Future in Mind: *Promoting, protecting and improving our children and young people's mental health and wellbeing*

Local Transformation Plan for Northamptonshire

Version 0.6 – 25 August 2015

Document Control

Version History			
Date	**Version**	**Author**	**Brief Comments on Changes**
10/07/15	0.1	RB / RS	First draft
20/7/15	0.2	DLH	Additions to first draft
27/7/15	0.3	RS	Redrafted into themes and some formatting changes (N.B. still formatting to do and content to add and refine)
28/7/15	0.4	DM	Comments and Refinements
20/8/2015	0.5	RS	Amendments from comments and feedback received
25/08/2015	0.6	RS	Sub plans populated further

Northamptonshire "Future in Mind" Transformation Plan

From the letter 26th May from NHS England, there are several points about the development of a local Transformation Plan:

The monies identified for each of the first phase objectives will be contingent on the development of a Transformation Plan for each local area aligning with the overarching principles and ambition set out in *Future in Mind.*

In developing their Plans, CCGs will need to have appropriate regard to the CAMHS elements already set out in the joint planning guidance. [1]

Key elements of these Plans will include:

- a strong focus on creating best evidence based community Eating Disorder teams, with details of how capacity freed up by specialist teams will be redeployed to improve crisis and self harm services;

- work with collaborative commissioning groups in place between specialised commissioning teams and CCGs;

- commitments to transparency, service transformation, meeting legal duties with regard to equality and health inequalities and demonstrating improvement;

- commitments to transparency, service transformation and monitoring improvement.

Full guidance on the development of Transformation Plans including initial CCG allocations for 2015/16 and tracking templates will be published alongside the NICE Eating Disorder commissioning guidance in June.

The intention will be for all Transformation Plans to be assured and all CAMHS allocations made by the end of September.

These plans are also interdependent with the Crisis Care Concordat Action plan 2015, the development of the Autism/ADHD Strategy and Action Plan 2016 and the Northamptonshire Children and Young People Community Health Transformation programme.

Initially the bulk of the additional funding will be managed centrally by NHS England and Health Education England. A detailed central programme plan is currently being developed and will specify how and when the recurrent funding will move into CCG's allocations. Further release of monies will follow the assurance and publication of Transformation Plans.

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[1] Please note that no guidance has been released yet.

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
1	FiM Ref 1	**Early Help**	**Promoting and driving established requirements and programmes of work on prevention and early intervention**	**Not ready/anticipate some barriers to change**			
1.1		Early Help	Promoting and driving established requirements and programmes of work on prevention and early intervention		Embed emotional wellbeing and mental health outcomes in Prebirth to 5 Enhancing Early Years strategy	NCC	Apr-16
1.2		Early Help	Promoting and driving established requirements and programmes of work on prevention and early intervention		Continued roll out of Five to Thrive	NHFT	2016/17
1.3		Early Help	Promoting and driving established requirements and programmes of work on prevention and early intervention		Domestic abuse theraplay pilot evaluation and roll out	NCC	2016/17
1.4		Early Help	Promoting and driving established requirements and programmes of work on prevention and early intervention		Link emotional wellbeing and mental health pathway to early help pathway	NCC	Dec-15
1.5		Early Help	Promoting and driving established requirements and programmes of work on prevention and early intervention		Promotion of tier 2 and 3 services via Referral Management Centre expansion	NCC / CCG	Apr-16
2	FiM Ref 11	**Early Help**	**Extending use of peer support networks for young people and parents**	**Not ready/anticipate some barriers to change**			

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
2.1		Early Help	Extending use of peer support networks for young people and parents		Map and evaluate local CYP and parenting peer support offers	NCC	Jan-16
2.2		Early Help	Extending use of peer support networks for young people and parents		Maximise peer support provision for parents through Supporting Services and Children's Centre contracts	NCC	Dec-15
2.3		Early Help	Extending use of peer support networks for young people and parents		Explore extension of local peer support opportunities	NCC / CCG	Mar-16
2.4		Early Help	Extending use of peer support networks for young people and parents		Explore the opportunity to create robust infrastructure for peer support	NCC / CCG	Apr-16
3	**CSIB Report**	**Early Help**	**Investment in resources when children and young people do not meet the clinical threshold for Specialist CAMHS**				
3.1	CSIB Report	Early Help	Investment in resources when children and young people do not meet the clinical threshold for Specialist CAMHS		Explore further the balance of funding for different levels of need	NCC / CCG	Apr-16
3.2	CSIB Report	Early Help	Investment in resources when children and young people do not meet the clinical threshold for Specialist CAMHS		Undertake more work on what schools purchase and what the VCS provide would provide a more complete view of services available	NCC	Apr-16
4	**FiM Ref 4**	**Perinatal and Parental**	**Enhancing existing maternal, perinatal and early years health services and parenting programmes**	**Changes agreed but not started**			

