

Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 22 April 2020

Clinical Lead / Executive Member / Officer of the Single Commission Dr Ash Ramachandra – Lead Clinical GP
Cllr Bill Fairfoull – Deputy Executive Leader
Jessica Williams, Director of Commissioning

Subject: **CHILDREN AND YOUNG PEOPLES EMOTIONAL WELLBEING AND MENTAL HEALTH LOCAL TRANSFORMATION PLAN REFRESH AND BUSINESS CASE**

Report Summary: The transformation of children and young people’s mental health is led locally. This means local professionals from across the NHS, public health, children’s services in local authorities, education and youth justice working together with children, young people and their families to design and provide the best possible services for their locality.

To support this local leadership and accountability, Clinical Commissioning Groups (CCGs) are expected to work with commissioners and providers across health, social care, education and youth justice and the voluntary sectors, to develop local transformation plans for children and young people’s mental health.

Local transformation plans were first published in 2015 and set out how local services will invest resources to improve children and young people’s mental health across the “whole system”. These plans are ‘living documents’ and local areas are asked to refresh, and CCGs to republish them, on CCG websites every year. The Tameside and Glossop Children and Young People’s Local Transformation Plan is presented as a slide pack.

This report summarises the Local Transformation Plan priorities and presents the case for additional investment to drive onward in the expansion and transformation of mental health support for children and young people and their families. The priorities for 2020/21 are

- Working together in neighbourhoods to make it easier to get help
- Increasing access
- Listening and shaping services with young people
- Focus on families as the best resource
- Increase support for those most vulnerable to improve outcomes

Recommendations: Board is asked to

- recognise the progress to date
- comment on the priorities for 2020/21
- note the proposal to pool TMBC and CCG funding to co-produce and commission a new children and young people’s emotional wellbeing offer
- agree that SCB is asked to approve the additional investment as follows

Element	Proposed investment
CYP Emotional Health and Wellbeing Development - to be commissioned through Innovative Partnership Commissioning	£64,000
Youth MH First Aid Training	£15,000
Early Help Single Access Point - Senior MH practitioner	£50,000
Extend CAMHS to meet needs of 16 and 17 year olds	£95,000
Additional capacity for Autism pathway	£130,000
Raising Confident Kids	£50,000
	£404,000

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	£404,000
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Evidence underpinning proposals demonstrate VFM when implemented in other locations.
Additional Comments	
<p>The investment outlined in this proposal is congruent with both national and local MH Strategy and recurrent budgets are incorporated in to the CCGs financial plans. It is important that the model is delivered within the budgets identified and performance is closely monitored to ensure the outcomes are in line with both qualitative and quantitative expectations.</p> <p>The CCG must demonstrate an increase in MH spend in 20/21 of 5.35% greater than in 19/20. However this is significantly higher for CYP investment which is 9.5%. The proposals set out here will both support the long term plan strategic programme and ensure the CCG meets its financial obligations and targets for 2020/21.</p>	

**Legal Implications:
(Authorised by the Borough
Solicitor)**

The pooling of funding to commission a new children and young people's emotional wellbeing offer, will need to ensure that procurement obligations are complied with in addition to public sector equality obligations. Transparency, accountability and best value considerations will need to be at the fore together with monitoring of outcomes to ensure that contractual obligations have been met. Meaningful consultation as to the provision of services and delivery model employed are key to ensuring service user consultation requirements have been complied with.

**What is the evidence base
for this recommendation?**

The CYP Local Transformation Plan is based on good practice evidence and research in improving mental health outcomes for children and young people, such as the THRIVE Model, developed by the Anna Freud Centre.

