

Young People in Mind

Transforming Service Delivery



**YOUTH
ACCESS**

Championing advice and counselling

Youth Access
1-2 Taylors Yard
67 Alderbrook Road
SW12 8AD



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Martin Williams



This report is dedicated to Martin Williams, who suddenly and very sadly died on 12th October 2015 – a day when our partnership met to discuss the progress of Young People in Mind. Martin was Chief Executive Officer at Off Centre, Hackney and we echo the words of his colleagues who remember him for his humility, intelligence and integrity.

Acknowledgements

Youth Access is grateful for the support offered by the Department of Education without which our consortium could not have come together at such a crucial time in young people's mental health policy.

Many people have contributed to the delivery of the Young People in Mind Project – far too many to list here. So firstly a thanks to all the unnamed practitioners who supported young people over the year across the Project.

There are however key individuals who have led the delivery of this Project in their local areas and ensured its success. They are:

Ana Brankovic, No Limits, Southampton

Karen Stott, Off the Record, Croydon

Kim Bennett and Rhona Kenny, Croydon Drop In

Monique Collier, YPAS, Liverpool

Richard Leigh, Alone In London

Simon Newitt, Off the Record, Bristol

Simone Spray, 42nd Street

Thelma Matthews, Off Centre, Hackney

Tonia Mihill and Dan Mobbs, MAP, Norwich

Thanks are also due to Karen Whitelaw at Youth Access for her patience, diligence and efficiency. And finally, we also want to recognise the skillful work of Mhemooda Malek in capturing the work of our consortium in this report.

Foreword

The Young People in Mind Project has been a unique collaboration between nine Youth Information, Advice and Counselling Services (YIACS) across the country and Youth Access. Conceived before the publication of Future in Mind, and its welcome proposals for improving young people's mental health, the Project has provided a timely opportunity to demonstrate why investment in YIACS can bring positive benefits to vulnerable young people struggling with their mental health and wellbeing.

Run over a single year, Young People in Mind set out both to boost YIACS' capacity to engage in local strategic developments and also to increase young people's access to therapeutic support through these local organisations. With the year also coinciding with the incoming Government's renewed focus on young people's mental health and the development of local CAMHS Transformation Plans, the Project proved particularly timely.

This report by Mhemooda Malek provides through its nine case studies, a snapshot of how the YIACS fared in their engagement with local statutory sector partners. The report captures much of the spirit of YIACS; offering an excellent insight into how these local voluntary sector organisations make a substantial contribution to improving services for young people.

Despite the unending struggles for funding, the staff turnover of YIACS is relatively low and one of the great pleasures of working at Youth Access is the opportunity to work with some outstanding leaders and practitioners in the voluntary sector. YIACS' managers and practitioners retain their passion and drive for championing young people and their energy and enthusiasm has been central to the Project's success.

While the continuity and stability of YIACS staff is a notable strength, these are of course turbulent times, and with these has come a succession of changes in local statutory structures and staff in key strategic roles. The need to constantly build and re-build key strategic relationships presents considerable challenges for relatively small organisations and the demands on staff time should not be underestimated. Local commissioners may want to consider how they can better invest in ensuring that YIACS and others across the voluntary sector can be adequately supported to ensure their capacity to contribute to local planning.

The Young People in Mind Project has shown how a relatively small investment can go a very long way! In reading this report, and its companion '*Young People in Mind: The young People,*' detailing the young people offered support through the Project, we hope readers will discover an insight into why YIACS continue to be important and valued services by young people. And why now, Future in Mind sees them as a 'key part of any universal offer'.



Barbara Rayment

Director, Youth Access

Glossary

A&E	Accident and Emergency
AMHS	Adult Mental Health Services
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CSE	Child Sexual Exploitation
CYP IAPT	Children and Young People Increased Access to Psychological Therapies
DfE	Department for Education
GP	General Practitioner
IAPT	Increased Access to Psychological Therapies
LAC	Looked After Children
LDD	Learning Difficulties and Disabilities
NHS	National Health Service
NHSE	NHS England
ONS	Office for National Statistics
PCT	Primary Care Trust
PHE	Public Health England
PR	Public Relations
ROMS	Routine Outcome Measurements
SPA	Single Point of Access
SPC	Single Point of Contact
SROI	Social Return on Investment
VCS	Voluntary and Community Sector
YIACS	Youth Information, Advice and Counselling Services
YPiM	Young People in Mind Project

Introduction

A key aspect associated with Youth Information, Advice and Counselling Services (YIACS) is the provision of holistic support, under one roof, to young people often up to the age of 25 years. This aspect of YIACS' work is receiving significant attention at the level of national policy. In relation to improving communication and access, the Future in Mind(4) report proposes:

“Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop shop services, based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment. There may also be a case in future for developing national quality standards for a comprehensive one-stop-shop service, to support a consistent approach to improving outcomes and joint working.”

(Page 43, Para: 5.7, iv)

Another, perhaps less well publicised, aspect of work undertaken by many YIACS is their significant contribution to strategic activities and partnership work relating to children, young people and families. A key aim of this report is to highlight this strategic work in the context of the Young People in Mind (YPiM) project.

A separate report focuses on the delivery of support to young people as part of the YPiM project and can be accessed on www.youthaccess.org.uk.

What are YIACS?

Youth Access represents approximately 170 YIACS of which around 85% are managed by voluntary sector organisations. The type of services provided by YIACS vary between localities based on local need. Nevertheless, some common features are associated with all YIACS(7) including:

- A range of interventions delivered ‘under one roof’
- Young person-centred
- Open to a wide age range, e.g. 13 to 25
- Holistic approach, meeting multiple and complex needs
- Multi-disciplinary teams, providing wrap-around support
- Flexible access routes, including through open door ‘drop-in’ sessions and self-referral
- Free, independent and confidential

The YIACS offer is summarised(7) as:

“Through interventions such as counselling and other psychological therapies, advice work, health clinics, community education and personal support, YIACS offer a unique combination of early intervention, prevention and crisis intervention for young people.” (Page 8)

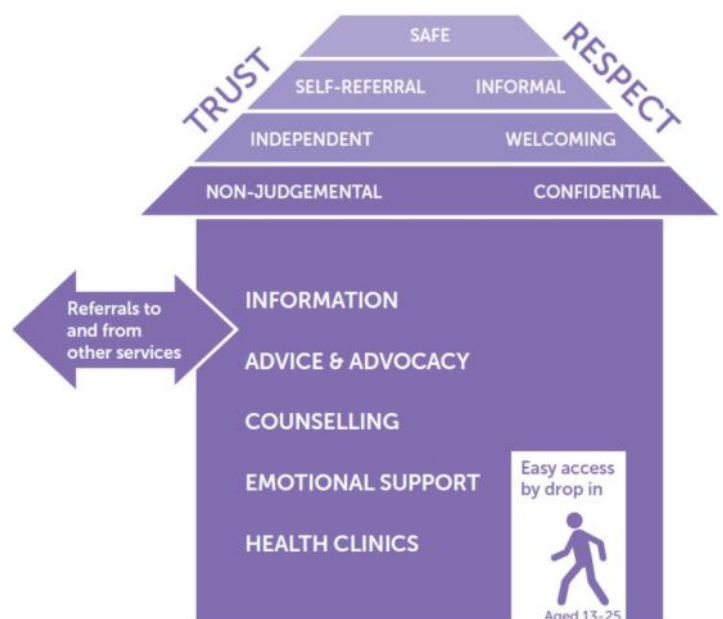
There is indication from a survey(6) conducted in 2013 that YIACS are picking up increasing numbers of young people with more complex problems, due to cuts in other local services:

“The overall picture was one of YIACS picking up the pieces from other services. The demise of Connexions, failings in Social Services, redefinitions of CAMHS criteria, the continued inaccessibility of adult mental health services and cuts to youth services were all leading to increased referrals to YIACS from statutory professionals, such as GPs, social workers and mental health staff. In an increasing number of areas, the local YIACS was becoming seen as the one place left with the expertise to support young people with a range of complex health and social welfare problems.” (Page 1)

Increasing demand for YIACS’ services and rising presentation of complex problems means YIACS are undertaking more crisis intervention work, leaving fewer resources to deploy on prevention and early intervention. Furthermore, while there has been a slight increase in NHS funding for YIACS’ counselling services the local authority funding for their non-counselling services has been scaled back, yet these are vital to provision of a holistic package of support(7). The report of the House of Commons Health Committee(5) published in 2014 notes:

“YIACS have always been vulnerable, largely because they sit between a wider system of young people’s services and statutory mental health. A lack of ownership and ambivalence, despite often representing the most significant resource alongside CAMHS in meeting mental health needs, has allowed YIACS to be easy targets for cuts. Over the years, individual services have set up and closed, including some closures over the past four years. With national policy stressing the importance of mental health and better early intervention and prevention, these cuts make no sense at all.” (Page 24, Para: 42)

The importance of providing appropriate, accessible and timely services has been highlighted for some time, along with the concern that young people aged over 16 years experience particular difficulties in accessing relevant support and in transition between services(2,3,5). The current crisis in statutory Child and Adolescent Mental Health Services (CAMHS) combined with cuts in funding for broader health and social care provision at a time of increasing demand, has significantly influenced the current focus on establishing more effective approaches to integrated working in localities. YIACS are recognised as having an important role and contribution in the planning and delivery of future services to support young people’s mental health and wellbeing.



The Young People in Mind (YPiM) project

Young People in Mind, a new national project funded by the Department for Education (DfE) in 2015-2016, was led by Youth Access and developed in partnership with nine YIACS participating in its delivery. These YIACS were allocated funding for one year, between April 2015 and March 2016, to increase their capacity to:

- Meet increasing demand in their localities, in particular by focusing on provision of support to young people aged 16-19 years.
- Engage with wider local services and structures to contribute to strategic processes and partnerships.

All participating YIACS support young people up to the age of 25 years and therefore support for the 16-19 age group is part of their established, ongoing work. In relation to strategic engagement some YIACS already had established contacts and engagement in local strategic structures and partnerships, whereas for others this aspect of their work was relatively more under-developed. The aim of increased capacity enabled by the YPiM project was to enable YIACS to undertake additional work at both the strategic and operational levels. Essentially, enabling YIACS to deliver more of what they were already doing.

YIACS participating in the YPiM project are all registered charities and therefore share many of the features and issues that impact on voluntary and community sector (VCS) organisations. The importance of recognising the VCS as a key player in the development and delivery of services has been highlighted for some time, it is emphasised again in the context of the current focus to improve CAMHS provision. For example, the Future in Mind(4) report states that by 2020 the government aspires towards:

“Making mental health support more visible and easily accessible for children and young people. With additional funding, this would be delivered by every area having ‘one-stop-shop’ services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the voluntary sector.” (Page 17, paragraph 5)

Prevention, early intervention and accessible holistic support for young people and families are some of the key features associated with YIACS.

YPiM aims and objectives

Two broad aims and five objectives were agreed for delivery of the YPiM project by YIACS.

Aims

- To increase access to counselling and other psychological therapies, particularly at points of transition, to young people at high risk of mental health difficulties, e.g. care leavers, young carers, those who have experienced abuse and neglect, including sexual exploitation.
- To improve integration of VCS YIACS and statutory mental health and other services, particularly for young people at points of transition.

Objectives

Improving referral pathways and assessment processes between YIACS, specialist CAMHS, adult mental health services (AMHS), education and Children Services, particularly for those aged 16+ years.

Increasing access to voluntary sector, community-based counselling and psychological therapies for young people.

Improving information sharing protocols, with the appropriate consent of young people, between YIACS and other local services e.g. CAMHS, education, children's services.

Formalising transition arrangements between YIACS, specialist CAMHS and AMHS to reduce the risk of young people falling through service gaps and failing to access early help.

Supporting more joint commissioning between CAMHS and AMHS to improve local capacity to work across age boundaries.

Additionally, individual YIACS set their own corresponding aims regarding what they hoped to achieve through delivery of the YPiM project in their localities and these are set out in the individual case studies presented in this document.

CAMHS Transformation Programme

The CAMHS Transformation Programme was outlined in May 2015(10), after the YPiM project was already underway, when NHS England (NHSE) informed Clinical Commissioning Groups (CCGs) that:

“NHS England is now developing a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in Mind. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at local level through robust action planning and the development of publicly available Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing.”

Further guidance for local areas was issued in August 2015(9). This programme has significant relevance for YIACS and presents an important opportunity for their contribution to its development and implementation. Therefore, the strategic aspect of YIACS’ work for the YPiM project has focused significantly on engaging with and contributing to local CAMHS Transformation Plans.

Methodology

The case studies presented in this document reflect work undertaken by nine YIACS awarded funding to deliver the YPiM project in their local areas. Participating YIACS are located in a number of geographic areas in England and each had representation on the YPiM Project Management Group, coordinated and convened by Youth Access. An independent consultant was appointed by Youth Access to design and collect case study information and produce this document.

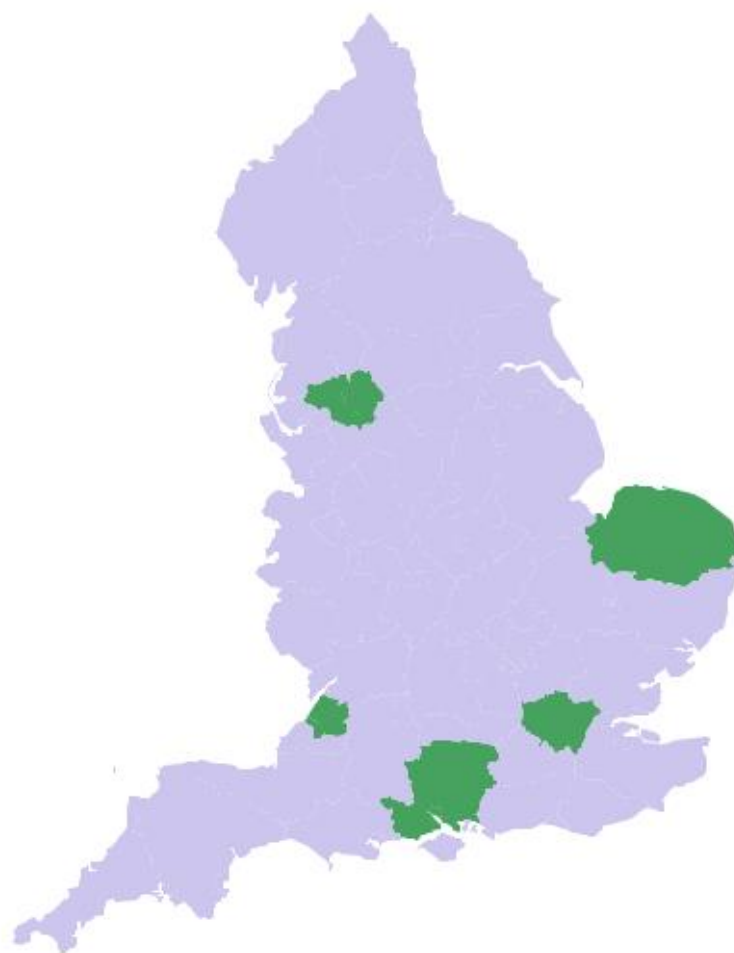
Additionally, Youth Access obtained feedback from local commissioners, with the methodology and results presented on page 96.

YIACS participating in the YPiM project

Table 1 summarises the YIACS participating in delivery of the YPiM project, their geographic location, geographic areas in which work for the YPiM project was delivered and the job title of people providing information for their case study.

Table 1 Participating YIACS and respondents providing case study data.

YIACS	Geographic location of YIACS	Geographic areas for YPiM delivery	Case study respondents
42 nd Street	Greater Manchester	Greater Manchester	Chief Executive
Alone in London	London	London Borough of Islington	Coordinator
Croydon Drop In	London Borough of Croydon	London Borough of Croydon	Director and Counselling Manager
MAP	Norwich and Great Yarmouth	Norwich and Great Yarmouth	Therapeutic Services Team Manager
No Limits	Southampton	Hampshire wide	Manager
Off Centre	London Borough of Hackney	London Borough of Hackney	Interim Chief Executive
Off The Record Bristol	Bristol	Bristol and South Gloucestershire	Chief Executive
Off The Record Croydon	London Boroughs of Croydon and Sutton	London Boroughs of Croydon and Sutton	Agency Director
Young Persons Advisory Service	Liverpool	Liverpool	Chief Executive



Data collection tool

A 'Topics for discussion and data collection' schedule was devised setting out key areas for discussion and data collection for the case studies (Appendix 1). The draft schedule was discussed by the YPiM Project Management Group and finalised after incorporating their feedback.

Data collection and case study sign-off

Case study data was collected by telephone interview. Each YIACS was asked to nominate a person to provide information for their case study as set out in the schedule.

Case study information was collected using a qualitative approach whereby respondents were free to provide information in their own words for each of the broad headings in the 'Topics for discussion and data collection' schedule. Demographic data for each of the geographic areas in which YPiM work was delivered was accessed separately from Public Health England profiles. Each telephone discussion lasted approximately one hour.

Data collected by telephone, together with demographic data, was transcribed into case study format and a draft sent to the respondents to check for factual errors and any key omissions. Each draft case study was updated with feedback from respondents and returned to them as an agreed version of their case study.

A draft of this report was sent to each YIACS ahead of a Project Management Group meeting for discussion at the meeting and was updated with their feedback.

Data collection and case study sign-off

YIACS were still in the process of delivering the YPiM project at the time case study data was collected in November/December 2015. Therefore, it was decided that a brief update would be added towards the end of the project in March 2016 and each case study was updated with this information.

Timescale

All participating YIACS were funded to deliver the YPiM project between April 2015 and March 2016.

Work on designing and undertaking tasks to produce this document was carried out over a period of 14 weeks between June 2015 and March 2016.

Telephone discussions to collect case study data were conducted during November and December 2015. Updates to each case study were compiled by Youth Access and approved by YIACS in March 2016. The findings are presented on page 89 in a section headed 'Postscript'.

Emerging themes

The case studies presented in this document highlight a number of key themes regarding YIACS' work with young people and factors that support or present barriers to engagement in wider strategic and partnership work. All YIACS have indicated that participation in the YPiM project has enabled the increased capacity needed to both support more young people aged 16-19 years and progress their contribution to local strategic developments and partnerships. Aspects relating to CAMHS Transformation Planning run through several of the themes presented here and each case study includes a specific section on YIACS' contribution to this programme.

A lack of capacity to meet significant increasing demand for YIACS' services and contribute to strategic and partnership work is highlighted as a key concern.

“Insufficient capacity is a key issue for many VCS organisations and impacts on ability to engage meaningfully in strategic activity. Recognising fundamental differences between sectors in this respect and developing approaches to participation that are compatible for all participants would help redress this imbalance.” (Off Centre)

Another common theme is that delivery of the YPiM project within the existing infrastructure and provision of the YIACS has been important to enabling their participation in this initiative. Given the significant increase in demand for services provided by YIACS and the valuable knowledge they hold to inform local strategic developments and partnerships, YIACS are experiencing their capacity being stretched to the limit.

YPiM objectives in the context of strategic and partnership work

The YPiM objectives are said to reflect those of recent national policy papers such as 'Future in Mind'(4) and 'NHS Forward View'(8). Some YIACS highlight the objectives also complement local priorities for meeting the needs of young people and that this is helpful to progressing integrated working.

“This is an exciting project to participate in and reflects broader developments under way in Liverpool to develop integrated models of working.” (Young Persons Advisory Service)

The CAMHS Transformation Programme was introduced after the YPiM project was already underway and the initial phase of this Programme was time limited requiring swift action. Consequently engagement with this agenda became priority focus for participating YIACS as part of the strategic aspect of their work for the YPiM project.

