



**Eastern Cheshire  
Clinical Commissioning Group**

# Transformation Plans for Children and Young People's Mental Health in Eastern Cheshire

Developed in partnership with:



*Inspiring Better  
Health and Wellbeing*

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## Local Transformation Plans for Children and Young People’s Mental Health

### NHS Eastern Cheshire Clinical Commissioning Group

**Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary**

**Q1. Who is leading the development of this Plan?**

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

NHS Eastern Cheshire is the lead accountable commissioning body for children and young people’s mental health (in the eastern part of the Cheshire geography). In the Cheshire East Council local authority area, NHS South Cheshire CCG is also a lead commissioning body (covering the south part of the Cheshire geography).

The main partners in the development of this Transformation Plan are:  
Cheshire East Council (Children’s Service and Public Health)

Wider partners in the development of the development of this Transformation Plan are:

- Young Advisors
- Cheshire East Youth Council
- CVS Cheshire East
- Visyon

The person best placed to field queries about this application is:  
Emma Leigh MBE, Clinical Projects Manager  
emmaleigh@nhs.net

**Q2. What are you trying to do?**

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people’s mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

The main objectives of this Transformation Plan are to build on an existing integrated partnership approach in which partners share the vision, commitment and responsibility for effective commissioning arrangements ensuring the delivery of services to meet the emotional health and wellbeing needs of children and young people 0 – 19 (up to 25 if SEND) within Cheshire East.

The vision for services will deliver:

- A system that proactively identifies children and young people with mental health needs and the root causes or vulnerabilities that contribute to these needs.
- A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child's emotional wellbeing /mental health will be turned away.
- Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it.
- Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning.
- Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient
- Parents and carers have the skills to recognise, manage and respond to their children's emotional needs
- Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity
- Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way
- Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

**Q3. Where have you got to?**

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

The main steps and achievements already made towards developing the local offer in line with the national ambition set out in *Future in Mind*, are aligned with the development of the Cheshire East Children and Young People's Plan, which was created by transformation partners in 2014.

Overseeing this plan is the responsibility of the Children's Trust Board reports which links to key strategic partnerships including the Health and Wellbeing Board and the Children's Trust Board, as well as linking back to the CCG's Governing Bodies and Executive Groups.

This multi-agency partnership is well established and is strongly supported by a culture of young people's engagement and co-production in developing its ongoing programme of activity. An example of this development is the Emotionally Healthy Schools CAMHS school links pilot and extension.

The governance procedures which support the partnership are embedded and supported by the Health and Wellbeing Board locally, as well as being robustly championed by Clinical Leads within the CCGs.

Alongside the development of the Transformation Plans, NHS Eastern Cheshire CCG is also committed to a wider programme of service redesign and transformation across its entire mental health programme to create a '**whole of life**' approach, in which the beginnings of good mental health begin before birth, and continue with a person throughout their life and are supported by range of collaboratively commissioned services which support the whole person. These plans deliver the ethos of the NHS Eastern Cheshire CCG Caring Together programme (as described in section 7.2), which aligns with *Future in Mind*

**Q4. Where do you think you could get to by April 2016?**

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016 it is anticipated that the transformation partnership can achieve the following:

- Establish formal steering group for transformation partnership and to extend the membership to third sector and voluntary organisations.

- Establish Young Advisor led group of young people's engagement transformation group
- Commission a young people led organisation to tailor our transformation plans to become child/ Young person friendly, ready to be published in the public domain at the end of November 2015
- Recruit additional commissioning capacity across our CCGs to develop service specification based on "THRIVE" methodology and to develop outcome Indicators and quality markers.
- Increase capacity in CAMHS to bridge gap between supply and demand whilst wider service transformation begins to take shape.
- Review and develop crisis response. Our current Street triage pilot is due to be recommissioned during 2016. As the previous service was only commissioned for adults, the service moving forwards will also be designed to meet the needs of young people facing crisis. It is envisaged that the initial planning meetings will have taken place before April 2016, whereby the requirements for young people will be fully quantified and described.
- Commission additional research into the mental health needs and challenges of adopted children living in Cheshire East. Historically a number of 'out of area' children come to live in Cheshire East, bringing with them some challenging mental health needs which can continue throughout their teenage years (and beyond). Qualitative information is required to support the JSNA to better understand these needs and how to support them for the future and as we redesign services.

**Q5. What do you want from a structured programme of transformation support?** Please tell us in no more than 300 words

The support that NHS Eastern Cheshire CCG would require includes:

- Education and training for cultural transformation
- Support in data collection
- Routine outcome measures and standards (the development of and standardisation of)
- Opportunities for networking and sharing the learning
- Constructive challenge and scrutiny, with supported development
- Timely communication and realistic deadlines

Plans and trackers should be submitted to your local DCOs with a copy to [England.mentalhealthperformance@nhs.net](mailto:England.mentalhealthperformance@nhs.net) within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (e.g., for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to [england.camhs-data@nhs.net](mailto:england.camhs-data@nhs.net) for analysis and to compile a master list

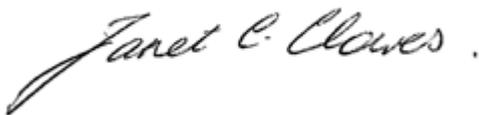
## Self-assessment checklist for the assurance process

### NHS Eastern Cheshire Clinical Commissioning Group

**PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text**

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
<b>Engagement and partnership</b>		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
Have been designed with, and are built around the needs of, CYP and their families	Y	4.5
provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	6.4
include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	4.2
promote collaborative commissioning approaches within and between sectors	Y	4.2
Are you part of an existing CYP IAPT collaborative?	Y	Already member of a collaborative (CWP)
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
<b>Transparency</b>		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	6.5, 6.6, 6.7, 7.5.2, 7.5.3, 7.5.4, 7.5.5, Appendix 4 & 5
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Please see Appendix 1
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	Committed to 30/11/15 for publication
<b>Level of ambition</b>		
Please confirm that your plans are:		
based on delivering evidence based practice	Y	9.3.1
focused on demonstrating improved outcomes	Y	11.2, 11.3
<b>Equality and Health Inequalities</b>		
Please confirm that your plans make explicit	Y	Please see JSNA in section 7.5.2

how you are promoting equality and addressing health inequalities		
<b>Governance</b>		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	4.3, 4.4
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	4.3, 4.4
<b>Measuring Outcomes (progress)</b>		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Please see tracker for detail
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Please see tracker for detail
<b>Finance</b>		
Please confirm that:		
Your plans have been costed	Y	Please see tracker for detail
that they are aligned to the funding allocation that you will receive	Y	Please see tracker for detail
take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	Please see tracker for detail



