



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.



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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 Government's Response to the Green Paper (July 2018) details the proposed next steps with a strong focus on increased support for schools. North Cumbria CCG has been invited to become part of the first wave of Trailblazer sites, developing Mental Health Support Teams in schools and a 4 week waiting time pilot. At the time of writing an expression of interest has been submitted and the outcome is awaited.

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'

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 ICP footprints and to meet the challenges Cumbria faces in

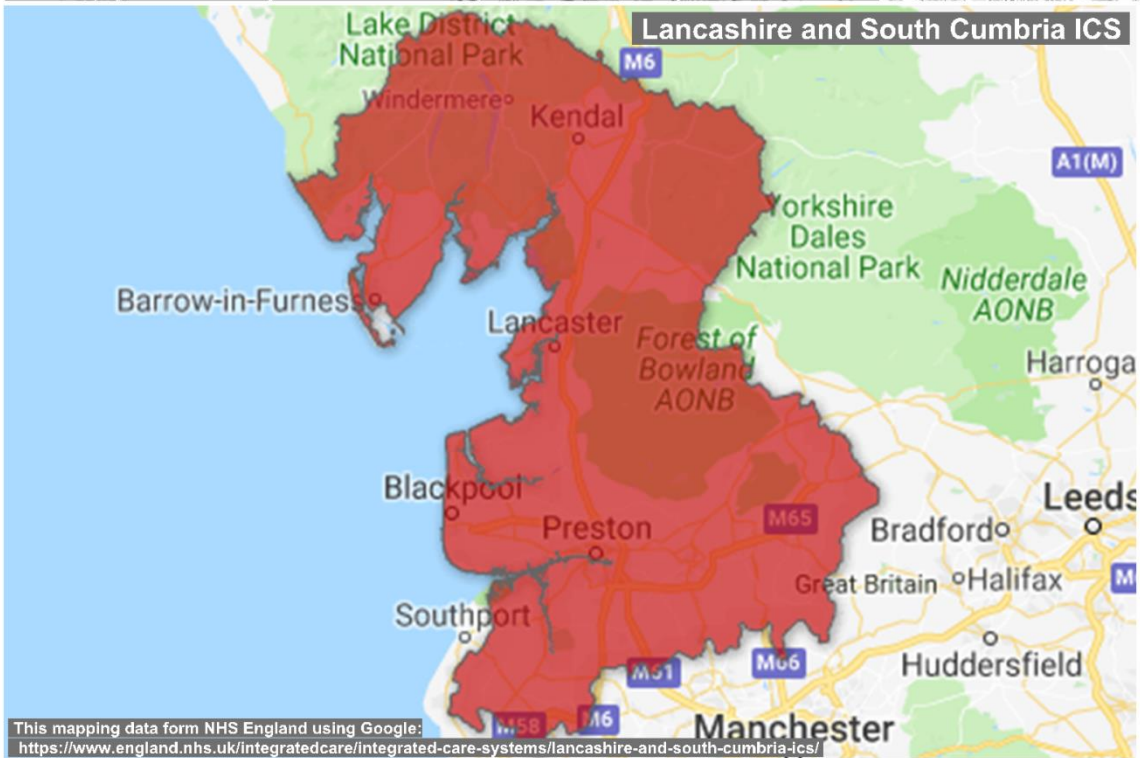
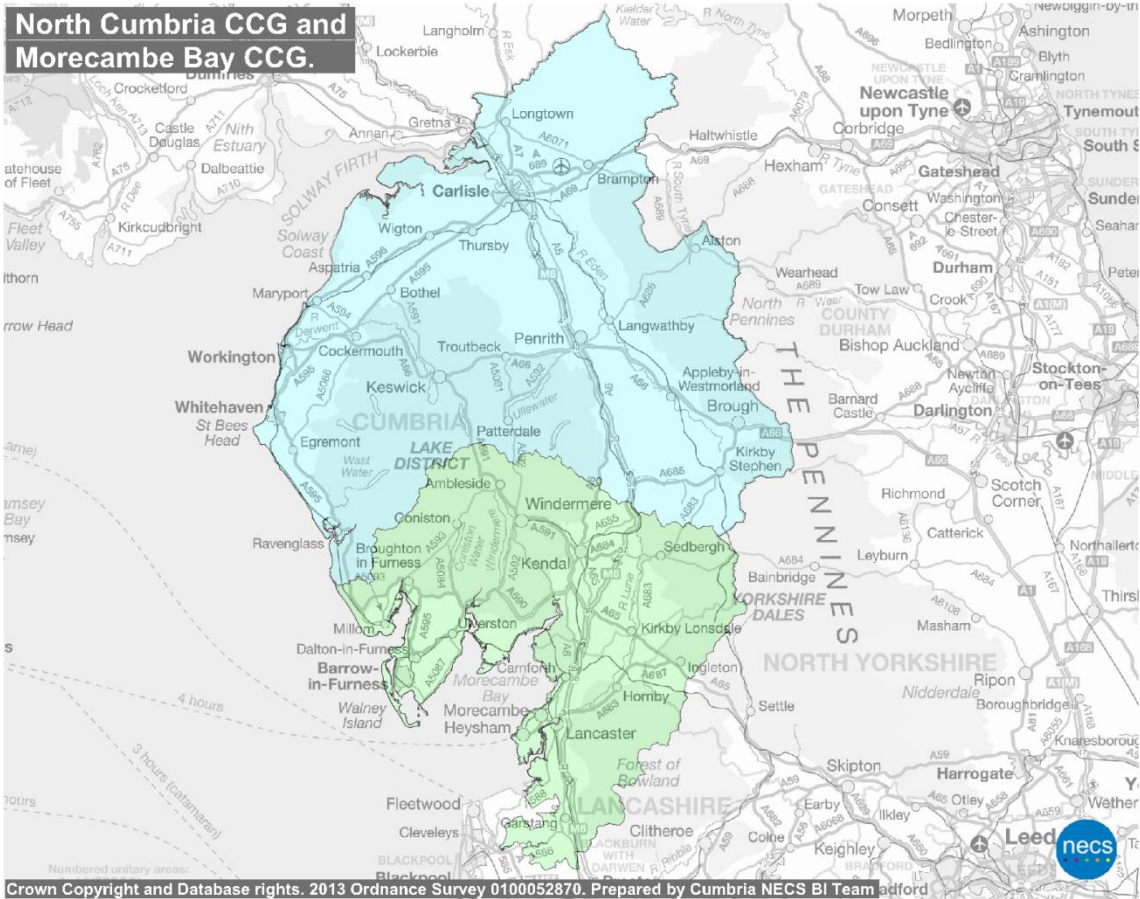
delivering our priorities up to 2020. For North, West and East Cumbria, this means working more closely with healthcare systems in Northumberland, Tyne and Wear, whilst South Cumbria has become part of the Lancashire and South Cumbria Integrated Care System.

