Thinking Differently

NHS
Dudley
Clinical Commissioning Group

Dudley
Metropolitan Borough Council

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

2015 - 2020

CONTENTS

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Local Transformation Plan for Children and Young People's Mental Health

In Dudley, we are passionate about the wellbeing of our children, young people and families. Our Vision is for Dudley to be a place where children and young people thrive and have the capacity to develop both physical and emotional resilience. This CAMHS Transformational Plan is about delivering that vision and driving change to improve outcomes. It sets out how we will develop our emotional health and wellbeing offer in partnership not only with the wide range of agencies in the borough working with children, young people and families, but also with families themselves. We recognise that there is more to be done to improve the mental health and emotional wellbeing of children and young people, identified locally and nationally within "Future in Mind".

Extensive stakeholder engagement has been undertaken to establish our baseline of current service provision. We have reviewed all the actions identified in Future in Mind to establish where we are now, where we have good practice and where service gaps exist to inform the development of this plan.

A local CAMHS Transformation Group has been established by the Health and Wellbeing Board to drive forward whole system redesign and ensure services are sustainable, outcomes focused and effective.

Our vision by 2020:-

- **Children and young people will enjoy a happy and fulfilling childhood.**
- **Children and young people will be resilient and manage their emotional health and wellbeing in their family, school and community**
- **The most vulnerable children and young people will have access to the most appropriate range of services.**

To achieve this vision, we will transform services to serve the needs of children, young people and their families on the basis of: -

- **collaborative working and participation;**
- **outcome monitoring as routine;**
- **evidence based practice.**

We will commission evidence based services including a full range of appropriate therapies based on NICE guidance. Our range of services will be designed to:-

- **privilege and promote early intervention;**
- **support resilience;**
- **facilitate prompt access to specialist support and treatment**.

Building on our achievements to date, additional resources will allow us to accelerate the transformation of our local mental health and emotional wellbeing

service offer over the next five years through the implementation of 7 key strategic priorities:-

1. **systematic and consistent application of Children and Young People's Improving Access to Psychological Therapies programme (CY IAPT) principles;**
2. **a single point of access to services;**
3. **integration of the current specialist 0-5 years provision within CAMHS with the Neurodevelopment Delay Service;**
4. **expand the existing school based Emotional Health and Wellbeing Team;**
5. **develop a CAMHS Tier 3+ service as part of our home treatment service;**
6. **commission a 0-18 year old Children and Young People's Community Eating Disorder Service in partnership with Walsall CCG;**
7. **develop therapeutic pathways and provision for victims of child sexual exploitation.**

1.0 Introduction

1.1 This plan sets out how all agencies will work together to improve the mental health and emotional wellbeing of children and young people in Dudley. We have identified our key priorities following a baseline assessment and needs analysis. This will be underpinned by the development of detailed action plans for each priority and the development of an outcomes and performance framework that will be closely monitored by our **CAMHS Transformation Group** reporting to the Dudley Children and Young People's Alliance Board and the Health and Wellbeing Board.

1.2 This plan describes our local analysis of need, the services that currently exist; how we will bridge the gap between existing service provision and need; how we will transform services through:-

- **the promotion of resilience, prevention and early intervention for the most vulnerable;**
- **improved access to effective support;**
- **commissioning a system without barriers.**

2.0 Dudley Context

2.1 Dudley Clinical Commissioning Group (CCG) and Dudley Metropolitan Borough Council (DMBC) commission a range of Specialist CAMHS and emotional health and wellbeing services to identify, assess and respond to need, from early intervention through to Tier 3.

2.2 We have strengthened the partnership between: -

- Dudley CCG;
- Dudley MBC Children's Social Care, Adult Social Care, Education and Public Health Services;
- Dudley MBC Office of Public Health;
- Dudley & Walsall Mental Health Partnership NHS Trust;
- community and voluntary sector services;
- Local children, young people, parents and carers.

The objective of this strengthened partnership is to develop:-

- opportunities to redesign and integrate our services across the traditional Tiers 1- 3;
- pathways between services.

2.3 The transformation of these services is part of a system wide redesign programme across the health and care economy. Dudley is a national Vanguard site for the development of new care models. The focus of our new model of care builds on a joined up network of GP-led, community-based Multi-Disciplinary Teams (MDTs) which enable staff from health, social care

and the voluntary sector to work better together, as part of a Multi-Specialty Community Provider (MCP). We intend to use this model to deliver more integrated children's services, particularly for those children with more complex needs.

2.4 The national ambitions and recommendations within Future in Mind, including removing barriers to access, improved awareness and earlier intervention and dedicated support to the most vulnerable young people and their families has informed our approach.

2.5 This plan describes our approach to developing our services. The baseline assessment has highlighted a number of areas in which we need to improve and as such this plan articulates our short and medium term intentions.

3.0 Consultation and Engagement

3.1 Engagement has helped to shape our plan. We have gathered the views of children and young people in several different ways, as part of our work to design our services for emotional wellbeing and mental health.

3.2 Whilst we have carried out considerable engagement to date, we acknowledge the need to develop this further, to enable children and young people to actively engage in service redesign and commissioning. Appendix 1 provides a summary of work in 2013/14 including:-

- Me Festival
- Youth Health Champions
- Dudley Young Health Researchers
- Holly Hall Academy engagement
- Dudley College Health and Social care students
- Phase Trust
- "Speak Up, Speak Out" Report

3.3 The key messages that children and young people are telling us are: -

- emotional wellbeing and mental health are identified as key areas where young people aged 11-19 need support, in particular the opportunity to learn more about the impact of poor emotional and mental health on other areas of their life;
- having someone they trust to talk to about mental health, emotional difficulties and relationships is important;
- they want better information on services and how to access them;
- they should be able to self-refer to relevant services;
- they want to contribute to the commissioning and development of services;
- they want an increase in the provision of positive recreational activities;
- being able to access constant levels of support and services throughout their teenage years is important and there should be no gap in provision for those aged 16-18.

3.4 We commission jointly a post through our local Council for Voluntary Service to facilitate more effective engagement with young people.

3.5 In addition to our on-going engagement we are embarking on a “discovery period” where we will ask children, young people, families and carers how they want to be included in conversations to influence future care, using a “human centred design approach”. We know that by involving people early on in these conversations we can help provide solutions to wicked issues which can make a huge difference. For a snapshot on human centred design please see: -

http://www.ted.com/talks/tim_brown_urges_designers_to_think_big?language=en.

3.6 We are also investing in the following areas to build resilience in our engagement mechanisms:-

- commissioning the “Young Health Champions” (see appendix 1) through a collaborative approach between the CCG, Dudley MBC, Healthwatch Dudley and the local voluntary sector: This work is based on the principles of services being co-designed, co-produced and/or delivered by young people so that services meet their needs and improve outcomes. The design process of discover, define, develop, deliver will be used;

- working with Dudley Youth Service to recruit young people aged between 16-25 who will help to undertake research on young people’s views about the most appropriate services to be made available to young carers and young adult carers within the Dudley borough.

3.7 We will apply the principles of person-centred care. For us this means:-

- focussing on what really matters to people; enabling them to make informed decisions about their health; be supported to manage their conditions and stay as independent and in control as possible;

- working in partnership with citizens and communities to ensure that services meet local needs; give people a voice; embrace all the resources of the community;

- engaging with citizens and communities in new ways to build collaborative relationships that recognise that different roles and perspectives are a constructive force for change and crucial when designing and delivering local services.

3.8 Our services will be built upon the ethos of person-centred care, each service user will have a personalised care plan with self-set goals and outcomes.

3.9 Our service specifications will be outcomes based. These outcomes will be developed collaboratively with services users and carers through a number of mechanisms This will include but not be limited to a service user reference group which will advise the CAMHS Transformation Group (see Governance and Accountability below).

3.10 To ensure that we are able to measure new outcomes, including metrics such as reduced social isolation, educational attainment etc.., we will use our Personal Social Impact Action Measurement System (PSIAMS) tool. It is an intervention and outcomes based system that has the whole person at its core; it uses a social triage approach to support moving the service user towards independence, self- sustainability and building social capital. PSIAMS focuses on the key issues faced by individuals with complex or multiple needs, identifying multiple needs and treating these based on their level of urgency.

3.11 We will also use Dudley's Integrated Patient Experience Reporting System, which is now being expanded into community and primary care services (including Mental Health). The CCG's smart phone "My experience" app provides real time feedback on service users' experience of existing services. This will provide us with intelligence on patient experience. This will be supported by a smart phone application to capture, patient experience comments and Friends and Family Test results. This is being rolled out to mental health services in 2016/17.

4.0 **Local and National Drivers**

4.1 This plan is informed by local and national policy in addition to Future in Mind. This includes:-

- Children and Families Act 2014
- The Care Act 2014
- Closing the Gap (DH, 2014)
- Mental Health Act 2007
- No Health without Mental Health (DH, 2011)
- Promoting the Health and Wellbeing of Looked After Children (2011)
- Dudley Health and Wellbeing Strategy
- Dudley Council Plan
- CCG Strategic Plan
- Working Together to Safeguard Children (2010)

4.2 Other relevant policy and contextual drivers include guidance from the National Institute for Health and Care Excellence; access and waiting time standards for children and young people with an eating disorder; DfE guidance on Behaviour and Counselling; Transforming Care and the Crisis Care Concordat.

5.0 Local Needs Analysis

5.1 In 2013 the Dudley population was 314,400 of which 50.8% were female and 49.2% male. A total of 75,203 children and young people aged 0 to 19 live in Dudley (National Census 2011). This is 24.5% of the total population in the area. Following a continued rise in the birth rate, there is an increasing number of children in the early years age bands, and primary school numbers have recently begun to rise and will flow through to secondary school from 2019/20.

5.2 The proportion of children and young people from black minority ethnic groups is rising and they now represent 18.3% of the school population and 20% of 0-5 year olds. The diversity of ethnic groups has increased particularly in terms of migration from Eastern Europe. There has been a rise in the number of children for whom English is an additional language (from 10.7% in 2012 to 11.5% in 2015).

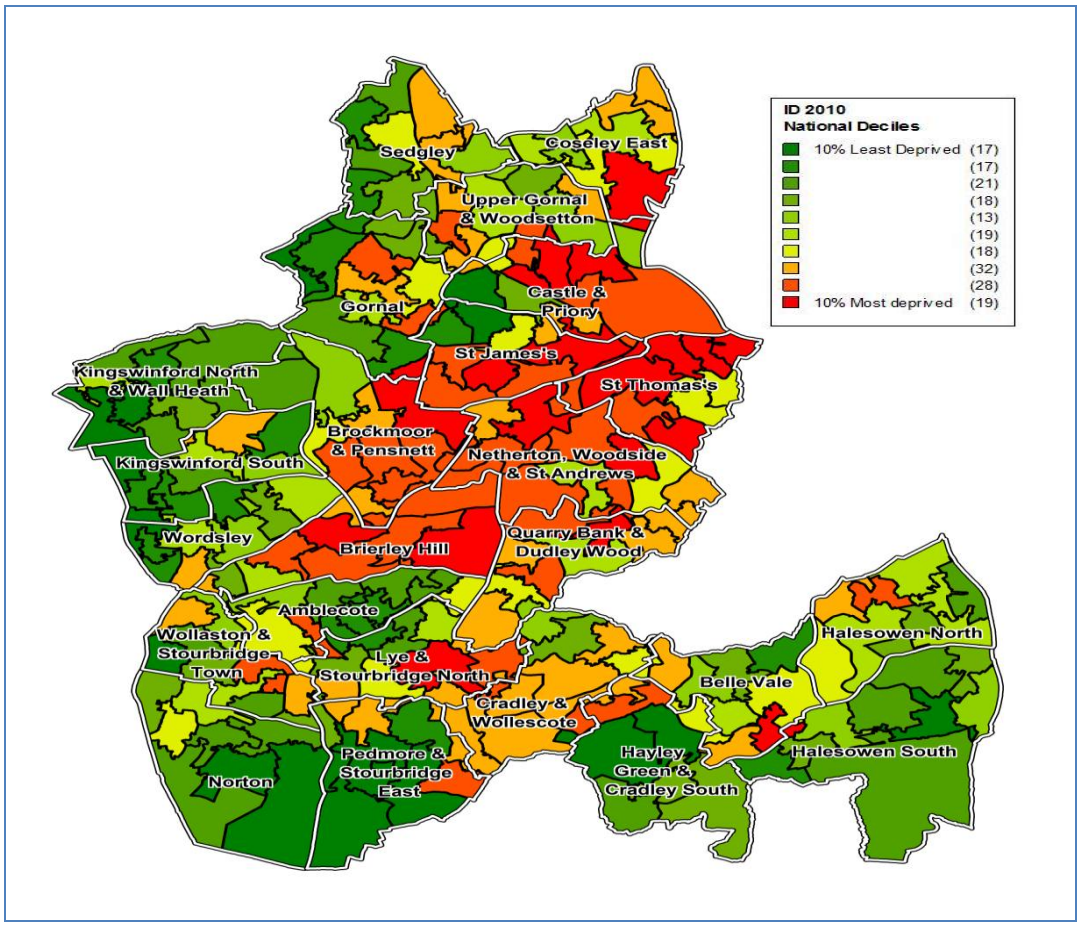
5.3 24.5% of the population (using IMD 2010) now live within the 20% most deprived areas of England compared with 22.9% in 2007. 34% of 0-17 year olds in Dudley are resident in the most deprived quintile of the income deprivation affecting children index, 2015 (IDACI). 31% of 18-24 year olds are resident in the most deprived quintile of the index of multiple deprivation, 2015 (IMD). These areas are principally in a zone covering Dudley, Pensnett, Netherton and Brierley Hill, but also include parts of Coseley, Lye, Halesowen and Stourbridge.

5.4 Child poverty has remained static in recent years, with 22.1% of dependent children in Dudley under 20 living in a household in poverty (based on low family income) - nearly one in four of all children. This is slightly higher than the equivalent national rate (20.1%) but below the West Midlands region average (22.7%). The highest levels of child poverty are clustered in a relatively small concentration of deprived localities.

5.5 As at March 2015, 93.9% of academic 16 year olds were participating in education, employment or training (close to the statistical neighbour average) and 85.5% of academic 17 year olds (compared with a statistical neighbour average of 86.5%). This is a slight fall on the previous year for both ages.

5.6 As at March 2015, 606 young people were NEET (5.5%), a reduction from 5.9% last year. This compares with 5.3% (West Midlands average) and 5.2% (statistical neighbour average). 8.9% (1,007 young people) were “not known”, an increase from 6.9% the previous year, and higher than the England, West Midlands and statistical neighbour averages.

Local levels of deprivation



5.7 The table below shows the estimated prevalence of common mental health disorders in Dudley Children aged 5-16 years.

Estimated Prevalence of Common Mental Health Disorders in Dudley Children Aged 5-16 Years

Disorder	Age					
	5-10 years		11-16 years		5-16 years	
	Estimated Prevalence	Estimated Number	Estimated Prevalence	Estimated Number	Estimated Prevalence	Estimated Number*
Mental Disorder	7.70%	1734	11.5%	2502	9.6%	4251
Anxiety Disorder	2.20%	496	4.4%	957	3.3%	1461
Depression	0.20%	45	1.4%	305	0.9%	399
Conduct Disorder	4.90%	1104	6.6%	1436	5.8%	2568
Hyperkinetic (severe ADHD)	1.60%	360	1.4%	305	1.5%	664
Self Harm	N/A	N/A	N/A	N/A	8.3%	3675

Data Source: ONS Child and Adolescent Mental Health Survey, 2004 & ONS Mid Year Population Estimates, 2014

**estimated numbers for 5-10 year olds & 11-16 year olds may not equal total for 5-16 year olds, due to rounding*

Produced by Public Health, Dudley MBC

5.8 From a social care perspective, overall demand on children's services has been increasing over the last 5 years which accords to the national trend. The current demand is based around the following data: -

- for the year to 31st March 2015, 13,681 contacts were received by Children's Social Care Teams; a rise of 8.32% on last year;
- there are 2617 children open to social care , 1543 of which are Children in Need (September 2015);
- the rate of CIN was 447.8 per 10,000 children (at 31st March 2015), significantly higher than the national average of 346.4 per 10,000 children and the statistical neighbour average of 375.4;
- there are presently 340 children subject to Child Protection Plans (September 2015);
- historically we have had lower rates of children subject to a Child Protection Plans than comparators, however, this rate has increased and is currently at 45.3 plans per 10,000 children in line with comparators;
- Children in Care in Dudley have increased by approximately 24% over a 5-year period from 610 as at March 2010 to 755 as at March 2014;
- there are presently 727 Looked after Children (September 2015), which has reduced by 5% since September last year;
- 48% of Looked After Children are placed outside of Dudley.

5.9 We need to better understand the emotional health and wellbeing and mental health needs of our children and young people. The Health and Wellbeing Board is committed to developing the JSNA's analysis of mental health needs, focusing specifically on children and young people. This will include a specific JSNA chapter on mental health need. This analysis has begun and will be completed by March 2016.

Summary of needs and requirements

5.10 The detail provided around our local demographics and specific emotional health and wellbeing needs of children and young people shows that Dudley is a diverse and changing borough with some specific challenges that this plan must address in its implementation:-

- the spread of affluence and deprivation means that we need to have targeted approaches to influence and meet the needs of local communities – "targeted universalism";
- the diverse nature of our communities requires us to ensure equality of access for protected groups across our interventions particularly around meeting the needs of BME groups;
- demand for services is increasing, requiring greater focus upon preventative interventions and work around resilience.

6.0 Current CAMHS Provision in Dudley

6.1 As stated earlier, CAMHS provision in Dudley is based upon the national four tiered strategic framework. The table below describes our interventions that contribute to each of the tiers from 1-4.

