



# Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020

Refreshed October 2017



Putting the public and patients at the heart of everything we do

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# Introduction

1.1 This is Herefordshire's plan for Children and Young People's Mental Health and Emotional Wellbeing. It brings together the activities and partnerships, at a local and System Transformation Partnership level that are progressing an agreed vision.

1.2 Our vision is to create a supportive and enabling culture for children and young people to thrive with their emotional and mental health wellbeing in Herefordshire.

1.3 This plan was reviewed during 2017 to capture the achievements and progress so far, and to refresh our intentions going forward. This transformation plan continues to be led by Herefordshire Clinical Commissioning Group on behalf of the Herefordshire Children and Young People's Partnership. The contents of this plan provide information on mental health in Herefordshire, governance, resources and activities, as well as an outline of the vision for improved mental health and wellbeing of children and young people 2020. There are a number of documents supporting this transformation plan. These are referenced or contained within the appendices.

1.4 The plan concerns the mental health and emotional well-being of children and young people living in Herefordshire from pre-birth to young adulthood. Emotional well-being enables children and young people to:

- Develop psychologically, socially and intellectually;
- Initiate, develop and sustain mutually satisfying personal relationships;
- Gain self-esteem and resilience;
- Play and learn;
- Become aware of others and empathise with them;
- Develop a sense of right and wrong; and
- Resolve problems and setbacks and learn from them.

1.5 Good mental health support for children and young people is characterised by:

- Early identification of mental health needs;
- Access to assessment and treatment in a timely manner;
- Supports the person with self-management and recovery; and

- Recognition of the role of the family and carers.
- 1.6 This plan is a commitment to change and to transforming services to meet the needs of the children, young people and families living in Herefordshire today and in the future. The partnership is delighted with the progress and pace of transformation, however there is no doubt that further improvement in outcomes for children and young people continue to be required.

# Profile of Mental Health

## Population

2.1 Herefordshire's Joint Strategic Needs Assessment outlines information relevant to this Strategy.

2.2 Herefordshire is situated in the south-west of the West Midlands region bordering Wales. The city of Hereford lies in the middle of the county and other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. The current (mid-2015) estimate of Herefordshire's resident population is 188,100. This figure represents an increase of eight per cent since 2001 which is lower than the 11 per cent growth recorded for England and Wales as a whole. There are **31,700 under-16s** in the county – this remains a similar proportion (17 per cent) as nationally (19 per cent). The number of children had been declining in Herefordshire throughout the last decade, levelling out over the last five years. However, the number of births and children under five has been rising for the best part of the last decade (**9,900 under-fives** at mid-2015 and **1,700 births** in the year to mid-2015). The next 10 years are expected to yield a gradual increase in the numbers of children.

2.3 At the end of February 2017 there were **304 looked after children** (LAC) and young people in Herefordshire, reflecting an upward trend over the past three years. The main reason why children are taken into care is abuse and neglect. Herefordshire currently supports 120 children who are subject to a child protection plan and there has been an overall downward trend in numbers of children with protection plans over the past twelve months.

2.4 Provisional data for 2016 indicates that there were an estimated **116 Not in Education, Employment or Training (NEET)** young people in Herefordshire across years 12 and 13, equating to 3% of all 16-18yr olds known to Herefordshire Council. This represents a reduction from 5.7% in 2014, and 6.4% in 2013. Of the 116 NEET young people 46% were male and 54% female.

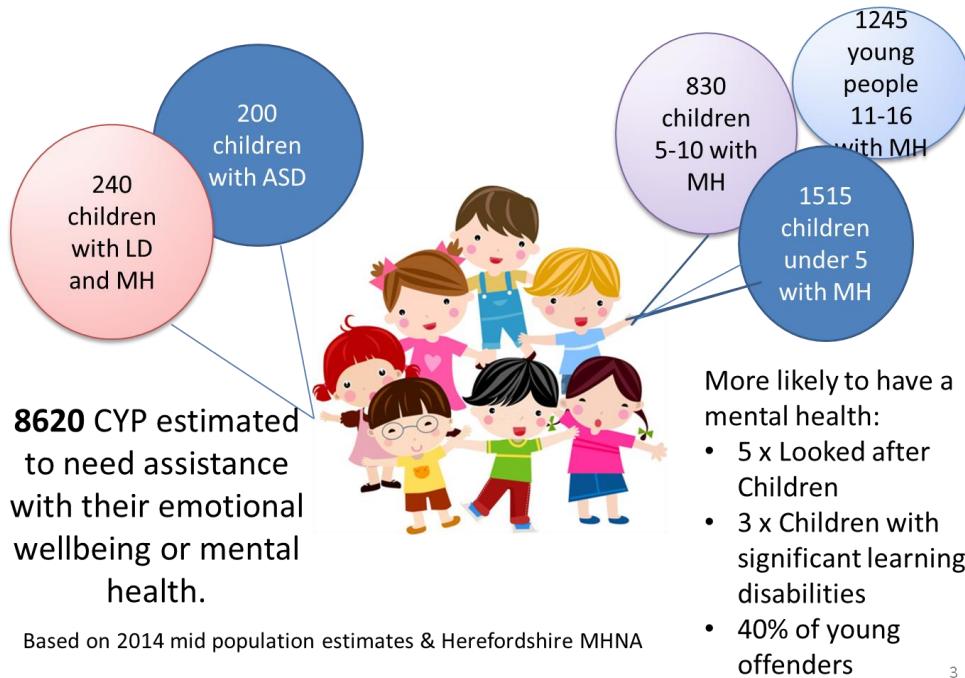
2.5 The number of children under 16 estimated to be living in **poverty** in Herefordshire increased in 2014 after four successive years of declining numbers. The increase in numbers from 3,990 to **4,390** reflected a percentage increase from 13.2 % to 14.7%. Despite the local increase, rates in Herefordshire continue to be significantly lower than across both the West Midlands region and England. There are three areas with the highest percentage of child poverty. In

these three areas, Redhill-Belmont Road (Hereford); Newton Farm-Brampton Road (Hereford); and Ridgemoor (Leominster), children failed to achieve the local authority (LA) average: for a Good Level of Development at the end of the Reception year; LA average in reading or maths at Key Stage 1 and LA average for the expected standard in reading, writing and maths at Key Stage 2 (2016).

## Mental Health

2.6 In Herefordshire, an estimated 8,620 children and young people require support with their mental health or emotional resilience.

Figure 1: Mental Health Prevalence



2.7 The Herefordshire 2015 Mental Health Needs Assessment looked at the prevalence of mental health in children, young people and in their parents and carers and their needs. It recorded the current position against the evidence of good practice and triangulated with people's feedback. The evidence base for need was explored and a service mapping was conducted that identified all local service provision including community-based provision. Part of the assessment was reflections by children, young people and their families' views. The process involved schools, colleges, Young Farmers Groups, young people, including those that use mental health services, self-help groups and frontline staff working with children and young

people. Over 450 hours of engagement took place in workshops, online and 1-2-1 interviews. The engagement of young people supported the design of outcome measures and what we know about mental health in Herefordshire today. This resulted in recommendations for change; the development of outcome measures that the public wanted to see and a better understanding of mental health in Herefordshire. This work has informed the Joint Strategic Needs Assessment for the area and provides specific analysis that was not available before. The report concluded that there was a need to:

- Enhance tiers 1 and 2 support for children and young people;
- Improve the availability and quality of information available on mental health and well-being to young people, parents and carers;
- Improve professionals' knowledge and awareness of the signs and symptoms of mental health, tiers of need, thresholds and referral routes;
- Improve collaboration between service providers in the identification and response to emotional health, well-being and mental health need;
- Development of a comprehensive referral care pathway using a 'stepped' model;
- Develop a programme of reform and transformation in response to the engagement of children, young people and their families that contributed 450 hours to the needs assessment development.

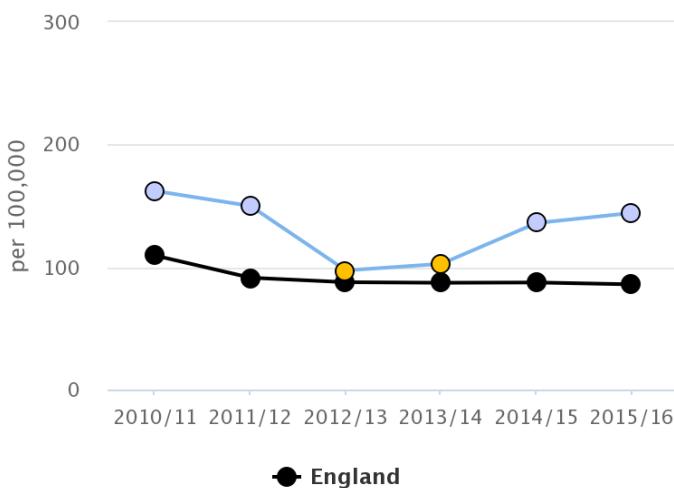
The recommendations relating to children and young people have been incorporated into this Strategy.

*Appendix 1: Joint Strategic Needs Assessment; Mental Health Needs Assessment.*

2.8 National information supports this Strategy in terms of direction of travel. For example, the perinatal mortality rate in Herefordshire of 8.6 per 1,000 total births is significantly higher than both the national rates, while the local infant mortality rate was similar to those for England and the West Midlands (2015/16).

2.9 One of the areas of concern is hospital admissions. The illustration below show that Herefordshire has had an increasing number of admissions in recent years and that it is above the English average.

Figure 2: Child hospital admissions for mental health conditions: rate per 100,000 aged 0 -17 years 2015-16



2.10 Hospital admissions for self-harm are also an area for concern although the level of need is similar to the England average.

Figure 3: Hospital Admissions as a result of self-harm (10-24 years) directly standardised rate per 100,000 population aged 10-24 years (Herefordshire).

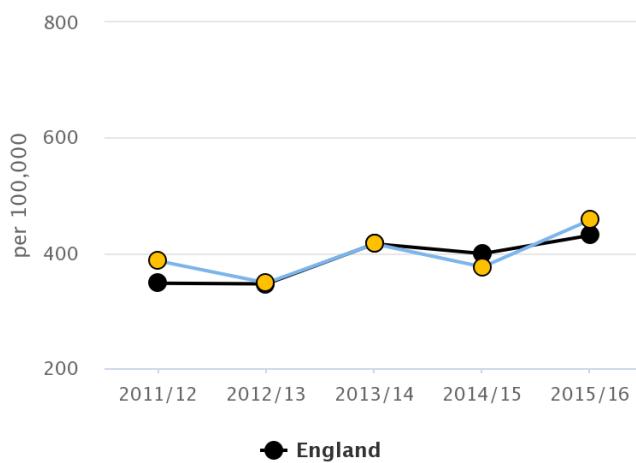
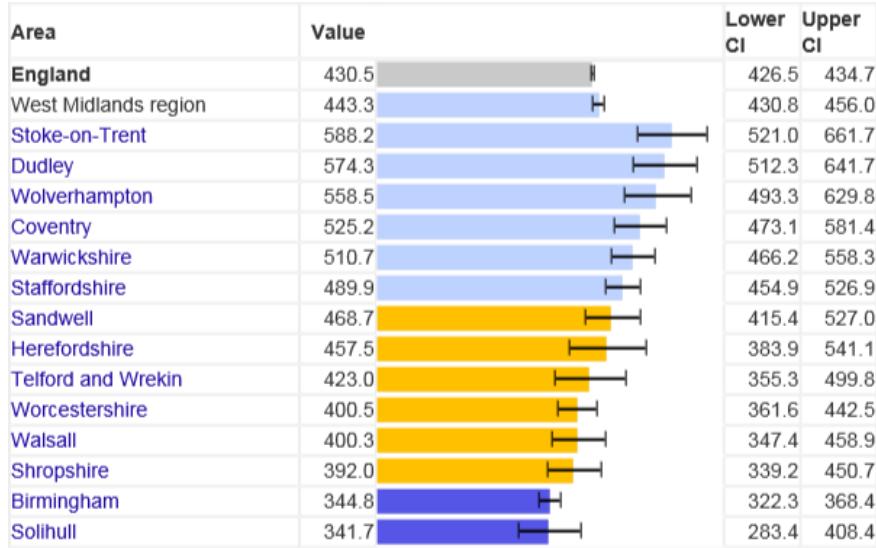


Figure 4: Directly standardised rate of hospital admission for self-harm per 100,000 population aged 10-24 years.



2.11 Local interpretation of the different indicators is available through the Joint Strategic Needs Assessment. From the 2015-16 Herefordshire data for young people's mental health:

- % of 15 year old drinking regularly (7.8%) is higher than the regional (5.5%) and national (6.2%) figures. Under 18 alcohol specific hospital admissions (50.8/100,000 population) is higher than the regional (32.6/100,000 population) and national (37.4/100,000 population) rates.
- Under 17 hospital admission due to mental health conditions (144.2/100,000 population) is the worst across the West Midlands being higher than the regional (89.8/100,000 population) and national (85.9/100,000 population) rates.
- Though these rates are based on small numbers but trend analysis shows that Herefordshire rates have consistently been higher than the national rates in the last couple of years with a recent upward trend. A number of assumptions could explain this position: that either the raising profile of mental health is encouraging more young people to seek support than previously or that young people's lives are affected by isolation, stress and anxiety caused by socio-economic factors. This needs further explanation to explore the causes behind the presentations by young people.

2.12 Within vulnerable children and young people groups, the number of un-accompanied asylum seekers is predicted to increase. Although small numbers, the level of mental health and emotional wellbeing needs is assumed to be higher in this group.

# Mental Health and Emotional Wellbeing

## 2020

3.1 Our ambitious transformation programme wants to achieve:

- Timely information, advice and support to promote the well-being of children and young people and support for parents, carers and practitioners who work with them.
- Excellent success in recovery and avoidance of crisis, with good evidence-based practice demonstrated in our services.
- Good levels of awareness of mental health and emotional well-being in children and young people. More young people able to talk about mental health and reduce the isolation and stigma felt by children and young people seeking help with their mental health.
- Improved health equalities through recognising that vulnerable children and young people are more likely to be affected by mental health. We want provision to be available for vulnerable groups to strengthen their resilience and well-being.

3.2 We are committed to developing the areas stated in the Future in Mind Report and have adopted these as our building blocks to underpin our transformation plan. Some of these building blocks have been pooled together into eight key areas as presented below:

Figure 5: Building Blocks of Transformation vision

<b>Improved crisis care</b> <i>Improved crisis care right place, right time, close to home</i>	<b>Raising Awareness</b> <i>Improved public awareness, less fear, stigma &amp; discrimination</i>	<b>Vulnerable Children &amp; Young People</b> <i>A better offer for the most vulnerable children &amp; young people</i>	
<b>Evidence-based Support</b>		<b>Visible and Timely Access</b>	
<i>Improved access for parents to evidence- based programmes of intervention &amp; support</i>	<i>More evidence-based outcomes focussed treatments</i>	<i>More visible &amp; accessible support</i>	<i>Timely access to clinically support</i>

<b>Workforce Development</b> <i>Professionals who work with CYP trained in child development &amp; MH</i>	<b>Needs of Children &amp; Young People</b> <i>Model built around the needs of CYP, and move away from the tiers model</i>	<b>Engagement and Partnership</b> <i>Improved transparency &amp; accountability across whole system</i>
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## Outcomes

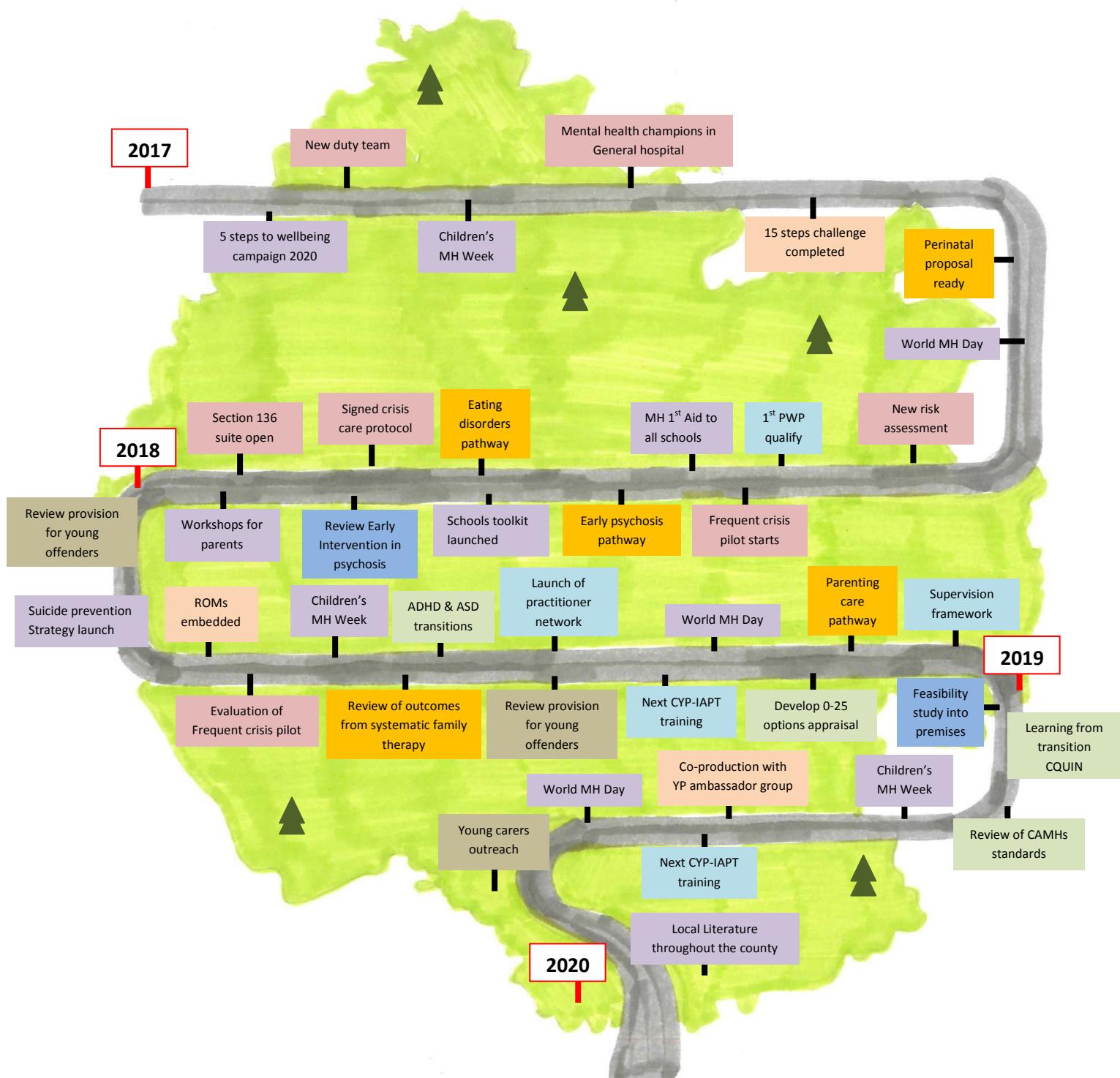
3.3 Achieving the priority areas will transform the volume and quality of support available in Herefordshire by 2020. The intended outcomes from this work are providing choice, agencies working together, using evidence-based treatments, early identification and engagement of children, young people and their families:

1. Practitioners should be able to:
  - Identify mental health and well-being needs early in a child's development
  - Provide general advice and support
  - Ensure children and young people are referred to appropriate agencies to meet their mental health and emotional well-being needs.
  - Provide services to children and young people in co-ordinated partnerships with others as required.
  - Prevent an escalation of mental health and well-being problems by identifying risk factors and taking steps to reduce them.
  - Appropriately share information with other practitioners to enable effective joint working to meet the mental health and emotional well-being needs of children and young people.
2. Children and young people will be able to recognise ill-health and take steps towards keeping well. They will be assured that others around them understand how they are feeling and know that they will be supported to access help when needed.
3. Early intervention and prevention is available that reduces the development of mental health deterioration.
4. The services are flexible, accessible and appropriate for children and young people, meeting their needs effectively and efficiently by:

- Operating integrated and effective community-based care pathways for children and young people in need of support for their mental health needs;
- Offering choice and recognizing that exercising choice enables treatments to be personalized;
- Continuing to have low numbers of young people admitted to specialist inpatient services;
- Having a skilled workforce that champions early identification of mental health and ensures that children, young people and their families are treated with compassion, respect and dignity, and without stigma or judgement;
- Improving the capacity and availability of provision offering early intervention to children, young people and their families;
- Improving the range of evidence based interventions available in the county delivered in young people friendly settings; and
- Having children and young people tell us that they know how to look after their mental health and that support is accessible.

3.4 Beyond 2020, it is the ambition of the Partnership to continue to drive forward improvements in this area. Much of the work on the above outcomes will support joint delivery under the emerging Herefordshire Accountable Care System, which will be in place by 2020. It is expected that Partnership will continue to be a local delivery partnership to support transformation of children and young people's mental health provision as part of the Herefordshire and Worcestershire System Transformation Partnership plan.

### 3.5 Herefordshire Roadmap



## Raising Awareness of Mental Health

3.6 We want the co-ordination of local awareness events and improved information to reach large numbers of children and young people, the staff that work with them and their parents and carers. This will help tackle the stigma associated with mental health issues and enable children and young people to talk about their mental health, and wellbeing, helping improve their resilience. Through this priority area, we want to strengthen communities including communities of children and young people to support each other. Activities such as First Aid in Mental Health, peer networks and campaigns are part of this approach to promote positive behaviours and resilience. We want to build upon our Strong Young Minds campaign throughout all schools, online and events, incorporating Children's Mental Health week and world Mental Health Day, to speak out about mental health. As a Partnership, we have agreed to use the 'five steps to wellbeing' materials in our campaigns.



3.7 During the period of this strategy, a new emotional wellbeing programme has flourished, led by CLD Trust (voluntary organisation) that includes information, resources, workshops and individual support. This direct delivery has opened-up access in schools and community settings to reach young people earlier as part of a preventative approach. The learning from this has informed our approach to early intervention and children and young people engagement. Strong Young Minds participation workers have recruited over 150 young people who are acting as Strong Young Minds Champions helping to raise awareness of the importance of mental health and wellbeing and reduce stigma.

### Appendix 3: Strong Young Minds Summary

3.8 A key element of raising awareness is with both staff and pupils at local schools and colleges. In 2017, we will launch our whole-school toolkit that offers comprehensive guidance for schools. This will provide locally created tools and therefore support consistently of key messages as well as local contacts. Work with schools by the School Nursing Service will help identify those schools requiring additional support, in addition to the Strong Young Minds initiative.

3.9 Herefordshire is developing a suicide prevention strategy and this will include a link to this strategy, particularly recognising the stresses in childhood and adolescence and transition to adulthood.

### **Workforce Development resulting in Multi-agency Approach**

3.10 The majority of work with children and young people to meet their mental health needs and support their emotional well-being will be provided by universal services such as GPs, health visitors, school health services, providers of youth services, school pastoral services and other community agencies. Priority will be given to the provision of education, training and support to:

- GP and primary care staff
- Staff in schools and colleges
- Children centres and early years settings
- Community health staff
- Social care staff (social workers, family support workers)
- Youth Offending Service staff
- Volunteers, mentors and peer supporters of children and young people

3.11 This is part of a global health perspective that recognises the value in skilling-up communities. Through workforce development, we will improve competency about early identification of mental health needs and interventions that can support emotional wellbeing across all settings. We have a workforce plan that includes formal training, supervision and informal peer support to achieve this ambition, with local training delivered in multi-agency sessions. A practitioners network will be part of this approach. This has led to a greater understanding of our workforce's training needs and provision, such as Mental Health Act, Mental Capacity Act, mental health awareness and evidence-based practice. Recent feedback from Youth Mental Health First Aid course for schools in Herefordshire was positive:

- “A thoroughly interesting course with lots of useful resources and tools to support our students.”
- “Brilliant course - very informative and humorous...”