The extent to which objectives relating to other strategic and partnership work with external agencies were addressed, was dependent on the starting point for each YIACS and the extent to which they had established connections in strategic structures and partnerships in place prior to the YPiM project commencing. Whatever their starting point, participation in the YPiM project is said to have provided all YIACS with the necessary additional capacity to focus on further progressing the strategic and partnership aspect of their work.

Increasing demand and presentation of complex needs

All YIACS represented here report increased demand for their services and increasing numbers of young people presenting with complex needs. This observation is also reflected in the Youth Access report 'Picking Up The Pieces?'(6) which highlights this situation as coming into play from 2008 when the current recession and cuts to services started embedding. A related factor is that cuts to statutory CAMHS and changes in their criteria for accepting referrals leaves many YIACS unable to refer young people on for specialist support.

“Statutory provision in CAMHS tiers 3 and 4 is also experiencing high demand making it difficult to refer young people on for specialist support. Increasing demand and limited provision highlighted the need to give greater focus to provision of timely, relevant support through schools and in communities so that fewer young people require specialist interventions.” (Young Persons Advisory Service)

Unmet need is also highlighted as indicated by under-representation of some groups in local services. It is suggested that this could be addressed through delivery of more outreach work in schools and local communities to enable a more proactive, not reactive, approach.

Holistic provision

Timely, appropriate and holistic support to address the range of practical and emotional issues impacting on young people is recognised as an essential element to achieving good outcomes. YIACS are noted for providing holistic interventions but can struggle to secure funding for this approach, statutory funding in particular is said to focus on specific issues and neglect wider, interrelated mental health needs.

“Data collected by YIACS in Hampshire indicates young people present with a wider range of problems than the specific issues for which statutory funding is allocated. Achieving successful and lasting outcomes requires holistic approaches that are sufficiently funded to support delivery of ongoing support after the age of 16 years including transition to other services.....the wide ranging support needs of individual young people that can span homelessness, domestic violence, poverty, mental health problems and other issues which cannot be effectively addressed in isolation.” (No Limits)

In addition to providing holistic support, YIACS also see their role as raising awareness about the wide ranging needs of young people to relevant external services and structures. Participation in the YPiM project and the data generated is described as being supportive to this aspect of YIACS' work.

Supporting young people's ongoing practical needs as well as providing therapeutic support is considered key to achieving effective long-term outcomes. Longer term support is also considered vital for those young people who need it.

“Ensure that there are sufficient routes for ongoing support available to young people who no longer need counselling / therapeutic support but who still require a range of practical interventions.” (No Limits)

Ensuring support is available at a time and location suited to young people and their commitments such as education, employment and other appointments is described as important to enabling timely access and engagement with services. For example, by providing services and activities in the evenings and at weekends in accessible venues.

Young people aged 16 to 25 years

Statutory funding is said to be more readily available to work with young people up to the age of 16 or 18 years. YIACS generally work with young people up to the age of 25 years and are dependent on being able to fundraise from other sources, such as charitable Trusts, to enable their young-person centred work with 16/18-25 year olds. The CAMHS Transformation Programme is focused on young people up to the age of 18 years and YIACS highlight that the current gap in appropriate provision for young people aged 18 to 25 years will not be addressed through this agenda. A further complication relates to differing benchmarks between health and social care services regarding the age at which young people move to adult provision.

“.....benchmarks regarding the age at which young people move from children’s services to adult provision differ between localities and between health and social care services, which contributes to a lack of consistency of provision across Greater Manchester.” (42nd Street)

“Historically, many YIACS in Hampshire have been commissioned by the statutory sector to provide support to young people aged 18 years and under. Consequently, support for those aged over 18 years, including ongoing support, is dependent on YIACS being able to raise funding from other sources.” (No Limits)

A key barrier to progressing collaborative work between children’s and adult health and social care services is highlighted as a lack of options to pool budgets.

“There is verbal acknowledgement in statutory services that provision for young people should extend to age 25 years. A key barrier to progress is that this would require pooling of budgets between children’s and adult services and it could take some time to resolve the funding of new approaches to integrated working.” (Off Centre)

All YIACS represented here have taken the initiative to link with adult health and social care services regarding development and delivery of appropriate provision for young people in the older age range. Participation of commissioners from both children’s and adult services is said to be important to discussions about meeting the needs of 18-25 year olds. YIACS recommend that contact with adult services should be initiated as early as possible, because progressing joint approaches can take time and require persistence in highlighting the necessity for more collaboration between children’s and adult services across health and social care provision, including the pooling of budgets.

Funding and contractual arrangements

Uncertainty about funding, short term contracts and adverse changes to contractual arrangements are said to present significant challenges for YIACS. A feature that YIACS, like many VCS organisations, are particularly recognised for is their innovative approaches to engaging and working with local communities; changes to contractual arrangements that require unhelpful modification of these approaches can result in negative impact on service users and staff.

“The new contractual arrangements presented challenges to Off Centre’s existing ways of working. There was a greater focus on wellbeing support for those with mild mental health needs through provision of group work whereas clients at Off Centre often presented with moderate to severe needs and were wanting individual therapy. Off Centre has the experienced staff to meet those needs but the new contract only allowed Off Centre to offer a very small amount of individual therapy. Essentially this contract did not meet the needs of the client group.” (Off Centre)

Insecurity about allocation of funding presents challenges to planning ahead, including development or continuation of partnership work. Some YIACS, particularly those that operate on very limited resources, can face significant changes to service delivery including downsizing if sufficient resources are not secured on time. Prompt advance notification regarding allocation of funding and nature of contractual arrangements is considered crucial in such circumstances.

“Uncertainty about allocation of resources by statutory funders is a key challenge, especially for small VCS organisations that rely significantly on commissioned contracts to keep their organisation and specific services running. This impacts adversely on forward planning, including decisions regarding aspects of provision that may need to be revised if sufficient resources are not forthcoming.” (Croydon Drop In)

Short-term funding for work that requires a long term approach raises concerns about future sustainability and risks loss of innovative work if sufficient resources cannot be secured to continue. YIACS participating in the YPiM project have raised concerns about whether and how the additional capacity enabled by participation in this project will be sustained when this funding comes to an end. Some YIACS were hopeful, at the time of data collection in November/December 2015, about allocation of money from CAMHS Transformation budgets but expressed concerns that this programme only applies to young people aged up to 18 years and will not, therefore, be relevant to provision for those aged 18-25 years.

Insufficient allocation of funds to cover all aspects of work required in contractual arrangements is raised as a concern. For example, inadequate funding to meet reporting requirements.

“Short-term projects that come with a specific request for data that cannot be provided through existing systems require extra capacity. Furthermore, additional systems put in place can end up being a single investment that is of no longer-term benefit.” (Off The Record Croydon)

Competition for resources

YIACS highlight that competition for scarce resources presents the possibility of tensions arising between providers and this requires sensitive management to avoid potential negative impact to integrated working, including CAMHS Transformation Planning.

“...statutory CAMHS is relatively more costly to fund compared to VCS organisations able to deliver the required provision and this can create tensions. These issues are best addressed by commissioners with a comprehensive insight and understanding of providers in all sectors.” (Off The Record Bristol)

“Statutory CAMHS in Croydon have faced historical underinvestment leading to potential competition between sectors for any new investment which can impact on partnership work.” (Off The Record Croydon)

It is considered important to recognise and effectively address presenting tensions related to competition for scarce resources and contracts, in order to minimise potential adverse impact on integrated working. The commissioning role is highlighted as key to facilitating discussion that aims to address challenges in this respect.

Participation in strategic activities

The case studies illustrate that YIACS view meaningful participation and contribution to strategic activity as an important aspect of their work. Some YIACS express strong involvement and satisfaction in their strategic work, others describe this as a more challenging experience. Participation in the YPiM project is highlighted by YIACS as enabling greater capacity and focus to engage in strategic activity, whether this is to embark on making themselves more visible to strategic bodies or further progress their contribution through established links.

“Greater creativity is needed in relation to how the VCS can be supported to become involved as a key and integral partner in strategic planning.Lack of capacity, particularly in small organisations with limited resources who may not have a CEO or equivalent post, their priority focus is delivery of support to address waiting lists and secure funding to keep the service running. Engaging in strategic activity is less of a priority during times of increased demand and limited capacity.” (No Limits)

“A lack of recognition about what the voluntary sector in general and YIACS in particular provide and the benefits of this provision to young people (is a challenge to strategic partnership work).” (Alone in London)

YIACS that have secured meaningful engagement with strategic bodies and partnerships highlight that it is important to take the initiative to inform relevant individuals and organisations about willingness to participate in and contribute to wider developments. Those just embarking on developing this engagement relate that there is a need to exercise patience and persistence to establish contacts and secure meaningful participation.

“Participate in and influence local strategic activity, if necessary take the initiative to establish contacts and offer to contribute so this is on record.” (Young Persons Advisory Service)

Integrated delivery of services

YIACS acknowledge the necessity and value of integrated delivery of services with other partners and that this is an important element to effectively meeting the needs of young people. It is also highlighted that during times of austerity and significant budgetary constraints there is a greater focus on integration and tensions can rise.

“It is important to recognise and prepare for the likelihood that integration of services is inevitable when resources are limited. Competition and tensions between providers are likely to come into play in such a situation and require effective management in order for partnership work to succeed.” (Off The Record Bristol)

A range of factors are highlighted as being supportive to the development of integrated partnership work, including:

- Putting in place formal agreements between partners and an equitable approach to accountability for all.
- Establishing a collective ethos to work towards developing an effective, comprehensive, integrated model of provision.
- Communicating with colleagues from other YIACS and similar organisations to facilitate mutual learning and support on integrated working.
- Acknowledging that some partnership work can take time to develop and it is important to initiate and maintain a dialogue.
- Recognising that sitting at a table with colleagues from strategic bodies and other partners is an opportunity to increase visibility of YIACS and convey issues impacting on young people.
- Involving several local agencies to deliver a specific project, such as YPiM, can be beneficial to developing integrated working.
- Contributing to strategic activity, such as CAMHS Transformation Planning, can highlight possibilities for engaging with other services, such as adult provision, to progress necessary developments for young people aged 18-25 years.
- Bringing together cross-sector services provides a forum for establishing the range of local ideas and perspectives.
- Ensuring participation of service users in strategic and service developments.
- Demonstrating the business case for new approaches to integrated working

It is suggested that undertaking relevant promotional work prior to rolling out integrated working can help address issues and concerns prior to partnership work getting under way:

“The lack of preparatory work on integration at a local level has contributed to challenges in bringing people from across services and sectors on board to support integrated working. Preparatory work in advance of introducing integrated working would help address this challenge by explaining what integration is, why it is needed, how it can work and potential benefits.” (Off The Record Bristol)


Barriers to integrated working also relate to several of the themes covered in this section and are included under the thematic headings to which they relate. For example, ‘Capacity’, ‘Competition for resources’, ‘Statutory sector and VCS approaches to working’.

Configuration of local provision for young people

The process of identifying configuration of local provision for young people for inclusion in individual case studies has highlighted a range of arrangements across localities. The intention was to indicate in each case study the: body setting local strategic priorities; bodies responsible for commissioning services; and, number of commissioned service providers including those from the VCS.

It has transpired that this information is not always straightforward to promptly locate and accurately establish for all geographic areas. Some localities are in the process of reviewing or re-structuring their services for young people, there is greater clarity other local areas and in some it is unclear where some of this information can be accessed promptly.

This type of information is important for YIACS to facilitate engagement with local strategic structures and partnerships, particularly those looking to embark on or re-establish such connections. Putting in place a system that enables swift and straightforward access to information about configuration of local provision for young people, including key contacts, would help all YIACS to access the relevant details promptly as required.



Putting in place a system that enables swift and straightforward access to information about configuration of local provision for young people, including key contacts, would help all YIACS to access the relevant details promptly as required

Building good relationships

Establishing, building and maintaining good relationships with strategic bodies and other partners is considered to be an essential element of effective partnership work and meaningful participation in strategic activity. YIACS acknowledge that establishing good working relationships can take considerable time and work on this should be initiated as early as possible, because such associations need to be in place when strategic or partnership opportunities arise, especially those that present at short notice and require a swift turnaround. The CAMHS Transformation Programme is a recent example in this respect.

Good working relationships are said to embody a common ethos, mutual trust, open and honest dialogue and a willingness to address difficult issues.

“Building relationships based on mutual trust has been key to progressing partnership work in relation to both strategic activity and service delivery. Partners with a good understanding of the VCS and its contribution to meeting local needs have been important to recognition of VCS organisations as key providers of services and important contributors to strategic developments.” (Croydon Drop In)

Participation in strategic activity and partnership work is described as having the potential to strengthen working relationships and raise awareness of local services.

Maintaining good relationships in times of change is said to present challenges because tensions can run high. Similarly, when there is a high turnover of staff this requires frequent rebuilding of relationships with new personnel who may have a different approach to their predecessors.

“Maintaining good relationships in times of change is challenging, especially if there is a high turnover of staff in the relevant strategic structures. In these circumstances relationships have to be re-built and new staff may have different ideas and priorities to their predecessors.” (Off The Record Croydon)

It is suggested that challenges in this respect can be addressed through a well-managed approach that facilitates honest dialogue; if necessary, by an independent professional with appropriate facilitation skills.

Commissioner role

The commissioner role is described as key to facilitating effective engagement of VCS service providers in meeting the needs of local communities and in enabling their participation in strategic activity. The case studies illustrate a number of features of the commissioning role that are considered to be helpful, including commissioners who:

cover CAMHS and AMHS participating in discussions regarding 18-25 year olds, to enable issues regarding both areas of provision to be discussed concurrently;

understand the VCS including YIACS, their contribution to meeting local need and acknowledge the contribution made to meeting local priorities;

have a good working relationship with other commissioners;

are able to bring people round the table and proactively encourage discussion of difficult issues through a well-managed, equitable approach.

“Good relationships with commissioners and officers. Strategic work can be personality driven and mutually open, honest dialogue is important to developing effective partnerships.” (42nd Street)

It is also acknowledged that commissioners can feel restricted by national directives regarding how they develop partnerships with the VCS and commission them as service providers.

“The VCS has not been able to be as influential as it could be (in CAMHS Transformation) because commissioners have felt restricted by national government directives. For example, addressing eating disorders is one of the objectives of Transformation Planning and the support delivered by YIACS can aim to prevent young people from developing an eating disorder. However, this preventative approach is at risk of being overlooked if the focus is on commissioning services that treat young people who have acquired an eating disorder.” (No Limits)

It is suggested that commissioners be kept informed about funding secured from other, especially non-statutory, sources to keep them up to date about local need and investment.



Data collection and use

The VCS is described as holding important information about local population needs that can make a valuable contribution to a range of planning and strategic processes. The case studies illustrate that several YIACS have contributed data to local CAMHS Transformation Planning; others highlight a different experience with limited data sharing and few requests from statutory bodies for data held by YIACS to inform local developments.

“Transformation activity has highlighted the different approaches used by services to collect data on outcomes. VCS organisation such as MAP are collecting more outcomes data than some of the statutory sector providers, indicating the VCS holds valuable information relevant to strategic planning.” (MAP)

“There are good relationships between NL (No Limits) and local strategic bodies but there is limited data sharing and few requests from strategic bodies for data collected by NL. Putting in place formal arrangements for sharing data would help address this issue.” (No Limits)

YIACS have indicated that data generated for the YPiM project on 16-19 year olds will be valuable for informing future internal and external developments. Factors described as helpful to the collection and use of data include:

- Giving due and prompt consideration regarding what to measure for discrete projects and the type of data needed to illustrate work being undertaken.
- Putting in place systems to ensure the work being delivered can be demonstrated with relevant evidence.
- Ensuring mechanisms are in place to enable data collected to be used to inform internal and external developments.

Challenges to effective data collection and use include requests for information at short notice and requests for specific data that cannot be provided through the data management systems in use by YIACS.

“Requests for data and input to meetings that require a fast turnaround can make it impossible for VCS organisations to understand and think through how the information requested can be collated and presented in a coherent format. A better understanding of the circumstances in which VCS organisations operate would help address this issue.” (Off Centre)

It is suggested that electronic sharing of relevant information about young people across all services that support them, would significantly enable prompt access to data and avoid asking young people to repeat this to several providers.

“Information sharing between services is relatively good in Liverpool with agreed protocols in place. One area for future development is the CAMHS Passport which aims to enable information to travel with the young person and avoid replicating assessments, work is currently under way to make this process electronic and enable all relevant parties to have easier access to this data.” (Young Persons Advisory Service)

Due recognition of the VCS and YIACS' role in meeting local need

Some YIACS have indicated that due recognition of the significant role of the VCS in meeting local needs has been important to achieving meaningful participation in CAMHS Transformation Planning. Conversely, lack of sufficient recognition and understanding of VCS provision and the work of YIACS, what they do and how this contributes to meeting local needs is described as presenting barriers to wider strategic and other partnership work.

“Another challenge is the lack of common understanding between all partners about what YIACS deliver and how their work contributes to achieving individual outcomes for young people and to local strategic priorities.” (Croydon Drop In)

Suggestions regarding raising the profile and visibility of YIACS include:

- Communicating the organisation's work to all partners and strategic bodies and not assuming everyone is fully and accurately aware about what YIACS deliver.
- Taking steps to redress lack of understanding, or misunderstanding, about the work delivered by YIACS.
- Positioning the organisation as a tier 2 service provider, not only as a YIACS, can be beneficial to gaining recognition and acknowledgement as a CAMHS provider.

“The work of YIACS and the VCS more generally is not fully understood by all relevant agencies and professionals. There can be a tendency to assume, incorrectly, that YIACS only provide support and not treatment and this misunderstanding needs to be redressed.” (Off The Record Bristol)

“There are differences between strategic partners regarding their knowledge and understanding of the work delivered by the VCS, it is helpful to view the YPiM project as an opportunity to bring everyone up to speed.” (42nd Street)

Ensuring the ethos of the organisation is not unduly compromised is also described as a potential challenge when participating in strategic and partnership work, including CAMHS Transformation Planning. YIACS establishing work in new geographic areas can find developing visibility and recognition in local services and structures a challenge, because achieving due recognition can both take time to establish and is a time consuming activity.

“It is unclear why ALS (Alone in London) has not been invited to participate (in CAMHS Transformation Planning), a possible reason may be insufficient understanding about the work of YIACS and its relevance to strategic planning.” (Alone in London)

The 'Future in Mind' report has been highlighted as helpful to recognition of work delivered by YIACS. The DfE branding is also described as helpful to giving profile to the YPiM project at the local level and raising the profile of YIACS.

“The report 'Future in Mind' has been helpful in giving due recognition to the work delivered by VCS organisations. Locally, more people appear to have greater awareness about what YIACS deliver and the relevance of their work to meeting local need, this has been positive to raising their profile.” (Off Centre)

Understanding diversity of the VCS and YIACS

The VCS is a diverse sector and there is significant variation in capacity and resources available to individual organisations including YIACS. It is important to recognise this diversity and avoid applying broad features associated with the VCS to all organisations in this sector.

