



Commissioning plan to improve the emotional and mental health of children and young people in Trafford, understanding the impact on anti-social and offending behaviour and supporting the development of Trafford CAMHS

A blueprint for joint commissioning on behalf of children, young people and families in Trafford



Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

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1.0 INTRODUCTION

1.1 Policy Drivers

The Children Act 2004 and *Every Child Matters: Next Steps*¹, identify five outcomes for all children and young people. These are:

- Be healthy: enjoying good physical and mental health and living a healthy lifestyle;
- Stay safe: being protected from harm and neglect and growing up able to look after themselves;
- Enjoy and achieve: getting the most out of life and developing broad skills for adulthood;
- Make a positive contribution: to the community and to society and not engaging in anti-social or offending behaviour; and
- Achieve economic well-being: engage in further education or employment and live in decent homes and communities.

*Every Child Matters: Change for Children*² set out a national framework for local change aimed at improving the five outcomes for children and young people. The principles of *Change for Children* are:

- The needs of children, young people and their families must be at the heart of all service planning and delivery;
- Organisations working with children, young people and their families must work together more effectively to provide integrated and accessible services that meet these needs;
- Identifying problems and intervening before children reach crisis point and protecting children from harm;
- Establishing a voice for children, young people and their families when developing services; and
- Improved outcomes for all children and young people.

The National Service Framework for Children, Young People and Maternity Services 2004³(NSF) weaves emotional well-being into all ECM outcomes. It is a 10 year strategy that sets standards and markers of good practice that all services should aspire to. It states that children's mental health services should be local and accessible, planned in conjunction with service users and carers with emphasis on early intervention and detection and parenting support with clearer access to specialist services.

¹ HM Treasury (2004) *Every Child Matters: The Next Steps*. London : The Stationery Office.

² HM Treasury (2004) *Every Child Matters: Change for Children*. London : The Stationery Office

³ DoH (2004) National Service Framework for Children, Young People and Maternity Services, London, The Stationary Office

This strategy will focus specifically on the following NSF Standards:

- Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early.
- Standard 9: The Mental Health and Psychological Well-being of Children and Young People.

The full set of NSF Standards can be found at [National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People: Standard 9 : Department of Health - Publications](#)

The Children Act 2004 imposes a duty on local authorities to publish a single Children and young people's Plan (CYPP) for its area. The CYPP therefore, provides a single, strategic overarching plan for all services affecting children and young people and will:

1. Promote the good general health, psychological well-being and mental health of all children and young people through good quality health services focused on services closer to home;
2. Help children and young people to remain safe and well by developing robust and integrated, local support services. Where children and young people have complex needs, or are at risk, or have suffered harm; timely, proportionate and informed early intervention occurs;
3. Maximise the opportunities for Trafford's children and young people to be ready for school; enjoy learning; succeed in education and in developing skills; have fun; and achieve to their full personal, social and academic potential;
4. Enable children and young people to make a positive contribution to the well-being of neighbourhoods and communities in which they live; to participate in decisions that affect them; to contribute to the design and delivery of services; to act within the law and to refrain from anti-social, bullying and discriminatory behaviour; and
5. Provide the context in which Trafford's children and young people can achieve their optimum economic potential and be well educated; participate and succeed in ongoing training, further and higher education, and employment; and be able to sustain a good standard of living.

'Bright Futures' Trafford's Children and Young People's Plan 2006 - 2011 states:

'Trafford is a place where most children and young people thrive, succeed and enjoy their childhood. There are, however, recognised social, health, educational and economic inequalities, and a significant number of vulnerable children and young people who need additional support. This group includes children and young people with disabilities; learning difficulties; mental health, emotional and behavioural needs; who are looked-after; and from Black and Minority Ethnic (BME) communities.

We recognise that Trafford's children and young people will shape and influence the future of the Borough and that we have a responsibility to ensure that all of them are given the best possible opportunity to succeed and to enjoy growing up in a safe, secure, healthy and economically prosperous environment. Effective services are needed, which will support children, young people and their families and prevent vulnerable children from becoming vulnerable adults and perpetuating the cycle of vulnerability.'

1.2 Joint Commissioning

Commissioning is an all encompassing approach to identifying and understanding needs and ensuring the provision of services that will deliver improving outcomes for all individuals within the community, whilst understanding and anticipating future needs.

The following describes the approach TCYPS will take to commissioning, and therefore the same will apply to the aims of this plan and its implementation.

Vision

- Getting ahead of the game: anticipating future needs and expectations rather than just reacting to present demand.

Mission:

- To ensure that the commissioning function for children and young people's services is effective, fair and delivers better outcomes and value for money.

Values:

- The process should be consistent, standardised, equitable and transparent, open to influence from all stakeholders e.g. young people, carers and their advocates, as well as service providers from all sectors.
- Proportional: Energy and effort of preparation time by both sides must be related to the overall value, impact and length of any contract/agreements.
- Clarity: Keep specifications for services straightforward, specify important matters but do not try to specify everything.
- Trust: Agreements are built upon mutual trust and respect between the parties.
- Challenge: Monitoring should be based on delivery of outcomes, based on needs of the population; national and local demands should be carefully managed.
- Continual improvement: of the JCU's own performance and that of it's providers.
- Efficiency: achieved through partnership working and creative approaches to tasks and service design.

Commissioning within Trafford CYPS will involve the cyclical and strategic activity of:

- Assessing needs, resources and current services, involving consultation with stakeholders;
- Setting priorities for action;
- Developing service plans which make best use of available resources to meet identified needs and commissioning those services through formal processes; and
- Monitoring, reviewing, re commissioning and decommissioning.

1.3 Strategic Priorities

Each year, Trafford CYPS strategically reviews its priorities. The following are the strategic outcome priorities for commissioning for 2007 - 2009:

1. **Reduce the Numbers of Children and Young People With Poor Mental Health and Exhibiting Anti-Social and Offending Behaviour**
2. Reduce Poor Physical Health Particularly that Caused by Obesity, Misuse of Drugs and Alcohol
3. Improve Sexual Health and Reduce Teenage Conception Rates
4. Reduce the Numbers of Children and Young People Subjected to Abuse and Harm
5. Continue to Improve Outcomes for Children-In-Care Particularly in Relation to Education, Stability and Offending
6. Improve Educational Outcomes for Those Who are Under-Achieving and With Special Educational Needs
7. Enable All Young People to Fulfil Their Potential in Adult Life

This document will focus on priority outcome no.1, but will consequently overlap with the other priorities.

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1.4 Process

Trafford Joint Commissioning Unit has developed a Joint Commissioning Process to enable consistency of approach in all commissioning activity across TCYPS (Figure 1).

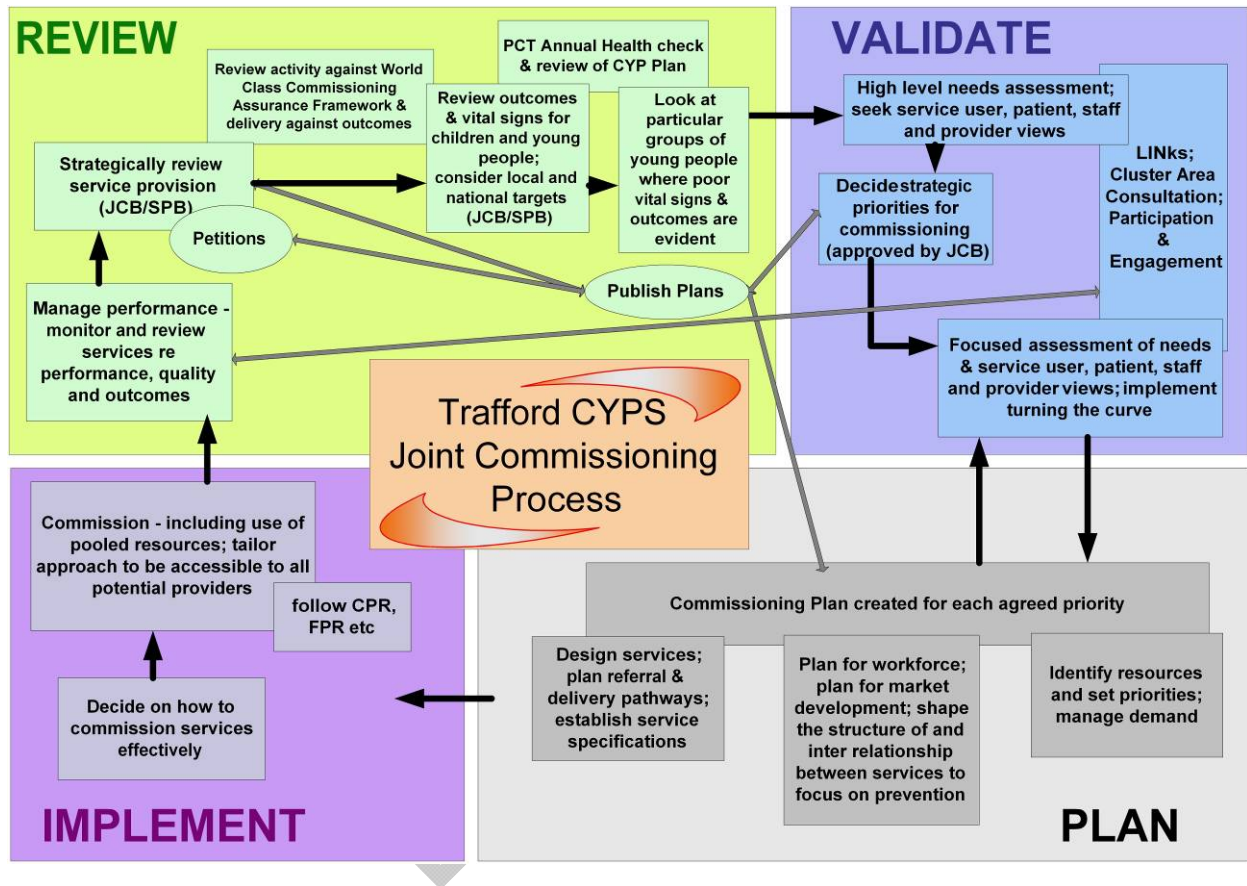


Figure 1: Trafford Joint Commissioning Process

1.5 Needs Assessment

A comprehensive needs assessment has been completed to inform the strategy. This needs assessment includes specific information to meet the NSF⁴ standards and can be access [here](#).

⁴ National Service Framework for Children, Young People and Maternity Services. Child and Adolescent Mental Health

2.0 EMOTIONAL HEALTH AND WELL-BEING

The emotional and cognitive skills and attributes associated with resilience and positive mental well-being include feeling satisfied, optimistic, hopeful, confident, understood, relaxed, enthusiastic, interested in other people and in control (Kammann & Flett, 1983; Mauthner & Platt, 1998; Stewart-Brown, 2005). These attributes are influenced by genes, parenting, life experiences, socio-economic and environmental conditions.



from: *Westminster Mental Health Promotion Strategy and Action Plan 2005*

The resilience of good mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health significantly increases the risk of poor physical health⁵ and is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection (Brunner and Marmot 1999). For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems. Many people have symptoms of mental distress that do not reach clinical levels but would benefit from mental health promotion information and support.

