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

SOLIHULL EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE

Progress so far and next steps:

October 2016

Working in partnership with:

Parents and Young People

Solihull Schools
Strategic Accountability Board

NHS Solihull
Clinical Commissioning Group

Birmingham and Solihull NHS Foundation Trust

Believe in children
Barnardo’s

Heart of England NHS Foundation Trust

NHS
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Introduction

Significant progress has been made in Solihull since our five year local transformation plan was developed in 2015 to deliver the recommendations set out in Future in Mind, the report of the children and young people’s mental health taskforce.

In summary, the themes of Future in Mind are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Our plan is a five year plan; this update gives an overview of the work we have undertaken over the last year to deliver that plan. This has been achieved by working in partnership with a wide range of organisations as well as children, young people, parents and carers. This update also identifies where more needs to be done to transform our services to deliver all of the Future in Mind recommendations by 2020/2021. The Local Transformation plan is available at this link https://solihullccg.nhs.uk/yourhealth/mental-health/emotional-wellbeing-and-mental-health-services-for-children-and-young-people

Annual updates on progress, including this one, will be published on the websites of Solihull CCG and Solihull Council by the 31st October each year.

The Local Transformation Plan is aligned to Birmingham and Solihull’s Sustainability and Transformation Plan (STP). Providers and commissioners are committed to tackling known inequalities and are working together to ensure that there is a consistent approach across the Birmingham and Solihull footprint.

The Five Year Forward View for Mental Health

Since our local transformation plan was developed in October 2015, the mental health taskforce has reported to NHS England. Their recommendations set out in the report “Five Year Forward View for Mental Health” published in February 2016, have all been accepted by NHS England.

The Five Year Forward View for Mental Health recommends eight principles to underpin reform:

- Decisions must be locally led
- Care must be based on the best available evidence
- Services must be designed in partnership with people who have mental health problems and with carers
- Inequalities must be reduced to ensure all needs are met, across all ages
- Care must be integrated – spanning people’s physical, mental and social needs
- Prevention and early intervention must be prioritised
- Care must be safe, effective and personal, and delivered in the least restrictive setting
- The right data must be collected and used to drive and evaluate progress

To achieve this, commissioners will:
• work in partnership with local stakeholders and voluntary organisations
• co-produce with clinicians, experts-by-experience and carers
• consider mental and physical health needs
• plan for effective transitions between services
• enable integration
• draw on the best evidence, quality standards and NICE guidelines
• make use of financial incentives to improve quality
• emphasise early intervention, choice and personalisation and recovery
• ensure services are provided with humanity, dignity and respect.

These principles underpin the work we are doing in Solihull to transform mental health services for children and young people.

Health Inequalities
Solihull has adopted the Marmot Framework for the local Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. The Marmot Review is particularly valuable in that its recommendations are based on a comprehensive assessment of the evidence base of what is effective in improving health and reducing inequalities. The vision for the Health and Wellbeing Strategy is “To improve the health and wellbeing of the population of Solihull from pre-birth to end of life, to reduce inequalities and improve the quality of health, education and social care services.”

A priority within the strategy is to improve the mental health and emotional wellbeing of children and young people through development of a mental health service model that focuses on prevention, early identification of mental health problems and development of resilience, which would include capacity building within schools. The Local Transformation Plan supports delivery of this priority and this progress report sets out what has been achieved in year one of this five year plan. The Health and Wellbeing Strategy 2016 – 2019 is available at this link.


Engagement with Children and Young People
Reducing the Stigma Associated with Mental Health
Urban Heard, engagement specialists have been commissioned to work with children and young people across Solihull to raise awareness about mental health and to recruit young people to develop a peer led anti-stigma campaign. In the first phase they have

• Supported young people) to design and develop a survey about attitudes and views surrounding mental health and stigma in Solihull.
• Gained quantitative and qualitative data through the design of the survey.
• Online survey links shared through social media (targeted through filters) - over 500 responses were received, not all of the young people who participated in the surveys lived in Solihull, some lived on the outskirts.
• Face-to-face engagement in the community & in schools/youth groups across Solihull.
• Trained 10 Peer Project Managers who will plan and run anti -stigma campaigns aimed at young people
Health Related Behaviours Questionnaire
Solihull schools have surveyed pupils using a health related behaviour questionnaire, in 2016 nearly 9000 children and young people completed the survey from primary, secondary and special schools.

The survey was previously undertaken in 2004, 2006, 2007, 2010, 2012 and 2014. This means that we can track changes overtime, a summary of the findings are available here http://www.solihull.gov.uk/Portals/0/KeyStats/HRBQ.pdf.

Using data from the HRBQ, a scale to measure resilience was developed by Solihull’s Public Health department. The main findings were that

- Secondary school age girls has lower resilience than boys
- Secondary school pupils living in more deprived areas had lower resilience than those living in more affluent areas
- Young carers had lower resilience.

Identification of these inequalities has resulted in more focused work being undertaken in schools in the borough.

This work was presented as a poster at the Public Health England conference in September 2016. (Appendix 1)

Consultation with Young People with Dyspraxia/ Developmental Coordination Disorder
Young people with dyspraxia have highlighted that poor understanding of dyspraxia by mental health professionals means that some young people have been unable to access appropriate help and support for their emotional wellbeing, increasing their risk of anxiety and depression in adolescence and into adulthood. (Consultation led by the Dyspraxia Foundation).

