

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Kelly Taylor Commissioning Lead – Maternity Children and Families East Lancashire & Blackburn with Darwen CCGs
DATE:	March 2017

SUBJECT:

Children & Young People Emotional Wellbeing and Mental Health Transformation Plan

1. PURPOSE

The purpose of this paper is to update the Health & Wellbeing Board of progress of implementation of the Emotional Wellbeing and Mental Health Transformation Plan since publication in December 2015.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Following receipt of this report and the presentation, it is recommended the Health & Wellbeing Board note;

- Governance systems and priorities of the Pan-Lancashire Transformation Board
- Local spend and outcomes delivered in 2016/17 (Appendix A)
- Proposals for Commissioning Priorities, Targets, Metrics and Outcomes and Intended Investment Plans in 2017/18 and beyond (Appendix B)

3. BACKGROUND

Following the publication of Future in Mind (Department of Health, NHS England and Department of Education) 2015; Clinical Commissioning Groups were tasked with leading on a 5 year Transformation Plan that would take a whole system approach to improving emotional health and wellbeing of children with a focus on improved access to services.

The presentation sets out progress to date including;

- Programme and local outcomes delivered
- Refresh of the Transformation Plan including priorities going forward
- NHS England expectations/assurance
- Governance of the Transformation Board
- Challenges/risks

4. RATIONALE

The rationale is part of a driver to improve the parity of esteem and to ensure that within our health, social care systems and throughout our everyday lives we value mental health equally with physical health. NHS England has mandated growth in spend on health care to try and achieve investment levels that are on par with physical health.

The case for change is set out in the national document Future in Mind (2015), stating that 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention

avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change

The last UK epidemiological study suggested that, at that time, less than 25% – 35% of those with a diagnosable mental health condition accessed support. NHS England has issued a target for health and social care economies to increase the number of children accessing services with a diagnosable mental health condition by 10%.

5. KEY ISSUES

Some of the key issues are fragmentation of services across health and social care systems. This includes NHS England who commission Tier 4 beds and it has been recognised through a national review that there is a shortage across the country. The impact of fragmentation at all levels impacts on children, families and staff who often struggle to get the right care at the right time.

6. POLICY IMPLICATIONS

The Emotional Wellbeing and Mental Health Transformation Board and the refresh of the Transformation Plan is in line with National Policy including;
Future in Mind, *NHS England, Department for Education and Department for Health* (2015)
Implementing the Five Year Forward View for Mental Health *NHS England* (2016)

7. FINANCIAL IMPLICATIONS

The Transformation Plan set out a financial baseline across Pan-Lancashire. There is an expected allocation to be used by CCGs from existing baselines in order to achieve a 'parity of esteem'. This means that funding for mental health should be on a par with physical health.

The baseline funding levels noted in the Pan-Lancashire plan reflect a collaborative way of working across health and social care systems. Health and Social care have in the past jointly funded CAMHS services as part of a collaborative commissioning response aimed at reducing fragmentation across the system.

NHS England are monitoring CCGs to ensure funding spent ensures a 10% increase in Children and Young People who are accessing services.

8. LEGAL IMPLICATIONS

Pieces of transformation work will check legal implications as required. For example where procurement advice is required.

9. RESOURCE IMPLICATIONS

The presentation will set out the financial commitment from CCGs going forward. This includes funding for a Community Eating Disorders Service and Transformation monies. Funding is expected to be drawn down for a Community Perinatal Mental Health Services through a bidding process.

Resources cannot be considered in isolation and there is recognition of collaborative commissioning arrangements and partnership work across health and social care systems in order to achieve joint outcomes for children and young people. This is of particular relevance to our most vulnerable children and young people such as Looked After Children, those known to Young Offending Teams and involved in Child Sexual Exploitation who are over-represented within emotional wellbeing and mental health services.

10. EQUALITY AND HEALTH IMPLICATIONS

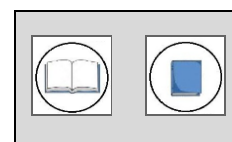
Equality Impact Assessments are undertaken for new services or changes in service. One example of this is for new Community Eating Disorder Service commencing in April 2017.

11. CONSULTATIONS

Consultation is undertaken with Children and Young People. Examples include; Consultation with young people prior to commissioning the new Eating Disorder Service. Local service consultation has been undertaken with prior to drawing up the Learning Disability Passports.

