeholder groups responding to the surveys, and in particular over 70% of parent/carer service users rated this as poor.
- The numbers admitted to CAMHS Tier 4 were lower (at around 33 per year) than would be expected based on prevalence data which suggested that 90 children at any one time require Tier 4.

An engagement exercise was carried out during February to July 2015 to inform the needs assessment. This comprised an electronic survey, focus groups and stakeholder events. The engagement exercise informed the development of the first version of the Transformation Plan, with headline findings including the following:

- Evidence of unmet need for lower level emotional wellbeing support and gaps in the pathway, a strong call for more earlier intervention, particularly in schools, and better joined up working.
- Over 85% of parents and carers felt that they had needed help to deal with an emotional or mental health issue in their children, and 70% said it was either difficult or very difficult to get help, with waiting times and high thresholds for CAMHS seen as major barriers.
- The improvement suggested as most important by parents and carers was staff training and support and mental health promotion in schools.
- Children and young people said their biggest problems were: family problems, bullying and school worries. They felt the biggest barriers to help were lack of availability of services and long waiting times.
- Professional stakeholders overwhelmingly called for better joined up working across the whole pathway. They also strongly called for better training to enable greater awareness, prevention and earlier intervention in mental health difficulties.
- Young people want to speak to somebody they know and trust. They would value face to face support, but on-line support would be welcomed as an additional choice.
- A wide range of professionals and parents should be skilled up to identify issues earlier.
- Use should be made of websites, apps and social media to promote advice and resources for families.

Since the needs assessment exercise described above, further surveys have been carried out, one by Healthwatch Worcestershire in 2015, one by the Worcestershire Youth Cabinet

in 2016 and another one by Healthwatch Worcestershire in 2017. These have helped to inform the ongoing plan.

Headline findings of the 2015 Healthwatch Worcestershire survey included the following:

- Many people who had accessed support from CAMHS found it beneficial, the majority felt that staff are kind and compassionate and they have been treated with respect.
- There was a need to reduce waiting times and ensure that all young people are receiving the support they need. Findings suggested that there was a delay in receiving a diagnosis and more specific support required for those with Autism or ASD.
- There was found to be a need for better partnership working between CAMHS and schools and other agencies.
- Feedback also suggested that CAMHS needed to ensure that those from Black Asian and Minority Ethnic communities can access support and that there is an effective transition from CAMHS to adult mental health services.

During 2016 commissioners worked closely with the Worcestershire Youth Cabinet, who had chosen to survey children and young people's perceptions of mental health needs and services in Worcestershire. The views of children and young people were gathered around what their understanding of mental health is, what they think about mental health services currently available, and what they believe is most important in a mental health service.

Headline findings included:

- Over 90% of the 230 respondents stated that they understood what mental health was.
- Over a third of respondents identified themselves as having mental health issues, with more respondents from a BME background and more females saying they had these issues.
- Almost 30% of respondents who accessed a mental health service said that they did not feel that their mental health improved as a result of seeing the service.
- Among respondents that had used online mental health services, half felt that their situation had improved since using the services.
- Two thirds of respondents who had not used mental health services indicated that they would not know how to access them.
- The aspect that respondents felt to be most important in a mental health service was understanding and empathy of those working within the service.
- Respondents rated more help in schools as being the most important thing to do to improve mental health services.
- Among respondents who thought that more support in schools was needed, suggestions included having more mental health specialists in individual schools, and having set time to teach young people more about mental health. The "stigma" around mental health in schools was talked about, with others feeling that teachers were not equipped to deal with students going through issues around emotional wellbeing, or not taking those issues seriously.

Headline findings of the 2017 Healthwatch Worcestershire survey on Health, Emotional Wellbeing Advice Information and Support included the following:

- Take bullying more seriously in school.
- Young people want more opportunities to discuss emotional wellbeing issues.
- There was a need for improved information and advice around emotional wellbeing and mental health issues.
- Children and young people would like reassurance and information about confidentiality and privacy when accessing support.
- Improve online resources and additional sources of advice and information.
- Increase awareness of school health services.

The outcome of needs assessment and the findings from surveys as described above have informed the development of the Transformation Plan and will continue to do so as the plan is refreshed in the future. Examples of this include the following:

- ❖ Progress has been made on reducing waiting times in CAMHS and clear trajectories agreed for further improvement.
- ❖ A focus on prevention and early intervention with investment being made in emotional wellbeing services.
- ❖ A schools and colleges emotional wellbeing toolkit has been launched, which gives comprehensive guidance for these settings on best practice.
- ❖ An emotional wellbeing pathway has been launched, giving practical strategies to classroom teachers to support learners' emotional wellbeing needs.
- ❖ Youth Mental Health First Aid training and self harm training has been commissioned to enable all schools and others to access free training.
- ❖ A CAMHS CAST (consultation, advice, support and training) service has been developed, to offer support to schools and other settings and workers following specific feedback from schools.
- ❖ An online offer has been commissioned and an app is being developed.

Healthwatch Worcestershire launched a further survey in October 2018 to look at experiences of young people, parents and carers of accessing Child and Adolescent Mental Health Services (CAMHS) and other support available for mental health and wellbeing. This survey will close in January 2019 and be reported on in March 2019. The results will be used to inform commissioning, service delivery and future refreshes of the transformation plan.

Five Year Forward View for Mental Health

The Five Year Forward View for Mental Health aims to increase the number of children and young people accessing treatment for mental health conditions. The table below shows the national access targets that each CCG is assessed against.

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%

Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000
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This target is central to the delivery of the transformation plan and forms one of our key priorities for how delivery will be different in 2020.

In terms of progress towards the access target, the number of children and young people accessing treatment in Worcestershire in 2017/18 was 3119 in total: 657 for Redditch & Bromsgrove, 1105 for South Worcestershire and 483 for Wyre Forest. These figures do not include those children and young people who had a single appointment with CAMHS and were then discharged with appropriate advice and signposting, nor those who were indirectly helped by the CAMHS CAST service offering consultation and support to other professionals working with children who have emotional wellbeing needs. The target for 2017/18 was not met in Worcestershire. We have reviewed activity and identified issues impacting on this including:

- Some new services contributing to this activity only became fully operational part way through the year, therefore we expect a full year impact in 2018/19
- Some services which meet the definition to contribute to this access target activity have not historically flowed to MHSDS and the Trust is taking action to change this. For example, ASD services in Worcestershire are mostly provided by the community paediatric service rather than, as in some areas, by CAMHS and have not previously flowed to MHSDS.

We have developed a recovery plan to meet the 2018/19 access target, which includes:

- ensuring data flow from appropriate services;
- additional £100,000 MHIS funding to increase resilience and capacity;
- CAMHS waiting times summit held and trajectories agreed which will involve a waiting list initiative during 2018;
- review delivery model of emotional wellbeing service to improve equity and ease of access.

4. The Emotional Wellbeing and Mental Health Pathway

Summary of pathway

As part of Worcestershire's Emotional Wellbeing and Mental Health Transformation Programme, an emotional wellbeing and mental health pathway for professionals has been developed. The aim of this pathway is to show the clear referral routes to emotional wellbeing and mental health services.

This pathway has been circulated to all professionals working with young people and is available on the following link:

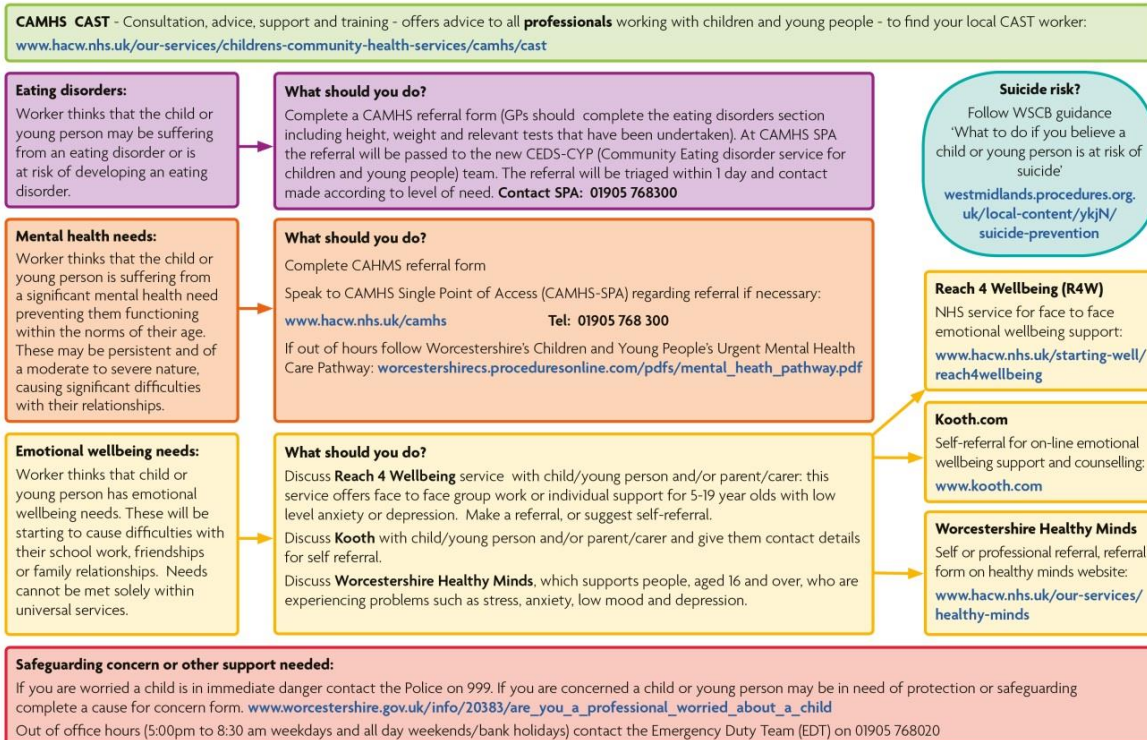
http://www.worcestershire.gov.uk/info/20366/professionals/1389/emotional_wellbeing_and_mental_health

The pathway provides a local operating procedure which promotes and encourages prompt referral to services. It is widely promoted across all professionals that work with children and young people, including youth workers, GPs, schools and colleges, health professionals, social care and family support workers and the voluntary sector. Alongside the pathway, CAMHS are running workshops to the wider workforce including primary care on how and when to refer to CAMHS. The CAMHS CAST (consultation, advice, support and training) team provides support and training to schools and other professionals and offers consultation about specific cases. Additionally, CAMHS SPA (single point of access) is publicised as a way of speaking to a CAMHS clinician for advice during office hours.

The pathway reflects the Worcestershire transformation road map, which has a vision of a comprehensive spectrum of support and evidence based care from universal level focusing on health promotion, prevention and early intervention, through targeted and specialist support, to urgent and emergency care including inpatient provision for the small number of children and young people who need this because they are in crisis.

Newly commissioned services have an emphasis on early intervention and prevention. Early evidence of impact of these shows that the numbers of referrals to CAMHS has not increased significantly.

Emotional Wellbeing, Mental Health and Eating Disorder Pathway for Professionals



January 2018

This pathway sits within the whole system multi-agency approach to meeting need for children and young people in Worcestershire which covers the spectrum of provision from health promotion and early intervention through to crisis support, and is articulated in the following ways:

Early Help in Worcestershire guidance, available here:

http://www.worcestershire.gov.uk/downloads/file/8060/early_help_in_worcestershire

This document sets out the key early help services in Worcestershire, with the aim to give professionals a clear overview of what early help is like in Worcestershire and explain how to refer to services or where to find out more information.