Children, young people and their families tell us that;

- We need to improve transitions between children, young people and adult services,
- Some of our pathways for children and young people are difficult to navigate, including those for children and young people with learning disabilities and/or autism.
- More work is needed to remove the stigma around mental health
- We need to do more to improve access to services.

Young Peoples Version of the Local Transformation Plan
Young people, who have been part of our Local Transformation Partnership Group, have co-produced a young person’s version of our Local Transformation Plan. The young people were very clear that they wanted to produce something that would be useful for children and young people, would be worth reading and accessible via social media. The resulting interactive PDF document will be published alongside the Local Transformation Plan, and will give young people access to information about mental health and services in Solihull on social media.
Solar - Solihull’s Emotional Wellbeing & Mental Health Service

A new contract for Solihull’s emotional wellbeing and mental health service started on the 1st April 2015, children and young people have named the service Solar. The service, provided by a partnership of Birmingham and Solihull NHS Foundation Trust, Barnardo’s and Autism West Midlands, is undergoing transformational change.

Solihull now has an all age mental health service that enables us to develop an approach to transition from children and young people’s services to adult services based on need rather than age.

Solar has a plan in place to increase the ways in which service users, that is children and young people who receive a service from Solar and their families can become more engaged with the service, to help them to further develop and shape the service. They are using the framework of the participation ladder for CYP engagement within Solar and are involving Children and Young People in interview panels and feedback through Family and Friends Tests and engagement with the ‘See Me’ worker.

Solar are developing a new website, where they will post lots of information about local services and young people’s mental health. Planned to be launched by January 2017, the website is being designed to be as interactive as possible and will have online resources as well as links to social media.

Solar - Staffing (WTE, Skill Mix)
The table below shows the current Solar staffing model (October 2016)

<table>
<thead>
<tr>
<th>Primary Mental Health Team (FTE)</th>
<th>Looked after Children Specialist Team (FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Team Manager</td>
<td>0.8 8b Psychological Therapies Lead/ Family Therapist</td>
</tr>
<tr>
<td>6 Primary Mental Health Workers</td>
<td>0.6 8b Psychologist</td>
</tr>
<tr>
<td>2 Counsellors</td>
<td>0.4 8a Psychotherapist</td>
</tr>
<tr>
<td>1 Parenting co-ordinator</td>
<td>1.0 8a Psychologist – vacant about to advertise</td>
</tr>
<tr>
<td>0.7wte B6 Parent/Infant Mental health worker (high intensity PWP) (post offered)</td>
<td>0.4 B6 CPN</td>
</tr>
<tr>
<td>0.5 B7 CPN</td>
<td>0.5 B7 CPN</td>
</tr>
<tr>
<td>Specialist Mental Health Team (FTE)</td>
<td></td>
</tr>
<tr>
<td>1.2 B7 Advanced Nurse Practitioner</td>
<td></td>
</tr>
<tr>
<td>2.0 B6 CPN’s</td>
<td>0.8 8a Psychologist/ Family Therapist</td>
</tr>
<tr>
<td>0.6 B7 CAMHS practitioner</td>
<td>0.6 8a Psychotherapist</td>
</tr>
<tr>
<td>0.8 B6 CAMHS practitioner</td>
<td>1.3 8a Psychologist</td>
</tr>
<tr>
<td>0.8 B7 High Intensity CBT Therapist</td>
<td>0.2 8a Psychologist (shared post with EIS starts Dec)</td>
</tr>
<tr>
<td>1.0 B4 Associate Nurse – starts October</td>
<td>0.1 8c Psychologist</td>
</tr>
<tr>
<td>Medics – 3 wte Consultant Psychiatrists – all awaiting RCP approval to be advertised</td>
<td>1.0 B7 Psychologist (starts October)</td>
</tr>
<tr>
<td>1.0 B4 Psychology Assistant – to be recruited</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intensive Community Outreach service (Community Eating Disorder Team/Home Treatment Team) (FTE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical – 0.4 Consultant Psychiatrist</td>
<td>0.4 B6 Dietician vacant – in process of recruitment</td>
</tr>
<tr>
<td>0.4 B7 Clinical Nurse Specialist ED</td>
<td>0.2 B7 Dietician</td>
</tr>
<tr>
<td>1.0 B6 CPN</td>
<td>0.2 8a Psychotherapist</td>
</tr>
<tr>
<td>2.0 B6 CPN’s – posts being interviewed for currently covered by agency staff</td>
<td>1.0 B3 Health Care Assistant</td>
</tr>
<tr>
<td></td>
<td>1.0 B4 Associate Nurse (starts October)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Admin/Other (FTE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 B7 Team Manager</td>
<td>2.2 B4 Team/Medical Secretaries</td>
</tr>
<tr>
<td>0.9 B6 Business Support Manager</td>
<td>1.0 B3 Referral Co-ordinator</td>
</tr>
<tr>
<td></td>
<td>0.5 B3 LAC team administrator</td>
</tr>
</tbody>
</table>
Progress in 2015/16

What the data tells us:-

There are 50,200 children and young people aged 0-19 years in Solihull, proportionally in-line with the England average (24% of total population). This figure is projected to rise to 52,000 by 2021 & 54,100 by 2025. The population of the North Solihull Regeneration area is younger than the rest of the borough (29% aged 0-19 years compared to 23% elsewhere in the borough), with a high proportion of children aged 0-4 years being a notable feature (Data from the JSNA 2015-16 summary). As at 1st January 2016 there were 53,600 children and young people (0-18 year olds) registered with a Solihull GP.