Councillor Janet Clowes, Cabinet Member for Adult, Health and Leisure,  
 Email: [janet.clowes@cheshireeast.gov.uk](mailto:janet.clowes@cheshireeast.gov.uk)  
 Telephone: 01270 520327

To be signed off at DCO stage

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Name and contact details of spec comm colleague to be entered here

## Section 1 – Introduction to our Transformation Plans

- 1.1 The Government’s wide-ranging report on children and adolescent mental health, Future in Mind, March 2015, stipulates that each CCG area is required to produce a Transformation Plan. These Plans should cover the whole spectrum of services for children and young people’s mental health and wellbeing from health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.
- 1.2 The Children and Young Peoples Mental Health and Wellbeing Transformation plan guidance identifies that there needs to take place, intensive work with local partners, across the NHS, public health, children’s social care, youth justice and education sectors, to jointly develop and take forward local plans to transform the local offer to improve children and young people’s mental health and wellbeing. This entails CCGs working closely with their colleagues in NHS England Specialised Commissioning, all local Health and Wellbeing Board partners, schools, colleges, youth offending services, children, young people and their families to understand clearly where they are now, establish baseline information and develop an ambitious vision for the future aligning with the overarching principles and ambition set out in Future in Mind.
- 1.3 **Future in Mind** describes an integrated whole system approach to driving further improvements in children and young people’s mental health outcomes with the NHS, public health, voluntary and community, local authority children’s services, education and youth justice sectors working together to:
- place the emphasis on building resilience, promoting good mental health and wellbeing, prevention and early intervention;
  - deliver a step change in how care is provided – moving away from a system defined in terms of the services organisations provide towards one built around the needs of children, young people and their families;
  - improve access so that children and young people have easy access to the right support from the right service at the right time and as close to home as possible. This includes implementing clear evidence based pathways for community based care to avoid unnecessary admissions to inpatient care;
  - deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable;
  - sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
  - improve transparency and accountability across the whole system -being clear about how resources are being used in each area and providing evidence to support collaborative decision making.
- 1.4 The guidance acknowledges that whilst some of what needs to be done can be done now – requiring a different way of doing business rather than significant further investment - there is also some additional funding to support longer term system wide transformation and within that some specific deliverables in 2015/16. These specific deliverables include the development of evidence based community Eating Disorder services for children and young people.

## Section 2 – Our vision in Cheshire East

2.1 NHS Eastern Cheshire CCG, NHS South Cheshire CCG, Cheshire East Council (Children’s Service and Public Health) have set out the following vision for the transformation of children’s and young people’s mental health services in line with Future in Mind – this is our shared vision of the outcomes we are working to achieve in Cheshire East:

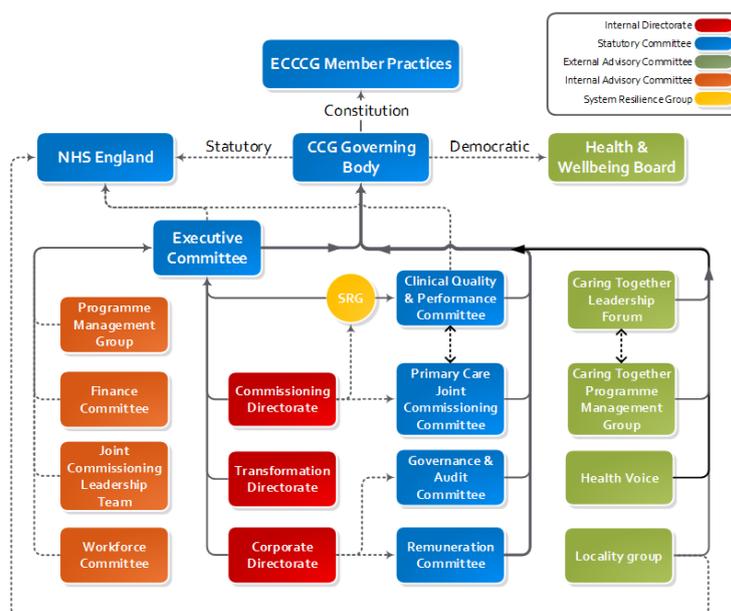
- A system that proactively identified children and young people with mental health needs and the root causes or vulnerabilities that contribute to these mental health needs.
- A well trained, confident workforce that supports early intervention. As a result no child/young person or adult with a concern about a child’s emotional wellbeing /mental health will be turned away. Appropriate referrals onto pathways leading to a match between demand and need.
- Robust and effective pathways that offer choice and a range of provision across the continuum from easily and readily available information, advice and guidance through to intensive interventions and treatment pathways to those children and young people requiring it. Capacity at all stages of the pathways to meet demand. Pathway incorporate a whole family approach in order to tackle entrenched mental health issues that have become “the norm”.
- Well informed commissioners with comprehensive intelligence about needs and provision who coproduce with children, young people and their families leading to innovative, creative and responsive commissioning delivering support and services that children and young people want, when they want them.
- Children, young people and parents/carers have improved emotional wellbeing, mental health, self-esteem and confidence and are emotionally resilient
- Parents and carers have the skills to recognise, manage and respond to their children’s emotional needs
- Children, young people and families and referrers know about and influence services and have easy access to services with quick response of appropriate interventions and individually focused support with respect for privacy and dignity
- Children, young people and families have confidence in services and their needs are met through interventions by trained practitioners who feel supported through access to consultancy and advice and do what they say they will do.
- Children, young people and families experience effective transition between services without discriminatory, professional, organisation or location barriers getting in the way
- Fewer children and young people in Cheshire East experience stigma and discrimination through improved public awareness and understanding of mental health.

## Section 3 – Background

- 3.1 In Cheshire East professionals working across health and social care are committed to making a difference to the lives of children and young people in our communities. We want Cheshire East to be a great place for people to live, learn, work and relax; where all children and young people feel included and listen to. We want Cheshire East to be a place where children and young people thrive, are safe from harm, feel physically and emotionally healthy, have access to outstanding education and feel prepared for and excited about adulthood.
- 3.2 Children, young people and staff across Cheshire East have challenged us to create a great place to be young. To this end, all our plans focus on a group of priorities developed around the following key themes: children and young people at risk and providing help to families early; healthy and resilient young people; young people equipped and excited to enter adulthood; children, young people and young adults with special education needs and disabilities; and a borough that respects children’s rights.
- 3.3 This Transformation Plan is our single strategic and overarching plan around children and young people’s mental health. It sets out how partners across Cheshire East: the Local Authority (Cheshire East Council), Health Services NHS Eastern Cheshire CCG and NHS South Cheshire CCG), Education, Justice and the voluntary and community sector intend to achieve improvements in outcomes for the Cheshire East’s children, young people, young adults and their families.
- 3.4 This Transformation Plan is strategically aligned to the wider Children and Young People’s Plan and the work of CCG Strategic Plans and the Cheshire East Council’s Health and Wellbeing Board as well and sets out how we aim to support children and young people to experience good emotional and mental health and wellbeing from conception to their 18th birthday (or longer where appropriate). The plan provides a strategic framework for local activity, setting out our shared ambition and starting to outline immediate and priority actions.