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.

Discussions will take place during 2018 / 2019 to decide how the existing governance structure needs to change to reflect the ICP footprints. The changes to the governance structures may take place as soon as early 2019. The current governance structure (appendix 1) will continue until superseded by the new arrangements. It will be important through this transition that we have the opportunity to continue to discuss whole-Cumbria issues and reflect these within both LTPs.

Across Cumbria the aspirations continue to be 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.

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



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

Section 1 – Principles

The Cumbria EWBMMH 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:-

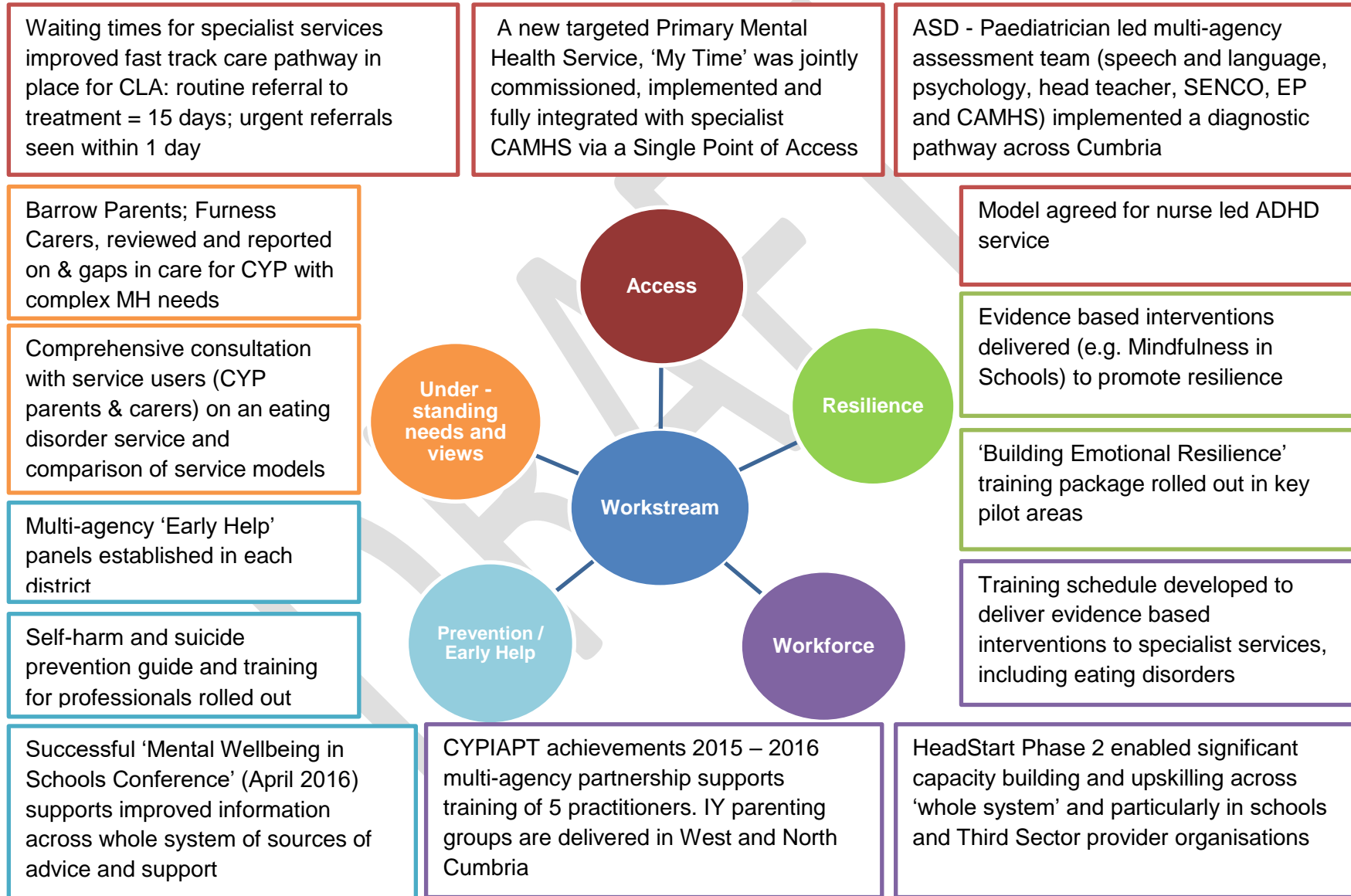
- Right Service, Right Time, Right Level
- The emotional wellbeing of CYP is everybody's responsibility
- Any support provided will be evidence based
- Outcomes for CYP will be equitable across the county
- Specific needs of individuals or groups of CYP will be recognised and met, especially vulnerable 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:

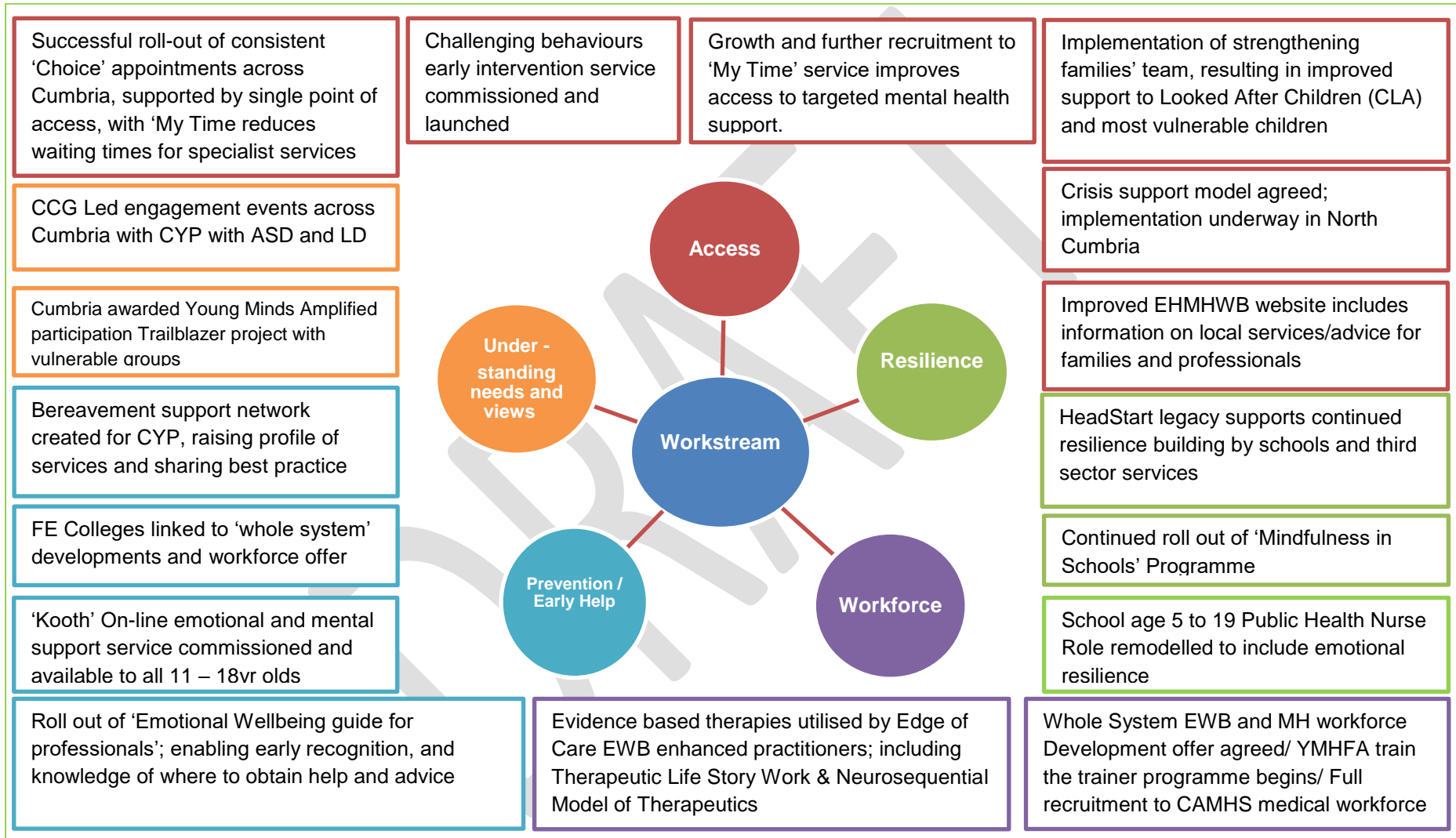
1. Listen to children, young people, families, carers, partners, providers and wider stakeholders and work with them to:
 - Shape, influence and drive forward delivery of our objectives.
 - Engage in co-production of system solutions.
 - Identify opportunities to improve efficiency, effectiveness and 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