Solihull is a net importer of pupils and students into Solihull schools and sixth forms: 14% of primary pupils live outside of Solihull, increasing to 33% of secondary pupils and 60% of students in tertiary provision. Solar is commissioned to provide a service for children and young people registered with a Solihull CCG, as well as working with in partnership with all schools in Solihull. As the Birmingham and Solihull Sustainability and Transformation Plan (STP) is developed and implemented, cross border issues will become easier to manage, with a consistent offer for children and young people.

Solihull Council were responsible for 361 looked after children on the 31st March 2016, of which 68 were unaccompanied asylum seeking children or young people.

On the 31st March 2016 there were 1266 children and young people either on the caseload or waiting to be seen by the Emotional Wellbeing and Mental Health Service.

Referrals to Solar

During 2015/16 there were 1,719 children and young people referred to Solar, of which 1,501 were accepted, that is 87.3% of all referrals accepted by Solar. This is a significant improvement from 2014 when the previous CAMHS service accepted 662 (55.4%) of the 1194 children and young people referred to the service.

Details of the referrals in 2015/16 are shown in the following table, it should be noted that looked after children are seen across the service, a total of 94 looked after children received a service in 2015/16, the specialist looked after service works with the team around the looked after child. Our plan is that by 2020 self-referral to mental health services will be the main referral route.
Primary Mental Health Service - Solar

We know that one in ten children aged 5-16 has a diagnosable mental health problem. A further 15% have less severe problems that put them at increased risk of developing mental health problems in the future. The primary mental health service is a new service developed to support these children and young people in Solihull.

A large number of referrals were received before the primary mental health service was fully established in February 2016; this has impacted on waiting times. There is a plan in place to manage this backlog, with non-recurrent funding to increase capacity for a three-month period utilising our transformation funding. Details of the referrals to this part of the Solar service are shown below.
To effectively manage demand, a whole-systems approach is needed to ensure that a child or young person’s emotional well-being and mental health needs are identified and supported at an early stage. To achieve this we need to ensure that the workforce is confident, competent and well supported. The data and information about referral patterns has been shared with Engage (early help), who work with school collaborative areas in collaborative action groups. Engage provide support to universal services to enable them to support children and young people. We know that links between schools and Solar are important, targeted support can then be offered, an example of this would be that we know from the data that demand for the primary mental health service increases at certain times of the year, e.g. during school exam times.

Number of service users seen by Solar in 2015/16
The table below details the total number of patients seen by Solar in 2015/16.
Summary of DNA & Cancellation Rates for Appointments with Solar.

There was an increase in the number of children and young people who did not attend (DNA) their appointments in 2015/16, Solar are undertaking work this year to understand the reasons for this, and work out how to reduce the DNA rate.

<table>
<thead>
<tr>
<th>DNA Rates</th>
<th>CAMHS Primary Mental Health</th>
<th>CAMHS Choice and Partnership Approach</th>
<th>CAMHS Looked After Children</th>
<th>CAMHS Learning Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Appointments</td>
<td>14%</td>
<td>23%</td>
<td>7%</td>
<td>41%</td>
<td>22%</td>
</tr>
<tr>
<td>Follow Up Appointments</td>
<td>12%</td>
<td>17%</td>
<td>9%</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>Overall CAMHS DNA rate % 2015/16</td>
<td>13%</td>
<td>19%</td>
<td>8%</td>
<td>32%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Cancellation Rates

<table>
<thead>
<tr>
<th>% rate for cancellation by patient</th>
<th>CAMHS Primary Mental Health</th>
<th>CAMHS Choice and Partnership Approach</th>
<th>CAMHS Looked After Children</th>
<th>CAMHS Learning Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>% rate for cancellation by service</td>
<td>11%</td>
<td>9%</td>
<td>6%</td>
<td>15%</td>
<td>9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting Times</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>The table below shows the waiting times as at the 31st March 2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weeks Waiting</th>
<th>CAMHS Primary Mental Health</th>
<th>CAMHS Choice and Partnership Approach</th>
<th>CAMHS Looked After Children</th>
<th>CAMHS Learning Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>0- 6</td>
<td>7-12</td>
<td>13-18</td>
<td>19-21</td>
<td>22-25</td>
</tr>
<tr>
<td>CAMHS Choice and Partnership Approach</td>
<td>87</td>
<td>20</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS Learning Disability</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS Looked After Children</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS Primary Mental Health</td>
<td>117</td>
<td>70</td>
<td>49</td>
<td>29</td>
<td>28</td>
</tr>
</tbody>
</table>

Weeks Waiting

<table>
<thead>
<tr>
<th>Service</th>
<th>0- 6</th>
<th>7-12</th>
<th>13-18</th>
<th>19-21</th>
<th>22-25</th>
<th>26-32</th>
<th>&gt;32</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS Choice and Partnership Approach</td>
<td>32</td>
<td>12</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS Learning Disability</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CAMHS Looked After Children</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CAMHS Primary Mental Health</td>
<td>47</td>
<td>95</td>
<td>49</td>
<td>18</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
Mental Health Services Data Set (MHSDS)
The MHSDS is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person-based information for children, young people and adults who are in contact with Mental Health Services. Solar are compliant with the mandatory requirements for data submission for the MHSDS to NHS Digital, however as yet commissioners are unable to access any reports from those data submissions.

