

Children and Young People (CYP) Emotional Well-Being and Mental Health (EWB& MH) Strategy Action Plan

Update November 2014

Workstream 1	Success Criteria	Actions achieved	Next Steps	Timescale	Lead
<p>Principles and standards including:</p> <p>Evidence Based Interventions Data (including outcomes and reporting against KPIs)</p> <p>Participation Much of this work stream is to be achieved through the Improving Access to Psychological Therapies (IAPT) Steering Group</p> <p>Main Outcome:</p> <p>Cambridgeshire will have effectively commissioned services to support children and young people (CYP) and</p>	<p>Performance of all commissioned services meets contract expectations and we are assured that quality standards are in place.</p>	<p>Evidence based interventions</p> <ul style="list-style-type: none"> There is a well-established IAPT Steering Group that is responsible for overseeing implementation of the IAPT principles. The School Nursing Service has recently joined the Board. 	<p>Deliver a range of effective interventions to children and young people. Work in partnership across the statutory and voluntary sector to understand the breadth of what is currently offered and what needs to be expanded upon.</p>	Ongoing	RG
			<p>Ensure there is adequate clinical governance in place across all services and that commissioners have oversight of all service delivery and care pathways.</p>	Ongoing	RG/ EA
			<p>IAPT Steering group members to complete the IAPT delivery plan, to evidence the work that various partners are doing to implement the aims of IAPT.</p>	October 2014	IAPT Group

<p>their families around mental health and will be able to evidence that IAPT principles are being met, and services are providing positive outcomes for the users.</p> <p>Lead: Rachel Gomm</p>	<p>All services are working towards meeting clearly defined outcomes, so we can be confident that we are getting the best outcomes for CYP.</p>	<p>Data (including outcomes and reporting against KPIs)</p> <ul style="list-style-type: none"> A draft set of KPIs for CYP mental health services have been put together by Kim Dodd, Graham Johnston and Eva Alexandratou and will be shared with the Board in November. 	<p>Assess service specifications of current providers to establish whether they are fit for purpose and outcome based</p>	<p>Ongoing</p>	<p>EA/LH</p>
		<p>Participation</p> <ul style="list-style-type: none"> Sophie Allen, CPFT Participation lead attended the Board meeting in July and was tasked with considering ways in which to involve CYP in our agenda. 	<p>Establish a set of key performance indicators (KPIs) to monitor and agree a reporting schedule with each provider Use a mixture of quantitative and qualitative and process measures</p>	<p>November</p>	<p>KD/EA</p>
			<p>Ensure that the outcomes developed are reflected in all contracts with providers (CCG and Local Authority)</p>	<p>March 2015</p>	<p>EA/LH</p>
			<p>Use data to drive performance and ensure we have the right KPIs and can evidence service improvement through activity being delivered to implement the strategy. Update service targets as necessary, based on emerging needs of the population.</p>		<p>EA/LH</p>
	<p>All services can evidence how service users are able to have their say about the service they receive, and that their feedback is used to improve services for the future.</p>	<p>Participation</p> <ul style="list-style-type: none"> Sophie Allen, CPFT Participation lead attended the Board meeting in July and was tasked with considering ways in which to involve CYP in our agenda. 	<p>Involve families in service delivery and measuring impact</p>	<p>Ongoing</p>	<p>LB/SA</p>
			<p>Time participation work to inform the commissioning cycle and cycle of contract review meetings.</p>	<p>Ongoing</p>	<p>EA/LH</p>

		<ul style="list-style-type: none"> SA has taken the aims of the EWB &MH Board to the Participation Guidance group to discuss the needs of this Board and will feedback in November. SA has been asked to provide support to the School Nursing Service around participation work and to help them with ideas on how to gather service user feedback. 	<p>Put in place quality assurance methods and processes across all services, so that we can be held accountable by families for the service they receive if it does not meet expectations in terms of quality. E.g. develop guidance around waiting times, telephone answerphone messages, the locations where services are offered from being family friendly etc, with service users.</p>	Ongoing	EA/LH	
		<ul style="list-style-type: none"> PinPoint have been running workshops with the parents of children with SEND, in order to get feedback from parents and ideas for future service delivery. They could potentially adopt a similar approach to engage with parents of children and young people with mental health needs. 	<p>Develop a broader use of tools to measure outcomes across multiple agencies, with service users.</p>		All	
			<p>LB provided feedback to the Board in September on these workshops. The theme had been bullying, and prompted discussion about bullying and how partners are building resilience in children and their families affected.</p> <p>The Board need to consider how we can use PinPoint's to improve mental health services.</p>	March 2015		
Workstream 2	Success Criteria	Actions achieved	Next Steps	Timescale	Lead	
Early Intervention including: Training and Guidance	Increase in number of professionals from various groups attending training and stating that their practice has positively gained from having attended.	Training and Guidance	<ul style="list-style-type: none"> CAMHS training prospectus has an extensive range of extremely practice based 	Identify relevant training & support for each professional group to access in order to enhance skills and expertise and build capacity	Ongoing	VM
			Develop a tool to help staff	October	VM	

