

Appendix 2: Local Transformation Plan

Year 1: 2015/16

Ref	Areas for Development	What are we going to do	When will this happen	How will we know we have achieved this	Performance Baseline / Dashboard rating	Lead agency	Additional Resources required	Link to National Priorities	Link to Hillingdon CAMHS Strategy 2015-18
								1. Build capacity and capability across the system 2. Roll-out the CYP IAPT 3. Develop evidence based community Eating Disorder services 4. Improve perinatal care. 5. Bring education and local children and young people's MH services together	Priority 1- Universal Promotion & Prevention Priority 2- Early Help & Intervention Priority 3- Specialist Therapeutic Intervention Priority 4- Emergency Assessment and Intensive Community support/Home Treatment Priority 5- Vulnerable groups
1.	Embedding the outcomes based model in the CNWL Contract	Using the 2015/6 CQUIN which requires CNWL to move to the principles of CYPIAPT all CAMHS services will be monitored for outcomes and user engagement in care planning.	This work started in the 2015/6 contract and will continue into the CNWL contract negotiations for 2016/7 and beyond	All performance data for CAMHS is outcome based	CNWL CAMHS is not CYP IAPT compliant RAG: Amber (in-progress)	HCCG	This will be undertaken by the HCCG CAMHS and the LBH MH Commissioner and CCG Contracting team.	Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 3
2.	Directory of services for CYP, with emotional, behavioural and mental health issues	Using information from the JSNA, LBH Personalisation Directory and the 111 directory develop a comprehensive Directory. This will include using online resources such as Young Minds	February 2016	Directory available to practitioners working with CYP	No directory in place RAG: RED (Not started)	HCCG and LBH	Admin and IT	Build capacity and capability across the system	Priority 1-5
3.	Long waiting lists for treatment at CAMHS Tier 3	Use the LTP funding to invest in non-recurrent funding to CNWL to enable them to recruit Therapists to work with CYPs on the waiting list	March 2016	No CYPS waiting more than - 4 weeks for routine treatment - 1 week for urgent treatment	15 weeks wait from assessment to treatment RAG: Amber (in-progress)	HCCG	£100k (Non- Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 3
4.	Lack of self harm, crisis and intensive support service	Use the LTP funding to invest in a team who will deliver across a new pathway for self-harm	December 2015 Fully functional team by March 2016	Self harm pathway in place with a fully staffed team; including a service specification response times in line with NICE guidance: - 4 hour response time from referrals from Hillingdon Hospital - 24 hours response time for urgent referrals - 2 weeks for non-urgent cases	No dedicated service in place RAG: Amber (in-progress)	HCCG	£100k (Re-current)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes -Bring education and local children and young people's mental health services	Priority 2 -5

5.	Lack of services for CYPs with co-morbid MH/LD/ASD	Use the LTP funding to invest in additional staff to work in the current MH/LD team who will deliver across a new pathway which will include CYPs with co-morbid challenging behaviour and Autism	December 2015 Fully functional team by March 2016	Pathway in place with a fully staffed team; including a service specification	No dedicated service in place RAG: Amber (in-progress)	HCCG / LBH	£100k (Re-current)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 3 & 5
6.	Under developed mental health training packages for the workforce	Undertake a Training Needs Analysis; devise and deliver a training programme based on this	March 2016	Training Needs analysis completed Training programme in place and training rolled out to children workforce including - Schools - Social Care - Youth Service - GPs - Health Visitors	No systemic MH training in place RAG: Red (Not started)	HCCG / LBH	£30k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 1-5:
7.	Understanding the role of Schools/College in emotional well-being and commissioning services such as counselling	Use the LTP funding to commence work with local Schools and College to gain this understanding and to support schools to commission emotional well being services	March 2016	Mapping of current provision in schools and college Undertake engagement to encourage them to embed emotional health and well-being in every school and college. Achieved by sharing good practice from other schools and developing the workforce. Aim for a MH champion/lead in every school who can be provided with funding for CYPIAPT training. Support to school in commissioning high quality emotional well being services;	No clear information on provision RAG: Red (Not started)	LBH	£20k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services	Priority 1,2 & 5
8.	Lack of a community Eating Disorder service	Work with colleagues across NWL to deliver a service which is compliant with the NHSE model of care, and ensure pathways are in place with other local mental health services	April 2016	CYPs have rapid access to assessment and treatment, in compliance with the new NICE model of care	No dedicated service in place RAG: Red (Not started)	HCCG	£145k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Develop evidence based community Eating Disorder services for children and young people -Bring education and local children and young people's mental health services together	Priority 3 & 5

9.	Development of primary CAMHS for non MH specialist staff	Develop a pathway and model of care for a primary CAMHS non specialist services.	March 2016	Service specification in place to deliver: time limited interventions and advice and support to professionals, with ease of access	No dedicated service in place RAG: Red (Not started)	HCCG / LBH	£0	- Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies -Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme programmes	Priority 1&2
10.	Lack of systematic engagement with CYPs and their families	Work with patient and user engagement colleagues in LBH/HCCG/CNWL to establish user and family consultation. Develop support for carers/families as CYPs regardless of where they are on the pathway	April 2016	Ensure all CAMHS commissioned services undertake family work, where appropriate Ensure parents/carers receive advice and support which may include a carers assessment and/or referral to MH services such as Talking Therapies Formation of CAMHS Forum Workshops and events held with key stakeholders Outputs from Forum and workshop inform commissioning intentions and service specifications	No system in place specifically for CAMHS RAG: Red (Not started)	HCCG / LBH	£25k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5

