Northamptonshire Future in Mind Plan 2017-2020

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1. The Northamptonshire Future in Mind Vision

“Children and Young People’s Community Health Services (including emotional wellbeing and mental health) within Northamptonshire will put the voice of children, young people and their families at the centre of everything we do. Over the next 3 years and beyond, we will continue to improve community health services to ensure they are responsive, equitable and inclusive. Services will be available where and when they are needed the most. By working together we aim to ensure children and young people are happy, healthy, safe and resilient, enabling a positive transition into adulthood.”
2. Foreword
The last two years has seen considerable progress in the delivery of our Future in Mind programme which is demonstrated by the examples, quotes and material included in this, our refreshed Local Transformation Plan (LTP). I have been particularly pleased with our ongoing engagement with our young people. Healthwatch Northamptonshire and Young Healthwatch have kept mental health and wellbeing issues as a priority since Future in Mind was published. Staff and Young Healthwatch have engaged widely with children and young people (CYP) on a variety of projects e.g. over 2000 CYP responded to the eating disorders report which was co-produced with young people; a young person’s guide to mental health issues as well as engaging with CYP with SEND about their mental health and wellbeing. As part of the Mental Health Awareness Day 2018, “Talk out Loud” a young person led anti stigma group developed resources to raise awareness of mental health and help stamp out mental health stigma in schools and the wider community – this year the theme is “All I ask”. The resources span primary and secondary school students and include: wrist bands, pledge cards, bookmarks and engagement through social media.

The development of the Referral Management Centre, essentially a “one stop shop” has meant that all referrals/queries in relation to children and young people’s mental health and wellbeing are dealt with in one place and triaged to the most appropriate provider. This has streamlined the process, improved access, reduced waiting times and improved the experience for children, young people and their families.

The planned completion of our Joint Strategic Needs Assessment for CYP mental health will be a significant step forward and means that the LTP begins to shift our focus away from a reactive approach towards a more strategic focus on priorities reflecting our shared strategic view on needs. This will move our approach to being a whole-system approach bringing partners, children, young people and the current provision together with an even stronger focus on responding better to our children and young people’s emotional, psychological and mental health and well-being needs.

Our refreshed strategic priorities are included in this LTP and will be a key focus over the remainder of the Future in Mind five-year programme. The journey is far from complete with increasing demand; greater complexity and recruitment of key staff are all continual challenges. We are looking to develop new models of care to respond to needs with local, integrated and outcomes focussed pathways, which look at impact rather than activity. I would like to thank all key partners; the Local Authority, our wide range of provider organisations and especially our children and young people (CYP) and their families. We remain committed to listening to the views and experience of CYP and their families so that we deliver services appropriate to their experience of the world and their needs.

Signed By

Stuart Rees
Interim Accountable Officer, NHS Nene CCG & NHS Corby CCG
3. Executive Summary

A requirement of Future in Mind is for geographical areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people’s mental health services are organised, commissioned and provided. This document sets out the Five-year Children and Young People’s Mental Health and Wellbeing Plan for Northamptonshire, in line with the national ambition and principles set out in Future in Mind; promoting, protecting and improving our children and young people’s mental health and wellbeing.

Nene and Corby Clinical Commissioning Groups have worked with partner agencies to complete this refreshed LTP, which will give an update on progress made since the LTP was published. This report will comment on progress made against the Key Lines of Enquiry and outline plans for future service development and delivery. The majority of service transformation work outlined in this report will occur in the period 2018 to 2020, in line with the local vision and strategy for service improvements.

This 2018 refresh should be read in conjunction with the original plan, which can be found with other supporting information at [https://www.neneccg.nhs.uk/future-in-mind/](https://www.neneccg.nhs.uk/future-in-mind/). Achievement of many of our local priorities is inter-dependent with other priorities under the five Future in Mind theme headings. We have reviewed progress against the ten ambitions set out in the original plan. The Northamptonshire Transformation Plan is a dynamic document that continues to evolve as services and commissioners receive feedback from service users and their parents / carers about their experiences of local services. As data collection and analysis becomes more sophisticated and robust we are able to continually monitor and review and consider the impact that local services are having on meeting local need.

Successful implementation of the plan will result in the following outcomes:

- Improvement in emotional well-being and mental health of all children and young people;
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

Northamptonshire’s first and refreshed Local Transformation Plan will enable all stakeholders in Northamptonshire to further advance work to provide more accessible services closer to home, reduce hospital admissions and improve outcomes for children and young people, especially those with multiple and complex needs.
The key areas to highlight as different in the refreshed plan relate to the collaboration with the Office of the Northamptonshire Police and Crime Commissioner (PCC) to develop the proposed consultancy model which supports the ACEs work based on the approach introduced by Liverpool FRESH CAMHS service to enhance the availability of support to schools, early years settings, Looked After services and SEN and Disability services (SEND) and expansion of the CYP IAPT and Wellbeing Practitioner workforce including the development of an IAPT lead role to take this work forward. In addition, we are aiming to explore options for delivering a local CAMHS Hub / crisis cafes as an alternative to A&E and Dialectical Behavioural Therapy (DBT) for young people from the age of 16 years which will contribute to:

- Fewer unplanned admissions
- Avoidance of out of area placements unless for specialist beds
- Reduction in length of stay in all units
- Providing an alternative to admissions
- Fewer children and young people presenting in crisis
- Improvement in CYP and family experience and clinical outcomes.
4. Transparency and Governance

The Northamptonshire Future in Mind Local Transformation Plan (LTP) was refreshed following an extension to the original deadline set for October 2017. A holding statement has been published on the Nene and Corby Clinical Commissioning Group websites and the Local Authority website, stating that the plan has been refreshed and is awaiting approval from NHS England. We will write and publish an easy-read, accessible version of the plan giving the key headlines and aims.

The agencies who contributed to the refreshed LTP were NHS Nene and Corby Clinical Commissioning Groups, NHS England, Northamptonshire County Council, Public Health, Northamptonshire Healthcare Foundation NHS Trust. CAMHS and the Youth Counselling Collaborative were also closely involved in the development of the refreshed LTP. Young People were consulted about the progress made to date and their views were used to inform service transformation plans.

As part of the refreshed LTP a new steering group has been established. The Children’s Mental Health Partnership has the remit to ensure the refreshed LTP is implemented and will be governed by the Children & young People’s Health & Care Partnership (STP), which will inform and oversee system wide delivery of the plan and in turn, reports into the main Health and Care Partnership Board (STP). A holding place on the November 2018 Health and Wellbeing Board agenda has been put in place to approve the plan once it has satisfied NHS England assurance processes. In addition, monthly meetings with NHSE and CCG commissioners are in place to ensure transformational and constitutional progress is supported and understood. The refreshed Future in Mind LTP will be made available on all partner websites, in accessible formats for children & young people, their parents, carers and those with a disability.

Figure 1 overleaf outlines the governance processes across that will ensure the ongoing monitoring and delivery of this refreshed LTP:
NHS England has developed a Mental Health Framework, which will be used to monitor the progress of the plans outlined in this report. The framework contains the 2018/19 KPIs for each programme of work.
5. Understanding Local Need

This section outlines our understanding of the needs of our local population. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

- Is there clear evidence that the plan was designed and built around the needs of all CYP and families locally, who may have or develop a MH problem, with particular attention to groups and communities with a known heightened prevalence of MH problems?
- Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?
- Does the plan make explicit how health inequalities are being addressed?
- Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?

5.1 What we have done

To understand the local need for this refreshed plan, a range of information sources have been used. The local Joint Strategic Needs Assessment (JSNA) has not been updated since 2015, but a refreshed JSNA is currently underway and due to be published in January 2019. The information from that JSNA has been used to inform the current refresh, but other recent reports have also been consulted in order to ensure the understanding is as current as possible.

The most recent population estimates by ethnicity are from the 2011 Census. In 2011, 12.6% of Northamptonshire’s population aged fewer than 18 years were from black and minority ethnic groups. This proportion is likely to have changed since. In 2017, the population of 5-16 year olds in Northamptonshire was 111,803. Based on the most recent prevalence estimates published by Public Health England (2015), 3,913 of these children and young people can be expected to have an emotional disorder, 6,149 can be expected to have a conduct disorder, and 1,677 can be expected to have a hyperkinetic disorder. The high prevalence of conduct problems has led local services to prioritise how the needs of these children and families are met.

Based on 2017 population estimates, 19% of Northamptonshire’s population aged under 18 years live in areas ranked the 20% most deprived nationally. There are local inequalities in deprivation between districts. South Northamptonshire has no areas ranked in the 20% most deprived nationally, whereas in Northampton 32% of under 18s live in such areas, which is the highest level in the county. Of Northamptonshire’s urban districts, which tend to be more deprived, Kettering had the lowest proportion of under 18s living in deprived areas at 15%.
The School’s Census of January 2017 shows that there were a total of 121,153 children and young people in education in Northamptonshire (in state and independent schools). A further 232 were listed as missing from education and 734 children are electively home educated (EHE). Whilst parents are within their legal rights to educate their children at home, the Local Authority retains a responsibility to ensure the safety of these children.

Across all Schools in the county, including academies, there were a total of:
1,375 children and young people having an Education and Health Care Plan (EHCP); and
13,993 with special needs, including EHCP, statements and Special Educational Needs (SEN) support.

Analysis of the Asset data for young people who have had contact with the Youth Offending Service indicates;
- Local evidence of shared demand which cuts across policing, health and social care.
- Indications of a relationship between substance misuse issues, mental health referrals and offending.

The following data gives the self-assessment views of young people about their own circumstances

**Table 1: Self-assessment views of young people**

<table>
<thead>
<tr>
<th>Statement regarding circumstances, behaviour, or problem YP may be facing</th>
<th>% who related to the statement ‘being like them’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have lost someone special from their life</td>
<td>59.3% (153)</td>
</tr>
<tr>
<td>Do things which they know is bad for health</td>
<td>56.2% (144)</td>
</tr>
<tr>
<td>Often use cannabis</td>
<td>45.9% (118)</td>
</tr>
<tr>
<td>Worry about future</td>
<td>50.1% (129)</td>
</tr>
<tr>
<td>Often drink alcohol</td>
<td>35.5% (91)</td>
</tr>
<tr>
<td>Have problems eating or sleeping</td>
<td>34.3% (87)</td>
</tr>
<tr>
<td>Commit crime because they were drunk/ under the influence of drugs</td>
<td>26.3% (68)</td>
</tr>
<tr>
<td>Think about killing themselves</td>
<td>13.8% (35)</td>
</tr>
<tr>
<td>Commit crime to get money for drugs</td>
<td>12.5% (32)</td>
</tr>
<tr>
<td>Deliberately hurt themselves</td>
<td>11.3% (29)</td>
</tr>
</tbody>
</table>

The data indicates a clear link between substance misuse, along with mental and physical health in young offenders²

There were 1,092 children in care in Northamptonshire in March 2018, which was a 9% increase compared to March 2017. There were 734 children on a Child Protection Plan, which was a 20% decrease compared to March 2017.

The Children In Need Census 2016/17 shows that there were 1,248 Single Assessments carried out by Children’s Social Care where alcohol use by a parent or carer was flagged as a concern,
and 1,228 where drug use by a parent or carer was flagged as a concern. According to statistics from the National Drug Treatment Monitoring System, 182 adults living with children presented to structured treatment services for alcohol use in 2016/17 and a further 183 for drug use. In total, 701 children were declared as living with patients in specialist substance misuse treatment.

The Children in Need Census also shows that 69 children in Northamptonshire had a Single Assessment where they were flagged as being unaccompanied asylum seeking children.

National research and information recognises that the prevalence of mental health difficulties is higher for children who have one or more risk factors from domains including: those looked-after by the local authority; those with disabilities; those whose parents have a mental health problem; those who identify as Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ); those from black and minority ethnic groups and those in the criminal justice system. A review of ACE prevalence of the 200 most prolific offending young people in Northamptonshire known to the YOS demonstrated that 51.9% were assessed as having a mental health need and 45.9% had carers who had mental ill-health, and 24.8% had self-harmed and 26.3% were assessed as having been sexually exploited as a child or at risk of CSE.

Although not an exhaustive list, Table 2 below details some of the services commissioned for children and young people with emotional and mental health difficulties. Services are divided into tiers, reflecting level of specialist intervention (low at Tier 1 and highest at Tier 4).

Table 2: List of Services Commissioned and delivering the LTP in Northamptonshire

| Universal (Tier 1) | • Midwifery  
| • Health Visiting  
| • Family Nurse Partnership  
| • School Nursing  
| • Children’s Centres  
| • Libraries  
| • Ask Normen  
| • Talk Out Loud Programme  
| • General Practice  
| Targeted (Tier 2) | • Youth Counselling – 5 Charities  
| • CAMHS – Community and Early Intervention (bridging Tiers 2/3)  
| • CAMHS Live (and Tier 3)  
| • CAMHS Consultation Line (and Tier 3)  
| • TaMHS  
| • Youth Offending Service (and Tier 3)  

Specialist – community (Tier 3)  
- CAMHS – including CYP-IAPT
  - Community and Early Intervention (bridging Tiers 2/3)
  - Community Eating Disorders Service and Day Unit
  - Children’s Crisis and Home Treatment Team
  - Children’s ADHD/ASD Team
  - Initial Assessment Team
  - Skills-based Intervention(workshops) Team
  - Specialist Intervention Team
  - Incredible Years Programme
  - CAMHS Live (and Tier 2)
  - CAMHS Consultation Line (and Tier 2)
  - Consultant Psychiatry
  - Paediatric Psychology
    - Diabetes
    - Cystic Fibrosis
- Specialist Continence Team
- Children’s Community Team for People with Learning Disabilities
- Integrated Looked-after Children’s Service including Looked-after and Adopted Children’s Mental Health Team
- N-Step – Early Intervention in Psychosis
- Youth Offending Service (and Tier 2)
- Liaison and Diversion Teams
- SARC

Specialist (Tier 4)  
- Assessment and Treatment – Mental Health Inpatient
- Eating Disorders Inpatient
- Psychiatric Intensive Care Units
- Low Secure (Mental Health and Learning Disabilities)
- Medium Secure (Mental Health and Learning Disabilities)

Young Healthwatch Report

In March 2018 the STP Children’s Programme Board commissioned Young Healthwatch to carry out a survey which includes face to face fact finding in schools and youth groups to gain the views of children and young people (CYP). The survey will ask CYP about their experiences of using services that support their emotional wellbeing i.e. how accessible they were, whether they delivered positive outcomes and what changes would they want to see in service delivery. These findings will play a big part in the planning of the road map and commissioning for outcomes. The survey was launched at the end of April 2018.

This new survey builds on a 2016 Young Healthwatch Report. The report was written in collaboration with children and young people in Northamptonshire, with a series of workshops exploring the local needs and how services can adapt to meet these needs. The report made a number of recommendations around the design and delivery of Eating Disorders Services, which will be commented on in Section 11: Eating Disorders. Young Healthwatch has also created a young person’s guide to mental health issues as well as engaging with CYP with SEND about their mental health and wellbeing.
Participation - CAMHS

Participation is a core principle of the CYP-IAPT model and is something that is highly valued in Northamptonshire. Since the previous LTP there has been a significant increase in the levels of participation, particularly in CAMHS. A dedicated CAMHS Participation Worker was recruited in order to develop the links between services and the children, young people and families who use them. The graph below shows the steady increase in the number of participants engaged with CAMHS involvement programme. Please note that throughout the term “Participant” denotes any young person involved in the service, be that specifically through recruitment, a member of the focus groups, a member of the online engagement groups or other smaller pieces of work.

