

DRAFT

EAST SUSSEX CAMHS TRANSFORMATION PLAN: 2015- 2020

Evidence and consultation with children, young people and families and stakeholders

1. This Plan takes into account the following evidence and consultation:
 - (i) A comprehensive CAMHS needs assessment exercise conducted by the ESCC Public Health team in 2014
 - (ii) On-going consultation with a long established CAMHS user group, the Download group. (link to web area with recent proposed pledges and account of the activities of the group)
 - (iii) Consultation with young people by the ESCC Targeted Youth Support Service
 - (iv) Consultation with young people undertaken by the East Sussex Youth Cabinet
 - (v) Discussion at a seminar on the mental health of children and young people organised by the East Sussex Local Children's Safeguarding Board [28 September 2015]
 - (vi) 2014 LSCB multi agency case learning event on Children at risk of Sexual Exploitation

Strategic Context

2. This Plan builds on:
 - (i) The report of the DH /NHS England CYP Taskforce, "Future In Mind"
 - (ii) The priority attached to the mental health of children and young people in both the East Sussex Health and Wellbeing Strategy and the East Sussex Children and Young People's Plan.
 - (iii) Work on clarifying and coordinating the way in which support for children and young people is accessed, which is part of the broader "Better Together"

programme of integrating health and social care in East Sussex, jointly led by the three East Sussex CCGs and the County Council.

- (iv) The thinking behind the AFC-Tavistock “THRIVE” model for CAMHS published in November 2014
 - (v) A local social care and early help transformation programme which ran from 2012-2015, through which support for vulnerable children and young people was remodelled with an emphasis on holistic early help support to families, and clear pathways between early help and social care. The service restructuring and workforce development associated with this programme, which coincidentally also bears the name “THRIVE”, has had an impact on the way we support some children and young people with mental health problems. The programme included the introduction of a “Continuum of Need”, attached as annex B, which provides part of the strategic framework for this Plan.
3. The Plan will also contribute to, and as it evolves, reflect, developing thinking through the East Sussex Better Together programme about a new all age strategy for mental health services for the county.

Section 1: Promoting resilience, prevention and early intervention

Early years

- 4. Promoting the resilience of children needs to begin early, and is closely linked to the well-being and resilience of parents and carers. Universal antenatal support for expectant mothers in East Sussex includes an initial broad assessment by midwives of the emotional wellbeing of mothers and their family network, discussion of any clear issues arising and referral to further support where needed.
- 5. Currently a limited perinatal mental health service is available for women in East Sussex and a business case has been produced to extend this service initially to women in the Hastings and Rother CCG area, in 2015/2016 -phase 1, where there are higher levels of deprivation and need. In phase 2, 2016/2017, we will develop this service offer further ensuring that there is a perinatal mental health service across East Sussex that supports women who develop mental health problems during pregnancy, women with post natal mental illness and women with pre existing psychiatric disorder who become pregnant. This team will work with women throughout pregnancy and until one year post child birth supporting the wider workforce and enhanced support around attachment and bonding including strategies to support the family post-delivery.