Single Point of Access Established
A single point of access for all referrals to the service has been established, with daily screening of referrals to ensure that they are directed to the most appropriate team, primary mental health, counselling, specialist mental health teams for looked after children, children with learning disabilities or core mental health service. Solar are now in a position that they can offer a ‘partnership’ appointment at the ‘choice’ ‘appointment, previously the wait for the partnership appointment was 19 weeks.

Place of Safety
The place of safety is managed by Birmingham Children’s Hospital on behalf of Solar; this was used three times for two Solihull children/young people during 2015/16. On two occasions the young person was discharged home and on the third the young person admitted as an informal patient. The cost of this provision is £80,000, so we plan to work with Birmingham to determine how we might be able to work together to ensure that there is a cost effective place of safety for children and young people across Birmingham and Solihull.

Crisis Care
During 2015/16, on average 1 - 2 children and young people (63 in total) have presented each week requiring urgent assessment, this includes those presenting during the working day as well as out of hours. (Local data from Solar).

Solar’s Intensive Community Outreach Service provides a service between 9am to 5pm, Monday to Friday. Outside of these hours children and young people present directly to A&E and if required are admitted to a paediatric ward. They are then seen the next working day by a member of the Solar service.

There is a clear need to improve the crisis care support for these children and young people. Whilst numbers are low, the impact for children and young people and their families is high. There is also pressure on existing services including A&E, inpatient paediatric wards and the Social Work Emergency Duty Team.

The need for easier access and increased flexibility to crisis services has been stressed (Lavis & Hewson, 2011; RCPsych, 2015). The Royal College of Psychiatrist’s updated guidance stipulate that community CAMHS are not considered safe and adequately resourced if they do not have guaranteed access to a specialist crisis provision which can offer a same-day response for patients with symptoms of severe mental disorder (Lamb et al., 2013), and in-patient admission is necessary.
if the risk to self or others cannot be managed with the necessary intensity of treatment within the community setting (Lamb et al., 2013; McDougall et al., 2008).

In financial terms there is not a robust case to demonstrate the cost effectiveness of a bespoke Solihull crisis care service for children and young people. However as Solihull now has an all age mental health service there is an opportunity to develop and evaluate an hybrid model that ensures that there is specialist child and adolescent mental health provision within a 24/7 all age crisis care service for Solihull, supported by a combined Birmingham and Solihull on call clinician rota for child and adolescent mental health.

Solihull Together for Better Lives one of eight Urgent and Emergency Care Vanguard sites, has been awarded funding (£482,530) to implement an accelerator project to improve children and young people’s mental health in a crisis. Solihull will develop, and evaluate, an all age mental health crisis service model during 2016/17. The plan is to develop a crisis care service that will work towards achieving a standard that children and young people with a mental health crisis are seen within an hour of presentation, whenever or wherever they present with assessment completed within 4 hours. If successfully evaluated, this model will continue to be developed with local transformation funding.

**Community Eating Disorder Service**

Additional funding has increased capacity for this service; the community eating disorder service is currently meeting the standard for treatment to be received within 4 weeks from first contact with a designated health professional and within 1 week for urgent cases. There is on-going work with colleagues in Birmingham CCG’s and Forward Thinking Birmingham to further develop the Community Eating Disorder Service across the Birmingham and Solihull footprint.

**Early Intervention Psychosis**

Solihull’s Early Intervention Psychosis team is managed by Birmingham and Solihull Mental Health Foundation Trust and meets the access and waiting time standards. To ensure consistent pathways and approach between this team and Solar, (who receive 5 referrals of young people who experience first episode psychosis a year) a joint psychology post has been appointed to; with a December 2016 start date.

**Targets for Improved Access**

Implementing the Five Year Forward View for Mental Health requires local areas to provide clear numeric targets for improved access to services in each year to 2020/21. Solihull has committed to an additional 400 children receiving a service in 2016/17 from the 2014 baseline. As can be seen from the 2015/16 data, the development of our primary mental health service will enable this to be achieved.

The five year implementation plan sets out a target that 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service. This is based on current knowledge of prevalence data; this will be updated in 2018 with more current information. Public Health colleagues have modelled what this means for Solihull
based on population projections, prevalence data and the 2014 baseline, the result of which is detailed in the table below.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Number of additional CYP treated over 2014/15 baseline</td>
<td>21,000</td>
<td>35,000</td>
<td>49,000</td>
<td>63,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Additional Solihull CYP treated over 2014 baseline</td>
<td>77</td>
<td>130</td>
<td>180</td>
<td>233</td>
<td>260</td>
</tr>
</tbody>
</table>

**Looked after Children**

Evidence suggests that over 45% of looked after children have a diagnosable mental health condition (Ford et al 2007, Meltzer et al 2003) rising to over two thirds of those placed in residential care. Our data tells us that we are currently not meeting this level of need. There were 361 looked after children on the 31\textsuperscript{st} March 2016, and we know that 94 received a service from Solar in 2015/16, and funding was agreed for 23 looked after children to have assessments or therapy close to where they are placed outside of Solihull. We have no previous baseline data to compare with, this would suggest that less than a third of looked after children accessed mental health services in 2015/16. We will increase the number of looked after children receiving a service and this will contribute to delivering the targets set out above of additional children and young people treated over the baseline.

