

CAMBRIDGESHIRE AND PETERBOROUGH
LOCAL TRANSFORMATION PLAN FOR
CHILDREN AND YOUNG PEOPLE'S MENTAL
HEALTH AND EMOTIONAL WELLBEING
REFRESHED – 2019/20

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1. INTRODUCTION

- 1.1.** This plan is a refresh of the 2018/19 Local Transformation Plan (LTP) for promoting and improving the emotional wellbeing and mental health for children and young people (CYP) in Cambridgeshire and Peterborough. The LTP was first written in 15/16 and this annual refresh is building upon the original plan, as it is a 5-year plan. This Plan details the progress made from November 2018 to October 2019 and the future initiatives for 19/20. It relates to the timeframe November 2019 to October 2020. This LTP links to the NHS Long Term Plan for Cambridgeshire and Peterborough as many of the key deliverables within the long-term plan are detailed within this LTP. The Long-term plan currently has the high-level deliverable for the NHS and this plan details initiatives that supports those deliverables and those of the wider system. A further refined mental health strategy will be developed in 2020 to build upon a range of initiatives within this LTP and priorities and plans for the next 5 years.
- 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 Services (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 an updated 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 acknowledges the importance of the range of people engaging with CYP across the community through supporting, advising, signposting and providing effective evidence-based activities to support CYP with their emotional / mental health needs. Ensuring we have a community with awareness, skills and knowledge of emotional / mental health needs is essential to improve the resilience of CYP to ensure good outcomes for their future.

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

2. VISION

2.1. Below is the vision statement for how children and young people are supported with their emotional wellbeing and mental health in Cambridgeshire and Peterborough, it aims to be child/young person focused and reflect the provision of support based upon the principles of Thrive.

We will work together with children, young people and their families/carers, and connect with communities including schools and GP's, to improve the lives, mental and emotional health of Cambridgeshire's and Peterborough's children and young people.

This means:

Enabling children to thrive, be resilient and cope at home, at school and in their neighbourhoods and with friends. This includes easy access to sound information and advice.

Where required, children and families/carers receive focused help from evidenced based interventions as early as possible. Shared decision-making supports children and young people's preferences and outcomes are closely monitored and evaluated.

Where required, children and young people receive more help and intensive treatment from specialist services led by health professionals/teams. This includes being enabled to continue with daily life.

Where a minority of children are not benefitting from interventions and remain at risk to themselves or other, they and their families/carers, schools and communities are supported to keep children safe in their daily lives and build their capacity to self-manage.

2.2. 2020 - How will it be different?

By 2020 there will be improvements in the emotional, mental health and wellbeing of children and young people across Cambridgeshire and Peterborough. There will be a wider range of services to support and treat young people of all ages which;

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- are easier to access,
- are based on the needs of the child/young person
- support young people earlier,
- provide more specialist support when needed
- are delivered by skilled people

There will be an increased awareness and conversation about the importance of good mental health and wellbeing in all settings that children and young people access. This will be evidenced by increased numbers of children and young people accessing a wide range of children and young people's mental health and emotional wellbeing services. An increase in investment, increased staffing, positive feedback from service users about their experiences of services, fewer children and young people attending A&E for a mental health emergency and shorter waiting times.

3. WHAT IS THE LOCAL NEED?

3.1. Since the previous LTP refresh there has been a revision of the National prevalence data. This provides more recent data on the prevalence of the local population. This is however one element of the needs of the population. To ensure that across Cambridgeshire and Peterborough Public Health have developed a comprehensive needs assessment of (See Appendix A)

3.2. Cambridgeshire and Peterborough have growing child populations. There are almost 151,000 children and young people aged under 20 years living in Cambridgeshire, 23% of the total population. The population is forecast to increase by almost 25,000 children and young people (16.4%) over the next 10 years, with the largest actual and proportional increases expected in 10 to 14-year olds and 15 to 19-year olds. Peterborough has a younger population than the national average. There are over 54,000 children and young people aged under 20 years living in Peterborough, 27% of the total population. The population is forecast to increase by almost 9,500 children and young people (17.3%) over the next 10 years, with the largest actual and proportional increases expected in 10 to 14-year olds and 15 to 19-year olds. 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. Fenland is in the top third of most relatively deprived local authorities in England. In Peterborough there are relatively high levels of deprivation. Around 1 in 5 children in Peterborough live in poverty.

3.3. National prevalence data suggests that in Cambridgeshire and Peterborough there are almost 34,000 children and young people aged 2 to 25 years with a diagnosable mental health disorder across Cambridgeshire and Peterborough:

- 1800 pre-school children

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- 6400 primary school children
- 8700 secondary school children
- 5,200 young people aged 17 to 19 years
- 11,700 young adults aged 20 to 25 years

Estimated number of children with a diagnosed mental disorder, 2019

Age group	Prevalence	Cambridgeshire	Peterborough	Total
2 to 4 year olds	5.5%	1,300	500	1,800
5 to 10 year olds	9.5%	4,600	1,800	6,400
11 to 16 year olds	14.4%	6,500	2,300	8,700
17 to 19 year olds	16.9%	4,000	1,200	5,200
20 to 25 year olds	16.7%	9,200	2,500	11,700
Total		25,700	8,300	33,900

3.4. This prevalence is greater than the capacity of current services; and there is evidence of unmet need. Cambridgeshire and Peterborough have statistically significantly high self-harm hospital admission rates in children and young people aged 10 to 24 years, with overall increasing trends. Peterborough is experiencing a downward trend in admissions in 20 to 24-year olds and both areas have static trends in 10 to 14-year olds, although there was notable increase in this age band between 2016/17 and 2017/18. Self-poisoning is the main reason for admission.

3.5. The 2019 Children and young peoples' JSNA and Outcome profile is available at <https://cambridgeshireinsight.org.uk/health/popgroups/cyp/>. This profile presents data on factors relating to the health and wellbeing of pregnant women, children and young people at district level, where available, to help improve the health and wellbeing of children and tackle health inequalities. This information has enabled us to identify the CYP in our population who are potentially at increased risk of mental health issues; which has assisted in developing, planning and targeting our services. The use of Adverse Childhood Experience data is available in a range of forums, for example, we have commenced work to develop services needed for children who are looked after, children in need and those deemed as vulnerable. As noted above, Fenland is in the top third most deprived areas of the country and there is investment through the social opportunity fund via the Department of Education to develop and implement a range of projects which address the challenges of this population. This includes additional support for families with

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mental health concerns and increased resource for schools to support CYP with mental health concerns.

- 3.6.** It is known that there are groups of CYP who often face challenges when accessing mental health and wellbeing services, these include; CYP with Special educational needs and disabilities (SEND), including those with a learning disability and or a physical health needs, asylum seeking CYP, Children in care, children who have been adopted and those for whom English is not their first language. Within all our commissioned services we strive to ensure there is access for these group and the focus is the need of the CYP and ensuring they are supported in the most appropriate service. This includes the new Mental health support teams (MHST), who's role includes ensuring those with increased inequality can access support in a timely way. There continues to be areas that we can improve on and this is being addressed in a variety of ways. This includes links with existing networks and community groups, to see how to utilise their knowledge and experience and ensure services are designed and delivered in a way that acknowledges and accommodates differing beliefs, cultures and customs. This has been seen in our drop-in and training for carers regarding behavioural issues pre or post diagnosis of ADHD – different communities and cultures have necessitated information being delivered differently.
- 3.7.** For Asylum seekers, the National data shows that there were 31 unaccompanied asylum seeker children for children in need across Cambridgeshire and Peterborough as at the end on March 2017.
- 3.8.** As at January 2018 there were 5544 children across Cambridgeshire and Peterborough with Statements or Education and Health Care Plans (427 with Statements of Special Education Needs and 5117 with Education and Health Care Plans)
- 3.9.** For children in care, Cambridgeshire – latest figures are: –738 August 2018, up from 699 in January 2018. Of these, 355 were placed within Cambridgeshire and 383 were placed outside Cambridgeshire. The total number of other local authority LAC's placed in Cambridgeshire – 288. For Peterborough – the latest figures show 380 children in care as of May 2018, up from 362 in May 2017
- 3.10.** The diversity of need across the different age groups and demographic groups impacts on the way services must be commissioned and delivered. Any improvements to the system and services will consider improvement and impact on the outcomes on the children and young people in our population and increase those accessing evidence-based services.

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- 3.11.** We have also looked at where we have increasing demand for services and how we will address these increases.
- 3.12.** Provision of Getting advice and Getting Help services began to increase during 17/18 with the implementation of CHUMS to support Primary school age children and Kooth to support those CYP through online support. During 18/19 these services have continued to see an increase in CYP which was evidenced through seeing 32% of CYP against NHS access targets. Also, through the provision of children's wellbeing practitioners to see those with mild to moderate needs and provide guided self-help support.
- 3.13.** The Transforming Care agenda is one where we are seeing significant pressures on services. There are increasing numbers of children and young people with a learning disability and/or Autism, who require mental health services. Increasingly, younger children are requiring support, which has seen an increased focus during 18/19 and will continue and be developed further during 19/20. Section 12.19 expands upon this work, which will require a focus for 18/19
- 3.14.** A further group of children and young people whose needs have been an area of focus and will continue to be even more so in 18/19 are those with particular vulnerabilities and adverse childhood experience, such as Children in care, those in the youth offending system, and those who have difficulties accessing the mental health system. These initiatives will be expanded in section 12.10. Also, those children and young people who identify as lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+), which can increase mental health issues. The needs of these CYP are included in all services and there is local provision for those with specific LGBTQ issues.

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

- 4.1.** During 2018/19 we have continued to work with our parent/carer forums to ensure that we have appropriate service developments and delivery. This includes us continuing to support their work and provide funding to enable them to support and deliver training to parents/carers on a range of issues. We also continue to utilise the information gained through the work undertaken by Healthwatch Cambridgeshire and Peterborough in understanding the views and needs of CYP. The outcome of this work can be found in the below reports.
- Project one "Being Happy Being Me"
http://www.healthwatchcambridgeshire.co.uk/sites/default/files/being_happy_being_me_final_2017-05-11_0.pdf
- Project two "Minding Us"
<http://www.healthwatchcambridgeshire.co.uk/news/Minding-Us>

4.2. We also gained the views of CYP from our services last year that support the continued development of services and guide us to continually review pathways to make sure they achieve positive outcomes for CYP and their families.

4.3. To continue to have the voice of CYP in services, individual services have a range of approaches to gain the thoughts of those who use them and make continual improvements. This was seen recently in the interviewing of the Education mental health practitioners for the mental health support teams where 30+ young people partook in the interview process. The youth advisory council will be supporting us to develop the mental health strategy.

4.4. We have been working with Educational settings across the area on several issues regarding improving their knowledge, skills and approach to supporting CYP with emotional and or mental health needs. This included a conference on the Green paper and how the whole school approach can be used to inform and improve school's engagement in mental /emotional health issues. During Autumn 2018 we were part of the school's link pilot with the Anna Freud Centre to improve the relationships between educational establishments and mental health and wellbeing services. The outcomes of this work have led to the development of forums with settings to enable professionals to come together to great peer networks and support each other with an often complex and challenge remit for education settings. Appendix B details the school forums outcomes which will assist in identifying where support needs to focus going forward.

4.5. We have also continued to engage with families and carers with two local parent participation groups delivering services for parents and carers in collaboration with professionals. This has been invaluable to gaining family / carers thoughts and feedback which has enabled us to continue to develop services the people say they need locally.

4.6. We ensure that as part of our contracting arrangements, providers are required to undertake regular patient surveys and feedback from service users and use this in improving service delivery and treatment and supervision.

5. FURTHER AND FUTURE ENGAGEMENT

5.1. To further ensure the voice of those who use the services is an integral element of the LTP and future plans, in 2020 we will be conducting a range of engagement activities with CYP, families/carers and those within services to help develop a mental health strategy to build upon the LTP and support the delivery of the NHS Long term plan to 2030. This strategy will be co-produced and provide further clarity on the local priorities for improving the mental health

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and wellbeing of our young people. This strategy will also support those young people up to 25 years of age to provide improved pathways to support.

- 5.2.** In 19/20 we will be working with the SEND partnerships to develop a communication plan that is inclusive of both mental health and SEND, as often the stakeholders are the same and there is significant cross over in the messages and audience. This partnership is to ensure messages are supportive of each other and to reduce duplication and confusion and overload of information.
- 5.3.** The LTP for 19/20 has been shared with and contributed to by a range of stakeholders including; health and wellbeing boards, local safeguarding children partnership board, transformation care partnership, mental health trust, acute hospital trust, public health, voluntary sector, local joint commissioners, local authorities and education settings. The emphasis of this engagement is that although this is an NHS led plan, it needs to reflect the needs of the children, young people and their families/carers across Cambridgeshire and Peterborough.
- 5.4.** At a service level, we will support our service providers to engage with and gain feedback from users on the service specific delivery and work to be as flexible and as adaptable to the identified needs by users. The use of shared decision-making tools in services is also expanding and being used as a mechanism by which professionals and service users are developing care plans together to ensure improved outcomes. The use of outcome measures is being used increasingly and as a result of this they are starting to consider how the use of outcome measures through clinical supervision improve the practice of the workers and therefore have a more positive impact on CYP outcomes.
- 5.5.** The engagement of wider stakeholders for the ongoing work is crucial to ensure that the plan considers all groups of children and young people. A CCG CAMHS lead is a member of the Local Youth Justice Board and works closely with the board on responding to initiatives as well as overseeing the input of the Specialist CAMHS staff embedded within the Youth Offending Teams. Paediatricians are an integral part of the ASD/ADHD pathways and over the past year, multidisciplinary clinics have been introduced to ensure effective use of resources and improved patient experience. We have also engaged with Acute Paediatricians and Emergency departments when planning Crisis and Intensive support provision. They will continue to be fully involved in the roll out of longer-term plans.
- 5.6.** The Local Transformation Plan and supporting information will be published on the CCG and Local Authorities' websites by end of December 2019.

5.7. Cambridgeshire and Peterborough are working with the clinical network and Young Minds to consider how in the future we co-produce our future LTP's with children and young people and continue to have their views at the heart of what we do.

5.8. To formulate and capture all the above engagement will be outlined within a communications plan. There have been previous plans and there have been challenges in gaining expertise in communications to support the sharing and provision of a range of messages to a wide audience.

6. WHAT WE DID IN 2018/19 AND HOW WE SPENT THE MONEY?

6.1. There have been significant developments during 2018/19 and work with all partner agencies to improve the services provided locally to support CYP with Emotional, mental health and wellbeing issues has continued to grow. This work has been led by the steering group and a set of task and finish groups to ensure progress and coordination of the developments.