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
4.1		Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes		Develop a business case to improve our perinatal response	CCG	Feb-16
4.2	FiM ref 1.2	Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes	Changes agreed but not started	Provide birthing unit access to a specialist perinatal mental health clinician	CCG	2016/17
4.3		Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes		Develop parenting services in Children's Centres to identify and add value to perinatal and parental mental health responses	NCC	Apr-16
4.4		Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes		Identifying significance of perinatal mental health in Health Visitor commissioning	NCC	2016/17
4.5		Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes		Identifying significance of perinatal mental health within the 1001 Critical Days Manifesto launch	NCC	Apr-16
4.6		Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes		Pathway for linked family approaches where there are parental mental health issues	NCC	2016/17
4.7	FiM Ref 4.1	Perinatal and Parental	Enhancing existing maternal, perinatal and early years health services and parenting programmes	Changes agreed but not started	Implement access and/or waiting standard for rapid access to mental health services for women in pregnancy or in the postnatal period with a known or suspected mental health problem, when developed nationally (Achieving Better Access to Mental Health Services by 2020)	CCG	2016/17

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
5	**FiM Ref 8**	**Communication and Links**	**Improving communication about service changes and service availability**	**Not ready/anticipate some barriers to change**			
5.1		Communication and Links	Improving communication about service changes and service availability		Develop a communication plan for children and young people's emotional wellbeing and mental health	NCC / CCG	Oct-15
5.2	FiM Ref 5	Communication and Links	Improving communication about service changes and service availability	Changes agreed but not started	Development of new apps and digital tools including the development of "Asknormen" site and the Young Leaders' app development	CCG	Apr-16
5.3	FiM Ref 8.1	Communication and Links	Improving communication about service changes and service availability	Changes agreed but not started	Named point of contact in specialist services for all schools and GPs	NHFT	Mar-16
5.4	FiM Ref 8.2	Communication and Links	Improving communication about service changes and service availability	Not ready/anticipate some barriers to change	Named lead on mental health to be nominated in schools	NCC	2016/17
5.5	FiM Ref 10.2	Communication and Links	Improving communication about service changes and service availability	Partially Implemented	Involvement, where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without Education, Health and Care Plans)	NCC / CCG	Apr-16

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
6	FiM Ref 7.1	Communication and Links	One point of contact for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral	Partially Implemented			
6.1		Communication and Links	One point of contact for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral		Evaluation and development of liaison (advice and consultation) line within the RMC	NCC / CCG / NHFT	Apr-15
7	FiM Ref 7	Access to Services	Enabling single point of access and One-Stop-Shop services	Partially Implemented			
7.1		Access to Services	Enabling single point of access and One-Stop-Shop services		Development of RMC as single point of referral for professionals (with expansion to include access to voluntary sector services, educational psychology and drugs and alcohol services)	NCC / CCG / NHFT	Dec-15
7.2	FiM Ref 7.4	Access to Services	Enabling single point of access and One-Stop-Shop services	Not ready/anticipate some barriers to change	Self-referral pilot to be implemented, extended and launched to include young people and parents	CCG	2016/17
8		Access to Services	Assessments and processes ensure that cases are appropriately prioritised and have their needs met				

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
8.1	FiM Ref 7.2	Access to Services	Assessments and processes ensure that cases are appropriately prioritised and have their needs met	Partially Implemented	Initial risk assessment to ensure children and young people at high risk are seen as a priority	NHFT	Oct-15
8.2	FiM Ref 7.3	Access to Services	Assessments and processes ensure that cases are appropriately prioritised and have their needs met	Partially Implemented	Prompt decision-making about who can best meet the child/young person's needs	NHFT	Oct-15
8.3	FiM 12.3	Access to Services	Assessments and processes ensure that cases are appropriately prioritised and have their needs met	Partially Implemented	Supporting a child or young person in a crisis includes ensuring that there is a swift and comprehensive assessment of the nature of the crisis	CCG	Dec-15
9	**FiM Ref 12.2**	**Access to Services**	**There is an out-of-hours mental health service for children and young person experiencing a mental health crisis**	**Partially Implemented**			
9.1		Access to Services	There is an out-of-hours mental health service for children and young person experiencing a mental health crisis		Purpose and deployment of existing service and team to be evaluated	CCG	Feb-16
9.2		Access to Services	There is an out-of-hours mental health service for children and young person experiencing a mental health crisis		Develop link with new psychiatric liaison service	CCG	Apr-16
10	**FiM Ref 44**	**Access to Services**	**Roll out of CYP IAPT**	**Not ready/anticipate some barriers to change**			
10.1		Access to Services	Roll out of CYP IAPT		Development of IAPT service based on pilot work locally	CCG	2016/17