District specific guides are also available here:

http://www.worcestershire.gov.uk/downloads/download/1146/early_help_in_worcestershire

Worcestershire Safeguarding Children Board Level of Needs Guidance, available here:

http://www.worcestershire.gov.uk/downloads/file/7962/levels_of_need_guidance_formerly_threshold_guidance

This document is intended to assist professionals to make decisions about how to respond to the needs of the children, young people and families they are working with.

The Graduated Response within Worcestershire

This document is being developed during autumn 2018 as part of the Improvement Plan for services for children with special educational needs and/or disabilities. It is intended to be used as a tool for schools and settings and those partner agencies working with them. It is also intended to be an information source for parents, carers and young people to inform and guide in relation to the education of children and young people with SEND.

Other Services contributing to the whole system approach to good mental health

In addition to the newly commissioned or expanded services supported by transformation funding and described later in this section, many other services and agencies contribute to the overall emotional wellbeing and mental health pathway for children and young people, including those described below.

Worcestershire Health and Care NHS Trust which provides the CAMH, CEDS CYP and Reach 4 Wellbeing services is also commissioned by CCGs to provide other services including community paediatric and therapy services and adult mental health services, some of which also reach and support children and young people on an all age basis or open to under 18s.

Worcestershire County Council commissions further prevention and early intervention services for children and young people aged 0-19 years old. These services include:

- A 0 to 19 integrated public health nursing service, providing the universal and targeted requirements of the nationally mandated Healthy Child Programme and undertaking health assessments of looked after children.
- Parenting providers, offering a menu of parenting support/courses and building community capacity.
- Other prevention and early intervention services such as positive activities for young people and targeted family support.

Through the use of the core budgets, Dedicated Schools Grant and Pupil Premium funding, schools are currently commissioning a variety of services to support emotional wellbeing, for example pastoral staff teams, PSHE provision, school counsellors and peer mentors. In addition to this, schools invest in an Early Intervention Family Support Service.

The governance section of this plan explains how the commissioners of these services come together and work in partnership with one another, with the aim of delivering integrated pathways offering effective and efficient care and support. As stronger partnerships are forged between all stakeholders, the aim is to influence everyone to recognise that good mental health is everyone's business and to support emotional wellbeing, mental ill health prevention and access to appropriate evidence based support and treatment when required.

We will also continue to engage with a wide range of statutory and non-statutory partners including emergency response services, local councils and further and higher education providers in further developing health promotion, prevention and early intervention services. This will build on existing successes such as the Hereford and Worcester Fire and Rescue Service's positive role model and mentoring service and the awareness training based on Youth Mental Health First Aid principles which is provided for voluntary youth sector personnel.

Emotional wellbeing services

Kooth

The on-line Kooth service was commissioned as part of the transformation programme and has been operational in Worcestershire since November 2016. Kooth.com website is available 24 hours a day, 7 days a week to children and young people in Worcestershire aged 11-19. This may make it particularly effective for children and young people in vulnerable and hard to reach groups who may find it difficult to access traditional models of service. It is free, safe, confidential and provides a non-stigmatising way for young people to receive counselling, advice and support on-line. Young people are able to send a message to a counsellor at any time of the day or night and will receive a response during the next working session. Young people are also able to have chat counselling which is instant messaging either on a 'drop in' basis or at pre-arranged times. In terms of outcomes, Kooth measures each young person's progress towards goals and end of session feedback. Positive results are being reported and most users state that they would recommend Kooth to a friend. For further information see www.kooth.com

Activity data for Kooth 2017/2018

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	TOTAL 17/18
New registrations	619	291	440	520	1870
Total no. logins	4223	2184	3001	3082	12490
Total no. of young people logging in	670	371	529	602	1926
Unique young people using chat counselling	146	73	78	83	337
Unique young people using message counselling	363	186	293	302	1035

Reach 4 Wellbeing (R4W)

This service has been operational since May 2017 and is commissioned to provide face to face support for children and young people with mild to moderate emotional and mental health difficulties that have not responded to school or setting based prevention and emotional wellbeing support. Typically their difficulties will be starting to impact on their functioning in the home or school setting, but are not yet severe enough to require referral to specialist CAMHS. Further information: www.hacw.nhs.uk/starting-well/reach4wellbeing

The service offers therapeutic CBT-based group work, as well as one to one sessions for children and young people for whom group work is not appropriate. Outcomes, including goal-based outcomes, are recorded in line with CYP-IAPT principles.

The first group commenced in June 2017, Reach 4 Wellbeing have completed 27 groups from June 2017 to March 2018. 159 young people completed a group work program and 34 young people undertook a series of 1:1 support sessions during this period.

Activity data for Reach 4 Wellbeing 2017/2018 - Referrals received and accepted

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	TOTAL
Numbers of referrals received	128	95	168	245	636
Numbers of referrals accepted	79	65	116	167	427

CAMHS CAST service

The CAST (Consultation, Advice, Support and Training) team became operational during summer 2017. The team provides schools, colleges and other universal services with a named contact within CAMHS who can offer advice, support and training to those working with children and young people who are having difficulties with their emotional wellbeing or mental health. CAST can also give advice on referrals to CAMHS or other services. Further information:

<https://www.hacw.nhs.uk/our-services/childrens-community-health-services/camhs/cast/>

The team began working with schools in September 2017 and has engaged with 86 schools which is approximately a third of all schools in the County within the first 6 months of operation. The main reasons for referrals are anxiety and behaviour with other reasons being self harm and depression.

Number of referrals and numbers of schools referring to CAST Q3-Q4 2017/2018

	Quarter 3 (17/18)		Quarter 4 (17/18)		TOTAL Number of referrals
	Number of referrals	Number of schools	Number of referrals	Number of schools	
First schools	7	3	27	16	34
Middle Schools	7	4	7	4	14
Primary Schools	39	21	44	25	83
Senior Schools	9	6	32	14	41
Special	1	1	0	0	1
TOTAL number of schools		35		59	

Specialist Child and Adolescent Mental Health Services (CAMHS)

Worcestershire CAMHS is commissioned to provide a countywide provision for children and young people up to the age of 18 with moderate to severe mental health conditions, offering a range of evidenced based interventions,. The service also provides acute ward liaison and intensive community support services to reduce inpatient admissions and facilitate smooth discharge where such admissions occur. Referrals are accepted from any health, care or education professional through a Single Point of Access (CAMHS SPA).

CAMHS uses a 'stepped care' approach to provide a sequence of intervention and support options to meet need. Interventions used with children and young people include:

- Psycho-social interventions
- Psycho-therapeutic interventions
- Cognitive Behavioural Approaches
- Systemic Family Therapy and other systemic interventions
- Group interventions
- Dialectical Behaviour Therapy
- Psychotherapy
- Dyadic Developmental Psychotherapy
- Pharmacological interventions including the monitoring of individuals' responses to medication

Where appropriate, referrals may be made to other services (eg paediatricians) to support identified needs and referrals about safeguarding concerns made to children's social care.

The majority of CAMHS staff work in three locality based teams with the children and young people who are referred to the service for 'core' CAMHS assessment and treatment. There are a number of specialised teams and pathways, including those for: under 5s; children with moderate to profound learning disabilities and additional mental health needs; integrated CAMHS and children's social care Service for Looked After Children (ISL); CAMHS+ team, working intensively with children and young people with severe and urgent mental health needs. A mental health practitioner from CAMHS works within the Youth Offending Service. In addition, the new Children and Young People's Community Eating Disorders Service (CEDS-CYP) is now operational within CAMHS.

Worcestershire bid successfully for Children and Young People's IAPT (Improving Access to Psychological Therapies) funding in 2014 and CAMHS began implementing this service transformation programme in the autumn 2014. CYP-IAPT is a service transformation programme with four key priorities: accessibility, evidence based practice, children and young people's participation and routine outcomes measurement (ROMS). Progress in each area has been made, including staff accessing training for evidence based practice such as cognitive behavioural therapy (CBT) and other supervision and leadership training and the embedding of routine outcome measures (ROMS) in the service. Parenting practitioners have also completed the CYP-IAPT Incredible Years programme which they are now delivering to parents in South Worcestershire. Most recently, two CAMHS members of staff commenced the IAPT Leadership Training at Reading University in 2017.

Specialist CAMHS activity data

Number of referrals received and accepted

	14/15	15/16	16/17	17/18
All Referrals	2,548	2,440	2,445	2,502
Accepted Referrals	1,774	1,783	1,590	1576
<i>Accepted Referrals %</i>	<i>70%</i>	<i>73%</i>	<i>65%</i>	<i>63%</i>
Rejected Referrals	774	657	855	926
<i>Rejected Referrals %</i>	<i>30%</i>	<i>27%</i>	<i>35%</i>	<i>37%</i>

Although the numbers of referrals has remained steady over the last few years, the percentage accepted has been decreasing. Further analysis for 2017/18 shows the percentage of accepted referrals; in 2017/2018 1576 young people were accepted for a Choice appointment and 56.8% of these young people were accepted for Partnership (treatment). Therefore 36% of all referrals coming into CAMHS in 17/18 were given treatment through Partnership.

Waiting times for CAMHS

The average wait from referral to the first 'Choice' appointment (in weeks) for the last 3 years is shown below.

The average wait from referral to the first 'Choice' appointment (in weeks)

Apr-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
6.79	6.14	4.94	4.61	4.98	5.53	5.31	5.49	5.01	5.08	5.76	5.99

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
5.99	5.85	4.96	4.69	6.02	3.27	3.41	3.37	5.07	4.83	5.39	5.14

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
6.88	6.29	5.00	6.68	7.41	5.82	5.2	4.01	5.73	4.88	5.11	5.81

The average wait from referral to first 'Partnership' appointment (start of treatment) for the last 3 years is shown below.

The average wait from Referral to Partnership (in weeks)

April 15**	May 15**	Jun 15	Jul 15	Aug 15	Sept-15	Oct-15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
12.38	14.04	23.21	21.11	16.47	16.00	16.72	14.97	19.71	21.18	17.13	18.89

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
17.36	15.02	14.8	15.32	14.77	10.87	11.23	11.39	13.6	14.73	14.26	18.03

April 17	May 17	June 17	July 17	August 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18
15.59	19.04	17.10	14.66	18.42	19.00	21.3	18.82	17.71	17.27	18.08	20.67

**Please note Apr – May 15 is the average wait for those children seen for their first Partnership appointment in month. The June 2015 and subsequent figures are based on the new referral to partnership reports and cover all patients currently waiting not just those seen in month. Therefore, the June 2015 and later figures are not directly comparable with previous months' figures as they are based on different data parameters.

Waiting times are monitored on a monthly basis; commissioners receive a report detailing the average wait and also the number of children waiting each month. Commissioners are

working in partnership with providers to improve waiting times. A waiting times summit was held in July 2018 to develop a plan to reduce waiting times. An element of the summit was learning from our STP partner Herefordshire and sharing best practice across the STP footprint. The agreed plan arising from the summit includes a trajectory of when the waiting times for referral to choice will be no longer than 8 weeks and the waiting times for referral to partnership will be no longer than 18 weeks:

Trajectory for waiting times for CAMHS

	End of December 2018	End of March 2019
Referral to Choice	Maximum 8 week wait (95% target)	
Referral to Partnership	Maximum 25 week wait (95% target)	Maximum 18 week wait (95% target)

Specialist Community Eating Disorders Service for Children and Young People (CEDS-CYP)

The new CEDS-CYP service became operational within Worcestershire CAMHS in early 2017, serving the populations of South Worcestershire, Wyre Forest and Redditch & Bromsgrove Clinical Commissioning Groups. Prior to the establishment of this specialist team, children and young people with an eating disorder were seen within core locality CAMHS teams.