Commissioner	Service	Description	Cost per annum
Tier 1:			
DMBC	Family Information Service	Universal Information Directory Service	£139,000
DMBC	Children's Centres	Child Development and School readiness Parenting aspirations and parenting skills Child and family health and life chances	£3,000,000
Dudley CCG	The What? Centre	A counselling service for young people, between the ages of 13-18 years old and young people with a disability up the age of 25, with a focus on young people who may be at risk.	£135,000
Dudley CCG	KOOTH	An online counselling service for young people aged 11-25 living or receiving education in the Dudley Borough.	£62,000
Dudley CC	Children's learning disability Team		£178,111
DMBC	Education Psychology Team	Assessing children and young people so that education settings have a good understanding of how they can support children with additional needs. This includes school counselling services	£473,000
DMBC	The Family and Adolescent Support Team (FAST)	Triple P Parenting Assessments Family Group Conferencing	£350,000
DMBC	Common Assessment Framework Team	Completion of Early help Assessments	£107,000
DMBC	Family Intervention Team	Troubled Families	£1,500,000
DMBC	Connexions	19 year service supporting young people to enter Education, Employment and Training. NEET reduction	£500,000
DMBC	Teenage Pregnancy Team	supporting the reduction of conception rates	£134,000

Commissioner	Service	Description	Cost per annum
Tier 3:			
Dudley CCG	Specialist CAMHS	A mental health service for children and young people aged 0-16 years with identified or suspected emotional, behavioural or psychological/ psychiatric difficulties for which specialist intervention is required.	£2,774,780
Dudley MBC	Looked After and Adoptive Psychology	Specialist psychologist service for children and young people who are looked after or adopted aged 0-25 years.	£287,255
Dudley CCG	Neurodevelopment Delay Service	An in depth and holistic medical and social assessment to support children, from birth up to 5 years of age, in need of additional support and input due to development delays and/or disability.	£221,604
Dudley CCG	Youth offending team	Specialist service to support youth offending team.	£1,295,961
DMBC	Young Person's Tier 3 Substance Misuse Service	A Tier 3 Substance Misuse Service (drugs and alcohol) for young substance misusers that provides a range of specialist interventions that support a recovery focused treatment system.	£347,611
Tier 4:			
NHS England	Highly specialist CAMHS	Day and inpatient services and some highly specialist outpatient services.	£810,000
Total			£12,315,322

Total identified funding of services to support specialist mental health and emotional health and wellbeing needs of our 0-18 year old population is £12,315,322. A further description of these services is set out below.

Family Information Service (Tier 1)

6.2 The Family Information Service (FIS) is a statutory service and offers an online directory to give families a useful guide to services and organisations that support children and young people, parents, carers and the people who work with them.

6.3 The service also has information on all Ofsted registered childcare providers in Dudley. The database includes childminders, day nurseries, playgroups, toddler groups, crèches, play schemes, after school clubs and home based child carers. Further information is available on all aspects of family life. FIS work closely with the childcare strategy team to promote good quality affordable and accessible childcare. There are 4 (FTE) staff including a

manager and an apprentice and between April to Sept 2015 the service received 10705 contacts.

Children's Centres (Tier 1)

6.4 The role of the Children's Centres is to intervene early in order to improve a family's physical and emotional wellbeing leading to enhanced family functioning and resilience. Children's Centres provide this largely through the Family Support Service working directly with children and parents to strengthen attachment between parent and child, help parents and children develop and maintain behaviours that support positive outcomes and prevent emerging problems becoming entrenched and more serious.

6.5 There are currently five children's centre clusters with twenty Children's Centres across the borough providing targeted Early Help to children under 5 years and their families. There are 18367 children aged 0-5 living within the Dudley Borough, 10175 (DWP data 2013) of these children live within areas defined as being in the top 30% most disadvantaged within the country (IMD Data 2010).

- 15033 Children aged 0-5 are Registered with Children's Centres across the Borough.
- 8514 Children aged 0-5 Registered with Children's Centres across the Borough are living in areas of disadvantage.
- 905 children have had an assessment and are engaged with Family Support service. Of these there are:-

    - 34 Looked After Children.
    - 128 on a Child Protection Plan.
    - 98 Children in Need.

The What? Centre (Tier 2)

6.6 The service provides therapeutic sessions for young people between the ages of 13 and 18 and young people with a disability up the age of 25. It enables young people to have access to early intervention with regard to their mental health. Some of the issues covered are abuse, self- harm, suicidal ideation, depression, eating disorders, bullying, low self-esteem and relationships. Short or long term therapeutic sessions are offered.

6.7 The CCG has recently undertaken an extensive review of the service and has analysed all referrals, and resulting activity, for the period 2013 to 2014. The total number of referrals to The What? Centre was 311 resulting in a 398% increase in the number of sessions that are required on the current contract value. A STAR outcome measure evaluation has demonstrated the following improvements:-

- 84% improved mental health;
- 85% improved identity/self-esteem;

- 78% improvements in trust and hope;
- 66% improvements in relationships;
- 46% improvements in physical health and self- care;
- 60% improvements in work/school issues;
- 50% improvements in responsibilities;
- 50% improvements in social networks;
- 49% improvements in living skills;
- 30% improvement in gaining responsibility.

6.8 Benchmarking nationally on STAR on line with other organisations the service found that:-

- across all scales 58% had obtained a “big increase” in improvement which can include clinical change when compared with national figures of only 50%;
- 33% had obtained a “small increase” in improvement (at least one point on each scale) compared with national figures of only 23%;
- the overall figures on the service when compared with national figures then show 91% having achieved either a small or a large improvement compared with the national figure of only 73%.

KOOTH (Tier 2)

6.9 The service is for online general support and counselling services to meet the emotional well-being needs of individual Dudley young people between the ages of 11 and 18 attending a Dudley school, who are distressed and in need of some support. The KOOTH team works in a multi-agency context, and in particular has established links with Education, CAMHS and Health.

6.10 The CCG receives detailed activity and outcome reports of which a summary is provided below:-

Indicator	**Outcome**
Commissioned activity 1320 hours (110 p month)	Delivered hou 1626
Number of people registered	782
Average number using service per month	161
Chat sessions delivered	663
Messages sent	3,553
Number of logins outside office hours	70.25%
% of people who felt they were listened to	81%
% of people who understood what was sa	93.25%
% of people who would recommend th service to a friend	97.75%
Overall evaluation score out of 5	4.16

6.11 The age breakdown of referral demonstrates that of the total 782 referrals 82.6% were between the ages of 0-18 and 17.6% between the ages of 18-25. The contract over performed by 20% in 2014-15.

Education Psychology Team (Tier 2)

6.12 The aim of the Educational Psychology Service (EPS) is to remove barriers to learning and includes increasing the access to education, ensuring that educational setting have a good understanding of how they can support children with additional needs and their emotional needs. The EPS is funded from two sources, core funding and income from traded work. This governs the nature of the work that is undertaken. With respect to core funding the Council has a statutory duty, under the Children and Families Act 2014, to use educational psychologists in the assessment of Special Educational Needs and Disabilities of children and young people for whom a statutory assessment for and the need of an Educational Health and Care Plan (EHCP) has been agreed. EP activity commissioned by education settings and other services includes assessments of individual children and young people; therapeutic interventions and work with parents.

The Family and Adolescent Support Team (FAST) (Tier 2)

6.13 FAST operates above the social care threshold and currently delivers a range of services aimed at supporting families so that children can remain at home safely. The services provides: -

- family support around developing parenting skills, routines and boundaries, behaviour management, health and nutrition, budgeting and confidence building through one to one and group work, refer out for Triple P, followed by 1:1 support to re-enforce it in the home;
- support to families to children on a protection plan, care plan and children in need plan;
- direct work with adolescents with social issues;
- a rapid responses service to families in crisis using a solution focussed approach (“Prevention & Intervention”;
- Family Group Conference - a voluntary family led decision making meeting;
- support to parents with a learning disability using the Parent Assessment Model (PAMS).

Common Assessment Framework (CAF) Team (Tier 2)

6.14 The team support agencies to undertake CAF assessments and develop family support plans, in order to identify when a problem begins to emerge within a family and prevent these problems becoming embedded or escalating. This is achieved by early identification and coordinated support to children and families across the borough. Between 1/04/2014 to 20/05/2015 there were a total of 515 assessments completed. The CAF team is centrally located and consists of two CAF officers and one part time admin officer.

Family Intervention Team – Troubled Families (Tier 2)

6.15 The Troubled Families Programme is delivered through the Family Intervention Team. The Programme has 'turned around' the lives of 100% of the 740 families registered on Phase 1 of the programme and received £784,800 in Payment by Results as well as £1,553,600 in Attachment Fees. Dudley achieved good performance in Phase 1 programme as one of the highest performing LA's, and as a result were invited by DCLG to sign up to Phase 2 of the expanded programme as an early adopter. Dudley was accepted on the first wave of early adopters of Phase 2 of the programme in September 2014. Phase 2 of the Troubled Families Programme national criteria includes 'children who need help.'

Connexions (Tier 2)

6.16 Connexions Dudley is part of Dudley Council's Children's Services Directorate working across the borough in mainstream schools, special schools, colleges, training providers and outreach locations. The services supports young people aged 13 – 19 (up to aged 25 for those with learning difficulties and or disabilities) providing information, advice and guidance in relation to further education and employment opportunity. The core service is delivered to the vulnerable, targeted groups of young people within schools (mainstream and special), colleges and the community. All schools have a named adviser linked to them, and all postcode areas have a named adviser working with the NEET 16-18 year olds within each area. They do this via community outreach locations and home visits.

6.17 Throughout 2014/15, Connexions advisers saw a total of 6984 Young people in a 1 to 1 intervention,1031 young people with their parent/ carer and 646 parents/carers. This is a total of 8661 interventions with targeted vulnerable young people. From the traded service, Connexions Advisers also saw 758 young people in a 1 to 1 intervention, 69 young people with their parent/carer and 8 Parents. This is a total of 83 young people as part of the traded service to schools.

6.18 The team is made up of 2 team managers, 1 project manager (half post), 20 Personal Advisers (FTE) and 2 administrators.

Teenage Pregnancy Team (Tier 2)

6.19 Teenage Pregnancy Team (TPT) work with young people on prevention and supports teenage mums. The service works with extremely vulnerable young people including children in Care. TPT are closely aligned to the Child Sexual Exploitation Team, both making and receiving referrals as appropriate. The core business is prevention, and this sees the team work with young people around making healthy relationship choices, understanding the law, preventing unwanted conceptions, and all other issues concerned with sexual health. This is done on a one to one and group work basis.

6.20 Between October 2014 and September 2015 TPT have responded to 526 referrals (prevention and support). In Dudley there were 179 under 18 conceptions (30.7%*) in 2013, down from 203 (34.6%*) in 2012 (*conception rate per 1,000 women in age group).

Specialist Child and Adolescent Mental Health Service (Tier 3)

6.21 Currently the CCG commissions the majority of our secondary and primary health care services, including IAPT for 16+, from Dudley and Walsall Mental Health Partnership Trust. As with the national picture there is a separate CAMHS (0-16 years) and AMHS (18+ years). If a child is in the service they will continue to get support, if appropriate until they are 17. As such the age range of the service will be extended up to the age of 18 from April 2016.

6.22 Dudley specialist CAMHS and some elements of Child Psychological Services work with children and young people with complex, severe and/or persistent needs, reflecting the needs of the child or young person. The service is delivered through a multi-disciplinary team approach. The overall aim is to provide intensive interventions to children, young people or their families that cannot be met solely through universal and target services. The service is delivered through a single point of access CAPA approach. The Service is available for Dudley children and young people and their families, under the age of 16 years with identified or suspected emotional, behavioural or psychological/ psychiatric difficulties for which specialist intervention is required..

6.23 The staffing structure is attached in Appendix 2.

6.24 Children up to the age of 18 also have access to the following services:-

- Out-patient clinics (all ages);
- Existing CAMHS (0-16);
- Children under 5s Clinic;
- ASD Clinic (5-16);
- ADHD Clinic (5-16);
- Early Intervention in psychosis (14+);
- Eating Disorder Service (all ages);
- Criminal Justice Liaison;
- Early Access Service (16+);–
- Psychiatric Liaison (16+);
- Home Treatment and Crisis Resolution Service (16+);
- Mental Health Urgent Care Centre and the Emergency Department (all ages).

6.25 Referral data, waiting times and outcomes is attached in Appendix 3.

Looked After and Adopted Children's Psychology Service (Tier 3)

6.26 The LAAC Psychology Service aims to provide highly specialist psychological support for Dudley looked after & adopted children, young people, families, carers and other professionals involved in their care. The service aims to meet the specific and often complex psychological health and wellbeing needs of looked after and adopted children and the systems in which they are cared for. This population often have multiple, complex, high risk and/or and enduring mental health and psychological needs resulting from high levels of child abuse, neglect and trauma in early life.

6.27 The service provides support to children and young people in:-

- foster placements;
- adoptive families;
- special guardianship orders;
- friends and family placements ;
- residential units;
- secure accommodation;
- 14+ Team (young people leaving care).

6.28 The LAAC Psychology Service offers advice, consultation, teaching, training and supervision. It does not currently offer specialist psychological assessments and therapeutic interventions. The staffing structure is attached in Appendix 4.

Neurodevelopment Delay Service (Tier 3)

6.29 This service provides a holistic, multidisciplinary service in a dedicated environment to children that been identified as needing additional support that cannot be provided by existing community services.

6.30 The service is managed by a dedicated Health Visitor and includes dedicated nursery nurses. There is clinical and therapeutic input from Paediatric Consultants, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Audiology, Clinical Psychology and Orthoptics.

6.31 Up to five children can attend the nursery at any one time with children being allocated to a trained nursery nurse, who has the responsibility of ensuring that the assessment is completed. Again this area would benefit from a improved performance management and data framework.

Youth Offending Service (Tier 3)

6.32 Dudley Youth Offending Service provides a service to all young people aged 10-17 years who come to the attention of the police or courts for criminal offences. It is a multi-agency team including 0.5 CAMHS Practitioner required to conduct mental health assessments and to sign-post young people with mental health needs to the most appropriate service. The CAMHS Practitioner is also involved in the direct provision of targeted services and in supporting

the Youth Offending Service case manager in their work with youth offenders with mental health issues.

6.33 The current challenges faced by the services include :-

- transition issues post 16 – high risk target group of 17 and 18 years not covered by CAMHS services;
- Limited ability to develop longer term case work role and other interventions i.e. anger management group work, staff training.

Young Person's Tier 3 Substance Misuse Service (Tier 3)

6.34 The Substance misuse service (drugs and alcohol) is a service is available for young people up to the age of 18 living in the Dudley Borough who are experiencing chaotic or harmful drug and/or alcohol use including legal highs, prescribed medication and over the counter medication. The service provides a range of specialist interventions that support a recovery focused treatment system.

Child Sexual Exploitation (CSE) and Missing Person's Service.

6.35 This is a new service development in Dudley and provides a more co-ordinated and consistent approach to protect this very vulnerable group of children and young adolescents. The CSE comprises the following staff:-

- Integrated youth support worker
- Representative from the Runaways project
- Representative from Teenage pregnancy team
- Police CSE coordinator
- Early intervention social worker
- School health advisor
- Voluntary Organisations; Streets Team, Phase Trust, Barnardos

Specialist In Patient Mental Health Services (Tier 4).

6.36 Analysis of the number of children and young people admitted into Tier 4 beds in 2014-13 is presented in Appendix 5. There were a total of 12 people admitted with 3 people having multiple admissions and 2 adult with long term complex conditions. The total cost for these beds was £810k for 955 total beds days. Only two people had an ED diagnosis (anorexia nervosa) but represented 36.7% (441) of the total bed days. The remaining 10 people had an average length of stay of 76 days. In the context of care and treatment reviews we will be increasing our involvement around the support of children accessing these services.

Service Gaps

6.37 On the basis of our baseline assessment we need to:-

- ensure the principles of CY IAPT are embedded across the system, promoting collaborative working, outcome monitoring and evidence based practice;
- integrate existing services across health and care to provide our Early Help Offer;
- develop a single point of access to services for service users and professionals;
- expand our school based Emotional Health and Wellbeing Team to identify needs; support early intervention; promote children's resilience and improve prevention ;
- ensure that services are age appropriate and transition to adult services is facilitated properly;
- commission a community based Tier 3+ service to reduce the number of Tier 4 admissions, inappropriate admissions to paediatric or adult wards and support earlier discharge;
- expand our eating disorder service in line with NICE guidance;
- integrate the current 0-5 years' service within CAMHS with the Neurodevelopment Delay Service and transfer it into a community setting;
- develop therapeutic pathways and expand the provision of services for victims of child abuse.

7.0 Principles for Service Transformation

Improving Access to Psychological Therapies (IAPT) for children and young people

7.1 Improving access to psychological therapies is a national transformation project led by NHS England. It offers the opportunity for all staff working in mental health the opportunity to develop the skills and knowledge of how to deliver evidence based interventions and measureable outcomes.

7.2 This approach to practice will change the way that clinicians work with children and young people facilitating a more personalised approach which is more clinically effective. Training improves skills and knowledge in evidence based interventions and introduces new ways to engage children and young people in decisions about their care. It also offers a means of measuring and

recording progress and outcomes from each intervention throughout an episode of care.

7.3 This provides real time feedback for the child or young person enabling them to view their progress and improvement. This is crucial for engagement, motivation and participation in therapy and has been evidenced to achieve rapid recovery and reduce the risk of disengagement. It will also ensure that children and young people are not held in services longer than necessary.

7.4 Currently there is no IAPT training programme locally for staff working with children and young people which has delayed our progress. However it is our intention to join the CYP-IAPT Programme and make training available to our present workforce from 2016 onwards. This will enable us to offer a wider range of therapies across a broader range of settings including schools, early help and children's centres.

7.5 Our aim is to demonstrate 100% IAPT coverage across our mental health service by 2020

KPIs

7.6 It is our intention to include a comprehensive quality and performance framework which will be monitored monthly and reported through the governance structure described below.

KPI 1 - Improved emotional wellbeing

7.7 Clinical outcomes will be recorded using IAPT validated outcomes tools. Outcome tools will be completed monthly and reported on from commencement of therapy to completion.
Reporting monthly via the Quality and performance meeting.

KPI 2 - Satisfaction with services

7.8 Data will be gathered using the national "family and friends test" and also via an experience questionnaire.
Measure will be the percentage of service users reporting satisfaction. Year 1 will set the baseline; future targets will be developed using the baseline.
Reporting monthly via the Quality and performance meeting.