6.2. We have continued with our work as a Thrive early accelerator site and used the principles of Thrive as the basis for our commissioning work. This has proved to be beneficial to create a mutual understanding across health, local authority and education sectors.

6.3. This section of the LTP focuses on how the NHS transformation funds for children and young people mental health was spent. This funding is only one aspect of the total investment across Cambridgeshire and Peterborough on improving CYP emotional and mental wellbeing. There are some areas that we have committed to recurrently fund year on year to ensure stability for these services and support, whilst other areas we review on an annual basis. The full amount for NHS transformation funds was allocated for 18/19; however, the full amount was not spent due to issues with recruitment to several the programmes. This has not adversely impacted on our targets to date and we work with all providers to ensure we are meeting the needs of the CYP and ultimately improve the outcomes of CYP across Cambridgeshire and Peterborough.

7. AREAS OF CONTINUED RECURRENT FUNDING 2017/18 TO 2018/19

7.1. Specialist Mental Health Services

7.1.1. **Crisis** - For those in crisis we have been working with the First Response Service (FRS) to identify how we can support CYP when they are in a mental health crisis. The FRS is an all age service for those registered with a GP in Cambridgeshire or Peterborough. The triage service via NHS 111 option 2 is staffed by people who have training in CYP mental health. Additional resource has been

provided to enable a group of mental health practitioners to go into local emergency departments to assess CYP mental health needs. This model has been challenged in its delivery due to recruitment issues and therefore the breadth of hospitals covered is not across Cambridgeshire and Peterborough. This element of support is currently available 4 pm – 12 midnight Monday to Friday. Outside of these hours CYP can gain support from the triage team in FRS and when presenting in A&E there is an on-call system available. In addition to this for those aged 16 years and over there is a Sanctuary which offers short-term practical and emotional support between 6pm and 1am, seven days a week. Over 2019/20 work in being undertaken to review the crisis pathway for CYP to ensure the model of delivery is fit for purpose. This links into the requirements of the long-term plan for a 24/7 assessment provision, home treatment and intensive support. We need to develop plans as to how we will achieve this ambition by 2023/24. This requires reviewing the function of the CYP element of FRS and the unplanned care of the CORE CAMHS pathway. Work is also locally undertaken regarding crisis through the crisis care concordat. This forum brings together service providers of all ages including acute and mental health services, emergency services and community support. It is this forum that outlines and brings together the wider system role in supporting people of all ages whom present in various settings in a mental health crisis. The crisis response is applicable for all CYP and does not discriminate for those with LD, ASD or any other special need and the service is committed to making reasonable adjustments for those with additional needs. The FRS is all age and monthly KPI's provided monthly demonstrate usage by those under 18 years and provides information of usage by age, location, need, time of access etc.

7.1.2. Inpatient beds – although the inpatient beds are commissioned through NHSE, there is close working with them to ensure that all CYP who need to access a Tier 4 bed can do so as close to home as possible. In 2019/20 we have set up cross agency processes to ensure oversight of those in Tier 4 beds to ensure plans to bring them back into the community as soon as possible.

7.1.3. Neurodevelopmental services (ASD/ADHD) There has been a challenge locally over the past few years with the waiting times for ASD/ADHD services and significant investment has been made to reduce waiting times from nearly 2 years in 15/16 to within 18 weeks for assessment in most cases by 2018/19. Alongside this there has been investment in the provision of parenting programmes in both Cambridgeshire and Peterborough, in partnership with our Local Authorities to ensure evidence based early intervention is available

without the need for a formal diagnosis. In addition, we have also increased the availability of post diagnosis parenting programmes which was previously delivered only in certain parts of Cambridgeshire and Peterborough. This has led to significant improvements in waiting times for ADHD assessments as the current model of having an Early help assessment and parenting programme has meant many families have been able to access the support required without waiting for a diagnosis as before this approach only 20-30% of referrals led to a diagnosis. Therefore, the demand for assessments has reduced due to the pre pathway and multiagency approach. Our model has received regional and national interest in areas struggling to manage increases in demand for ADHD services. This area of work will continue to be funded and reviewed to ensure that the funding is allocated to the right elements of the pathway to improve the outcomes and experiences of CYP and families. The pathway was improved further in 17/18 with the development of an ASD diagnostic service for young people aged 12-18 years in Cambridgeshire.

7.1.4. Eating Disorders - We have continued to allocate funding to Eating Disorder services and have a county wide dedicated service which provides services for those CYP up to 18 years, although the national target for waiting times requires up until 19 years of age, which are currently seen within our adult services. Each year this service can work with approximately 100 children, young people and their families to provide intensive community-based intervention, thereby increasing the early intervention and aim to reduce the need for inpatient admissions. During 2019 additional funds was made available for the Eating Disorder services from NHSE. For our service locally this means that the service can be made more sustainable and develop the workforce model to have capacity to see the 100+ CYP referred per year. It also enables the service to flex the model to support those with more complex presentations. Going forward we anticipate a continued need for investment in Eating disorder services and are working with the service to identify areas for investment alongside national drivers such as supporting those with Avoidance restricted food intake disorder (ARFID). The information below provides further detail of the current Community Eating Disorder Service:

7.1.5. Cambridgeshire and Peterborough have its own dedicated Community Eating Disorder Service (CEDS) for children and young people. The service has been running since early 2017, workforce remains a challenge and additional resource is being made available for 19/20 to ensure the service model is sustainable. The team is commissioned to see approximately 100 cases per year.

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The pathway provides evidence based treatment and work towards achieving the following outcomes: comprehensive assessment and treatment within one for urgent and four weeks for routine referrals , 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.

7.1.6. The service is a 7 day a week service for those up to their 18th birthday, provided by a dedicated team Monday to Friday, including acute hospital in-reach during this time. For out-of-hours the service is provided by the CORE CAMH service who will provide support as required. The service in the main has managed to achieve the national waiting times for urgent and routine referrals.

7.1.7. Training: The local CAMHS provides in-house training programme for their staff to ensure provision of accurate information, which aims to enhance developments and optimise the functioning of the care pathways. The service is a member of the Quality Network for Community Eating Disorder Services for Children and Young People.

7.2. Transitions

7.2.1. Transitions from child and adolescent to adult mental health services are an important and potentially very difficult time for young people throughout their journey of treatment and recovery. The transitions pathway within our specialist CAMH provision has led to improved processes and the facilitation of transition workers and peer support workers to work alongside young people during their transition periods; this has had a significantly positive impact. Feedback indicates young people have improved experiences of transitions; they feel understood and listened to; they are less likely to get "lost" within the system; they have more choice regarding the next stage of their journey and feel more empowered with hope for the future.

7.2.2. Analysis of data from the Transitions service reveals that since the service commenced in 2018 the number of 17-year olds treated in community CAMH services has increased from 352 in FY 2016/17 to 582 in FY 2018/19. This is an increase of an additional 230 17-year olds; this is significantly above the original set target for the

service which aimed to support an additional 100 17-year olds per annum.

7.2.3. Further qualitative and quantitative data also demonstrates the positive impact of this pathway; in addition, the transitions team won an award at the Positive Practice in CYP Mental Health Awards; were shortlisted as a finalist for a second award. The Transitions team is made up of the following workforce: 3.0 WTE B6 Transition Workers; to focus on improving the transitions experience for all young people. 3.0 WTE B3 Transition Peer Support Workers; to work alongside young people, individually and in groups, to support and facilitate their transitions experience

7.2.4. Alongside the development of the Transition service CAMHS undertook an NHS CQUIN for transition services. A CQUIN scheme is intended to deliver clinical quality improvements and drive transformational change. The service completed the areas within the CQUIN of transition planning and pre-transition survey, the area that they struggled was gaining post -transition survey information. This was due to the young people moving on from services and gaining opportunities to complete surveys was limited despite numerous avenues explored. The outcome of this CQUIN and the work within the transition service has enabled greater working practices between CAMHS and adult services. It has also informed an adult mental health bid which has included the use of peer support workers to support young people transitioning into both adult mental health services and to wider community support post CAMHS.

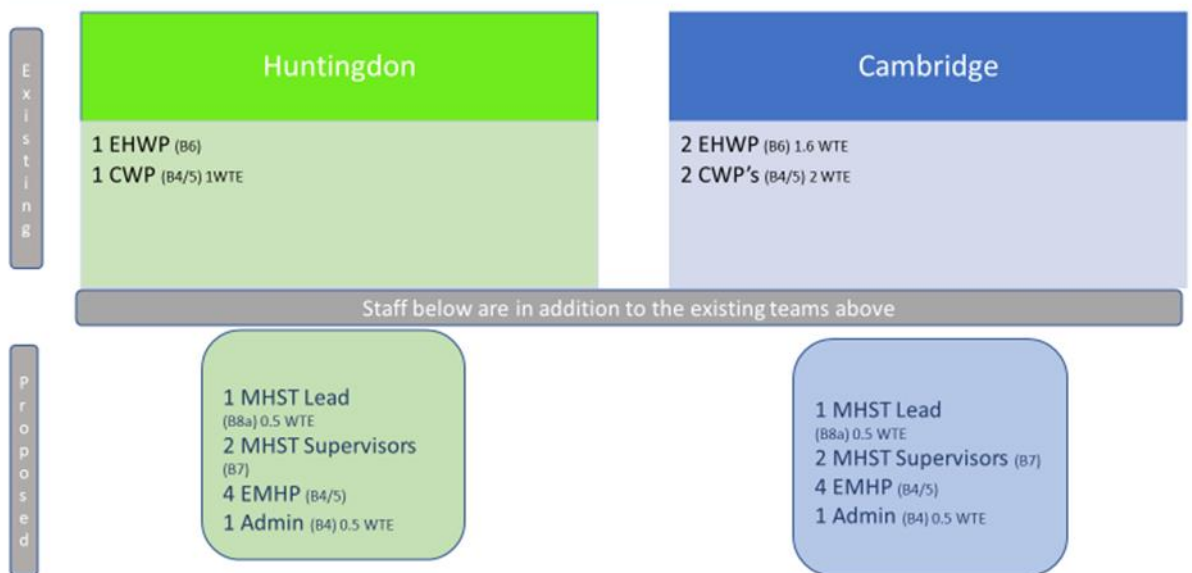
7.3. Emotional Wellbeing Service (formally practitioners' team) A key element of our redesign is the implementation of an emotional wellbeing service to work alongside those professional within the community to support them to work with CYP with emotional and mental health issues. The service began in January 18 and has been working across Cambridgeshire and Peterborough to support schools and other professionals to have "what if" conversations, provide advice and guidance to schools to support children either in the school environment or through access to other services. The team also delivers training to staff and supports wider system work with. The team works on a district basis and has dedicated workers in set areas to enable the building up of knowledge, information and importantly relationships on a district level. The team has expanded to and now incorporates three staff members from the children's wellbeing practitioner (CWP) training programme. CWP's are new roles and individuals are trained to deliver evidence-based interventions for CYP with mild to moderate needs. They provide a guided self-help approach

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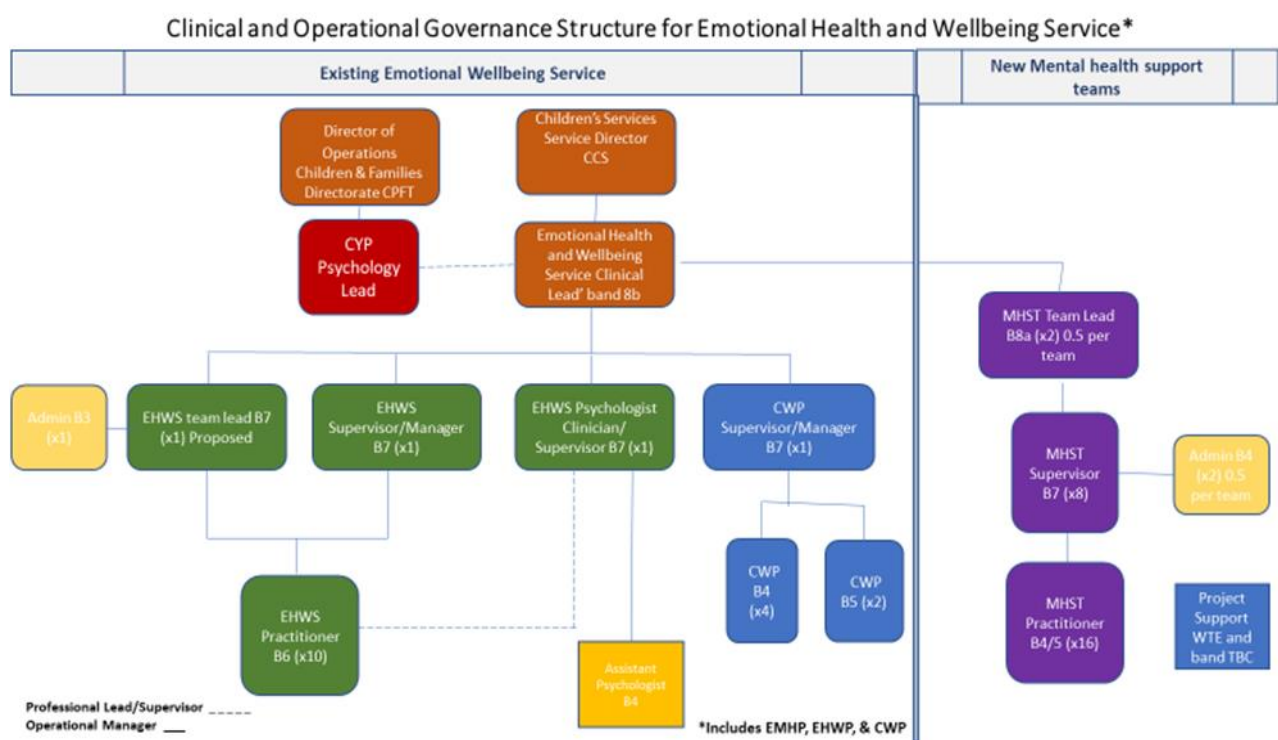
to support CYP with anxiety, mood issues, behavioural needs. For 18/19 the team also have 4 trainee CWP with the aim of by 2020 have additional qualified CWP's within the team. The team also now incorporate the project for school nurses that are Department of Education funded posts who work specifically within primary schools in Peterborough to provide advice, guidance and consultation to schools on a range of mental and emotional health concerns. The team has been successful in acquiring additional resource from the Fenland Opportunity fund to have two additional practitioners to work within East Cambridgeshire and Fenland to provide further dedicated support and work with schools to assist them to support CYP in this area. These additional workers will be in post by early 2019. The team continues to develop and in April to September 2019 received 952 contacts, 370 were "what if" conversations, 243 were for information and 115 were for referrals to Children's wellbeing practitioners. From January 2020 the team will be the overarching service for which the new Mental Health Support Teams (MHST) for schools will sit within. Although the MHST will have their own function the model to be adopted is that all enquiries from the identified schools in the pilot will be accessed through the EHWP duty line. This is to reduce the access points for schools and ensure the right level of support is provided. The below diagrams show how the new MHST will sit within the existing Emotional Wellbeing Service and Section 13.4 details the role of MHST further

Cambridgeshire & Peterborough: Getting Advice & Getting Help

County wide: EHWS Clinical Lead (B8a) 0.8 WTE, EHWS Team Lead (B7) 0.8 WTE, CWP Team Lead (B7), Admin (B3) 0.6 WTE
Additional input / joint working: Forums for mental health Champions across Cambridgeshire, CHUMS service



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7.4. CHUMS –

7.4.1. Peterborough City Council and Cambridgeshire County Council, in conjunction with Cambridgeshire and Peterborough Clinical Commissioning Group have commissioned Chums to deliver Mental Health and Emotional Wellbeing Provision (Getting Help) for Children and Young People in Cambridgeshire and Peterborough. This contract started in January 2018 with a target of engaging a minimum of 2,000 Children and Young people each year. In Peterborough the Chums offer is for CYP aged 0-17 with support in Cambridgeshire available for CYP aged 0-25. Referrals into the service have vastly exceeded this target though with 4,275¹ referrals being received from April 2018 – March 2019 and 2,446 CYP receiving a service (Not all referrals are eligible).