**Is this recommendation
aligned to NICE guidance or
other clinical best practice?**

The Local Transformation Plan is based on the following NICE Guidance

- NICE guideline [NG93]: Learning disabilities and behaviour that challenges: service design and delivery
- NICE guideline in development [GID-NG10113]: Severe complex needs in disabled children and young people up to 25
- Clinical guideline [CG128]: Autism spectrum disorder in under 19s: recognition, referral and diagnosis
- NICE guideline [NG87]: Attention deficit hyperactivity disorder: diagnosis and management
- NICE guideline [NG134] Depression in children and young people: identification and management
- NICE guideline [CG158] Antisocial behaviour and conduct disorders in children and young people: recognition and management

**How will this impact upon
the quality of care received
by the patient?**

The quality of care received by the patient will be improved in terms of

- Reducing waiting times
- Increasing choice
- Improved quality

Access to Information :

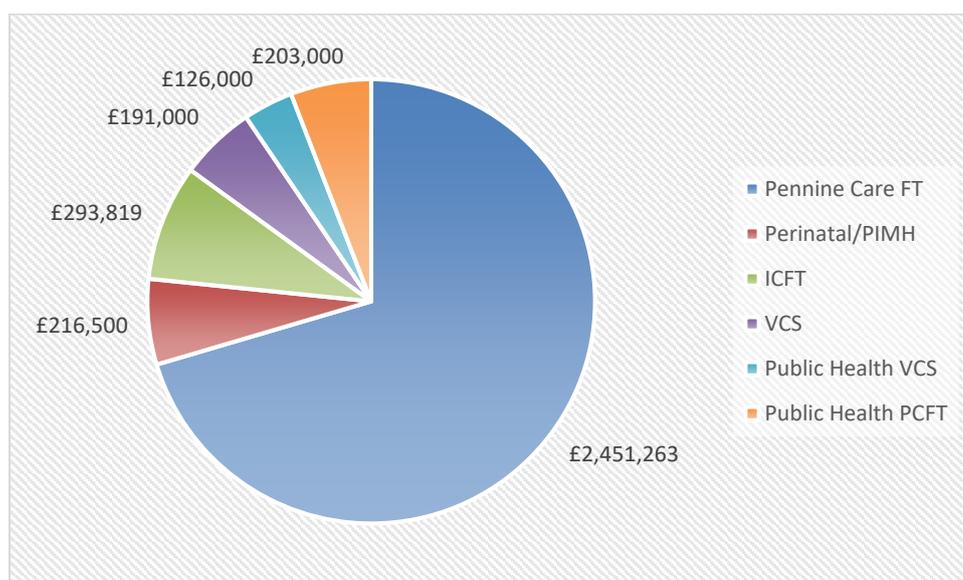
The background papers relating to this report can be inspected by contacting Pat McKelvey

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1. INTRODUCTION

- 1.1 The Tameside and Glossop Children and Young People's Emotional Mental Health Local Transformation Plan (CYPLTP) is a requirement in line with Future in Mind¹ and the Five Year Forward View for Mental Health² published February 2016, and the NHS Long Term Plan³ published 2019. It is an update on the achievements realised since the original plan in 2015/16 and details the ambitions for 2020/21. The Plan focuses on transforming support to children, young people and their families through increasing access, early intervention and the quality of support with the aim of improving outcomes for children and young people with emotional and mental health difficulties. Critical to achieve this is the whole system approach, where all services work together to the same aims.
- 1.2 The CYPLTP is not just a report on local progress and further ambitions, but is required by NHS England as evidence that we are delivering the requirements and increasing investment in children and young people's mental health. The NHS Long Term Plan requires funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending and the CCG is monitored on the achievement of this requirement.
- 1.3 The Strategic Commission currently invests in children and young people's mental health support and services as follows.



- 1.4 The CYPLTP has been developed with active involvement of a wide range of stakeholders in Tameside and Glossop, including views of young people and parents/carers.

2. NATIONAL PRIORITIES

- 2.1 Future in Mind (2015) required all CCGs to deliver the following priorities:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable

¹ [Future in Mind: Children and Young People's Mental Wellbeing \(2015\)](#)

² [Five Year Forward for Mental Health \(2016\)](#)

³ [NHS Long Term Plan \(2019\)](#)

- Eating disorders
- Developing the workforce
- Accountability and transparency

- 2.2 The NHS Long Term Plan (2019) builds on this and requires all CCG to deliver:
- Further expansion of mental health services for children and young people
 - Further expansion of eating disorders services for children and young people
 - Further development of crisis care services
 - Further development of mental health support in schools, and colleges
 - Establishment of a new approach to mental health services for 18 – 25 year olds

3. LOCAL PRIORITIES FOR 2020/21

- 3.1 Our local priorities, listed below, are in line with our corporate plan and the national THRIVE framework. This framework provides a set of principles for creating coherent and resource-efficient communities of mental health support for children, young people and families. This requires partnership working with stakeholders across education, health, social care and the community and voluntary sector, as well as working with children, young people and their parents.

