



Cumbria Children & Young People's Resilience, Emotional Wellbeing and Mental Health

Transformation Plan
2015 – 2020

Refresh 2018

Our Vision

We will work together with children and young people in Cumbria to support their mental health and wellbeing and give them the best start in life.


Morecambe Bay
Clinical Commissioning Group


North Cumbria
Clinical Commissioning Group



Contents

Introduction.....	3
Section 1 – Principles	6
Section 2 – Cumbria Transformation Plan Achievements.....	7
Section 3 – Key priorities for 2018	10
Section 4 – How will we deliver?.....	13
Section 5 – Performance	15
Section 6 – Workforce.....	18
Appendices	20
Appendix 1 – LTP Governance Structure	20
Appendix 2 – What are our key priorities going forward?.....	23
Appendix 3 – Finance	28
Appendix 4 – Baseline 2016/17 and trajectories	30
Appendix 5 – Feedback from Engagement.....	33
Appendix 6 – Workforce data and trajectories	41
Appendix 7 – Summary of national must dos and imperatives	44

Introduction

The purpose of this document is to update and refresh the original Cumbria Local Transformation Plan, published in **October 2015**, and refreshed on an annual basis since then. This plan sets out the progress over the first three years of the five-year plan and provides the direction for the next two years.

The plan describes the local implementation of the national ambition and principles set out in *'Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing'* (Department of Health 2015). Our aim is to improve the resilience, emotional wellbeing and mental health of children and young people, making it easier for them and their families to access help and support when they need it and improve the standards of mental health services across Cumbria. The plan continues to be informed by consultation with children, young people and families and is based on comprehensive identification of needs and evidence based practice as well as a clear understanding of the local context.

The Government Green Paper, *'Transforming Children and Young People's Mental Health Provision'* in December 2017, built upon *'Future in Mind'* and sets out the ambition to go further to ensure that children and young people are able to access the right help, when they need it, particularly in school and educational settings. The Governments Response to the Green Paper (July 2018) details the proposed next steps with a strong focus on increased support for schools.

Promoting and supporting the emotional and mental wellbeing of Children and Young People is identified as one of the key challenges to their wellbeing in Cumbria. This is reflected in Cumbria's Health and Wellbeing Strategy 2016 – 2019 <https://www.cumbria.gov.uk/eLibrary/Content/Internet/536/6181/428529264.pdf>

Since 2014 Cumbria's multi-agency Emotional Wellbeing and Mental Health Partnership group has shared the following vision:

'All our children and young people can access the support they need to achieve emotional wellbeing and mental health and have the ability and confidence to ride life's inevitable ups and downs, now and in the future'

The challenges in achieving and maintaining this ambition are being actively addressed. Specialist mental health services are in a process of adjustment following the intense focus combined with the development of new specialist teams. This has had a destabilising effect upon the remaining team, and coupled with the recruitment challenge experienced nationally this is having an adverse effect upon the capacity of teams. This is being addressed by a recovery plan but will inevitably have an impact on the capacity of the system to fully address all its priorities. We have however not revised these priorities and will monitor them closely throughout the life of the plan in order to ensure that all risks are appropriately managed and mitigated. Following the Clinical Commissioning Group (CCG) boundary changes in April 2017 we recognise that we are now working in a more complex environment across our

Cumbria Whole System. Both CCGs are committed to using Integrated Care Systems, (ICS) as the building blocks of wider health and care services, including, emotional wellbeing and mental health services for children and young people. This is acknowledged in the detail of our action plan in section 2.

We are currently reviewing our partnership, governance and delivery arrangements to align them with the ICS footprints and to meet the challenges Cumbria faces in delivering our priorities up to 2020. For North, West and East Cumbria, this means working more closely with healthcare systems in Northumberland, Tyne and Wear, whilst South Cumbria has become part of the Lancashire and South Cumbria ICS.

This 2018 refresh of our Local Transformation Plan (LTP) continues to take a whole-Cumbria approach, however we acknowledge that this will be the last year that there will be a whole-Cumbria LTP. This plan guides us through the transition to the new LTP footprints. The work planned in South Cumbria aligns closely with the Lancashire LTP and will become fully part of a Lancashire and South Cumbria LTP by the time of the next refresh.

The existing governance structure will change to reflect the ICS footprints early in 2019. The current governance structure (Appendix 1) will continue until superseded by the new arrangements. It will be important that we continue to have the opportunity to discuss whole-Cumbria issues and reflect these within both LTPs.

Across Cumbria the aspirations are consistent and are focused on the delivery of the National Five Year Forward View, with the outcome being improved care for our children and young people. This plan sets out how we will continue the transformation process in Cumbria and continue our cross-boundary, collaborative and holistic approach to improving emotional and mental health support. It also acknowledges the achievements we have made over the last three years.

Comments and questions about the Cumbria Local Transformation Plan can be sent to:

Email:

Enquiries@northcumbriaccg.nhs.uk

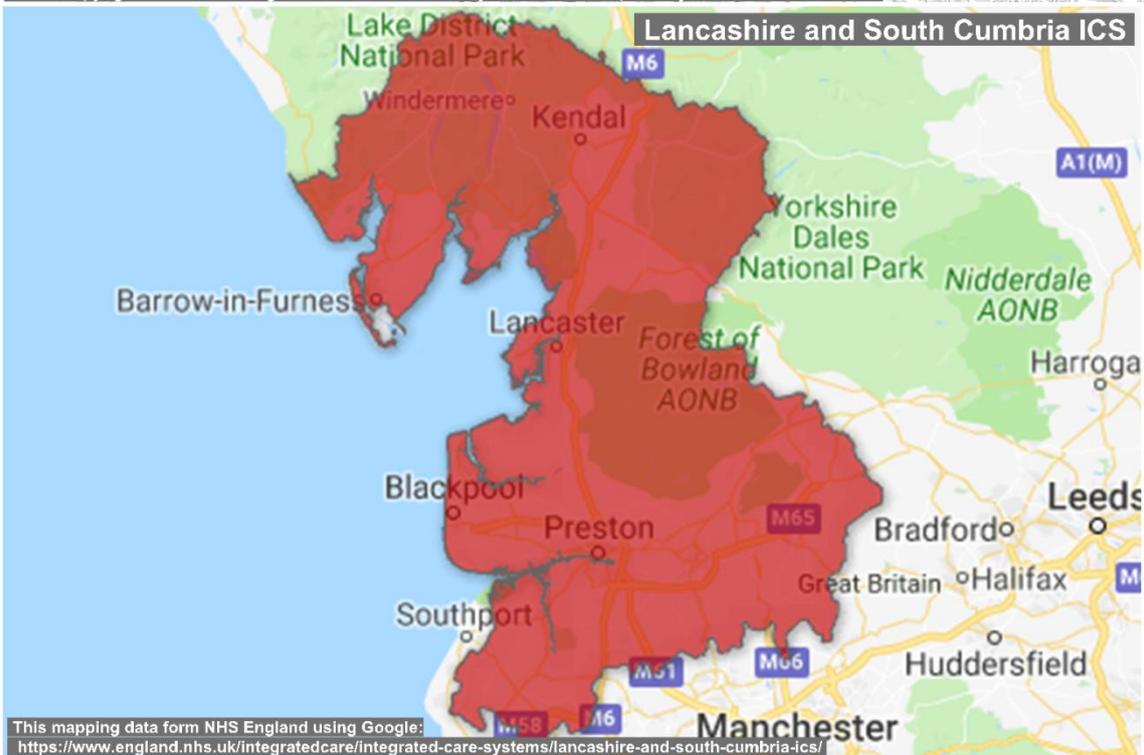
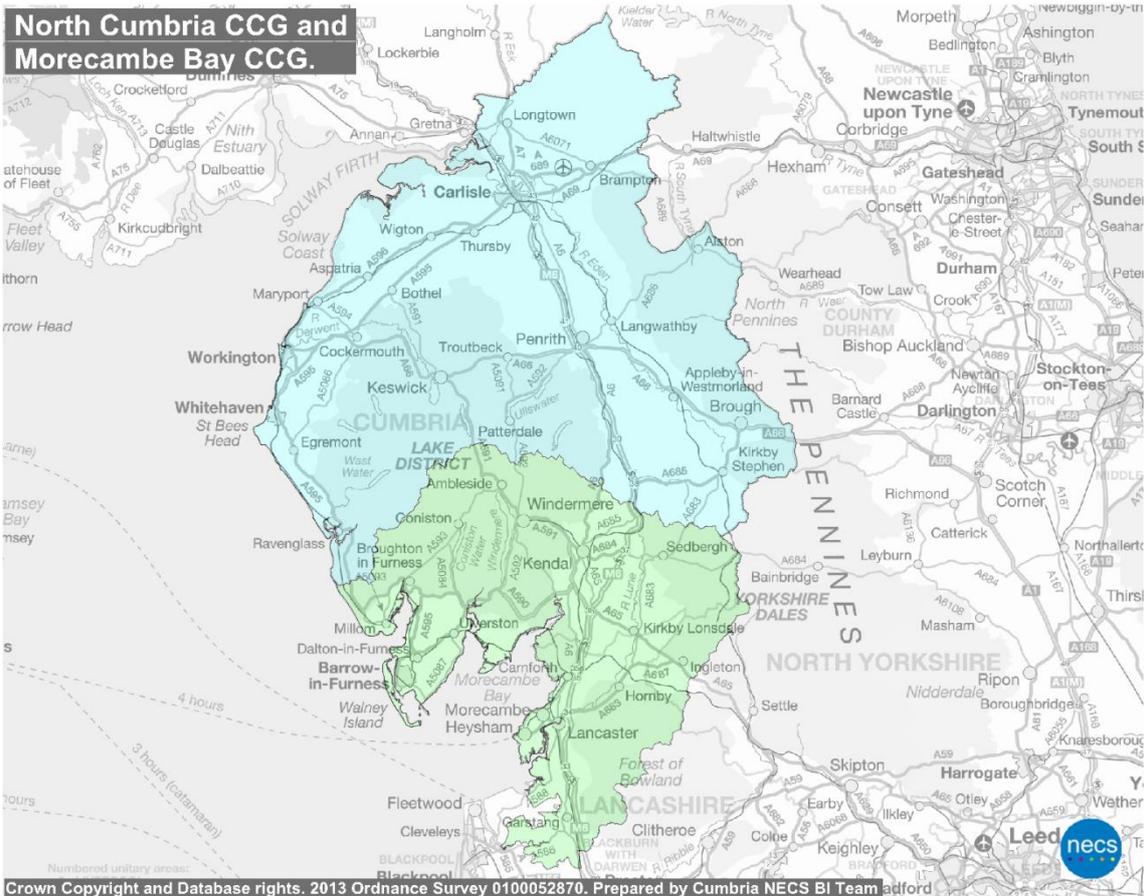
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The diagrams overleaf show North Cumbria and Morecambe Bay CCGs plus the ICS footprints