KPI 3 - Easier access

7.9 Referral to intervention without delay. To be monitored against nationally recommended timescales.
Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases.
Reporting monthly via the Quality and performance meeting.
Audit of referrals to also be undertaken to identify issues arising with
Single point of entry
Catch and carry – no bounce

Signposting
Rejections
Source of referral

KPI 4 - Prompt response to crisis.

7.10 Assessments via ED to be undertaken within 4 hours
Target 100%
Reporting monthly via the Quality and performance meeting.

KPI 5

7.11 Proactive outreach
Measurement of DNA rates. Year 1 to set baseline and targets agreed on results.
Reporting monthly via the Quality and performance meeting

8.0 Summary of Emotional Health and Wellbeing and Specialist Mental Health priorities

8.1 We have identified a number of transformation priorities which require additional investment and development. Our priorities, with case for change, objectives and outcomes, are identified in Appendix 6 and are summarised in the table below.

2016-2020		
Priority	Description	£
Priority 1	Development of a Single Point of Access Early Help Offer.	0
Priority 2	Expand the existing school based Emotional Health and Wellbeing Team.	140,000
Priority 3	Ensure the principles of CYP IAPT are embedded across the system	IAPT funding
Priority 4	Integrate the current 0-5 years' service provision within the Neurodevelopment Delay Service CAMHS with the transfer into a community setting.	100,000
Priority 5	To develop a "CAMHS" a Tier 3+ service as part of our existing Home Treatment service.	228,000
Priority 6	To commission a 0-18 year old Children and Young People's Community Eating Disorder Service in partnership with Walsall CCG.	92,000
Priority 7	Develop therapeutic pathways provision for victims of Child Sexual Exploitation	50,000
Total funding		610,000

Appendix 6 also details how we will utilise the funding available in 2015-16 to pump prime the plan and provide appropriate infrastructure.

9.0 Promoting Resilience, Prevention and Early Intervention

Early Offer

9.1 Our Early Help Offer for children, young people and families comprises of a Single Point of Access (SPA) that will "triage" all enquiries from any professional. A multidisciplinary team will be in the SPA that will assess the needs of children and young people who may benefit from a whole range of early help services and/or interventions. Children that require a mental health intervention will be referred to either CAMHS or, those not meeting the CAMHS thresholds, will be referred into the Emotional and Well Being Community Hub and signposted accordingly to services to services. Our Early Help Offer model is shown at Appendix 7.

9.2 Our Early Help offer reflects a collaborative approach rather than simply a provision. We believe that an effective early help offer has the following elements and we have plans to develop our approach in each area to ensure robust arrangements are in place. The strategy defines our arrangements and plans for:-

- operating consistent thresholds for accessing Early Help;
- ensuring that children and families who would benefit from early help are identified;
- providing effective arrangements for accessing Early Help;
- delivering Early Help in localities;
- workforce development.

9.3 There is no single service responsible for Early Help in Dudley. It is the responsibility of all services working with children and families to identify where additional support is needed. There are, however, under the Council's new model for children's services, a number of existing services, economy wide that have a core responsibility in delivering services and support. Dudley's Early Help offer is designed to contribute to the following outcomes:-

- children and young people are safe from harm in the home, outside of the home and online;
- children and young people have the best start in life and are ready for school;
- children live healthy lives ;
- children and young people learn well;
- young people make positive transitions into adulthood;
- families are supported to provide safe and supportive homes for their children.

9.4 To measure progress against these key desired outcomes, we will put in place an Outcomes and Performance Framework with outcome indicators and performance measures to monitor the extent to which we are contributing to these population outcomes and determine whether our strategy has been effective. This will be shared across health and social care to ensure we are

effectively monitoring the whole safeguarding system across all levels of need, and the extent to which thresholds between those levels of need are effectively applied.

Early Years

9.5 The CCG is working closely with the Council and our providers of children's health services to develop an integrated pathway and service delivery model for the 0-5 year olds. The transfer of the commissioning responsibility of Health Visitors to the Office of Public Health has presented an ideal opportunity to integrate the service into Children Centres. This service redesign is ongoing but, again, the service model will be based on a locality model and delivered to the population of families and children registered with individual Children Centres in the locality.

9.6 Aligned to this model is the service redesign of the Children's Assessment Service for children, aged 0-3 years, with a neurodevelopment disorder. Currently this service is in an acute setting and it is our intention to transfer it into locality based children centres, expand the age range up to 5 years and integrate the service with the 0-5 psychological assessment service that currently sits within CAMHS.

9.7 Our community midwife service is also being reconfigured around the Children Centres and there will be a named midwife for each locality with aligned teams. Within the service there are nominated specialist for the following areas: -

- safeguarding
- vulnerable women including teenagers
- breast feeding
- long term conditions
- screening
- practice development
- risk and governance

9.8 They have a significant role in supporting our vulnerable children, young people and their families. The integrated approach to service delivery for 0-5 age group will result in the delivery of the following objectives:-

- closer integration between the Healthy Child Programme and the Early Years Foundation agenda;.
- contribution to the delivery of successful early help and early intervention to address inequalities;
- integration of evidence based services and pathways (including high impact areas for Health Visiting services which include Transition to parenthood and the early weeks, maternal mental health and school readiness);
- identification of the appropriate skill mix in the 0-5's workforce and develop a model of reform to enable seamless services and transition for families;

- having a standardised method of performance management with the 0-5s workforce and for contract management to ensure best practice and cost effectiveness;
- creation of a workforce development plan to ensure that the services around the family are fit for purpose.

School Age and College Settings

9.9 We recognise that one of our weakest areas of support for children and young people is the number of and access to Tier 2 level services as they are not universally available.

9.10 We also recognise the frustration schools face in knowing how to support children and young people in a timely manner , wanting to be better equipped to identify issues at earlier stages and then knowing how or where support is available.

9.11 Our initial response to this gap, was to support the remodelling of the School Health Nursing (SHN) service to better define the role of this public health workforce and its contribution to a much broader agenda in addressing health inequalities. The future service is to be dynamic, forward thinking and able to adapt and be shaped by the changing needs of the Dudley population of children and young people, emotional health and wellbeing being of children and young people being a key priority.

9.12 Taking learning from our TAMHS initiative we have invested in and developed an Emotional Health & Wellbeing Support Team (EHWT) based in schools and having a close relationship with CAMHS. The team is currently commissioned to support schools and SHNs in meeting their universal role of addressing emotional health and wellbeing needs but also with a strong emphasis on providing a more 'hands on' non stigmatising service. The current model is based on SHNs continuing to provide Tier 1 services, but where a SHN or school comes in contact, either directly or through referral, with a child that may require more structured intervention they will refer the child to this team. This team will work with the child/family to provide Tier 2 interventions after an assessment. They may also liaise with CAMHS if the child's needs span Tier 2 and Tier 3 provision. This service model was developed in consultation with school staff, The School Heads Forum and children and young people. Young people from the Children in Care Council have been active participants in recruitment to the service.

9.13 The expanded Emotional Health and Wellbeing service will be developed to meet the following objectives:-

- provision of a responsive and accessible emotional health and psychological wellbeing service to help support the increasing number of children and young people with mild to moderate emotional ,mental health needs;

- a team of skilled workers (primary mental health workers) delivering evidence based models of therapeutic and holistic emotional health and wellbeing support in both educational and community settings aimed at children and families who are at risk of or experiencing emotional health and wellbeing problems;

- actively address the emotional health needs of those children with identified problems, through delivery of individual or group based therapeutic work with children, which may take place in a range of settings including school, at home or at another location;

- targeted support for the most vulnerable children.

9.14 The proposed model will be based on the national recommended CY - IAPT approach so that staff have access to training required to improve skills and knowledge in evidence based interventions. Introduce new ways to involve children and young people in decisions about their care, recording outcomes session by session.

9.15 Currently, the EHWT comprises of three specialist workers (primary mental health workers) .Our commissioning intention is to fund 2 additional posts and a team lead. The team will work to a locality basis and in educational settings and mirror the Early Help service delivery model. The two additional posts will enable us to provide this provision to all children and young people and not just those in education settings.

9.16 The team will consist of a multi skilled workforce who are trained to deliver therapeutic interventions, this may include a team with a range of backgrounds e.g. mental health nurses, youth workers, social workers but the emphasis being on developing a workforce that has the appropriate skills , competencies and experience to deliver an effective tier 2 service. We also recognise that we require a gender and age balance in our workforce.

9.17 The service will be designed to take into account what CYP have previously told us in consultation and engagement events but we are conscious that CYP and service users and carers need to be more actively engaged through the process of service design. The Children in Care council are keen to be involved in the development of this service and we will be using this as one route to help us develop, monitor and evaluate the service model.

9.18 The EHWT would also be in the ideal position to actively engage and consult with children and young people to develop a local social media campaign to support any nationally led campaigns on anti-stigma and raising awareness of emotional health and wellbeing services. Social marketing concepts will be used to work with users and carers to develop information technology based resources including apps to help sign post children and young people to information and support services.

9.19 The team will work with a range of partners to help scope alternative methods of self- support and self-management.

9.20 As part of our system wide estates review we will examine the opportunities for greater use of school and college sites for service delivery, co-locating services to support our integrated service model wherever possible.

10.0 Improving Access to Effective Support

Specialist CAMHS

10.1 The CCG is currently undertaking an all age service redesign of the metal health services that we commission from our acute provider D&WMHPT. Our propose new model is attached in Appendix 8. Pertinent to this transformation plan for specialist mental health services the following aspects are detailed below.

10.2 Currently, referrals to CAMHS are rejected for children who do not meet the "Choice" criteria thresholds for a specialist service. The condition of these children can deteriorate, without any primary emotional health and wellbeing support, until they do meet the thresholds. Thus, as part of the All Age Primary Emotional Health and Wellbeing Service aspect of our new model all children and young people referred will have a holistic assessment and they will be signposted to appropriate therapies and/or other support service in our Early Help Offer at an early stage of problems thereby preventing deterioration. Crucially there would be no exclusion criteria to the All Age Primary Emotional Health and Wellbeing Service.

10.3 It is also important to note that whilst the service is classed as "ageless", this does not mean a generic service for all. Age appropriate expertise has to be embedded within the team so that assessments of children and young people would be done by individuals who would have previously done this with CAMHS specialist services. These individuals would maintain links with social services, schools and specialist CAMHS services. Thus, our approach will ensure that any individual's needs are met irrespective of their age and that by having an all age service we will identify a child's needs as early as possible and ensure that they get appropriate intervention service. Furthermore, although the new service delivery model will be all age the delivery of the service will be age appropriate and transition pathways will ensure that there is continuity of service provision.

10.4 Again it is important to emphasise that therapies to children and young people would be delivered by therapists with the relevant expertise in conjunction with already established voluntary sector providers of talking therapies to this age range. This redesign would open up therapies to all CYP who have a need whereas currently some services such as Family Therapy are only available to CYP who have been accepted into CAMHS Tier 3 services. The pathway between the Therapeutic Hub and our existing counselling services, the What?Centre and KOOTH, will need to be developed. It is envisaged that there is a need for another provider to be commissioned in the north of the borough. Therapies would be time limited and will integrate with other services as required.

11.0 Specialist Early Help and Intervention

11.1 The increasing demand of young people requiring assessment for ASD and other neurological delay disorders has had significant impact on the waiting times for the 0-5 specialist CAMHS Service and the Neurodevelopment Delay Service. We plan to enhance the 0-5 specialist CAMHS Service to include a diagnostic clinic. It is proposed that the new Clinic would include clinical representatives from Paediatrics, Speech and Language Therapy, Psychologist, Psychiatrist, Psychotherapist, Early Years Service being the core professionals with additional members from the generic ASD Clinic supporting the clinicians to do the full range of assessments. This includes OT's, Psychiatrist and Nurses.

11.2 The clinicians involved in the clinic need to have expertise in training in working with children under 5 and this would include using observations of play, specialist school observations and good understanding of the screening tools used for under 5s including M-Chat and CARS questionnaire and the ability to adapt the existing ADOS assessment for toddlers. Clinicians will have to have experience of using cognitive assessments as 60% of children with ASD in this age group will have learning difficulties.

11.3 As this group of children have co-existing conditions such as visual / hearing impairments, motor difficulties including cerebral palsy they will ongoing liaison with paediatricians for continued input. The clinician need to incorporate the flexibility as the assessment in Under 5s is different from over 5s in that it needs an element outreach assessment method including 3 or more nurseries / school observations during structured and unstructured times, home observations to allow a clear picture to develop as such the assessments may need more time commitment than for over 5 assessment. Thus the service will be integrated with the existing Neurodevelopment Delay Service and pathways developed accordingly. We will be auditing the existing case loads to inform to ensure that children and young people and their families are able to access the services quicker and receive timely support as needs arise.

Crisis Intervention

11.4 Walsall CCG commissioned a pilot Tier 3+ service from Dudley and Walsall Mental Health Partnership Trust in 204-15. Evaluation of the service demonstrated that only 4 children were referred, in 2015 to date, to Tier 4 in patient settings compared with 14 the previous year. Our plan is to work with Walsall CCG and commission a similar service in 2016. We have developed a Business Case and our currently in consultation with the trust. We will be using our Psychiatric Liaison funding to support the discharge of children and young people from acute settings and from in-patient beds. A copy of a Self Harm Referral Review of children and young people transferred from out local

acute provider is attached in Appendix 9. This audit demonstrates the need to commission a Tier 3+ service.

11.5 We are working with Dudley and Walsall Mental Health Partnership Trust to redesign all our crisis services and our plan is that they will be integrated to provide a cohesive all age 24/7 assessment service that is easily accessed by all professionals as required (GPs, A&E/UCC, police and LA) and that it is fully integrated with other acute care provision, namely the home treatment and inpatient teams as well as robust links with the planned care and primary care teams. The actions in this plan have been mapped against, and are consistent with, the actions in our Crisis Care Concordant Mental Health Action Plan submission. In addition, we are exploring converting two Extra Care Area beds in our in-patient facility to CAMHS beds so that young people in a crisis can be admitted into a "fit for purpose unit" and providing a designated place of safety. The CAMHS tier 3+ team would staff this unit when occupied and occupation would be time limited allowing for discharge to return home for on-going care or tier 4 bed.

Eating Disorders

11.6 Dudley currently provides a limited eating disorder service within the specialist CAMHS service. Based on the needs of the population we intend to develop the current provision to enable a greater focus on early intervention, support for universal and primary care services and fewer referrals into Specialist CAMHS and Acute Inpatient services.

11.7 Currently Dudley's children and young people have access to 0.5 Band 6 Specialist CAMHS nurse, if they meet the threshold for intervention. Primary care services and universal children's services have responsibility for screening and early identification. A disproportionate amount of this practitioner's work is to facilitate discharge from Tier 4 services, and long term care management.

11.8 The plan for Dudley is commission a service in partnership with Walsall CCG and utilise investment to fund the development of a full time Clinical Lead (Band 7) and full time Specialist CAMHS Nurse (Band 6) who will assess and hold case responsibility for all potential Eating Disorder cases presenting to Specialist CAMHS. Further investment will:-

- create capacity within Out-Patients Clinics for psychiatry support, to enable the management of complex cases, physical health and prescribing;
- provide dedicated sessions of Clinical psychology to support complex cases and the provision of NICE recommended interventions;
- provide a dedicated family therapy clinic for Eating Disorders in accordance with NICE guidance.

11.9 The service will be founded on the CYP-IAPT principles of evidence-based care and routine monitoring of outcomes and will be expected to engage fully and be responsive to those accessing the service. The approach would enable the formation of a dedicated MDT that would meet regularly. Interventions offered will include:-

- dietary counselling
- NICE recommended psychological treatment, including amongst others CBT, CBT-E, CAT, eating disorder specific Family Therapy;
- pharmacological treatment.

11.10 The workforce will need to be:-

- competent to identify and treat eating disorders;
- competent to provide clinical supervision;
- able to respond to presenting physical problems;
- qualified in delivering appropriate NICE recommended therapeutic interventions;
- responsive and flexible to the needs of CYP and their families;
- operate in a range of clinical, universal and domiciliary settings;
- able to provide expert advice and guidance to those working in the universal CYP workforce and primary care, particularly in relation to early identification, signposting and pathways.

11.11 The service will: -

- provide a direct pathway to a clinical specialist where a potential eating disorder has been identified.
- ensure routine referral can access NICE concordant treatment within 4 weeks.
- divert potentially complex care into a specialist ED MDT and facilitate early access to appropriate therapeutic intervention.
- be for CYP who may have Anorexia Nervosa, Bulimia Nervosa and Atypical Eating Disorders.
- be available to support General Practitioners to consider referrals for CYP, where there is the possibility of an eating disorder.
- Be responsive to developments in screening tools for eating disorders in CYP.

11.12 A proportion of the available transformation budget for CYP Eating Disorders will be used to develop a CAMHS Out of Hours provision that will be skilled to provide support to CYP with ED and work collaboratively with those providing support from within the standard service operation. Supervision should be provided from within the MDT to ensure competency and consistency for CYP using the service. This would be used to reduce access to acute services by CYP with Eating Disorders. High risk cases presenting Out of Hours can be screened and prioritised into therapeutic services within 7 days.

11.13 In accordance with the principles of CYP-IAPT outcomes will be:-

- supported by service managers and supervisors
- input via appropriate available systems
- determined collaboratively with CYP and their families and reviewed regularly
- explained fully to the CYP and their families, including standardised measures
- used in accordance with locally agreed thresholds

11.14 The service will improve outcomes for CYP with eating disorders by: -

- effectively screening and early interventions.
- promoting engagement and collaboration with patients, utilising positive motivation.
- providing relevant information to carers, where their support is assessed as key.
- working collaboratively with GPs.
- effective transition planning in conjunction with existing adult ED services.

11.15 Key Performance Indicators for the service will be: -

- access to NICE Concordant treatment within 4 weeks for all identified cases.
- family and carer involvement in care planning.
- reduce admissions to acute inpatient settings.