3.2 Working together in neighbourhoods to make it easier to get help

- Create a single place to get help through the Integrated Early Help Access Point by May 2020 and Integrated Early Help Neighbourhood Teams by Sept 2020
- Mental Health in Education – develop services in line with the Green Paper, bringing together GM and local initiatives including Team Around the School
- Establish an Integrated Perinatal & Parent Infant MH Service
- Integrate CYP crisis care pathway to ensure joined up working across GM services, Healthy Young Minds and the Integrated Care Foundation Trust.

3.3 Increasing access

- Expand capacity and geographical spread of early access services through pooling Public Health and CCG emotional wellbeing resources and using these to co-produce and commission a new children and young people's emotional wellbeing offer through either Innovative Partnership Commissioning or Competitive Dialogue, dependent on market views.
- Reduce waiting times for Autism assessment and build more pre and post diagnostic support
- Eliminate a gap in provision through resourcing Healthy Young Minds to cover 16 and 17 year olds.

3.4 Listening and shaping services with young people

- The new children and young people's emotional wellbeing offer will be co-produced with young people with emotional wellbeing needs and their families
- Engage 16 to 25 year olds to shape services to ensure the best offer across young people and adult services

3.5 Focus on families as the best resource

- Build more parent/carer support including training, joint sessions and peer to peer opportunities
- Establish an evidence based course for parents with anxiety, called Raising Confident Kids
- Focus CCG parent carer respite investment to focus on two elements – support to families on the neurodevelopmental pathway and pilot a parent carer support budget for families with children in the Transforming Care group.

3.6 Increase support for those most vulnerable to improve outcomes

- Establish psychological resources within the new Family Intervention Service
- Integrate existing services to create a Looked After Children Health and Wellbeing Team
- Review therapy service provision for looked after children with complex needs with a view to ensure proactive approach to identifying and meeting needs early to improve outcomes, and from this the ascertain the commissioning requirements
- Increase early support to families where a child has a learning disability or autism and mental health needs in line with Transforming Care and SEND.

4. INVESTMENT REQUIRED

4.1 It is proposed that additional investment is committed in line with the priorities listed above as follows:-

Element	Existing Investment	Proposed investment	Comments
CYP Emotional Wellbeing Offer – co-produced	£78,000 (CCG)	£64,000	Pooling and increasing the funding to create a commissioning budget of £250,000 p.a.
	£108,000 (TMBC)		
Youth MH First Aid Training		£15,000	Roll forward this successful programme
Early Help Single Access Point - Senior MH practitioner		£50,000	Integrate MH expertise to support swift access to families to right pathway
Extend CAMHS to meet needs of 16 and 17 year olds		£95,000	Increase medical capacity within Healthy Young Minds to manage prescribing for 16 and 17 year olds and to extend CAMHS service for young people with ADHD to age of 18.
Additional capacity for Autism pathway		£130,000	Expand the Multi-agency Autism Team to reduce waiting times for diagnosis and increase pre and post-diagnostic support.
Raising Confident Kids		£50,000	Evidence based parent education programme to reduce transmission of anxiety from parent to child
		£404,000	

4.2 Further details of these proposals can be found in **Appendix 1**.

4.3 The Children and Young People's Strategic Steering Group are responsible for the delivery of the Local Transformation Plan, and will report progress to the Starting Well Board on a quarterly basis.

5. RECOMMENDATIONS

5.1 As set out at the front of the report.

APPENDIX 1

Additional Information regarding the Proposals for Additional Investment

Proposal 1: Children and Young People’s Community Emotional Wellbeing Offer. It is proposed to work with children, young people and their families to co-design a new mental health support offer to increase early and easy access to support. It is proposed to pool existing resources and add to them and to take a creative approach to procurement, either Innovative Partnership Commissioning or Competitive Dialogue.

