

**Shropshire and Telford & Wrekin Transformation Plan for  
Children and Young People's Mental Health and Wellbeing  
2019-2022**

**A submission from NHS Shropshire Clinical Commissioning Group, Shropshire  
Council, Telford & Wrekin Council and NHS Telford & Wrekin Clinical Commissioning  
Group**

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## 1. Executive Summary

The Children and Young People's (CYP) Local Transformation Plan (LTP) sets out the vision for the future of emotional health and wellbeing services for the children living in Shropshire Telford and Wrekin, The plan captures the current levels of need, and the work undertaken in recent years to develop a 0-25 years emotional health and wellbeing service as well as the future improvements that still need to be undertaken.

The process of jointly developing the CYP LTP has helped improve our collective understanding of the strengths across our system, as well as the important and distinct roles of the various statutory and voluntary and community sector colleagues in delivering it. The overall shift has been to move to a greater understanding of the importance of prevention and early intervention. Key to this is improving our system understanding of the impact of adversity on the developing brains of our young people, and of the negative impact of adverse childhood experiences (ACEs) in later life.

At the rear of the document is our action plan which whilst detailed, sets out the important work to be done in making this plan a reality for the future wellbeing of the children and young people living in our communities.

## 2. Introduction to the plan

- 2.1 This is the 2019 refreshed joint transformation plan for children and young people's mental health and wellbeing services across Shropshire and Telford & Wrekin. The document begins by setting the scene in relation to what we know about the mental health needs of children and young people in Shropshire and Telford & Wrekin. The plan also explains our current provision and journey since 2015 in improving outcomes for children and young people as well as providing an update on the implementation of our plans for further transformation.
- 2.2 The document has been developed in line with the aspirations set out within Future in Mind<sup>1</sup> and describes the transformation activities that are planned over the next three years in order to fully meet the requirements of Future in Mind and improve outcomes for local children and young people.
- 2.3 Locally the i-thrive model has been adapted to capture the full spectrum of services and highlight our ambition to have seamless, joined up services within the timescales of this plan. Set out below the 'step care model' clearly places children, young people and families at the centre of their care and decision making. We have used this model to plan our future improvements which are set out in Section 7 of this plan.

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<b>Self-Support</b>	<b>Consultation and Advice/guidance</b>	<b>Getting Help</b>	<b>Getting More Help</b>	<b>Getting Intensive help</b>
Community promotion and prevention	Consultation and advice	Core range of interventions delivered online and face to face	Specialist interventions provided by a multi-disciplinary team	Crisis support and home treatment for children and young people in crisis
Early identification and intervention via community, education, drop in and peer-led interventions,	Consultation regarding presentation of difficulties, advice regarding help and signposting to most appropriate help and intervention	Time limited, goals focussed evidence based interventions in collaboration with children, young people and their families or carers  e.g. treatments and interventions for mood and emotional disorders, routine assessments for behavioural presentations, parenting support	Complex care, often intensive and ongoing requiring different Bee U Specialist workers for severe and enduring presentations  e.g. treatment for eating disorders, complex trauma, complex neurodevelopment and other complex presentations	Intensive short term packages of interventions for acute, serious and life threatening presentations
Bee U Beam Bee U Kooth 0-19 healthy child programme	Bee U Specialist 0-19 healthy child programme Anna Freud in schools Mental Health Trailblazer team (in selected schools across the county)	Bee U Healios Bee U Kooth Bee U Specialist	Bee U Specialist	Bee U Specialist

### **Integrated Risk Support**

Working with our most vulnerable children across all agencies, , wine children are known to more than one service including mental health

e.g. Looked after children, Children in Need, Children with Special Educational Needs, Children who are at risk of or have offended, Children requiring safeguarding

2.4 The vision is for all children and young people to grow up healthy, happy and safe within supportive families and caring networks. We want them to have the best health, education and opportunities to enable them to reach their full potential. Our main priority is to keep children and young people safe and give them the best start in life.

2.5 We continue to welcome the national focus on this agenda. This refreshed transformation plan has been coproduced by partners to highlight some of the key issues and solutions. It reflects a point in time (January 2020) and will be treated as a working document to usefully guide our collective activities. We will update the plan on a quarterly basis to report back to the Health and Wellbeing Boards of Shropshire and Telford & Wrekin, progress made in relation to the action plan and on a monthly basis to the Mental health, learning disabilities and autism board.

## **3 Leadership and governance**

3.1 This plan has been developed collaboratively with partners across health, social care, early help and education. Strategic oversight of the implementation of the plan will be provided by the Shropshire Transformation Partnership (STP) Mental Health Group and the Health and Wellbeing Boards. Delivery of the plan will be driven by the 0-25 Emotional Health and Wellbeing Strategic Group, which is accountable to the local Health and Wellbeing Boards. The plan will be refreshed annually by the 0-25 Emotional Health and Wellbeing Strategic Group. The most up to date version of the plan will be available on the clinical commissioning groups' websites from 31<sup>st</sup> January 2021. Thereafter, the plan will be refreshed on a quarterly basis to capture and all imminent improvements, and to enable a full detailed review of the sustainability of the action plan, including financial and workforce updates. Workforce developments include new posts for Mental Health in Schools Teams, children's crisis services and Autism Spectrum Disorder pathways.

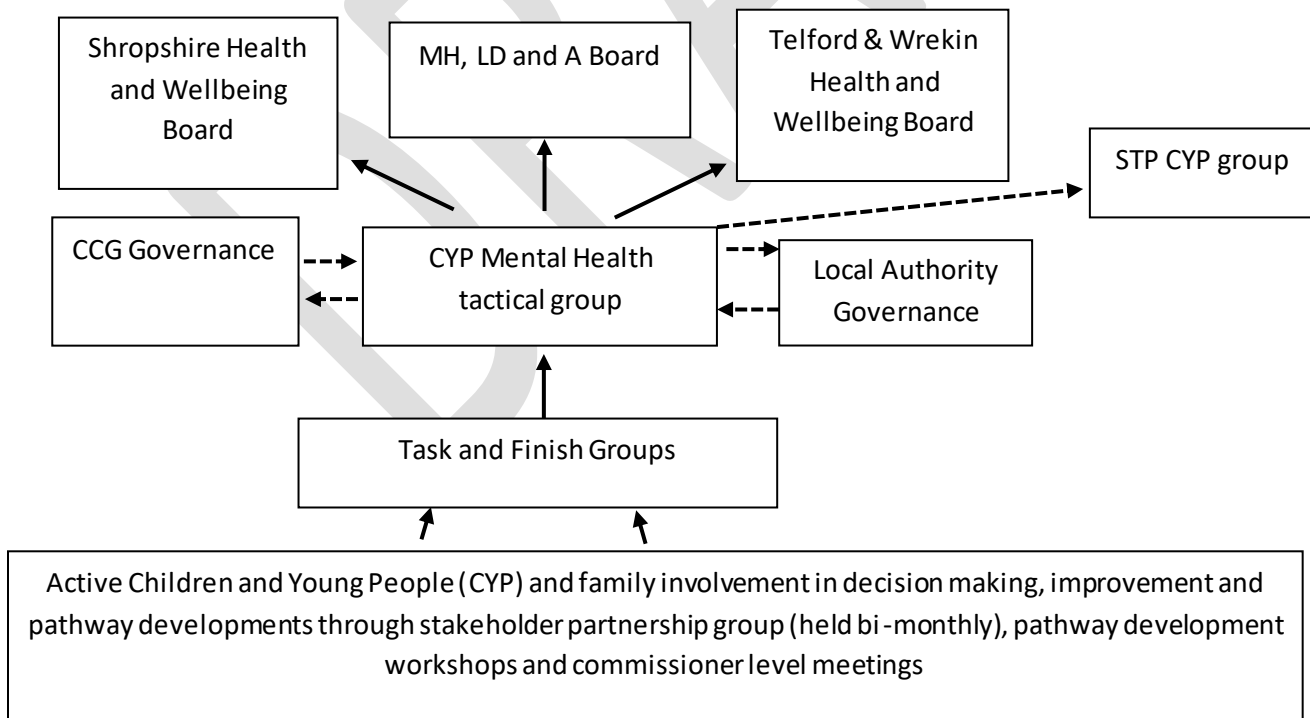
3.2 The CYP mental health tactical group feeds into the Mental Health, Learning Disabilities and ASD board (MH, LD & A), this board spans Shropshire and Telford & Wrekin, and feeds in to the STP Transformation board. Additionally it feeds into the STP CYP group which feed into the Community and Placed Based board. The membership of the MH,LD & A board includes a broad range of partners, including Health Commissioners (Clinical Commissioning Groups (CCGs) and NHS England (currently represented by the West Midlands Strategic Clinical Network and Senate)), Local Authority Commissioners and Providers (Public Health, Social Care, Early Help), Safeguarding (including Police), Child and Adolescent Mental Health

Service (CAMHS) Providers, Adult Mental Health Service Providers, Shropshire Community Health Trust, Voluntary Sector Services and Education Providers (Primary, Secondary and Further Education). Work is taking place to re-engage with Youth Offending Services and Service Users.

3.3 The group will ensure timely development, delivery and review of the Transformation Plan ensuring that activity is in line with the overarching aims of the group, which are:

- To ensure joined up strategic commissioning across the 'step care model' for children and young people up to the age of 25 years and above where appropriate.
- To ensure that strategic commissioning activity leads to the development and delivery of joint outcomes.
- To develop joined up solutions to any issues across the four tiers of Child and Adolescent Mental Health services and into Adult Mental Health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that the views of service users and potential service users are taken account of and inform the work of this group.

3.4 Each programme within this plan will have a lead and a multi-agency task and finish group where required, which will be accountable to the CYP MH Tactical group. The members of each task and finish group will be responsible for completing the actions required to deliver the relevant programme of work. The diagram below illustrates the governance structure in place for the delivery of the Transformation Plan.



The development of the 0-25 service has been a much-welcomed transformation by the Health and Wellbeing Boards. Members have remained actively involved throughout 2018,

receiving feedback and providing challenge (January, March 2019). Similarly, presentations have been made to the Joint Health Overview and Scrutiny Committee (June 2019, November 2020) and managers have been praised on the openness and honesty about some of the challenges faced.

In addition to the above Boards there are also various children's and families partnership arrangements across the area where feedback is actively provided and discussions taking place about the future. The key partnership meetings are:

- The Children's Trust Board (Shropshire no longer around replace by HWBB)
- Children and Families Partnership (Telford, no longer around replace by HWBB)
- Health and Wellbeing boards(HWBB) for both Shropshire and Telford
- The 0-25 partnership/stakeholder forum (this group supported the originally plan but has ceased since)
- Corporate parenting groups
- Health of looked after children

There are a range of multi-agency groups within the overall governance arrangements which provides children and young people (CYP) and family coproduction, involvement and system level oversight:

- **Health and Wellbeing Boards:** Telford and Wrekin and Shropshire have health and Wellbeing Boards and there purpose is to ensure that the Council and the Clinical Commissioning Group work effectively together in planning health and social care services to improve health and wellbeing.
- **Joint Health Overview & Scrutiny Committee (JHOSC);** Whilst there are separate HOSC meetings in Shropshire and Telford & Wrekin the two committees have come together previously and will continue to work together to provide senior level oversight on CYP mental health services
- **Safeguarding Children's Board** (at the point of plan development) this has now changed to T&W safeguarding partnership, Shropshire Safeguarding community partnership. Both Telford & Wrekin and Shropshire have Safeguarding Children Boards that provide a representative group of agencies involved in safeguarding children and child protection. The Safeguarding Children Board coordinates and monitors how the services and professional staff work together to protect children from abuse or neglect. The groups are multi-agency including; Local Authority - Children's Safeguarding, Adult Social Care, Public Health, Legal Services, Schools (including primary, secondary, special, academy schools and further education), Health (including the CCGs, Shropshire Community Health NHS Trust, NHS England, Midland Partnership Foundation Trust(MPFT), Shrewsbury and Telford Hospital NHS Trust (SaTH)), police/Youth Offending Service (YOS) as well as partner agencies from Community Members, Housing Association, Voluntary Groups, Faith Groups, Early Years provider and the Lead Governor.
- **Contract arrangements:** There is a dedicated contract and quality meeting for the 0-25 service which is chaired and attended by CCG Directors, the Managing Director for Shropshire Care Group Division of MPFT and the Directors of Kooth, Healios and Children's Society. The meetings cover both quality and performance issues.

- **The 0-25 partnership/stakeholder forum;** This was a forum of local stakeholders which came together to provide support and challenge to the provider during the change to a radically different service model. It met bi-monthly and was independently chaired. This group has now been stood down
- **Telford & Wrekin Children and Families Partnership;** Regular assurance reports have been provided to the Telford & Wrekin Children and Families Partnership. This is a multi-agency partnership chaired by the Lead Cabinet Member for Children and Families. The partnership reports to the Health and Wellbeing Board and is responsible for strategic leadership and the oversight of early help and prevention for children and families in Telford & Wrekin.
- **An all age STP Mental Health Cluster:** a system wide stakeholder group that provides overarching leadership on mental health for the whole system.

### 3.5 Risks to delivery

The delivery of this transformation plan will be managed under the existing CCG and Local Authority governance structure. The above groups in existence within the health and care economy all have an important part to play in ensuring the plan is well communicated and continues to reflect local need and thus be relevant. A risk register of the known and perceived risks to delivery of the plan will be maintained and reviewed by the most appropriate group.



## 4 What we know about what we need

- 4.1 The proposals within this plan have been informed by a range of data that has been gathered, and continues to be gathered, over recent years in Shropshire and Telford & Wrekin. Modelling for the new Mental Health Support Teams was undertaken across the STP using available data from a range of sources to highlight areas and schools of greatest need and most likely to benefit.
- 4.2 Stakeholders across Shropshire and Telford & Wrekin work in partnership to ensure commissioners have access to an up-to-date holistic profile of needs. Key local information is used to routinely inform service improvements and design, including data collected as part of the Joint Strategic Needs Assessment (JSNA), public health data, social care data, service provider data including hospital admissions, information and feedback from stakeholders and service users including young health champions. Nationally produced data, including the National Child and Maternal Health Network (CHIMAT) and information from neighbouring and comparator areas is also used by commissioners to inform service design and improvements. A summary of the key data is provided in this section.
- 4.3 The Office for National Statistics (ONS) estimates that children and young people under the age of 20 years make up 20.8% of the population of Shropshire and 25.2% of the population of Telford & Wrekin.<sup>2</sup>
- 4.4 8.2% of school children in Shropshire in 2018 are from a minority ethnic group compared to 20.9% in Telford & Wrekin.<sup>3</sup>
- 4.5 In Shropshire in 2018 1.8% of school children (720 children) had identified social, emotional and mental health needs. This compares with 2.7% of school children (786 children) in Telford & Wrekin for the same period.<sup>4</sup>

### **What do we know about children & young people's mental health?**

- In a typically sized class of 30 children, it is estimated that 3 will have an emotional or mental health need.
- Looked after children and those with disabilities are more likely to have mental health problems than other children.

### **What do we know about children & young people who need some support?**

- Overall the top 5 referrals to Tier 3 CAMHS were for depression, anxiety, anger/aggression,

<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

<sup>3</sup> <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018>

<sup>4</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

ADHD and Autism/Asperger's respectively. There were differences between referrals for girls and boys, with girls more likely to be referred for depression and anxiety and boys more likely for anger/aggression, ADHD and Autism. Girls were less likely to be referred for ADHD and Autism; instead the fourth and fifth most likely reason for referral for girls was deliberate self-harm and self-harming behaviour.

### What do we know about children and young people who need specialist treatment?

- Overall there were around 989 children and young people referred to Tier 3 specialist CAMHs in 2014-15.
- There were a similar percentage of referrals to Tier 3 CAMHS services for both boys and girls, but the age distribution between genders varied with significantly more girls referred aged 15-16 (33.2%) and significantly more boys aged 05-09 (37.4%).
- There were significantly more referrals to Tier 3 CAMHS from the most deprived areas (23.8%) compared to the most affluent (16.8%).
- The majority of referrals to Tier 3 CAMHS came from GPs (67.9%).
- The self-harm figures for Shropshire show the rates are higher than the national average for the period 2011/2012 but lower for the period 2013/2014.
- In both Shropshire and Telford & Wrekin the rates of self-harm for children and young people aged 10-24 have been reducing since 2013/14. In 2016/17 the rate in Shropshire (317.4 per 100,000) was lower than the national average (407.1 per 100,000) whilst in Telford & Wrekin the rate (380.0 per 100,000) was statistically similar.
- In Telford & Wrekin children and young people aged 10-24 accounted for 40% of all hospital admissions for self-harm in 2016/17 (123 out of 305 admissions), this compares with 38% of all self-harm hospital admissions in Shropshire (159 out of 415 admissions).
- In both areas the greatest proportion of self-harm admissions for children and young people were amongst those aged 15-19 years. In Telford & Wrekin this age group accounted for 41% of children and young people self-harm admissions and 52% in Shropshire.<sup>5</sup>

### What do we know about children and young people requiring in-patient or residential support?

The latest figures for the use of inpatient beds have shown a significant increase over the last few years as shown below. Admissions have risen from April 2017 and there is planned work to review the reasons behind this rise.