The needs assessment provides further details of risk and resilience factors for children and young people. Strategies to minimise risk and promote resilience are essential. There is increasingly robust evidence for the effectiveness of interventions to improve mental well-being, ameliorate symptoms and reduce prevalence. Key

⁵ Mentality (2003) *Not All in the Mind: The physical health of people with mental health problems*

areas include education, nutrition, housing, economic security, parenting, relationships, schools, workplace, unemployment, physical activity and substance abuse.

2.1 Social and Economic argument

The Sainsbury Centre for Mental Health has estimated that mental health problems cost over £77bn a year through care costs, economic losses and premature death (SCMH 2003). About 900,000 people are claiming incapacity benefit for a mental health problem – more than the number of unemployed people claiming Jobseekers Allowance. The Wanless Review (2002; 2004) has calculated that the cost benefit of better mental health care would be a net saving across government as a whole of some £3.1 billion a year. This did not take into account the savings from promoting mental health and preventing problems in the first place.

2.2 Definition of CAMHS

The National Service Framework proposed a uniform definition of CAMHS:

What is CAMHS?

“The term CAMHS (Child and Adolescent Mental Health Services) is used in two different ways. One is a broad concept embracing all services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. The other applies specifically to specialist child and adolescent mental health services at Tiers 2, 3 and 4, and also including specialist social care, educational, voluntary and independent provision for children and young people with mental health problems.

“In this National Service Framework, the term CAMHS is used to refer to the broader service concept, and specialist CAMHS to refer to the latter. CAMHS cover all types of provision and intervention from mental health promotion and primary prevention, specialist community-based services through to very specialist care as provided by in-patient units for young people with mental illness (Tiers 1-4). Interventions may be indirect (e.g. consultative advice to another agency) or direct (e.g. direct therapeutic work with an individual child or family)”⁶

⁶ Department of Health (2004) *CAMHS Standard, National Service Framework for Children, Young People and Maternity Services*, London, The Stationary Office

Tier 1 Primary level of Care

Tier 2 A level of service provided by multi-professional groups which relate to each other through a network rather than a team

Tier 3 A specialised service for more severe, complex or persistent disorders

Tier 4 Essential tertiary services such as day units, highly specialised out-patient teams and in-patient units

Figure 2: The Four Tier Strategic Framework for CAMHS

Source: Department of Health. National Service Framework for Children, Young People and Maternity Services. Child and Adolescent Mental Health

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3.0 STANDARDS AND PERFORMANCE MEASURES FOR EMOTIONAL HEALTH AND WELL BEING

There are a number national indicators which the Local Authority/PCT are required to report (Figure 3).

Indicator	Associated PSA or DSO	Description	Outcome Data Source	Status compared to Region
NI 50	PSA 12 Improve the health and well-being of children and young people	Emotional Health of Children	TellUs Survey	To follow
NI 51	DCSF DS Secure the well-being and health of children and young people	Effectiveness of child and adolescent mental health (CAMHS) service	CAMHS Mapping	
NI 58	DCSF DSO Secure the well-being and health of children and young people	Emotional and behavioural health of looked after children	SSDA903 return	
NI 69	DCSF DSO Safeguard the young and vulnerable	Children who have experienced bullying	TellUs survey	
NI 71	DCSF DSO Safeguard the young and vulnerable	Children who have run away from home	New outcome so in development	
NI 72	PSA 10 Raise the educational achievement of all children and young people	Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and Literacy	Early Years Foundation Stage profile results	
NI 111	PSA 14 Increase the number of children and young people on the path to success	First time entrants to the Youth Justice System aged 10–17	Police Force data, provided through the Police National Computer (PNC).	
NI 110	PSA 14 Increase the number of children and young people on the path to success	Young people's participation in positive activities	TellUs Survey	

Figure 3: Performance Indicators

The Department of Health has set three PSA measures for the NHS to assess the extent to which a Comprehensive CAMHS is being delivered:

- 24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day;
- Full range of CAMHS available or accessible for children and young people with learning disabilities; and
- Services available for all 16 and 17 year olds appropriate to their age and level of maturity.

The CAMHS Partnership Self-Assessment Matrix 2005-6 listed the components of a comprehensive strategy, these are:

- Locally adjusted information on the occurrence of mental health problems;
- Assessment of the needs of specific groups of children who are at risk or vulnerable
 - Analysis of unmet need/service gaps;
 - Service map showing services provided and service usage;
 - Views of stakeholders;
 - Views of service users taken into account when revising or planning services;
 - Evidence of effectiveness and efficacy of interventions and service models taken into account;
 - Commitment to Every Child Matters, NSF and other guidance; and
 - Clear priorities for commissioning.

Both the needs assessment and this plan aim to address the performance measures and the above components.

4.0 PRIORITIES AND AREAS FOR DEVELOPMENT

Trafford CYPS is a fully integrated service bringing together all children's services including education, health and social care. Multi Agency Family Support Teams will be established between September 2008 and April 2009. This change, supported by key process such as CAF, Contact Point and ICS will enable improvements in the early identification of problems, increased access to services and better communication and information sharing between professionals

The CAMHS partnership has a wealth of services in Trafford, resourced by well qualified and committed staff who are clearly and genuinely dedicated to improving outcomes for children and young people in Trafford.

There is however a recognition that the commissioning, governance and delivery of mental health services needs to improve to meet the increasing demands of the population.

A 'clean sheet' approach has been taken to completing the needs assessment and strategy in order to honestly unpick the issues so the strategy will have an impact on outcomes. The priorities and areas for development have been identified from scrutiny of the needs assessment and the process of developing the strategy which has included consultation with children, young people and professionals.

The following table sets out the areas for improvement and expected outcomes:

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Table 1 Areas for Improvement

Area for Improvement	Aims
<ul style="list-style-type: none"> • Children with learning disabilities • Children with Disabilities • Services for children with mental health problems & learning difficulties (dual diagnosis) • Chronic & terminal illness • Vulnerable Children • Post adoptive support • Support for children and families suffering divorce, bereavement, chronic or terminal illness • Eating disorders and self harm • Specialist Parenting at Tier 3 • Bullying 	<ul style="list-style-type: none"> • Children and young people with both a learning disability and a mental health need to have access to the full range of services available through comprehensive CAMHS (CAMHS PSA target 1). • Developing & strengthening partnership arrangements and protocols for children & young people with complex, severe & persistent behavioural mental health needs • Vulnerable groups of children and young people have equal access to CAMH Services in Trafford, and the support they receive is appropriate and sensitive to their specific needs. • Partnership working is evident between CAMHS and specialist agencies working with vulnerable children & young people in special circumstances . • Staff working with children & young people have access to professional development and training opportunities which increases their skills and understanding of the needs of specific groups of children . • Earlier identification of specific issues is improved through education in schools, parenting support and workforce training.
<p>Tier 4 Services</p>	<ul style="list-style-type: none"> • There is swift and timely access to appropriate Tier 4 support from Tier 3 CAMHS • Emergency Tier 4 provision is increased.
<p>Tier 2/3 Services</p>	<ul style="list-style-type: none"> • The existing CAMHS Partnership is strengthened through service redesign and financial review. • Resources are in place to provide adequate support. • Service user feedback is positive. • Increase in referrals from particular vulnerable groups. • There is evidence of service user input in service design and delivery models.
<p>Transition</p>	<ul style="list-style-type: none"> • Development and implementation of Transition Arrangements between children and adult Services

Early intervention & prevention for children & young people with mental health problems	<ul style="list-style-type: none"> • Developing the co-ordination of CAMHS early intervention & prevention (Tier 2) work across Trafford, particularly within children’s centres and with parents
Performance management	<ul style="list-style-type: none"> • Ensuring that CAMHS in Trafford routinely audit & evaluate their work to ensure that there is evidence of efficiency and effectiveness of interventions and service models in the treatment of children & young people with mental health problems. • Ensuring that CAMHS strategic priorities are informed by a system of local needs analysis annual review. • Developing a Service Specification and Performance Management Framework for Trafford CAMHS. • Introducing a new CAMHS IT solution to improve and inform service delivery, development & performance.
Service User Participation	<ul style="list-style-type: none"> • Ensuring that users of CAMHS are routinely and systematically involved in review of service development. • Increasing understanding and skills regarding participation and engagement within and between CAMH services and partner agencies.
Accessibility	<ul style="list-style-type: none"> • Pathways are in place to allow access to support at all tiers for all children and young people and to ensure that the barriers to access for children and young people from vulnerable and disadvantaged groups are recognised and removed.
Out of Hours Service	<ul style="list-style-type: none"> • Implementation of the Emergency Care Out of Hours service by BST Crisis Team for young people aged 16+, in line with the GM CAMHS Network guidance. • Funding is in place from Trafford PCT to support the above
Access to and interface between CAMHS and common processes	<ul style="list-style-type: none"> • Processes are in place to support CAMHS and the swift and timely onward referral of CAMHS cases into Trafford’s Multi agency Family Support Teams.

5.0 COMMISSIONING THEMES

There has been massive improvement across services for children and young people in Trafford, evidenced by the 3 star Annual Performance Assessment rating which Trafford CYPS received in 2006/7.

The following themes will address the areas for improvement:

Financial Review	Process Review
Service Re-design	Strategic Governance
Marketing and Communication	Workforce Development & Training

Each section will present information about progress to date, areas for improvement and recommendations. Therefore, in each section under the heading 'developments to date' only the most pertinent information is presented.

The recommendations are collated in the action plan at the end of this document. The recommendations are interdependent and the success of this strategy and the potential impact is reliant on all of the recommendations being supported.

1. Financial Review

a) Financial Overview

Trafford CAMHS has invested in primary health care services to improve early identification and support for mental health problems, and patient satisfaction ratings for their short term input 2+1 clinic are excellent.

Trafford has seen an increase in budget this year of 2.4%. However, when the PCT budget allocation for Trafford is compared to other local authorities with similar populations of 0-17 year olds (fig.8), it is clear that the funding and annual increase is insufficient.

LOCAL AUTHORITY	POPULATION 0-17	SPEND/CHILD £	BUDGET £	% INCREASE 2007/8
Trafford	48,000	29	1,422,159	2.4
Solihull	46,000	42	2,054,129	4
w. Cheshire	49,000	31	1,715,971	10.7
Brighton & Hove	47,000	51	2,675,340	11
Barnsley	49,000	49	2,529,917	4.5

Fig.8: CAMHS Budget: Trafford and Similar LA

The average spend across these 5 authorities is £40.4/ child. For Trafford, a move towards a regional average spend per child would equate to an annual budget of £1,939,200, and increase of £517,041.

As a Local Authority, Trafford receives a grant from the DoH each year to contribute to CAMHS delivery. The grant is part of the Area Based Grant from April 2008. The grant allocation has reduced from £329,238 to £326,000.

This supports the salaries of a Children in Need Officer, CIC Social Worker and Outreach posts, but due to annual cost of living increase the grant provided to CAMHS is insufficient to meet these costs.

b) Developments to Date

Trafford PCT has provided an additional £75,000/year to employ a Psychiatrist for Learning Disability and will be providing a list of expected outcomes to measure performance against. These outcomes will be included in the service specifications for CAMHS, which will be written following the approval and implementation of this strategy.