## Section 4 – Process

- 4.1 This Transformation Plan has been developed via an integrated partnership approach by which partners share the vision, commitment and responsibility for efficient and effective collaborative commissioning arrangements to ensure the delivery of services to meet the emotional health and wellbeing needs of children and young people aged 0 – 18 (and up to 25 if covered by SEND arrangements) within the locality of Cheshire East.
- 4.2 It was developed by lead commissioners from the Children’s Joint Commissioning Group, namely NHS Eastern Cheshire CCG and NHS South Cheshire CCG and Cheshire East Council (Children’s Service and Public Health). This partnership ensures a coordinated approach to the commissioning and delivery of CAMHS services across partners and Tiers of provision.
- 4.3 The Children and Young People’s Plan was informed by consultation with children, and young people. Further consultation and coproduction is planned at the next stage of development.
- 4.4 At the time of writing (October 2015), governance for any work or service relating to children’s and young people’s mental health and wellbeing remains within the statutory body which commissions it and oversees the delivery of the subsequent contractual arrangements, and follows whichever processes are set out within its constitution.
- 4.5 NHS Eastern Cheshire CCG, together with NHS South CCG and Cheshire East Council are all members of Children’s Joint Commissioning Team; all the delivery of the The Cheshire East Children and Young People’s Plan is overseen. This group reports back to the Joint Leadership Commissioning Team, which is accountable to the Health and Wellbeing Board.
- 4.6 Following assurance by NHS England, the Transformation Plans will continue to follow the governance process as described, supported by NHS Eastern Cheshire CCG’s Executive Committee and Governing Body members.



This diagram gives a simple overview of the CCGs governance processes.

## Section 5 - National context

Research highlighted in No Health without Mental Health (HM Government 2011) identifies that:

- 5.1 Good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. Positive mental health is associated with enhanced psychosocial functioning; improved learning; increased participation in community life; reduced risk-taking behaviour; improved physical health; reduced mortality and reduced health inequality. Poor emotional well-being and mental health can lead to negative outcomes for children, including educational failure, family disruption, poverty, disability and offending. These often lead to poor outcomes in adulthood, such as low earnings, lower employment levels and relationship problems which can also affect the next generation.
- 5.2 Half of lifetime mental illness arises by the age of fourteen and widespread research has shown that early intervention and preventative strategies are effective and crucial to improve the emotional wellbeing and mental health of populations. Resilience to poor psychological health can be developed at individual, family and community levels and interventions are most effective when they take a holistic, family centred approach.
- 5.3 A child's experience in the first two years sets the foundation for the whole of life making a compelling case for investment in the early years. The most crucial influence upon a child's emotional wellbeing and mental health is parenting influence within the first years of a child's life. Maternal health during pregnancy affects the health and development of the unborn child; stress is associated with increased risk of child behavioural problems whilst alcohol, tobacco and drug use increase the likelihood of a wide range of poor outcomes that include long-term neurological and cognitive-emotional development problems. Early attachment and bonding between parents/carers and their babies is vital for a child's cognitive development. A lack of appropriate stimulation in the early years can result in language delay whilst inappropriate child-rearing practices may lead to emotional or behavioural disorders.
- 5.4 There is a strong correlation between communication difficulties and low self-esteem and mental health and as approximately 50% of children in socially disadvantaged areas have significant language delay on entry to schools, supporting language and communication in the early years is important. Universal services must be able to identify need at the earliest point and provide early effective evidence based support to parents, children and families.
- 5.5 Quick assessment and early intervention by the appropriate service can help ensure an issue is treated successfully. For eating disorders, for example, this requires treatment as soon as possible by a range of professionals with specialist skills rather than a generalist approach.
- 5.6 Local areas have to understand the needs of their children, young people and families at population and individual level and engage effectively with them in developing approaches to meet those needs. For parents/carers, children and young people, this means being listened to, knowing what is available and being able to access help quickly in places they choose.
- 5.7 The whole of the children's workforce needs to be appropriately trained in identifying and supporting emotional wellbeing and mental health and, with the wider community, needs to be well informed. For practitioners, this means having access to sound evidence and knowledge on improving outcomes and

sufficient knowledge, training and support to promote psychological wellbeing and to identify early indicators of difficulty. For parents, carers, children and young people this means having confidence that the people supporting them understand mental health and psychological wellbeing and know what works best

## Section 6 – Baseline

6.1 NHS Eastern Cheshire CCG and NHS South Cheshire CCG CAMHS are commissioned through a range of funding streams held by the CCGs and Cheshire East Council. In-patient Tier 4 provision is commissioned and funded by NHS England. It is clear that our Transformation Plan will need to be further developed and co-produced with statutory and voluntary sector providers and alongside education commissioners and with parents and young people. This is essential, and will be an integral part of the development and implementation of this plan going forward over the next 5 years.

6.2 The staffing mix for CAMHS in Cheshire East is as follows:

<b>Crewe</b>	<b>Macclesfield</b>
<b>0-16 Tier 3</b>	<b>0-16 Tier 3</b>
Consultant x 1 wte	Consultant x 1.6 wte (will be 1.4 from 1/12/15)
Clinical co-ordinator x 1 wte	Case Manager / Therapist x 4.6 wte
Case Manager / Therapists x 4.2 wte	CBT therapist x 0.8 wte
CBT Therapist x 0.5 wte	Family Therapist x 0.6 wte
<b>Primary Mental Health (PMH)</b>	<b>Primary Mental Health (PMH)</b>
PMH Worker x 1 wte	PMH Worker x 1.8 wte
<b>Admin – covers all above for 0-16</b>	<b>Admin – covers all above for 0-16</b>
2.2 wte (currently 0.8 wte Receptionist vacancy)	3.0 wte (includes 1 receptionist and 2 admin)
<b>16-19 Crewe</b>	<b>16-19 Macclesfield</b>
Consultant x 0.5 wte	Consultant x 0.5 wte
Case manager / therapist x 2.8 wte	Clinical Co-ordinator x 1 wte
Assistant Practitioner x 0.3 wte	Case Manager / therapist x 3.0 wte
Admin – x 0.6 wte – cover 16-19 Crewe	Assistant Practitioner x 0.3 wte
	ADMIN – x 1 wte – covers 16-19 Macc & locality CD
<b>LD CAMHS</b>	<b>LD CAMHS</b>
2 x wte – LD Nurses	2 x wte – LD Nurses
1 x 0.75 wte – Portage Lead Nurse	1 x wte – Health Facilitator (works across Crewe & Macc)
1 x wte – Portage Worker	1 x 0.4 wte – Clinical Support Worker
1 x wte - Admin	1 x wte - Admin

6.3 Concern remains about capacity across all Tiers resulting in children and young people with inappropriately high need being supported in lower Tiers and remaining on waiting lists unnecessarily.