#### Shropshire

Count of PatientID	Year				
Age	2014/15	2015/16	2016/17	2017/18	Grand Total
10		1			1
12	2	2	1	1	6
13		2			2

<sup>5</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

14	2		1	1	4
15	1	1	5	6	13
16	4	1	4	6	15
17	5	5	3	5	18
<b>Grand Total</b>	<b>14</b>	<b>12</b>	<b>14</b>	<b>19</b>	<b>59</b>

#### Telford & Wrekin

Count of Patient ID	Year				
Age	2014/15	2015/16	2016/17	2017/18	Grand Total
13		1	3	2	6
14	3	2	1	1	7
15	3		3	4	10
16	1	2		4	7
17	1	2	1	3	7
<b>Grand Total</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>14</b>	<b>37</b>

- 4.6 In addition to the above baseline data information is collected on referral activity into CYP services on a monthly basis including the presenting needs that CYP access services for. This influences ongoing decisions about the effectiveness and responsiveness of the services to meeting local needs. For example, the rise in the use of Tier 4 beds will be a core element of the 2019-2021 action plan.
- 4.7 The views of children, young people and their families as well as professionals have been gathered through questionnaires, focus groups, telephone audits and face to face interviews. Professionals consulted through these activities include workers in local authority, health, education, police, youth offending service and the voluntary sector. The earliest information used for this plan is information gathered as part of the Shropshire CAMHS review in 2011

during which the views of 111 people were gathered. The information referenced for this plan relates to activities that took place since 2014 and includes the following:

- 2014/15 Review of Shropshire CAMHS (telephone audit with GPs, Case File audit, young person's focus group, face to face interviews with professionals, written feedback from professionals)
- 2014 Targeted Mental Health Support (TaMHS) 'visioning day' (multi-agency workshop involving 19 organisations involved in supporting children and young people's emotional and mental health across Shropshire)
- 2014 CAMHS Parent/Carer Forum feedback (three workshops with parent/carers and the two parent carer organisations)
- 2015 Feedback from schools to Shropshire Safeguarding Children Board in relation to CAMHS
- 2015 Shropshire Autism Needs Assessment
- 2015 Focus groups with Young Health Champions
- 2016 - Midlands & Lancashire Commissioning Support Unit (CSU) held Active Participation events with children, young people, families and professionals to gather feedback on the current service and to identify the needs for the future
- 2016 – Healthwatch undertook a mental health survey about CYP mental health services.
- 2016 – 5 young people were involved in the tender panel for the commissioning of the now BeeU service
- 2017/18 workshops to develop service pathways for ADHD / ASD and Neurodevelopmental engaged parents and carers
- 2018 - NHS Improvement (NHSI) Intensive Support Team Report (September 2018) following a 'deep dive' in June 2018
- Ongoing engagement with CYP and family engagement groups providing feedback on services they receive
- Stakeholder partnership Board meetings which are independently chaired

4.8 The detail from each of the needs analysis has been analysed and summarised into key themes in the table below:

<b>Key Theme</b>	<b>Feedback on improvements required</b>
Access	<ul style="list-style-type: none"> <li>- Waiting times for assessment and intervention are too long, particularly in relation to neurodevelopment assessment</li> <li>- Referral process for GPs needs to be more effective</li> <li>- Insufficient out of hours provision</li> <li>- Professionals unclear about the range of services available and how to access them</li> <li>- Distance/time to travel to access services can be difficult from more rural areas</li> <li>- Access into the service for previous service users needs to be quicker</li> </ul>
Fragmented Provision	<ul style="list-style-type: none"> <li>- Transition into adult services is inconsistent</li> <li>- Flow between tiers of services needs to be smoother</li> <li>- Transition for young people leaving care is difficult</li> <li>- Schools feel there is too much expectation for them to deliver mental health support</li> </ul>

	<ul style="list-style-type: none"> <li>- Lack of psychological therapy within current service model including for example help for CYP with sexually harmful behaviour</li> </ul>
Lack of crisis support	<ul style="list-style-type: none"> <li>- Insufficient out of hours support</li> <li>- Need for immediate response to prevent crisis and hospital admission</li> <li>- Incidence of self-harm continues to rise</li> <li>- Need increase in specialist crisis support to prevent Tier 4 admissions</li> </ul>
Inconsistency of support	<ul style="list-style-type: none"> <li>- Varied availability of support and provision within universal services</li> <li>- Frequent changes of staffing and recruitment issues impact negatively on care pathway and service user outcomes</li> <li>- Schools staff don't feel they have the skills to offer the support pupils need</li> </ul>
Poor communication/information sharing	<ul style="list-style-type: none"> <li>- Communication between professionals needs to be improved</li> <li>- Information provided within referrals needs to be strengthened</li> <li>- Information for children, young people and their families in relation to the plan of support needs to be strengthened</li> <li>- Poor information sharing and communication makes referral pathways longer and more confusing for service users</li> </ul>

#### 4.9 What young people say is important to them

The Councils and CCGs have collected some rich information from the local population. This has been in relation to current services as well as about their aspirations for change. These messages have been gathered from a variety of sources including general engagement activities with a range of stakeholders, community/representative groups, scrutiny committees and complaints. In addition, in order to progress the agenda further, the organisations have been working with their young health champions to better understand the outcomes they would hope to achieve from mental health services for children and young people.

4.10 The outcomes identified by young health champions have directly informed the programme of transformation described in this plan. The changes young people have told us they want to see are:

- More children and young people to be **noticed** earlier when mental health issues develop. This includes effective early help which may prevent problems escalating.
- Improved **access** to services in schools, colleges, CAMHS. Providing more venues at which services can be accessed e.g. drop in sessions and enabling quicker accessibility through out of hours provision.
- Improved **availability** and ease of access to emotional health and wellbeing support e.g. anxiety, body image, self-esteem, stress.

- Increased choice through a range of **methods** including; face:face, skype, telephone “*the more options the better*”.
- More children and young people to be **supported** to maintain good emotional wellbeing, with appropriate services available, including school provision.
- More efficient care pathways including care co-ordination for **vulnerable groups** of children and young people. More efficient and quicker access to support, especially crisis care across all domains of the stepped care model.
- More efficient care pathways for young people in **transition** to mental health support beyond 16 years.
- Reduced **distress** as a consequence of interventions.

#### 4.11 Current service provision and financial forecast

The goal of the original Local Transformation Plans (LTP) in 2016 was to recommission the more specialised mental health provision for children and young people in Shropshire and Telford & Wrekin which has resulted in the provision offered by the BeeU Service. This is a newly commissioned integrated partnership approach.

In addition to the impact that poor emotional wellbeing and mental health has on the prospects of individuals achieving their full potential and the impact on those who care for them there is, of course, a financial cost to emotional wellbeing and mental health to services if left untreated.

The costs incurred to the public purse of not treating children and young people early in their lives are considerable. For example:

- Mental health problems in children and young people are associated with excess costs estimated at between £11,030 and £59,130 annually per child. These costs fall to a variety of agencies (e.g. education, social services and youth justice).
- There are clinically proven and cost-effective interventions. Taking conduct disorder as an example; potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.

Within this context it is worthwhile taking stock of our current and projected spends on supporting and treating children and young people’s mental health problems. A summary of the key services commissioned is provided in Table 1 below. It can be that there is an overall planned uplift to support the emotional health and wellbeing Bee U service of £1.1.m to 2021.

**Table 1. Baseline and subsequent Annual Budget for the new Employee Health & Wellness Services (EHWS)**

Commissioner	Baseline (2015/16 )	Year 1 (2017/18 )	Year 2 (2018/19 )	Year 3 (2019/20 )	Year 4 (2020/21 )	Year 5 (2021/22 )
<b>NHS Telford &amp; Wrekin CCG</b>	£1,411,812	£2,116,590	£2,132,977	£2,149,233	£2,165,353	£2,181,992
<b>NHS Shropshire CCG</b>	£2,597,000	£2,812,800	£2,843,488	£2,874,457	£2,905,724	£2,936,704
<b>Telford &amp; Wrekin Borough Council</b>	£125,000	£125,000	£124,972	£124,884	£124,736	£124,497
<b>Shropshire County Council</b>	£200,000	£200,000	£199,954	£199,815	£199,577	£199,196
<b>Total</b>	<b>£4,333,812</b>	<b>£5,254,390</b>	<b>£5,301,390</b>	<b>£5,348,390</b>	<b>£5,395,390</b>	<b>£5,442,388</b>
<b>Increase from Baseline (%)</b>		21%	22%	23%	24%	26%

In the table above, the contract value is clearly defined for each of the five years, together with the contributions of the partner organisations. A percentage of the contract will be aligned to the achievement of outcome measures thus ensuring the delivery of expected benefits.

In addition to the above contract value for the 0-25 emotional health and wellbeing service (Bee U) there are other costs associated with providing services for CYP such as:

- Looked After Children
- Early help (including Calm Brains, Baby Yoga, and Teenage Yoga)
- Targeted Prevention (universal services and school nurses)
- Specialist social work provision
- Complex residential care
- Targeted support for sexually harmful behaviour (Telford & Wrekin Council - £18k to date in 2018/19).
- Targeted interventions commissioned on an individual need where there is a gap locally.
- Special Education Needs

At the present time the total system expenditure on all aspects of CYP referred to in this plan is not available. This includes schools, public health, looked after children, transforming care partnerships, primary care, prescribing, specialist commissioning for Tier 4 beds, acute hospital spend and residential complex care placements. We intend to capture this additional spend for future iterations of the LTP.

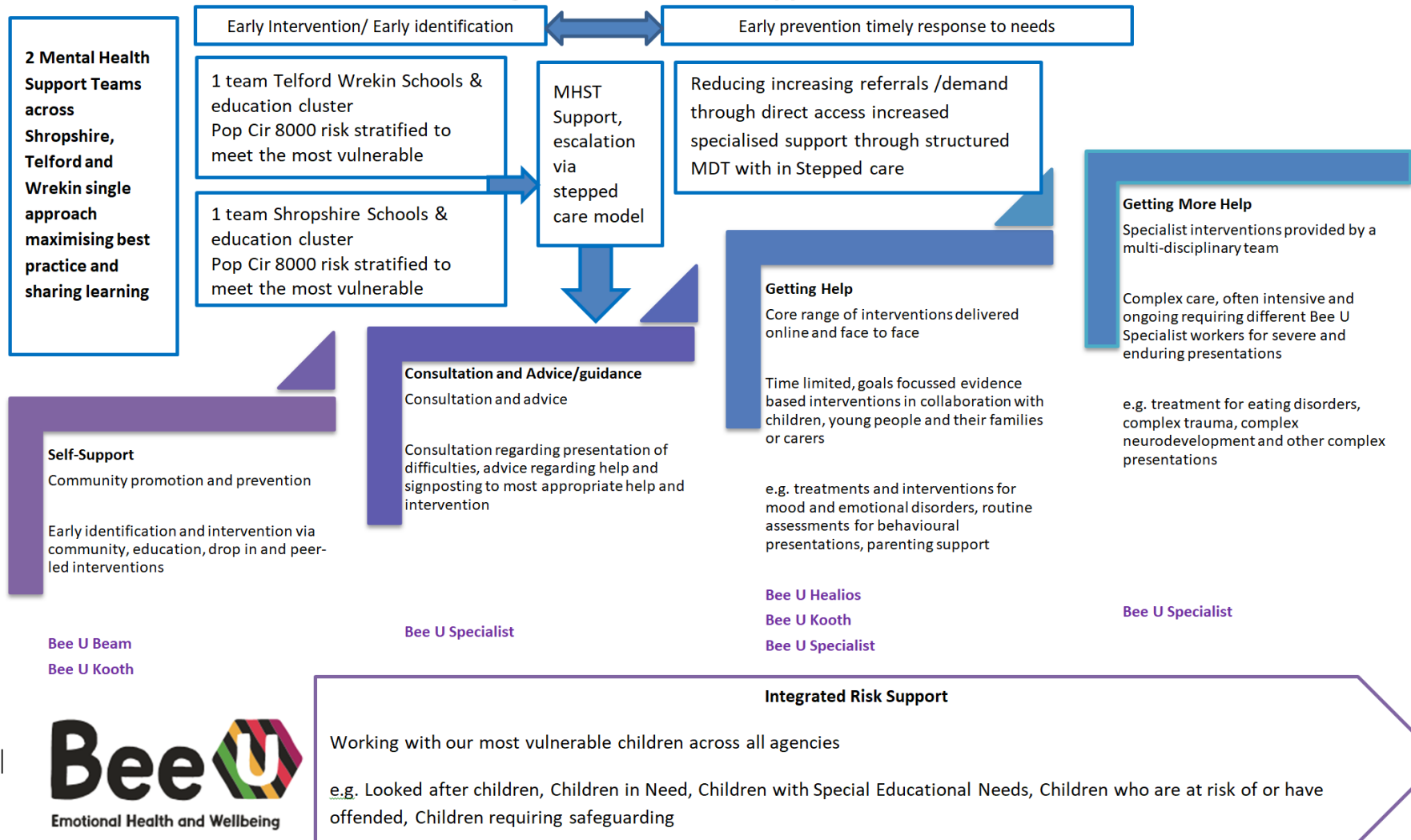
Additional in year investment has been identified for training the workforce - £22k including a focus on trauma and Adverse Childhood Experiences (ACEs).

The new perinatal services have been funded through national funding and both CCGs will continue to fund this recurrently.

Early Intervention in Psychosis Services are also being funded recurrently with year on year increases in line with the 5 Year Forward View for Mental Health.

The mental health trailblazer service has been funded by NHSE and HEE initially and will be picked up year by year by the CCG's from April 2021.

## MHST integrated into Bee U Stepped Care Framework





The aspiration described in the original plan was to commission a new innovative 0-25 service as the delivery mechanism to achieve the transformation. Over the last three years, following a successful commissioning process, the prime provider for this service (Midlands Partnership NHS Foundation Trust) have worked within a partnership arrangement with Kooth, Healios and Children's Society to deliver the specification.

During this time there have been demonstrable improvements particularly around the offer of early help. The introduction of Kooth has meant children and young people have had access to a range of materials and counselling through their phone or computer. The Children's Society have introduced drop in centres which have been used by hundreds of children and they have succeeded in training multiple volunteers. Healios has provided an innovative online approach to psychological support, which has meant children and young people have been able to receive therapies virtually in their own homes. In addition, pathways for diagnosis of autism, 'looked after children' and learning disabilities have been developed with service users.

The new provider 'inherited' a range of complex issues. These were centred around a very outdated medical model of care and extremely poor information systems and processes. In order to address these issues, the provider embarked on a significant programme of redesign. So far it has undertaken a complete management of change which has improved clinical and managerial supervision; introduced a new clinical IT system; developed robust processes to enhance governance and introduced new evidence-based pathways. This has increased the range of therapeutic options to improve outcomes for children and young people. Despite these successes there continue to be a number of problems where more work is required.

In order to help, in June 2018 the 'Intensive Support Team' from NHSI were invited to the area to assess the current service and support the development of a new recovery action plan. The main themes of the action plan have been translated into six project proposals:

1. **System wide governance:** Including the introduction of an all age mental health partnership board, the development of a mental health delivery plan and enhanced monitoring of the refreshed LTP.
2. **Service Identity:** Development of single coherent brand for the 0-25 service which includes a clear description of the service offer.
3. **Evidence pathway development:** Utilising the 'Thrive' pathways and language, development of outcome measures and introducing the trusted assessor model within and across the service.
4. **Workforce plan:** Describing the staff required both medium and long term and the training and development required for that workforce.
5. **Data and business processes:** This will include robust data flows to meet access and outcome targets.
6. **Existing case load:** Children referred to the service prior to the redesign have received a more medicalised model of care. Providers and commissioners are considering how the care for this cohort of children can be translated to a more therapeutic model.

4.12 The staffing levels within the current 0-25 Health & Wellbeing Service in October 2018 are illustrated in the table below.