The PCT has committed funding to the Out of Hours Service, which is due to start in Sept 2008 and is planning on investing in additional Tier 4 beds to support this service.

In addition, the PCT is supporting a project to review the cases of young people aged 17+ who are receiving support from CAMHS with labels of Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) and associated problems. This will link to development activities on transition between children and adults services in Trafford which the PCT are also funding.

c) Areas for Improvement

Referrals to CAMHS T2/3 services have increased over the last 3 years (Fig.4).

CAMHS Referrals					
	Number of referrals	Increase in number from 05/06	Percentage increase from 05/06	Increase in Number from 06/07	Percentage increase from 06/07
April 05 - March 06	715	-	-	-	-
April 06 - March 07	755	40	6%	-	-
April 07 - March 08	852	137	18%	97	13%

Fig. 4: CAMHS Referrals

Referrals into CAMHS for the first half of 2008 already show an increase and it is projected that for 2008/9 referrals will be 15% higher than for 2007/8. This increase could reflect a lack of confidence in Tiers 1 or 2 to deal effectively with the problem themselves leading to inappropriate referrals or it could reflect the real incidence of mental health problems in Trafford. However, inappropriate referrals only made up 9% of all referrals to CAMHS in 2007/8, and seem to be decreasing this year so it can be surmised it is to do with increased prevalence.

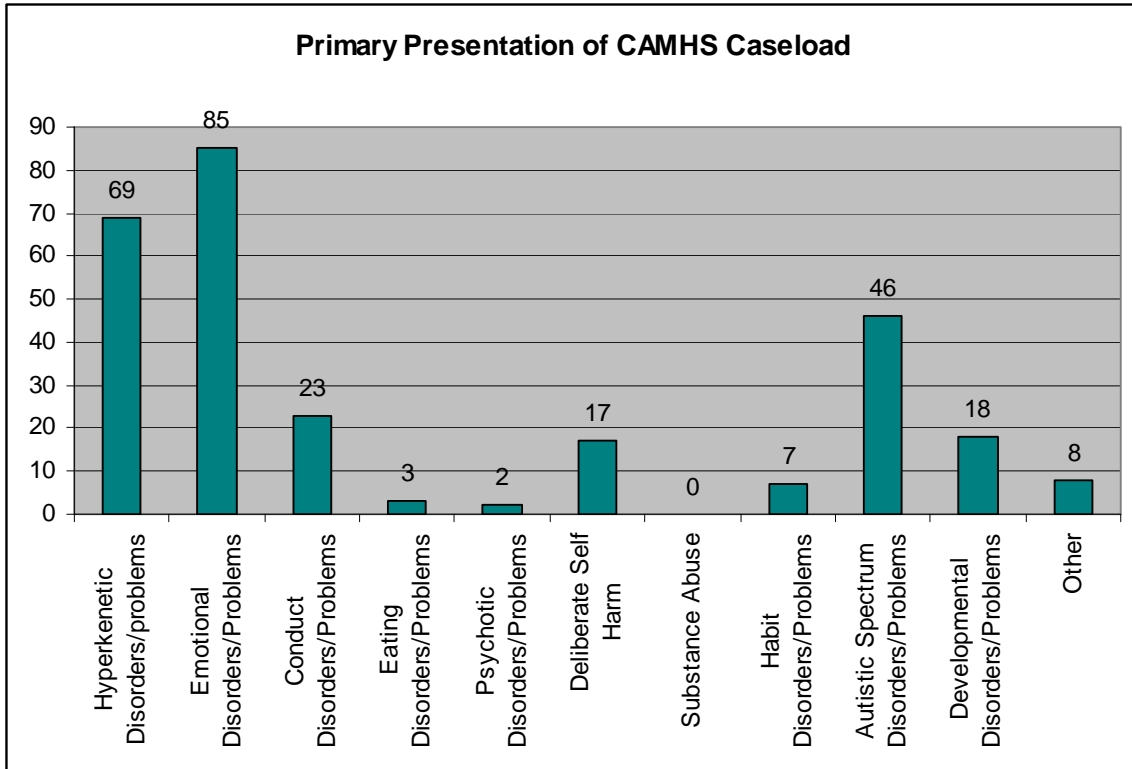


Fig. 5: Primary Presentation of CAMHS Caseload

The predominant issues presenting are for Hyperkinetic disorders, emotional disorders and ASD.

An increase in the prevalence of eating disorders has also been noted; in the last 3 years the PCT spend on Tier 4 provision for specialist eating disorder placements has increased as follows:

2006/7	£0
2007/8	£257,472
2008/9 (Apr-Jun)	£83,721 (therefore, if this level of spend remains, 1 full year may equal £334,884)

Based on the last quarter spend of this year, the total spend will be 30% more this year than last, and it was 100% more in 2006/07 than 2007/08.

Figure 6 shows the locally available data on actual and expected incidence of mental health problems across different vulnerable groups, and enables a comparison of need with the actual numbers of children and young people currently being seen by Trafford CAMHS.

From this table it could be concluded that the actual number of children and young people in Trafford needing support with mental health problems is between 983 and 2976. Further work needs to be undertaken to establish a more accurate projection.

Vulnerable Group	Numbers		Numbers with Mental Health Problems		Seen by Trafford CAMHS
	Expected	Locally available numbers	Average Expected	Locally available numbers	
Young Offenders		358	88 43 Custodial	136 Assessed by ASSET 2+	12
Pervasive Developmental Disorder	2500-5000 (2500 used for total)	127	1250 (co morbid, based on 2500)	127	
Pervasive Developmental Disorders with Statements of Educational Need		161		161	156
Severe behavioural disorders in Special schools		271		271	
Emotional, behavioural and social difficulties with Statement of Educational Need		158		158	
Young people misusing substances		59		12	0
Children under Local Authority Care	-	238	100		47 (23 are post adoption)
Children on Child Protection Register	-	170	43	-	-
Young people aged 16-17 years		5592	616	-	60
Children with Moderate - Severe Learning Disabilities	227-303	215	106	118	
Children with moderate to severe learning with SEN		429	172	-	42
Children with profound multiple learning with SEN+A35		19	7		
Minority ethnic children and young people		2681	182		31
Children with chronic physical illnesses		52	10		0
Parental Mental Health	2543	762	380		
Parental Mental Health and Child Protection Register	170	30	-	-	
Lesbian, gay, bisexual, trans sexual		127	22		-
Young carers		33			
Children living with domestic violence					
YPs under 25 & homeless		95			
Total	5478	11577	2976	983	314

Figure. 6: Prevalence rates and local expected numbers

d) CAMHS Staffing

As referrals are increasing and future demand looks to be doing the same, the staffing resource of Trafford CAMHS needs to be considered and reorganised as necessary.

The National Standards Framework Standard 9 - The Mental Health and Psychological Well-being of Children and Young People has provided guidance regarding staffing levels for a multidisciplinary Tier 3 CAMHS service. Fig.7 compares the recommended number of CAMHS staff to that currently in place in Trafford (as of Sept 2008).

Trafford had a total population of 210134 people in 2001 (according to the 2001 census). This population is growing. If, at a minimum, 210,000 is taken as the population and Trafford CAMHS remains as a non teaching service, then the estimate of numbers for the workforce is 32 whole time equivalents.

	Trafford actual (based on	Increase in WTE required
Recommended number of CAMHS WTE per 100,000 (non-teaching) Total Population	15 WTE 210134 people	
Number of CAMHS WTE needed in Trafford	32 WTE	11.33
	20.67 WTE Clinicians	
	5.6 WTE admin	
	1 WTE Service Manager	
	Total: 27.27	

Fig. 7: Recommended staffing levels for Trafford CAMHS

This demonstrates a shortfall of 11.33 WTE staff to meet the NSF requirements. Professions missing from Trafford CAMHS include Occupational Therapy, Psychotherapy, and Mental Health Social Work. Section 3 & 5 of this document will address this further.

Financial Review Recommendations

- a). To considerably increase spend per child in line with other local authorities of similar size.
- b). Trafford CYPS to undertake an assessment of the impact of the posts funded by the DoH CAMHS grant on the emotional health and consider benefit of redirecting this resource into the primary mental health services for specialist parenting support for Tier 3 families and/or specialist outreach for vulnerable groups (BME/LGBT etc)
- c). Further work needs to be undertaken to establish a more accurate projection of mental health prevalence rates to inform workforce required to meet local needs and the costs involved.

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2. Strategic Governance

a) Developments to Date

Currently, the governance of CAMHS is not clear, with the CAMHS Strategic Partnership Board members being both commissioners and providers; this does not afford clear accountability to the Boards of the PCT and Local Authority.

The CAMHS Strategic Partnership Board widened its remit last year to become the Trafford Joint Sub-Commissioning Board (CAMHS and Substance Misuse). The rationale behind this was based on the fact that many members attended both the Substance Misuse and CAMHS Partnership Boards when they were separate, and the issues discussed crossed over.

Since the Joint Commissioning Unit established in Nov 2007 and with the onset of the Multi Agency Teams from Sept 2008, there is an urgent need to review the strategic governance arrangements for commissioning. Work to develop appropriate operational and clinical /professional governance arrangements are in place.

b) Areas for Improvement

The strategic governance of this commissioning strategy is vital to ensure full implementation is achieved within timescales and cost. A structure for the strategic governance of emotional health and well being is proposed in Figure 9:

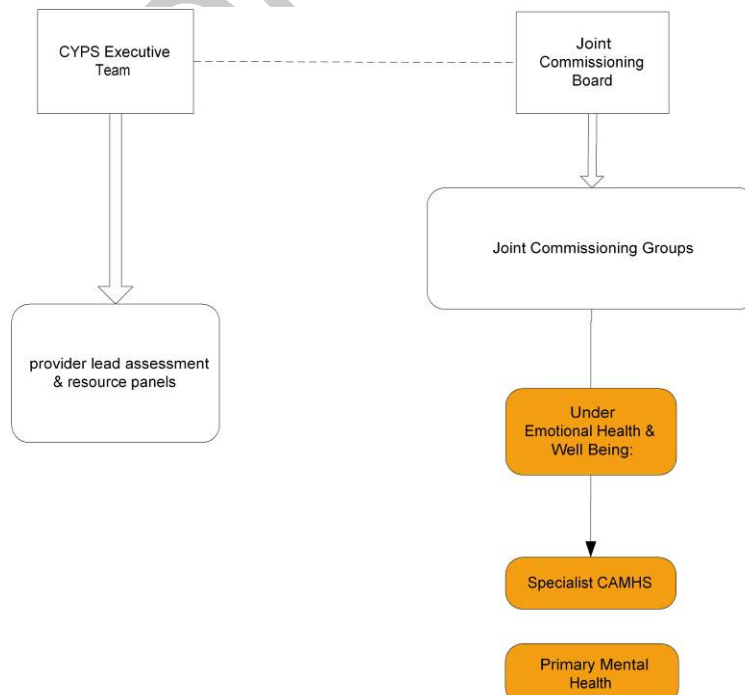


Figure 9: Governance Arrangements

It is also proposed that the promotion of emotional health and well-being of children and young people is undertaken through 2 strands of action: Specialist CAMHS and primary mental health. There is a need for these strands to be coordinated, and it is proposed that this is undertaken by a Joint Commissioning Officer responsible for Emotional Health and Well being, who will also chair the associated Joint Commissioning Groups.