6. In addition to the specialist perinatal mental health services, support is available to families across East Sussex through Health Visiting, the Children's Centre Keywork service, and the Family Nurse Partnership programme.
7. For vulnerable families at level 3 on the Continuum of Need (see annex B), the Children's Centre keywork service provides intensive one to one support to vulnerable pregnant mothers and their partners, and families with young children. Families at level 3 will have multiple and/or complex needs and the support provided is wide ranging, working with the whole family to address both practical and emotional well-being issues from housing, debt management, training and finding employment to self-esteem and self-efficacy. Children's Centre keyworkers receive training in identifying mental health issues, responding appropriately to low level problems including through motivational interviewing and solution focused therapy, and referring to specialist support where necessary. The service also provides some parenting group work for vulnerable parents who need help with providing positive, supportive parenting.
8. The Family Nurse Partnership programme provides a structured programme of home visiting education and support to young first time mothers (under the age of 20) from the 16th week of pregnancy to the second birthday of their child. The programme is offered in East Sussex to all first time mothers aged 19 or younger, with priority given as necessary to those who are considered particularly vulnerable (at level 3 on the Continuum of Need). The programme includes support to mothers around self-esteem and self-efficacy and is designed to enhance confidence and promote the engagement of young mothers in universal and community services.
9. In addition to the targeted support provided through Children's Centre keywork and the FNP, the universal health visiting service includes assessment of maternal well-being as well as child development at key stages and limited support is available for families whose needs are at level 2 on the Continuum of Need. This includes, in some areas, provision of group sessions on mindfulness as well as signposting to information, advice and guidance on emotional wellbeing.
10. All support to young families, universal and targeted, has a key focus on the quality of attachment between parents and babies and small children and the importance of positive, supportive parenting designed to give children the best emotional start to life.
11. GPs have an important role to play in promoting good emotional wellbeing for families and young children. The assessments which they make of child development and maternal wellbeing when a baby is six weeks old are an important opportunity to detect problems and help families to access help. Some families with young children will also seek help directly from GPs. As part

of the Better Together programme we are strengthening the links between GP practices in East Sussex and local health visiting teams including identifying a named link health visitor for each GP practice, to whom GPs can direct concerns they may have about the wellbeing of individual families. We are also strengthening links with the School Nursing service (see below) for school age children, and streamlining referral arrangements for one to one family keywork (see section 2 below) and parenting group work.

12. Alongside streamlining referral arrangements for targeted support, we are also keen to promote access to on line parenting resources/links to helpful websites about emotional wellbeing which can be accessed by parents directly and also used by GPs, health visitors and targeted services to supplement and reinforce the information, advice and guidance they provide directly. We understand that NHS England is working on a new youth and well-being directory, linked to NHS Choices. We will ensure that local CAMHS services contribute to this directory as required and will under review the need for local development, possibly using transformation funding. We do not want to duplicate a national resource, but it is very important that good resources are available and promoted locally.
13. Early years education settings play an important role in promoting emotional well-being for young children in a number of different ways:
 - (i) By directly developing the resilience of young children by stimulating their intellectual development and sources of enjoyment
 - (ii) By shaping children's developing understanding of their own emotions and behaviours
 - (iii) By modelling for parents good adult responses to the behaviour of children, and talking to parents about children's emotional development and how to support it
 - (iv) By identifying families who need targeted help and facilitating access to that help.
14. We plan to review the guidance to settings which is provided by the East Sussex Children's Trust partnership on their contribution to promoting good mental health for children, on resources which can be promoted to/used with parents (for example through the proposed on-line library) and on how they can facilitate access for families to targeted help.

School aged children; older young people

15. "Future in Mind" recognises the important role which schools play in promoting the emotional well-being of children and young people. The East Sussex School

Health Service (school nursing) works with schools to promote whole school approaches to promoting mental health and resilience. In addition, the Inclusion, Special Educational Needs and Disability (ISEND) service provide traded support to schools in approaches to improving motivation, behaviour and good mental health for children and young people.