![Graph showing the steady increase in the number of participants engaged with CAMHS involvement programme.](image)

**Fig. 2: Number of participants engaged with CAMHS involvement programme**

We now have focus groups and peer support groups in both sides of the county. There are also involvement projects that young people can undertake on an individual basis, with support, as an alternative to group participation, or as a step towards group attendance. The aims and format of the groups are decided jointly with young people and professionals, in order to ensure meaningful co-collaboration. As a result of the involvement to date, new information sources have been created based both on group feedback and co-produced by young people.

The CAMHS teams have received valuable feedback about the experiences of young people and have changed processes to improve the service for young people and families. Our young people have also put on training events, “Experience Evenings” and similar events for staff; this has had a good impact on our service. For example, after our young people offered CPD to the staff, a working group was set up around the training to address the learning and implement within our teams. Additionally, staff members have gone on further training on the same topic to ensure that as a service we are consistently improving our knowledge on issues that our young people have identified as important.

Therapeutic groups have been planned with the involvement of young people, ensuring that these groups have been designed with young people at their heart. Additionally, our young
people describe feeling a sense of achievement and positivity about their involvement, and feel they have benefitted from being involved.

The Integrated Looked-after Children’s Health Service has undertaken a project to increase meaningful participation with the service. Making use of the existing resources and processes within wider CAMHS, the LAC Service has begun Focus Groups for Foster Carers, Young People and Adoptive Parents. The aim is to run more regular service user groups where ideas about service transformation can be generated collaboratively and to work towards co-design and delivery of some of our core interventions. Young People who attended the initial focus group engaged well and reported finding it helpful to have the opportunity to share their views. As a result of feedback given in these forums, the LAC Service has adapted their communication processes, particularly to keep in touch with people while they are waiting for an intervention, and to ensure CYP referred to the service have more input in shaping their own assessment sessions and how information about them is shared.

**Transforming Care**

In developing its Transforming Care Plan (TCP), the CCGs undertook stakeholder engagement over a period of two years with a number of local agencies, including Autism Concern and the Learning Disability Partnership Board; people with a learning disability and their parents and carers. The National Development Team for Inclusion (NDTi) reviewed the local Learning Disability Intensive Support Service, and the support provided for children and young people whose behaviour may challenge. The output of these was used to inform the strategy, and also identify a number of key themes. The “Shooting Stars” consultation and engagement group, which represents the views of young people with additional needs also reviewed the TCP and highlighted some key issues.

**Talk Out Loud Programme**

As part of the Mental Health Awareness day 2018, “Talk out Loud” a young person led anti-stigma group developed resources to raise awareness of mental health and help stamp out mental health stigma in schools and the wider community – this year the theme is “All I ask”. The resources span primary and secondary school students and uses resources such as wrist bands, pledge cards, bookmarks and social media to engage these children and young people and their communities.

**Youth Counselling – Third Sector**

All of the commissioned third sector organisations regularly request feedback from the CYP & families who access these services. This includes focus groups and processes for scrutinising compliments and complaints, for example, the Daventry based counselling service “Time to Talk” have devised their own feedback form which invites young people to rate the service and give feedback on their experience.
5.2 What has been the impact

The increased levels of participation across a number of services has facilitated innovative ideas and led to service changes that have been instigated by children, young people and their families. This has facilitated a strategic ownership of the plan and its implementation going forward.

Participation and engagement is always reviewed within CAMHS, to ensure that young people feel that they are receiving the best possible forum for their voices. 51% of young people who are involved with the service rated their participation experience as “Excellent”. This data was received following a quarterly review of young people’s experience of participation.

5.3 What we are planning to do

We are committed to the continuation of groups and forums that empower children and young people to participate fully in the design and delivery of local services. The principle of participation will continue to be promoted in order to embed this within all services in a meaningful way. We will encourage involvement in available incentives (e.g. Quality Premium) and new incentives to increase access to services for underrepresented groups.

We intend to further develop the support available to parents by exploring the development of a whole school approach to prevention and early intervention, along with building community capacity.

The Young Healthwatch Report published in 2016 and the anticipated survey in 2018 will be used to inform the transformation plans for local services and to create a framework for commissioning for outcomes.

We are working with our partners in Northamptonshire County Council to improve the emotional health and wellbeing service available to Care Leavers. We plan to explore how to provide additional resource to the existing specialist LAC Mental Health Team in order to meet the mental health needs of this vulnerable group. This will include plans to train a number of staff across the system in the “Incredible Years” model to support earlier intervention and help keep CYP in education and within their families and local communities. We also plan to invest in more specialist training such as Systemic Family Therapy to reduce family breakdown, increase resilience and prevent unnecessary hospital admissions. Care Leavers aged 18-25 often have a high level of emotional needs, which interferes with their ability to access education or employment and healthy relationships, but do not have a diagnosed mental health condition and do not meet the criteria for adult mental health services. As part of the ongoing discussions in the CYP Health & Care Partnership (STP), we are looking at focussing our efforts on three areas of transition; preparing for parenthood, transitioning into education and transitioning out of education and into adulthood. There is a commitment from all partners and an intention to invest in this work following the development of a full delivery plan to be owned by the CYP STP.
In order to measure the outcomes at all levels (CYP, families, services and the local population), our intention is to embed goal-based outcome measures, across a range of services and settings. This will promote collaborative working between professionals and service-users towards shared-goals.

We recognised there was a local gap in supporting the emotional wellbeing needs of our young offenders, and our review of the 200 most prolific young offenders undertaken through the ACE sub-group demonstrated that 51.9% of these young people were assessed as having emotional and mental ill-health, and were at increased risk of entering the secure estate. We have secured funding to assist in the delivery of key outcomes in the Health and Justice Collaborative Commissioning Workstream. This funding is intended to improve pathways for vulnerable children and young people and to impact positively on this workstream. We have recruited dedicated staff, based within CAMHS and YOS (one support worker in each team), providing specialist outreach support to young people with emotional wellbeing needs and impacted functioning, who have committed an offence and are at risk of entering the secure estate in the future. The staff will work with these young people in order to reduce the likelihood of re-offending and entering the secure estate.

There is also a proposed consultancy model which supports the ACEs work (funded by the police and crime commissioner as part of a joint commissioning arrangement) based on the approach introduced by Liverpool FRESH CAMHS service to enhance the availability of support to schools, early years settings, Looked After services and SEN and Disability services (SEND).

All of the work is informed by the Care Aims functions of prevention, support and intervention:

- Prevention is to provide advice, guidance and information to professionals in universal services with a view to promoting psychological well-being and preventing the medicalisation of children and young people's distress.

- Support is to assist universal services to discharge their duty of care by providing information and resources in order to assist decision making by front line staff regarding appropriate requests for help to CAMHS and support to children whose risk can be managed within these settings. Prevention and Support are achieved primarily through consultation and training to professionals in universal services.

- Intervention is to provide evidence-based brief interventions for mild to moderate mental health difficulties within individual, family or group contexts. This can be achieved through consultation to professional networks or more directly to young people and their primary carers.

One of the core aims of The Early Intervention Consultancy Support will be to contribute to the creation of mentally healthy communities in Northamptonshire in line with the aspirations and recommendations of the Five Year Forward View for Mental Health and Future in Mind.
In addition to the range of direct work undertaken with children, families and carers, the service will offer indirect interventions which aim to reduce stigma, build resilience, increase knowledge and improve understanding and early identification of difficulties in these different contexts. These interventions will take place in the different settings in which children find themselves. For young children, this includes Children’s Centres and Primary Schools; for older children this includes Secondary Schools, GP practices, on line or virtual communities and platforms; for those with additional needs the "communities" might include Children's Services, Youth Offending Teams or SEMH Schools.

This proposal will use the THRIVE model to describe the range of work to be undertaken which fall within broader categories of Coping, Getting Help and Getting More Help and Getting Risk Support.

Fig. 3: Thrive model

5.4 How we will measure the impact and outcomes

The continued positive impact of strong service user participation will be evidenced in the membership of CYP mental health partnership and family groups, as well as membership of workstreams and steering groups. The feedback from these forums will continue to inform service design and delivery to improve the overall experience for CYP and their families.

The JSNA is due to be updated in 2019 and is a cyclical process linked to this refreshed LTP. The plans outlined here will be reviewed against the updated JSNA and adapted as needed in order to measure impact and outcomes.

The new Health & Justice Service will be measured against NHS England Key Performance Indicators.
Engaging Children and Young People – Case Examples

Comments from the CAMHS Participation Worker

Although involvement is beneficial to the service, I do feel that the service user is the heart of this in a way that is separate to service development. I see service users who start involvement with low self-esteem, who can blossom from working together on things that matter. Involvement to me, is as important to the service as it is to the young person, and so to ensure that the involvement is meaningful, non-tokenistic, and accessible allows the service user to grow.

Young Healthwatch

Healthwatch Northamptonshire and Young Healthwatch have kept mental health and wellbeing issues as a priority since Future in Mind was published. Staff and Young Healthwatch have engaged widely with children and young people (CYP) on a variety of projects e.g. over 2000 CYP responded to the eating disorders report which was co-produced with young people\(^1\), including LGBTQ young people\(^2\). We have developed a young person’s guide to mental health issues\(^3\) and highlighted this with a personal illustration – Matthew’s Story\(^4\). We also engaged with CYP with SEND about their mental health and wellbeing\(^5\). Young Healthwatch and Healthwatch Northamptonshire, supported by the CCG, has become the first organisation in Northamptonshire to achieve Investing in Children accreditation.

5.5 Local Needs for 2018 and Beyond

Our refreshed plan seeks to build on the lessons learned locally, and the changes made since the 2015 plan. Our priorities for this refreshed plan are underpinned by the same four priority outcomes for all of the children and young people that were identified in the original transformation plan:

1. All children will grow up in a safe environment
2. We will enable children and young people to achieve their best in education, to be ready for work and to have skills for life
3. We will help children to grow up healthy, and have improved life chances
4. We shall improve outcomes for children who are looked after

\(^1\)http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/eating_disorders_report_final_041016.pdf
\(^2\)http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/lgbtq_report_final_oct_2016.pdf
\(^3\)http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/healthwatch_northamptonshire_understanding_mental_health_easy_read_guide_2016_1.pdf
\(^4\)http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/matthews_story_understanding_mental_health_2016.pdf
\(^5\)http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/send_report_final_020816.pdf
Using the Five Year Forward View and Future in Mind priority areas, in 2018 the Children and Young People’s STP Board agreed five key local priorities:

1. Provision of services for children with Disabilities and complex conditions
2. County wide consistent pathways and performance
3. Children and Young People’s Mental Health Services (CAMHS)
4. Prevention and early intervention services, including behavioural difficulties and emotional wellbeing
5. Improving outcomes for Children in Care and Care-Leavers

Here are some examples of how local services are working towards these priorities

**Example of Priorities 1 & 2: Provision of services for children with Disabilities and Complex Conditions & Consistent pathways.**

It is well-known that children and young people with a diagnosis of ADHD and/or ASD have an increased likelihood of mental health difficulties. We have established a new, discrete service for CYP and their families to access diagnostic assessments; medication reviews; and support (with or without diagnosis). This multi-disciplinary and multi-agency team includes Clinical and Educational Psychology; Nurse Prescribing; and Mental Health Nursing. There are strong links and clear transition pathways between children and adults’ services for ADHD and ASD.

Referrals to the CYP NHS ADHD/ASD Team are monitored see table below

![Graph showing referrals to ADHD/ASD Team from May 2017 to September 2018]

**Fig. 4: Referrals to ADHD / ASD Team, May 2017 – September 2018.**

Approximately 65% of referrals to the CYP ADHD/ASD Team are screened-out from requiring further assessment for ASD/ ADHD; only 20% of those referred are assessed as meeting the diagnostic criteria for ADHD or ASD. This means there is a significant number of CYP referred due to emotional, social and behavioural difficulties that are not caused by ADHD/ASD. These CYP, and their families, have a high level of need which impacts on health, education and social care services. Many of these families have benefited from the introduction of a Conduct Disorder element to the wider CAMH service, which includes the provision of the CYP-IAPT
evidence-based Incredible Years Programme for families. The CYP ADHD/ASD team is also strengthening links with 3rd Sector providers and schools to ensure community support is available to CYP and their families with or without a diagnosis. For example, the Local Authority has changed the name and remit of the Autism Outreach Team to the Specialist Support Service, which does not require a diagnosis of ADHD or ASD in order to access their support.

Example of Priority 3: Children and Young People’s Mental Health Services

In 2017 CAMHS launched an online chat service for children, young people and their parents/carers to access mental health workers. The CAMHS Live Service is available between 10.00am and 4:30pm. A survey was completed with CYP and parents/carers as part of the service design phase in order to ensure CAMHS Live was tailored to their needs. 86% of CYP said they would prefer to speak to a mental health worker online rather than see their Doctor face to face. 84% of CYP surveyed said they would prefer to speak to a mental health worker online rather than speak to a parent/carer face to face. These significant numbers highlighted the clear need for an alternative way to access mental health support. The CAMHS Live Service is also in line with our 2015 Ambition Five: Making Mental Health support more visible and easily accessible for Children and Young People.

There is an intention to further increase access to services by extending the online CAMHS live platform to 9/10pm and to strengthen the web based support to complement a 24/7 service offer. It is intended that this will be operational and fully staffed in early 2019.

Examples of Priority 4: Prevention and early intervention services, including behavioural difficulties and emotional wellbeing

1. The Specialist Community Perinatal Mental Health Team aims to improve antenatal and postnatal emotional wellbeing. In preparation for wave 2 of Perinatal Mental Health Community Services Development Fund, NHFT and the CCGs have worked together throughout 2017/18 to develop the foundations of a Perinatal Mental Health (PMH) Community Service in the form of a Service Lead, Consultant Psychiatrist, and Perinatal Liaison Nurse to provide a specialist response for our perinatal cohort. Northamptonshire has been successful in its wave 2 bid and are now activating the mobilisation plan which was part of the bid.

The pilot has given us the opportunity to establish a Perinatal Pathway, key working relationships and understand the needs of the women and children in Northamptonshire. This work is in alignment with the priorities of the Local Maternity transformation System.

We aim to provide a comprehensive Perinatal Mental Health Service that responds to local need and improve outcomes by:

- Intervening earlier to at preconception, during pregnancy and up to 1 year following delivery
- On-going training of professionals from multiple disciplines
Improving pathways and processes for mothers, their families and professionals

The service model is for a multidisciplinary team with staffing levels reflective of the Royal College of Psychiatrists’ CR197 guidance. The bid requests Year 1 funding, with Years 2 and 3 being made available from CCG baseline allocations.

We are confident that we can improve the scale of the impact by increasing the service size and staffing model to enable the commencement of evidence based perinatal interventions.

Early evidence from the pilot indicates significant improvement and more positive outcomes for women, their families and stakeholders (midwifery services, health visitors, acute hospitals and GPs). There has been increased Mother and Baby Unit usage, increased and earlier gestation referrals from maternity services, reuniting of mothers separated from their infants, engagement with BME women not open to mental health services and an increase in numbers of women referred into IAPT for step 3 interventions.