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
11	**FiM Ref 15**	**Access to Services**	**Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age**	**Not ready/anticipate some barriers to change**			
		Access to Services	Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age		Identify and review current practice	NCC / CCG	Feb-16
11.1		Access to Services	Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age		Develop agreements and processes that allow for streamlined pathways that minimise 'hand-offs' and transfers	NCC / CCG	2016/17
12	**FiM Ref 20**	**Access to Services**	**Making sure that children, young people or their parents who do not attend appointments are not discharged from services**	**Not ready/anticipate some barriers to change**			
12.1		Access to Services	Making sure that children, young people or their parents who do not attend appointments are not discharged from services		Current practice to be reviewed	CCG	Apr-16
13	**FiM Ref 36.1**	**Access to Services**	**Introduction of waiting time standards in respect of early intervention in psychosis**				
13.1		Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Benchmark all current waiting times	CCG	Apr-16
13.2		Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Where standards not met implement remedial action	CCG	2016/17

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
13.3		Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Develop and implement outcome measure for all commissioned services	CCG	2016/17
13.4	CSIB Report	Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Review waiting times for Sleep Services	NCC	Mar-16
13.5	CSIB Report	Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Monitor demand for youth counselling provision across the county	NCC / CCG	Dec-15
13.6	CSIB Report	Access to Services	Introduction of waiting time standards in respect of early intervention in psychosis		Address waiting times for ADHD/ASD	NCC / CCG	Apr-16
14	**FiM Ref 45**	**Workforce Development**	**Develop a comprehensive workforce strategy and training programme**	**Partially Implemented**			
14.1	FiM Ref 9	Workforce Development	Develop a comprehensive workforce strategy and training programme	Partially Implemented	Develop a joint training plan and programme of work to support professionals across the county	NCC / CCG	Feb-16
14.2	FiM Ref 43.4	Workforce Development	Develop a comprehensive workforce strategy and training programme	Partially Implemented	Skills gaps in the training of staff working with children and young people with Learning Difficulties and Autistic Spectrum Disorder to be identified and addressed	NCC / CCG / NHFT	Feb-16
					Skills gaps in the training of staff working with children and young people in inpatient settings to be identified and addressed	NHS England	Apr-16

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
14.3	FiM Ref 43.5	Workforce Development	Develop a comprehensive workforce strategy and training programme	Partially Implemented	Counsellors working in schools and the community will receive further training to improve evidence-based care	CCG	2016/17
14.4	FiM Ref 44	Workforce Development	Develop a comprehensive workforce strategy and training programme	Not ready/anticipate some barriers to change	Extending competencies based on the CYP IAPT's principles to the mental wellbeing workforce, as well as providing training for staff in schools	NCC / CCG / NHFT	2016/17
15	**FiM Ref 22**	**Specific Pathways**	**Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people**	**Partially implemented**			
15.1		Specific Pathways	Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people		Development of an integrated health and wellbeing team for looked-after and adopted children	NCC / NHFT	Sep-15
15.2	MHCCC 3.7a	Specific Pathways	Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people.		As part of Approved Mental Health Practitioner (AMHP) review, develop, agree and implement an all age AMHP workforce strategy		Oct-15
15.3	MHCCC 3.10	Specific Pathways	Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people.		Review and make recommendations relating to the effectiveness of mental health social workers within the CAMHS service	NCC	Aug-15
16	**FiM Ref 25**	**Specific Pathways**	**Specialist services for CYP mental health should be actively represented in the MASH**	**Partially implemented**			

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
16.1		Specific Pathways	Specialist services for CYP mental health should be actively represented in the MASH		Establish and develop the links between MASH and RMC	NCC / NHFT	Dec-15
16.2		Specific Pathways	Specialist services for CYP mental health should be actively represented in the MASH		Robust mental health input to identify CYP in the MASH needing support for mental health issues	NCC / NHFT	Feb-16
17	**CSIB Report**	**Specific Pathways**	**Improvements to ASD and ADHD pathways**				
		Specific Pathways	Improvements to ASD and ADHD pathways		Introduce a consistent process and diagnostic tool for ASD diagnosis	NHFT	Dec-15
		Specific Pathways	Improvements to ASD and ADHD pathways		Increase county professionals able to undertake ADOS assessments via Educational Psychology Service	NCC / NHFT	Oct-15
		Specific Pathways	Improvements to ASD and ADHD pathways		Audit on 50-100 cases to be undertaken	CCG	Dec-15
		Specific Pathways	Improvements to ASD and ADHD pathways		Develop links to Early Help Pathway for those with non-diagnosis	NCC	Oct-15
		Specific Pathways	Improvements to ASD and ADHD pathways		Develop Early Help offer at the beginning of the process whilst families are waiting for diagnosis	NCC / CCG	Oct-15
		Specific Pathways	Improvements to ASD and ADHD pathways		Develop 2 clear "contracts" or offers – one for those with diagnosis and one where there is no diagnosis	NCC / CCG	Apr-16
		Specific Pathways	Improvements to ASD and ADHD pathways		Current waiting list to be reviewed and all those waiting to have Early Help Assessments undertaken	NHFT	Sep-15