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CONTACT OFFICER:	
DATE:	
BACKGROUND PAPER:	



Pennine Lancs Transformation Funding 2016/17 Quarter 3	
15% Topslice - Pan Lancs Schemes	IAPT Backfill 2 year education programme Crisis
Primary Mental Health workers	<p>Primary Care Mental Health Workers Funding provides a multidisciplinary Primary Care Mental Health on a 2 year pilot basis. Provision of Primary Mental Health Workers is a clear part of the CAMHS Transformation Plan and all CCGs are commissioning the service but the models may differ. Evaluation of the different models and outcomes will feed into the Resilience Work stream.</p> <p>This local team provides an outreach service from ELCAS and establishes close liaison, training and development with the Integrated Neighbourhood Teams in East Lancashire CCG and Integrated Locality Teams in Blackburn with Darwen CCG. The team are based in Primary Care and will support young people throughout different settings including education to facilitate a multi-agency response to mental health recovery. The teams will liaise with locality based prevention services through the Troubled Families Council based schemes. The teams are currently based at; Stonebridge Surgery, Oswaldtwistle, Roman Road Surgery, Blackburn and Yarnspencers, Nelson. This service was fully recruited to in Q2 of this financial year.</p> <p>Number of staff: 6 Number of additional YP supported: 28 new referrals</p>
Crisis Care – Out of Hours Assessments	<p>An additional 1.5 WTE Band 6 hours provided from 1 August 2016 until 31 March 2017. This will cover the self-harm/ward assessment element of the service over 7 days rather than the 5 days currently commissioned. This will support increased daily capacity from current 2 daily self-harm assessments. Provision will include 8 hours a day on Saturdays and Sundays with 2 band 6 mental health practitioners and consultant psychiatrist cover, to run the self-harm assessments over 7 days. ELCAS will also provide training to the Emergency Department staff and where possible will undertake some shadowing and working alongside the Emergency Department staff.</p> <p>Financial commitment for recurrent funding is available from 1 April 2017 subject to agreement on the model through the Pan-Lancashire Crisis group.</p> <p>Number of staff: 1.5 WTE Number of additional YP supported: 16 weekend referrals and/or YP assessed saving around 25-30 bed days</p>
Perinatal Mental Health	<p>Scoping of mental health support required in Neonatal Intensive Care service. The Womens Centre will undertake a scoping exercise of how families can be supported with emotional health and wellbeing whilst babies are under the care of in the Unit and through engagement with Core services if required.</p> <p>30 MP3 Players with self-hypnosis and relaxation from the EMPOWER programme. This will be a library of resources available to vulnerable groups. It is available at a cost of £5 for other service users.</p> <p>25 Health Visitors to undertake Neonatal Behavioural Observation Training</p>

	<p>delivered by Brazelton. This is recommended within the National Health Visitor Service Specification (NHS England) and the 1001 Critical Days Coalition as best practice example of promoting infant and parent mental health an secure attachments. Training is 2 days theoretical and practical. Practitioners will incorporate practice which takes 15-20 minutes into core contacts including New Birth Visit and 1st Mental Mood Assessment</p> <p>Number of staff Trained: 25 Number of Posts: 1 WTE</p>
ASD /ADHD Pathways	<p>Leaflets and resources for patients around ADHD pathways</p>
ADHD Northwest	<p>Funding for 12 months for this voluntary sector provision in Blackburn with Darwen. This supports a Pennine Lancashire services as is already funded in East Lancashire.</p> <p>This is to respond to gaps identified in provision of family support for families of children with ADHD</p> <p>Number of staff: 1 Number of additional YP supported: service only commenced on the 1 October 2016 awaiting report.</p>
Action for ASD	<p>Funding for 12 months for this voluntary sector provision in Blackburn with Darwen and East Lancashire.</p> <p>This is to respond to gaps identified in provision of family support for families of children with ASD and offers 1:1 support and Cygnet Parenting Courses.</p> <p>Number of staff: 3WTE Number of additional YP supported: East Lancs new referrals 94, with 285 contacts. BwD service only commenced on the 1 November 2016, awaiting report.</p>
Project Manager	<p>CAMHS Commissioning Manager for East Lancashire and Blackburn with Darwen CCGs</p>
Voluntary Sector Innovation	<p>Health and Wellbeing Grants to be available for third sector organisations to bid for small pots of funding to support children and young people with early intervention emotional health and wellbeing services available in local areas.</p> <p>Number of innovations: First phase of applications for BPR, nine applications successful. Second phase roll out in January. Number of young people supported: Up to 630 for the first phase for Burnley, Pendle and Rossendale</p>
Self-Harm Training (Harm-Ed)	<p>Harm-ed has provided self-harm training to adults who come into contact with children and young people, in particular health, education and social care. During the original commission during 2015/16 26 courses were delivered across Pennine with a total of 452 participants attending, including a session at the BwD GP protected learning time.</p> <p>Due to demand the commission has been extended till the end of March 2017 with 143 out of the 198 places already booked.</p>