<p>Single Point of Contact</p> <p>Perinatal Support</p> <p>Main Outcome</p> <p>Professionals have access to appropriate training, guidance and support from experts, in order to enhance skills and expertise and build capacity in the workforce, to support children and their families around mental health and emotional well-being issues.</p> <p>CYP and families are supported in a timely way, wherever they present with their needs.</p> <p>Leads: Emma De Zoete, Vanessa Moore, Lorraine Lofting</p>	<p>Increase in self-reported confidence of professionals in their ability to support CYP and their families with their mental health needs.</p>	<p>courses, targeted at different professionals, with clearly defined learning outcomes.</p> <ul style="list-style-type: none"> Carry out a training needs analysis of the workforce, to gain an understanding of how many staff need to be trained and at what level of need they are working at. Through the Board, CPFT are making links with schools and FE colleges to explore together the best ways of supporting schools staff. 	<p>and their managers understand the training pathways they should follow.</p>	<p>2014</p>	
	<p>Improved experiences of services and overall outcomes for CYP</p>		<p>Build on existing Public Health analysis and consider needs of LA workforce</p>	<p>Ongoing</p>	<p>VM/EDZ</p>
			<p>Ensure all work is reflected in the wider CYP workforce development strategy- lead by Paul Evans. The work lead by Public Health (EDZ) and CPFT (VM) will form the section on mental health in the CWP WFD strategy.</p>	<p>Ongoing</p>	<p>EDZ</p>
			<p>Provide guidance, training and supervision offer to schools so that they are guided on how best to manage MH needs on an everyday basis</p>	<p>November 2014</p>	<p>VM</p>
			<p>Plan and deliver the Self-Harm Conference (September 2014)</p>	<p>September 2014</p>	<p>EDZ</p>
			<p>Extend CAMHS champion role. Make provision for effective supervision for Mental Health Champions.</p>	<p>March 2015</p>	<p>RG/LL</p>
			<p>Review the pathway documents and screening tools shared at training sessions, so that we can raise awareness of what services are able to support families and how professionals and the public access them and do this consistently.</p>	<p>Ongoing</p>	<p>VM/LH/LL</p>

APPENDIX 3

			Consider how best to support professionals to manage risk and build resilience in CYP and identify need (Consider developing a screening tool(s) that is simple to use with families and CYP, research resilience building frameworks.	Ongoing	VM/ LH/LL
			Guidance for professionals working with CYP around mental health (originally produced in 2008) to be updated.	November 2014	VM
			Enable families to build resilience and access self-support tools and any information available locally via CCC and CPFT, as well as VCS partner websites Claire Harris' work on 'People online: information for CCC and CPFT' addresses this	Ongoing Ongoing	All CH/VM
			Communications work to be done, to raise awareness of all services operating in Cambridgeshire to support CYP around mental health and emotional well being.	Ongoing	CFAIS/ LH/CH

	<p>Professionals can easily access advice, information and support with cases they are working with.</p>	<p>Single Point of Contact (SPC)</p> <ul style="list-style-type: none"> • A proposal is being developed for a service/hub or role that could improve links with Early Intervention services and develop a single point of contact to offer advice, support and signpost appropriately. • This is in response to feedback received from Schools and other services working with CYP that they would like a service with lower thresholds than CAMHS, to support them on a day to day basis with cases they come across. 	<p>Draft specification for the SPC discussed at the September Board meeting.</p> <p>Additional work to be done by key stakeholders to build on the draft proposal.</p> <p>Partners to align this proposal with developments occurring within CCC about Early Help service delivery</p>	<p>November 2014</p>	<p>EA/LH/LL</p>
			<p>Define what provision can be accessed via Locality Teams and Children's Centres and consider this when developing a service specification/functions for the SPC</p>	<p>Ongoing</p>	<p>LL</p>
			<p>Good links to be established with the Single Point of Access in CAMHS, in order for the SPC to provide added value.</p>	<p>Ongoing</p>	<p>EA</p>
	<p>Increase in interventions being delivered to families with children aged 0-3, around their mental well-being.</p>	<p>Perinatal Support</p> <ul style="list-style-type: none"> • The group has chosen to focus on supporting the mental health of parents with very young children, aged 0-3, as one of its key priorities, in order to ensure work is as preventative as it can possibly be and interventions are delivered early where required. • The Perinatal mapping event, held on 18th September 2014 should help identify service gaps and unmet need, in order to help us prioritise 	<p>Identify actions to be taken to improve the mental health of parents of 0-3 year olds with mental health needs, to maximise the impact we can have on CYP lives</p>	<p>March 2015</p>	<p>FB</p>
			<p>Share the existing perinatal health pathway and ensure members are familiar with it. Use the findings of the Perinatal mapping event on September 18th to help determine priorities for this group to help address</p>	<p>January 2015</p>	<p>FB</p>
			<p>Define what provision can be accessed via Locality Teams and Children's Centres</p>	<p>November 2014</p>	<p>LL/JSollars</p>