16. We recognise the need to build understanding and links between specialist CAMHS and schools. The East Sussex CCGs applied to participate in the proposed national pilot of CAMHS and school links in order to strengthen joint working, but were unfortunately unsuccessful. We intend now to discuss with some of the schools who volunteered to be part of the pilot what other steps we might take in order to develop stronger mutual understanding across universal, targeted and specialist services.
17. Young people who have used the CAMHS service have told us that they would like the service to have a higher profile locally and particularly within schools. They would like to see information about CAMHS included and promoted in all school websites. The proposed on-line resource library will include links to resources aimed at young people, which will also be added to our dedicated young people's website, Connexions 360. We will encourage all schools to include well signposted links to these resources, and information about CAMHS and Early Help keywork (see below) in their websites for children, young people and families.
18. Targeted one to one, whole family support is available across the county for families with school age children whose needs are at level 3 on the East Sussex Continuum of Need. As with the Children's Centre Keywork services described above, the Early Help Keywork service addresses both practical and emotional issues, helping families and individual family members to address housing, education and employment issues as well as relationships, self-esteem, self-efficacy and family functioning. The new referral arrangements set out in section 2 below will facilitate access to the service.
19. Within the Early Help Keywork service (including Targeted Youth Support), an "Emotional Wellbeing Team" of skilled workers provide one to one support for young people who already have or are particularly at risk of developing significant mental health problems, and their families. Within this team we currently have one mental health practitioner, employed by the specialist CAMHS provider but seconded to the local authority, who combines direct support to young people with support and advice to other team members.
20. The specialist CAMHS service currently provides a Twilight training programme for staff in both schools and early help services designed to enhance the understanding of the workforce about mental health and range of tools and approaches they are able to use in order to support children, young people and

families. The training is provided by a mix of staff including a small team of primary mental health workers, who also provide some direct work with children and families and advice to other workers (such as the Early Help Keywork service). As part of this Plan we propose to review and enhance this service. We are keen to expand capacity for direct work with young people and families, building on the model of secondment and co-location operating within the Targeted Youth Support Service. We will also explore the best way across our services to create named link workers for each GP practice, or groups of practices, who GPs can ask to contact families and liaise with schools where it appears that children or young people may need some targeted support.

Section 2: Improving access to effective support – a system without tiers

21. We welcome the recommendation of the Task Group that in thinking about support for mental health services we should move away from the “tiers” model developed in the 1990s, which can be unhelpful in identifying the most effective combination of support a child or family may need to their particular needs. We also recognise the need for all parties locally – young people, families, schools, GPs, and services – to know how to access help for children and young people.

Clear pathways

22. Currently in East Sussex, referrals to CAMHS are managed separately from referrals to early help, or for support from services for children with special educational needs and disability, and the needs assessment exercise undertaken by the Public Health team identified that many stakeholders were uncertain what support was available and how to access it. As part of this plan, and the Better Together programme we propose to take a number of steps to address these issues:
- (i) From across the proposed expanded mental health practitioner workforce, and early help keywork, we will create a named link worker for each GP practice and each school. GPs and schools will be able to seek advice from their link worker about the most appropriate approach where they are concerned about a child, young person or family, although we will also encourage the use of the proposed library of digital resources as a first port of call, particularly for families and schools.
 - (ii) We will consider how to promote better understanding between CAMHS and schools, working initially with schools who were part of the unsuccessful bid to be part of the national pilot.
 - (iii) From 1 April 2016 we are establishing a Single Point of Access (SPOA) for referrals for early help keywork (for children, young people and families at level 3 on the Continuum of Need) and for children’s social

care (with cases forwarded as required to the two Multi Agency Safeguarding Hubs (MASHs) for the east and west of the county respectively). Referrals to the specialist CAMHS service will continue to be directed in the first instance separately to CAMHS, but, where families have given their permission, CAMHS staff will consider whether from the information available it would appear that an early help service would provide a more appropriate response and will be able to request a response through the SPOA arrangements (including the MASHs). There will also be links with CAMHS through the SPOA so that where staff in the SPOA or service managers believe that support from specialist CAMHS is required they can seek that help, again with permission from families, seeking additional information as necessary to allow CAMHS to consider the needs of the child or young person. In this way, we will be able to provide a coordinated, complementary response to the needs of children, young people and families without the need for multiple referrals or repeated “signposting” to families, GPs or schools.

(iv) We are developing a one stop shop service arrangement in Hastings for young people aged 14-25, bringing together the County Council’s Targeted Youth Support, CAMHS, AMHS and local voluntary organisations, with the involvement of young people. This service will cover the range of issues that affect young people including support for young people’s emotional wellbeing which will include consultation to universal staff and direct work with young people with direct access to specialist services where necessary. This is designed as a drop in service which encourages young people who do not need specialist services but are experiencing difficulties which are impacting on their functioning. As central part of this project, we will align ways of working in order to bridge the cultural gap between support for young people and support for adults.