- “Presentation of the course was great - interest held very well and interaction with audience excellent - Very effective training technique including varied references which will be invaluable in the future!”

*Appendix 2: Workforce Development Plan.*

3.12 A review of the skill mix in CAMHS has resulted in the recruitment of new staff to deliver choice and partnership approach (CAPA) alongside the specialist skills required for complex interventions. Since the start of this Strategy, new posts have been created to support CAMHS learning disabilities; CAPA; duty and crisis care; eating disorders and youth offending.

3.13 For the last three years, Herefordshire has engaged in the national CYP-IAPT programme (improving access to psychological therapies) to improve practitioners' skills. We will ensure that evidence-based therapies and support are available across Herefordshire through the ongoing development of CYP-IAPT. This has led to new posts of Psychological Wellbeing Practitioners as well as brought knowledge and competencies to the local workforce. In 2018, the Partnership will review systematic family therapy and evidence what impact this modality has had on children and young people and their families.

### **Evidence-based Support**

3.14 All services should be nurturing and promote the resilience of children and young people. Support to families is a critical part of this, starting from pre-birth and building attachment between child and parent, continuing into early childhood and teenage years with positive parenting. This is an area that we recognised in 2016 as fragmented and difficult for families to access support and this led to a multi-agency agency pathway being created. Through the work of the health visiting service and Early Help programme, there is targeting of some geographic areas of Herefordshire that experience greater health inequalities than other areas.

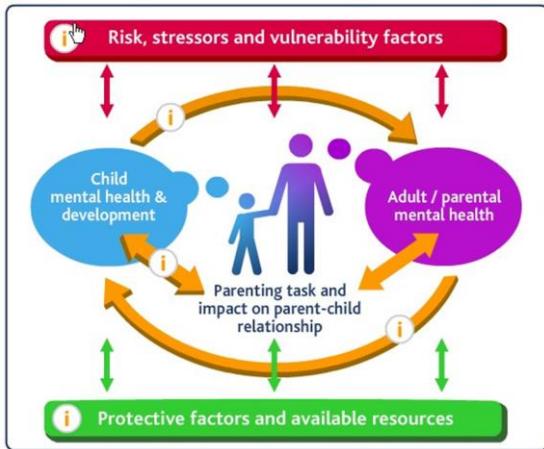


Figure 6: Parent-Child interdependencies and Mental Health

Parental mental illness has an adverse effect on child mental health and development. Equally, child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health. Figure 6 illustrates these interdependencies. In 2016, we developed a proposal for perinatal care

across Herefordshire and Worcestershire (as part of our STP). This application was not successful in attracting additional resources and substantial work has taken place to revise the proposal, building links with Gloucestershire and Worcestershire. We believe that this will bring specialist skills to our county and result in more women receiving support. The county's Early Help offer includes access to parenting programmes, delivered by the local authority as advertised on Herefordshire Council website and on our local Wellbeing Information and Signposting for Herefordshire website. Parents can self-refer to courses.

3.15 We have increased the capacity of local services to help children and young people with eating disorders. The model involves a commissioning arrangement across a larger population (including Gloucestershire) to create a spoke and hub model, with Herefordshire as a spoke. For children and young people requiring support over 7 day week service, the service is flexible enough to meet the individual need. This will include support from general CAMHs and paediatric liaison to ensure that urgent assessments are available. The additional staffing is focused on more intensive work with young people as per 2015 guidance. The Access and Waiting Time Standards state that NICE-concordant treatment should start by a maximum of four weeks from first contact with a designated healthcare professional for routine cases and one week for urgent cases. Herefordshire has developed its model for eating disorder to meet these requirements. Currently, most children and young people are seen within four weeks and an eating disorder pathway is in place. Further work is underway to further the development of the eating disorder service to deliver quality care as per community eating disorders standards and locally, we will develop changes to the pathway in collaboration with the local hospital trust to ensure a consistent framework for treatment

and support to staff. Consultation with parents has identified key gaps in providing information and support and this dialogue will continue in the form of a parents group and the possibility of developing peer mentoring.

3.16 It has been agreed that the service will meet the following requirements:

- Receive a minimum of 50 new eating disorder referrals a year, which are likely to include anorexia nervosa, bulimia nervosa, binge eating disorder and related diagnoses across CCG areas.
- Cover a minimum general population of 500,000 (all ages).
- Use up-to-date evidence-based interventions to treat the most common types of coexisting mental health problems (for example, depression and anxiety disorders) alongside the eating disorder, building upon our CYP-IAPT programme.
- Enable direct access to community eating disorder treatment through self-referral and from primary care services (for example, GPs, schools, colleges and voluntary sector services) to be developed during 2016/17.
- Include medical and non-medical staff with significant eating disorder experience.
- Adhere to the standards set out in the guide.

3.17 During 2015/16, growth in staffing for the Community Eating Disorder Service took effect with improved evidence-based competencies, linked to the CYP-IAPT programme. In 2016/17, the key performance indicators were introduced and monitored. In 2017/18 it was identified that the existing model has a gap in meeting needs that could be described as intensive domiciliary support, with training and support for families. Further work will take place to reflect on our current model and to identify further enhancements in 2018.

### **Needs of Children and Young People Model**

3.18 The Partnership is starting to explore the evidence for redesigning local provision to support children and young people 0-25 years old. It is acknowledged that stress caused by exam times and adulthood is a key period for the development of mental health, therefore

continuity of support is important. Getting the pathways and model right will build confidence and capacity among our workforce to meet the needs of our children and young people and avoid the delay in referrals when the need has reached the point of critical or rapid deterioration. Specialist services will be available in a consultative role to underpin universal services capacity to respond. We will investigate options with our stakeholders including children, young people and their families, before deciding a model of care.

3.19 We will also improve joint working between providers facilitating cross-fertilization, easy escalation and de-escalation of services and joint working (in particular when organising therapeutic group work with certain disorders, e.g. social anxiety). This will involve shared care pathways, better information and more communication. During the lifetime of the partnership, a greater inter-agency cooperation is resulting in improved understanding of children and young people needs and where our gaps exist. (See chapter 2 on the profile of mental health for more information).

3.20 Children and young people's experience of poor continuity of care, resulting in feelings of abandonment must be eradicated during times of transition. This includes maintaining good practice in transition planning for young people transitioning to adult services and improving patient experience during discharge and transitions. Herefordshire has a transition protocol and taking part in the Department of Health CQUIN. Already this has resulted in significant consultation with agencies and GPs, asking what information they need at the transition of care and at discharge into primary care. Although this process is ongoing, there will be significant changes following feedback.

3.21 NICE compliance is routinely monitored in Herefordshire mental health services. In 2015/16 sharing of the criteria for services and care pathways has resulted in more appropriate care for children and young people. This continued in 2016/17 and further care pathways are in development in 2017/18. This will also include shared care guidelines with primary care for eating disorders. To identify if the area has improved its provision, we will seek a follow-up

to the West Midlands Quality Review Service peer-review against the CAMHs community standards.

### **Visible and Timely Access**

3.22 We plan to improve links between schools and primary care to provide quick access and support when concerns are raised. This is particularly important in the case of self-harm, where prompt triage and mitigation of risk can allow an early return to school, potentially avoiding escalation into specialist services which reduce stigma. The vision is to have a named mental health champion in each school (typically the SENCO) or college, providing the opportunity for closer working, building up links with GP surgeries, school nurses and other health professionals. Currently capacity for counselling services in schools is variable and confidence levels in managing risk within primary care are also variable, as evidenced by the varied complexity of referrals to specialist services, therefore improving skills within both education and generalist care will help to improve appropriateness of referrals. Strong Young Minds project has offered all Herefordshire schools a menu of opportunities to provide preventative input into schools. A recent GP education session saw children and young people Ambassadors challenging primary care clinicians to improve their understanding and care of children and young people with mental health issues, with every GP surgery making pledges during the event.

3.23 Herefordshire did not have seven days a week CAMHs provision, impacting on timeliness of assessments and access to advice and support at weekends and evenings. We have increased the availability of CAMHs duty function to include greater access at weekends and evenings. This is improving local response to urgent need. CAMHS has also introduced self-referral for patients within six months of discharge and has negotiated a pathway with the CLD Trust which allows signposting of referrals between services without asking the referrer to re-refer to the relevant agency.

3.24 Significant work has taken place to improve waiting times, resulting in the waiting times for assessments becoming outstanding, the result of a good implementation of Choice and

Partnership Approach and processes for managing referrals. In 2016/17, the average referral to treatment times was within 6 weeks, with most children and young people seen within four weeks. All exceptions or long-waits are investigated and learning used to improve processes.

3.25 In 2015/16, we increased the capacity of the Early Intervention Service and monitored waiting times for assessment. In 2015/16, the average referral to treatment time was two weeks for 60% of young people. In 2016/17, the average was 70% of young people that used the service. Monitoring is continuing to ensure that all young people requiring assessment and treatment with psychosis is available within two weeks and all breaches are investigated. Traditionally, the Early Intervention Service provided support for 14-25 years old and the linkages between CAMHs and Early Intervention Service has been improved with a joint pathway. Young people younger than 14 years old are supported by CAMHs.

3.26 Child and young people friendly premises are not currently available. Improving the accessibility of clinic space and offering a choice of location is an important aspect of making mental health services welcoming and easier to take-up. Already, schools and local community venues are being used and evening/weekend clinics are popular. Within the five year scope of this plan, we want to investigate opportunities for walk-in / drop-in venues and an environmental improvement to current clinic location. Working in partnership across the system, we will be undertaking a feasibility study into new clinic spaces. Feedback from children and young people frequently flags up that current clinic space is stigmatizing and has limited confidentiality. In 2017, work commenced on identifying new premises for community CAMHs and to improve clinical space for CLD Trust. This may include mobile working from other settings that are less stigmatizing for children and young people, as well as reduced transport cost for appointments.

3.27 Improved visibility of services will be delivered through better-quality information available online and through local organisations, including publication of eligibility and referral guidelines. Herefordshire has an online site called WISH (Wellbeing information and

Signposting in Herefordshire) and it is proposed that the Partnership use this to improve information.

### **Improved Crisis Care**

3.28 Herefordshire is implementing an all-age Crisis Care Concordat action plan 2015-2018 to include staffing of a section 136 suite, looking at how crisis can be prevented and extending the availability of CAMHs assessments and psychiatric liaison. In 2016, a proposal for a capital refurbishment of the Place of Safety was developed and resources secured, in recognition that young people's needs were not met by the existing provision.

3.29 Herefordshire has developed extended provision for urgent assessments for young people experiencing a crisis. This is now available seven days per week in partnership with the local Children's Ward. This provision acknowledges that families use A&E as a point of contact with the NHS and therefore mental health liaison is fundamental in addressing urgent need. The local area has developed a protocol and a multi-disciplinary team approach, including children's social care, to ensure that community responses sustain and address the needs of the child.

3.30 Person-centred care is paramount. Through the work on understanding why young people experience a mental health crisis, we have identified a small cohort of young people that have a number of social circumstances, such as edge of care that places them at an increased risk of a crisis. This group of young people are experiencing repeat crisis despite care planning in place. This has an impact on utilisation of resources, both in frequency and intensity. In 2017 a pilot will focus on this group of young people and offer psychological input as part of mental health liaison to address both the identification of the level of need and offer immediate input. This project takes into account that a 3.5 community intensive service is not viable for the overall low numbers of young people that Herefordshire alone sees; yet it offers quick response that will follow the young person into the community. This project would build upon the extended duty and community CAMHs provision in place. The identified cohort of young people does not usually conform to existing service provision

arrangements, e.g. appointments. Therefore the innovation of this approach is to build in drop-in and flexible approach to contact time with young people. The therapies involved shall be DBT to address the distress tolerance phase, systematic therapy and brief/ functional therapies. The pilot will be reviewed after six months to determine what impact the provision has had on young people in crisis.

3.31 Currently, children and young people requiring inpatient care and support are using out-of-area provision, which can sometimes be some significant distance from their family and home. This subsequently does not align with our values of treating people in the least restrictive environment and as close to their homes as possible and does not offer easy access and support from their families and carers which is key to their earlier and sustained recovery. On rare occasions the pathway to support a young person requiring admission to an inpatient bed can involve an admission to the Adult Mental Health Inpatient Services Unit, which whilst against NHS requirements, is often the least poor option for keeping the young person safe pending their admission to a tier 4 placement when identified. A local policy is in place for such admissions.

3.32 A key priority of the Partnership will be to ensure appropriate access to inpatient beds and support the rehabilitation and resettlement for children and young people after an inpatient stay. Commissioning of specialist beds is the responsibility of NHS England and we recognize regional collaboration is essential to reduce the risk of a fragmented pathway; reducing the numbers of young people going into inpatients beds and addressing the gaps in provision. Links with NHS England Specialised Commissioning has improved the availability of information and discussion about inpatient provision between commissioners. Herefordshire is a relatively low user of CAMHs inpatient provision. We value the work of our community services in keeping children and young people well. However, the specialist multi-disciplinary team has limited capacity to provide intensive work such as intensive rehabilitation or community treatments are not available. Intensive rehabilitation and admission avoidance is an area recognised as a priority under the System Transformation partnership workstream in mental health, as the larger population of young people offers a more sustainable and viable service options. This will be developed during 2017/19.

3.33 Herefordshire is a fast-track site for implementing community responses to the Winterbourne View investigation and reviews that have driven the Transforming Care Programme. We have set up joint discussions for all people currently out of county. This approach extends to children and young people through the established Complex Needs Panel. We have adjusted local processes to hold a Care Education and Treatment Review (CETR) prior to any decision to seek an admission to hospital for those with, or suspected to have Autism and/or learning disability presenting with challenging behaviours. Future plans include building upon this so that our local Complex Needs Solutions Panel has oversight of all children in an out-of-county setting. This will provide multi-agency monitoring of placements and future plans.

## **Vulnerable Children and Young People**

3.34 We will assure the delivery and effectiveness of commissioned services for prioritised groups of children and young people. These are:

- Looked after children and young people
- Young people known to the Youth Offending Service
- Children and young people with conduct disorders and challenging behaviours
- Children and young people misusing substances
- Children and young people living in poverty
- Children and young people experiencing a mental health crisis
- Children and young people at risk of sexual exploitation
- Young carers
- Refugee and asylum seeking children and young people

3.35 Our actions will include developing awareness across Herefordshire, that vulnerable children and young people will have poorer emotional health than their peers. Further work is required to review the effectiveness of targeted and specialist services to determine if the needs of vulnerable children and young people are being met. This brings together the Early Help, children with disabilities and mental health workstreams of the Children and Young

People's Partnership. In 2016, we reviewed provision for children and young people with ADHD and Autism, resulting in new models of joint service delivery and multi-agency care pathway. Further work on ADHD provision is planned to explore improved local arrangements for young people aged 18-25.

3.36 In 2015-2017, we will roll out reported outcome measures in work with vulnerable children and young people, e.g. in the Youth Offending Service; and improve links between mental health service and children social care. Children and young people in contact with the criminal justice system have a higher prevalence of mental health needs than other children and young people. A deep dive into emotional and mental health by West Mercia Youth Offending Service (July, 2017) highlighted unmet need. This will be explored by the Partnership to identify what improvements can be made, particularly seeking a collaborative approach across the West Mercia area. In addition, links have been made with NHS England (and through the Crisis Care Concordat West Mercia Group) to explore possibility of applying Health and Justice resources to improve provision for this vulnerable group.

3.37 Herefordshire Council made arrangements for a therapeutic fostering service for children and young people looked after who have the most complex needs and who would normally need to be cared for in residential care, away from their local communities and networks. This therapeutic foster care supports children and young people who have experienced significant trauma in their lives an opportunity to overcome adversity and have the chance to form stable and secure relationships with their carers and live appropriately ordinary lives.

3.38 In 2017, Hope Support Services came together to work in partnership with St Michael's Hospice to provide services for children and young people, including one-to-one sessions, online and group outings. This provision provides support for young people that have a family member diagnosed with a life threatening illness. Another vulnerable group is young carers and these children and young people are identified by Herefordshire Carers Support, with outreach offered through schools. This offers a non-stigmatising approach to young carers.

## **Engagement and Partnership**

3.39 Consistent with the data specification for CYP IAPT, Herefordshire agencies involved in CYP-IAPT have rolled out outcome measures across services:

- Child and parent initial assessment measures (RCADS and SDQ),
- General review measures (GBO and C/ORS)
- Symptom Trackers (for: Depression, Separation Anxiety, Social Anxiety, Generalised Anxiety, OCD, Panic, PTSD, Behavioural Difficulties, PHQ9, GAD7, Impact Tracking)
- Feedback forms (SRS)

3.40 Routine feedback from children, young people and their families on their experiences of mental health services in Herefordshire is collected by services to recognise and demonstrate person-centred services. This has included targeted approaches to involve children and young people from vulnerable groups. For example, in 2017, a group of young people assessed the Community CAMHs service using the fifteen steps methodology. Parents feedback is collected as part of service provision, for example from the Solihull Parenting Group (July 2017):

*'I have actually started playing with my children more and have noticed their behaviour has improved'*

*'I'm not shouting as much and am less stressed by my son's behaviour'*

*'The brain development clips (You Tube) have made sense of all the information the health visitor gave me when my children were younger'*

3.41 The work of the Mental Health Wellbeing Ambassadors and Strong Young Minds have brought peer awareness to the county. In their three years, the broad range of approaches has helped strengthen the level of knowledge held by young people, their families, the public and practitioners. Setting up of the Mental Health Wellbeing Ambassadors started with the CYP-IAPT programme and now its role has increased to be advocates and champions in service planning and reviews as well as raising awareness. A similar group, Young People's Champions, including young people with experience of mental ill health, has been set up in

conjunction with Hereford Hospital Children's Ward. This growth in peer awareness and championing the needs of young people is welcomed and encouraged.

3.42 Seeking people's views is an important element of our work. For example, Healthwatch Herefordshire hosted a Question Time style event at the Hereford Sixth Form College in June 2016, focussed on mental health services, people's changing attitudes and priorities. 86% of attendees voted that their understanding of mental health was better following this event. In 2017, Healthwatch Herefordshire ran focus groups with young people to capture their reflections on what helped you most / what helped you least? From this report, young people said to continue to use the Five Steps to Wellbeing Campaign and to improve local literature on mental health.

See:

[www.healthwatchherefordshire.co.uk/news/healthwatch\\_listens\\_young\\_people\\_whitecross\\_peer\\_educators\\_day](http://www.healthwatchherefordshire.co.uk/news/healthwatch_listens_young_people_whitecross_peer_educators_day)

Currently, Healthwatch Herefordshire are conducting a survey with 11-25 years old to understand what young people found the most and least helpful for those who have experienced mental health illness.

3.43 Engagement of organisations is also a key approach. All of the partners engaged in the Mental Health Partnership undertake discussions with a number of organisations. This included a stakeholder event for local organisations in May 2015; visits to schools and delivery of key messages to forums, e.g. SENCO. Through this engagement, the membership of the Partnership has also increased. In 2018, the Partnership will raise awareness of its existence and make available information to cascade the work of the group to other agencies.

# Governance

## System Transformation Plan (STP)

- 4.1 Our STP will enable a system wide strategic direction and delivery mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan. The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery and securing ongoing financial sustainability. Our local area includes Herefordshire and Worcestershire.
- 4.2 The underpinning vision agreed in both Herefordshire and Worcestershire by the improving mental health and learning disability care workstream is:
- To achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people; working together to tackle inequalities as well as to ensure access to good quality mental health care, a decent place to live, a job and good quality relationships between individuals and their local communities.*
- 4.3 The focus on partnership working across traditional commissioner-provider and provider-provider boundaries to ensure we reduce duplication and add value. This includes developing our ability to share resources across the system, in terms of learning, expertise and provision. In addition, it is the intention of the STP to work with local authorities on a place-based approach and embed prevention across the system. This is echoed in the raising awareness and workforce development outlined in this Strategy.
- 4.4 For children and young people's mental health, the priority in the STP is care closer to home for children and young people needing inpatient care or intensive community rehabilitation. This is an area that STP mental health workstream will develop across the two counties, ensuring that developments serve the larger population of young people in the area. Another key area is perinatal mental health and joint working between all agencies in the STP has resulted in an agreed model. This is reflected in the STP mental health action plan and the action plan for the Children and Young People's Mental Health transformation.
- 4.5 The chair of the Herefordshire Children and Young People's Mental Health Partnership is a member of the STP mental health workstream, with Herefordshire CCG (commissioner) and

2gether NHS Foundation Trust (provider). This supports reporting and links between the local partnership and the STP.

*Appendix 1: System Transformation Partnership Plan.*

### **Health and Wellbeing Board**

4.6 The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific functions.

The statutory functions are:

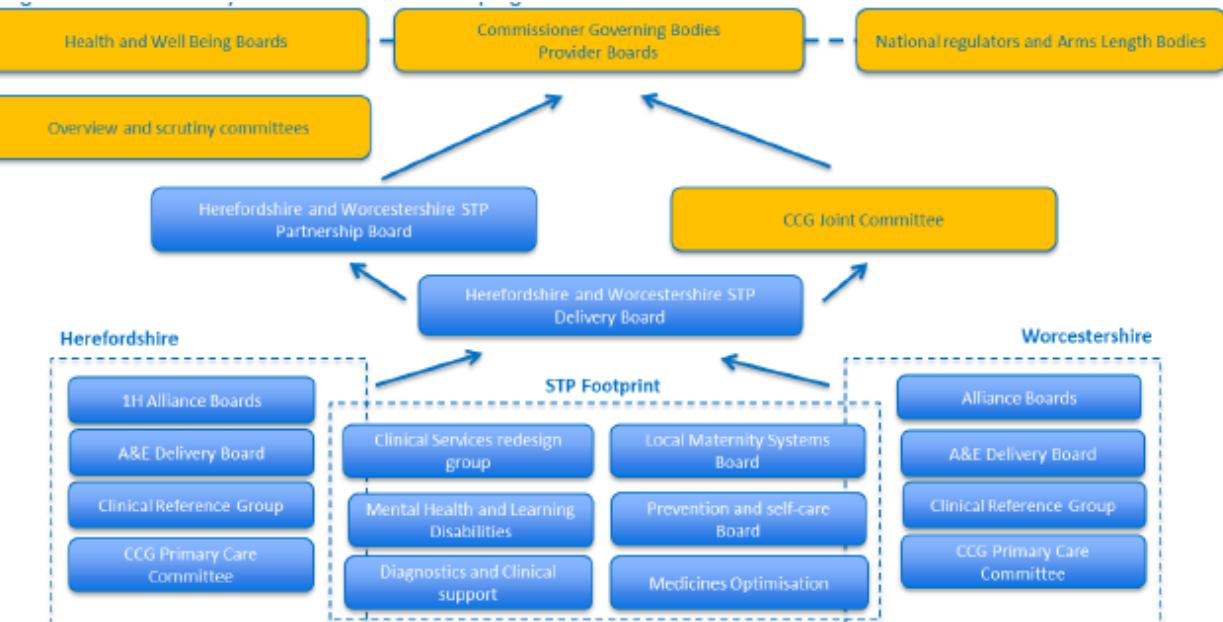
- To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs),
- A duty to encourage integrated working between health and social care commissioners.
- A power to encourage close working between commissioners of health-related services and the board itself.