In order to meet standards in the CEDS-CYP NHSE Commissioning guidance, transformation funding has been invested to provide a countywide specialist team with additional capacity, skills and training to enable current and additional needs to be met in all localities. The team has received the National Community Child and Adolescent Eating Disorders Whole Team Training in Bristol. The team is registered with the Royal College of Psychiatrists Quality Network for Community Eating Disorder services for children and young people (QNCC-ED). An initial QNCC-ED peer review of the Worcestershire CEDS-CYP took place in June 2016 and it is expected that the team will have a further peer review during 2018/19.

The CEDS-CYP model and pathway will help to promote earlier identification and referral. A new joint protocol now ensures that joint working between the Acute Trust and CAMHS CEDS-CYP provides appropriate and timely access to physical health care when needed. Additional children's community dietetic capacity has been commissioned as part of the transformation programme and to support and complement the CEDS-CYP provision.

There is a dashboard of key performance indicators to monitor service performance and effectiveness for the CEDS-CYP. In addition to monitoring and reporting on service user feedback and routine outcome measures, the service is expected to comply with waiting time indicators. No child should wait longer than 24 hours to begin NICE concordant emergency treatment; no longer than 1 week to begin NICE concordant urgent treatment and no longer than 4 weeks to begin NICE concordant routine treatment.

CEDS-CYP Activity data 2017/2018

There were 69 referrals for eating disorders into the CAMHS Single Point of Access (SPA) for 2017/18. 60 of these referrals were female and 9 male. See table for age breakdown.

Age	Number
10	3
11	1
12	6
13	8
14	8
15	22
16	17
17	4
Grand Total	69

Waiting times data for CEDS-CYP from NHS Data Hub – NHS Digital 2017-2018 by provider

Urgent cases

	Urgent Cases: The number of patients started treatment by week since referral					
	0-1 week	1-4 weeks	4-12 weeks	12 plus weeks	Total number of completed pathways	% in 1 week
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	1	2	1	-	4	25.0%

Routine cases

	Routine Cases: The number of patients started treatment by week since referral					
	0-1 week	1-4 weeks	4-12 weeks	12 plus weeks	Total number of completed pathways	% in 1 week
WORCESTERSHIRE HEALTH AND CARE NHS TRUST	7	43	10		60	83.3%

The CEDS-CYP service began in June 2017 and it has taken some time for the team to become fully operational and with the full complement of staff. Data for 2018/19 for Quarter One is showing an improvement, with the Access and Waiting time standards of 1 week for urgent and 4 weeks for routine being met in 100% of cases.

Tier 4 inpatient CAMHS

CAMHS Tier 4 inpatient care is commissioned by NHS England. The total spend on such admissions for Worcestershire children and young people for the year 2014/15 (the last year for which spend figures are available at time of publication) was £2,123,788. We will

continue to work closely with local services and with NHS England to ensure place based commissioning which places an emphasis on avoiding inappropriate admissions and facilitating timely and effective discharges from hospital, recognising that for most children and young people it is better to care for them at home, maintaining valuable links with family, friends, education and other local support networks, rather than being admitted to a hospital which could be a long way from home.

This table shows the number of admissions in Worcestershire (by CCG) to an inpatient unit. Please note some of these admissions may be the same young people who have been admitted on more than one episode.

year of admission	Redditch & Bromsgrove CCG	South Worcs CCG	Wyre Forest CCG	Total admissions	Total admitted to an Eating Disorder (ED) service	% of all Tier 4 admissions that were admitted to an ED service
01/04/14 to 31/03/15	13	16	4	33	12	36.4%
01/04/15 to 31/03/16	6	15	6	27	9	33.3%
01/04/16 to 31/03/17	3	14	1	18	8	44.4%
01/04/17 to 31/03/18	6	18	3	27	13	48.1%

Source: NHS England

[Transforming Care Programme](#)

The national 'Transforming Care' policy initiative resulted from the Winterbourne View Hospital serious case review (2011) and reflects NHS England's commitment to improving the care of people with learning disabilities, and/or Autism Spectrum Conditions. It seeks to avoid inappropriate hospital admissions, and promote early and effective discharge planning when admissions occur. The key processes for children and young people are Care, Education and Treatment Reviews (CETRs) and Dynamic Support Registers (DSRs).

Worcestershire's transformation plan embeds the use of these processes for children and young people in order to:

- ensure people with learning disabilities and/or autism and their families are listened to, and treated as equal partners in their own care and treatment;
- prevent unnecessary admissions into inpatient settings;
- ensure any admission is supported by a clear rationale with measurable outcomes;
- ensure all parties work together with the person and their family to support discharge into the community (or to a more appropriate setting) at the earliest opportunity;
- help people challenge current care and treatment plans where necessary; and
- identify barriers to progress and to how these could be overcome.

A local all age CTR/CETR policy has been developed and ratified (for adults, Care and Treatment Reviews (CTRs) are undertaken) and a multi-agency children's DSR forum established during 2018, which includes representation from CAMHS, children's social care and education.

Between 1st April 2017 and 31st March 2018, eight community CETR^s took place in Worcestershire, of which only one resulted in an inpatient admission. There was also one Local Area Emergency Protocol review (these LAEPs are held when the possible need for admission to hospital is urgent and therefore there is not time to convene a full CETR) which resulted in an inpatient admission. There has been increased multi-agency engagement in CETR^s in 2017/18, including attendance of education, social care/family support and adult mental health workers. No children with a diagnosis of learning disability and/or autism were admitted to a tier 4 inpatient setting without a CETR or LAEP having taken place. A learning event was convened in summer 2018 including CAMHS and NHSE colleagues to review recent admissions for any lessons learned and it was concluded that all admissions had been appropriate.

The most recent NHS England benchmarking exercise of Transforming Care for Children and Young People (autumn 2018) noted that in April to June 2018, 3 Worcestershire young people were admitted to hospital and all 3 are recorded as having pre-admission CETR^s within agreed timescales; and also that there were no Worcestershire young people with length of stay of over 12 months.

Information on Transforming Care is included in the Worcestershire SEND Local Offer.
http://www.worcestershire.gov.uk/info/20612/send_health_and_wellbeing

Urgent Care Pathway and Crisis Concordat

Children and young people in the care of specialist CAMHS whose needs escalate can receive intensive support in the community from the CAMHS+ team with the aim of preventing hospital admission. If admission to CAMHS Tier 4 becomes necessary then the CAMHS+ team attends meetings to help facilitate discharge planning and avoid delayed discharge.

Children and young people not previously known to CAMHS may require emergency assessment. Advice on urgent and emergency referrals is available to referrers from the duty clinician at CAMHS-SPA during office hours with emergency assessments available within 24 hours or according to need.

Paediatric Ward Liaison and assessment of young people with mental health issues who are medically fit for discharge is provided by CAMHS during the week and by the all age Mental Health Liaison Team at weekends and bank holidays. Referrals of medically fit children and young people are accepted up to 2pm for same day assessment. The CAMHS+ service offers a 9am Monday appointment available to children and young people who present at the acute trust over the weekend, and for whom the offer of an early appointment may prevent the need for admission.

Out of Hours CAMHS advice is available 24/7 through the Crisis Team and the Mental Health Liaison Team on an all age basis. Both teams include at least one experienced CAMHS practitioner. A Multiagency Urgent Care Pathway details these access points. This

pathway is regularly monitored and reviewed by a multi-agency urgent care interface group. A separate joint protocol ensures that CYP with acute eating disorders and physical health needs receive timely and appropriate paediatric ward care when needed.

The needs assessment undertaken in 2015 did not identify that a specialist children and young people's team was needed to provide an out of hours service, due to the level of demand, although commissioners continue to review the provision through the urgent care pathway. The pathway includes access to all age out of hours services and has agreed response times for emergency and urgent cases.

The children and young people's urgent mental health pathway and multiagency protocol was reviewed during 2017 and further investment was made to increase the hours of the CAMHS+ team and increase capacity in CAMHS to provide paediatric ward liaison. The urgent care pathway can be accessed at this link:

<http://education.worcestershire.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=131866>

The children's health commissioner and mental health provider are represented on the Worcestershire Crisis Care Concordat Group, which oversees the all age Worcestershire Crisis Care Concordat. The Concordat action plan has recently been revised and published on the national concordat website. Current work in relation to provision of crisis care includes:

- Implementation of an extended Mental Health Liaison Service to incorporate support to inpatient wards, as required by the Five Year Forward View for Mental Health.
- Undertaking a review of mental health community crisis provision across West Mercia footprint, assessing feasibility to commission a First Response service model.
- Development (expansion) of the Crisis Assessment Suite (CAS) site at Worcestershire Royal Hospital following successful bid for capital funding through the Beyond Places of Safety fund.

Other pathways including links to specialised commissioning

Commissioners and providers are working together to ensure that there are clear pathways for children and young people to access services. The new emotional wellbeing services link closely with CAMHS, universal services and other services such as early intervention family support, to ensure the right service is provided at the right time. There is a multiagency pathway and collaborative commissioning arrangements are in place for the assessment and diagnosis of children who it is believed may have autism spectrum condition. Clinical psychologists, speech and language therapists, paediatricians, occupational therapists and specialist teachers all contribute to the pathway. For more information on this pathway, see: <https://www.hacw.nhs.uk/our-services/childrens-community-health-services/umbrella-pathway/>

Transition and services bridging children and adult services

Child and Adolescent and Adult Mental Health Services in Worcestershire are provided by the same provider Trust, Worcestershire Health and Care NHS Trust. This considerably

aids communication and appropriate transfer of care between the services and this has been further enhanced over recent years with the implementation of a Trust wide patient record system, CareNotes.

As previously described, some Adult Mental Health (AMH) services contribute to the urgent mental health care pathway for children and young people on an 'all age' basis, including the Crisis Team and the Mental Health Liaison Service. A number of other services hosted in AMH also offer services to children; there are agreed pathways between CAMHS and AMH for these services, which include the Early Intervention in Psychosis service (which works with young people from 14 years of age and follows NICE concordant treatment programmes, whilst those under 14 would be treated in line with the CAMHS emergency and urgent care pathway) and the Enhanced Primary Mental Health Care Service, known as 'Healthy Minds', which offers services to young people and adults from the age of 16.

Commissioners have been working closely with providers to monitor the achievement of the 2017-19 national CQUIN (Commissioning for Quality and Innovation), Indicator 5, 'Transitions out of Children and Young People's Mental Health Services'. The CQUIN has so far led to improvements such as: review of the already established transitions policy to embed good practice in line with the CQUIN; an earlier start to the transition planning process; better use of feedback from young people in order to improve the transition process; introduction of the NHS England Mental Health Passport, which includes a care plan and transition goals; and better engagement from receiving services in the transition process. Worcestershire commissioners have always been involved in monitoring the transitions process and implementation of the local transitions policy and will continue beyond the end of the CQUIN to ensure the good practice continues.

Initial data reported in relation to the national Transitions CQUIN is positive and demonstrates good progress in this area. In January to March 2018, 17 young people open to CAMHS turned 18, of which 7 remained open to CAMHS, 5 were discharged to the GP or the enhanced primary care mental health service, and 5 transitioned to adult mental health services. Of those transitioning to adult mental health services, all had a transition planning meeting at which they met their adult mental health contact and agreed their transition goals. All indicated in response to the pre-transition questionnaire that they felt prepared for transition. Four of these 5 young people subsequently completed a post-transition questionnaire. All 4 respondents had subsequently been seen in adult mental health services and had seen the same adult mental health worker who they had met at their transition meeting. Three of the 4 respondents scored 6 or above out of 10 in rating that their transition goals had been met.