Specialist Perinatal Community Psychiatric Team (SPCPT)

11.13 The evidence is clear that maternal mental health not only has an impact on the mother but also on the mental health and wellbeing of their child and the rest of eth family. Women in pregnancy, with pre-existing mental health illness will usually be under the care of other Adult Mental Health Services, and those with more severe and enduring mental illness referrals are made to the Specialised Mother and Baby In-Patient Unit in Birmingham. Post discharge the mother receives her community care in Birmingham. For less severe cases our existing Primary Mental Health Services liaise with specialist midwives and provide supervision and pathways into services. The CAMHS under 5's service offers intervention for attachment and relationship disorders.

11.14 Our collective view is that if a specialist community services were in place treatment could be provided locally and reduce the need to travel women to Birmingham for post discharge care. The local service would link with all relevant local agencies that can support these women, their families and children supporting good long-term outcomes for the women and their children. To this end, the CCG is currently considering a Business Case for the development of SPCPT.

11.15 It is proposed that the SPCPT will provide intensive home support and treatment for childbearing women with serious mental illness who cannot be managed effectively by primary care services. They would assist in the

detection and proactive management of women who are at risk of developing a serious postnatal mental illness and provide advice and assistance to primary care, maternity and psychiatric services on the treatment and management of serious perinatal mental illness. Funding for this service needs to be sought within the CCG.

12.0 Care for the Most Vulnerable

Vulnerable Children and Young People

12.1 There are some children and young people who may be considered at more risk of developing mental health and emotional health and wellbeing needs, these would include those children and young people who: -

- live away from home (including those known as looked after children or in care);
- have been adopted;
- care leavers (moving into adulthood after they have lived away from home and been considered a looked after child);
- have a special educational need;
- have a physical or learning disability;
- are within autistic spectrum (AS);
- are in contact with the youth justice system including those in prison;
- are in alternative educational settings;
- are young carers;
- are part of communities considered vulnerable; such as gypsies, Roma and travelling communities, recent migrants, and those with higher deprivation factors;
- have parents with a mental health need and its affects them;
- live in a household where there is domestic abuse;
- who have been sexually exploited and/or abused.

12.2 As described previously we have a wide range of existing services to support this cohort of children. As described in Appendix 6 we have allocated significant funding this year to further support this vulnerable group. In line with the actions in Future in Mind we have evaluated the services that are available to support this cohort of children and have agreed that we need to commission more capacity to support children that have been sexually abused. We propose that funding available for 2016 should ensure that we have agreed pathways to and appropriate interventions to prevent, reduce and support young people that have experience sexual exploitation.

12.3 We are working with Dudley and Walsall Mental Health Partnership Trust and Children's Services, in the council, to integrate the LAAC psychology service with the Specialist CAMHS.

Multi-agency Safeguarding Hub

12.4 We are currently developing our Multi Agency Safeguarding Hub (MASH) The MASH is the single point of contact for all safeguarding and early help concerns regarding children and young people in Dudley. It brings together expert professionals, from services that have contact with children, young people and families, making the best possible use of their combined knowledge and information to keep children safe from harm.

12.5 The MASH: -

- Is a 'front door' to manage all safeguarding referrals;
- Provides a secure and confidential environment for professionals to share information;
- Enables early identification of potential safeguarding concerns and facilitates access to timely and effective interventions;
- Prioritises referrals using Red, Amber & Green (RAG) rating;
- Refers cases to other agencies where appropriate;
- Where necessary, activates 'immediate response' social work services to provide protection for a child or young person(s).

12.6 When the MASH receives a referral, the MASH Screening Officers first check if the child is already known to a CYP Service e.g. Social Care, Early Help and Youth Offending before taking forward a proportionate and consistent response. For Children and Young people with emotional health and well being needs the MASH will ensure that children and young people receive the right support at the right time.

FAST and Parenting Assessment Service

12.7 The Council is in the process of remodelling the FAST Team and the Parenting Assessment Service. As part of the Early Help Offer and the MASH the team offers a range of services to families who are experiencing difficulties in parenting their children. The team aims to work in a solution-focussed way by encouraging families to recognise their own strengths and resources, do very time limited pieces of intensive work to prevent young people from going into care. The Parenting Assessments is a separate service but will also include Family Group Conferencing and works very closely with Social Care to help support and build family assessments in preparation for court. The Council is in the process of remodelling the FAST Team and all the parenting assessments.

Looked After and Adopted Children (LAAC) Psychology Service

12.8 The LAAC Psychology Service is currently developing the referral pathway with the CAMHS service to address the continuum of mental health care of looked after and adopted children. This will include developing a seamless specialist assessment service and longer term therapeutic support, where necessary. There is also a current service gap for young people at critical transitions points, such as leaving care (16+) and how their psychological needs are met,. Consideration will be given to the provision of a specialist

mental health nurse based within the leaving care team (currently the 14+ team)

12.9 This will directly impact for young people on sustaining tenancies, engaging in employment and education opportunities and reducing social isolation resulting in better life chances overall

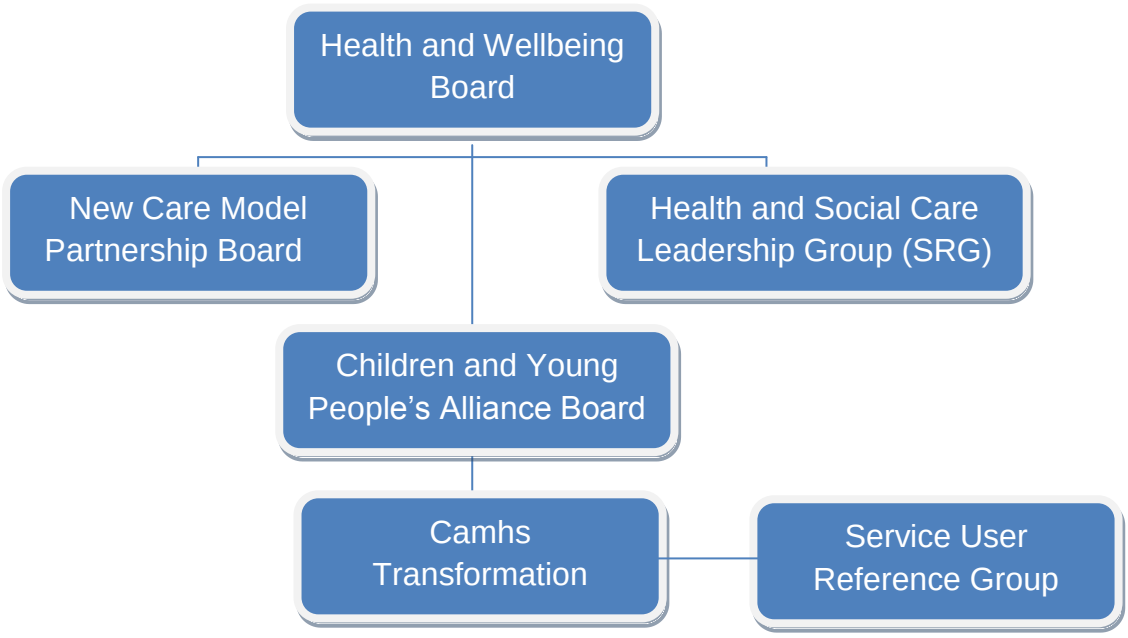
12.10 The school nurses will implement comprehensive holistic annual health assessments that are undertaken with all children & young people 0-19 who have a child protection plan. They already provide these for Looked after Children. As well as other health issues this approach will help identify the emotional health and mental health needs of some of our most vulnerable children and young people, including flagging up and monitoring children that may have greater vulnerability risk factors for mental health issues. This in turn will identify those children that will benefit from direct intervention and support from the EHWT provide tier 2 interventions to our most vulnerable children.

12.11 We also plan to work with Virtual schools in supporting not just educational outcomes of our Looked after Children but to address mental health outcomes. We will also be exploring the possibility of extending the assessments to Children in Need (CIN).

13.0 Governance and Accountability

13.1 We are committed to transparent and accountable delivery of this plan. It will be published on the websites of the CCG, Dudley MBC, the Health and Wellbeing Board and local partners enabling wider public access to planned developments.

13.2 This transformation programme will be driven by the CAMHS Transformation Group reporting to the Children and Young People's Alliance Board and ultimately the Health and Wellbeing Board. The Transformation Group will also be advised by our Service User Reference Group (see consultation and engagement above). This group will have specific responsibility for the development of the outcomes against which we will measure the effectiveness of our services and provide systematic feedback and intelligence on service performance to inform the commissioning cycle. A continual process of engagement with service users to shape and develop services will be an intrinsic feature of our transformation programme



13.3 Membership of the CAMHS Transformation Group is as follows:-

- Chief Officer Children's Services, Dudley MBC
- Chief Officer Education Services, Dudley MBC
- Clinical Lead, CAMHS, Dudley CCG
- Commissioning Manager, Mental Health, Dudley CCG
- Commissioning Manager, Children's Services, Dudley CCG
- Head of Integrated Commissioning, Dudley MBC
- Service Manager, Youth Offending Team, Dudley MBC
- Medical Director, Dudley and Walsall Mental Health Partnership NHS Trust
- Director of Clinical Development, Dudley and Walsall Mental Health Partnership NHS Trust
- Head of Early Intervention, Dudley and Walsall Mental Health Partnership NHS Trust
- Consultant in Public Health Medicine, Dudley MBC
- Head of Children's Services, Black Country Partnership NHS Foundation Trust
- Children's Development Officer, Dudley Council for Voluntary Service

13.4 The KPIs and key project deliverables for the programme will be drawn together into a performance dashboard and reviewed by the CAMHS Transformation Group at its monthly meetings and reported through to the Health and Wellbeing Board as part of that Board's performance management framework. Clear delivery and risk management plans will be received monthly.

13.5 The Health and Wellbeing Board has agreed to develop a Collaborative Commissioning Hub that will bring together the commissioning functions

across the CCG, Children's Services, Adult Services and Public Health. This will work on a number of agreed priorities with a specific focus on meeting the Health and Wellbeing Board's statutory duty to integrate services. The emotional health and wellbeing of children and young people is an early priority for the team that will support this work. The team will have links with specialised commissioning, Health and Justice Commissioning, our local Transforming Care Partnership for People with Learning Disabilities and the Youth Offending Service Board.

13.6 A number of key enabling elements that support this and the rest of our local transformation plans, including workforce, organisational development, informatics and estates will be overseen by the Partnership Board responsible for the New Care Model programme. This is chaired by a non-executive member of the CCG Board.

14.0 Formulation and Approval of the Plan

14.1 Leads where identified for each of the **Future in Mind** five key themes and the Project Lead met with the individuals to undertake a baseline assessment of their views as to where they thought we were, as an economy on the 49 actions identified in document. These discussions identified where we were doing well and where there were service gaps. It was also discussed have existing services could be improved and what actions needed to be undertaken to mitigate the gaps in service provision. We also reviewed the data in our JSNA and the available needs assessment data for children and young people with Mental Health and Emotional Health and Wellbeing problems. We recognise that the needs assessment data is incomplete and an Emotional Health and Mental Health Needs Assessment is currently being undertaken.

14.2 This plan will be approved by the Health and Wellbeing Board at its meeting on the 2nd December 2015. We will also be consulting with children, young people and their families regarding the proposed service developments in this plan and agree with them, and our partners the detail and timescale of the Implementation Plan.

15.0 Developing the Workforce

15.1 The CCG is a national 'vanguard' site for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. We recognise, in conjunction with our partners, the opportunities that exist to use this model to deliver more integrated children's services. We will develop a more integrated response to children with emotional health and wellbeing needs and complex health care needs and unlike the adult, schools and colleges has a significant role. The intention will be to replicate integrated working across physical health, mental health, children's social care and education services – all on the basis of a team with shared responsibility, for a shared population and

shared objectives. Our CAMHS Transformational Plan is consistent with this approach and is part of a wider service redesign of our Children's and All Age Mental Health Services and is central to our Children's Early Help Offer for children, young people and their families.

15.2 Our local commitment to creating a new care model, part of which involves staff working in multi-disciplinary teams "without walls" will support this. We are investing in a significant organisational development programme to give staff the skills to work in teams, across organisational boundaries and create a culture where there is shared responsibility for a shared set of outcomes.

15.3 We wish to see staff working across organisational boundaries on the basis of agreed and assessed competency requirements, rather than through traditional professional silos. This will create the climate where the needs of a young person can be assessed and responded to holistically, delivering better outcomes.

15.4 This programme will include:-

- team development and change management for MDTs;
- leadership development programme;
- development of clinical leadership;
- multi-organisational collaborative leadership programme.

15.5 Service transformation is dependent upon having a flexible and adaptive workforce. We are in the process of developing a whole system workforce redesign plan to create the workforce we require across primary, community and secondary health care; social care; education and the voluntary sector. This will cover a 5 year time horizon and Emotional health Wellbeing and Specialist CAMHS transformation will form a key component of this.

15.6 As outlined in the **Future in Mind** document planning for mental health services for children and young people in the future requires a bottom-up consideration of the current competencies and capabilities of the existing workforce as well as an understanding of the capacity that will be required to deliver a workforce fit for the future. The role of Health Education England and Local Education and Training Boards will be crucial to establish local requirements and local practice through locally led needs assessments of current workforce capability and capacity. The CCG will be undertaking a skills and capabilities audit once the national work to design and commission a census and needs assessment of the current workforce working across the NHS, local authorities, voluntary sector and independent sector has been undertaken.

15.7 In the process of undertaking the baseline assessment, through the interview process with key professionals, there is no doubt that everyone that works with children, young people and their families have ambition to deliver the best possible care and are committed to partnership working. The evidence provided in this plan demonstrates that there are a wider range of existing

services available to support children, young people and their families but further work needs to be undertaken to integrate services and develop co-ordinated pathways with shared outcomes to realise the mutual benefits and outcomes.

15.8 Part of our approach will be to seek the views of our children, young people and their families to ask them how the workforce should be developed in a way that they understand to meet their needs. We will then engage with the professionals and ask them to audit their skills, competencies and practice against their ambitions. We have an imminent workshop with the students in one of our secondary school academies to seek their views on: -

- what good/bad mental health looks like;
- raising awareness of what services/support is available;
- how they access existing services and their views of the quality of the provision;
- discuss what can affect mental health, for us to understand where there may be gaps in the services that we commission;
- where they actually go for help and support.

15.9 In the interim, an initial skills and competency and framework will be developed and will be included in all new services specifications and service development as highlighted in this document. This will be tested out with children, young people and their families in subsequent workshops.

Appendix 1

Engagement activities carried out with Children and Young People

April 2013 – September 2015

Dudley Metropolitan Borough Council

NHS Dudley Clinical Commissioning Group

Introduction

There has been a considerable amount of engagement activity with children and young people between April 2013 and September 2015, carried out by a range of partnership organisations across the borough.

This document collates the results of the main engagement activities. The key themes relating to the emotional health and wellbeing of children and young people that have emerged are: -

- emotional wellbeing and mental health are identified as key areas where young people aged 11-19 need support, in particular the opportunity to learn more about the impact of poor emotional and mental health on other areas of their life;
- they need someone they trust to talk to about mental health, emotional difficulties, relationships;
- they need better information on services and how to access them. Young people should be able to self-refer to relevant services;
- there needs to be an increase in provision of positive recreational activities;
- they should be able to access consistent levels of support and services throughout their teenage years, and certainly not experience a void of provision when aged 16-18, fitting into neither children's nor adult services;
- how can children and young people contribute to the commissioning and development of services?

Dudley Youth Health Researchers

In September 2014 prior to the Health Researchers funding we received from NHS England, Dudley Youth Council (supported by Dudley Youth Service) worked in partnership with Healthwatch. The research contacted 311 young people aged 10 to 25 from a variety of places around the borough out of school or college time.
Their research identified: 3 in10 young people would not talk to their doctor about mental health, emotional difficulties, stress, addictions, alcohol, drugs, smoking or sexual health; 7 in 10 young people would not talk to their doctor about relationships; 6 in10 young people would not talk to their doctor about abuse towards a family member or domestic violence. This research was reported at the Health and Wellbeing Board.

Work with Local Authority Youth Service Provision

Emotional wellbeing and mental health were identified as a key area to support young people aged 11-19 by the youth service through the work the service does. This was identified as a need at the beginning of 2014. The youth service through partnership work with Time to Change trained 17 staff to run the training which helps empower young people to challenge mental health stigma and discrimination. This 'Time to Change Programme' was delivered to 350 young people who attend Thorns, Coseley and also a learning disability youth project held at the Source Youth Centre.

The service also received funding from public health and delivered a '5 Ways to Wellbeing Programme' for identified young people with learning disabilities from targeted youth clubs who would benefit from support. These were young people who had been identified by youth workers as having some difficulty in understanding their own mental health and how they could adopt some positive strategies to help their emotional wellbeing. No young people mentioned KOOTH as way they would gain support and had no knowledge of the service.

Many young people who took part had no knowledge of the ways to wellbeing, looked at mental health in a negative way and had not before discussed theirs and others mental health in this way.

There was a lack of understanding of what mental health was – it was often perceived in a negative way. The majority would seek help from friends and family members.

Work with the Respect Yourself Team

The Wellbeing Programme started in August 2014 during the school summer holiday. There were initially four workshops during the day that were held at the Source Youth Centre, followed by after school sessions throughout the Autumn term, then two countryside visits during the October half term. The programme ran with a group of young women and a group of young men who attended on separate days. Sessions began with an introductory workshop about mental health where participants were encouraged to discuss and understand backgrounds to stress, how this is manifested in different young people and how it affects our mental wellbeing. Participants were involved in different games and activities to promote an informal discussion and started their own small scrap books to record their journeys throughout the project.

We worked with a total of 14 young people; five young men and nine young women. The project enabled a process of qualitative and intense work with those young people who are seen as more vulnerable and who had been referred to our team for specific work around self-esteem and wellbeing. Both groups included a diverse mix of young people from across the Dudley Borough. The young people stated that they enjoyed and appreciated discussing similar issues and supporting each other to improve their own emotional wellbeing. The programme created opportunities for those young people who are marginalised by society and who would not ordinarily have an opportunity to participate in a series of exciting and innovative activities.