4.7 Membership of the Health and Wellbeing Board includes Councillors, Directors, lay members, and Healthwatch Herefordshire.

4.8 The Herefordshire Health and Wellbeing Board have developed a health and wellbeing strategy with priorities based on a combination of analysis and public engagement. Herefordshire agencies are committed to change. The Health and Wellbeing Board has mental health as one of its top priorities; and this is echoed within the Children and Young People's Plan with significant aspirations for improvement in prevention and early intervention; coordination of services, evidence-based practice and workforce development leading to improved outcomes for children and young people by 2018.

Figure 7 illustrates the relationship between the Health and Wellbeing Board and the System Transformation Partnership

Figure 7: System Transformation Partnership structure



*Appendix 1: Health & Wellbeing Strategy; Joint Strategic Needs Assessment.*

### Children and Young People Partnership

4.9 The Herefordshire Children and Young People's Partnership (CYPP) has lead responsibility for the development and delivery of the Children and Young People's Plan 2015-2018. The Plan is an integral component of the Herefordshire Health and Well-Being Strategy to address its priority on children and young people. The Health and Well-Being Board will oversee implementation of the Plan via feedback on a quarterly basis from the Children and Young People's Partnership Board. Herefordshire Children and Young People's Mental Health and Wellbeing Transformation Plan is a detailed expansion of Herefordshire Children and Young People's Plan 2015-2018.

*Appendix 1: Terms of reference for Children and Young People Partnership*

### Children and Young People's Plan

4.10 The Herefordshire Children and Young People's Partnership seeks to protect children and give them a good start in life. Emotional well-being and good mental health are crucial to this. The current Children and Young People's Plan for Herefordshire was published in 2015. This overarching plan brings together agencies to cooperate in making improvements in six key areas:

- Early help
- 0-5 Early Years
- Mental Health and Emotional Well-Being
- Children and Young People in need of Safeguarding
- Addressing challenges for Adolescents
- Children and Young People with Disabilities

4.11 This Children and Young People Mental Health and Emotional Wellbeing Transformation plan is the delivery plan for the Children and Young People Partnership's priority on mental health and emotional wellbeing. Delivery of this Plan is linked to the delivery of plans across the six areas, making sure there is no duplication, gaps and supporting linkages and joint working. This recognises that children with mental health needs can also be children with other needs such as disabilities. The vision for transformation in mental health provision is therefore part of a larger scale transformation of services for children and young people across the Children and Young People's Partnership. The Children and Young People's Partnership receives quarterly reports from Children and Young People Mental Health & Emotional Wellbeing Partnership to account for progress with regular reports presented.

### **Children and Young People Mental Health and Emotional Wellbeing Partnership**

4.12 Under the Children and Young People's Partnership, there is a partnership group dedicated to lead on developments for children and young people's mental health and emotional wellbeing. This includes representatives from commissioning and provider organisations that work with children and young people, including CAMHs, voluntary organisations, Healthwatch Herefordshire, the youth offending service, schools, the local authority and the clinical commissioning group.

4.13 This Partnership, chaired by the CCG, is responsible for the development of the CAMHs transformation plan, its progress and collaboration across the system to ensure that the vision is achieved. Clinical engagement is an important element of the Group with all disciplines given the opportunity to engage. Engagement with children and young people is provided through a link to the Young People Wellbeing Ambassadors Group who lead on

elements of the plan, co-produce on other elements and challenge the Partnership on its plan implementation.

*Appendix 4: Terms of Reference for Children and Young People Mental Health and Emotional Wellbeing Partnership.*

4.14 The work of the Partnership is informed by local and national information and engagement:

- The national recommendations from the Government's Task Force on child and adolescent mental health and emotional well-being issues and subsequent Department of Health "Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing".
- Alignment with the direction and vision in the five year forward view for mental health (2016).
- The national and local Mental Health Crisis Care Concordat declaration.
- The recent Herefordshire Mental Health Needs Assessment (March 2015) is a key document in understanding the needs of children and young people and mental health. The assessment involved extensive engagement of children and young people to understand their experience, their aspirations and things that need to change or improve.
- Engagement in CYP-IAPT (4th wave) has provided opportunities for our workforce to receive training; and pump primed an interest in knowing more about our workforce. In addition, we have up-scaled the use of outcomes measures; enhanced our engagement with young people; and got people talking about children and young people and mental health.
- Peer review of our mental health services via the West Midlands Quality Review service. This started with a self-assessment against the 'Towards Children and Young People Emotional Health and Wellbeing standards', which was then peer –reviewed. The recommendations from the peer review have informed our transformation plan. Appendix 1: Towards Children and Young People Emotional Health and Wellbeing Standards; Herefordshire Peer Review Report.

- Safeguarding review; Wye Valley NHS Trust and 2gether NHS Foundation Trust inspections by CQC during 2015 identified strengths and weaknesses. The areas for improvement were built into the transformation plan.
- A review into Special Education Needs and Disabilities by CQC / Ofsted conducted September 2016 acknowledged the low waiting times and flexible provision by CAMHs.

*Appendix 1: Children and Young People's Plan 2015-2018*

4.15 There are a number of task and finish groups/ standing groups reporting to the Children and Young people Mental Health and Emotional Wellbeing Partnership. These are explained below:

**Children and Young People's Increasing Access to Psychological Therapies Steering Group**

4.16 The CYP-IAPT steering group is responsible for overseeing the development and achievement of the key principles of the CYP-iapt programme as Herefordshire is a wave 4 area. The steering group is made up of local organisations and looks at:

- Improving Access;
- The introduction and rollout of routine outcome measurements;
- The innovative development and use of information technology;
- Self-Referral; and
- The participation of children, young people and their parents and carers.

4.17 The Herefordshire CYP - IAPT partnership has entered its third year in 2017 supported by a part-time coordinator. There has been significant progress in workforce development over the first two years with take up of Parenting, Systemic Family Practice, Cognitive Behavioural Therapy, Supervision training and Evidence-based practice training.

4.18 In 2016/17, new roles of Psychological wellbeing Practitioner training, created using opportunity of recruit to train funding. The development of practitioners has enabled additional therapy to be offered to young people in Herefordshire, typically those with anxiety/depression/ or phobias.

### **Mental Health Urgent Care Sub-group**

4.19 A task and finish group has been set up to make improvements to the pathway for children and people presenting to emergency services as a result of poor mental health. This group is exploring closer interagency responses; care pathways and a working protocol to reduce and manage the needs of children and young people.

*Appendix 4: Terms of Reference for Mental Health Urgent Care sub-group.*

### **Whole School Approach Sub-group**

4.20 A task and finish group has been set up to develop a resource pack to aid schools and colleges to identify and manage poor mental health in their pupils. This will include how to safely commission counselling; resources for staff training; information on local services and templates for policies such as managing self-harm.

*Appendix 4: Terms of Reference for Whole School Approach sub-group.*

### **Herefordshire Well-being Ambassadors**

4.21 This group of young people was set up to support the cyp-iapt programme and more latterly, to influence and oversee service developments locally. They have been working to raise awareness of mental health and wellbeing and reduce the stigma that surrounds it. This group is one of the ways of ensuring the voice of children and young people across the system. Their work is reported to the Children and Young People Mental Health and

Emotional Wellbeing Partnership; and the work of the Partnership is also reviewed by the young people ambassadors.

4.22 Some of the activities have included use of social media, talks and workshops such as Hay Festival 2017, building on from a countywide conference held in October 2015. They are championing a wider conversation about mental health awareness and what children and young people need as part of the transformation plan throughout schools, colleges and events.

*Appendix 3: Good Practice Evidence.*

*Appendix 4: Terms of Reference for Herefordshire Well-being Ambassadors.*

### **Mental Health Services Arrangements**

4.23 Our model is based upon flexible provision for those aged 0-25, based on care pathways rather than structural integration. The 2gether NHS Foundation Trust delivers CAMHs and adult mental health services for the population of Herefordshire. The range of services offered to young people is expanded by the provision of counselling and cognitive behavioural therapy through a voluntary organisation, the CLD Trust. In a partnership between CAMHs and the CLD Trust, referrals are exchanged between the two organisations as treatments are stepped up or stepped down. Local schools and colleges also make counselling available to their pupils with input from school nursing services. Young children are supported through early years settings and the health visiting service supports parents with infant attachment. All agencies contribute to early identification of children and young people needing support.

4.24 Herefordshire Clinical Commissioning Group commissions 2gether NHS Foundation Trust and the CLD Trust. Herefordshire Council commissions Early Help and therapeutic fostering service. Furthermore, the focus of the Public Health Department commissioning approach is based upon a model of health improvements that integrates preventative activities into everyday services and interactions. From the 5 steps to wellbeing to school nurse provision, mental health and emotional resilience is one of the key areas addressed by this approach.

## **Commissioning**

4.25 In Herefordshire, arrangements are in place between the local authority (Adults, Children and Public Health) and the CCG for joint commissioning. In 2015, a Joint Commissioning Board was established, and in 2016 a children's joint commissioning unit. This provides good system wide links, e.g. work with adult services and the System Transformation Plan. All commissioning agreements made through the Children and Young People Partnership are discussed and ratified at the Joint Commissioning Board.

4.26 In 2015, Herefordshire Clinical Commissioning Group and Herefordshire Council agreed to the creation of a single overarching mental health programme with the an outcomes-based model of commissioning for all mental health services, based upon the outcomes identified as important by local people in the Mental Health Needs Assessment. In 2016/17, some of the outcomes were embedded into contract arrangements, commencing the shift towards an outcomes approach.

### *Appendix 1: Terms of reference for Joint Commissioning Board*

## **Accountability across the whole system**

4.27 Herefordshire is committed to working as a coordinated system, in service delivery and commissioning. Our governance arrangements and links to other thematic strategic groups is good. In 2016-2018, we will publish more information on our work to extend the sharing and learning to families and other organisations. Excellent progress has been made on compliance with the national mental health services data set (Child and Adolescent mental Health Services (CAMHs) data set and Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) data set.

4.28 In 2017, Herefordshire Council Health Overview and Scrutiny Committee held a review into mental health services for children and young people. The recommendations were discussed by the Partnership and provide support for the existing actions in the current action plan. The main recommendations were:

- That the ‘local offer’ of emotional wellbeing and mental health support be defined and publicized.
- That a review of the proposals in the STP regarding opportunities for bringing care closer to home and development of 3.5 service.
- That a review of the benefits of having co-located teams based in a child friendly and therapeutic setting.
- And a review of the support provided for young people up to the age of 25, which would align with other children’s services.

4.29 In 2016, the area received a Joint Area Special Educational Needs Inspection. The inspectors reported that:

*The service provided by the tier 3 child and adolescent mental health services (CAMHS) is of a very high quality. The service has improved since the reforms were introduced.*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/571088/Herefordshire\\_LA\\_SEND\\_Inspection\\_letter.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571088/Herefordshire_LA_SEND_Inspection_letter.pdf)

# Performance and Delivery

5.1 Measuring our multi-agency success will be through monitoring of the step-change in provision. This will include:

- Exploring the effectiveness of provision;
- Performance monitoring including access and quality such as urgent assessment within four hours, zero tolerance to young people with mental health needs held in police custody, and 50% of young people with a first episode of psychosis receiving treatment within two weeks;
- Feedback from children, young people and their families; and
- Feedback from the workforce.

As this is a programme of transformation, risk, equalities, and quality have been considered during the drafting and review of this Plan.

*Appendix 6: Risk Assessment. Appendix 7: Equalities and Quality Impact Assessments*

5.2 Under the Children and Young People's Partnership, partners are committed to ensuring value for money and efficient use of resources. Any additional resources will be utilised to the best clinical effectiveness and efficiency. Quality assurance systems will be used to continue to monitor quality, patient safety and experience, supplemented by peer reviews, e.g. West Midlands Quality Review Service, and inspections, e.g. Care Quality Commission and Ofsted.

5.3 Performance information on children and young people mental health services is available, however system-wide (including public visibility) is not widely available. Since the start of this Strategy, a quarterly performance dashboard has been developed to create transparency on how services are performing. This includes financial reporting; clinical effectiveness; feedback and activity. The performance has been discussed quarterly at the Children and Young People Mental Health and Emotional Wellbeing Partnership and reported to the Children and Young People's Partnership. This dashboard monitors the eight key areas outlined in Section 3 of the Strategy. Some of the data is collected annually, quarterly and monthly, in line with commissioned and non-commissioned contract arrangements.

5.4 Our key performance indicators (KPIs) will be focused on making improvement to access and waiting times; ensuring vulnerable groups receive support; improving evidence-based interventions; and a KPI on the roll –out of our reported outcome measures. Activity is available on all of the key national metrics in the Mental Health Services Data Set.

### 5.5 Quarterly Performance Dashboard

Visible and Timely Access								
Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
Number of Referrals	2gether NHS Foundation Trust	1077	1114	251	-	-	-	No target identified
	The CLD Trust	1210	1039	-	-	-	-	Moving from annual to quarterly reporting in 2017
Number on Caseload	2gether NHS Foundation Trust	1077	1114	743	-	-	-	No target identified
Number on Care Programme Approach	2gether NHS Foundation Trust	171	126	-	-	-	-	No target identified
Waiting time from referral to assessment within 8 weeks	2gether NHS Foundation Trust	-	99%	99%	99%	99%	99%	
Waiting time from referral to treatment within 18 weeks	2gether NHS Foundation Trust	-	95%	88%	90%	90%	90%	12% waiting longer than 18 weeks are for ADHD assessments to be completed
Total number children & young people in treatment	2gether NHS Foundation Trust	-	871	-				Reporting being developed
CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks	2gether NHS Foundation Trust	-	-	100%	95%	95%	95%	

CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week	2gether NHS Foundation Trust	-	-	0%	95%	95%	95%	Data collection started June 2017.
Number & percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks	2gether NHS Foundation Trust	41	20	13	-	-	-	
		61%	72%	62%	50%	50%	50%	
Number of young people aged 18-25 accessing IAPT	2gether NHS Foundation Trust	386	192	50	-	-	-	
Percentage of young people aged 18-25 seen within 6 weeks	2gether NHS Foundation Trust	96.6%	-	-	75%	75%	75%	Reporting being developed
Percentage of young people aged 18-25 seen within 18 weeks	2gether NHS Foundation Trust	100%	-	-	95%	95%	95%	Reporting being developed
Number of Discharges	2gether NHS Foundation Trust	1191	960	215	-	-	-	
<b>Improved Crisis Care</b>								
Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary
						2018/19	2019/20	
Number of children under 18 admitted to adult inpatient ward	2gether NHS Foundation Trust	4	8	2	-	4	4	Aiming to reduce to baseline figure.
Number of Children admitted to children	NHS England Specialised Commissioning	10	16	5	-	10	10	3x general MH; 2x eating disorders

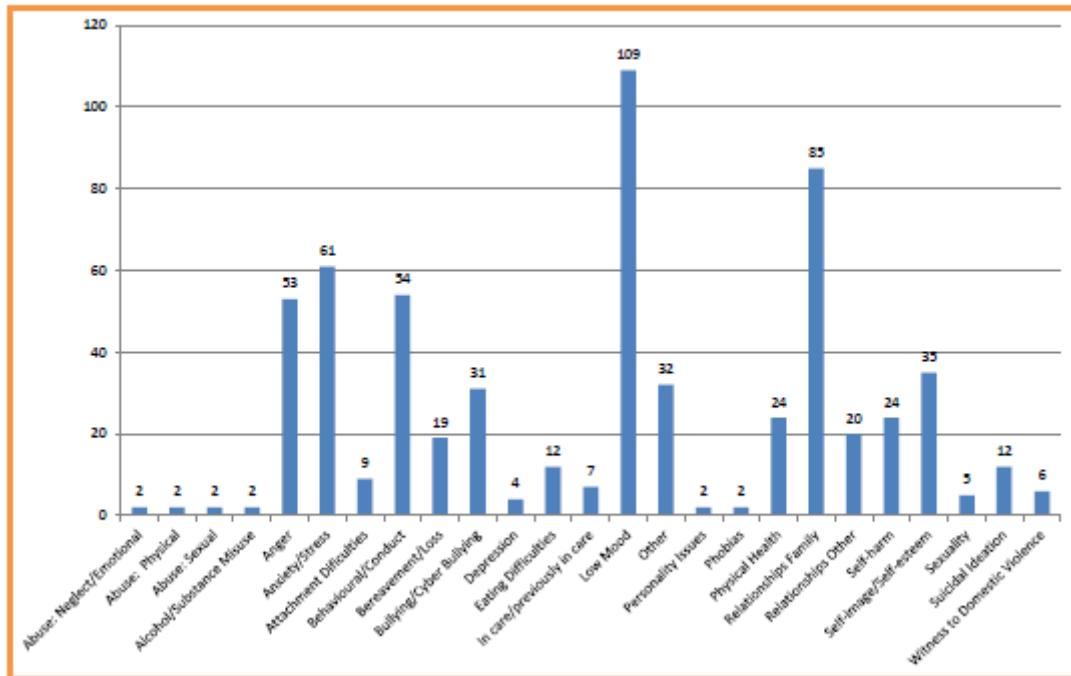
mental health inpatient units									Aiming to reduce to baseline figure.
<b>Raising Awareness</b>									
Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary	
Troubled families: Number of families identified as having any health related issues.	Herefordshire Council	-	-	517	-	-	-		No target identified
Troubled families: Percentage of families with mental health outcomes	Herefordshire Council	-	-	13%	-	-	-		No target identified
<b>Engagement and Partnership</b>									
Area	Provider	2015/16 Baseline	2016/17	2017/18 Qrt 1	Target	Trajectories		Commentary	
CYPS IAPT outcome recorded as percentage of overall caseload	2gether NHS Foundation Trust	60%	87%	94%	85%	85%	85%		Higher than trajectory.

## 5.6 Annual Performance Information 2016/17

Further information, particularly qualitative information, is collected on an annual basis. This includes information on presentations by children and young people as well as children, young people and their families' feedback.

For the tier 2 service, the most frequent presentation at referral was low mood, followed by family relationships. Figure 8 illustrates the range of presentations at referral for CLD Trust.

Figure 8: Main reason for referral (CLD Trust)



Upon completion of therapy, 1221 changes were self-reported by young people using the CLD Trust service in 2016/17. The statements show that 'I understand my feelings better' was the most popular or frequent statement self-reported by young people.

Figure 9: Outcome statements

Statement	Frequency	Ranking
I understand my feelings better	144	1
I feel calmer	126	2
I feel more able to talk about my worries	126	2
I feel more positive about the future	121	4
My confidence has improved	120	5
I feel more able to control my emotions	98	6
My relationships have improved	92	7
Things are better for me at home	89	8
I have more self-esteem	89	8
I feel less angry	84	10
I feel stronger	77	11

I don't self-harm as much	27	12
My attitude to eating has improved	21	13
My use of alcohol has reduced	7	14

### Examples of Feedback collected by CLD Trust

Counselling has helped me out a lot, to know I'm not hopeless and I can sort things out on my own.

Talking about my struggle has helped me a great deal.

The questioning - it's thought provoking!

It's given me someone to talk to so I can try and understand things better.

I am more aware of what I feel and how certain relationships affect that.

Being able to talk about things I wouldn't have thought about before.

The counselling room was very comfortable, relaxing, quiet and warm, a safe and comfortable environment.

Potentially longer sessions could have made the service better for me. Being able to speak to someone and using "What if" statements.

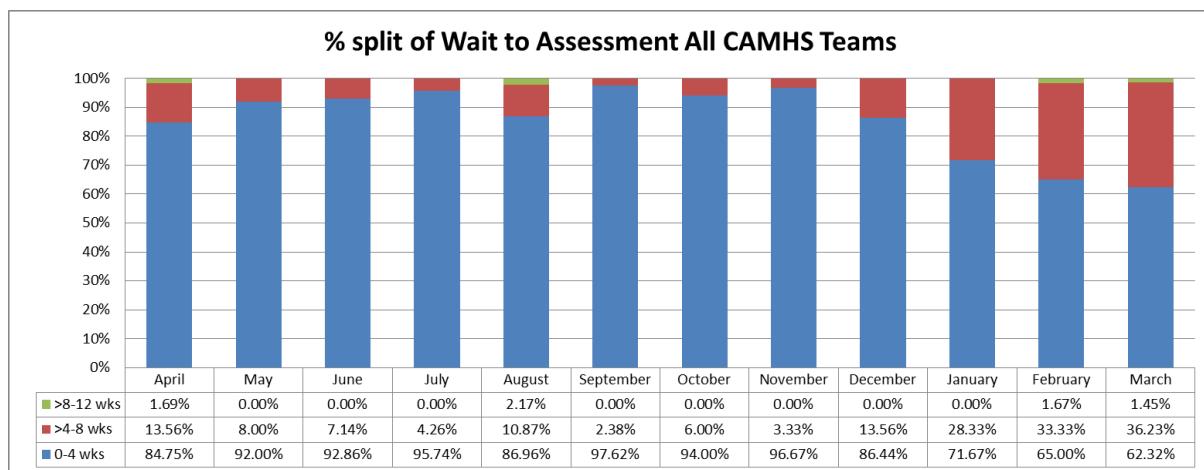
Counselling helped me a little, I just haven't felt the need to talk and not really been in the mood to talk.

Counselling helped me to calm down and control my anger.

Counselling made me feel happy.

For the tier 3 service, figure 10 shows the waiting times to initial assessment by month in 2016/17.

Figure 10: Waiting times to Initial Assessment 2016-2017 (2gether NHS Foundation Trust)



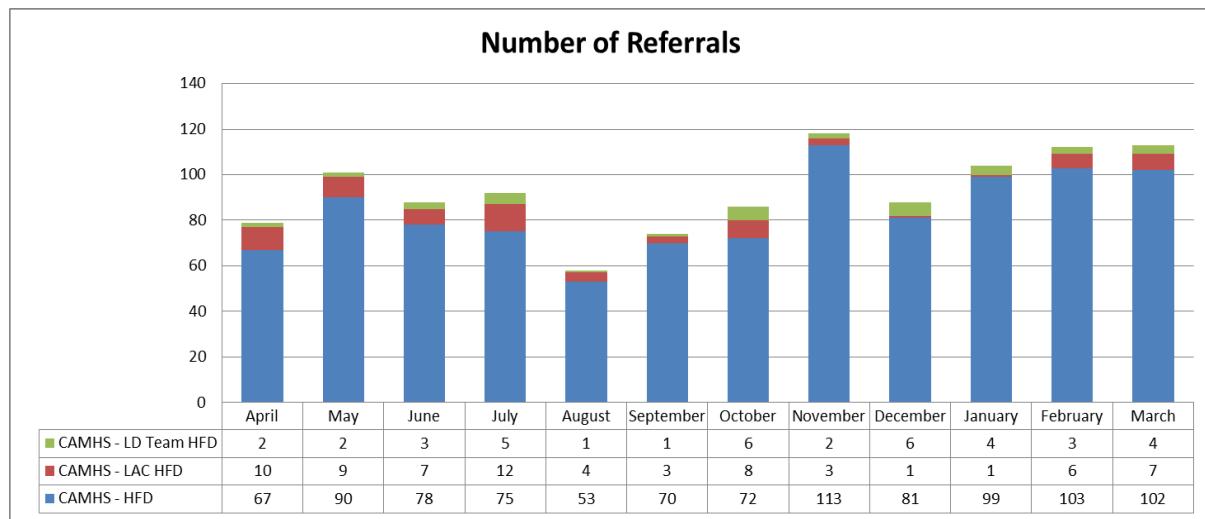
The graph above shows that the majority of CAMHS referrals for initial assessment were seen within 4 weeks. From April – December 2016 compliance with a 4 week wait was consistently good at over 85%, with 6 months where over 90% of referrals were assessed within 4 weeks. From January – March 2017 performance slipped, however over 98.55% of referrals were seen for assessment within 8 weeks. The barriers to delayed waiting times were identified and the

pathway reviewed to manage improvements. The small minority of referrals waiting longer than 8 weeks for an initial assessment can be explained where CAMHS was waiting for further information or consultation with key professionals before being able to offer an assessment, for example in the case of Looked After Children from other authorities. Those waiting were screened for risk and any deterioration in symptoms or circumstances.