Health and Justice Pathways

The pathway for children and young people who are transitioning to and from secure estates involves CAMHS+ intensive community support. The team will liaise with the unit and attend CPAs, feedback to the psychiatrist and key worker. When the young person is transitioned back to the local area, CAMHS+ will update the care plan and discharge plan. Young people who are receiving specialist or forensic CAMHS would follow the same pathway.

A CAMHS worker is placed within the West Mercia Youth Offending Service (YOS) and their role is to facilitate joint working and care pathways between CAMHS and YOS for Worcestershire children and young people. Also to build capacity in core YOS staff so that these vulnerable children and young people have early access to support for their emotional wellbeing and any mental health needs that require specialist CAMHS are identified and can be treated in a timely manner before they escalate.

Worcestershire is one of the areas covered by the West Midlands Paediatric Sexual Assault Service (WMPSAS), a region-wide service which provides expert care for children and young people who have disclosed sexual assault, or who may have been subject to sexual abuse. It was sometimes previously referred to as the Paediatric Sexual Assault Referral Centre (SARC). The service can be accessed by children and young people under 18 years of age and they can receive counselling support directly from the service. If the WMPSAS worker or any other professional working with a young person feels that a referral to CAMHS or other additional support is necessary to meet their ongoing mental health needs then they are able to refer them through CAMHS SPA and/or signpost to Reach 4 Wellbeing or Kooth. Further information about the Paediatric Sexual Assault Service can be found here: <http://www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/services-parent-portal/paediatric-sexual-assault-service/>

The CAMHS+ team has developed a pathway in conjunction with adult mental health services to provide an all age service to meet the needs of young people that need a mental health assessment in police custody. There is agreement in place that a CAMHS+ worker undertake a joint assessment with a worker from the Mental Health Liaison Team. This ensures the specific needs of the young person are met.

Herefordshire and Worcestershire STP were successful in a project bid to the Health and Justice Children and Young People's Mental Health Transformation Programme. This has provided funding for 2 years until March 2020. The aim of the project is to two-fold. One element is to enhance the direct service provision offer to meet emotional wellbeing needs of looked after children and to reduce their contact with the criminal justice system. The second element is to provide enhanced training and support to the staff of West Mercia Youth Justice Service to enable them to feel more equipped to identify and support emotional wellbeing and mental health needs of their service users, including needs relating to autism.

NHS England have recently tendered for an all age liaison and diversion service for Worcestershire, which has been awarded to Dudley and Walsall Mental Health Trust. Appropriate links with local services and pathways will be developed as part of the mobilisation plan for this new service

Place based commissioning

In terms of the Worcestershire contribution to the wider system pathway and place based commissioning, including provision of inpatient care and out of county placements, one of the priorities of the Herefordshire and Worcestershire STP plan is to work with NHS

specialised services to increase capacity in local children and young people's mental health services in order to reduce demand on complex out of county placements and enable complex cases to be repatriated to local areas.

We will continue to proactively link and work with specialised commissioning colleagues, for example by:

- Sharing intelligence, information, learning and good practice through attendance at the regional Future In Mind Steering Group meetings.
- Liaison between commissioning colleagues, the CAMHS+ service and specialised commissioning colleagues in relation to patient specific and local urgent care pathway and Transforming Care issues.
- Inviting specialised commissioning colleagues to relevant task and finish groups concerning the whole place based commissioning pathway (for example, such groups have been convened in the past in relation to concerns with patients waiting on local paediatric wards for admission to a tier 4 bed).

Activity Flow - Mental Health Services Dataset (MHSDS)

Data collected by CAMHS and Reach 4 Wellbeing is compliant with the nationally defined Mental Health Services Data Set (MHSDS). The service uses an electronic patient administration system, CareNotes, to support the effective collection, analysis and reporting of outcomes measures, KPIs, performance data, case notes and other monitoring data.

Flowing data in to MHSDS is how information is provided to measure compliance with national priorities, including the access target and forthcoming outcome measurement target, and is therefore a local priority. Worcestershire Health and Care NHS Trust are well established at flowing data into MHSDS and committed to flowing data for children's emotional wellbeing and mental health services. There is currently work underway to identify relevant neurodevelopmental care undertaken by community paediatrics and flow this data. Xenzone (provider of Kooth.com) is able to begin flowing data directly to MHSDS from October 2018.

CAMHS and Reach 4 Wellbeing use Routine Outcome Measures using CYP-IAPT and CORC principles as part of their treatment and to monitor the effectiveness of their care. There is a plan to monitor the number of paired scores and work towards increasing the number; achievement of this has been discussed at the CAMHS Quality and Performance Meeting as it will become a national KPI from 2019/10.

Commissioners are working in partnership with providers to increase the numbers of children and young people accessing treatment and this is one of the key priorities of the transformation plan. This is being closely monitored by commissioners and links in with the work on reducing waiting times by increasing the number of children and young people being seen for treatment within a shorter timeframe. This is being monitored through the Children and Young People Access Target Task and Finish Group.

Worcestershire Commissioners are members of the Regional Future in Mind Steering Group which is a network of commissioners across the Region sharing best practice and receiving

updates on local and national issues relating to children and young people's emotional wellbeing and mental health. Worcestershire commissioners are also members of the regional clinical network.

5. Workforce Plan

This section outlines staffing and development priorities to support implementation of the Transformation Plan. The wider workforce retention and recruitment issues are reflected in the STP workforce plan for NHS commissioned services. This STP mental health workforce plan acknowledges that an expected growth in CAMHS workforce is planned by 2020 and that continued mental health investment will be committed to further this – see Appendix 1 for the full STP Workforce Plan.

Transformation funding has included investment in workforce in both the CAMH and new emotional wellbeing services. CAMHS staffing in Whole Time Equivalents (WTE) at the time of this Plan is shown below:

Medical	6.14
Nurse	33.24
Band 3 clinical	3.25
Dietitian	0.8
Occupational therapist	3.3
Psychologist/psychotherapist	18.98
Admin and clerical	17.6
Social worker	3.4
TOTAL	86.71

Reach 4 Wellbeing staffing in Whole Time Equivalents (WTE) at the time of this Plan is shown below:

Nurse	2
Band 3 clinical	3
Admin and clerical	0.6
Psychologist	0.1
TOTAL	5.7

The total whole time equivalent (WTE) workforce in the CAMH and emotional wellbeing service is 92.41 in 2018, compared with 87.84 in 2017 and 80.92 in 2016. The trajectory for the lifetime of the transformation plan is shown in the STP workforce plan in Appendix 1.

The specialist CAMHS service has a detailed training plan covering all staff (including administrative staff), which has the following aims:

- To ensure all staff are compliant in mandatory and essential training
- To ensure all staff perform at required skill level to effectively manage CAMHS complexity
- To provide the opportunity for staff to develop within their professional group

Examples of training undertaken by CAMHS staff during 2017/18 include:

- Trust in-house induction and mandatory training covering a number of topics eg safeguarding, information governance and fire safety
- Staff in the eating disorders team completing the nationally commissioned multi-agency training and other relevant training arranged locally
- DBT team and skills training

Examples of training planned to be undertaken by CAMHS staff during 2018/19 include:

- Trust in-house induction and mandatory training covering a number of topics eg safeguarding, information governance and fire safety
- CBT training including trauma focussed CBT
- CAMHS Practitioner Training for 2 band 5 staff
- Team Insights training

Universal training available to the wider workforce funded as part of transformation

- **Youth Mental Health First Aid:** - 2 day course for any professional that works with children and young people. 6 courses are commissioned each year, delegates attend from a range of professional backgrounds such as social care, schools, residential social work and family support
- **Self Harm and young people:** - 1 day course commissioned due to feedback from workforce that they were unaware of how to react when a young person is self-harming. The course explores the reasons behind self harm and how to react, how and when to signpost.
- **Incredible years:** - Specialist 3 day training for parenting practitioners, 25 parenting practitioners are undertaking the training in November 2018. Following the training these parenting practitioners will be qualified to deliver the 14 week Incredible Years parenting programme across Worcestershire. Incredible Years is the evidence based approach for conduct disorders.
- **#how to get the best from CAMHS:-** A series of half day training events with one session aimed at medical professionals and one at non-medical professionals. Each one covers pathways and referral routes into CAMHS; recognising communications of distress (aggression and self-harm); eating disorders and referral into CEDS; and voices, visions and when to be worried. These sessions are free to attend and have been designed and facilitated by CAMHS staff.

Enabling the workforce in Schools, Colleges and Settings

In addition to the training described above, resources available to support staff working in schools, colleges and settings are described below.

CAMHS CAST

The CAST team offers consultation, advice, support and training to school staff and other professionals working with children and young people, depending on their specific needs, including advice and support on individual cases – see description and activity data above.

Schools and colleges emotional wellbeing toolkit

The toolkit was developed during 2016-17 in response to the need, identified in three local surveys and in the 2015 needs assessment, for more advice and support for schools and colleges to enable them to promote good emotional wellbeing and mental health in their settings and to support pupils and learners who experience difficulties. The development of the toolkit took place through collaboration between both CCG and local authority commissioners and providers of mental health services, education services and schools and also wider partners in youth support, early help, connecting families and family support teams and the Worcestershire Safeguarding Children Board. Young people had input during its development via the Worcestershire Youth Cabinet and the Who Cares, We Care and Speak Out groups.

Schools had extensive opportunities to shape the development of the toolkit, commencing with a small working group of headteachers and senior pastoral leads from schools and colleges, who came together to design the format, influence the content, comment on drafts and advise on how to engage and encourage all Worcestershire schools to use the final version. Two county-wide schools Inclusion Network meetings, attended by SENCOs, PSHE co-ordinators and senior pastoral leads, gave valuable feedback on the drafts. Headteachers discussed and gave their feedback on drafts following presentations at their county-wide headteachers' meetings. The draft was circulated by email to all schools of all phases, including special schools and short stay schools and to all colleges; all feedback received was incorporated into the final version.

The final version of the toolkit was launched at an Inclusion Network meeting in the Spring Term 2017, followed by wide circulation to all schools and colleges, along with further information about local services commissioned as part of the Transformation Plan.

The toolkit is designed to be a simple-to-use checklist of good practice for schools, colleges and skills providers, helping them to create emotionally healthy, whole setting environments, following national best practice guidance. It guides them to:

- teach good quality lessons about mental health and resilience in PSHE;
- develop strong policies for staff and pupils, such as anti-bullying, diversity and behaviour;
- ask pupils and learners what they need and listen to their concerns;
- train teachers in mental health and how to help children and young people;
- promote staff wellbeing;
- gather information and use data to make smart improvement plans;
- provide confidential support such as counsellors, as well as peer mentors and nurture groups;
- help parents to help their children to be emotionally healthy;
- make sure pupils and learners can get help from more specialist services outside the school or college if they need it.

The toolkit also provides links to other guidance and resources that schools and colleges can use and it details how to get help from local targeted and specialist mental health services external to the school or setting when needed.

The schools and colleges emotional wellbeing toolkit was evaluated in the spring of 2018. All schools, colleges and partners who work with them were given the opportunity to respond to a short electronic survey. Responses were generally very positive, and 73% of those that had used the toolkit reported that it had made a difference to their work. For example, one headteacher/principal respondent said: "The tool kit showed we could do more to support staff well-being and as a THRIVE school have planned a THRIVE session just for staff at the beginning of the autumn term to be regularly re-visited through the academic year. We have also started to evaluate a PSHE scheme to supplement our work on THRIVE."