6.4 Tier 1 services are provided through universal services (GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies). Whilst there is work being undertaken by universal services, there is not a systematic approach to training or assessment and the pathways from universal services to other Tiers would benefit from being strengthened. The estimated need for these services in Cheshire East is 11,250 individuals.

- 6.5 Tier 2 services are commissioned by CCGs and the Local Authority (independently of each other) and provided by a range of third sector providers (Visyon, Just Drop In, Zenzone). The estimated need for these services in Cheshire East is 5,250. The capacity in these services is unknown however we are confident it is significantly less than the need.
- 6.6 Tier 3 services are commissioned by CCGs and provided by Cheshire and Wirral Partnership Trust (who are the main provider of mental health services in the area). The current capacity reported by CWP is 1320 (including capacity to support Tier 2) – there are plans to increase capacity using LEAN methodology. CWP is a pilot site for Children’s and Young People’s IAPT and the CYPIAPT principles are starting to be embedded in all CAMHS services. The estimated need for these services in Cheshire East is 1,390 individuals.
- 6.7 Tier 4 services are commissioned by NHS England and provided by CWP. This includes CHEDS (Cheshire and Merseyside Eating Disorder Services). Our Eating Disorders Services are high quality and a recent review suggests they are relatively close to the defined models of care. The estimated need for these services in Cheshire East is 56 individuals (across both NHS Eastern Cheshire CCG and NHS South Cheshire CCG).
- 6.8 There has been preliminary work on developing a number of pathways:
- Eating Disorders – NHS Eastern Cheshire CCG and NHS South Cheshire CCG are working in partnership with NHS Cheshire West CCG, NHS Vale Royal CCG and Wirral CCG to commission an eating disorder service pathway. Together we commission for a population of approximately 1 million which allows the appropriate skills mix to be achieved.
  - Self-Harm – A&E response to self-harm has been reviewed in response to an LSCB thematic review into suicide and self-harm in children and young people. Developing self-harm pathways is a key action in the Cheshire East Suicide Reduction Action Plan
  - Neurodevelopmental Disorders – NHS Eastern Cheshire CCG have developed a business case around increasing capacity for assessment of neurodevelopmental disorders. Oxford Business School are working with us as a system on mutuality and we have agreed to focus on the Neurodevelopmental Pathway in this work.
  - Emotionally Healthy Schools – The partnership are piloting an Emotionally Healthy Schools programme in six (out of 24) secondary schools. This includes how the wider partnership provides targeted support. The partnership are developing school-based teams to identify and support those with mental health needs and those at risk of mental illness to access the appropriate pathways.

## Section 7 - Local context

### 7.1 Local need

7.1.1 The Eastern Cheshire region has a population of 204,000 people living in the towns of Congleton, Disley, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow as well as the many surrounding villages and rural areas. The region covers 53% of the Cheshire East Borough Council area.

7.2.1 The main commissioners (or buyers) of care services for the people of Eastern Cheshire are the GP led NHS Eastern Cheshire Clinical Commissioning Group, NHS England and Cheshire East Council. In the main, general acute hospital and community health services including some public health services are delivered within Eastern Cheshire by East Cheshire NHS Trust and mental health services by Cheshire and Wirral Partnership NHS Foundation Trust. Children's, families and adult social care services are commissioned by Cheshire East Council.

### 7.2 Local commissioning and provision

7.2.1 In 2012 NHS Eastern Cheshire and Cheshire East Council came together to look at new ways of providing high quality care services locally – this work is known as Caring Together.

7.2.2 The Caring Together programme began by working with local care organisations and local people to draw up a vision and accompanying values and principles so as to provide a framework for developing proposals for local care service changes.

7.2.3 The eight Caring Together ambitions are:

1. People are empowered to take responsibility for their own health and wellbeing
2. access that is designed to deliver high quality, responsive services
3. appropriate time in hospital, with prompt and planned discharge into well organised community care
4. a prompt response to urgent needs so that fewer people need to access urgent and emergency care
5. the highest quality care delivered by the right person regardless of the time of day or day of the week
6. carers are valued and supported
7. simplified planned care as pathways delivered as locally as possible
8. staff working together with the person at the centre to proactively manage long term physical and mental health conditions.

7.2.4 At present, the majority of the Caring Together work has focused on Eastern Cheshire most pressing concerns, which due to demographics are older people and those with long term health care needs. However with the publication of **Future in Mind** and the emphasis on transforming children's and young people's mental health and wellbeing NHS Eastern Cheshire CCG now has the opportunity to redress the balance and to incorporate and align the Caring Together ambitions with those of Future of Mind to ensure that we meet and exceed the emotional health and wellbeing needs of children and young people 0 – 18 (up to 25 if SEND) within Eastern Cheshire.

### 7.3 **Clinical commissioning priorities and alignment**

7.3.1 NHS Eastern Cheshire CCGs local priorities have been balanced against national priorities described in the document “The Forward View into action: Planning for 2015-16” produced by NHS England. This document provided mandatory guidance on what we should be focusing on in 2015-16. We have also incorporated in our priorities guidance from NHS England relating to the Quality Premium measures that CCGs should focus on commissioning services to deliver.

7.3.2 A sample of CCG priorities for the 2015 includes:

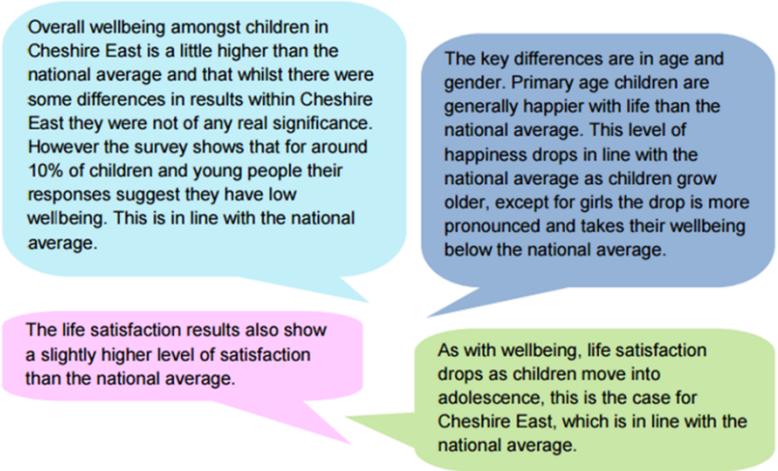
- Developing and investing in community teams
- Investing in enabling technologies to empower people
- Reviewing and supporting the development of General Practice
- Developing services in the community
- Review of Maternity Services
- Review of Children’s Services
- Achieving the best standards and outcomes for hospital services
- Improving our response to those in mental health crisis, improving access to primary mental health services and improving physical health
- Short-Term Assessment, Intervention, Response and Recovery Service
- Implementation of a newly procured NHS 111 service