Many of the young people with whom we work suffer from stress, anxiety and depression due to many different factors. The programme encouraged some of those young people to experience new, varied and different activities that explore the Five Ways to Wellbeing along with producing their own resource to share and promote their learning with other young people in the form of a series of postcards. Young people enjoyed the process of creating these pieces which encouraged a therapeutic and supportive environment for discussing emotions, feelings and ways to improve and sustain wellbeing.

Evaluation forms were completed after each session feedback from participants were incredibly positive:-

- ‘I have never done anything like this before.’
- ‘I didn’t really want to go on the countryside trip at first but when I did; it was the best thing I’ve ever done.’
- ‘I loved how it wasn’t like school and we could talk openly and it was relaxed.’
- ‘I didn’t want the sessions to end.’
- ‘We were treated how we would treat them – like an adult.’
- What was useful?.. ‘Getting used to talking.’
- ‘Better than I thought it was going to be.’
- ‘How to cope with stress.’
- ‘I’ve learned that keeping active will help me in the long term’.

The whole Wellbeing Programme was incredibly successful, participants commented regularly following sessions about how they felt better in themselves and how much they

valued the opportunity to learn about emotional wellbeing and how overlooked this was in their day to day lives.

Me Festival November 2014

Over 180 students aged between 12/13 years attended the ME festival at Himley Hall in November 2014. The aim of the event was to build emotional resilience and build the skills and confidence to deal with 'life's' issues. There were a number of interactive workshops including:

- First aid training including CPR, dealing with serious bleeds and choking.
- Loudmouth theatre performed One Too Many (looking at binge drinking) and Bully4U.
- Kick Ash Deep Breath Tour and interactive lungs – drama performance following the life of a smoker and non smoker.
- Headmasters Office – young people developing and delivering a workshop aimed at teaching staff to help them understand the issues that young people face and how health and education can work better together.
- Communic8 – a workshop to look at how young people access health and wellbeing information and where they prefer to get that advice from.
- VIP Tent – with rowing machine challenges, healthy eating, cyber dance, information from loads of local organisations such as Connexions and Healthwatch Dudley.
- In addition we were joined by the police, fire and ambulance services.

Outcomes:

We asked - who would you feel comfortable talking to if you had a health problems or a mental health problem including stress?
You said – health care professionals, parents, friends and friendly people who understand my problem
We asked – how do you think your school could support pupils' health
You said – through better trained school nurses, raising awareness through workshops, having regular check ups, private one to one sessions, creating a club at lunch or after school where we talk about some of the problems that we might have so we can sort it out together
We received fantastic feedback from the event and requests that we do the same again next year. The next me festival will take place on November 26th and again will have a variety of interactive sessions including a Let's Get Active tent.

Young Health Champions Project

This year the CCG and OPH agreed to fund a scheme for Young Health Champions. This project is about early intervention – creating opportunities and outlets for young people as well as promoting healthy lifestyles and lifelong learning. With the challenges posed by an ever ageing population and the increase of long term conditions more commonly associated with poor lifestyle and increase in age, now is the time to start creating an ethos of self-help in our younger population and aspire to leaving them a legacy of a sustainable NHS and other care and wellbeing services.

The proposal is to build a sustainable network of YHCs by targeting young people aged between 13-25 years across Dudley. The funding will allow the recruitment of a Project Officer/Team leader who will be responsible for driving, developing, building and implementing a thriving network of YHCs. The YHCs will be recruited from all backgrounds using a 'scattergun' approach and working with willing individuals and organisations.

Training will be provided by Altogether Better who have proven experience of developing and delivering targeted training with young people. Once the YHCs are trained, they will be able to take part in opportunities across the health and social care landscape and use their skills to influence decision makers, provide insight on local services and access funding for projects that they wish to undertake which will empower them and help others. The YHCs will act as signposts to their peers and wider circle of contacts including families and they will start to make connection between health and happiness and have the support they need to help them make important decisions which could affect them later in life. Our younger population is the generation of tomorrow and we need to work with them now.

Objectives

To recruit, engage, train and support up to 100 young people in the first year of the project, as YHCs who will become active and valued partners, working with service providers and commissioners to jointly deliver better health and wellbeing outcomes. The YHCs will: -

- take forward into the future an understanding of the challenges facing the population's' health and happiness;
- have the confidence and self-belief that they can positively influence their local services for health and happiness to better serve young people;
- share their knowledge and learning with others, their peers, family, friends and the wider community.

Outcomes

- increased range of health and happiness activities co designed and delivered by young people; so that services are designed to meet the needs of children and young people
- improved health outcomes for young people;
- increased community capital and social value;
- better quality health and wellbeing services;
- more young people directly involved in the co-production of local services.

YHCs can be recruited from inside educational/youth settings and outside. It is anticipated the post holder will work collaboratively with a wide range of stakeholders to pull all of the strands together ensuring there is no duplication and services are joined up with up to date signposting. The post holder and YHCs will also be asked to contribute towards the planning on the annual #mefestival and use the opportunity to recruit further YHCs

Dudley Young Health Researchers (by Healthwatch Dudley and Dudley Council)

The project will recruit 20 people aged between 13 – 19 with a range of health and wellbeing experiences including those with complex needs to take part in a training and development programme. These will include young people who are carers, have life threatening illnesses, are looked after, have learning disabilities or have specific insight/ experience of health services or conditions such as diabetes or cancer.
As Dudley Youth Council are a group of young people who are elected to represent the views of others and there are specific special interest representatives for health already in place 25% of the young people involved will be recruited from this group.
Views and experiences gathered by young researchers will be shared at key decision making forums across the borough, region and nationally to influence how health and wellbeing outcomes for young people and service delivery can be improved.

Key outcomes

Local services will have a unique opportunity to listen to the voices and experiences of young people to improve their service delivery and design.

The project is aspirational and will encourage a change in attitude to involve the voices of the lesser heard to improve health outcomes for young people and local communities and society as a whole.

Regionally, shared learning will enable partners across our youth and health networks to gain a deeper insight into effective youth involvement to influence and improve health and wellbeing outcomes and ultimately change.
Young people involved in the project will receive ongoing training and development opportunities enabling them to:

- Understand how decision making works in Dudley around health and wellbeing
- Explore what is health, what is wellbeing and what makes us happy!
- Discuss why is it important for young people to be involved with reviewing health services
- Discover the skills and qualities needed to be a good reviewer and how this is different from inspection
- Identify what should good services for young people look and feel like?
- Learn effective and appropriate methods of gathering views
- Prepare and present findings to decision makers, other young people and the wider public in a meaningful and accessible way
- Undertake master classes in using social media to involve other young people in the project
- Receive an introduction to Healthwatch Dudley and other local mechanisms, which support people to share their views, experiences and have their say to influence how local services are planned and delivered.
- Work with others and take part in team building activities
- Overcome personal challenges to build their emotional resilience
- Have conversations and support others to join the NHS England online Youth Forum so that their voices can influence service design and delivery.

The Young Health Researchers have been speaking with young people across Dudley about the issues which bother them and the top ones are:

- Knowledge of health services available to young people
- Mental health – which included:
    - eating disorders
    - effects of social media on health
    - Friendships and relationships
    - Services and support after family crisis
- Cancer treatment for young people

Holly Hall Academy

140 students aged between 12/13yrs attended a session that as delivered by CCG staff on emotional health and wellbeing. We wanted to understand what they knew and understood by mental health and wellbeing, where they would go for help and what support they think they would like. We also talked about the effects of social media on young people.

Outcomes

There was a real lack of understanding of what mental health was and how it could affect people. Students did not associate good mental health as being part of mental health and they did not have a real grasp of the factors that could cause mental health to be affected unless they were prompted. Students understood the effects of social media and the pressure that it created. The majority would seek help and support from family members or teachers if they needed support but not one student mentioned Kooth.

Work with Dudley College Health and Social Care Students

The team have worked with around 60 students but the theme has been more generalised around healthcare and wellbeing rather than mental health. The sudents are aged around 17years and have high expectations of healthcare in terms of access. Many thought that GP surgeries should be open early in the morning until late in the evening including weekends. Many did not understand how pharmacy could help them and had used ED as an access into care which was not always appropriate

Strategic Review of Services for Vulnerable Young People 16 – 18 who are homeless or at risk of becoming homeless.

12 young people age 16 – 18 were recruited to undertake a strategic review of services for vulnerable young people age 16 – 18 to include accommodation and floating support services. 9 of the 12 were service users from the existing services and 3 accessed no services at all. The group had experienced complex and chaotic lives which had impacted on their health and wellbeing, they worked intensively over 16 weeks conducting survey's, mapping existing services, conducting mystery shopping visits, interviewing their peers and staff across the services. They delivered their findings and recommendations for both accommodation and floating support that best meet the housing, health and wellbeing needs of all vulnerable young people to commissioners and wider stakeholders. Their recommendations have influenced the tender specification about to be released. Members of this group will be integral throughout the tender process until the award date and beyond.

Youth Engagement regarding health and Wellbeing - PHASE TRUST

Over the period from March 2014 to July 2015, Phase Trust carried out an extensive consultation with around 150 young people aged 11-16 across six areas of the Dudley Borough. The following areas were covered:

- Halesowen
- Leasowes
- Coseley
- Dudley Central
- Russells Hall
- Sycamore PRU

The aim of the consultation was to identify what the felt needs of young people were as opposed to "perceived needs" and for that to drive the focus of our work going forward.

We asked questions around: What are the trending needs in your area and friendship groups?
They said: Nothing for them to do, lots of drugs especially cannabis, nothing positive to do so never try anything different.
We asked questions around: What concerns they have about their friends?

They said: Increase in self harm, social media and internet safety, their friends sending inappropriate images to people they don't really know, girls "hanging off" older men, increase in weed being available, increase in "hard core" girl groups brings intimidation and bullying (on-line and off-line).

We asked questions around If we could change anything for you, what could we do?
They said: PSHE does not adequately cover the issues that need addressing in sexual health, give us people to talk to about things that are worrying me that I'm not going to tell a teacher, teach boys how to treat girls properly (they think they have the right to check my phone was one comment), a member of Phase Trust around my school all the time.

Separate evaluations were also carried out to answer how we knew there was a need for our work. The following is an overview of the findings. (A full independent evaluation is currently being prepared by a consultant.)

We commissioned an independent consultant to produce a comprehensive evaluation of our existing work (October 2015). Whilst the current project allowed us to widen our approach to work with escalating issues of young people, the report showed that, although needs continue to increase, they are becoming equally complex. The report crystallised our thinking, confirming the complexity of challenges faced and the need to now deepen the interventions with targeted young people vulnerable to making risky life choices.

The numbers of young people supported by our work shows us that we are providing services that young people want and will use. Numbers are increasing through both referrals and involvement of more organisations (such as CAMHS). Individually, every user of our personal development programmes review their own programme to enable us to reshape our work and make changes where appropriate. Pilot projects involving sport and personal development have shown that this is a very effective way of engaging young people to self-reflect. Work was also undertaken with under 11's in a tailored programme which has resulted in 3 local primary schools requesting the work. Work involving the prevention of young people being referred into the criminal justice system at an early stage is also proving successful. In September 2015 alone, 22 young people have been worked with resulting in no police involvement at all. I have now been asked to attend the Police and Crime Commissioners Board to discuss this aspect of our work.

On-going feedback and consultation with users of our sexual health programmes showed that the need for consistent contact and a journeying approach helped first time disclosures to be made by those most at risk of harm e.g. sexual exploitation. It also showed the need for a flexible, independent and safe advocacy role in working with these issues. This was also borne out by our recent victims of crime consultation (December14-February15) where 300 young people, aged between 12 and 19, were asked about their experiences. The resulting report produced in June 2015 showed that 63% were too frightened to disclose any incident, especially to the police or statutory services. Young people told us that our work provides a safe place for disclosure, support and aftercare for victims. The added input of utilising a professional solicitor's services would be more than beneficial.

Consultations between March 2014 and July 2015 with young people from six areas right across the borough, including those from priority neighbourhoods, those referred to pupil referral units and those attending alternative provisions due to complex challenges. The trending issues are around all uses of social media, from bullying to exploitation, from keeping safe to consequences of the law. Also the growing lack of family support and significant adults in their lives can often lead to risky behaviour taking. There is also a perceived growth in "hard core" girl groups exhibiting "laddish" behaviours. Young people also told us of a growth in racism. They would also benefit from an increase in positive recreational activities as "there is absolutely nothing to do round here." The local authority

youth service had to stop any universal youth work across the borough on 31 March 2015. Partnership agencies tell us that they used to just get “the unwashed and uncared for”. Now they are being asked to work with young people who have been “overindulged”. We have also been told that there is not enough dedicated work in our area that tackles these issues and barriers in a way which allows their learning to progress. Many, if not all, focus on purely academic achievements.

Work by the Children in Care Council and Black Country Children’s Society

This piece of work focussed around a wellbeing questionnaire which identified issues which affected looked after children and young people’s wellbeing.

Speak Up Speak Out

This brief report highlights some of the key messages that young people shared with us between October 2013 and May 2014. It can be best understood alongside the ‘Mash Up’ that we created of children and young people speaking about their experiences of care and leaving care in the ‘Big Brother’ room.

Aims and objectives

We were initially asked to do some work with young people in care and leaving care. The overall aim of this piece of work was to assist Dudley in becoming an ‘outstanding’ authority in relation to listening to the voice of looked after children and young people.

The target cohort of children and young people were:

- young people who are new to care
- young people who are 1-2 years in care
- young people who have left care
- young people who are in permanent foster care

This cohort will include disabled young people, those in out of borough placements and BAME young people.

The specific objectives for this work were to work with the target cohort of children and young people to:

- Find out what children and young people’s perspectives and experiences of relationships with social workers and people that care for them.
- Understand what children and young people’s experiences and reality of contact arrangements are.
- Explore children and young people’s journey so far, including barriers and opportunities they are facing.
- Explore their understanding of why they are where they are (what do they understand about why they are in care).
- Gather and compare evidence of wellbeing using The Children’s Society Health and Wellbeing Index.
- Collect a sample of ‘authentic voices’ of children and young people which tell their story in their own words.
- Facilitate an event in March 2014 championed by an elected member to present the findings of the report.

What did we do:

1. Working with the Participation Cohort team, we developed a wellbeing questionnaire based on the wellbeing work being done by The Children's Society nationally. This was publicised by Dudley Council amongst social workers, foster carers and other professionals working with young people in care and leaving care as well as directly to young people through residential units. We received 43 questionnaires back from young people across Dudley.
2. We developed some more in-depth focus group questions. We conducted these with a further 30 young people through focus groups or one-to-one interviews.
3. We ran a two day participation event for young people in care and leaving care during February half-term, which 60 people attended. The event included a Big Brother diary room, graffiti, music and street dance workshops and a range of other ways for young people to get involved.
4. We worked with the CICC (MAD) to put together a funding application for Pot of Gold funding to organise, deliver and evaluate an event for young people in care and leaving care to celebrate their successes and achievements. The group were successful in securing £800 .

What are we still to do:

Speak with young people from out of borough placements. We have been provided with contact details for social workers and young people and we are in the process of contacting them.

What did young people say:

There are over 700 young people in care in Dudley. The views and experiences we have collected, reflect that of the young people who took part and should not be used to make generalised statements about what young people think and feel.
One young person when asked what was good about care in Dudley said "nothing, cos you're in here for a reason". This reminds us of the challenging relationship between social workers and young people who can often come up against one another.

Below we have collated some of the key messages that came out repeatedly from the young people we spoke to:

1. ***Relationships with social workers.*** Getting hold of social workers can sometimes be difficult. Social workers are good (mostly). Some social workers take the side of foster carers. Some social workers don't listen to us separately. Some avoid subjects or change subjects. We have had too many social workers. Some social workers don't visit as often as they should.
2. ***All I need is love.*** Some young people said that their foster carers made them feel wanted and that this was important.
3. ***Foster care***. Many experiences of foster care weren't positive. Young people suggested that there should be more time to get to know the foster family before being placed there. Some young people said that foster carers did it for the money.
4. ***Freedom / choice***. Many of the young people raised issues around being monitored very closely, not being able to personalise their bedrooms, having their say at bed times and curfews, being able to be more independent (cooking etc..), having TV's in their bedrooms.
5. ***Contact.*** Young people's experiences of contact were varied. Some young people felt that they did not have as much as they would like to. Some said they could see workers dropping notes to one another during contact which made them feel uncomfortable.

6. ***Opportunities.*** Some young people said that care had provided them with lots of experiences that they may never have had.

What did young people think would make it better?

- Social workers should have a day in the life of children in care so that they know what it feels like.
- Social workers who care about children and young people.
- Time to get to know foster carers before being placed with them.

Other areas to consider:

- The relationship between the CICC (MAD) and the Corporate Parenting Board needs to be stronger.
- The participation cohort group should include young people and should develop as a sub-group of MAD.
- Not many young people were aware of what the pledge is – this needs to be shared with children and young people. There also needs to be a way of monitoring how well Dudley MBC is meeting the pledge.
- Some young people did not know what their rights and entitlements were.

Since August 2014 – looking forward:

The Children's Society has been asked by Dudley MBC to complete the following work:

- Create a participation sub-group to look at ways of engaging more looked after children and young people
- Organise an event using the funding that young people were successful in securing.
- Continue to publicise and encourage young people to complete the wellbeing survey.