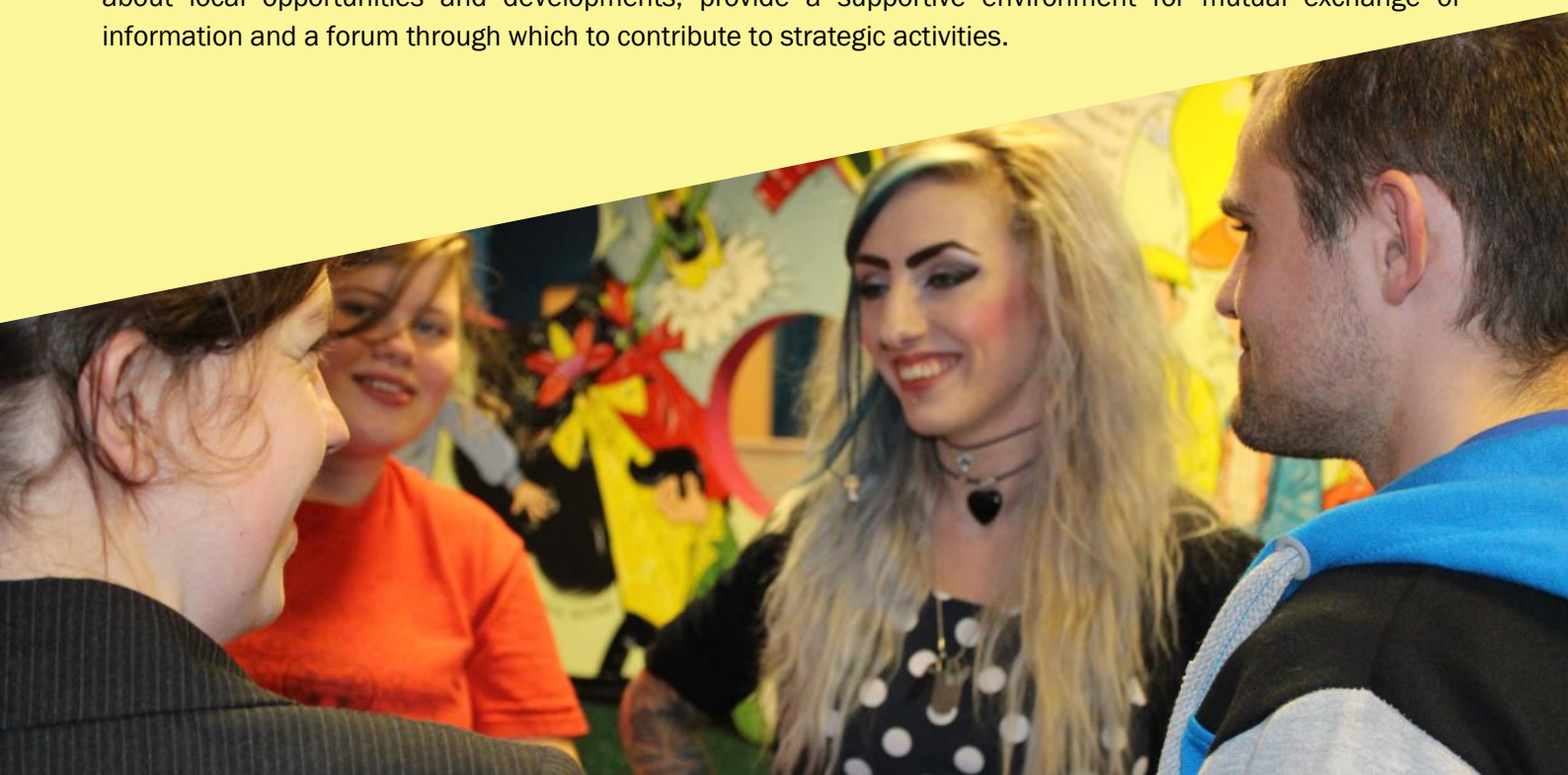
Small VCS organisations in particular can lack sufficient visibility and recognition of their work(1). Nevertheless, they can be a vital local resource and a lifeline to local communities. However, several factors can impact on the extent to which they are able to compete on an equal footing with better resourced organisations to secure contracts and engage in wider strategic and other developments.

“A key challenge has been the relatively short timescale within which Transformation Planning has occurred. A knock on effect of this rapid turnaround is that VCS organisations with sufficient capacity, knowledge of the Transformation agenda and established contacts in strategic structures were more able to participate than those without these assets.” (Off The Record Bristol)

The case studies illustrate issues regarding the diverse circumstances and experience of YIACS, for example:

- Some YIACS may only have sufficient capacity and other resources to focus on service delivery and may not have personnel, such as a CEO or equivalent post, to take forward development of partnership work and engagement with wider strategic developments.
- Past negative experience of YIACS’ participation in wider developments can act as a barrier to future participation if previous investment in such work has not yielded sufficiently worthwhile results to merit allocating further resources.
- Some YIACS may be excluded from wider developments even after taking steps to increase awareness about their work and willingness to participate in wider developments.

Established partnerships and mutual support between YIACS is said to be supportive to engagement in strategic activity through a collective voice, especially for small organisations. The No Limits case study provides an example in this respect by engaging smaller YIACS in a consortium that can keep them informed about local opportunities and developments, provide a supportive environment for mutual exchange of information and a forum through which to contribute to strategic activities.



Statutory sector and VCS approaches to service delivery

The case studies highlight impact of different approaches to service delivery between statutory sector and VCS provision and indeed between statutory health and social care services.

“Different models of working and approaches to engaging young people between services and sectors act as barriers to integrated working and appreciation of the value of approaches employed by VCS providers.” (Alone in London)

“The different models of working between statutory services and between statutory and VCS provision can have a negative impact. For example, statutory CAMHS tend to work within a medical model that is less holistic in addressing individual needs than the model adopted by statutory social care services. Off Centre has experience of working with both models but statutory provision usually works with one or the other, this is unhelpful to achieving good outcomes for young people.” (Off Centre)

Recognising and involving the VCS as an integral partner from the outset of developing and delivering new approaches to integrated working, including related training for staff, could address potential challenges arising from differing approaches to service delivery. For example:

- **CYP IAPT** – YIACS that have participated in this national initiative relate that the training for staff is ultimately beneficial for the organisation and young people. However, the experience of some YIACS is that this training is time intensive and can leave VCS staff feeling isolated due to different approaches to working between statutory sector and VCS provision. Involving the VCS in the development of national initiatives such as this would enable consideration of all approaches to service delivery and inform development of training that is compatible for staff from all relevant sectors and services.
- **Single Point of Contact (SPC)** - Insufficient consideration about how new approaches such as SPC will impact on young people and the services they access directly can have a negative impact. YIACS that have an ethos to provide timely support to all who access their services can find this is not possible, if contractual arrangements require young people accessing their service directly to be referred on to be assessed through the SPC system before being allocated to a service provider.

“MAP is recognised by GPs and other local providers as being an accessible service to young people and they continued to make referrals to MAP even after being informed that direct referrals could no longer be accepted under the new contractual arrangements. However, young people presenting to MAP, including those in crisis, could no longer be provided with immediate support and had to wait until SPC assessment and allocation were completed. MAP aimed to address the gap in crisis support by raising funds from other sources to keep its crisis service running but could only offer short-term support due to insufficient resourcing of this service.” (MAP)

- The statutory sector and VCS have different starting points in relation to structure and resources, this needs to be taken into account in developing partnership work to avoid it becoming a barrier to participation.

- There can be a mismatch in supervision/governance procedures between the statutory sector and VCS with no additional resources made available to adapt existing systems.

“Supervision and governance – Commissioning bodies sometimes require specific recruitment and supervision arrangements that do not match those already in place in YIACS. This creates extra demands to adapt existing systems which may only be required for a limited period if the funding is short-term. An agreed system for supervision and governance that works effectively for all partners can help address this issue.” (No Limits)

The challenges presented by different approaches and models of working with young people could be addressed by involving the VCS in assessing how developments in the statutory sector will impact on the work of VCS organisations.

Capacity

Participation in the YPiM project has enabled all YIACS to increase their capacity, enabling more young people to be supported and give greater focus to engagement in external activities. Concerns have been expressed regarding continuation of this work without further resourcing after the YPiM funding ends. Other points regarding insufficient capacity are:

- Short timescales for strategic work can make it difficult to free up sufficient capacity to think through the YIACS’ contribution and collate relevant data for developments such as CAMHS Transformation Planning.
- Remaining positive can be a challenge with increased workloads generated by participation in wider developments, such as CAMHS Transformation Planning.
- Limited capacity presents a challenge to achieving a balance between keeping internal work and services running smoothly and contributing to external work such as CAMHS Transformation.
- Insufficient capacity can make it difficult to engage with several strategic and partnership developments or opportunities if they occur simultaneously or in close succession.
- Capacity of organisations to deliver additional work should take into account all necessary resources such as availability of space to deliver extra work; for example, counselling or group work sessions.
- Increasing numbers of young people accessing a service can require senior staff to step in to provide frontline delivery, taking time away from other activities such as strategic or partnership work.

“Space – Availability of rooms within provider projects to meet increasing demand for activities such as group work and counselling can be a challenge. Greater partnership work with statutory services could address this by giving access to more venues and add greater choice for young people regarding where they can access support.” (No Limits)

It is suggested that challenges relating to capacity could be addressed by approaches that recognise fundamental differences in available capacity between sectors and services and put in place systems that are compatible for all participants.

Central support from an appropriate organisation

All YIACS have expressed their appreciation of the valuable support provided by an umbrella organisation such as Youth Access, which is described as having a good understanding about the work of YIACS.

“Having an umbrella organisation such as Youth Access secure funding and coordinate the (YPiM) project has been valuable, as has their comprehensive knowledge about what YIACS do, government policy and its translation at the local strategic level. It has also been a very helpful to be able to direct queries to staff at Youth Access and receive a helpful response and feedback.” (Alone in London)

Work undertaken by Youth Access for the YPiM project includes: securing funding; coordinating the overall project and selection of YIACS; providing leadership; keeping YIACS informed of relevant national developments; convening regular meetings of participating YIACS; developing a database for collection of data on work with young people; and, coordinating reporting requirements.

“Youth Access has a good understanding of the work undertaken by YIACS and what they can realistically deliver. Meeting the YPiM objectives was therefore realistic because they fit with the existing ethos and work of the organisation.” (MAP)

Leadership and support from Youth Access is said to have been an essential aspect of enabling YIACS to focus on delivery of the YPiM project.



Evaluation

All respondents highlight the value of collecting data for evaluation of the YPiM project and that this will support informing developments internal to their service and externally. Aspects that are said to have worked well in evaluation of the YPiM project include:

- Youth Access taking the lead in designing the evaluation and database for recording information, collating data from all YIACS and providing accessible support with queries and implementation of the database.
- Collection of data focused on 16-19 year olds is described as necessary and valuable to highlighting issues impacting on this age group.
- A simple, clear process for evaluation combined with coordination of data collection from all participating YIACS by Youth Access is anticipated to facilitate learning across different geographic locations.

“It has been useful to have Youth Access coordinate and lead on data collection, including help with understanding and implementing the YPiM database. This has been key to enabling MAP to focus on delivering the YPiM objectives and engage in the evaluation process with relative ease as compared to past experiences of engaging in evaluation activity.” (MAP)

A few challenges are highlighted regarding evaluation and other reporting requirements more generally and not only in relation to the YPiM project:

- The databases already in use by YIACS vary and some were not compatible with the YPiM database, requiring additional support from Youth Access to implement and populate. YIACS whose existing data collection tools were similar to the YPiM database found the process more straightforward.
- Numerous and different demands for data, from a range from sources including funders and strategic bodies, make it difficult to maintain one set of data that can satisfy multiple different requests.
- Collection of data additional to that already collected by YIACS can result in significant extra form filling for practitioners and a focus on data collection, not its use.

“IT systems and packages – Existing databases used by YIACS are not suited to meeting the different reporting requirements of a range of commissioners and other relevant bodies. Additional resources are not always made available to adapt databases already in use or access other more suitable packages and address the extra capacity needed.” (No Limits)

Including a cost effectiveness analysis to evaluation of work undertaken by YIACS is suggested as potentially beneficial to future work and funding applications.

“Building in a Social Return on Investment (SROI) or equivalent analysis would be useful. Increasing numbers of young people are presenting to services with high risk, an analysis of the costs of well-timed interventions provided by YIACS as compared to statutory CAMHS would be useful to future assessment of cost-benefit and outcomes for young people in both settings.” (Off The Record Bristol)

The themes presented above reflect information provided in the case studies presented in the next section.

Case Studies



42nd Street- Manchester

www.42ndstreet.org.uk

Brief Summary

42nd Street provides free support to young people aged 13-25 years (age 11 years in schools) who are under stress and living in Manchester, Salford, Trafford and Tameside. The services provided include one to one counselling, therapy and psychosocial support, group work, a social action programme and a growing creative programme.

Rationale

Increasing numbers of young people aged 16-19 years are presenting to 42nd Street with increasingly complex needs. The causes behind the issues that young people present with are both developmental and social and are therefore best addressed through personalised, holistic, consistent and timely support; holistic support to address multiple needs for this cohort is currently in short supply across Greater Manchester. A further complicating factor is that benchmarks regarding the age at which young people move from children's services to adult provision differ between localities and between health and social care services which contributes to a lack of consistency of provision across Greater Manchester.

Participation in the YPiM project presented the opportunity to work with partners to identify current gaps in provision and to generate a national evidence base that enables a better understanding of the issues confronting young people aged 16-19 years to help inform service design. Provision of direct support to young people as part of the YPiM project is focused in Manchester, participation in strategic activity is occurring across all four localities.

Sources highlighting need for this work:

Data collected by 42nd Street from the young people it works with highlights concerns about gaps in the mental health system to effectively meet presenting needs and increasing demand from young people aged 16-19 years and indeed 19 to 25 year olds.

Through its work in the four localities 42nd Street is aware that there are very different approaches to how young people aged 16-25 years are supported. Similar feedback is given by colleagues from other agencies and raised in strategic meetings.

Geographic location(s) of YPiM work

In relation to the YPiM project, support is provided to young people in Manchester and strategic activity undertaken in Manchester, Salford, Trafford and Tameside.

42nd Street- Manchester

Aim of YPiM work

There were two broad aims of participation in the YPiM project:

- Increase 42nd Street's capacity to offer one to one support to more young people and meet their needs in a timely way.
- Share the learning from data and reports generated by the YPiM project with local systems and consider how this learning can be applied to address local issues for young people aged 16-19 years.

Target population for YPiM work

The four boroughs across Greater Manchester.

Demography

Manchester has a population of 514,000 (Mid-2013 population estimates, ONS). Life expectancy is 8.8 years lower for men and 7.4 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 25.2% of the population;
- 57.1% of school children are from a minority ethnic group;
- 33.9% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Salford has a population of 239,000 (Mid-2013 population estimates, ONS). Life expectancy is 10.6 years lower for men and 10.3 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 24.3% of the population;
- 21.2% of school children are from a minority ethnic group;
- 26,8% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was higher than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

42nd Street- Manchester

Trafford has a population of 230,000 (Mid-2013 population estimates, ONS). Life expectancy is 8.5 years lower for men and 6.7 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 25.1% of the population;
- 27.2% of school children are from a minority ethnic group;
- 14.1% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was similar to the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Tameside has a population of 221,000 (Mid-2013 population estimates, ONS). Life expectancy is 10.3 years lower for men and 9.3 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 24.4% of the population;
- 18.6% of school children are from a minority ethnic group;
- 22.7% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was higher than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

Configuration of local provision for young people

Overall strategy and priorities for children's services are set by the Health and Wellbeing Boards in each of the four areas and in the Greater Manchester Mental Health Strategy. 42nd Street is commissioned by Manchester CCG, Salford CCG, Trafford Council and Trafford CCG and Tameside and Glossop CCG. CAMHS Transformation Plans and Locality Plans have been submitted over 2015/16 to Greater Manchester Devolution Teams, these Plans have informed the Greater Manchester Mental Health Strategy and the Implementation Plans that will drive forward the Integrated Health and Social Care Plan

42nd Street- Manchester

Participation in local CAMHS Transformation Planning

Participation in Transformation Planning across four local authorities, each with differing arrangements, has been a complex exercise. Nevertheless, 42nd Street has had a positive experience overall. In addition to CAMHS Transformation, changes are under way for Greater Manchester's plans towards health and social care devolution and these are relevant to Transformation Planning. 42nd Street's contribution to Transformation Planning spans:

- Salford - participation in meetings, submission of data and contributing ideas for the plan.
- Tameside - leading on transition planning including themed work and VCS involvement in planning and delivery of services, consulting with young people via schools, reporting on needs and developing 'I statements'.
- Trafford - there has been relatively less involvement but key information has been submitted via email communication and included in the Plan.
- The agenda for devolution in Greater Manchester - submitting priorities regarding integration and provision for young people that commissioners have written into plans, and ongoing discussions with 42nd Streets Ambassadors Group
- Facilitating consultations with young people and submitting reports that convey their voice about what they expect from CAMHS and what they have experienced in the past.

Transformation plans from Manchester, Salford, Tameside and Trafford have also been shared at Greater Manchester level and will influence the Devolution Mental Health Strategy.

Aspects that are working well in relation to CAMHS Transformation activity

- 42nd Street being able to respond positively to requests for help from colleagues leading and shaping the Transformation Plans within very tight timescales.
- Participation in and contribution to the Transformation agenda has helped strengthen relationship with commissioners.
- Commissioners who understand the VCS, its contribution to integrated working, actively promote benefits of working with this sector and encourage its participation in strategic activity.

Aspects that are working well in relation to CAMHS Transformation activity

- As a middle-sized VCS organisation the process has stretched 42nd Street's capacity to undertake the breadth of work needed, including: looking into how services operate in different geographic locations; considering how best to contribute; collating relevant data; and, participating in Transformation activity in each locality.
- Short timescales have presented a challenge in keeping the internal work of the organisation running smoothly as well as participating in external strategic activity.

Re-prioritising internal work wherever possible has helped to address both issues, however this cannot be sustained for lengthy periods.

42nd Street- Manchester

Engagement with other strategic partnership work

42nd Street has contributed to discussions on the Greater Manchester Mental Health Strategy from August 2015, this strategy was launched at the end of February 2016.

Key supportive factors to wider strategic partnership work

Good relationships with commissioners and officers. Strategic work can be personality driven and mutually open, honest dialogue is important to developing effective partnerships.

Commissioners and other partners who understand the work delivered by 42nd Street and its contribution to meeting local needs.

Understanding the pressure partners are under and offering to help by reprioritising own work wherever possible.

Relevant knowledge and understanding of local structures and opportunities in order to decide the best approach to engagement and provision of feedback.

Key challenging factors to wider strategic partnership work

Time is a key issue for small organisations in particular and the need to balance internal work and priorities with engaging in external developments, especially those that require rapid responses.

Differences between strategic partners regarding their knowledge and understanding of the work delivered by the VCS, it is helpful to view the YPiM project as an opportunity to bring everyone up to speed.

Delivery of the YPiM project

Process

The YPiM project is being delivered within the existing infrastructure of the organisation and there was already a waiting list of young people, this made it possible to deliver the work within the relatively short timescale of the YPiM project. 42nd Street had already established contacts with strategic structures and the extra capacity afforded by the YPiM project facilitated swift engagement in response to requests from strategic bodies to participate and submit work.

Structure

The CEO oversees and participates in strategic activity with support from the Head of Operations and Head of Service. There is a Service Manager Team, which includes the Head of Service, who manage all Mental Health Practitioners (MHPs) and provide a Duty Team for all workers. All of 42nd Street's MHPs are qualified, paid Mental Health Practitioners. There is a small administrative team.