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
18	**CSIB Report**	**Specific Pathways**	**Self harm pathway improvement**	**Partially implemented**			
		Specific Pathways	Self harm pathway improvement		Clarification of the admission criteria to a paediatric ward following self-harm in under 18's	CCG	Oct-15
		Specific Pathways	Self harm pathway improvement		Re-visit the mid-day cut off for same day CAMHS assessment for Self Harm	CCG	Oct-15
		Specific Pathways	Self harm pathway improvement		Link the CSE and self-harm pathways locally	NCC / CCG	Nov-15
		Specific Pathways	Self harm pathway improvement		Amend local strict adherence to the NICE guidance regardless of individual circumstances for Self Harm	CCG	Oct-15
	CSIB Report	Specific Pathways	Self harm pathway improvement		Self Harm audit to be repeated	CCG	
19	**FiM Ref 35.1**	**Data and Performance**	**CAMHS Minimum Dataset to be established**	Not ready/anticipate some barriers to change			
19.1	CSIB Report	Data and Performance	CAMHS Minimum Dataset to be established		Ahead of the CAMHS Minimum Dataset, identify gaps in data monitoring and fill. In particular about the quality or evidence base of the services delivered	NCC / CCG	Apr-16
19.2	CSIB Report	Data and Performance	CAMHS Minimum Dataset to be established		Establish joint commissioning group and joint commissioning arrangements for monitoring	NCC	Sep-16

Local Ref	National Ref	Theme	Recommendation	Readiness	Local Priority	Delivery Lead (Org)	Delivery Date
20	**CSIB Report**	**Data and Performance**	**Map the risk factor data to establish where the 'hot spot' areas might be in order to target child mental health intervention programmes**				
20.1	CSIB Report	Data and Performance	Map the risk factor data to establish where the 'hot spot' areas might be in order to target child mental health intervention programmes		Work with BIPI to enable further analysis of data available to hep target services (building on needs analysis completed)	NCC	Apr-16
20.2	CSIB Report	Data and Performance	Map the risk factor data to establish where the 'hot spot' areas might be in order to target child mental health intervention programmes		More detailed understanding of the prevalence, manifestation and impact of mental ill health on those children who become involved with safeguarding services is required	NCC	Apr-16

"Sub" Action Plans by Theme

EARLY HELP THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
1. Promoting and driving established requirements and programmes of work on prevention and early intervention						
1.1	Embed emotional wellbeing and mental health outcomes in Prebirth to 5 Enhancing Early Years strategy	Establish more robust links between strategy groups (Enhancing Early Years group and Youth Health Minds Partnership)	DM	Oct-15		
		Ensure CYP emotional wellbeing and mental health is embedded in the Enhancing Early Years strategy	DM	Nov-15		
		Formalise the co-dependencies and joint working between action plans	DW / RS	Apr-16		
1.2	Continued roll out of Five to Thrive	Map training that has been delivered in the county				
		Map funding available for further training				
		Clarify leads in each organisation and capacity to coordinate roll out				
		Develop proposal business case for roll out				
		Implement roll out if agreed		Apr-17		
1.3	Domestic abuse theraplay pilot evaluation and roll out	Evaluate outcomes achieved and value for money of the last round of families receiving a service	MB /RS	Apr-16		
		Compare result to initial pilot	MB /RS	Apr-16		

		Dependent on result, build business case for continued funding and expansion to the rest of the county	MB /RS	Apr-17		
1.4	Linking emotional wellbeing and mental health pathway to early help pathway	Scope and map processes for both pathways	RS / BW	Aug-15		
		Develop and implement robust links between the two pathways	RS / BW	Aug-15		
		Review and amend any barriers arising	RS / BW	Dec-15		
		Additional review to ensure ongoing best practice	RS / BW	Mar-16		
1.5	Promotion of tier 2 and 3 services via Referral Management Centre expansion	Linked to phases 1 to 4 of RMC expansion - see 7.1	RS / AJ	Sep-15		
		Regular and accurate communication to partners regarding service offers and promotion of the Emotional Wellbeing and Mental Health pathway - linked to "Communication and Links" theme (5.1)	DLH	Oct-15		
2. Extending use of peer support networks for young people and parents						
2.1	Map and evaluate local CYP and parenting peer support offers	Scope and map all peer support opportunities for parents and for young people in the county		Dec-15		
		Evaluate key projects to find successful models		Jan-16		
2.2	Maximise peer support provision for parents through Supporting Services and Children's Centre contracts	Scope peer support offer through the Children's Centres and Supporting Services contracts	RS	Dec-15		