(v) We propose to carry out a review of how CAMHS links with services for children and young people with special educational needs and disability, with a particular focus on support for children with Autistic Spectrum Disorder and their families. In the short term we are investing in parenting group work for parents of children with ASD, which is a gap in our current provision. We are keen to take a wider look, however, at the needs of this group, who have been identified as a priority within our joint commissioning strategy for SEND, and to explore gaps in mental health support as part of this.

(vi) Finally, we plan to review services for children who have a combination of physical and mental health problems, including medically unidentified symptoms, and chronic fatigue syndrome. The gap in

service here which the 2014 needs assessment identified results in signposting to other areas or referral onto community paediatrics as the default option. We plan to work with colleagues in both community and acute paediatrics to ensure that children and young people are better supported where there is both a physical and emotional and mental health need to ensure that they don't fall between services, looking at models elsewhere which evidence suggests are effective.

Peer support

23. Young people who receive services from CAMHS in East Sussex are already able to access peer support through the well-established "Download" group supported by the dedicated participation officer within specialist CAMHS. Young people who attend the group activities have been clear that they very much value the support they receive from each other and would like this to continue. In addition to maintaining the current arrangements [we will consider whether there is scope for extending them to include a wider range of peer support across groups of young people receiving support from other services.

Young people in crisis

24. The East Sussex Mental Health Crisis Care Concordat sets out clear arrangements for supporting young people in crisis situations. The services involved are very stretched, however. We do not currently have a liaison psychiatry service for young people under the age of 18 who are admitted to general hospital wards. The daily consultation telephone line which CAMHS provide in East Sussex for GPs and others is a highly regarded service but the 2014 needs assessment indicated users would like to see its hours extended. We have Urgent Help and Out of Hours services but they operate on a pan Sussex basis and again are very stretched.
25. We propose to use some of our transformation funding to enhance services for children and young people in crisis. Further work is needed to develop detailed plans but they are likely to include:
- (i) Extension of the daily consultation line hours
 - (ii) Either extending to under 18s the remit of the current adult only liaison psychiatry service or developing a specific children's service, either in East Sussex or, more probably, pan Sussex.

- (iii) Exploring with colleagues in other parts of Sussex how we increase the capacity of the Urgent Help/Out of Hours service on a pan Sussex basis.
- (iv) Considering whether increased investment is needed in local authority services for vulnerable young people as part of provision in this area.

Eating Disorders

- 26. There is currently no dedicated service but there is a pathway through community CAMHS teams. Within the teams there are clinicians who have a special interest or have developed expertise in eating disorders. Referrals for eating disorders are prioritised alongside other referrals into the Community CAMHS teams
- 27. The Sussex CCGs (East and West Sussex and Brighton and Hove) propose to develop a Sussex-wide CEDS-CYP network model, with aspirations for an ageless service. The service will provide a comprehensive assessment and evidence-based treatment pathway for those with an eating disorder (mild - severe). The service will provide support to children, young people and their families as well as advice and guidance and awareness training for the whole system.
- 28. The CCGs have developed a draft specification and established a clinically-led working group to finalise the model, pathways and workforce. The CCGs have engaged NHS Elect to provide data on demand and capacity modelling for eating disorders and will use that to develop an appropriate model, pathways and workforce to meet need.
- 29. In 2015/ 16, the Sussex CCGs have agreed to use their combined allocations to develop strong foundations for the implementation of the service in 2016/17.