Figure 11: Total Number of referrals received by Hereford CAMHS 2016/2017

	April	May	June	July	August	September	October	November	December	January	February	March	Grand Total
Number of Referrals	79	101	88	92	58	74	86	118	88	104	112	113	1113

Figure 12: Breakdown of Referrals received by Hereford CAMHS 2016 – 2017



Figures 11 and 12 above show the total number of referrals received at 1113 and the variation received monthly, from 53 in August to 113 in November. The average is 93 per month. Figure 13 below shows the overall upward trend line for the number of referrals received by CAMHS during the year 2016 – 2017.

Figure 13: Number of Referrals showing Referral Trend for 2016 – 2017

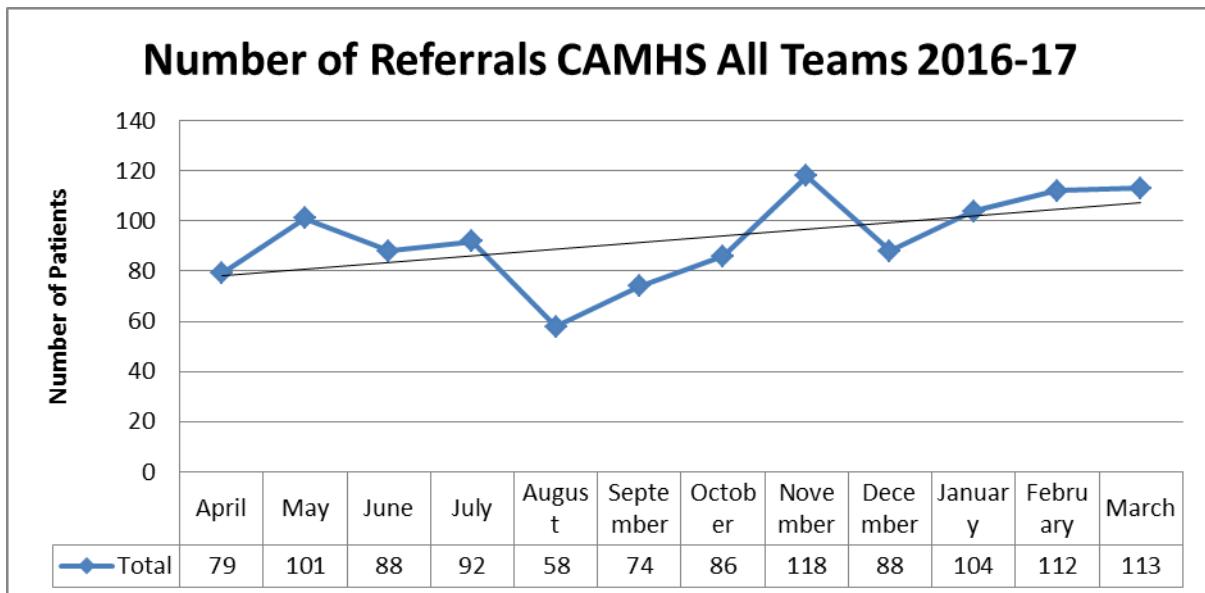


Figure 14: Waiting Times (in weeks) for Referral to Treatment 2016-2017

Sum of Number waiting Wait Band Adjusted	financial quarter			
	1	2	3	4
< 8 weeks	67.70%	77.78%	81.30%	68.60%
8 - 12 weeks	18.63%	10.37%	4.07%	20.35%
12-16 weeks	8.70%	7.41%	8.13%	5.81%
> 18 weeks	4.97%	4.44%	6.50%	5.23%

Figure 15: Waiting Time from Referral to Treatment for CAMHS Hereford 2016 – 2017

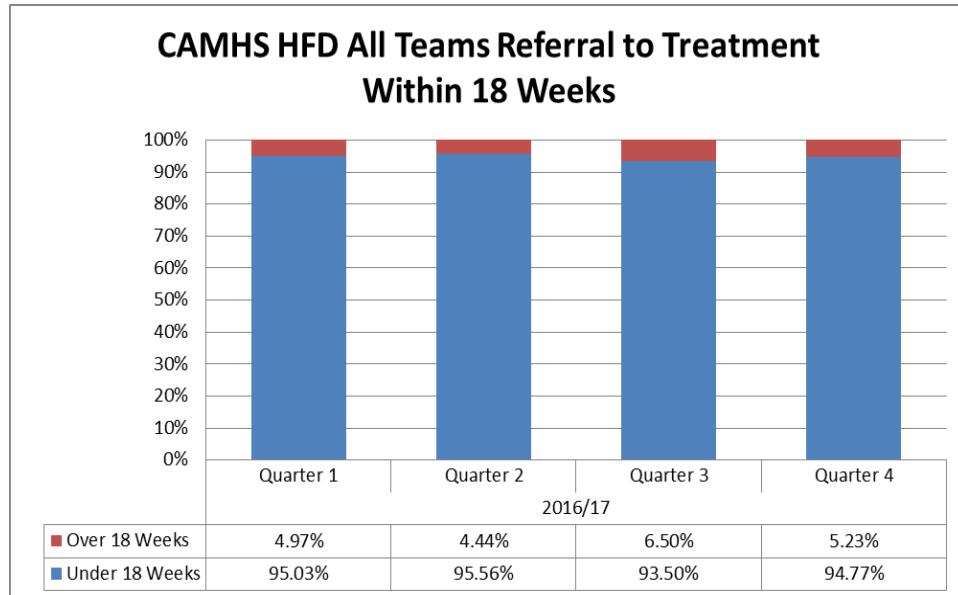


Figure 14 and Figure 15 above show that 95% of CAMHS patients start treatment within 18 weeks of referral. This compares well with national guidelines for referral to treatment waiting times.

Figure 16: Number of contacts for CAMHS Hereford 2016 – 2017

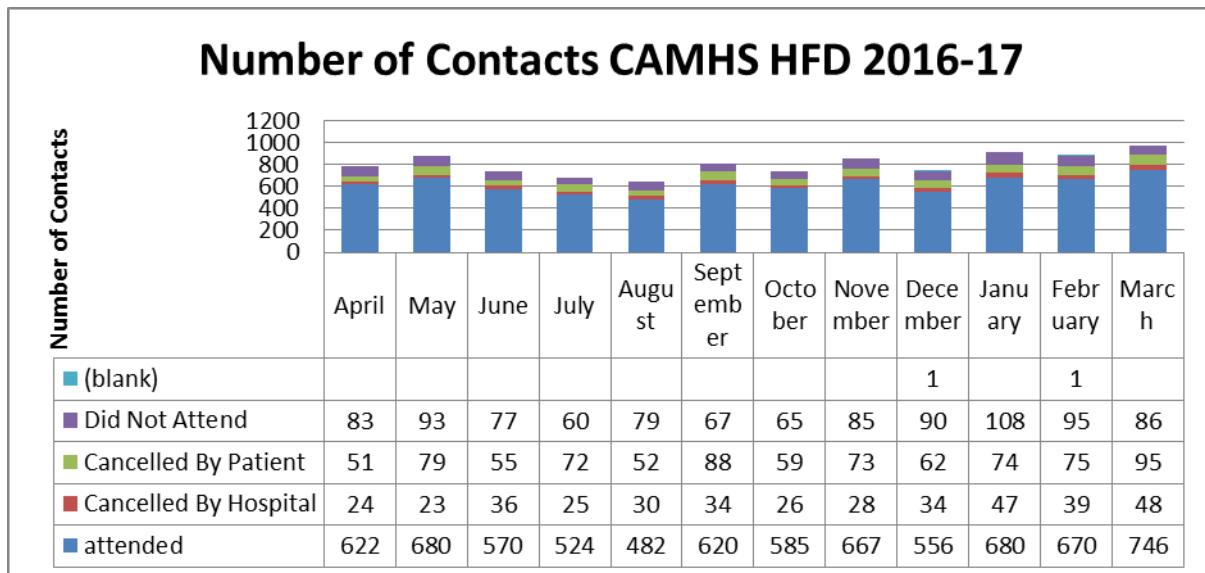
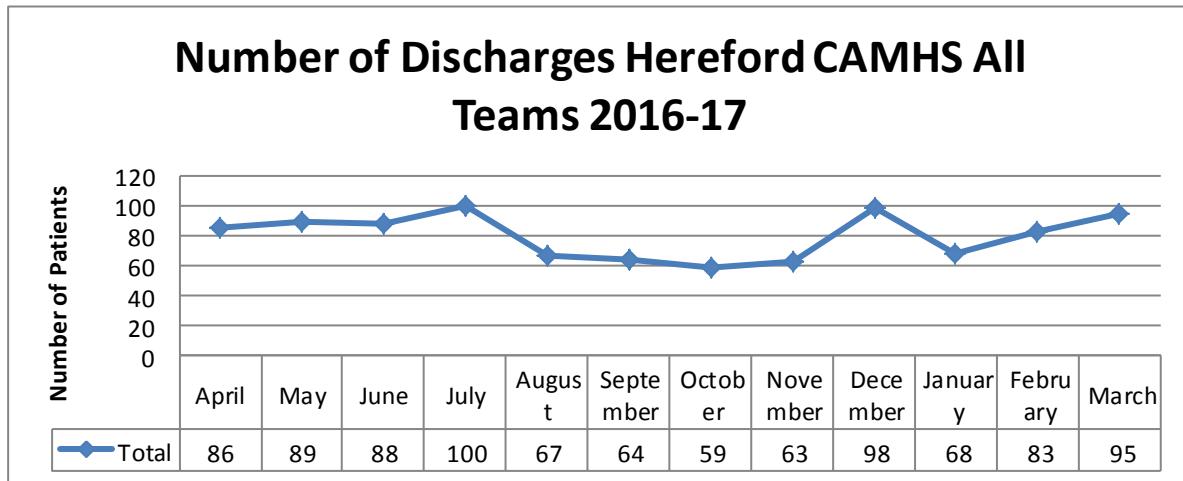


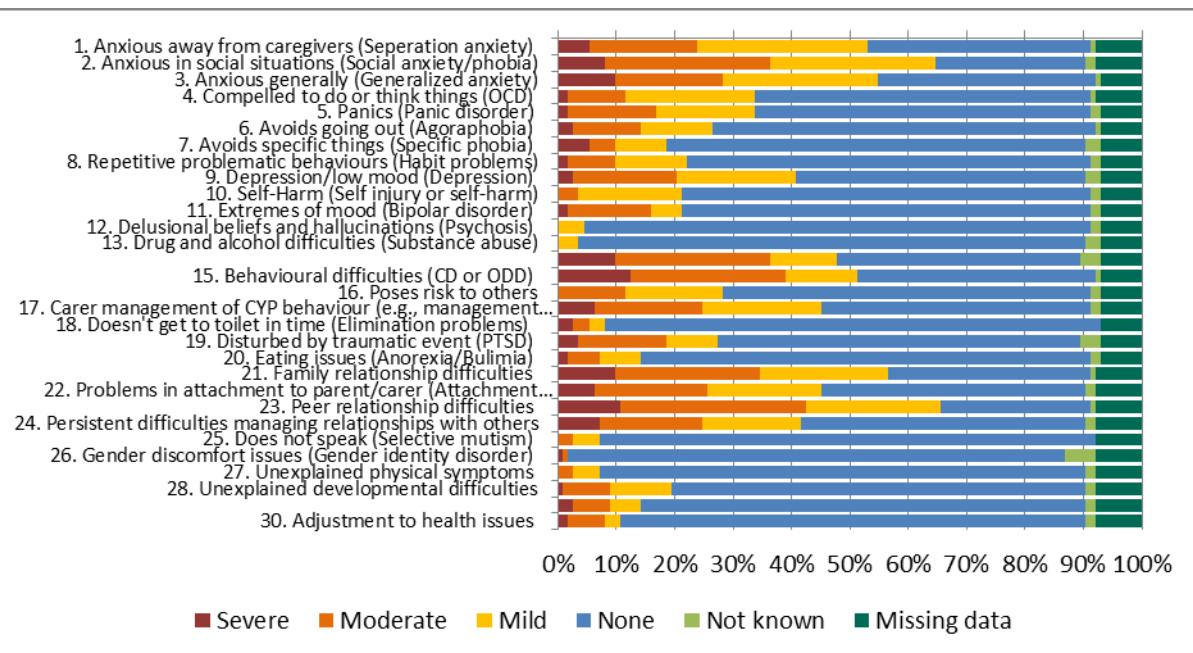
Figure 17: Number of discharges for CAMHS Hereford 2016 – 2017



Figures 16 and 17 show the overall contacts for 2016 – 2017 and the number of discharges per month. Increasing numbers of patients are attending their appointments but as overall caseloads have increased the number of appointments cancelled by patients has also increased, though DNAs appear to be steady. CAMHS intends to monitor numbers of contacts and rates of discharges during the next year to ensure maximum capacity for the service is achieved.

The ‘Current View’ is one of the CYPIAPT routine outcome measures. This form provides a snapshot, clinician overview of symptomology at an initial assessment, plus it identifies the context and variety of problems experienced. Although completed by a clinician, it is not a clinical measure of outcome or effectiveness but a clinically informed overview of the type of problems experienced by children and young people referred to CAMHS.

Figure 18: Presenting Problems at First Contact. October 2016 – March 2017



Figures 18 show the presenting problems identified by clinicians at first contact for a 6 month period. The top problems identified are: Peer Relationship Problems, Anxious in Social Situations, Family Relationship Problems, Anxious Generally, Anxious Away from Care Givers, Behavioural Difficulties.

Figure 19 below identifies the additional complexity factors which influence the lives of children and young people referred to CAMHS. The top three complexity factors identified are: Parental Health, Experience of Abuse or Neglect and being a 'Child in Need'.

Figure 19: Complexity Factors at First Contact. October 2016 – March 2017

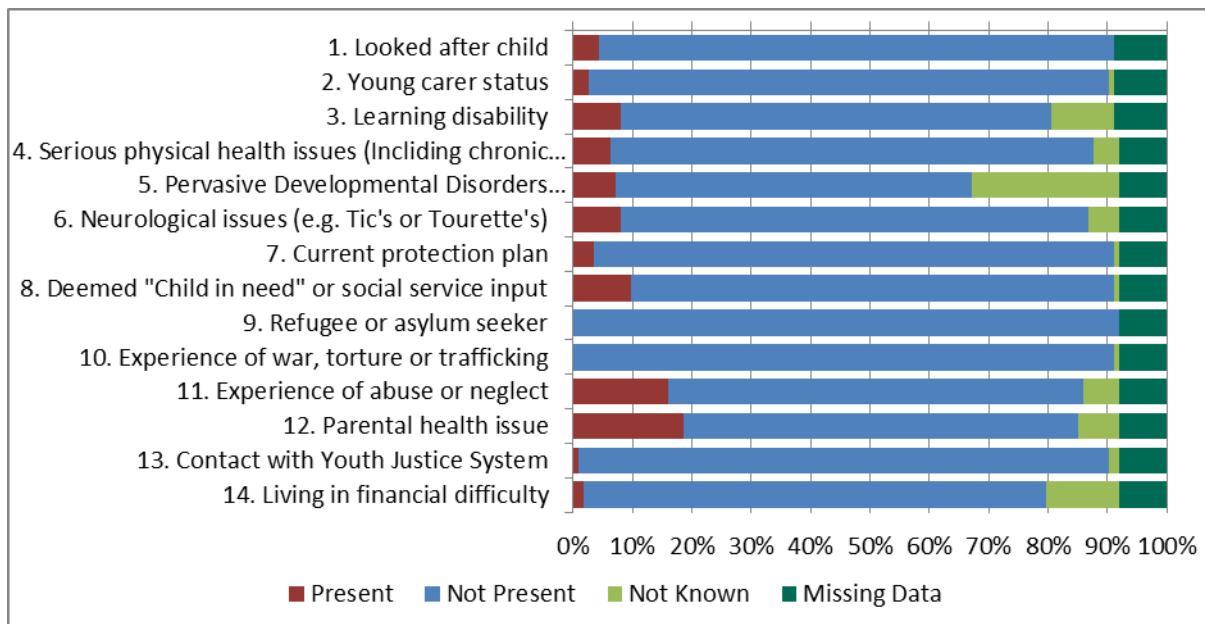


Figure 20: Context at First Contact. October 2016 – March 2017

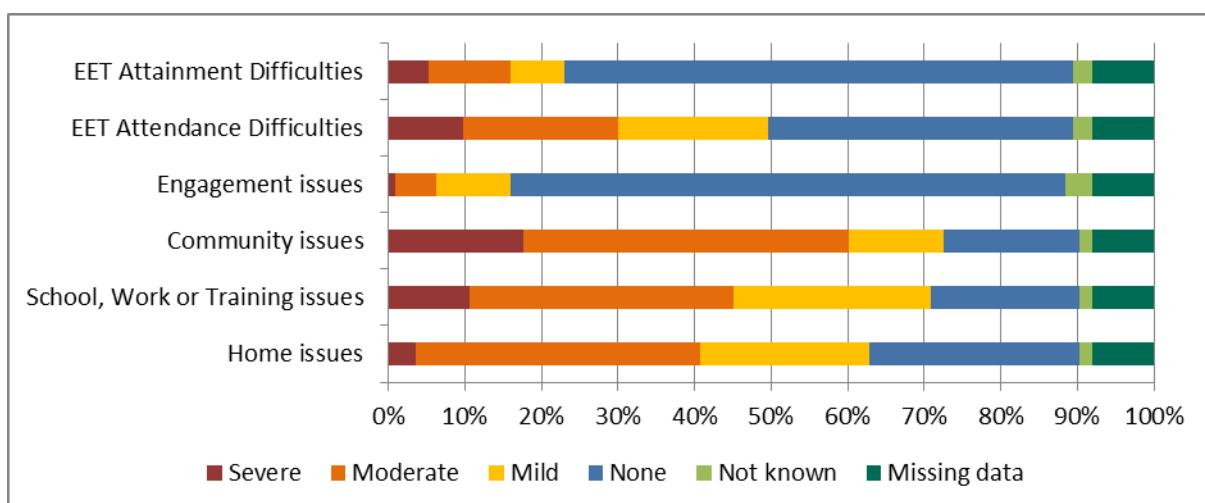
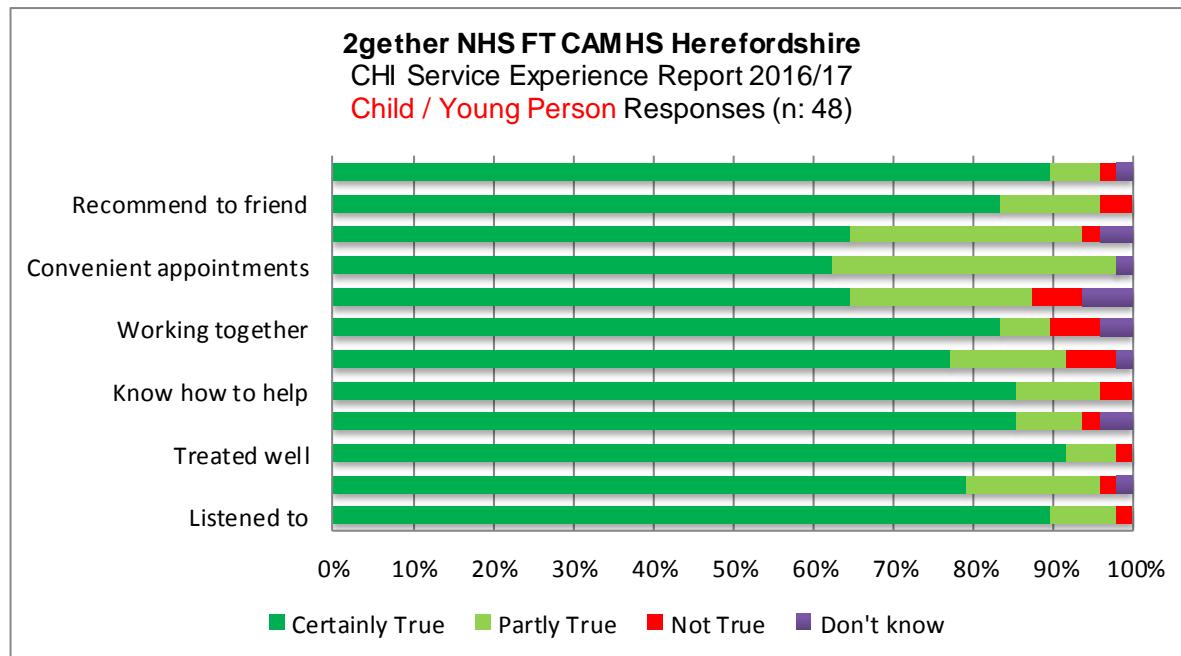


Figure 20 above shows measures of the context for children and young people referred to CAMHS. The top 4 contextual issues include: Community Issues, School, Work or Training Issues, Home Issues and EET (Employment, Education or Training) Attendance Issues.

The above information from the Current View indicates the need for CAMHS clinicians to look holistically at the lives of children and young people and their families in considering treatment options as well as the need to work closely with other agencies across the county.

Feedback was also collected by 2gether NHS Foundation Trust. Figure 21 illustrates the services experience reported by children and young people in 2016/17.

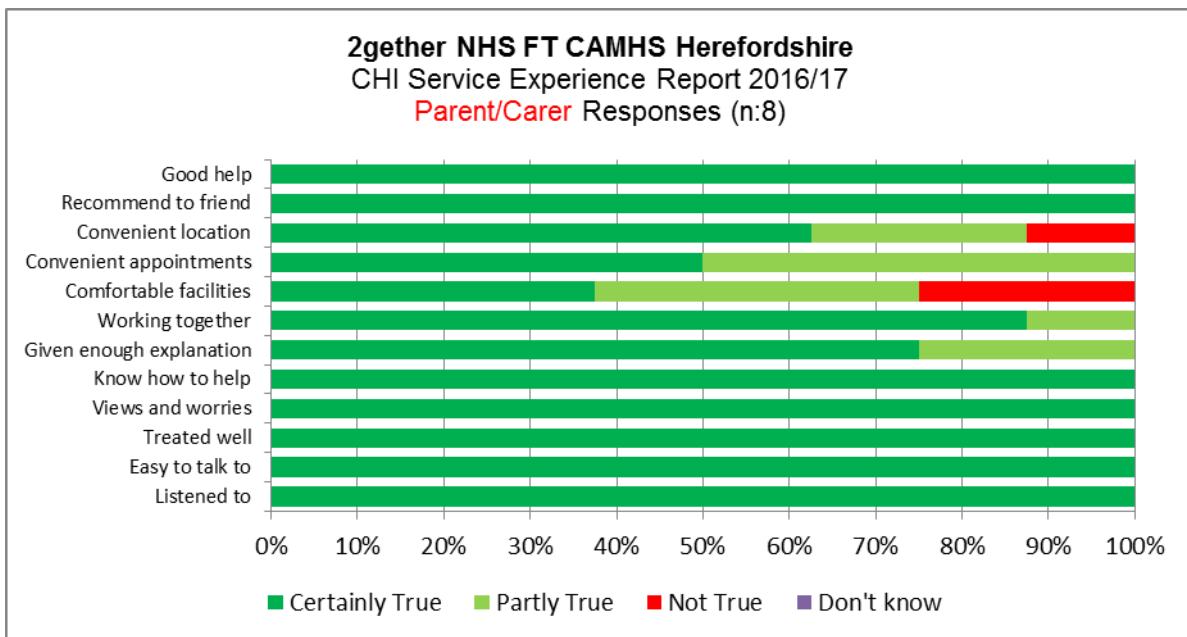
Figure 21: Child / Young Person Questionnaire 2016/17



In addition, the service experience forms captured:

- 90% of CYP agreed that they felt listened to, were treated well and received good help
- Between 80 – 85% of CYP thought that their views and worries were taken seriously by CAMHS professionals, they found it easy to talk to clinicians and felt that they were working together.
- 83% of CYP would recommend this service to their friend.
- 60-60% of CYP thought that facilities were comfortable, time of appointments and location was convenient.