Local Priorities Years 2-3 (the deliverable and baselines will be determined as work within Year 1 nears completion)

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							1. Build capacity and capability across the system 2. Roll-out the CYP IAPT 3. Develop evidence based community Eating Disorder services 4. Improve perinatal care. 5. Bring education and local children and young	Priority 1- Universal Promotion & Prevention Priority 2-Early Help & Intervention Priority 3- Specialist Therapeutic Intervention Priority 4- Emergency Assessment and Intensive Community support/Home

							people's MH services together	Treatment Priority 5- Vulnerable groups
11.	Support for Schools and College	Building on the work started in year 1 work with schools to assist them in the delivery/commissioning of emotional health and wellbeing services	From 2016 onwards	School commission high quality emotional and well-being services Schools are an integral part of every new integrated CAMHS pathway Continue to encourage schools to embed emotional health and well-being in every school and college. Achieved by sharing good practice from other schools and developing the workforce. Aim for a MH champion/lead in every school who can be provided with funding for CYPIAPT training.	LBH	£40k (Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes -Bring education and local children and young people's mental health services	Priority 1,2 & 5
12.	Commission a primary CAMHS non specialist service	Use the LTP funding to invest in a primary CAMHS non specialist service who will deliver across a new pathway	April 2016 Fully functional team by June 2016	Services in place to deliver: time limited interventions and advice and support to professionals, with ease of access	LBH / HCCG	£100k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1&2
13.	Increase the capacity in the Voluntary sector to deliver non CAMHS specialist services	Extend the range of voluntary sector organisations who can deliver emotional health and wellbeing services	September 2016	There will be a wider range of providers in Hillingdon The Voluntary sector are skilled at responding to the needs of the local population and can play an important role in prevention and early intervention	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1,2 & 5
14.	Develop different methods of working eg outreach / IT	Work with providers, using best practice guidelines and feedback from users and carers re the most effective methods of engaging and working with CYPs and families To ensure that the needs of the CYP in Hillingdon have better access to evidence based services in the community	March 2017	Feedback from users, carers, stakeholders that services are available from a wide range of venues to ease access Services delivered from a wide range of venues and methods of intervention i.e. online	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	Priority 1-5
15.	Addressing the needs of vulnerable children particularly looked after children, LD and	Using the JSNA identify the vulnerable groups and ensure current services meet the needs of vulnerable groups	June 2016	Current services are reconfigured to meet the full emotional well being and MH needs of vulnerable groups i.e. looked after children,	LBH / HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 5

	those on the edge of care			LD, Young Offenders, and those on the edge of care			-Bring education and local children and young people's mental health services together	
16.	Developing peer mentoring provision	Providing training and support to CYPs to enable them to become peer mentors	November 2016	Trained peer mentors working in a range of settings providing peer mentoring	LBH	£15k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT -Bring education and local children and young people's mental health services together	Priority 1 & 5
17.	Systematic engagement with CYPs and their families i.e. co-production	Continued work with service users and families to inform service delivery Develop support for carers/families as CYPs regardless of where they are on the pathway	Ongoing	Outputs from Forum and workshop inform commissioning intentions and service specifications Ensure all CAMHS commissioned services undertake family work, where appropriate Ensure parents/carers receive advice and support which may include a carers assessment and/or referral to MH services such as Talking Therapies	HCCG / LBH	£10k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5
18.	Mental health training packages for the workforce	Continued MH Training programme rolled out to children workforce including - Schools - Social Care - Youth Service - GPs - Health Visitors	Ongoing	Better skilled workforce in dealing with children with MH issues	HCCG / LBH	£10k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 1-5
19.	Ensuring CAMHS services are NICE compliant	Review all current service specifications to ensure that they are NICE compliant	March 2017	All services are commissioned to deliver NICE compliant services	HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 3 & 4
20.	Reviewing the transition pathway to adult services/primary care/discharge from service	Review all current services and develop transition protocols and pathways, with providers.	September 2016	The Transition period often coincides with the period of increased vulnerability to the onset of mental illness; it is therefore key to effectively transition from CAMHS. Most CYPs will be discharged or return to primary care	HCCG	£0	-Build capacity and capability across the system -Roll-out the CYP IAPT	Priority 3,4,& 5

Key objectives outlined by NHS England for additional funding:

1. **Build capacity and capability across the system** so that we make measurable progress towards closing the health and wellbeing gap and securing sustainable improvements in children and young people's mental health outcomes by 2020;

2. **Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)** so that by 2018, CAMHS across the country are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities;
3. **Develop evidence based community Eating Disorder services for children and young people** with capacity in general teams released to improve self-harm and crisis services;
4. **Improve perinatal care.** There is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother. Allocation for this will be made separately and commissioning guidance will be published before the end of the financial year;
5. **Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme.**