Section 3: Care for the most vulnerable

- 30. We very much recognise the need identified in “Future in Mind” to ensure that vulnerable young people and families, who can often disengage from services and yet present in multiple different young people’s services, receive mental health support which is proactive, flexible and part of wider packages of support and intervention where necessary.
- 31. In East Sussex there has been a long standing practice of embedding specialist mental health expertise alongside social care and criminal justice professionals within services working with vulnerable groups. We have jointly commissioned with adult partners, multidisciplinary teams such as SWIFT and the Under 19’s SMS. The children’s mental health commissioning arrangements also include a

specialist “ADCAMHS” service for children who have been adopted, a “LAC CAMHS” service for looked after children and a mental health nurse in the Targeted Youth Support Emotional Wellbeing Team.

32. Under the SWIFT service umbrella a number of mental health professionals are employed within multi professional teams which support children and families in receipt of statutory safeguarding services. Those teams include the child assessment and treatment service offering mental health assessment and intervention as part of a child’s safeguarding plan, a specialist Family Court expert assessment and treatment response based on the national FDAC model and the Foundations Service which supports adults whose children have been taken into care, with the aim of avoiding future care proceedings.
33. Sussex Partnership Foundation Trust also deploys mental health clinicians in the East Sussex Care Leavers, Youth Offending and Under 19’s Substance Misuse Services. All clinicians work to a single line management structure outlined within the East Sussex integrated management protocol for the delivery of children’s services. These models work well in terms of ensuring timely access to mental health support for very vulnerable children and young people and in achieving shared case recording and case management processes.
34. The Child Assessment and Treatment Service, Care Leaver and Substance Misuse mental health clinicians, have a shared management reporting framework. These posts are all over seen by the SWIFT lead nurse and clinical manager, Dr Jonas. This ensures that the governance and reporting arrangements for clinicians are consistent. Furthermore, with a shared delivery oversight, there are greater opportunities for absence cover and to draw support for young people from a wider pool of specialist mental health expertise.
35. In order to build on the success of integrated services to date we plan to develop our approach further by:
 - (i) Developing an integrated health offer to young people at level 4 on the Continuum of Need. Measures of integration would include a single care plan, shared risk assessment and risk management plan.
 - (ii) Exploring an arrangement through which support for individual children and young people can be drawn from a wider pool, by bringing together specialist expertise, while not losing the close connections with individual teams and deep understanding of the needs of different client groups.
 - (iii) Expanding this pool of expertise to increase capacity to support other very vulnerable groups, either through specialist capacity released by more effective earlier intervention or directly through transformation funding. This will include developing a new service response for young people who have experienced sexual abuse.

- (iv) Exploring how we can bring together the deployment of the bespoke, embedded expertise with the urgent help and liaison psychiatry capacity so that the most troubled young people can have the combination of clinical and social support they need, as flexibly and swiftly as possible.
- (v) Reviewing the best governance and management arrangements for this group of staff, building on existing models of delivery and taking into account learning from recent case audits.
- (vi) Keeping the models of intervention under close review. SWIFT for FDAC has a national pilot status and the evaluation process will inform delivery nationally and locally at level 4 on the CON. Furthermore, we are planning to work with the academic community and the CAMHS service on best practice in responding to the needs of children and young people who have experienced trauma, ideally before they reach a crisis position. This is part of work on the possible development of a Social Impact Bond to increase further our investment in preventative interventions for young people who have experienced trauma.

Sexual exploitation and abuse

36. Consistent with national guidance, we will ensure that as a matter of routine all mental health assessments will include sensitive enquiry about neglect, violence and physical, sexual or emotional abuse. Our plan to increase support for the most vulnerable groups includes development of a new service response to children and young people who have experienced sexual abuse but are not necessarily showing the symptoms of a clinical mental health condition.

Children and young people who do not attend appointments

37. We recognise the analysis in “Future in Mind” that vulnerable children, young people and families are heavily represented among those who do not attend appointments. The DNA rate is relatively modest in East Sussex. We will, however, pursue proactive approaches for known vulnerable children and young people who we know were represented in the multi agency case audits of children at risk of sexual exploitation and care leavers, both undertaken in 2014. We will consider how we might best review the circumstances of others who do not attend appointments so that we can both identify those who may need a more proactive approach and consider whether for others a specialist appointment was the most appropriate offer.