<b>Management</b>		
General manager	1	8B
Operational Lead	3	B7
Quality and Governance lead	1	B8a
<b>Access</b>		
Clinical Nurse Specialist	1	B7
Mental Health Practitioner	5.1	B6
Occupational Therapist	1	B6
<b>Crisis</b>		
Clinical Nurse Specialist	1	B7
Mental Health Practitioner	10	B6,
	4	B5
Support workers	4,5	B3
Admin	0.5	B3
<b>Eating Disorders</b>		
Clinical Nurse Specialist	1	B7
Mental Health Practitioner	2	B6
Family Therapist	1	B8a
<b>Learning Disability</b>		
Psychologist	2.8	B7, B8a, B8b
Clinical Nurse Specialist	2	B7
Mental Health Practitioner	1.6	B6
Behavioural Specialist	1.6	B4
Support Worker	1	B3
<b>Looked After Children</b>		
Mental Health Practitioner	1.8	B6
<b>Youth Justice</b>		
Mental Health Practitioner	1.8	B6
<b>0-5</b>		
Psychologist	0.5	B8b
Mental Health Practitioner	1	B6
<b>Core/Complex (inc. Neurodevelopment)</b>		
Psychologist	1.9	B8c, B8a
Clinical Nurse Specialist	2.91	B7
Cognitive Behavioural Therapist	0.6	B7
Snr Mental Health Practitioner	0.8	B7
Family Therapist	1	B7
Art Therapist	0.8	B7
Snr Speech and Language Therapist	0.5	B7
Snr Occupational Therapist	1.2	B7
Speech and Language Therapist	1	B6
Mental Health Practitioner	5.3	B6
<b>Mental Health Support Team</b>		
Team Manager	1.0	B7
Snr Mental Health Practitioners	2.0	B6
Mental health Practitioners	2.0	B5
Education MH Practitioner	1.0	B5
Trainee Education MH Practitioners	7.0	B4

ASD diagnostic team		
Consultant psy	0.5	B8C
MH practitioner	3.5	B6
Admin	0.5	B3
<b>Other</b>		
Consultant psychiatrist	7	
<b>Staff within 0 – 19 service Shropshire Council Early Health Service</b>		
Public Health Nurses supporting 5 – 19 element of PHNS	7.83	Band 6
Nurses supporting 5 – 19 element PHNS	6.33	Band 5
Public health Nurses 0 – 5	30.63	Band 6
County wide posts (specialities SEND/emotional health and well being/	3	B6
Support Staff	9.63 2.72 2.07 3.82	B 3 support Workers B3 Youth support workers B2 Screeners B2 team and compass Admin support

- 4.13 In addition to the above, there are 6.56 FTE Senior Mental Health Practitioners working across the County at Tier 2. In the new local long term plan we hope to be able to demonstrate the total number of people working across all services and sectors.
- 4.14 A skill mix audit of existing staff will be undertaken to highlights the wide range of skills and experience within the team including nurses, social workers, primary mental health workers, family therapists, psychotherapists. The range of skills and specialisms will likely include Cognitive Behavioural Therapy (CBT), eating disorders, youth offending, mindfulness, developmental, dimensional and diagnostic Interview (3di), deliberate self-harm, psychosis, autism, looked after children.
- 4.15 In 2018/19 the new BeeU service has demonstrated its ability to provide greater access in earlier interventions. However we recognise that in relation to the detail below more work is required to improve equity of access across the whole of the county:
- On line support self-referral (Kooth) - on average 300 CYP register each month
  - Drop in (The Children's Society) – over 500 CYP and over 400 parent/carers attended the service in first quarter of 2018/19
  - On line therapy (Healios) – a service providing psychological therapies delivered by NICE compliant practitioners is available between 8am-9pm 7 days a week and received 30-40 referrals per month.
- 4.16 In 2014/15, 9,050 young people up to the age of 25 years accessed adult mental health services in Shropshire, with 6,555 young people from Telford & Wrekin also accessing adult mental health services. We will continue to review our access rates to understand local areas of need and to ensure services are being accessed by areas known to experience highest need.

#### 4.17 Placed Based Integrated Teams and Pathways

A previous local Transition Commissioning for Quality and Innovation (CQUIN) identified many of the issues which were considered in the procurement of the BeeU 0-25 service. One of the guiding principles for all organisations was to reduce the number of transition points for service users and minimise the problems associated with any remaining transitions. This has been tackled in a number of ways, some of which are highlighted below:

- Extension of the upper age limit for children and young people emotional health and mental wellbeing services to 25 years through the commissioning of the new service
- Teams working together to develop joint pathways/processes to support individuals through those transitions
- Joint commissioning between the Councils and CCGs
- Telford & Wrekin Council together with partners have produced a specific transition policy
- A key project within the provider is to ensure the transition from 0-25 to adult service is smooth.

In line with the wider aspiration across health and social care to support localised care wrapped around individuals in their communities the LTP supports the emerging plans to have integrated teams where care and support feels seamless, and more integrated for those receiving it. At the present time, these local place based plans are still being planned, and more detail will be expected in future iterations of the CYP LTP.

### 5 Our journey so far

5.1 Commissioners and providers across Shropshire and Telford & Wrekin have been working together to improve child and adolescent mental health services across the area. Whilst Shropshire and Telford & Wrekin have different geographies and demographics, the areas form part of the same county and share the same Acute Hospitals and Community Health providers. The original programme of transformation agreed in 2015 was designed to respond to the needs identified locally, as described in section 3.

5.2 The original programmes of transformation identified where as follows:

- Programme 1 - 0-25 Emotional Health & Wellbeing Service
- Programme 2 - Redesign of neurodevelopmental pathways
- Programme 3 - Development programme for workers in universal services
- Programme 4 - Eating Disorder Services
- Programme 5 - All age psychiatric liaison service
- Programme 6 - Improve perinatal support

5.3 Once the new BeeU service had been commissioned to a new provider MPFT within a partnership approach (with Kooth, Children's Society and Helios) the majority of work since April 2017 has focussed on the mobilisation of the new model. This work proved to be more difficult than envisaged for MPFT with a large legacy caseload of CYP being identified who

had were not on the correct pathways. There were also concerns about the length of waiting times and the speed which pathways were being developed

- 5.4 Also during this period the implementation plan for the 5 Year Forward View for Mental Health (5YFVMH) was published nationally which set out very clear expectations for CCG's and Providers. Additionally the NHS Long Term Plan has made clear commitments to strengthening children's services including maintaining the access rate and developing crisis 24hour 7day week services. On the basis of these two developments the LTP has been refreshed to reflect the position and the STP vision across Shropshire and Telford & Wrekin at this point in time.
- 5.5 As part of engagement in the planning of the 0-25 service; children and young people along with other local stakeholders developed the following outcome measures which we aspire to see across the whole LTP;

DRAFT

**Table 3. Service outcome measures**

<b>Element of Model</b>	<b>Outcome</b>
<b>Early Identification</b>	Professionals and others who know me notice when I need help and offer me advice and support when they think I need it.
	I get the support I need when I ask for help and it makes me feel better.
<b>Targeted Prevention</b>	People understand me and my situation and provide me with the support I need to manage/improve my emotional health.
	I know that people are looking out for me and will provide me with the support I need even if I don't ask for help.
<b>Treatment</b>	I am given a choice about the treatment/support I receive.
<b>Stabilise and step down</b>	Once I have completed my support, I am confident in my plan of recovery and what to do if things go wrong.
<b>Crisis Resolution</b>	I feel supported during times of crisis.
<b>Quality Assessment and Practice</b>	I don't have to tell my story more than I need to. My experience is well understood, and information is shared with those who need it.
	I understand about the support I'm receiving and what it aims to achieve.
	The support I receive enables me to achieve my goals.
	The support I receive enables me to better manage my emotional health and wellbeing by myself.
<b>Access</b>	I get support when I need it.
	I am given a choice about how, where and when I receive the support/treatment I need.
	I can access support in places I often go and feel comfortable with.
	Me, my family and the professionals who know me, know how to make the first point of contact to get information and advice around emotional health and wellbeing for children and young people.
	I have access to information, tools and techniques to improve/manage my own emotional wellbeing.
<b>Universal Services</b>	Those working with children and young people feel confident and able to promote emotional health and wellbeing.
	Those working with children and young people are able to identify needs around emotional health and wellbeing.
	Those working with children and young people have the skills and the tools to provide support where appropriate.
<b>Child, young person and family centred</b>	My parents, family and network feel supported.

5.6 As described in the original LTP, a particular issue for Shropshire and Telford & Wrekin has been the time children and young people have had to wait to access the assessments and support they need. Through a close working relationship between commissioners and the provider, processes have been improved and capacity increased which have resulted in a significant improvement in waiting times. Waiting times are closely monitored in contract meetings. There are currently no CYP waiting more than 18 weeks to be seen by any of the mental health support services.

**5.7 Meeting the needs of disabled children and young people, including those with a learning disability, or autism.**

5.7.1 Across the LTP there are specific pathways to support these vulnerable groups. For example, there is a dedicated learning disability team and a pathway for diagnosis of autism. The specialist pathways seek to support these young people based on use of best practice guidelines. CYP with special education needs (SEND) are targeted by local authority colleagues.

5.7.2 Management and supervision arrangements for staff are in place to support them to be effective when engaging with young people and their families and all care plans are tailored to the needs of the individual. Working across the delivery partners is ongoing to share knowledge, skills and experience in a range of interventions. The links with the local authority are being strengthened particularly in education. There are strong services in place to support ongoing work around Transforming Care Partnerships (TCP) and work underway to ensure the approach across the two areas is coherent and the learning is shared.

5.7.3 Both CCGs and Local Authorities recognise that the current work programme (TCP) ended in 2019 and plans were developed to continue to meet the ongoing support needs of people with learning disabilities (including those with co-existent mental health conditions) through the development local pathways linked to the emerging neighbourhood and locality teams. These CYP and their families are now supported via multiagency, Admission Avoidance Register and their mental health needs via the specialist Bee U LD team.

5.7.4 Both CCGs recognise the long wait for CYP to get assessments for autism. The CCG has worked with MPFT to develop an ASD diagnostic team, which started September 2020, meeting NICE guidance around having an MDT and offering evidence based assessments. There are currently some CYP waiting 2 years to start their assessment however due to the implementation of ASD diagnostic team it is planned that all CYP will have started their assessment by End April 2021.

Using a place based approach and through good partnership work is underway to develop 2 Neuro-developmental pathways, one for each local authority; they will both have clear support pre and post diagnosis for CYP and their parents and carers. It is imperative the community services developed to support children with Autism, benefit from the expertise of the diagnostic pathway and are supplied with robust support plans to implement. The partners developing these pathways include CCG commissioners, providers, educational settings, the local authorities, CYP, parent/carer and the voluntary sector to ensure they are getting the right help at the right time. Both CCGs have increased their baselines to manage the backlog

for assessments and improve future waiting time for diagnosis and support for CYP needing an assessment.

## 5.8 Early help provision

The CCGs are building on existing strong relationships with both Local Authorities to complement early help provision.

### Telford & Wrekin Early Help Provision

- 5.8.1 Future in Mind Telford & Wrekin is a joint project between Public Health and all key stakeholders involved in supporting the Emotional Health and Wellbeing (EHWB) of children and young people living in Telford & Wrekin. The Severn Teaching Alliance delivers the programme. It is a multi-agency approach to early identification and support for emotional health and wellbeing.
- 5.8.2 Each organisation nominates an EHWB Lead who attends the termly Continuing Professional Development (CPD) and networking. CPD is based on an aspect of EHWB identified as a key aspect within Telford & Wrekin. Leads deliver the CPD in their own setting using the resources which are provided and work with staff to complete the gap task, of which the outcomes are shared at the termly network meeting. All professionals work together to support a young person with EHWB needs with the same intervention.
- 5.8.3 There are numerous Service Level Agreements in place. Partners include:
- Behaviour Support Services
  - Early Help and Support Practitioners
  - Educational Psychologists
  - GPs
  - Health Visitors
  - Learning Support Advisory Teachers
  - Schools and Colleges (Mainstream and Special)
  - Alternative provision for hard to reach students
  - School Nurses
  - Early Years – Private and Voluntary Sector
  - Private and Voluntary Sector Practitioners
  - Foster Carers
  - Social Care
- 5.8.4 Feedback about CPD and networking has been positive. A survey completed in June 2017 showed 96% of leads feel supported in their role; 92% have been able to disseminate the CPD; 83 % have used the toolkit and 80% have identified a child/children with EHWB needs and have been able to put in support.



5.8.5 CPD topics cover local and national needs which have been identified using information from the 0-25 years' service alongside the School Watch Survey completed in summer 2016. CPD and network sessions are a useful opportunity for Leads to share information about the EHWP needs young people have on a day to day basis. Topics include:

- Understanding Mental Health and Wellbeing
- Developing Assessment for Wellbeing
- Understanding Attachment and Trauma
- Children and Young People diagnosed with Autism: Management and Support Issues
- Children and Young People diagnosed with ADHD: Management and Support Issues
- Understanding stress, depression and anxiety
- Managing Anger
- Understanding Self-harm
- Mindfulness
- Eating disorders
- Grief and loss
- Self-harm
- Healthy relationships
- Helping ourselves to wellbeing

5.8.6 These are covered through the topics: identifying mental health issues, dealing with loss, grief and separation, online safety and the impact on EHWP, Eating disorders, lesbian, gay, bisexual, and transgender (LGBT), healthy living and relationship and sex education (RSE). For 2021 it is anticipated that this will include a particular focus on eating disorders and body image.

5.8.7 The programme is based on research emerging related to children and young people's mental health; resiliency wheel – based on Henderson and Milstein's model; the Emotional Health Toolkit by Dr Tina Rae; a whole school approach philosophy as set out by MHFA (2016) and local data relating to the needs of children and young people living in Telford & Wrekin. Telford & Wrekin council have recently supported all Schools via the Severn Teaching alliance to sign up to the Anna Freud model.

5.8.8 The aim is consistency of provision in every setting:

- A shared definition of mental health
- The ability to train and educate the school and partner workforce
- Have a good understanding of the value of inter-agency working and the benefits this brings to the child, family and society
- The ability to promote good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health
- Taking early action to prevent mental health problems from arising with those children, young people and their families who may be at greater risk

- The skills to identify swiftly that a child, young person or their family need early help
- Evidence of how this programme is contributing to early help provision and early identification within universal settings (including school, community and primary care)
- Include any innovation to share as best practice (in particular anything related to social media and use of apps)
- Improved understanding of the long term impact of Adverse Childhood Experiences (ACEs) and moving all services to become more trauma informed.

## **Shropshire Early Help Provision**

- 5.8.9 Early help means taking action to support a child, young person or their family as soon as a problem emerges. It can be required at any stage in a child's life, from pre-birth to adulthood, and applies to any problem or need that the family can't deal with alone.
- 5.8.10 Shropshire Council has a range of professionals providing targeted Early Help support to families. Central to this is the creation a family webstar, assessing the needs of the whole family, and the multi-agency family plan (managed by a lead professional) which identifies the interventions required to support the family to make the changes they need to ensure children have a safe, happy and healthy family life.
- 5.8.11 There are six key concerns on which we base our work:
- Crime and Anti-Social Behaviour
  - Children Attending School regularly
  - Children who Need Help
  - Worklessness/Financial Exclusion
  - Domestic Violence and/or Abuse
  - Health Problems (mental health being one of the 3 main priorities)
- 5.8.12 In addressing all these concerns, this approach increases the resilience of families to provide a secure and safe environment, supporting the development of emotionally secure young people.
- 5.8.13 Developing better emotional resilience is an important element of the work across the service. Practitioners from Targeted Youth Support (TYS), Early Help Family Support Workers and colleagues from EnHance, a commissioned targeted Early Help service, develop multi-agency family plans to ensure the needs of all family members are met. A great deal of the work revolves around the emotional wellbeing of young people, this includes:
- Supporting young people to understand their emotions, to manage their anxieties and fears
  - Helping young people understand the links between their thoughts, feelings and behaviours
  - Supporting families to find more positive ways for young people to get their emotional needs met

- Supporting parents to access the emotional wellbeing support they require, so they are better placed to support their children.

- 5.8.14 Lifelines supports young people with their unresolved grief after the death of a family member, friend or anyone else significant to them.
- 5.8.15 The Solihull parenting programme provides courses and clinics called 'Understanding Your Child'. The aim of which is to give parents the opportunity to reflect on their parenting and their own experience of being parented and the links to their child's emotional, social and behavioural development.
- 5.8.16 School staff across the county have been trained to deliver this on a more universal basis, whilst Parenting Practitioners deliver the programme for more targeted groups. Clinics are offered as an open access opportunity and attract parents with universal needs, through to families being supported on Child Protection plans.
- 5.8.17 Strengthening Families is Shropshire's response to the governments Troubled Families' initiative. Strengthening Families is leading the transformation of Early Help services by promoting stronger, more co-ordinated, full family working multi-agency working. This includes working in partnership with schools to enrich the early help workforce by jointly funding and supervising Family Support workers based in school clusters and academies across the county.
- 5.8.18 Autism West Midlands is commissioned by Early Help, developing the family's capacity to parent young people on the autistic spectrum and enabling professionals to support the young people to manage their own emotional wellbeing
- 5.8.19 Carers Trust for All are commissioned to support young carers with time away from their caring roles, providing a space where other people understand the emotional pressure this can bring.
- 5.8.20 TaMHS - Supporting schools, professionals and volunteers to promote children's emotional health and wellbeing and developing resilience is the core aim of the TaMHS programme, which started as a pilot programme in 2009. It uses a universal population-based approach and some targeted intervention support for children and young people.