Expert by Experience involvement has been secured and will be expanded as we progress with service development. We capture feedback through I Want Great Care (IWGC), at Maternity Voices Partnership (MVP), Local Perinatal Network and focus group meetings and will continue to use feedback to evaluate and develop the service further.

2. There is a joint commissioning arrangement between the CCG and Public Health which has generated a revised draft service specification for the local third sector who provides youth counselling, anti-stigma campaigns, information and support for schools and parents. The service specification is closely aligned to the national public health outcomes framework and compliments the work delivered by universal CYP services. In addition there is joint working on the development of a new universal PHSE offer to schools that will reduce stigma through developing and rolling out age-specific resilience and emotional wellbeing programme, commencing in 2019/20.

3. There is an intention to collaborate with the Office of the Northamptonshire Police and Crime Commissioner to commission an Early Intervention Consultancy Support service for Children and Young People. The service aims to contribute toward the creation of mentally healthy communities within Northamptonshire.

**Example of Priority 5: Improving outcomes for Children in Care and Care-Leavers**

The increased risks of mental health difficulties that are associated with being looked-after or adopted children and young people are well-documented. In order to address the particularly complex needs of this client group, Northamptonshire has a dedicated Integrated LAC Health Service that includes physical health monitoring and a specialist mental health team. The Physical Health Team offers statutory Review Health Assessments in order to ensure the physical health needs are being met and to improve the health outcomes for looked-after children. The LAC Mental Health Team has over 300 open cases at any one time and delivers
specialist assessment, consultation, training and therapeutic intervention across the county. All care leavers in Northamptonshire are now given a Health Passport, with a summary of their health needs and information on how to access services, in order to improve their health outcomes. We intend to explore how to improve access to emotional and wellbeing services for care leavers as described in section 5.3, which might include additional resource for the existing LAC Mental Health Team to allow them to provide continuity of specialist care for Care-Leavers and reduce the impact of emotional wellbeing issues in this cohort.

Our vision remains: ‘to ensure children and young people are happy, healthy, safe and resilient, enabling a positive transition into adulthood.’ (LTP, 2015)

The Northamptonshire Future in Mind programme remains at the core of our service transformation plans, which are governed by the Health and Wellbeing Board and the STP Board. The following 10 ambitions were agreed in the original transformation plan:

**Ambition One - Reducing Stigma:** Improving public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled

**Ambition Two – Timely Access:** Timely access to clinically effective mental health support when Children and Young People need it

**Ambition Three – Needs-Led:** Service built around the needs of children, young people and their families

**Ambition Four – Evidence-based:** Increased use of evidence based working and outcome monitoring

**Ambition Five – Visible and Accessible:** Making Mental Health support more visible and easily accessible for Children and Young People

**Ambition Six – Crisis Response:** Improved Care for Children and Young People in Crisis so they are treated in the right place at the right time and as close to home as possible

**Ambition Seven – Parental Support:** Improving Access for Parents to evidence based programmes of intervention and support to strengthen attachment between parent and child

**Ambition Eight – Care for the Vulnerable:** A better offer for the most vulnerable children and young people

**Ambition Nine – Transparency:** Improved transparency and accountability across the whole system

**Ambition Ten – Improved Training:** Professionals who work with Children and Young People are trained appropriately

The following tables give the highlights of progress against the Executive Action Plan and ambitions set in 2015:
Ambition One: Improving public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled.

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Continuing to de-stigmatise mental health issues with children and young people including the Talk Out Loud Programme, and the annual Mental Health Awareness Day in Northamptonshire.</td>
<td>Ongoing</td>
<td>Talk Out Loud</td>
</tr>
<tr>
<td>2</td>
<td>Develop and deliver a communication plan for children and young people's emotional wellbeing and mental health to include focus on public awareness and understanding of mental health issues.</td>
<td>Ongoing</td>
<td>CYP Mental Health Partnership</td>
</tr>
</tbody>
</table>

- Children and young people in Northamptonshire are more aware of mental health issues.
- Children and young people are less afraid of expressing their feelings and their concerns.
- More children and families are presenting at an early stage and accessing early help services.
- Children and young people are aware of services available and how to access them.
- CYP understand that it is normal to feel some anxiety and stress and understand where to get IAG about self-management.
Ambition Two: Timely access to clinically effective mental health support when Children and Young People need it

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| **3**  | Ongoing| CCG & Providers | • Children and young people are seen as soon as possible to stop issues from escalating.  
• Development of a new pathway for behaviour support so as to provide better support for children, young people and their families:  
  o before, and whilst, they undergo assessment  
  o where no diagnosis is made |
| **4**  | Live   | NHFT CCGs 3rd Sector provider | • Children and young people are seen as soon as possible to stop their issues from escalating.  
• Service users and their families, Practitioners and other stakeholders are clear about the service they can expect. |
| **5**  | Live   | CCGs NCC | • Understand demand for youth counselling  
• Enable appropriate levels of service to be implemented in consequent years. |
<table>
<thead>
<tr>
<th></th>
<th>Establish a collaborative framework within 3rd sector counselling services</th>
<th>Live</th>
<th>CCG &amp; Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Greater alignment of support and provision, county-wide.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Enable best practice in safeguarding guidance, by aligning child protection protocols</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reducing unnecessary duplication, and focusing on using available resources to close gaps in provision</td>
</tr>
</tbody>
</table>

**Ambition Three:** Service built around the needs of children, young people and their families

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Commission Healthwatch to lead the engagement process with Children and young people, and their families, so as to ensure services are developed that meet the needs of children and young people.</td>
<td>Ongoing</td>
<td>Healthwatch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback and shaping of priorities from CYP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback and re-design of new and existing services.</td>
</tr>
<tr>
<td>8</td>
<td>Link emotional wellbeing and mental health pathway to early help pathway to ensure a more joined up approach for families.</td>
<td>Ongoing</td>
<td>To be confirmed at the CYP mental health partnership working group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduce risks to children and young people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduce duplication and improve communication and joint action planning to support children, young people and families.</td>
</tr>
</tbody>
</table>
**Ambition Four:** Increased use of evidence based working and outcome monitoring

<table>
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<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| 9 | Waiting times for the service will be monitored and tracked through robust contract management. | Live | CCGs | • Service users, their families and stakeholders will be confident in the local CAMHS offer, and that they will be seen in a timely manner following referral.  
• Commissioners are confident that services meet specifications and are cost effective. |
| 10 | Consider and implement needs-led services, using evidence from Adverse Childhood Experiences | Under-way. YC agencies to be included in plan | CCGs & Police & Crime Commissioner | • Consistent use of evidence-based interventions within child & adolescent mental health  
• Ensure services and interventions are targeted at those who need them most  
• Public health investment into resourcing existing services and raise the profile of ACE and the impact of these events on health and wellbeing. |
| 11 | Implementation of CAMHS Minimum Dataset once released. | Under-way. YC agencies to be included in plan | CCGs & Reach Collaborative | • Service users, their families and stakeholders will be confident in the local CAMHS offer.  
• Commissioners are confident that services meet specifications and are cost effective. |
## Ambition Five: Making Mental Health support more visible and easily accessible for children and young people

<table>
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<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
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</thead>
</table>
| 12 Developing the Single Point of Access for Emotional Wellbeing and Mental Health and the Referral Management Centre to ensure all referrals are fully screened and the right service accessed first time. | Live                        | NHFT CCGs NCC | • Simplifying access to the service for professionals and thus benefitting children and young people.  
• Access right service first time.  
• Greater understanding of local population needs.  
• Reduced inappropriate referrals. |
| 13 Development of facilitated self-referral and on-line referral for children, young people and parents. | Live – need to review hours with NHFT | NHFT CCGs | • Enabling children and young people to access services directly, empowering self-care.  
• Reduced input and workload for primary care and education professionals. |
| 14 Pilot a Green Paper Trailblazer, embedding Mental Health Support Teams in schools and education settings | Expression of Interest submitted | CCG NHFT | • Greater visibility of mental health awareness and support services, within the school environment.  
• Improved / rapid accessibility to therapeutic interventions for mild-moderate emotional health issues.  
• Early identification of declining mental health, including rapid referral pathways to Intensive support services. |
### Ambition Six: Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Initial risk assessment (and multi-agency triage) at referral to ensure children and young people at high risk are seen as a priority.</td>
<td>Live</td>
<td>NHFT</td>
</tr>
<tr>
<td>16</td>
<td>Development of enhanced urgent and emergency care pathway</td>
<td>In development – Transformation funding provides additional CAMHS staff into 2018/19. Consider local model as demand does not justify staff in A&amp;E 24/7. Links to local hub crisis model development.</td>
<td>CCGs</td>
</tr>
<tr>
<td>17</td>
<td>Purpose and deployment of existing crisis and out-of-hours mental health service to be evaluated and development plans formulated.</td>
<td>In development for implementation in 2019/20 links to crisis hub development September 2018</td>
<td>CCGs</td>
</tr>
<tr>
<td>Action</td>
<td>Status</td>
<td>Led By</td>
<td>Outcomes</td>
</tr>
<tr>
<td>--------</td>
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<td>----------</td>
</tr>
<tr>
<td>18</td>
<td>Implementation of Perinatal Support planned for 2018/19 – Service specification, key performance indicators and reporting to be agreed and formalised in contracts.</td>
<td>Successful second wave bid and mobilisation of delivery plan in process.</td>
<td>CCGs NHFT NCC</td>
</tr>
<tr>
<td>19</td>
<td>Extending use of peer support networks for parents.</td>
<td>September 2018</td>
<td>NCC – TBC</td>
</tr>
<tr>
<td>20</td>
<td>Targeted work to be developed to improve parent/infant bonding.</td>
<td>Five to Thrive embedded in universal services. VIG training taken place within adult mental health in prep for perinatal psychiatric service.</td>
<td>NCC CCGs</td>
</tr>
<tr>
<td>21</td>
<td>To map and co-ordinate utilisation of “Incredible Years Trained” workforce across the system</td>
<td>NHFT &amp; Local Authority have a number of staff trained in this programme.</td>
<td>CCG/ LA/ Provider</td>
</tr>
<tr>
<td>Action</td>
<td>Status</td>
<td>Led By</td>
<td>Outcomes</td>
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<tr>
<td>--------</td>
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</tbody>
</table>
| 22 | To provide attachment training to adoptive parents & foster carers | Embedded in training schedule | Integrated LAC team | • To implement a programme for care leavers transitioning to adult-hood.  
• Improved understanding of children with insecure attachment  
• Development of structures and strategies for fostering secure attachments. |
| 23 | Development of an integrated health and wellbeing team for looked-after and adopted children. | Live | NCC NHFT | • Joined up and effective service for looked after and adopted children.  
• Better outcomes for looked after and adopted children.  
• Improved stability of placements. |
| 24 | Revision of self-harm pathway and self-harm audit to be repeated to inform review. | Hospital phase complete. Need to look at early intervention / parental support offer to CYP – consider transition point in | CCGs Public Health | • New pathway in place.  
• Lower admission numbers for self-harm.  
• Same/improved clinical outcomes (repeat self-harm).  
• Recommendations for improvement from results of audit. |
<table>
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<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
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</thead>
</table>
| 25     | Implementing a dedicated community eating disorders service | Live NHFT CCGs | • See Section 10: Eating Disorders.  
• Improved access to a dedicated community service delivering evidence based care.  
• NICE concordant treatment to start within a maximum of 4 weeks from first contact. |
| 26     | Implementing Health & Justice funding – assistant practitioners/YOS & CAMHS | Live CCGs & Providers | • Enhance the life experience and outcomes of CYP in or on the edge of youth justice system  
• Reduce offending |
| 27     | There is an intention to collaborate with the Office of the Northamptonshire Police and Crime Commissioner to commission an Early Intervention Consultancy Support service for Children and Young People. | In development CCGS Police & Crime Commissioner | • To contribute toward the creation of mentally healthy communities within Northamptonshire. |

**Ambition Nine:** Improved transparency and accountability across the whole system

<table>
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<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>28</td>
<td>Embedding of joint commissioning group and joint commissioning arrangements for monitoring.</td>
<td>TBC – New S75 with Public Health. CCG lead new governance structures to CCGs NCC</td>
<td>• Services meet expectations and achieve outcomes for clients.</td>
</tr>
</tbody>
</table>
29 | Increased transparency regarding progress and performance with the public and across key stakeholders. | New governance structures and reporting across stakeholders. Need to publish FIM plan and quarterly updates across STP footprint. | CCGs | • Service users, their families and stakeholders can be confident in the local CAMHS offer.  
• Commissioners can be confident that services meet specifications and are cost effective.

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
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</thead>
</table>
| 30 | Develop a joint training plan and programme of work to support professionals across the county. | Not started | CCGs  
NCC  
PH  
3rd Sector | • Established training covering NCC, NHS and 3rd sector organisation.  
• Support for single pathway development that cross-agency.  
• Increased MDT/multi-agency assessment and treatment. |

Ambition Ten: Professionals who work with children and young people are trained appropriately

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Led By</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| 31 | Implement CYP IAPT (Improving Access to Psychological Therapies) Training. | In progress | NHFT  
CCGs | • Identified staff from across key agencies receive appropriate training to improve the skill set of the broader workforce.  
A co-ordinated well led service. |
<table>
<thead>
<tr>
<th></th>
<th>Individual training for Eating Disorder professionals supported by team development work.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Live</td>
</tr>
<tr>
<td>32</td>
<td>NHFT</td>
</tr>
<tr>
<td></td>
<td>• See Section 10: Eating Disorders</td>
</tr>
<tr>
<td></td>
<td>• Staff trained and accredited in CEDS delivery</td>
</tr>
<tr>
<td></td>
<td>• Service accreditation</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Individual Family Therapy training for practitioners at post graduate level</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>NHFT</td>
</tr>
<tr>
<td></td>
<td>• A strengthened family based model in within NHS CAMHS services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Eating Disorder training to be rolled out to staff in the county, including conferences for schools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Live</td>
</tr>
<tr>
<td></td>
<td>NHFT</td>
</tr>
<tr>
<td></td>
<td>• Staff from across key agencies receive appropriate training to improve the skill set of the broader workforce.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Development of Ask Normen website to be central to communications linked across to other themes where appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Redesign of Ask Normen and relaunch underway</td>
</tr>
<tr>
<td></td>
<td>CCGs Public Health</td>
</tr>
<tr>
<td></td>
<td>• Development of ‘go to’ site for all professional requirements – toolkits; pathways; links.</td>
</tr>
<tr>
<td></td>
<td>• Increased use of site by schools and healthcare professionals.</td>
</tr>
</tbody>
</table>
7. Finance

Finance Allocation

At the end of 2016/17 NHS Nene and Corby CCGs invested an additional £1,436k in Children & Young Peoples Mental Health services. From this additional investment a sum of £1.2m was contracted recurrently with our local Mental Health and Community provider, Northamptonshire Healthcare Foundation Trust.

The remainder of the investment commissions’ local voluntary sector services providing youth counselling services for children and young people. In addition to this funding, the CCGs have acquired an additional non recurrent contribution for 2017/18 from Public Health budgets within Northamptonshire County Council. This funding was identified as meeting the Mental Health requirements of the Public Health Outcomes Framework. The contribution is an additional £610k. Further Public Health investment will be available for 2019/20 as part of a re-investment programme and the Partnership will be reviewing opportunities for this funding in line with the grant criteria requirements. Additional 3 year funding has been made available via the Office of the Police & Crime Commissioner for Northamptonshire to develop an early intervention consultancy model (page 22). The full funding commitment from the Office of the Police & Crime Commissioner for Northamptonshire to Nene & Corby Clinical Commissioning is £711,882.