	Number of staff Trained: During the first commission 452, with 152 booked on the remaining sessions
CYP IAPT Training	Number of staff on training including representatives from the voluntary sector: 18
IAPT Readiness	<p>Funding for hand held devices to enable staff working in the community to undertake assessment and record outcomes in 'real time'.</p> <p>Number of devices:</p>
Self-harm	<p>N-Compass commissioned from April 2016 for 12months to provide self-harm workshops and one to one counselling to pupils identified as using self-harming behaviours who attend high schools across Pennine Lancashire. NCompass will provide six week programmes to high schools signed up to the project.</p> <p>Pilot of safe self-harm 'distraction items' to be provided on the Paediatric Wards and within ELCAS. This is based on similar provision at Blackpool Teaching Hospital. Evaluation by young people on effectiveness in respect to self-care with a view to further roll out to pharmacies.</p> <p>Number of staff: 2 WTE Number of young people supported: 61</p>
Training Courses/Community Development	National training courses including Perinatal MH for Front line staff.

Appendix B

2017/18 Commissioning Priorities, Targets, Metrics and Outcomes and Intended Investment Plans (Summary)

OBJECTIVE	DELIVERY DATE	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE EVIDENCE IMPACT?	2017/18 TP INVESTMENT
Promoting resilience, prevention and early intervention				
<p>1. By the 30th September 2017 we will have designed and commissioned a “Mental Health Anti-Stigma Campaign” building on the existing approach through “Life’s ups and downs”.</p> <p>By the 31st March 2018 we will have mobilised the campaign across Lancashire.</p>	<p>30.9.17</p> <p>31.03.18</p>	<p>Health & Wellbeing: The campaign will give children, young people and their families, practical advice and support to help them look after their own emotional health and wellbeing, creating resilience.</p> <p>Care & Quality: The programme will raise awareness and understanding of emotional wellbeing and mental health, enabling CYP and their families to be identified earlier, better supported and accessing the right support, in the right place, at the right time.</p> <p>Finance & Efficiency: Greater resilience will enable us to more effectively respond to predicted increasing demand.</p>	<p>Local measures: Number of people visiting the ‘Coping with life’s ups and downs’ website.</p> <p>Life in Lancashire survey – 2-3 questions.</p>	Nil
<p>2. By the 31st March 2018 we will have developed, published and launched a Lancashire wide “Resilience Framework” which will includes the following components:</p> <ul style="list-style-type: none"> Set a common 	31.3.18	<p>Health & Wellbeing: The framework will help to ensure that any resilience programmes and work that are commissioned and delivered are in line with best practice thus maximising children and young people’s resilience, including their ability to manage and recover from mental</p>	<p>Local measures: Stakeholder feedback. Life in Lancashire survey – 2-3 questions. Take up of toolkit.</p>	Nil

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<p>understanding of what is meant by 'Resilience' in the context of the pan-Lancashire area, in line with the CYP EWMH Transformation Programme.</p> <ul style="list-style-type: none"> • Provide a step by step guide considering, what, where, with whom and how resilience activities should be best delivered according to the evidence base. • Provide information about sources of local good practice and opportunities for local networking and support. • Provide a quality assurance checklist to ensure that activities are high quality, safe, and based upon best practice. 		<p>health issues.</p> <p>Finance & Efficiency: Greater resilience will enable us to more effectively respond to predicted increasing demand.</p>		
<p>3. By the 31st March 2019 we will have designed and commissioned a "Resilience training programme" in line with the resilience framework for:</p> <ol style="list-style-type: none"> a. Schools b. CYP c. Families d. Parent carers and young carers 	31.3.19	<p>Health & Wellbeing: The programme will give children, young people and their families access to practical advice, support, tools and techniques to help them look after their own emotional health and wellbeing. Maximising children and young people's resilience, including their ability to manage and recover from mental health issues.</p> <p>Care & Quality:</p>	<p>Local measures: Uptake of training programmes Participant feedback Life in Lancashire Survey – 2-3 questions</p>	Nil