Figure 22: Parent / Carer Questionnaire



In addition, the feedback from parents and carers highlighted that:

- Low return
- 100% of parents/ carers agreed that their family received good help, felt listened to, found it easy to share their views and worries, were treated well and believed that clinicians how to help them.
- Only 38% (n: 3) of parents/ carers thought that facilities were comfortable; another 38% partly agreed they were comfortable. 24% of parents found that the facilities were not comfortable.

### Overview of Financial Resources

5.7 In 2014/15, Herefordshire Clinical Commissioning Group funded £1,523,000 of services for children and young people mental health (source: programme budgeting figures). Herefordshire Council funded £530,000 of services. NHS England funded £1,030,839 of care in 2014/15. This was used to support placements of four young people. In addition to the £2.3m, there are core services that deliver support to children and young people with mental health and initiatives such as Families First, where it has not been possible to extrapolate the total finances invested for mental health and emotional resilience.

5.8 The spending profile for 2016/17 to 2018/19 is presented below. Information beyond 2018 is not available however, it is acknowledged that Herefordshire CCG will at least maintain its expenditure in this area. 2018/19 are provisional figures.

	2016/17	2017/18	2018/19
HCCG CYP mental health	1,696,000	1,664,000*	1,696,000
HCCG eating disorders	120,000	120,000	122,000
Herefordshire Council	500,000	500,000	500,000

- \* Spending in adult areas contributed towards the overall increase in investment in mental health by 1.79%. This is for crisis care for people of all ages.

## **Other Funding**

5.9 The area received £125k in 2015/16 for its CYP IAPT for practitioners to access courses through Exeter University. This helped purchase training places and facilitate participation of young people. This funding reduced during 2016-18, with the Clinical Commissioning Group expected to support placements in 2017 onwards. This is represented by the budget on workforce development for 2017/18 and 2018/19.

5.10 Funding by NHS England (Health and Justice Team) does not include specific funding for this county. For example, this area does not have a resident youth offender institution or secure children's home in Herefordshire. However, links are developing to expand the access to liaison and diversion support, and the interface with the Troubled Families programme. Some of the CAMHs transformation funding has been used to support the identification and treatment of youth offenders to address the high prevalence of mental health in this population.

5.11 The system will be taking-up opportunities to fund the Mental Health Five Year Forward View using other sources of funding. This is in recognition that the Herefordshire system is currently trying to achieve financial balance. In 2017/18 Herefordshire CCG was awarded £20k to develop a pilot on young people in crisis, adding to our ability to respond to mental health needs. Work continues as part of the System Transformation Plan to address parity of esteem and improve funding available for mental health.

## **Investment by Project**

5.12 As part of the expenditure in this area, a number of new projects or additions to core services have been developed since 2015. The information below shows the planned expenditure for 2017/18 £472k and 2018/19 £481k, with provisional figures for 2019/20 £489k. This will continue to grow the level of investment since the baseline in 2015/16 of £330k.

<u><b>Project</b></u>	<u><b>Description</b></u>	<u><b>2017/18</b></u>	<u><b>2018/19</b></u>	<u><b>2019/20</b></u>
		<u><b>£000</b></u>	<u><b>£000</b></u>	<u><b>£000</b></u>
Eating Disorders Service	Revision to service to meet CES standard; with improved clinical governance, new KPIs and evidence-based practice	£96	£97	£98
Participation	Resources to aid the engagement of children and young people, including recruitment to the Wellbeing Ambassadors. This will dedicated resources to promote and secure participation of children and young people in the service planning, design and evaluation of services. Also work programme includes developing social media and challenging stigma. To staff an additional Participation worker. This work will build on our CYP-IAPT participation.	£17	£18	£19
Workforce development	Local training opportunities and support of CYP-IAPT training	£29	£30	£31
Young offenders	This is a dedicated post and in-reach from CAMHs into the Youth Offending Service to provide assessments and evidence-based treatments.	£45	£46	£47
Increase in CBT	Increase in capacity for CBT	£41	£42	£43
CYP Liaison	Expansion of mental health liaison at Wye Valley NHS Trust hospital to include children and young people as per Crisis care Concordat/ Core 24 guidance. This will open up access to CAMHs assessments 7 days per week.	£122	£125	£127
Specialising for young people at high risk of harm	This is an area of investment that although is meeting current need, the Partnership would like to reduce spend in order to invest in other areas. See scheme below.	£123	£123	£103
Intensive work with young people at risk of crisis	Alternatives to inpatient care development, offering psychological input as part of the mental health liaison to address both the identification of the level of need and offer immediate input.	-	£20	£21

# Action Plan

6.1 The following action plan sets out the roles and agreed tasks for each partner to meet the overall vision, aims and objectives of this transformation plan. This is overseen and monitored by the Children and Young People's Mental Health Partnership, reporting to the Children and Young People's Partnership.

1. Raising awareness of Mental Health					
Objective		Action	Responsibility	Completion	Progress
1.1	Raising awareness of emotional wellbeing	Local <b>young people friendly literature</b> on mental health to raise awareness and promote conversations with others including parents and carers.	Young People's Ambassadors group	March 2020	<p>CYP-IAPT Wellbeing Ambassadors have engaged with other young people to hear their views and delivered sessions at Nova Training, No Wrong Door and Talent Match.</p> <p>Wellbeing Ambassadors have reviewed websites and researched how and why they currently access information and are collating the results of this work.</p> <p>Wellbeing Ambassadors took part in a recent national podcast about mental health which is being released as a download in October half-term.</p> <p>Following a mini audit in The CLD Trust a leaflet is being designed and a passport to participation flow chart developed.</p> <p>Work is currently underway on the design for an anxiety information board at The CLD Trust.</p> <p>An Anxiety Workshop was delivered in August in collaboration with Strong Young Minds Champions.</p> <p>Strong Young Minds Champions have worked with young people and Fixers film company to develop three short films which were shown at a public meeting on 10/10/17. One SYM client and his story has been utilised for a BBC learning programme.</p> <p>Work underway: new participation on worker; Sasha campaign. Facebook closed group.</p>

1.2		Provide <b>education and information</b> workshops for parents and carers.	CLD Trust and 2gether	March 2018	<p>Parent's workshops have been delivered by The CLD Trust, Strong Young Minds team including a session for parents at Brookfield School.</p> <p>Requests have been received for parents' sessions for Social Care families and the Hospital Hub.</p> <p>Evaluation of parents' sessions is being undertaken for presentation to Mental Health and Wellbeing Partnership, March 2018, planning of Community Talking Straight events.</p>
1.3		Improve the mental health and well-being, <b>advice and information</b> available to children, young people, parents, carers and professionals.	Public Health, Well-being Ambassadors, Strong Young Minds.	March 2020	<p>Wellbeing Ambassadors have reported on the many positive aspects of being involved in volunteering.</p> <p>A Strong Young Minds website has been developed which is well received and provides access to information and signposting. Young people are able to self-refer from this site, and professionals also able to make referrals.</p> <p>Information available on WISH, Herefordshire Council website and other places; peer workshop in schools, online information</p> <ul style="list-style-type: none"> <li>• Healthy lifestyle, mental wellbeing leaflets developed</li> <li>• Co-ordination of 'free' MHFA training across all secondary schools, 1<sup>st</sup> session now delivered, 2<sup>nd</sup> aimed before end of 2017</li> <li>• Promotion of services through campaigns</li> </ul> <p>Link to wellbeing leaflet below:  <a href="https://www.heref.gov.uk/downloads/download/401/healthy_lifestyle_booklets">https://www.heref.gov.uk/downloads/download/401/healthy_lifestyle_booklets</a></p>
1.4	Raising awareness of emotional wellbeing	5 ways to <b>wellbeing campaign</b> : engagement of local organisations in the promotion of the 5 ways to wellbeing to the public.	Public Health	March 2020	<p>5 Steps to Wellbeing information is promoted within The CLD Trust. Session cards have been printed and information available on website.</p> <p>Two five ways to wellbeing campaigns are being promoted annually 1 week during May &amp; October.</p> <p>Healthwatch has developed a toolkit</p>

					promoting mental health and wellbeing, with web-based informative prompt cards for group discussion.
1.5	Developing and sustaining a whole school approach	<b>Whole school approach – (i) resources (ii) models of counselling / in-school delivery; (iii) workforce education; (iv) healthy lifestyles and relationships promotion, including raising awareness of infant attachment in the school setting.</b>	CLD Trust	March 2018	<p>The Strong Young Minds (SYM) team have delivered training to staff in the following schools/colleges, Weobley, Lugwardine, Hereford College of Arts and also delivered a range of workshops on anxiety, stress, peer pressure, body image, bullying, alcohol/drugs, healthy relationships, digital detox, self-esteem, mental health awareness and resilience to pupils and students.</p> <p>SYM team staff worked with Crucial Crew delivering sessions for 1,800 pupils aged 10/11.</p> <p>Drop-in sessions have been held in high schools together with mental health and wellbeing awareness raising sessions.</p> <p>The Partnership has designed a toolkit for schools and will be launching this in 2017.</p>
1.6		Increase in Young People's <b>MH First Aid</b> workshops	CLD Trust and Public Health	March 2018	<p>Lead for CLD Trust - Two members of staff have applied for MHFA Trainers training and are on the waiting list for places.</p> <p>Public Health - MHFA England has been provided with funding by NHSE/DH to rollout a 3 year programme of free one-day training of Youth MHFA in secondary schools. Herefordshire is part of the initial phase, with a course run in July (plan was for one teacher from each Herefordshire secondary school attended) and another planned for December time, with a view to engaging and supporting schools in relation to emotional health and wellbeing.</p>
1.7		<b>Schools-based Workshops</b> for pupils	CLD Trust and School nursing service	March 2020	<p>Underway: Strong Young Minds are offering all secondary schools workshops.</p> <p>School nursing service can offer group work in schools if an identified need is identified on public health issues by way of a referral from schools.</p>
1.8		Recognising role of <b>Healthy child programme</b> in	School Nursing service	March 2020	There is a named school nurse for each high school and weekly drop-in.

		raising awareness of mental health and emotional wellbeing			Working with CAMHS to arrange school nurses to get additional training to assist with the role out of the self-harm pathway.
1.9	Develop a county-wide Suicide Prevention Strategy	Ensure that suicide prevention strategy addresses the risk in young people	Public Health and HCCG	March 2018	Draft strategy in place.

2. Workforce Development					
Objective		Action	Responsibility	Completion	Progress
2.1	Deliver mental health awareness training for professionals working with children and young people including those working with LAC, young offenders, LDD.	<b>Staff Education</b> for Schools and colleges	2gether & CLD Trust	March 2020	<p>Delivered by Young People</p> <ul style="list-style-type: none"> <li>• Staff education sessions have been delivered in Weobley High School, Whitchurch Primary, Lugwardine Primary and Hereford College of Arts (SYM team). Further sessions are currently in development for delivery later this year.</li> <li>• They also attended the Hereford Council Children's Wellbeing Staff Conference in February 2017 and delivered a presentation on participation at the West Midlands Quarterly Review Service Good Practice Event.</li> <li>• Ambassadors met with members of Herefordshire Council Social Care Committee and ran an event for Mental Health Week bringing professionals and young people together to discuss 'What Makes Young People Thrive'.</li> </ul> <p>By Practitioners</p> <ul style="list-style-type: none"> <li>• Strong Young Minds is working across secondary schools with over 150 Champions recruited and trained.</li> </ul>

					<ul style="list-style-type: none"> <li>SENCO conference attended; and SENCo network.</li> </ul>
2.2	Create opportunities for the workforce to discuss children and young people mental health and wellbeing	Practitioner network and support for all staff	HCCG	May 2018	Investigation into technology-based solution has found weaknesses, e.g. broadband speed. Looking at practitioner lunchtime network.
2.3	Improve arrangements for supervision	Framework for <b>supervision</b> across agencies (modality supervision). Developing practitioners to be (a) supervisors (b) system leaders in CBT, SFT, Parenting, ADHD, LD, infant attachment	2gether NHS Foundation Trust	March 2019	<p>The CLD Trust Quality and Professional Practice Managers have undertaken supervision courses, one post graduate supervision and one CYP-IAPT supervision. 2gether NHS Foundation Trust has also improved number of supervisors.</p> <p>Additional supervision is provided for all CYP-IAPT trainees across CBT High and Low Intensity, and Systemic Family Practice modalities.</p>

3. Evidence-based Support					
Objective		Action	Responsibility	Completion	Progress
3.1	Perinatal/ post-natal parental mental health	Development of <b>peri-natal provision</b> .	2gether NHS Foundation Trust and Wye Valley NHS Trust	December 2017	STP proposal developed across Herefordshire and Worcestershire. Requires external funding but model available and agreed for a Specialist Perinatal Mental Health Community Service in Herefordshire.
3.2	Parenting programmes	Develop and agree <b>care pathway</b> for parents with mental health (maternity)	2gether NHS Foundation Trust and Wye Valley NHS Trust	March 2019	To follow from the above action, within 2018/2019 – detailed implementation plan / timescales are included within the proposal.
3.3		Co-ordination of local <b>parenting programmes</b> to deliver an agreed model that improves parenting skills and parents mental health.	CLD Trust and Herefordshire Council	March 2018	Capacity for systematic family therapy is being expanded in the county, with staff at The CLD Trust participating in Systemic Family Practice training. Funding is being sought to make this available in the county from 2018. Parenting support is available as part of the County's early help offer through Children's Centres.
3.4	A range of appropriate and evidence based care and support is available for children and young	<b>Eating Disorders</b> Care Pathway and clinical guidance in place.	2gether	March 2018	Pathway in place.

3.5	people and parents/carers	<b>Early psychosis</b> Care Pathway developed and in place.	2gether	December 2017	Early Psychosis pathway is in place but will be reviewed with CCG and partners in November 2017.
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<b>4. Needs of Children and Young People Model</b>					
<b>Objective</b>		<b>Action</b>	<b>Responsibility</b>	<b>Completion</b>	<b>Progress</b>
4.1	Model of care based on need	Develop 0-25s options appraisal	HCCG		Preliminary discussions September 2017
4.2	Improvements to pathways	Implementation of transition CQUIN	2gether	March 2019	Good progress to-date, including communication with primary care and other stakeholders
4.3	Addressing gaps in local provision	Transition for ADHD and ASD patients who do not reach criteria for adult mental health services.	HCCG / 2gether	July 2018	Work as part of the national CQUIN has identified the need for a review of transition policy and protocol for 2gft plus consultation with GPs has identified their request for more information support and signposting if patients are discharged or transitioned to primary care. The review of this work will be added to the ADHD and ASD pathways.
4.4		To provide psychological therapies for children with <b>long-term conditions</b> at point of transition, e.g. diabetes, epilepsy.	Wye Valley NHS Trust	March 2017	The Psychologist supporting CYP with Diabetes is in post.
4.5	Quality standards	Review progress compliance with WMQRS <b>standards</b> : <ul style="list-style-type: none"> <li>• Universal</li> <li>• Targeted and specialist CAMHS</li> <li>• Commissioning</li> </ul>	HCCG with 2gether NHS Foundation Trust and CLD Trust	March 2019	With improvements taken place, good time to locally review progress against standards across the system.

<b>5. Visible and Timely Support</b>					
<b>Objective</b>		<b>Action</b>	<b>Responsibility</b>	<b>Completion</b>	<b>Progress</b>
5.1	Improve access for Early psychosis	Review early intervention service	HCCG & 2gether	December 2017	Monitoring of the KPI is taking place. This will link to action on model of care 0-25 years old.
5.2	Improved young people friendly	Feasibility study into a multi-	CLD Trust/ 2gether / HCCG	March 2019	Identified in CQC visit. Search commenced. This work will link to

	clinic environment	agency venue that would offer a range of services to children, young people and their families.			delivery of care at locality levels and feedback from young people.
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6. Improved Crisis Care					
Objective		Action	Responsibility	Completion	Progress
6.1	Earlier intervention and responsive crisis service (Crisis Care Concordat)	To continue with <b>Troubled Families programme</b> as an effective early help intervention	Herefordshire Council	March 2018	Monitoring of take-up including mental health of CYP and their Families available. Targeted support available for vulnerable families.
6.2	Urgent and emergency access to crisis care (Crisis Care Concordat)	Develop and publish integrated <b>urgent and crisis care</b> mental health pathways for CYP	HCCG / WVT/ 2gether	October 2018	<ul style="list-style-type: none"> <li>• Sub-group created to work on care pathways / protocol. Pathways in development.</li> <li>• 29/9/17 – update – an integrated policy for children in mental health crisis requiring urgent care in the acute setting has been drafted. Due to be ratified by early 2018.</li> <li>• Marked improvement in the care pathway for children entering A&amp;E.</li> <li>• Increased responsiveness and 7 day service implemented by 2gether has had a direct impact on the length of stay, safety planning and early assessment.</li> <li>• 4 CAMHS champions have been recruited within the current paediatric nursing team, supporting additional training, implementation of a risk assessment for every child.</li> <li>• Future developments include children being seen and discharged from A&amp;E instead of entering the Children Ward.</li> </ul>
6.3		Agreement of <b>protocol</b> for CYP requiring urgent mental health care	HCCG / WVT / 2gether	February 2018	Update 29/9/17 An integrated policy for children in mental health crisis requiring urgent care in the acute setting has been drafted. Due to be ratified by early 2018.

6.4		Re-provision of <b>Place of Safety</b> including provision for CYP	HCCG and 2gether	March 2018	Re-provision of Place of safety underway. New building and refurbishment should be ready March 2018. Staffing agreed.
6.5	Young people at greater risk of crisis	Development of a pilot to manage young people at risk of a crisis	2gether	March 2018	Pilot in development, with evaluation to be conducted early next year.
6.6	Tier3.5 provision	Development of STP approach to intensive rehabilitation or admission avoidance schemes	Mental health workstream (STP)	March 2018	Part of STP action plan across Herefordshire and Worcestershire
6.7	Transforming Care Programme	Embedding of Transforming Care processes	HCCG	March 2018	Transforming care programme in place, with local processes

<b>7. Vulnerable Children and Young People</b>					
<b>Objective</b>		<b>Action</b>	<b>Responsibility</b>	<b>Completion</b>	<b>Progress</b>
7.1	Specific activities for vulnerable children and young people	Review provision for Young offenders	2gether NHS Trust / YOS / HCCG	March 2018	Report from Youth Offending Board that further work is required to support young offenders with their mental health needs. This will be examined and explored.
7.2		Training in schools for all CYP so awareness of young carers that will lead to more children identified and registered as a young carer and a better understanding by schools	Herefordshire Support Carers	March 2020	HCS will continue to work with schools providing outreach. Assemblies/PSHE /workshops/staff & governor presentations delivered. Letter/school pack available for all head teachers outlining available support.
7.3		Reprovision of targeted support for children in care or higher risk of placement breakdown	Herefordshire Council	September 2018	Decision to re-procure provision

<b>8. Engagement and Partnership</b>
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Objective		Action	Responsibility	Completion	Progress
8.1 Measuring outcomes and effectiveness		Use of <b>Routine Outcome Measures</b> is embedded across all mental health and well-being service provision.	CYP-IAPT Steering group	March 2018	<p>Additional ROMS have been rolled out within The CLD Trust. Further ROMS introduced for the roll out of Low Intensity CBT (Psychological Wellbeing Practitioners) and with Systemic Family Practice.</p> <p>Action complete – information available and reported ahead of national requirement.</p>
8.2 Develop and extend Herefordshire's participation model.		Continue with YP wellbeing group and its themed groups	Young People Ambassadors Group	March 2020	<p>Participation around children and young people's mental health is well established in both CYP-IAPT Wellbeing and Strong Young Minds delivery. CYP-IAPT Wellbeing Ambassadors Steering Group meets fortnightly. Links have been made and are being developed with Healthwatch, Hereford City Youth Council, Hospital Ambassadors and the Local Authority Health and Care Scrutiny Committee.</p> <p>The focus in 2017 has been completing work on the 'wish list', 6 wishes have been prioritised and work undertaken. Results are currently being collated to feedback to the steering group and partnership.</p> <p>Wellbeing Ambassadors have input to Healthwatch report, Mental Health 2016/17 report and Health and Social Care task group – Review of Mental Health Services for children and young people.</p> <p>Wellbeing Ambassadors were runners up in the Herefordshire Community Champions Youth Category Award.</p> <p>Strong Young Minds Champions (over150 recruited) are active across the county and have been involved in a range of events including the Hay Festival and local campaigns.</p>
8.3 Using participation of children, young people and families to inform service planning		Complete the 15 steps challenge using a group of children and young people to assess the building to ensure it is CYP friendly and accessible.	2gether	September 2017	<p>The CYP-IAPT Participation Worker supported by a Wellbeing Ambassador and staff member from CAMHS undertook a short project based on the 15 steps idea, 3 CAMHS users took part and produced visual feedback and their findings (Aug 2017).</p> <p>Complete</p>

		<a href="Http://www.institute.nhs.uk/productives/15stepchallenge/15stepschallenge.html">Http://www.institute.nhs.uk/productives/15stepchallenge/15stepschallenge.html</a>			
8.4		Gather families' feedback from existing parenting programmes and use it to inform service planning.	Herefordshire Council/ Wye Valley NHS Trust / 2gether	March 2018	Feedback from parents is collected at the end of each parenting programme.  Quarterly report on numbers attending parenting programme see separate attachment for autumn term 2016 and spring term 2017.

