CAMBRIDGESHIRE AND PETERBOROUGH

EMOTIONAL HEALTH AND WELLBEING

TRANSFORMATION PLAN

2015/16

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1. INTRODUCTION

1.1. This plan outlines the year one priorities for promoting and improving the emotional wellbeing and mental health for children and young people (C&YP) in Cambridgeshire and Peterborough.

1.2. This plan is intended for all stakeholders, to provide detail and assurance that locally the health, local authority, education, criminal justice and voluntary sectors are working in partnership to deliver a joined up approach to commissioning and delivering emotional wellbeing and mental health services. It adopts a broad definition of Children's and Adolescent Mental Health (CAMHS), recognising that having good mental health contributes to the overall emotional health and wellbeing for children and young people. Good mental health is important in helping to strengthen families, improve educational attainment and enable social engagement and participation.

1.3. The plan provides a collective vision for Cambridgeshire and Peterborough to address the emotional and mental health needs of its children and young people's population over the next five years. It recognises the importance of supporting and equipping parents and families, where appropriate, to support their children and young people with mental health and wellbeing needs.

1.4. It has been contributed to by all stakeholders with an interest in promoting, improving and supporting the emotional wellbeing and mental health of children and young people. It takes into account the views of children and young people, their families and carers and builds on the good practice already provided locally and has been developed and agreed through the Cambridgeshire and Peterborough Emotional Health and Wellbeing Strategy Board.

2. VISION

2.1. The emotional wellbeing and mental health for children and young people is a key priority across Cambridgeshire and Peterborough. All children and young people are entitled to access learning opportunities to develop knowledge, understanding and the skills necessary to have good self-esteem, develop resilience and build positive relationships.

2.2. ***Our vision is that services for children, young people, parents, carers and families work together effectively from the earliest opportunity to deliver the right service to the right person in the right place at the right time. Services provided should be based on our evidence of what works, should be high quality and accessible, irrespective of the level of need or who is delivering the service. Services should be delivered as close to home as possible and as early as possible. Children and***

young people should be involved in the development and delivery of services and be involved in genuine shared decision making.

3. WHAT IS THE LOCAL NEED?

3.1. Cambridgeshire and Peterborough have growing child populations. There are approximately 136,000 children and young people under the age of 19 living in Cambridgeshire; this number is expected to rise by 3.9% by 2016, and by 10.3%, by 2021. In Peterborough there are approximately 48,400 children and young people under the age of 19; this number is expected to rise to 54,521 by 2021. Overall, Cambridgeshire children and young people have a generally better level of wellbeing than the England average; although there are parts of the county where children and young people experience worse outcomes, with Fenland being ranked 251 out of 354 local authorities . In Peterborough there are relatively high levels of deprivation. Around 1 in 4 children in Peterborough live in poverty and this figure is expected to rise.

3.2. National prevalence data suggests that in Cambridgeshire and Peterborough there are approximately 17,865 children and young people up to the age of 16 with mental health problems - 13,000 in Cambridgeshire and 4,865 in Peterborough.

3.3. These are likely to be broken down into the following categories of disorder:

Disorder type	Cambridgeshire	Peterborough	Total
Emotional disorder	3,100	1,030	4,130
Conduct disorder	4,800	1,605	6,405
Hyperkinetic disorder (such as ADHD)	1,200	425	1,625
Less common disorder (eg autistic spectrum disorder)	1,100	380	1,480

3.4. This prevalence is greater than the capacity of current services; and there is evidence of that needs are not being met. Between 2010/11 and 2011/12, the rate of children and young people admitted to hospital for self-harm in Cambridgeshire under the age of 18 increased. However, national rates have substantially decreased over the same period, with Cambridgeshire well above the national average. In 2012/13 there were 474 people aged 10 to 24 year old admitted to hospital as a result of self-harm. The rate per 100,000 populations was 396.2 in Cambridgeshire compared to 346.3 nationally.

3.5. The number of mental health admissions to a mental health inpatient hospital bed (for Cambridgeshire is lower than average for England (June 2015 Child

Health Profile, Public Health England). However the cost per head is 4th highest of the 13 East of England CCGs at £4.39. Locally there are inpatient facilities available, however there can be an issue accessing beds, which causes delay in transfer from acute beds to specialist CAMHS beds.