### **EnHance**

- 5.8.21 EnHance is an early help provision commissioned by Shropshire Council to provide early help interventions for children, young people and their families when their needs cannot be met by routine universal services, but they do not meet the threshold for a specialist service such as Children's Social Care or CAMHS. YSS Ltd are the lead organisation.
- 5.8.22 EnHance has been developed to fully integrate into the overall Shropshire early help offer and aims to provide a flexible service, using a variety of interventions, to build resilience in children, young people aged 0 -19 and their families. The service offers a wide range of

targeted and focused interventions that can be measured in terms of effectiveness, impact and outcomes.

5.8.23 Most support is delivered on a one to one basis in the local community (including home visits), at flexible times, to meet identified needs. The work is carried out by keyworkers supported by trained volunteers. Group work and other methods of service delivery are also available where appropriate.

## **5.9 Meeting needs through evidenced – based routine care**

5.9.1 The Bee U service has adopted the THRIVE model which promotes a whole system approach and recognises the importance of friends and family in contributing to the longer-term routine care of children with high levels of need via a stepped care model.

- Coping: Self-help – Kooth and The Children’s Society
- Getting help: Kooth, The Children’s Society and brief interventions delivered by MPFT
- Getting more help: Specialist pathway – core mental health service, learning disabilities, ASD, ADHD, Healios and children’s eating disorders
- Getting risk support: - Crisis home treatment and Tier 3 specialist services

5.9.2 The BeeU service will be delivering CYP IAPT (Improving Access to Psychological Therapies) interventions which includes the use of evidence based therapies and outcome measures. The services utilises best practice guidelines when working with young people.

5.9.3 Across the LTP a person-centred approach will be embedded in all commissioned services, and active participation of the child or young person and anyone in their friendship group or family who they feel would be helpful in aiding their sustainability and recovery.

## **5.10 Meeting needs of CYP requiring crisis care and intensive interventions**

5.10.1 Accessing enhanced crisis care is central to meeting the needs of CYP and their families at times of great distress or when a crisis occurs. The requirement for crisis care can be across the stepped care model and will require all services to have a shared understanding of need and the appropriate response.

5.10.2 In line with the NHS Long Term Plan crisis pathways will continue to be reviewed to enable the service to better respond to young people in crisis and ensure effective working with partners across the local health and social care economy on ways to move more upstream with this support.

5.10.3 We are especially mindful; of the needs of LAC who require crisis care and who are placed in county. Ensuring joined up communication and comprehensive assessments will help tailor care to meet their needs. Shropshire and Telford experiences a high rate of LAC from out of county and historically ensuring access to the right level of care this has been problematic.

## **5.11 Meeting needs of CYP through a holistic and trauma informed approach (where there is evidence of adverse childhood experiences and for recognised vulnerable groups)**

- 5.11.1 Specialist pathways are under development for these groups and will address their needs with appropriately trained staff aligned to these pathways to foster effective links with external agencies also working with these young people.
- 5.11.2 The LTP recognises the particular vulnerabilities of a number of children including those in care, those who have been abused, those living with domestic violence, those permanently excluded from school or at high risk of permanent exclusion, and those at risk of exploitation and sexually harmful behaviour as well as children entering the justice system.
- 5.11.3 Partners are working with the voluntary and community sector to meet needs across the windscreen for targeted groups. Services are working together in partnership (in the youth offending teams, the local authority, designated nurses for child protection, social workers and others) to ensure that we have a clear focus on these children and ensure they are prioritised for services when they need them. The LTP has a strong voluntary sector with the skills to engage CYP in ways that complement the statutory sector.
- 5.11.4 The LTP workforce plan (2019/20) will target training to increase the knowledge and skills regarding the impact of ACE and trauma informed care for all those working with CYP.

## **5.12 Meeting needs of CYP through in-patient care**

- 5.12.1 Children and young people are not admitted to inpatient care unless absolutely necessary and if they are admitted every effort is made to ensure that services work together to provide a safe and secure place at home or in their local community for return as soon as possible. The child or young person and identified friends and family will be active in care planning and support.
- 5.12.2 Both CCGs in the STP area are dedicated to a reduction in the inappropriate use of inpatient beds and out of area placements. A project is underway to better understand the use of tier 4 beds and to develop alternatives to CYP entering this pathway. The newly introduced 'at risk of admission' register will help to prevent admissions on an individual level and also provide a greater level of information to develop alternatives for the future.
- 5.12.3 The clinical lead of MPFT has been involved in regional and national discussions regarding new models of inpatient care and opportunities to develop local solutions.
- 5.12.4 The LTP requires a broader focus on the wider health and social care economies responsibility with regards to stabilising and improving emotional health and wellbeing across the stepped care model. For example, Health Visitors, Diabetes Nurses, Occupational Health Nurses and Speech and Language Therapists all need to be mental health aware and trauma informed.

## **5.13 Meeting needs of CYP with learning disabilities or forensic CAMHS**

There is a dedicated team within the 0-25 service who work with young people with mental health needs and a learning disability. Linked to routine medical appointments, they provide a range of interventions and where possible deliver in clinics in special school settings to minimise disruption to the school day and provide an appropriate setting for the young people. The team predominantly works in families homes but will carry out observations etc in school if necessary and will certainly meet with young people there if we are working with them directly

and if appropriate. A great deal of the teams work is with parents, care providers (eg respite provision etc) and teaching staff or whoever is part of the system around the child, so we are flexible about how and where we carry out appointments and are needs-led wherever possible.

One of the challenges is to ensure this group of young people and their families have access to appropriate early intervention tools suitable for their needs (e.g. those equivalent to Kooth). The CCG's have been able to get funding to offer CYGNET: supporting parents with ASD children aged over 6, enhancing the early bird and early bird plus parenting programmes.

Links have also been made with the new regional specialist community forensic CAMHS which was introduced early in 2018.

#### **5.14 Eating Disorders**

The LTP area is currently meeting national targets and NHS Shropshire and NHS Telford & Wrekin CCGs are partners in an eating disorders cluster across Staffordshire and the West Midlands

A full specification has been produced through collaboration between the provider (MPFT) and commissioners. The service delivers an initial assessment which includes consideration of any coexisting mental and physical health problems, strengths and resilience capacity and level of motivation. Treatment options are in line with NICE guidance including CBT, family interventions, guided self-help and pharmacological interventions.

Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and 0-25 services. As well as the assessment and treatment service, the team also includes a strong multi agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

Nationally there has been an increase during 2020/21 in the number of CYP presenting at hospital with eating disorders including ARFID. Work is required locally to understand demand and capacity across the health economy for eating disorders and developing an ARFID pathway.

#### **5.15 Areas still for development:**

**5.15.1** Whilst progress has been made against many of the areas of need outlined in section 3, commissioners, as part of this refresh, have identified that the following remain of particular importance to stakeholders:

- To increase the range of support in schools.
- To facilitate parents/carers to have an increased understanding of emotional wellbeing, resilience, neuro developmental issues, impact of emotional trauma and mental health issues. This means parents/carers will be better able to support their

children with new strategies they have developed. This could through peer support or through networks of support to help enhance parenting styles.

- More emphasis on the 'specific consideration and populations of interest' described in the 0-25 service specification. Particularly children with special educational needs, looked after children, children in need, LGBT, child sexual exploitation (CSE), youth justice and those who are home educated. An additional emerging issue is for those children who are under significant pressures to achieve and at greater risk of developing an eating disorder.
- A greater range of community support to help families once children and young people have been discharged from specialist services.
- Whilst there has already been some progress in the development of the crisis pathway momentum needs to be maintained in this area to ensure there are alternative local options to admission to Tier 4 and that every effort is being made to reduce the need for secure residential placements.
- Greater consideration around the links between physical and mental health enhancing care for children in both settings.

5.15.2 The new BeeU service aims to be seamless from targeted (including support and training to universal services to deliver effective early help) to specialist and crisis support. Young Health Champions locally have developed a set of outcomes, described in section 3, which will form the basis of a new specification. The new service includes:

- Service offer for 0-25-year
- 7-day service, with some service elements available 24/7
- Integrated service from early help to specialist and crisis support
- Specific service/s for looked after children and their carers
- 'No wait' ethos
- Multi-disciplinary team delivering a wide range of evidence-based therapeutic and clinical interventions and Mindfulness
- Innovative use of technology to deliver advice and support in line with young people's preferences
- Training for workers within universal services
- Flexible transition points for 16-25 year olds into adult services

## **6 Equality and Health Inequalities**

6.1. Information from the two local JSNAs has been used to inform the development of the transformation plan and constituent projects within it. We recognise the need to reduce inequalities across the county and that all children including those who are looked after, will receive the same support as though they did live here. Moving forward the 0-25 emotional and wellbeing group will be defining more detailed requirements around information on need for each of the projects. This will ensure consistency of presentation across the different locality areas and also provide some more granular information on subsets within groups. It will inform

the service redesign, highlighting where services should be provided to maximise equality of access and identification of 'hot spots' where more targeted intervention is needed.

- 6.2 Rurality (and associated isolation) is considered a particular issue in Shropshire and concentrated areas of deprivation are a particular issue in Telford. Whilst the work to support the CAMHS transformation plan is being carried across the two CCGs areas, all organisations are cognisant of the distinct differences in cultures, populations and geography across the area. Organisations have stated clearly that a 'one size fits all' approach will not be supported and will be checking to see how these differences in need will be met. The single point of access in both Shropshire and Telford & Wrekin will be built upon to make access points as easy as possible, both of which run an ethos of no 'rejections' of request for help.
- 6.3 As the improvements in mental health have progressed, more specific issues/concerns about certain groups have been highlighted. This has led to some very focused work. For example, it has recently been suggested that a high proportion of adult patients admitted to the psychiatric intensive care unit are relatively young and a disproportionate number are care leavers. Consequently, a case notes review of all patients admitted in the last 12 months has commenced which will offer rich information about how we can better support both care leavers and younger people in the future.
- 6.4 Both CCGs have committed to a reduction in health inequalities as part of their vision/s strategy and are keen to prioritise work that will proactively achieve this aspiration. Throughout the delivery of the Transformation Plan, consideration is given to ensure that equalities and health inequalities are appropriately addressed, and actions taken. This is supported in part through the completion of equality impact assessments and health inequality assessments.

The 0-25 service has a dedicated offer for Looked After Children and their foster carers to improve the emotional health of that particularly vulnerable group. The local organisations have prioritised working together to support the provider in managing the high levels of out of area looked after children placed locally.

As well as ensuring increased volume of provision the new service model aims to reduce inequalities driven by access by significantly increasing service delivery options to include;

- **On line support self-referral: Kooth** - Who provide free, anonymous online counselling. A website offers peer support, self-help material and gives children and young people access to live forums. No referral is needed. The website is available 24 hours; there will be professional counsellors available for live online chats. On average 300 young people register each month.
- **Drop in: The Children's Society** – over 500 children and young people and over 400 parent/carers have attended the service in the first quarter of 2018/19.
- **On line therapy accessed via the specialist service: Healios** who provide psychological therapies online delivered by qualified practitioners. The service is available 7 days a week and is receiving 30-40 referrals per month.
- **Mental Health Support Team (Trailblazers)** Working with 50 schools across Shropshire and Telford & Wrekin, offering low intensity support for a range of mild to moderate mental health difficulties, using evidence based approaches. Schools worked with are linked to areas of high deprivation and are attended by some of the most vulnerable within the county. During this first year of



implementation, the team has since May 2020 delivered 251 consultations to their schools, including to BeeU colleagues within core BeeU and Crisis, to help support care planning of pupils. 149 referrals have to date been accepted by the team as a direct result of these consultations. A further 56 activities relate to the teams whole school approach work, which has included group work on anxiety and resilience as well as whole school audits and mental health provision plans.

Every effort has been made to hear from those with lived experience as part of the development of the plan. However, it is recognised that more needs to be done to ensure voices of the hard to reach are heard and that engagement is representative of those who are most affected.

Throughout the delivery of the Transformation Plan, consideration will be given within all programmes to ensure that equalities and health inequalities are appropriately addressed, and appropriate actions are taken through the completion of equality impact assessments and health inequality assessments.

The STP has a vision to implement integrated neighbourhood models of care (localised to meet people's needs) in recognition that a 'place-based' model of care supported by collaborative and place-based commissioning will provide sustainable care for future generations. Progress in this area has been made around:

- The introduction of an at risk of admission register.
- Planned workshops for the TCP cohort, now known as the Learning Disabilities and Autism cohort. This will include system wide partners and will focus on the whole pathway from prevention, through to crisis.
- Joint work to understand the rise in Tier 4 admissions.
- Early discussions that prevent the need for Tier 4 provision.

## **7 IT and data on demand and activity performance to improve outcomes**

The plan recognises the importance of robust data to demonstrate service adherence to meeting identified needs, agreed trajectories for access and outcomes, and monitoring overall service quality and performance. The LTP wishes to enhance its data capture across the stepped care model so that robust, joined up commissioning plans can be developed. Through monthly contract monitoring we collate data relating to referrals, initial and follow on contacts, transition, numbers in treatment and waiting times. At present this data relates specifically to the BeeU service and there is a gap in data relating to early intervention, detection and prevention elements of the wider community/schools based pathways. More work will be undertaken through the partnership to agree how this information might best be captured and utilised to support continual improvement across the LTP partnership. This will include identification of gaps and how these will be addressed through monitoring future key performance indicators (KPIs).

The provider is continuing preparation activities in relation to ensuring effective data collection under Mental Health Services Data Set. This area was identified as requiring more detailed

and focussed work by the IST resulting in some key actions to improve the quality of data for the effective oversight of planning, safety, effectiveness and responsiveness of the service. A Data Quality Improvement Plan is in place as part of contract review arrangements and includes measures on pregnancy, transitions, protected characteristics, personal goal attainment and outcome based support plans.

The system recognises that more work is required to make better use of the data we already collect including SEND, access data, fingertips data (public health) and future CYP Improving Access to Psychological Therapies data. By linking these data sources we will be in a much better position to understand the impact of health and care interventions on local needs.

## 8 The programme of transformation

- 8.1 The four organisations have acknowledged and responded to the need to improve services for children and young people aged between 0-25 years. In partnership, they have implemented a number of changes which has improved the experience of many individuals and families. However, there is recognition that there is a lot more to do, which was reinforced by the findings of the IST visit in June 2018. The collective leadership response is to ensure momentum around our joint commitment to increase the pace and scale of change.
- 8.2 This LTP will build on best practice to improve the responsiveness and implement a model of care to build resilience (rather than reliance on service). The inclusion of children, young people and carers has been, and will continue to be, pivotal in these developments to make sure that together we improve the wellbeing of the younger population. The steps already taken with the partnership approach has demonstrated benefits to improved access for online, drop in and psychological therapy.
- 8.3 The refreshed programmes of transformation provide continuity with the work underway across the system, whilst reflecting the priorities of work and the system capacity (and therefore pace) at which implementation can realistically take place.

The programmes have been mapped against the Windscreen of Need Model and are listed below and further developed in the subsequent narrative:

Programme No.	Link to stepped care model	Programme Title
1	Self-Support	Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals.
2		Improved availability and consistency of family information to support children and families.
3	Consultation and Advice/guidance	Timely and visible access to appropriate practical help, and support and treatment.
4		Focussing support on vulnerable CYP and their networks.
5	Getting help	Evidence-based care interventions and outcomes.
6		Develop our workforce across all services.
7	Getting more help	Ensure strong partnership working and system wide governance.

8		Fully involving Children, Young People and Families.
9	<b>Getting Intensive help</b>	Improved crisis care.

#### 8.4 Programme 1 - Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals

There is a dedicated team within the BeeU service who work with young people with mental health needs and learning disabilities. They provide a range of interventions and where possible deliver in clinics in special school settings to minimise disruption to the school day and provide an appropriate setting for the young people.

One of the challenges is to ensure this group of young people and their families have access to appropriate early intervention tools suitable for their needs (e.g. those equivalent to Kooth). Links have been made with the new regional specialist community forensic CAMHS which was introduced early in 2018. This team visited the area and met professionals in September 2018 and this will inform a more detailed plan of improvements required.

One of the main drivers of the new BeeU model was to improve access to the service and encourage referrals. Historically, thresholds were very high and children and young people needed to be very ill before referral was accepted. Both children/young people and professionals wanted to reverse this trend. The access points and encouragement of early help was therefore a key objective in the vision.

We have implemented more streamlined access points including self-referral. Self-directed support is available from Kooth and the Children's Society where young people do not need to be referred into services so are not reliant on an adult or professional to get access to support/referral. This will continue to be closely monitored through feedback and performance indicators.