		<p>resources to try and address the need.</p> <ul style="list-style-type: none"> Fiona Blake to update the Board on the current pathway and service gaps, and the findings from the mapping event. 	<p>Consider what awareness the children's workforce need to have in order to do effective CAF assessments of families needs, and subsequently support them to access the services they need.</p>	<p>November 2014</p>	<p>LL/VM</p>
			<p>Develop communication within adult mental health services, to engage them in this agenda, as their input will often be needed when taking a 'think family' approach to CYP needs</p>	<p>March 2015</p>	<p>FB/ KD</p>
Workstream 3	Success Criteria	Actions achieved	Next Steps	Timescale	Lead
<p>Pathways including:</p> <p>Suicide Risk</p> <p>Self-harm</p> <p>Social, Emotional and Mental health pathway</p> <p>ASD</p> <p>SEND</p> <p>Young people requiring a transition to tier 4 treatment or to an adult service</p> <p>Main Outcome: Clear pathways are in place to ensure access to the</p>	<p>Clear pathways are developed and promoted. Information about these pathways is readily available online and in various printed materials.</p>	<p>Suicide Risk</p> <ul style="list-style-type: none"> A multi agency group has been established to develop protocols regarding suicide prevention. Members are CPFT, Addenbrookes EDT and Centre 33. Risk assessments used by Addenbrookes, Centre 33 and CAMHS have been reviewed. Links have been made with the Adult Suicide Prevention Strategy that Public Health are writing. Mind in Cambs are developing some promotional materials, and are working with the multi-agency group above on suicide prevention pathways 	<p>Learning to be shared with colleagues writing the adult suicide strategy and joint working with adult mental health commissioners to help unpick issues with pathways between ARC and CRISIS adult teams, and A&E and other community services</p> <p>Working group is creating a risk assessment and next steps template/plan, to be used across different agencies.</p> <p>Cambridgeshire and Peterborough Suicide Prevention Strategic Group met in September. Engagement with this strategy is ongoing to clarify where the young people's strand of work sits in relation to the wider strategy.</p>	<p>Ongoing</p> <p>November 2014</p>	<p>JSnell/AMS/LH</p> <p>JS</p>
	<p>Increased awareness of self-harm and an increase in the number of</p>	<p>Self Harm</p> <ul style="list-style-type: none"> A specific course is delivered 	<p>Provide appropriate support, interventions and a positive</p>	<p>Ongoing</p>	<p>All</p>

<p>appropriate services at the right time for CYP with very specific needs is possible.</p> <p>Lead: Eva Alexandratou/Laura Hutson</p>	<p>CYP being supported and offered interventions to stop self-harming.</p>	<p>through the CAMHS training programme entitled ' Understanding and responding to self-harm and risk of suicide in childhood and adolescence.</p> <ul style="list-style-type: none"> Self-Harm is to be the focus of a local conference on 23rd September 2014. 	<p>outcome for CYP who are self-harming. To do this, existing services and referral routes need to be promoted and the training promoted to all working with CYP.</p> <p>Outcomes of the conference fed back to the Board in November and any new priorities arising from the event to be actioned or added to this plan.</p>	<p>January 2015</p>	
	<p>The Social, Emotional and Mental health pathway is developed and promoted.</p>	<p>Social, Emotional and Mental health pathway</p> <ul style="list-style-type: none"> This will become part of the local offer to parents as part of the Special Educational Needs and Disabilities (SEND) reform- focusing on how to support 0-25 years olds with emerging mental health and social needs, throughout their education 	<p>JRR to update a future Board meeting on this pathway.</p>	<p>January 2015</p>	<p>JRR</p>
	<p>The Autism Spectrum Disorder (ASD) pathway is developed and promoted.</p>	<p>ASD</p> <p>There is a working group considering the Autism Local Offer for children and young people (0-25 years), and how to commission services in relation to needs now and in the future. This group needs to be aware of how our work can influence this, or learn from it.</p>	<p>JRR to update a future Board meeting on this pathway</p>	<p>January 2015</p>	<p>JRR</p>
	<p>Services working with CYP with SEND and their families consider the specific needs of these CYP around their mental health and emotional well-being.</p>	<p>SEND</p> <p>We will cross reference any work being done to implement this strategy with the SEND strategy</p>	<p>JRR to update a future Board meeting on this pathway</p>	<p>January 2015</p>	<p>JRR</p>