The CCG within the LTP is looking at strengthening the services across pathways to reduce A&E attendances, reduce unnecessary hospital admissions, reducing IPC and Continuing Care costs and to deliver services closer to home. This will require additional health investment to develop the workforce and services across Northamptonshire which is earmarked within the financial plan.

Further work is planned to review additional need, which may require additional investment.

Table 3: CCG Core Funding for Children & Young People’s Mental Health services, in 000s

<table>
<thead>
<tr>
<th>Core Funding</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>21/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent Baseline</td>
<td>1,436</td>
<td>1,436</td>
<td>1,461</td>
<td>1,726</td>
<td>1,901</td>
<td>1,996</td>
</tr>
<tr>
<td>Committed In Year</td>
<td>25</td>
<td>265</td>
<td>175</td>
<td>95</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>To be committed</td>
<td></td>
<td>99</td>
<td>68</td>
<td>198</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,436</td>
<td>1,461</td>
<td>1,825</td>
<td>1,969</td>
<td>2,194</td>
<td>2,028</td>
</tr>
</tbody>
</table>

The funding for 2018/19 has been allocated as articulated in the executive summary of this plan. The expenditure for 2019/20 will be focussed on strengthening the crisis and emergency care pathways for CYP as described in section 13.
8. Workforce
This section outlines our workforce plans for 2018 to 2020. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP include a multi-agency workforce plan?

Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP’s ambition?

Does the workforce plan include CPD and continued participation in CYP IAPT training programmes?

Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place?

Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?

Does the plan include additional workforce requirements where provision of CYP 24/7 crisis care is not already in place?

Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?

Our ambition in the original and refreshed transformation plan is to integrate our workforce ambitions for the emotional health and wellbeing system into wider workforce development plans across the whole Northamptonshire system. Progress to date with this intention has been disappointing, and this is in part due to the size of the whole system workforce challenge. Our refreshed workforce development plan sets our intentions to strengthen the skills and capability of existing staff to meet the emotional health and wellbeing needs of the children and young people in our county, as well as the identified areas for potential recruitment.

Future in Mind has a national target to increase the number of mental health practitioners by 1,700 by 2020. For Northamptonshire this equates to a target of 20 new staff over the initial Future in Mind Programme (2015-20). As of the 31st March 2018, we have recruited an additional 11 full time qualified staff in Childrens Mental Health Services that are able to deliver therapeutic interventions. By 2021 an additional 9 staff are planned to be recruited across the whole system and will include recruitment into an IAPT leadership position, Wellbeing practitioners, specialist DBT and CBT clinicians. Recruitment is challenged by other areas competing for the similarly qualified and experienced professionals.
We are also working in partnership with the third sector and have invested in additional capacity to provide therapeutic interventions with a specific focus on rapid response counselling for self-harm presentations and emotional wellbeing support for the transition from primary to secondary school settings.

Table 4: Planned workforce increase

<table>
<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of additional WTE staff*</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

*NB: These figures will increase in the event that Northamptonshire is successful in becoming a Green Paper Trailblazer site.

Future in Mind has a further national target to train 3,400 staff in existing services to improve access to evidence based treatments. For Northamptonshire this equates to a target of 40. As of the 31st March 2018, we have trained an additional 32 staff in a number of evidence based therapeutic interventions (e.g. systemic family practice, cognitive behaviour therapy, Incredible Years & specialist eating disorders training).

A further 12 staff will be trained over the next 2 years, with a particular focus on early intervention and specialist systemic family therapy.

Table 5: Training Plan

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<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of existing staff with additional training**</td>
<td>7</td>
<td>12</td>
<td>13</td>
<td>6</td>
<td>6</td>
<td>44</td>
</tr>
</tbody>
</table>

**NB: These figures will increase in the event that Northamptonshire is successful in becoming a Green Paper Trailblazer site.

8.1 What we have done

Whilst there is not currently an up-to-date multi-agency workforce plan, the new Children’s Mental Health Partnership will prioritise workforce development across health, social care, education and Third Sector organisations, through the dedicated Workforce work-stream. This will promote opportunities for joint-working across agencies and specifically aim to recruit and train Wellbeing Practitioners across universal, third sector and local authority provision.

In order to deliver LTP’s ambition of increased access to evidence based interventions, 21 staff in NHFT have been trained as part of the CYP IAPT programme. This includes nine staff who have completed the CYP IAPT Transformation Leadership course, all of whom completed projects to embed the CYP IAPT principles within their teams. All staff members in CAMHS, not
just those undertaking formal CYP IAPT courses, have had access to training by the University of Reading in ROMs, Enhanced Supervision and Evidence-based practice. This has helped strengthen the core principles of CYP IAPT at the heart of all CAMHS assessments and interventions. See section on Community Eating disorders for growth in workforce and training in this area.

Children and Young People in our county have access to crisis services 24/7, but we currently do not have CYP specific mental health care 24/7. The CAMHS Crisis Team has recruited additional staff since 2015 and their team provides crisis care for children and young people from 9am – 10pm seven days a week. The Adult Acute Liaison Psychiatry Team will now screen CYP 14+ who present at A&E for a first episode of self-harm. For more information about the progress and plans for crisis care, please see Section 13: Urgent and Emergency (crisis) Care for CYP.

8.2 What has been the impact
The creation of new steering groups has facilitated innovative ideas about collaborative workforce planning across all agencies.

**Continued Professional Development and Children and Young People’s-IAPT**

Within CAMHS, the increased number of staff trained through the CYP-IAPT Programme has increased the availability of evidence based interventions. Since 2015 CAMHS has achieved an improvement in the Referral to Treatment Times (RTTs) with more young people being seen within 13 weeks. The number of re-referrals to CAMHS within 90 days has dropped significantly from 23 in 2016/17 to two in 2017/18. The number of patients on the caseload has also reduced since October 2016. This should create more capacity for new referrals into the service and the corresponding drop in number of patients waiting at the end of each month suggests that this is happening. The training for all CAMHS staff in enhanced evidence-based supervision has improved the quality of supervision offered and ensures greater clinical governance across different CAMHS teams.

As a direct result of staff completing the CYP IAPT Transformational Leadership Course, there has been significant improvement in participation with the Integrated LAC Health Service. Young people, carers and adoptive parents who access this service now have the opportunity to participate in focus groups in order to shape how the service is delivered.

8.3 What we are planning to do
The Children’s Mental Health Partnership and Children’s STP Board are discussing developing a multi-agency workforce plan in order to ensure services are set up more collaboratively to meet the needs of children and young people in Northamptonshire. One aim is to promote opportunities for third sector, education and social care staff to access the CYP-IAPT Wellbeing Practitioner training, along with health.
CAMHS will continue to train existing staff, and recruit-to-train new staff as part of the CYP IAPT agenda. The joint training and development of all CYP emotional and mental health providers (across universal, specialist including LD/ASD, NHS and non NHS providers) has been recognised as extremely important and a valuable way of ensuring consistency of quality and content of support offered to CYP and their families.

The Children’s Mental Health Partnership will promote multi-agency opportunities for continued professional development and the sharing of knowledge and resources.

The CAMHS Integrated Leadership Team meets regularly to address clinical issues and drive change across the service. Continued professional development has been identified as a key priority, with a new role-specific training package being developed. Eight training topics were identified as essential for all children’s mental health staff, which includes: risk assessment; attachment; and formulation. Training packages are being developed with the aim to offer different levels of training tailored to different roles (including CTPLD). The training will be available to all Children’s Services within NHFT and the possibilities for extending the training offer to other agencies are being explored (including our third sector REACH Collaborative).

In order to understand the local demand for crisis services 24/7, and the levels of staffing required for this a review of crisis data will be undertaken. This review will inform whether additional staffing is required and then the Children’s Mental Health Partnership Workforce Work-stream can agree how this will be implemented. NHFT is currently developing an alternative to A&E attendance for children and young people in crisis as part of the national target to look at 24/7 crisis services. The aims of this new ‘CAMHS hub’ would be to reduce unnecessary A&E attendances and subsequent hospital admissions. CYP could attend during extended opening hours to cover higher demand in the evening, and be assessed by specialist mental health practitioners (CAMHS Crisis Team). There are plans to also integrate with third Sector staff offering support and signposting at this site to improve transition between Tier 3 and third sector services.

8.4 How we will measure the impact and outcomes

- Workforce monitoring will evidence increase in workforce across agencies
- Reduction in waiting times for evidence-based interventions
- Number of CYP accessing evidence-based interventions
- Number of CYP-IAPT trained staff
- Availability of role-specific training within NHFT
- We aim to recruit a CYP-IAPT Co-ordinator who can focus on embedding the CYP-IAPT principles and monitor the CYP-IAPT programme and outcomes across all services.
9. Collaborative and Place Based Commissioning

This section outlines our plans around Collaborative and Place-Based Commissioning. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP include joint place based plans (between CCGs and specialised commissioning) to:
- develop a local seamless in-patient CYP MHS pathway across appropriate footprint - demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?
- Is the role of the STP reflected in joint place plans? Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?
- Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services?
- Does the LTP detail how it is ensuring that there is full pathway consideration for children and young people in contact with Health and Justice directly commissioned services? During their stay in secure settings; Transition in and out of secure settings; Transition in and out of community services; transition between children and adult’s services

NHS England Specialised Commissioning [East Midlands Hub] is responsible for the commissioning and management of CAMHS Inpatient Units within the East Midlands. It is recognised that CYP who are admitted to mental health beds often have complex backgrounds and needs. There are a limited number of CAMHS General Adolescent [Acute] Units within the East Midlands with limited options regarding PICU, low secure and specialist provision i.e. Eating Disorder.

Both health and local authority partners recognise the importance of collaborative and partnership working to ensure that effective use is made of the resources available within our region. It is the intention of local agencies to keep admissions outside of county/region to a minimum in number and length of stay as possible.

The data for mental health inpatient admissions indicates that Northamptonshire has a higher number of admissions compared to other counties in the region. From 2014/15 to 2015/16 there was a 27% increase in admissions and from 2015/16 to 2016/17 there was a 36% increase in admissions across Nene and Corby CCGs. Some of the data reports suggest our area is higher than others; however the data is given by individual CCG and not by cluster. The graph below (Figure 5) gives the number of inpatient admissions per 100,000 of the population in each CCG cluster (county).
Fig. 5: Admissions by CCG clusters per 100,000 population

Please note that the numbers for 2017 are from 1st April 2017 – 31st December 2017 only.

9.1 What we have done

Mental Health Admissions – Working Together

The CAMHS Crisis Resolution and Response Team work closely with partners in NHS England when admission is required.

The Adult Acute Liaison Psychiatry Team will now offer screening assessments for young people aged 14+ who present at A&E after an episode of self-harm or with suicidal ideation.

We have created two new steering groups (Children’s STP Board and the Children’s Mental Health Partnership) to ensure the STP is consistent with joint place plans.

Bed management meetings: Case Managers from the Clinical Commissioning Groups attend Bed management meetings to monitor progress and contribute to transition planning. These meetings are attended by Specialised Commissioning (NHS England), CCGs, Health Providers and Social Care representatives. The aims of the Bed Management Meetings include: improving patient pathways and outcomes; resolving delays in transfer of care or discharge; and ensuring that Inpatient beds are used effectively within the region and that out of region admissions are reduced in either number or length of stay.
Health and Justice Services

Mapping and Gap Analysis Health & Justice Mental Health Service Provision

Northamptonshire was part of a regionally commissioned mapping exercise and undertook a facilitated stakeholder event in March 2018. The aim of the stakeholder event was to clarify how mental health and the promotion of emotional well-being and resilience were currently met within the justice system and to develop a more effective and streamlined pathway. However, as it is recognised that mental health can be affected when other needs remain unmet the development of the care pathway within the system considered all needs associated with the promotion of good mental health and emotional resilience. This included physical health care needs, education and social care.

The event aimed to acknowledge good practice; identifying gaps in service provision across the system and for attendees to work together to develop the pathway, in order for future commissioning to focus on providing services that have an outcome-based, shared pathway for their locality.

The 7 Key Performance Indicators (KPIs) for the children and young people’s Health and Justice Collaborative Commissioning Workstream that relate to structure and process were considered as part of the pathway development. They include multi-agency membership; service infrastructure; training; agreed pathways; agreed clinical protocols; data collection; evidence of co-production with service users concerning service developments. Enhanced joint-working across both commissioner and providers include the development of early help and prevention, setting up regular stakeholder forums and joint workforce training. This has positive implications for developing joint accountability and risk-sharing.

As part of the overall mapping exercise the Northamptonshire Youth Offending service provided data for Q1 2018. Although it is not possible to draw any conclusions based on this limited dataset, it is approximately aligned with the data received from the other localities, with the majority of individuals received being males and the majority in the 15-17 age band (Fig.6). The gender mix (Fig.7) of CYP, for instance, is approximately 70-80% male / 20-30% female, with a very small number of individuals who identified otherwise. This ratio has remained approximately constant over the period and is reflected in both the arrests data from Lincolnshire and the case volumes reported by all other local areas. It is also similar to the gender mix of those arrested nationally, at 84% male / 16% female for the year ending March 2017⁶. This ratio is important because the proportion of female offenders with mental health needs is known to be significantly higher than that of males. Around 44% of female offenders are believed to have mental health needs, compared with 27% of male offenders. Female offenders are more likely to suffer from depression (35% vs. 13%), self-harm (17% vs. 7%) and

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⁶ Youth Justice Statistics England and Wales (2016/17)
post-traumatic stress (19% vs. 6%)\textsuperscript{7}.

**Fig. 6: Proportion of CYP received into YOS by age**

**Fig. 7: Proportion of CYP received into YOS by gender**

In 2018, the CCG commissioned a Health & Justice service, straddling CAMHS, Youth Offending Services and the Police, in order to provide emotional/mental health support for those at risk of developing an entrenched pattern of offending.

\textsuperscript{7} Chitsabesan (2006): Mental health needs of young offenders in custody and the community
The new specialist support workers (as described in Section 5: Understanding Local Need) will also help to ensure smoother transitions for CYP across the Health and Justice Pathways.

Children & Young People’s Independent Sexual Violence Advisors (ChISVAs) and Independent Sexual Violence Advisors (ISVAs) are provided locally in all five areas of East Midlands and are commissioned by the Police and Crime Commissioner (PCC). This service supports well-being, recovery and independence regardless of whether or not children and young people choose to go through with the criminal justice process.

There are additional services locally which support community pathways for children and young people who have attended the Sexual Assault Referral Centre which is located in Northampton.

Northamptonshire Rape Crisis are part-funded by the Ministry of Justice and part self-funded. They provide emotional support (12 weeks), counselling (26 weeks) and advocacy during court proceeding to children and young people aged 14 years plus for male and females. There is an ISVA who works directly with children and young people and provides support to their parents and carers.

Northamptonshire Against Domestic Abuse and Sexual Abuse (NADASA) – provides services across the county working together to support adults and children who risk or have experienced domestic violence or sexual abuse. Information is available on their website.

Specialist CAMHS work with Trauma that may be subsequent to abusive experiences.