7.4.2. The Chums offer consists includes 3 main parts of the iThrive model:

- i) In the Getting Advice quadrant Chums offer Information and Advice, either over the phone or through drop-in sessions (905 CYP), Signposting information (500), and a 1 session Resiliency Group which both the CYP and 1 of their Parent/Carers attend

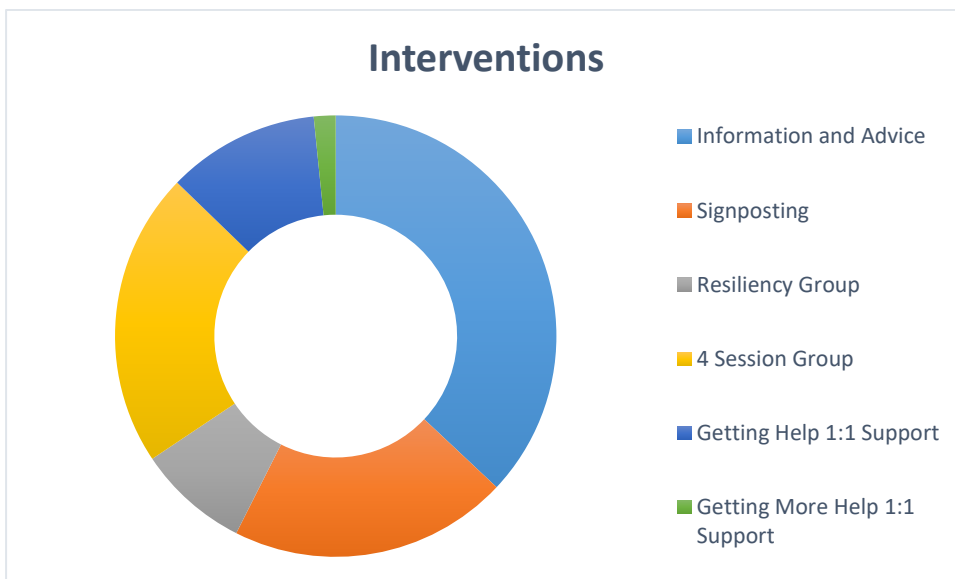
¹ All numbers relate to the 2018/19 financial year

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(200). **ii)** In the Getting Help quadrant Chums offer a selection of 4 session groups, which parents are also encouraged to attend, covering issues such as Anxiety, Low Mood, Bereavement, ASD or Rec groups in Music or Football (529) and 1:1 support for up to 5 sessions (273) **iii)** In the Getting More Help quadrant Chums offer 1:1 support for 6+ sessions (39).

7.4.3. CHUMS service works within a wider system of mental health support. This includes a range of voluntary sector providers, children’s wellbeing practitioners and the new Mental health support teams. Many of whom provide support in the Getting Help quadrant, which requires having good networks to ensure effective pathways which complement and do not duplicate support.

7.4.4.



7.5. Parenting Programmes – Due to high demands for specialist child and adolescent mental health services for ASD / ADHD assessments, waiting lists were temporarily closed in spring 2015. In response to this increasing demand, a new pathway was developed through the Joint Commissioning Unit. The route to access a specialist assessment is now through the Early Help Assessment (EHA) via the local authorities Early Help Hub, the referring practitioner completed the EHA. The assessment enables access to support, including Evidence Based Parenting Programmes (EBPP). The waiting list reopened on 15th December 2016, adopting the new pathways. However, the pathway is dependent on there being enough EBPPs, to meet the needs of families requiring these support services. Transformation funding was allocated to support the purchase of EBPP as well as developing the infrastructure to support the services.

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7.6. The following provides detail on the numbers accessing courses and demonstrates that overall for 17/18 there have been more families engaging in and benefitting from the parenting programmes.

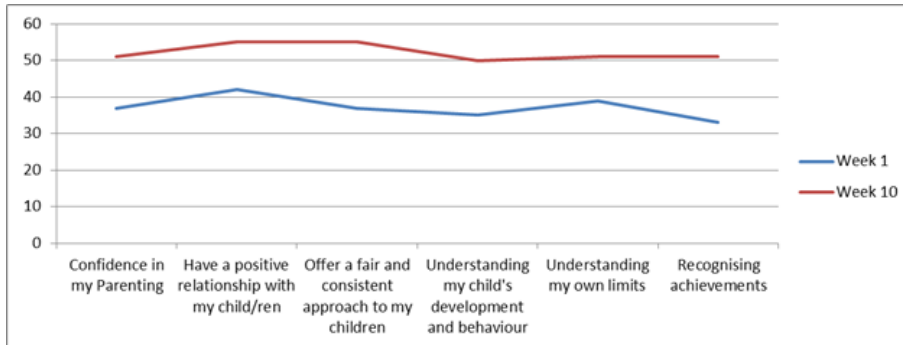
	2016/17	2017/18	2018/19
Number of EBPP Train the Trainer events in	4	1	4
Total Number of Practitioners trained	74	21	73
Total number of Evidence Based Parenting Programmes Delivered (this relates to the Triple P and Webster Stratton EBPPs that were directly commissioned through transformation funds)	9	15	9
Total number of parents who have accessed an evidence-based parenting programme, directly funded through the transformation funding	101	143	148
Total number of EBPP delivered by partners who have been trained to deliver the programmes	12	16	
Total number of parents who have accessed EBPP delivered by partners who have been trained through transformation funding	84	143	148
Total number of parents who have accessed online Triple P EBPP	10	52	tbc
Total number of children and young people whose parents have accessed an evidence-based parenting programme, across Cambridgeshire and Peterborough		Not recorded	1145

7.7. The evidence-based parenting programmes seek to achieve several outcomes for parents attending the programmes, which support parents in their parenting roles and the relationship with their children. As part of the programme parent's self-report their progress based on several outcomes. These are:

- Confidence in my parenting
- Having a positive relationship with my child
- Offer fair and consistent approach to my child
- Understanding my child's development and behaviour
- Understanding my own limits
- Recognising achievements

7.8. The evidence-based parenting programmes consistently demonstrate improvements in each of these areas from the start of the course to the end of the course. The following table shows these improvements reported by parents for one course delivered during 2017.

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7.9. Parents also provide feedback about their experience of the programmes they have attended. Feedback from parents during programmes delivered in 2017/18 include:

- "I didn't expect to enjoy the course, but I have loved it"
- "I understand the keyways to deal with behaviour, and doing one to one time works"
- "Gave me confidence in my own parenting skills"
- "Nice people on the course, fun and good ideas to help with behaviours and confidence. It was good to be able to talk about our children"

7.9.1. Programme facilitators shared the following story: *The parent had to be persuaded to attend the Webster Stratton Programme. The parent, however, attended every session and amazed everyone with her personal growth! By the final session the parent was telling the group how the course had literally changed their and their children's lives. They fully implemented all strategies and tools discussed within the sessions and talked about them with the facilitators the following week. The school confirmed the enormous change in behaviour the children now displayed at school. This change has been maintained months later.*

7.10. Parent support – Family Voice Peterborough and Pinpoint our two local parent/carer representative groups worked together to develop and provide support groups for parents/carers whose child / young person have or could have as diagnosis of ADHD or ASD and also developed a train the trainer programme to upskill parents to support others. During 18/19 they provided 4 expert parent sessions which were attended by 30 parents. They ran 3 sessions for challenging behaviour of which 21 parents attended. They also have developed hubs to help support families to navigate their way through the Early Help process which is a key element of the neurodevelopmental pathway, this results in 6 hubs being held and 8 parents accessing these hubs. This is a great example of working collaboratively with voluntary sector and NHS organisations and the services has received very positive feedback from families who have attended, which has led to improvements in their lives.

8. AREAS ON NON-RECURRENT FUNDING IN 18/19

8.1 Thriving This area of funding has predominantly worked with our Public Health service to ensure that we support the availability and access to information and support. This has been through the development and ongoing improvements to our local website keep your head **www.keep-your-head.com**. Work has been occurring over the past year to improve the website and work with local GP's has led to an improved professional's page and adult mental health services have now developed their own section of the website. To ensure the website continues to be effective in achieving the aim of being the focal point for information and advice, we have commissioned Centre 33 to manage the site, which has enabled a focused approach to its upkeep. It will also enable some dedicated focus on ensuring the website is suitable and useable for CYP as the focus and main usage to date has been by professionals. We are also making sure that the family/carer element of the site is up to date and meets the needs of these users also.

8.2 Kooth was originally commissioned as part of the Urgent and emergency care vanguard project locally, the contract has been extended until March 2020. It provides an online service for those aged 11 – 19 years, with open access, online counselling, forums advice and information for any young person living in Cambridgeshire or Peterborough and has been commissioned as an alternative to face to face counselling and provides support out of hours.

8.3 Management support (Project and Commissioning) To ensure the continued implementation and coordination from a programme level and a strategic level, funds were allocated to personnel to undertake these roles to ensure an overview of all the various work-streams and progression against the LTP, whilst ensuring dedicated resource to commission and oversee the services and link into the wider work within the Sustainability and Transformation Plan (STP).

9 PREVENTION AND PUBLIC HEALTH INITIATIVES

9.1 The integrated Cambridgeshire and Peterborough Local Authority Public Health Directorate have supported a range of initiatives throughout 2018/19 to contribute to work relating to CYP Mental Health and Emotional Wellbeing. Predominantly, these focus on early intervention and prevention programmes, which include upskilling the wider system workforce to be more equipped to support CYP with their Mental Health & Emotional Wellbeing needs. The initiatives and projects outlined below are in place to complement the wider commissioning of services to support the prevention and early intervention agenda, specifically Kooth online counselling service and the Emotional Wellbeing service which also play a fundamental role in the prevention of escalation to services and provision of support through early intervention.

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9.2 Cambridgeshire, Peterborough and South Lincolnshire Mind continue to deliver the Stress LESS campaign (<http://www.cpslmind.org.uk/what-we-do/campaigns/stress-less/>). In 2018/19 there was delivery of the STOP Suicide campaign, which won 3 awards and the S***** Word Campaign, which focused on de-stigmatising male mental health. Additionally, 25 schools across Cambridgeshire and Peterborough have been supported to implement Stress Less and a number of champions have been trained as advocates in supporting young people to manage their stress and to address mental health stigma.

9.3 As part of work to address bullying in schools, peer mediation and conflict resolution courses have been funded for 26 schools in Cambridgeshire (2017/18-2018/19). This was successfully completed, and each school involved received training, resources and consultancy support. The second part of the proposal is to evaluate the longer-term impact of the Conflict Resolution and Peer Mediation Programme in schools which have previously taken part in this funded opportunity. During 2019/20, the provider will examine/ measure the longer-term impact of the Conflict Resolution and Peer Mediation Programme in schools which accessed the funded training and support between 2017 and 2019. Specifically, there will be exploration of the impact of the programme on the culture and ethos of the school and children's wellbeing and personal development, including their ability to develop positive and healthy relationships.

9.4 A range of PSHE resources continue to be available for schools through the Keep Your Head website, including short films to guide teachers through delivery of PSHE sessions on Healthy Relationships, Body Image, Anti-bullying, Conflict Resolution and My Emotions. Resources to support schools on mental health also feature through the new Healthy Schools Support Service, whose website launched in May 2019. The Website also includes a single platform for all local providers to advertise forthcoming training opportunities and events.

9.5 A varied training programme on a range of topics pertinent to children's mental health is also available for schools and the wider workforce through CAMHs Learning and Development Team, the Emotional Health & Wellbeing Service and CHUMS. The Public Health Directorate have commissioned Cambridgeshire & Peterborough NHS Foundation Trust to deliver the following training opportunities to the Early Help workforce in 2019/2020:

- Suicide & Self Harm Training x4
- Bereavement & Loss Training x4
- Developing Further Skills/Introduction to CBT

9.6 The Healthy Schools Support Service, funded through Public Health, have also contracted Bounce Forward to deliver an enhanced training programme to support 50 schools across Cambridgeshire and Peterborough to embed a whole-school approach to resilience, including mental health, across their setting.

9.7 A Pupil Voice Toolkit has been developed to support schools and colleges to work with children and young people to explore ways of promoting their mental health and emotional wellbeing. This toolkit was piloted with schools, which further supported the development of resources. The resource is available on the Keep Your Head website. Partnership working is also underway to produce a suite of other resources to support schools and colleges to embed a whole school approach to mental health, including policy template guidance and a training competency framework.

10 SCHOOL NURSING

10.1 Locally our school nursing service is provided by our two main community providers, however work is being undertaken to realign these two providers to ensure a consistent and equitable school nursing provision. School nursing is a vital part of the emotional and mental wellbeing support that is offered to CYP in our area. For CPFT the School Nurses deliver services to all children aged 5-19 living in Peterborough and who mostly attend schools in the city. During April to August 2019 the service undertook 631 brief interventions with young people specifically supporting their emotional health and wellbeing. This was in addition to safeguarding contacts with young people where there is often a significant overlap with mental health concerns.