NB There is not a separate map of the North, West and East Cumbria ICS because it is coterminous with North Cumbria CCG as shown on the 1st map)

Section 1 – Principles

The Cumbria EWBHM Partnership agreed the following principles for the whole-system work across Cumbria to improve the emotional well-being and mental health of children and young people:-

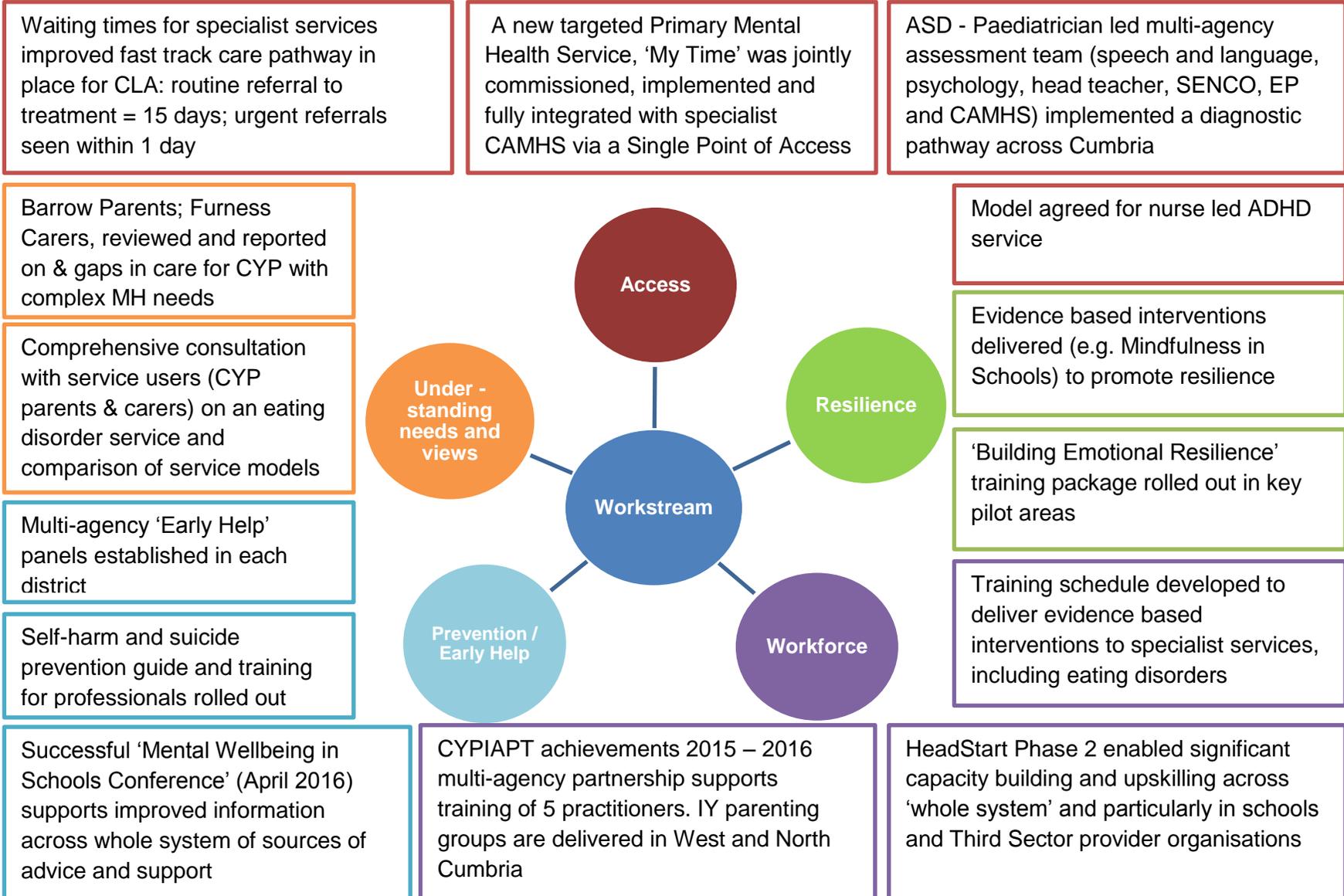
- Right Service, Right Time, Right Level
- The emotional wellbeing of CYP is everybody's responsibility
- Any support provided will be evidence based
- Outcomes for CYP will be equitable across the county
- Specific needs of individuals or groups of CYP will be recognised and met, especially vulnerable children and young people and those who have suffered trauma and abuse
- We will take all opportunities to raise awareness of mental health and challenge stigma where it arises

The development and delivery of the LTP continues to be underpinned by the following approach:

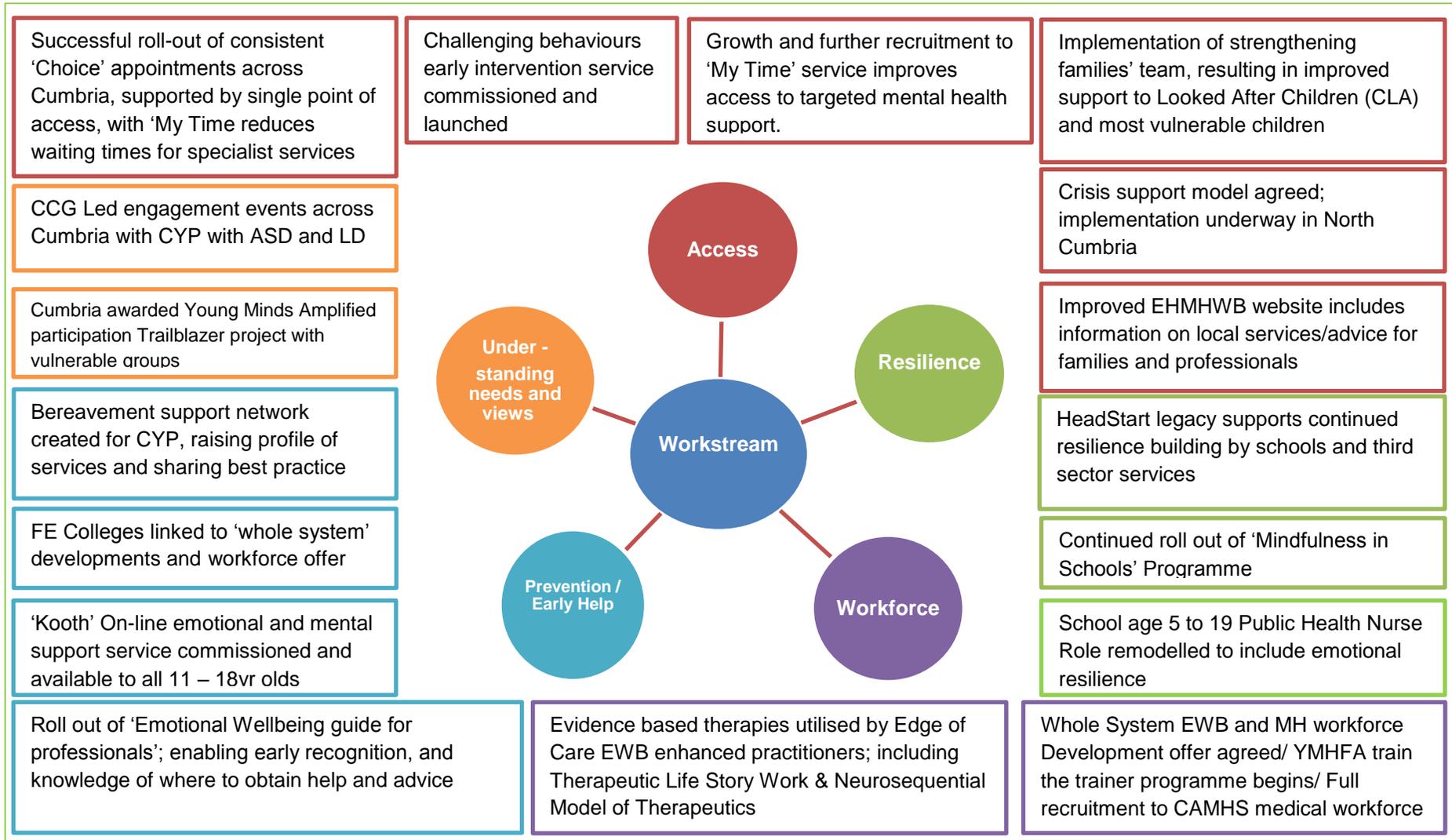
1. Listen to children, young people, families, carers, partners, providers and wider stakeholders and work with them to:
 - Shape, influence and drive forward delivery of our objectives.
 - Engage in co-production of system solutions.
 - Identify opportunities to improve efficiency, effectiveness and patient experience.
2. Draw on the learning from both local and national initiatives and evidence-based best practice.
3. Consider workforce roles, numbers, skill mix, recruitment and retention and develop plans to support implementation.
4. Draw on learning from the Joint Strategic Needs Assessment (JSNA) and other national and local data regarding needs and health inequalities.
5. Continually strive to improve services and outcomes for children, young people and families.
6. Be clear about how our performance will be measured.
7. Share our performance against the plan and against national targets through monitoring reports to the CYP EWMH Transformation & Partnership Group.
8. Ensure that parity of esteem forms a fundamental foundation for delivery of our plan.
9. Ensure that plans are financially affordable, deliverable and sustainable.