**Children and Young People with Complex Needs**

Locally, there has been an increase in the proportion of children and young people in mental health inpatient beds who have ADHD/ASD or LD. The Care and Education Treatment Review (CETR) Risk Register has been put in place by the CCGs in order to minimise the risk of unnecessary inpatient admissions for children and young people with LD, ADHD and ASD. The CCG is working in partnership with the Local Authority to deliver training to staff around the CETR process, when a young person would meet the criteria for the risk register and when a CETR should be requested. Nene and Corby CCGs are also undertaking more proactive CETRs at an early stage to try and mitigate the risks of admission further. Furthermore, a dynamic and electronic risk register is being developed to ensure robust and seamless identification of need, and timely delivery of CETRs.

The electronic risk register is a dynamic programme that is being developed to ensure robust and seamless identification of need, and, where required, timely delivery of CETRs. It is designed so that professionals can refer a Child or Young Person onto the register and in doing so will be prompted to consider whether proactive interventions have taken place to try and prevent crisis. Reminders will also be sent for certain tasks, the completion of which will be
supported by timely access to experts, and to prompt review to ensure the register remains up to date. The register will be managed by a panel of expert users who will review all referrals and make contact with the referrer as appropriate. The CCGs will also be alerted to any person who is listed as Amber or Red on the register so that a CETR can be considered, with the aim of reducing LAEP (emergency) reviews and facilitating more opportunity to avoid crisis. The database will also output reports such as population based data in order to inform locality focused commissioning.

For adults with LD and/or autism there are clear pathways and a high level of support in the community to reduce admissions. The Northamptonshire Transforming Care Partnerships are within their MNHSE trajectory in relation to Transforming Care. There is a specific crisis and admission avoidance lead post funded by the CCGs and acts as a co-ordinator, monitor and innovator in relation to hospital avoidance.

For people with an LD aged 14 years and over there is an Intensive Support Team, Community Team and Lead for Admission Avoidance. There is an all-age autism strategy being developed by the autism commissioner which includes the needs of this client group.

9.2 What has been the impact

The clear collaborative working across agencies, for example Bed Management meetings, means there are close working relationships between Health and Local Authority partners. Local Agencies are working together to reduce admissions, prevent delayed discharge and ensure the needs of these complex young people are met in the community.

The Health and Justice workshop in 2018 was the first time that all organisations involved in the pathway had met to discuss how to improve links between services. This was a very positive step towards our ambition of improving the local pathways.

The CETR risk register does result in partners discussing issues in a timely fashion, however the cohort of children on the list tend to escalate very quickly in relation to their high risk behaviour and the need for a crisis response. This has proved problematic when trying to predict and arrange CETRs. Despite these difficulties there have been several admissions avoided as a response to a CETR or blue light discussion taking place. Currently there is a CYP action plan aimed at increasing positive responses and reducing inpatient admission.

9.3 What we are planning to do

We will aim to deliver Place based plans (jointly developed by Specialist Commissioning and CCGs, and informed by New Models of Care) to establish a whole system CYP pathway and align community services with recommissioning inpatient beds closer to home.

As part of this refreshed plan we have tried to understand the reasons for our high inpatient admission rates. It is acknowledged that our Local Authority is under significant financial strain, which has an impact on resources available to support complex cases and impacts on decisions made around discharge planning when there are systemic factors linked to a young person’s
levels of distress and risk. Anecdotally, the high numbers of children and young people who are admitted who also have a diagnosis of ASD, ADHD or LD seems to cause an increase in inpatient admissions due to the complexity of these cases. The CCGs will continue to maintain the current CETR Risk Register and promote shared ownership of this across agencies through the existing multi-agency forums, such as Children’s STP Board.

It is not possible to reduce inpatient admission rates without growing community services and having strong links between health and social care to deliver the level of service required for children and young people with high levels of emotional dysregulation, risk to self/others, and/or diagnosed mental health conditions. This raises risks around funding flows that would need to be considered as part of service development.

Northamptonshire did not previously commission a local service around Dialectic Behavioural Therapy (DBT) and this was recognised as a gap that is linked to the high levels of inpatient admissions and use of crisis services. However, as a result of recommendations from an options appraisal in the previous LTP and a successful business case brought to the CCGs; the current adult DBT team will reduce its age range to 16yrs to work with young people with emerging personality disorders. The service will carry out 1-1 and group interventions as well as supporting other colleagues with training events and consultation. Providing this service for these young people should lead to admission avoidance and reduced use of crisis mental health services as well as reducing the cost of Continuing Care Packages and Individual Packages of Care. There are other anticipated savings to the wider system, such as reduced A&E attendances, reduced costs to the Police and increased education attendance and attainment. There is an intention to review the outcomes and activity of the DBT work with these young people and an acceptance than further investment may be required to build on the anticipated benefits to the CYP and system as a whole.

Health & Justice Event Preliminary Findings from the event

During the event a mapping exercise uncovered several gaps in services and pathways. As a response to these the following solutions were developed by the event attendees:

- Early help and parenting support could be improved through social care secondments into the Prevention & Diversion (PaDs) team.

- Further training within the system for identification of Autism disorders and Attention Deficit.

- Partnership working will avoid duplication of work, especially during the assessment processes used by various services. This will be of particular relevance to the CAMHS, Youth Offending Services and the Liaison and Diversion team.

- Partnership working within the Multi-agency safeguarding Hub (MASH): The ‘Risk and Safety panel’ chaired by the YOS manager considers potential risks and the
development of the links and information sharing between these two forums will improve the partnership working.

- Development of a forum for reviewing the needs of children and young people with multiple needs that do not meet service thresholds but amalgamate to increase the child or young person’s vulnerability if they remain unmet. The MASH forum was considered a useful forum for developing further within the PaD’s section of Pathway. The care plan model ‘MyPlan’ may support this process as it uses an EHCP ‘light’ approach to multi-agency partnership working.

http://sheffieldparentcarerforum.org.uk/resources/education/the-myplan

- Developing the system using the Thrive model has the potential to promote multi-agency involvement in meeting the holistic needs of children and young people.

- Exploring the role of school nurses to improve links with education. Could partnership working with the L&D assist this process if they are already accessing EHCPs where they exist?

- Further work with school nurses and primary care teams to develop physical health screening and assessment for children and young people who have no historical records of care. These might include dental care and long-term conditions which require ongoing treatment.

- Increasing the voice of children and young people and their families to improve engagement with any care plans developed.

- Streamline the out of court disposal section of the pathway.

These proposals will be embedded in the ambition action plan as outlined in Section 5: Understanding Local Need. We have secured funding to address the gap in supporting the emotional wellbeing needs of our young offenders, who were at increased risk of entering the secure estate. By improving the available services and developing the pathways it is hoped that there will be a reduction in re-offending and in young people entering the secure estate.

9.4 How will we measure the impact and outcomes

The impact around collaborative and place-based commissioning will be measured against the following Key Performance Indicators and outcomes:

- Reduction in inpatient admissions
- Reduction in delays of repatriation and discharge.
- Improved working relationship and clearer understanding of roles/responsibilities regarding CAMHS patients transferring in and out of inpatient provision.
- Reduction in length of stay and readmission rates.
- Improved occupancy
- Reduced numbers of CYP entering the secure estate
- Reduction in cost of Continuing Care Packages and Individual Packages of Care (e.g. out of county DBT)
- Reduction in repeat attendances at A&E for young people who are emotionally dysregulated
- Improved emotional wellbeing of young people in contact with youth offending services

10. CYP Improving Access to Psychological Therapies
Northamptonshire is part of the Oxford and Reading CYP IAPT learning collaborative. The delivery of evidence-based practice through CYP IAPT underpins our service transformation plans across the STP footprint. This section summarises the progress to date and sets out our plans going forward. This section is closely linked with Section 8: Workforce.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include: collaboration and participation; evidence-based practice; routine outcome-monitoring with improved supervision

Is there a commitment to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?

Are there sustainability plans for CYP IAPT learning collaboratives in preparation for central funding coming to an end?

10.1 What we have done
Since 2015, 29 members of staff in CAMHS have been trained as part of the CYP IAPT Programme & Community Eating Disorders service (see table below). It should be noted that there is not a discrete CYP IAPT service and that the IAPT principles are delivered in the services mentioned above. We are building skills within the existing workforce and looking to define workforce beyond key NHS health providers for future training opportunities.

Table 6: Increasing Access to Psychological Training and Recruitment Schedule for Northamptonshire

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</thead>
<tbody>
<tr>
<td>Systemic Family Practitioners (SFP)</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>
Cognitive Behavioural Therapists trained | 5 | 4 | 3 | 12
Parent Training | 2 | 2 | 0 | 4
Enhanced Evidence Based Practice | 0 | 4 | 1 | 5
Wellbeing Practitioners | 0 | 0 | 0 | 6 | 4 | 4 | 14
Supervisors in Therapeutic Practice | 2 | 1 | 0 | 3
Transformational Leadership training | 3 | 4 | 2 | 9
Total | | | | 49

For Q3 in 2017 Northamptonshire CAMHS was at least 60% compliant with all CYP-IAPT principles:

- Participation – 75%
- Use of ROMs – 83%
- ROMs in Supervision – 60%
- Evidence based interventions availability – 80%
- Governance – 71%
- Accessibility – 80%

**Participation**

As outlined in Section 5: Understanding Local Need, there has been significant improvement in levels of participation across a range of services. The new Children’s Mental Health Partnership will have representation from young people, as well as young people being involved in the work streams that feed directly into the agenda and decisions made by the Children’s Mental Health Partnership.

**Reported Outcome Measures (ROMs)**

CAMHS are now collecting ROMs, in line with CYP IAPT requirements. All CAMHS staff have had access to ROMs training by the University of Reading, delivered locally in Northampton. Printed ROMS are available in every clinical room to promote compliance, which is currently 83%. An area of challenge is accessing the data on percentage of clients with paired ROMs. The current data systems do not allow effective data on paired ROMs to be collated from clinical records. We are looking at how to improve the data collection systems in order to address this.

**Supervision**

NHFT have implemented a new employee online system (ESR) where staff must record their supervision activity so it can be monitored. ESR does not currently have the function for staff to upload ROMs, which presents a challenge in terms of gathering accurate data on how ROMs
are being discussed in supervision and whether measures of the quality of supervision are being completed routinely.

NHFT Children’s Services have developed a new supervision policy, with supervision contract and record based on IAPT model and adapted to other services where appropriate. The aim of this is to improve the quality and consistency of clinical supervision across services and embed the core IAPT principles in all services, not just mental health.

10.2 What we are planning to do

Ongoing Commitment to the CYP-IAPT Principles

The National IAPT guidance states it is responsibility of commissioners to take the IAPT agenda forward. We have noted that most other areas have a dedicated IAPT Lead and would like to recruit a CYP-IAPT Lead to promote the IAPT agenda in Northamptonshire. The outcomes expected from this role would be increased compliance with the CYP-IAPT principles; increased numbers of CYP accessing care; oversight of the PWP development programme; liaison with third sector partners; and improved data quality and monitoring.

CAMHS supervisors can access Enhanced Supervision Training with the University of Reading, as part of the CYP-IAPT Programme. The plan to provide ongoing specialist supervision training for staff demonstrates the commitment to improving the quality of supervision, which is associated with improved clinical outcomes. Staff who have regular access to high quality supervision feel more valued and are able to develop skills in order to provide a high level of service for their clients.

We need to work with the clinical systems and performance teams to develop a system where use of ROMs in supervision can be accurately captured and reported. We also need to develop systems to accurately capture use of paired ROMs.

CYP-IAPT Training for Sectors other than Health

There is commitment to providing CYP-IAPT training in sectors other than health and discussions between health commissioners, providers and other agencies have taken place. At present, our intention is to recruit five Well-being Practitioner Trainees (with 60% coming from the third sector). A Workforce has been set up as part of the new Children’s Mental Health Partnership to establish how to include all agencies in CYP-IAPT training. One proposal is to support third sector staff and/or Local Authority (EHA) staff to complete CYP-IAPT Training as Psychological Wellbeing Practitioners. This aims to improve the provision of evidence-based interventions across sectors other than health, in line with how these early intervention and prevention services are delivered in other counties.

Sustainability

CAMHS have an ongoing commitment to train existing staff as well as new staff in different CYP-IAPT models. A particular area for future development is the low level, preventative
interventions that are delivered by Wellbeing Practitioners (WPs). There are plans to recruit to permanent posts, and skill-up existing staff, in the Community and Early Intervention and Skills-Based Intervention Teams in order to promote sustainability of this model once central funding comes to an end. The recruitment of a CYP IAPT lead and the retention of a number of wellbeing practitioners will embed progress to date and ensure on-going staff development and sustained high quality service delivery.

We plan to improve sustainability of the current workforce, by improving their wellbeing, morale, retention and career development, and mitigate for risks to workforce across population footprint. The operational plans for this will be discussed at the Children’s Mental Health Partnership.

10.3 How will we measure the impact and outcomes

- Continue to meet and maintain core standards and collect and flow accurate and complete data, ensuring quality is monitored at a local (and regional) level to demonstrate effective evidence-based care. There is SMART data collation to enable us to monitor and submit data. The data is sent quarterly to the collaborative and then uploaded to the National Mental Health Data Set.
- Supervision outcome measures. ROMS put on team meeting agendas to discuss and encourage use. ROMS use to be monitored and supervisors to be given the information needed identify where ROMS are not being used so that supervisors can encourage staff and monitor the use of these.
- ESR records for frequency of supervision across NHFT
- We plan to audit the implementation and impact of the new supervision policy, contract and recording
- Evidence of baseline and monitoring ROMs being presented in supervision. Take this out, covered above.
- Evidence of staff recruited and/or seconded from agencies other than health to complete CYP IAPT training i.e. WP recruitment from Youth Counselling.
- Improved clinical governance and consistency of mental health services delivered across the footprint.
- Increased access to evidence-based interventions for children, young people and their families. Through internal and recruit to train training processes there has been an increase in Evidence Based Interventions across the service.
- Better integration across services. Evidenced by integrated screening and assessment processes and interagency working i.e. Youth Offending Service, Police, School Nurses.
- Better integration across services
11. Eating Disorders
The Northamptonshire Eating Disorders Cluster is formed by Nene and Corby CCGs. This section outlines our plans around children and young people with Eating Disorders through the Community Eating Disorder Service (CEDS). It will comment on progress to date, impact of this, our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify current baseline performance against the new Eating Disorder access and waiting time standards ahead of measurement beginning from 2017/18?

Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England’s commissioning guidance?

Is the CEDS signed up to a national quality improvement programme?

11.1 What we have done
Significant progress has been made in transforming local Eating Disorders services since the previous LTP, with the establishment of a new Community Eating Disorders Team with a Day Unit. The development of the service was informed by the Young Health Watch Report 2016. The Community Eating Disorder Service for Children and Young People (CEDS) is a multi-disciplinary team offering assessment and support to young people with a possibility of a eating disorder through a pathway of care. The CEDS pathway includes Community, Day Unit and Inpatient treatment. The CEDS team comprises Psychiatry, Psychology, Mental Health Nursing and Dietetics, with links to Education Services and Paediatric Teams. This is a community based multi-disciplinary service where, at all levels of the service some or all of the MDT will be involved in the planning and delivery of a comprehensive care package. Depending on need, the young person will be able to access a range of services at the same time with the emphasis on delivering health care and education closer to home including multi-systemic work with the family. This may include the delivery of health services which have historically only been accessed in an acute paediatric setting or if admission to an acute hospital is unavoidable, the CEDS will provide in-reach to provide specialist advice and support timely discharge.