10.2 The service has also been involved as part of multiagency support to two local schools where a young person had taken their life and were also an active part of the recent multiagency suicide protocol.

10.3 Alongside their school support the School Nursing Service also offers Q&A sessions to GP surgeries and where this has been taken up has significantly improved the interface between the two services, with GPs regularly ringing the service to discuss the wellbeing of young people, in particular their mental health.

10.4 CCS provide the School Nursing Services to children and young people in Cambridge, Huntingdon and Fenland areas, and have recently launched Chat Health, a confidential service where young people can directly access school nurses by text message. All the contacts they have had via this forum have been in relation to mental health and this service will shortly be offered by the Peterborough School Nursing team as well.

11 LONG TERM PLAN

11.1 In 2019 The NHS Long Term Plan was published. This plan sets out the NHS's priorities for care quality and outcomes improvement for the decade ahead. The Long-Term Plan builds on the NHS Five Year Forward View. The Long-Term Plan cover all areas of health and has a specific work programme to significantly

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improve mental health care for all ages. The ambition set out within the long-Term Plan is that by 2023/24:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS Services by 2020/21);
- There will be a comprehensive offer for 0-25-year olds that reaches across mental health services for CYP and adults;
- The 95% CYP People Eating Disorder referral to treatment time (RTT) standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 age-appropriate mental health crisis care provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions

11.2 The CCG has developed plans on how these will be achieved. These plans provide further detail on a range of areas.

11.3 Mental Health Support Teams - The aim will be to continue to develop and increase the teams and introduce two new teams per year to ensure that over the time of the long term plan all schools will be supported by one of these teams. These teams aim to see 500 CYP per year and therefore an increase to 12 teams would see a potential 6,000 CYP per year.

11.4 0 – 25 years – the needs of young people are acknowledged does not stop at 18 years and therefore work is needed to ensure the needs of those aged 18 – 25 years is developed in a flexible way across both Children and Adult contracts to provide a seamless ,consistent service offer . We will continue to review and develop the transition worker roles, as part of the Community Mental Health pilot work to ensure that young people are supported when moving through service points. 0 to 5-year olds is being led through the Best start in life initiative and there will be link through the mental health services and the role of health visitors in promoting positive attachments is vital.

11.5 The development of transitions workers within CAMHS. Peer support workers based in adult services as part of the Exemplar project (2019 onwards for pilot sites) will support those young people transitions from CAMHS to other adult support services

11.6 Primary care / PRISM – There is a desire to ensure primary care is supported and able to support CYP with their mental health needs and support self-care, whilst enabling access to the right level of support. Therefore, the principle of the current PRISM service will be utilised and scoped to identify the right model of delivery to improve primary care’s role within CYP mental health (by 2020).

- 11.7** Development of Eating disorder services – we will work to ensure the eating disorder team continues to deliver and achieve the National access targets for urgent and routine cases and aim for increasing resources to ensure a sustainable and effective service which meets the National waiting times standards.
- 11.8** Waiting times – CYP need to be seen in a timely way and over the course of the long term plan our aim is to work towards achieving the 4-week wait. To enable this to happen will require additional resource for services. For our CAMH services pathway development will be undertaken to ensure sufficient capacity to see both routine and urgent cases and have effective demand capacity management approaches. We will also work with our Getting Help providers to ensure CYP are seen within these services in an equally timely way. Our planned trajectory is 18 weeks by April 2020, 12 weeks by 2021 and 4 weeks by 2023.
- 11.9** Crisis care – the above pathway development will also impact on the crisis response for CYP. The current 24/7 response needs to be developed to ensure access to assessment and home treatment for those in crisis. We will ensure we have capacity in the system to see those in crisis and work with the First response service, so the model meets the needs of CYP (by 2021/22).
- 11.10** New Care Models – The revision of commissioning arrangements for Tier 4 will support the approach for CYP to be supported closer to home and aim to reduce time within inpatient facilities. This approach will need to work closely with local services to ensure that community services are able to support those exiting inpatient facilities.

12 WHAT NEXT IN 2019/20 AND BEYOND?

- 12.1** This LTP is focused on improving the outcomes, experiences and lives of CYP across Cambridgeshire and Peterborough and as seen in the above sections we have focused and funded a range of services to achieve this goal. However, alongside the areas of existing funding there are further future strategic priorities, commissioning plans and areas for further development which are outlined below.
- 12.2** To further support the above initiatives and build upon the vast amount of work that has occurred over the past few years with the development and implementation of the LTP, a review of the mental strategies across the area will be undertaken. This is to ensure that both children and adult strategies are aligned and support the provision for those transitioning between services. It is in acknowledgement that services need to be flexible to meet the varying needs of young people and that the current service definitions can impact on the quality and outcomes of pathways for people. Therefore in 2020 through co-production with those who use and work within services there will be a revised mental health strategy. This may result in separate strategies for the differing ages to ensure an

equal focus; however, these strategies will align priorities ensure that services are provided to those who need it, within areas that they live.

12.3 Access targets and Mental Health Services Data Set – One of the main drivers for the release of the NHS Transformation funds is the need to increase the number of CYP who can access evidence-based interventions and increase this nationally by 70,000 CYP by 2020/21. This required a move from the national benchmark of 25% of CYP with a mental health condition accessing help to 35%. Regarding CYP in Cambridgeshire and Peterborough this means that by 2020/21 services will see and treat 5,800 CYP that an increase of 829 from 2017/18. Section 17.6 provides a table of the numbers to access per annum. To achieve this annual increase requires working with the current providers to agree the targets of number of CYP they will see each year. This is work that has been ongoing for the past few years and will continue, to ensure that services continue to see the required number of CYP. As a system we will be working with current and future providers to be assured that services are able to support and treat CYP and increase this over time. Part of this work is the requirement for providers to flow their information through the mental health services data set (MHSDS). This is an information platform by which NHS England measure how we nationally achieve seeing the additional 70,000 CYP. Significant work has been going on during 2018/19 and all provider of NHS funded services are flowing their data through MHSDS. This led to Cambridgeshire and Peterborough achieving the 32% access target for 18/19.

12.4 Accessing Services -The need to ensure CYP can access services in a timely manner is at the forefront of much of the transformation work. To enable easy access, we have commissioned online support through Kooth which gives 24/7 information and forums and up to 10pm counselling to CYP. During 2019/20 CAMHS with the support of NHS Improvement have undertaken significant work to review their waiting times for both assessment and treatment. Capacity in CAMHS has impacted on patient pathways and we constantly monitor their waiting times to ensure these are kept to a minimum of 18 weeks. This is achievable for 85-90% of patients, but this varies due to demand and capacity across the teams. Our CHUMS services are a mainly self-service access to a range of 1:1, group and recreational support. However, CHUMS too have experienced issues with long waits for service due to demand for 1:1 support and capacity to deliver this. Again, this is monitored closely.

12.5 Risk support – There has been work over the past year to consider the support that is offered to CYP for whom currently commissioned and provided services do not meet their need. Within the Thrive framework this is noted as those needing risk support as they are at risk to themselves or other and that services cannot and do not meet their needs and desired outcomes at this time. This could be for various reasons including lack of available resources and specialism to meet their needs, lack of willingness or ability of CYP and family to engage with services. They have had several interventions and it is time to support in another way.

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Locally within the Risk support element of our work is also the consideration of those CYP who have experienced Adverse childhood experiences (ACEs) which may put them at great risk of developing mental health concerns and requiring an intervention and support to minimise the impacts of these ACEs and risks.

12.6 The target group of CYP for this approach is: 1. CYP not yet ready for/failing to engage with treatment 2. CYP not benefiting from treatment 3. CYP with needs there is no available treatment for 4. Children where there are repeated referrals to CAMH for assessment and challenges in joint working in the system

12.7 This work-stream began its development in 17/18 and continued during 18/19. One of the main outcomes from 18/19 was a pilot project Network plus, which was focusing on the network surrounding CYP and thinking in a different way to provide effective support. As of June 2019, the Network plus pilot had engaged with 14 families. These families presented with three main issues for the CYP; **1)** undiagnosed ASD, anxiety, low mood – often out of school for long periods of time, **2)** self-harm, suicide attempts, PTSD, CSE, substance misuse, **3)** ADHD/conduct disorder, learning disabilities, aggressive behaviour to home, peers, school. The aim of the pilot is to bring network together and ensure the lead professional takes an active role. Reduce action “drift” as often lots of waiting and seeing occurs. The focus is brought back to that the CYP needs and ensuring the CYP and families are central to the discussions and planning. It also has a focus on joint planning and risk holding with joint authority approach to meetings. The pilot will finish in 2020 and reviewed as to its effectiveness and feasibility longer term.

12.8 During 18/19 there has also been the commencement of a multi-agency complex cases group to review key themes from CYP for who sit within risk support. This group provides a view from a health, social care and education perspective to provide a system wide solution

12.9 There are several existing initiatives which also contribute to the Risk support agenda: General ACES awareness

- Establishment of Risk Support work-plan within LTP
- Governance and leadership of the work-stream
- Role of complex case psychologist in YOT
- How we quantify and code this type of work/support in each organisation?
- Sharing of knowledge of CYP with ACEs and early intervention work
- Workforce requirements
- Process changes
- The STEPS approach in schools (Cambridgeshire SEND)
- Trauma informed training via the Virtual School
- Trauma informed practice across wider agencies including the Police and schools
- Parent counselling (where parents’ own needs inhibit the ability to support change within the family)

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- Assertive outreach services bid (trusted relationships fund)
- Exploration of Family Functional Therapy intensive delivery services
- Network plus project activity

12.10 Children in Care and Vulnerable children – We have acknowledged locally that we have a rising population of CYP who are becoming looked after by the local authority. For many of these CYP they are at greater risk of having and developing emotional and mental health needs and this became an area of focus for 2018/19. This resulted in a task and finish group being developed to look at and develop an action plan as to what as a system we can do to improve the mental health and wellbeing of children who engage with the care system either through being looked after, adopted, placed with connected carers, care leavers and those at risk of going into the care system. During 2018/19 a group looked at how any additional funding could support children in care. This was challenging due to limitations of resources and complexity of need of the children presented. However, this work led to an effective cross stakeholder understanding of some of the issues for children in care, which led to an action plan being developed which will be reviewed by the joint commissioning group in early 2020.

12.11 Children with a Special Educational Needs and /or Disabilities (SEND) are another cohort of CYP for whom there is a greater risk of have mental health and wellbeing concerns. A recent Ofsted/CQC inspection in Peterborough has highlighted several areas of good practice for these CYP with SEND and areas in need of improvement. The Role of mental health and wellbeing services has been shown to be one that is achieving good outcomes in some areas i.e. neurodevelopmental pathway and areas of need of improvement. There is work being undertaken to develop a local SEND strategy for CYP and associated action plan. These are being developed at the same time as this LTP and the actions from each regarding mental health and wellbeing will align as much as possible.

12.12 The current SEND strategy 'SEND is Everyone's Business' sets out what Peterborough and Cambridgeshire wants to achieve over the next five years for Special Educational Needs and Disabilities (SEND). It will be supported by an action plan that sets out in more detail how we will do this. The final version of the strategy and action plan will be published in the Autumn Term 2019

12.13 To support this strategy is a Pledge which has 7 key outcomes, these are that everyone will be able to be: -

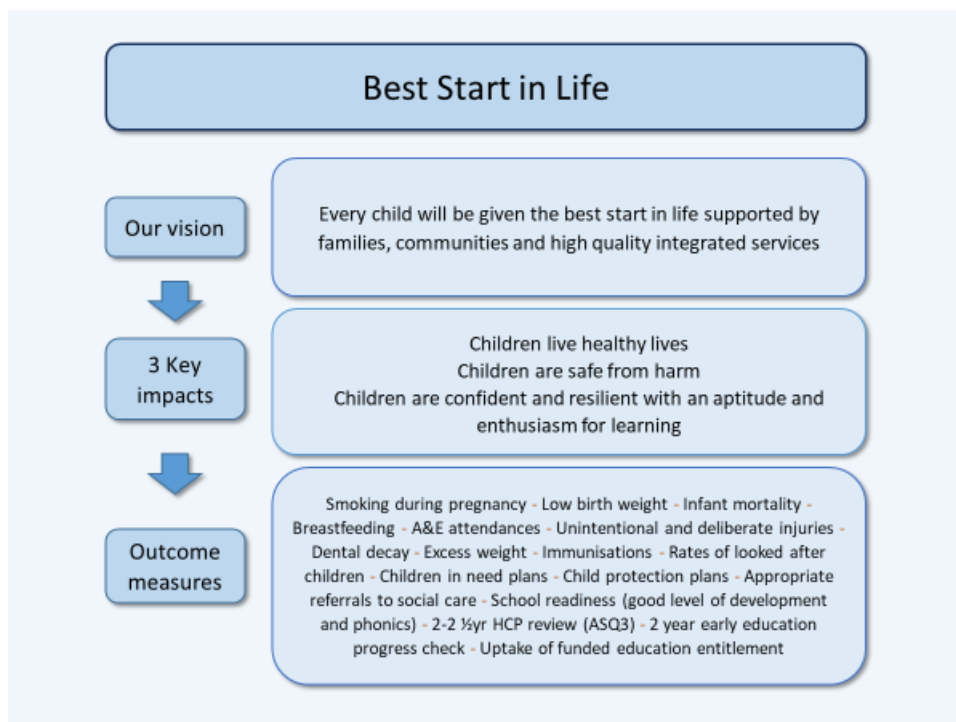
- Aspirational
- Confident
- Healthy
- Included
- Respected

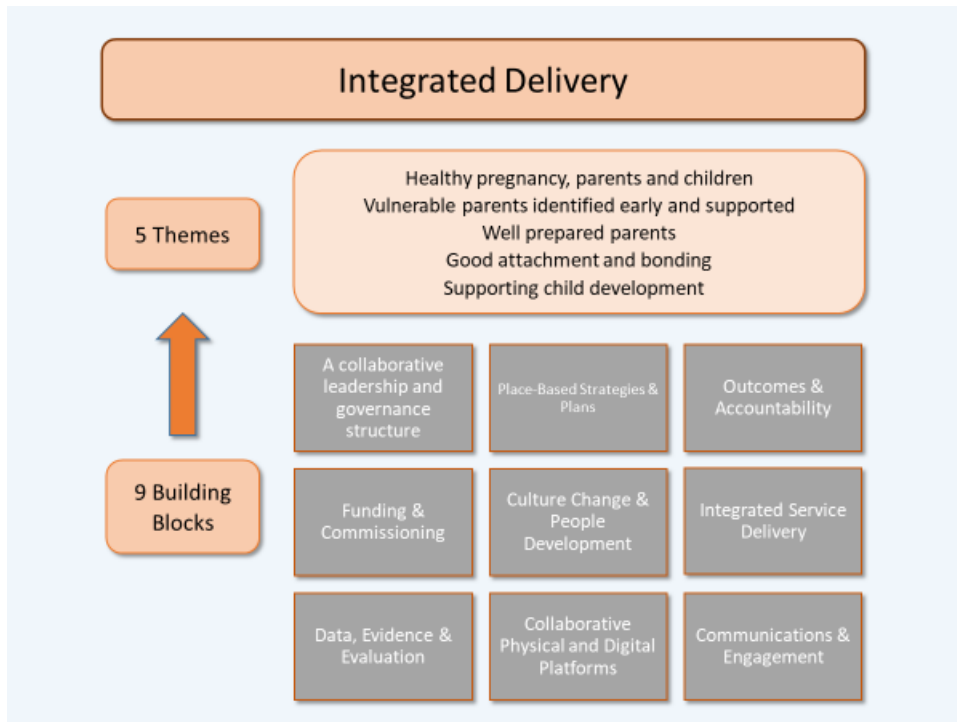
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- Safe
- Successful

12.14 All CYP are vulnerable in different ways but some are more vulnerable than others. It is important that the work with school/colleges, primary care and all services highlights these vulnerable groups and the risk support project and the role of highlighting and educating about ACE's will help to reduce the stigma of mental health and also raise people's understanding of the factors that can make some CYP more vulnerable to mental health issues.