Resources

In addition to the existing infrastructure of the organisation one full-time equivalent Mental Health Practitioner post was retained to increase capacity for work with 16-19 year olds on the waiting list.

42nd Street- Manchester

Outcomes for YPiM initiative

Two broad intended outcomes are:

To meet the needs of the increasing numbers of young people presenting with complex needs that often require significant longer term support. A related outcome is to use the data gathered for 16-19 year olds for the YPiM project to assess whether interventions are working and recovery rates improving. Analysis of this data will enable the range of their needs to be mapped and considered alongside scores using the CORE system.

Use the data generated to make a case to local structures about the needs of this age group and discuss necessary developments to enable provision of relevant and timely support.

There are no agreed intended outcomes for partner agencies at this stage

Evaluation of YPiM initiative

Populating the YPiM database has required extra capacity, however there has been value for 42nd Street from this activity and Youth Access have been very supportive with set up and implementation of the database. The data generated will be very useful in communicating to commissioners and decision makers the type of service that needs to be provided for this age group, the fact that it is being collected for a DfE funded project gives added value.

Learning:

key messages for people thinking to set up/undertake similar work.

- Build relationships early with key local partners because they need to be in place when opportunities to contribute to wider strategic and other activities come on stream, especially if a rapid response is needed.
- Take the time at the start of the project to identify what you want to measure and illustrate from the data to be collected.
- Communicate the organisations work to all key players and don't assume everyone is fully aware of the issues for young people and for your organisation.
- Be tenacious and tactical; take the initiative to let people know you want to contribute to wider developments. This may require extra capacity and time but can be worthwhile.

42nd Street- Manchester

Key supportive factors to delivering YPiM initiative

Meeting with other colleagues participating in the YPiM project has been valuable for sharing ideas, challenges and for mutual learning and support. Coordination by Youth Access of meetings, reports, the database and other tasks has enabled 42nd Street to focus on delivery. The DfE branding is useful to give profile to this work.

Key challenging factors to delivering YPiM initiative

None. The project was designed to capture work that 42nd Street is already delivering and therefore set up of the YPiM project was straightforward. The only slight challenge was isolating the specific data for this project and asking practitioners to collect additional data, which the data analyst has to analyse and report on in addition to other work. However, this is expected with new funders and the data is important and relevant, therefore this is not a big challenge.

Conclusions

Observed impacts as at November 2015 include:

- Improving referral pathways will take time but a dialogue has now been started and in Tameside consideration is being given to resourcing work on this issue.
- Work on improving assessment processes was already under way and 42nd Street is now able to extrapolate relevant data to inform local developments.
- Improving transition arrangements will take time and 42nd Street is actively working to progress this issue at the strategic level.
- There is positive feedback from Salford and Tameside that they want to take forward development of provision to include support for those aged 16-25 years.

The work under way will be sustained if further sufficient resources can be secured, 42nd Street will continue to work with 16-19 year olds in whatever capacity it can.

Other information

42nd Street website- www.42ndstreet.org.uk

Contact details Simone Spray – CEO

Email: Simone.Spray@42ndstreet.org.uk

Alone in London

www.aloneinlondon.org

Brief Summary

Alone in London (ALS) is a youth homelessness charity providing a comprehensive range of free services to young people aged 16-25 years who are homeless or at risk of homelessness in London. Services include 'First Contact', advice, mediation and school work to increase understanding of the risks of homelessness. The charity works across London, geographic focus for the YPiM project is the London Borough of Islington.

Rationale

Alone in London provides a free counselling service, 'Mind Connect', across London and was aware that more focused work was needed to enable greater access to this service in some parts of the city. Two challenges were apparent in Islington that ALS believed it could help address:

- A gap in effective pathways for transition between CAMHS and AMHS.
- A lack of counselling support for young people leaving care and those in prison.

Participation in the YPiM project has enabled ALS to progress its work Islington and provide support to young people through developing partnerships with existing service providers.

Sources highlighting need for this work:

The need for more counselling support for young people in Islington was apparent through meetings with local services and anecdotal feedback. Several organisations working in Islington raised the issue of significant unmet need indicated by lengthy waiting lists. The leaving care service had no access to counselling for young people prior to ALS' offer to provide this. Counselling support to young people in prison was said to be woefully lacking.

Geographic location(s) of YPiM work

London Borough of Islington

Alone in London

Aim of YPiM work

To work with local providers in Islington to provide counselling and other support to young people by establishing a:

- satellite service at Islington Leaving Care offices;
- referral pathway from CAMHS to ALS;
- referral pathway from University College London Hospitals Adolescent Unit to ALS;
- satellite services in Holloway and Pentonville prisons;
- satellite service at Family Action for young carers;
- satellite service in two youth hubs funded by Islington Council.

An integral part of this work was to begin, or further progress, dialogue with some of the key providers in Islington and discuss how best young people from their services could be provided with support from ALS.

Target population of YPiM work

Young people known to the providers listed above under 'Aim of YPiM work'.

Demography

The London Borough of Islington has a population of 216,000 (Mid-2013 population estimates, ONS). Life expectancy is 5.3 years lower for men in most deprived areas than in least deprived areas, a similar figure for women is not provided in the Profile (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 19.9% of the population;
- 73.4% of school children are from a minority ethnic group;
- 34.4% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

Configuration of local provision for young people

The Islington Children and Families Partnership sets overall strategic direction and priorities for meeting the needs of children and young people. A five year strategy 'Improving the Health of Islington's Children and Young People' was published in 2015.

Health provision is commissioned by the CCG and local authority. In addition to statutory CAMHS, four providers from the VCS are commissioned to provide early intervention, counselling and psychotherapy services to children and young people.

Participation in local CAMHS Transformation Planning

There has been no formal invitation from the CAMHS Transformation team requesting ALS to participate in Transformation Planning and consequently ALS has no involvement in this process. ALS has informed CAMHS it has capacity to provide young people with counselling support and a referral partnership between CAMHS and ALS has now been set up. It is unclear why ALS has not been invited to participate, a possible reason may be insufficient understanding about the work of YIACS and its relevance to strategic planning.

Challenges presented in relation to CAMHS Transformation Planning

There is a lack of clarity regarding how best ALS can be involved in Transformation Planning and it is unclear at this stage what further action would enable engagement in this process.

Engagement with other strategic partnership work

Engagement in strategic structures and related activity is still in the process of being established, this is in part due to ALS focused work in Islington being a relatively recent development and building relationships at the strategic level will take time. Engagement at provider level has been relatively more successful and ALS has taken the initiative to approach local services to establish partnership work, in most cases with a degree of success. Local providers approached by ALS and related outcomes include:

- Islington Leaving Care services – work here is progressing well and ALS is providing a satellite service at the Leaving Care offices. ALS will be meeting with social workers in the near future to identify young people from their caseloads who would be suitable referrals to receive support from ALS.
- Islington CAMHS NHS service provided by Whittington Health - initial discussions to look at referral pathways between CAMHS and ALS have resulted in a referral procedure being put in place and young people started to be referred to ALS from June 2015. ALS has also been invited to participate in regular case referral meetings from January 2016.
- Holloway and Pentonville prisons – initial discussions to provide a satellite service have been successful, currently the prisons are undertaking necessary vetting and other checks. ALS will set up satellite services in both institutions after relevant procedures have been completed.
- Youth Services – initial discussions have been successful and ALS now provide a satellite service in two Youth Hubs funded by the local authority.

Alone in London

- I Cope IAPT - an adult IAPT service provided by Camden and Islington NHS Foundation Trust. Initial meetings have taken place and ALS will follow up.
- University College London Hospitals – initial meetings held with the Adolescent Unit to discuss referral pathways and ALS will follow up.

Family Action – initial discussions have been held to provide a satellite service to young carers and ALS will follow up.

Key challenging factors to wider strategic partnership work.

There is verbal acknowledgement of the need to increase capacity by working in partnership across services and sectors. However, this has not yet translated into action at the strategic level. Possible reasons for this include:

- Tensions arising due to statutory sector services now having to compete for contracts with the VCS and other providers.
- A lack of recognition about what the voluntary sector in general and YIACS in particular provide and the benefits of this provision to young people.
- Different models of working and approaches to engaging young people between services and sectors act as barriers to integrated working and appreciation of the value of approaches employed by VCS providers.

ALS is in the process of analysing data on the outcomes of its work with young people in Islington, the evidence generated by this exercise may support greater interest and recognition in the future from strategic bodies regarding ALS work with young people as a provider agency.

Delivery of the YPiM project

Process

Initial meetings were held with a range of key statutory sector funded services to inform them about ALS and the YPiM project, with a view to encouraging referrals of young people to ALS. ALS is also starting to approach GP surgeries, Practice Managers and Nurses to raise awareness of the support it offers to young people and encourage referrals from these sources.

Where agreements have been reached with specific providers, referral mechanisms have been put in place and satellite services set up by ALS in the premises of partner agencies.

Structure

ALS is part of a housing association that provides the infrastructure in terms of premises, finance management and HR support. The ALS Manager and Coordinator oversee management and supervision of staff, the Coordinator leads on developing strategic engagement. Support to young people is mostly provided by volunteer counsellors and students on placement with ALS.

Alone in London

Resources

In addition to the existing infrastructure of ALS, two part-time counsellors have been appointed to support delivery of the YPiM project.

Outcomes for YPiM initiative

Intended outcomes for young people are to set up referral mechanisms with partner agencies that address current gaps in provision by providing young people with access to talking therapies and other support provided by ALS. This has been successfully achieved with several providers and work is ongoing with others.

The main outcome envisaged for ALS is to establish a more visible presence in Islington and raise awareness about its service for young people. Participation in the YPiM project has facilitated this, providing a good foundation to build on in future.

Evaluation of YPiM initiative

The database for recording data provided by Youth Access complements the one used by ALS and this aspect has worked well. A volunteer helps with input of data for the YPiM project. No particular challenges have been encountered with the YPiM evaluation process.

Learning:

key messages for people thinking to set up/undertake similar work

Exercise patience and persistence to engage with strategic bodies and other key players.

Key supportive factors to delivering YPiM initiative

Having an umbrella organisation such as Youth Access secure funding and coordinate the project has been valuable, as has their comprehensive knowledge about what YIACS do, government policy and its translation at the local strategic level. It has also been a very helpful to be able to direct queries to staff at Youth Access and receive a helpful response and feedback.

Key challenging factors to delivering YPiM initiative

A key challenge is in securing engagement with strategic bodies and related activity, ALS intends to persist with its work to secure due recognition and future engagement in strategic work.

Alone in London

Conclusions

Work undertaken to improve referral pathways to ALS services has been successful with several agencies and appears to be moving in the right direction with others. Work is ongoing to improve assessment processes, information sharing between agencies and transition arrangements.

Work undertaken for the YPiM project will be sustained if further resources can be secured and ALS is currently looking into other sources of funding to enable this

Other information

ALS website - www.aloneinlondon.org

Contact details Richard Leigh, Coordinator Email: Richard.Leigh@circle.org.uk



Croydon Drop-In

www.croydondropin.org.uk

Brief Summary

Croydon Drop-In (CDI) provides free confidential support to young people aged 11-25 years and families who live, work or study in Croydon. Services provided include counselling, advice, advocacy, outreach and a young people's participation group.

Rationale

There is increasing demand for services provided by CDI and a significant waiting list of young people requiring support. The service is also aware that young people from some local groups and communities are under-represented including those with learning and behaviour disorders (LDD) and Looked After Children (LAC). The lack of support to young people in schools is also being highlighted and CDI, through the YPiM project, is exploring possibilities to focus on provision of support to LAC in schools and hostels.

CDI recognised the need for extra capacity in order to reduce its waiting list and undertake proactive, not reactive, work with vulnerable under-represented young people. Participation in the YPiM project has enabled the extra capacity to progress this work.

Sources highlighting need for this work:

Data collected by CDI highlights increased demand and also unmet need as indicated by under-representation of young people from some groups and communities. Similarly, data from the Croydon Observatory indicates the need for greater investment in mental health provision to meet demand and the under-representation in services of specific groups of young people. The data being generated for the YPiM project will further highlight issues that impact on young people aged 16-19 years.

Geographic location(s) of YPiM work

London Borough of Croydon

Aim of YPiM work

Two broad aims of participation in the YPiM project were to:

- Increase capacity at CDI to reduce its waiting list for support and proactively engage with under-represented young people through outreach work.
- Use the data generated by the YPiM project to inform local strategic activity and development of provision that is able to provide timely and relevant support.

Croydon Drop-In

Target population of YPiM work

Young people accessing support from CDI and those from under-represented groups through outreach work.

Demography

Croydon has a population of 373,000 (Mid-2013 population estimates, ONS). Life expectancy is 9.1 years lower for men and 7.7 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 27% of the population;
- 67.7% of school children are from a minority ethnic group;
- 23% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

Configuration of local provision for young people

In Croydon the Children and Families Partnership Board sets the strategic direction for all children's services. There is an Integrated Commissioning Unit with commissioners for children's and adults' services from both the local authority and CCG working towards greater integration across provision. Croydon's Emotional Health and Wellbeing Subgroup sets the strategic direction and priorities for local CAMHS provision. Two commissioners, one each from the CCG and local authority, are responsible for commissioning CAMHS services. Croydon are part of the national CYP IAPT programme with a local partnership comprised of the statutory CAMHS service and three VCS providers including CDI.

Participation in local CAMHS Transformation

Planning

CDI has participated in local CAMHS Transformation Planning through attendance at meetings and submission of data illustrating demand and the need for increased capacity to provide relevant and timely interventions. The initial plan in Croydon was to put services out to tender under the Transformation agenda, subsequently the plan changed and a decision reached to allocate funding based on submissions from services and those best able to meet local priorities.

Croydon Drop-In

Aspects that have worked well in relation to CAMHS Transformation activity

A change in organisational culture is apparent and a genuine collective aspiration to develop integrated working for the benefit of young people. Other aspects that have worked well include:

- Staff in statutory CAMHS who are open to innovation and collaborative working.
- CDI has been established in Croydon for over 35 years and has a low turnover of staff, this has given it profile and the organisation is well known locally.
- A good relationship has been built with the CAMHS commissioner who understands CDI's work and contribution to meeting local needs.
- Significant involvement in the delivery of CYP IAPT has contributed to CDI being recognised as a key provider.

Challenges presented in relation to CAMHS Transformation activity

The initial intention to put services out to tender was a challenge due to the uncertainty it presented regarding whether CDI would continue to receive statutory funding. Another challenge is the fact that the Transformation agenda only applies to young people up to the age of 18 years, provision of young people centred support for those aged 18 to 25 years therefore still remains to be addressed.

Engagement with other strategic partnership work

CDI contributes to a number of strategic developments and partnership work in Croydon including:

- The local authority Emotional Health and Wellbeing subgroup, CDI is a member of this group and has contributed to the development of a schools counselling toolkit.
- Croydon Family Resilience Service which focuses on delivery of the government's 'Troubled Families Programme'.
- Croydon Best Start, a partnership of local services to support families and CDI will be part of this work via the Parent Infant Partnership.
- Family Navigators that help families work through the maze of local services and access relevant support, CDI will work with young parents as part of this programme.
- CDI also works with local schools to provide a counselling service.

Croydon Drop-In

Key supportive factors to wider strategic partnership work

Building relationships based on mutual trust has been key to progressing partnership work in relation to both strategic activity and service delivery. Partners with a good understanding of the VCS and its contribution to meeting local needs have been important to recognition of VCS organisations as key providers of services and important contributors to strategic developments.

Key challenging factors to wider strategic partnership work.

Uncertainty about allocation of resources by statutory funders is a key challenge, especially for small VCS organisations that rely significantly on commissioned contracts to keep their organisation and specific services running. This impacts adversely on forward planning, including decisions regarding aspects of provision that may need to be revised if sufficient resources are not forthcoming.

Another challenge is the lack of common understanding between all partners about what YIACS deliver and how their work contributes to achieving individual outcomes for young people and to local strategic priorities.

Delivery of the YPiM project

Process

Work for the YPiM project is being delivered within the established infrastructure of CDI and there was already a waiting list of young people in need of support. Additional work was undertaken to select young people from the waiting list who fit the YPiM vulnerability criteria for support. Staff hours have been increased to develop outreach work and increase administrative capacity to meet additional data collection and reporting tasks.

Structure

The Director oversees and participates in strategic activity with input from the staff team and young people. The Counselling Manager oversees operational delivery of services to young people provided by a team of paid counsellors and volunteers.

Resources

In addition to the infrastructure already in place at CDI the working hours of counsellors were increased to the equivalent of an extra 29 hours per week. Some resources were also allocated to increase administrative and managerial capacity.

Croydon Drop-In

Outcomes for YPiM initiative

Two broad intended outcomes of participation in the YPiM project are to:

- Support greater numbers of young people and reduce the waiting list at CDI.
- Undertake more proactive outreach work to engage with young people in need of support but who remain under-represented in CDI and other local services.

The local authority is aware of work being delivered for the YPiM project and have welcomed this, especially as there is no additional cost to the local authority for delivery of this work at a time when resources are scarce.

Evaluation of YPiM initiative

The YPiM database to collect data for this project is different to the system already in use by CDI and Youth Access have been very supportive with implementing the additional data collection tool. The data being collected for the YPiM project will be valuable for informing both the development of CDI's work with young people in the older age range and for feeding into local strategic structures.

Learning

Key messages for people thinking to set up/undertake similar work

- Take the time necessary to plan and prepare for what you want to achieve from participation in a focused piece of work.
- Short term funded work requires a swift turnaround and it is helpful to have a lead organisation such as Youth Access provide support and information so that participating organisations can focus on delivery.
- Participation in short-term funded work can be stressful and needs to be approached with determination, stamina and resilience.

Key supportive factors to delivering YPiM initiative

Input from Youth Access to keep participating projects informed of national developments, secure funding for this work and provide support with implementation has been very valuable. Youth Access has a good knowledge about the work of YIACS and this has been key to the effective development and delivery of the YPiM project over a relatively short timescale.

It has also been helpful to attend meetings coordinated by Youth Access for all participating organisations. This has enabled mutual learning and support between participants who have a good understanding about the nature of each other's work and related challenges

The DfE branding for the YPiM project is useful to give profile to the work being undertaken and its communication to local stakeholders.

Croydon Drop-In

Key challenging factors to delivering YPiM initiative

The short-term nature of the YPiM project raises a challenge regarding whether and how the work under way can be taken forward when this funding ends. CAMHS Transformation focuses on young people up to the age of 18 years and the gap in availability of timely and relevant provision for young people aged 18-25 years will not be addressed through this agenda.

Conclusions

Work undertaken for the YPiM project will inform CDIs ongoing work to enable young people aged 18 years and over to access timely and relevant support. CDIs future work will continue to focus on improving:

- Referral pathways - developments in delivery of CYP IAPT should contribute to establishing effective pathways between services.
- Assessment processes - currently CDI can assess young people fairly quickly and provide support within 8 weeks of the assessment being completed whereas the waiting list to be seen by statutory CAMHS is currently estimated to be one year.
- Information sharing - ongoing work is underway to develop protocols between agencies.
- Transition arrangements - currently there is insufficient local focus on this for young people aged 18-25 years and it will take time to progress this work.

Sustaining the work developed for the YPiM project will be possible for young people up to the age of 18 years if funding is allocated under the Transformation agenda. Counselling and outreach work with young people aged 18 years and over will only be sustained if future funding can be secured from other sources.