We are working with the Head of Service for Looked after Children, the designated LAC nurse and Solar to review the strength and difficulties scores (SDQ’s) recorded for looked after children and ensure that all those with a score over 14 are known to mental health services. We will review referral pathways for looked after children and young people into Solar, and use the SDQ’s to support outcome monitoring for the individual children and young people. The local transformation funding has supported an increase in capacity for the LAC specialist mental health team, and plan to use additional 2016/17 transformation funding to increase capacity of the primary mental health service to specifically support more looked after children and young people.

**Autism Spectrum Disorder (ASD)**

An all age Autism Strategy has been developed; Public Health will be coordinating the implementation plan. The strategy can be accessed via this link [Solihull's All Age Autism Strategy](#). Pathways for children and young people with ASD are being reviewed; this work has been informed by consultation with parents and professionals. We plan to publish the pathway on the Solihull Local Offer so parents and professionals know how to access support at the different ages and stages of a child or young person’s development. Additional sensory workshops, co-delivered by an occupational therapist and a parent have been commissioned in response to a specific request from parents at the consultation workshop. All staff in schools are receiving Autism Education Trust training, to increase understanding of and improve support for pupils with Autism.
Attention Deficit Hyperactivity Disorder (ADHD)
The NICE Clinical guideline [CG72], Attention deficit hyperactivity disorder: diagnosis and management (updated February 2016) includes recommendations on:

- identifying possible ADHD and referral
- diagnosis
- advice about diet, behaviour and general care
- treatments for children and young people and for adults, including psychological treatments, parent-training/education programmes and drugs
- transition to adult services for young people with ADHD

Community paediatricians at Heart of England NHS Foundation Trust manage the diagnosis and support of children and young people with ADHD, with joint working with Solar when mental health services are needed to meet the child or young persons identified needs. The Community Paediatricians have reviewed the NICE guidance current service and identified a gap in the current pathway. As a result of this they have secured initial funding for an ADHD nurse to deliver improved patient care, contribute to the education of primary care health professionals, and facilitate transition of patients from paediatric to adult care. Local transformation funding has been allocated that will ensure sustainability a ADHD nurse post, subject to evaluation and submission of a business case.

Pathways for Children and Young People with Learning Disabilities – Transforming care
Pathways for Solihull children and young people with learning disabilities are complicated, split over a number of different providers and difficult for parents and professionals to navigate. The NHS Transforming Care programme has been developed is to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The aim of the Transforming Care programme is to drive system-wide change and enable more people to live in the community, with the right support, and close to home.

Our focus over the next 18 months to 2 years will be to review and redesign services for these children and young people; local transformation funding has been allocated to ensure that there is sufficient commissioning capacity to do this.

Building Capacity and Capability
Health and Wellbeing in Schools
We have identified that further work is needed to support schools to develop their capacity and capability and to improve the links and partnership working between schools and mental health services in both Solihull and Birmingham. (60% of students in Solihull sixth form are from Birmingham and 22% of pupils in Solihull schools live outside of the Borough). We want to ensure that children and young people get the right support in the right place and at the right time for them.
We are working with schools to establish a counselling service that can provide equitable access to all schools in Solihull. This will conform to guidance in the DfE’s ‘Counselling in schools; a blueprint for the future’ (2016) with the prospect of it sitting within the Healthy Schools framework (85% of Solihull schools are accredited as Healthy Schools). Currently some schools do have some limited counselling but few primary schools have access to high quality, regular counseling services for their children. Working with schools to support children and young people with emotional wellbeing and mental health, building resilience and reducing stigma is a key priority.

The Health and Wellbeing in Schools group is overseeing and coordinating this work, supported by the additional funding for 2016/17 made available by NHSE in October 2016 and January 2017, (subject to successful submission to NHSE of required information and agreement through existing regional assurance processes).

Over the last year, teachers from a number of schools in Solihull have been trained in Mental Health First Aid alongside three members of Solihull’s Education Improvement team. A peer support group has been set up to embed the learning from this initiative.

**Parenting Strategy**

A parenting strategy has been developed and widely consulted on, 494 responses were received, (93.3% of respondents were parents). 29 people volunteered to support the facilitation of parenting sessions. Public health colleagues are overseeing the delivery of the strategy. There has been a decrease in the number of parenting courses offered during the last school term; measures are currently being put in place to address this. One of the key milestones in the draft Sustainability and Transformation Plan is Integrated Early Help Teams and parenting to identify potential and real ACE (Adverse Childhood Experience). Over the next six to twelve months Public Health working with Children and Young People’s work stream will identify and develop evidence based models of early intervention and parenting.