3.6. Locally services for early intervention are focusing on 15/16 year olds and above due to capacity issues. This means that opportunities to intervene early in the progression of some disorders may be missed.

3.7. Overall services require redesigning to meet the needs of the local population due to the diversity of need. Work has been undertaken to identify the areas of higher need for CYP, using the link of mental health issues and social disadvantage. This information provides us with a comprehensive view of the geographical area and the areas of highest need. This information will be essential when developing our future services to ensure provision is targeted at the areas of most need, and that services provide for the diverse needs of the population i.e. cultural, language, access, location of services, and gender of worker. *Appendix A* outlines further details of the demographic need of the local population including areas of inequality and diversity.

3.8. To address equalities and ensure we meet the needs of all the population an Equality Impact Assessment has been completed (Appendix H). We will also link with existing networks and community groups to see how to utilise their knowledge and experience to ensure services are designed and delivered in a way that acknowledges and accommodates differing beliefs, cultures and customs.

3.9. Locally the JSNA from both local authorities and public health teams have collated information on the health needs and indices for increased risk of mental health across the area. Page 7 of Appendix A shows a map of the areas of highest need for young people with mental health problems. When developing services we will ensure that we look at accessibility and provision of services within these areas, and use our intelligence to provide services in a way that meets the needs of those areas and populations. Through working with services across the local authorities we will ensure we develop services that address the needs of the vulnerable groups, specifically be aware of the need of those with indicators of higher mental health such as low household income, unemployment, large households. This is particularly important as we have a numbers of areas with high poverty and levels of deprivation across both Cambridgeshire and Peterborough.

3.10. The transformation plan, its key ideas and future service redesign, will address the inequities and develop services that address and adapt to the changing local needs.

4. WHAT ARE CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES AND CARERS TELLING US?

4.1. Locally across both Cambridgeshire and Peterborough, there have been a number of engagement events over the last few years which have gained views. Mental health and emotional wellbeing has been an area of high priority and interest for children and young people. This engagement has provided a wealth of information on how young people view mental health, how professionals should behave (should be what?), what services they would like to see and how these are delivered. This rich information is fundamental to informing our strategy and transformation plan to ensure any developments are in line with our local priorities and meets the needs of our local children, young people and their families/carers. For full information see *Appendix B*.

4.2. Some of the key points raised which our priorities are based on include:

- Knowing where to go to for support and making it easier for us to access it.
- Shaping our goals and helping us to keep going if we don't at first succeed through providing us with learning opportunities, experiences, support and empathy.
- By looking at the things we believe are in place in our schools and surrounding areas that promote our mental and emotional wellbeing and working with us on the things that could be improved/developed
- Timely access.
- More early interventions.
- Better integration and co-ordination of services; not having to repeat your story over and over.

4.3. The engagement activities have been held across the CCG area and as such have engaged with a wide range of different CYP and families/carers. Although specific demographic information of those consulted has not been collated, our family/carer groups felt that those consulted were often struggling financially, suffering depression/very stressed, some are single parents and sometimes have a disability themselves like autism. Having a child with special needs can make the families vulnerable.

4.4. Therefore when undertaking further engagement, we will acknowledge and address the often complex family situations people are living with, and it is essential we provide a clear method to navigate through services.

5. FUTURE ENGAGEMENT

5.1. Supporting the transformation plan, an engagement and communication plan is being developed which will outline all stakeholders including children, young people their families and carers and detail how we will engage with them.

5.2. There are a number of forums and avenues for on-going engagement with children, young people, families and carers. These include Healthwatch Cambridgeshire, Youth Health Champions in Peterborough, C&YP Improving Access to Psychological Therapies (IAPT) participation co-ordinator and local parent forums. These will be used to gain views and ideas of services and also to assist in breaking down barriers to mental health with C&YP.

5.3. Improving engagement going forward it is essential to try and reach the hard to engage group by utilising existing forums and community workers. Through the development of our engagement and communication plan we will detail how, who and frequency of this engagement. This will ensure we gain a broad a range of views as possible.

5.4. The Transformation Plan and supporting information will be published on the CCG and local authorities' websites.

6. WHERE ARE WE NOW?

6.1. A key driver for our local focus on emotional health and wellbeing services came from the development of our Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014/16. This was a cross organisational strategy which outlined our key priorities and has formed the basis for this transformation plan.