Other information

Croydon Drop-In website: www.croydondropin.org.uk

Contact details Kim Bennet, Director Email: kimbennett@croydondropin.org.uk

Brief Summary

MAP provides free information, advice, advocacy support and counselling services to young people aged 11-25 years across Norfolk. The services are provided from MAP centres in Norwich and Great Yarmouth and through outreach work in schools, youth centres and health centres.

Rationale

Youth centred provision for 16-19 year olds in Norfolk is in short supply and increasing numbers of young people in this age group are presenting to services for support. MAP works with this age group adopting a flexible approach whereby referrals are accepted from a range of sources including self-referrals, with sufficient capacity relevant support can be provided within two weeks of young people presenting to the service. This flexibility to provide a timely response was lost when funding that enabled this approach came to an end and under the new contractual arrangements there was a requirement to implement the statutory Single Point of Contact (SPC) for referral to tier 2 services. Under the SPC arrangements young people accessing support from MAP have to be referred for a telephone assessment by the SPC team and wait to be allocated to a service via this route.

MAP is recognised by GPs and other local providers as being an accessible service to young people and they continued to make referrals to MAP even after being informed that direct referrals could no longer be accepted under the new contractual arrangements. However, young people presenting to MAP, including those in crisis, could no longer be provided with immediate support and had to wait until SPC assessment and allocation were completed. MAP aimed to address the gap in crisis support by raising funds from other sources to keep its crisis service running but could only offer short-term support due to insufficient resourcing of this service.

Consequently, MAP concluded that in order to provide a timely response to all young people coming through its doors in need of support it would be necessary to restore its previous approach. Participation in the YPiM project has enabled this approach to be reinstated.

Sources highlighting need for this work:

Data collected by MAP demonstrates the increasing numbers of young people requiring support, the level of need they present and a lack of options for referring young people on for specialist support. Anecdotal evidence and observations from other local providers suggests they have a similar experience.

Geographic location(s) of YPiM work

Norwich and Great Yarmouth

Aim of YPiM work

To increase capacity in order to meet increasing demand and provide a timely response to young people presenting to MAP for support. A broader aim for the organisation is to apply data generated by the YPiM project to illustrate increasing need among 16-19 year olds to local strategic structures and make the case that flexibility in service provision is key to providing relevant and timely interventions.

Target population of YPiM work

Young people accessing support in Norwich and Great Yarmouth, a significant number are care leavers who are also at risk of homelessness.

Demography

Norwich has a population of 136,000 (Mid-2013 population estimates, ONS). Life expectancy is 10.5 years lower for men in most deprived areas than in least deprived areas, an equivalent figure for women is not provided in the Profile (PHE Health Profile 2015).

Great Yarmouth has a population of 98,000 (Mid-2013 population estimates, ONS). Life expectancy is 9.1 years lower for men and 7 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

The PHE Child Health Profile is only available for Norfolk which has a population of 870,000. Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 21.5% of the population;
- 10.9% of school children are from a minority ethnic group;
- 17.1% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was similar to the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a lower rate to that in England as a whole.

Configuration of local provision for young people

Norfolk County Council has a committee system, the current structure of Norfolk Children's Services is new and still bedding in. The Children's Services Committee oversees children's services and has the Children's Strategic Board underneath it consisting of sub-groups including the Early Help Board, the VCS has representation on this Board.

There is a CAMHS Joint Commissioning Group made up of the County Council, CCGs and is attended by commissioners. The CAMHS Strategic Partnership feeds into this group and has VCS representation.

Norfolk Children's Services commission a range of providers from Children's Centres to Court Assessment. CAMHS is commissioned through the CAMHS Joint Commissioning Group. Tier 2 CAMHS provision is a partnership made up of Ormiston Children and Families Trust, MAP and the Norfolk and Suffolk NHS Foundation Trust which also provides tier 3 CAMHS. There are no other statutory sector commissioned CAMHS providers

Participation in local CAMHS

Transformation Planning

MAP has engaged with the CCG and commissioners leading on CAMHS Transformation Planning. Contributions from MAP include attendance at meetings, submission of data and participation in discussions regarding allocation of resources under the Transformation agenda.

Aspects that have worked well in relation to CAMHS Transformation activity

Bringing together people from across services and sectors has been important to establishing the range of perspectives, knowledge and ideas. A consensus has been reached regarding future action and the plan has been signed off.

Transformation activity has highlighted the different approaches used by services to collect data on outcomes. VCS organisation such as MAP are collecting more outcomes data than some of the statutory sector providers, indicating the VCS holds valuable information relevant to strategic planning.

Challenges presented in relation to CAMHS Transformation activity

The short timescale for development of Transformation Plans has presented a challenge for organisations such as MAP that have limited capacity and balancing internal work with engagement in wider strategic activity, especially at short notice, can be difficult. Other challenges include:

- Insufficient consideration regarding how the Single Point of Contact will work in practice for all services, this is now an objective in the Transformation Plan. Greater consideration regarding how the SPC approach will impact on provision of relevant and timely support to young people and how any adverse

MAP– Norwich

impacts can be addressed would have been helpful.

- The wide range of providers who can now potentially compete for contracts has created some tensions. The VCS is seen as a competitor for scarce resources and the valuable work this sector undertakes with young people can be overlooked or unfairly dismissed due to competition for scarce resources.

Engagement with other strategic partnership work

The focus has been on engagement with the Transformation Planning agenda and due to lack of capacity engagement in other strategic activity has not been possible. MAP will look to develop this aspect of its work in the future if sufficient capacity can be secured.

Delivery of the YPiM project

Process

The YPiM project is being delivered within the existing infrastructure of the organisation, it would not have been possible to set up new structures within the short timescale of this project. An internal referral pathway has been set up whereby the MAP advice team and reception have been informed that counselling capacity has been increased and young people aged 16 years and over can be referred for counselling support. Participation in the YPiM project has enabled this extra capacity.

Structure

The CEO of MAP oversees and participates in strategic activity. Increased capacity to support more young people as part of the YPiM project and related data collection is managed by the Therapeutic Services Team Manager. Senior practitioners manage counsellors who deliver support to young people.

Resources

In addition to the existing infrastructure of MAP, two counselling posts have been allocated to increase capacity and enable more young people aged 16 years and over to be supported. One of these posts provides 25 hours per week support in Norwich, the other post provides 12 hours per week support in Great Yarmouth.

Outcomes for YPiM initiative

Two broad intended outcomes are to:

- Provide support to greater numbers of young people aged 16-19 years and address the particular aspects of transition impacting on them such as between services, from youth to adulthood, from dependent to independent living.
- Use data generated by the YPiM project to communicate increasing demand and needs of young people in order to influence developments in local service provision.

MAP– Norwich

Participation in the YPiM project has enabled greater focus to achieve these outcomes. There are no agreed formal outcomes in place with partners, the main focus for MAP has been to support more young people in need and contribute to local strategic activity.

Evaluation of YPiM initiative

It has been useful to have Youth Access coordinate and lead on data collection, including help with understanding and implementing the YPiM database. This has been key to enabling MAP to focus on delivering the YPiM objectives and engage in the evaluation process with relative ease as compared to past experiences of engaging in evaluation activity.

Learning

Key messages for people thinking to set up/undertake similar work

- Consider how the existing infrastructure of the organisation can support delivery of this kind of work in a short timescale because limited time and other resources do not allow for development and implementation of new systems or structures.
- Ensure that any handover of internal work to support increased delivery of support occurs in a planned and consistent way.
- Make the most of opportunities to participate in strategic activity to highlight issues impacting on young people and the need to address gaps in provision for young people aged 18 years and over.

Key supportive factors to delivering YPiM initiative

Youth Access taking the lead to secure funding for this project and provide support with development and implementation of this work has been helpful. Youth Access has a good understanding of the work undertaken by YIACS and what they can realistically deliver. Meeting the YPiM objectives was therefore realistic because they fit with the existing ethos and work of the organisation.

Key challenging factors to delivering YPiM initiative

None. The project timescale is relatively short but this was known in advance and it was possible to hit the ground running because MAP already had young people on a waiting list and knowledge of key local issues to feed into strategic structures.

MAP– Norwich

Conclusions

Observed impact of work undertaken for the YPiM project includes:

- A referral protocol is now in place with statutory CAMHS in both Norwich and Great Yarmouth with key named personnel whom MAP staff can contact directly. This makes a significant difference because previously it was difficult to identify and contact the relevant people to convey information and feedback.
- Work on improving local assessment processes is under way with the recently established key contacts in CAMHS.
- Norfolk has a Youth Mental Health Service for young people aged 14-25 years. Improving information sharing between statutory and VCS providers will take time and work is ongoing to address this issue.

Work undertaken for the YPiM project will only be sustained when this project comes to an end if further resources can be secured. MAP will need to look into future resourcing options to enable the work to continue. Transformation Planning is focused on young people aged up to 18 years so the issue of accessible support for those aged 18 years and over will not be addressed by the Transformation agenda.

Other information

MAP website - www.map.uk.net

Contact details Tonia Mihill - Therapeutic Services Team Manager Email: ToniaMihill@map.uk.net



No Limits and Hampshire YIACS

www.nolimitshelp.org.uk

Brief Summary

No Limits (NL) offers free and confidential information, advice, counselling, support and advocacy for children and young people under 26 years who live in Southampton and Hampshire. No Limits is also working as a collective with 8 other YIACS across Hampshire to achieve a wider reach for engaging with local strategic structures and processes.

Rationale

Historically, many YIACS in Hampshire have been commissioned by the statutory sector to provide support to young people aged 18 years and under. Consequently, support for those aged over 18 years, including ongoing support, is dependent on YIACS being able to raise funding from other sources.

A further issue relates to the provision of holistic support to meet the wide ranging practical and emotional needs presented by young people. Statutory funding has historically leaned towards funding discrete, short term projects to address specific concerns such as substance misuse or educational needs. YIACS frequently have to fundraise from other sources to meet support needs not covered by statutory sector funding.

These issues can be addressed by engaging with statutory bodies with a view to developing formal arrangements and protocols that enable smoother transition between services and address the need for holistic support. Participation in the YPiM project has enabled this work to be progressed.

Sources highlighting need for this work

Data collected by YIACS in Hampshire indicates young people present with a wider range of problems than the specific issues for which statutory funding is allocated. Achieving successful and lasting outcomes requires holistic approaches that are sufficiently funded to support delivery of ongoing support after the age of 16 years including transition to other services.

Geographic location(s) of YPiM work

Southampton and Hampshire. No Limits is the lead organisation working with 8 YIACS across Hampshire.

Aim of YPiM work

To secure a seamless transition for young people between services and sectors by:

- supporting local YIACS to understand and participate in local strategic activity to contribute their knowledge and access appropriate funding opportunities;
- raising awareness of the multiple needs presented by individual young people aged 16-19 years and

No Limits and Hampshire YIACS

contribute to planning of provision that can provide holistic support;

- facilitating young people to participate in discussions and contribute ideas about development of relevant and timely provision;
- promoting recognition of the work delivered by VCS partners.

Target population of YPiM work

Young people accessing support from YIACS in Hampshire and presenting with at least one vulnerability.

Demography

Hampshire has a population of 1,338,000 (Mid-2013 population estimates, ONS). Life expectancy is 6.9 years lower for men and 4.8 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 23.3% of the population;
- 10.3% of school children are from a minority ethnic group;
- 11.5% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was higher than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

Configuration of local provision for young people

The Hampshire Children's Trust sets the overarching strategy regarding shared priorities for improving outcomes for children. Currently five CCGs are coming together across Hampshire to commission a CAMHS service.

In 2014 the Southampton Health & Wellbeing Board decided to review mental health provision in the city (under the heading Mental Health Matters) following concerns raised about services provided in the city to people of all ages. This review resulted in consultations with stakeholders in late summer 2015. The new service redesign, including the CAMHS Transformation Plan, is due to go live in 2016.

No Limits and Hampshire YIACS

Participation in local CAMHS Transformation Planning

No Limits and partners have contributed to Transformation Planning in Southampton and across Hampshire in a number of ways:

- Participating in local groups set up to inform the strategic process.
- Facilitating young people to contribute their views.
- Contributing to establishing baseline data such as gaps in current provision, where they exist and the multiple support needs of individual young people.
- Responding to a request from current statutory providers, the Sussex Partnership, to work together in developing care pathways across Hampshire.

Aspects that have worked well in relation to CAMHS Transformation activity

The 2015/16 Transformation Plan has been signed off and there is some acknowledgement of the value and need to work together more closely with VCS organisations. Commissioners have been keen to hear and include young people's voices in the process.

Challenges presented in relation to CAMHS Transformation activity

The VCS has not been able to be as influential as it could be because commissioners have felt restricted by national government directives. For example, addressing eating disorders is one of the objectives of Transformation Planning and the support delivered by YIACS can aim to prevent young people from developing an eating disorder. However, this preventative approach is at risk of being overlooked if the focus is on commissioning services that treat young people who have acquired an eating disorder.

Another challenge is in overcoming practical as well as historical issues that impact on whether and how local YIACS are able to participate, including:

- Lack of capacity, particularly in small organisations with limited resources who may not have a CEO or equivalent post, their priority focus is delivery of support to address waiting lists and secure funding to keep the service running. Engaging in strategic activity is less of a priority during times of increased demand and limited capacity.
- Negative past experience whereby YIACS have not seen sufficient return and benefit from previous contributions to strategic activity to merit allocating further limited resources to this work.
- Limited knowledge and awareness about strategic developments, opportunities and potential benefits of engagement; this is especially significant for smaller YIACS working in isolated areas.

Greater creativity is needed in relation to how the VCS can be supported to become involved as a key and integral partner in strategic planning.

No Limits and Hampshire YIACS

Engagement with other strategic structures

No Limits is engaged with CCGs and the CAMHS delivery partner, Sussex Partnership, across Hampshire. Additionally, there is engagement with the local authority and CCG Joint Commissioning Group in Southampton.

Key supportive factors to wider strategic partnership work

Two key factors have been supportive to developing engagement in strategic partnership work:

Established relationships between people who have known each other for some time and built mutual knowledge, trust and awareness of each other's work. This is particularly important when strategic engagement needs to take place within a limited and relatively short space of time.

Established partnerships and mutual support between YIACS in Hampshire whereby a long history of working together has facilitated recognition that a collective voice can be stronger when contributing to strategic developments.

Key challenging factors to wider strategic partnership work.

Commissioners are engaging with the VCS in Hampshire. However, they can feel restricted by national directives in terms of what they can actually do to develop meaningful partnerships and commission VCS organisations to deliver services.

There are good relationships between NL and local strategic bodies but there is limited data sharing and few requests from strategic bodies for data collected by NL. Putting in place formal arrangements for sharing data would help address this issue.

Delivery of the YPiM project

Process

Delivery of the YPiM project is part of the broader work of NL and other YIACS in the partnership. Additional work was undertaken by NL to contact partners in the Collective to assess capacity and what each partner could realistically deliver within the remit and timescale of the YPiM project. Discussions regarding the YPiM project form part of the agenda at quarterly meetings of Hampshire YIACS chaired by the CEO of No Limits who provides feedback from these meetings into relevant strategic structures.

No Limits and Hampshire YIACS

Structure

The CEO and a Manager from NL lead on the strategic engagement work. The Manager supports local YIACS to engage in strategic activity. Delivery of support to young people is managed by YIACS in the Collective within their own established service structures.

Resources

The YPiM initiative is being delivered within the existing infrastructure of YIACS. Additionally each YIACS has increased capacity to deliver approximately 15 extra counselling sessions per quarter for the duration of the YPiM project. No Limits has increased its administrative capacity to support additional data collection and reporting requirements for the YPiM project.

Outcomes for YPiM initiative

There are four broad intended outcomes of participation in the YPiM project:

- demonstrate and raise the profile of work delivered by YIACS to strategic bodies and other local partners;
- enable YIACS in Hampshire to make the case for more joint commissioning work by taking data and reports generated by the YPiM project to their local commissioners;
- illustrate the wide ranging support needs of individual young people that can span homelessness, domestic violence, poverty, mental health problems and other issues which cannot be effectively addressed in isolation;
- encourage a move from commissioning in silos to an approach that embraces the need for holistic interventions provided in a seamless way.

Evaluation of YPiM initiative

Populating the YPiM database has required additional capacity but this has been a worthwhile exercise because the information being generated is relevant and will be useful to informing future work. It has been very helpful to have Youth Access lead on the evaluation of this project, coordinate overall data collection and provide support with understanding and using the database.

No Limits and Hampshire YIACS

Learning

- Set clear expectations regarding monitoring and evaluation in order to measure outcomes for young people using well-established and easily administered routine outcomes measures (ROMS).
- Ensure that there are sufficient routes for ongoing support available to young people who no longer need counselling / therapeutic support but who still require a range of practical interventions.
- Ensure YP can access the service at a time and location that suits them because many will already feel constrained by limited opening times for GPs, housing services, substance misuse clinics and so on. Counselling provision needs to be more flexible and provided in a non-stigmatising and safe environment.
- Make commissioners aware of any short term additional funding that has been secured to support very vulnerable young adults, to raise awareness of the need to build additional support into future commissioning of services that span provision for young people up to the age of 25 years.

Key supportive factors to delivering YPiM initiative

It was possible to increase capacity for delivery of support to young people because the relevant infrastructure was already in place in participating YIACS and they had a waiting list of young people already assessed for their support needs.

Key challenging factors to delivering YPiM initiative

Three key challenges are:

IT systems and packages – Existing databases used by YIACS are not suited to meeting the different reporting requirements of a range of commissioners and other relevant bodies. Additional resources are not always made available to adapt databases already in use or access other more suitable packages and address the extra capacity needed.

Space – Availability of rooms within provider projects to meet increasing demand for activities such as group work and counselling can be a challenge. Greater partnership work with statutory services could address this by giving access to more venues and add greater choice for young people regarding where they can access support.

Supervision and governance – Commissioning bodies sometimes require specific recruitment and supervision arrangements that do not match those already in place in YIACS. This creates extra demands to adapt existing systems which may only be required for a limited period if the funding is short-term. An agreed system for supervision and governance that works effectively for all partners can help address this issue.

No Limits and Hampshire YIACS

Conclusions

- Work is ongoing to improve referral pathways and assessment processes between YIACS, specialist CAMHS, AMHS, education and Children's Services, particularly for those aged 16+ years. Referral and assessment processes are in place with CAMHS, however, dialogue with AMHS in this respect still needs to be established and will take time. Progress on work with AMHS has, in part, been delayed due to changes in the city strategy regarding AMHS. Good links are established with secondary education but less so with colleges and there are good links with social care but mostly for young people aged 17 years or under.
- Participation in the YPiM project has enabled YIACS to increase access to voluntary sector, community-based counselling and psychological therapies for young people aged 16-19 years with complex needs. Young people in this age group often find it difficult to access support from statutory services because they 'don't fit'. Social care, mental health and education services are either not available or accessible and YIACS have been able to offer a service to which other statutory agencies can also refer.
- No Limits has highlighted to commissioners the need to put information sharing protocols in place. Electronically shared information across services would address the issue of consent from young people because this is already recorded on electronic systems and makes offering a seamless service to YP much easier.

No Limits will work with commissioners to sustain work undertaken for the YPiM project by embedding the YIACS' offer to all young people, with a particular focus on pathways through CAMHS.

