

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

## January 2015 Update

Workstream	Success Criteria	Actions achieved	Next Steps	Timescale	Lead
<p><b>1. Principles and standards</b></p> <p><b>Including:</b></p> <p><b>Evidence Based Interventions</b></p> <p><b>Data (including outcomes and reporting against KPIs)</b></p> <p><b>Participation</b></p> <p>Much of this work stream is to be achieved through the Improving Access to Psychological Therapies (IAPT) Steering Group</p> <p><b>Main Outcome:</b></p> <p><b>Cambridgeshire will have effectively commissioned services to support</b></p>	<p>Performance of all commissioned services meets contract expectations and we are assured that quality standards are in place.</p>	<p><b>Evidence based interventions</b></p> <ul style="list-style-type: none"> <li>• There is a well-established IAPT Steering Group that is responsible for overseeing implementation of the IAPT principles.</li> <li>• The School Nursing Service has recently joined the Board.</li> </ul>	<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>	<b>Ongoing</b>	<b>RG</b>
			<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>	<b>Ongoing</b>	<b>RG/EA</b>
			<p>IAPT steering group members have agreed to complete a delivery plan at regular time intervals, in order to evidence how each of their organisations are meeting the IAPT standards and their practice is delivered in</p>	<b>December 2014</b>	<b>IAPT Group</b>

<p><b>children and young people (CYP) and 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.</b></p> <p><b>Lead:</b> <b>Rachel Gomm</b></p>			accordance with them		
	<p>All services are working towards meeting clearly defined outcomes, so we can be confident that we getting the best outcomes for CYP.</p>	<p><b>Data (including outcomes and reporting against KPIs)</b></p> <ul style="list-style-type: none"> <li>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 January 2015.</li> </ul>	Assess service specifications of current providers to establish whether they are fit for purpose and outcome based	<b>Ongoing</b>	<b>EA/LH</b>
			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	<b>January 2015</b>	<b>KD/EA</b>
			Define what data will be collected, where it will be reported to and how it related to other LA datasets.		
			Ensure that the outcomes developed are reflected in all contracts with providers (CCG and Local Authority)	<b>March 2015</b>	<b>EA/LH</b>
			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.		
All services can evidence how service users are able to have	<p><b>Participation</b></p> <ul style="list-style-type: none"> <li>Sophie Allan, CPFT</li> </ul>	Involve families in service delivery and measuring impact	<b>Ongoing</b>	<b>LB/SA</b>	

	their say about the service they receive, and that their feedback is used to improve services for the future.	<p>Participation lead attended the Board meeting in July and was tasked with considering ways in which to involve CYP in our agenda. SA will attend the Board again in January 2015</p> <ul style="list-style-type: none"> <li>SA has taken the aims of the EWB &amp;MH Board to the Participation Guidance group to discuss the needs of this Board and will feedback in November.</li> <li>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.</li> </ul>	<p>Time participation work to inform the commissioning cycle and cycle of contract review meetings.</p> <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</p>	<p><b>Ongoing</b></p> <p><b>Ongoing</b></p>	<p><b>EA/LH</b></p> <p><b>EA/LH</b></p>	
		<ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Develop a broader use of tools to measure outcomes across multiple agencies, with service users.</p> <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>	<p><b>March 2015</b></p>	<p><b>All</b></p>	
<b>Workstream</b>	<b>Success Criteria</b>	<b>Actions achieved</b>	<b>Next Steps</b>	<b>Timescale</b>	<b>Lead</b>	
<b>2. Early Intervention Including: Training and Guidance</b>	Increase in number of professionals from various groups attending training and stating that their practice has positively gained from having attended.	<b>Training and Guidance</b>	<ul style="list-style-type: none"> <li>CAMHS training prospectus has an extensive range of extremely practice based</li> </ul>	<p>Identify relevant training &amp; support for each professional group to access in order to enhance skills and expertise and build capacity</p>	<p><b>Ongoing</b></p>	<p><b>VM</b></p>
			<ul style="list-style-type: none"> <li></li> </ul>	<p>Develop a tool to help staff and their managers understand the</p>	<p><b>On hold</b></p>	<p><b>VM</b></p>