12.15 0 – 25 years – The mental health and wellbeing of children and young people is greater than that of those of school age. Although this has been the focus age range previously it is acknowledged that the needs of those 0 – 5 years and those of 18 – 25 years as important to ensure seamless pathways and transitions points across a young person's life span. Work will commence with Adult services and commissioners in 2020 to ensure that the needs of those 18 – 25 years and the transitions between services is as seamless as possible. Locally for the 0- 5-year olds there is a current multiagency initiative called Best Start in Life which is focusing on pre-birth to 5 years and ensuring that all children have are given the best start in life and supported by families, communities and high quality integrated services. The below information details this work further.





12.16 Development of children’s community services - Across Cambridgeshire and Peterborough work is currently underway to jointly review and deliver a range of children’s services to improve efficiency, reduce duplication, enable timely access and improve the outcomes for CYP. This work is relevant to the LTP and emotional and mental health needs of CYP as within the first wave of the transformation is the healthy child programme and the roles of school nursing, health visiting, and family nurse partnership.

12.17 Getting Advice/ Getting Help - There are a range of projects and service developments which were implemented within 17/18 and continued in 18/19 that aimed to improve the provision of CYP who require support within Getting Advice / Getting Help aspect of Thrive framework. This has been an area of focus as there have been historical gaps between what is universally available and the specialist mental health services. This area of support includes; Emotional wellbeing practitioners who will work to support, guide and upskill those in the community working with CYP. New Wellbeing service provided by CHUMS to provide evidence-based support and interventions for primary and secondary school age children and up to 18-year olds in Peterborough and for up to 25 years in Cambridgeshire. One area of work that commenced in 17/18 and continues in 18/19 is the partnership work between Local Authority Early Help services, CAMHS, Emotional wellbeing Service and CHUMS. This partnership work is looking at which CYP are within the system and their needs to improve the referral process and ensure that CYP get to the right services at the right time. It is building professional networks and reducing barriers between services and increasing

knowledge across the system. This work will also look at any commissioning gaps in the system and how we can minimise the gaps between services. A significant piece of work that commenced 18/19 and is continuing in 19/20 is to review how the system is providing a comprehensive pathway across all needs. This work will review if the commissioned services and non-commissioned services are able to meet the needs and undertake a gap analysis of the available support versus the need of our population. This work will inform the Mental Health strategy that will build on the work of this LTP and work to deliver the NHS Long Term Plan.

12.18 Transforming Care and CYP with a Learning Disability -With the increase in need for children and young people with a Learning Disability and/or Autism, the way we work across health, social care and education, needs to change to ensure that we can adequately support children and young people in the community and respond in a proactive way to the requirements set out as part of the Transforming care agenda. Transforming care is an all age programme of work and its focus is on identifying and supporting people who have a learning disability and Autism who are at risk of requiring an inpatient admission. Locally we continue to make progress in meeting the requirements of Transforming Care agenda and have undertaken several initiatives to help ensure locally we are addressing the needs of this group of CYP.

12.18.1 These include and have been partially funded through the NHS Transformation funds:

- Dedicated programme lead for CYP to lead the work
- Development of process to undertake Care Education and Treatment Reviews (CETR)
- Locally developed Tier 4 complex cases multi-professional meeting to support unblocking of local pathways to improve support and outcomes for CYP.
- Provide training and support for local professionals to ensure that the principles of Transforming Care are embedded in local practice
- Developing a transitions protocol for those leaving Tier 4
- Developing a Section 117 aftercare process for those under section 3.
- Develop innovative commissioning solutions with partner organisations
- Packages of care can be put in place to support families so that children and young people can remain locally rather than be placed in out of area provision or be admitted in an inpatient unit.

12.19 Alongside the Transforming care agenda there is work ongoing with primary care to improve and increase the number of 14 – 17-year olds with a learning disability to access the annual physical health checks with GP's. This is being led through our CCG lead GP for Learning disabilities.

12.20 There is also a mortality review programme for those with a learning disability, this includes those CYP with a Learning disability and looks at what lessons learnt

that can be made to improve the system. This programme is also relevant to CYP.

12.21 Voluntary sector - VCSE project – Centre 33 with both the CCG and local authority worked to gain DH&SC funding to expand their Someone To Talk To services. Through this project Centre 33 aim to offer more flexible and longer-term support to young people with health inequalities. Through employing Engagement and Support Workers who will work proactively to reduce the complexity in the young people's lives and support the young person to engage with mental health support. Centre 33 have also engaged with the Recruit to Train and Children's wellbeing practitioner initiatives to expand their workforce and provide a broader range of support. This project commenced October 2019 and will be available for the following 3 years until end 2021/22.

12.22 Fullscope is a consortium of 7 local charities with a shared mission to improve the mental health and wellbeing of children and young people in Cambridgeshire and Peterborough. The overarching aim of Fullscope is to work together to enable Cambridgeshire and Peterborough communities to raise happier, healthier children and young people to a future without mental ill health. The consortium has 3 main projects; **1)** Developing a Project Laboratory, **2)** system change, **3)** clarity of access and offer. This consortium aims to bring the voluntary sector together to support wider system partners in improving the mental health of our children and young people.

12.23 Digital technology and support – There are an ever-increasing range of support available using digital technology and for in 18/19 we started to review what the requirements were for our CYP locally. From this we have continued to commission Kooth to support our CYP with an online counselling service. As part of the needs analysis we are undertaking in late 2019 we will utilise this information and that gathered during our coproduction events in early 2020 to ensure we; **1)** identify the need, **2)** identify if a digital solution will meet that need, **3)** look at range of available solutions to meet that need including any digital ones.

12.24 Suicide prevention – Suicide is a devastating event that no family should have to experience and unfortunately in Cambridgeshire and Peterborough over the past few years we have had several CYP who have taken their own lives. The number of suicides and undetermined intent deaths in children and young people aged under 18 years in Cambridgeshire and Peterborough CCG (using this definition <https://fingertips.phe.org.uk/search/suicide#page/6/gid/1/pat/6/par/E12000006/ati/102/are/E10000003/iid/41001/age/285/sex/4>) and for the time period 2008-2017 there were 11 deaths. (source: Primary Care Mortality Database, NHS Digital – held by Cambridgeshire County Council). This is an average of 1 a year. To address the potential causes and to improve the response to those feeling suicidal or those whose loved ones have taken their own lives we have implemented a few

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initiatives locally. The implementation of the local suicide prevention strategy and plan for Cambridgeshire and Peterborough is overseen by the Cambridgeshire and Peterborough Suicide Prevention Implementation Group. This is closely linked to the Zero Suicide group led by Cambridgeshire and Peterborough NHS Foundation Trust, the Crisis Care Concordat and this LTP. To ensure a consistent approach the CYP work stream across these groups and plans, there are 4 key areas of focus

Theme	Actions
Learning culture and training	Mapping the current children and young people's mental health training for professionals and making information on training more accessible for professionals. Funding has been secured from the Anna Freud Centre which will focus on risk, safety planning, common mental health conditions and resilience of staff. The training will include First Response Service staff and staff from Acute Trusts
Improving 24/7 crisis pathways for children and young people	Working to develop more timely and appropriate care for children and young people in crisis.
Links with schools Locally	<ol style="list-style-type: none"> 1. Cambridgeshire and Peterborough are part of the School's Link initiative, led by the Anna Freud Centre, aiming to bring closer working between clinical teams and education settings 2. Developing a joined-up approach to peer support in schools. 3. A protocol has been developed to ensure a more coordinated and consistent response to schools following the suspected death of young person by suicide. This protocol is primarily a framework for services 4. A learning event for Head Teachers and Pastoral Leads in colleges is planned for Early November this is followed by Forums to support settings
Community Support	Identifying the most appropriate community support for CYP and ensuring the models are sustainable

12.25 There was a deep dive in 2018 into the past 10 suicides of CYP to see if any lessons can be learnt to prevent future suicides. This was undertaken in conjunction with the Local safeguarding board and the Emotional wellbeing steering group.

12.26 There is a suicide prevention group that continues to meet to ensure issues regarding this devastating subject continues to be an area of priority and that there is a coordinated response to supporting CYP and preventing further deaths.

13 EDUCATIONAL ESTABLISHMENTS

13.1 We have worked over the past year to engage with educational establishments and support them with the challenges and demands that emotional and mental health issues have on their pupils and settings. Education settings can and do access a range of both in setting support and often commission their own support. We are through the projects below ensuring we support settings to commission services that are effective to meet the needs of CYP and complement existing services provided by health and Local Authority commissioned services:

13.2 School Forums - In autumn 218 the Anglian Gateway Alliance conference – was held and gave an opportunity for a range of schools to come together to consider how they could approach the issue of mental health through using a whole school approach, develop networks, approaches and actions plans to implement within their own settings. From this and building on some existing work, school forums were commenced. The aim of the forums is to provide; Psychoeducation, with an emphasis on engagement and experiential learning. Group / collective problem solving, with an emphasis on collaboration and providing support to one another. Planning for, and effecting, change, with an emphasis on: The practical implementation of ideas and resources. Holding attendees to account for activity in between sessions. Offering opportunities for structured reflection on experiences. For the academic year 2018/19 16 forums were held, attended by 68 schools and 130 individual attendees. Appendix C provides a full report of the programme and its impacts.

13.3 Schools Link Pilot /Programme– A project to run through Autumn term 2018 across the county in collaboration with Anna Freud Centre, the aim being to link schools with professionals in mental health services, building networks and enabling joint working. This programme is now being rolled out Nationally. Across Cambridgeshire and Peterborough, we are aiming to roll the programme out further during the summer of 2020 to schools who did not access the support in 2018.

13.4 Mental Health Support Teams in Schools -. The Green paper Transforming Mental Health Support (2017) has been a key document in influencing the thinking of how we engage with and support schools with the ever-increasing mental health concerns. From this paper and the Schools link pilot we developed the previously mentioned forums.

13.4.1 As an area we have been successful as a trailblazer site for the new Mental Health Support Teams (MHST). These teams will start from January 2020 and will deliver support in two areas: Huntingdonshire

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and Cambridge City. The MHST have three main functions: **1)** Delivering evidence-based interventions for children and young people with mild-to-moderate mental health problems, **2)** Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach, **3)** Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

13.4.2 Each team will support approximately 20 schools and therefore for the first wave will only support a proportion of schools within these two areas. These areas were chosen due to the need of the population based on a range of data and current available support and engagement with mental health provision. These teams will be based in education settings to provide whole school approach thinking and support to the settings. The teams will have dedicated workforce of senior practitioners and supervisors and trained mental health education practitioners. The teams will be developed to meet the local need of the settings they are aligned with. The aim is to support CYP of both primary and secondary age, as well as those in special schools and further education settings.

13.4.3 Although the initial wave only contains two teams, our local plans are to continue to expand these teams and apply for additional funding over the coming years to achieve a broader coverage. To reach all settings will require approximately 16 teams, which will take time to train and requires a large pool of workers to provide enough senior experience and supervisory support. Work will be undertaken in 2019/20 to consider where these additional 14 teams will be across the county and an order of prioritisation.

13.4.4 To ensure we have quality workforce who have the effective engagement skills with CYP, we had 30+ CYP as part of the Educational wellbeing practitioners interview process and the CYP were very eloquent in voicing the characteristics of works who they would discuss sensitive issues with. The MHST although are trained to work in schools will need to be engaged in the wider mental health and wellbeing system to ensure the pathways into their service and out to others such as CAMHS, CHUMS and other voluntary sector are as seamless and integrated as possible. The teams will only be working with a small number of settings to start and will be in trainee mode for the first year, we need to ensure we set realistic expectation of the number of CYP they can support and the positive impacts they will have on the wider system.

13.5 Training Review – there has been a review of the training available by a range of providers which educational establishments can access. The aim was to develop a coordinated list which will enable schools and colleges to review and identify the training that would meet their needs. A small task and finish group have been looking at this and work continues to establish a mechanism by which quality assuring any training and ensuring settings know how and can access what is available.

13.6 The School Collaborative group – This group commenced with Bottisham school which developed a protocol to promote positive mental health and wellbeing within their school. The group continues to build upon this and the recommendations in the Government Green Paper to support school staff in understanding and developing approaches and consider the mental health lead role locally. This group has been instrumental in developing local school forums to provide space for discussion and peer support regarding a range of mental health and wellbeing concerns. These forums are supported by local services, which again supports the links between education settings and mental health services.

14 EXISTING SERVICES SUPPORT

Schools are also supported through the Emotional wellbeing service, CHUMS, Kooth and can access advice from CAMHS. Many schools also commission independent counselling and emotional support services. The local authority also provides a vast range of support through their SEND/SEMH provision for those in the education system. In Cambridgeshire they have invested in introducing STEPS into schools. It introduces a therapeutic approach to schools in managing challenging behaviour / mental health. (<http://s4s.norfolk.gov.uk/Services/Details/2068>).