Other information

No Limits website - www.nolimitshelp.org.uk

Hampshire's strategy for CYP emotional wellbeing

<http://www3.hants.gov.uk/emotional-wellbeing-mental-health-strategy.pdf>

Southampton consultation on mental health

<http://www.southamptoncityccg.nhs.uk/news/mental-health-matters-in-southampton-720/>

Southampton CAMHS

http://www.solent.nhs.uk/page_sa-dev.asp?fldKey=609 <http://www.solentcamhs.nhs.uk/page.asp?fldArea=8&fldMenu=0&fldSubMenu=0&fldKey=7>

Information about CAMHS in Hampshire

<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/childmentalhealth/ehcypf/ehcypf-camhs.htm> -

Hampshire CAMHS

<http://www.turnyourfrownupsidedown.org.uk/>

Contact details Ana Brankovic, Manager

Email: ana.brankovic@nolimitshelp.org.uk

Off Centre– Hackney

www.offcentre.org.uk

Brief Summary

Off Centre Hackney (OC) provides free and confidential counselling, therapy, advocacy, advice and psychosocial support to young people aged 11-25 years who live, work or study in the London Borough of Hackney.

Rationale

Historically, Off Centre received year on year funding from the Primary Care Trust (PCT) to work with young people aged 18-25 years and a good relationship was established with commissioners. Following the abolition of PCTs in 2013 the contracts for this work were transferred to the local authority and put out to tender. Off Centre was unable to submit an independent bid under the new arrangements due to being a small organisation and joined a consortium of VCS providers to bid for a contract. The consortium was awarded a contract and Off Centre were subcontracted by the lead provider.

The new contractual arrangements presented challenges to Off Centre's existing ways of working. There was a greater focus on wellbeing support for those with mild mental health needs through provision of group work whereas clients at Off Centre often presented with moderate to severe needs and were wanting individual therapy. Off Centre has the experienced staff to meet those needs but the new contract only allowed Off Centre to offer a very small amount of individual therapy. Essentially this contract did not meet the needs of the client group.

Off Centre concluded that in order to meet the needs of its clients effectively, it needed to look at other ways of funding its work to minimise negative impact on the organisation and the young people it serves. Participation in the YPiM project has been supportive to achieving this aim.

Sources highlighting need for this work:

The gap in availability of appropriate support for young people aged 18 years and over is highlighted through data collected by OC in relation to its work with young people and through observation and experience of working with local statutory sector provision. A key challenge is the lack of effective protocols and procedures in children's services across health and social care provision for young people aged 18-25 years.

Geographic location(s) of YPiM work

London Borough of Hackney

Off Centre– Hackney

Aim of YPiM work

Two broad aims of participation in the YPiM project were to:

- Influence the development of more responsive services that enable smoother transition for young people from one service to another including from CAMHS to AMHS.
- Secure sufficient capacity and other resources to enable Off Centre to continue providing timely and relevant support to young people up to the age of 25 years.

Target population of YPiM work

Young people who live, work or study in Hackney.

Demography

Hackney has a population of 257,000 (Mid-2013 population estimates, ONS). Life expectancy is 5.6 years lower for men in most deprived areas than in least deprived areas, an equivalent figure for women is not provided in the Profile (PHE health profile June 2015).

Children and young people (PHE Child Health Profile June 2015 for Hackney and City of London):

- aged under 20 years make up 24.5% of the population;
- 84.6% of school children are from a minority ethnic group;
- 29.5% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 - 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Configuration of local provision for young people

Overall strategic direction and priorities are set by the Children and Young People's Health & Emotional Wellbeing Partnership. Health provision for children and young people is commissioned by City and Hackney CCG and London Borough of Hackney Public Health. In addition to statutory CAMHS, seven VCS organisations are commissioned to provide services.

Participation in local CAMHS Transformation

Planning

Off Centre is contributing to CAMHS Transformation Planning through the CAMHS Alliance, a group that was formed before the Transformation Planning came on stream to look at training for staff and address capacity issues. Off Centre has contributed through attendance at meetings, submitting information based on its work with young people and writing a section of the Transformation Plan as requested by the Transformation team.

The CCG has indicated that monies allocated for Transformation could be used to deliver change through the CAMHS Alliance. It is unclear at this stage precisely which services Off Centre could be commissioned to provide under the new arrangements.

Aspects that have worked well in relation to CAMHS Transformation activity

Off Centre could potentially benefit from the Transformation agenda by being allocated resources for:

- IT packages that are compatible with those used by statutory CAMHS.
- A case management system for managing client data.
- Providing a peer mentoring service whereby young people aged 18-25 years are trained and supported to provide mentoring support to younger 11-18 year old mentees.
- Delivering a Saturday drop-in service for young people.
- Providing supervision to staff from other agencies.

Challenges presented in relation to CAMHS Transformation activity

Key challenges relate to understanding about VCS provision, requests for data and capacity:

- Statutory and VCS organisations have different starting points in relation to structure and available resources. Small VCS organisations in particular may not have in place what would be considered basics in the statutory sector, such as IT packages and equipment that are compatible with the way in which statutory services operate.
- Insufficient capacity is a key issue for many VCS organisations and impacts on ability to engage meaningfully in strategic activity. Recognising fundamental differences between sectors in this respect and developing approaches to participation that are compatible for all participants would help redress this imbalance.
- Requests for data and input to meetings that require a fast turnaround can make it impossible for VCS organisations to understand and think through how the information requested can be collated and presented in a coherent format. A better understanding of the circumstances in which VCS organisations operate would help address this issue.

Engagement with other strategic partnership work

Off Centre sits on a variety of strategic boards including the:

- CAMHS Alliance Project Board
- CAMHS Transformation Programme Board
- Children & Young People’s Emotional Health & Wellbeing Partnership

Off Centre has attended a number of one-off meetings with adult services and children’s social care services. Ongoing communication and contact with these services is relevant and necessary to Off Centre’s work and to developing relationships that can support future partnership work. Currently there are no jointly agreed aims in place and OC will continue to progress discussions regarding the need for more integrated working.

Key supportive factors to wider strategic partnership work

The report ‘Future in Mind’ has been helpful in giving due recognition to the work delivered by VCS organisations. Locally, more people appear to have greater awareness about what YIACS deliver and the relevance of their work to meeting local need, this has been positive to raising their profile.

Key challenging factors to wider strategic partnership work.

The different models of working between statutory services and between statutory and VCS provision can have a negative impact. For example, statutory CAMHS tend to work within a medical model that is less holistic in addressing individual needs than the model adopted by statutory social care services. Off Centre has experience of working with both models but statutory provision usually works with one or the other, this is unhelpful to achieving good outcomes for young people.

There is verbal acknowledgement in statutory services that provision for young people should extend to age 25 years. A key barrier to progress is that this would require pooling of budgets between children’s and adult services and it could take some time to resolve the funding of new approaches to integrated working.

Off Centre– Hackney

Delivery of the YPiM project

Process

Work for the YPiM project is being delivered through the existing infrastructure at OC and engaging with strategic structures and partnerships is part of its ongoing work. Participation in the YPiM project has enabled extra capacity to engage in strategic activity and to support a greater number of young people. It has also enabled OC to not be restricted to providing mostly group work support as emphasised under previous contractual arrangements and resume its holistic approach to meeting individual needs.

Structure

The CEO, the Director of Clinical Services and the Director of Outreach Services oversee and participate in strategic engagement activity. The two Directors oversee management of staff and operational aspects of delivery. Support to young people is delivered by therapists, advice and information workers and volunteers.

Resources

In addition to the existing infrastructure, additional resources to support delivery of the YPiM project include one full time and one part time member of staff to work with young people. Administrative capacity has also been increased to support additional data collection and reporting requirements.

Outcomes for YPiM initiative

The main intended outcome is to secure delivery of high quality support for very vulnerable young people who may not have a diagnosis for their difficulties. Children's services tend to avoid labelling young people with a mental health diagnosis; however, this can also mean a lack of criteria for securing appropriate mental health support or related funding. Adult services do give a diagnosis but are not always suited to meeting the needs of young people.

The intention is to influence provision of more responsive, holistic services and longer term support for young people aged 18 years and over. An outcome for Off Centre would be to continue meeting the needs of young people in a holistic way that is appropriate and meaningful for them.

There are no formal intended outcomes highlighted for strategic partners in relation to the YPiM project at present.

Evaluation of YPiM initiative

The YPiM project has largely been a positive experience. A key challenge has been to populate the database which is different to systems already in use by Off Centre; however, Youth Access have been proactive with support to address presenting difficulties and resolve them.

Off Centre– Hackney

Learning

Key messages for people thinking to set up/undertake similar work.

- Initiate contact with adult services as early as possible because it takes time to build relationships and develop partnership work.
- Engaging with the CAMHS Transformation agenda is important because it emphasises the need for strategic engagement from all services and sectors.
- It is important to continue highlighting the need for more collaborative between adults and children's services across health and social care provision, including the pooling of budgets to meet needs of young people aged 18 years and over.

Key supportive factors to delivering YPiM initiative

Regular meetings hosted by Youth Access bringing together all participating projects have been valuable for sharing learning, ideas and mutual support. It has also been very helpful to have Youth Access provide regular feedback about strategic activity and plans at the level of central government, small VCS organisations in particular do not always have the capacity to keep abreast of national developments.

Key challenging factors to delivering YPiM initiative.

No specific challenges have been encountered other than with implementing the database and this issue has been resolved.

Conclusions

It has been possible to see a greater number of young people aged over 16 years and provide a better level of support with the increased capacity enabled by the YPiM project. Off Centre could potentially benefit from its participation in Transformation Planning by securing additional resources. It has also been beneficial to sit at the table with statutory sector colleagues enabling VCS organisations to be more visible, convey the work they do and highlight issues confronting young people. Work undertaken for the YPiM project will be sustained into the future if resources are secured through the Transformation agenda.

Other information

Web-link for Off Centre - www.offcentre.org.uk

Contact details Thelma Matthews, Interim Director Email: thelma.mathews@offcentre.org.uk

Off the Record Bristol

www.otrbristol.org.uk

Brief Summary

Off The Record Bristol (OTRB) provides free and confidential mental health support and information to young people aged 11-25 years in Bristol and South Gloucestershire. The services provided include talking therapies, group work, art therapy, specialist youth work, psychological education and campaigning.

Rationale

Effective referral pathways are key to OTRB's work, until recently there were no agreed mechanisms whereby OTRB could refer young people directly to statutory CAMHS. There has been progress on this issue over the last year and improved systems are now in place to support onward referral. However, two factors have emerged over a similar period that continue to impede timely onward referral:

An increase in numbers of young people presenting to OTRB for support and a greater number presenting with complex needs that require onward referral.

Statutory CAMHS have also seen increased referral rates and lengthier waiting lists which has led to a change in thresholds for accepting referrals whereby only the most serious cases are being accepted. Consequently many young people in need of specialist support remain unable to access it.

OTRB therefore continues to encounter difficulties in referring young people on to timely and relevant support. Participation in the YPiM project offered an opportunity to focus on developing further work with local structures to address this issue.

Sources highlighting need for this work

Data collected by OTRB indicates increased numbers of young people accessing its services, presenting with higher levels of need and related risk than had previously been the case. Other sources include:

- OTRB's observation and experience of being unable to refer young people on to relevant support in a timely way.
- Discussions and feedback from partners and other agencies who report similar issues.
- The change in CAMHS thresholds for accepting referrals and increasing waiting lists has implications for both onward referral and an increased level of risk being held by OTRB until specialist services can intervene.
- Increased demand and limited options for timely onward referral was resulting in OTRB having to move young people with lower levels of need down its own waiting list in order to deal with more serious levels of need and related risk.

Off the Record Bristol

Geographic location(s) of YPiM work

Bristol and South Gloucestershire

Aim of YPiM work

Two broad aims of this work are to:

- increase capacity at OTR Bristol in order to respond to increasing demand and provide a greater number of young people with access to timely and relevant support;
- develop a business case based on this work to demonstrate the value of setting up new approaches to partnership work at both strategic and service delivery levels.

Target population of YPiM work

Young people living in Bristol or South Gloucestershire.

Demography

Bristol has a population of 437,000 (Mid-2013 population estimates, ONS). Life expectancy is 8.9 years lower for men and 6.6 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 23.7% of the population;
- 33.7% of school children are from a minority ethnic group;
- 23.6% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was higher than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Off the Record Bristol

South Gloucestershire has a population of 269,000 (Mid-2013 population estimates, ONS). Life expectancy is 6.3 years lower for men and 5.1 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

- Children and young people (PHE Child Health Profile June 2015):
- aged under 20 years make up 23.9% of the population;
- 11.8% of school children are from a minority ethnic group;
- 11.4% aged under 16 years live in poverty;
- the rate of inpatient admissions of 10- 24 year olds due to self-harm for the period 2011/12 - 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Configuration of local provision for young people

Community health services for children and young people are commissioned by the CCG and local authority in both Bristol and South Gloucestershire. Currently there are three commissioned providers for both geographic areas, statutory CAMHS and two VCS providers including OTRB.



Off the Record Bristol

Participation in local CAMHS Transformation Planning

Transformation teams in both Bristol and South Gloucestershire approached OTRB to participate in Transformation Planning, OTRB is a CCG commissioned provider in both areas and therefore known to members of the Transformation teams. OTRB has contributed through attendance at meetings and submitting written proposals for delivery of CYP IAPT at tier 2 CAMHS. Increased capacity enabled by the YPiM project has facilitated OTRB to make a significant contribution.

Aspects that have worked well in relation to CAMHS Transformation activity

OTRB is a named provider in the Transformation Plan, funding has been allocated and work is currently under way to look at implementation. Factors that have facilitated this outcome include:

Increased recognition and profile as a result of the work undertaken by OTRB over the last 5 years to highlight the need for young people to have timely access to relevant support and the work undertaken with key statutory structures to identify solutions.

Positioning OTRB as a CAMHS tier 2 provider, not as a YIAC, has facilitated understanding about how its work relates to the structure of CAMHS provision.

Challenges presented in relation to CAMHS Transformation activity

A key challenge has been the relatively short timescale within which Transformation Planning has occurred. A knock on effect of this rapid turnaround is that VCS organisations with sufficient capacity, knowledge of the Transformation agenda and established contacts in strategic structures were more able to participate than those without these assets.

Another challenge has been the relatively slow response from statutory CAMHS to make their submissions. Furthermore, statutory CAMHS is relatively more costly to fund compared to VCS organisations able to deliver the required provision and this can create tensions. These issues are best addressed by commissioners with a comprehensive insight and understanding of providers in all sectors.

Off the Record Bristol

Engagement with other strategic partnership work

Strategic engagement has occurred with a number of structures in relation to two specific initiatives currently under way to address the issue of timely access and improved pathways to support for young people:

- A pilot project to establish outreach work in hospital Accident and Emergency (A&E) departments to support young people presenting with suicide and self-harm issues. This project has been developed as a partnership with statutory CAMHS in Bristol, Impact and Wellbeing which is a social enterprise, North Bristol NHS Trust and a hospital receiving tier 4 admissions. The intention of this pilot project is to provide intensive 7 day follow up to young people and prevent re-admission to hospital due to self-harm or attempted suicide.
- Youth Transition Workers from OTRB have been co-located to work with Community Mental Health Teams and OTRB Support Workers co-located to work with the Early Intervention in Psychosis Team.

Shared aims have been agreed by all partners and are in place for both initiatives.

Key supportive factors to wider strategic partnership work

Good relationships are essential to effective partnership work. In Bristol, it has been beneficial to have an independent professional with strong skills to facilitate this process. A good integrated team is emerging and work is under way to develop shared governance, assessment and other tools to support partnership work. Commissioners with a good understanding about local VCS organisations and the work they deliver has been particularly helpful to recognition and acceptance of this sector as a key provider of essential services.

Key challenging factors to wider strategic partnership work.

Potential allocation of funding to VCS providers could result in statutory CAMHS receiving less money and this is a contentious issue. Commissioners will need to be instrumental in resolving these tensions and minimising impact on partnership work.

Off the Record Bristol

Delivery of the YPiM Project

Process

OTRB already had a waiting list of young people and established relationships with key strategic partners and service providers, this enabled work for the YPiM project to be progressed rapidly because the necessary groundwork and infrastructure for delivery were already in place.

Partners have contributed to the planning and implementation of work for the YPiM project and this has been signed off by commissioners.

Structure

The CEO oversees and participates in strategic activity, bringing in other staff as needed. A manager oversees and coordinates the operational side of the work, a team of staff and volunteers from OTRB and partner agencies deliver support to young people.

Resources

The YPiM project is being delivered within the existing infrastructure of OTRB. Additionally, three Youth Transition Workers and six full time equivalent Youth Mental Health Workers are allocated to work on delivering the YPiM project.

Outcomes for YPiM initiative

Intended outcomes are similar for OTRB and its partners contributing to the YPiM project, to:

- meet individual outcomes for the increasing number of young people presenting to services for support;
- establish an evidence base for this work and secure sufficient resources to enable OTRB to sustain the initiatives after YPiM funding ceases;
- undertake a cost effectiveness analysis to support future work and funding applications.

Evaluation of YPiM initiative

In addition to monitoring data being collected by OTR Bristol for the YPiM database, partners are also considering evaluation of this project. Two key issues for future consideration are:

It is accepted that information for evaluation purposes is necessary and of value. However, this element of work is time consuming and due consideration should be given to the extra capacity needed for evaluation activity when considering resource allocation.

Building in a Social Return on Investment (SROI) or equivalent analysis would be useful. Increasing numbers of young people are presenting to services with high risk, an analysis of the costs of well-timed interventions provided by YIACS as compared to statutory CAMHS would be useful to future assessment of cost-benefit and outcomes for young people in both settings.

Off the Record Bristol

Learning

Key messages for people thinking to set up/undertake similar work

It is important to recognise and prepare for the likelihood that integration of services is inevitable when resources are limited. Competition and tensions between providers are likely to come into play in such a situation and require effective management in order for partnership work to succeed.

Preparing the ground with relevant PR work on integration is important to facilitate understanding about what integration is and what it means for all agencies in the context of providing timely and relevant interventions to young people.

The work of YIACS and the VCS more generally is not fully understood by all relevant agencies and professionals. There can be a tendency to assume, incorrectly, that YIACS only provide support and not treatment and this misunderstanding needs to be redressed.

Key supportive factors to delivering YPiM initiative

Having an umbrella organisation such as Youth Access to secure funding, coordinate several projects and take the lead on data collection has been valuable. Attending meetings with all participating YIACS has been helpful to share ideas and provide a forum for mutual support.

Key challenges to delivering YPiM initiative

The lack of preparatory work on integration at a local level has contributed to challenges in bringing people from across services and sectors on board to support integrated working. Preparatory work in advance of introducing integrated working would help address this challenge by explaining what integration is, why it is needed, how it can work and potential benefits.

It took OTRB 4 years to get through the door of statutory CAMHS. The recent crisis in statutory CAMHS being unable to cope with the volume of referrals has led commissioners to review current community health services provision to inform development of new approaches to integrated working.

Off the Record Bristol

Conclusions

Work on the YPiM project is still under way and some positive impacts are starting to emerge:

- Improving referral pathways will take time to fully realise but the need to do this work is being more widely acknowledged and action is being taken to put a better system in place.
- Work with the A&E crisis team is resulting in assessment processes being reviewed and this work is evolving.
- Better information sharing has been made possible by a range of agencies actively involved in delivery of the YPiM initiative including CAMHS, social services, VCS and A&E psychiatry.
- Transitions arrangements are improving with bimonthly meetings now taking place between CAMHS and AMHS.

OTR Bristol is a named provider in the CAMHS Transformation Plans and this will enable work undertaken for the YPiM project to be sustained into the future.