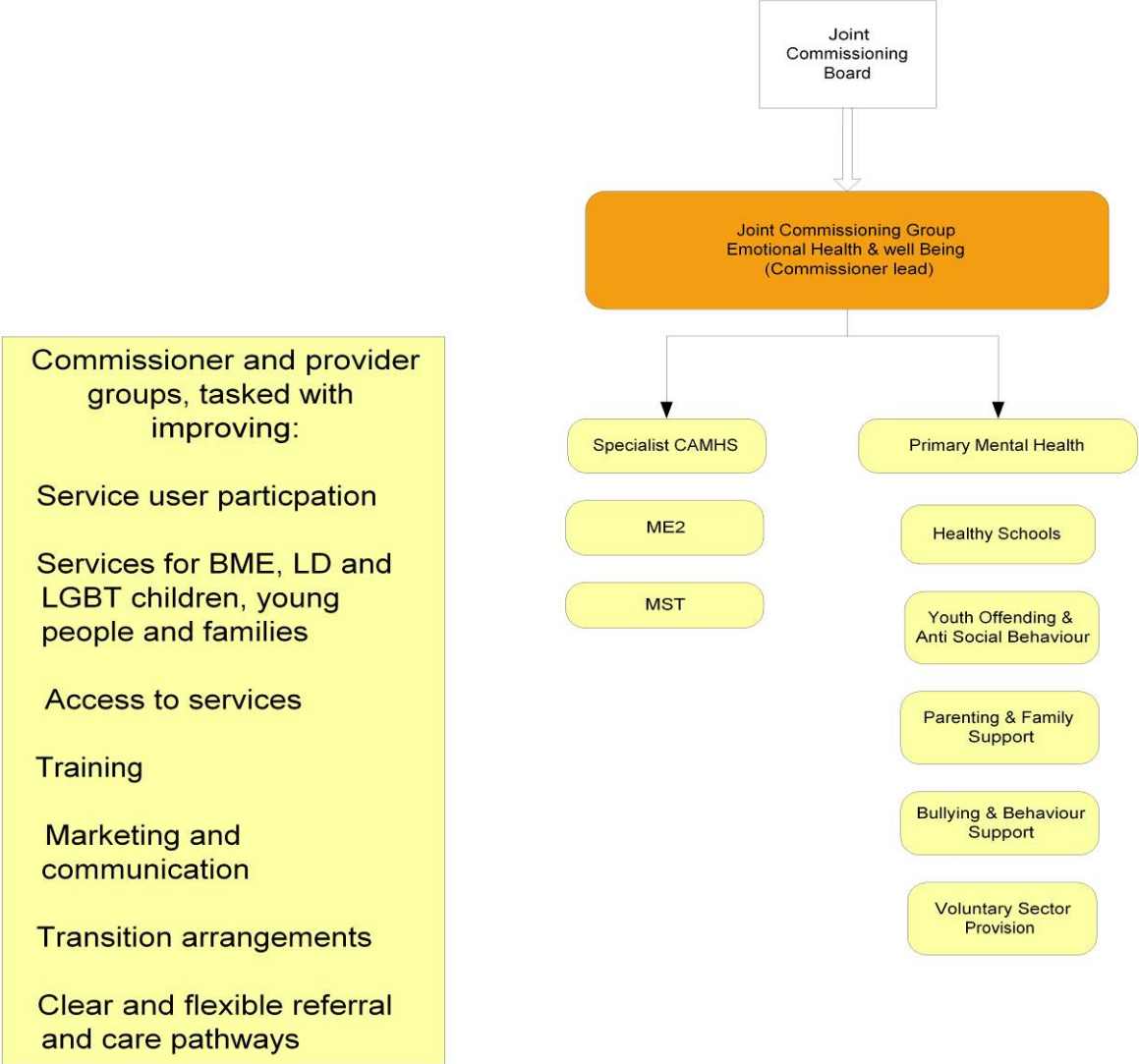


Figure 10: Joint Commissioning Structure for Emotional Health and Well Being

Service Specification and Performance Management Frameworks need to be in place for all CAMHS Partnership providers so each is clear of the expected outcomes they must achieve. Providers need to ensure they also have comprehensive management and performance information systems in house to respond to external monitoring. This will enable routine auditing and evaluation of service delivery and inform future commissioning activity.

Strategic Governance Recommendations

- a). Implement governance arrangements by Dec 2008.
- b). Recruit a Joint Commissioning Officer responsible for Emotional Health and Well being, who will also chair the associated Joint Commissioning Groups.
- c). Emotional health and well-being of children and young people is undertaken through 2 strands of action: Specialist CAMHS and primary mental health.
- d). Service Specification and Performance Management Frameworks need to be in place across the CAMHS Partnership providers.
- e). Providers need to ensure a clear, in house performance management system is in place to respond to service specifications and performance management framework therein.

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3. Service Re-design

a) Developments to Date

CAMHS in Trafford has developed through a multi agency partnership ethos developing a wide range of screening and assessment processes and services to meet increasing need and shift towards early identification. The CAMHS Partnership structure and its relationships is set out in Figure 11.

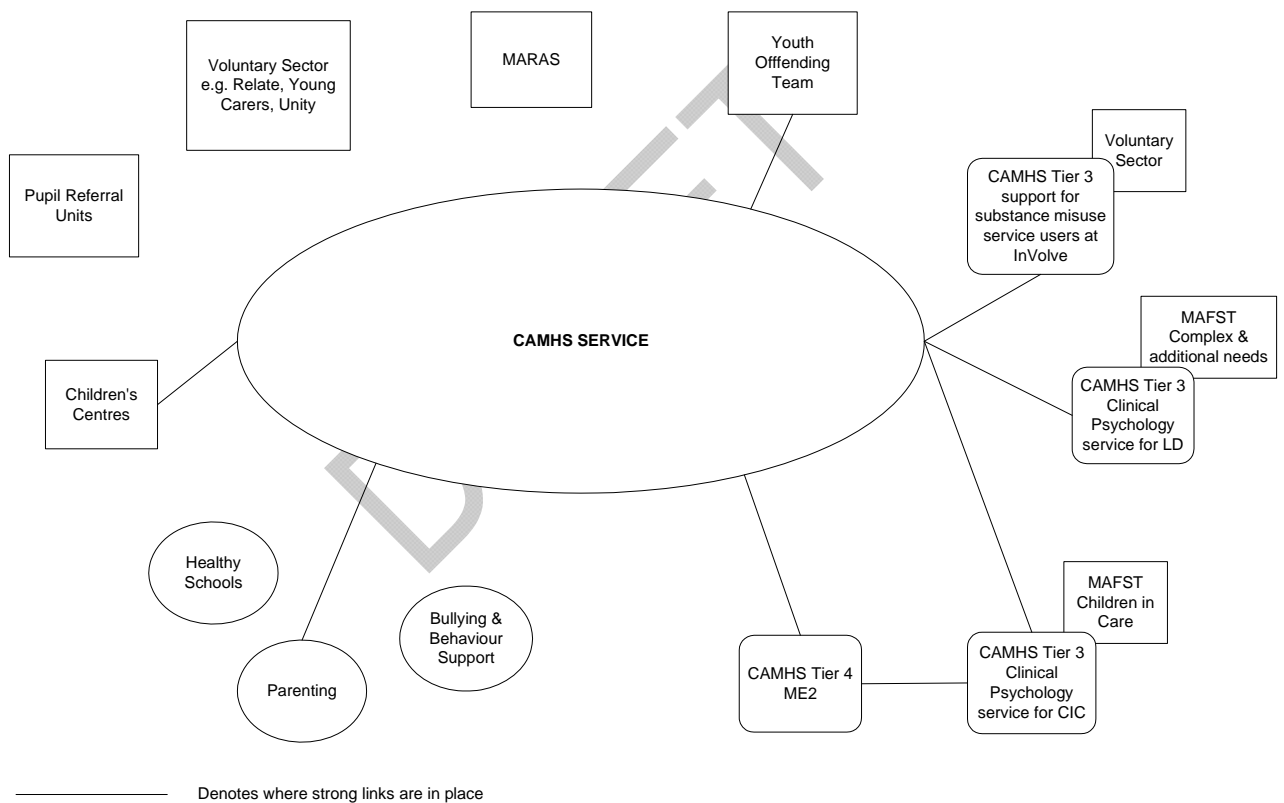


Figure 11: Existing CAMHS Partnerships

The Network model for 'Out of Hours' service for CAMHS 'psychiatric emergencies' has been agreed by the GM CAMHS Network for some time. The new Community West Out of Hours Service will include Bolton, Manchester, Trafford and Salford CAMH Services and operate the Network model. This will operate from Sept 2008.

This service will improve access to services for children and young people with mental health difficulties who attend A&E Out of Hours; the service will also support the changes around paediatric inpatient services and therefore the 'Making it Better' programme.

The PCT have supported this development and have provided additional funding which will contribute to the Specialist Registrar posts as part of the out of hours staffing rotas.

The PCT will be amending contracts with mental health service providers to require a rise in the age for referrals to CAMHS to the 18th birthday and for the age to access adult services to be lowered to the 16th birthday in line with NSF guidance.

Young people aged between 16 and 18 years old presenting at A&E with mental health problems out of hours will be supported by the Crisis Team from GM West Mental Health Foundation Trust (formerly known as Bolton, Salford and Trafford MH Trust). The PCT are planning to purchase additional Tier 4 beds to support the Crisis Team.

Referral and care pathways for 16 to 18 year olds are now being developed between GM West Mental Health Foundation and Trafford CAMHS. It is anticipated that draft protocols for the out of hours support will be in place by Sept 2008. Current draft pathways will need to be reviewed and ratified, and training put in place for staff involved.