**Workforce Development.**

Our local transformation plan is about a whole system approach, and this includes workforce development. As previously mentioned Autism Education Trust (AET) training is being delivered to all staff in Solihull schools. We have also developed a plan to offer training in Youth Mental Health First Aid to over 200 frontline staff in including school staff, school nurses, young carers centre staff and Early Help direct workers.

A joint post between Solar and Children’s Social Work is being explored, potentially by accessing the Recruit to Train or Psychological Wellbeing Practitioners Health Education England programme. Funding for sustaining these roles is included in our Transformation Funding allocation plan.

Solihull CCG and providers will ensure that a joint agency plan will be in place by December 2016 for ensuring the continuing professional development of existing staff for the next five years.
Children and Young Peoples Access to Psychological Therapy (CYPIAPT)
In 2016 Solihull has joined the newly established Midlands Children and Young People’s Improving Access to Psychological Therapies (CYPIAPT) learning collaborative. The CYPIAPT programme aims to create, across staff and services, a culture of full collaboration between child, young person and/or their parent or carer by:

- using regular feedback and session-by-session outcome monitoring to guide therapy
- improving user participation in treatment, service design and delivery
- improving access to evidence-based therapies by training existing child and adolescent mental health staff in targeted and specialist services in an agreed, standardised curriculum of NICE approved and best evidence-based therapies
- training managers and service leads in change, demand and capacity management
- improving access through self-referral.

Leadership and supervisor training has begun, and identified professionals from both Solar and other services i.e. youth offending team, learning disability community nursing, early help direct workers and specialist midwife commencing courses in evidence based interventions and practice in November 2016. Backfill funding has been received from NHS England for staff undertaking training in the first year of membership with the CYPIAPT learning collaborative. In subsequent years the NHS England backfill will reduce and CCG’s/providers will be required to contribute. In 2017/18 NHS England will provide 63.4% of backfill compared to 2016/17.

Collaborative Commissioning
Birmingham Children’s Hospital submitted an application to the New Care Models in Tertiary Mental Health Services programme supported by specialised commissioners. The suggested model was to support improved clinical management of children and young people with complex mental health needs, to reduce the need for inpatient admissions by developing of community services and to ensure that when children and young people need to be admitted they are placed within the West Midlands, and not at distance from their home and family. Whilst shortlisted, this application was unsuccessful in phase one, but will be further developed in preparation for phase two of the programme.

Admissions to In-patient Mental Health Beds.
Data from NHSE Specialised Commissioning shows that during 2015/16, a total of 14 children and young people required Tier 4 specialist beds, 10 girls and 4 boys, 11 of the admissions were informal admissions for specialist mental health support and two were section 2 admissions for assessment under the Mental Health Act. Their length of stay ranged from 1 night to 224 nights and still an inpatient at the end of the financial year. The cost of this was over £500,000.
Perinatal Mental Health
Perinatal mental health has been identified as a key priority in the Birmingham and Solihull Sustainable Transformation Plan (STP). The maternity and newborn work stream of this is called BUMPS (Birmingham and Solihull United Maternity Project). Birmingham CCG’s have submitted a plan for a model to develop perinatal mental, initially for the cohort of women seen at The Women’s Hospital, this will then be rolled out across the Birmingham and Solihull footprint as funding is made available.

Mental Health and the Criminal Justice System
Children and young people in the youth justice system are at high risk of multiple health inequalities and poor life chances and as such are a key target group for health services charged with narrowing the gap in outcomes between the highest and lowest achieving children.

The service specification for the Specialist Nurse Practitioner for Solihull Youth Offending Service is currently being reviewed and updated, and is connected to the Liaison & Diversion Health Youth Offending service specification commissioned via Health and Justice Team, North Midlands.

Key Risks
Risks are identified and reported to the Local Transformation Partnership Group using the ASPRYE project management system.

The key risks identified during 2015/16 were

- The development of the community eating disorder service across a Birmingham and Solihull footprint at a time of transformation of services in both areas and mobilisation of new contracts. This risk has now been reduced as joint working is now being progressed, and has been supported by closer working of Solihull and Birmingham CCG’s and the developing Sustainability and Transformation Plan across Birmingham and Solihull.
- The release of staff to attend the CYPIAPT courses; whilst we want to release as many staff as possible to support transformation, this needs to be balanced with service delivery. We are currently identifying the impact of the decision by NHSE to reduce availability of backfill funding that has been provided to support to existing CYPIAPT collaborative areas since 2011.

Finance
Solar
Solihull CCG and Solihull MBC have jointly commissioned the emotional wellbeing and mental health service, the contract is for three years, with an option to extend for a further two years. The initial contract funding is as set out below, with additional funding (actual and planned) as detailed in the LTP funding table.
<table>
<thead>
<tr>
<th>Funding type</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>England CYP mental health</td>
<td>119.0</td>
<td>140.0</td>
<td>170.0</td>
<td>190.0</td>
<td>214.0</td>
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<tr>
<td>Solihull CCG mental health</td>
<td>0.504</td>
<td>0.594</td>
<td>0.718</td>
<td>0.804</td>
<td>0.972</td>
</tr>
<tr>
<td>England CYP Eating disorders</td>
<td>30.0</td>
<td>30.0</td>
<td>30.0</td>
<td>30.0</td>
<td>30.0</td>
</tr>
<tr>
<td>Solihull CCG Eating disorders</td>
<td>0.127</td>
<td>0.127</td>
<td>0.127</td>
<td>0.127</td>
<td>0.127</td>
</tr>
<tr>
<td>Solihull CCG additional funding</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>CYPIAPT Backfill funding</td>
<td>0.101</td>
<td>0.244</td>
<td></td>
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</tr>
<tr>
<td>UEC Vanguard – CYP Mental Health Crisis Care</td>
<td>0.482</td>
<td></td>
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</tr>
<tr>
<td>Solihull CCG total funding for CYP transformation</td>
<td>1.214</td>
<td>0.965</td>
<td>0.845</td>
<td>0.931</td>
<td>1.099</td>
</tr>
</tbody>
</table>