# Appendices

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## Appendix 1

### Documents Referenced

#### 1. Health and Wellbeing Board

##### a. Board papers

<http://councillors.herefordshire.gov.uk/mgCommitteeDetails.aspx?ID=599>

##### b. Joint Strategic Needs Assessment

<https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/joint-strategic-needs-assessment>

##### c. Health and wellbeing Strategy

[https://www.herefordshire.gov.uk/downloads/download/419/health\\_and\\_wellbeing\\_strategy](https://www.herefordshire.gov.uk/downloads/download/419/health_and_wellbeing_strategy)

#### 2. Children and Young People's Partnership

##### a. Background

[https://www.herefordshire.gov.uk/info/200148/your\\_council/698/children\\_and\\_your\\_peoples\\_partnership](https://www.herefordshire.gov.uk/info/200148/your_council/698/children_and_your_peoples_partnership)

##### b. Partnership Terms of Reference

[https://www.herefordshire.gov.uk/media/7924029/terms\\_of\\_reference\\_for\\_the\\_cyp\\_executive\\_group\\_november\\_2014.pdf](https://www.herefordshire.gov.uk/media/7924029/terms_of_reference_for_the_cyp_executive_group_november_2014.pdf)

##### c. Children and Young People's Plan

[https://www.herefordshire.gov.uk/downloads/download/586/children\\_and\\_your\\_peoples\\_plan](https://www.herefordshire.gov.uk/downloads/download/586/children_and_your_peoples_plan)

#### 3. Joint Commissioning Board

##### a. Terms of reference

<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&cad=rja&uact=8&ved=0CCEQFjAAahUKEwiu8LTL2PbHAhUICtsKHVeQAQ0&url=http%3A%2F%2Fwww.herefordshireccg.nhs.uk%2Fdownload.cfm%3Fdoc%3Ddocm93jiim4n6495.pdf%26ver%3D10248&usg=AFQjCNEoDMjPzpnXX1i0zUIQsTMiZtzc2g>

#### 4. Mental Health Needs Assessment

<https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/mental-health-dementia/mental-health-needs-assessment>

## Chapter on Children and Young People

<https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/mental-health-dementia/mental-health-needs-assessment?limit=20&limitstart=20>

### 5. West Midlands Quality Review Service

#### a. Towards Children and Young People Emotional Health and wellbeing Standards

[http://www.wmqrss.nhs.uk/download/532/WMQRS-CAMHS-QSs-V1-20141014\\_1413901042.pdf](http://www.wmqrss.nhs.uk/download/532/WMQRS-CAMHS-QSs-V1-20141014_1413901042.pdf)

#### b. Herefordshire Peer Review Report

[http://www.wmqrss.nhs.uk/download/575/Herefordshire-CAMHS-report-V1-20150408\\_1434629359.pdf](http://www.wmqrss.nhs.uk/download/575/Herefordshire-CAMHS-report-V1-20150408_1434629359.pdf)

## Appendix 2

### Workforce Development Plan 2016-2018

#### Introduction

Organisations working together under the Children and Young People Mental Health Partnership have developed a model of workforce reforms to enable:

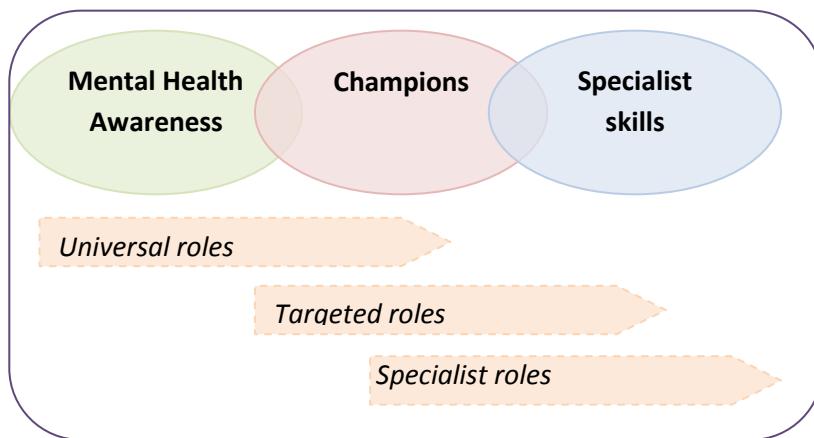
- Common understanding of mental health – recognising and supporting early identification by all
- Development of mental health champions in organisations
- Clinical network of staff interested in mental health of children and families
- Growth in specialist skills / modality specific knowledge

This is an ambitious programme that builds upon our wave 4 CYP-IAPT engagement to cascade the objectives of CYP-IAPT; to develop further access to mental health awareness across the county; to grow evidence-based practice; alter the changing profile of our workforce through creating new roles and improve access to supervision.

This is a developing workforce plan that is being led by a sub-group of the Children and Young People Mental Health Partnership. This plan builds upon our skill mix review in CAMHs and CYP-IAPT programme to enhance specialist skills availability in our county. Further work is required to enhance the information available from universal settings so that all staff can identify and respond to the mental health needs of children.

#### Model

Illustration 1 provides an overview of our approach.



#### **Level 1: Mental Health Awareness**

This is a range of courses that provide a foundation level understanding of mental health in children and young people; supports identification and practitioner's confidence in supporting the child. The benefits of such provision shall be professional understanding of what constitutes mental health needs; improved awareness of age appropriate responses and pathways; and how to support families in access help.

**Target Group:** School staff, primary care staff, voluntary sector staff and volunteers, health visitors, school nurses, family support workers, community nurses, general acute teams, youth offending team, social care staff and other staff that work with families. The total number of staff / volunteers is not known therefore the Partnership will use established networks and routes of communication to encourage people to attend sessions such as mental health first aid. This includes SENCo networks and the annual Headteachers' conference.

### **Level 2: Champions**

This level is open to named champions from all settings to develop confidence and competence in providing early help for children and young people and supporting their setting with responding to mental health. The provision shall include a clinical peer network with a programme of thematic presentations; access to CYP-IAPT training and specific tailored provision. This builds upon the level 1 general mental health awareness and enables practitioners to develop their knowledge and skills and intervene early in the event of deteriorating mental health.

**Target Group:** named champions from all settings; and groups of staff who deliver care to children and young people where an enhanced application of mental health interventions are applied. CAMHS will deliver some components of the initial training, followed by established national courses, suitable to the needs of the postholder. In 2017/18 the training will link to our priorities of mental health crisis care and self-harm.

### **Level 3: Specialist skills**

This level is the growth in evidence-based practice through CYP-IAPT to access modality specific training or continued professional development. Clinical supervision will be a key aspect of the training. This training has included systematic family therapy, supervision skills, cognitive behavioural therapy. Links with regional and national networks will support access to relevant opportunities.

**Target group:** Staff from CAMHs, HIPs/TIIS, CLD Trust or other organisations with a function for assessing and treating mental health in children and young people.

### **Workforce Profile**

The Children and Young People Mental Health Partnership would like to undertake a skills mapping exercise of the workforce in Herefordshire, specifically education settings. This piece of work links with the Whole School Approach project that is underway. The workforce employed by education settings is recognised as an area for future development. This will extend what we know about the current workforce and how we can plan for a workforce of the future. It will also provide information on what capacity in trainers is required. Illustration 2 gives an overview of the areas included within our workforce scoping:

<b>LEVEL 1</b>	<b>LEVEL 2</b>	<b>LEVEL 3</b>
<ul style="list-style-type: none"> <li>• Play and Leisure Services</li> <li>• Youth services</li> <li>• General Practice</li> <li>• Schools &amp; colleges</li> <li>• Midwifery</li> <li>• Children's centres</li> <li>• Foster Carers</li> <li>• Voluntary organisations</li> <li>• Children's community &amp; acute</li> <li>• Health services</li> <li>• Children's social care</li> </ul>	<p>Champions; and</p> <p>Organisations delivering care / support to children / parenting as part of mental health pathways, e.g.</p> <ul style="list-style-type: none"> <li>• Specialist support in mainstream schools / PRU / Special schools</li> <li>• YOS</li> <li>• Substance misuse / Addictions</li> <li>• School nurses</li> <li>• Children's Ward staff</li> <li>• Voluntary organisations</li> </ul>	<p>Additional competencies (modality specific); and</p> <ul style="list-style-type: none"> <li>• Community CAMHs &amp; CLD Trust</li> <li>• Early Psychosis Service</li> <li>• Herefordshire Intensive Placement Service</li> <li>• Educational Psychology</li> </ul>

The early stages of this plan shall focus on Level 2 and 3 in recognition that the work on Level 1 will take a long period of time to reach sufficient numbers of staff.

## **Training and Development Plan**

### **Level 1**

A range of level 1 courses and training resources will be made available to our settings, including use of Mind Ed; mental health first aid; modules within the Skills for Care and Skills for Health; and a general mental health awareness session. The Partnership will develop a standardised framework for training and competency assessment.

### **Level 2**

At level 2, we will support identified staff to access local multi-agency training and clinical network. Some of this training is now being delivered by CAMHS staff on a regular basis in a variety of settings.

### **Level 3**

The three year programme below was based upon the 2016/17 training programme available through CYP-IAPT programme and is part of the local offer. Other courses, specifically to address behaviour management; early psychosis and eating disorders will be sourced as part of continuous professional development and is additional to these plans. This also includes supervisory requirements and how Herefordshire can develop capacity.

Year	Training Programme	Number and position of staff		Resources	Time
<b>2016</b>	CBT Practitioner	2	Counsellor	CYP-IAPT Backfill plus local	F/T
	EEBP Practitioners	3	Counsellor	CYP-IAPT Backfill plus local	P/T
	SFP Practitioner (eating disorders)	1	New	CYP-IAPT Backfill plus local	F/T
	SFP Supervisor	1	Existing	CYP-IAPT	P/T
<b>2017</b>	CBT Supervisor	1	Quality & professional	CYP-IAPT / Local	P/T

			Practice manager	
Post Graduate Diploma Clinical Supervision	1	Quality & professional Manager	CLD Trust	P/T
CBT Practitioner	1	New	Recruit to train	F/T
SFP Practitioners	1	New	Recruit to train	F/T
Psychological Wellbeing Practitioners	2	New	Recruit to train	F/T
<b>2018</b>	<b>SFP Practitioner (depression &amp; anxiety)</b>	<b>1</b>	<b>Existing</b>	<b>Recruit to train</b>
				F/T

### **Recruitment Plan**

Attracting people to work in Herefordshire has traditionally been difficult for some professions, e.g. psychiatry. All service transformation is challenged to consider the wider implications for the workforce and resilience of provision. In 2017/18, the focus has been on recruiting staff for mental health crisis roles and psychological wellbeing practitioners, which has been successful.

### **Capacity Plan**

There is a good understanding of the workforce providing direct care and support for children and young people with mental health needs. The workforce of level 3 has increased since 2015/16 by 23.5%. The table below provides a breakdown of the staffing in 2017/18. In light of reviewing the service provision for 0-25s, the prediction of growth in the workforce is not possible. This will be one of the actions for 2018 to develop a workforce growth plan. This will be a staged process focusing on Level 3 provision first, then extended to Level 2.

Table: Breakdown of staffing in Level 3 Children and Young People Mental Health provision

NHS Child and Adolescent Mental Health Service 27.6 whole-time equivalents	The CLD Trust 16.38 whole-time equivalents (27 staff)
Management 1.6	Senior management 0.8
Psychiatry 2.0	Quality and Professional Practice managers 1.12
Psychology 7.0	Counsellors / CBT practitioners ( of which 3.2 are recruit to train in 2017) 7.68
Mental health practitioners 12.4	Contracts and finance 1.0
Administration 4.6	Administration 1.2
	Participation 1.56
	Strong Young Minds Programme ( Early Intervention) 3.02

## Appendix 3

### Good Practice Evidence

#### Appendix 3a

#### ***General Children's Ward – Changing Practice***

Mental health crisis for children entering an acute NHS provider at the local District General Hospital, was a priority for the lead nurse as she came into post in September 2016. Following a large scoping exercise and the attendance at a West Midlands mental health Forum, it was decided to use a proven model used in Coventry to support the children and staff within the acute ward setting. This model identifies a registered sick children's nurse to become a CAMHS champion to improve their own competence, skill and knowledge around mental health crisis and the management of these children and young people. The champion shares knowledge within the team and has developed regular meetings in conjunction with 2gether, lead paediatrician and Lead Nurse as well as 'bite size teaching' session on the ward.

Four Champions were identified and have developed pathways for children in different scenario's to support existing staff to feel safe and manage children in a robust way, i.e. an absconding child and use of medication. The champions have focused on mental health crisis and applying principles to the acute service which has included the implementation of a risk assessment from the A&E department through to the inpatient setting. This clearly highlights the need for additional support by an RMN using a RAG rated system.

Simple communication was the key to our success. Talking to children is an expert skill that registered sick children's nurses have and this formed part of the change in culture that has generated such a positive transition from this time last year. Every child was having 1:1 support by an RMN however this was harbouring or interactions with the children. This change in practice engages children more rigorously, identifies any triggers that cause an escalation of behaviour and has been overwhelmingly successful.

These measures coincided with the implementation of a 7 day service provided by 2gether. Children now have access to a mental health assessment every day of the week instead of being admitted on a Friday and having to stay on an acute unit until Monday afternoon.

The difference this has made has increased all staff's confidence and competence including medical team. All children have an identified nurse for each shift in addition to their 1:1 RMN. The police were regular visitors to our unit both at weekends and it became the custom and practice to have them any time night or day. Some children were nursed on a 3:1 or 4:1 ratio. The change in our practice has been significant in terms of no police presence for many months now and staff, other children and their families feel safe on our unit.

Documents to support this transformation:

- Multi-agency protocol
- Operational policy
- Risk assessment for children and young people who may require additional support
- Flow chart for CAMHS tier 4 provision

## Appendix 3b

### **Transitions – Changing Practice**



#### **CAMHS 'Transitions' update for GPs – 19<sup>th</sup> July 2017**

NHS England has started a national initiative (CQUIN) to improve transitions for young people leaving the care of Children & Young People's Mental Health Services (CYPMHS). This includes improving the experience and outcomes for young people and encouraging providers to collaborate to improve the pathway. In Herefordshire this involves 2gft, CLD Trust, Community Services and GPs working together.

#### **What makes a good transition?**

- The process of moving from one service to another can be a time of stress and high vulnerability for young people; young people will need support.
- Young people should be at the centre of the transition process, listened to and feel empowered and confident about the future
- Young people and their families are involved in planning the care they need in the future
- Work on transitions should start as early as possible when it is identified young people may need care into adulthood. Young people need to feel prepared
- Transitions will involve flexible and collaborative working across service providers to reach an appropriate plan and monitor success
- There should be a clear pathway with roles and responsibilities identified
- Staff should be aware of the 'back story' to prevent repetition and the agreed personal transition goals to move forward
- Good transitions build resilience and better outcomes in the long term

#### **How can you help?**

- Young people are transitioned from mental health services to the care of GPs when they reach 18 years (or before) – *are you clear about their needs?*
- When young people aged over 17 years recover and are discharged from mental health services a discharge summary is sent to GPs – *do you receive enough information to support them if they relapse and need further care?*
- Do young people receive enough information to manage a crisis on their own or with support – *do young people have a robust crisis and contingency plan when they are discharged from services to support them?*
- Are all young people with mental health problems and a learning disability registered to receive an annual health check with their GP – *is there a process to support young people with a learning disability?*

## CAMHS UPDATE FOR GP SURGERIES – JULY 2017

**CAMHS has a 'duty worker' who is available by telephone Monday to Friday 9am – 5pm**  
CAMHS has appointed two new 'Duty Workers' to support children and young people who have self-harmed and require a mental health assessment on the paediatric ward at Hereford Hospital. The 'duty workers' are also available to discuss potential referral queries from GPs and other practitioners using the CAMHS number on 01432 378940. They can offer advice about a child or young person's mental health, can talk through concerns regarding risk related to poor mental health, and signpost where appropriate. The duty worker can also provide urgent assessments but are not able to offer a crisis service.

The duty worker may need to call you back if they are dealing with an urgent assessment on the ward when you phone. Please leave a message with reception staff.

**CAMHS is developing a new Eating Disorder pathway for children and young people.**  
CAMHS has appointed an additional 1.6 staff to enhance the service for children and young people with eating disorders. A new pathway is being developed with the help of patients which links all the agencies providing treatment: CAMHS clinicians, Paediatricians, Dieticians, Hospital staff, schools and parents and carers. All referrals need to be marked clearly if you suspect an eating disorder and include a BMI measurement and information about current health status. There are new national standards for treatment to be provided within a week for urgent cases and 4 weeks for routine cases.

### Referrals to CAMHS for specialist mental health support

When making a referral please provide information about the child or young person, their school, any safeguarding information, family members, who has PR, and phone numbers so we can contact the family quickly. We need a description of the difficulties, what has been tried already, details of any professionals involved, the views of the child young person and their family and what they would like to happen. If the child or young person has been discharged from CAMHS and their case closed within the last 6 months then they can self-refer by phoning CAMHS without going back to the GP. This will help to prevent relapse and promote confidence for patients and clinicians

Hereford CAMHS can be contacted on 01432 378940. Please let us know if you have any questions or queries.

Katherine Smith: Service Manager

## Appendix 3c

# Young People's Participation – Changing Practice

## Wellbeing Ambassadors

During May we supported the Wellbeing Ambassadors to give **29 hours** of voluntary time (*this does not include time they spent independently working on things*).

## Wellbeing Ambassadors Steering Group Meetings

The cover of the first edition of the THRIVE newsletter, dated May 2017. It features a green header with the title 'THRIVE' and subtitle 'a Wellbeing Ambassadors publication'. Below this is the text 'Edition 1' and 'May 2017'. A circular logo for 'WELLBEING AMBASSADORS CYP IAPT' is on the right. The main content area contains several articles and photos. One article is titled 'An interview with Cerys Wellbeing Ambassador' and includes a photo of two people. Another section is 'Recruitment & Selection Training' with a photo of people at a table. Logos for Together, NHS, Herefordshire Council, Herefordshire Clinical Commissioning Group, and The CLD Trust are at the bottom.

Three meetings have been held this month: 3<sup>rd</sup>, 17<sup>th</sup> and 31<sup>st</sup> (minutes of all meetings are currently being produced by Sarah or Rosie and are circulated to all Wellbeing Ambassadors through the closed Facebook account and by email).

Some of the Wellbeing Ambassadors contributed articles for the first edition of the THRIVE newsletter. This newsletter was produced to showcase the activities the group have been involved in so far this year and to use as a tool when speaking to professionals and young people about their role (which some have previously said they find difficult). The plan is to publish a couple of editions each year, with the next being around September time.

The Wellbeing Ambassadors started work on the six wishes that were prioritised from the 'wish list'. Using group discussion they have explored the wish:

*'Comfortable environment, welcoming staff. Improve environment. More visual art on walls, colour of walls, comfortable seats, feeling of safety, lots of natural daylight'.*

Other interactive activities are planned during June and July to support the group to explore the remaining five wishes, after which the Wellbeing Ambassadors will plan how they want to present the information to the CYP IAPT steering group and others.

Final planning and preparation for the discussion event for mental health awareness week took place.



During the meetings the Wellbeing Ambassadors have put forward what types of training they would be interested in having:

- Recognising poor mental health in self
- How to support somebody who is expressing concerns with mental health
- Handling sensitive situations, dealing with aggression and conflict
- Confidence boosting skills
- Facilitating – encouraging people to get involved/be active
- Presentations
- Events organisation and management
- Recruitment and selection
- Motivation – self and how to motivate others
- Philosophy – what is the meaning?
- Employability – within the MH boundaries/professional role
- Learn how to deliver training
- Gender neutrality, intersex and LGBT
- Sexual assault and DV

Sarah and Rosie will try to incorporate these ideas into planning of future meetings and training sessions.

Healthwatch have requested the opportunity to come to a meeting two or three times a year to listen to the groups views (and initially share the findings of the survey they took part in). The Wellbeing Ambassadors were happy to accept this request and Mary Simpson is booked to come to a meeting on 12<sup>th</sup> July.

### **Other Wellbeing Ambassadors Activities**

Healthwatch Hereford have published a report 'What helped you most what helped you least?'. 39 young people were involved in giving feedback which included 6 Wellbeing Ambassadors back in March 2017. The report has been circulated amongst agencies and also to commissioners. There are several recommendations in the report which include;

- Recognising the potential mental health implications of disability
- Providing accessible information to help and support young people earlier with low level mental health difficulties
- Funding for young people to create a self-help guide

Five Wellbeing Ambassadors led a discussion event for mental health awareness week on 8<sup>th</sup> May. Herefordshire Council supported the event by providing Plough Lane as the venue. The aim of the event was to bring young people and professionals together to discuss what makes young people thrive. The event was attended by nine professionals, one young person from Young Carers and was supported by Sarah and Rosie. A summary of the event is being put together and will be circulated.



Young Devon are holding a Shadow Board event at Exeter university on 3<sup>rd</sup> June. Only one Wellbeing Ambassador has expressed an interest and will be attending with Rosie and Sarah Murray. The Wellbeing Ambassadors have discussed the practicalities of these meetings and given him some feedback to take.



The Wellbeing Ambassadors are a group of young people from Herefordshire who volunteer as part of the Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) transformation programme. In this very first edition, find out more about who the Wellbeing Ambassadors are and the things they have recently been involved in.

### An interview with Ceris Wellbeing Ambassador

#### Why did you join?

As I have an interest in psychology and mental health, the opportunity to improve services for young people is right up my street.

#### What is the best thing about being a Wellbeing Ambassador?

It's so rewarding, the things we do together are great. Meeting people who have different opinions and experiences of services has changed my own opinions.

#### What has surprised you?

The interactive nature of the meetings and the freedom to be able to work together, as a group, to reach a common goal.

#### What three words would you use to describe your time as a Wellbeing Ambassador?

Insightful  
Informative  
Enjoyable



### Recruitment & Selection Training

On 23<sup>rd</sup> February 2017 five young people (two Wellbeing Ambassadors and three Strong Young Minds Champions) attended recruitment and selection training.

The training covered: the recruitment process, job descriptions and person specifications, equal opportunities, safeguarding and communication skills. At the end of the training the young people set ten questions for the young peoples' interview panel for the Psychological Wellbeing Practitioners posts. Overall the training was rated "good" or "awesome", with the young people saying they learnt "some" or "lots".

Over 78 voluntary hours were given by Wellbeing Ambassadors during March & April





## A day in the life of a Participation Worker

by Rosie Walsh

My role is largely (and importantly!) about organising and co-ordinating the Wellbeing Ambassadors to make sure that they are enjoying their time as a volunteer and getting the most out of their experience. A lot of my time is spent corresponding with them about events, future opportunities, and following up any work we are doing. Young people need a lot of time invested in them in order for them to thrive – and it's so rewarding! Here is a little insight into my working week...

### Task list:

- Designing participation activities & resources for fortnightly meetings which I co-deliver
- General admin; typing meetings notes, updating databases & lots of printing & laminating!
- Recruitment of new volunteers: creating advertisements, cold calling & visits, giving presentations, responding to enquiries
- Communicating with external parties in order to foster good working links & to push recruitment
- Interviewing & inducting new volunteers
- Designing & delivering training to volunteers
- Planning, organising & following up project work that subgroups are working on
- Following up action points from meetings & supporting volunteers with their work
- Reviewing & improving recruitment & induction processes & resources
- Meeting with professionals e.g. councillors to raise the profile of the Wellbeing Ambassadors
- Attending local & national CYP-IAPT events & meetings with volunteers, ensuring their safety
- Using social media to promote the project & communicate with volunteers
- Checking in with volunteers to ensure their welfare, safety & satisfaction



## Evaluating Young People's Involvement

By Liv

I have been working with other Wellbeing Ambassadors to evaluate the participation of young people in all areas of The CLD Trust. We assessed how participation is led and promoted, how young peoples ideas and feedback are considered, and whether there are equal opportunities for everyone that don't discriminate (e.g. gender).

I found this insight into how young peoples ideas and involvement is valued to service providers extremely interesting .

## PRESENTING

## PARTICIPATION

By Gabby



On 31.03.17, Sarah Crockett and I attended the West Midlands Quality Review Services event surrounding children and young peoples mental health. We delivered presentations about service participation to groups of professionals that work with children and young people, to encourage them to employ participation in their services.

We successfully highlighted the importance of children and young people's participation, and the benefits for both the practitioners and participants themselves.