		Propose opportunities for peer support development and extension in CC and SS contracts	RS	Jan-16		
2.3	Explore extension of local peer support opportunities	Develop proposals paper with recommendations for delivery		Feb-16		
		Generate business case where additional funding or resource required		Mar-16		
2.4	Explore the opportunity to create robust infrastructure for peer support	Scope any national projects or examples where a successful infrastructure has been developed		Feb-16		
		Liaise with VIN to look at peer support as a theme in their volunteering strategy		Mar-16		
		Implement infrastructure plans		Apr-16		
3. Investment in resources when children and young people do not meet the clinical threshold for Specialist CAMHS						
3.1	Explore further the balance of funding for different levels of need					
3.2	More work on what schools purchase and what the VCS provide would provide a more complete view of services available					

PERINATAL & PARENTAL THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
4. Enhancing existing maternal, perinatal and early years health services and parenting programmes						
4.1	Develop a business case to improve our perinatal response	Scope best practice nationally in perinatal mental health responses	HA	Jan-16		
		Map current responses and pathways	HA	Jan-16		
		Develop proposals for improvement and business case	HA	Feb-16		
4.2	Provide birthing unit access to a specialist perinatal mental health clinician	Explore logistics of provision required	RB	Apr-17		
		Generate business case for perinatal mental health resource	RB	Apr-17		
4.3	Develop parenting services in Children's Centres to identify and add value to perinatal and parental mental health responses	Scope and map current offer for parents through Children's Centres	DM	Mar-16		
		Develop proposal to extend delivery where required and embed links to perinatal mental health pathways	DM	Apr-16		
4.4	Identifying significance of perinatal mental health in Health Visitor commissioning	Emotional wellbeing and mental health to be specifically identified in the upcoming specification of Health Visiting	DM	2016/17		
4.5	Identifying significance of perinatal mental health within the 1001 Critical Days Manifesto launch	Emotional wellbeing and mental health to be specifically identified in the draft manifesto	DW	Dec-15	Awaiting approval for the Manifesto and agreement to proceed	

4.6	Pathway for linked family approaches where there are parental mental health issues	Contact to be made with commissioners and providers for adult mental health services	RB	Apr-17		
		Provision and pathways for adult mental health to be identified and scoped	RB	Apr-17		
		Develop proposals and recommendations for improved coordination and pathway design between mental health services for adults and children; and family services	RB	Apr-17		
4.7	Implement access and/or waiting standard for rapid access to mental health services for women in pregnancy or in the postnatal period with a known or suspected mental health problem, when developed nationally (Achieving Better Access to Mental Health Services by 2020)	Develop proposal for rapid access to adult mental health services for perinatal mental health issues that arise	RB	Apr-17		

COMMUNICATION & LINKS THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
5. Improving communication about service changes and service availability						
5.1	Develop a communication plan for children and young people's emotional wellbeing and mental health	Communications subgroup to develop refreshed communication plan	DLH	Oct-15		
		Plan to include regular and accurate communication to partners regarding service offers and promotion of the Emotional Wellbeing and Mental Health pathway	DLH	Oct-15		
		Plan to include comms required for promotion of self-referral when this is introduced	DLH	Apr-17		
		Communication plan to be reviewed by Promoting Emotional Wellbeing Group	RS	Nov-15		
		Communication plan to be approved by Young Healthy Mind Partnership	MB	Nov-15		
5.2	Development of new apps and digital tools including the development of "AskNormen" site and the Young Leaders' app development	Development of website to be included in the communications plan and linked across to other themes where appropriate	DLH	Apr-16		
		Support Young Leaders where needed to develop their funded app for young people	DLH	Apr-16		

5.3	Named point of contact in specialist services for all schools and GPs	Development of list of named point of contact for schools in each area via Specialist CAHMS (Community and Early Intervention Team)	SR	Feb-16		
		Notification to all schools of their designated point of contact	SR	Mar-16		
5.4	Named lead on mental health to be nominated in schools	Scope options for implementation including alignment to the Young Leaders' Mental Health Charter, involvement of EPS and EES etc.		Apr-17		
		Define role / expectations of each schools contact - including providing a link to expertise and support to discuss concerns about individual children and young people, identify issues and make effective referrals		Apr-17		
		Implement a pilot with schools in an area to assess best approaches and any relevant training likely for staff		Apr-17		
		Establish plan to engage all schools and recruit named contacts in schools		Apr-17		
5.5	Involvement, where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without Education, Health and Care Plans)	Identify established processes for assessment and planning for children and young people WITH Education, Health and Care Plans		Mar-16		
		Design and implement processes to ensure mental health input into EHC planning if not already in place		Apr-16		