<p><b>Single Point of Contact</b></p> <p><b>Perinatal Support</b></p> <p><b>Main Outcome</b></p> <p><b>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.</b></p> <p><b>CYP and families are supported in a timely way, wherever they present with their needs.</b></p> <p><b>Leads: Emma De Zoete, Vanessa Moore, Lorraine Lofting</b></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>Improved experiences of services and overall outcomes for CYP</p>	<p>courses, targeted at different professionals, with clearly defined learning outcomes.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Through the Board, CPFT are making links with schools and FE colleges to explore together the best ways of supporting schools staff.</li> </ul>	<p>training pathways they should follow. Signpost people to the prospectus and website</p>		
			<p>Build on existing Public Health analysis and consider needs of LA workforce</p>	<b>Ongoing</b>	<b>VM/EDZ</b>
			<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>	<b>Ongoing</b>	<b>EDZ</b>
			<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>	<b>November 2014</b>	<b>VM</b>
			<p>Respond to feedback from the Self-Harm Conference, successfully delivered in September 2014. Offer bespoke training to schools</p>	<b>March 2015</b>	<b>EDZ</b>
			<p>Extend CAMHS champion role. Make provision for effective supervision for Mental Health Champions. Schools in Cambridge City and South Cambs to explore possibility of developing their own lead for CAMHS, through the BAPE.</p>	<b>March 2015</b>	<b>RG/LL</b>
			<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>	<b>Ongoing</b>	<b>VM/LH/LL</b>

			Ensure that the training offer for Post-16 colleges is clear and well-promoted to those who would benefit from attending. Forum to be established, bringing together representatives from these colleges, to ensure their training needs are heard and subsequently met,		<b>VM/JC</b>
			Promote links to the training prospectus and revised self-harm guidance.	<b>Ongoing</b>	<b>VM</b>
			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	<b>Ongoing</b>  <b>Ongoing</b>	<b>All</b>  <b>CH/VM</b>
			Communications work to be done, to raise awareness of all services operating in Cambridgeshire to support CYP around mental health and emotional well being.	<b>Ongoing</b>	<b>CFAIS/ LH/ CH</b>

	<p>Professionals can easily access advice, information and support with cases they are working with.</p>	<p><b>Single Point of Contact (SPC)</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Since the original idea, the proposal has now been merged with plans for a Central Co-ordination point for all referrals into CFA.</li> </ul>	<p>The SPC proposal to continue to be aligned with developments occurring within CCC about Early Help service delivery Service specification to be re-drafted.</p> <p>Consider how existing resources and functions can be used better, as part of a whole system re-design for referrals, triage and signposting.</p> <p>EWB &amp; MH Strategy funding to be used to fund a mapping exercise to inform the proposal.</p> <p>TFF funding to be used for a project manager post to co-ordinate the implementation of the proposal.</p> <p>Job description being written, with a view to someone being in post by April 2015.</p>	<p><b>January 2015</b> <b>December 2014</b></p> <p><b>December 2014</b></p> <p><b>January 2015</b></p> <p><b>April 2015</b></p> <p><b>April 2015</b></p>	<p><b>EA/LH/LL</b></p>
			<p>Define what provision can be accessed via Locality Teams and Children's Centres and consider how resources can be used better, when developing the central co-ordination point proposal.</p>	<p>Ongoing</p>	<p><b>LL</b></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><b>EA</b></p>
	<p>Increase in interventions being delivered to families with children aged 0-3, around their mental well-</p>	<p><b>Perinatal Support</b></p> <ul style="list-style-type: none"> <li>• The group has chosen to focus on supporting the</li> </ul>	<p>Identify actions to be taken to improve the mental health of parents of 0-3 year olds with mental health needs, to</p>	<p><b>March 2015</b></p>	<p><b>FB</b></p>



<p><b>Mental health pathway</b></p> <p><b>ASD</b></p> <p><b>SEND</b></p> <p><b>Young people requiring a transition to tier 4 treatment or to an adult service</b></p> <p><b>Main Outcome:</b> Clear pathways are in place to ensure access to the appropriate services at the right time for CYP with very specific needs is possible.</p> <p><b>Lead: Eva Alexandratou/Laura Hutson</b></p>		<p>Addenbrookes, Centre 33 and CAMHS have been reviewed.</p> <ul style="list-style-type: none"> <li>• Links have been made with the Adult Suicide Prevention Strategy that Public Health are writing.</li> <li>• Mind in Cambs are developing some promotional materials, and are working with the multi-agency group above on suicide prevention pathways</li> </ul>	<p>assessment and a next steps template/plan, that can be used across different agencies, has been developed that covers what should happen in a crisis but does not have a final section completed yet about what should happen in terms of ongoing care and support following a crisis.</p> <p>The Board need to ensure this work is not lost, and that commissioners of CYP and adult mental health services continue to work together on pathways.</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>	March 2015	JS
	Increased awareness of self-harm and an increase in the number of CYP being supported and offered interventions to stop self-harming.	<p><b>Self Harm</b></p> <ul style="list-style-type: none"> <li>• A specific course is delivered through the CAMHS training programme entitled 'Understanding and responding to self-harm and risk of suicide in childhood and adolescence.</li> <li>• Self-Harm is to be the focus of a local conference on 23<sup>rd</sup> September 2014.</li> </ul>	<p>Provide appropriate support, interventions and a positive 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 and any new priorities arising from the event to be actioned or added to this plan.</p>	<p><b>Ongoing</b></p> <p><b>January 2015</b></p>	All
	The Social, Emotional and Mental health pathway is developed and promoted.	<p><b>Social, Emotional and Mental health pathway</b></p> <ul style="list-style-type: none"> <li>• This will become part of the</li> </ul>	JRR to update a future Board meeting on this pathway.	<p><b>January 2015</b></p>	JRR