A full copy of the 2015/16 NHS Eastern Cheshire CCG Prospectus can be found at

<https://www.easterncheshireccg.nhs.uk/About-Us/prospectus-2013---2014.htm>

### 7.4 ***What do children and young people say about growing up in Cheshire East?***

In Cheshire East the transformation partnership recognise the value in understanding from young people themselves what life is like and children and young people were invited, through schools, to take part in a Good Childhood Conversation. Approximately 2,800 children took part in this survey and 800 were involved in face to face consultations on the key findings of the survey. In line with the national findings, Cheshire East children and young people confirm that it is the nature and strength of their relationships with their family, friends, school staff and other adults known to them that has the greatest impact on wellbeing.



**7.5 Key Documents**

7.5.1 There are a number of key documents which provide contextual information and demographic information about children’s and young people’s mental health needs in east Cheshire.

7.5.2 Joint Strategic needs Analysis - Children and Young People’s



2015-10-15  
Overview of MH JSNA

7.5.3 The Cheshire East Health and Wellbeing Strategy



Health\_and  
\_Wellbeing\_ Strategy

7.5.4 The Cheshire East Children and Young People’s Plan



cheshire-east-childre  
n-and-young-peoples

7.5.5 The Cheshire East and Pan Cheshire Crisis Concordat Plan



Cheshire East Mental  
Health Crisis Concordat

## Section 8 - SWOT Analysis

8.1 The following SWOT analysis provides a short and concise overview of the position that transformation partners find themselves in at present.

<p><b>Strengths</b></p> <ol style="list-style-type: none"> <li>1. Excellent engagement from children and young people             <ol style="list-style-type: none"> <li>a. Children’s and Young People’s Plan co-produced with children and young people.</li> <li>b. Young Advisors employed to support and challenge planning, commissioning and provision.</li> <li>c. Strong Youth Council who co-chair the Children’s Trust</li> </ol> </li> <li>2. Emotionally Healthy Schools Pilot is an example of good partnership work and putting theory into practice.</li> <li>3. CWP involvement in CYP IAPT is already established and well respected and supported by all partners</li> <li>4.</li> </ol>	<p><b>Weaknesses</b></p> <ol style="list-style-type: none"> <li>1. Insufficient capacity at Tier 2.</li> <li>2. Lack of integration between Tiers.</li> <li>3. Historic lack on investment in early intervention</li> <li>4. Lack of confidence around mental health in workforce who are currently providing Tier 1 interventions.</li> </ol>
<p><b>Opportunities</b></p> <ol style="list-style-type: none"> <li>1. Partnership working – all partners are looking at their commissioning investments and prioritising children and young people’s mental health.</li> <li>2. Part of national CAMHS school pilot</li> <li>3. Part of national CAMHS school pilot – vulnerable children extension.</li> <li>4. Developing preliminary pathway development work.</li> </ol>	<p><b>Threats</b></p> <ol style="list-style-type: none"> <li>1. Insufficient capacity in CAMHS to develop pathways both meet demand and to transform services.</li> <li>2. Increasing demand for mental health interventions at all Tiers</li> <li>3. Financial pressures on all partners.</li> </ol>

8.2 In addition to this SWOT analysis, a baseline has also been carried out assessing preparedness at local level to deliver the recommendations of Future in Mind. The assessment for Cheshire East can be accessed here:



CEC Baseline and actions v 1.xls

## Section 9 – Creating transformation for the future

### 9.1 **Voice of the Child**

9.1.1 The NHS Eastern Cheshire CCG and partners shall build on the excellent work done to date using the voice of the child to inform all our work. The partnership will shall share our plan with our Young Advisors, Cheshire East Youth Council, developing groups in our six emotionally healthy pilot secondary schools and other relevant groups (e.g. Children in Care Council and Care Leavers Group. We shall continue to develop the plan through coproduction with these representatives.

9.1.2 The NHS Eastern Cheshire CCG and partners shall expand the Young Advisors programme (currently 25 young advisors): recruiting, training and supporting new Young Advisors from our emotionally healthy pilot secondary schools with a particular focus on recruiting from vulnerable groups and Looked After Children.

9.1.3 The NHS Eastern Cheshire CCG and partners shall invite challenge on the plan from our new children and young people’s challenge group.

### 9.2 **Resilience, prevention and early intervention for the mental wellbeing of children and young people**

9.2.1 Improvements in this area shall focus on enhancing the role of our universal services across the life course (Maternity, Healthy Child Programme and schools).

- Assessment of children and families’ needs is already part of these pathways. The transformation partnership shall ensure that this is systematically applied and that the outcomes of these assessments are used to understand population need and to commission pathways to ensure that there is sufficient capacity to support those who can benefit from intervention.
- A focus on a whole school approach to emotional health. The transformation partnership shall build on an existing emotional healthy schools pilot working with six secondary schools and role this out to all secondary schools in Cheshire East and explore a compatible approach with primary schools. As part of this pilot we shall review how PHSE delivery in schools compares to the PHSE association guidance on how to teach pupils about mental health and emotional wellbeing. We shall focus on addressing risk factors and building protective factors (see appendix 2).
- The transformation partnership shall work with our Youth Council and NHS Eastern Cheshire CCG HealthVoice group to develop a campaign to promote resilience and mental wellbeing.

### 9.3 **Improving access to effective support – a system without Tiers**

9.3.1 In the short term we shall increase capacity in our CWP CAMHS provision to bridge the gap between demand and supply whilst the statutory partners commence the scoping work around the service redesign work required to transform our service provision from one that uses tiers to one that uses a pathways based approach. Focus shall be based on commissioning evidence-based interventions based on best practice.

9.3.2 Following on from the JSNA work, nine pathways have been identified, which are listed below:

Eating Disorders  
Self-harm  
Neurodevelopmental Disorders  
Perinatal Mental Health  
Depression  
Anxiety  
Psychosis (early intervention)  
Behavioural Disorders  
Learning Disability

Work on these areas will be addressed within the wider service redesign work, due to the links and areas of multiple needs.

9.3.3 The NHS Eastern Cheshire CCG and partners shall build on the emotionally healthy schools model as the starting point for all our pathways and service redesign and ensure that specialist expertise supports the whole pathway. How the existing and additional CAMHS capacity is distributed across these pathways will be informed by the JSNA.