Section 2 – Cumbria Transformation Plan Achievements

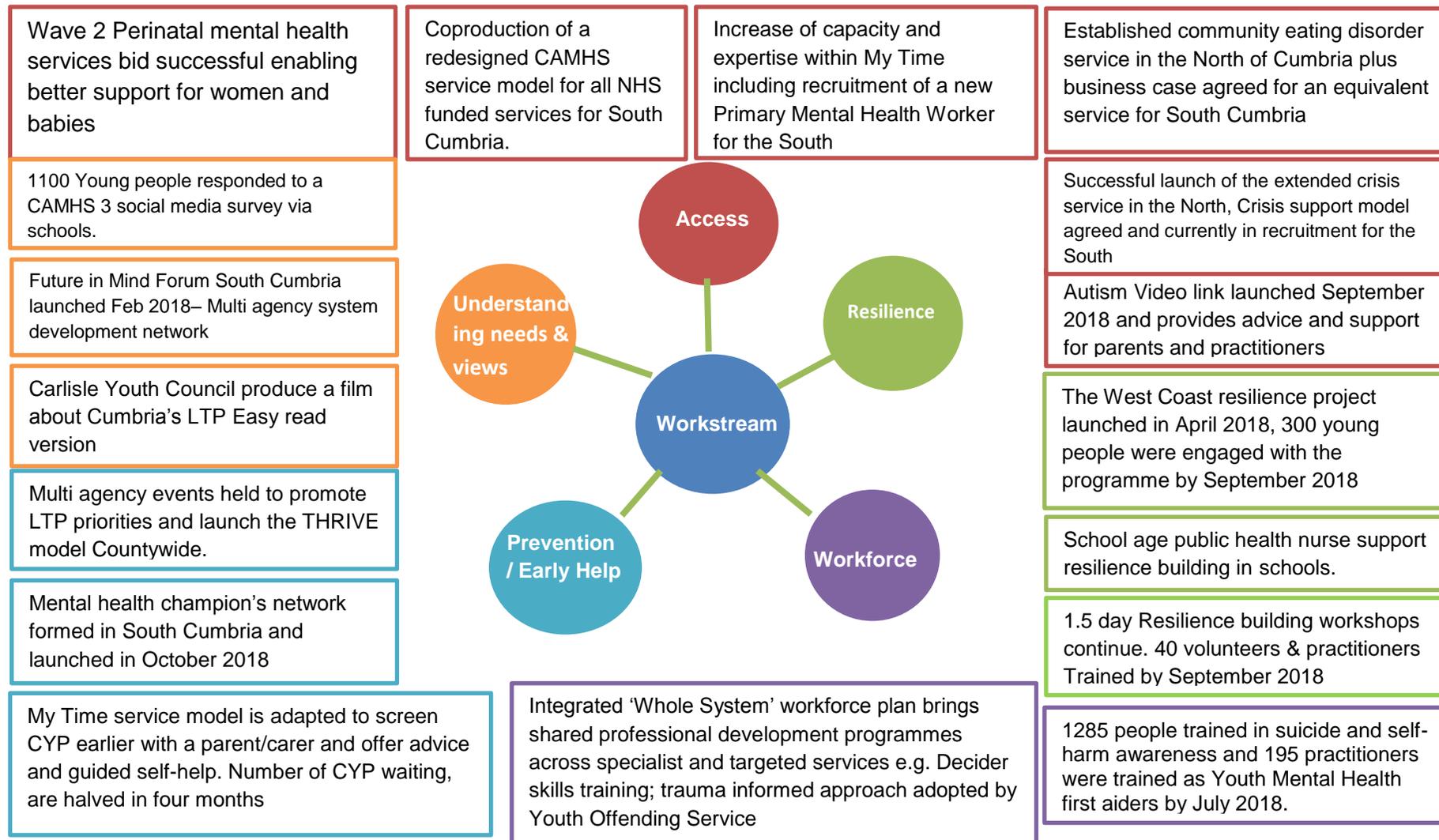
Year 1 - 2015-16



Year 2 - 2016 – 2017



Year 3 - 2017 – 2018



Section 3 – Key priorities

The priorities continue to be the delivery of the national strategy set out in:

- Future in Mind
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- Five Year Forward View for Mental Health
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
- Five Year Forward ‘ Next steps on ‘
<https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

Appendix 7 refers to summary of national must dos and imperatives

Our priorities for 2018/19 remain grouped into key work streams:

Access	Ensuring CYP and their families can access help when they need it
Crisis	Improving care for children and young people experiencing an emotional or mental health crisis
Care for the most vulnerable	Improving care for children and young people who are most vulnerable, including Children Looked After and on the Edge of Care and all those who experience trauma, abuse and neglect
Resilience	Building resilience, prevention and intervening early when problems emerge
Workforce	Training and development of the workforce
Engagement	Understanding CYP and families’ needs and views and working with partners across the whole system

Objectives

Across Cumbria, the aspirations are consistent however the method of delivery and milestones varies dependant on local circumstances and increasingly will reflect the two ICS systems. The goals and milestones for delivery are identified below.

Appendix 2 shows the detail of how each objective will be delivered in North and South Cumbria respectively.

Objectives	
Access	Provide effective, safe and timely care to children and young people living in North and South Cumbria with an eating disorder
	Ensure that all women who require mental health support during the perinatal period have access to the support they need
	Improve psychological support for CYP with physical health conditions
	Reduce waiting times for support
	Achieve the National access target (32%) by March 2019 which is on a trajectory of 35% by March 2020
	Support schools and primary care
	Implement the THRIVE model across Cumbria
	Establish an infant mental health offer
	Improve transition from YP to adult services and pathways for YP aged 19 to 25 yrs
Crisis	Ensure that all children and young people experiencing an emotional or mental health crisis have access to effective, safe and timely care
	Reduce the need for CYP to be admitted to hospital to get access to specific mental health expertise
	Improve care for young people who attend acute hospital with mental health needs
Care of the Vulnerable	Improve the health outcomes for CYP who have experienced trauma, abuse and neglect, are involved with the criminal justice system
	Embed the model of Trauma informed practice
	Improve multi-agency coordination for most complex children and young people
	Extend the skills and knowledge of specialist services in terms of LD and/or autism

	Improve the ability of services to meet therapeutic needs of CLA and those on the edge of care
	Improve ADHD provision
	Establish capacity and skills to meet the needs of complex children who have ASD but no LD
Workforce	Improve professional skills and build capacity and confidence
Resilience	To improve support for schools, YP & families regarding helping young people staying emotionally resilient online
	To improve the provision of early support for children and young people with emotional health and wellbeing needs
	Reduce stigma for people with experience of MH problems and their families
	To equip schools and other settings with the tools they need to build resilience in CYP
Engagement	Co-ordinate engagement groups and activity across the partnership
	Improve the mechanisms by which parents and carers can influence services and service development

Section 4 – How will we deliver?

Promoting and supporting the emotional and mental wellbeing of children and young people is identified as one of the key challenges to their wellbeing in Cumbria. This is reflected in *Cumbria's Health and Wellbeing Strategy 2016 – 2019*; (<https://www.cumbria.gov.uk/eLibrary/Content/Internet/536/6181/428529264.pdf>) and our *Cumbria Children's Trust Children and Young People's Plan 2016 -2019* <https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/7033/42478103822.pdf>

The partners involved in delivery of the plan include:

- 2 Clinical Commissioning Groups (Morecambe Bay CCG & North Cumbria CCG)
- 2 Integrated Care Systems (North, West and East Cumbria ICS and Lancashire and South Cumbria ICS)
- 1 Local Authority (Cumbria County Council)
- 1 Tier 3 CAMHS Service provided by Cumbria Partnership Foundation Trust
- 2 acute providers (University Hospitals of Morecambe Bay NHS Trust; North Cumbria University Hospitals NHS Trust)
- Tier 4 provision from Lancashire Care Foundation Trust and Northumberland Tyne and Wear Foundation Trust
- 270 Primary Schools/Academies, 41 Secondary schools/Academies plus independent schools and 5 Further Education Colleges
- A range of 3rd sector organisations and community groups
- Integrated Care Communities across Cumbria
- Children and young people
- Families and carers
- Tier 4 In-patient Mental Health Commissioners (NHSE)

We will build on the robust and productive joint working arrangements developed in Years 1, 2 and 3.

The current Governance Structure is depicted in Appendix 1. This is expected to change in early 2019 to reflect the ICS footprints.

Engagement

We will continue our commitment to develop new ways and tools to gather feedback and increase involvement (group work, surveys, film, digital platforms, workshops, local media parent and carer groups and relationships and with our Youth Voice networks.) 2018 has seen significant growth in co-production work with parents/carers, children and young people. Examples can

be found in Appendix 5. The Transformation and Partnership and Stakeholder Reference Group will reach out to include children and young people in their existing forums and work with them, as opposed to expecting them to reach in and work with us.

Specialist CAMHs have developed a young ambassador scheme to support the engagement of young people and young people and are aiming to have young people actively involved in the recruitment process soon. .

In 2018 / 2019 we will be prioritising how we can integrate engagement and co-production across the six priority areas whilst involving parents / carers more. Here are links below to two short films made by young people and commissioners.

https://www.youtube.com/embed/videoseries?list=PL_u1DMECouszZPsz9brt3-c5g12l1-eu

Whole System Engagement

The Stakeholder Reference Group provides a key role in supporting whole system engagement. We will also link across other system networks to ensure the implementation programme represents and is fully aware of whole system issues and developments. These include:

- The Cumbria Alliance of System Leaders in Schools (CASL) and their Local Area counterparts
- The Voluntary Sector Reference Group
- Local Community Projects (e.g. Ewanrigg Community Centre, Carlisle Youth Zone, I Matter Kendal Schools Project)
- West Coast Lottery funded Emotional Resilience Project
- Locality Health and Wellbeing Forums
- South Cumbria Mental Health Champions Network
- 'Future in Mind' Group, South Cumbria

In 2018 we have improved access to consultation and advice for schools via the 5 – 19 Public Health Nurse Practitioner team.

In South Cumbria the creation of an additional Primary Mental Health Worker based in the 'My Time' service supporting the Mental Health Champions Network, is providing consultation and advice for schools and it is expected that this will be strengthened in the redesigned CAMHS model from 2020.

Section 5 – Performance

Our intention continues to be to develop a more robust 'whole system' approach to performance monitoring and outcome measurement over the coming year. We have experienced many challenges over this year regarding capacity within Business Intelligence, information system issues and the need to focus attention on improving reporting into the national Mental Health Data Set. Improvement work means that data is now flowed regularly though further work is required to standardise this data flow across the whole system.