The service model for the new Community Eating Disorders Service (CEDS) is displayed overleaf:
Fig 8: Service model for Northamptonshire Community Eating Disorders Service.

The current service is fully delivering NICE concordant treatment, including FBT model and access to Cognitive Behavioural Therapy. The service is staffed to meet the original expectation of 50 referrals per year. However, the actual demand on the service is over 100 per year. The CEDS was set up to be compliant with the NHS England Access and Waiting Standard for Children and Young People with an Eating Disorder (2015). CEDS staff have attended national ED training facilitated by Health Education England, which is an IAPT-informed, whole-team approach to service delivery. Northamptonshire CEDS has also participated in the East Midlands CYP ED Survey and will be participating in the quality network for community eating disorders for children and young people (QNCC-ED).

Best practice for treating young people with an eating disorder encourages close working with local paediatric providers to oversee and support the physical management of young people. This remains a challenge locally which needs to be addressed in order to ensure the unique physical health needs of this client group are met.

### 11.2 What has been the impact
Over 120 young people were referred to the CEDS in 2017/18, and available data for 2018/19 to date (April – August 2018) shows a further 50 referrals. The Referral to Treatment Time (RTT) has decreased and is currently at less than two weeks, as displayed in the graph below. The trend in the number of patients waiting for treatment at the end of the month has decreased; however at the same time the number completing treatment and being discharged has also decreased, from an average of 9 for 2017/18, to 7.6 for 2018/19 so far.

**Fig. 9: Number of referrals per month to the CYP Community Eating Disorders Service**

**Fig. 10: Average time from referral to CYP CEDS to treatment, March 2017 – August 2018**

### 11.3 What we are planning to do

In order to meet the physical health needs of CYP open to CEDS, a community paediatrician has allocated time from within their substantive role to support the team and carry out the
necessary clinical assessments or treatment. Our ambition is to commission a whole Eating Disorder pathway in line with best available evidence, extended to cover episodes of care in day or inpatient settings. In addition to the existing community service and day unit, our local provider (NHFT) has submitted a tender to increase the number of specialist Eating Disorder beds locally. This service would mean that young people can access specialist Eating Disorders services across the whole pathway.

We acknowledge that the CEDS service was set up based on a projected figure of 50 referrals per year. The actual figures have been more than double this with over 100 referrals in the first year. There is a clear need for a review of the service (planned for September 2018) and a discussion between commissioners and providers about how to allocate resources to meet this additional demand.

11.4 How we will measure the impact and outcomes

- We have developed measures to monitor impact and outcomes in line with the Access and Waiting Time Standards for CYP with ED
- Number of CYP accessing CEDS
- Response to Treatment Times
- Reduction in out of county ED bed days
- Service User Engagement and Feedback, e.g. I Want Great Care

The Community Eating Disorder Service – Children & Young People

The Patient Journey

- Referral is made to the RMC, single point of access
- Triage is completed following referral received, this identifies if the assessment required is Routine, Urgent or Emergency.
- Initial Assessment and risk assessment is completed by the Multidisciplinary Team – this allows immediate working diagnosis and the care plan identified and shared with the family. The care co-ordinator attends the initial assessment to support continuity.
- Family Based Treatment (FBT) is the first line of treatment.
- Review at week 2, month 1, and month 3 then month 6. Care Program Approach in place to monitor and review.
- If FBT is unsuccessful the intervention can be intensified by referring to Multi-Family Therapy or the day service to be considered. Adjuncts to FBT, including CBT-E, are also offered.
- Cognitive Behaviour Therapy (CBT) for co-morbidities is available to young people as required.
Parental workshop and carers groups are available to families offering psycho-education and support.

The day unit provision is available to avoid hospital admission where appropriate.

Service User Forums are in place to shape service provision.

12. Data

This section gives details of the data recording and outcomes. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP set out baseline and incremental increase in number of CYP accessing care, number of existing staff being trained and numbers of new staff recruited to deliver EB interventions?

Is there evidence of progress against set trajectories?

Does the LTP identify the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers to flow data for key national metrics in the MH Services Data Set? MHSDS)

Where there are gaps, does the LTP set out a plan of action to improve that data quality?

Is there evidence of the use of local/regional data reporting template(s) to enhance local data?

Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area?

12.1 What we have done

As outlined in Section 10: CYP-IAPT there has been an increase in number of existing and new staff being trained to deliver Evidence-Based interventions (CYP-IAPT Programme). To date, 30 CAMHS staff members have attended, or are attending CYP-IAPT EB training. There are plans to train between four and eight members of staff, depending on outcome of proposals to integrate IAPT training with third sector staff.
CAMHS Data

Fig. 11: Trend in CAMHS referrals April 2015 – July 2018

Fig. 12: Average wait between referral and first contact by year
Fig. 13: Number of referrals per year

The number of re-referrals to CAMHS within 90 days dropped from 23 in 2016/17 to 2 in 2017/18.

The number of patients waiting to be seen at the end of the month accumulated slightly (by 5.4%) between 2015/16 and 2016/17 but in 2017/18 it has dropped significantly by -34.5%. This is reflected in the Case-load (shown below).

Fig. 14: Trend in no. of patients waiting to be seen at month end, April 2015 – July 2018.
Fig. 15: Patients waiting to be seen at the end of the month, by year
The average proportion of total case load completing treatment and discharged each month in 2015/16 was 4.7%. This increased to 5.4% in 2016/17 and rose again to 9.6% in 2017/18.

The number of patients on the caseload has reduced since October 2016. This should create more capacity for new referrals into the service and the corresponding drop in number of patients waiting at the end of each month suggests that this is happening.

The increase in the proportion of the caseload discharged each month is also reflected in the increased percentage seen within 13 weeks of referral.

Fig. 16: New referrals & first face to face contacts

For CYP with a diagnosed mental health problem the CCGs are working towards achieving the 30% access standard in 2017/18 and will be working towards a 32% access standard in 2018/19 as per the Five Year Forward View.

Table 7: Planned CYP Service Access Trajectory 2017 – 2021

<table>
<thead>
<tr>
<th></th>
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<th>2018/19</th>
<th>2019/20</th>
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<td>3</td>
<td>29%</td>
<td>33%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>
1. Total number of individual CYP aged 0-18 receiving treatment by NHS funded community services in the reporting period

2. Total number of CYP aged 0-18 with a diagnosable mental health problem

3. Percentage of CYP aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services

As at the end of Q2 2017/18 the following access rates had been achieved: Nene CCG – 1295 and Corby CCG – 140

We are currently investigating the extent to which providers are completing the MHSDS as is required. There is a need to ensure that all non-NHS providers are flowing data to the MHMDS. Further discussions are on-going.

The CCGs receive the data which flows from NHFT via the MHSDS and is collated centrally by NEL CSU and made available locally to the business intelligence service within the CCGs.

12.2 What has been the impact
As seen above, there have been overall improvements in the CAMHS waiting times and numbers of CYP accessing treatment in a timely manner.

As at the end of Q2 2017/18 the CCGs are below the planned trajectories for increasing access (Nene -1087 and Corby -122).

12.3 What we are planning to do
We are committed as a system to work together to assure the quality of the data flow for key national metrics in the Mental Health Services Data Set and we are looking at a range of recovery measures to bring the access trajectories back on to plan. Actions include:

1. Assessment of the data descriptor associated with the CYP MH access metric (understanding what is being counted, how it is counted and how it is meant to flow). This includes a review of the reporting requirements from our Third Sector partners, to include increased paired-score assessment, and greater transparency in data quality.

2. Review of NHFT’s MHSDS submission to ensure that it complies with the above and that it reflects all relevant activity that is occurring with CYP with a diagnosed MH difficulty (treatment classed as 2 x ‘contacts’ across any CYP mental health service).

3. Corrective action to ensure that NHFT is capturing all relevant CYP MH activity in its MHSDS submission

4. Estimate of increased activity that will be realised by capturing any unreported activity

5. Engagement with NCC Public Health (joint partners with CCG) and third sector Youth Counselling providers to develop a plan to include their activity in the MHMDS submission (these voluntary sector providers had nearly 1500 CYP referred to them in 2016/17 so we
need to capture this activity). **NB:** The Youth Counselling organisations are third sector organisations who undertake CYP counselling in the community. They are jointly funded by the CCGs and Northamptonshire County Council Public Health. The organisations offer a tier 2 CYP service offering support to many children who have presented to A and E with Self harm or who are otherwise in need of counselling and support. CCG colleagues attended the MHSDS workshop with our Third Sector partners, in order to establish the process for securing an N3 Connection (either of their own, or via the existing N3 connection held by NHFT).

**Caveats**

- The precise number of CYP who present to the organisations in question who have a diagnosed mental health problem (as per CYP MH Access data criteria), is unknown
- Currently the organisations are funded none recurrently for 2018/19 which presents a risk for sustainability and financial investment in new systems.
- The capacity and capability of the organisations to flow data to the MHMDS directly is questionable given their limited resource base
- Local representatives have been attending regional workshops to share and learn from resources to aid implementation.

We plan to meet with both NHS and non NHS providers in order to assess gaps and plan corrective action.

**12.4 How we will measure the impact and outcomes**

- Maintain waiting time standards
- Increased uptake of services by CYP with a diagnosed mental health difficulty
- Measure against set trajectories
- Improved data collection and performance monitoring for NHS Providers
- Develop systems to allow accurate data collection for third sector providers as part of the MHSDS
- Monthly review with NHS England colleagues (including partners from the EM Clinical Network).

**13. Urgent Care and Emergency (crisis) Mental Health Care for CYP**

The need for urgent care and emergency (crisis) Mental Health Care for children and young people is highlighted in the Five Year Forward View; Future in Mind as well as local strategic priorities set by the Children’s Strategic Transformation Plan. This section will comment on progress to date; impact of this; our plans and how we will measure the impact of this.
The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify an agreed costed plan with clear milestones, timelines for implementation and investment commitment to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?

Is there evidence of progress of planning and implementation of urgent and emergency mental health care for CYP, with locally agreed KPIs; access and waiting time ambitions; and the involvement of CYP and families including monitoring their experience and outcomes?

13.1 What we have done

The local CAMHS and adult mental health provider NHFT currently offers 24/7 access to mental health services for CYP. This is in the format of a CYP response and resolution team who operate until 10 pm and assess CYP in their own homes, community settings and or acute hospital. After 10pm, CYP who present at A&E are usually admitted to an acute paediatric ward with support/advice from an on-call Psychiatrist. In addition, NHFT used winter pressures money to fund third sector services to provide short-term counselling intervention as a timely step-down after an episode of low-level self-harm. 22 additional young people have been seen as part of the Northampton Lowdown Rapid Response project between March and July 2017. This excellent work has been expanded into the rest of the third sector providers and rolled out across the county as part of the utilisation of public health resource for 2018/19. It is anticipated that up to 25 CYP per month will be able to access this level of support.

In Northamptonshire we have been working towards a new pathway for the assessment and treatment of self-harm. This was prompted by a CCG led audit into the self-harm admissions to the children’s wards at Northampton General Hospital and Kettering General Hospital.

- The audit covered the month of May 2017 and the 60 admissions to the three children’s wards across both hospitals (Paddington, Disney and Skylark).
- The NHFT CAMHS crisis team carries out the majority of self-harm assessments. This team has been renamed the Children’s Response and Resolution Team (CRRT).
- The redesign of the pathway has been a multi-agency collaboration between NHFT, NGH, KGH, NCC and Nene & Corby CCGs.
- The aim of the pathway is to drastically reduce the number of admissions to Paediatric wards by carrying out more assessments in the Emergency Departments (ED) and by diverting people from the ED to assessments at CAMHS bases.
- Alongside the pathway there is a revised assessment document. The new document is reduced in size from 44 pages down to 22 and reflects not only the revised pathway but changes to practise in ED, Paediatric Wards, Safeguarding, Social Care and CAMHS.
- The new pathway had a three-month trial period on 1/2/2018. The outcome of this pilot has been shared with Commissioners and Quality leads. The overall results were that 40% of CYP during the trial period were safely diverted from being admitted to hospital and the pathway which has been developed has been tested and reviewed by clinicians.
to ensure efficacy. Relationships and communication between acute and community children’s services have also improved. A second audit is planned for November/December 2018 to review the pathway.

In 2017/18 NHFT over-recruited to the Children’s Response and Resolution Team in order to meet the growing demand for urgent and emergency mental health care and to fulfil the remit of offering home treatment to reduce the risk of mental health inpatient admission. These extra members of staff were temporarily funded by the winter pressures money, and have now been funded from the FiM resource for 2018/19.

13.2 What has been the impact

For most of 2015/16 CAMHs Crisis and Home Treatment services were focussed more strongly on responses to requests from acute hospitals (71% of, on average, 38 contacts per month up to November 2015/16). From January 2016, response to acute hospitals has been on average 29% of the workload and the number of contacts has increased to 58 per month in 2017/18.

![Fig. 17: CAMHS Crisis & Home Treatment referrals, and referral source April 2015 – July 2018](image)

The required response time for response to referrals of C&YP from Acute hospitals was 1 day in 2015/16 but increased to 48 hours from 2016 onwards.

Between April and September 2016, the % responding in 48 hours was inconsistent but for the remainder of 2016/17 it was around 74% and in 2017/18 has improved, particularly in the last 5 months when 97% of responses have been within 48 hours.
Fig 18: Percentage of referrals from acute hospitals receiving a response within 48 hours

The self-harm pathway audit led to a significant reduction in the amount of paperwork required to complete an assessment. This has streamlined the process and led to a more focused and efficient assessment. The aim of this is to improve the service user experience and reduce the length of stay in acute hospitals.

13.3 What we are planning to do

As part of the initial scoping to ascertain the level of urgent care and emergency service required 24/7, the data for time and day of A&E attendances was analysed.

The data below is for the year Sep 2017 to Aug 2018 and covers all Nene & Corby CCG activity for young people aged under 19 years.

- Attendances are lower on Fridays and Saturdays
- Attendances on Sundays are 24% higher than on Saturdays

- Attendances rise from the lowest point at 7am and hit a peak at 8pm
- In general, attendances are lower after midnight, although a particular peak is seen at midnight – 1am between Saturday and Sunday
A more detailed review will be conducted jointly by the CCG and Local Authority in order to identify local needs and what a 24/7 service would need to look like locally.

Based on the initial scoping exercise as outlined above, we have an ambition to enhance the existing 24/7 crisis service for CYP by:

- Extending the operating hours of the Crisis Response home treatment team
- Extending the operating hours of the CAMHS – Live online support
- Extrapolating a CYP model of Crisis Cafes from the award winning adult model

A full business case with costings will be developed for sign off by the CCGs prior to implementation in April/May 2019. The economic evidence is that approximately 50% of CYP attending A&E do not require specialist medical intervention and are therefore accessing these services unnecessarily and increasing the cost to acute hospitals. Children and young people could attend during extended opening hours to cover high demand in the evening (5pm – 10pm), and be assessed by specialist mental health practitioners (Children’s Response and Resolution Team). There are plans to explore how to integrate this service offer with third Sector staff offering support and signposting at this site to improve transition between Tier 3 and third sector services. A brief survey was completed with 34 CYP and families, who all said they thought the idea was “excellent” and 12 of the CYP surveyed, expressed a clear interest in being involved in the development of this service. The respondents also suggested exploring whether the new crisis cafés could be closely linked with the CAMHS Live service, for example, as a way to ensure you are going to the right place or giving reassurance that you will be seen.