Other information

OTR Bristol website - www.otrbristol.org.uk

Review of community health services in Bristol, North Somerset and South Gloucestershire
<https://www.yourhealthyfuture.org>

Contact details Simon Newitt, CEO

Email: simon@otrbristol.org.uk

Off the Record Croydon

www.offtherecordcroydon.org

Brief Summary

Off The Record Croydon (OTRC) provides free support services to young people aged 7 to 25 years in Croydon and 11 to 21 years in Sutton. Services provided by OTRC include counselling, online support, workshops, support to families and a young people's participation service. Targeted support is provided to several groups including refugees, asylum seekers, forced migrants, young carers and Black and Minority Ethnic communities.

Rationale

Development of work for the YPiM project was informed by an increasing number of young people in both Croydon and Sutton accessing OTRC for support and it was necessary to stabilise the services to meet this increased demand. Partnership work was already under way with some involvement in strategic structures. However, this work was underdeveloped due to lack of capacity and required further development and consolidation.

Participation in the YPiM project has enabled both of these issues to be progressed in Croydon and Sutton.

Sources highlighting need for this work

Several sources highlighted an increase in demand for support from young people:

- Monitoring information collected by OTRC showed an increase in numbers of young people presenting to the services in both boroughs for support.
- A report to Croydon's Children and Young People's Scrutiny Committee (Sept. 2015) concluded that as statutory CAMHS re-drew criteria for accepting referrals many young people were left with no support. This has in turn increased the burden on tier 2 CAMHS and organisations such as OTRC.
- The Croydon 2012/13 Joint Strategic Needs Assessment included an in-depth chapter on Emotional Health and Wellbeing of Children and Young People that prioritised action to address the need for young people to access timely and appropriate support.
- Similarly, in Sutton an increasing demand for services led to a re-tendering of tier 2 CAMHS services and OTRC was awarded the contract in partnership with the Mental Health Trust.

Geographic location(s) of YPiM work

London Boroughs of Croydon and Sutton

Off the Record Croydon

Aim of YPiM work

Two key aims were to:

- Strengthen OTRC's strategic partnerships.
- Address capacity issues in order to provide timely and appropriate support to the increasing numbers of young people accessing services.

Target population of YPiM work

Young people who live, work or study in Croydon and Sutton.

Demography

Croydon has a population of 373,000 (Mid-2013 population estimates, ONS). Life expectancy is 9.1 years lower for men and 7.7 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile June 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 27% of the population;
- 67.7% of school children are from a minority ethnic group.
- 23% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a higher rate to that in England as a whole.

Sutton has a population of 196,000 (Mid-2013 population estimates, ONS). Life expectancy is 6.4 years lower for men and 4.5 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile June 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 25% of the population;
- 43.2 % of school children are from a minority ethnic group.
- 15.3% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Off the Record Croydon

Configuration of local provision for young people

In Croydon the Children and Families Partnership Board sets the strategic direction for all children's services. There is an Integrated Commissioning Unit with commissioners for children's and adults' services from both the local authority and CCG working towards greater integration across provision. Croydon's Emotional Health and Wellbeing Subgroup sets the strategic direction and priorities for local CAMHS provision. Two commissioners, one each from the CCG and local authority, are responsible for commissioning CAMHS services. Croydon are part of the national CYP IAPT programme with a local partnership comprised of the statutory CAMHS service and three VCS providers including OTRC.

In Sutton the Children's Trust Board sets the strategic direction for children's services. There is also a CAMHS Partnership Board that includes commissioners from both the CCG and local authority.

Participation in local CAMHS Transformation Planning

Off The Record Croydon has a positive experience of participating in local CAMHS Transformation activity in both Croydon and Sutton. In Croydon, OTRC has been fully involved in several meetings with commissioners and has provided information and feedback into the wider process. In Sutton, information and ideas have been exchanged with the commissioner and have been received positively.

Aspects that have worked well in relation to CAMHS Transformation activity

Off The Record Croydon's strong links with local strategic structures in Croydon, established over 20 years, have been beneficial to participation in the local CAMHS Transformation processes. In Sutton OTRC has been established more recently (2012) and engagement with strategic structures continues to be established and strengthened. Other aspects that have worked well include:

- Data collected by OTRC as part of its ongoing work has been fed into discussions and contributed to Transformation Plans.
- Commissioners with a good insight of the local VCS who are willing to engage with this sector and understand the work it delivers.
- Taking the initiative to inform relevant professionals and structures that OTRC was willing to participate in and contribute to Transformation Plans.
- Potential significant gains as a result of participating in the Transformation agenda, there is a possibility for resources being allocated to increase OTRC capacity and to reinstate its online counselling service which had ceased to be funded.

Off the Record Croydon

Challenges presented in relation to CAMHS Transformation activity

A significant challenge is the time intensive nature of strategic engagement for which extra resources are not always made available. Other challenges include:

- Remaining positive with an increased workload and ensuring the ethos of the organisation is not unduly compromised in development of integrated working with the statutory sector.
- Statutory CAMHS in Croydon have faced historical underinvestment leading to potential competition between sectors for any new investment which can impact on partnership work.
- Engaging with developments in the national CYP IAPT programme is time intensive for staff and the agency, it can also be overwhelming. Staff attending IAPT training can sometimes feel temporarily de-skilled by the courses and extra effort is needed to support staff and integrate learning into the agency.

Engagement with other strategic partnership work

In Croydon, OTRC is in a formal partnership with statutory CAMHS and 2 other voluntary sector services through the CYP IAPT programme. OTRC also has strong representation on strategic structures including:

- Health and Wellbeing Board
- Emotional Health and Wellbeing Sub-Group
- Children and Families Partnership.

Representation on strategic structures in Sutton is in the process of being established as OTRC services in this borough have been established more recently since 2012. Currently two formal partnership arrangements are in place with:

- South West London and St George's NHS Trust to deliver OTRC services in Sutton linked to the Single Point of Access (SPA) provision. One other VCS organisation is also a formal partner in this work.
- South West London and St George's NHS Trust and Imagine Mental Health for OTRC to provide a Wellbeing Navigator focusing on young adults as part of the new adult Wellbeing Hub. Two other VCS organisations are also involved in this contract.

Key supportive factors to wider strategic partnership work

Off The Record Croydon has a strong ethos of giving equal importance to both providing direct services and to strategic work, this is a positive influence. Another key supportive factor is taking time to establish, build and maintain ongoing good relationships; this is important to facilitating mutual understanding and engaging in open, honest dialogue.

Off the Record Croydon

Key challenging factors to wider strategic partnership work.

- Insufficient capacity to effectively engage in strategic partnerships especially at times of increased demand for OTRC's services. The YPiM project has helped address this issue; however, it is short-term funding and concerns remain about future capacity to engage in strategic activity.
- Maintaining good relationships in times of change is challenging, especially if there is a high turnover of staff in the relevant strategic structures. In these circumstances relationships have to be re-built and new staff may have different ideas and priorities to their predecessors.

Delivery of the YPiM project

Process

Delivery of the YPiM project is part of the broader work of OTRC so it has been possible to work within the existing infrastructure, it would not have been possible to establish new structures within the short timescale of this project. Clinical and administrative capacity has been increased to free up senior staff to give greater focus to engagement in strategic activity.

Structure

The Director oversees and participates in strategic activity with support from the Assistant Director and Counselling Coordinators as required. The Director and Assistant Director oversee the operational side of the work. In house Counselling Coordinators oversee counsellors and this aspect of OTRC's work.

Resources

In addition to the infrastructure already in place at OTRC:

- Working hours of some existing staff have been increased and some volunteers offered paid work resulting in the equivalent of five additional part-time counsellors.
- Administrative capacity has been increased to support handling of additional administrative tasks including data required for the YPiM project.

If the input into Transformation Planning is successful in generating resources this will enable OTRC to sustain this level of work in the longer term. Otherwise long term sustainability could be impeded without the necessary additional resources.

Off the Record Croydon

Outcomes for YPiM initiative

The work is still underway and further outcomes may become apparent, those achieved to November 2015 are:

- Greater capacity to meet the increasing demand for support from young people.
- Increased level of influence and participation in strategic structures and activity, notably Transformation Planning.
- OTRC is better placed to formalise future service agreements.
- Discussions are under way for potential OTRC participation in strategic work relating to the Adult IAPT in Croydon to facilitate work with young people aged 18-25 years.
- In Sutton, OTRC's participation in strategic activity has helped identify the issue of provision for 18-25 year olds for future consideration.
- Sharing of OTRC data has contributed to strategic planning.

Evaluation of YPiM initiative

Issues regarding evaluation are a challenge overall, not just in relation to the YPiM project, because:

- There are numerous demands for data and the nature of data required can vary from source to source making it difficult to maintain one set of data that can satisfy the range of requests and risk overburdening practitioners with form filing.
- Excessive data collection and collation is a costly activity in terms of both time and money and there is a risk of focussing on the processing of data rather than using it to inform and develop work.
- Requirements to use specific shared databases result in the need for extra capacity to populate and maintain multiple databases.
- Short-term projects that come with a specific request for data that cannot be provided through existing systems require extra capacity. Furthermore, additional systems put in place can end up being a single investment that is of no longer-term benefit.

Learning

Key messages for people thinking to set up/undertake similar work.

Address the issue of data collection, use and its value to the organisation in advance of accepting a project. It is important to recognise what is possible/impossible to achieve and communicate the reasons for this to those requesting the data. Make sure the data collected is used positively to inform internal and external developments.

Take the time to build mutually beneficial, trusting relationships because this is key to moving forward effectively and securing meaningful participation in wider developments that may need to occur rapidly over a short span of time.

Off the Record Croydon

Key supportive factors to delivering YPiM initiative

Having established connections in place has been important to facilitating engagement in current strategic activity in a relatively short timescale. Another benefit has been to have an umbrella organisation such as Youth Access secure funding and coordinate a group of projects from different geographic areas. Furthermore, meetings hosted by Youth Access to bring all participating projects together have been a good forum for learning and mutual support.

Key challenging factors to delivering YPiM initiative

The need for monitoring and evaluation data is recognised as being necessary and valuable. However, this also poses a challenge if existing IT systems and packages cannot be used and extra capacity is required to process the required data.

Conclusions

OTRC has greater capacity and more young people are being seen by counsellors without senior staff having to step in to fill the gaps. Contributing to the Transformation agenda has highlighted possibilities to engage in structures for adults and contribute to future developments for young people aged 18-25 years.

Opportunities for improving referral pathways, assessment processes, information sharing and transition arrangements will continue to be enhanced through OTRC's existing engagement with the SPA in Sutton and the planned development of an SPA in Croydon.

Long term sustainability would have presented a key challenge if the Transformation agenda and related planning had not come on stream. Currently, there are good prospects for the work developed for the YPiM project to be sustained in the longer term if resources are allocated to OTRC through the Transformation funds.

Other information

OTRC website - www.offtherecordcroydon.org

Croydon Children & Young People Scrutiny Committee report on Child & Adolescent Mental Health services

<https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&meet=19&cmte=CYP&grpId=public&arc=1>

Croydon 2012/13 JSNA Key Topic 3 – Emotional Health and Well-being of Children & Young People
http://www.croydonobservatory.org/2012_2013_JSNA

Contact details Karen Stott, Agency Director

Email: KarenStott@offtherecordcroydon.org

Young Persons Advisory Service- Liverpool www.ypas.org.uk

Brief Summary

Young Persons Advisory Service (YPAS) offers free services to children aged 5-15 years and young people aged 16-25 years and their families. Services are provided through YPAS premises and through outreach work in schools and communities including advice, support, counselling & psychotherapy and group work.

Rationale

There is increasing demand for YPAS services with an average of 43 referrals per week being received for its counselling & psychotherapy service alone. New referrals need to be balanced with the existing caseload and the YPAS waiting list for support indicates demand is currently far outweighing delivery. Statutory provision in CAMHS tiers 3 and 4 is also experiencing high demand making it difficult to refer young people on for specialist support. Increasing demand and limited provision highlighted the need to give greater focus to provision of timely, relevant support through schools and in communities so that fewer young people require specialist interventions.

In order to address the issue of demand outweighing supply it is necessary to look at how services can be delivered differently. For example, in relation to triage, assessment, waiting lists, therapeutic support and provision of low level support at an early stage in the development of difficulties to reduce the need for more intensive interventions. Participation in the YPiM project has enabled YPAS to focus on providing timely support to more young people aged 16-19 years on its waiting list and aim to avert escalation of difficulties for this age group.

Sources highlighting need for this work

Data collected by YPAS demonstrates increasing need and demand for services that are in short supply. Anecdotal evidence from colleagues in multi-agency forums, such as the CAMHS Partnership and the Mental Health and Emotional Wellbeing Board Partnership which includes AMHS, indicates similar issues being experienced by providers across the statutory sector and VCS.

Geographic location(s) of YPiM work

Liverpool

Young Persons Advisory Service

Aim of YPiM work

Four broad aims of participation in the YPiM project were to:

- Increase capacity and enable work already under way to be progressed more swiftly to support vulnerable young people and reduce the waiting list.
- Address the YPiM objectives, these are relevant to the local context such as increased provision in the community and improved referral pathways.
- Access further Child Sexual Exploitation (CSE) training from the local authority.
- Consider development of an integrated model of provision with local strategic structures.

These aims are also compatible with local aspirations to find better ways to meet increasing need and demand for services.

Target population of YPiM work

Young people in Liverpool on the YPAS waiting list who meet YPiM criteria on vulnerabilities.

Demography

Liverpool has a population of 471,000 (Mid-2013 population estimates, ONS). Life expectancy is 10.3 years lower for men and 9.0 years lower for women in most deprived areas than in least deprived areas (PHE Health Profile 2015).

Children and young people (PHE Child Health Profile June 2015):

- aged under 20 years make up 22.2% of the population;
- 19.1% of school children are from a minority ethnic group;
- 32% aged under 16 years live in poverty;
- the rate of inpatient admissions for 10-24 year olds due to self-harm for the period 2011/12 – 2013/14 was lower than the England average;
- in 2013/14 young people aged 0-17 years were admitted for mental health conditions at a similar rate to that in England as a whole.

Configuration of local provision for young people

The structure of local provision for children and young people is currently undergoing change. YPAS represents the VCS on the Liverpool Children's Trust Board which sets the strategic direction and priorities for children's services; this Board has reconvened after a period of review and the membership has recently attended a development day to revise the Terms of Reference and strategic direction going forward.

Liverpool CCG leads on strategic activity including CAMHS Transformation Planning and feeds into the Health and Wellbeing Board, of which YPAS is a member. Seven providers including YPAS form the CAMHS Partnership and are commissioned to provide services across the CAMHS comprehensive pathway.

Young Persons Advisory Service

Participation in local CAMHS Transformation Planning

YPAS has contributed to local CAMHS Transformation Planning from the outset and the plans reflect objectives that were already under discussion in Liverpool. A key focus for Transformation Planning is to address significant increases in referral rates to all services. YPAS has provided data and attended meetings, contributing to planning activity regarding:

- Provision of more early intervention and prevention services that are beneficial to clients and are a more cost effective approach.
- Further development of online counselling and other services.
- Development of a more equitable approach to implementing sustainable therapeutic provision in primary schools
- Increased community based provision including the development of locality hubs, YPAS has established a successful central hub that can be used as a model to inform development of other hubs in the north and south of the city.

Aspects that have worked well in relation to CAMHS Transformation activity

A shared vision and priorities for prevention and early intervention work is reflected in Transformation Planning. Aspects that have facilitated collaborative work include:

- Participation of proactive commissioners representing both CAMHS and AMHS.
- Data submitted by YPAS has informed Transformation Planning and the organisation feels it has been heard and able to influence objectives.
- An ethos to encourage open, honest dialogue and not refrain from discussing difficult issues.
- A collective gathering of strategic aims that complement each other including those of Healthy Liverpool, Mental Health and Emotional Wellbeing Strategy, CAMHS Transformation and the Future in Mind report.

Challenges presented in relation to CAMHS Transformation activity

Overall the process has worked well. The main challenge has been for the commissioners in relation to statutory and VCS funding allocations; both sectors deliver effective services and provision, with VCS provision costing significantly less.

Young Persons Advisory Service

Engagement with other strategic partnership work

YPAS represents the VCS on the Children's Trust Board which sets strategic direction and priorities for children's services. YPAS also has a seat on the Mental Health and Emotional Wellbeing Board Partnership. The Youth Mental Health model is being developed by commissioners and strategic leads from both CAMHS and AMHS, of which YPAS is a member. Formal agreements are put in place for all partnership work and all strategic partners have been made aware of work underway for the YPiM project.

Key supportive factors to wider strategic partnership work

Commissioners from both CAMHS and AMHS who have good knowledge and understanding about the VCS and its work.

- A low turnover of commissioners in Liverpool which supports continuity and reduces the need to continually build relationships with new personnel.
- Commissioners, who have a good working relationship with each other, are able to bring people round the table and encourage discussion of difficult issues through a well-managed approach.
- Formal agreements are put in place between partners for all work, providing clarity about direction, roles and responsibilities.
- An equitable approach to accountability for all partners across statutory and VCS provision.

Key challenging factors to wider strategic partnership work.

A key challenge relates to insufficient awareness and understanding about approaches to service delivery between statutory and VCS providers and their respective delivery models. However, the introduction of strategic work streams has facilitated increased understanding and acceptance of how the range of services complement each other.

Delivery of the YPiM project

Process

The YPiM project is being delivered as part of the broader work of YPAS and the infrastructure for delivery was already in place. Young people who meet the YPiM criteria for support are selected from the waiting list by YPAS therapists allocated to work on the YPiM project. Discussions were already under way, prior to the YPiM project coming on stream, regarding possible approaches to address the increasing demand and related waiting list of young people.

Additional capacity enabled by the YPiM project made it possible to implement work for this project swiftly because the infrastructure for delivery of support to young people and key contacts in strategic structures were already in place.

Young Persons Advisory Service

Structure

The CEO oversees and participates in strategic activity with support from the Senior Operations Manager and Counselling and Psychotherapy Service Manager who also oversee management of staff and work programmes. Support to young people is delivered through the two broad areas of provision at YPAS: by therapists and counsellors through the YPAS counselling and psychotherapy service; and, by social workers and youth workers through the YPAS support service.

Resources

In addition to the existing infrastructure, four qualified counsellors are allocated to focus on work with young people for the YPiM project. One counsellor undertakes the initial assessments and provides low level support; the other three counsellors provide more specialist therapy to young people.

Outcomes for YPiM initiative

The work is still underway and intended outcomes are to:

- Increase capacity to enable young people on the waiting list to be seen more quickly and provided with the range of interventions relevant to individual needs.
- Ensure all young people receiving therapeutic services have routine outcome measures in place.
- Collect robust data regarding young people aged 16-19 years and their vulnerabilities to communicate to local partners and to inform relevant developments in YPAS provision for this age group.
- Give greater focus to progressing an integrated model of working with local partners and implement this as swiftly as possible.

The additional capacity afforded by the YPiM project has enabled YPAS to give greater focus to achieving these outcomes.

Evaluation of YPiM initiative

A good database has been developed by Youth Access and complements the data collection system used by YPAS. It is a useful tool for focusing on the vulnerabilities of young people aged 16-19 years and this data will inform future developments in provision of support services as well as strategic activity.

The simple, clear process for evaluation put in place by Youth Access has been helpful. Each organisation participating in the YPiM project will have data reflecting their work and the collation of data across all projects will facilitate valuable learning about other approaches in different parts of the country.