For those that require more specialist support, a dedicated access team with better referral, triage and assessments process have improved the timeliness of response. The access team are also able to deliver brief interventions for young people that would not traditionally meet threshold criteria for a specialist mental health service. Beyond brief interventions, specialist pathways exist to support young people to receive the most appropriate care.

The service will continue to work with GP's including assessing young people in GP surgeries in order to be more visible within the community and offer assessment to those families unable to attend the clinics. The CCGs will ensure that all pathways are supported by standard operating procedures and that the website developed by the Trust to support referral into the service is effective.

In the future the commissioning processes and governance for all aspects of the service will be further enhanced through the development of an STP area all age Mental Health Partnership Board which has already begun to meet. This board is jointly chaired between Commissioner and MPFT and will ensure high level understanding of the needs of CYP and

the 'offer' to those children. This Board will also oversee the workforce plan, and link directly to the Health and Wellbeing Boards and the STP Clinical Leads Group.

The long-term practice of using medication and not fully understanding the psychosocial impact of experiencing ACES means that an organisation development project to facilitate cultural change is required across partners, including primary care. A project will be undertaken to increase communication to all stakeholders, so they have a clear understanding of where to get early help, how to support children and young people and where to get extra support from.

Across the STP there are examples of outstanding practice which are helping to drive improvement and help schools understand their role and impact in the prevention and early detection of emotional distress. Whilst the projects aim to increase the support available in each of the schools, it is recognised that there is still some variability in the offer provided directly by schools.

The BeeU service is now in the same Care directorate of the provider Trust (MPFT) ensuring much closer working of adult and children's pathways. A Rapid Quality Improvement event was undertaken in the summer of 2018 to ensure robust pathways between the 0-25 service and the hospital liaison service. Transition meetings take place between child and adult services to support young people to access appropriate services into their adult lives.

The CCGs are working with NHS England (NHSE) with the procurement of an all age liaison and diversion service which will support children within the court and remand system. This service will start in June 2019 and further work will be undertaken to ensure robust pathways are in place to local treatment services. The CCGs have put forward a bid to consider how those children who do not meet the specialist CAMHS threshold will be supported within and on discharge from the health and justice system.

## **8.5 Programme 2 - Improved availability and consistency of family information to support children and families**

Shropshire, Telford & Wrekin Local Authorities in partnership with Shropshire, Telford & Wrekin CCGs, successfully applied for the Mental Health Services and Schools Link Programme, run by the Anna Freud National Centre for Child and Families and funded by the Department for Education.

In 2017, three cohorts in Shropshire (North, Central & South) were convened in workshops which were very well attended, in 2020 Telford and Wrekin held three cohorts and shropshire a further three. Participation included:

- schools & colleges attended
- GP practices
- Representation from:
  - Mental Health Service – MPFT, Kooth & The Children's Society
  - Mental Health in School Trailblazer teams
  - NHS Shropshire CCG
  - Public Health Nursing Service
  - Public Health
  - Special educational needs and disability (SEND)
  - Education Improvement

- Education Psychology
- Strengthening Families
- Your Support Service (YSS)
- Early Help
- Young Addaction
- Shropshire Youth Association

The workshops involved individual and group work, case studies, and small and large group discussions. They covered understanding the strengths, limitations and capabilities and capacities of education and mental health professionals, as well as developing the knowledge of what's available to support children and young people's mental health and how to make more effective use of resources.

At the present time there are no financial levers to incentivise schools to undertake this work. However, there has been considerable energy and a commitment from the Head teachers to engage positively with the programme and the recognition that the wider positive impact that this will have, supporting CYP to reach their potential.

The plan is mindful of the ambitions set out with the Green Paper Transforming Children and Young People Mental Health Provision, and the importance of schools in this programme of change.

The LTP will continue to facilitate a whole system of care including a focus on prevention and early intervention, including universal settings, schools, colleges and primary care.

The mental health services & schools link programme began in 2017 for Shropshire schools. A great deal of work has taken place with Telford schools through the 'future in mind' programme with schools identifying a mental health lead and developing more training for school staff. The 0-25 service partners work closely with schools and other stakeholder to promote new service offers. The Children's Society will be delivering a suite of training and support for professionals in 2019-2020 and ongoing.

The Mental Health Support Team has established good links with their schools across Shropshire, Telford & Wrekin and plan to build on the progress made to date into 2021. The team consists of 7 Trainee Education Mental Health Practitioners (EMHP) and 1 qualified EMHP, alongside 4 wte qualified Mental Health Practitioners. The team has during the pandemic successfully delivered interventions to a number of young people, the majority of which have been able to be carried out safely within schools, face to face, as well as online sessions for those young people having access to resources to support this. Schools have brought into the consultation process and this has allowed for formulations about young people's difficulties, which in turn has helped school identify the most appropriate service. The impact of this has meant that the team do not receive inappropriate referrals and are able to support care planning with schools. The team has as a result of this process, worked closely with colleagues from Social Care, including Social Workers, Family Support Workers as well as other professionals within health and education such as School Nurses and Education Psychology.

Telford and Wrekin Local authority in partnership with the CCG has set up an 'Emotional health and wellbeing panel' (EHWP). There were two key objectives in setting up the EHWP, these were (in order of importance):

- i. To provide early help and support to young people displaying emotional health needs
- ii. To reduce the number of inappropriate or unnecessary referrals to the BeeU (CAMHS) Service

The Emotional Health and Wellbeing Panel held its first meeting in November 2019, 10 panel meetings have been held during 19/20 and 93 cases heard. Initially there were some teething problems with the system for recording the recommendations of the panel, so of the 93 cases heard we only have access to the records for 82 of these. The following analysis relates to those 82.

There were over twice as many presentations from Primary Schools as from Secondary Schools

Phase	Number of presentations
<b>Primary</b>	56
<b>Secondary</b>	26
<b>Grand Total</b>	<b>82</b>

Over half of all primary schools presented at least one case and all but 2 secondary schools presented at least one case. The initial rule that no school could present more than one case at any one panel was relaxed, mainly due to concerns from some schools that they couldn't present all of the young people they needed to. However, 6 was the maximum number of presentations by any one primary school and 3 by any one secondary school, so with 10 meetings in any academic year, there are enough slots for all schools to present their cases with a maximum of 1 per meeting.

Whilst part way through the year there was a waiting list with some schools having to wait 2 months for a case to be heard, by the end of the year all cases were programmed in, although for various reasons, schools were unable to present 3 cases in the last meeting of the year and therefore these 3 will be carried forward to the next academic year.

It should be noted that this was not a 'typical' year, if there is such a thing. Firstly as the panel was introduced this year, schools will be presented cases where they have had concern for some time but no panel to refer to for support. Secondly, with school closures from March, it may well be that there would have been more cases presented in the second half of the year, however, the closures didn't prevent schools from referring.

Number of cases referred to Bee U;

Referred to BeeU	Number of Cases	Percentage of total
<b>No</b>	57	70%
<b>Yes</b>	25	30%
<b>Grand Total</b>	<b>82</b>	<b>100%</b>

All referrals into the Bee U service will undergo assessment, so at the stage of referral, it isn't possible to say precisely which pathway each young person referred will be on. However, we have recorded the panel's initial thoughts as to which pathway might be the most appropriate.

Possible Pathway	Number of Referrals
<b>ADHD</b>	3
<b>ASD</b>	9
<b>ASD/ADHD</b>	1
<b>Assessment</b>	7
<b>Core</b>	4
<b>Assessment (Tics)</b>	1
<b>Grand Total</b>	<b>25</b>

### Examples of Recommendations and Resources available

Everybody, and therefore every case presented, is different, therefore the following examples of recommendations shouldn't be taken as absolute solutions for any young person's difficulties, however, it might support schools in looking for ideas to support the needs of young people in their school.

Pre-requisites to presentation of a case:

There aren't any specific pre-requisites to the panel, however, as always, schools are expected to demonstrate the support they have provided through a graduated response to the needs of the young person. Where this isn't evident, the panel will signpost some of the elements of this. As part of this graduated response, schools should consider whether an assessment by an Educational Psychologist, Occupational Therapist or Speech and Language Therapist would be appropriate. Evidence from referrals to these agencies will make it easier for the panel to decide whether a BeeU referral is appropriate.

Where a young person has had an assessment from one of these agencies and there have been recommendations for the school to follow, the panel will expect to see evidence that these recommendations have been followed.

Example of recommendations made:

Presenting Difficulties	Panel Recommendations
<b>Lethargic / Tired</b> <b>Truancy</b> <b>Defiance</b>	Ride the Storm Parenting Programme Step-Up Parenting Programme Referral for Drug/Alcohol Support Sleep Therapy / Sleep Training Young Carers referral (if appropriate to situation)
<b>Provocative behaviour towards peers</b> <b>Lack of understanding of the impact of those behaviours</b> <b>Poor social skills</b>	Cognitive Behaviour Therapy Speech and Language Therapy Solution Focussed Scaling SCERTS (through EP)
<b>Over reaction to incidents</b>	Whole School Attachment Awareness

<p><b>Low mood / mood changes</b>  <b>Lack of compliance</b>  <b>Possible low self-regulation</b></p>	<p>Sleep Therapy  Occupational Therapy referral  If appropriate – Family Group Conference through social care</p>
<p><b>Difficulty understanding cues/friendships</b>  <b>Heightened response to noise</b>  <b>Needs time to process change</b></p>	<p>Whole School Attachment Awareness  Occupational Therapy / Speech and Language Therapy / Educational Psychology referrals  Visual timetable and introducing a 'change card' into this.</p>
<p><b>Dangerous behaviours (aggression) at home affecting self and family members</b>  <b>Behaviour in school largely OK</b>  <b>Maybe poor concentration / poor memory</b></p>	<p>Strengthening Families referral  Emotion Coaching  Book – My Hidden Chimp  Solution Focussed work  Educational Psychology referral  Incredible 5 Point Scale  Cygnet Training (BSATs)</p>
<p><b>Constant moving</b>  <b>Repeated noise making</b>  <b>Worse at home than in school</b></p>	<p>Sleep pathway  EP working with family on structure and routines</p>
<p><b>Tics</b>  <b>Tourette's</b></p>	<p>GP referral (then possible specialist support from Alderhay hospital)</p>
<p><b>Refusal to engage</b>  <b>Physical and verbal aggression</b>  <b>Poor self-regulation of emotions</b></p>	<p>Positive activities eg Bright Star Boxing  Building resilience work  Creating opportunities to fail in a safe environment  Play therapy  Emotion Coaching</p>
<p><b>High level of anxiety</b>  <b>Historic trauma related to abuse</b>  <b>Hyper-vigilance</b>  <b>Possible sexualised behaviour</b>  <b>Possible violence towards peers</b></p>	<p>Positive activities eg Bright Star Boxing for 1 to 1 work  Referral to 'Bikers Against Child Abuse'  Family Group Conference  Emotion Coaching  Referral to New Start Programme</p>
<p><b>High level of anxiety</b>  <b>Self-harm as form of punishment for self</b>  <b>Aggression towards self</b>  <b>Lack of self-regulation</b>  <b>Eating issues</b></p>	<p>If safeguarding concern, ring Family Connect  Attend Beam  Baseline blood tests – school nurse, health review  GP referral – BMI testing  BSAT work on relationships, including 'Re-tracking'  Give control over food, eg preparing food for others</p>
<p><b>Anxiety around own health</b>  <b>Washing hands constantly until they bleed</b>  <b>Can get angry quickly</b></p>	<p>Attend BEAM  Book, 'What to do when my brain gets stuck'  Cognitive Behaviour Therapy</p>
<p><b>High level of anxiety</b>  <b>Sleep difficulties</b>  <b>Low self-esteem</b>  <b>Sensory issues</b></p>	<p>Speech and Language Therapy  Educational Psychology  Calm Brain approach (maybe in small group or 1 to 1)  Sleep therapy</p>
<p><b>Significant bereavement / loss</b>  <b>Use of threatening and dark language</b>  <b>Refusal to engage</b></p>	<p>Specialist bereavement support  Future in Mind resources – Self Harm, Emotion Coaching and Bereavement</p>



## 8.6 Programme 3 - Timely and visible access to appropriate and practical help, support and treatment

Our aim is to provide services that are available 24 hours 7 days a week, through a blended approach of on-line, self-help, drop-in and face to face support. Our services are not yet fully aligned across health and social care, and we recognise there is more work to do to ensure that services are available across all locations.

We have services available for all ages from 0-25 years but these are not always fully communicated and more can be done to help partners, children and their families understand what is available to support them.

Across the STP there is a working group, developing a virtual Front Door for all ages. A number of engagement events have taken place during 2020 and will go towards developing and implementing the model during 2021.

The first 'Virtual Front Door' engagement event took place on the 21<sup>st</sup> October 2020 via Zoom. The event commenced with a brief introduction looking at 'why' it was needed. Highlighted, that the event was focused on the delivering the Mental Health Strategy, and its priority which identifies the need for a 'no wrong door' approach to mental health services access and delivery. The Strategy describes the aim of assessing the feasibility and risks of different options including multiple access points, through the coordination of a single provider, utilising triage and trusted assessor approach to signpost and allocate individuals to the appropriate local services.

Recent GP survey also highlights a range of access issues for patients needing mental health support.

The experience of individuals with lived experience shared their view of multiple referrals and experience of repeating their stories multiple times as wanting to 'stop the bounce'.

Early review of data to support the virtual events highlighted the difficulty of looking for a standardised approach to data at a system level, and a need to focus on the 'what' part of the change process initially, so that we could become more focused as to what we wanted from any data collection.

As part of the first event we heard a presentation from Cambridge and Peterborough NHS Foundation Trust, First Response Crisis Mental Health Service (presentation has been shared). Their focus was on providing a 24/7 mental health crisis pathway and reducing inappropriate conveyance to their emergency departments. The presentation highlighted the benefits they had experienced through the use of a single number 111, which has an option 2 mental health built into the system. Which was supported by a local mental health service directory, and a standard triage process, individuals would be triaged according to presenting needs to the most appropriate service, this included VSCE.

The structure of the agenda for event of the 21<sup>st</sup> October 2020, facilitated a number of small and whole group discussion to scope the extent of the local problem, look at ideas, questions and possible next steps. There was considerable consistency across the groups and a number of key themes were identified. Using an agreed first steps methodology the initial actions and ideas were captured in a newspaper form. This was to ensure that we captured and clarified the outputs from each event, and further progressed the actions at each subsequent event in terms of clarity and consensus.

The second event on the 23<sup>rd</sup> November 2020 focused on taking the ideas and actions and working through what these would mean in terms of impact on the current system by looking at what to keep about the current access to mental health services and what to change. The areas presented under these categories were then prioritised, to identify key areas for change and areas that were valued as good practice.

**Themes identified:**

Keep	Change
Triage as national best practice	Bounce
Single number (could be simpler)	Waiting times
Specialised knowledge and delivery	Right service @ right time
Crisis and Secondary focus	Clarity of expectation of what's available
24/7 help and access	Offering hope and wider support
	Improve communication
	Broader front door

The event also highlighted a number of key principles that should underpin the process of change.

These were reviewed and refined at events 2 and 3.

- Preventing duplication
- Best Practice
- Information sharing agreement
- Addressing communication
- Understand the starting point for people, earliest opportunity to stop escalation
- Trust the agency/service making the referral – to ensure an assessment is done
- Development of the integrated care record
- Directory of services
- Better connection between partners, share info and contacts
- Sharing information, sharing protocols across the board
- Services to be better joined up e.g. digital
- Number for access to all
- Consultation and engagement

The 3<sup>rd</sup> event took place on the 24<sup>th</sup> November 2020 and was designed to explore further the ideas for change, the questions and issues that had been captured in the newspapers; these were reviewed and presented in 3 key areas of focus.

Group 1 – Theme is co-production so all service user questions, involvement further engagement communication, including family and carers.

Group 2 – Thresholds what currently determines access, what does it need to look like to triage to wider provision outside current secondary care.

Group 3 - Partnership what does this look like, who, what where. The broader role of the Front Door.

Overall the three virtual events have produced a clear mandate of change and set of principles that the system would like to see achieved. Each group of key stakeholders has agreed a set of ideas and actions to be undertaken with the aim of delivering the principle and outcomes. Further work is needed to refine some of the group's actions as time was limited to produce a final document.

The next step is to consider how the actions are taken from the current form and put into an implementation process.

## **8.7 Programme 4 - Focussing support on complexity and vulnerable CYP and their networks**

Shropshire has the highest rate of out of area looked after children than any other county in England. The vulnerabilities associated with this group, such as their increased risk of mental health difficulties arising from their exposure to multiple childhood adverse experiences, means that there is an inherently greater risk of poor mental health within the system, hence a greater demand for services. Applications have been made for funding to the Anna Freud Centre to support Local Authorities to complete mental health assessments on young people moving into the area.