15 HEALTH AND JUSTICE

15.1 We have been working with the local Youth Justice Management Board and have health representation on the board to ensure the issues that relate to the health of CYP within the Youth Justice services is acknowledged and that they are supported appropriately. This has led to a review of the psychology and health input into the youth offending team. As an area our local mental health trust has won the contract to provide the regional forensic CAMHS service commissioned by NHSE. This provides a valuable link between our community CAMHS service and the justice system. We are also fortunate that our local CAMHS provides support to a specialist welfare secure unit for young girls and therefore provides local skills and knowledge of the support and needs of this group of young people. Through Our STP programme we have been reviewing the Secure Stairs programme and have discussed at our Emotional wellbeing board to ensure that there is wider understanding across the area of the needs and programmes of work regarding those in the justice system.

16 EARLY INTERVENTION IN PSYCHOSIS AND PSYCHIATRY LIAISON

16.1 Locally the early intervention in psychosis pathway is commissioned by the adult's mental health team within the CCG and provided by the CAMEO team in CPFT. The pathway is commissioned to be provided from 14 years of age and deliver NICE recommended interventions and pathway. It is rare to see children below this age; however, when required they are supported within the CORE CAMH service which follow the NICE guidance and liaise closely with the CAMEO team to ensure the best outcomes for the CYP.

16.2 Psychiatry Liaison - Locally we have a range of services which provide the liaison Psychiatry role. This includes a funded post in Addenbrookes A&E, our FRS (section 6.6) will provide the role across the other A&E's to support CYP in crisis and aim to divert them into community services in a timely way.

17 NEXT STEPS AND BEYOND 2020

17.1 The Local Transformation Plan has been the strategy document that has guided the mental health and wellbeing of children and young people for the past 4 years. This has supported a wide range of initiatives and service developments across a vast range of services, complexity of need and a large geography with variation in need. With the NHS Long Term Plan (2019) having a continued focus on children and young people's mental health. As a system through the mental health and wellbeing board and the Joint commissioning unit it has been agreed that we need to continue to build on the success on the LTP but to develop a new mental health strategy. This will be supported by a fully revised needs analysis, review of current available services, gap analysis and the development of a co-produced mental health strategy that is owned by the whole system. Work will continue to be led strategically through the children and young people's mental health and emotional wellbeing Board and commissioned through the Joint Commissioning Unit to work with all partners to sustain and extend improvements made during the 5-year programme. Our intention and desire are that the principles of 'Thrive' will continue a core element of the revised strategy.

17.2 We continue to use the principles of Thrive framework for providing a needs-based outcome and goal focused system which provides evidence-based intervention and support through a shared decision-making process between the child/young person, family and workers. The needs of the CYP will be aligned to the quadrants of Thrive; Thriving, Getting Advice, Getting Help, Getting More Help and Risk Support. These quadrants will be based on the CYP primary need and outcome to be achieved and is based on intensity of interactions not severity of condition.

17.3 To support the implementation of Thrive principles locally we have continued our work and close liaison with the National team as one of the early implementer sites for Thrive. This has enabled us access to the national team for support and



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guidance on utilising the Thrive principles locally to improve the outcomes of children and young people by improving services and the system.

18 2019/20 INITIATIVES

Below provides a summary of the initiatives to be undertaken in 2019/20. These have in most been funded from the NHS transformation funds but it also includes additional initiatives that have been developed across the system.

Thrive Quadrant	Project and Aims	Outcomes	Timeframe	Funding
Thriving	Keep Your head The aim is to have dedicated management support and develop site further to ensure meeting needs of CYP, families and professionals	Increase use and knowledge of site Ease of access to information and advice Dedicated support	Contract due for renewal in spring 2020	NHS Transformation Funds £15,000
Getting Advice	Digital offer Define what the required local offer for CYP would be; Apps, Website, Kooth and online support, positive and adverse role of social media.	To develop with CYP what the preferred Online offer of support should include and consider the commissioning of services to provide this offer	Early 2020 as part of New Mental health strategy	NHS transformation funds – review of non-recurrent commitment
	Educational establishments There are several pieces of work with the education sector as outlined above. Monitor these initiatives and collaborate with settings to ensure positive outcomes for CYP	Educational settings to feel more confident to support CYP mental health needs and know how and when to access additional support	ongoing Awaiting confirmation of school's link programme commencement date	Funding not specifically identified
	Green Paper Commence the trailblazer pilot in two sites and develop whole school approaches	To identify an effective approach to increasing school confidence and develop whole school approach to mental health	October 2019	Funding from NHSE and HEE
Getting Help	Mental health and Wellbeing pathway Review of services provided across the Getting help, getting more help quadrants with an aim to identify any gaps in current commissioned and non-commissioned	To reduce gaps between services and reduce CYP being seen and referred to multiple services without improved outcomes	Complete review December 2019	Any funding changes will be defined following the review work

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	support and consider options for re-aligning of service offer			
	Developing Community Services The alignment of CCS/CPFT services. Initial focus is on Healthy child programme the role of school nurses	To ensure a consistent School nursing support and offer across Cambridgeshire and Peterborough	Delivery from 2019 onwards	Public health funding
	Children's wellbeing practitioner To provide additional qualified CWP roles	To increase the numbers of workforce to deliver evidence-based interventions	January 2020	NHS Transformation funds
	Mental Health Support Teams To deliver the two trailblazer teams to increase to mental health support and develop whole school approach	To increase available interventions, increase workforce, increase early intervention work	Teams commence January 2020	NHSE EMHP via HEE funding in year 1.
	Waiting Times initiative To support Kooth to trial working with CAMHS and CHUMS to offer a digital offer to those waiting for an intervention	Reduce waits for services for CYP. Trial the acceptance and impact of an online support offer	Aim for January 2020 subject to funding confirmation	Waiting time initiative funding from NHSE
	VCSE Project To deliver an expansion of a project to increase access to those in need, through a flexible engaging approach	Increase the range of support available for CYP who need greater engagement and flexibility to improve their mental health and life wellbeing	October 2019	Initially DH funded then a tapered funding approach through NHS Transformation funds and local authority funding
Getting More Help	Transforming Care Ensure effective CETR processes, risk register and reduce number of CYP with an LD in an inpatient unit	Reductions in inpatient stays. Improved outcomes for CYP with a LD	2018 onwards	NHS Transformation funds for Transforming care lead to manage process and changes
	Eating Disorder To provide additional resource to enable current service to be sustainable and see those CYP with increasing complexity	Achieve national mandated targets. To see the 100+ CYP who are referred to service per annum against the waiting times standards for ED	December 2019	CAMHS transformation funding

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Risk Support	Risk Support Development of complex cases processes	To develop a multiagency view of how to support those CYP with specific complex needs	Started in 2019 and to continue in 2020	
	FRS – Increase the dedicated CAMHS support into the FRS and deliver assessments	Increase numbers of knowledgeable and skilled workers in FRS call triage. Increase out of hours assessments and reduce demand on A&E and acute inpatient beds for CYP in mental health crisis	Continue expansion of project as staffing established	NHS transformation funds £200,000 in addition to the money committed by the CCG for the wider FRS

19 HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

19.1 A key element of our LTP is the understanding of need and how we are progressing and making the required improvements to achieving greater access to services, increased workforce to deliver these services and improved investment into emotional and mental health services. It has been difficult to compare activity data over successive years. One of our original challenges was to improve the poor quality of local data. Significant work has been undertaken in the past 3 years to improve the level of confidence in the accuracy of the data. It does mean that comparisons with activity data from previous years has been a challenge, However, we are looking at how we can review the progress made and develop some potential KPI's that we can report against.

19.2 As part of the development of services we have developed our trajectory of those CYP who will access services and what that means to achieve the national target of 35% by 2020/21. Although the national reporting is based on those accessing NHS funded community services, as an area we have discussed how to capture local metrics to measure access across a range of differently funded services. During 2018/19 as an area achieved the 32% required, this was demonstrated through a strategic data collection exercise in the summer of 2019. This is a positive step in demonstrating that more CYP can access mental health services. There continues to be challenges for the 2019/29 target of 35%, however we are working with providers and continuing to invest to ensure we continue to increase access.

19.3 Each provider has annually agreed targets to meet as their contribution to Access targets. This involves a considerable increase for some organisations and therefore work is underway to ensure that Children and young people are progressed quickly and efficiently through the services to maximise the available capacity. KPI's are also in place to address waiting times, eating disorder targets, services for specific vulnerable groups and where there are extended services, such as Crisis and Neurodevelopment teams. Performances against these KPI's are monitored on a monthly basis with our mental health trust and at various other times for other providers such as CHUMS and Emotional Wellbeing Service.

19.4 As part of the work to demonstrate we are making a difference over 2019 the services have worked very hard to flow the patient level data to the Mental Health Services Data Set (MHSDS). This has been a challenge for many of the non-NHS providers due to system compatibility and the requirement to submit NHS type data from Non-NHS services. However, all the services worked very hard to develop processes and now can flow data on a monthly basis.

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19.5 Table 1 below details our local CAMHS access targets broken down by provider to meet the 35% national target in 2020 with a trajectory over the next 3 years. Table 1 below details our local CAMHS access targets broken down by provider to meet the 35% national target in 2020 with a trajectory over the next 3 years. The data needs to be viewed with caution as the measures are not through the MHSDS except for CPFT and the approach to measuring has been developed and adapted over time.

19.6

Provider	16/17	17/18	18/19 Actual from SDCS	19/20
CPFT	1,919	2,655	2,562	2,850
CHUMS	480 (counselling contract)	847 (counselling contracts)	806	1,260
Kooth	n/a	181 (SDC)	279	400
Parenting	195	1018	1121	1,000
CWP/ CCS	NA	NA	283	250
C33	NA	NA	NA	approx. 80 (from October only)
Other			244	unknown
Total	2,594	4,701	5,295	5,840
Target and %		4,975 30%	5,307 32%	5,804 35%

19.7 The below shows the range of measures that have been in development and we are using to show improvement. There is still work needed to agree the baseline for a number of these metrics and this will be undertaken in 18/19. The progress of these measures will be overseen through the CYP Mental health and Emotional Wellbeing Board.

19.8

Service area	Data	Target / Baseline	Outturn
FRS	Numbers of CYP seen by service	Baseline to be set in 18/19	
Eating Disorders	% seen in 1 week (urgent) % seen in 4 weeks (Routine)	95% 80% by Q3 18/19	Q1 data 19/20
Transitions	Increase in Numbers of 17- & 18-year olds seen	An additional 100 CYP	
ASD/ADHD	Waiting times for assessment	18 weeks	95%

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A&E	Number of CYP attendances for self-harm		
Access Targets	% of CYP seen for 2 or more contacts	32% 18/19 35% 19/20	18/19 31.9%
Outcome measures	% increase in those with an improved outcome measure	Work in progress for 18/19. Start reporting April 19	Reporting to commence April 2020
CHUMS	No seen for interventions (2+ contacts)	1260 CYP per annum	18/19 806
Keep Your head	Increase in number of users	Need to agree	
Schools			
Emotional wellbeing service	Increase number of CYP supported		
CAMHS	Increase in number of accepted referrals	18/19 – 62% Need to agree target	
Suicide	Reduction in number of suicides	Number for 17/18 5	

19.9 The reporting and improvements to data from a national reporting perspective has been focussed on the number of CYP accessing services. It was initially planned that during 2019 services would flow outcomes data. However nationally this has changed so that services are planning for this currently and the aim is from April 2020 services will be flowing their data via mental health services data set. Our local services are working on this and this will help inform if the increase in access and newly commissioned services are having positive impacts on CYP outcomes.

19.10 Progress against these priority areas and the above Outcomes will be reported through the CYP mental health and Emotional Wellbeing Board, which includes all key stakeholder groups. Through the Joint Commissioning Unit of Cambridgeshire and Peterborough and through regular reports to the Cambridgeshire and Peterborough Clinical Executive Committee

19.11 Our local transformation plan is closely aligned with other work locally looking at the healthy child programme and how we can improve the outcomes for children and young people. As part of this process a system wide outcomes framework which is based on the Thrive framework and incorporates health, care and education outcomes for both children and young people and the system continues to be considered. This outcomes framework will be used to support



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contractual arrangements, commissioning and delivery of services going forward. To enable us as across the system to see improvements made to children and young people's outcomes.

20 ROADMAP FOR IMPROVEMENTS IN EMOTIONAL WELLBEING FOR CHILDREN AND YOUNG PEOPLE IN CAMBRIDGESHIRE AND PETERBOROUGH, PROVIDING A HIGH-LEVEL OVERVIEW OF THE AREAS OF FOCUS BETWEEN 2015/16 AND 2020/21

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Whole system	Develop Vision Engage stakeholders Year 1 LTP	Single front door Evaluation of progress Outcomes framework Refresh LTP Stakeholder engagement	Review LTP Evaluate progress Stakeholder engagement	Review LTP Evaluate progress Stakeholder engagement Develop a sustainability plan	Review LTP Evaluate progress Stakeholder engagement	Achieve improved outcomes for CYP emotional wellbeing Stakeholder engagement
Improvements in waiting times	Reduce waits for ASD/ADHD Crisis support Parenting programmes Reduce waits for CAMHS	ASD/ADHD pathways developments Implement Eating disorder services Continued improvements in CAMHS waits Effective use of MHSDS	Access to services for children looked after Improvements to ADHD/ASD waits Access processes and protocols Improved reporting and monitoring processes	Effective use of data Review improvements	Sustainable waiting times achieved	Sustainable waiting times achieved
Access Trajectory 5– 18 year 0 - 4 year	Baseline (25%) 3,207 979 Actual outturn 15/16 1949	3430 1031	3822 1123	(32%) 5,307	34% 5640	35% 5804
Projects	Healthwatch – CYP reference groups	HEE – assessment project	Vulnerable Children pathways	Access targets	MHST Crisis pathway	To be confirmed

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	Estates project – C33 Parent/carer support – drop-ins, train the trainer programme See year 1 LTP for detail Redesign of system	Vanguard – urgent and emergency care project Keep-your-head.com website launch Healthwatch – CYP reference groups Implementing redesign	Integrated front door Transitions Parent/carer support Collaborative commissioning – Crisis pathway Risk Support functions	Getting Advice/ Getting Help pathway review Digital support Education support Green Paper Risk support Children in care Transforming care	Scope 18 – 25-year support Needs analysis Co-produced MH strategy Waiting time improvements	
THRIVE–	Become an NHS accelerator site	Commence work on “how Thrive are we”	Embedding Thrive principles and work within NHS accelerator programme to improve and enhance system to become “thriving”	Embedding Thrive principles and work within NHS accelerator programme to improve and enhance system to become “thriving”	Embedding Thrive principles and work within NHS accelerator programme to improve and enhance system to become “thriving”	Emotional wellbeing/ mental health system effectively using Thrive framework: needs led, outcome focused, shared decision making, evidence-based intervention or support
Thriving	Commence scoping work on all 5 Thrive quadrant and what it would mean locally	Thriving – a range of Thriving activities	Develop whole system approach to sustainable Thriving activities	Deliver Thriving activities	Deliver Thriving activities	CYP in Cambridgeshire and Peterborough Thriving
Getting Advice		Develop and implement Emotional wellbeing workers Improvements to single front door	Upskilling on community resources on emotional wellbeing / mental health Embed Wellbeing Practitioners	Upskilling on community resources on emotional wellbeing / mental health	Emotional wellbeing practitioners Parent engagement work	Emotional wellbeing practitioners Parent engagement work