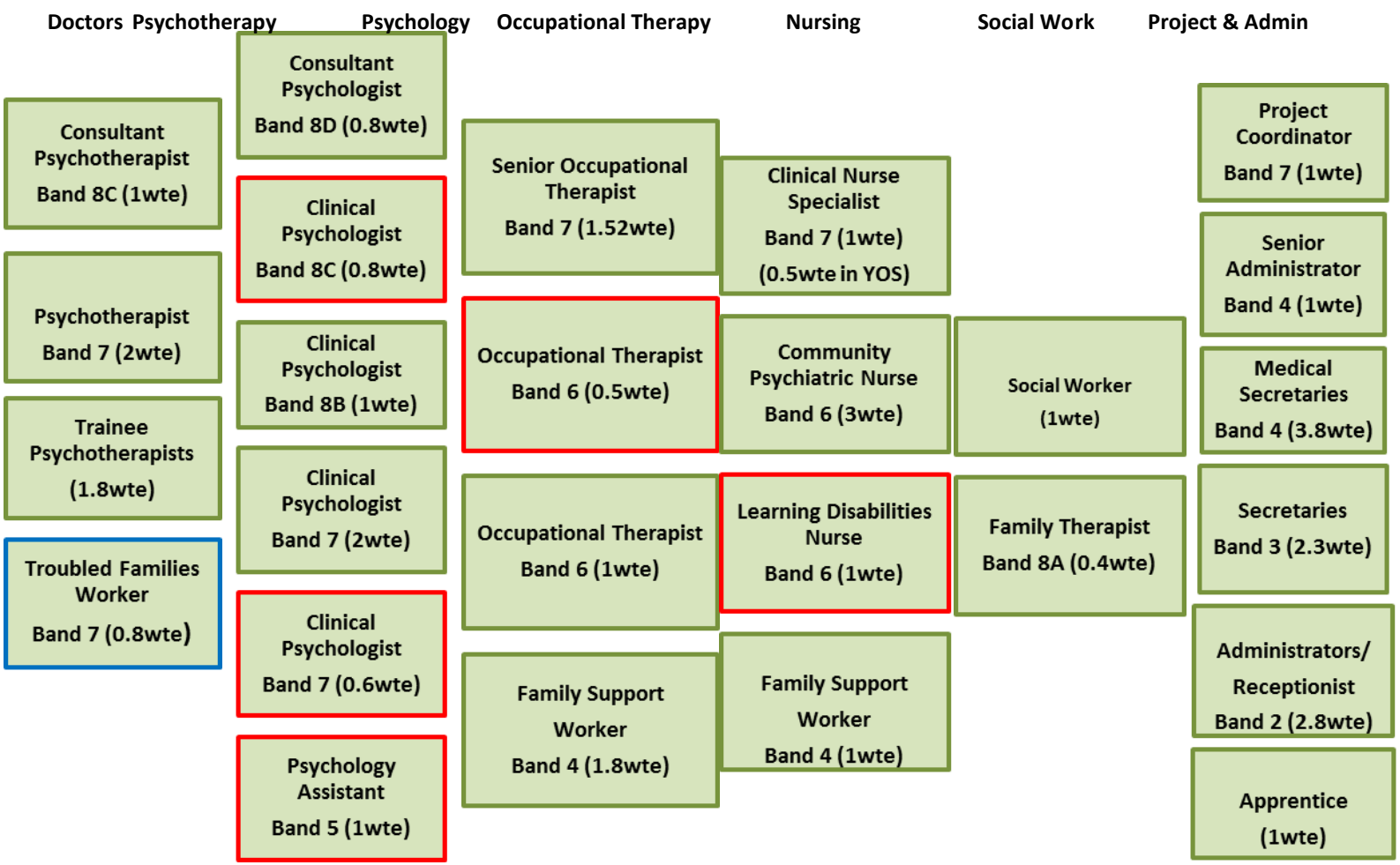
During this time further observations have been highlighted by professionals and young people around some of the barriers to participation of looked after children and young people as follows:

- Information sharing between social care and other organisations is limited. Some children and young people will be unaware of opportunities that are available to them.
- Looked after children and young people highlight the stigma they sometimes feel about being labelled as looked after. Sometimes they would like to organise events that invite other children and young people (i.e. their friendship groups) rather than just for looked after and care leaving groups.
- Transportation can sometimes become a barrier for children and young people being involved and in some cases foster carers reluctance to get them there.
- Finding ways of engaging with foster carers is essential to enabling young people to get involved.

We have started working with a group of young people who are putting plans together for a celebration event to be held in January 2015.

We will also be bringing together a group of local professionals to support the young people with planning, organising, delivering and evaluating this event and the idea is that we will work collectively to do this.

Appendix 2 Dudley CAMHS Team Structure 2015-16



Appendix 3 Dudley CAMHS Activity and Waiting Times

1. **Referral data**

	2013-14	2014-15	2015 to date
April	123	166	213
May	132	121	179
June	136	135	181
July	149	144	214
Aug	156	93	149
Sept	132	146	189
Oct	227	181	206
Nov	187	171	Projected activity 2319 (2064) % increase on 2014-15
Dec	173	167	
Jan	194	151	
Feb	184	186	
March	188	159	
TOTAL (Accepted)	1981 (1706)	1820 (1523)	1353 (1203) to date
% accepted	86%	84%	89%

2. **Referral sources**

Referral Source	Referred	Accepted	% accepted	% of total accepted
Community Learning Disability Team	2	2	100	0.13
Community Based Paediatrics	45	32	67	**2.1**
Education Services	3	0	0	0
GP	1351	1119	83	**73.5**
Health Visitor	1	1	100	0.06
Hospital Based Paediatrics	357	314	88	**20.6**
Other Independent Sector Mental Health Services	10	7	70	0.46
Other Primary Health Care incorporating School Health Community Speech & Language Educational Psychologists	2	2	100	0.13
Out of area agency	6	4	67	0.26
Social Services	43	42	98	2.75
TOTALS	**1820**	**1523**		

3 **Demographics of referrals received**

Gender	Number	Accepted
Male	1010	840
Female	810	683

4 **Age distribution**

Age (years)	Number	Accepted
2	13	11
3	59	49
4	85	57
5	120	90
6	105	79
7	103	82
8	112	86
9	90	75
10	111	95
11	122	107
12	149	133
13	148	130
14	262	229
15	251	227
16	79	66
17	11	7
TOTAL	**1820**	**1523**

Total 0-4 accepted = 117 (8.3%)

Total 5-17 accepted = 1406 (92.3%)

5 **ADHD Clinic referral numbers and caseload**

ADHD CLINIC REFERRALS (228 currently on the caseload)			
	September 2013 to September 2014	September 2014 to September 2015	Post September 2015
Total no. of referrals	35	72	7
Aged 16 Plus	2	5	
Aged 15	5	6	

Aged 14	4	7	1
Aged 13	5	8	2
Aged 12	2	9	
Aged 11	2	3	
Aged 10	4	4	
Aged 9	4	7	2
Aged 8	6	8	1
Aged 7	1	6	
Aged 6		7	1
Aged 5 - 2010		2	

5. ASD Clinic referral numbers and information

2015 to date

- 75 referrals have been accepted into the ASD clinic. It is anticipated that by the end of 2015 there will be 95 accepted referrals.
- There has been an average of 125 referrals received each year over previous years.
- There is usually a 20% rejection rate for referrals as they are not suitable to meet the threshold for ASD or there may be other differential diagnosis. These children are referred to general CAMHS for further exploratory work.
- There has been a significant increase in referrals since the LAC psychology team were taken out of CAMHS. Although difficult to quantify this has been estimated to be 20%.
- In addition to the ASD clinic there are few children/young people that are diagnosed outside the clinic by individual medics within the service.
- GP referrals indicate that on average 1 in 4 GP referrals / choice paperwork stated parental request for ASD assessment.
- The clinic supports with limited post diagnosis work and discharges them back to Autism Outreach Service.

In addition CAMHS are working with colleges and IAPT in anchoring services in the colleges for post 16 with ASD diagnosis to bridge the gap for those children when they leave services whom struggle a lot but do not meet the criteria for severe mental illness to be transferred to adult services. Our initiative has meant that the

colleges have bought Autism Outreach and IAPT have indicated their interest in getting involved.

6 0-5 Clinics

Number of children referred into the clinic - 75.

35 was accepted into the Under 5s Clinic (23 were boys and 12 were girls).

41 was not accepted due to not having a diagnostic clinic in the Under 5s Clinic.

The number of children referred for a diagnosis of ASD – 41 (25 from GPs and 16 from Paediatricians) (5 children had Learning Disabilities).

At the moment there is a gap between children who are picked up by the Paediatricians up to the age of 3 and children seen in CAMHS from 5 and above for a diagnosis of ASD. Between 3 to 5 there is a gap where the child's needs are not met.

On liaising with Specialist Early Years Service there are at this time 91 children who fall into the above gap that has been indicated where there is no service available.

7 Dudley Youth Offending Service Input Measures 2014 - 2015

CAMHS Data Performance ( )Number = 2013/2014	Q1	Q2	Q3	Q4
Assessments Service (numbers in brackets are previous year)				
Total number of assessments	15 (8)	10(5)	14(6)	9(5)
Total number of assessments concluded in the quarter	12(7)	12(5)	10(6)	9(4)
Number of young people on caseload				
Number of children on caseload at beginning of the quarter	17 (14)	10(11)	14(12)	8(8)
Number of cases closed during the quarter	7(3)	5(3)	5(4)	4(0)
Number of children on the caseload at the end of the quarter	10(11)	12(12)	8(8)	9(13)
Number of clinical issues referred (ICD or DSM criteria)	10(7)	5(4)	7(8)	3(4)
Length of interventions				
0 to 4 weeks	3(3)	6(3)	7(4)	2(4)
5 to 12 weeks	2(0)	1(2)	2(2)	3(5)
13 to 26 weeks	8(8)	3(3)	2(3)	1(3)
>27 weeks	2(3)	2(3)	3(3)	2(1)

Dudley Youth Offending Service Input Measures 2015-2016

CAMHS Data Performance ( )Number = 2013/2014	Q1	Q2	Q3	Q4
Assessments Service (numbers in brackets are previous year)				

Total number of assessments	13(15)	8(10)		
Total number of assessments concluded in the quarter	10(12)	8(10)		
Number of young people on caseload				
Number of children on caseload at beginning of the quarter	15(17)	18(10)		
Number of cases closed during the quarter	7(7)	6(5)		
Number of children on the caseload at the end of the quarter	12(10)	10(12)		
Number of clinical issues referred (ICD or DSM criteria)	3(10)	2(5)		
Length of interventions				
0 to 4 weeks	3(3)	6(6)		
5 to 12 weeks	3(2)	4(1)		
13 to 26 weeks	6(8)	5(3)		
>27 weeks	1(2)	1(2)		

8 Caseload, outcomes and waiting times

There are currently waiting lists for Psychotherapy (including under 5's), Psychology, Family Therapy and Occupational Therapy. Details are shown below:

Occupational Therapy

Current groups running**:**
Primary age coping skills
Secondary age anger management

Planned groups:
Secondary age social skills: November 2015 two groups – 18 invitees
Primary age assessment group: October 2015 - 5 invitees
Secondary age confidence building group : January 2016 – 14 invitees

Current group waiting lists:
Primary age coping skills: 5
Secondary age coping skills: 6
Primary age social skills: 10
Primary age confidence building skills: 5
Secondary age assessment group: 2

Individual waiting lists
Current Individual waiting list : 13
Sensory waiting list: 7

Family Therapy

Waiting list
There are currently 24 on the waiting list.

The longest wait is 5-6 months and shortest would be approximately 2 weeks as urgent or risk is given priority over families waiting, although this extends their waiting time.

Psychology

Waiting list
There are currently 11 young people on the waiting list.
The longest wait is currently seven months.

Psychotherapy (inc under 5's)

Waiting list
There are currently 22 young people on the waiting list.
The longest wait is currently twelve months.

9 Deliberate Self Harm data for Dudley CAMHS 2011-2015

January 2011 – December 2011 = 62

Weekday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Number	20 (32%)	10 (16%)	19(31%)	7(11%)	6 (10%)

January 2012 – December 2012 = 58

Weekday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Number	18 (31%)	7 (12%)	12 (21%)	11 (19%)	10 (17%)

January 2013 – December 2013 = 89

Weekday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Number	22 (25%)	19 (21%)	17 (19%)	13 (15%)	18 (20%)

January 2014 – December 2014 = 116

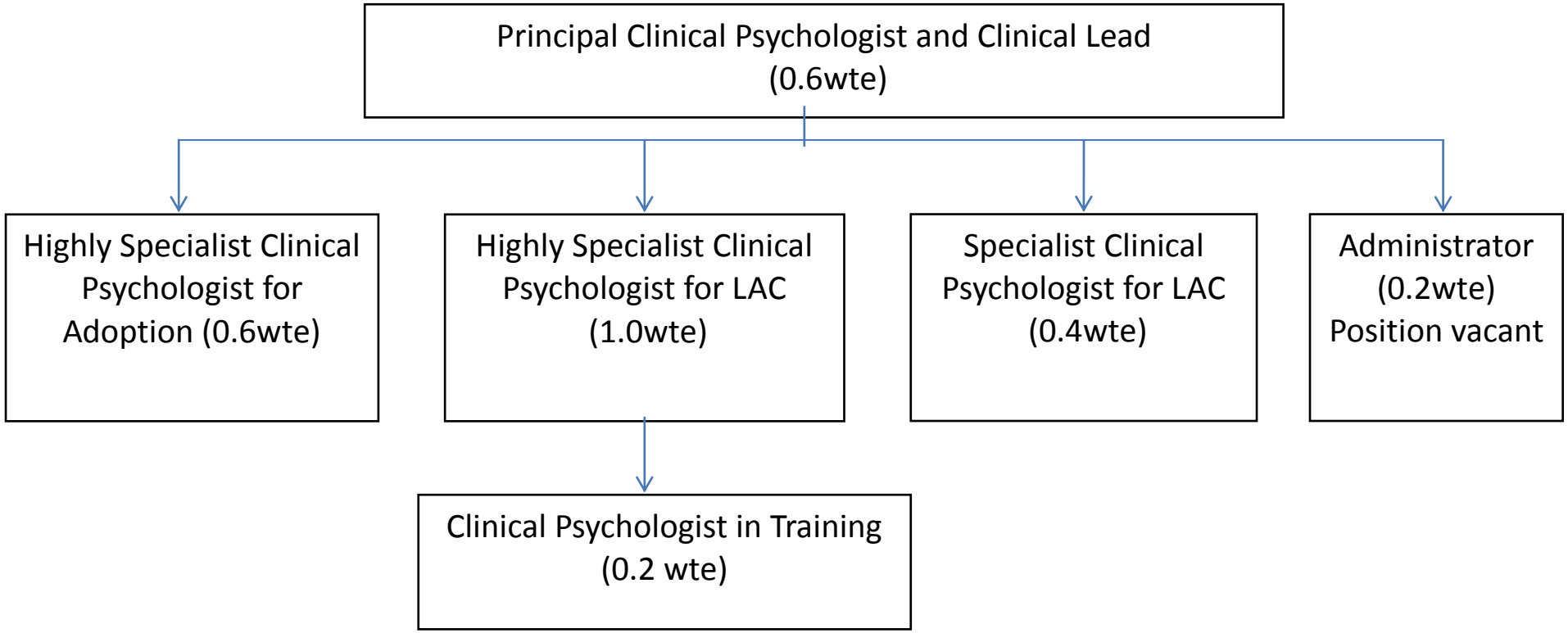
Weekday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Number	31 (27%)	29 (25%)	19 (16%)	20 (17%)	17 (15%)

January 2015 – to date = 155

Weekday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Number	55 (35%)	30 (19%)	19 (12%)	26 (17%)	25 (17%)

All children and young people seen by CAMHS on the ward are given a seven day follow up appointment.

Looked After and Adopted Children's Psychology Service



Appendix 5 – Specialist In patient Mental Health Service Activity 2014-15

CCG	ETHINICITY	SEX	WARD	SERVICE	DATE ADMITTED	DATE DISCHARGE	LOS	Diagnosis
Birmingham Crosscity	White British		Newbridge	EDU	25/11/2014			
Dudley	Not Known	F	Wedgewood	GED	21/05/2014	22/01/2015	**246**	Anorexia Nervosa
Dudley	White British	F	Wedgewood	GED	23/07/2014	05/03/2015	225	Adult
Dudley	Not Known	F	Japonica	GAU	28/08/2014	09/12/2014	103	Psychotic/risk of self harm
Dudley	Not Known	M	Thorneycroft	GAU	10/02/2015	30/03/2015	48	Adult
Dudley	White British	F	Kingfisher	GAU	05/07/2014	14/08/2014	40	Asperger's Syndrome; EBPD;
Dudley	White British	F	Mulberry	GAU	01/12/2014	20/03/2015	109	Dissociative disorder;separation anxiety;pervasive DD including Asperger's
Dudley	White British	F	Hartley	PICU	28/08/2014			Referred to Wolves
Dudley	White British	F	Japonica	GAU	26/03/2015	08/06/2015	74	SchizoAffective Disorder;Asperger's
Dudley	White British	F	Thorneycroft	GAU	25/08/2014	08/10/2014	44	
Dudley	White British	F	Mulberry	GAU	15/11/2014	23/01/2015	69	Bipolar Disorder;Anorexia Nervosa
Dudley	White British	F	Thorneycroft	GAU	26/02/2015	18/03/2015	20	
Dudley	White British	F	Hartley	PICU	01/04/2014	02/06/2014	62	
Dudley	White British	F	Orchard	GAU	26/06/2014	11/07/2014	15	Emotionally unstable ;personality disorder; risk of self harm
Dudley	White British	F	Mulberry	GAU	11/07/2014	26/08/2014	46	
Dudley	White British	F	Mulberry	GAU	13/10/2014	13/11/2014	31	
Dudley	White British	F	Mulberry	GAU	03/02/2015	05/02/2015	2	Depression/severe risk of self hard/suicide
Dudley	White British	F	Rowan	HDU	08/10/2014	13/10/2014	5	
Dudley	White British	F	Mulberry	GAU	27/03/2015	28/05/2015	62	Depression; severe PTSD

Appendix 6 - CAMHS Transformation Priorities.

The following table details the objectives and aims of each of the key themes identified through to bring sustainable transformational change by 2020.