Babcock Prime Emotional Wellbeing Pathway for Schools and Settings

Babcock Prime is the educational support services provider commissioned by Worcestershire County Council and has worked in partnership with children's health commissioners to develop this resource for schools and settings, which complements and builds on the Emotional Wellbeing Toolkit. It provides practical information and advice on how to recognise emotional wellbeing needs in individual students and how to provide a graduated response to support them.

As part of the SEND improvement plan, Worcestershire County Council is also currently developing a broader document describing the responsibility of schools and settings to provide a graduated response to need and what resources and services are available to support them in this.

Transforming Children and Young People's Mental Health Provision: a Green Paper (published by DHSC/DfE, December 2017)

The Green Paper has 3 core proposals:

- Incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
- Fund new Mental Health Support Teams to provide specific extra capacity for early intervention and ongoing help, supervised by NHS children and young people's mental health staff, whose work will be jointly managed by schools and the NHS.
- Reduce waiting times for NHS services for those children and young people who need specialist help.

Worcestershire and Herefordshire commissioners, worked together to express an interest in applying as an STP to become a Green Paper trailblazer site and were keen to apply, but were not invited to do so in the first wave of applications during 2018. We intend to apply for

future waves as we believe our transformation work lays strong foundations that synergise well with the Green Paper aims. For example:

- we have developed a schools and colleges emotional wellbeing toolkit that is a valuable resource to mental health leads within schools in implementing a whole school approach
- our CAMHS CAST (consultation, advice, support and training) team has a named link worker in every school and this is a model which could readily be expanded to provide mental health teams in schools
- we have agreed KPIs and trajectories that demonstrate commitment to reducing waiting times for young people to access CAMHS

Therefore, if successful in a future wave, the trailblazer will integrate well with our LTP work around supporting schools and our work to reduce waiting times for CAMHS.

6. Governance and arrangements for joint working with stakeholders including children, young people and families

Sustainability and Transformation Partnership (STP)

Worcestershire and Herefordshire STP is geographically one of the largest in the country, covering 1,500 square miles, whilst serving a relatively sparse rural population of 780,000 people.

The STP has set out the system wide strategic direction and delivery mechanism to deliver mental health provision to our communities as outlined in the Herefordshire & Worcestershire STP Strategy. This STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability.

The underpinning vision agreed by Herefordshire and Worcestershire mental health workstream is:

To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

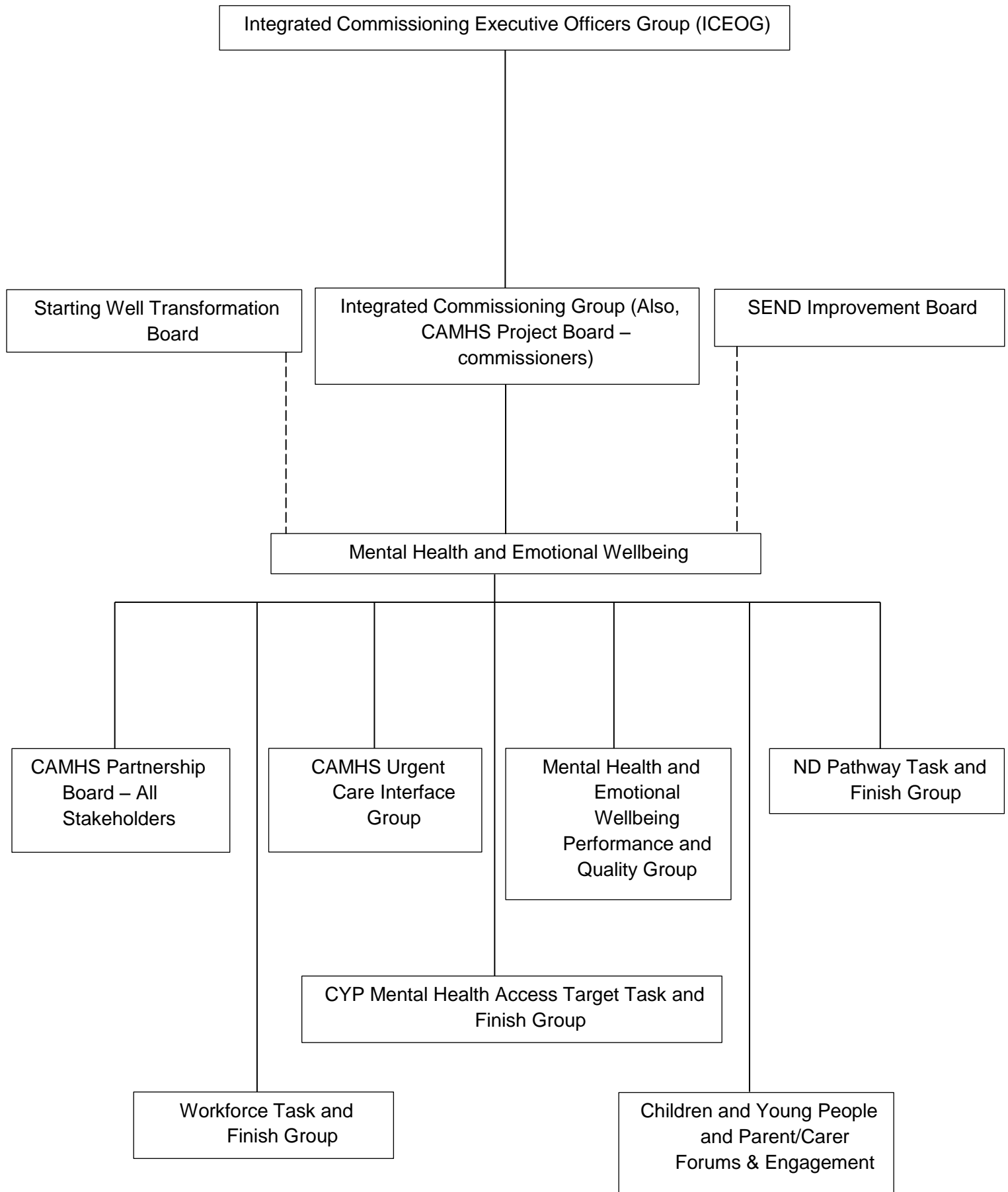
The work of the STP is furthering mental health provision by looking at opportunities to transform provision, reducing duplication and share resources. Our work on perinatal community services and children and young people receiving input from our local Youth Justice Service are examples of recent joint work.

Section 75 Agreement

A Section 75 Partnership Agreement is in place between Worcestershire County Council and the Worcestershire Clinical Commissioning Groups. The governance structure is shown in the table below.

Section 75 Governance		
Body		Role
Health and Wellbeing Board		<ul style="list-style-type: none"> • Approve strategy • Strategic oversight of S75 • Approve Transformation Plan
CCG Governing bodies	WCC Cabinet	<ul style="list-style-type: none"> • Key decisions in respect of their services • Corporate governance of finance, performance and quality in respect of their funding and services • Receive reports on Transformation Plan as appropriate
Accountable Officers (meeting as Integrated Commissioning Executive Officers' Group – ICEOG)		<ul style="list-style-type: none"> • Consists of senior officers from Clinical Commissioning Groups and Worcestershire County Council's Children's and Adult Services and Public Health • Responsible for development and implementation of strategies in respect of service areas covered by the Section 75 Agreement as well as operational governance of finance, performance and quality • Receive reports on Transformation Plan as appropriate
Integrated Commissioning Group		<ul style="list-style-type: none"> • Act as Project Board for CAMHS Transformation Plan, meeting monthly • Brings together commissioners of services for children and families to work collaboratively in commissioning efficient and effective services which improve outcomes for Worcestershire's children and families • Membership includes commissioners from Worcestershire County Council, Clinical Commissioning Groups and West Mercia Youth Offending Service • Coordinate commissioning plans across the system and produce integrated system solutions
Commissioners		<ul style="list-style-type: none"> • Develop and consult on strategy, liaising with ICG • Implementation of strategy and key decisions • Oversight of commissioned services • Develop and lead on Transformation Plan

A flow chart illustrating governance of children and young people's emotional wellbeing and mental health is shown on the next page. This flow chart shows the culture of collaborative working across agencies and shows how stakeholders work in partnership.



Participation and engagement of children and young people and parent/carers

Surveys and consultation with children, young people, parents and carers have been integral to the development and ongoing review of this plan. Groups of children and young people who have participated in such work to tell us their experiences of CAMHS and emotional wellbeing support services and to tell us about the needs of children and young people include Worcestershire's Children in Care Councils, the Youth Cabinet and the Worcestershire Health and Care Trust's Youth Board.

The CYP-IAPT programme, of which Worcestershire is a member, has the strong and active involvement of children and young people, through the Youth Board, who have been involved in many aspects of the work plan.

Outcomes measurement using CYP-IAPT and CORC principles is in place in service specifications for CAMHS and other commissioned services across the emotional wellbeing and mental health pathway. This includes the use of experience of service questionnaires such as CHI-ESQ.

Care plans are devised in participation with service users and parents and carers. Outcome measures are used by clinicians in order to inform and adapt treatment on a session by session basis. These outcome measures are also used in supervision in order to for the clinician to reflect on their practice and how the treatment is addressing the goals of the young person.

The children's health commissioning team are part of a Worcestershire Youth Engagement Group which engages with a variety of groups of young people with the support of Healthwatch Worcestershire and participation and engagement colleagues from the local authority, NHS trust and voluntary sectors.

Parents/carers and young people are members of the Children and Young People's emotional wellbeing and mental health Partnership Board and attend meetings to discuss needs, successes and gaps in services and shape specific projects such as the emotional wellbeing toolkit.

In order to involve young people at all stages of the commissioning cycle including needs assessment, service planning and evaluation of services, we are setting up a group of young commissioners. This has been developed in partnership with the Worcestershire County Council Engagement Team, the provider NHS Trust and the Voluntary Sector. These young people will actively participate in the commissioning of services in line with the LTP. The first meeting was held at Worcester Cathedral on August 16th 2018 with 10 young people with an age range from 14 to 22 years and from a wide variety of backgrounds including care leavers and young people that have transitioned from CAMHS to Adult Mental Health.

A key partner for commissioners is Families in Partnership which is the officially recognised parent/carer forum for Worcestershire. They have been involved in the co-production of all aspects of the SEND improvement work.

Effective joint working

In addition to the governance structure shown above, there are a number of multi-agency and monitoring groups which contribute to ongoing development and ensuring the effectiveness of the emotional wellbeing and mental health pathway, with the Integrated Commissioning Group acting as the forum keeping oversight of all the strands as a cohesive whole and escalating any issues if required. These include:

- ***Children and Young People's Emotional Wellbeing and Mental Health Partnership Board*** – this group is open to anyone with an interest in the pathway and has wide membership including stakeholders such as schools, colleges, NHS providers, social care, voluntary sector, parents and young people. The group operates both as a face to face group and as a virtual network, connected by the council's social media system, enabling commissioners to circulate the 80 or so members between meetings with up to date information and to seek their views.
- ***CAMHS Performance and Monitoring Meeting***– commissioner and provider meeting to discuss and monitor service development and performance management of child and adolescent mental health services.
- ***Children's Community Health Performance and Monitoring Meeting*** – commissioner and provider meeting to discuss and monitor service development and performance management of non-CAMHS services which may contribute to the overall emotional wellbeing and mental health pathway, eg community paediatrics and ASD diagnosis pathway.
- ***CAMHS/Social Care/Acute Trust Interface Group*** - forum for commissioner and agencies involved in the multiagency care pathway for children and young people with urgent, severe and complex mental health needs to keep pathway under continuous review and resolve any issues arising.
- ***Starting Well Transformation Board*** – commissioner and provider meeting to discuss and monitor service development of these areas. The Starting Well area currently includes the public health nursing service, parenting providers, Reach 4 Wellbeing and Kooth services, which are also monitored through regular commissioner/provider meetings specific to these services.
- ***Crisis Care Concordat Group*** – multi agency group chaired by adult mental health commissioner and with children's service commissioning on membership, overseeing the all age Worcestershire Crisis Concordat.
- ***Mental Health Commissioning Meeting*** – Monthly forum for primary care, mental health commissioning and provider representatives, covering both children's and adult services.