Links with tier 4/specialist commissioning

38. We are keen to strengthen our links with specialist commissioners/Tier 4 provision to ensure that children and young people are supported in the community as far as is possible by:

- improving community based outreach;
- reducing placement of children in inappropriate beds and
- reducing placement of children out of area.

Section 4: Accountability and transparency

Governance

39. Between 2010 and 2013 a formal agreement was in place between the then Primary Care Trusts and East Sussex County Council under section 75 of the NHS Act 2006 for a pooled budget covering CAMHS services, in addition to therapy services, health visiting and children's centres (0-5 services). The local authority, East Sussex County Council, was the lead commissioner. The formal arrangement did not continue when the Clinical Commissioning Groups (CCGs) were established in 2013 but in practice CAMHS commissioning was undertaken jointly and overseen by a Children and Young People's Joint Commissioning Group. The oversight of joint commissioning for CAMHS has now passed to the Better Together governance structure, in particular the Better Together Integrated Strategy and Planning Group and the Better Together Board, which brings together senior officers of the CCGs and the County Council.

40. Future commissioning arrangements for CAMHS are being reviewed as part of a wider project to look at how commissioning activity across the County Council and the CCGs can be brought together within a strong strategic framework for a more effective health and social care economy. Whatever arrangements are put in place, we are committed locally to full transparency and accountability. We agree with the recommendation that there should be an annual local plan for children and young people's mental health, linked to a wider whole population mental health strategy which recognises the clear links between the mental health of family members and the impact in particular on children and young people where their carers have poor mental health.

41. Currently, strategy for promoting the mental health of children, young people and families is kept under review by the multi-agency CYP Emotional Health and Wellbeing Group, which includes representation of the voluntary as well as

public sector. Strategy is also considered by the Children and Young People's Trust Executive Group (which includes representation of children and young people) and the Local Children's Safeguarding Board. The mental health of both children and adults is a priority within the East Sussex Health and Wellbeing Board.

42. We very much welcome the ambition to ensure integration of commissioning at local and regional level and are committed to playing a full part of whatever arrangements are established to integrate commissioning in East Sussex with that undertaken across a wider area by NHS England. As in the example of our plans for eating disorder services, we are also keen to collaborate with commissioners in other areas where this is in the interests of children and young people in East Sussex.

Data and monitoring

43. We are committed to ensuring production of high quality data against the indicators in the national Mental Health dataset. We will use some of the funding in 2015/2016 to build a new framework of assurance which can be used on a consistent basis across East Sussex services to evidence outcomes in relation to children and young people's mental health.

Section 5: Developing the workforce

44. We share the aspirations in "Future in Mind" in relation to the development of the understanding and skills of the children and young people's workforce generally and in targeted and specialist services.
45. East Sussex has been part of the CYP IAPT initiative but the numbers of staff who have received training through the programme is relatively small, as set out below.

Numbers of CYP staff trained through the CYP IAPT programme

Staff within SPFT (specialist CAMHS provider)	6 (including 3 managers)
Staff in other public services	2

Staff in the voluntary sector	1

46. In addition to the IAPT programme, the East Sussex County Council THRIVE transformation programme has involved a significant workforce development investment over the period 2012-2015. Training specifically about mental health issues for children and young people has been provided to a wide range of staff.

47. Further workforce development plans include:

- A review of mental health training needs within the community and acute paediatric services and a development of a plan to address those needs
- A review of how confident GPs feel in identifying practical options for addressing the mental health needs of children and young people where those needs do not warrant a specialist service, and an appropriately targeted communications strategy for improving that confidence and knowledge about local options.
- Work with the targeted early help workforce around "Trauma-informed practice": recognising the impact of adverse childhood experiences and working with children, young people and their carers to address that impact.