		Design and implement processes to ensure mental health input into Early Help planning if not already in place		Dec-15		
		Link to 1.4	RS	Mar-16		
		Link also to 16.2				
		Link also to 15.1				
6. One point of contact for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral						
6.1	Evaluation and development of liaison (advice and consultation) line within the RMC	Consultation with referrers and professionals regarding current liaison line and development opportunities	SR	Mar-16		
		Review and evaluation of current practice	SR	Mar-16		
		Proposals for development and related business case to be completed	SR	Apr-15		

ACCESS TO SERVICES THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
7. Enabling single point of access and One-Stop-Shop services						
7.1	Development of RMC as single point of referral for professionals (with expansion to include access to voluntary sector services, educational psychology and drugs and alcohol services)	Phase 1 of RMC expansion - to add youth counselling and supporting services (commissioned services)	RS / AJ	Sep-15		
		Phase 2 of RMC expansion - to add NGH services into pathway	SR / AJ	Sep-15		
		Phase 3 of RMC expansion - to test Ed Psych role in RMC process	RS / MB	Oct-15		
		Phase 4 of RMC expansion - to add pathways to additional "thematic" organisations e.g. drug and alcohol organisations, domestic abuse organisations	RS / AJ	Nov-15		
		Phase 4 of RMC expansion - go to wider voluntary sector and offer referral pathway through RMC	RS / RB	Jan-16		
7.2	Self-referral pilot to be implemented, extended and launched to include young people and parents	Task and finish group to be set up to progress a pilot for self-referrals (to include links to groups involving young people and parents)		Apr-17		
		Project plan for pilot and roll out to be drafted		Apr-17		
		Pilot to be implemented		Apr-17		
		Pilot to be evaluated		Apr-17		

		Self-referral process to be rolled out		Apr-17		
		Link to 5.1	DLH	Apr-17		
8. Assessments and processes ensure that cases are appropriately prioritised and have their needs met						
8.1	Initial risk assessment to ensure children and young people at high risk are seen as a priority	Risk assessment processes to be embedded in RMC screening process in RMC	SR / AJ	Oct-15		
8.2	Prompt decision-making about who can best meet the child/young person's needs	RMC staff and clinicians to have up-to-date "directory" of options that can be used as a basis for decision making and brokerage	RS / CN	Oct-15		
		Standard operating procedures to be developed that include standardised timescales for all parts of the pathway	SR / AJ	Oct-15		
8.3	Supporting a child or young person in a crisis includes ensuring that there is a swift and comprehensive assessment of the nature of the crisis			Dec-15		
9. There is an out-of-hours mental health service for children and young person experiencing a mental health crisis						
9.1	Purpose and deployment of existing service and team to be evaluated	Crisis team to be reviewed and evaluated, including consulting with the team members, clients and related professionals	RB / SR	Jan-16		
		Any learning or improvements to be incorporated into team development	RB / SR	Feb-16		
9.2	Develop link with new psychiatric liaison service	Scope new psychiatric liaison service	RB	Apr-16		
		Design and implement appropriate linkages between crisis response team and the liaison service	RB	Apr-16		
10. Roll out of CYP IAPT						

10.1	Development of IAPT service based on pilot work locally			2016/17	
11. Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age					
1.1	Identify and review current practice	Scope offer and gaps within emotional wellbeing and mental health provision for CYP and adults	RB / RS	Feb-16	
		Develop proposals for streamlining transition between services	RB / RS	Mar-16	
		Develop proposals and business case for improving service provision and hand over at transition stage	RB / RS	Apr-16	
		In particular include proposals regarding transitions for LAC in this business case (link to 15.1)	RB / RS	Apr-16	
11.2	Develop agreements and processes that allow for streamlined pathways that minimise 'hand-offs' and transfers	Scope transitions between services more widely and identify gaps and barriers	RB / RS	Apr-17	
		Develop case studies and examine the journey of clients in the system to identify transitions that need improvement	RB / RS	Apr-17	
12. Making sure that children, young people or their parents who do not attend appointments are not discharged from services					
12.1	Current practice to be reviewed	Review current practice for CYP who do not attend appointments	SR	Mar-16	
		Scope practice in other areas for best practice and innovative practice examples	SR	Mar-16	
		Proposals for implementation to ensure CYP do not fall through the gap	SR	Apr-16	
13. Introduction of waiting time standards in respect of early intervention in psychosis					

