

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:	Update and Comments as of 220316
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.	RAG: Amber	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	In some areas CYPIAPT involves attending 12 month training of a few staff and cascading the training back- in Hillingdon because of the long waits the CAMHS staff haven't been on courses but have shared learning with other colleagues and have embedded the principles of CYPIAPT ie evidence based/outcome driven interventions. CORC has also worked with them to embed outcome based services The CQUIN ends 31/3/16 with reporting on this due in May. In respect of Tier 2 services this is yet to be developed
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	May 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	RAG: Green (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- Philip Ryan	PR to demonstrate FIS at the April meeting; Communications strategy to be developed by HCCG and LBH
3.	Long waiting lists for treatment	Use the LTP funding to invest in non-recurrent funding to enable CNWL to enable	Additional, non recurrent funding	NICE	Numbers seen; waiting times; numbers receiving NICE treatment.	85% of CYPs waiting no more than	RAG: RED Urgent and Emergenc	£100k (Non- Recurrent)	-Build capacity and capability across the system -Roll-out the	2. Getting help 3. Getting more help	The M11 performance is that 75% of CYPs wait more than 18 weeks (the target is 85%).CNWL are to agree a trajectory to meet 18 week (85%) target

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	at CAMHS Tier 3	them to recruit Therapists to work with CYPs on the waiting list	January 2015 to 31 March 2016 to work with CYPs on the waiting list for treatment. Additional recurrent funding to increase the capacity of Tier 3 available from December 2015			18 weeks for routine treatment - 1 week for urgent treatment - 4 hours for emergency	y seen within the timescale ; 75 % of routine assessment/treatment within 18 weeks		Children and Young People's Improving Access to Psychological Therapies programmes	Lead- CNWL	by Q2 Monitored through the CCG Contract meetings and the HCCG Risk register. HCCG funding LINK counselling to support those on the waiting list (non recurrent funding)
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. Given the co-existence of substance misuse and self harm this will require co-working to be developed	Team to become operational by April 2016	Crisis Care Concordat NICE QS 34 NICE Guidance CG28	All emergency referrals seen < 4 hrs; urgent < 48 hrs; routine < 2 wks; reduction in inpatient admissions and incidences of self harm.	85% of target	RAG: Amber (in-progress)	£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	2.Getting help 3.Getting more help Lead- CNWL	Band 8a post still vacant; 2 band 7 recruited . The service to commence in April
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	CAMHS LD team to become operational by November 2015 with all staff recruited by February 2016 LBH to recruit to PSB posts by May 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	RAG: Green (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	Team has been operational since November. 2 Psychologists, 0.01 Paediatrician, 0.1 Interim Psychiatrist in place, nurse recruited. Additional Psychologist transferring over 1/4/16 Monthly Forum now meeting to discuss and CYP, to ensure they receive the appropriate interventions/treatment. Attended by special schools and LBH social care . LBH developing Positive Support Worker roles to support LD CAMHS pathway/service

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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.	RAG: Green	£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/Rob Burton	By 31/3/15 we agreed to undertake and analyse the Training Needs Analysis DASH have received 235 response from the CYP workforce for the TNA This to be analysed and used to develop a Training Programme- 2 national providers of training- Young Minds and MHFA have agreed to deliver training n Q1
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	Future in Mind	Mapping of current provision in schools and college The Participation Team and PH to 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;	100% of special schools engaged with. 30% of mainstream schools engaged with.	RAG: Amber	£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	1.Coping Lead- Public Health	Mapping tool sent to schools, the findings to be presented at the event on 23 rd March. Meeting for Heads or their reps took place on the 24 th & 25 th February (50% attendance). Community engagement taking place in schools. Trailing for school staff planned for Q1. Special schools attending the monthly CAMHS LD Forum. O/S- Quality Assurance of School counselling etc
-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 to April 2017	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.	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	CAMHS ED patients are getting a service but from a dedicated team yet. Draft service spec developed; Harrow is the lead CCG and has mandate from HCCG to allocate funding to CNWL. Recruitment of staff has commenced; new service to commence in 4/16 with full implementation by 2/17

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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	RAG: Green	£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	1.Coping Lead- Chris Scott	By 31/3/16 we agreed to present a new pathway and model of care to the Board. Chris Scott (LBH) presented a paper on the proposed new model of care at the March Board. Board members to feedback to Chris by 31/3.
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 Ensure all carers are offered a carers assessment	April 2016	NEF: Co-production in Mental Health. A literature review. OPM: Co-production of health and wellbeing outcomes.	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 Number of meetings/events with CYP's involvement in co-production.	Commissioners task & Finish Group to be set up Quarterly sessions/meetings with at least 1 CYP &/or parent rep at each meeting or event.	RAG: Amber	£25k (Recurrent)	-Build capacity and capability across the system -Roll-out the CYP IAPT	1.Coping 2.Getting help 3.Getting more help 4.Getting risk Support Lead- LBH/CCG/CNWL Participation & Engagement Leads	<ul style="list-style-type: none"> • Coproduction yet to commence • Engagement plan to shape engagement in place developed and implementation has commenced • CYP Engagement & Wellbeing event arranged for July, at Brunel University