2016 -2020	
Priority 1	Development of a Single Point of Access Early Help Offer.
Case for change	At this stage we do not have a strategy that enables services to work collaboratively together where children, young people and their families receive support in a timely way and tailored to their individual circumstances. As such we are not seeing the benefits of taking a consistent child and whole family approach
Objectives	By April 2020 : Children and young people are safe from harm in the home, outside of the home and online Children and young people have the best start in life and are ready school Children live healthy lives Children and young people learn well Young people make positive transitions into adulthood Families provide safe and supportive homes for their children
Outcomes	Working together with families to develop their capacity for change Taking a whole family approach Ensure children, young people and their families receives the right support at the right time.
KPIs	Easier access to services 1. Monthly monitoring of referrals to also be undertaken to identify issues arising with Single point of entry Catch and carry – no bounce Signposting Rejections Source of referral Reporting monthly via the Quality and performance meeting 2. Referral to intervention without delay. To be monitored against nationally recommended timescales. Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases. Reporting monthly via the Quality and performance meeting
Resources Required	It is proposed that this will be delivered from existing resources.
Future in Mind Theme	**Promoting, resilience, prevention and early intervention**
Priority 2	Integrate the current 0-5 years' service provision within CAMHS with the Neurodevelopment Delay Service and transfer into a community setting.
Case for change	The existing services are delivered independently and in different locations within an acute service delivery model. The plan is to integrate the services and transfer into locality based children's settings to align with the

	0-5 year universal integrated model that is currently being developed.
Objectives	By 2020 our local offer will: Ensure services are responsive to meet current and future demand and need, resourced appropriately and delivered by a skilled workforce. Improved access and waiting times for children and young people requiring ASD assessments. Enables the redesigned service to operate more effectively, with less historical backlog of assessments and waits. Have an integrated community service .
Outcomes	Reduced waiting times for children and young people. Improved patient experience for children, young people and their families. Additional young people will be assessed by April 2016.
KPIs	1.100% children having a differential diagnosis by 2019 100% children diagnosed on the autistic spectrum to be referred to the Autism Out Reach Service by 2017 15% annual reduction in waiting times 20% annual increase in referrals to both services. 100% of CYP to have access to CYP IAPT by 2020
Resources Required	£100,000
Future in Mind Theme	**Improving access to effective support**
Priority 3	Expand the existing school based Emotional Health and Wellbeing Team.
Case for change	We wish to extend this provision to all CYP in a variety of settings and aligned to our locality early help approach.
Objectives	By April 2020 we will : - • have a skilled team of professionals working at Tier 2 level that will improve emotional, psychological and social wellbeing outcomes for children and young people via interventions delivered through a range of settings including schools; • improve the quality and accessibility of tier 2 services for children and young people in a timely manner; • prevent inappropriate referrals into specialist CAMHS; • have a strong involvement from CYP in shaping and monitoring our provision.
Outcomes	Improve emotional, psychological and social wellbeing outcomes for children and young people via interventions delivered through schools. Improve the quality and accessibility of tier 2 services for children and young people within the school setting. Increase the capacity of the schools community including school health advisors to prioritise and meet the emotional health and wellbeing needs of children and young people.
KPIs	1. Improved emotional wellbeing. Clinical outcomes will be recorded and monitored monthly using IAPT validated outcomes tools. Outcome tools will be completed monthly and reported on from commencement of therapy to completion. Reporting monthly via the Quality and performance meeting. 2. Satisfaction with services. Data will be gathered using the national "family and friends test" and also via an experience questionnaire. Measure will be the percentage of service users reporting satisfaction. Year 1 will set

	the baseline; future targets will be developed using the baseline. Reporting monthly via the Quality and performance meeting. 3. Easier access Referral to intervention without delay. To be monitored against nationally recommended timescales .Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases. Reporting monthly via the Quality and performance meeting. Audit of referrals to also be undertaken to identify issues arising with Single point of entry Catch and carry – no bounce Signposting Rejections Source of referral 4. Prompt response to crisis. Assessments via ED to be undertaken within 4 hours Target 100%. Reporting monthly via the Quality and performance meeting. 5. Proactive outreach. Measurement of DNA rates. Year 1 to set baseline and targets agreed on results. Reporting monthly via the Quality and performance meeting
Resources Required	£140,000
Future in Mind Theme	**Promoting, resilience, prevention and early intervention**
Priority 4	Establish the All Age Emotional Health and Well Being Primary Care Service to include **CYP IAPT**
Case for change	The current primary Care service is delivered by our acute setting and is for the 16+ age range. We what to redesign our service so that it is all age a primary care service and is more closely linked to our GP practices. The CCG does not have a CYP IAPT service
Objectives	By April 2020 we will: - have age appropriate services and support to children and young people; have a range of health care professionals trained and delivering CYP IAPT; developed pathways between all our providers of “talking therapy” services.
Outcomes	Increase access to “talking therapies”. Earlier identification and intervention. Reduction in Specialist CAMHS activity. Reduced waiting times for children and young people. Improved transitions for young people to enable them to access support based on their individual need and not restricted by age limits. Improved family relationships Increase the use of CYP principles across a range of partners who support the delivery of EH&WB services.
KPIs	1. Minimum of 25% of staff across the system trained in CYP IAPT (2016-17). Recurrent so that achieve 100% by 2020. Training curriculum chosen to include all options from the national curriculum (CBT for anxiety and depression, parenting training for behavioural and conduct disorders for 3 to 10 year olds), systemic family

	practice for conduct disorder (over 10's) depression, self harm and eating disorders, interpersonal psychotherapy for adolescents for depression. 2.Training of appropriate staff to provide supervision
Resources Required	IAPT National Funding
Future in Mind Theme	**Improving access to effective support**
Priority 5	To develop a "CAMHS" a Tier 3+ service as part of our existing Home Treatment service.
Case for change	Evaluation of the service commissioned by Walsall CCG has demonstrated the numbers of Tier 4 beds have been
Objectives	By April 2020 we will: provide effective, timely and accessible services for children and young people with mental health and emotional wellbeing needs; delivered using a range of evidenced based interventions delivered within the community, home and within assertive outreach practices see an increase in the number of young people supported in the community with self-harm presentations; reduce the number of young people requiring in-patient admission and support .
Outcomes	Improved resilience amongst young people. Increased early identification and support, to prevent needs from escalating. Increased capacity within mental health and emotional wellbeing services.
KPIs	25% annual reduction in in-patient bed days leading to target of 100% by 2020 100% response rate for crisis support within4 hours. 100% patients who are exhibiting concerns will be cared for in a designated place of safety 100% of patients will have access to CPY IAPT by 2020
Resources Required	£228,000
Future in Mind Theme	**Improving access to effective support**
Priority 6	To commission a 0-18 year old Children and Young People's Community Eating Disorder Service in partnership with Walsall CCG.
Case for change	The current provision is supported through professionals within the Specialist CAMHS Service, with limited resource to meet the current demand and needs of our local population. The development of a community based eating disorder service will enable capacity to be released from the Specialist CAMHS service to undertake additional mental health assessments for children and young people with moderate to severe mental health needs, and support the service to alleviate waiting time pressures. Capacity will be released to support the 0-18 generic specialist CAMHS.
Objectives	By 2020 will we: - Have a community based service for young people to receive support to services close to home to meet individual needs ; greater awareness amongst early intervention, prevention and universal services in the early identification of eating disorders and greater support

	provided to prevent needs from escalating ; increased resilience amongst young people and their families.
Outcomes	Released pressures in Specialist CAMHS and Inpatient services; Released clinician time and capacity to undertake additional assessments ; Empower young people and families to manage and receive specialist support tailored to individual need; Reduced waiting times within the Specialist CAMHS service ; Implementation of a stepped care community based service.
KPIs	25% annual reduction in specialist inpatient admissions for Eating Disorders. 100% reduction in admission to acute hospital for eating disorders by 2017/18 100% seen within 4 weeks of referral 100% of patients, families/carers will be involved in care planning. 100% compliant with the data recording requirements as outlined within the CEDS standards. 100% response rate in day 1 where referral is assessed as urgent. 100% response to patient/parent/carers to assess and classify risk from day referral received. 100% notification to GP on same day of referral where risk is assessed as urgent. 100% high risk/risk seen within the management clinic within 5 days of referral. 100% of patients on high risk pathway receive treatment for physical risk, psychiatric risk, weight loss stabilisation within 7 days from referral. 100% of cases on high risk pathway receive formal review within 15 days of referral. 100% of patients with anorexia nervosa or bulimia nervosa receive follow up treatments for up to 12 months following treatment on high risk pathway. 100% of patients receive treatment within 23 days on the 'getting help' managing routine cases pathway. 100% receive formal review at 4 weeks on the 'getting help' managing routine cases pathway. 100% of patients have access to CYP IAPT
Resources Required	£92, 000
Future in Mind Theme	**Improving access to effective support**
Priority 7	Develop therapeutic pathways provision for victims of Child Sexual Exploitation.
Case for change	A CSE Team is now in place therefore pathways are clearer and the volume of referrals are growing. As a result of this more support is required to ensure young people who become victims of CSE are supported appropriately. Demand for improved CSE approaches is recognised both locally and nationally.
Objectives	The objective is to ensure we have clear pathways and appropriate interventions that prevent, reduce and support young people around CSE.
Outcomes	By April 2020 we will:- understand the CSE picture in Dudley; develop a clear training package of support for all professionals raise awareness within the community all professionals who work with children and young people will be able to

	spot the signs of CSE.
Resources Required	£50,000
KPIs	1. Improved emotional wellbeing. Clinical outcomes will be recorded and monitored monthly using IAPT validated outcomes tools. Outcome tools will be completed monthly and reported on from commencement of therapy to completion. Reporting monthly via the Quality and performance meeting. 2. Satisfaction with services. Data will be gathered using the national "family and friends test" and also via an experience questionnaire. Measure will be the percentage of service users reporting satisfaction. Year 1 will set the baseline; future targets will be developed using the baseline. Reporting monthly via the Quality and performance meeting. 3. Easier access Referral to intervention without delay. To be monitored against nationally recommended timescales .Standard referral to treatment times: 6 weeks; 12 weeks and 18 weeks for all new cases. Reporting monthly via the Quality and performance meeting. Audit of referrals to also be undertaken to identify issues arising with Single point of entry Catch and carry – no bounce Signposting Rejections Source of referral 4. Prompt response to crisis. Assessments via ED to be undertaken within 4 hours Target 100%. Reporting monthly via the Quality and performance meeting. 5. Proactive outreach. Measurement of DNA rates. Year 1 to set baseline and targets agreed on results. Reporting monthly via the Quality and performance meeting
Future in Mind Theme	**Care for the most vulnerable**

The following table details the objectives and aims of each of the key themes identified this year to how we will utilise the funding for 2015-16 to improve access and equality to services and build capacity and capability in the system to deliver the required sustainable transformational change by 2020. KPIs relating to non-recurrent monies are included in the tracker.

2015-2016 – Non recurrent investment	
Improving Access and Equality	
Priority	**Addressing Specialist CAMHS waiting times**
Case for change	Unacceptable waiting times across range of services
Objectives	To provide access and support to children and young people at times to suit them. To reduce waiting times to contract values.
Outcomes	Improved waiting times and access , improved outcomes, reduced admissions to Tier 4
Resources	£180,000

Required	
Future in Mind Theme	**Improving access to effective support**
Priority	**Additional Therapeutic intervention for CSE**
Case for change	Currently partners are working hard to implement the new pathways and access relevant training and supporting documentation. If funding were available we would be able to commission the Phase Trust to work with the existing CSE Team to develop pathways which would support these vulnerable children .
Objectives	Services work seamlessly and in collaboration to respond flexibly and creatively to meet the needs and desired outcomes of local children and young people.
Outcomes	Commission the Phase Trust to undertake an audit of CSE and to develop pathways to support these vulnerable children
Resources Required	£12,000
Future in Mind Theme	**Care for the Most Vulnerable**
Priority	**Community Eating Disorder Service**
Case for change	The current provision is supported through professionals within the Specialist CAMHS Service, with limited resource to meet the current demand and needs of our local population.
Objectives	To commission the new service from 1st January 2016.
Outcomes	Implementation of Stepped care approach
Resources Required	£23,000
Future in Mind Theme	**Improving access to effective support**
Priority	**Early Attachment Pathways**
Case for change	Currently partners are working hard to implement the new pathways and access relevant training and supporting documentation. If funding were available we would be able to ensure that training was offered to all partners (not just Health Visitors) which would support our current integration model and further improve experiences and outcomes for families. We would also be able to target fathers more effectively and also offer some bespoke service for BME communities. In addition we would be able to commission a pilot from a local charity (Home Start) to do some focused work with families who are not engaging with the Health Visiting Service (possibly the families most in need of early intervention) with two aims, firstly to support them to access mainstream services but also, where appropriate, work directly with the family.

Objectives	Increase the number and skill mix of front line professionals accessing the following training: Baby Massage 2 day Dudley breastfeeding management Solihull Approach Perinatal Mental Health Training Signs of Safety Promotional Guide training Responsive parenting / feeding Holding and Reassurance (Peter Walker) Offer bespoke sessions for fathers / BME communities.
Outcomes	Staff able to offer more varied skill based interventions
Resources Required	£50,000
Future in Mind Theme	**Promoting, resilience, prevention and early intervention**
Priority	**Evaluate Emotional health and Wellbeing provision for LAC**
Case for change	Looked after children represent one of the boroughs most vulnerable groups and the evidence highlights that they are disproportionately represented within higher tiered provisions. IT will be important for services to ensure specific resources are allocated to this group to provide targeted early intervention to mitigate the impact of difficult contributory life experiences. It is recognised that the routine screening and assessment of children at presentation to care is inconsistent and would benefit from a clear evaluation to consider better ways of partnership working.
Objectives	Looked after children receive early support and interventions to address emerging emotional health and wellbeing issues.
Outcomes	Looked after children receive early support and interventions to address emerging emotional health and wellbeing issues in a way that is CYP IAPT compliant.
Resources Required	£40,000
Future in Mind Theme	**Care for the Most Vulnerable**
Priority	**KOOTH increase in referrals**
Case for change	Increase in demand for service.
Objectives	Commission more capacity in 2015-16 to meet demand.
Outcomes	Increase capacity to meet demand
Resources Required	£14,000
Future in Mind Theme	**Improving access to effective support**
Priority	**Additional capacity for EHCPs**
Case for change	Existing statements need to be transferred into EHCPs in response to the SEND Reforms.

Objectives	To increase educational psychology and therapeutic capacity to undertake assessments to inform EHCP plans
	All statements to be transferred to an EHCP by March 2016
Resources Required	£35,000
Future in Mind Theme	**Care for the Most Vulnerable**
Building Capacity and Capability in the System	
Priority	**Educational Settings and Training Plan**
Case for change	Currently there is inequitable delivery of the emotional health and wellbeing agenda across settings ,the approach is fragmented and we recognise the need to join up services and have a training plan and provision in place signed up by all key partners . 16 schools are already signed up to the Whole School Approach (WSA) to Emotional Health and Wellbeing (EHWB) with 27 having expressed an interest. We would ideally like to extend this to all schools (all schools in Dudley are already signed up to the healthy schools programme) however staff capacity and the non-statutory nature of this area of work in an already stretched curriculum make this difficult. With a level of funding to enable suitably skilled professionals to help staff to understand and deliver the whole school approach and evaluate the impact more schools may buy in. There is an Emotional Health and Training Programme available for all primary, secondary and special school staff. However, the programme is currently heavily focused on the emotional development elements and in particular attachment and nurture with a universal, targeted and specialist model of delivery. There remains a need for the Mental Health elements to be included and despite previous delivery from CAMHS , Primary Mental Health Workers and an external provider to pilot Mental Health First Aid Youth there has not been a sustained Mental Health element. If funding were available it would be beneficial to extend the emotional development elements of the training to enable more schools and colleges to understand the links between emotional health physical health and learning and to explore a suitable programme of mental health training at the right level for school staff. The PSHE association have recently produced guidance for teachers and a programme of mental health awareness training for school staff to deliver. This would benefit from a supported delivery model again utilising appropriately skilled professionals. All of these elements would benefit from a funding boost to support their integration and with the right level of evaluation highlight the impact that good EHWB support has on overall health and learning potential. The sustainability would be achieved through the integration of the approach through the Early Years, schools and Colleges group, the new tier 2 emotional health and wellbeing team and 'CAMHS' link approach.
Objectives	Increased number of schools signed up to Whole School Approach (WSA) to Emotional Health and Wellbeing (EHWB).