Figure 12 shows the current referral and assessment pathways across the CAMH Service as it is designed now:

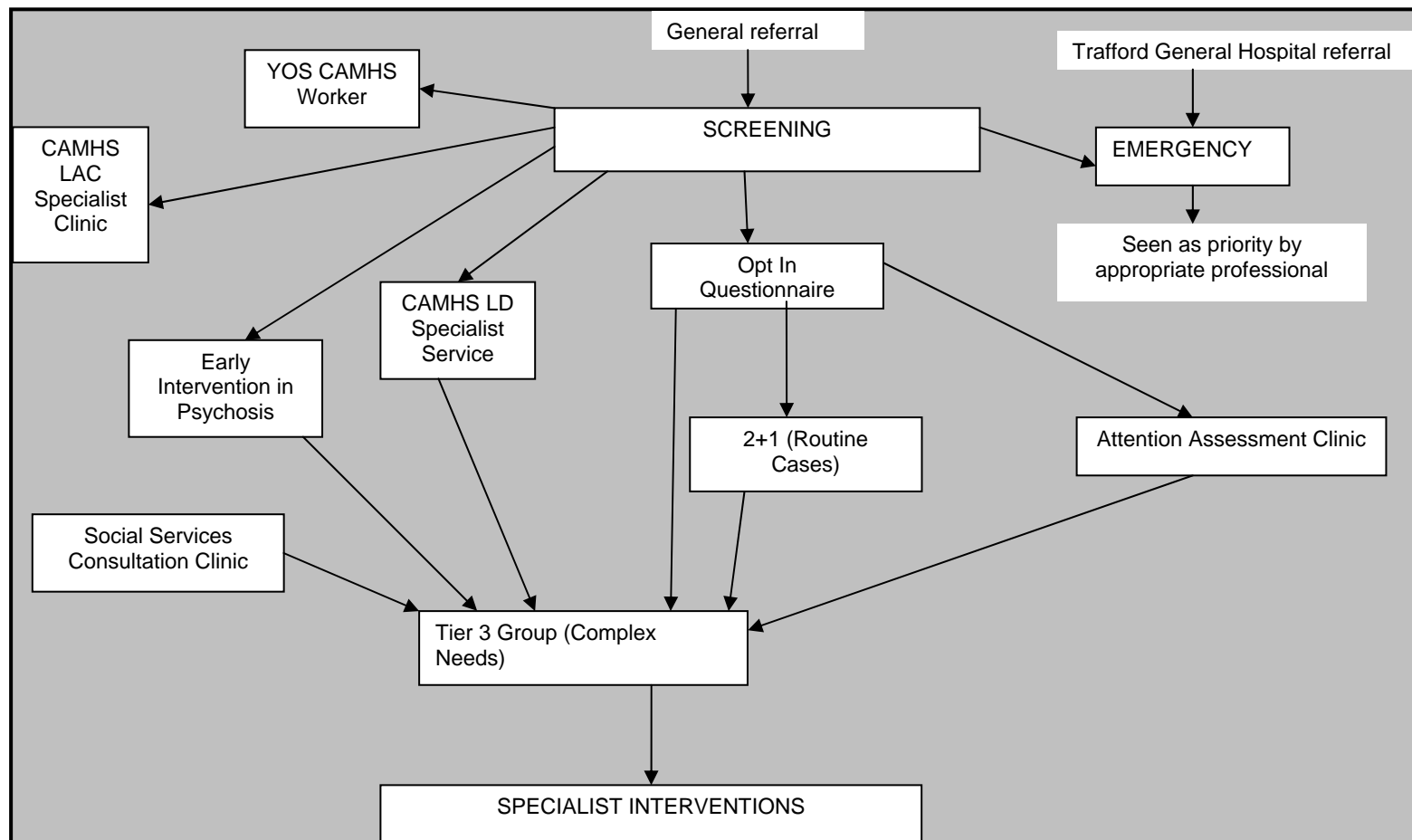


Fig. 12: Trafford CAMHS Pathways

b) Areas for Improvement

There are several areas which the CAMH has low coverage:

- Children with learning disabilities.
- Children with Disabilities.
- Services for children with mental health problems & learning difficulties (dual diagnosis).
- Vulnerable Children.
- Post adoptive support.
- Support for children and families suffering divorce, bereavement, chronic or terminal illness.
- Eating disorders and self harm.
- Specialist Parenting at Tier 3.
- Bullying.

Staffing capacity needs to increase at CAMHS Tier 3 to meet NSF guidelines and future demand. Those staff who can be identified as delivering primary mental health activities across health and CYPS and have not yet been included in the multi agency family support team (MAFST) structures should re organise to sit within the MAFSTs and together these changes should serve to enable provision of a comprehensive CAMHS. It is recognised that School Nurses and Health Visitors support primary mental health service provision but are already included in MAFSTs. Table 2 identifies the outstanding services involved and their remit:

<ul style="list-style-type: none"> • Education Psychology Service • Capacity building through training of Tier 1 & 2 services and MAFST staff to increase awareness and earlier identification of eating disorders, self harm and neuro developmental disorders. e.g. ADHD and ASD, BME, LGBT. • Behaviour support. • Onward referral to Specialist CAMHS. 	<ul style="list-style-type: none"> • Support for children and families suffering divorce, bereavement, chronic or terminal illness. • Outreach provision to engage and support vulnerable groups e.g. BME, LGBT children, young people and their families. • Clinical & training support to Tier 1 and 2 voluntary and community sector providers. • Parenting support, including Parent Support Advisers, CAMHS Parent Partnership Workers & Specialist Parent Co-ordinators
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Table 2

Having the additional skills of those staff identified as providing services outlined in Table 2 within the MAFSTs would provide a pool of highly skilled professionals equipped with the expertise to deliver and capacity build on the emotional health and well being agenda. It would afford valuable links into the education services, building on existing and strong partnerships, more robust and co-ordinated preventative services enabling a clear source of support to MARAS and improved targeting of vulnerable families and a reduction of crisis intervention activity.

Following the model of the Clinical Psychology Service for Children in Care, other Trafford CAMHS staff who support specific client groups e.g. Learning Disability should sit with the relevant multi agency team or service. This would enable the Specialist CAMHS service to concentrate their specialist resources on addressing appropriately referred cases from the MAFSTs and meet the NSF recommended staffing allocation. It would also enable missing professions such as occupational therapy to be incorporated where most appropriate e.g. Complex and Additional Needs MAFST.

It is proposed that all referrals would come into the CAMHS general service for discussion and allocation via a joint meeting between the management from the MAFSTs and Specialist CAMHS. Clear referral, assessment and care pathways need to be developed for inward and onward referral to and between these services. Professional governance arrangements would also need to be revised and should extend to provide the support of the voluntary and community providers using a resource efficient model.

To 'get ahead of the game' regarding the future training and delivery of Psychologists nationally, it is proposed that the Education Psychology Service sits within the MAFSTs. Education Psychology training is no longer split into different specialisms; instead training is in Community Psychology. Therefore, new recruits will aspire to work in a community psychology team and if Trafford doesn't have this service model, recruitment and retention may become problematic.

Accessibility to primary mental health services needs to be given consideration and existing resources e.g. the Talkshop, extended schools and children's centres be reviewed to consider widening service delivery with self referral options available to promote access, particularly from those who feel there is a stigma associated with mental health which reduces their likelihood of presentation to GPs for onward referral.

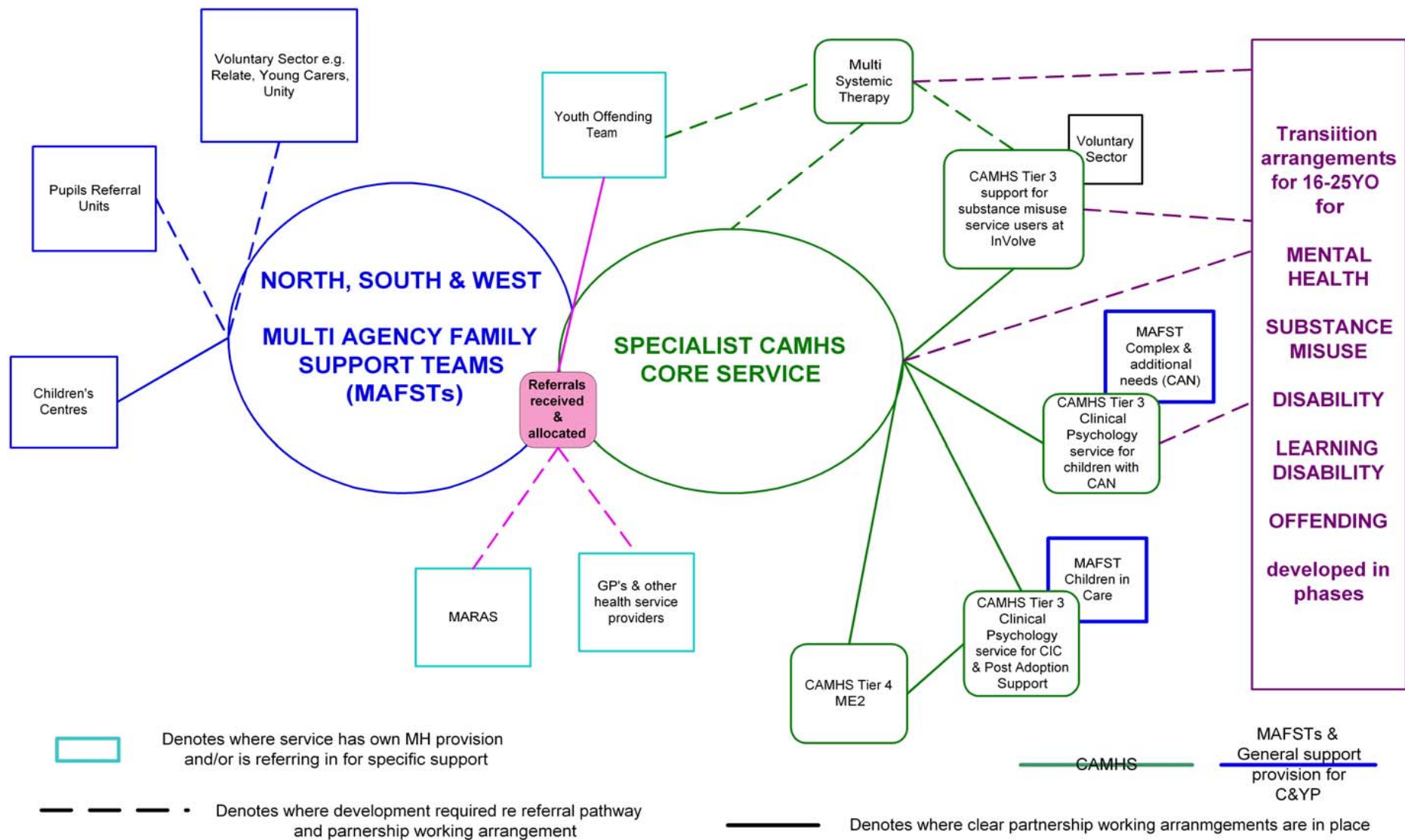


Figure 13: Proposed CAMHS Partnership Structure

i) Transition from child mental health to adult mental health services

There are great differences between the eligibility criteria for CAMHS and adult mental health services, whilst this is not particular to mental health, these gaps in services could account for high rates of substance misuse, mental health and learning disability problems within the offender, unemployed and homeless populations, and the growing number of young adults in these groups.

Based on national consultation feedback, it is likely that transition will be a theme for the new Department of Health Child Health Strategy which is due for publication in Autumn 2008. By starting to develop transition arrangements now, we can take the opportunity of 'getting ahead of the game'.