Analysis of performance of the specialist service conducted in July 2018 shows the following;

Generic CAMHS

Team	Av caseload per clinician	No on waiting list	Longest wait	Routine access 5 week target achieved	% of utilisation of appointments
East	75	218	55 weeks	89%	64%
West	92	194	60 weeks	68%	63%
South	102	123	61 weeks	80%	66%

CAIS (Crisis Assessment and Intervention Service)

Team	Caseload (7 day pathway)	Access performance (target 24 hours ward / police cells, 48 hours other settings)	CAIS referrals already open to CAMHS	Tier 4 admissions (April – July 2018)	% utilisation of face to face contacts
CAIS	74	100%	77%	8	83%

ADHD

Team	Av caseload per clinician	No on waiting list	Longest wait	Routine access 5 week target achieved	% utilisation of appointments
ADHD	262	19	34 days	81%	63%

Performance of Targeted Emotional and Mental Wellbeing Support

The My Time Primary Mental Health Service (Barnardos) has changed how it engages with CYP and parents/carers following a detailed review of the initial 2 year period of delivery.

- The service has begun to input into the IAPTUS national mental health data set system,
- 673 referrals were made between April 2017 and the end of March 2018. In Quarter 1 of 2018/19. The numbers of CYP waiting to be seen for brief interventions following assessment and screening had reduced to 278 following an initial screening at the end of June 2018. By mid-September the number of CYP waiting had dropped by a further 105 to 173
- My Time has now introduced a face to face planning and assessment meeting with CYP & parents to also give families strategies to work with immediately plus a check-in within 2 to 3 weeks to gauge progress. Both contacts are measured with outcome scores and have reduced the numbers requiring individual therapy.

The Kooth on-line support service was contacted by 1,674 unique young people between March 2017 and April 2018. Chat counselling is an instant messaging service available to all young people registered on the site. Counsellors are available to chat weekdays 12:00 to 22:00 and weekends 18:00 to 22:00. This can be for drop ins or for booked chats. Young people who require more structured counselling can also have a named counsellor, where specific chat appointments will be booked. 72% of logins during the same period were after 5pm or 'out of hours'.

Since April 2018 more than 500 additional unique young people have registered with the Kooth Service to use the counselling messaging, self-help sessions, or take part in moderated (live) peer support forums. 98% of those using Kooth would recommend the service to a friend.

Both My Time and Kooth have strong links with each other and with universal settings as part of our whole system approach

Further development in Performance and Outcome Monitoring

Our priorities continue to be to deliver or work towards:-

- The national must dos being achieved (Appendix 7)
- The local data set providing information about activity and waiting times for specialist CAMHS is robust and provided on a routine basis
- Monitoring the interval between an initial assessment and start of treatment/intervention in both specialist and targeted mental health services
- Further developing ways of evidencing how the emotional and mental wellbeing of CYP improves following a brief targeted intervention (currently reported to Cumbria Children's Trust Board as % of CYP with Increased Child Outcome Rating Scale service measures at the end of a 'My Time' intervention)
- Continuing to utilise patient stories, the involvement of young people, parents/carers and quarterly case studies from all services e.g. on-line support from 'Kooth' and local third sector commissioned providers

Section 6 – Workforce

Cumbria's Whole System Workforce Development Offer 2018-2019

For 2018 – 2019 we will continue to support and roll-out Cumbria's 'whole system' workforce development offer focussing on:

- Strengthening preventative and early help services by improving practitioner confidence and building skills and knowledge
- Integrating workforce development plans across specialist CAMHS, targeted mental health services and the wider system
- Sharing evidence based training opportunities across specialist and targeted services in line with the implementation of THRIVE
- Building and extending the reach of the Cumbria CYP Improving Access to Psychological Therapies programme



Advice, information and support is available for professionals, practitioners, staff, foster carers and volunteers from:

- Early Help providers and third sector partners
- 'My Time' Primary Mental Health targeted support teams
- The Public Health school-age nursing team 5 – 19yrs have a staff training offer for schools which includes 'anxiety, resilience, digital parenting and body image'
<https://cumbria.gov.uk/ph5to19/default.asp>
- Edge of Care and Children Looked After Emotional Wellbeing Enhanced Practitioners

All staff and parents/carers can access the emotional wellbeing guide on the Cumbria LSCB website

<http://cumbrialscb.com/professionals/emotionalwellbeingmentalhealth.asp>

On-line Mind Ed e- learning is free and available to all adults, professionals, volunteers, parents and carers.

<http://www.minded.org.uk/> We recommend to all who access training courses, that before attending, they visit the website, register and work through the relevant modules.



Whole System Workforce Core Training Course Offer

- Building Emotional Resilience, (1.5 days over 6 weeks) – What is resilience? Theoretical concepts, underpinning practice, skills, techniques
- Self Harm and Suicide Alertness – half day workshops for those in direct contact with CYP
- Youth Mental Health First Aid for schools – one day, covering the key issues impacting on YP’s mental health and focussing on recovery
- Two Day YMHFA – Qualifies participants as YMH First Aiders

We are utilising the ‘Avoiding Admissions’ Programme to roll out system change via providing training courses on a multi-agency basis that have an evidence base of effective support and impact where children and young people require risk management and crisis response e.g. ‘AMBIT’

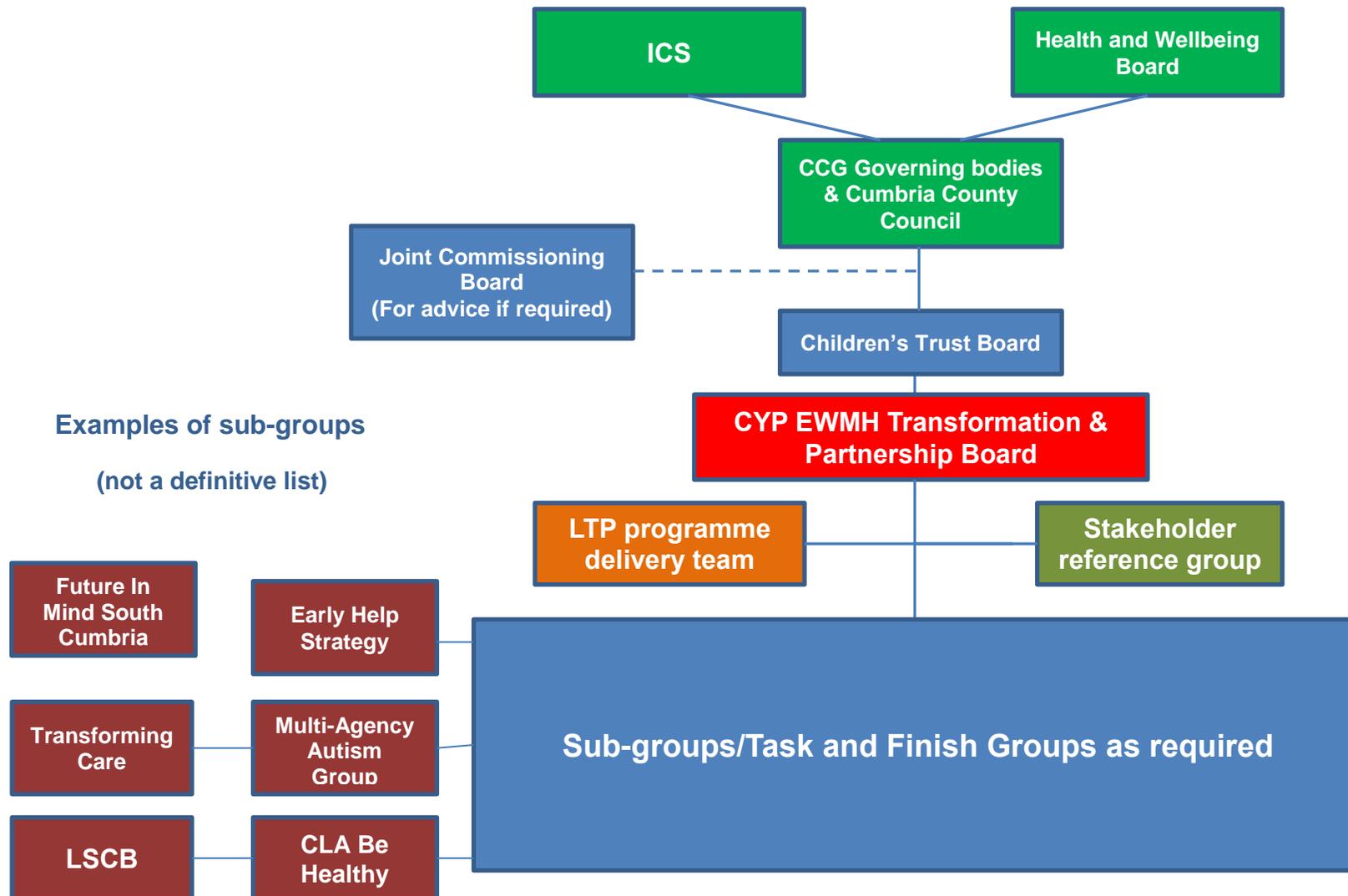
Building Capacity and improving the confidence of practitioners we continue to invest in & develop the Cumbria CYPIAPT programme – training service leaders, systemic family practitioners for conduct disorder, depression, self-harm, & 0-5 years. We have better information about the training requirements of staff, working in new ways and are using staff surveys and other means to plan services as we implement ‘Future in Mind’ developments. We’re investing in the new roles being developed centrally e.g. CYP Wellbeing Practitioners

A comprehensive clinical staff recruitment drive began in 2017 and will continue across 2018/19 to ensure sufficient capacity to support the developments in Community Eating Disorder services and Specialist CAMHS

Appendices

Appendix 1 – LTP Governance Structure

Cumbria Children and Young People’s Emotional Wellbeing and Mental Health Governance



The roles are as follows:

CYP EWMH Transformation & Partnership Board

Strategic decision making board, with responsibility for overseeing the overall whole system approach; Reports to Children's Trust Board

The role of the Board is to:

- a. Lead in the design, delivery, implementation, review and evaluation of the 5 year Transformation Plan.
- b. Oversee work streams, implementation groups, task and finish groups etc. in line with the agreed governance structure.
- c. Enable supporting communication and engagement activity.
- d. Make recommendations for commissioning arrangements including investment priorities and the use of resources.
- e. Make recommendations for service improvements and new delivery models.
- f. Make decisions on behalf of organisations in line with delegated decision making authority.