<table>
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<tr>
<td>CAMHS &amp; recruitment</td>
<td>Qtr 3</td>
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Fig. 22: Times of attendance by patient age groups

The patterns of attendance at different times of day vary with age. Since 15-18 year olds make up the majority of attendances, their pattern pre-dominates (fig. 22)

Fig. 23: Timeline for the development of an enhanced Crisis and Emergency Pathway for CYP
Key performance indicators for measuring the success/outcomes from this initiative have yet to be agreed, but provisional markers would be:

- Accessibility & Response times
- Outcome of contact i.e. was the young person diverted from accessing acute care?
- CYP experience

We continue to commission the ‘Rapid Response’ service from third sector services. This has been successful so far and is an example of good practice, integration across services and will lead to reduced waiting times for CAMHS interventions as well as reducing repeat attendances at A&E following self-harm. In order to measure the impact of this, we have established clear data collection and reporting on the efficacy of the rapid response projects.

NHS England has agreed to increase investment for CRHT teams (CRHTTs) to meet the ambition of all areas providing CRHTTs resourced to operate in line with recognised best practice by 2020/21. It is hoped that this investment can be used locally to provide sustainability for the increased staffing in the Children’s Response and Resolution Team.

13.4 How we will measure the impact and outcome

- Reduction in A&E attendance
- Reduction in admissions to acute hospitals following self-harm
- Reduction in inpatient admissions for mental health
- Increase of YP seen in 3rd Sector Services following an episode of self-harm
- Improved access to timely and appropriate interventions when required during a period of crisis
- Reduction in repeat admissions to A&E
- ROMs showing improvement in emotional wellbeing
- Service User Feedback around satisfaction and experience (e.g. I Want Great Care)

14. Integration

This section outlines our plans around Integration across different services and agencies. It will comment on progress to date; impact of this; our plans and how we will measure the impact.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?

Does the LTP include evidence of extended provision across schools, primary care, early help or specialist social care?

Does it evidence a clear and actionable plan to provide a targeted service offer that reaches vulnerable groups (i.e. those with a heightened vulnerability to developing a MH problem or...
those with historically poor access to MH services or particular issues accessing MH services, be it cultural, communication-based, etc.)

Does the LTP include work underway with Adult MHS to link to liaison psychiatry?

The excerpt below from a young person’s story highlights some of the challenges faced around integration. We want to work towards a more positive and seamless experience for children, young people and their families when they are working with multiple agencies.

**CASE EXAMPLE**

*I had a worker from CAMHS who would attend meetings at my school. I don’t remember ever really speaking to her on my own, but I can remember her talking about me in meetings. I didn’t like this much. I don’t feel that CAMHS worked very well with my school, and that CAMHS valued the opinion of my school and parents more than they value my opinion.*

14.1 What we have done

The Transitions CQUIN is designed to improve the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services (CYPMHS). The CQUIN is constructed to encourage greater collaboration between providers spanning the care pathway. Locally we have identified a Transitions CQUIN Lead to promote the transitions agenda and ensure improvements are made across the pathway.

In order to address the CQUIN there are action plans for each quarter with the aim of meeting the stated milestones from commissioners. There will be close collaboration with colleagues in AMHS in order to complete required actions. These involve:

- Engaging service users, staff teams and providers across Children’s and Adult services
- Mapping the current state of transition and reporting this to commissioners
- Creating an implementation plan to address the needs identified in the mapping exercise

More specifically we need to ensure that the quality of transitions from CYPMHS meets the following standards:

- Service users approaching transition have had a meeting to prepare for transition, at least six months before transitioning, or for individuals who are less than six months from transition age on joining the sending service, at least one month before transition. The meeting needs to include:
  - the young person;
  - the appropriate key worker from the sending service;
  - where applicable, a dedicated point of contact for transition from the receiving service; and
where appropriate, and the young person agrees, this includes the young person’s parent(s)/carer(s).

- Service users complete transitions plans need to be signed off by:
  - The sending and receiving service.
  - The Young Person.
  - Where appropriate the Young Person’s parent or carer.
  - The plan should include jointly agreed personal transition goals

- There needs to be an allocated transitions key worker

- Those Young People leaving CYPMHS who will not transition to AMHS but back to primary care to have a discharge plan that has been developed and shared with the Young Person and shared with Primary Care.

- A post transition survey is carried out to determine whether transition goals have been met.

Progress against the Transitions CQUIN locally is outlined below:

- Staff engagement - a brief presentation on the CQUIN has been taken to team/business meetings.
- AMHS have held two service user engagement events
- Through the CAMHS Participation worker, a Young Person’s focus group has been created
- Funding for an Assistant Psychologist has been agreed. Their role is to organise a survey and analyse received data.
- Mapping has been identified as available via a transitions audit from quarter 4.
- There is a Transitions Assurance Meeting, attended by multiple services in the pathway
- We have worked with clinical systems to create a SystmOne template for transitions. This now triggers a prompt when a client is aged 17 years 6 months that pops up when a file is opened and will continue appearing until the transition plan has been created.

The results of the April 2018 fourth quarter are shown below as an example of progress:

**Method:**

The audit was completed in April 2018 for the Fourth Quarter. A cohort of 28 young people was identified by the performance department as having transitioned to Adult Mental Health Services. On analysis this was reduced to 19 due to some data errors.

In addition a further 41 Young People were reported as discharged to GP.

The audit was carried out using the numerators from the Transitions CQUIN.

**Results:**
• The Systm1 pop-up means that all Young People open to CAMHS aged >17.5 years are identified.
• 95% Young People had a joint planning meeting.
• On 78% of occasions the Young Person was present at the meeting (the reasons for this to be discussed)
• On 83% of occasions the sending service was present at the meeting (the reasons for this to be discussed)
• On 83% of occasions a dedicated point of contact from the receiving service was present
• On 68% of occasions the Young Person’s parents were present
• On 79% of occasions the transition plans were signed off* by the sending service
• On 52% of occasions the transitions plans were signed* off by the young person
• On 47% of occasions the transitions plans were signed off* by the young person’s family
• On 58% of occasions the transitions plans were signed off* by the receiving service
• On 58% of occasions there were clearly recorded transitions goals
• On 79% of occasions there was an allocated transitions keyworker
* evidence of agreement in electronic record

Discussion:

The audit has shown that the policy is not being followed completely. However there have been significant improvements since Q4 2017 when a similar audit took place.

• All young people are now identified and formally reviewed around the Appropriateness of them remaining in CAMHS or transitioning to Adult Services at least 6 months before they are 18 years of age or within a month of joining the service if they are already >17.5 years
• The majority of cases had a joint meeting arranged
• When a meeting had been arranged the young person and where appropriate their parents attended.
• A transition plan can be seen in the records, however there is still work to do so that the plan is documented in a consistent way across all services
• Where a Young Person was discharged back to the GP there was consistently evidence of a discussion with the Young and a discharge letter to the GP copied to the Young person detailing the reasons for discharge.

Recommendations:

1. To feedback audit results and discuss at children’s clinical governance meeting & the CQUIN assurance meeting.
2. To discuss audit results with CAMHS specialist intervention team meetings so that clinicians are aware of what data is being requested with specific reference to ensuring that transitions goals are recorded.

3. Audit to be carried out again for Q2 2018/19

4. We will:
   a. Review internal Systems and processes and look at how we can utilise the information from System 1
   b. Implement and undertake a further transitions audit from Quarter 2 2018/19
   c. Review standardised operational procedures

5. Review and monitor the CQUIN implementation plan.

The establishment of the new Children’s STP Board and the Children’s Mental Health Partnership have added to the existing multi-agency forums in order to continue to improve integration across services. The Children’s STP Board collaboratively agreed the five key priorities for children and young people in our area and will work together to integrate the delivery of these priorities across services.

A clear example of good integrated practice is the Northamptonshire Integrated Looked-after Children’s Service, which provides specialist physical and mental health care for this vulnerable client group. The service works very closely with education (Virtual School for Looked-after Children and Specialist Educational Psychology) and social care (Fostering and Permanence Teams; Post-Adoption Teams; Safeguarding Teams; Senior Management), with weekly multi-agency meetings to ensure the needs of this group are met. The service also offers regular drop-in sessions for Social Workers in Local Authority bases to provide easy access to specialist mental health advice and guidance around complex cases. The Looked after and adopted children’s mental health team receives some funding from the Local Authority to provide intensive placement support and a duty worker function to respond to mental health crises within this client group. This service also offers free training for all professionals to promote awareness of attachment difficulties and how to support looked-after and adopted children. The training has been well-received by schools, social care staff, health visitors, CAMHS, support workers and many other professionals. This comment below from a teacher who attended the training highlights the positive outcomes from offering integrated training across agencies: “The training really did blow me away. As a teacher of 24 years I can’t think of any training which has had such a profound impact on me as an individual.”

A number of other teams across the system offer free training for all professionals including: the Perinatal Mental Health Team and Children and Young People’s ADHD/ASD Team; Community Early Intervention Team.
The CAMHS Community and Early Response Team works closely with schools to provide mental health advice and training, as well as early intervention and prevention work for children, young people and their families.

The CAMHS Consultation Line is open to professionals from all agencies to discuss cases and concerns. This has strengthened existing links between CAMHS and other services and has promoted awareness of mental health issues at all levels.

In 2016-17, a total of 1,470 children and young people were referred to Youth Counselling Service in Northamptonshire, 7,580 existing clients who were waiting for or having assessment and counselling. 880 clients were discharged from the services. As described in Section 12: Urgent Care and Emergency Mental Health Care for CYP NHFT have worked collaboratively with 3rd Sector partners in the Youth Counselling Collaborative to meet an identified gap following an episode of self-harm. This has been successful and we plan to continue to work on this.

A more recent example of integrated working, which is still in the early stages of development is an initiative supported by the Office of the Northamptonshire Police and Crime Commissioner (PCC) who are investing, via the CCGs to commission as part of the CAMHS contract, an Early Intervention Consultancy Support service for Children and Young People. The service aims to contribute toward the creation of mentally healthy communities within Northamptonshire. It supports the ACE work done locally to identify and offer support to vulnerable families.

The service will complement the current NHFT offer, and will operate using the THRIVE model. The service will offer both direct and indirect interventions in community settings, such as schools, and will also enhance the current online CAMHS support provision. The service will be broken down into four areas, with an outline of the offer for each already outlined in the ambitions section.

14.2 What has been the impact
The increase in multi-agency forums where all partners are working towards shared goals has strengthened the integration across the whole system. In a time of increased funding pressures at all levels, it has been particularly helpful to work together to generate innovative ideas about meeting the needs of our population and how to maximise resources by streamlining processes across the system.

The quarterly transitions audit have helped inform the service transformation required in order to improve the pathway between children’s and adult’s mental health services. The implementation of the action plan will be promoted and monitored by the transitions CQUIN lead.

14.3 What we are planning to do
As outlined in Section 10: CYP IAPT, we intend to explore how to extend the CYP IAPT training across sectors other than health at the Wellbeing Practitioner (WPs) level. In most areas WPs
are embedded within schools/colleges in order to provide easy access to low-level mental health interventions for issues including anxiety and low mood. Locally one proposal is for Youth Counselling and/or Early Help staff being trained alongside NHFT CAMHS staff, which would build working relationships between services. This proposal also aims to improve the provision of evidence-based interventions across sectors other than health, in line with how these early intervention and prevention services are delivered in other counties. As part of the revision of early intervention and prevention services NHFT are looking at options for amending the CAMHS offer to work more closely with schools, and 3\textsuperscript{rd} sector partners. The CAMHS Participation Worker discussed this idea with 34 CYP and their families and it had a very positive response. Young people commented that had there been someone trained at their school/college, they would have been able to access help much more quickly and that it might have prevented them becoming more unwell.

Young people liked our idea of CAMHS linking in more with Youth Counselling Services such as the Lowdown. They felt that irrespective of the specific service proposals around Wellbeing Practitioners, that having a good relationship between all services would only mean better care them.

14.4 How we will measure the impact and outcomes

- Increase in the number of YP seen in third sector services following an episode of self-harm
- Improved access to timely and appropriate interventions when required during a period of crisis
- Multi-agency attendance at Children’s STP Board and Children’s Mental Health Partnership
- Feedback from work-streams
- Progress made against shared objectives
- Number of non-health staff trained in CYP IAPT
- Reduction in CYP needing to access higher Tier services
- Number of CYP accessing third sector services

15. Early Intervention in Psychosis

This section outlines our plans for Early Intervention in Psychosis. It will comment on progress to date; impact of this; our plans and how we will measure the impact of this.

The following Key Lines of Enquiry from NHS England will be addressed here:

Does the LTP identify an EIP service delivering a full age-range service, including all CYP, experiencing first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?
If so, does this include the full pathway for all CYP, including those who present to the specialist CYP MH service? Is there a commitment to specifically monitor CYP access?

Locally, the N-STEP Service accepts referrals for Early Intervention in Psychosis for young people aged 14+. CAMHS and N-STEP work closely together for any young people presenting with symptoms of psychosis to ensure needs are met. All CYP referred for mental health are offered an Initial Assessment by CAMHS and then referred on to N-STEP if symptoms of psychosis are identified, our local Early Intervention in Psychosis service. This process is managed through the CPA.

There are ongoing discussions about how to deliver a full age-range service as per the national guidelines. This is to extend the age range of the service upwards, beyond 35. The N-STEP service has consistently provided a very high quality of service. It is important to balance quality of service provided with the changes required towards an all-age service delivery. NHFT are exploring if it’s possible to meet the need by using funding differently. Nene and Corby CCGs are looking at funding options for meeting the additional demand arising from increasing the upper age limit from 35 to 65. This will be an area of on-going conversation and development of the details.
16. Impact and Outcomes

The LTP intention is a five-year plan of transformation. This refreshed LTP has commented on the progress to date towards the 2015 transformation objectives and has set out the plans for future transformation over the next two years and beyond. Appendix C Sets out our Programme delivery Plan in more detail.

The list below gives the examples of projects which are innovative and key enablers for transformation. Some of these have led to transformation since the original plan in 2015 and others will be our key enablers for change in the period 2018 – 2020:

- Talk Out Loud Anti-Stigma Programme and resources
- CAMHS Live
- CAMHS Community and Early Intervention Team
- CAMHS Skills-based Intervention Team (workshops)
- CAMHS hub proposal
Joint working with third sector

Clinical Integrated Team Leads Meeting - for clinically-led services and sharing information and skills as well as developing new ways of working

New training programme for all children’s services staff

Public Health Reinvestment

Commissioning for outcomes is not currently in place. However, this is due to be embedded within adult mental health as part of the strategy on a page. The Children’s Health & Care Partnership Delivery Group will be looking at implementing commissioning for outcomes and will develop a children’s strategy on a page.

CASE STUDY – CAMHS Skills-Based Intervention Team (workshops)

I was referred to CAMHS by my GP. I felt nervous as I wasn’t sure what CAMHS was. The letter seemed to take ages, and I still didn’t know what the appointment was about. I’m not sure the appointment was helpful, however we did have a plan of what to do moving forward. At this point, I had mixed feelings about CAMHS and how comfortable I felt.

After my initial appointment, it didn’t take long for me to be invited on to a workshop. It felt good to not have to wait long. When I heard I was being invited to a workshop, I had no idea what to expect, and didn’t feel like the letter gave enough explanation.

