

CAMHS LTP Implementation Plan 2015/6

Year 1: 2015/16

Ref	Areas for Development	What are we going to do	When will this happen	Evidence base	KPIs	KPI Target	KPI Performance Baseline / Dashboard rating	Additional Resources required In 2015/6	Link to National Priorities	Link to Hillingdon CAMHS Strategy 2015-18 & Lead THRIVE Categories:
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	CORC outcomes framework	Compliance with CYP IAPT.	100% of data submissions are validated and submitted on time.	CNWL CAMHS is not CYP IAPT compliant RAG: Amber (in-progress)	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	2. Getting help 3. Getting more help Lead- CNWL/Elaine Woodward/Sunny Mehmi
2.	Ensuring the service pathways are communicate to the children, young peoples and families and Children's workforce in Hillingdon	Using information from the JSNA, LBH Personalisation Directory and the 111 directory develop a comprehensive Directory. The family Information Service will assist with ensure this goes to all relevant bodies in Hillingdon This will include using online resources such as Young Minds	February 2016	Future in Mind	Improved access to timely advice, information and specialist support when needed for CYP, parents, professional	Up to date Directory in place	No CAMHS directory in place RAG: Amber (in-progress)	Admin and IT	Build capacity and capability across the system	1. Coping 2. Getting help 3. Getting more help 4. Getting risk Support Lead- Public Health
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	NICE	Numbers seen; waiting times; numbers receiving NICE treatment.	No CYPs waiting more than -4 weeks for routine treatment - 1 week for urgent treatment	RAG: Amber (in-progress) 63 on waiting lists for assessment; 192 on waiting lists for treatment	£100k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes	2. Getting help 3. Getting more help Lead- CNWL
4.	Lack of self harm, crisis and intensive	Use the LTP funding to invest in a team who will	December 2015	Crisis Care Concordat	All emergency referrals seen < 4	85% of target	No dedicated service in place	£100k (Re-current)	-Build capacity and capability across the	2. Getting help 3. Getting more

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	support service	deliver across a new pathway for self-harm. Given the co-existence of substance misuse and self harm this will require co-working to be developed	Fully functional team by March 2016	NICE QS 34 NICE Guidance CG28	hrs; urgent < 48 hrs; routine < 2 wks; reduction in inpatient admissions and incidences of self harm.		RAG: Amber (in-progress)		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	help Lead- CNWL
5.	Lack of services for CYPs with co-morbid MH/LD/Autism Spectre Disorder	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	NICE Transforming Care	Pathway in place with a fully staffed team; including a service specification. Linkage with special schools Referral to treatment time is reduced. Reduction in use of residential education. <13 weeks referral to treatment	Pathway in place 85% target referral to treatment	No dedicated service in place RAG: Amber (in-progress)	£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	2.Getting help 3.Getting more help Lead- Elaine Woodward/Sunny Mehmi
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	Future in Mind	75% of the children's workforce contacted to take part in Training Needs Analysis. Training needs analysis is complete. Training scheme is identified and/or developed. Training programme in place and training rolled out to children workforce including - Schools - Social Care - Youth Service - GPs - Health Visitors - School Nurses - TSO - Early Help Team	Publication of training needs analysis. Publication of training opportunities. 75% attendance rate at training programmes. 75% rate as useful.	No dedicated service in place RAG: Red	£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	1.Coping 2.Getting help 3.Getting more help 4.Getting risk Support Lead- Elaine Woodward/Sunny Mehmi
7.	Understanding the role of Schools/College in emotional well-being and commissioning	Use the LTP funding to commence work with local Schools and College to gain this understanding and to support schools to	March 2016	Future in Mind	Mapping of current provision in schools and college The Participation Team and PH to	100% of special schools engaged with. 30% of mainstream schools engaged with.	No clear information on provision RAG: Amber	£20k (Non-Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	1.Coping Lead- Public Health

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	services such as counselling	commission emotional well being services			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;				-Bring education and local children and young people's mental health services	
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	Access and Waiting Time Standard for Children with an Eating Disorder; NICE guideline CG9; NCCMH Commissioning Guidelines	CYPs have rapid access to assessment and treatment, in compliance with the new NICE model of care A new ED service is operational. Referral to treatment time for ED is reduced. Reduction in inpatient admissions. Numbers accessing treatment align with NCCMH/NHSE guidelines.	85% of targets reached.	No dedicated service in place RAG: Amber	£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	2.Getting help 3.Getting more help Lead- Elaine Woodward/CNWL
9.	Development of a new services based on early help/well-being	Develop a pathway and model of care for a non-specialist CAMHS services, with the aim of preventing most CYPs from developing complex MH issues	March 2016	THRIVE/NICE	Service specification in place to deliver: time limited interventions and advice and support to professionals, with ease of access. Service roll-out early 2016/7	100% achieved	No dedicated service in place RAG: Red (Not started)	£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	1.Coping Lead- Chris Scott

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									mental health services together around the needs of the individual child through a joint mental health training programme programmes	
10.	Lack of systematic engagement with CYPs and their families	<p>Work with patient and user engagement colleagues in LBH/HCCG/CNWL to establish user and family consultation.</p> <p>Develop support for carers/families as CYPs regardless of where they are on the pathway</p> <p>Ensure all carers are offered a carers assessment</p>	April 2016	<p>NEF: Co-production in Mental Health. A literature review.</p> <p>OPM: Co-production of health and wellbeing outcomes.</p>	<p>Ensure all CAMHS commissioned services undertake family work, where appropriate</p> <p>Ensure parents/carers receive advice and support which may include a carers assessment and/or referral to MH services such as Talking Therapies</p> <p>Formation of CAMHS Forum</p> <p>Workshops and events held with key stakeholders</p> <p>Outputs from Forum and workshop inform commissioning intentions and service specifications</p> <p>Number of meetings/events with CYP's involvement in co-production.</p>	<p>Commissioners task & Finish Group to be set up</p> <p>Quarterly sessions/meetings with at least 1 CYP &/or parent rep at each meeting or event.</p>	<p>No system in place specifically for CAMHS</p> <p>RAG: Amber</p>	£25k (Recurrent)	<p>-Build capacity and capability across the system</p> <p>-Roll-out the CYP IAPT</p>	<p>1.Coping</p> <p>2.Getting help</p> <p>3.Getting more help</p> <p>4.Getting risk Support</p> <p>Lead- All</p>