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<p>e. Other staff working with CYP and families in universal and community service</p> <p>2017/18 Continue Year 2 of the Active Schools Programme</p>		<p>The programme will raise awareness and understanding of emotional wellbeing and mental health, enabling CYP and their families to be identified earlier, better supported and accessing the right support, in the right place, at the right time.</p> <p>Finance & Efficiency: Greater resilience will enable us to more effectively respond to predicted increasing demand.</p>		£72,000
<p>4. By 31st March 2018 we will have defined a “complementary offer” of support to wrap around clinical services to help children; young people and families avoid escalation, recover earlier and maintain wellbeing.</p> <p>We will have mobilised by 2020/21.</p>	<p>31.3.18</p> <p>31.3.21</p>	<p>Health & Wellbeing: By nurturing the development of a range of asset based supports such as peer support, buddying, online communities, community events and mutual aid we will enable and empower children, young people and families to support themselves and each other.</p> <p>Finance & Efficiency: Nurturing resilience and the development of community assets will enable us to more effectively respond to predicted increasing demand.</p>	<p>Local measures: Life in Lancashire Survey – 2-3 questions</p>	£73,934
<p>5. By the 30th September 2017 we will have expanded the number of “Primary Mental Health Workers” (PMHW) or their equivalent and introduced “Psychological Wellbeing Practitioners”</p>	30.9.17	<p>Health & Wellbeing: By providing the link between specialist CAMHS and primary and community services the workers will help to:</p> <ul style="list-style-type: none"> • Build capacity and capability within community services in relation to prevention, early identification and 	<p>Local measures: Service user views Number of assessments Number of evidence based therapeutic interventions Outcome measures to be agreed PMHW and PWP in post</p>	£683,513

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(PWPs) to work within universal and targeted services to support and improve mental health and psychological wellbeing of children and young people.		<p>intervention.</p> <ul style="list-style-type: none"> • Help promote awareness and importance of emotional health and wellbeing, improving perceptions and attitudes. <p>Care & Quality: Support access to appropriate services. Offer effective assessments and evidence based therapeutic interventions.</p> <p>Finance & Efficiency: Greater resilience will enable us to more effectively respond to predicted increasing demand.</p>		
<p>6. By the 30th September 2017 we will have defined and designed a Lancashire wide approach to delivering a “single point of contact” which will include the following components:</p> <ul style="list-style-type: none"> • A definition of what we mean by single point of contact • A description of the component parts of the single point of contact • Guidance for commissioners on how to implement the approach locally • Resources and tool for providers to use to develop local protocols 	30.9.17	<p>Care & Quality: By establishing a consistent approach to single point of contact across Lancashire we will ensure that speed and ease of access to a seamless service is improved, reducing delays and ensuring that children and young people receive the support they need.</p> <p>Finance & Efficiency: By improving timely access to support and treatment, escalation will be reduced and as such the number of contacts and the need for more intensive services will decrease. We will also reduce the number of inappropriate referrals by providing support earlier in the pathway.</p>	<p>National measures: Referral to treatment times for IAPT and ED.</p> <p>Local measures: Referrals to CAMHS Inappropriate referrals to CAMHS Admissions to tier 4 Patient experience measures</p>	Nil