Stakeholder Reference Group

Multi-disciplinary group that provides a 'sense check' to proposals developed by project groups prior to decisions made by the Transformation and Partnership Board

The Stakeholder Reference Group is a sub-group of the Board and supports the work of the Board by:

- a. Providing a strong professional voice.
- b. Giving professional opinion on matters relating to service development/service improvement.
- c. Providing a place to test feasibility.
- d. Operating as a space from which to make shared professional recommendations.
- e. Being a place where the work of the Board can be aligned to existing and emerging evidence and best value practice (and vice versa).
- f. Providing a mechanism for co-production and professional consultation.

- g. Being a capacity and capability support to work streams.
- h. Operating as a transparent and professional forum that ensures a focus on excellence.

LTP Programme Delivery Team

A multi-agency team, with responsibility for overseeing the implementation of the LTP, making recommendations to the Board and supporting the work of the Board. Paying particular attention to:

- Finance and expenditure
- Overseeing delivery of the plan
- Performance against the plan
- Service performance (incl. access & waiting time standards)
- Plan refresh
- Engagement

Appendix 2 – What are our key priorities going forward?

The following is a summary of the programme plan.

1. Access				
No.	Objective	Goal 2018/19	North/ South	Complete by
1.1	Provide effective, safe and timely care to children and young people living in North and South Cumbria with an eating disorder	We will have started recruitment to a specialist eating disorder model for S Cumbria by Dec 18 with implementation by March 19	South	Dec-18 (initial date)
1.2		We will have completed the establishment of a dedicated Eating Disorder service for CYP in N Cumbria that fully meets the access target	North	Dec-18
1.3	Ensure that all women who require mental health support during the perinatal period have access to the support they need	Women who require in patient mental health support during perinatal period will have access to a more local specialist mother and baby unit with outreach support	Cumbria whole	Nov-18
1.4		We will have a specialist community perinatal mental health team	South	Mar-19
1.5			North	Mar-19
1.6	Improve psychological support for CYP with physical health conditions	We will ensure psychological support for people with physical conditions in S Cumbria is included in the CAMHS Redesign model	South	Mar-20
1.7		We will agree and implement a model to deliver psychological support for people with physical conditions in N Cumbria	North	Apr-19
1.8	Reduce waiting times for support	We will have progressed towards achieving the routine target of 4 weeks for specialist CAMHS (an improvement on the baseline)	North & South	Dec-19

1.9	Achieve the National access target (32%) by March 2019 which is on a trajectory of 35% by March 2020	We will have completed the project to ensure that CPFT data is recorded accurately and flows to the MHDS	North & South	March-19
1.10		We will have established data flow from MyTime service to the MHDS	Cumbria	Dec-18
1.11		We will have achieved the National access target (32%) by March 2019 which is on a trajectory of 35% by March 2020	South	Mar-19 (initial date)
1.12			North	
1.13	Support schools and primary care	We will improve consultation and advice for S Cumbria schools and primary care	South	Jun-19
1.14		We will agree and implement a model to deliver advice and guidance to schools and primary care in N Cumbria	North	Jun-19
1.15	Implement the THRIVE model across Cumbria	We will implement the THRIVE model in S Cumbria through the CAMHS redesign	South	Apr-20
1.16		We will review NHS targeted services to define the services in line with the THRIVE model	North	Apr-19
1.17		We will redefine the wider system in line with the THRIVE model	Whole Cumbria	Apr-19
1.18	Establish an infant mental health offer	We will seek opportunities to establish provision for infant mental health, both in terms of identifying funding and staff with expertise	Whole Cumbria	Mar-21
1.19	Improve transition from YP to adult services and pathways for YP aged 19 to 25 yrs	We will implement the new approach to transition as per the CQUIN project	Whole Cumbria	Dec-19

2. Crisis

2. Crisis				
2.1	Ensure that all children and young people experiencing an emotional or mental health crisis have access to effective, safe and timely care	We will have a CAMHS crisis service in S Cumbria available 7 days a week	South	Dec-18
2.2		We will have reviewed the CAIS service in N Cumbria	North	Dec-18
2.3		We will have reviewed the experience for CYP in all-age S136 facilities and developed a plan for any improvements required	Cumbria whole	Mar-19
2.4		We will have improved short stay alternatives (including S136) in N Cumbria	North	Dec-19
2.5		We will have improved short stay alternatives for young people in S Cumbria	South	Dec-19
2.6	Reduce the need for CYP to be admitted to hospital to get access to specific mental health expertise	We will have provided training in trauma and attachment for professionals	Cumbria Whole	Sep-19
2.7		We will have established support for families/carers and residential settings to assist them in supporting CYP in crisis in S Cumbria	South	Mar-19
2.8		We will have implemented improved pathways for CYP who require Tier 4 specialist inpatient services including those with LD and / or ASD	South	Mar-19
2.9			North	
2.10	Improve care for young people who attend acute hospital with mental health needs	We will have improved the experience of CYP admitted to an acute hospital with mental health, emotional, behavioural needs	South	Mar-19
2.11			North	
3. Care for the most vulnerable				
3.1	Improve the health outcomes for CYP who have experienced trauma, abuse and neglect, are involved with the criminal justice system	We will undertake a needs mapping process to assess the capacity for providing therapeutic and mental health support for CYP on the edge of care and looked after with complex and enduring needs	Cumbria Whole	Mar-19

		We will ensure that the remodelling of the strengthening families service as part of the 0-19 re-commission meets the emotional and mental wellbeing needs of children who have experience trauma, abuse or neglect, are looked after or on the edge of care	Cumbria Whole	Sep-19
3.2	Embed the model of Trauma informed practice	We will have provided training in trauma and attachment for professionals in CAMHS and My Time	Cumbria Whole	Sep-19
3.3	Improve multi-agency coordination for most complex children and young people	We will have piloted the AMBIT approach in South Cumbria	South	Sep-19
3.4	Extend the skills and knowledge of specialist services in terms of LD and/or autism	We will have delivered CETR training for CAMHS and My Time staff	Cumbria Whole	Dec-19
3.5	Improve the ability of services to meet therapeutic needs of CLA and those on the edge of care	We will develop a plan to meet the therapeutic needs of CLA and those on the edge of care	Cumbria Whole	Jan-20
3.6	Improve ADHD provision	We will implement learning from the review of ADHD pathways	Cumbria Whole	Feb-20
3.7	Establish capacity and skills to meet the needs of complex children who have ASD but no LD	We will develop an approach to enable us to meet the needs of most complex CYP with ASD but no LD	South	Mar-20
3.8			North	Mar-20
4. Workforce				
4.1	Improve professional skills and build capacity and confidence	We will have delivered the whole-system workforce development programme agreed in 2018	Cumbria Whole	Mar-19
4.2		We will have reviewed and refreshed the whole-system workforce development plan to cover 19/20	Cumbria Whole	Apr-19

5. Resilience				
5.1	To improve support for schools, YP & families regarding helping young people staying emotionally resilient online	We will liaise with schools and others to develop a plan of what is needed to improve support	Cumbria Whole	Dec-19
5.2	To improve the provision of early support for children and young people with emotional health and wellbeing needs	We will ensure that the recommissioning of the 0-19 offer includes early support for emotional health and well-being	Cumbria Whole	Sep-19
5.3	Reduce stigma for people with experience of MH problems and their families	We will report to the Board on actions undertaken during the year to raise awareness of mental health and challenge stigma	Cumbria Whole	Sep-19
5.4	To equip schools and other settings with the tools they need to build resilience in CYP	We will have equipped schools and other settings with the tools they need to build resilience in CYP, and will have trained a minimum of one person per school in YMHA throughout the county	Cumbria Whole	Dec-19
6. Engagement				
6.1	Co-ordinate engagement groups and activity across the partnership	We will have delivered the engagement plan across Cumbria	Cumbria Whole	Sep-19
6.2	Improve the mechanisms by which parents and carers can influence services and service development	We will support parent/carers to develop a peer support forum (Roller-coaster group)	North	Mar-19
6.3		We will co-produce a model of NHS funded services (CAMHS redesign) with parents/carers, service users and other stakeholders	South	Mar-20

Appendix 3 – Finance

1. Transformation and Eating Disorder Funding

Table 1 reflects the funding identified for Cumbria within the Five Year Forward View for the Children and Young People's Transformation Programme and for Eating Disorders and illustrates the funding expectations up to 2020/21

In the financial year 16/17 NHS Cumbria CCG was in financial deficit with a number of significant priorities. One consequence of which was that the CCG's capacity to allocate new expenditure was constrained. As a result in 17/18 both MBCCG and NCCCG inherited a baseline with less well established services than might have been expected. During 2017/18 and 2018/19, work has progressed in both CCGs to establish clear development plans to make optimum use of the resources available for Children and Young People'

Table 1.

Funding Allocation												
Funding Allocation			CCCG	CCCG	North	South	North	South	North	South	North	South
			15 / 16	16 / 17	17 / 18		18 / 19		19 / 20		20 / 21	
National allocation CYP Transformation				119,000,000	140,000,000		170,000,000		190,000,000		214,000,000	
Increase					1.18		1.21		1.12		1.13	
Local allocation/expectation			723,745	809,400	539,000	215,000	654,500	261,071	731,500	291,786	823,900	328,643
Total			724	71.47%	723,745	809,400	754,000	915,571	1,023,286	1,152,543		
National Allocation Eating Disorders				30,000,000	30,000,000		30,000,000		30,000,000		30,000,000	
Local allocation/expectation			292,320	330,600	332,000	132,000	332,000	132,000	332,000	132,000	332,000	132,000
Total			289	28.53%	289,140	330,600	464,000	464,000	464,000	464,000	464,000	464,000
Grand Total			1,013	100%	1,012,885	1,140,000	1,218,000	1,379,571	1,487,286	1,616,543		

In 15/16 funding was non recurrent, 16/17 consolidated in CCG baseline and from 17/18 onwards to be funded from CCG allocations

Core expenditure is outside of this funding allocation/expenditure

Core funding of the existing Tier 3 CAMHS provision, Tier 2 provision via My Time and spot purchasing is not included in this summary.

Both CCGs continue to be committed to investing in young people's emotional health and wellbeing in line with the Transformation Funding and Eating Disorder Allocation identified in table 1 above. The following shows the indicative allocations against projects. Individual schemes will need to be agreed following production of business cases.