6.2. **Joint Commissioning Unit (JCU) -** Ensuring services are commissioned in a cohesive way, a joint commissioning unit was set up in June 2015 comprising of the CCG, Cambridgeshire County Council and Peterborough City Council commissioning, contracting and public health leads. Its role is to ensure a shared commissioning function, which will offer a more integrated approach to commissioning services for children, young people and their families, through: improved analysis of need, whole system planning and investment and, ultimately clear commissioning cycles and intentions. A Memorandum of Understanding is in place which sets out the guiding principles of the joint commissioning unit

6.3. Information regarding current commissioned services is varied as the commissioning is across a range of CCG and local authority contracts. *Appendix C* provides an overview of information regarding our current services including; funding, workforce, referral and waiting list information. The detail and ability to extract and compare the information is varied as reporting requirements vary.

6.4. **CYP IAPT** - Our specialist mental health provider, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) has been part of and delivering CYP IAPT since 2011 and it is now embedded as part of core CAMHS

services. It commenced as a collaborative between local NHS CAMHS provider CPFT, Cambridgeshire County Council, Young Lives (a voluntary sector organisation) and the now CCG, and currently is still overseen by a steering board of cross organisational representation. Routine outcome measures are being used by majority of clinicians with a number of staff having accessed training to deliver evidence based practice. A data manager has been in post to enable quality data to be recorded and analysed.

6.5. **Youth Offending Service** - Currently our local youth offending services have a variety of mental health support within their services. In Cambridgeshire the service has an effective and comprehensive view of mental health services. This is supported through a good working relationship with CPFT and the work of the psychologist who is subcontracted from CPFT. There are robust protocols in place to ensure effective joint working and significant work has been undertaken to ensure the two services work together to address the young peoples mental health needs in an effective and often innovative way. In Peterborough, the service has been highly praised for the quality and effectiveness of their emotional and mental health work by CQC in the two most recent external inspections. The service has close links with teams within the NHS delivering emotional and mental health services including CAMHS and the neuro-developmental team and good links with the psychology service provided for looked after children. The service has: a full time counselling psychologist, trainee forensic psychologist, assistant psychologist and a forensic specialist practitioner (who is a qualified community psychiatric nurse).

6.6. **Challenges**

There are a number of key points that are currently impacting local services.

- Waiting times in specialist CAMHS are up to one year.
- CAMHS emergency assessments in Emergency Department settings have increased significantly in recent years which has placed considerable additional strain on our specialist CAMHS and limited support for those in mental health crisis.
- General referrals to specialist CAMHS have also significantly increased in recent years (18% in 2014/15).
- As a result, waiting times for non-emergency cases and for Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD) cases are unacceptably long. This has led to CPFT and the CCG agreeing to the temporary closure of the waiting list for ADHD and ASD for those with no associated urgent mental health needs.
- Early intervention services are inconsistently provided across the CCG area and investment is relatively low.

- Services are not joined up leading to duplication, gaps and longer than necessary waits for children and families.

7. WHAT WE HAVE DONE SO FAR?

7.1. Additional resources have been invested into specialist CAMHS for 2015/16, by Cambridgeshire and Peterborough CCG to begin to address the 'Parity of Esteem' gap. We have provided £600k recurrent and £150k non- recurrent across Cambridgeshire and Peterborough, which is equivalent to an 11% increase in funding. The primary focus is to clear the waiting list backlog and sustain this going forward and to enhance the current Intensive Support Team.

7.2. A CAMHS summit was held in March 2015, with a broad stakeholder input, including, service providers, third sector, local authority representatives, parent representatives, Healthwatch, and commissioners, a plan was subsequently developed to address four key agreed priority areas:

1. Waiting times – CPFT are leading on work to reduce waiting times to below 18 weeks.
2. ASD and ADHD pathways – work between local authorities, Cambridgeshire Community Services (CCS) and CPFT is underway to ensure that pathways and processes are effective. A redesigned integrated ASD/ADHD has been agreed between CPFT, CCS and both local authorities. ASD/ADHD waiting lists to be reopened in November 2015 after redesigned pathway has been implemented.
3. Development of a combined single point of access for CAMHS and local authority services – work with both LAs is ongoing to ensure that those with additional needs are assessed for a range of services, not just specialist CAMHS. To support this, a CQUIN (Commissioning for Quality and Improvement) payment with CPFT for 2015/16 has been agreed which focuses on development of single point of access for CAMHS and local authority services.
4. Emergency assessments and support – A 'task and finish' group has developed plans for providing emergency assessment and intensive support services for children and young people in mental health crisis.