Despite my nerves, the workshop was really good. I really feel as though the workshop helped me, and my parents enjoyed the workshop they attended too. I would say that the workshop affected my mental health in a positive way, and I especially enjoyed doing the activities with others. It was really good how we were all roughly the same age, and that we could go and get our lunch on our own at the break time.

I continued to see the doctor through this, however I didn’t find this helpful. I was prescribed medication however I didn’t really want medication and didn’t take it properly.

I always felt safe in CAMHS, and when I explained to my doctor that I didn’t think I needed to see them anymore, they supported me and said that they would leave me open for 6 months in case I changed my mind.

I access the participation groups in CAMHS, and I find this positive. I like helping with the projects.

Overall, my experience of CAMHS was a positive one. I wish that they could’ve given me more information, as this would have improved my experience even more.
17. Other Comments

Does the plan highlight key risks to delivery, controls and mitigating actions? Workforce, procurement of new services not being successful or delayed?

Does the plan highlight or prompt the use of innovation particularly in relation to the use of social media and apps that can be shared as 'best practice'?

Does the plan state how the progress with delivery will be reported encouraging the transparency in relation to spend and demonstration of outcomes?

Does the plan show how funding will be allocated throughout the years of the plan?

If there are risks does it highlight this within the plan?

Innovations around use of social media and apps

- NHFT Twitter account
- Ask Normen website (with recommended apps)
- CAMHS Live
- NHFT Specialist Children’s Services website is undergoing a six-month project to improve the user interface and access to information and resources.
- There is a video available online about expectations of CAMHS
- Videos have been created for The Burrows and The Sett that are sent to children and young people before they are admitted. There are screenshots of the video available online
- Plans to move to a text and email alert system for appointments. This will lead to reduced DNA rates

CASE STUDY – Building Relationships

Example of working with the team around the child to improve engagement and understanding with improvement in child’s experience

Poppy was referred to the Integrated Looked-after Children’s Service due to concerns about controlling and emotionally dysregulated behaviour. Poppy’s Adoptive parents were finding these behaviours difficult manage. The Looked-after and Adopted Children’s Mental Health Team offered consultation to Poppy’s Adoptive Parents and her Social Worker in order to understand the impact of her history on her current emotional difficulties.

The outcome of the consultation was that Poppy’s Mother, Serena, would benefit from some indirect work around understanding attachment difficulties and to provide practical strategies for managing Poppy’s behaviour. The LAC Mental Health Team usually offer this intervention as a six-week group at one of their bases in Northampton or Kettering. Due to a lack of childcare,
Serena was unable to attend the group intervention, so this was offered individually to her in the family home. By working flexibly and collaboratively with parents, the LAC Mental Health team enabled Serena to access an intervention that she would otherwise have been unable to. Serena’s feedback was that she had found the six sessions enlightening and the intervention had led to her having a better understanding of her child. Serena acknowledged that some of the material covered had been emotional, she felt well supported by the clinician.

Serena expressed that the intervention has helped her relationship with Poppy and that in certain areas of Poppy’s life there have been improvements in her emotional wellbeing. In particular, Serena reported certain topics that had previously caused arguments are no longer causing the same challenging response and that she and Poppy can now work together to overcome points of conflict. Following the intervention, the family’s Social Worker commented on the positive changes she had observed in the relationship between Poppy and Serena.

A live risk log is being maintained by the CCGs. However, below is a summary table of the current identified risks and mitigations. It is acknowledged that this table will need to be updated 6 monthly to reflect progress or changes to the overall picture.

Table 8: Risk Table 2018/19

<table>
<thead>
<tr>
<th>Risks</th>
<th>Mitigation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to secure necessary workforce to deliver workforce and training plan</td>
<td>Working collaboratively across the system to identify a broad spectrum of NHS and Non NHS providers.</td>
<td>medium</td>
</tr>
<tr>
<td>Data Collection across the system. The size and current short term nature of the commissioning of 3rd Sector organisations poses a risk to delivering data reporting via the NHS MHSDS.</td>
<td>Working with NHS E to learn from other areas about how this has been achieved &amp; looking at local solutions with All providers.</td>
<td>medium</td>
</tr>
<tr>
<td>No current up to date JSNA</td>
<td>Public Health has identified this as a priority for their next round of reports. Due in January 2019.</td>
<td>low</td>
</tr>
<tr>
<td>The Refreshed LTP has not been signed off by the Health &amp; Wellbeing Board.</td>
<td>A date has been set in November to present the LTP to the H&amp;W Board</td>
<td>low</td>
</tr>
<tr>
<td>Due to current collaborative with Oxford and Reading Universities, trainee Wellbeing Practitioners will have to travel long distances and incur high travel and overnight costs. These costs are not covered by the HEE funding for the courses.</td>
<td>CCGs and Provider organisation to work together to find a solution. e.g to change to a more local collaborative such as the University of Northampton</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: CAMHS Participation Process

Participation Process

Identifying Young People –

Participation is open to any and all young people and their families. People who have had good or bad experiences can be encouraged to share their experience with the participation worker, although please consider if participation would have be a negative impact on their current mental health before recommending them. Once you have identified a young person who is appropriate, you are welcome to introduce the idea of participation, explaining that they can be involved in groups or in 1:1 settings.

You can also give them the participation leaflet, which you can get from reception or by emailing Eleanor.Finnerty@nhft.nhs.uk.

Asking Young People for Permission -

Next, you can ask the young person whether they are comfortable being contacted by the participation worker. If so, ask them what mode of contact is preferable, they can be called on their mobile, or emailed from the CAMHS general email. If they would like to make contact, they are welcome to email camhs@nhft.nhs.uk or call 01536 452 400 and ask to speak with the participation worker, Ellie.

Contact Following This -

The participation worker will contact the young person and parent/guardian and arrange to meet with them to introduce them to be involved with the service. They can be involved until they are 18 and a half, and then they will move to the adult involvement team if they so wish. As it is not a clinical contact, routine feedback will not be recorded on System1, and the participation worker will not hold the clinical case at any time.
Appendix B: Northamptonshire Self-Harm Care Pathway and Procedures

**Patient Journey**
- Child, Young Person with Family/Carers arrives in the ED
- Details taken by reception staff and recorded
- Triaged by the ED nurse
- Assessment by ED nurse and Dr:
  - Medical history
  - History of presenting issue
  - Investigations (bloods if OD Etc.)
  - ED Dr to clarify if fit to assess.
- In hours: (09.00 – 20.00) Inform CRRT on 07801 890732

**Admission to Paediatric wards**
- Only occur for the following reasons:
  - Medical reason
  - Parent/Carer not present
  - Out of hours*

**Action by NGH/KGH Staff**
- Assessment by ED nurse and Dr:
  - Medical history
  - History of presenting issue
  - Investigations (bloods if OD Etc.)
  - ED Dr to clarify if fit to assess.
- In hours: (09.00 – 20.00) Inform CRRT on 07801 890732

**Action by CAMHS**
- CRRT contact wards/A&E for admission details
- Record information on potential referral
- Check with ED and record re history and possible outcome of assessment
- Once ‘Fit to Assess’: Identify a private space to undertake assessment
- Complete full assessment
- If LAC – LAC duty to assess
- CRRT assess all other children/YP **
- If Self-Harm. Request assessment in ED or admit to Paediatric Ward.**
- If Mental Health with no self-harm request a mental health assessment from CAMHS†
- If intoxicated with alcohol/Substances Contact the Young Peoples substance misuse team
- If assessed as safe to return to the care of parents/Carer. Discharge with follow up
- If YP assessed as requiring an inpatient admission contact consultant psychiatrist on call

**Safeguarding**
- Information sharing is essential to safeguard the child/young person
  - Follow the hospital’s safeguarding children process
- If there is an immediate child protection concern - contact the Police or/and MASH (multi-agency safeguarding hub) on 0300 126 1000 option 1, option 1 (if the child/young person has a social worker) or option 3 for a new child protection concern.
- Share information about any safeguarding risks for the child/young person by communicating with health partners, including LAC team (01604 657728) and social worker; complete a paediatric liaison form (PLF) for every child/young person.

For all other situations to be assessed by CAMHS in location as per self harm document:
- CYP
- Family
- CYP and family together

To receive a mental health assessment as soon as fit to assess i.e. if A&E staff assess as physically fit for interview. The child/YP does not need to have completed medical treatment as in previous pathways.
**Patient Journey**

- Assessed as needing admission
- Assessed as safe to go home with follow up arranged
- Wait in the ED while the admission is arranged
- Receive discharge information/advice and follow up plan
- Return home
- Transfer to the ward
- Discharged with follow up/home support or transferred to T4 Bed

**Action by NGH/KGH Staff**

- Where available
  - See ALMHS assessment criteria for details.
  - If appropriate ALMHS can discharge from ED, with a booked appointment with CAMHS the following day.

**Action by CAMHS**

- If child/YP requires a T4 bed
  - CRRT complete form 1
  - CCRT locate T4 bed

**Safeguarding**

- Remember
  - Record clearly any safeguarding concerns
  - Notify the safeguarding team

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†† There is scope for mental health assessments to take place at CAMHS bases i.e. Newland or Sudborough House. This is possible for those Young People who do not require medical treatment and where the risk is deemed to be low. In order for this to happen a clinical discussion needs to take place between the ED and CRRT. This can happen if there is capacity, it is deemed appropriate AND the Young Person and their family are in agreement to travel to a CAMHS base for assessment.

* The CAMHS Response and Resolution Team (CRRT) operates a 7 day service between 09.00 – 22.00 given the length of time it takes to assess a Young Person the latest time a referral can be accepted is 20.00

This still should not automatically lead to an admission to the paediatric ward. There is a clear offer for over 14s from the ALMHS team who offer a 24/7 service.

** The decision on the appropriate place to assess the Young Person is based upon the criteria above.

Where the Young Person does not co-operate with the assessment, it is for the CAMHS clinician to determine the level of risk and whether admission is required.

It is also for the CAMHS clinician to determine the level of intent of an overdose which would not require admission for medical reasons.
### Appendix C: Delivery Plan for 2018 – 2020

<table>
<thead>
<tr>
<th>Northamptonshire FIMS Programme Plan</th>
<th>Delivery responsibility and input from</th>
<th>Dates and Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task</strong></td>
<td><strong>Lead</strong></td>
<td><strong>Partner Lead (if applicable)</strong></td>
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<tr>
<td>- Sub Task</td>
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<tr>
<td>- GATEWAY</td>
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<td></td>
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<tr>
<td><strong>Service Review (Gateway 0)</strong></td>
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<tr>
<td>Refreshed FIMS plan signed off by CCGs BOD/EXEC</td>
<td>HA</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>FIMS submission to NHS England</td>
<td>HA/RO/COR</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>Feedback from NHS England on submitted plan</td>
<td>HA/RO/COR</td>
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<tr>
<td><strong>FIMS Plan Assessment - Feedback Summary</strong></td>
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<tr>
<td>1. Transparency &amp; Governance</td>
<td>NHSE</td>
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<tr>
<td>2. Understanding Local Need</td>
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<tr>
<td>3. LTP Ambition 2017-2020</td>
<td>NHSE</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>4. Workforce</td>
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<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>5. Collaborative and Place Based Commissioning</td>
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<td>NHS Providers, LA and Third Sector</td>
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<td>6. CYP Improving Access to Psychological Therapies (CYP IAPT)</td>
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<td>NHS Providers, LA and Third Sector</td>
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<td>7. Eating Disorders</td>
<td>NHSE</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>8. Data</td>
<td>NHSE</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>9. Urgent &amp; Emergency (Crisis) Mental Health Care for CYP</td>
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<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>10. Integration</td>
<td>NHSE</td>
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<tr>
<td>11. Early Intervention in Psychosis (EIP)</td>
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<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>12. Impact and Outcomes</td>
<td>NHSE</td>
<td>NHS Providers, LA and Third Sector</td>
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<td>13. Other Comments</td>
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<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>Task</td>
<td>Lead</td>
<td>Partner Lead (if applicable)</td>
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<td><strong>Northamptonshire FIMS Programme Plan</strong></td>
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<tr>
<td><strong>Task</strong></td>
<td><strong>- Sub Task</strong></td>
<td><strong>- GATEWAY</strong></td>
</tr>
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<td><strong>Delivery Plan linked to KLOE and FIMS Plan Ambitions</strong></td>
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<tr>
<td>Review Youth Counselling Service User Groups &amp; support processes which establish data flow and reporting in to MHSDS as a non NHS providers</td>
<td>CCG/Reach Collaborative</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Allocated additional resource to third sector to continue Continue Rapid Response intervention from Youth Counselling Services after an episode of self-harm</td>
<td>CCG</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Continue and Review with Youth Counselling Service User Groups &amp; support processes which establish data flow and reporting in to MHSDS as a non NHS providers</td>
<td>CCG</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Continue and review to embed Five to Thrive approach within Universal Services as part of early prevention strategy. Five to Thrive steering group has been relaunched to monitor this area</td>
<td>CCG/NHFT/NCC</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>Consider amending the hours of CAMHS Live, in line with service user feedback</td>
<td>CCG/NHFT/NCC</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Recruit a Paediatrician / GP for CEDS</td>
<td>CCG/NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Targeted early prevention work to be developed to improve parent/infant bonding. Aim to establish a joined up and effective service for new mothers / mother-to-be and their babies. Service specification has been agreed. Need to recruit staff and operationalize the service.</td>
<td>CCG/NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Develop better data systems for ROMs in supervision</td>
<td>NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Establish provision for DBT for CYP 14yrs +</td>
<td>CCG/NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Establish a CAMHS Hub / Community Decision making unit as an alternative to A&amp;E</td>
<td>CCG/NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>Recruit a CYP-IAPT Lead</td>
<td>NHFT</td>
<td>NHS Providers, LA and Third Sector</td>
</tr>
<tr>
<td>CYP-IAPT WP Training for staff in sectors other than health (phased delivery plan)</td>
<td>CCG/NHFT/NCC/3rd Sector</td>
<td>NHS Providers, LA and Third Sector</td>
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<tr>
<td>Extending use of peer support networks for parents</td>
<td>NCC</td>
<td>NHS Providers, LA and Third Sector</td>
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<td>Task</td>
<td>Stakeholders</td>
<td>Start Date</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Develop a joint training plan and programme of work to support</td>
<td>CCG/NCC/NHFT/3rd Sector</td>
<td>Apr-18</td>
</tr>
<tr>
<td>professionals across the county</td>
<td>NHS Providers, LA and Third Sector</td>
<td></td>
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<tr>
<td>Improved transitions pathway between CAMHS and AMHS</td>
<td>CCG/NHFT</td>
<td>Apr-18</td>
</tr>
<tr>
<td>De-medicalisation of the ASD and ADHD pathway to enable a greater</td>
<td>CCG/NCC/NHFT /NGH</td>
<td>Apr-18</td>
</tr>
<tr>
<td>focus on behaviours and presenting needs.</td>
<td>NHS Providers, LA and Third Sector</td>
<td></td>
</tr>
<tr>
<td>Link emotional wellbeing and mental health pathway to early help</td>
<td>NHFT/NCC</td>
<td>Apr-18</td>
</tr>
<tr>
<td>pathway to ensure a more joined up approach for families</td>
<td>NHS Providers, LA and Third Sector</td>
<td></td>
</tr>
</tbody>
</table>