There was a multiagency workshop held by West Mercia Police and Shropshire Council titled: 'Shropshire School drug and alcohol seminar – evidence based practice and local profile' to share best practice, latest local policy and practice developments and the roles statutory and voluntary agencies play in dealing with the impact of drug and alcohol misuse. A newly ratified 'Drug education policy and procedural guidelines for drug related incidents' has been developed and agreed with schools.

A report presented to the Shropshire Childrens Trust in April 2018 confirmed that Shropshire continues to be recognised as an example of national best practice. Shropshire was the winner of the Children and Young People award 2017, PSHE category. The Shropshire PSHE Review 2016 engaged with over 280 young people in Shropshire who participated in the review. Two key aspects of the findings are highlighted. Firstly, young people reported that the delivery of drug and alcohol education under the broad heading of health and well-being was good and the best delivered of all the topics. Second, respondents were most confident to ask for help on the issue of drug and substance use but not about sex and relationships. Given that the two are often interlinked the report noted that young people may choose to present and discuss substance use in the first instance.

There are presently two strategies for childhood sexual exploitation for Shropshire and Telford & Wrekin. Both plans are published on the respective council websites ([Telford & Wrekin Council](#) and [Shropshire Council](#)) have comprehensive multi-agency partnerships and action plans delivering local improvements. Our approach builds on The Six Core Priorities set out in the NHS national framework for sexual assault and abuse services, which are:

- Strengthening the approach to prevention

- Promoting safeguarding and the safety, protection and welfare of victims and survivors
- Involving victims and survivors in the development and improvement of services
- Introducing consistent quality standards
- Driving collaboration and reducing fragmentation
- Ensuring an appropriately trained workforce

Work has commenced to pilot innovative pathways for CYP who are involved within the Criminal justice system. The focus will be on supporting individuals who may not wish to engage or meet the criteria for the 0-25 service. There will be clear evaluation of the process to ensure impact and learning. The West Midlands Paediatric Sexual Assault Service is a jointly commissioned (NHS England and Police and Crime Commissioners) model that provides a hub and spoke service offering:

- **24/7 Acute hub with 90 minute rapid response**
- *A cohort of experienced Forensic Paediatricians across Region*
- *The on-call team is available **24 hours a day, seven days a week.***
- *Victims of recent sexual abuse will be seen by the on-call team at our Horizons centre (Hub), Ida Road, in Walsall*
- *Multi-Agency strategy discussions held at point of referral between consultant and referrer ensuring best outcome for child/YP and safeguarding processes are adhered*

In addition the non-acute “Spoke” Clinics provide:

- *Medical examination and holistic care for CYP where there is concern about possible sexual abuse, but the concern is not deemed to be within the forensic window (non-recent)*
- *A ‘holistic’ service - providing emotional support - the CYP referred to the service is offered a package of counselling and emotional support.*

Substance use is the second highest reason for permanent and fixed term exclusion from schools, a statistic that has led to further multiagency working in this area. All schools and colleges will be able to access the new guidance. A notification will be disseminated via the school bulletin to reach all schools.

In addition there has been targeted dissemination support for selected schools. The Drug & Alcohol Partnership Officer, Police Head of Youth Engagement, Child Sexual Exploitation (CSE) lead worker, Young Addaction, School with Public Health Curriculum Advisor will identify priority schools and areas based on local data profiling for Drug & Alcohol incidents, CSE, Strengthening Families, school exclusions etc. These schools will be offered support to review and update their existing policy and procedures, reflect on current practice and receive targeted support for relevant pupils. In return they will be asked to provide case study information.

A multi-agency group has begun to meet to review a LAC specification and supporting the need to review the number of out of area LAC places in Shropshire or Telford & Wrekin. Work to look at sharing data and meeting the corporate parenting responsibilities of the different organisations has started 2020, with a clear picture to be known during 2021.

## 8.8 Programme 5 - Evidence-based care interventions and outcomes

The original specification for the new BeeU service was based on the contractual agreement that evidence based Improving access to CYP psychological therapies (CYP-IAPT) pathways offering NICE compliant therapy would be a core service offering. The LTP has adopted the THRIVE model which promotes a whole system approach and recognises the importance of friends and family in contributing to the longer-term routine care of children with high levels of need.

The language of THRIVE model will be used to describe all elements of the service offer, including pathways and the description of the service to support cultural change across primary care.

The LTP will ensure that all services, including CYP-IAPT will include the use of evidence-based therapies and outcome measures. The services will provide audit data which demonstrates it is utilising best practice guidelines when working with young people. We recognise that the evidence base for what works, and with whom, continues to be misunderstood and that more work is required to educate the workforce and citizens alike, in this area.

The service will continue to embed a person-centred approach in all their commissioned services, and active participation of the child or young person and anyone in their friendship group or family who they feel would be helpful in aiding their sustainability and recovery.

The following sub-sections contained within the action provide a description of the pathways and services being developed in line with the 5YFVMH. The LTP provides a high-level narrative description of the actions required to transform services. There will be a more detailed action plan overseen by the Mental Health STP and the CCG contracting group which is used to hold all partners to account on delivery. The pathways and services described are:

- Improving access to CYP psychological therapies (CYP-IAPT)
- Urgent and emergency crisis mental health care
- In-patient care
- Specialist care e.g. CYP with learning disabilities or forensic CAMHS
- Eating disorders
- Early Intervention in Psychosis (EIP)

Teams now meet and discuss transition plans. They pay particular attention to the pathways of care for young adults aged 18–25, This includes young people who are transitioning from CYP services into adult services as well as those presenting for the first time. While need rather than age will be the determining factor of where and how people are cared for, staff with particular expertise in caring for people within these age groups will be readily available. Good links are in place with key AMH teams EIP, CIP and ILS regular MDTs offer consultation, information is shared to develop better understanding around service delivery. Including

- Bee U service extend involvement post 18 to complete interventions and prevent where possible the need to transfer to adults
- Our CEDS and ED have links including adults ED nurse on secondment within BEE u

There are three cohorts within this 18 to 25 age group that we will specifically consider: (1) young people who transition from children and young people's mental health services

(CYPMHS) and are accepted by adult mental health services; (2) those who do not meet the current criteria for adult mental health services but have continuing needs and require care; (3) people presenting for the first time. The new CMHT offer will meet the needs of 18 to 25-year-olds; manage the transition points and meet the full range of complexity of need.

Data regarding the numbers transitioning into adult services is captured as part of Schedule 4 (data reporting) in the contract. As pathways are further developed and evaluated the expectation is that teams become ever more integrated and care more seamless. Future data sources will identify more detail on transitions to ensure year on year improvements reflected through metrics are demonstrated.

### **Improving access to CYP psychological therapies (CYP-IAPT)**

The CYP-IAPT ethos and principles are being embedded into CYP-IAPT and include:

- collaboration and participation
- evidence-based practice
- routine outcome monitoring with improved supervision.

The principles of CYP-IAPT are a fundamental part of the new 0-25 service which ensures collaboration and participation. The service signed up to last wave of CYP-IAPT and evidenced-based pathways have been developed in the new service. This will include the agreement of relevant outcome measures for the pathways. The provider is involved in the national work to report outcome measures. Reporting of outcome measures are a requirement in the data Quality Improvement Plan in the current contract. Fundamental to the use of outcomes in routine care is having access to high quality clinical supervision which will ensure outcome measures are used to improve practice.

The BeeU partnership includes third sector agencies who deliver NICE compliant therapy but at present the IAPT approach is focussed on NHS staff.

To ensure existing and new staff continue to be trained in evidence-based interventions a bid has been submitted to Health Education England to deliver training in CYP for the area. There is also training available in positive behavioural support and trauma informed care via the Transforming Care workforce plan. As part of 'business as usual' the provider will identify CPD requirements as part of the appraisal process.

### **Eating Disorders**

The LTP area is currently meeting national targets against the Eating Disorder Access and Waiting Time standards. There have been some issues with a lack of 'urgent' referrals being made and a task to finish group was established to ensure GPs have clear criteria for these referrals.

Shropshire and Telford & Wrekin CCGs are partners in an eating disorders cluster across Staffordshire and the West Midlands.

In relation to NHS England's commissioning guidance a full specification has been produced through collaboration between the provider (MPFT) and commissioners. The service delivers an initial assessment which includes consideration of any coexisting mental and physical

health problems, strengths and resilience capacity and level of motivation. Treatment options are concordant with NICE guidance including CBT, family interventions, guided self-help and pharmacological interventions.

Where there are coexisting mental health problems and the eating disorder is the primary representing problem, the service will also manage common coexisting problems such as anxiety and depression. Otherwise the management will be shared between this and 0-25 services. As well as the assessment and treatment service, the team will also include a strong multi-agency liaison/education component providing guidance to primary care, school nurses, social care services, schools and secondary care.

The newly formed team is making good progress in moving the service forward. They are considering the recruitment options and looking to improve the clinical provision. The team is continually developing and refining pathways and processes that reflect the guidance. The team are working towards the Quality Network for Community CAMHS (QNCC) standards and peer review will help promote service development and they aim to join QNCC/West Midlands Quality Review Service (WMQRS) network 2019.

Nationally there has been an increase during 2020/21 in the number of CYP presenting at hospital with eating disorders including ARFID. Work is required locally to understand demand and capacity across the health economy for eating disorders and developing an ARFID pathway.

### **Early Intervention in Psychosis (EIP)**

The two CCGs commission Early Intervention Psychosis (EIP) services from the same provider as the BeeU 0-25yr service. This service ensures that CYP are seen in the specialist EIP service alongside CAMHS clinicians where required. The Early Intervention Service works with CYP aged 14+ and offers assessment and where appropriate NICE-recommended treatment for people taken onto caseload with First Episode Psychosis or At-Risk Mental State (ARMS) with the Early Intervention Service providing care co-ordination.

The service is working to gain level 3 accreditation (CCQ1, EIP Network audit). For those aged 14-18 the service works in partnership with the local CAMHS to ensure the CYP mental health needs are met. The service also takes referrals directly from Children Services, GP, Young Persons Substance Use Service, schools/colleges and youth services as well and will work in partnership with these services if agreed with the CYP and their family/carers.

### **Perinatal mental health**

Both CCG's have successfully commissioned a specialist perinatal mental health and a maternal mental health service from MPFT.

The specialist services will operate through a 'hub and spoke' model and will:

- Include a multi-disciplinary approach including psychiatry, psychology, occupational therapy and, mental health nursing and peer support.
- Be responsible for upskilling wider staff working in or with the service
- Improved early detection and prevention.

- Preconception advice for women with severe preexisting mental health problems
- Out of hours support – access to inpatient facility, Stafford
- Services closer to home.
- Offer at least 50% of women who meet the criteria a face to face appointment within 2 weeks of referral and 95% within 6 weeks as per national guidance.
- Facility to provide initial assessments within home environment, where a more assertive approach is required. (due to covid virtual assessments have been developed, via one consultation)
- Increase the provision of MDT members to provide a holistic approach to recovery
- Women and their families have a positive experience of care, with services joined up around them.
- Early diagnosis and intervention, supporting recovery and ensuring fewer women and their infants suffer avoidable harm.
- More awareness, openness and transparency around perinatal mental health so that partners, families, employers and the public can support women with perinatal mental health conditions

The service will be able to enhance the existing close working relationship with the well-established local mother & baby unit (Brockington), enabling a seamless holistic approach and continuity of care across the out-patient and in-patient services.

The maternal mental health service will provide mental health support to women and families where there has been a loss or trauma, improving mental health for future pregnancies.

In addition we have a service to support families that have been affected by Shropshire, T&W trust investigation as recommended Dame Donna Ockenden. We now have a psychology support service to provide intensive therapeutic intervention to the whole family. (T&W pilot psy assessing women where concern baby might be taken into care, then trauma informed change if mother has capacity to change.)

### **Neuro-developmental needs**

Whilst these services are offered to CYP and families it is recognised that further work is required to ensure that clear pathways exist and clarity is formed on the boundaries between educational needs and mental health needs. Workshops were held with families in January 2018 and July 2018 and work is ongoing to develop the pathways. Work with partners to develop the ND pathways having started in 2020 and will continue into 2021 to have clear place based ND pathway support for CYP, parent and carers for pre, during and post diagnosis. These should all be in place and coproduced early 2021.

## **8.9 Programme 6 - Develop our workforce across all services**

The STP mental health workforce plan includes high-level requirements of the BeeU 0-25 service. The mental health delivery plan is now in development. This will be signed off by the new MH,LD and A Board once the planning work has been undertaken to understand the numbers and skill mix required to deliver the pathways in this plan pathways.



The LTP recognises that necessary and valuable work that is undertaken across the wider system such as by colleagues working in the voluntary sector, in schools, in the local authority and in primary care. Whilst the workforce plan does not directly include schools and colleges at this stage both the 'Future in Mind' work and 'TAMHs' are fundamental in the development of skills across universal service staff. A key role of both of these services is the upskilling of school staff to understand the emotional and mental needs for CYP.

The waterfall template used for the NHS England return (which was mandated for the mental health workforce plan) was unable to recognise the baseline staffing in 2016 (because the previous staff were employed by a different organisation). However, the workforce data is understood. A management of change has been undertaken since the contract award of the BeeU 0-25 service and further work is progressing to understand the future workforce required.

The original investment associated with 2015/16 workforce plan for Universal Services staff has now ended the investment period but there remains money to support ongoing CPD developments.

With respect to CPD and continued training to deliver evidence-based interventions (e.g. CYP IAPT training programmes). Currently, there are gaps in the Mental Health workforce plan for CYP services, CYP IAPT has already been highlighted as a key requirement. The resources to support the development are part of the associated Health Education England bid and the 12-month course will begin once dates have been agreed. Further staff are to be trained in CYP IAPT but clinical capacity is a key factor in both releasing staff and taking the time to redesign services to deliver in a new way.

CPD and training is now a core part of the annual appraisal processes.

The workforce plan does not include wider system workforce needs at this stage. It has been necessary to focus on the core services given the significant inherited issues, but the importance of wider work is recognised and will be progressed once the basics are in place. There is agreement that this work will be through the STP partnership.

However, both local authorities have been considering the capacity and capability of the areas for which they are responsible such as school nursing, health visiting and schools.

In addition to individual workforce needs there is a system wide cultural change required on how the mental health needs of CYP are understood, formulated and subsequently met.

#### **8.10 Programme 7 - Ensure strong partnership working and system governance**

The LTP will continue a system-wide breadth of transformation of all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups. We will do this by working with our partners in the following ways:

- **NHS England specialist commissioning** – Working on the use of CAMHS Tier 4 beds to understand the rise in use and develop a plan to reduce this in 2019-20.

- **Local Authority** – The links between Local Authorities and CCGs are very strong and supported via the joint commissioning of the new BeeU service. The CCGs have carried out a lot of work with local authority to better support vulnerable children. We will continue with using multi-disciplinary reviews on individual cases and learning applied to the future. We will prioritise the large number of looked after children (LAC) and those with adverse childhood experiences (ACEs) and trauma histories.
- **Third sector and community groups** – The new model allows for flexible support from affiliate organisations to provide flexible capacity from the third sector. There is a lot of enthusiasm for improvement with community-based groups/services. The Children's Society will be doing more work on this during the next year. There is also a vibrant third sector (not funded by statutory organisations) that is supporting children, young people and their families across Shropshire and Telford & Wrekin. We will continue to encourage innovative models for helping CYP to gain rapid access to help when they require it.
- **Youth justice** – The service includes two dedicated workers that sit in a virtual youth justice team to provide advice and referrals into 0-25 service. In addition, in 2018-19 both CCG's are working with NHS England to procure an all age liaison and diversion scheme.
- **Schools & colleges** – There are schools leads on the 0-25 partnership/stakeholder forum to help drive the agenda and make connections. A school representative was central to the procurement exercise. There are clinics held in some school settings (for example one of the special schools). Future in mind Telford & Wrekin continue their work led through the Severn School Alliance. This ensures there is a lead in each school and they receive appropriate training and support around mental health. There are also some drop-in sessions held in colleges; these sessions have been co-developed with colleges. In Shropshire the Targeted Mental Health Support (TAMHS) support schools, professionals and volunteers to promote children's emotional health and wellbeing and develop resilience. The programme uses a universal population based approach and some targeted intervention support for CYP.
- **Primary care** – Work has been ongoing and will continue with practices. The referral forms have been changed as a result of feedback from referring GPs. The 0-25 service website has been developed for easy access to GPs for information and advice. Prescribing have been developed and are being rolled out to replace shared care agreements. Further work is needed to explain criteria, pathway and overall service offer once these have been agreed. There is a designated GP lead for CYP, supporting this agenda.

The key deliverables of the MH5YFV specifically for children include:-

- **Access** target for 35% of children with a mental health condition to enter an NHS commissioned service. The current (unvalidated) rate for Q1 is 48% of the years target, so is on target to achieve the trajectory.