Transformation Funding

Theme	North Cumbria CCG			Morecambe Bay CCG		
	Amount 17/18	Amount 18/19	Amount 19/20	Amount 17/18	Amount 18/19	Amount 19/20
Eating Disorders	£309,500	£309,500	£222,000	£83,000	£132,000	£132,000
Access				£178,400	£44,000	£292,000*
Crisis	£150,500	£150,500	£201,000	£3,600	£167,000	
Workforce/Training	£25,000	£75,000	£75,000	£10,000	£15,900	
Engagement (incl. co-production)				£39,000	£1,000	
Programme costs	£40,000	£30,000	£20,000	£33,000	£33,000	
Total Transformation Fund	£525,000	£565,000	£518,000	£347,000	£392,900	£424,000

*allocated to redesigned CAMHS/EWB provision

Funding from other sources

Theme	North Cumbria CCG			Morecambe Bay CCG		
	Amount 17/18	Amount 18/19	Amount 19/20	Amount 17/18	Amount 18/19	Amount 19/20
Care of the Vulnerable (Trauma and recovery model for YOS)	£17,000			£6,000		
Crisis (Avoiding admissions initiative)	£113,000			£16,414		
Access (Specialist Perinatal Service)		£331,000	£400,000	TBD	TBD	TBD

Appendix 4 – Baseline 2016/17 and trajectories

Performance – Cumbria Partnership NHS Foundation Trust (CPFT)

This appendix presents key performance information for the programme. This includes:

- The number of children and young people with a diagnosable mental health condition accessing NHS funded CPFT provided Child and Adolescent Mental Health Services (CAMHS).
- The numbers of children and young people accessing CPFT provided community eating disorder services within one week for urgent referrals and four weeks for non-urgent referrals.
- Information regarding the children and young people’s emotional wellbeing and mental health workforce.

Improving Access to CYPMH Trajectories

CPFT set a baseline and is currently monitoring its performance against the final published NHS England improving access to CYPMH definition, using local data from the RiO electronic patient record for CPFT Tier 3 service, and contract performance data provided by Barnardos for the sub-contracted Tier 2 service. There will be children from both North and South Cumbria receiving treatment from other NHS providers who are not included in these performance figures.

There are 2 parts to the national Improving Access to CYPMH Indicator:

Part 1

1A - an experimental indicator defining “treatment”, as first 2 or more contacts within a 6 week period.

Part 2

2A – unique children and young people receiving “treatment” in the quarter, where “unique” is defined as a child or young person who has not already received “treatment” in the financial year; and “treatment” defined as receiving a second contact in the reporting period. There is no time period between the contacts specified in the definition of this indicator.

2B – number of individual children and young people aged under 18 with a diagnosable mental health condition, calculated from Office of National Statistics population data and Public Health England prevalence statistics.

Monitoring is taking place focussing on Part 2 of the Indicator.

The table below outlines the trajectories required to achieve the CYPMH Improving Access Part 2 target:

Cumbria Partnership Foundation Trust	Estimated No of Children 0-18 with a MH Condition (16/17)	Est. 16/17 Baseline (Referrals accepted)		Est. 16/17 Baseline (1st Treatment (2 contacts))~		2017/18	2018/19	2019/20	2020/21
						30%	32%	34%	35%
North Cumbria*	5409	1255	23.2%	1228	22.7%	1617	1722	1831	1886
South Cumbria**	3328	929	27.9%	679	20.4%	994	1060	1126	1161
Cumbria	8737	2184	25.0%	1907	21.8%	2611	2782	2957	3047

* 61.91% of Cumbria population

** 38.09% of Cumbria population

~ Tier 2 baseline based on Referrals not 1st Treatment

Improving Access to CYPMH, Current Position - June 18/19 (M3)

The tables below shows current performance against the NHSE target based trajectories:

Combined CPFT Tier 3 and Barnados Tier 2 provision

Cumbria CYPMH Trajectory	16/17	17/18	18/19
Unique treated CYP	1907	2096	974
Projection (18/19 M3)	n/a	n/a	2172
CYPMH pop (9.4%)	8737	8702	8694
CYPMH % trajectory	28%	30%	32%
CYPMH Trajectory - required to enter treatment	2446	2611	2782
Actual % CYPMH population treated	21.8%	24.1%	25.0%
Additional CYP required to achieve Full CYPMH trajectory	539	515	610

North Cumbria CYPMH Trajectory	16/17	17/18	18/19
Unique treated CYP	1228	1382	452
Projection (18/19 M3)	n/a	n/a	1414
CYPMH pop (9.4%)	5409	5387	5382
CYPMH % trajectory	28%	30%	32%
CYPMH Trajectory - required to enter treatment	1515	1616	1722
Actual % CYPMH population treated	22.7%	25.7%	26.3%
Additional CYP required to achieve Full CYPMH trajectory	286	234	308

South Cumbria CYPMH Trajectory	16/17	17/18	18/19
Unique treated CYP	679	714	241
Projection (18/19 M3)	n/a	n/a	758
CYPMH pop (9.4%)	3328	3315	3312
CYPMH % trajectory	28%	30%	32%
CYPMH Trajectory - required to enter treatment	932	994	1060
Actual % CYPMH population treated	20.4%	21.5%	22.9%
Additional CYP required to achieve Full CYPMH trajectory	253	281	302

Eating Disorder (ED) Access and Waiting Times Trajectories

The tables below outline the trajectories required to achieve the ED Access and Waiting Times standards. An assumption of 30% of referrals being urgent and 70% routine has been used based on 2016/17 ED related referrals received into CPFT Tier 3 CAMHS:

Cumbria CYPED Trajectory	2016	2017	2018	2019	2020	2021
Access Trajectory threshold %	20%	35%	50%	65%	80%	95%
All Referrals	40	40	40.4	40.2	39.8	39.6
Urgent referrals (30% of referrals)	12.0	12.0	12.1	12.1	11.9	11.9
Routine Referrals (70% of referrals)	28.0	28.0	28.3	28.1	27.9	27.7
CYP Seen to achieve Access Target: All	8.0	14.0	20.2	26.1	31.8	37.6
CYP Seen to achieve Access Target: Urgent	2.4	4.2	6.1	7.8	9.6	11.3
CYP Seen to achieve Access Target: Routine	5.6	9.8	14.1	18.3	22.3	26.3

North Cumbria CYPED Trajectory (61.91%)	2016	2017	2018	2019	2020	2021
Access Trajectory threshold %	20%	35%	50%	65%	80%	95%
All Referrals	24.8	24.8	25.0	24.9	24.7	24.6
Urgent referrals (30% of referrals)	7.4	7.4	7.5	7.5	7.4	7.4
Routine Referrals (70% of referrals)	17.3	17.3	17.5	17.4	17.3	17.2
CYP Seen to achieve Access Target: All	5.0	8.7	12.5	16.2	19.8	23.4
CYP Seen to achieve Access Target: Urgent	1.5	2.6	3.8	4.9	5.9	7.0
CYP Seen to achieve Access Target: Routine	3.5	6.1	8.8	11.3	13.8	16.4

South Cumbria CYPED Trajectory (38.09%)	2016	2017	2018	2019	2020	2021
Access Trajectory threshold %	20%	35%	50%	65%	80%	95%
All Referrals	15.2	15.2	15.4	15.3	15.1	15
Urgent referrals (30% of referrals)	4.6	4.6	4.6	4.6	4.5	4.5
Routine Referrals (70% of referrals)	10.7	10.7	10.8	10.7	10.6	10.5
CYP Seen to achieve Access Target: All	3.0	5.3	7.7	9.9	12.1	14.3
CYP Seen to achieve Access Target: Urgent	0.9	1.6	2.3	3.0	3.6	4.3
CYP Seen to achieve Access Target: Routine	2.1	3.7	5.4	7.0	8.5	10.0

Appendix 5 – Feedback from Engagement

1. Stakeholders

Engagement, consultation and co-production are central to our work to improve emotional and mental wellbeing and the Multi-Agency Emotional Wellbeing and Mental Health Partnership has acted as a collection point for this work.

Stakeholders include; the multi-agency CYP Emotional and Mental Wellbeing Partnership; Former HeadStart Phase 2 schools; Cumbria NHS, Cumbria County Council; 'Youthforia', North West Regional Forum, Cumbria Youth Parliament; the LSCB Young People's Perspective Board; Cumbria Children in Care Council; Cumbria Care Leavers Forum; CCC Local Committees; Youth Councils (2 for South Cumbria – Furness Youth Council and Lakeland Youth Council) School Councils and Youth Panels; Furness Carer Forum; Young Minds Amplified Project Group; Cumbria Time to Change Hub; Multi agency Future in Mind group for South Cumbria. Cumbria Partnership Foundation Trust CAMHS,

2. How engagement and co-production has supported and shaped Cumbria's Local Transformation Plan since 2016

Prior to CCG Boundary changes in April 2017, Cumbria CCG's engagement work included – the development of 'Digital Badges' by children and young people and other work on physical health care commissioned from Cumbria Youth Alliance, who engaged with young people on our behalf. Results were printed in the Health Engagement: 'Together for a healthier future' 'Building health with children and young people in North Cumbria' document. Further engagement work with Children & Young People with LD (South & North Cumbria), had aspects of emotional health and well-being included in the event/workshop recommendations. These were reported in an easy read paper that demonstrates the type of engagement used and the results of the event.

Our Youth Councils and Youth Voice Network across the County consistently prioritise emotional and mental wellbeing and remain active in terms of raising awareness and supporting all young people to access support and advice.

<http://cumbrialscb.com/children/links.asp>

<http://cumbrialscb.com/children/youngperspectiveboard.asp>

In early 2017, a Youth Member of Parliament from South Lakeland made a film of her experience of suffering from anxiety and depression and her aim to raise awareness of the need for more services. This can be viewed at:

<https://www.facebook.com/FixersUK/videos/1235103693273070/>

In March 2017, Cumbria was successful in securing funding for a Pilot 'Time to Change' Hub, aimed at bringing together individuals from across the county and further afield with an interest in changing how people think about mental health problems. This bid was done in partnership between Carlisle Eden Mind and Cumbria County Council. Part of this work is focussed on children and young people. The steering group supported young people across all districts to sign up to becoming 'Young Champions'. Many schools took up a 'Time to Change' training offer designed to support those working in schools and youth settings, aiming to equip staff with the knowledge and skills to better educate students about mental health stigma and discrimination.