	Audit current training and gaps in training provision in the educational setting
Outcomes	Commission delivery of nurture training. Commission and deliver pilot training where gaps are identified.
Resources Required	Schools based audit to include consultation with staff / schools /colleges and development of an evidence training based plan -£5,000 Nurture group training universal, targeted and specialist cost of £3,000 per 20 delegates. £6,000 requested for 40 staff. **£11,000**
Future in Mind Theme	**Developing the Workforce**
Priority	**Commissioning Support**
Case for change	The scale of transformational change attached to this plan is significant and evidences the need for additional Commissioner capacity to support and implement effective change. Increased requirements around care and treatment reviews further this need.
Objectives	To extend our integrated commissioning approach by broadening the scope of our section 75 agreement around learning disability commissioning to become all age. So to provide specific capacity to support 0-18 emotional health and wellbeing.
Outcomes	All commissioning intentions sufficiently developed and approved through governance arrangements in order to secure rapid implementation of Transformation Plan.
Resources Required	£48,000
Future in Mind Theme	**All**
Priority	**CYP Engagement Event and Development of Communication Strategy for CAMHS transformation.**
Case for change	There has been a considerable amount of engagement activity with children and young people between April 2013 and September 2015, carried out by a range of partnership organisations across the borough. Appendix 1 details the engagement activities carried out with Children and Young People to date to inform this transformation plan but we have not yet asked the views of our children about the contents of the plan and how we should implement the plan.
Objectives	We have started working with a group of young people who are putting plans together for a celebration event to be held in January 2015. We will also be bringing together a group of local professionals to support the young people with planning, organising, delivering and evaluating this event and the idea is that we will work collectively to do this. This funding will be used to commission additional capacity support the event and develop
Outcomes	Children and Young people able to shape our intentions and service redesign. Evidence how we value children and young people's contributions. Partners contribute to a consistent and planned approach to engagement co-production
Resources Required	£52,000

Future in Mind Theme	**All**
Priority	**Consultation Event with BME population**
Case for change	We know from research that: - • black and minority ethnic (BME) parents with mental health problems are likely to experience poverty, unemployment, and homelessness;. • some common family structures, such as lone parenting, can increase the risks arising from isolation and lack of support for both parents and their children. People from BME communities are poorly served by mental health services. BME parents with mental health problems are often reluctant to use existing services because these are often not culturally sensitive to their needs; • reluctance to access services may result in mental health problems becoming more severe before diagnosis, treatment and support is obtained; • mental health problems among BME parents, compounded by lack of treatment and support, can have enduring effects upon their children and contribute to their over-representation in the child care system; • though it is possible to generalise from the greater body of research into mental health problems in BME communities we need to understand what this means for children and young people in Dudley; • we know from service reviews, consultation with BME communities and some of the work we have started that there are areas and needs of the BME population we can do with understanding better.
Objectives	Better understanding of issues regarding CYP and BME. Prioritise areas for further work. Develop process that will continue to support BME community.
Outcomes	A better understanding of the issues regarding CYP from BME communities . Prioritise key areas which require further engagement /research. Recommendations that will inform the transformation agenda. A process developed that will continue to support engagement from the BME community.
Resources Required	**£26,000**
Future in Mind Theme	**Care for the most vulnerable**
Priority	**Skills audit of staff**
Case for change	It is recognised that there remains duplication across the system in terms of the supporting provision for children with emerging emotional health and wellbeing issues. It will be important as we work towards the integration agenda to gain a clearer understanding of the skills across the partnership to consider the opportunities for cross skilling staff and rationalising the workforce across the delivery of tier 2 work.
Objectives	By April 2016 we will have: - a clear partnership workforce strategy a learning and development framework

Outcomes	All staff are able to deliver a model of care in which CYP IAPT is fully embedded.
Resources Required	**£25,000**
Future in Mind Theme	**Developing the Workforce**
Priority	**Deep Dive Needs Assessment**
Case for change	We recognise that needs assessment is the foundation of the commissioning process and will form the basis from which outcomes are identified, services are planned, resources committed and progress measured. The Dudley JSNA brings together, in a single, continuous iterative process, all the information on the health and wellbeing needs of Dudley's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and wellbeing. By identifying the major issues that need to be addressed regarding people's health and wellbeing it provides the evidence base needed to develop Dudley's Joint Health and Well-being Strategy (JHWBS). Although the JSNA takes a life-course approach and has chapters on children and young people , the focus is more on physical health and not on emotional health and wellbeing and mental health. We recognise that this is an area we need to focus on to help shape and inform our CAMHS services
Objectives	By April 2016 we will have a needs assessment that will: - • describe the levels of need within the Dudley Population; • describe what children and young people, professionals and other stakeholders say; • describe the provision / activity data on child and adolescent mental health in tiers 1 to 4; • review the evidence base of good practice; • assess unmet need to inform commissioning and service model development, including inequalities in service provision and access; • make recommendations to inform service provision and the transformation plan; • inform the Health and Wellbeing Strategy.
Outcomes	Understand the levels of need within the Dudley Population. Stakeholder views gathered including children and young people and professionals. Review good practice evidence base.
Resources Required	**£50,000**
Future in Mind Theme	**All**
Priority	**Autism audit and developing pathways**
Case for change	The number of referrals to the ASD Clinic and the Neurodevelopment Delay service has increased in 2015 to date. We need to understand why this is the case and what are the presenting conditions.
Objectives	To undertake an assertive case review of all referrals.

	To further develop the pathway between the ASD Clinic, the Neurodevelopment Delay Clinic and Autism Out Reach Service.
Outcomes	Provide effective, timely and accessible services for CYP on the spectrum. Have seamless service for children. Improve patient and family experience
Resources Required	**£19,000**
Future in Mind Theme	**Improving access to effective support**
Priority	**Evaluating the response to E-safety**
Case for change	Issues relating to E-safety and cyber bullying is a rapidly emerging area of concern for young people the impact of which has a profound impact on the emotional wellbeing of those increasing numbers affected. It is recognised that intelligence relating to this area remains undeveloped. In planning for resource allocation as part of the transformation programme it will be necessary to commission an evaluation to look at the issues surrounding digital and social media. The work will consider pathways for children and young people who experience bullying, harassment and threats of violence along with best practice and evidenced based approaches to support those that have fallen victim.
Objectives	Services work seamlessly and in collaboration to respond flexibly and creatively to meet the needs and desired outcomes of local children and young people. Use of evidenced based practice informs all that we do. Commissioning is informed by robust data, information and outcomes reporting to enable effective and consistent service provision across all partners .
Outcomes	Evaluation to understand the size of the problem and specific characteristics associated with this to ensure that CYP IAPT model of care can address these.
Resources Required	£25,000 to commission evaluation.
Future in Mind Theme	**Care for the most vulnerable**

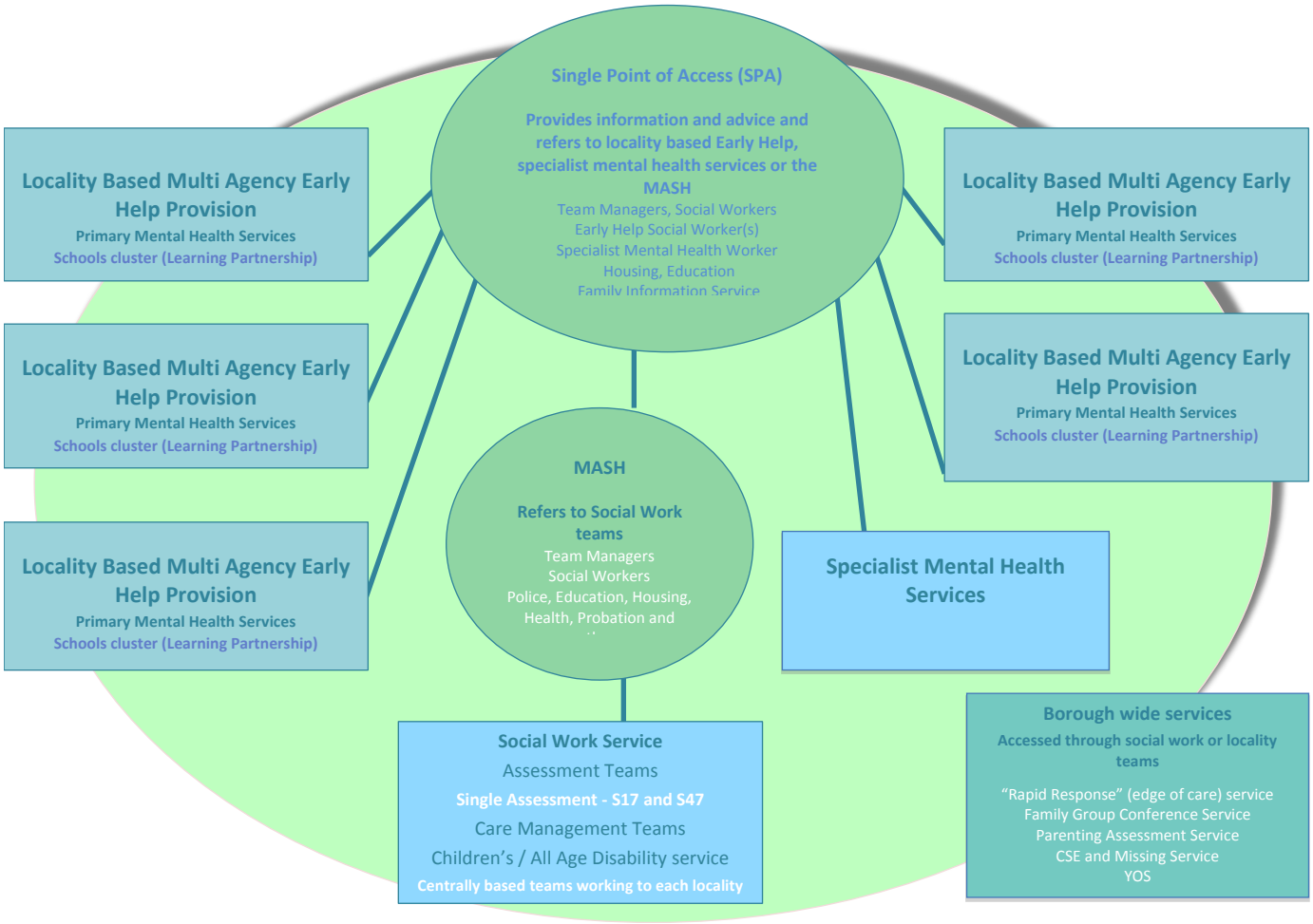
The table below shows the planned non–recurrent investment for 2015-16 and the recurrent investment for 2016-17 and the proposed source of funding.

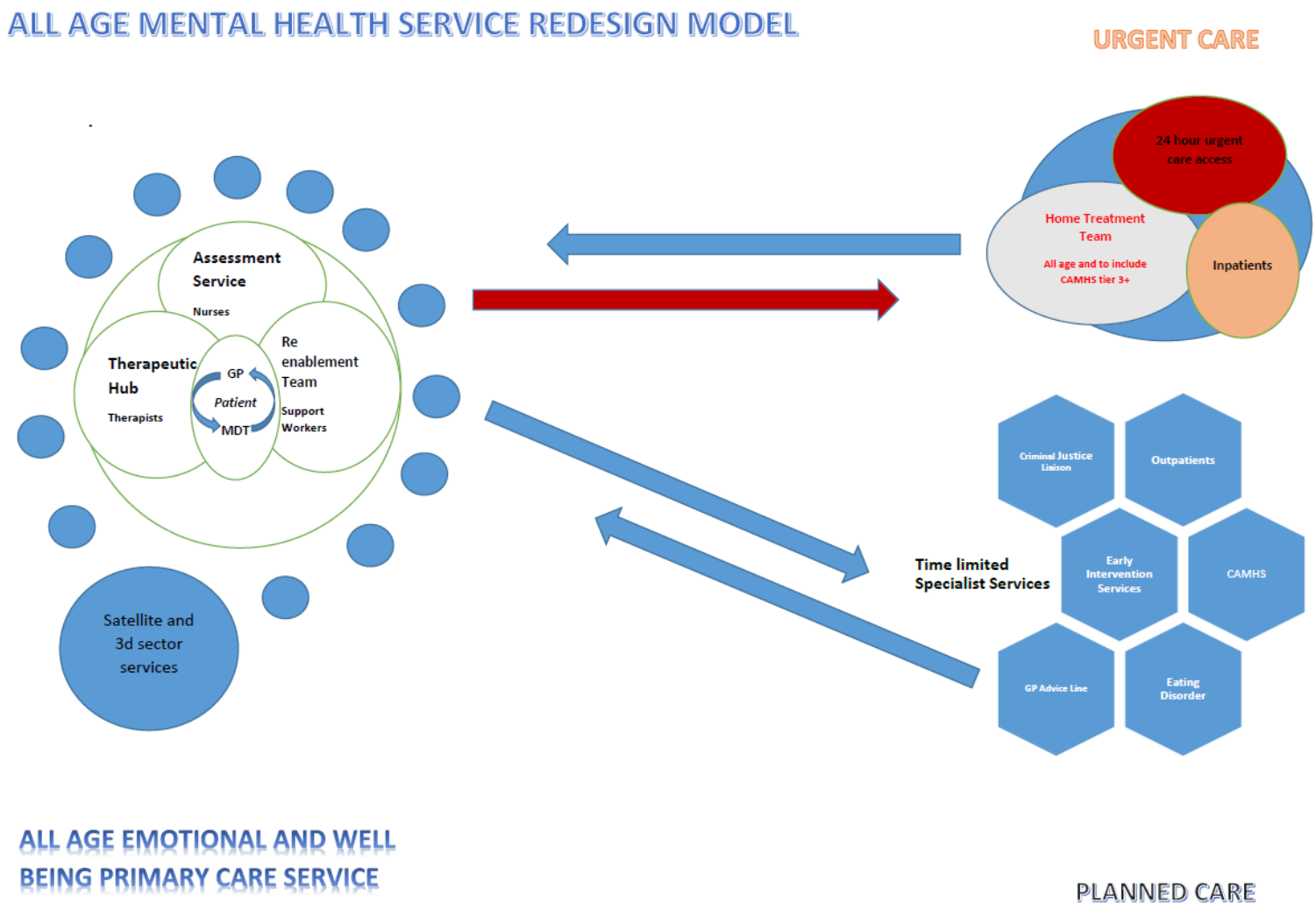
New Investments starting in 2015/16 funded by National Allocations

	2015/16			2016/17			Funding Source for 2015/16 Expenditure	
	Non Recurrent £000's	Recurrent £000's	Total £000's	Non Recurrent £000's	Recurrent £000's	Total £000's	CAMHS Transformation £000's	Eating Disorders £000's
Improving Access and Equality								
CAMHS Waiting List	180		180		0	0	29	151
0-5 CAMHS/CAU service	0		0		100	100	0	
Additional Theurapeutic intervention for CSE	12		12		50	50	12	
Eating Disorders	23		23		92	92		23
Contribution to Tier 3+	0		0		228	228	0	
0-18 Emotional Health and Wellbeing Team	0		0		140	140	0	
Early Attachment Pathways	50		50			0	50	
Evaluate emotional health provision for LAC	40		40			0	40	
KOOTH increase in referrals	14		14				14	
Additional Capacity for EHCPs	35		35		0	0	35	
Building Capacity and Capability in the System								
Educational Settings and training	11		11		0	0	11	
Commissioning Support	48		48		0	0	48	
CYP Engagement Event and Development of Strategy	50		50		0	0	50	
Consultation Engagement with the BME population	26		26		0	0	26	
Skills Audit of Staff	25		25		0	0	25	
Deep Dive Needs Assessment	52		52		0	0	52	
Autism audit	19		19		0	0	19	
Evaluating the response to E-safety	25		25		0	0	25	
Total New Investment	**610**	**0**	**610**	**0**	**610**	**610**	**436**	**174**
					New National Allocation		436	174
	Anticipated underspend in 2015/16 Against New National Allocations						0	0

Overview of Proposed Dudley Early Help and Safeguarding Model from April 1st 2016

DRAFT V1. 1.10.15




ALL AGE MENTAL HEALTH SERVICE REDESIGN MODEL
URGENT CARE
24 hour urgent care access
Home Treatment Team
All age and to include CAMHS tier 3+
Inpatients
Assessment Service
Nurses
Therapeutic Hub
Therapists
GP
Patient
MDT
Re enablement Team
Support Workers
Satellite and 3d sector services
Time limited Specialist Services
Criminal Justice Liaison
Outpatients
Early Intervention Services
CAMHS
GP Advice Line
Eating Disorder
ALL AGE EMOTIONAL AND WELL BEING PRIMARY CARE SERVICE
PLANNED CARE

Appendix 9 Dudley Child & Adolescent Mental Health Service (CAMHS) Self-Harm Referral Review 2015

Dr M. Slowik, Consultant Child & Adolescent Psychiatrist, Dudley CAMHS, Dudley & Walsall Mental Health Partnership Trust.

Aims and Background

Self-harm is a common and possibly increasing (Gunnel et al, 2000) problem among young people in the UK, affecting 7-14% at some point in their life (Hawton & James, 2005). The NICE guidelines published on self-harm in 2004 & 2011 provide a framework of the collaborative working aspects to assess and treat this group of patients.

The author re-evaluated the self-harm assessment referrals from the local paediatric hospital service (Russells Hall Hospital, Dudley). The previous evaluation of the self-harm service was conducted by the author in 2014.

Method

The re-evaluation period was January 2015 to ongoing (see last standing below). The information was gathered by the author from the XL spread sheet held by the Dudley CAMHS administration department.

Results

Total of self-harm referral requests: 117 (27.7.15)

1) Monthly/ seasonal distribution of self-harm assessment requests:

Month	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
Number	11	21	23	19	13	16	14					

2) Weekday distribution of self-harm assessment requests:

Weekday	Monday	Tuesday	Wednesday	Thursday	Friday
Number	42	23	18	17	17

3)a) More than one self-harm assessment request on same day totalled 26 (%) out of requests and following weekday distribution was evident:

Weekday	Monday	Tuesday	Wednesday	Thursday	Friday
Number	5(2) 2(3) 3(4)1(5)	5(2)	4(2)	5(2)	1(2)

3)b) **Weekly distribution of self-harm referral requests throughout 2014**: up to 30 week

Number/ week	0	1	2	3	4	>4
Number	1	4	8	2	4	5(5)2(6)2(7)1(8)1(9)

4**) Gender distribution**

Male	**Female**
39	78

5) **Age at point of referral** **Mean age**: years

Age in years	<12	12 years	13 years	14 years	15 years	16 years
Number	2(11)	4	14	32	40	25

6) **Ethnicity**

Ethnicity	White British	Afro-Caribbean	Asian	Mixed	Not recorded
Number	**107**	**1**	**3**	**2**	**4**

7) **Total Out-of-Area assessments**

Out-of- Area	Yes	No	Not recorded
Number	23	94	0

8) **Re-referral to CAMHS**

Re-referral	Yes	No
Number	67	50

9) **Current involvement with CAMHS**

CAMHS involvement	Yes	No
Number	52	65

10) **Method of Self- Harm**

Method	Over Dose (tablets)	Cutting	Threats of Self-harm	OD & alcohol	OD & Cutting	Cutting & alcohol	Other	Not recorded
Numberr	57	29	13		5		13	

Other

Left suicide note, hearing voices, strangling; low mood; tried to jump out of the window; low mood & hearing voices; alcohol intoxication; biting & hair pulling, drank bleach(2), aggression to others.

11) **YP with repeated self-harm behaviour**

Repeated self-harm behaviour	Yes	No
Young Person	**55**	**62**

Appendix 10 – Analysis of CAMHS Eating Disorder Referrals

Service	Dudley	Walsall	Total		
CAMHS					
Referrals			80		
Caseload <17	37	27	62	77.50%	Acceptance rate

Adults					
Referrals			186		
Total Caseload	33	32	65	34.9%	Acceptance rate

Caseload 17-25	10	7	17	26.2%	% of caseload
Caseload 25+	23	25	48	73.8%	% of caseload

Eating Disorder Workforce staff

Dudley		Walsall	
Medic	0.25		0.25
Band 6 nurse	0.5		0.5
OT band 6	0.5		0.5
OT Tech Band 4	0.5		0.5
Psychologist 8a	0.3		0.3
Psychologist 7	0.2		0.2
Admin 4	0.2		0.2
Admin 3	0.3		0.3