7.3. Further more we have liaised with the local Crisis Care Concordat to ensure that our plans link and the Joint Commissioning Unit are engaged in the Crisis Care Concordat planning.

7.4. Discussions have taken place locally with NHS England specialist commissioning. An agreement has been made to work together to develop ways of reducing inpatient activity and ensuring effective facilitation of admission and discharge and explore the opportunities for co-commissioning

of CAMHS inpatient/alternative to inpatient services. *Appendix D* is the Midlands and East regional specialised commissioning statement.

7.5. We will work together with colleagues from neighbouring CCGs, where boundaries are not covering the same area; to ensure the needs of all the CCG population are met through this plan.

7.6. We have been working with local providers to ensure the provision of evidence based NICE guidelines approved interventions, including cognitive behavioural therapy, systemic family therapy and parenting programmes. To further support and develop the workforce to deliver these, an application has been made to access funding for new staff to undertake parenting programmes and Systemic Family Practice for Depression, Self-Harm and Conduct Disorders training through the CYP IAPT programme.

7.7. As a CCG we are part of the Urgent Emergency Care (UEC) Vanguard and this work will link with the development of our emergency crisis support for CAMHS to look at services being 24/7.

7.8. Although additional CCG funding has been invested in 2015/16, this is only a start in our transformation programme. The transformation funding allocation for 2015/16 will be used to address the current pressing service issues and put us in a strong place to enable services to start 2016/17 with positive momentum.

7.9. The areas for immediate improvement have been identified through a partnership approach with health, local authority, third sector and feedback from children, young people and their families/carers. The areas also link into the overarching ideas within this plan.

7.10. In the immediate initiatives there is some focus on specific groups of young people, but as the plans and service provision develops overtime this focus will widen. Within the 2015/16 initiatives there is specific resource to support those working with C&YP who are lesbian, gay, bisexual or transgender and those living in a deprived and diverse area of the county, to receive support and access for their emotional wellbeing and mental health needs. However, there are a variety of groups of C&YP who do not engage with or benefit from traditional models of service. In our future model we will be looking at innovative and alternative models of provision such as assertive outreach and community groups to support and enable access for these groups of C&YP and their families/carers.

8. 2015/16 INITIATIVES

Below outlines the initiatives to be undertaken in 2015/16 to quickly improve and address current service issues.

KEY AREA	LOCAL NEED	WHAT WE ARE DOING	TIMEFRAME	FUNDING	Key Performance Indicator	LINK TO KEY IDEA (section 11)
1. Single gateway for health, local authority and third sector services.	Approximately 17,865 C&YP up to the age of 16 with mental health problems C&YP feedback: Improvement in access of services	Develop single gateways to services (including specialist CAMHS) A CQUIN with CPFT to support the LAs in developing a single gateway Provide a support worker to develop single gateway	Early 2016 Q3/Q4 2015/2016 November 2015	Existing funding + CQUIN + transformation funds	Develop single gateway by Early 2016 % of CYP being referred through the single gateway % increase in patient satisfaction	Key Idea 1 and 5
2. Services for emergency assessments and crisis support.	Increase in CAMHS emergency assessments in Emergency Department (approx. 400 per annum in Cambridgeshire) Challenging access to inpatient CAMHS provision	Commencement of a Task and Finish group to develop and review proposals. Additional resource to develop an enhanced crisis assessment and Intensive support team (IST) Developing the IST with enhanced staff numbers and hours of operation, will enable more young people	Proposal to be agreed end October 2015 Following business case approval To be agreed Oct 2015 onwards	Additional CCG funding and transformation funds Funding risk shared to be discussed further	Reduce % of attendances to emergency departments for CAMHS crisis Increase training provided for acute hospital staff Reduction in numbers of admissions for self harm (under 18 year	Key Idea 6