13.1	Benchmark all current waiting times	As part of the joint commissioning group establish all data available for performance monitoring of services funded by the CAMHS pooled budget (linked to 19.1)	DM / RB	Jan-16	
		Identify the waiting times for all services commissioned via the CAMHS pooled budget and jointly monitor	DM / RB	Mar-16	
		Identify realistic targets for all services commissioned via the CAMHS pooled budget	DM / RB	Apr-16	
13.2	Where standards not met implement remedial action	Where below target for any service, develop plan to address the wait time (and add to transformation plan)	RS / RB	Apr-17	
13.3	Develop and implement outcome measure for all commissioned services	Add outcome measure to KPIs for all commissioned services (to be developed from baseline data)	RS / RB	Apr-17	
13.4	Review waiting times for Sleep Services	Identify waiting times for Sleep Services		Jan-16	
		Identify good practice and national standards		Feb-16	
		Where below locally agreed target, develop plan to address the wait time (and add to transformation plan)		Mar-16	
		Report back results to the joint commissioning group		Mar-16	
13.5	Monitor demand for youth counselling provision across the county	Monitor all referrals for youth counselling across the county closely		Dec-15	
		Monitor all wait times for youth counselling across the county		Dec-15	
		Report back results to the joint commissioning group		Dec-15	

13.6	Address waiting times for ADHD/ASD	Wait times for ASD diagnosis to be reviewed (link to 17.7)		Aug-15		
		Additional resource to be identifed to clear the backlog of cases - in particular those waiting over 6 months, but particularly targeting those waiting 12+ months and then those 9-12 months		Oct-15		
		Develop Early Help offer at the beginning of the process whilst families are waiting for diagnosis (link to 17.5)		Apr-16		

WORKFORCE DEVELOPMENT THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
14. Develop a comprehensive workforce strategy and training programme						
14.1	Develop a joint training plan and programme of work to support professionals across the county	Scope, plan and conduct a training needs analysis to incorporate a range of professionals	RS / DLH	Jan-16		
		Identify generic programme of "induction" training required for new starters	RS / DLH	Feb-16		
		Identify specific skills gaps in the county	RS / DLH	Jan-16		
		Develop targeted and multi-disciplinary training programmes to cover specific and generic training needs	RS / DLH	Feb-16		
14.2	Skills gaps in the training of staff working with children and young people with Learning Difficulties and Autistic Spectrum Disorder to be identified and addressed	As part of 14.1 include specific query regarding skills gap and training required for LD and ASD	HD / MA	Feb-16		
14.3	Counsellors working in schools and the community will receive further training to improve evidence-based care	Refresh training plans to include skills gap for counsellors in schools	RB	Apr-17		
14.4	Extending competencies based on the CYP IAPT's principles to the mental wellbeing workforce, as well as providing training for staff in schools	Refresh training plans to include CYP IAPT competency training to mental health staff	SR	Apr-17		
		Refresh training plans to include skills gap for school staff	RS	Apr-17		

SPECIFIC PATHWAYS THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
15. Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people						
15.1	Development of an integrated health and wellbeing team for looked-after and adopted children	Review current mental health resources and pathways for Looked After and Adopted Children	RS / CT	Sep-15		
		Redevelop offer within existing resources to include a more integrated and streamlined delivery to Looked After and Adopted Children	RS / CT	Sep-15		
15.2	As part of Approved Mental Health Practitioner (AMHP) review, develop, agree and implement an all age AMHP workforce strategy	Review, develop and agree an all age AMHP workforce strategy		Oct-15		
		Consolidate plan and implementation of the AMHP workforce strategy within the joint training plan and programme (at 14.1)		Oct-15		
15.3	Review and make recommendations relating to the effectiveness of mental health social workers within the CAMHS service	Review and make recommendations relating to the effectiveness of mental health social workers within the CAMHS service	RS / CT	Aug-15		
		Incorporate, as appropriate, into refreshed response to LAC and other vulnerable groups	RS / CT	Sep-15		
16. Specialist services for CYP mental health should be actively represented in the MASH						
16.1	Establish and develop the links between MASH and RMC	Scope and map processes for both pathways	RS / TB	Aug-15		