OBJECTIVE	DELIVERY DATE	WHAT DIFFERENCE WILL IT MAKE?	HOW WILL WE EVIDENCE IMPACT?	2017/18 TP INVESTMENT
By 31st March 2018 we will have implemented the “ single point of contact ” approach in each health economy.	31.3.18			
Increasing Access to Specialist Perinatal and Infant Mental Health Support				
7. By March 31st 2021 we will have delivered “ improvements in Universal Services ” including: <ul style="list-style-type: none"> Consistent Clinical Pathways specialist post and leadership roles on universal services 	31.3.21	Health & Wellbeing: <ul style="list-style-type: none"> The development of resilient children supported by positive parent and child attachment achieved via multidisciplinary family centred approaches. Early recovery and maintenance of mental well-being that enables women with serious or complex mental illness and their families to function effectively in day to day life i.e. childcare activities, employment, social activities etc. 	National Measure: NICE Quality Standards QS133 National Data set Local Measure: Evidence of local arrangements to undertake comprehensive assessment before intervention programme for attachment difficulties	Nil
8. By March 31st 2021 we will have delivered “ improvements in services for infant mental health ” including: <ul style="list-style-type: none"> Infant Mental Health posts to be commissioned and emerging new pathways developed. Training of Adult Psychiatry and IAPT services. 	31.3.21	Care & Quality: <ul style="list-style-type: none"> The ability for women to make informed choices through the provision of pre conception counselling. A reduction in the risk of avoidable harm to women and infants due to mental health needs in the perinatal period. A reduction in the severity, duration, and the negative impact of mental illness in the perinatal period. 	National Measure: NICE Quality Standards QS133 National Data set IAPT Data set Local Measure: Evidence of local arrangements to undertake comprehensive assessment before intervention programme for attachment difficulties	Nil
9. By the 31 st March 2021 we will have commissioned a “ specialist ” community perinatal mental health team allowing at least an additional 495 women each year to receive evidence based	31.3.21	Finance & Efficiency: <ul style="list-style-type: none"> Access to specialist care close to home reducing the need for inpatient 	National measure: Number of women receiving specialist peri-natal care in a community team. Local measures:	*Subject to release of national resource

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treatment closer to home when they need it. *subject to release of national resource		admission and eliminating the need for travel to access specialist care out of area.	21 women per year accessing specialist inpatient mother and baby units. Patient reported outcome measures.	
10. By the 31st March 2021 we will have a “specialist” inpatient mother and baby unit allowing at least an additional 21 women each year to receive evidence based treatment closer to home when they need it.	31.3.21			*Subject to release of national resource
2017/18 Continue year 2 funding of peri natal community service pilots				£103,971
Improving Access to Effective Support				
11. By 31 st March 2017 we will have developed a specification and commissioned a provider for an online one stop portal known locally as “Digital THRIVE” offering information, advice, self-help, care pathways and self-referral. By 31 st March 2018 our online one stop portal known locally as “Digital THRIVE” will be operational across Lancashire	31.3.17	Health & Wellbeing: The portal is expected to improve the health and wellbeing of CYP and families by improving access to information, self-help materials and support: <ul style="list-style-type: none"> • Enabling people to access support earlier • Reducing reliance on T3 and T4 CAMHS • Supporting appropriate use of CAMHS 	Local measures: Reduction in % inappropriate referrals to CAMHS. Increase in the number of CYP with a diagnosed mental health condition enabled to access help. Number of hits on the Digital Thrive portal.	Nil
12. By the 31st March 2017 we will have established a dedicated all age “eating disorder” service which fulfils the requirements of the Eating Disorders Commissioning Guide: Access and Waiting	31.3.17	Health & Wellbeing: The service is expected to improve outcomes for CYP with ED by: <ul style="list-style-type: none"> • Offering a dedicated specialist service offering NICE guideline compliant treatments. • Improving access to information, advice 	National measures: By 2020/21, 95% of CYP (up to age 19) referred for assessment or treatment for an ED should receive NICE-approved treatment within 1 week for urgent cases and 4 weeks for every other case.	£865,000