★★★★★★★★★★★★  
★ At a celebration event held at ★  
★ Hereford Town Hall on 30th ★  
★ March 2017 the Wellbeing Am- ★  
★ bassadors came runners up in ★  
★ the youth category of the ★  
★ Herefordshire ★  
★ Community Champions ★  
★ Awards 2017. ★  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

# WISH LIST

During April the Wellbeing Ambassadors considered which of the CYP IAPT participation priorities was most important to them. 'Feeling Good' was chosen.



From the 'wish list' produced last year the following 6 'wishes' that fell within the 'Feeling Good' priority were identified for this years focus:

- ◊ Confidentiality –choice of whether parents / carers are involved.
- ◊ Improved self-referral system.
- ◊ Self-assessment tool and awareness of how to maintain good mental health.
- ◊ Being part of the process of what therapy is offered.
- ◊ At start of therapy, understand background, be designated a staff member, initial chat (leading to better relationship). Ability to design length of therapy (i.e. longer than 6-8 weeks).
- ◊ Comfortable environment, welcoming staff.  
Improve environment.  
More visual art on walls, colour of walls, comfortable seats, feeling of safety, lots of natural daylight.



## JOIN THE TEAM!

If you are aged 10 to 24 years , whether you have personal experience of young people's mental health services, simply have an interest in mental health and wellbeing, or you just want to develop your skills by volunteering, we would love to hear from you.

CONTACT US

T: 01432 269245

E: participationplus@theclptrust.org

Tw: @CYPIAPTHRFD

FB: Herefordshire CYP-IAPT

### Becky on Recruitment

I am passionate about mental health and determined to understand the quality of my local services. Being on the recruitment panel at The CLD Trust given me the opportunity to have my say in which mental health professionals work with children and young people in my local services. As the CLD provides support for children and young adults it is important that young people like myself are able to contribute in recruitment decisions. With support and guidance from the participation workers, we devise and ask our own interview questions. The young people's voice and opinion counts massively to the CLD recruitment decision makers, and they are keen to hear our thoughts in order to make sure that we are absolutely recruiting the right people.'

## **Appendix 3d**

### ***Raising Awareness and Peer Support – Changing Practice***

**Strong Young Minds (SYM)** is a programme delivered by The CLD trust as part of its Healthy Minds, Healthy Futures Initiative.

Strong Young Minds is a Big Lottery funded project launched in September 2015 designed to improve the mental health & wellbeing of young people in Herefordshire. Its focus is young people aged (10 – 24 yrs) who are disenfranchised, distressed, unemployed, at risk of social isolation, poor achievement & ill health, due to poor mental health and wellbeing. We work with young people to address issues which can have an adverse effect on their mental health & wellbeing, such as anxiety, depression, eating disorders, self-harm, bullying, cyber bullying, relationship breakdown, employability, low self-esteem, body image & loss.

Young people are offered the opportunity for 1-2-1 support, employability training, brief intervention therapy, workshops & groups in addition to peer education & support.

The SYM Project works with young people, their parents/carers & professionals & is assisted by young project champions supporting their peers & raising awareness within their communities.



**STRONG YOUNG MINDS**



During 2016/2017 The CLD trusts Strong Young Minds programme has continued to provide a variety of support to young people in Herefordshire delivering one to one sessions, group work, employability training and awareness raising activities in schools, colleges and youth groups. The programme works with young people aged 10 – 24 who have identified barriers and issues that they feel that these are affecting their mental health/wellbeing.

Mental health personal advisers who provide the one to one support element of the service have been responding to an average of 25 – 30 referrals per month, 260 referrals have been received in year 2 to date (July 17). Young people have been assessed and are being provided with both short and longer term support, information and being signposted to additional services if needed.

A range of workshops have been delivered in schools, colleges and youth groups and over 3000 young people have benefited. Workshops have covered a range of topics including mental health awareness, managing anxiety, dealing with stress, peer pressure, bullying, self-esteem/body image, healthy relationships, building resilience, goal setting and drugs & alcohol awareness. In addition, they have again this year participated in the delivery of Crucial Crew specifically reaching young people just about to transition to high school.

A range of mental health awareness training has been provided to school staff and youth workers with particular emphasis on identifying the early signs of mental ill health in young people, how to support them and what services are available locally and nationally to sign post to.

Self-referral to the project's services has remained consistent just under half of the referrals received requesting support are from directly from young people.

Recruitment of young people to the Strong Young Minds programme has remained at consistent levels. 76 champions to date have been recruited, trained and have participated in events and workshops to raise awareness of young people's mental health and reduce stigma.

Feedback from partner agencies and young people accessing support and participating in the champion scheme has remained extremely positive. The CLD trust continues to work collaboratively with local and national partners. This partnership working has provided SYM Champions with some outstanding opportunities e.g. working with Fixers to create films telling personal stories, providing a voiceover for a BBC Learning animation about young people and anxiety, involvement in a community film with Rural Media and delivering a workshop in the Compass tent at Hay on Wye for the second year running.

The following pages provide an illustration of activities that Strong Young Minds Champions have been involved in over the year.



LONDON – ANIMATION VOICEOVER  
FOR BBC LEARNING FILM – FEB '17



FIXERS FILMING – 'WHISPERS' TEAM PHOTO  
APRIL 2017



FIXERS FILMING – APRIL 2017



CRUCIAL CREW – JUNE '16



CASTLE GREEN – DECEMBER '16

## September 2016 InfoFest & Sixth Form Fresher Day

SYM Champions were actively involved in the annual InfoFest & Sixth Form fresher day events held by Hereford & Ludlow College & Hereford Sixth Form College. Champions promoted the Strong Young Minds project to their peers, gave out information regarding local and national support services and took enquiries from young people who expressed an interest in becoming a SYM Champion.



## September 2016 Visit from NCVO CEO

Sir Stuart Etherington came to visit The CLD Trust & met with a cohort of SYM Champions who told him about the work that they had been doing to raise awareness of young peoples' mental health.



## October 2016 – SYM Champion Radio Interview

During October SYM Champions Rhi and Nicole were interviewed on BBC Herefordshire & Worcestershire Radio about their experiences and why they chose to be involved with the Strong Young Minds project.



## January 2017 – Launch of Speak Up SYM Blog

SYM Champion Abi O'Shea launched her Speak Up SYM blog, she interviewed young people that were willing to share their experiences to help other young people.

<https://speakupsym.wordpress.com/>



## January 2017 – Herefordshire Council Celebration Event –

### Young People

SYM Champions showcased the work of the Strong Young Minds & CYPIAPT projects to professionals attending the celebration event.



### **February, April & July 2017 – Fixers Filming Project**

SYM Champions started working with Fixers to create three films looking at the stigma surrounding mental health & young people, young people having their voices heard and the police response to young people experiencing mental health. This involved a number of planning & filming days during February, April & July 2017.



### **February 2017 – Mosaic Films Animation Voiceover**

A SYM Champion was asked to assist with the voiceover for a BBC Learning animation which will be used in schools to raise awareness of how anxiety feels for young people. The champion was invited to London to meet with the filming team from Mosaic where he shared his experiences which were then transformed into an animation with his voiceover.



<http://www.bbc.co.uk/programmes/articles/5QM6H01X6b3jTQF85GLgbFI/primary-mental-health-resources>

### **May 2017 – Mental Health Awareness Week**

SYM Champions at John Masefield encouraged their peers to get involved for mental health week raising awareness about young people's mental health.



### **June 2017 – Hay Festival**

SYM Champions led a workshop entitled 'Don't tell me you understand....' which brought together young people, parents and professionals to discuss what young people need when they are experiencing issues with their mental health. A poster was produced from the workshop.



### **June 2017 – Launched ‘The Me I Can Be’ Campaign**

This initiative was launched to encourage young people to recognise their qualities, set goals and aspirations to improve their self-esteem.



### **June 2017 – Crucial Crew**

The SYM team delivered a series of workshops aimed to help young people to have a smooth transition from primary to high school. The workshop focused on goal setting and confidence building.



## Appendix 4

### Terms of References

#### Appendix 4a

##### **Children and Young People Mental Health and Emotional Wellbeing Partnership**

##### **Terms of reference – October 2017**

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. The Group will:

- Be responsible for the delivery of the agreed annual action plan based on the vision and intentions outlined in the Children and Young People's Plan.
- Be responsible for the design and overseeing the implementation of the CAMHs transformation plan in conjunction with the CCG.
- Be responsible for the oversight of CYP-IAPT programme, receiving regular reports from the CYP-IAPT steering group, and ensuring sustainability of the programmes principles across the broader CAMHs transformation.
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Champion the engagement of children and young people in the service developments and reviews; and to be informed by the outcomes of participation by children, young people and their families.
- Develop and implement transformation of provision through increasing access, innovative use of information technology, development of self-referral, embedding routine outcome monitoring (involving young people and their families providing feedback during therapy sessions), and the involvement of children, young people and their families across the whole design and delivery of Group's work.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing, including the recognition of the link with adult services to address parental mental health impact on families and at times of transition between services.
- Develop agencies awareness and support to promote paternal bonding leading to secure attachments, strengthening from the beginning parent and child relationships.
- Ensure that frontline practitioners are involved in shaping provision and that the work of this Steering Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

## **Governance**

The work of the group will report to, and be signed-off by the Children and Young People's Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities. It will be re-written on an annual basis.

## **Membership**

The membership of the Group will consist of the lead officers and key delivery partners interested in Children and Young People mental health and emotional well-being. Members will be responsible for reporting back to their own organisations and participating in the work of this partnership. The representatives will be:

- 2gether NHS Foundation Trust
- Herefordshire Council (Children's Well-being and Public Health)
- Herefordshire Clinical Commissioning Group
- Herefordshire Healthwatch
- Herefordshire Voluntary Organisations Support Service
- The CLD Trust
- West Mercia Youth Offending Service
- Wye Valley NHS Trust
- Early Years and Schools
- Voluntary and community organisations

Group membership will be reviewed regularly to ensure it reflects the current action plan. Additional members may be co-opted on an ad hoc basis.

## **Meeting Arrangements**

- The Chair will be responsible for reporting progress to the Children and Young People Steering group.
- The meetings will be serviced by HCCG
- The frequency of meetings will be bi-monthly
- The minutes and action logs will be circulated to members within 10 working days after the meeting.
- Task and Finish groups or additional meetings can be set up to meet the needs of delivery against the Action Plan.

Review date: November 2018

***2017/18 Areas of interest:*** Workforce development particularly schools and primary care; CYP-IAPT programme; Crisis Care Concordat; parental mental health; participation by children and young people; self-management; and care pathways development.

## Appendix 4b

**Children and Young People Mental Health and Emotional Wellbeing Partnership**  
**Mental Health Urgent Care Sub-group**  
**Terms of reference - June 2016**

### **Background**

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. This is a sub-group that has been convened for the purpose of making improvements to the delivery of care for children and young people presenting at Hereford Hospital in mental health distress.

### **Mental Health Urgent Care Sub-group**

This task and finish group will:

- Be responsible for the delivery of the agreed action plan
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Develop and implement transformation of provision through increasing access, multi-agency working and improved communication.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing.
- Ensure that frontline practitioners are involved in shaping provision and that the work of this Sub-Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

### **Governance**

The work of the group will report to CYP Mental Health and Emotional Wellbeing Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities.

### **Membership**

The membership of the Group will consist of the lead officers and key delivery partners responsible for responding to children and young people mental health urgent care. Members will be responsible for reporting back to their own organisations and participating in the work of this Sub-Steering group.

The representatives will be:

- 2gether NHS Foundation Trust
- Herefordshire Clinical Commissioning Group
- Wye Valley NHS Trust

Group membership will be reviewed regularly to ensure it reflects the needs of the current action plan.  
Additional members may be co-opted on an ad hoc basis.

### **Meeting Arrangements**

- The Chair will be responsible for reporting progress to the CYP Mental Health and Emotional Wellbeing Partnership.
- The meetings will be serviced by WVT.
- The frequency of meetings will be bi-monthly.
- The minutes and action logs will be circulated to members within 10 working days after the meeting.

Review date: June 2018

***2017/18 Areas of interest:*** Workforce development; Crisis Care Concordat; Improving access to assessments; risk assessments and care pathways development.

## **Appendix 4c**

### **Children and Young People Mental Health and Emotional Wellbeing Partnership Whole School Approach Sub-group Terms of reference - September 2016**

#### **Background**

The CYP Mental Health and Emotional Wellbeing Partnership ('the Group') is responsible for the strategic multi-agency collaboration of mental health and emotional-wellbeing activities in Herefordshire. This is a sub-group that has been convened for the purpose of making improvements to the information and support provided by schools and colleges to children and young people.

#### **Whole School Approach Sub-group**

This task and finish group will:

- Be responsible for the delivery of the agreed action plan
- Be a vehicle for effective joint communication between agencies engaged in working with children, young people and their families.
- Develop a resource pack for schools, including templates, sources of information and examples to aid work with pupils on identifying poor mental health, promoting good mental health and intervening early when poor mental health occurs.
- Promote an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing.
- Ensure that frontline practitioners, particularly from schools and colleges are involved in shaping provision and that the work of this Sub- Group is shared with other organisations and stakeholders.
- Ensure that developments are evidenced based, provide value for money and contribute towards the intended outcomes.
- Monitor developments and collate evidence showing the impact of the transformation.

#### **Governance**

The work of the group will report to CYP Mental Health and Emotional Wellbeing Partnership.

The work of the Group will be supported and monitored via an action plan that will outline the key outcomes and objectives, actions to be taken, milestones and lead officer responsibilities.

#### **Membership**

The membership of the Group will consist of the practitioners that work with children and young people. Members will be responsible for reporting back to their own organisations and participating in the work of this Sub-Steering group. The representatives will be:

- Hereford and Ludlow Sixth Form College
- 2gether NHS Foundation Trust
- Herefordshire Clinical Commissioning Group
- Herefordshire Council
- The CLD Trust
- Hereford Academy

Group membership will be reviewed regularly to ensure it reflects the needs of the current action plan.

Additional members may be co-opted on an ad hoc basis.

### **Meeting Arrangements**

- The Chair will be responsible for reporting progress to the CYP Mental Health and Emotional Wellbeing Partnership.
- The meetings will be serviced by CCG.
- The frequency of meetings will be bi-monthly .
- The minutes and action logs will be circulated to members within 10 working days after the meeting.

Review date: June 2018

***2017/18 Areas of interest:*** Policy on self-harm for schools; summary of training resources for staff; commissioning of counselling; resources on raising awareness.

## Appendix 4d

### **Young People Wellbeing Ambassadors**

#### What does CYP mental health programme mean to us?

We see CYP transformation as a way of making access to mental health services easier and understandable for young people. It should help young people understand mental health issues which should also start to reduce the stigma. It's a way of providing much needed support and increasing a better understanding of mental health in schools, colleges, universities and a range of places where young people spend their time.

#### This is who we are and why we've got involved?

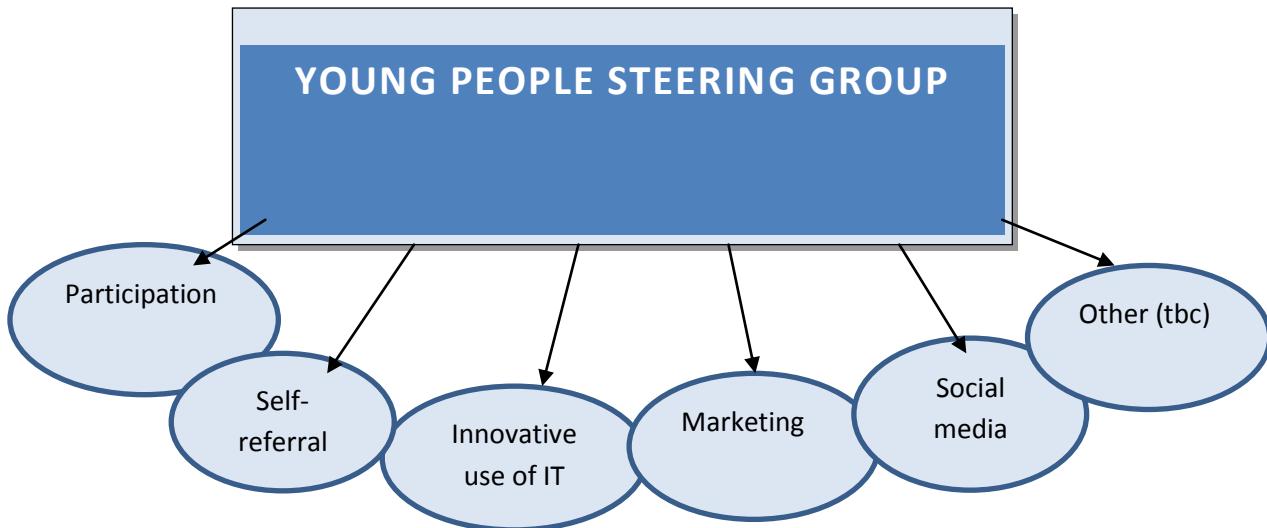
We are a group of young people of a broad age range with first had experiences of mental health services. We have asked to be involved in this programme in order to help others who may need mental health support and who may be in similar situations to us. We also feel strongly about the need to challenge people's perception of mental health through better education and training and a more open approach to talking about these important issues. This is an exciting opportunity for us and other young people across Herefordshire to get involved in a programme that can really make a difference and to contribute to the wider planning and decision making process in mental health and wellbeing. We aim to reach out to others who need help in accessing these much needed services. We also aim to use our own experiences to help formulate training plans for professionals and raise awareness in education and training venues for young people.

#### How will we be involved?

We will meet monthly as a group to discuss the programme and review our delivery plan. We will plan and be involved in a series of events across the county to promote the programme and encourage further participation from young people from all backgrounds and ages. Our thematic groups will focus on different aspects of the programme from innovative use of IT, to Social Media and Marketing. Our discussions will be facilitated by a Participation Lead and feedback to the CYP MH partnership group and we will challenge professional decisions and plans where necessary, in order to fully represent the views and opinions of young people across the county. We will also be involved in the recruitment and selection of new staff to the services.

All of our meetings and events will be evaluated and reviewed against the delivery plan and transformation markers, with changes implemented where necessary.

## Young people steering group structure



### Delivery

The young people's steering group will meet on a monthly basis and two weeks prior to the partnership steering group meetings. This will enable the young people's group to feedback their thoughts and ideas to the partnership steering group, and allow them to feedback to young people.

### Consent

All young people will be asked to sign a consent form allowing the use of video/photos of events to be shared for marketing. There will be an opt-out option. Young people of school age will need a parental consent form completed for the use of video/photographic images being used as well as confirmation of safe travel to and from meeting events. All consent forms and young people details will be held securely at The CLD Trust accessible only by participation leaders.

### Monitoring & Evaluation

Each session will be evaluated with additional evaluation for specific target workshops. Additional feedback sessions will take place at key stages throughout the programme in order to review the delivery of the youth group, how it's meeting its key objectives and how well young people are engaging in the process.

### Expenses/Incentives

Travel: All young people will have the opportunity to be reimbursed for their travel expenses when a valid bus/train or taxi receipt is produced.

### Children, Parents & Carers Steering Groups

#### Children & Parents

The partnership will work collaboratively with local children and family support providers to enable groups to meet and be involved. The format of each meeting will vary and depends on the needs and make-up of the group. It is envisaged that younger children (pre-school age) will meet with their parents/carers in Children's Centre/Family Support Centres and form part of a creative play group delivered by Participation workers and key professionals with skills in art therapy and play.

#### Parent workshops

These will be targeted to Primary Schools and Children's Centres in order to focus on a 0-11 age range. This will be led by Participation workers and will allow Parents/Carers to voice their opinions on mental health services and how they can be improved to meet the needs of children and young people. These will be structured focus groups with a list of specifically designed questions; however, there will be the opportunity for parents/carers to continue with their involvement as potential facilitators at CYP IAPT local and regional events.

#### Primary Children

The partnership will work in conjunction with local Primary Schools to offer children the opportunity to engage in focus groups on well-being and mental health. Each school will be offered one session initially with the option to form regular steering group pf pupils at each school who can meet with Participation workers to continue their involvement across all aspects of CYP mental health.

#### Consent

All parents/carers will be asked to sign a consent form on behalf of their child permitting the use of video/photos of events to be shared for marketing. There will be an opt out option. Young people of school age will need parental consent forms completed for the use of video/photographic images being used as well as confirmation of safe travel to and from meeting events.

All consent and young people details will be held securely at The CLD Trust accessible only by participation leaders.

#### Monitoring & Evaluation

Each session will be evaluated with additional evaluation for specific target workshops. Additional feedback sessions will take place at key stages throughout the programme in order to review the delivery of the groups, how it's meeting its key objectives and how well children and their parents/carers are engaging in the process.

## **Appendix 5**

### **CYP Mental Health & Emotional Wellbeing Transformation Plan - Communication and Engagement Plan 2015-2020 (updated August 2017)**

#### **Introduction**

Herefordshire Clinical Commissioning Group (CCG) and partners have developed a five-year plan for the transformation of services for children and young people with mental health and emotional wellbeing needs, on behalf of the Children and Young People's Partnership.

The Children and Young People's Partnership developed a Children and Young People's Plan that recognises mental health as one of its priority areas. The CYP Mental Health and Emotional Wellbeing transformation plan builds upon and sets out the detailed action plan to achieve the shared vision.

This transformation plan will affect children and young people who will receive support as a result of poor mental health or to prevent mental health illnesses from developing. The plan is developed with the input of all partners and includes engagement by the established Young People's Wellbeing Ambassadors group. The plan is available on the CCG website and that of partners' website to invite wider comment as it concerns the way public money is spent on healthcare in Herefordshire.

We want to ask local children, young people, their parents and carers for their views on how mental health and emotional wellbeing services should be commissioned for Herefordshire children and young people. This is in addition to continued one-to-one engagement during therapy/ interventions.

#### **Aims and Outcomes**

The aim is to gather public opinion and comment on the proposed transformation plan and to ensure that the Plan is updated to reflect the input from the public. This is a five-year plan therefore the engagement needs to be ongoing during this period, with key stages identified as Phase 1 (September- December 2015); Phase 2 (January – September 2016); and Phase 3 (October 2016-March 2020).

- Phase 1 – feedback on Transformation Plan and to inform 2016-2017 delivery
- Phase 2 - Ongoing feedback on Plan and the associated activities, linked to Mental Health re-provision programme.
- Phase 3 – Feedback on activities within the Plan, with specific engagement linked to the different elements. To also include feedback on 2017-2020 action plan.

#### **Key messages**

- Transformation of mental health services for children and young people is about making sure that children and young people are supported to get help. This includes support from a range of organisations before a mental health illness establishes.
- Use of new technology and making help available 7 days a week will aid children and young people to access help.
- Co-producing services with children and young people will ensure that the services meet the needs and expectations of the service-users.

- Routine outcomes measures makes clinical effectiveness transparent and shares progress between the therapist and service-user.
- Workforce development will aid staff to have the right skills to identify and recognise children needing support and provide evidence-based practice.
- Engagement of children, young people and their parents and carers is a key part of how we want to transform services by involving experts by experience in the planning, design and delivery of services.

### **Stakeholders**

A stakeholder list is identified below, and these will be mapped according to their level of interest and influence to determine the levels of engagement with each before any formal consultation that may be required, begins. More stakeholders will be added as identified.