#### 9.4 **Care for the most vulnerable**

9.4.1 NHS Eastern Cheshire CCG and partners plan to develop CAMHS provision as far as possible on a place base (around the geographies of our 24 secondary schools).

9.4.2 Through participating in the national CAMHS School Link – Vulnerable Children extension pilot we shall undertake an exercise with our six pilot secondary schools to gather information from all relevant agencies to develop a comprehensive picture of who the vulnerable children who are known to services within that geographical are. We have developed a long list of vulnerable groups who we will include: cared for children; children with learning difficulties; children with palliative care needs; children with long term conditions, children subject to a child protection plan; child in need plan or a CAF; young people in supported lodgings and leaving care; young carers; children who self-harm; children who are not in mainstream school (including children with the Children’s Support Service; educated from home; in BESD or special schools); children from asylum seeking, refugee and migrant backgrounds; children in transition (from early years to reception, primary to secondary and children’s to adult services); children affected by their own or family drug, alcohol and substance misuse; children affected by family mental illness; children with a parent in prison; children affected by domestic abuse; children with communications difficulties and social needs and children living in poverty.

9.4.3 NHS Eastern Cheshire CCG and partners shall compare the numbers we identify to our JSNA data and highlight potential gaps in our knowledge. We shall develop strategies to identify unmet need in terms of vulnerability (e.g. school based soft intelligence, campaigns). We know already that we have significant gaps in identification of children who self-harm, young carers, children with a parent in prison, the mental health needs of children who are adopted into Cheshire East.

9.4.4 NHS Eastern Cheshire CCG and partners shall develop virtual teams of staff who support vulnerable children and those most at risk of developing mental illness. We will provide these staff with additional training around mental health and working with CAMHS. These virtual teams will focus on assessing and

understanding the needs of their whole population and ensuring children and young people receive the most appropriate support.

9.4.5 NHS Eastern Cheshire CCG and partners shall explore how we can apply the THRIVE model to our assessment and stratification of the population. The “THRIVE” model that has been developed by The Tavistock and Portman NHS Foundation Trust and the Anna Freud Centre and would promote stratifying people in need into four groups: coping, getting help, getting more help and getting risk support. The Thrive model closely aligns with the strategic direction favoured by NHS Eastern Cheshire within their evolving ‘whole of life’ mental health strategy.

9.4.6 NHS Eastern Cheshire CCG and partners will work with commissioners and providers of other services to ensure the pathways available to these virtual teams have the capacity and capability to respond flexibly and creatively and engage with and meet the needs of vulnerable children including those who are reluctant to access or have difficulty in accessing services.

9.4.7 NHS Eastern Cheshire CCG and partners shall focus on aligning mental health, school services and the health child programme. This would include all pathways being available to all children aged 0-19. The transformation partnership shall focus on the transition from school age to adulthood with a focus on the most vulnerable. We shall explore whether support should be extended to a higher age (e.g. 24) for a wider range of vulnerable young people (including children in the social care system, people with learning disabilities and those on the autistic spectrum). We shall work with adult commissioners to explore how resources can be reorganised to facilitate this.

#### **9.4.8 Discharge Planning**

Discharge planning will start from day one of an in-patient admission. This discharge planning shall involve a multi-disciplinary team including community mental health specialists and social care. This shall allow a proactive case by case approach assessing whether the young person could be supported/treated in the community/ back with their family with the appropriate support is put around them. This will be supported by the “Thrive” model we shall implement. We would expect young people who need an in-patient admission to fall into the two groupings of “Getting More Help” (i.e. needing Intensive Treatment) and “Getting Risk Support” (i.e. needing close interagency collaboration). In most cases we would expect a combination of these two groupings. Where an element of “Getting Risk Support” is identified, social care shall be engaged as early as possible. The young person shall be assessed or re-assessed as early in the admission as is appropriate. All options for this “Risk Support” shall be considered and residential settings shall only be considered as a last resort. Where an element of “Getting More Help” is identified, intensive support from commissioned CAMHS services shall be provided. In-patient admissions should only be used to treat an acute episode. Where a young person is a significant concern and risk for a longer period of time, a residential setting shall be considered.

#### **9.5 Developing the workforce**

9.5.1 The transformation partnership aim to improve the training provided to the health and social care and wider workforce to ensure the workforce is able to:

- recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that support and build resilience.

- promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing
- identify mental health problems early in children and young people
- offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with an appropriate trained individual responsible for mental health in education settings.
- refer appropriately to more targeted and specialist support.
- use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions
- work in a digital environment with young people who are using online channels to access help and support.

9.5.2 NHS Eastern Cheshire CCG and partners will ensure that the CAMHS workforce is appropriately trained by building on the CYP IAPT training that the majority of our CAMHS workforce has received. All staff shall be supported to maintain their professional registration and develop the necessary skills and competencies to work collaboratively with partners, assess needs, deliver effective interventions tailored to individual need and engage with and respond effectively to all children, young people and their families especially those who have difficulty accessing services.

9.5.3 NHS Eastern Cheshire CCG shall commission consultancy, advice and support to staff in universal settings from specialist CAMHS providers. This will be used to develop and support pathways across the system.

## Section 10 - High level delivery timeline

Action	By when and by who?	2015-16 funding	Outcome
Establish a formal transformation plans steering group, encompassing wider members	Dec 15 ECCCG and SCCCCG	No cost	<ul style="list-style-type: none"> <li>Co-ordinate the delivery and implementation of the plan</li> <li>Enable co-ordination across both CCGs and Local Authority</li> </ul>
Engagement/ co-production	Jan 16 CCG	£10,000 ECCCG	<ul style="list-style-type: none"> <li>Ensure on-going participation within the development and implementation of changes</li> <li>Increase in the number of Young Advisors (focus on recruiting young advisors with vulnerabilities)</li> </ul>
Provision of additional commissioning capacity across CCGs	Dec 15 ECCCG and SCCCCG	£26,000 ECCCG	<ul style="list-style-type: none"> <li>To provide the required capacity to progress plans and spend at pace</li> </ul>
Development of child/ Young person friendly version of plan	March 16 co-ordinated via the CCGs	£2000 ECCCG	<ul style="list-style-type: none"> <li>Improve communication with children and young people.</li> </ul>
Provide annual declaration of our current investment	First declaration March 2016 CYPJCG	No cost	<ul style="list-style-type: none"> <li>Transparent and challengeable commissioning</li> <li>Current investment can be found in appendix 1.</li> </ul>
Provide annual update of our JSNA – children and young people’s needs	First review October 2016 PH	No cost	<ul style="list-style-type: none"> <li>Understanding of needs</li> </ul>
Provide annual declaration of our providers services including staff numbers, skills and roles; activity (referrals received, referrals accepted), waiting times and access to information.	First declaration March 2016 CWP	No cost	<ul style="list-style-type: none"> <li>Transparent and challengeable provision</li> </ul>
Development of Outcome indicators, Quality Markers	March 2015 Co-ordinated via the CCGs	No cost	<ul style="list-style-type: none"> <li>Understanding of progress</li> </ul>
<b>Resilience, prevention and early intervention for the mental wellbeing of children and young people</b>			
Contribute to Emotionally Healthy Schools programme. <ul style="list-style-type: none"> <li>Significant investment for 3 years while rolled out to all schools.</li> <li>Less intense model developed for future years to sustain improvement.</li> </ul>	September 2015 to July 2018 September 2018 onwards  Emotionally Health Schools Steering Group	£85,000 (this is an addition to the £100,000 contributed through the national CAMHS School Links pilot)	<ul style="list-style-type: none"> <li>Schools leadership and management that supports and champions effort to promote emotional health and wellbeing</li> <li>A school ethos and environment that promotes respect and values diversity.</li> <li>School curriculum, teaching and learning that promotes resilience and support social and emotional learning</li> <li>An enabled student voice that</li> </ul>