	CYP experience a smooth transition, and do not notice a significant difference on the services they receive once they reach the age of 17/18. They are supported through these changes, so that ongoing engagement with services is ensured.	<p>Young people requiring a transition to tier 4 treatment or to an adult service</p> <ul style="list-style-type: none"> The issue of transitions and the differences in thresholds of CAMHS and adult mental health services has long been recognised, and it can be very difficult for families, CYP and professionals to navigate the two systems and find solutions to providing the treatment that CYP may need as they approach adulthood. 	<p>FB is part of a group of CPFT staff meeting to look at issues with transitions between young people's and adults services within CPFT. FB to report back to the Board following the first of these transitions meetings.</p>	<p>November 2014</p>	<p>FB/KD</p>
			<p>Step up/step down processes with Tier4 services to be reviewed</p>	<p>Ongoing</p>	<p>EA/KD</p>
			<p>Acute hospital admissions to be investigated and the discharge planning to be improved, so that services in the community are accessed as appropriate by CYP.</p>	<p>Ongoing</p>	<p>EA/KD</p>
Workstream 4	Success Criteria	Actions achieved	Next Steps	Timescale	Lead
<p>Vulnerable Groups including:</p> <p>LAC and care-leavers</p> <p>Young Offenders</p> <p>Young People with Drug and Alcohol Misuse needs</p> <p>Young Carers</p> <p>LGBT</p>	<p>The mental health and emotional well-being needs, as recorded in health care assessments, of LAC are met, as well as their physical health needs.</p>	<p>LAC and care leavers</p> <ul style="list-style-type: none"> Build on established Joint Protocol for Promoting the Health and Well-being of Children and Young People Looked After to ensure gaps in the services offered can be filled and the needs of the CYP met. 	<p>Mental health and the aims of this strategy to be raised on agenda at a future LAC health meeting, for discussion.</p>	<p>Ongoing</p>	<p>EA</p>
	<p>The mental health and emotional well-being needs of Young Offenders are met and there is an improvement in mental health (measured via ASSET scores) that leads to a subsequent reduction in offending.</p>	<p>YOS</p> <ul style="list-style-type: none"> Build on established joint working protocol between the YOS and CAMHS to see if anything can be improved for young people. Develop a similar protocol with AMHS 	<p>YOS Psychologist provided the Board with a report on their protocol with CAMHS and the current care pathways</p>	<p>Ongoing</p> <p>November 2014</p>	<p>AJ</p>

<p>Main Outcome: Sufficient service provision is made available to support CYP who have specific vulnerabilities. The mental health needs of these young people are met, to prevent them becoming further disadvantaged in terms of their life chances/outcomes.</p> <p>Lead: Eva Alexandratou</p>	<p>The mental health and emotional well-being needs of young people misusing substances are met.</p>	<p>Young People with Drug and Alcohol Misuse needs</p>	<p>Investigate with the commissioner of the specialist substance misuse treatment service for young people (CASUS) whether referral routes are established with CAMHS and if there are any current issues or barriers to effective services being delivered to those in need.</p>	<p>January 2015</p>	<p>LH/RG</p>	
			<p>Investigate whether Tobacco needs to be included as a distinct substance that this strategy needs to consider in its planning.</p>	<p>January 2015</p>	<p>EDZ</p>	
	<p>Increase in referrals to Young Carers. A greater number of young people living with parents with mental health issues are supported.</p>	<p>Young Carers This section needs to be updated to reflect the discussions at the November Board meeting. Align with Young Carer's Strategy Consider priorities for this Board</p> <p>Timescale- to be revised by January 2015</p>				<p>LH</p>
						<p>JSnell/ LH</p>
	<p>Any specific needs of LGBT young people with regard to mental health and emotional well-being are identified and services ensure they can meet them.</p>	<p>LGBT</p> <ul style="list-style-type: none"> Centre 33 working with SexYouality on a pilot where they provide support and supervision to the workers doing 1-2-1 counselling with young people. A transgender specialist therapist to be employed at Centre 33 for a 6-month pilot, to bring the two services together in addressing the specific needs of LGBT young people around their emotional well-being. 	<p>Investigate, through partners such as SexYouality whether there is a need for this group of CYP to be given a specific focus, and if the prevalence of mental health needs in this group is high, decide how we will address that.</p> <p>JS to share a paper produced by SexYouality on the joint working and the proposed pilot with a Transgender specialist therapist</p>	<p>November 2014</p>	<p>JSnell/ Sex Youality</p>	