- Children, young people
- Parents and carers
- GPs
- Partners (WVT, 2g, Herefordshire Council etc.)
- HWBB
- Children and Young People's Partnership
- Voluntary Groups (HVOSS, Carers Support, CLD Trust)
- Hard to reach groups (i.e. traveller community, immigrant communities)
- HOSC
- Local councillors
- MPs
- Health Watch
- Children's Centres
- Schools /colleges
- Schools Forum
- CCG C&I Committee
- HCCG senior management team
- HCCG Governing Body
- HCCG, WVT and 2g public members
- Staff
- NHS England
- NHS England (Specialised Commissioning)
- Other Commissioners, e.g. Shropshire, Welsh Health Authorities, Gloucestershire
- System Transformation Partnership, i.e. Worcestershire partners

### **Methods/tactics**

- Webpage with information, and engagement documents as required
  - Sit on CCG website with links to partners' webpages
    - All related docs and correspondence
    - Current CYPP
    - FAQs
- Online survey as required
  - Key survey for electronic results
  - Downloadable PDF for printed copies that can be posted back

- Meetings with stakeholders and patient groups.
  - CCG/clinical staff to be available for this
  - Use existing meetings with Herefordshire groups, e.g. CYP Mental Health and Emotional Wellbeing Partnership; the Young People's Wellbeing Ambassadors.
- Phone number
  - CCG number
- Email address
  - [enquiries@herefordshireccg.nhs.uk](mailto:enquiries@herefordshireccg.nhs.uk)
- Postal address
  - CCG freepost address
- Social media/press
  - Tweets to get traffic onto our website to see/participate consultation
  - Twitter chats
  - Promotion of Young People's work
  - Media plan prepared and press releases issued as required – interviews as required - spokesperson to be identified

## Appendix 6

## Risk Log (updated 30/09/2017)

Risk No.	Date Raised	Originator	Risk Description	Probability H/M/L	Impact H/M/L	Owner	Risk Management Plan (Mitigating Action/Contingency Plan)	Completion Date	Status (Open/Closed)
001	January 2015	2gether	Recruitment and retention of specialist roles.	M	M	2gether	Skill mix completed. Contact with local universities and marketing. This will impact on transformation. Whole system recruitment plan required	March 2018	Open
002	April 2015	CYP-IAPT	Children and young people cannot participate because of travel, other commitments, stigma.	M	H	2gether / CLD Trust	Engagement of YP Wellbeing Ambassadors Group to aid discussions on choice. Mobile clinics available in localities. Plan contains action on clinic locations.	December 2017	Open
003	April 2015	MHNA	Lack of tier 2 infra-structure, particularly for children aged <10.	H	H	CCG/ HC	This is formally recognised in the vision of CYPP. Actions identified to improve universal services identification and early intervention. Further work required in this area	December 2019	Open

004	May 2015	CYPP steering group	Lack of constructive partnership engaging the right partners and wider system at the right time.	L	H	CYPP	CYP MH & EWB Partnership up and terms of reference agreed. CCG to chair and wide engagement.	August 2015	Closed
005	May 2015	Stakeholder event	Feedback from stakeholders demonstrate lack of confidence about mental health awareness	M	M	CYPP	Reflected feedback into CYPPlan and now a key area under the mental health priority. Actions identified to address this. Feedback shows improvement	March 2020	Open
006	June 2015	2gether /CLD Trust	Growing volume of referrals to CLDT trust and CAMHS will affect waiting times for assessment and treatment	H	H	CCG	Discussion at CCG QPS committee. Additional resources and consideration of skill mix. Improvement evidenced.	December 2015	Closed
007	June 2015	CLD Trust	CLD Trust is over-performing on 2015/16 contract activity.	H	H	CCG / CLD Trust	CCG discussion about additional resources. Development of other services to prevent cyp needing support. Additional resources assigned	March 2016	Closed
008	June 2015	CYP MH& EWB steering group discussion	The extent of service transformation requires financial investment	H	H	CCG/ HC	CAMHS transformation monies attached to completion/agreement of plan. Prioritisation framework to schedule developments over 5 years. Applications for external funding by partners supplementing allocation.	November 2015	Closed
009	July 2015	CYP-IAPT	Lack of national technology to assist with clinical	M	L	CYP-IAPT	To flag to South west Collaborative. Require IT	March 2016	Closed

		steering group	reporting and patient feedback.			steering group	system to be able to report clinical outcomes to clinician and patient. Identified local solution and uploads to NMHDS now working		
010	September 2015	CYP-IAPT steering group	Decommissioning of CORC (loss of outcomes information from October)	M	M	CYP-IAPT steering group	Roll of outcomes complete and loading to NMHDS	December 2015	Closed
011	September 2015	Herefordshire Council	High turnover of staff (social care) requiring constant information updates so that the referral process remains clear	M	L	2gether NHS Foundation Trust	Re-circulation of referral process and quarterly team talks. This has become business as normal.	January 2016	Closed

## Appendix 7a

### Full Equality Impact Assessment

1. Name of the function, strategy, project or policy.	<b>CYP Mental Health &amp; Emotional Wellbeing Transformation Plan</b>
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2. Directorate, Department / Service	<b>CCG on behalf of CYP Mental Health and Emotional Wellbeing partnership (Under Children and Young People Partnership)</b>
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3. (a) Details of the person completing this impact assessment form.	(b) Details of the person responsible to implement this function / policy (if different from a)
Name: Jade Brooks	Name:
Job Title: Deputy Director of Operations	Job Title:
Telephone / Extension: 01423 383634	Telephone / Extension:

#### **STEP1: Identification of Aims and Objectives of the Policy/Function**

1.1 Type of function or policy	Existing <input type="checkbox"/> Proposed <input checked="" type="checkbox"/>
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1.2 Describe the main purpose and the outcomes of the function, policy, strategy or project?	<p>The transformation plan represents 5 year programme of works for the system with regard to improvements in healthcare for children and young people experiencing mental health illness. The programme recognises prevention and early intervention so the emotional resilience activities includes a broad range of stakeholders, raising awareness with the public, use of evidence-based practice, implementation of routine outcomes measures and engagement by children, young people, their families and carers.</p> <p>The outcome is service change, affecting the quality and quantity of care available.</p>
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1.3 List the main activities / objectives / milestones of the function, project / policy.
<p>To work as a Partnership to deliver over a five year period:</p> <ul style="list-style-type: none"><li>• Crisis care improvements</li><li>• CYP-IAPT programme</li><li>• Whole schools approach</li><li>• Workforce development</li><li>• Engagement</li><li>• 7 day working</li><li>• Improve access</li><li>• Parenting support</li></ul> <p>This shall be published as a CYP mental health &amp; emotional wellbeing transformation plan.</p>

1.4 Who are the stakeholders and who is/will be the main beneficiaries of the strategy/project/ policy?	Stakeholders: <ul style="list-style-type: none"><li>• Children and Young people</li><li>• GPs</li><li>• Partners (WVT, 2g, Herefordshire Council, Public Health, etc.)</li><li>• HWBB</li><li>• Voluntary Groups (HVOSS, Carers Support, CLD Trust)</li><li>• Hard to reach groups (i.e. traveller community, immigrant communities, refugees)</li><li>• HOSC</li><li>• Local councillors</li></ul>
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	<ul style="list-style-type: none"> <li>• MPs</li> <li>• HealthWatch</li> <li>• Children's Centres</li> <li>• CCG C&amp;I Committee</li> <li>• HCCG senior management team</li> <li>• HCCG, WVT and 2g public members</li> <li>• Staff</li> <li>• Schools and colleges</li> </ul> <p>Main beneficiaries are children and young people living in Herefordshire.</p>
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<p>1.5 What are the key performance indicators for this function /policy (i.e. Access targets, Health care standards etc.)? <i>It may apply to some functions only.</i></p>	<p>Number of referrals per 100k pop          Number of accepted referrals per 100k pop          % CYP waiting less than 8 weeks; % waiting more than 8 weeks from referral to assessment          % CYP waiting less than 8 weeks; 8-12 weeks, 12-18 weeks, more than 18 weeks from referral to treatment          Maximum waiting time for treatment (routine)          Number of under 18s mh admissions and average LOS for occupied bed days (excluding leave)          Number of DNAs as % of all appointments          Number of clinical appointments completed          Number of discharges per 100k pop          Number of calls to duty desk          Number of urgent referrals          Number of CYP in transition to adult MHS          Routine reported outcome measures          Patient Experience reported          Number of WTE specialist clinicians per 100k pop          % compliance with CAMHs standards</p> <p>We have national targets round access and wish to expand this to capture the above. Further KPIs are in development</p>
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## STEP 2: Considering Existing Data & Research

<p>2.1 Examine existing available data and research to properly assess the likely impact by considering various sources such as surveys, statistical data bases, audits, consultation results, research, studies, reports, feedback etc. for this particular function or policy.</p> <p>What does this data tell you; please explain in the next column under each section.</p>	<p><b>Race</b></p> <p>There is national evidence of the increased risk and incidence of suicide and also domestic violence within Gypsy Travelling communities (Cemlyn et al 2009). There is limited information on the mental health needs of children and young people from Gypsy Travellers and refugees.</p> <p>In terms of the size of the population, the most reliable data on these group is the school census and Local Authority attainment records. These showed that in October 2013, there were 255 under 19's known to the Gypsy Traveller Team in Herefordshire, however little is known of the extent of mental health illnesses.</p>
	<p><b>Disability</b></p> <p>No definitive data source of the numbers of children with disability within Herefordshire is available. The Herefordshire Council-developed Understanding Herefordshire (2014) document suggests a number of between 1,000 and 1,800. Disability is suggested as the underlying reason for 5% of Herefordshire's 'children in need' population.</p> <p>Over one third of children and young people with a learning disability in Britain (36%) have a diagnosable psychiatric disorder. They are thirty-three times more likely to have an autistic spectrum disorder; six times per likely to have a conduct disorder and four times more likely to have an emotional disorder. Some of the increased risk is</p>

		attributed to the increased exposure to poverty and social exclusion, linked to social circumstances.
	<b>Religion or Belief</b>	Understanding mental health and religion in Herefordshire is not currently documented. Local faith organisations are active in supporting mental health awareness but there is no real information to the extent of inequalities across different religions or beliefs.

<p>2.2 Are there any gaps in the information required for the areas of Race, Disability and Religion or Belief?</p> <ul style="list-style-type: none"> <li>○ If no; please go to the next question.</li> <li>○ If yes; please explain;           <ul style="list-style-type: none"> <li>(a) The reasons for such gaps.</li> <li>(b) Whether there is a need to commission the provision of additional information.</li> <li>(c) What exactly you intend to carry out and how?</li> </ul> </li> </ul>	<p>No      <input type="checkbox"/></p> <p>Yes      <input checked="" type="checkbox"/></p> <p>There is no information available locally.</p> <p>This information could be extracted from national information and research. Therefore a short review will be conducted to ascertain the information requirement.</p>
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### STEP 3: a) Assessing the Likely Impact on Equality Groups b) Consider Alternative Policies

Answer the following by considering the information you have collected in Steps 1 and 2 to identify whether the policy is likely to affect different groups, directly or indirectly, in different ways. **Please refer to the guidance notes.**

<p>3.1 Does the function or policy in the way it is planned or delivered could impact differently (positively or negatively) on different people or communities i.e. it could disadvantage them or have a positive impact on them? Or could it amount to adverse impact? <b>(Please refer to the guidance notes page 3).</b></p>			
Equality Groups	Negative Impact	Positive Impact	Reasons
Race	No evidence	Vulnerable groups of children and young people are recognised and that targeted approaches will be needed.	<ul style="list-style-type: none"> <li>1. Opening up choice</li> <li>2. Awareness raising / challenging stigma</li> <li>3. Working across the system, i.e. with police, voluntary orgs, schools, making access easier.</li> </ul>
Disability	No evidence	Specific reviews will aid improved alignment of resources, evidence based practice to the needs of children and young people with disabilities	<ul style="list-style-type: none"> <li>1. Review into ADHD and refresh care pathway</li> <li>2. Seeking more evidence based practice for children with learning disabilities</li> <li>3. Out of county pathways and continuous review of children and young people out of county means lessons learnt from Winterbourne Review.</li> </ul>
Employment Equality Religion or Belief	No evidence	The level of engagement activities for children and young people will make sure that views are heard . The work on stigma and raising awareness will make mental health services accessible for all.	<ul style="list-style-type: none"> <li>1. Opening up choice</li> <li>2. Awareness raising / challenging stigma</li> <li>3. Working across the system, i.e. with police, voluntary orgs, schools, making access easier.</li> </ul>

3.2 If you have indicated there is a negative impact on any group, is that impact:	
a) Legal/Lawful i.e. the function or policy directly or indirectly discriminatory under the Race Relations Act or the Disability Discrimination Act?	a) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide details:
b) Intended - can it be justified under the Act?	b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please provide details

3.3(a) Could you make changes to the policy/function to prevent or minimise any adverse impact or unlawful discrimination, while still achieving the aims?  (b) Could you consider alternative policy/ies that might promote equality better?	<p>The plan is a living document. In 2017-2020, programmes of review will check inequalities as one of the purposes is to improve health equalities for children and young people.</p> <p>This has been fully considered and it is felt that the programme of review and delivery by the CYP MH &amp; EWB steering group will seek evidence of equality</p>
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#### **STEP 4: Consultation**

4.1 What previous consultation on this function, project or policy has taken place with groups / individuals from equality target groups? What does it indicate about negative impact and how people view this function, project or policy?	
Race	<ul style="list-style-type: none"> <li>• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres</li> <li>• Young People Wellbeing Ambassadors Group</li> </ul>
Disability	<ul style="list-style-type: none"> <li>• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres</li> <li>• Young People Wellbeing Ambassadors Group</li> </ul>
Religion or Belief	<ul style="list-style-type: none"> <li>• Mental health needs assessment, including sixth form workshops, engagement of school councils, Children in Care Council, Young Farmers Clubs, Youth Clubs, children's centres</li> <li>• Young People Wellbeing Ambassadors Group</li> </ul>

4.2 (a) Are there any experts/relevant groups/organisations that can be contacted to get further views or evidence on the issues.	
<i>Details of the groups:</i>	<i>Timetable for consultation</i>
Wide range of stakeholders engaged in plan including providers, schools, early years, NHS, voluntary sector and faith organisations.	Jan – September 2017
b) Please describe what methods will be employed for consultation and the processes for feed back into your planning and decision making process?	

The plan will be made available so that ongoing feedback is possible and incorporated during quarterly plan reviews.

- |  |  |
|--|--|
| 4.3 Have you involved your staff members (who have or will have direct experience of implementing the function/ policy in taking forward this impact assessment? If yes how? | <ul style="list-style-type: none"><li>• Children and Young People Partnership</li><li>• Children and young people mental health and emotional wellbeing Steering group</li></ul> |
|--|--|

#### **STEP 5: Developing Action Plan**

As a result of this assessment, consultation, research and available evidence collected; state whether there will need to be any changes made/planned to the policy, strategy/function or the action plan. Please clearly detail what practical actions would you take for **all Equality target groups** to reduce or remove any identified adverse / negative impact. All actions need to be compared against the criteria as detailed in the [Guidance Notes Page 4 QUESTION 3.3 \(a & b\)](#)

No changes made/planned to the Plan.

#### **STEP 6: Monitoring and Review**

6.1 Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, project or policy?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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6.2 Please explain how this will be done?	The Children and Young People mental Health and Emotional Wellbeing Partnership will monitor the CAMHs transformation plan. This is then reported to the Children and Young People partnership, with commissioning decisions discussed at the Joint Commissioning Board and Children and Young people's Partnership.
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### **STEP 7: Publishing the Results of the Assessment**

7.1 It is a legal requirement to publish the results of the impact assessment, consultation and monitoring – so please state below when and how you aim to publish the result of the assessment and this will be available:

This will be published alongside the CAMHs transformation Plan on the HCCG website.

Impact Assessment completed by (name and signature of the lead person completing the RIA):

Name: Jade Brooks      Date: 15/9/2015

Director / SMT: I have been briefed on the results of this impact assessment.

Name: Hazel Braund      Date: 20/9/2015

Note: It is an essential that this report is also discussed by your management team and remains readily available for inspection. A copy should also be forwarded to your appropriate Equality Lead.

### **STEP 8: Review**

8.1 Please state below any further information upon review of this EIA.

The topics and actions covered by the CYP mental Health and emotional wellbeing Partnership is demonstrating a good understanding of equalities.

Review completed by

Name: Jade Brooks      Date: 05/10/2017

## Appendix 7b

### QUALITY IMPACT ASSESSMENT

THE FOLLOWING ASSESSMENT SCREENING TOOL WILL REQUIRE JUDGEMENT AGAINST THE 4 AREAS OF RISK IN RELATION TO QUALITY. EACH PROPOSAL WILL NEED TO BE ASSESSED WHETHER IT WILL IMPACT ADVERSELY ON PATIENTS/STAFF/ORGANISATIONS. WHERE AN ADVERSE IMPACT SCORES GREATER THAN (>) 8 IS IDENTIFIED STAGE 2 MUST BE COMPLETED AND THE ESCALATION PROFORMA SUBMITTED TO THE NEXT QUALITY AND PATIENT SAFETY COMMITTEE.

**Lead for scheme: Jade Brooks**

**Brief description of scheme: CAMHs transformation plan – five year improvement to mental health services for children and young people.**

Answer positive/negative (P/N) in each area. If N, score the impact, likelihood and total in the appropriate box. If score greater than > 8, insert Y for Stage 2 (escalation form)

	P/N	Risk Score (see table A)	Stage 2 required?
<b>Duty of Quality</b> Could the activity impact positively or negatively on any of the following:			
a) Compliance with NHS Constitution			
b) Partnerships	P		
c) Safeguarding children or adults	P		
d) Duty to promote equality	P		
e) Parity of esteem?	P		
<b>NHS Outcomes Framework</b> Could the activity impact positively or negatively on the delivery of the five domains:			

1. Preventing people from dying prematurely	P		
2. Enhancing quality of life	P		
3. Helping people recover from episodes of ill health or following injury	P		
4. Ensuring people have a positive experience of care	P		
5. Treating and caring for people in a safe environment and protecting them from avoidable harm	P		
<b>Access</b>			
Could the proposal impact positively or negatively on any of the following:			
a) Patient Choice	P		
b) Access	P		
c) Integration	P		
<b>Operational</b>			
Could the proposal impact positively or negatively on any of the following:			
a) Non-clinical/Operational e.g. any health and safety issues for staff, any impact on operational performance both directly or elsewhere in the organisation. Negative impact on reputation.	P		

### What are the positive quality impacts this initiative or scheme will deliver?

Please describe your rationale for any positive impacts here:	Please outline how you will measure positive quality impacts
Duty of Quality: improvements to early intervention for psychosis and the mental health minimum data set are areas within national plans. In addition, the Futures In Mind is a key document that has informed the vision in the CAMHs transformation plan. The creation of the CYP MH & EWB Partnership is a new partnership to drive forward change. This was a gap so the dedicated input aids pace and commitment to change. Through the MHNA we have identified groups of vulnerable children at risk of MH, the action plan recognises that and aims to improve delivery of support to such vulnerable groups.	KPIs on access. The outcomes from the CYP MH&EWB steering group. Delivery of the action plan.

<p>NHS Outcomes framework: we are addressing crisis care delivered to young people, e.g. self-harm. Making sure that we improve access to urgent assessments 7 days a week aids quicker support for young people. The use of routine outcomes measures will support young people to discuss their progress with their therapist as a tool to note recovery. Equally, the patient engagement activities will aid the reported experience of care. Organisations working together to help children earlier will enhance quality of life, as school life, home life will be supported, treating the child or young person as a whole person (rather than a medical model).</p>	<p>KPIs and delivery of the action plan. The CYP IAPT steering group monitors the ROMs. The feedback from the new practitioner network will give</p>
<p>Access: We are looking at self-referrals and implementing choice for patients, e.g. choice of therapist, location, timing, etc. New KPIs on waiting times will ensure that the services monitor access and that restorative action can be taken if access waiting times are poor. Delivery of prevention and early intervention requires engagement of schools, early years, GP, youth clubs etc. Looking at care pathways will ensure that organisations are delivering in a planned and coordinated manner. This includes the existing partnership between CLD Trust and 2g (provision of tier 2 and 3 services)</p>	<p>KPIs and delivery of action plan. The steering group are looking at care pathways.</p>
<p>Operational: the planned changes will increase the number of practitioners that have received evidence-based training. In addition the structure of supervision will aid level of support available. The plan to increase numbers of staff will aid caseload management and management of patients. The closer working with other organisations in the system will aid cooperation and communication.</p>	<p>This is covered by the monitoring of progress against the CAMHs standards, with feedback to be available from other groups such as schools and social care as a result of engagement in the delivery of the transformation plan.</p>

### How does this link or align to the quality strategy?

Please indicate which elements of Herefordshire CCG Quality Strategy 2015-2018 this proposal addresses		
Quality Strategy Objective 1	Create a culture of continuous quality improvement, openness, transparency and candour across the healthcare system	Y
Quality	Commission personalised services that reflect individual needs that are accessible, safe, clinically and	Y

Strategy Objective 2	cost effective which support a positive care experience	
Quality Strategy Objective 3	Encourage feedback and value the role of patients and healthcare professionals in shaping, monitoring and improving services	Y

**What are the potential negative/adverse impacts of the scheme?**

<b>QUALITY IMPACT ASSESSMENT RISK &amp; ACTION PLAN</b> <b>(Risk score 1-8)</b>						
What is the negative/Adverse impact?	Risk Score		Actions required to reduce/eliminate the negative impact	Resources required*	Who will lead on action?	Target completion date
	Current	Target				
The backfill for staff on the training courses	6	4	<ul style="list-style-type: none"> <li>• Use of internal bank staff</li> <li>• Agreement over number of staff to go on training from one organisation</li> <li>• Early planning to source agency staff</li> </ul>	Funding from CYP-IAPT programme (dependent on numbers of training places)	2g/ CLD Trust	31 September 2015
Small area with large number of actions	6	4	<ul style="list-style-type: none"> <li>• Detailed plan for 2015/16 and updated each year that makes change realistic, managed and assured.</li> </ul>	CAMHS transformation plan funding	CCG	March 2020

planned could result in overstretching people to deliver the actions			• Agreement by partners to deliver the actions over 5 year period.			
risk of partners not engaging in programme	4	2	• Regular engagement with named people in plan. • Ownership by partners to the plan with sign-up given.		HCCG	March 2016

'Resources required' is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified

Designation: Jade Brooks, Programme Manager – Mental Health & children	Date: 15/9/2015
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## Review 2017

QUALITY IMPACT ASSESSMENT RISK & ACTION PLAN (Risk score 1-8)						
What is the negative/ Adverse impact?	New Risk Score		Actions required to reduce/ eliminate the negative impact	Resources required*	Who will lead on action?	Action status
	Target	New				
The backfill for staff on	4	2	• Use of internal bank staff	Funding from HCCG	2g/ CLD Trust	Action complete

<b>the training courses</b>			<ul style="list-style-type: none"> <li>• Agreement over number of staff to go on training from one organisation</li> <li>• Early planning to source agency staff</li> </ul>			
<b>Small area with large number of actions planned could result in overstretching people to deliver the actions</b>	4	4	<ul style="list-style-type: none"> <li>• Detailed plan for 2017/18 that makes change realistic, managed and assured.</li> <li>• Agreement by partners to deliver the actions over 3 year period.</li> </ul>	CAMHS transformation plan funding	HCCG	Action open March 2020
<b>Risk of partners not engaging in programme</b>	4	2	<ul style="list-style-type: none"> <li>• Regular engagement with named people in plan.</li> <li>• Ownership by partners to the plan with sign-up given.</li> </ul>	All from Partnership	HCCG	Action Closed

Designation: Jade Brooks, Deputy Director of Operations

Date: 12/10/2017