Innovative Partnership Commissioning is a new procurement procedure, used where there is a need for “an innovative product, service or works that cannot be met by (those) ... already available on the market”. The innovation partnership is structured in “successive stages”; with “intermediate targets” and remuneration in instalments. This incremental contractual arrangement has two distinct stages – the first being the “R&D” or design stage to develop the solution; followed by the service contract that delivers the solution. By using this the providers who will be responsible for delivering the final service are engaged in co-production of the new model, rather than the traditional way of developing the model first then going out to tender.

It is proposed to bring together existing resources across the Council and CCG and increase the overall budget as follows:-

Existing budgets	Funding
CYP Counselling service	£108,000
Open access drop in sessions	£45,000
42nd Street young people’s support	£33,000
Additional investment	£64,000
Total Pooled Budget	£250,000

Proposal 2: Neighbourhood Developments. It is proposed to invest in embedding a senior mental health practitioner in the Early Help Access Point to ensure the triage, signposting and upskilling of staff in the system is robust. Workforce development will expand with ongoing Youth Mental Health First Aid Training and workforce development through the Mental Health in Education developments.

Proposal 3: Focus on Families. It is proposed to establish a new training programme for anxious parents with the aim of reducing intergenerational transmission of anxiety disorders to their children. Anxiety disorders are highly prevalent and may be the most common psychological disorder of childhood (Cartwright-Hatton, McNicol & Doubleday, 2006). There is evidence of transmission of anxiety difficulties from parents to their children. Eley et al. (2015) concluded that transmission is down to environmental (for example parenting processes) rather than genetic factors. Called Raising Confident Kids this new one-session, group-based parenting intervention for parents with anxiety disorders has been found in studies to be highly acceptable to parents, and children in the control group were 16.5% more likely to have an anxiety disorder at follow-up than those in the intervention group. In summary the study highlighted significant benefits of a brief and inexpensive intervention, targeted at anxious parents, to help them raise less anxious children.

The plan is to roll out the intervention to all primary schools in Tameside and Glossop, making the workshops available to families in the community who are not accessing services and as such, might not otherwise do so. It is anticipated that this way it would recruit a population of parents who do themselves have anxiety difficulties, but also those who might not. There are many adults who would not be accessing adult services either by personal

choice or because the nature of their difficulties might be sub-threshold. This widens recruitment to an otherwise inaccessible population.

It is also proposed to roll out the **Riding the Rapids; Living with Autism or Disability** course to support parents to learn together and support one another. Research shows that parents attending the programme reported significant reductions in parent-reported behaviour problems and significant improvements in parenting efficacy and satisfaction. At six-month follow-up, progress towards achieving parent-set child behaviour goals and parenting satisfaction had been maintained.

It is proposed to focus the CCG funded **parent carer respite offer** on two different elements

- Support for parent carers on the neurodevelopmental pathway – commission an integrated support service for £50,000 per annum for three years
- Pilot an individual commissioning budget to support parents who have children with learning disabilities and/or autism and complex needs who are on the Transforming Care Dynamic Risk Database.

Proposal 3: Reducing waiting times for Autism assessment. Around 18 children and young people are referred for an autism assessment every month. Capacity and demand modelling indicates that the existing service can only assess 9 children per month and therefore there are long waiting times. Alongside a review of the pathway additional assessment practitioners are required to deliver the service.

Proposal 4: Increasing access. The NHS Long Term Plan calls for a continuous 0-25 years care approach for children and young adults and prompts a renewed analysis of how local services are meeting need. A local mapping exercise illustrates that although there is a wealth of support on offer for 16 and 17 year olds, there needs to be a review of how well it is meeting the needs of young adults. Within Living Life Well Programme this review will be facilitated by the Innovation Unit.

In the interim it is proposed that an immediate gap in Healthy Young Minds is met by investing in medical cover for 16 and 17 year olds.