The Cumbria Multi-Agency CYP Partnership was selected to become one of 12 national trailblazers in 2017. The project helped to support vulnerable young people leaving care who need help and support from Adult Mental Health services via the creation of an information leaflet written by young care leavers and also held workshops for young people hosted by the Youth Councils and Cumbria Care Leavers forum (Headspace Event) which have helped to tackle stigma, increase awareness and build knowledge of the support available to young in Cumbria

Specialist CAMHS and Adult Mental Health Services have been incentivised through a 2 year CQUIN to improve transition of young people this work has included a survey of professionals and involvement in the engagement of young people as part of the Cumbria Young Minds Trailblazer. Following joint workshops and further work, the transition pathway will be launched in November 2018. Changes have been made around the collection of feedback from young people in relation to their transition experience. Adult Mental Health services are developing ideas for 'Transition Workshops' for all young people approaching transition age, to run 2 or 3 times a year in each locality.

A 2017 film made by Specialist CAMHS showed the experience and journey of a parent:

www.youtube.com/watch?edit=vd&v=HU4Mx2B4KVE

The film is having an impact on supporting wider understanding of what CAMHS are able to provide and some of the challenges faced.

3. Engagement and Co-production 2018/2019

This year we have taken an integrated approach to participation and engagement across specialist CAMH services and the wider system across the Local Authority supported Youth Participation networks and also the Third Sector. An integrated Cumbria LTP Engagement and Participation Plan overseen by the Partnership Board has supported better joined up co-production work, where young people have utilised opportunities and events to have their voices and views heard. CAMHS and communities work together on Engagement and Participation Development of the plan will continue to be reported to the Partnership Board. This has been a year of achievement in relation to co-production, some examples are cited here.

The **Make Your Mark** 2017 (MYM) results included the views of 18,497 young people from 59 Schools, Colleges and Academies in Cumbria who voted on their top issues. Ten issues were debated and chosen democratically by members of the UK Youth Parliament and are also proposed by youth representatives from numerous constituencies across the country based upon youth and community needs. The Executive Director of Cumbria County Council, John Macilwraith, set the 6 Cumbrian Youth Councils an ambitious Make Your Mark Challenge. The Deputy Member of Youth Parliament responded to Mr Macilwraith.

Directors Challenge - <https://youtu.be/h6sJ1axZlgA>

Young person's response - <https://youtu.be/2kiQnPdpFE>

Top MYM 2017-18 Issues for Young People in Cumbria

- (1) Transport
- (2) Mental Health
- (3) A Curriculum to Prepare Us for Life

Make Your Mark 2018 Results – This year 50% of the youth population (15,846) across 73% of schools took part to vote on their top ten issues. 'Mental Health' came out top overall, with 3006 votes.

South Cumbria CAMHS Redesign Project The Lancashire and South Cumbria CAMHS Commissioners, Cumbria Partnership Foundation Trust, voluntary, community and faith sector (VCFS) providers and service users along with their families have worked in partnership (The Care Partnership) to co-produce a system-wide model of services for children, young people and their families as part of a South Cumbria CAMHS re-design project relating to NHS commissioned services. At the heart of the development of the model is the fact that it has been co-produced in true partnership with the service users and wider stakeholders through a comprehensive co-production approach. A digital resource is a key element of the Thrive model for South Cumbria and will be co-produced as per the redesign timeline.

Specialist CAMHS and the District Youth Councils worked together to produce a survey which went live via schools, asking young people about their use of social media and technology, with a view to developing an online resource. The survey results indicated the value of an online resource and the CPFT communications team have become involved in the development of a webpage on the CPFT website

Parent/carer participation - CAMHS has started to work with a commissioned targeted mental health support service in North Cumbria to develop a parent/carer participation group. The initial meetings took place in September 2018

Carlisle & Eden Mind undertook design research with whole school communities in Carlisle and Eden and looked at how a young person's journey through school, can support them to be mentally healthy. In Eden, young people, parents and teachers looked together at how the school community can function as a supportive network and contribute to the mental health of everyone. [://www.cemind.org/our-services/young-peoples-advocacy.aspx](http://www.cemind.org/our-services/young-peoples-advocacy.aspx)
Go to 'supporting information' at bottom of page to access full report.

Raising Parent Awareness of Self Harm and Suicide Prevention In South Lakeland, during the 2018 summer term CE Mind provided awareness raising sessions for school staff, parents and carers from Queen Katherine School and Kirkbie Kendal Schools (One session held at QKS). The session called 'Mental Health, Self Harm and Suicide – We all have a role to play', was attended by 80 staff and parents. The main purpose of the session was to help parents feel more comfortable and confident in talking about self harm and suicide and mental health in general and also crucially helping them explore what role they can play with their children. Feedback from the session was really positive – many people came up at the end to say how much they appreciated it and also to discuss their own concerns.

Through both schools web resources, a factsheet was made available, specially created for the session and our Mental Health Resource sheets – which includes apps /web based resources as well as local and national support.

4. Feedback from Engagement regarding the 2018 refresh

A draft copy of the plan was made available to stakeholders and networks in September 2018 and comments were collated by email. Following agreement of the draft plan at the Partnership Board, the draft was made available for public comments, including on the CCG websites and via an LSCB 7 minute briefing. The following is a summary of comments received, followed by a list showing circulation. Carlisle and Eden Youth Council work with a professional film maker to produce a short film about the Cumbria LTP. The film can be found at https://www.youtube.com/embed/videoseries?list=PL_u1DMECouszZPsz9brt3-c5g12l1-eu

THEME	FEEDBACK COMMENTS Young People's Comments are Shown in this colour	RECEIVED FROM	RESPONSE
Access	<p>One young person waited 313 days to get a CAMHS appointment and this is not acceptable</p> <p>Young people who attended school with HeadStart projects have noticed that there are no longer people coming into school to support them</p> <p>The on line support service Kooth is being used and is seen by young people as being very helpful</p> <p>Youth Council members who are receiving CAMHS support felt they had sufficient support but that other young people should be able to access the service more quickly and are aware that they know of others not getting what they need</p> <p>How is help advertised and promoted? What about better siting of posters e.g. Kooth on backs of toilet doors. Could schools put more information on to their networks?</p>	<p>14 Young people from the Furness and South Lakes Youth Councils gave their views On the 'Easy Read' version of this plan</p>	<p>We agree that extended wait times for CAMHS are unacceptable. We are actively engaging in a waiting time initiative to address this issue and ensure that young people receive timely assessment and intervention.</p> <p>We learnt a lot from HeadStart. We recognise need for more early intervention and support, and will be supporting schools to do more over the next year and for more support in schools.</p> <p>The waiting times for access are being hampered by the current long waiting times for treatment post assessment.</p> <p>We are developing ways to communicate more regularly with young people and families while waiting for appointments. The idea of placing adverts about Kooth in public areas will be explored further.</p>
	<p>We recognise the challenges facing the NHS regarding funding and recruitment.</p> <p>These challenges are acute in parts of the service in Cumbria. We recognise and value the efforts being made to improve the services for CYP.</p> <p>We do not feel that the successive reorganisations, and changes in local boundaries, have been helpful in these efforts.</p> <p>The 'My Time and Kooth services both make regular referrals to our service and other 3rd sector organisations due to individuals</p>	<p>SAFA Cumbria Self-harm Awareness for All Cumbria response</p>	<p>SAFA Cumbria is a valued partner providing support for young people and is working with us to help improve the system.</p> <p>The comment regarding boundary changes is noted.</p> <p>The CCGs recognise the need to be</p>

THEME	FEEDBACK COMMENTS Young People's Comments are Shown in this colour	RECEIVED FROM	RESPONSE
	requiring more specialised treatment. We believe more transparency should be available on how the money has been spent. What has been progressed?	SAFA Cumbria	transparent and seek to do so through the annual refresh of this plan, all stakeholders are invited to contribute to this process and if further detail is requested we're happy to consider doing so within the limits of professional and clinical confidentiality. CPFT is engaged in regular dialogue with CCG's regarding funding. Section 2 summarises what has been progressed and further details can be provided about any aspect.
Crisis	Access to crisis services for young people 24 hours a day/7 days a week sounds fantastic but it is a realistic offer, will it ever happen?	14 young people as above	A young person in crisis and needing urgent support should be able to access help at any time of day or night. The young people's crisis service will be available Monday – Friday 9am – 8pm and Saturday & Sunday 9am – 1pm. At other times support will be from the adult crisis team. The CAMHS Crisis team is working more closely with adult mental health teams to keep young people safe.
Care for the most vulnerable	Where can we find the video about autism support? A young person reported that they'd heard that ADHD is recognised by adult services and was wondering what this meant for them? Someone shared how it had taken over two years for them to be	14 young people as above	The video is designed to give guidance to professionals. We will offer a viewing for the young people A big project has taken place to improve the transition journey for young people into adult services in

THEME	FEEDBACK COMMENTS Young People's Comments are Shown in this colour	RECEIVED FROM	RESPONSE
	<p>diagnosed with autism and get the right help.</p>		<p>2018 and the new pathway will be available soon.</p> <p>The CCGs have commissioned Psychiatry UK to provide an adult ADHD service, both diagnosis and treatment, and recognise that this new service addresses a long standing shortfall.</p> <p>Improving access to an ASD diagnosis has been a priority for some time for the multi-agency Autism Strategy Group, and steps have been taken to improve the diagnostic pathway with evidence of improved waiting times. These comments will be shared with the Multi Agency Autism Strategy group to ensure that are aware of these concerns.</p>
Care for the most vulnerable	<p>The I Matter approach is highlighting that to meet the needs of the child with emotional or behavioural difficulties all adults need to be aware of</p> <p>i) the significance of the adults wellbeing and confidence for the child outcomes (including impact of ACES and poverty on ALL family members)</p> <p>ii) the vital importance of developmental thinking (by this i mean the nitty gritty of the skills to be learned)</p>	<p>Clinical Psychologist, Teacher and Parent</p> <p>I – MATTER parent/child training project lead</p>	<p>This point is supported by a growing evidence base of the importance of working with and supporting parents and carers in tandem with help for the child/young person. We are mindful of the need to develop practice to be more inclusive of the whole family, particularly for more vulnerable groups of children and young people</p>