		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			
	The Autism Spectrum Disorder (ASD) pathway is developed and promoted.	<b>ASD</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	JRR to update a future Board meeting on this pathway	<b>January 2015</b>	<b>JRR</b>
	Services working with CYP with SEND and their families consider the specific needs of these CYP around their mental health and emotional well-being.	<b>SEND</b> <ul style="list-style-type: none"> <li>We will cross reference any work being done to implement this strategy with the SEND strategy</li> </ul>	JRR to update a future Board meeting on this pathway	<b>January 2015</b>	<b>JRR</b>
	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.	<b>Young people requiring a transition to tier 4 treatment or to an adult service</b> <ul style="list-style-type: none"> <li>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.</li> <li>Feedback has been given to</li> </ul>	Feedback to be sought from the CCG commissioners of AMHS about the task and finish group they were due to set up to look at transitions issues.	<b>January 2015</b>	<b>LH/ KD</b>
Step up/step down processes with Tier4 services to be reviewed			<b>Ongoing</b>	<b>EA/ KD</b>	
Acute hospital admissions to be investigated and the discharge planning to be improved, so that services in the community are			<b>Ongoing</b>	<b>EA/ KD</b>	

		the CCG commissioners of adult mental health services about the experiences of partners represented on the Board of transitions issues.	accessed as appropriate by CYP.		
Workstream	Success Criteria	Actions achieved	Next Steps	Timescale	Lead
<b>4. Vulnerable Groups</b>  <b>Including:</b>  <b>LAC and care-leavers</b>  <b>Young Offenders</b>  <b>Young People with Drug and Alcohol Misuse needs</b>  <b>Young Carers</b>  <b>LGBT</b>  <b>Main Outcome:</b> <b>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.</b>  <b>Lead: Eva Alexandratou</b>	<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><b>LAC and care leavers</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>Mental health and the aims of this strategy to be raised on agenda at a future LAC health meeting, for discussion.</p>	<p><b>Ongoing</b></p>	<p><b>EA</b></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><b>YOS</b></p> <ul style="list-style-type: none"> <li>Build on established joint working protocol between the YOS and CAMHS to see if anything can be improved for young people.</li> <li>Develop a similar protocol with AMHS</li> </ul>	<p>YOS Psychologist provided the Board with a report on their protocol with CAMHS and the current care pathways. Partners to consider what learning they can take from the YOS experience.</p>	<p><b>Ongoing</b></p> <p><b>November 2014</b></p>	<p><b>AJ</b></p>
	<p>The mental health and emotional well-being needs of young people misusing substances are met.</p>	<p><b>Young People with Drug and Alcohol Misuse needs</b></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</p>	<p><b>January 2015</b></p>	<p><b>LH/ RG</b></p>

			delivered to those in need.		
			Investigate whether Tobacco needs to be included as a distinct substance that this strategy needs to consider in its planning.	<b>January 2015</b>	<b>EDZ</b>
The mental health and emotional well-being needs of Young Carers are met.	<b>Young Carers</b> <ul style="list-style-type: none"> <li>CPFT are able to record Young Carer status in both CAMH and adult services (i.e. record presence of a YC in an adult patient's life).</li> <li>There is a county Young Carers Strategy and group</li> </ul>	Map current provision for young carers with particular reference to the needs of young people with parents who have mental health problems. Seek data and also YC views on mental health provision	By April 2015	<b>JSnell</b>	
		Deliver Young Carers awareness training to mental health practitioners, starting with CAMH and AMH	By December 2015	<b>JSnell/ Centre 33</b>	
		Ensure mental health needs are fed into the service specification and commissioning process for new YC provision (begins April for October start)	By April 2015	<b>JSnell/ Tom Jefford</b>	
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.	<b>LGBT</b> <ul style="list-style-type: none"> <li>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.</li> <li>A transgender specialist therapist to be employed at Centre 33 for a 6-month pilot,</li> </ul>	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. Use the Health Related Behaviour Survey findings to help determine need. Due to be	March 2015  January	<b>JSnell/ SexYouality</b>	

		to bring the two services together in addressing the specific needs of LGBT young people around their emotional well-being.	published in December 2014  JS to share a paper produced by SexYouality on the joint working and the proposed pilot with a Transgender specialist therapist	2015	
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