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		Family Voice Peterborough / Pinpoint – parent engagement work	Develop CWP roles in community Use of technology to enable access to advice Family Voice Peterborough / Pinpoint – parent engagement work	Emotional wellbeing Practitioners Embed CWP and review sustainability Family Voice Peterborough / Pinpoint – parent engagement work		
Getting Help		Enhancing parenting programmes Kooth ASD/ADHD pathways Investment on CORE CAMHS	New wellbeing contract Review Kooth and consider future Continue investment in CORE CAMHS and training for CBT etc. ASD/ADHD	Wellbeing service CORE CAMHS ASD/ADHD Delivery of a range of evidence based short term interventions	Delivery of a range of evidence based short term interventions	Delivery of a range of evidence based short term interventions
Getting More Help		Deliver Eating disorder services Investment in CORE CAMHS	Eating disorder services CORE CAMHS Longer term locality-based services	Delivery of a range of evidence based Longer term interventions delivered by a CYP Specialist Community Eating Disorder Service	Delivery of a range of evidence based longer term interventions	Delivery of a range of evidence based longer term interventions
Risk Support		Crisis support though vanguard project	Develop Risk Support function Crisis support	Further develop Risk support	Evaluate risk support	Effective MDT Risk support
Workforce	Scoping of skills required to enable system to Thrive	Workforce strategy / plan to ensure capacity in system	Offer CYP IAPT training places across system	CYP IAPT training Implement workforce strategy	CYP Training	Delivery of sustainable workforce

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		CYP IAPT training places offered and accepted across system	Work with partners to develop local workforce development approach CWP posts – (4) Support and enhance school nursing function		Delivery of sustainable workforce approach	
	Ensure services delivery effective evidence-based interventions to meet CYP needs and outcomes					
	← Link with STP →					

21 RISK AND MITIGATIONS

The above projects and developments have a range of interdependencies that impact on the successful delivery of the projects. To ensure that these risks are captured, tracked and addressed a Risk log is in action and can be found below and this will be reviewed by the Emotional Wellbeing steering group

Risk	Impact	Mitigations	Lead	Rating
Providers meeting Access targets	Inability to demonstrate improved access to NHSE	Agree access targets for each provider and monitor through contract reviews. Invest in access targets	CCG	
Workforce – challenges across providers to recruit skilled workers	Impact on service delivery, potential increased waits for service	Working with all providers to ensure workforce is maximized. STP and CCG working to address issue	CCG / STP	
Demand and acuity of needs of CYP is increasing	Greater pressure on the system and delays in access to the right level of support	Work with providers to monitor demand and develop mitigating actions as required.	Commissioners	
Complexity of system impacts on gaining the most effective support	CYP may experience delay in support or multiple referrals none of which are useful unless supported by a functioning network	The Emotional wellbeing service aims to help navigate the system. Regular communication and expectation setting of services Gap analysis and need analysis project ensure resource targeting those in most need LA Transformation funding for 'Network Plus' project activity to trial new networking methods Implementation of the MHST	CYP Mental health and wellbeing Board	
Provider not using outcome measures to monitor improvements	Lack of clarity if interventions making improvements at a patient level	Working with all providers to ensure they are using outcome measures routinely and they are flowing through MHSDS as of April 2019	Commissioners	
Inability to demonstrate outcome measures through MHSDS	No system level view of effectiveness of services	Working as part of MHSDS project with providers to flow outcome measures from April 2019	CCG	
Achieving the 35% access targets 19/20	Lack of provision for CYP	Working with providers but a challenge to increase from 32% in 18/19 to 35% in 19/20	CCG	

22 COLLABORATIVE COMMISSIONING / PLACE BASED COMMISSIONING / NEW MODEL OF CARE

22.1 As an equal CCG and STP services have often been commissioned across the area. However, this presents challenges due to needs of different areas, geography, accessibility, other support services. Therefore, the approach going forward is to consider the principles of commissioning on a more needs-based approach for specific localities. The detail of how this work look regarding services delivery is yet to be determined. However, as part of the CYP mental health strategy to be developed we need to ensure we consider the differing needs of areas within our STP/CCG area.

22.2 New care models - Regionally providers have come together to consider the provision of Tier 4 inpatient care for those with mental health needs. This has led to an approach of a year's pilot to test the approach of providers having budgetary and commissioning involvement in Tier 4 placements. The aim being to reduce the number accessing Tier 4 and length of admission and improving support offered to those to maintain them at home / in the community. The impacts of this will be on community support, including crisis and home treatment. Therefore, as part of the CYP Mental health strategy we will consider the impacts of this new approach to care.

22.3 Work has been undertaken with NHS EoE about their work with specialist commissioning for forensic, secure and youth justice services. There have been collaborative discussions about the potential to develop local pathways between CCG, Providers and NHS EoE to ensure there is an effective pathway. This has resulted in our local Mental health trust being awarded the contract to deliver the forensic CAMHS services for the region which will hopefully enable greater knowledge and skills of the forensic needs of the area and greater cross service working.

22.4 Cambridgeshire and Peterborough have the fortunate geography of having one CCG, one STP area and two closely aligned local authorities who work together to support and deliver services to the local population. This enables an ability to deliver place-based commissioning in an effective manner without barriers and develop and deliver services that are aligned and of real benefit to the population. This place-based commissioning and joint commissioning was first trialled in the commissioning of the CHUMS service which enabled us to understand the benefits and challenges of commissioning across sectors but ultimately has led to an improvement of service for CYP. The future work with our two main community providers

also demonstrates the importance of developing services on a local level so ensure equity of service across the area and alignment of processes both from a commissioning and delivery perspective.

23 WORKFORCE DEVELOPMENT

23.1 To be able to deliver the improvements and initiatives detailed above requires an effective, skilled, sustainable workforce to ensure as a system we can improve the outcomes for CYP for now and the future. The workforce is diverse and spans a range of sectors from education, health, community, local authorities, and voluntary sector. It covers a range of professional groups, doctors, nurses (school / mental health / primary care), teachers, social workers, community workers, counsellors, volunteers etc. This leads to many opportunities to engage with and improve the emotional wellbeing / mental health of CYP. The Thrive framework focuses on the need to have the correct skills, aptitude and abilities when working with CYP rather than a specific group of professionals/workforce. This need for skills as opposed to specific professions is compounded by the national issue of lack of specific mental health workforce. As an area we have experienced and acknowledged the challenges in recruiting to several our mental health / wellbeing posts and therefore seeks to improve the workforce as a system.

23.2 To facilitate this, a workforce strategy was developed in late 2016 which identified several key areas of workforce that locally we needed to focus on. This strategy was developed in conjunction with a range of stakeholder and included Health Education England. From this strategy it was identified that we needed some experienced focus to develop an implementation plan which would set out the key areas for workforce development in the short, medium and longer term. The first draft of this implementation plan was developed in September 2017 and the report identifies the current risks and issues that exist for the CYP workforce. Some of these are:

- The small size of the CAMH workforce makes it extremely vulnerable to the wider supply issues seen in the registered non-medical workforce
- Predicted supply gaps for non-medical workforce which historically supplies the CAMH pathway
- The CAMH workforce profile demonstrates a heavy reliance on band 6 workers with a disproportionate supply of junior banded roles
- The School Nursing workforce is extremely vulnerable due to its size, it is unlikely to meet the growing demand of school age children with emerging mental health needs
- The local Social Care workforce sees a higher than national average rate of vacant children social worker posts
- The education workforce predicts a supply gap for teachers in Cambridgeshire

- The primary care workforce modelling profile predicts a supply gap in both GPs and Practice Nurses

23.3 The implementation report focuses on the application of the Thrive framework and principles and that for the workforce to be able to implement Thrive there is a significant focus on the supply of integrated and collaborative cultures. Much of the advice and support described within Thrive envisaged to be delivered within the community and education setting. The following is a summary of the workforce changes the system must make in order to implement the ITHRIVE model:

- The system needs to change the shape of the workforce to ensure a more robust supply pipeline alongside adequate number of support roles to deliver capacity that can meet the expected increasing demand.
- A culture shift needs to occur within specialist-based services to adopt a more outward facing identity and presence.
- Collaborative and Integrated culture to be cultivated across sector boundaries so that development and capability can be co-created flexibly
- A workforce implementation plan articulates the short, medium- and long-term changes that need to be put into place in order to deliver the workforce required for the New Model of Care. These changes include governance, capacity, supply, development, culture and leadership across a multi-sector perspective

23.4 The delivery of the workforce plan has faced challenges during 18/19 due to capacity within the commissioning and STP to support the implementation. However local services have continuously focused on the recruitment of workforce and have employed a range of tactics to encourage people to work within the sector. This has included advertising in a wide range of forums, financial incentives, flexible working approaches. Despite this there continues to be a constant capacity and workforce gap and our mental health trust has an approximate vacancy rate of 12% across the whole of its children and family directorate workforce.

23.5 For 19/20 work continues within the STP to ensure we are continually developing the workforce and understand the recruitment and retention issues. The concerns of the workforce form a large part of many contractual discussions and as noted above the margins and numbers within some teams is small that a reduction of a 0.5 whole time equivalent can significantly impact of delivery. Positively currently there is 4 CWP trainee posts for January 2019 and these have had a good response to adverts for the roles. One of our local voluntary sectors have also been awarded CWP trainee posts and we are waiting outcome of Recruit to Train submission. We have also increased the workforce across the area through the CHUMS contract and the Emotional Wellbeing Service, which is also awaiting an additional 2 roles through the Fenland opportunity fund. The Mental Health Support

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Teams trailblazers will also aid the expansion of the workforce with an additional 7 role per team and there will be two teams in the first wave. Our ambition is to expand this further in future waves wherever possible.

23.6 Below detail the workforce figures, these provide a progress for the CAMHS service, but CHUMS and the Wellbeing Service only commenced in 2017. This is one element of a wider workforce of school nurses, voluntary sector organisations, school and college staff all of whom contribute significantly to the mental health and wellbeing support of our CYP

23.7 Chums - This service began in January 2018 and as of August 2018 CHUMS had the following workforce

- 1 x service lead (8a)
- x clinical staff (various bands and WTE)
- x recreational service workers
- 1 x Psychologists
- Triage team (x4 people across a number of CHUMS services)
- Volunteers (TBC)
- Administrative roles
- **Total = 23 clinical/volunteer roles plus administration support**

23.8 Emotional Wellbeing service - This service began in January 2018 and as of October 2018 have the following workforces

- 1 x Band 8a Service lead (0.8 wte)
- 1 x band 7 practitioner (supervisor of CWP)
- 6.8 WTE band 6 practitioners
- 2 x band 5 CWP
- 1 x band 4 assistant psychologist
- To commence January 2019 – 4 x CWP trainees and 2 x band 6 practitioners for Fenland area
- 3 x project for school nurses (focus on primary school age support in Peterborough = 2.6 WTE)
- Admin staff
- **Total = 22 clinical roles plus admin**

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23.9 Cambridgeshire and Peterborough NHS Foundation Trust

Staff CPFT	Head count / WTE	14/15		15/16		16/17		17/18		As of 31/3/19	
		HC	WTE	HC	WTE	HC	WTE	HC	WTE	HC	
Medical staff		11	8.2	13	10.40	15	11.10	17	13.8	14.4	
Team Manager B7		3	2.80	5	5.0	6	6.0	8	8.0		
Mental Health Practitioner B7		4	4.60	8	6.40	8	6.6	8	7.0	16.5	
Mental Health Practitioner B6		28	23.02	39	34.05	40	35.0	45	37.78	35.5	
Mental health Practitioner B5								3	3.0	4	
Psychologist B8		6	5.10	7	6.10	9	6.9	11	9.2	15.6	
Psychologist B7		5	4.20	9	7.30	8	7.8	9	7.3	5.8	
Psychologist B6										4.8	
Psychologist B5						1	1.0	2	2.0		
Family Therapist B8		3	2.05	4	3.20	4	2.35	4	3.35		
Family Therapist B7						1	1.0	1	1.00		
Support Worker B4		4	3.40	5	4.20	6	5.60	7	6.60	7.6	
Band 3 HCA										2.6	
Total		67	54.37	93	79.65	98	83.35	115	99.03	113	
Increase				+ 26	+25.28	+ 5	+ 3.7	+ 17	+15.68		

23.10 The additional number of staff required going forward is something that is constantly being reviewed within services and is impacted upon by many factors including skills, capabilities, the hours worked by individual practitioners. The schools link pilot and other initiatives with educational setting will support the identification of how far away we are from schools having an identified mental health lead in each school and college. The work with developing the healthy child programme and the role of school nurses will assist in identifying the numbers of school nurses required to ensure there is enough capacity for this element of the work. Pathway reviews with CAMHS is ongoing and again part of these reviews is identifying the required workforce to meet the demand. This includes; eating disorder services, the FRS crisis response service and neurodevelopmental pathways.

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23.11 There has been a review of the training opportunities available for the wider workforce to increase understanding, knowledge and skills when supporting a CYP with a mental health concern. This will be made available through our “keep your head” website so that organisations can see what is available, any costs and commitment associated with the training. There is a raft of opportunities for training that cover a range of topics; resilience, anger, depression, self-harm, attachment, Autism, behavioural issues as well as many others.

23.12 Training – there has been a range of training delivered across the system to upskill the vast workforce that engage with CYP daily. This has included:

23.12.1 A full days training on attachment theory. Understand the impact of poor attachment. Develop strategies to help children cope with attachment difficulties. Mentalisation: Looks at what mentalisation is, why it is important and how do we learn to do it? Explore strategies on how to use mentalisation. This was attended by a total of 57 members of staff from across Early Help services.

23.12.2 There was additional training regarding staff Wellbeing which included; Time to think about the importance of your own wellbeing, what might affect it and how to be kind to yourself. Followed by a session about Emotional Intelligence; What is Emotional Intelligence? How does trauma and early life experience impact on this? Look at strategies to build Emotional Intelligence. This was attended by 24 members of staff. There were also 4 sessions held for parents to attend.