Young Persons Advisory Service

Learning

key messages for people thinking to set up/undertake similar work

A key message is to work on developing an effective and comprehensive integrated model of local provision, this is what young people and families have highlighted in numerous national and local consultations. Other key learning points are:

- Ensure participation of service users and due consideration of their voice in service developments.
- Focus on what is required to make prevention and early intervention work effective, consider the investments necessary to make this aspect of provision stronger in order to minimise the need for more intensive and costly interventions.
- Participate in and influence local strategic activity, if necessary take the initiative to establish contacts and offer to contribute so this is on record.
- Put in place relevant policies, systems and pathways that enable the work undertaken to be demonstrated with appropriate evidence.

Key supportive factors to delivering YPiM initiative

Youth Access has been excellent in involving YIACS to develop the YPiM project and keep them regularly updated. A well planned and well managed approach by Youth Access has been key to enabling YIACS to focus attention on delivery. This is an exciting project to participate in and reflects broader developments under way in Liverpool to develop integrated models of working.

Key challenging factors to delivering YPiM initiative

None. There has been no need to generate new referrals or put new structures in place so the work is part of what YPAS already delivers, participation in the YPiM project has provided additional capacity to do more of it.

Young Persons Advisory Service

Conclusions

The work is still in progress and a number of impacts are apparent at this stage:

- Liverpool CAMHS Partnership has a comprehensive referral pathway in place which is currently undergoing further review with YPAS participation. The review will be undertaken by task and finish sub-groups formed by cross sector CAMHS providers to develop Transformation in four broad areas: access to services and support including early intervention and tier 3 and 4 CAMHS provision; participation and health promotion; training; Routine Outcome Measurements (ROMS) and other data. Specific areas for development will be subsequently ratified by the Mental Health and Emotional Wellbeing Board.
- Assessment processes in place at YPAS are good; however, with increasing demand and waiting lists further work is needed to consider reducing waiting times between referral to assessment. YPAS is currently focused on reducing its waiting list and will undertake a review of its assessment processes thereafter.
- Information sharing between services is relatively good in Liverpool with agreed protocols in place. One area for future development is the CAMHS Passport which aims to enable information to travel with the young person and avoid replicating assessments, work is currently under way to make this process electronic and enable all relevant parties to have easier access to this data.
- Transitional arrangements are currently being reviewed and YPAS is contributing to the development and implementation of a Youth Mental Health Model in statutory CAMHS and AMHS.

The work progressed for the YPiM project will be sustained if further investment in this work can be secured. Otherwise it will not be possible to continue allocation of four therapists to focus on delivering support to 16-19 year olds.

Other information

YPAS website - www.ypas.org.uk

Contact details Monique Collier, CEO

Email: Monique@ypas.org.uk

Postscript

Since the interviews with the nine agencies took place during autumn 2015 and before the final sign off of local CAMHS Transformation Plans by NHS England, the following provides a brief summary of their position as the project ends. It updates their inclusion in local CAMHS Transformation Plans (LCTP), alongside other developments impacting on their work with young people.

42nd Street, Manchester

Inclusion in the LCTP

42nd Street was involved in CAMHS transformation planning processes across 4 CCG/LA areas: Trafford, Tameside, Salford and Manchester. In three areas, they were part of multi-agency partnership boards tasked with developing the plans. Their involvement included individual meetings and workshops; they also contributed ideas and data. In two areas, they conducted consultations/engagement work with young people; producing reports, which then informed the Transformation Plans. 42nd Street have also been involved in Greater Manchester Devolution discussions.

New Funding?

42nd Street is due to receive an uplift in funding from Trafford and Tameside and non-recurrent project based funding from Salford; plans for 2016/17 in Manchester and Salford are still under discussion. In 2015/16, 42nd Street expects non-recurrent funding of £100K, and from 2016/17 an uplift of c£47K in recurrent funds until 2020.

Non-recurrent funding is for:

- Peer research into the mental health and wellbeing needs of young people in the Orthodox Jewish community.
- Increased access to one to one work to reduce CAMHS waiting times.
- A pilot project with young people with ASD/LD using a combination of specialist one to one support and group work

Recurrent funding (subject to review) will increase one to one counselling and psychosocial support across two areas and is linked to reducing waiting times

Other developments

42nd Street are also taking part in discussions on:

- CYP IAPT delivery
- Locality hubs/single point of access (SPA) referral points
- Increased work in schools

Alone in London, Islington

Inclusion in the LCTP

Alone in London were not directly involved in the CAMHS transformation planning process. However their role as a valued VCS provider of youth counselling was referenced and acknowledged in the published Islington Transformation Plan. Alone in London attribute their inclusion in the Plan to the success of the relationship built with CAMHS.

New Funding?

To continue their delivery of counselling to young people in Islington, Alone in London are in the process of applying for funding through the local authority/CCG, independent Trusts and the private sector. This will support the continuation of:

- Engagement of particularly vulnerable young people e.g. Care Leavers, homeless and NEET young people via a presence in local youth hubs, schools and FE colleges
- Work with young prisoners in HMP Pentonville
- Relationships and referral partnerships with CAMHS practitioners, local GPs, targeted youth service and Social Services.
- A three to five week waiting list for counselling for young people

Other developments

Await the outcome of funding.



Croydon Drop In, Croydon

Inclusion in the LCTP

CDI was actively involved in the planning process and attended many meetings. The organisation was also given the opportunity to provide feedback on the draft Plan.

New Funding?

CDI expects to receive new funding for:

- A significant contribution toward participation in the roll out of the SPA
- A full time Deputy Director (Clinical Lead)
- One off contribution to IT solutions and management

Other developments

As part of Young People in Mind, CDI had focused its support on Looked After Children (LAC) and those with Special Educational Needs in schools. The new Deputy Director will be tasked with building on the success of this work. .

Whilst welcoming the new resources to increase support for under 18s, CDI remains concerned about how it will meet the needs of 19-25 year olds.

MAP, Norwich

Inclusion in the LCTP

MAP worked with commissioners to develop the CAMHS Transformation Plan as members of a small working group.

New funding?

There are opportunities for MAP to further develop services with resources identified in the Plan for the VCS: 8 FTE staff for a Tier 2 team, which MAP is a part of. Funds will support 1 FTE Therapist and a new 1 FTE Youth Mental Health Worker in MAP. Currently the focus is on service quality and access, rather than a past focus on session numbers. There are also resources for online provision and for Schools Link Workers, but no decisions regarding the delivery.

Other developments

MAP is involved in initial developments on setting up SPA arrangements and hopes these will embed a 'no wrong door' approach'.

A new IAPT Well-being Service, including an initial offer of groups or telephone sessions for 16-25 year olds has been set up locally. While early days, MAP report some young people turning to them having tried and not liked the offer available. MAP also have some concerns that a current backlog resulting in long waiting times may also lead to more demand on MAP.

No Limits, Southampton and Hampshire

Inclusion in the LCTP

No Limits and other local YIACS contributed to transformation planning in Southampton and across Hampshire. This included:

- Participation in local groups informing the strategic process.
- Facilitating young people's contribution to the process.
- Contributing to the establishment of baseline data, including gaps in current provision and the multiple support needs of young people.
- Responding to the Sussex Partnership's (current CAMHS providers) request to work together to develop care pathways across Hampshire.

The resulting Plans have offered some acknowledgement of the value and need for better partnership working between CAMHS and VCS organisations. However, the local perception is that the VCS' potential contribution has been limited by commissioners feeling restricted by national government directives. The example cited is funding for treating eating disorders, where preventative approaches are not seen as included.

New Funding?

In Southampton, currently the main focus appears to be on young people's participation. No Limits is continuing to work closely with commissioners to help shape new services and these will be subjected to further consultation with No Limits support.

In Hampshire, No Limits has led a bid in partnership with other YIACS – the Hampshire Youth Access - for a new commissioned service to support emotional wellbeing and counselling for 5-17 year olds and families. If successful, each of the 10 YIACS comprising the partnership will be subcontracted to deliver in their geographical patch. There is also scope for new online services.

Other developments

No Limits have been named as a delivery partner by CAMHS (Hampshire) in a bid for new work starting 1 April. No Limits feel there has been significant progress in this relationship during the year. The work will include support to:

- reduce CAMHS waiting lists
- development of future SPA arrangements
- plan for young people's transition into adult services
- integration of youth counselling services into the CAMHS pathway to enable uniform access for CYP across the county

Off Centre, Hackney

Inclusion in the LCTP

Off Centre contributed to CAMHS Transformation Planning through the CAMHS Alliance; a group formed in April 2015 comprising City & Hackney CAMHS, East London Foundation Trust, Homerton University Foundation Trust and Off Centre. The CAMHS Alliance has funded Off Centre to provide additional clinical capacity (2 days per week) and Advice and Information Services – an additional 2 days per week each. It has also funded joint training.

Off Centre has contributed to the local Plan by attending meetings, submitting data and wrote a section of the Plan. The CAMHS Alliance expects to be refunded in April 2016 and will become the vehicle for delivering local CAMHS Transformation Programme

New Funding?

Off Centre expects increased funding over the next 3 years to provide

- A Saturday Drop-in Service offering clinical assessment, counselling, advice and information.
- A one off payment for a PCMis case management system and one year licence fees for 20 staff to enable Off Centre's data to be compatible with the CAMHS Mental Health Minimum Data Set (MHMDS) requirements.

Other developments

Other areas under discussion and/or with potential impact on Off Centre Include:

- A possibility of more funding to improve IT systems through the CCG IT Enablement Fund and potentially an N3 connection for secure data sharing between NHS services and Off Centre.
- Further discussions on funding for peer mentoring, provision of supervision for Youth Mental Health Workers and funding for over 18's. This may be through a mix of CAMHS transformation funds and other CCG funding streams.
- An announcement in December 2015 that Hackney will be one of the Pilot sites for 'Devolution' and the integration of Health and Social Care services. Off Centre hopes it is well-placed to be involved in some way in these developments.



Off the Record, Bristol and South Gloucestershire

Inclusion in the LCTP

Off the Record (OTR) Bristol was invited to participate in transformation planning in both Bristol and South Gloucestershire. As a CCG commissioned provider in both areas, OTR Bristol was already known to the respective transformation teams. OTR Bristol attended meetings, submitted written proposals for delivering CYP IAPT at tier 2 CAMHS and is a named provider in both Bristol and South Gloucestershire Transformation Plans

New Funding?

New funding has been allocated to support:

- In Bristol a 'waiting list' initiative'. This includes a 'pop-up OTR' to offer additional counselling services and a programme of group work on anxiety, self-harm and recovery.
- In South Gloucestershire, an extension of a pilot Tier 2 service for 11-15 year olds with additional capacity for preventative work as part of OTR's Resilience Labs.
- In addition, OTR Bristol have also benefitted from an unexpected additional £70k from the transformation monies to support their IT infrastructure.

Other developments

OTR Bristol believe the increased capacity made possible by the Young People in Mind project enabled them to participate in and make a significant contribution to transformation planning. They also identify two other factors that have increased recognition and profile of their work:

- Over the last 5 years they have highlight the need for young people to have timely access to relevant support and undertaken work with key statutory structures to identify solutions.
- They positioned the organisation as a CAMHS tier 2 provider, not as a YIAC, which helped to facilitate an understanding about how its work relates to the structure of CAMHS provision.



Off the Record, Croydon and Sutton

Inclusion in the LCTP

OTRC had a positive experience of participating in local CAMHS transformation activity in both Croydon and Sutton. In Croydon, OTRC was fully involved in several meetings with commissioners and provided information and feedback into the wider process. In Sutton, information and ideas were exchanged with the commissioner and positively received, with OTRC's contribution referenced in the local Plan.

New funding?

OTRC expects additional funding in both Croydon and Sutton. This includes:

- Extra capacity for face-to-face counselling services in both boroughs
- Development of a new online counselling service for both boroughs
- In Croydon, funding for IT upgrades to ensure compliance with NHS standards and to meet Mental Health Minimum Dataset requirements
- Contribution towards staffing costs to enable OTRC to play a full role in Croydon's development of a SPA model
- In Sutton, funding for OTRC to lead a consortium of local third sector organisations in developing a weekly mental health drop in session for young people

Other developments

OTRC believe the extra management capacity created through Young People in Mind enabled them to participate more fully in the Transformation process than would otherwise have been possible. OTRC has been able to promote its work more strongly, resulting in additional resources now being made available in both boroughs.

The process has also further strengthened relationships with commissioners in both boroughs and a range of additional benefits for the agency e.g. the Croydon commissioner has promoted OTRC's online services at national meetings, whilst the Sutton commissioner has recently made introductions which may result in new premises.

YPAS, Liverpool

Inclusion in the LTP

YPAS felt central to the development of their local Transformation Plans. They attended meetings, contributed evidence, including their users' views and commented on the Plan. Their contribution was referenced in the final published Plan.

New funding?

For YPAS new areas of delivery, include:

- Leading the development of two community-based locality hubs (North & South) called YPAS Plus. The hubs will promote an inclusive, integrated model of CAMHS services and wider services across Health, Education and Social Care.
- Development of therapeutic services in primary schools called 'The Seedlings Project'.
- Set up costs and an online platform to provide information and guidance, as well as therapeutic services.

Partners Experience of the YIACS

Unfortunately there was neither time nor resources to conduct an in depth evaluation of statutory partners' views of the YIACS and their contribution to local strategic planning. However, in order to capture a flavour of how those involved in leading the CAMHS transformation planning process saw the engagement of the YIACS, Youth Access devised a short questionnaire (Appendix 2). This was sent out to the YIACS who in turn circulated it to their respective local commissioning contacts.

There was a limited response from commissioners. Youth Access received seven completed questionnaires in relation to five of the YIACS participating in the Project; one commissioner responded by saying they did not feel able to comment as they suggested they had limited knowledge of the provider. In one area, where the YIACS had not been actively involved in the planning process the commissioner provided a written statement about their views of the service.

In the survey, commissioners were invited to think about their local YIACS' contribution to their CAMHS transformation planning process by rating them in relation to eight factors that Youth Access judged of importance to the development of an effective Plan. This included referral activity; waiting times; mental health needs of service users; outcome data, as well as information about their workforce and use of resources.

In most areas, where information was known most of the YIACS were judged as very good or good (see Table One below). However, in some instances, the same organisation was judged quite differently by separate commissioners. The reasons for the variable rating may relate to a need for YIACS' to communicate their data more clearly to commissioners. Equally however, it was clear from some of the responses from commissioners that they had not been proactive in gathering some of the data held by the YIACS.

In a complementary report, Youth Access has set out the data gathered about the young people who took up the services that were resourced as part of the Young People in Mind Project. While this data represents only a partial view of the range of young people who use YIACS, it may prove useful in addressing some of the information areas set out in Table One.

Table One: Analysis of Commissioners' View of YIACS Regarding Information Relevant to the development of a CAMHS Transformation Plan (n=7)

	1 Very High	2 Good	3 OK	4 Poor	5 Don't Know	6 Information not requested
Quality of referral data	29%	57%				14%
Quality of data on number of referrals accepted	43%	29%			14%	14%
Management of waiting times	14%	72%	14%			
Quality of data on the mental health needs of young people seen in their service	29%	57%	14%			
Quality of the outcome data for those receiving counselling or other talking therapy in the YIACS	28.5%	43%	28.5%			
The skills and competence of YIACS' workforce	43%	43%			14%	
YIACS' understanding of their financial costs	43%	43%			14%	
The efficiency and effectiveness of YIACS' in relation to their finances and the outcomes achieved	43%	43%	14%			

Commissioners were also invited to comment on what they saw as the local YIACS' contribution to creating an improved and integrated mental health offer to young people in their area. The comments made were overwhelmingly positive. Commissioners saw YIACS as highly flexible resources and able to make positive and effective contributions to varied requests for help. In some instances, this had included offering skilful and positive challenges to the planning process. A couple of the YIACS had also been instrumental in ensuring young people's voice had been included in the planning process. There was a consensus on the positive role YIACS play in complementing what local CAMHS offer; seeing YIACS as an important part of the pathway of support available to young people in need.

While most of the YIACS in Young People in Mind were actively involved in the CAMHS Transformation Planning process, one area felt the timescales involved had limited the extent to which they were able to involve the voluntary sector. However, over the year of Young People in Mind's operation, this commissioner recognised the positive and collaborative approach established by the YIACS with CAMHS, and this had demonstrated the importance of having a joined up approach for young people. Since publication of their Plan, this area is now working further with the voluntary sector and following an event in February 2016 is developing a procurement process for the new financial year.

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Appendix 1 – Case study topics for discussion and data collection

Please allow up to 1 hour for the telephone discussion.

Title of YPiM initiative: **Geographic location(s) for delivery:**

Delivery Org: **Respondent(s) job title(s):**

Date of interview:

Brief Summary: To provide some background and context

- Rationale: for developing the YPiM initiative, including as part of ongoing work.
 - Any sources highlighting need for it (evidence, anecdotal, needs assessment, observations and so on); any local issues relevant to this work such as knowledge of unmet need/gaps in provision for young people/target groups.
 - Aim of YPiM work, target population including age group.
 - Demography relevant to initiative: (These will be accessed from PHE profiles)
 - Configuration: of relevant local provision for young people
1. **Local CAMHS Transformation Plans:** impact on initiative, aspects that are working well, challenges and whether/how being addressed.
 2. **Other strategic partnerships/engagement:** with which agencies; key supportive/challenging factors to strategic partnership work.
 3. **Process:** key actions taken to establish and deliver the YPiM initiative.
 4. **Structure:** key components of YPiM initiative: strategic, managerial, operational.
 5. **Resources:** relevant to developing, implementing, evaluating and sustaining YPiM initiative.
 6. **Timescale:** period over which YPiM initiative developed and implemented.
 7. **Outcomes for YPiM initiative:** the results achieved or to be achieved.
 8. **Evaluation:** feedback on process – what worked and any challenges.
 9. **Learning:** key messages for people thinking to set up/undertake similar work.
 10. **Key supportive factors:** that facilitated overall YPiM initiative to be undertaken.
 11. **Key challenging factors:** that presented for YPiM initiative and how addressed.
 12. **Conclusions:** changes/impact made as a result of the YPiM initiative, sustainability, any further action planned.
 13. **Other information:** link to website for delivery organisation, other documents or resources that readers may find useful.
 14. **Contact details:** to be included in final document.

Appendix 2 – Questions for CAMHS Commissioners

(YIACS name) is a partner in the Young People in Mind project: a national collaboration of nine Youth Information, Advice and Counselling Services (YIACS) led by Youth Access. Funded by the Department of Education, as part of its commitment to young people’s mental health, one of the project’s aims is to improve integration between YIACS and statutory mental health.

Future in Mind proposed a key role for the voluntary sector in improving children and young people’s mental health and wellbeing; saying YIACS should be a key part of any local offer

Youth Access is interested in understanding the contribution of (YIAC name) to the recent CAMHS Transformation Planning process. We would be pleased if you could spare a few minutes to answer the following:

1. Thinking about (YIAC name)’s contribution to the Transformation Planning process how would you rate this agency in relation to the following with:

1 = very high; 2 = good; 3= OK; 4= Poor; 5= Don’t know; 6 = Information not requested

	1	2	3	4	5	6
The quality of their data on referrals						
The quality of their data on the number of referrals accepted						
Their management of their waiting times						
The quality of their data on the mental health needs of young people seen in their service						
The quality of their outcomes data for those receiving counselling or other talking therapy						
The skills and competence of their workforce						
Their understanding of their financial costs						
The efficiency and effectiveness of their service in relation to its finances and the outcomes achieved						

Youth Access
1-2 Taylors Yard
67 Alderbrook Road
SW12 8AD



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