		with high needs to be treated within the community and reduce the need for inpatient activity and ensure effective facilitation of admission and discharge, across all levels of service.			olds) Reduction in CAMHS inpatient bed days for CCG population	
3. Appropriate services for ADHD and ASD.	Unacceptably long waiting times for non-emergency cases and for Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD). Temporary closure of ADHD and ASD waiting list for those with no associated urgent mental health needs.	Redesign the pathway for ADHD and ASD services across local authority, Community Health and Specialist CAMHS services. Redesigned pathway to include multiagency assessment, additional resources/capacity. Purchase of IT equipment and support to enable seamless working and data sharing across organisations.	Business case submitted to deliver improved pathways from November 2015. December 2015	New transformation funds CCG funding	% of CYP seen for ASD/ADHD services under 18 weeks RTT Improvement in patient experience	Key idea 1
4. Waiting times for specialist services.	Waiting times in specialist CAMHS are up to one year. General referrals	Additional investment for: • Emergency assessment and crisis support • Improvement to the ASD and ADHD	November 2015 to be seen in 26 weeks by April 2016 to be seen by 18 weeks and aim for all	Current investment and redesign of services with additional support from	% of CYP seen by 18 weeks Improvement in patient experience	Key Idea 6

	to specialist CAMHS have significantly increased in recent years (18% in 2014/15).	pathways will impact on waiting times for specialist services. • Additional capacity to reduce all CAMHS waiting times to below 18 weeks by March 16.	children to be seen by 12 weeks by April 2017.	transformation funds.		
5. Eating disorders	To ensure the local service can deliver national guidance of models of care.	Commissioning services to deliver national guidance. Through expansion of existing team to deliver a single community eating disorder service for up to 18 year olds (currently 17 years) across the county for approximately 100 cases per year for a 900,000 population. Training and support for a wide range of professionals in working with young people with eating problems, including vulnerable groups such as Lesbian, Gay, Bisexual and Transgender (LGBT).	Business case submitted for additional resource Proposal to deliver eating disorder specific support	New transformation funds eating disorders	Reduction inpatient bed days for CCG population Increased confidence of those trained to work effectively with young people with eating problems	Key Idea 3, 5 and 6
6. Early intervention	To ensure that an increased number of children and young people are provided with	Effective use of evidence based and outcome measures. Build capacity and support	Commence Q3 2015/2016	Existing funding streams CYP IAPT funding	% of CYP with outcome measures No of additional staff undertaking CYP	Key Idea 2, 3 and 7

	effective support at an early stage.	for Early intervention and prevention services. Including: • Expansion of resource into rural areas with high needs • Support development of parenting programmes including training • Support for the development of mental health champions in all schools. Deliver training to schools and universal services to increase understanding, improve referral guidance and access, and early interventions • Early intervention support for those who experience domestic violence or sexual abuse. • Mental health early identification and intervention training 1-5 and mental health early identification and intervention school age		New transformation fund	IAPT training by April 17 Increase number of parenting training programmes All schools to have a mental health champion and named link within CAMHS	
7. Redesign of future services	Current services do not meet	Employ a project manager to undertake redesign.	August 2015	Additional CCG funding	Become an early implementer site for	Key idea 7

and Implementation of year 1 plan.	demand for services and gaps in services can lead to a poor experience for CYP.	Set up a redesign project group. Development of a young person's reference group. Apply to be an early implementer site for the ITHRIVE model. Employ a Transformation Lead. Undertake public consultation of redesign.	October 2015 October 2015 September 2015 November 2015 By end March 2016	Transformation funding	ITHRIVE Redesign of CAMHS with business case and model ready for consultation January 2016.	
8. CYP IAPT	Ensure access to evidence based interventions.	Support for staff to participate in CYP IAPT training programmes.	Ongoing	Existing funds		Key Idea 3

9. Eating Disorder Services

9.1. The development and expansion of the eating disorder services is identified in more detail here to support the new access and waiting time's standards and to detail how the specific allocated funding will be utilised.

9.2. Currently the population of approximately 900,000 supports the CCG area having its own dedicated Eating Disorder Service for children and young people. A detailed business case is being developed to outline how additional funds will be spent and outcomes to be achieved. The team would be expected to see approximately 100 cases per year, with a new referral rate of approximately 78 per year. The held caseload of 100 would be provided with evidence based treatment and expect to achieve the following outcomes: comprehensive assessment within one to four weeks, therapy and interventions closer to home, eating disorder-specific family work for all patients, psychiatric assessment and treatment as required, dietetic advice and support, brief CBT-informed intervention, DBT or enhanced CBT as required.