THEME	FEEDBACK COMMENTS Young People's Comments are Shown in this colour	RECEIVED FROM	RESPONSE
Resilience	<p>The issues of adult wellbeing and developmental thinking (see above) seem so obvious but they are still not adequately understood within the workforce and nor is this thinking embedded in routine practices so families experiences are extremely hit and miss.</p> <p>Lack of collective understanding of adult wellbeing and developmental thinking is playing a key role in the flood of children into services, particularly so for our most vulnerable children. The training work at school level and with partners in CCC and social care is really important.</p>	<p>Clinical Psychologist, Teacher and Parent</p> <p>I – MATTER parent/child training project lead</p>	<p>We need to be mindful of the need to develop practice to promote resilience by supporting the whole family and also recognising that there may be workforce development needs associated with this. This will be considered within the refresh of the LTP Workforce Development Plan</p>
Workforce	<p>Its' really good that so many practitioners have been trained in Youth Mental Health First Aid. Will there be trained people in every school? As young people we would like to do some training so we can help and support our friends.</p>	<p>14 young people as above</p>	<p>It is our aspiration that by the end of 2019 every school will have at least one YMHFA trained person. We are starting to develop plans that will enable young people in schools and colleges aged over 16, to receive YMHFA training, and this has started to be rolled out in some districts. We expect Young People to have access to this training across the county by the end of 2019.</p>
Engagement	<p>Young people openly said that they use computer games as a stress reliever and are keen to be involved in discussions about on-line support.</p>		<p>We are looking at how we can involve young people more in the development of support on-line over the next year. CAMHS are scoping a range of options to enable access to digital platforms offering on-line support and evidence based intervention.</p>

THEME	FEEDBACK COMMENTS Young People's Comments are Shown in this colour	RECEIVED FROM	RESPONSE
	<p>Those consulted about the draft plan gave clear messages around what they felt was needed when they were cared for in hospital: to be treated with respect; to reduce the wait for a doctor to authorise medication when they have arrived with their own; to ensure that food and drink are available.</p> <p>One young person aged 17 chose to be admitted to a children's ward as they knew the staff and felt safe.</p>		<p>These comments about care in hospital will be discussed with the providers and help us to shape our improvement plans</p>

Distribution of Final Draft for comment 5th October

Children and Young People's EWMH Transformation and Partnership Board
 CYP EWBMH Stakeholder Reference Group
 South Cumbria 'Future in Mind' Group
 Cumbria County Council, People, (CCC) Executive Director
 CCC, People, Children and Families Senior Leadership Team
 Service Managers for Children Looked After, Fostering, Adoption and Edge of Care
 (Team Managers for both Fostering and Adoption to share with foster carers/adoptive parents)
 Senior Service Manager for Youth Offending Service
 Strategic Manager Early Help Services
 Cumbria Association of Secondary Heads/Cumbria Primary Heads Association
 Principal Educational Psychologists x 2
 Senior Leaders Cumbria FE Colleges
 Cumbria Local Safeguarding Children's Board (CLSCB) Business Improvement Manager
 CLSCB Designated Safeguarding Clinical Lead
 (& Chair of CLA Be Healthy Sub-group of Corporate Parenting Panel)
 Public Health and Wellbeing Locality Managers x 6
 Children and Young People's Voluntary Sector Reference Group
 Cumbria Child Bereavement Network Steering Group

The Local Transformation Plan was presented and discussed at:

Eden Health and Wellbeing Forum (5th October)
 Yellow Mellow Wellbeing event with parents and young people (10th Oct)
 Cumbria Early Years Strategy Group (10th Oct)
 Suicide Safer Eden Group (18th Oct)

Appendix 6 – Workforce data and trajectories

CPFT Tier 3 CAMHS

Current Staffing and Trajectories - North Cumbria CCG

Position	NHS Band	My Time	CAMHS	ADHD	Crisis	Eating Disorder	17 / 18	18 / 19	19 / 20	20 / 21
Admin Clerical	8A	N/A	0.62				0.62	0.62	0.62	0.62
Admin Clerical	7	N/A	2	0	0	0	2	2	2	2
Admin Clerical	4	N/A	3.4	0	0	0	3.4	3.4	3.4	3.4
Admin Clerical	3	N/A	3.2	0	1	0	4.2	4.2	4.2	4.2
Admin Clerical	2	N/A	1	0	0	0	1	1	1	1
Occupational Therapist	6	N/A	1.8	0	0	0	1.8	1.8	1.8	1.8
Psychologist	7	N/A	4	0	0	0	4	4	4	4
Psychologist	8A	N/A	1	0	0	0	1	1	1	1
Psychologist	8B	N/A	1	0	0	0	1	1	1	1
Assistant Psychologist	4	N/A	2	0	0	0	2	2	2	2
Nurse	8A	N/A	0	1	0	0	1	1	1	1
Nurse	7	N/A	0	0	1	0	1	1	1	1
Nurse	6	N/A	6.9	1	4.8	0	12.7	12.7	12.7	12.7
Nurse	5	N/A	1	0	0	0	1	1	1	1
Health Care Assistant	4	N/A	0	2	0	0	2	2	2	2
Family therapist	6	N/A	1	0	0	0	1	1	1	1
Psychotherapist	N/A	N/A	0	0	0	0	0	0	0	0
Psychiatrist Consultant	N/A	N/A	3.4	0	0	0	3.4	3.4	3.4	3.4
Clinical Director	N/A	N/A	0.4				0.4	0.4	0.4	0.4
Non-Medical Lead	8D	N/A	0.4				0.4	0.4	0.4	0.4

Current Staffing and Trajectories - Morecambe Bay CCG (South Cumbria Element)

Position	NHS Band	CAMH S	ADHD	Crisis	Eating Disorder	17 / 18	18 / 19	19 / 20	20 / 21
Admin Clerical	8A	0.38				0.38	0.38	0.38	0.38
Admin Clerical	7	1	0	0	0	1	1	1	1
Admin Clerical	4	1.6	0	0	0	1.6	1.6	1.6	1.6
Admin Clerical	3	0.8	0	1	0	0.8	0.8	0.8	0.8
Admin Clerical	2	1	0	0	0	1	1	1	1
Occupational Therapist	5	1	0	0	0	1	1	1	1
Psychologist	7	1	0	0	0	1	1	1	1
Psychologist	8A	1	0	0	0	1	1	1	1
Psychologist	8D	0.4	0	0	0	0.4	0.4	0.4	0.4
Assistant Psychologist	4	1	0	0	0	1	1	1	1
Nurse	7	0	1	0	0	1	1	1	1
Nurse	6	5	0	1	0	6	6	6	6
Nurse	5	1	0	0	0	1	1	1	1
Health Care Assistant	4	0	1	0	0	1	1	1	1
Family therapist	N/A	0	0	0	0	1	1	1	1
Psychotherapist	N/A	1	0	0	0	1	1	1	1
Psychiatrist Consultant	N/A	2	0	0	0	2	2	2	2
Clinical Director	N/A	0.2				0.2	0.2	0.2	0.2
Non-Medical Lead	8D	0.2				0.2	0.2	0.2	0.2

Barnardos My Time

Whole Cumbria

Position	Barnardo's Band	17/18	18/19	19/20	20/21
Service Administrator	D26B	.17	.17	.17	.17
Admin Assistant	D14A	1	1	1	1
Secretarial Assistant	D11A	.38	.38	.38	.38
Team Manager	P30B		1 (from July)	1	1
Children's Service Manager	E38B	.60	.60	.60	.60

North Cumbria

Team Manager - North & West		1	1 (until July)	0	0
Senior Practitioner	P31A		.81 (from August)	.81	.81
Therapist	P26C	1.41	1.41 (2.42 from Sept)	2.41	2.41

West Cumbria

Senior Practitioner	P31A	1	1	1	1
Therapist	P26C	1.89	1.89	1.89	1.89
Therapist (term time only)	P26C	.54	.54	.54	.54
Mentor	P26C	1.22	1.22	1.22	1.22

South Cumbria

Team Manager - South		1	1 (until July)	0	0
Senior Practitioner	P31A	1	1	1	1
Therapist	P26C	2.76	2.76	2.76	2.76
Mentor	P26C	0	.43	.43	.43

South Cumbria Pilot Seconded Posts until March 2019 (anticipated these posts may continue)

Primary Mental Health Worker	P31A		1	1 (?)	1 (?)
CWP	P26C		1	1 (?)	1 (?)

Cumbria Seconded Posts until March 2019 (anticipated these posts may continue)

CWP	P26C		2	2	2
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Appendix 7 – Summary of national must dos and imperatives

Implementing the five year view for mental health			
Ref:	pg.	Narrative	Theme
FV1	6	By2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence based treatment representing an increase in access to NHS funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.	Appendix 2 – access trajectories
FV2	6	CCGs should commission improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people.	Crisis
FV3	7	By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.	ED
FV4	7	By 2020/21, in patient stays for children and young people will only take place where clinically appropriate, will have minimum possible length of stay, and will be close to home as possible to avoid inappropriate out of area placements. All general in-patient units and young people will move to be commissioned on a 'place-basis' by localities so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds.	Crisis
FV5	7	Inappropriate use of beds in paediatric and adult wards to be eliminated.	Crisis
FV6	8	By 2020/21, at least 1,700 more therapist and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff, based on recommended caseloads. This will require new staff to be trained and supervised by experience staff, as well as return to practise schemes and local recruitment. Illustrative trajectory for necessary growth in therapists reflects the growth in additional funding in CCG baselines.	Workforce

FV7	8	CYP IAPT Programme to deliver post-graduate training in specific therapies, leading organisation change, supervision in existing therapeutic interventions and whole -team development. By 2018 all service should be working within CYPIAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapist above.	Workforce
FV 8	10	Developing special services for children with complex needs in the justice system.	Care of the Vulnerable
FV9	12	By 2020/21, there will be increased access to specialist perinatal mental health support in all areas in England, in the community or in-patient mother and baby units, allowing at least an additional 30,000 women each year to receive evidence based treatment, closer to home, when they need it.	Access
FV9	13	Workforce requirements Specialist multi-disciplinary community perinatal mental health teams with the right capacity and skill mix and able to offer psychological and therapeutic support	