- **Early intervention psychosis:** A dedicated service is in place and is meeting the access target of 53% seen and on the caseload within 2 weeks of referral. The service is at level 2 compliance for NICE recommended therapies and plans are in place to be at level 3 by 2020.
- **Reduction in tier 4 beds** - work is underway to better understand the increase use of tier 4 beds and develop alternatives including tier 3.5 beds, improved crisis response and proactive management of those at risk of admission.
- **IAPT service** - CYP over 16 have access to this service which is meeting the national access, recovery and waiting time targets.
- **Hospital Liaison services** – Are in place in both local hospitals for CYP 16 and over. One unit has 24/7 cover the other 12/7 cover. The provider (i.e. MPFT) of the 0-25 service and the adult service are now the same and an event has been held to ensure robust pathways are in place for CYP. This will ensure there is an all age response by 2020.

In addition, the refreshed plan will continue to meet the 5YFV for mental health through its adherence to the principles of:

- Co-production with people with lived experience of services, their families and carers;
- Working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- Identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery;
- Designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives; and,
- Underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

### 8.11 Programme 8 - Fully involving children, young people and families

Details of the various partnership arrangements for involving children, young people and families is explained on page five of this plan.

We want to ensure that coproduction is at the heart of service developments and ongoing improvement and have set out a plan of work that builds on and strengthens the approach already taken. Further work being driven by the Community and place based board will support this process as a STP.

### 8.12 Programme 9 - Improved crisis care

There is a dedicated children and young people 24/7 urgent and emergency service. We recognise the need that having access to enhanced crisis care is central to the BeeU 0-25 Service. There is crisis support 24/7 delivered through a combination of a dedicated crisis team working Monday to Friday 9am – 5pm with out of hours support through an on-call psychiatrist. The service will be offered 24/7 as from end January 2021. The hospital liaison team based in the acute Trust are also able to respond to crisis for young people 16+.

There has been some progress bringing together the adult and CYP elements to work more closely together. This has been helped by the two services being part of the same directorate.

With respect to CYP with disabilities the 0-25 service has a dedicated team for learning disabilities and for autism which ensures reasonable adjustments are made to support children in crisis. The 0-25 service continues to work collaboratively with the acute provider to identify opportunities to improve support for young people in an acute setting. Young People's needs are always taken into consideration as part of the assessment process and as much as possible will be accommodated during any intervention.

The 'at risk of admission' register provides an opportunity for front line professionals to discuss reasonable adjustments that can be made to avoid admission/crisis.

The new liaison and diversion scheme commissioned by NHS England will support all children with disabilities in the criminal justice system which will support reasonable adjustments within courts and custody.

Children and young people, carers and professionals have had opportunities to articulate the experiences they have had and aspirations for change. It featured heavily in the engagement work which was carried out in preparation for the procurement. During the procurement process the young people on the procurement panel probed potential providers to ensure they understand just how important this issue was. At all engagement events with CYP or parent carers since their expectations are listened to. Learning is also taken from any individual issues raised (via Patient Advice and Liaison Service (PALS), complaints and general enquires either through the commissioners or provider). These have been translated into a set of KPIs for response times for urgent and emergency mental health for CYP within the contract.

Crisis pathways have been reviewed to enable the service to better respond to young people in crisis and work will continue with partners across the local health and social care economy on ways to intervene earlier in the pathway to access appropriate support. The crisis support function is preparing to cover 8-8 by the end of 2018/19 which will better support CYP.

By 2019 we aim for the closer working with the learning disabilities CYP pathway and the adult service pathway to have progressed to ensure improved crisis support and transition pathways. To support this a Kaizen event was undertaken between the Rapid, Assessment, Interface and Discharge (RAID) teams and crisis teams to improve the response for 16-17 year olds in crisis. Early feedback is that it is working well, and it will be kept under close monitoring. In 2019 we will continue to focus on integration, reducing barriers within services, and ensuring a seamless pathway.

As a system one of our borders is with mid Wales and there has been experience of some local issues with the differences in commissioning for Welsh patients. NHS England is not responsible for commissioning Tier 4 beds for Welsh patients. This can cause significant delays and impact on workload when CYP are in a local acute hospital. We will continue to work with Health Boards in Wales to resolve the issues.

Meeting the needs of more complex CYP with trauma, sexual exploitation or abuse, experiencing 3 or more adverse childhood experiences (ACEs), looked after children, children with learning disabilities and those at risk of entering the justice system will remain our priority.

We recognise that some groups of CYP are more vulnerable than others and specialist pathways for these groups will be developed in 2019-20 to address their needs. This will include having appropriately trained staff in evidence based interventions, who are aligned to these pathways to foster effective links with external agencies also working with these young people.

A clear focus for the workforce plan is the building of knowledge and skills regarding the impact of ACE and trauma informed care for all those working with CYP.

Where possible and appropriate we will ensure that appropriately trained workers from BeeU are embedded in wider teams that focus on these vulnerable children. For example, the Looked After Children worker from the BeeU service sits as part of the team of social workers in the Local Authority.

We will continue to do all we can to ensure that children and young people will not be admitted to inpatient care unless absolutely necessary. If they are admitted every effort will be made to ensure that services work together to provide a safe and secure place at home or in their local community for return as soon as possible. The child or young person and identified friends and family will be active in care planning and support.

Recognising the rise of Tier 4 beds, both CCGs in the STP are dedicated to a reduction in the inappropriate use of inpatient beds and out of area placements. A project already established will continue to better understand the use of tier 4 beds and to develop alternatives. The newly introduced 'at risk of admission' register will help to prevent admissions on an individual level and also provide a greater level of information to develop alternatives for the future.

The Trust's clinical lead has been involved in regional and national discussions regarding new models of inpatient care and opportunities to develop local solutions and will bring this learning back to the STP.

The STP is working across the health economy to develop a safe place for CYP in crisis to ensure CYP get the right help at the right time and thus reducing need on tier 4 beds and hospital admissions. A pilot has been developed to start January 2021 and a longer plan is being developed. Data from the pilot should be available late March early April 2021.

### **8.13 Commitment to Quality Improvement**

As a system the LTP partnership is committed to a journey of system wide learning and improving quality for all services provided to CYP. As such, we are mindful of the need to use the available data we collect to share with all partners in order to paint a comprehensive picture of the services and improvements required. For example in schools this is the CASCADE model, in the BeeU service the main provider has Lean Methodology and the core contract will identify and use outcome measures, patient and family experience measures as well as measures of service efficiency.

At all times we will continue to fully involve the views and experiences of children, young people and their families in the evolution of services across the county.

#### **COVID and lessons learnt:**

The SEND Covid group carried out a SWOT analysis and CYP MH tactical group reviewed the findings and agreed these were replicated across the CYP system. This piece of work has been taken forward by the new system governance plan for CYP. The main elements which the group felt were invaluable were:

- Improved communications across organisations
- Reduction to barriers across organisations
- The offer of different types of service eg. Virtual support where clients want yet still offering face to face where needed or required. This offer will stay after COVID and grow where the evidence and patients feedback dictates.
- Data sharing – has improved during COVID and examples of weekly huddles with social care and MPFT to discuss Complex CYP has been invaluable. A shared list of vulnerable children with EHCPs, having physical input and know to MPFT. Additional work is now required to continue this strand of good work and improve data sharing across particular groups such as LAC.

Please Appendix one for full SWOT analysis.

### **Impacts of the Plan so far:**

As part of the refresh of the plan locally we have taken time to reflect on what has been achieved and where many actions have been realised while we recognise there are still many more improvements to be made. The partnership feels a different place, the partnership working is more developed and an increase in 'joint working' to realise outcome is clearly and naturally happening. From the inception of the plan there have been a number of actions meet and therefore are no longer actions in this version. Some of these include:

- Development of a 24/7 crisis team (January 2021)
- Implementation of an ASD diagnostic team ( September 2020)
- Development of information for schools and GP's
- Development of the BEE U website
- Change in governance to the MH, LD and A board
- Completed the review and management of CYP on medication
- ALL CYP referred for specialist mental health service are triaged within one week and supported by services within 4 weeks, well within the 18 week target
- ALL CYP on the ADHD pathway start assessment within 18 weeks
- One point of referral for CYP via the Access team and number
- There is a consultant available on the Access line to offer help, support and advice to other professionals

Additionally a number of the service have been gathering case studies to help demonstrate the so what factor, the difference some of these service have made and how we have been able to use these to continuously change, adapt and move service forward. The case studies evidence partnership working, gathering feedback from clients and interagency working. These case studies and examples of marketing are available in Appendix two.

### **Work still to be realised:**

There are still many development pieces of work to be realised, especially as priorities change and local need alters. Some of these can be themed and include:

- Outcome measures across the system
- Improved pathways across the system
- Shared system wide training and support
- Open and transparent partnership that shares risk and solutions
- Pathway development for CYP with ASD,
- Identify and fill gaps in commissioned services
- Demand and capacity understanding in areas such as CEDs.
- Support the development of the STP coproduction policy and way of working and embed in all practice
- Data sharing arrangements for vulnerable CYP groups
- Development of a joint communication plan

### **New plan:**

It is envisaged that a plan will be developed to deliver the new CYP LTP by end of December 2021.

Areas to be included in the plan:

- Celebrate our successes and lessons learnt from across the system
- The plan to be the conduit for the bringing together all elements of mental health; to develop a fully encompassing plan. Including areas such as Paediatric psychology, physical health, voluntary, third sector. Local authority offer and provision.
- Develop new actions that meet the current local need, whilst recognising areas of the current plan that have not been realised.
- That the plan s coproduced with service users, parents, wide range of professionals and organisations.

Timeline for the new plan:

- All focus groups, surveys and engagement will take place between April 2021 and July 2021
- Draft coproduced plan ready by end September 2021
- Final coproduced plan signed off December 2021.

## 9.0 Action Plan 2019-2021

Ref	Objectives	Actions	Lead	Completion date	Milestone	Outcomes
<b>Thrive Model - Self Support</b>						
<b>1. Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals</b>						
1	Ensure advice and information is readily available	Develop a joint communication plan for CYP, parent, carers and professionals	Bee U communications team	April 2021, then on going as in plan	1. Clear coms strategy coproduced 2. Variety of communications and marketing methods	
2	Shift the understanding of emotional health and wellbeing from a culture of medicalisation to one of understanding individuals needs and the best support to help	Develop a system wide package of information to help improve understanding of emotional distress in CYP as part of the communication plan	Bee U/CCGs/councils/ third sector	April 2021	Development of Marketing materials/collateral available for distribution and appropriate for the audience.	
		Support national and local campaigns such as 5 ways to well being	Public Health	Ongoing		



Ref	Objectives	Actions	Lead	Completion date	Milestone	Outcomes
<b>Thrive Model – Self Support</b>						
<b>2. Improved availability and consistency of family information to support children and families</b>						
3	Developing and sustaining a whole school approach	Whole school approach – (i) resources (ii) models of counselling / in-school delivery; (iii) workforce education; (iv) healthy lifestyles and relationships promotion, including raising awareness of infant attachment in the school setting. (V) appointed school champion for MH	Councils and schools	On going to be monitored via CYP MH tactical group	<p>Launch of whole school approach</p> <p>Cascade training in schools via EHWB identified lead</p> <p>All school embedding Anna Freud model</p>	<p>Improved understanding of emotional health in schools for CYP, teachers and families</p> <p>Teachers and school staff report increased confidence in MH issues</p> <p>Engaged schools, who are contributors to pupil resilience and adopt whole school approaches</p> <p>Support school staff through consultation and supervision.</p> <p>Staff reporting more confidence in supporting pupils in the school environment.</p> <p>More children and young people supported to maintain attendance at their school</p>
		Recognising role of Healthy child	SCHT	On going to report back	1. School based plans for programme roll out	Prevention measures in place

Ref	Objectives	Actions	Lead	Completion date	Milestone	Outcomes
		programme in raising awareness of mental health and emotional wellbeing		to CYP STP group	2. Forward plan in place	Raised awareness of emotional health and wellbeing MH stigma challenged
		Continue to Deliver CPD programme to schools mental health leads and networks wrapped around school footprint	Public Health/ futures in mind	On-going (Easter 2021 in Shropshire)	1. Resource identified 2. Workshops/sessions agreed 3. Training delivered	FIM: deliver programmes against need. Increase confidence around MH in schools
		To implement, develop and disseminate learning from the Mental Health Support Teams in Schools trail blazer	Bee U/ CCG/ Councils/ Educational settings	2020/21 On going	Report to HWBB and STP detailing outcomes	Learning from the project disseminated to schools outside of the scheme Improvement MH in schools Increase resilience for CYP in schools in project
	Consistent information and understanding for families and CYP	Social prescribing for CYP	Place based board	2021/22	Pilot completed in on Primary Care Network (PCN) and review evaluation and outcomes and look at replicating in other PCNS.	
		Development of the ACES approach across the county and by all professionals	Bee U/ Councils	2021/22 on-going	Embedding of ACE as a way of working with CYP and their families	

Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
<b>Thrive Model - Consultation and Advice/guidance</b>						
<b>3. Timely and visible access to appropriate clinical support and treatment</b>						
Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
11	Perinatal/ post-natal parental mental health	Development of antenatal and perinatal provision.	MPFT	March 2019	Implement agreed project plan in line with trajectories	Service available for women across Shropshire.
		Extend coverage to partners and post birth up to 2 years: increase % of women engaging with service to 8.6% (all births)				
		Develop and agree care pathway for parents with mental health (maternity)	MPFT	March 2019	<ol style="list-style-type: none"> <li>1. Task and finish group established</li> <li>2. Development of pathway</li> <li>3. Clinical guidelines agreed and disseminated in primary care (using Map of medicine)</li> </ol>	
		Enhance maternity services for people with mental health	SATH	June 2019	<ol style="list-style-type: none"> <li>1. To review local plans against national guidance / funding available</li> </ol>	

Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
		including access to specialist support			<ul style="list-style-type: none"> <li>2. Document intention in commissioning intentions</li> <li>3. Decision to proceed with enhanced service</li> <li>4. Implementation plan implemented</li> <li>5. Data collected for evaluation</li> </ul>	
12	Parent and Infant Attachment	Develop care pathway for families needing targeted support with infant attachment	LA's	July 2019	<ul style="list-style-type: none"> <li>1. Care pathway discussion – complete</li> <li>2. Clinical guidelines developed</li> <li>3. Dissemination and implementation</li> </ul>	4.
		Engaging families early – screening by HV to identify risks and determine targeting.	Public Health	April 2019	<ul style="list-style-type: none"> <li>1. Pathway discussion</li> <li>2. Identification of gaps</li> <li>3. Agreement on how to meet gaps.</li> </ul>	
13	Parenting programmes	Co-ordination of local parenting programmes to deliver an agreed model that improves parenting skills and parents mental health.	Public Health/ Councils Targetted early help _ Shropshire Strengthening families _T&W	On going	<ul style="list-style-type: none"> <li>1. Development of parenting care pathway</li> <li>2. Development of parenting information</li> <li>3. Development of parenting ROMs.</li> </ul>	More CYP assessed and treated earlier in their presentation

Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
	Development of a virtual front door					
<b>Thrive Model - Consultation and Advice/guidance</b>						
<b>4. Vulnerable children and young people</b>						
14	Develop a shared understanding of service gaps, and most vulnerable groups	<ol style="list-style-type: none"> <li>1. Agree data sharing protocol to bring together separate information systems into one STP dashboard</li> <li>2. Establish reporting framework to inform annual planning process.</li> <li>3. Share routine data including referrals, pathways, workforce, interventions and outcomes</li> </ol>	CYP tactical group	Ongoing under development for April 2021	<ol style="list-style-type: none"> <li>1. All age MH JSNA completed for STP</li> <li>2. Data sources on at risk and vulnerable groups collated (including past year service use, LAC data, lessons learned from SCR reports etc)</li> <li>3. High level data set agreed to inform ongoing future CYP LTP refresh</li> </ol>	
15	Develop pathways for at	Review and share CYP MH pathways as	CCGs/LA's	Ongoing via CYP tactical		

Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
	risk vulnerable children and young people	required		group		
		Implement new CYP criminal justice pathway	NHSE	April 2019	<ol style="list-style-type: none"> <li>1. New pathway implemented</li> <li>2. Continuity of service provision ensured.</li> <li>3. Evaluate pilot work of CYP criminal justice system pathways.</li> </ol>	<p>More CYP moved from pathways</p> <p>Improved community integration</p>
16	Ensuring services meet the needs of all children	Developing monitoring to evidence services are accessed by specific groups e.g. LAC, SEND, Young Offenders, young carers, LDD, NEET	CCG?LA/MPFT	In progress On going	<ol style="list-style-type: none"> <li>1. All evaluations to look at impact on vulnerable groups.</li> <li>2. To have clear data sharing arrangements</li> <li>3. To have an understanding of outcome measures</li> </ol>	All groups identified and gaps in service known.
		Targeted information available for young offenders, children and young people with learning difficulties, Looked after Children and young carers.	MH communications plan	April 2021 then on going	<ol style="list-style-type: none"> <li>1. To be part of the communication plan</li> <li>2. Drafting of information</li> <li>3. Engagement of vulnerable children and young people</li> <li>4. Adjustment to literature</li> <li>5. Publication</li> </ol>	Waiting times to be compliant with national standards