24 CHILDREN AND YOUNG PEOPLE IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (CYP IAPT).

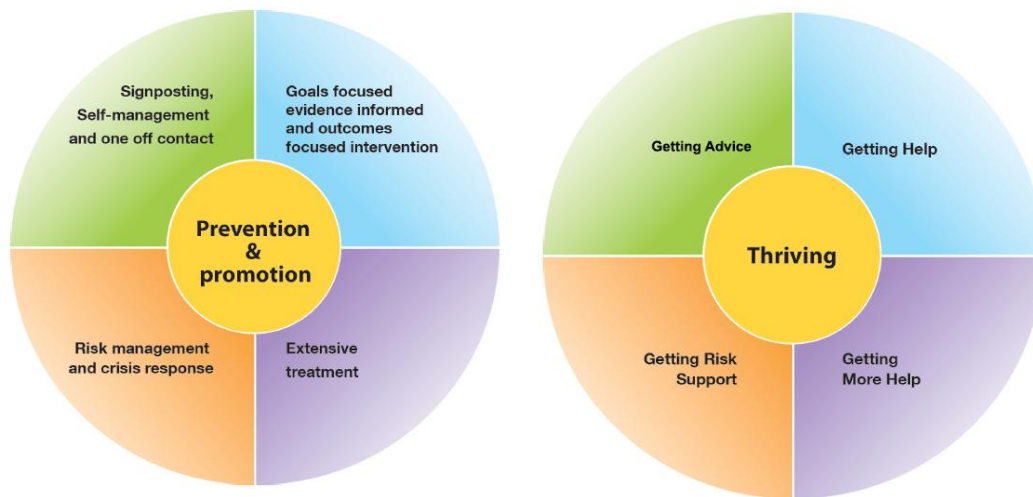
24.1 Cambridgeshire has been a CYP IAPT site since 2011. This is a partnership between NHS CAMHS, the local authority and voluntary sector. Its core principles are access, outcomes measures, evidence-based interventions and participation, which reflects the principles of Thrive and locally has been embedded as part of CORE CAMH services. As part of the programme locally we have access to a range of evidence-based training opportunities which we have utilised

24.2 To support access to training, transformation funds have been allocated to support the workforce across organisations to access CYP IAPT training over the coming years. We currently have workers from CAMHS, voluntary sector and local authority undertaking CYPIAPT courses. Further to this provider are aware of and support where possible the CPD of staff and releasing of staff for training. However, this remains a challenge due to backfilling staff is

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impacted by the availability of additional workforce and the balance of improving skills and maintaining a core level of service.

25 THRIVE



- i. Throughout 17/18 and beyond we have and will continue to utilise the Thrive framework and principles as the basis for how we as a whole system wish services for CYP to be considered and delivered. This is due to the following points:
 - i. THRIVE is a needs-based framework that enables care to be provided according to five distinct groupings, determined by a child/young person's needs and preferences for care
 - ii. Emphasis is placed on prevention and the promotion of mental health and wellbeing
 - iii. Children and young people are empowered to be actively involved in decisions about their care and support through shared decision making (SDM)
 - iv. THRIVE is complimentary to successful existing models e.g. CAPA and CYP IAPT
 - v. It provides a clearer distinction than before between treatment and support, self-management and intervention
 - vi. More systematic integration of shared decision making and routine collection of preference data
- ii. The Thrive framework removes the current organisational barriers and Tiers of service by focusing on the need of the CYP and provision of evidence-based outcome focused interventions which meet those needs. 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.

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- iii. 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.

<p><u>Coping / Getting Advice</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Getting help</u></p> <ul style="list-style-type: none"> • 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
<p><u>Getting more help</u></p> <ul style="list-style-type: none"> • 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 • Shared decision making 	<p><u>Risk Support</u></p> <ul style="list-style-type: none"> • 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

- iv. Over the following 4 years 2016-2020, work will focus on embedding the Thrive principles and our new approach to service delivery, realigning resources to the areas of need, to improve and enhance early intervention as well as specialist mental health services. To reduce numbers of children and young people being admitted for self-harm and maintain all waiting lists at acceptable levels. Work will also ensure that services delivered adapt to the changing demographics and local needs. As part of embedding the Thrive principles, 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 ensure the workforce has both the capacity and capability to meet the needs of the changing population.

- v. The system is embracing the use of the Thrive framework and it is forming the approach taken across commissioning and provider organisation with the use of Thrive language within arrange of setting, training and use of shred decision making and the use of routine outcome measures. We still have progress to be made in these principles being fully embedded, but this is a key element of the work over the five years to 2020/21

26 GOVERNANCE

26.1 The establishment of an overarching strategic group, Children and Young People's Mental health and Wellbeing Board across the CCG and both Local Authority Areas oversees the delivery and implementation of the local transformation plan. Members include partners from both the Statutory and Voluntary Community Sector, schools, health providers, we have mechanisms in place to involve children, young people, families and carers. This strategic board will report to Cambridgeshire and Peterborough CCG, Cambridgeshire Children's Trust, Peterborough Children's and Families Commissioning Board and both Cambridgeshire and Peterborough Health and Wellbeing Boards. This group is a multi-stakeholder group with representation from health, local authority, providers, education (primary, secondary and further education), parent/carers and voluntary sector.

26.2 The Cambridgeshire and Peterborough Joint Commissioning Unit (JCU) is responsible for all commissioning of Emotional wellbeing services across Cambridgeshire and Peterborough. It is led by The Executive Director: People and Communities for both Cambridgeshire & Peterborough Councils and incorporates commissioning leads from both Local Authorities and the CCG. All resources, planning and commissioning are considered together to meet the needs of the local population The JCU is responsible for delivery of this LTP.

26.3 The JCU will continue to ensure robust commissioning and delivery of emotional health and wellbeing services – They will ensure services are continued to be commissioned in a cohesive way, the joint commissioning unit comprises CCG, Cambridgeshire County Council and Peterborough City Council commissioning, contracting and Public Health leads. The JCU continues to oversee the commissioning of services locally and is involved in the progress and implementation of the local transformation plan

26.4 The Children and Young People's Mental health and Emotional wellbeing Steering group continues to work on having the collective view of the service improvements and the key issues within the LTP. This steering group is formed of the leads of the task and finish groups who undertake the detailed work of specific projects and initiatives.

26.5 The progress and delivery of this plan, including spends and outcomes are reported to the above mentioned JCU and CYP Mental health and Emotional wellbeing board on a bi-monthly basis. The local health and wellbeing boards will receive annual updates on progress of the implementation of the plan and the plan will have an annual refresh to ensure the focus and areas of development are reflective the needs of the CYP locally.

26.6 Commissioning support for the agenda is in place and this builds upon the redesign of the system work that has occurred over the past 3 years and contractual arrangements are in place to deliver the initiatives and improvements in outcomes for CYP through improved service delivery.

27 SYSTEM TRANSFORMATION PLAN (STP)

27.1 Our LTP is closely aligned with our STP for mental health which is an all age group. The STP governance for CYP mental health is from the STP strategy group to the Joint Commissioning Unit (JCU) for Children and Young People. The STP mental health programme lead and the CCG CAMHS lead work closely together to ensure an alignment of priorities and the STP are utilised as a mechanism for wider system issues such as workforce and information governance. We are also linking in with other LTP's as a region by working collectively to identify regional solutions to some common issues, these include; Children looked after, crisis and workforce. We will ensure we share the LTP with neighbouring areas especially Hertfordshire and Northamptonshire as we have commissioning responsibility to some CYP living within those areas. We also are liaising closely with other local CCG's, namely Herefordshire, Bedfordshire and Luton as they too are NHS accelerator sites for the i-Thrive programme.

27.2 Cambridgeshire and Peterborough are committed to providing a clear and transparent approach to how it will achieve the improvements required to children and young people's mental health as set out nationally within "Implementing the five-year forward view for mental health"². Through the development of crisis services to improve access 24/7 through the first response service and support to ensure any access to inpatient beds is the correct intervention and for only if clinically necessary. The improvement of access to evidence based interventions and the current challenges that are faced locally due to a low initial rate and therefore a greater increase in numbers through to the need to ensure we have an effective workforce to see this increase in CYP and support them in a timely effective way. There are still significant improvements to be made but we feel that we have an effective approach and a committed system which is working to achieve these improvements.

² <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

28 FIVE YEAR FORWARD VIEW – MENTAL HEALTH AND GP

28.1 The Five-Year forward view for mental health (FYFVMH) sets out the government plans for improving mental health provision across all ages by 2020/21. There are a range of initiatives that are within this plan which impacts on CYP mental health. The two main ones being the increase in access for an additional 70,000 CYP nationally to evidence-based interventions and access to Eating disorder services within one week for urgent and four weeks for routine cases. This is a key driver for the LTP and the improvements and further detail on how this is progressing by Cambridgeshire and Peterborough is in Section 9.2. Linked to this is the need to improve data quality and this is being addressed through the MHSDS project and work with individual providers to ensure the data can demonstrate improved access and outcomes. There are other key priorities within the FYFVMH which are also relevant these are; prevention (provision of a 24/7 crisis supports and the UEC vanguard learning which is detailed in section 6.7 through the First response service (FRS) work. Workforce and the need to ensure that we have a competent, sustainable and enough workforce to meet the needs which is further explained in section 20.

28.2 We have been working hard with our GP lead for CYP mental health to ensure we include in our planning the role of primary care in supporting CYP with mental health issues. This is being linked up with the Emotional wellbeing service and CAMHS Single point of access to review how we can actively support GP practices to consider the support offered to CYP and ensure that referrals to services result in an improved outcome for CYP. In Sumer 2018 we undertook a survey of GP's and are looking at using that information to plan how we support primary care effectively.

29 LTP SIGN-OFF

29.1 This year the required sign-off process has been different and required participation and engagement with key partners. The draft plan has been shared and members have had the opportunity to input into the plan. Those involved were; Health and wellbeing boards, Emotional wellbeing board, Emotional wellbeing steering group, Providers, Transforming care partnership, Local authorities and Director for Children's services, specialist commissioning, CYP, Family/carer forums, Joint Commissioning Unit, Local Safeguarding Children Partnership Board

30 FINANCE

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30.1 There has been an overall increase in investment from the NHS transformation funds over the past three years. The chart below demonstrates the finances as to what is committed for 19/20.

Workstream	Recurrent R /non-recurrent NR	Provider	Financial information
Children in Care – to provide support and provision for children who are placed outside of the county for their mental health needs	R	Various	30,838
Transforming Care Lead – To provide leadership in developing the transforming care agenda and in still an effective CETR process	R	C&PCCG	73,200
Transforming care – provide expert by experience throughout the CETR process	R	Family Voice Peterborough	15,000
Kooth – provision of online counselling, forums and articles to enable young people access to support digitally.	NR	Kooth	162,300
CAMHS Access targets – additional capacity to support the provision of CORE and Neurodevelopmental pathway support	R	CPFT	£105,000
Children’s wellbeing practitioners – funding for those who are qualified and for trainees to be made substantive	R	CPFT	163,250
Keep-your-head.com – provision of management of local website as the central point of information for all.	NR	Centre 33	15,000
Transitions peer support workers – provision of peer support workers to support those transitioning from CAMHS to adult support	NR	CPFT	48,000
Eating Disorders – additional funding to support sustainability of pathway	R	CPFT	95,000
CAMHS transformation lead – to provide programme lead and commissioner role for CYP mental health agenda	R	C&PCCG	40,000
Transitions – deliver a transitions service to support those leaving CAMHS to adult services	R	CPFT	167,500
CPFT – CRISIS, additional funding to support crisis pathway	R	CPFT	40,000
CPFT – Neurodevelopmental - additional funding to support neurodevelopmental pathway	R	CPFT	360,000

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Counselling – the CCG contribution to a joint funded emotional wellbeing service	R (for contract term)	CHUMS	240,000
Parenting programmes – part of Emotional and social wellbeing pathway to support those on the neurodevelopmental pathway	R	Peterborough City Council	180,000
Pinpoint / Family Voice Peterborough – provide a range of initiatives for parenting support	R	Pinpoint / Family Voice Peterborough	45,000
First response service – contribution to the provision of CYP workers in the FRS			200,000
Total			1,995,088

30.2 The charts below show the respective funds allocated to services across the past 5 years

Year	NHS Transformation funds	CCG CAMHS Spend	Wider system spends (PCC/CCC)
14/15 – (Actual Spend)	N/A	£6,000,000	£3,387,068
16/ 17	£2,119,000	£6,600,000	£2,094,450
17/18	£2,421,665	£6,600,000	£2,759,012
18/19	£2, 238,900 (Reduction from 17/18 due to £310,000 of crisis funds now in block contract for MH trust)	As part of wider block so difficult to extract exact figure	
19/20	To be updated		

30.3 All CAMHS Transformation funding has been made available by the CCG to deliver the priorities for this plan. In 17/18, the full amount of NHS Transformation funds was allocated to a wide range of services across the spectrum of need. However, there was some underspend due to recruitment issues for crisis, ADHD and Transitions services. There were also funds allocated for Kooth online counselling which was subsequently funded through UEC Vanguard funding. This underspend has not had any adverse impacts on our targets for access or waiting times. We continually work as a system to ensure we have effective recruitment approaches and support CYP to achieve good mental health outcomes.

30.4 For the financial year 2018/19, all CAMHS Transformation funding in the CCG baseline has been allocated to the initiatives detailed within this plan.

31 SUSTAINABILITY

31.1 We are building long term structures and provision across children’s services so that the improvements made to provision will continue long beyond the 20/21 scope of this plan these include: -

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- Development of a Sustainability Plan during 18/19 which will be regularly reviewed and updated
- Continued priority by all organisations to the importance of key multi agency governance process, such as the Emotional Wellbeing Board and the Joint Commissioning Unit
- Continued funding of a clinical champion in the CCG
- Our focus investment in early intervention and prevention services will mean that fewer children and young people reach a point of mental health crisis, or require specialist provision

32 CONCLUSION / NEXT STEPS

32.1 This plan provides details of several the initiatives for the next few years of funding, as work will continue to re-evaluate the effectiveness of changes and continue or amend depending on the outcomes achieved. The plan continues to 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.

32.2 We are now taking the opportunity to reflect on the various projects that have been established to review and evaluate they are still meeting the needs and outcomes of our CYP locally and will be delivering a mental health need assessment (MHNA). This MHNA will identify the overarching principles for an all age mental health strategy but will have a dedicated focus on 0-25years, to be developed in 2020