			<p>influences decisions</p> <ul style="list-style-type: none"> <li>• Developed staff who can support their own wellbeing and that of students.</li> <li>• Clear understanding of need and impact of interventions</li> <li>• Improved working with parents/carers</li> <li>• Improved identification of children with mental health needs, better targeted support and more appropriate referrals.</li> </ul>
<b>Improving access to effective support – a system without Tiers</b>			
Increase capacity in CAMHS to bridge gap between supply and demand and to work in partnership to develop identified pathways.		£80,000 ECCCG	<ul style="list-style-type: none"> <li>• Increased number of children receiving CAMHS specialist intervention</li> <li>• Development of nine system wide pathways: Eating Disorders; Self-harm; Neurodevelopmental Disorders; Perinatal Mental Health; Depression; Anxiety; Psychosis; Behavioural Disorders and Learning Disability</li> <li>• Commissioning intentions for 2018 onwards informed by comprehensive understanding of need and model pathways.</li> <li>• Improved outcomes for children with eating disorders; who self-harm; neurodevelopmental disorders; depression, anxiety, psychosis</li> </ul>
Increase capacity either in CYPIAPTS or CAMHS to increase capacity for eating disorder pathway.	March 2016	£25,000 for ECCCG	<ul style="list-style-type: none"> <li>• Increased number of children and young people receiving appropriate eating disorder interventions.</li> <li>• Develop system wide eating disorder pathway.</li> <li>• More children recover from eating disorders.</li> <li>• Free up capacity in CAMHS to invest in crisis interventions.</li> </ul>
<b>Care for the most vulnerable</b>			
Develop system to gather information from all agencies to develop a comprehensive picture of who the vulnerable children known to services are for 6 school based geographic footprints.	March 2016 Emotionally Health Schools Steering Group	Funded through CAMHS School Link pilot – extension to vulnerable children.	<ul style="list-style-type: none"> <li>• Comprehensive shared picture of who are vulnerable children known to services are on six school footprints.</li> </ul>
Identify group where unmet	July 2016		<ul style="list-style-type: none"> <li>• Increase in the proportion of</li> </ul>

need is likely. Develop strategies to identify unmet need.	Emotionally Health Schools Steering Group		vulnerable children we are aware of in our six school areas.
Develop virtual teams of staff who support vulnerable children around 6 school based geographies through training and facilitation.	March 2016 Emotionally Health Schools Steering Group		<ul style="list-style-type: none"> <li>Improved offer to vulnerable children through an integrated and systematic approach to assessment, intervention and support in our six school areas.</li> </ul>
Work with commissioners and providers in other services to improve capacity and capability in pathways for vulnerable children	January 2017		<ul style="list-style-type: none"> <li>Improved mental health of vulnerable children in our six school areas.</li> </ul>
Roll out model across Cheshire East.	January 2016-July 2018		<ul style="list-style-type: none"> <li>Outcomes above achieved across all of Cheshire East.</li> </ul>
<b>Workforce Development</b>			
Through the LSCB learning and improvement sub-group develop a training offer around mental health offered to staff in any agency who works with children and young people or their families.			<ul style="list-style-type: none"> <li>In the short term appropriate training packages and methods of delivery developed for ongoing use.</li> <li>At least 300 people attending mental health multiagency training a year. (This is based on current uptake of domestic abuse training).</li> <li>Improved confidence and capability of target staff around mental health</li> <li>Reduce stigma around mental health</li> </ul>
Ensure all CAMHS staff receives CYPIAPT principles and CYPIAPT principles are embedded in new pathways.			<ul style="list-style-type: none"> <li>Improved data collection</li> <li>Understand impact of different pathways and interventions leading to improvement of commissioning and provision.</li> </ul>
School workforce training			<ul style="list-style-type: none"> <li>Improved confidence and capability of target staff around mental health</li> <li>Reduce stigma around mental health</li> <li>Improve early intervention offer</li> <li>Improve quality of referrals onto CAMHS pathways.</li> </ul>
Vulnerable children's workforce training			
Health Visitor Training			

NB: Other areas to be funded are covered in the tracker and are detailed in the plans inserted here:



Healthy  
Schools.docx



MH Training.docx



Research.docx



Engagement.docx



LAC Nurse Post.docx

## Section 11 – Moving towards an outcomes based approach

- 11.1 Indicators and performance measures to assess achievement towards these outcomes have been developed in some services and data is collected including through contract monitoring, however we have recognised that there is inconsistency across teams and providers and this is an area that requires much further development and is a priority action.
- 11.2 Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes need to be properly co-ordinated and incentivised, and the implementation of the National Minimum Dataset for children’s mental health will greatly support this. However, to incentivise enhanced data collection, we are considering a local CQUIN. Via the implementation of the uplifted eating disorders service we have the opportunity to become part of the local Quality Network, which will help us to raise standards locally.
- 11.3 The Local Authority and CCG will work together with CWP, and with children and young people, to develop a shared set of high level outcome measures that will tell us if the strategy and services we put into place are working. We would like to develop a set of local ‘I’ statements, shaped by those who use our services, so that all those involved in delivering services know what matters locally to our children and young people.
- 11.4 Initial engagement with young people told us that outcomes should be personalised. CAMHS uses Goal-based outcome measures, but currently these are not collected outside of CWP. We need to use this intelligence for greater effect, to inform commissioners about the current issues affecting those who use our services, and helping to shape future service delivery. We want to ensure that all of our future services are personalised for those using them, and we want to work with our providers to ensure that they are best able to use this information to help shape their services accordingly.
- 11.5 CWP LD-CAMHS are represented on a Regional Learning Disabilities Routine Outcome Measures Group. This focuses on the use of (i) routine data collection of key indicators of LD-CAMHS activity, and (ii) sensitive and clinically useful outcome measures to examine parents/carers and, where appropriate, children/young peoples’ experiences of LD-CAMHS services and patient outcomes. This will inform the development of future local outcome measures.