9.3. The service would be a seven day a week service, provided by a dedicated team Monday to Friday, including acute hospital in-reach during this time. For out-of-hours the service will be provided by the Tier 3 CAMHS service. The practitioners recruited for the new Eating Disorders Service will become part of the duty system and will also provide training to other staff.

9.4. Training: CPFT would provide an in-house training programme for their staff to ensure provision of accurate information, which would enhance development and optimise the functioning of the care pathways. This would be accommodated through no more than two days per week of practitioner time.

9.5. Training will also be provided by local voluntary sector organisation. Their training would consist of weekly sessions involving going into schools (covering the 71 schools across the area) by holding workshops with key professionals who attend on behalf of their school ie teachers, pastoral support, school nurses and worried parents (this could be offered separately). GP seminars would be held in surgeries across Cambridgeshire and Peterborough (covering the 137 surgeries) and medical students and registrars would be encouraged to attend training and awareness workshops on the paediatric wards (Peterborough City Hospital, Hinchingbrooke, Addenbrooke's). Hospital nurses and HCAs would also be a target area for improving education, understanding and empathy with a focus not only on the physical management ie. MARISPAN (management of Really Sick Patients with Anorexia Nervosa) but also the support required on the ward in terms of managing difficult thoughts, coping with meals and the behaviours associated

with eating disorders which can often prolong stay if not managed and supported appropriately.

10. SELF-ASSESSMENT MATRIX (SAM)

10.1. Our vision and plan for Cambridgeshire and Peterborough is closely aligned with the national strategy 'Future in Mind'. We have held a number of local multi agency sessions to complete the 'Future in Mind' Self Assessment Matrix (SAM) see *Appendix E*. This has helped confirm our key themes for development:

- **Promoting resilience, and early intervention**
- **Improving access to support – a system without tiers**
- **Care for the most vulnerable.**

11. WHAT WE WANT TO DO

11.1. Local partners have agreed to redesign the model for children's emotional health and wellbeing. Feedback from professionals and service users is that the current patchwork of services does not fit well together and is not consistent across the geographical patch. There are significant gaps which need to be addressed and not enough resource is focused on early intervention and prevention. There is now a real opportunity to create equitable services across the locality, which meets the local needs and utilise resources effectively. This includes ensuring services are provided as close to home as possible, at a variety of locations and formats that are accessible for the diverse and growing young population.

11.2. To address the themes identified in our SAM, we have developed a set of key principles on which future services will be based.

12. KEY IDEAS

1. **Integration and collaborative working** between health, local authority and third sector at all levels to create seamless pathways.
2. **Increasing early intervention services,** which supports building community and individual resilience and includes the development of strong support for educational based provision.
3. **Provide services which deliver evidence based interventions and have rigorous outcome monitoring.** Based on CYP IAPT principles.
4. **Remove tiers of services and develop services which focus on the needs of the individual child and young person** and have a workforce with the capabilities to deliver a needs based range of interventions.
5. **Provision of and accessibility of information, services and support in formats, locations, timeframes that meet the needs of children, young people, their families and carers.**
6. **Ensure those 'at risk' or in mental health crisis receive timely and effective intervention.**

7. **To develop a new model for Emotional Health and Wellbeing Services based on the ITHRIVE framework.**

12.1. These key ideas will be used to redesign the whole emotional health and wellbeing method in which a patient moves through NHS services, from community resilience and early intervention/support through to specialist services and collaborative working with NHS England specialist commissioning.

13. POTENTIAL FUTURE MODEL

13.1. The model of service delivery proposed is based upon the ITHRIVE model. The model focuses on children and young people's needs and preferences for care; prevention and promotion of mental health and emotional wellbeing; and active participation in decisions regarding care. It clearly defines treatment and support, self-management and intervention, shared decision making and collection of preference data.

13.2. The model removes the current organisational barriers and tiers of service by focusing on the need of the CYP and provision of interventions that are proven to work through research and which meet the needs of the CYP. A vital element is that the workforce has the correct skills, experience and capabilities to meet the needs of the CYP to achieve their identified goals and outcomes.