Innovations and research

Worcestershire Health and Care NHS Trust (the provider of Worcestershire CAMHS) successfully bid to be a Global Digital Exemplar. One product of this has been the development of an app in CAMHS to help young people manage their emotional health needs, which is expected to go live in December 2018. This project aims to respond to feedback from young people that mental health services need to make better use of modern electronic and online media. The project has seen a collaborative design process using

service users in CAMHS, members of the Trust's Youth Board, CAMHS clinicians and web/app designers.

The CAMHS service has also recently begun working with Sports Partnership Herefordshire and Worcestershire to develop sports and activity programmes for young people with mental health needs. In particular, the aim is to help young people who have an interest in this area but might not have previously had the confidence to join a formal club or gym. The initiative is building on the existing evidence base supporting the use of physical exercise, particularly when managing low mood. This has been a successful approach already used in adult mental health in Worcestershire (the SHAPE programme).

Worcestershire has been identified as one of the areas to contribute to a piece of research led by the National Institute of Health Research (NIHR) and University College London. The project is seeking to understand the impact of the transformation on children's mental health services; looking to understand the different approaches used in different areas; and to explore the effect of different models of care on outcomes for children and young people. The research has been structured to compare sites that are using the i-THRIVE model as a basis for their transformation and those that aren't implementing this model. Worcestershire is one of the sites that is not implementing the i-THRIVE model. The research period is from autumn 2018 to March 2019 and each site will have access to the evaluation specific to their local area as well as the national evaluation. This is an exciting opportunity to be involved in academic research and the results will inform the transformation work going forward.

Risks to delivery of the local transformation programme

Risk	Mitigation	How monitored	By when
RECRUITMENT It can be difficult to recruit to some posts in mental health, especially at a time when service developments are taking place throughout the country. The risk of not recruiting to posts is an increase in waiting times and the inability to reach access targets.	Measures to maintain and improve recruitment and retention, including appropriate training plans, supervision, staff wellbeing initiatives. Consider appropriate skill mix in order to facilitate filling of vacancies where there appears to be a shortage of suitable applicants at particular bands	Implementation of training plans. NHS staff survey results. Workforce indicators such as staff vacancy rates, sickness rates etc Annual service workforce reviews	Ongoing
Possible impact of Brexit, eg on workforce	Commissioners and providers have reviewed the possible impact of Brexit on delivery of emotional wellbeing and mental health services in Worcestershire. As	Workforce indicators such as vacancy rates in order to monitor and ensure risk does not increase	Ongoing

	CAMHS and Reach 4 Wellbeing does not actively recruit professionals from the rest of Europe and do not require goods or services from Europe to operate the risk is considered low		
Impact on system wide support to mental health and emotional wellbeing of changes and challenges in areas of the system not directly commissioned by CYP mental health commissioners could lead to gaps/unmet need	Multi agency and stakeholder involvement in LTP as demonstrated in governance structure. CYP mental health commissioners to remain fully engaged with cross cutting workstreams eg SEND improvement and planning for future Starting Well services	Development and delivery of appropriate action plans demonstrates engagement. Continue to ensure that the system wide offer is articulated in the Worcestershire Early Help guidance and forthcoming Graduated Response for Schools guidance	Ongoing

7. Finance

Current Total Spend on CAMHS and Transformation Plan implementation

The three CCGs in Worcestershire (South Worcestershire, Wyre Forest and Redditch & Bromsgrove) are working as one collaborative, co-terminous with this Worcestershire wide plan. Therefore, total funding by CCGs is shown below, rather than being broken down to each CCG area.

The contract with the provider of CAMHS is paid in block. The current base commissioning budget for specialist CAMHS is shown below. The CAMHS LA-funded provision includes the specialist mental health service for looked after children.

Year	LA	CCGs
2011/12	£705,000	£3,972,670
2018/19	£732,715	£4,571,336

The CCGs funding for 2018/19 shown above includes an additional £100,000 which has been invested in emotional wellbeing and mental health services for children and young people, in line with the Mental Health Investment Standard. This funding is being used to increase capacity and resilience in the emotional wellbeing and specialist CAMHS services.

In addition, there is a £1,997,987 commissioning budget from the three Worcestershire CCGs in 2018/19 for service developments in line with this transformation plan. The schemes receiving the largest investments from this transformation funding are: the emotional wellbeing service (£310,000); the Community Eating Disorder service for children and young people (£287,000); and CAMHS for additional staffing including to increase hours and capacity of the ward liaison and tier 3+ functions that support the urgent care pathway.

CCG Transformation spend/commitments for the lifetime of the plan are shown below:

2015/16	£1,003,382
2016/17	£1,158,821
2017/18	£1,713,821
2018/19	£1,997,987
2019/20*	£1,997,987

* Please note that 2019/20 figure is currently based on 2018/19 but may be subject to change, pending NHS planning and priorities guidance

Past and planned future activity in line with this plan and investment is summarised below:

2015/16

- Investment in workforce skills to prevent emotional wellbeing issues and to provide early intervention
- Development of commissioning advice and support for schools to ensure the use of quality providers for addressing emotional wellbeing issues
- Design and development of a CAMHS consultation service to provide advice and support to universal services including schools

- Design and project management of a face to face and on-line emotional wellbeing service
- Design and project management of high quality specialist CAMH service where children are able to access assessment and intervention in a timely manner
- Review of out of hours mental health service provision
- Business planning and project management for the Community Eating Disorder Service for children and young people and investment in lead consultant
- Investment into the neuro developmental pathway

2016/17

- Continued investment in workforce development including a new self harm course.
- Investment in the new community eating disorder service for children and young people
- Online and face to face emotional wellbeing service
- Additional capacity in specialist CAMHS including in tier 3+ extension of hours and ward liaison
- Investment in Shelf help working closely with library services
- Investment in additional psychologist in looked after children wellbeing service (non recurrent, impact to be reviewed)
- Investment in the dietetic service for children with ASD
- Investment in the neurodevelopment pathway

2017/18

- Community eating disorder service for children and young people
- Online and face to face emotional wellbeing service
- Additional capacity in specialist CAMHS
- Dietetic service for children with ASD
- Training and workforce development, focused each year in line with priorities of workforce plan

2018/19 to 2019/20

- Community eating disorder service for children and young people
- Additional capacity in emotional wellbeing service
- Additional capacity in specialist CAMHS
- Dietetic service for children with ASD
- Training and workforce development, focused each year in line with priorities of workforce plan
- Further development will be informed by access rates, ongoing implementation of SEND action plan and forthcoming early help needs assessment

What happens after 2020

Future service development throughout and beyond the life of this plan will be in line with the Herefordshire and Worcestershire Sustainability and Transformation Partnership long term plan. The STP has a specific work stream focussing on mental health services and a priority to work with NHS specialised services to increase local child mental health

services to reduce demand for complex out of county services and enable repatriation of complex cases back to their local areas. The STP partners on the programme board have agreed to take a strategic approach to making investment and disinvestment decisions across the system budgets. This identifies mental health and learning disabilities as one of the areas where there is a strategic intent to increase the indicative funding share over the lifetime of the STP. Other areas of focus in the STP have particular relevance to the whole emotional wellbeing and mental health pathway for children and young people and particularly the emphasis on the importance of early help and intervention.

Appendix 1

Workforce Strategy (Herefordshire and Worcestershire STP) (July 2018)

Introduction

Herefordshire and Worcestershire STP has a robust delivery plan to meet the Mental Health Five Year Forward View aspirations and other local priorities. This has been assured NHSE colleagues and acknowledged as a model for other programmes. The STP approach is one of an all-age plan that would interface with other work streams to deliver further integration of care, including Urgent Care and Maternity Services.

The four CCGs within the STP footprint are currently meeting the MH Investment Standard and plan on continuing to do so; giving confidence to providers of recurrent funding to support the service developments necessary to deliver the Mental Health Five Year Forward View.

This Mental Health workforce plan demonstrates the commitment to expanding the workforce across the STP footprint and describes how the investment will deliver the contribution towards the FYFV national target of an additional 19,000 staff within mental health services.

Within the Herefordshire and Worcestershire STP footprint there are two main NHS mental health providers and these are:
The Worcestershire Health and Care Trust (employing approximately 63% of the NHS mental health workforce) and
2gether NHS Foundation Trust (employing approximately 37%).

In addition there are a number of smaller non-NHS providers who deliver core mental health services across the footprint, and are directly commissioned by the CCGs or hold sub-contract arrangements with the two NHS providers. Their contribution to the STP MH delivery plan should not be overlooked, although confirmation of the workforce to support this submission is problematic due to the range of contractual arrangements in place. For example the dementia post-diagnostic pathway is delivered by VCS providers in Worcestershire and both areas offer digital provision as part of their IAPT Services. These are likely to be growth areas within the context of the STP delivery plan.

Worcestershire Health and Care NHS Trust is the main provider of community, specialist primary care and mental health services to the population of Worcestershire and beyond. Our services are integrated with a variety of partners, and we work closely with our commissioners, voluntary organisations and communities to deliver high quality services. Community and mental health services are provided to a population of

approximately 560,000 across Worcestershire's 500 square miles, covering the city of Worcester together with the towns of Bewdley, Bromsgrove, Droitwich, Evesham, Kidderminster, Malvern, Pershore, Redditch, Stourport, Tenbury Wells and Upton-upon-Severn.

The Trust's services are provided from over 100 sites – a wide range of community settings including community hospital wards, acute mental health wards, recovery units, people's own homes, community clinics and outpatient departments. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings. We employ over 4,000 staff in clinical and non-clinical roles and record over 26,000 patient contacts every week. The Trust employs approximately 900 staff across the Adult Mental Health, Learning Disabilities, Older Adult and CAMHS services.

Worcestershire Health and Care NHS Trusts vision is 'Working together for outstanding care'. All of our staff are expected to work within the values that we as a Trust believe are so important. We want people who display integrity, loyalty and the courage to always do what is right, to look after each patient as we would want our own family or friend looked after, and to always put patients first. These are our established trust values that form part and parcel of our work:

- Courageous: Displaying integrity, loyalty and the courage to always do what is right
- Ambitious: Striving to innovate and to improve through effective teamwork
- Responsive: Focusing on the needs and expectations of people using our services
- Empowering: Empowering people to take control of their own health and wellbeing
- Supportive: Enabling our staff to achieve their full potential and take pride in the services that they deliver

2gether NHS Foundation Trust provides mental and social health care services to the population of Gloucestershire and Herefordshire. The Trust employs over 2,500 members of staff (including staff bank) and serves a combined population of 798,490, over 1,900 square miles. At any one time ²gether delivers services to approximately 19,000 individuals and offers education and support to their carers and families.