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Time Standards (NHSE).		<p>and self-help through the development of an upstream offer.</p> <p>Care & Quality: The service is expected to improve access to ED support that is compliant with national commissioning guidance.</p> <p>Finance & Efficiency: The service is expected to lead to reduced admissions to tier 4 CAMHS ED beds.</p>	<p>Local measures: Admissions of CYP with ED to Tier 4 CAMHS ED beds. Patient reported outcome measures.</p>	
13. By 30 th September 2017 we will have a “0-19” years (up to 19 th birthday) CAMHS service model operational across Lancashire which will include arrangements for 7 day working and out of hours provision.	30.9.17	<p>Care & Quality: The new 0-19 arrangements will offer a consistent level of service across Lancashire, supporting greater numbers of children and young people to access the support they need. The new arrangements will also improve outcomes by delaying transitions until after adolescence, enabling continuity of care throughout this challenging period for CYP and families. The 0-25 offer will ensure a comprehensive and consistent set of services and supports across Lancashire.</p>	<p>National measures: By 2020/21, at least 35% of CYP with a diagnosable mental health condition will receive treatment from an NHS funded community mental health service.</p> <p>By 2021, increased numbers of therapists and supervisors will have been employed to meet the additional demand.</p>	£652,168 (equal to the LCC disinvestment in LCF and ELHT 7 months pro rata)
14. By 31 st March 2018 we will have defined a local offer of service provision for CYP with EWMH needs aged “0-25” years.	31.3.18	<p>Finance & Efficiency: Increased access and continuity of care will lead to better outcomes for CYP and will enable us to more effectively respond to predicted increasing demand. In the longer term it will lead to reduced demand for adult mental health services.</p>	<p>Local measures: Admissions to CAMHS tier 4 inpatient beds. Patient reported outcome measures.</p>	Nil
By the 31 st March 2020 we will have developed and implemented our “0-25” years offer.	31.3.20			
Ensuring appropriate support and intervention for C&YP in Crisis				
15. By 31 st March 2017 we will have developed and implemented a “pathway” for	31.3.17	<p>Care & Quality: The pathway and protocol will lead to a consistent multi-agency response to CYP</p>	<p>Local measures: Time from triage to admission and assessment (if appropriate).</p>	Nil

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<p>CYP admitted to acute hospitals in crisis and a set of shared principles to be incorporated into local operational protocols.</p> <p>By 30th September 2017 all acute hospitals will have worked with local CAMHS providers and agreed local operational protocols.</p>	30.09.17	<p>who are admitted to paediatric wards, ensuring their needs are assessed in a timely and holistic way, reducing lengths of stay and reducing delayed discharges.</p> <p>Finance & Efficiency: The pathway and protocol will lead to reduced lengths of hospital stay and reduced incidences of delayed discharge.</p>	<p>Length of stay. Delayed discharges.</p>	
<p>16. By 31st March 2018 we will have developed and implemented as part of the all-age crisis care concordat</p> <ul style="list-style-type: none"> • a “consistent crisis response service” for C&YP within acute hospitals e.g. mental health triage/liaison services in A&E • Provision of mental health support helplines for CYP, parents, carers, schools, the voluntary sector and other professionals. 	31.3.18	<p>Care & Quality: Children and young people across Lancashire will receive a consistent response when they are in crisis.</p>	<p>Local measures: Number of staff trained to treat young people with empathy and supportive methods. Admissions to acute and specialist services.</p>	Nil
<p>17. By 31st March 2017 we will have “7 day CAMHS crisis response service to CYP in acute hospitals” in place across Lancashire.</p>	31.3.17	<p>Care & Quality: Children and young people across Lancashire will receive a timely response from local CAMHS services 7 days per week.</p> <p>Health & Wellbeing: By providing a 7 day service children and</p>	<p>Local measures: Time to triage and assessment. Length of stay. Number of acute admissions.</p>	£760,895

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		young people will be supported to avoid escalation and maintain their wellbeing.		
18. By 31 st March 2019 we will have “Place of Safety (Section 135/6) and improved Crisis Assessment facilities” in place across Lancashire CYP.	31.3.19	Care & Quality: Dedicated and tailored facilities will offer children and young people a more appropriate environment for assessment at times of crisis. Health & Wellbeing: Children and young people will be supported to avoid escalation and maintain their wellbeing.	Local measures: Number of acute admissions.	Funding from separate Crisis Concordat pilot monies
19. By 31 st March 2017 we will have developed a “Tier 4 collaborative commissioning plan” for inpatient services for children and young people in Lancashire which supports our aspiration to work towards a balance between inpatient beds and intensive outreach support.	31.3.17	Care & Quality: The work will improve access to Tier 4 CAMHS services for CYP by ensuring that the level of provision locally reflects demand. It will also improve the quality of patient experience by developing a seamless pathway. Finance & Efficiency: Reducing admission to Tier 4 will free up investment that can be re-invested in community based services.	National measures: Total bed days in CAMHS tier 4 per CYP population. Local measures: Tier 4 out of area placements. Tier 4 admissions. Tier 4 delayed admissions. Tier 4 delayed discharges.	Nil
20. By 31 st March 2021 we will have developed, agreed and implemented clear “Tier 4 pathways” for CYP entering and leaving Tier 4 services.	31.3.21			Nil
Improving Care for the Most Vulnerable				
21. By 31 st March 2021 we will have implemented a minimum service offer “pathway for vulnerable groups” which seeks to improve access to assessment ,services and	31.3.21	Care & Quality: <ul style="list-style-type: none"> Thresholds for CAMHS and the CAMHS offer for vulnerable groups will take cognisance of complexity and the specific needs of the vulnerable groups. 	Local measures: Gold Standard pathway in place for Autism based on NICE guidance and ratified by Strategic Clinical Network (SCN). Waiting times	£520,636