Local Transformation Funding

Solihull CCG funding allocation for service transformation is set out in the table below, and how we plan to allocate that funding is set out in detail on the following page.
# Local Transformation Funding Planned Allocation

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Supplement a pilot Primary Care Diabetes team to deliver evidence based E Community service, including planning and recruitment</td>
<td>£51,000</td>
<td>£527,000</td>
<td>£527,000</td>
<td>£527,000</td>
<td>£527,000</td>
<td>£527,000</td>
<td>Solar (B&amp;HMTH) - Community Diabetic Team</td>
</tr>
<tr>
<td>Development of a learning disability service and pathways</td>
<td>£42,000</td>
<td>£558,000</td>
<td>£558,000</td>
<td>£558,000</td>
<td>£558,000</td>
<td>£568,000</td>
<td>Solar (B&amp;HMTH) - LD mental health service</td>
</tr>
<tr>
<td>Integrated pathways for assessment and support for children and young people with autism spectrum conditions</td>
<td>£24,000</td>
<td>Pathways being finalised - will be published on the Local Offer website. OT's part will led A&amp;H sensory workshops for parents of children previously diagnosed who have not had the opportunity to attend A&amp;H (sensory group offered to parents of children newly diagnosed with ASD if appropriate). Young carers developing workshops for parents to understand young carers EWSBAMH. Issues Young carers resources for wellbeing and mental health resources.</td>
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<tr>
<td>Review pathways for vulnerable groups per LTP</td>
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<tr>
<td>Supplement existing EWSBAMH LAC service</td>
<td>£10,500</td>
<td>£42,000</td>
<td>£42,000</td>
<td>£42,000</td>
<td>£42,000</td>
<td>£42,000</td>
<td>Solar (B&amp;HMTH) - Additional LAC team staffing</td>
</tr>
<tr>
<td>Personal Health Budgeis and support planning for CYP with LD and EHC plans</td>
<td>£17,000</td>
<td>£48,000</td>
<td>£40,000</td>
<td>£40,000</td>
<td>£40,000</td>
<td>£40,000</td>
<td>Links to CEG PHE and development of systems - opportunities to start some roles out for CEC with EHC plans including those with LD mental health issues.</td>
</tr>
<tr>
<td>Building EWSBAMH capacity in School - consistent evidence based offer</td>
<td>£75,000</td>
<td>Work ongoing that was funded through 15/16 funding. Youth mental health first aid training for schools. Twilight shr session with each school to audit and identify their mental health support systems. Working with schools to develop counselling in Schools</td>
<td></td>
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<tr>
<td>Co-production with CYP and parents/carers</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>Young people have co-produced a CYP version of the LTP and a social media toolkit to support increased awareness of mental health issues - to be published October 2016. Promotional material for the early help health and wellbeing days planned for Summer 2020. (Info cards)</td>
</tr>
<tr>
<td>Advocacy for young people with learning disabilities/CATN</td>
<td>£6,000</td>
<td>£12,000</td>
<td>£12,000</td>
<td>£12,000</td>
<td>£12,000</td>
<td>£12,000</td>
<td>Contract with Selfish Action Through Advocacy</td>
</tr>
<tr>
<td>Comprehensive parenting support offer to include development of Lancashire parenting model, online parenting courses</td>
<td>£50,000</td>
<td>Work led by Public Health - further development of parenting support offering in partnership with Lancashire</td>
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<tr>
<td>Develop systems for data collection and reporting linked to outcome measures</td>
<td>£20,000</td>
<td>Support for Solent to meet requirements of the national mental health dataset</td>
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<tr>
<td>Ensuring a low threshold pathway to placement for LAC outside of Borough</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>£8,000</td>
<td>Increase funding for complex needs budget to enable emersion of emotional wellbeing support close to placements avoid missing school and travelling distance for appointment.</td>
</tr>
<tr>
<td>Connecting the system with primary care</td>
<td>£30,000</td>
<td>Funding for GP protected learning time events, CYP mental health and ADVANCE ADP further support from workforce development funding</td>
<td></td>
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<tr>
<td>SEND information, advice and guidance</td>
<td>£5,000</td>
<td>Funded by SM&amp;DC from 16/17</td>
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### Workforce Development