		Develop and implement robust links between the two pathways	RS / TB	Sep-15		
		Review and amend any barriers arising	RS / TB	Dec-15		
		Additional review to ensure ongoing best practice	RS / TB	Mar-16		
16.2	Robust mental health input to identify CYP in the MASH needing support for mental health issues	Identify and review current input from CYP mental health services into the MASH	RS / RB	Jan-16		
		Where additional linkages required, develop recommendations and a corresponding business case	RS /RB	Feb-16		
17. Improvements to ASD and ADHD pathways						
17.1	Introduce a consistent process and diagnostic tool for ASD diagnosis	Organise and run countywide multi-disciplinary diagnostic workshop to discuss tools and agree common approach	KvR	Aug-15		
		Re-introduction the monthly Diagnostic Dilemma Clinic	KvR	Sep-15		
		Standardised letter to be drafted and agreed to go out with all assessment appointments, outlining the process and what is and is not available through health	SS	Sep-15		
		New process (and map) to be designed and agreed	SR	Dec-15		
17.2	Increase county professionals able to undertake ADOS assessments via Educational Psychology Service	Agreement and implementation of Educational Psychologists to undertake ADOS assessments with nursing / other professionals	MB	Oct-15		
		Additional resource to be considered and to help reduce backlog of clients on waiting list	RB	Sep-15		

17.3	Audit on 50-100 cases to be undertaken	Task and finish group to be established and terms of reference developed	EC	Oct-15	
		Audit and summary of results to be completed	EC	Dec-15	
17.4	Develop links to Early Help Pathway for those with non-diagnosis	Develop links to Early Help Pathway for those with non-diagnosis	RS	Oct-15	
17.5	Develop Early Help offer at the beginning of the process whilst families are waiting for diagnosis	Design and implement process for Early help input into cases referred for diagnosis (link to 1.4 and 7.1)	RS / RB	Oct-15	
		Establish process for referrals to be redirected by RMC into Universal / Targeted services when it is clear that there will not be a diagnosis	RS / RB	Oct-15	
17.6	Develop 2 clear "contracts" or offers – one for those with diagnosis and one where there is no diagnosis	Design and implement two offers for cases referred for diagnosis	RS / RB	Apr-16	
		Autism Outreach Team to be approach to see if their remit could be extended to support those who have needs but have not received a diagnosis	DM	Sep-15	
17.7	Current waiting list to be reviewed and all those waiting to have Early Help Assessments undertaken	Current waiting list to be reviewed and all those waiting to have Early Help Assessments undertaken	SR	Sep-15	
18. Self harm pathway improvement					
18.1	Clarification of the admission criteria to a paediatric ward following self-harm in under 18's	Admission criteria to be reviewed	DLH	Oct-15	
		Admission criteria to be amended and communicated to professionals	DLH	Oct-15	
18.2	Re-visit the mid-day cut off for same day CAMHS assessment for Self Harm	Review the mid-day cut off for same day CAMHS assessment for Self Harm	DLH	Oct-15	

		Amend standard operating procedure and communicate to professionals	DLH	Oct-15		
18.3	Link the CSE and self-harm pathways locally	Review pathways for both issues	DLH	Nov-15		
		Develop appropriate linkages between the pathways and communicate to partners / relevant practitioners	DLH	Nov-15		
18.4	Amend local strict adherence to the NICE guidance regardless of individual circumstances for Self Harm	Review local implementation of NICE guidance	DLH	Oct-15		
		Amend standard operating procedure and communicate to professionals	DLH	Oct-15		
18.5	Self Harm audit to be repeated	Conduct self harm audit	RB	Feb-16		
		Compare findings to previous review	DLH	Mar-16		
		Consider recommendations for improvement from results of audit	DLH	Mar-16		

DATA & PERFORMANCE THEME

Local Ref	Local Priority	Actions	Delivery Lead (Rep)	Delivery Date	Update	RAG
19. CAMHS Minimum Dataset to be established						
19.1	Ahead of the CAMHS Minimum Dataset, identify gaps in data monitoring and fill. In particular about the quality or evidence base of the services delivered	As part of the joint commissioning group establish all data available for performance monitoring of services funded by the CAMHS pooled budget	DM / RB	Dec-15		
		Identify gaps in data and plan remedial action to fill these gaps	DM / RB	Jan-16		
		Delegate remedial actions to commissioners to address	DM / RB	Jan-16		
		Commissioners to report back findings to the joint commissioning group	RS / DLH	Apr-16		
19.2	Establish joint commissioning group and joint commissioning arrangements for monitoring	Set up joint commissioning group with appropriate terms of reference	DM	Sep-16		
20. Map the risk factor data to establish where the 'hot spot' areas might be in order to target child mental health intervention programmes						
20.1	Work with BIPI to enable further analysis of data available to hep target services (building on needs analysis completed)	Research proposal to be drafted for implementation	PK	Apr-16		

| 20.2 | More detailed understanding of the prevalence, manifestation and impact of mental ill health on those children who become involved with safeguarding services is required | Research proposal to be drafted for implementation | PK | Apr-16 | | |