Key staff across CYPS and Adult Social Care have now agreed to establish a programme board to take the transition change agenda forward. The programme will cover the following vulnerability strands:

- Learning disability
- Mental health
- Substance misuse
- Disability
- Offending

And will be structured as shown in Figure 14 with the following timescales:

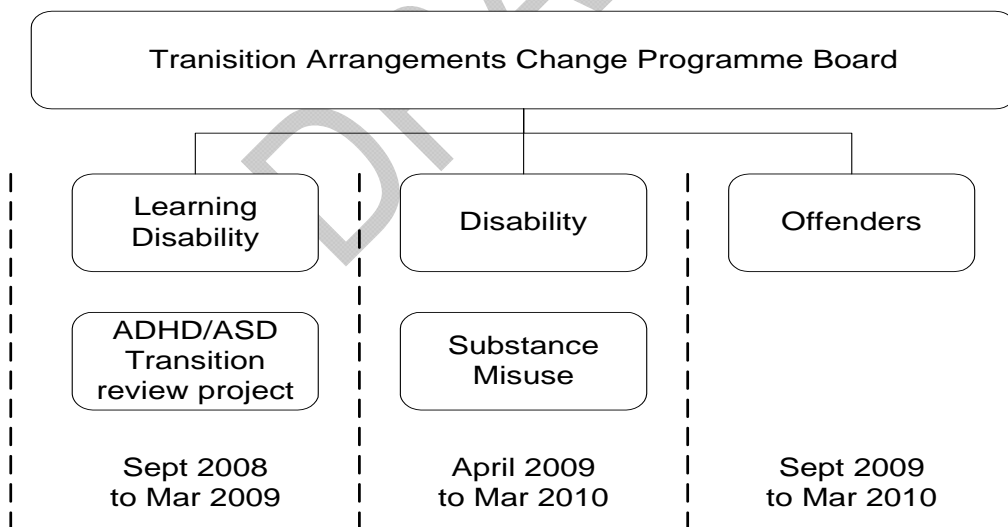


Figure 14: Transition Arrangements Timetable

By tackling this issue there will be a long term economic benefit to society as well as social and health benefits. Commissioners need to work with providers to ensure that the eligibility criteria gaps are filled in order for transition arrangements to be effective rather than them becoming an opportunity to defer problems further.

ii) Post adoption support

NSF Standard 2 states that local authorities should:

- Work with PCTs and NHS Trusts to ensure that health services for adoptive parents and their children are easily accessible.

NSF Standard 9 states that multi agency working leads to

- the provision of services (which) contribute to the provision of post abuse therapeutic services; and services for looked after and adopted children

Currently in Trafford, children who are 'looked after' or 'in care' are eligible to use the specialist CAMHS CIC service. Feedback from consultation showed concern that adopted children are seen as a group with very specific emotional and psychological needs, which if not supported would escalate and lead to a referral to MARAS.

The CAMH CIC Service has recently undertaken its own needs assessment to support the development of services to include post adoptive cases.

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Service Re-design Recommendations

- a). Staff identified as delivering primary mental health activities across health and CYPS re organise to sit within MAFSTs, leaving CAMHS as a specialist mental health service.
- b). The strategic governance arrangements proposed in Strategic Governance Recommendations and clinical governance arrangements are implemented to support these changes and included in service specifications;
- c). Further work is done to provide details re numbers, costings and management arrangements etc. regarding the staffing resources required to fully implement these changes;
- d). Public access to primary mental health services is given consideration and existing resources e.g. the Talkshop, extended schools and children's centres be reviewed to consider widening service delivery with self referral options available to promote access;
- e). Service specifications and a performance management framework are to be in place for the affected services prior to implementation;
- f). The Transition Change Programme is given full support to enable improved arrangements to be developed and embedded in practice across adult and children's services;
- g). Additional funding is found to employ a project co-ordinator within Trafford CYPS who will ensure the expected outcomes are achieved to time, quality and cost;
- h). For additional funding to be allocated from financial review recommendations for the development of post adoptive services within the CAMHS.
- i). Revised protocols and pathways for the out of hours support to in place by Sept 2008. Current draft pathways will need to be reviewed and ratified, and training put in place for staff involved.

4. Process Review

a) Developments to Date

Trafford CYPS has been implementing the Integrated Referral, Assessment and Tracking (IRAT) programme. The aim of this programme is to streamline and coordinate both local and national referral, assessment and performance management systems which in turn will improve information sharing, inform commissioning and ultimately improve the service user experience from the initial referral point onwards.

The processes, services and systems being developed through IRAT are:

- The Common Assessment Framework (CAF)
- e-CAF (an electronic version of CAF)
- The role of 'lead professional'
- Budget Holding Lead Professional
- ContactPoint
- Integrated Children's System for Social Care
- Multi Agency Referral & Assessment Service (MARAS)

Trafford CYPS's Information Unit has become integrated with Health as the Child Health Team from Trafford General has joined them. This will afford more comprehensive management information. Trafford CYPS's Information Unit has also supported Trafford CAMHS in the development of an electronic case management system, which was paper based until May 2008. The new case management system meets DoH requirements with additional fields to ensure all six equality strands are recorded against (gender, ethnicity, disability, sexuality, religion, and age). The importance of populating this system is crucial to enable more accurate reporting and to inform the annual review of the needs assessment and commissioning strategy. Staff need to be given sufficient training to enable them to input accurately and understand the impact of their data input activity.

b) Areas for Improvement

i) Data availability, quality & currency

There are lots of positive developments occurring regarding information management. However, the importance of quality data input by practitioners to base commissioning plans on is not equally understood in all disciplines. In completing the needs assessment it became clear that there is lots of information and cross analysis which would provide a much more detailed process, but there is no general collection of that information e.g. young people aged 18-25 accessing BME specific mental health services – this information would provide an indication of need before 18 to compare to the numbers of cases being supported by CAMHS from a BME background. Ease and speed of access to a wider range of reliable, local information regarding this agenda needs improving.

The source of information also needs to be reliable and consistently used over time to ensure baseline information for planning and reporting is accurate and valid.

ii) Referrals from CAMHS to Multi Agency Referral & Assessment Service (MARAS)

Approximately 10% of CAMHS cases are on the Child Protection Register. In addition, approximately another 20% are considered by CAMHS practitioners as meeting the CIN threshold criteria, suggesting that Social Care intervention is required in these cases. However, not all of these cases do receive a service from social care. CAMHS does refer such cases for social care input via the Multi Agency Referral Form into the MARAS, but CAMHS report that they are not considered by MARAS as meeting CIN threshold criteria, and the social care input is refused. These discrepancies appear to highlight an issue regarding the interpretation of the Threshold Criteria.

Professionals working in CAMHS also feel that the timeliness of a response to a Multi Agency Referral Form (MARF) or Common Assessment Form (CAF) is crucial, particularly where mental health issues are present – in either the child/young person or parent. Where a response is delayed, it could be a reflection of the lack of knowledge or confidence about how to tackle the case and consequentially a clear understanding of the need to prioritise some cases. By incorporating mental health professionals into the MARAS, more comprehensive assessments can be made, specialist input in to assessments is readily available and escalation of some cases can be minimised.

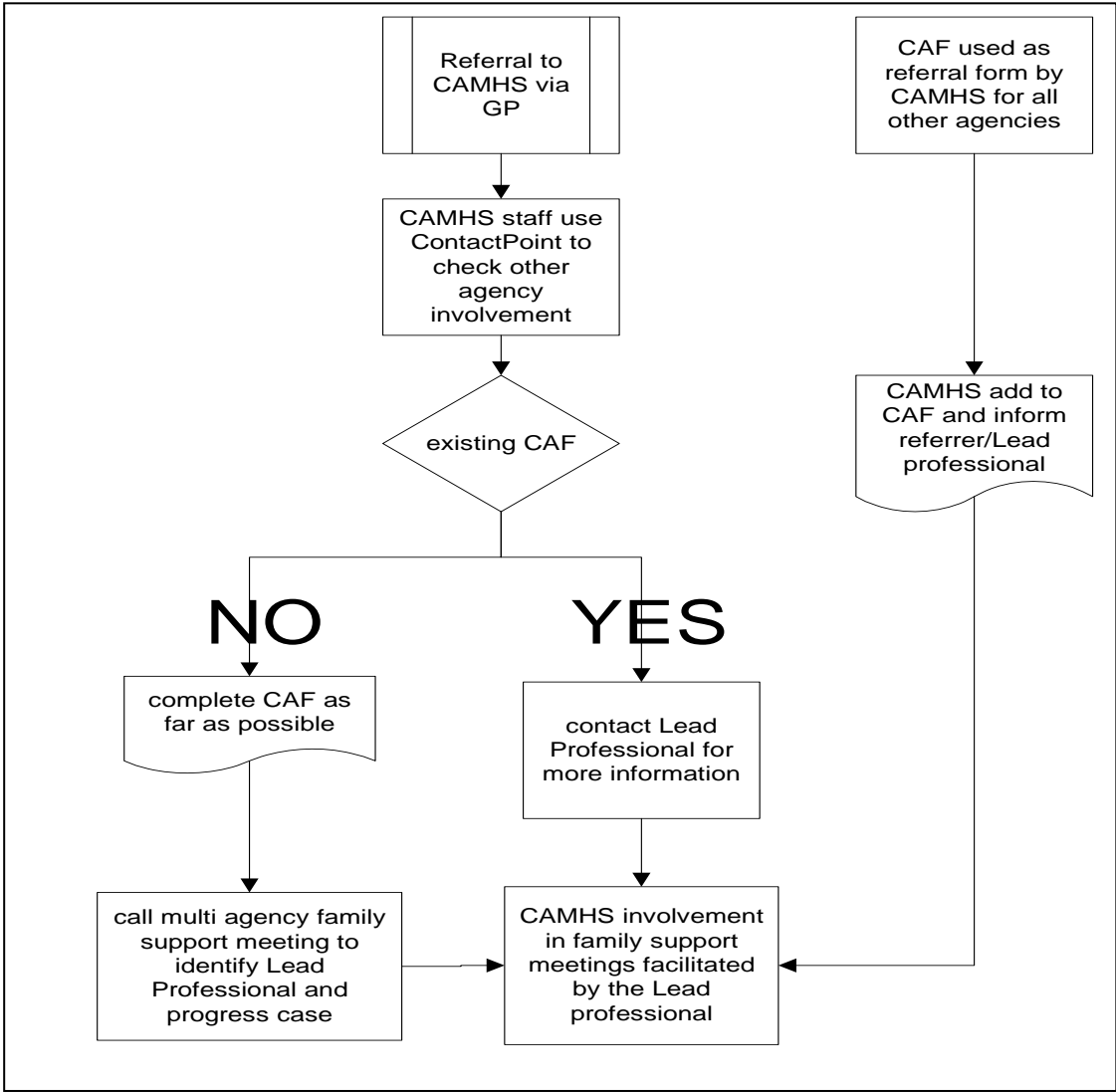
The Multi Agency Referral & Assessment Service (MARAS) will operate from Sept 2008, and this service will be the point of contact, assessment and onward referral for cases meeting the Child in Need threshold level 3 (top end) and level 4 criteria.

Partnership working has already started to enable more formal links between CAMHS and MARAS, which should enable resolution of the above issues. The arrangements adopted between CAMHS and MARAS for the pilot phase of the MARAS roll out will be reviewed and recommendations will be made for the next

phase. This review should focus on the impact the link has made, and whether the time commitment and type of specialist providing the link is appropriate.

CAMHS staff are concerned that there are limited resources to support complex cases which do not meet the threshold criteria. They also report that the IRAT processes, in particular the Common Assessment Framework (CAF), lead professional and ContactPoint hold little relevance or benefit for them. However, these processes potentially hold great opportunities for CAMHS. CAMHS clinical staff cannot act as Lead Professionals as this would reduce their time for clinical service delivery. However, their involvement in family support meetings would facilitate access to wider resources coordinated by a Lead Professional.

The benefit of changing the CAMHS referral form to the CAF form for agencies other than GPs also needs to be considered. A referral pathway using the CAF is suggested below.



iii) Screening, assessment and services for C&YP and their parents/carers with labels of ADHD and ASD

Strong evidence shows that ADHD is a risk factor for adversely affecting all of the 5 Every Child Matters Outcomes which are national indicators which all local authorities are measured against.