## Section 12 – Appendices

### Appendix 1: 2014-15 Declaration of current investment

Service	Budget	Commissioner	Target Population
0-16 CAMHS	£939,551	ECCCG	Eastern Cheshire
16-19 CAMHS	£244,921	ECCCG	Eastern Cheshire
LD CAMHS	£337,134	ECCCG	Eastern Cheshire
Primary Care	£108,080	ECCCG	Eastern Cheshire
Third sector (Visyon/ CE Crossroads and Asperger's)	£204,099	ECCCG	Eastern Cheshire
Youth Offending CAMHS	£63,577	ECCCG	Eastern Cheshire
Low secure (13/14)	£86,100	NHS England	Eastern Cheshire
PICU(13/14)	£97,119	NHS England	Eastern Cheshire
Mother and baby (14/15)	£74,834	NHS England	Eastern Cheshire
Acute admissions (15)	£279,153	NHS England	Eastern Cheshire
Children's (14/15)	£100,580	NHS England	Eastern Cheshire
Eating disorders (13/14)	£106,470	NHS England	Eastern Cheshire
Emotionally Healthy Schools Pilot	£300,000	CEC Public Health	South and Eastern Cheshire
Multisystemic Therapy	£297,000	CEC Children's	South and Eastern Cheshire
Online Support (XenZone - Kooth)	£58,000	CEC Children's	South and Eastern Cheshire
Third sector (Visyon/ Just Drop In)	£154,800	CEC Children's	South and Eastern Cheshire
0-16 CAMHS	£547,692	SC CCG	South Cheshire
16-19 CAMHS	£255,190	SC CCG	South Cheshire
LD CAMHS	£186,484	SC CCG	South Cheshire
Primary Care	£73,507	SC CCG	South Cheshire
Third sector (Visyon)	£8112	SC CCG	South Cheshire
Youth Offending CAMHS	£34,188	SC CCG	South Cheshire
Low secure		NHS England	South Cheshire
PICU		NHS England	South Cheshire
Mother and baby		NHS England	South Cheshire
Acute admissions	£174,708	NHS England	South Cheshire
Children's	£153,010	NHS England	South Cheshire
Eating disorders		NHS England	South Cheshire

## Appendix 2: Risk and protective factors for child and adolescent mental health

	Risk factors	Protective factors
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
<b>In the family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including Domestic Violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile or rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual or emotional abuse</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
<b>In the school</b>	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open-door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
<b>In the community</b>	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

## **Appendix 3 - Local children and young people's mental health provision**

### **NHS Eastern Cheshire CCG and NHS South Cheshire CCG localities**

#### **0-16 Teams**

Works with young people 0-16 and provided on a needs basis; although they may see some young people for individual work. They actively include families and carers in this process to ensure full support to the young people is ongoing.

#### **16-19 Team**

The team works mainly with the young people. Families will be part of any assessment or intervention if the young person is happy with this and is in agreement with an identified care package. In Eastern Cheshire, additional capacity is provided via Visyon, a local third sector provider.

#### **Learning Disability (L.D. CAMHS)**

Is a community based team that provides Positioned support for children and young people aged 0-16 who have a severe learning disability, and whose behaviours cause difficulty for themselves and their parents/carers. Referrals to the team can be made by parents/carers or any professional who is working with the child.

#### **Looked After Children Team**

This team offers support and assessment to young people and families who currently have a Social Worker involved with them; or are in care of the Local Authority. The team works closely with CAMHS to ensure positive emotional and mental health well-being.

#### **Primary Mental Health Workers**

Provide community based mental health support for children and young people up to the age of 16 who are experiencing mild mental health difficulties and are not in need of more specialist support. Primary Mental Health Workers also work closely with other healthcare professionals within the community, to ensure that children and young people are effectively supported with their mental health needs and specialist services are accessed if needed.

#### **Drug and Alcohol Action Team Partnership**

Provides specialist intervention and support for young people who are currently experiencing difficulties with drugs (legal or illegal) and/or alcohol.

### **Youth Offending Service**

A specialist mental health worker provides Positioned intervention and support for young people who are currently within the criminal justice system.

### **CAMHS Service**

Everybody that visits CAMHS is different, and they tailor the services that they offer to each individual. The Tier 3 service operates largely from two physical bases, Macclesfield (ECCCG) and Crewe (SCCCG). Future models may be less compatible with clinic style delivery from these two buildings and will need to consider co-location with community (including voluntary) services, satellite clinics, outreach and sessional working.

Tier 4 Provision Inpatient CAMHS (Young People's Centre) commissioned via NHS England, is based in Chester and provides inpatient care for young people who are experiencing severe and complex mental health difficulties. There are 2 specialist residential units, Maple Ward and Pine Lodge, where each young person receives their own room. The units provide a safe and caring environment in which young people at high risk can receive specialist treatment and support.

Maple Ward supports young people that need to go into hospital at short notice for crisis assessment or treatment. When the level of a young person's needs change, but they still require inpatient treatment, then transfer or a planned admission to Pine Lodge is possible; with the aim that a young person will return home at the earliest opportunity.

Pine Lodge is for planned treatment admissions; this can be arranged as part of a treatment plan following an admission to Maple Ward, or following referral from a CAMHS Team.

### **CAMHS Schools Provision**

CAMHS services are also provided within schools with Cheshire East and linked to the Emotionally Healthy Schools Pilot.



**Appendix 5 – Referrals to CAMHS**

**NHS South Cheshire CCG 2014-15**

Referrals accepted by age band													
Data from 1 April 2014 - 31 March 2015													
CCG of GP	NHS SOUTH CHESHIRE CCG												
Practice Code	(All)												
Team	(All)												
Gender	(All)												
Local Authority of Residence	(All)												
Accepted Date	(Multiple Items)												
Count	Column Labels												Grand Total
	<input type="checkbox"/> 2014 <input checked="" type="checkbox"/> 2015												
Row Labels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
Under 10	9	11	9	12	3	7	12	12	7	10	10	11	113
10 - 12	11	20	19	16	2	15	7	9	11	11	10	16	147
13 - 15	20	23	17	32	8	30	34	27	27	24	27	29	298
16 - 18	13	12	13	15	13	18	23	33	19	22	35	26	242
19 - 20			1										1
<b>Grand Total</b>	<b>53</b>	<b>67</b>	<b>58</b>	<b>75</b>	<b>26</b>	<b>70</b>	<b>76</b>	<b>81</b>	<b>64</b>	<b>67</b>	<b>82</b>	<b>82</b>	<b>801</b>