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</thead>
<tbody>
<tr>
<td>Workforce development</td>
<td>£107,000</td>
<td>£14,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>To include foster care training. Ongoing links with primary care. CCG Autism training for Solar - Identified gap. Youth Mental Health First Aid training for Early Help staff, school nurses, staff from young carers centre, and offered to 2 members of staff from all schools. Advertising will be managed by CCG’s and providers.</td>
</tr>
<tr>
<td>Awareness raising and stigma campaign</td>
<td>£3,000</td>
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<td>Reeded additional funding for this project</td>
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<tr>
<td>Consultation with young people with Dyspraxia</td>
<td>£30,000</td>
<td></td>
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<td></td>
<td>Additional funding received for book for 16/17 academic year, funding for 17/18 not revised as not confirmed by CYP/RAT Collaborative, will reduce from 100% to 60-65%. Funding shortfall to be managed by CCG’s and providers.</td>
</tr>
<tr>
<td>Children and Young people - Improving Access to Psychological Therapies</td>
<td>£501,150</td>
<td>£249,750</td>
<td>£25,120</td>
<td>£25,120</td>
<td>£25,120</td>
<td>£25,120</td>
<td>Birmingham CCG’s submitted a bid for 2016/17 to develop a model that will be rolled out to areas within STP when funding available.</td>
</tr>
<tr>
<td>Paediatric Mental Health</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>UEC Vanguard funding to develop and evaluate an age range model for CYP and child care</td>
</tr>
<tr>
<td>Crisis Care - UEC Vanguard</td>
<td>£492,330</td>
<td>£275,000</td>
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</tr>
<tr>
<td>Crisis Care - CYP funding</td>
<td>£15,000</td>
<td>£275,000</td>
<td>£275,000</td>
<td>£275,000</td>
<td>£275,000</td>
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</tr>
<tr>
<td>Primary Mental Health Service - non-recurring funding to manage waiting list</td>
<td>£15,000</td>
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<tr>
<td>Primary Mental Health Service - LAC</td>
<td>£10,000</td>
<td>£38,000</td>
<td>£38,000</td>
<td>£38,000</td>
<td>£38,000</td>
<td>£38,000</td>
<td>£38,000</td>
</tr>
</tbody>
</table>

### Additional Information

- Certain current primary health resource initiatives are ongoing, whilst services were established as per plan.
- LAC Mental Health - Additional Primary mental health capacity with Solar.
- Commissioning capacity, local transformation and transforming care.
- To be agreed. To be agreed. To be agreed. To be agreed.
- Funding confirmed will include evaluation of pilot and business case to include 25% on costs, travel and expenses.
- Additional resource could be required to meet Crisis Care excess standards - due for publication this year.
- Need to consider how to continually improve links between EWSBAMH service and both schools and GP’s.
- Transforming care agenda - additional funding may be required - potential for funding from reduced Tier 1 compliant beds.
Governance

Implementation of the local transformation plan is overseen by a partnership group, which includes representatives from Solihull CCG, NHS England, NHS providers, voluntary sector partners, Early Help, children’s social work, schools, young Healthwatch, Public Health and parents. The Chief Officer for Service Design, Solihull CCG, chairs the Partnership group, which reports to the Joint Operation Commissioning Group and the CCG Mental Health Pod. The work stream and milestones are reported using the ASPYRE project management system.

Solihull’s Local Transformation Plan and this progress report had been approved by

Solihull Health and Well-being Board

Solihull CCG

Solihull Council - Childrens and Skills Directorate
Using a school health survey to map child resilience in Solihull

Duncan Vernon, Specialty Registrar in Public Health (duncan.vernon@nhs.net) and Ian Mather, Consultant in Public Health.

Introduction
Resilience describes the resources that people can draw upon when facing negative life events. However, there have been few studies that map it in a population. In order to conduct a resilience needs assessment in Solihull a scale to measure resilience was developed from the Health Related Behaviour Questionnaire (HRBQ), which is a secondary and primary school survey carried out in the authority every two years.

Method
A broad definition of resilience was taken from a published literature review1; this was cross referenced against the questions in the secondary school HRBQ. A scale was created out of twenty one questions that related the definition of resilience and responses were obtained from 2012 and 2014 data. A reliability test was conducted on the scale to show that the items correlated well (Cronbach’s Alpha of 0.834). The scale ran from 0 to 2, with 2 indicating the highest possible resilience. Population average resilience scores were derived for respondent demographics and 95% confidence intervals calculated.

Results
The key findings were:
- Secondary school age girls had lower resilience than boys. This relationship was true in both years of survey data available, and is shown in Figure 1.
- Secondary school pupils living in more deprived areas had lower resilience than pupils from more affluent areas. The difference between the more deprived urban north of the borough and more affluent south and west is shown in Figure 2. The difference between genders was more marked in deprived areas.
- Young carers had a lower resilience, as shown in Figure 3. There was also a clear gradient in the relationship between hours spent caring per day and lower resilience.

Discussion
- This brief needs assessment identifies groups of secondary school children with lower resilience and allows a targeted approach to put evidence on improving resilience into action.
- The finding that resilience is lower in more deprived areas is consistent with a previous evidence that children in more deprived areas face a ‘double burden’ due to facing a greater number of adverse childhood experiences and self-reported feelings of lower levels of choice and control.
- One weakness with this approach is whether the HRBQ provides a true measure of resilience. The scale has face validity but further work could correlate it with other measures of resilience and understand how it relates to other outcomes.

References