Our organisation's core purpose is to improve the lives of people in our care and the carers who support them. The people we serve are at the heart of what we seek to achieve and it is through the competence, commitment and compassion demonstrated by staff across the Trust that we are able to deliver the high quality care we would want for our own family. We place an even greater emphasis on improved experience, safety, integrated local support and recovery for people as we plan our services for the future.

The Trust provides services within two distinct Local Health Economies (LHEs); Gloucestershire which represents 72% of contracted income and

Herefordshire which represents 20% of contracted income.

Our key priorities remain central to the development of strategic plans and transformation:



As one of two Mental Health service providers in Herefordshire and Worcestershire and we are committed to playing our part in ensuring that the communities in which we work have sustainable health and social care services that contribute to the emotional, economic and social wellbeing of local people. Much of our work involves working in partnership with others, not least through our part in the Sustainability and Transformation Plans (STPs) for Gloucestershire, Herefordshire and Worcestershire. We lead the way in enhancing service provision for people with mental health and learning disabilities.

Our name is a statement of our intent. It defines the way in which we will continue to work, in forming, developing and sustaining productive partnership working to deliver easily accessible and easily understood integrated pathways of support and treatment from early detection, early intervention through to recovery. The environment in which we provide services continues to be complex and challenging. We recognise that despite having delivered significant transformational changes to service delivery every year for the last six years, we know that in order to achieve our strategic priorities the need for further substantial transformational change will continue.

Herefordshire and Worcestershire STP Mental Health Delivery Plan

Herefordshire and Worcestershire have developed a Sustainability and Transformation Plan which aligns with the national workforce plan for mental health, Five Year Forward View for Mental Health and Stepping Forward to 2020/21. Within the main document there is a Workforce Development plan which defines the following key areas of focus:

- Recruitment / retention in order to establish sufficient staff to fill existing posts and expand services
- Expansion of Psychological Therapies and IAPT provision
- Continued improving response times for addressing mental health and physical health challenges
- New skills to support new roles and new models of care
- Attracting new people to work in mental health and encouraging existing qualified staff to return to practice

- International recruitment
- Release more clinical time by reducing admin time i.e. introducing digital dictation and transcription
- Timely Crisis support
- Increasing access to CAMHS Services
- Developing Perinatal and Court Liaison services

Subsequent to this the STP HR Directors agreed a People Strategy to further support the delivery of the plan. This also takes into account the Five Year Forward View for Mental Health and other related strategy documents.

The overall aim of the programme for improving mental health and learning disability care is to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.

The plan aspires to meet the requirements of the Stepping Forward to 2020/21 and the requirements of the Five Year Forward View across the two counties. In order to achieve this aspiration, as partners across the system, we have agreed to prioritise investment in mental health services where financial circumstances permit.

The plan considered the following pathways:

- Children and Young Peoples MH – CAMHS, Community Eating Disorder Services, Emergency and Crisis services and School Refusals
- Perinatal Mental Health
- Adult Common Mental Health - IAPT
- Adult Crisis, Community and Acute MH – Acute Out of Area Placements, Early Intervention in Psychosis (EiP), Crisis Care, Liaison Psychiatry, Integrated mental and physical healthcare and Individual Placement Support (IPS)
- Dementia
- Suicide Prevention
- Local Priorities - Personality Disorder, ADHD in Adults and Autistic Spectrum Disorder pathways.

The locally agreed focus is on the following priorities for 2018-19:

- Perinatal care – to establish consistent services across the footprint
- Increase access to psychological therapies for a range of common mental health disorders and the management of ‘medically unexplained symptoms’ to reduce demand within acute and primary care
- Strengthen the management of people with dementia in acute urgent care systems and primary care at scale
- Expansion of IPS services within Worcestershire, spreading the learning across the footprint
- Collaboration to deliver a range of care more locally at an STP/STP plus level i.e. improved access to CAMHs Tier 3.5 to reduce demand for Tier 4 CAMHS, locked rehabilitation, complex dementia services, eating disorder and personality disorder services
- Improving access to services for C&YP through continued delivery of the transformation plans.

The plan also includes ensuring that the population of Herefordshire and Worcestershire have better access to information that promotes and supports positive mental wellbeing – social prescribing, MECC, digital inclusion and lifestyle change programmes. These are recognised as having an impact in the short term to medium term.

Services across Herefordshire and Worcestershire are delivered at present within the county in which the two Trusts are located, and Worcestershire Health and Care Trust have integrated many of their mental health services with community services within Worcestershire. There is still more detailed work to be done to address some of the very specific challenges within the provision of mental health across the two counties and wider community. The underpinning Vision agreed in both Herefordshire and Worcestershire which supports the direction of travel is:

That a person with mental health needs “can plan their care with people who work together to understand them and their carer(s); allow them to control and bring together support to achieve the outcomes that are important to them”

Current workforce challenges for the STP

Both counties are considered rural which has an impact on attracting new staff. This is more keenly felt in Herefordshire where young people are drawn out of county to pursue their careers. There is poor road and public transport infrastructure, with no motorway or dual carriage way access to the city of Hereford.

In both counties there is an aging workforce and together NHS Foundation Trust expect 13 staff who have Mental Health Officer status to retire in the next 5 years. Currently there is a national shortage of registered mental nurses and this is particularly evident in Herefordshire. Succession

planning is critical for both providers to minimise the impact on services and ensure organisational memory is retained.

Both providers are facing on-going recruitment challenges, particularly for Band 5 nurses. Band 5 nurses are attracted to work in community services where they can gain quick promotion to a Band 6 and therefore progress their careers, this has an impact on adult in-patient wards

Recruiting to Consultant Psychiatrist posts is consistent with the national picture, with Herefordshire having particular difficulties within their CAMHS and Learning Disabilities services.

Both Trusts have difficulties in recruiting and retaining Psychological Wellbeing Practitioners (PWP's) working within the IAPT service. Worcestershire have recently completed a workforce review to address these issues and developed an associated action plan to try to address the recruitment and retention of PWPs including the introduction of band 4 Assistant PWP and band 6 Senior PWP roles.

Although outside the scope of this workforce plan, recruitment and retention of AMHPs is an issue across the STP needing support from the county councils to resolve. Councils are not bound by national terms and conditions in the same way as Agenda for Change provides consistency across the NHS, consequently the recruitment and retention of social workers, particularly those fulfilling AMHP roles is a challenge and impacts on the ability to deliver crisis and urgent care services.

Both providers have links with local universities to offer experience to students on a range of courses and to attract newly qualified staff into their services.

To counter some of these challenges each provider is implementing a number of initiatives which are described in more detail below;

²gether NHS Foundation Trust (2g)

There are a number of planned recruitment initiatives that have been implemented to ensure the opportunities for a sustainable workforce supply are maximised.

- Employing students as Student Practitioners throughout their training and this provides them with a regular income and it is hoped that it will help retain them once they are qualified.
- Engaging with the Nursing Associate programme through the University of Worcester where we will continue to train Band 4 nursing associates
- Hosting return to practice nurses who have a plan to retain their NMC registration and continue to work for us
- Sponsoring HCA's who have had existing degrees onto the second year of the Nurse Training Programme
- Developing a new Mental Health BSc programme and apprenticeship route with the University of Gloucestershire which will give us

additional access to locally based recruits

- Linking with Herefordshire sixth form colleges in order to attract new applicants for nursing courses – this work has reversed the national trend and the University of Worcester have recruited more nursing students as a result.
- New roles for in-patient area - due to low numbers of junior doctors we have engaged with local Universities to fill the gap with Physician Associates; we are also developing a training programme to extend nursing roles short of a full Advanced Clinical Practice level. These will become “Specialist Nurses”
- Increased our student nurse capacity by 25%
- Recruited a new peripatetic HCA team in 2017 to fill many of the vacancy gaps and reduce agency costs. We plan for a number of these staff to go on to become Nursing Associates or enrol on a nursing degree course in the future.
- Discussed at a recent nursing staffing summit the wider utilisation of AHPs and Nursing Associates in what is traditionally mental health nursing posts
- Agreed in May 2018 a pilot Trust training allowance package to replace the lost Nursing Bursary
- Commenced a multi-provider HCA Apprenticeship pilot
- Revised our Relocation Expenses policy to add additional flexibility and assistance
- Participated with other STP providers on local, regional and European recruitment drives

A number of retention initiatives have been introduced to ensure that valuable skills, knowledge and experience are retained where possible. These include:

- Hosting return to practice nurses who have a plan to retain their NMC registration and continue to work for us
- Employing students as Student Practitioners throughout their training and this provides them with a regular income and it is hoped that it will help retain them once they are qualified
- Recruiting a number of peripatetic HCA's to fill some of the vacancy gaps and reduce agency costs. It is anticipated that a number of these staff will go on to become Nursing Associates or enrol on a nursing degree course in the future
- Introduced a flexible “retire and return” package for medical staff in Gloucestershire with plans to expand this to the rest of the workforce during 2018
- Work is also currently underway to develop a robust process for retaining staff who are considering retiring whilst taking into account the need to also ensure the process is supportive and does not have an adverse impact on succession planning and career pathways. This work will also include the development of new roles that will support service delivery at the same time as creating the flexibility needed to attract retirees to stay on after retirement. This work is in addition to the ‘retire and return’ package already developed for medical staff

- Revised our Relocation Expenses policy to add additional flexibility and assistance

Worcestershire Health and Care NHS Trust (WHCT)

There are a number of planned recruitment initiatives that have been implemented to ensure the opportunities for a sustainable workforce supply are maximised.

- The Trust have two members of staff across Older Adult and Adult Mental Health in the first year of the Trainee Nursing Associate programme and have Assistant Practitioners in our skills mix in some areas. We continue to review our skills mix to ensure that we are maximising the benefits of band 4 roles across Nursing and Allied Health Professionals. WHCT are exploring the option of supporting Degree Mental Health Nursing and Occupational Therapy Apprenticeships in the next 12-18 months.
- WHCT work in conjunction with NHS Professionals to deliver a Care Support Workers Development (CSWD) Programme as an entry route into the NHS for individuals with no previous experience in health care. This scheme, in association with our effective use of apprenticeships, contributes to the supply of our future workforce.
- Working in collaboration with NHS Improvement to produce a Retention action plan to outline our plans and priorities over the next 12 months. This will be particularly relevant to our Mental Health services where we have known recruitment and retention challenges.
- We recently held a recruitment day for students in their third year of training allowing us to offer final placements with the Trust and conditional offers of employment to suitable applicants. We successfully recruited 4 mental health/learning disabilities nurses who will be joining the Trust in September 2018 following the successful completion of their final placements.
- We attended recruitment campaign in Ireland in March 2018 and were able to make offers of employment to a number of Mental Health nurses.
- We commenced a second cohort of Trainee Nursing Associates in May 2018 and anticipate further uptake across the mental health workforce for the third cohort planned for September 2018.
- Continue to recruit to CSWD posts as a supply pipeline to our healthcare support worker vacancies.
- Flex skills mix when recruiting to vacancies and expand on existing rotation schemes.

- Maximise the training and development opportunities available through apprenticeship reforms to support the development of existing staff.
- Proactive use of Social Media to advertise vacancies to potential recruits.
- Working with Worcestershire County Council to actively engage with Social Worker students during their training, fast track Social Worker progression for graduates and continue to support the Assessed and Supported Year in Employment (ASYE) scheme for newly qualified Social Workers (national 'Think Ahead' programme).
- Promoting Worcestershire as a desirable county to live/work and attract applicants from surrounding towns and cities i.e. Birmingham.

In addition a range of staff retention initiatives are in place to help staff consider WHCT to be the employer of choice.