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outcomes as follows: <ol style="list-style-type: none"> Children with ADHD Children with ASD Children looked after Children with Learning disabilities Children vulnerable to exploitation Children in contact with the youth justice system Children with adverse childhood experiences 		<ul style="list-style-type: none"> There will be a standardised approach to diagnosis through tools and MDT Support for families on waiting list for diagnosis or where children have a diagnosis of Autism or ADHD. Improved pathway for vulnerable children and within THRIVE model 'getting support'. Families are able to accept diagnosis and are supported to make a management plan. Alignment of outcomes with Transforming Care Programme for CYP with LD who are over-represented in CAMHS Services. Implementation of Routine Enquiry for Adverse Childhood Experiences. Training programme for staffing and building Routine Enquiry as a commissioning requirement within Service Specifications CAMHS, Paediatrics, LD and school nursing (including Sp school nursing) have up to date training to support children with Autism, ADHD, Learning Disabilities, children known to CSE and YOT 	Families feel supported/ prevention family breakdown/improved emotional wellbeing of CYP. Pathways and reduced admissions through proactive Care and Treatment Reviews Vulnerable young people feel able to understand reasons for behaviour earlier and be supported Following ACE Training, Staff in universal services understand the impact of adversity on behaviours	
Improving Service Quality				
22. By 30 th September 2017 we will have established and mobilised a CYP Lancashire wide "provider network" to facilitate joint working and	30.9.17	Care & Quality: Improved joint working and collaboration, partners sharing learning and working jointly on relevant standards, targets and pathways. This will lead to improved	Local measures: Work programme delivers agreements on shared approaches.	Nil

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collaboration, improve pathways and share good practice.		coordination of services between providers and seamless pathways for children young people and families. Documentation and procedures will be consistent.		
<p>23. By 31st December 2017 the network will have a defined “provider network work programme” focussing on the following key priorities:</p> <ul style="list-style-type: none"> a. Early intervention in psychosis b. Self-harm c. Workforce retention, recruitment, training, CPD and supervision d. Carers and working carers assessments and feedback e. Policies, procedures and guidance f. Approach to risk support in line with Thrive g. Information sharing h. Using outcomes to inform practice and service planning i. Prescribing protocols j. Suicide strategy k. Transitions policy l. Out of hours psychiatry model m. CYP IAPT programme n. Parity of esteem with physical health 	31.12.17			Nil

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2017/18 Continue to fund the IAPT Programme				£330,000
24. By 31 st March 2017 we will have developed a “performance dashboard” .	31.3.17	Care & Quality: Gaps and issues will be more readily identified and addressed.	Local measures: Time from issue or breach to actions to address them.	Nil
25. By 31 st March 2017 CAMHS service providers will routinely collect “outcome measures” which will be aggregated and reported through to the System Performance Group.	31.3.17	Care & Quality: Consistent comparisons between providers will enable gaps in provision to be addressed as a whole system. Finance and Efficiency: Members of the system will hold each other to account.	Local measures: Dataset available and reported routinely.	Nil
26. By 31 st March 2018 NHS commissioned services will produce and publish produce and publish “annual quality improvement plans” .	31.3.18	Care & Quality: Drawing on the work of the provider network, performance dashboard and outcome measures service providers will be able to readily identify areas for improvement, develop plans to address these and work collaboratively to implement.	Local measures: Plans published annually and actions implemented.	Nil
Total 17/18 Investment on schemes (exclusive of the ring fenced allocation for Eating Disorders): <u>£3,197,117</u> Noted: Remaining balance is available to support non STP funded programme costs. There is also a variance to BWD CCG resulting from BWD Local Authority continuing to fund their contribution to CAMHS. This has resulted in more transformation monies being available for local spend in BWD CCG and these will be spent collaboratively with the HWWB against their priorities.				