There is a need to identify children and young people with ADHD and other neuro developmental disorders earlier, and offer them a range of medical and non medical interventions. The Attention Assessment Clinic is already established and would be one vehicle to do this. Widening membership of the assessment panel, modifying referral pathways and building links into the CAF process would also foster a much broader multi agency response.

New NICE Guidelines on ADHD have now been published which makes recommendations for the diagnosis and management of attention deficit hyperactivity disorder (ADHD) in children, young people and adults (see: <http://www.nice.org.uk/Guidance/CG72/NiceGuidance/doc/English>). This will obviously need to be considered in future planning of CAMHS and transition services for children and young people in Trafford.

iv) Re referral on to the Child Protection Plan

The re referral rates for children and young people onto the Child Protection Plan (fig. 15) show that Trafford is not performing well against target, it's statistical neighbours or nationally.

	Trafford	Target	National Figures	Statistical Neighbours
2007/2008	16.3%	12.5 %		
2006/2007	15%		13.4%	13.6%
2005/2006	18.6%		14.2%	15.2%

Figure 15: Trafford re referral rates onto Child Protection Plan

We need to break cycle of re referrals to the CP Plan (Figure 16) - particularly for cases where the parents have mental health or other complex and additional needs themselves and / or where their child's case is too complex for them to manage without specialist support. This can be compounded by the parents with mental health or other complex and additional needs not meeting the criteria for adult social care or mental health support. Consultation feedback promoted specific intervention at key points such as specialist family/parenting work to enable significant benefit and progress. We also need to ensure robust systems, procedures and protocols to support staff where 'hidden harm' is identified, so information sharing and onward referral on to adult services occurs swiftly and effectively.

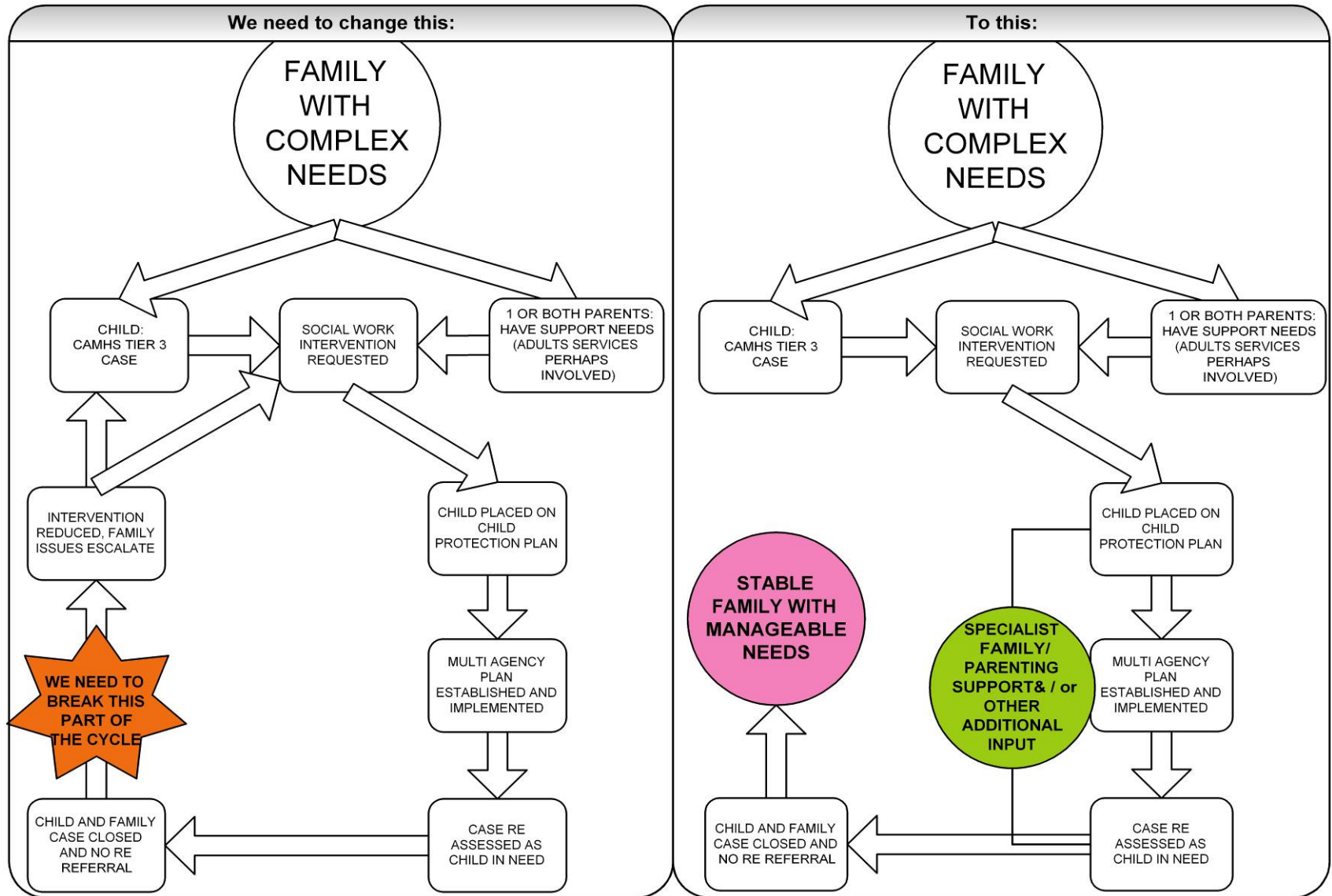


Figure 16. Breaking the cycle of re referrals to the CP Plan

The developing Multi Systemic Therapy (MST) service is a multi agency service offering intensive, targeted support to vulnerable children with complex needs and their families. It could offer solutions to break into the cycle shown in Figure 16 – one of which being a multi agency panel for children with complex needs which is being established by MST and which could provide opportunities to trial this type of panel on behalf of the MAFSTs for future roll out.

Process Review Recommendations

- a). CAMHS to ensure a clear, in house performance management system is in place to respond to service specifications and performance management framework therein.
- b). The CAMHS database is developed further to reflect the changes in service design as recommended in Service re-design recommendations;
- c). Resources are made available to populate the CAMHS data base historically to inform trend analysis etc.;
- d). The Joint Commissioning Unit works with the Trafford CYPS and the PCT Information Units regarding data collection & sources used to support commissioning;
- e). For the CAMHS/MARAS partnership arrangements to be formally reviewed in April 2009;
- f). CAMHS are supported to utilise the IRAT processes more fully (training and workforce development recommendations are covered in Section 5);
- g). CAMHS to evaluate the benefit of using the CAF as their referral process for agencies other than GPs;
- h). Widen membership of and referral pathways to the Attention Assessment Clinic
- i). Develop non medical intervention resources within CAMHS and MAFSTs e.g. CBT and specialist parenting support;
- j). Work with adult services develops to enable joint working arrangements for parents to improve the management of their children and to prevent escalation of need to safeguarding;
- k). Robust systems, procedures and protocols for managing 'hidden harm' are established.
- l). The developing MST and complex case panel to be formally reviewed by the Joint Commissioning Unit for impact and mainstreaming opportunities.
- m). Review new NICE Guidelines for ADHD and the impact on services in Trafford.

5. Workforce Development & Training

a) Current overview

CAMHS staff currently receive training via the NHS Trust. This covers professional development and mandatory course such as equality and diversity.

The Children's Workforce Development Council (CWDC) has issued the Common Core of Skills and knowledge which outlines 6 strands which any person working with children, young people and their families should have:

- Effective communication and engagement with children, young people and families
- Child and young person development
- Safeguarding and promoting the welfare of the child
- Supporting transitions
- Multi-agency working
- Sharing information
- Specialist training on e.g. assessment techniques & treatments

b) Developments to Date

Trafford CYPS is currently undertaking a needs assessment of training opportunities to inform a commissioning strategy on workforce training and development, to support the roll out of integrated services from Sept 2008. This will cover training on the Common Core, IRAT processes and specific training for different professional groups. Work is being done to improve the options for training delivery to include e-learning so a wider audience can access training courses.

Various training and professional development opportunities are running via conferences, workshops, market place events which are organised through the various strategy steering group fora, and attendance is encouraged through informal networks.

c) Areas for Improvement

Sweden has already established its common core of skills and knowledge, and has included one extra strand on emotional health and well being; this is a positive move which Trafford should consider to demonstrate commitment to the agenda.

Access to training appears to be inequitable across the different professional groups within CYPS and Children's Health Services. Informal networks can be unintentionally exclusive. The commissioning of training is not centralised. This means that feedback from personal development plans across health and CYPS staff are not fed into one CYPS system for analysis so training commissioned is not evidence based; systems which measure impact of training are inadequate,

opportunities for efficiency saving are missed and training on key issues are not marketed effectively. It is anticipated that these issues will be addressed in the commissioning strategy on workforce training and development.

Capacity building training to staff operating at tiers 1 and 2 is a key area for development and imperative regarding to increase awareness and confidence, thereby leading to better management, reduced or more appropriate referrals into Tier 3 and earlier identification of problems preventing escalation of issues and higher cost services being involved at crisis point.

Based on the findings from research undertaken by Care Services Improvement Partnership (CSIP) across the Northwest in 2007 on service user participation and cultural competence, work is required locally to improve these very important dimensions of CAMHS activity. Service user involvement is limited in CAMHS, and good practice recommends that service users should be involved in the recruitment of CAMHS staff, development of service delivery models and marketing materials. This could be resolved by strengthening the links into existing good practice regarding service user participation, particularly current activity with children in care and linking into training opportunities e.g. Heritage Model training which has been widely accessed by Social Care staff within CYPS.

CAMHS staff need to be equal partners in any general workforce development strategies developed for CYPS as a multi agency service. However, a specific piece of work needs to be completed in addition to this with local children and young people's mental health services across tiers 1 - 4 to identify an accurate picture of the skill mix, competencies, staffing levels and training required to meet current and future need and which takes into consideration recruitment, replacement following retirement and retention issues. This will then link in to the National Workforce Programme for CAMHS and the CAMHS Joint Workforce Plan for Greater Manchester coordinated by CSIP Northwest, currently underway.

Workforce Development & Training Recommendations

- a). A detailed workforce analysis is completed for children and young people's mental health services across tiers 1 – 4 in Trafford;
- b). The commissioning strategy on workforce training and development includes emotional health and well being as a 7th common core strand and CAMHS is an equal partner in this strategy;
- c). Additional funding is identified to support the workforce development and capacity building requirements to meet the standards of comprehensive CAMHS and so staff awareness of emotional and mental health issues, services and referral pathways is clearly evident;
- d). Staff working in primary mental health services contribute to the design and delivery of training courses on:
 - Early identification and intervention techniques;
 - Eating disorders;
 - Self harm;
 - Bullying; and
 - Learning Disability including ADHD/ASDAnd that these courses are rolled out for general attendance to support emotional health and well being agenda.
- e). All CAMHS staff have access to new/refresher training on
 - Cultural awareness/the heritage model;
 - Service user participation and engagement;
 - ICT skills for electronic case management;
 - IRAT and
 - Threshold Criteria.
- f) CAMHS are supported by CYPS to develop and embed service user involvement in recruitment, marketing and service development activity.