- Quarterly celebrating good practice events to promote the positive work undertaken within the Adult Mental Health and Learning Disabilities Service Delivery Unit
- Analysing and understanding our data on staff turnover more comprehensively
- Go Engage (Staff Engagement) programme
- Reviewing our Trust and Local Induction programmes – follow up session with new starters 6 months after joining the Trust to identify and address anything we can to retain them
- Develop a web page whereby all the benefits of working for the Trust/NHS can be captured and promoted – staff discounts, salary sacrifice schemes etc.
- Develop a (electronic) booklet that promotes Worcestershire and working for our Trust
- Establish a focus group of staff aged under 30 to identify what they want and what will keep them for years to come
- Update and promote our flexible working policy and work with managers to approve as many as we can to retain staff
- Review our preceptorship programme and determine if extending this could retain staff longer
- Develop an Exit Interview protocol to increase the uptake of exit interviews and provide us with valuable information – including conversations with staff thinking of leaving

The development and use of new roles

There are a number of new roles that are emerging within mental health as an integral part of the STP collaboration and these include:

- Nursing Associates
- Physician Associates
- Apprentices
- Currently there are 4 Band 7 RMHN working within primary care and there are plans to roll this out further, assuming GP and Commissioners support, as results of the initial pilot have been positive and have resulted in a reduction in secondary care admissions

Upskilling of current staff – including expanding mental health skills in staff working in other settings

There are a number of planned development activities that will be utilised to upskill and support both our current and future workforce. These will be aligned to supporting new models of care and will encompass not only our mental health workforce but staff in wider health and care settings. The key areas of focus are:

- To provide the mental health workforce with additional skills and knowledge in relation to physical health which will lead to the enhanced ability to identify patients whose physical health may be deteriorating. It is anticipated that this will lead to a decrease in emergency hospital admissions
- It is planned to improve the IT skills of our workforce with the aim of improving the digital capabilities of everyone working in health and social care. The best care of all individuals is only possible if these capabilities are fully developed and exploited. Improving the digital literacy skills of our staff will help everyone working in healthcare to learn, work and develop effectively in a digital workplace and society. It will also support the achievement of the objectives set out in the National Information Board's Building a Digital Ready Workforce strategy. By building and improving excellent literacy capabilities, we can improve the uptake and adoption of new digital tools and technologies, thereby transforming the way we practise clinically and provide care. The plan is to purchase a digital skills assessment tool. The tool will be used to help us assess IT skill levels as part of our recruitment processes, enabling us to quickly identify staff who may need additional support and/or training. The tool is flexible enough to enable assessment at different skill levels and as part of its development and roll out we will agree cross-organisational minimum IT skill sets for different roles and responsibility levels.
- To extend current training provision for recognising and supporting early on-set Dementia to ensure identified staff are given these additional skills, enabling them to care for people living with dementia for longer and avoid unnecessary admission to hospital

- Building on partnership working already in place across the STP. There will be an increased reliance on the voluntary sector and carers to support patients. Healthcare providers have a part to play in training and supporting carers to undertake this activity
- A greater focus on a preventative approach within CAMHS and targeting input at an early stage working with partner organisations supporting early intervention, CAST (Consultation, Advice, Support and Training) supporting school staff and other professionals to understand their role in supporting the mental health of a child or young person or groups of children and supporting Children and young people experiencing low mood or anxiety (Reach4Wellbeing)
- Develop a frailty pathway which includes clear links with mental health services

Digital provision within core mental health services

Online therapy is a widely used method of IAPT delivery, with around 70% of IAPT services nationally having some kind of online delivery as part of their treatment menu. It is anticipated that these solutions will result in the ability to meet the current and future increase in service demand without the need to increase posts which are difficult to recruit to.

As part of the on-going initiatives to enhance the performance of the Improving Access to Psychological Therapy Services (IAPT), particularly around waiting times and numbers of patients accessing the service, the Let's Talk service in Gloucestershire is planning to introduce an online therapy option in March 2018. This is already in place in the Worcestershire Healthy Minds service.

In addition, Worcestershire are working on plans to outsource some of the IAPT developments to external providers including the initial screening of patients and the development of the Employment Advisor service for IAPT patients.

FYFV Workforce Expansion Plan

Workforce expansion by service area in FTE - Funded (F) and unfunded (UF) posts have been included and marked accordingly

Expansion	Medical	N&M	AHP (STT)	Total Clinical	Support	Admin	Total Non-Clinical
CYP		5.20 F	20.50 UF	5.20 F	4.00UF		4.00UF

		11.20 UF		31.70 UF			
Adult IAPT			19.00 F 28.00 UF	19.00 F 28.00 UF	6.00 F		6.00 F
Perinatal	0.60 F	2.00 F 4.00 UF	1.10 F 2.80 UF	3.70 F 6.80 UF	1.00 F	0.80 F	1.80 F
Crisis		5.00 F 34.00 UF		5.00 F 34.00 UF			
EIP		5.50 UF	6.38 F	6.38 F 5.50 UF			
Liaison							
Core Acute		6.00 UF		6.00 UF			
Core Community		40.00 UF	28.00 UF	68.00 UF	13.80 UF		13.80 UF
TOTAL	0.60 F	12.20 F 100.70 UF	26.48 F 79.30 UF	39.28 F 180.00 UF	7.00 F 17.80UF	0.80 F	7.80 F 17.80 UF

FYFV Growth Trajectory

Growth has been applied on a *cumulative* basis up until 2018/19 as the funding for these posts has been confirmed. For 2019/20 and 2010/21 year on year growth has been estimated with funding anticipated to be confirmed through the annual contract negotiations between commissioners and providers.

	2016/17	2017/18	2018/19	2019/20	2020/21
	5.2 F	8.20 F	33.68 F	98.90 UF	98.90 UF

The growth trajectory above outlines the expansion of funded and projected non funded posts known at the time of developing this plan. We are aware that in order to meet the requirements of the 5YFV and local population needs further capacity will be required. Further additional posts will need to be funded in order to reduce the quality of care gap and discussions with our commissioners continue. The information below outlines some of the areas and anticipated posts needed to meet the aspirations of the 5YFV and these are now reflected in the table above with service level detail in the table below.

Provision	Anticipated additional posts to 2021 (WTE)
Children and Young Peoples MH	
CAMHS: community eating disorder services	11.4
CAMHS: emergency, urgent, routine	21.6
CAMHS: school refusal	2.7 (Herefordshire only)
Perinatal MH	
Perinatal mental health service	6.8
Adult Common Mental Health	
IAPT	28.0

Adult Crisis, Community and Acute MH	
EIP	5.5
AMH: Crisis care	34.0
Eating disorders (adult mental health)	11.0
Acute mental health care	6.0 (Herefordshire only)
Integrated mental and physical health care pathways	33.0
Bipolar affective disorder	9.6
Self harm	9.0
Dementia	
Dementia	3.0 (Herefordshire only) Worcestershire tbc
Local Priorities	
Personality disorder	9.0
Attention deficit hyperactivity disorder	7.2
Autistic spectrum disorder (jointly with learning disability)	tbc

Supporting information

Waterfall Diagram

The waterfall diagram has been reviewed and updated to reflect the staffing levels required to deliver the national ambitions in the Stepping Forward to 2020/21; it is submitted with the following caveats:

Projections for 2gether and WHCT are based on what we know currently about our workforce and changes and challenges that are likely to happen over the next 3 - 5 years. At this stage, subject to funding, we anticipate the overall workforce numbers increasing, however, with the emergence of new roles together with the progression of new models of care and STP transformation it is expected that the skill mix will change over time and therefore this picture will be an evolving one.

The waterfall diagram does not take into account the changing skills and knowledge of the wider workforce i.e. increasing skills and knowledge in mental health awareness across the STP footprint, for example through the current roll out of mental health first aid training etc. In addition to this it does not take into account the planned increase in the use of evolving telephone and digital technology solutions such as those within IAPT services as these solutions will not necessarily result in an increase in posts but will help manage the increasing demand for services and will mitigate some of issues around the ability to recruit staff in some areas. The submission also does not take into account the as yet undetermined impact of the 2gether NHS Foundation Trust's participation in the current, recently commenced NHS Improvement Retention Pilot. The impact of this will be worked in to future iterations of the plan and waterfall diagram and may lead to a reduction in the number of vacancies.

- As per the national expectation for the completion of this return, the model assumes that replacement staff are non-clinical only and that only newly qualified staff will replace clinical leavers which does not reflect practice and to account for this 328 clinical replacement staff have been added to the newly qualified totals.
- Our leavers rate has declined over the period 2014/15 to 2016/17 and this has been taken into account when compiling the improved retention figures.
- The model assumes that new roles are an addition to the existing workforce numbers and at present new roles are replacing existing vacancies and this will continue to be the case unless new monies are identified.
- In addition to this because the numbers for our Herefordshire and Worcestershire services are relatively small we have omitted the rotational doctors as this was skewing the figures.

- The number of posts identified on 31 March 2016 are a 'snapshot' of the funded establishment on that day and the difference between the demand (posts) and WTE in post (supply) do not necessarily give a true reflection of 'vacancies' as staff in post is a dynamic process with constantly changing dimensions i.e. changing hours, changing cost centres etc.

The Waterfall chart for WHCT element has the following caveats:

- It does include:
 - All Adult Mental Health
 - All Learning Disabilities
 - All CAMHS
 - All Inpatient Older Adult Mental Health (OAMH)
 - All Community OAMH with the exception of Malvern / Tenbury & Evesham / Pershore as these teams are included in the Integrated Care Teams.
- With regards to starters / leavers it includes ALL leavers and starters within groups identified above so does include all medics on rotation.
- Newly qualified clinical starters include Band 5 and above (excludes medical and dental staff group)
- The model assumes that replacement staff are non-clinical only and that only newly qualified staff will replace clinical leavers which does not reflect practice.
- Retention data is based on having to reduce current annual retention to 12%, there is no place for any assumption of a reduction of the workforce due to service changes, cost improvement programmes etc.

Herefordshire and Worcestershire target for increase in posts

The original 200 FTE target increase in posts for Herefordshire and Worcestershire STP as identified and suggested by Health Education England represented a 15% increase over the 5 year period from 31 March 2016 to 2021. The current refreshed submission of 244.88 posts reflects an increase of 18%. Whilst some of the proposed increase will be met by changing working practices, developing new roles i.e. nursing associates, apprenticeships and embracing new ways of working it is likely that the increase in service demand will be met by methods other than an increase in posts. However, this is the current situation and should the funding situation change it is possible that additional new posts will be established as outlined below.

NHS contracts with commissioners are agreed and approved on an annual basis. Funding in some areas is agreed annually on a non-recurrent basis, particularly in the case of the Local Authority, which has an impact on the ability to deliver services on sustainably. For example, in March 2016 3% of posts in 2gether were filled with staff on fixed term contracts and a similar number can be seen in the current workforce profile at 3% (2gether) due to this short term nature in funding. This can make posts less attractive and more challenging to fill.

Herefordshire and Worcestershire STP - 2gether NHS Foundation Trust, Worcestershire Health and Care NHS Trust				
		Demand	Supply	Vacancies
2016 Position		1,339	1,221	118
New posts in growth areas	Clinical	223		
	Non-clinical	22		
Transfer of posts to transformation and growth areas				
Non-clinical staff	Leavers		-167	
	Replacement Staff		203	
Leavers - Clinical			-508	
Improved retention			222	
Newly Qualified Staff from training			482	
New roles such as Nurse Associates, Physicians Associates and Crisis telephone triage staff			13	
2021 Position		1,584	1,466	118