13.3. As a local system, we have been accepted as one of ten sites nationally to be an ITHRIVE accelerator site. This will provide support, toolkits, masterclasses, frontline training and shared learning events.

13.4. **ITHRIVE Model**

Coping/getting advice	**Getting help**
• Communities building resilience, prevention and support. • Education or community settings. • Single point of access and effective signposting, self-help, peer support. • School and primary care in-reach. • Digital support. • Comprehensive networks of community providers. • Focus on hard to reach groups • Shared decision-making.	• Focuses on the CYP who would benefit from evidence-based treatment. • Clear aims and criteria for assessing whether aims have been achieved. • Utilise the CYP IAPT ethos of evidence base, and routine outcome measures. • Interventions provided need to achieve the goals which are identified at the outset. • Shared decision-making.

Getting more help • Focuses on those requiring extensive and or intensive treatment, such as psychosis, eating disorders and emerging personality disorder services. • Services provided would be longer, evidence-based interventions, aligned to NICE guidelines and PbR (what does this stand for?). • Shared decision-making.	**Risk support** • Potentially the most challenging as it concerns a minority of CYP who do not improve from treatment or who are not in place or time to participate in treatment. • Challenges these CYP present often require intensive support needs and a co-ordinated multiagency approach to support and manage their risk and support needs. • Shared decision–making.

13.5. Over the following four years 2016-20, work will focus on embedding the new model, shifting resources from specialist to early intervention, to reduce numbers of children and young people being admitted for self-harm and maintain all waiting lists at manageable levels. Work will also ensure that services delivered adapt to the changing demographics and local needs. As part of embedding the new model, significant workforce development is going to be required to ensure shared decision making based services across all levels of services. This will require a variety of training, skill development and transference to make sure the workforce has both the capacity and capability to meet the needs of the changing population.

14. GOVERNANCE

14.1. The establishment of an overarching strategic group, The Emotional Health and Wellbeing Board across the CCG and both local authority areas will oversee the delivery and implementation of the transformation plan. Members will include partners from both the statutory and voluntary community sector, schools and health providers while mechanisms will be put in place to ensure engagement with children, young people and families. This strategic board will report to Cambridgeshire and Peterborough CCG, Cambridgeshire Children's Trust, Peterborough Children's and Families Commissioning Board and when appropriate, both Cambridgeshire and Peterborough Health and Wellbeing Boards. For the full Governance structure *Appendix F*.

14.2. An Emotional Health and Wellbeing Transformation Implementation Group will commence in December 2015. It will:

- Oversee the implementation of the Transformation Plan.

- Monitor the implementation of the projects identified as receiving transformation funding for 2015/16.
- Ensure the services provided meet the details outlined within the specifications, all outcomes identified are achieved and services keep within identified financial resources.
- Support any commissioning and contractual issues with the identified services.
- Report to the Emotional Health and Wellbeing Board.

An Implementation Lead will be recruited to support the commissioning, contracting and implementation of the transformation plan.

15. FINANCE

15.1. The below table outlines the funding allocation for 2015/16 initiatives from eating disorders and transformation funds.

	Eating disorder	Transformation funds	CCG additional funding
Allocation 2015/16	£429,279	£1,074,527	£770,000
Identified spend 2015/16	£366,000	£985,400	£770,000
Contingency 2015/16	£63,279	£89,127	£0
Comment	In excess of £200,000 of CCG additional funding for 2015/16 has been identified for crisis assessment and support, which takes the total invested in ED/crisis support services well over the identified allocation. In 2016/17 it is planned that the entire allocation be invested in either ED or crisis support.	In excess of £400,000 of additional CCG funding for 2015/16 has been identified for improving access to core CAMHS.	

15.2. Further detail on the allocated spend per initiative can be found within *Appendix G* CAMHS data collection template. An additional funding template has been completed to provide further detail of funding allocation (Appendix I).

16. CONCLUSION / NEXT STEPS

16.1. This plan provides details of the initiatives for the first year of funding, whilst providing an overview of the longer term vision and aims for developing emotional health and wellbeing services locally. The plan will be a working document that is added to, to assure partners that the resource for emotional health and wellbeing services is utilised in an effective manner which meets the needs of the local population.