Ref	Objectives	Actions	Lead	Completion date	Milestones	Outcomes
		Provision of Shropshire and Telford & Wrekin Intensive Placement Support and Treatment intervention service (1) ongoing recruitment of foster carers (2) evaluation of model	Councils	On Going	<ol style="list-style-type: none"> <li>1. Growth in number of children and young people supported</li> <li>2. Identify cohort and lessons learned for earlier treatment</li> <li>3. Develop plan for reduction in future use</li> </ol>	Earlier intervention in place

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
<b>Thrive Model – Getting Help</b>						
<b>1. Evidence-based care interventions and outcomes</b>						
Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
17	Jointly manage CYP on medication packages of care	Increase and improve shared cared agreements with GPS	Bee U/ PCN	On going	<ol style="list-style-type: none"> <li>1. Prescribing costs</li> <li>2. CYP on share care agreements</li> </ol>	•

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
20	Development of local joint pathways	Early intervention and resilience: inc. BEAM, KOOTH and trailblazers	Public health	On going	Part of resilience group	
		Core mental health service	MPFT	On going	On website.	
		ADHD	MPFT	Completed and ongoing		
		ASD : Joint pathway	ALL	April 2021		
		Diagnostic pathway	MPFT	April 2021		
		Learning disabilities	MPFT	Dec 2019 on going	Pathway established Staff trained Outcome agreed Ongoing OD plan agreed Capacity identified	
		Eating disorders (CED)	MPFT	Completed on going		
		LAC	MPFT	On going		
		SEND	Local authority	On going	WSOA	



Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
		CYP crisis 24/7	MPFT	Completed	More detail against priority 9	
		Escalation pathway	CCG	On going	Part of PCN pilot	
		Transition for 18-25 year olds	MPFT	On going	Part of PCN pilot	
<b>Thrive Model – Getting Help</b>						
<b>6. Develop our Workforce</b>						
21	Increase MH workforce across the system	Plan as part of the STP workforce stream.	STP	On going	1.	
22	Measuring outcomes and effectiveness	Use of Routine Outcome Measures is embedded across all mental health and well-being service provision.	Bee U	On going: to start to report from April 2021	<ol style="list-style-type: none"> <li>1. Plan to extend the use of ROMS across services produced.</li> <li>2. Target areas roll out from April 2016</li> <li>3. Other areas from September 2016</li> </ol>	<ol style="list-style-type: none"> <li>2. Focus on whole pathway from schools, universal services, primary care through to specialist pathways</li> </ol>
30	Workforce information across partnership	<ol style="list-style-type: none"> <li>1. Engagement with partners to agree best approach</li> <li>2. Point prevalence</li> </ol>	STP: Linked to STP workforce group	July 2019 on going		

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
	identified to identify workforce training plan for joined up care.	<p>audit undertaken of workforce (roles, skills, gaps)</p> <p>3. Plan developed to set out future gaps and needs</p> <p>4. Financial modelling undertaken to ensure sustainable workforce for the future</p>				

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
<b>Thrive Model – Getting More Help</b>						
<b>7. Ensure strong partnership working and system wide governance</b>						
	Develop the system infrastructure to support the transformation of children and young people's 0-25 years emotional health and	<p>Governance via the CYP MH tactical group and feeding into the MH,LD &amp; A board.</p> <p>To develop clear prioritise short, medium and long term which clear deliverables, timeline and resources</p>	STP and PMO	Ongoing	<p>Reports from CYP group to board monthly</p> <p>Regular updating of the PMO site</p>	<ul style="list-style-type: none"> <li>• Assurance</li> <li>• Outcomes and so what factors know</li> <li>• Gaps and areas for improvement clearly defined and understood</li> <li>• Better future commissioning of</li> </ul>

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
	wellbeing services					services
	Ensure website and communications collateral are up to date	An element of the joint communication plan Link to the communication plan	MPFT lead other to contribute Councils	April 2021 On going	Website up to date Downloadable information available on conditions and approaches to support / treat.	<ul style="list-style-type: none"> <li>• Co-produce social marketing messages about emotional wellbeing and mental health. Aligned to national initiatives such as Time to Change:</li> <li>• Incorporate innovation in challenging stigma</li> <li>• Children and young people to have access to self-help strategies and “exercises” that help keep well.</li> <li>• children and young people reporting year on year improvements in emotional wellbeing and functioning</li> </ul>

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
						<ul style="list-style-type: none"> <li>CYP and families reporting more confidence in coping and self-management.</li> </ul>
	Commission for resilience, in communities, early years and schools	Develop plan for future commissioning on population health data.	Public health, CCG and councils	April 2020 On going	<p>All future commissioning to take into account patient level intelligence and allocation of resources to reflect local prevalence rates and local needs</p> <p>Local and national datasets to inform commissioning STP MH Strategic Commissioners to engage providers in developing local minimum datasets.</p> <p>CCG informatics to analyse quarterly data and align to a system level KPI development programme.</p> <p>Refreshed National and local prevalence data to be published</p>	<ul style="list-style-type: none"> <li>A co-produced commissioning plan in place by 2020</li> <li>Commission against population based principles that are co-produced</li> <li>Commission for early intervention</li> <li>Transitions commissioning aligned to SEND reforms</li> </ul>

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
<b>Thrive Model – Getting More Help</b>						
<b>8. Fully involving Children, Young People and Families</b>						
	Develop the voice and engagement of children, young people and their families that are and have experienced mental health illness	Recruit and support a group of children and young people who are or have been service-users of mental health services, to develop a dialogue about services.	STP	January 2021	<ol style="list-style-type: none"> <li>1. Literature available about the group and how to get involved. Provide additional support for vulnerable groups to engage.</li> <li>2. Arrange listening event for CAMHS staff and CYP Group established.</li> <li>3. Terms of reference in place</li> <li>4. Dialogue developed with the group re service delivery and future planning.</li> <li>5. Fun and feedback from service users.</li> </ol>	Strong and vibrant proactive involvement at all levels of the service
		Develop ways of gathering information from CYP using the mental health services:	MPFT	On going	<ol style="list-style-type: none"> <li>1. Research surveys</li> <li>2. Design of survey</li> <li>3. Implementation</li> <li>4. Learning and quality</li> </ol>	

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
		Eg IT systems, surveys, engagement and consultation events			improvement annually 5. Case studies	
	Coproduction (golden thread across the STP)	Work to 'think local, act personal' coproduction principles	STP	On going		

Ref	Objectives	Actions	Lead	Completion date	Milestones / Outcomes	Outcomes
<b>Thrive Model – Getting Intensive Help</b>						
<b>9. Improved crisis care</b>						
	Develop crisis/escalation pathways	Develop 24/7 crisis treatment team Review Beam 'safezone' pilot Develop 3.5 tier in-patient service Escalation pathway	MPFT/CCG	June 2021 then on going		

## GLOSSARY OF TERMS

3di	Developmental, Dimensional and Diagnostic Interval
5YFVMH	5 Year Forward View for Mental Health
ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ARMS	At Risk Mental State
ASD	Autism Spectrum Disorder
BeeU	Consists of 4 organisations – The Children’s Society, Kooth, Healios and The Midlands Partnership Foundation Trust
CAMHS	Children and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CHIMAT	National Child and Maternal Health Network
CPD	Continuing Professional Development
CQRM	Clinical Quality Review Meeting
CQUIN	Commissioning for Quality and Innovation
CYP	Children and Young People
EHWB	Emotional Health and Wellbeing
EHWS	Employee Health and Wellbeing Service
EIA	Equality Impact Assessment
EIP	Early Intervention in Psychosis
FTE	Full Time Equivalent
HOSC	Health Overview and Scrutiny Committee
IAPT	Improving Access to Psychological Therapies
IST	Intensive Support Team
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicators
LA	Local Authority
LAC	Looked After Children
LDD	Learning Disabilities and Difficulties
LGBT	Lesbian, Gay, Bisexual and Transgender
LTP	Local Transformation Plans
MDT	Multi Disciplinary Team
MHFA	Mental Health First Aid
MLCSU	Midlands and Lancashire Commissioning Support Unit
MPFT	Midlands Partnership Foundation Trust
ND (CAMHS)	National Deaf CAMHS
NEET	Not in Education, Employment or Training
NHSI	NHS Improvement
NICE	National Institute Clinical Excellence
ONS	Office National Statistics
PALS	Patient Advice Liaison Service
PRU	
PSHE	Personal, Social, Health Education
RN(MH)	Registered Nurse Mental Health
ROMS	Routine Outcome Monitoring
RSE	Relationship and Sex Education
SaTH	Shrewsbury and Telford Hospital Trust
SEND	Special Educational Needs and Disabilities
SEND	Special Educational Needs and Disabilities
SFT	Solution Focussed Therapy
SSCB	Shropshire Safeguarding Children’s Board
STP	Sustainability and Transformation Plan

TaMHS	Targeted Mental Health Support
TCP	Transforming Care Partnerships
TYS	Targeted Youth Support
WMQRS	West Midland Quality Review Service
YOS	Police/Youth Offending Service
YSS	Youth Support Service

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Appendix one:  
SWOT analysis:

**SEND SWOT for Shropshire, Telford & Wrekin – Health and Care 30/6/20**

Present: Sam Ives, Darren Knibbs, Natalie Bevan, Garry Dean, Paul Grocutt, Louise Leather, Kate Medhurst, Alison Parkinson, Shachi Buch, Catherine Smith, Helen Unsworth

**Aim: to capture learning during Covid items, identifying those things we want to keep, build on, be aware of, avoid.**

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"> <li>• Working together across LA's and CCG</li> <li>• Use of virtual technology – better attendance, more efficient and responsive, can meet more frequently.</li> <li>• Virtual platforms for training – enhancing what we have in place to upskill staff.</li> <li>• Digital methods to illustrate ourselves better – blogs / videos to introduce a service.</li> <li>• Local Offer – encouraged use of Local Offer, this has been a very large step forward in accessing these resources.</li> <li>• Responsive and quicker response as staff are at their desks and more readily available – safeguarding benefits</li> <li>• Joined up approach – casework. Joined up understanding of children. At an operational level, the joined up approach lets professionals learn from each other that was not as prevalent in previous years. Meetings are now about the child, and not about a process i.e. CIN/CAF/EHCP</li> <li>• Understand respective offers and risks across organisations/teams.</li> <li>• Better understanding of what needs to happen to move forward, or why something is not moving forward/blocked.</li> <li>• Virtual meetings for children &amp; parents – takes away the stress of travel and anxiety of waiting before a meeting, and found that children and parents often more relaxed and able to represent themselves better in a less intimidating environment.</li> <li>• Shropshire and T&amp;W working well together</li> <li>• Common themes across JSNA – work together/join up</li> <li>• Joint Communications (i.e. SEND Newsletter), information sharing is more accessible.</li> </ul>	<ul style="list-style-type: none"> <li>• Need clear letters on what sort of meeting is on offer (face to face / virtual)</li> <li>• Different platforms used for virtual meetings</li> <li>• Uncertainty about data sharing on different platforms</li> <li>• Information sharing, GDPR – barrier to having a holistic view of child</li> <li>• Plethora of data requests from multiple sources – what is the purpose? What will it be used for? Data hungry but not clear on how it will be used. Short timeframe for data requests to be returned so data not always as robust. What impact will the data sharing have? Some of the data requests are abstract and may not be a KPI you would ordinarily collect.</li> <li>• Restoration of Short Breaks offer – significantly reduced BUT opportunities</li> </ul>

<ul style="list-style-type: none"> <li>• For some children it has allowed them to thrive in the quieter, less crowded communities using digital technologies.</li> <li>• Getting real time feedback from parents as to how it is going, equally in the MDT's getting supervision and support from a whole range of people you would not normally.</li> </ul>	
<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Virtual methods may miss advantages of face to face meetings – cues such as how children feel, whole family dynamic. Needs judgement on most appropriate method – risk decision/benefits.</li> <li>• Some health activities cannot be undertaken remotely – some families may not attend face to face meetings as they think it can all be done remotely and not wanting to come in.</li> <li>• Safeguarding decisions – map out visits and meetings to decide what can be undertaken remotely/face to face – to a blended model</li> <li>• Increased email communications to make up for lack of face to face – can lead to losing sight of priorities.</li> <li>• Staff burnout due to increased ways of working – chained to desk! No offline rest period between work that you would have in usual office.</li> <li>• Health assessments, EHCP assessments cannot be undertaken remotely – creation of a backlog and addendums once back to normal – quantified and exceptions understood. Potential of doubling up on work.</li> <li>• Make sure children re-integrate into communities and not just stick with virtual/digital methods. Some children cannot mix school with home. Needs a blended approach</li> <li>• As children returning to school, the ensuing busy day job may affect capacity to continue to join up strategically. Able to have these regular virtual meetings due to reduction in contacts, but as we return to BAU this capacity will decrease. Shared multidisciplinary understanding required.</li> <li>• IT access by parents and families – digital poverty.</li> <li>• IT/broadband infrastructure</li> <li>• Online training – compromises on the engagement and quality of training, will</li> </ul>	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Opportunities to learn more about the children by sharing – multidisciplinary basis</li> <li>• 'Tell it Once' opportunity – Joint assessment &amp; understanding</li> <li>• MDT approach – at an earlier point and across whole system – more responsive and creative – less bureaucracy, speedy</li> <li>• Use the MDT approach differently, enhance understanding and gaps – continuous process with same partners and updated info/assessments, plan of intervention is different/better</li> <li>• Shropshire &amp; Telford together</li> <li>• Commissioning jointly</li> <li>• Data sharing</li> <li>• 1 CCG</li> <li>• Feed into STP to raise profile of children and young people</li> <li>• Commissioning - Move away from hospital payments by results system – LTP to share budget with community (better preventative incentive). Hospital have fed back positively moving away from PBR.</li> <li>• Embed co-production, with whole system partners/agencies and parent/carers so that everyone has a voice.</li> <li>• Understand respective priorities and merge where relevant</li> <li>• Covid 19 has allowed us to have much earlier joint conversations about children across health, education and social care and provide really creative responses to meet those needs. To be able to take a step back in how we view the situation. How we bring forward the creativity and speed of response during Covid and how we fit it into statutory processes.</li> <li>• JSNA – common themes – joint commissioning (particularly for small number cohorts) – however preserve local/place based</li> <li>• Overarching Outcomes (Herts Bees</li> </ul>

require a blended approach.

learning) embedded at strategic and individual level

- Revise the Short Breaks offer, outcomes, provision – not back to ‘normal’
- Some children thrive on use of digital, but blend with integration.
- Offer choice of medium on an individual basis
- Good exchange of information and comms with parent carer forums – centralised methods, accessible
- Virtual tools in settings, continue to use to support transitions – accessible on website. Enhanced the transition experience, ie. Virtual tours
- MH Trailblazers gone beyond focussed schools – impact across more schools
- Joined up training programmes, with a blended approach and to include cross-section of professionals, parent carers
- Opportunity to bring MDT forwards – reliant on the quality of the conversation – where we have had the opportunity to educate each other.
- Beneficial having the meeting for the child, not just a general umbrella heading i.e. CIN meeting. Representatives of the services of the county, not necessarily of just the child – so you can bring in outside perspectives and think outside the box – network of meeting around the child rather than team around the child.
- A professionals “day out”/marketplace event for promoting each service offer to each other to enable learning about what each service does – as well as using the virtual tours/blog approach
- Enable use of IT programmes, communication methods by parents, children and families to support, earlier, better support and daily living with real-time feedback from parents and families
- Guide to resources available to support families
- Training could be revolutionised by remote working – speech and language therapy – facilitated remote training but all those packages can now be delivered remotely. If we all thought down this route; there would be no travel time it would just require a 2hr slot.
- Teaching assistants in some of the schools – lots of new staff to be safely

	<p>employed to work safely with children – if we can put more things available as and when they start rather than just September, we can upskill the children's workforce. Available and bookable.</p> <ul style="list-style-type: none"><li>• Understanding what the life looks like for the child on a 24/7 basis, and also what the life looks like for the family that isn't considered. Particularly children in poverty. We go to solve very complex issues and forget the more basic issues – this can be an opportunity. The use of IT could help parents embed better living routines and conditions far earlier, without being made to feel that it is their parenting. Can be guided to good resources earlier, can take advantage of the best in resource packs and abilities much sooner.</li></ul>
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## Appendix two: Case studies/marketing examples



Case Example of Interagency working.



Case Studies - trailblazers Shropshire



Case study Graded Exposure (002).docx



Cognitive Behaviour Therapy Case Study.p



Shropshire Telford and Wrekin Case Stud



Shropshire Telford and Wrekin Case Stud



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