6. Marketing and Communication

a) Developments to Date

Trafford CYPS agreed a new branding to cover all services falling under its umbrella, this includes CAMHS. It is important that CAMHS is seen as a health service, but it is also equally important for it to be accessible to the widest audience, and for some groups e.g. those from BME backgrounds, being associated with a mental health service brings stigma and reduces the likelihood of presentation to GPs for onward referral.

The new branding will hopefully increase accessibility to health and social care services. Increasing access to all service users will also be addressed through the following Trafford CYPS strategies:

- Communications Strategy
- Cluster Area Engagement Strategy (Draft)
- Participation Strategy

The Local Involvement Network (LINK) is another forum where service users can actively participate in commissioning plans, service design and delivery planning.

These strategies and fora are developed and implemented through steering groups, and it is essential that CAMHS are represented on these groups to benefit from the shared expertise, activities and additional capacity through partnership working.

b) Areas for Improvement

Due to resource limitations, service user involvement is under developed; referral rates from particular user groups are very low or unknown, and marketing materials are dated.

Marketing and Communication Recommendations

- a). Staff delivering primary mental health services are invited to become members of the relevant communication and engagement fora.
- b). CAMHS is supported to develop user friendly marketing materials for the range of services it offers, using the new CYPS branding.
- c). The range of mental health support agencies are promoted more widely.

6.0 ACTION PLAN

Commissioning Theme Recommendations	Timescales	Responsible agency and method if known/in place)	Expected Outcomes (PIs)
<p>Financial Review</p> <p>To considerably increase spend per child in line with other local authorities of similar size.</p> <p>Trafford CYPS to undertake an assessment of the impact of the posts funded by the DoH CAMHS grant on the emotional health and consider benefit of redirecting this resource into the primary mental health services for specialist parenting support for Tier 3 families and/or specialist outreach for vulnerable groups (BME/LGBT etc)</p> <p>Further work needs to be undertaken to establish a more accurate projection of mental health prevalence rates to inform workforce required to meet local needs and the costs involved.</p>	<p>April 2009</p> <p>April 2009</p> <p>April 2009</p>	<p>PCT via Commissioning Strategy</p> <p>JCU</p> <p>JCU & PCT/CYPS Information Units</p>	<p>PSA's:</p> <p>NI 50 Emotional Health of Children</p> <p>NI 51 Effectiveness of child and adolescent mental health (CAMHS) service</p> <p>NI 58 Emotional and behavioural health of looked after children</p> <p>NI 69 Children who have experienced bullying</p> <p>NI 71 Children who have run away from home</p> <p>NI 72 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal Social and Emotional Development and Communication, Language and</p>

<p>Strategic Governance</p> <p>Implement governance arrangements</p> <p>Recruit a Joint Commissioning Officer responsible for Emotional Health and Well being, who will also chair the associated Joint Commissioning Groups.</p> <p>Emotional health and well-being of children and young people is undertaken through 2 strands of action: Specialist CAMHS and primary mental health.</p> <p>Service Specification and Performance Management Frameworks need to be in place across the CAMHS Partnership providers.</p> <p>Providers need to ensure a clear, in house performance management system is in place to respond to service specifications and performance management framework therein.</p>	<p>Jan 2009</p> <p>April 2009</p> <p>April 2009</p> <p>March 2009</p>	<p>JCU & JCB</p>	<p>Literacy</p> <p>NI 111 First time entrants to the Youth Justice System aged 10–17</p> <p>NI 110 Young people’s participation in positive activities</p> <p>NSF Short term priorities:</p> <ul style="list-style-type: none"> • 24 hour cover available for urgent needs and specialist assessments undertaken within 24 hours or during the next working day; • Full range of CAMHS available or accessible for children and young people with learning disabilities; and • Services available for all 16 and 17 year olds appropriate to their age and level of maturity.
<p>Service Re-design</p> <p>Staff identified as delivering primary mental health activities across health and CYPS re organise to sit within MAFSTs, leaving CAMHS as a specialist mental health service.</p>	<p>Feb 2009</p>	<p>CAMHS, ET</p> <p>JCU & JCB</p>	<p>NSF Vision</p> <ul style="list-style-type: none"> • An improvement in the mental health of all children and young people. • Multi-agency services, working in partnership, promote the mental health of all children and young

<p>The strategic governance arrangements proposed in Strategic Governance Recommendations and clinical governance arrangements are implemented to support these changes and included in service specifications;</p> <p>Further work is done to provide details re numbers, costings and management arrangements etc. regarding the staffing resources required to fully implement these changes;</p> <p>Public access to primary mental health services is given consideration and existing resources e.g. the Talkshop, extended schools and children's centres be reviewed to consider widening service delivery with self referral options available to promote access;</p> <p>Service specifications and a performance management framework are to be in place for the affected services prior to implementation;</p> <p>The Transition Change Programme is given full support to enable improved arrangements to be developed and embedded in practice across adult and children's services;</p> <p>Additional funding is found to employ a Transition project co-ordinator within Trafford CYPS who will ensure the expected outcomes are achieved to time, quality and cost;</p>	Jan 2009	PCT	<p>people, provide early intervention and also meet the needs of children and young people with established or complex problems.</p>	
	April 2009	CYPS Finance, JCU & PCT	<ul style="list-style-type: none"> All children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies. 	
	April 2009			<p>NSF Markers of Good Practice</p> <p>1. All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.</p>
	April 2009			
	Dec 2008	CYPS, Social PCT, LSC	Adults Care,	<p>2. Protocols for referral, support and early intervention are agreed between all agencies.</p>
	Dec 2008			<p>3. Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen</p>

<p>For additional funding to be allocated from financial review recommendations for the development of post adoptive services within the CAMHS.</p> <p>Revised protocols and pathways for the out of hours support to be in place. Current draft pathways will need to be reviewed and ratified, and training put in place for staff involved.</p>	<p>April 2009</p> <p>Dec 2008</p>	<p>PCT</p> <p>CAMHS & Adult MHS</p>	<p>in order to improve access to high levels of CAMH expertise.</p> <p>4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.</p> <p>5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.</p>
<p>Process Review</p> <p>CAMHS to ensure a clear, in house performance management system is in place to respond to service specifications and performance management framework therein.</p> <p>The CAMHS database is developed further to reflect the changes in service design as recommended in Service re-design recommendations;</p> <p>Resources are made available to populate the CAMHS data base historically to inform trend analysis etc.;</p> <p>The Joint Commissioning Unit works with the Trafford CYPS and the PCT Information Units regarding data collection & sources used to support commissioning;</p>	<p>Mar 2009</p> <p>Jan 2009</p> <p>Dec 2008</p> <p>Sept 2008</p>	<p>CYPS IU</p> <p>JCU, PCT & CYPS IUs</p>	<p>6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.</p> <p>7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.</p>

<p>For the CAMHS/MARAS partnership arrangements to be formally reviewed in April 2009;</p> <p>CAMHS are supported to utilise the IRAT processes more fully (training and workforce development recommendations are covered in Section 5);</p> <p>CAMHS to evaluate the benefit of using the CAF as their referral process for agencies other than GPs;</p> <p>Widen membership of and referral pathways to the Attention Assessment Clinic</p> <p>Develop non medical intervention resources within CAMHS and MAFSTs e.g. CBT and specialist parenting support;</p> <p>Work with adult services develops to enable joint working arrangements for parents to improve the management of their children and to prevent escalation of need to safeguarding;</p> <p>Robust systems, procedures and protocols for managing 'hidden harm' are established.</p> <p>The developing MST and complex case panel to be formally reviewed by the Joint Commissioning Unit for impact and mainstreaming opportunities.</p>	<p>April 2009</p> <p>April 2009</p> <p>Jan 2009</p> <p>Jan 2009</p> <p>April 2009</p> <p>April 2009</p> <p>Mar 2009</p> <p>Feb 2009</p>	<p>CAMHS/MARAS</p> <p>CAMHS, CYPS Workforce Development Strategy</p> <p>CAMHS</p> <p>CYPS, Adults Social Care</p>	<p>8. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.</p> <p>9. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.</p> <p>10. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the 'care programme approach'.</p> <p>NSF for Mental Health Standard One: To promote mental health for all, working with individuals, organisations and communities</p>
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Review new NICE Guidelines for ADHD and the impact on services in Trafford.	Jan 2009		
<p>Workforce Development & Training</p> <p>A detailed workforce analysis is completed for children and young people’s mental health services across tiers 1 – 4 in Trafford;</p> <p>The commissioning strategy on workforce training and development includes emotional health and well being as a 7th common core strand and CAMHS is an equal partner in this strategy;</p> <p>Additional funding is identified to support the workforce development and capacity building requirements to meet the standards of comprehensive CAMHS and so staff awareness of emotional and mental health issues, services and referral pathways is clearly evident;</p> <p>Staff working in primary mental health services contribute to the design and delivery of training courses on:</p> <ul style="list-style-type: none"> • Early identification and intervention techniques; • Eating disorders; • Self harm; • Bullying; and 	Jan 2009	CAMHS, CYPS Workforce Development Strategy	

<ul style="list-style-type: none"> • Learning Disability including ADHD/ASD <p>And that these courses are rolled out for general attendance to support emotional health and well being agenda.</p> <p>All CAMHS staff have access to new/refresher training on</p> <ul style="list-style-type: none"> • Cultural awareness/the heritage model; • Service user participation and engagement; • ICT skills for electronic case management; • IRAT and • Threshold Criteria. <p>CAMHS are supported by CYPS to develop and embed service user involvement in recruitment, marketing and service development activity.</p>			
<p>Marketing and Communication</p> <p>Staff delivering primary mental health services are invited to become members of the relevant communication and engagement fora.</p> <p>CAMHS is supported to develop user friendly marketing materials for the range of services it offers, using the new CYPS branding.</p> <p>The range of mental health support agencies are promoted more widely.</p>	<p>Jan 2009</p>	<p>CYPS Engagement & Marketing staff</p>	

7.0 FEEDBACK

Every Child's Mental Health Matters

Commissioning Plan to improve the emotional and mental health of children and young people in Trafford, understanding the impact on anti-social and offending behaviour and supporting the development of Trafford CAMHS

Feedback

The CAMHS Partnership Self-Assessment Matrix 2005-6 lists the components of a comprehensive strategy, these are:

- Locally adjusted information on the occurrence of mental health problems;
- Assessment of the needs of specific groups of children who are at risk or vulnerable;
- Analysis of unmet need/service gaps;
- Service map showing services provided and service usage;
- Views of stakeholders;
- Views of service users taken into account when revising or planning services;
- Evidence of effectiveness and efficacy of interventions and service models taken into account;
- Commitment to Every Child Matters, NSF and other guidance; and
- Clear priorities for commissioning.

Does this draft strategy contain these components?

Could these components be improved? If so, how?

Do you agree with the priorities and areas for development and recommendations?

Will they have a positive impact on the expected outcomes and performance indicators?

Are timescales for the implementation of changes appropriate?

Do you have any other comments?

All feedback should be received by **28/11/08** and sent to:

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