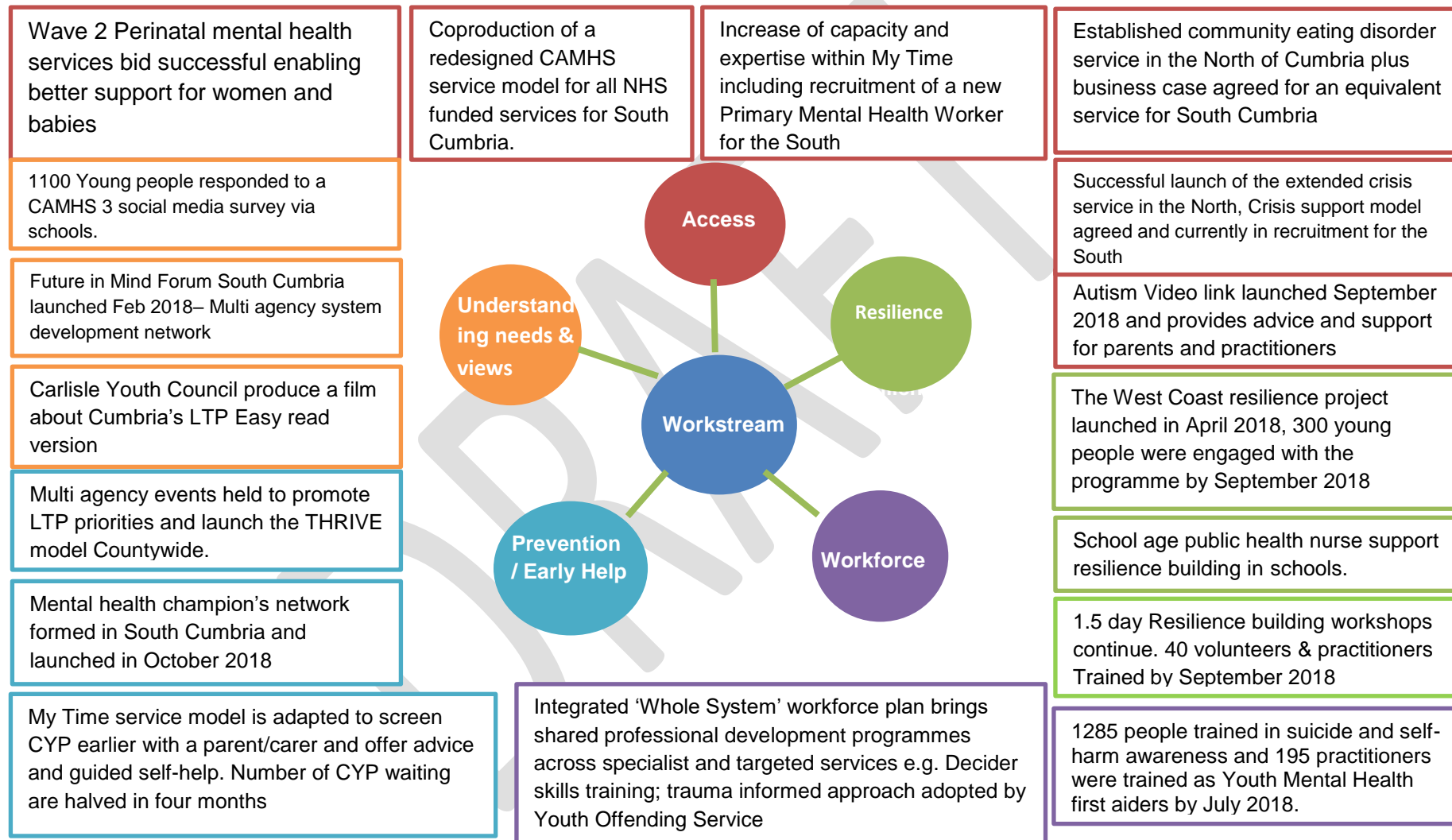
Year 1 - 2015-16



Year 2 - 2016 – 2017



Year 3 - 2017 – 2018



Section 3 – Key priorities for 2018

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 |

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.

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 Governance Structure is depicted in Appendix 1.

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 are now involved in the recruitment process for CAMHS staff.

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.

** Insert link to Carlisle Youth Council film **

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, Barrow)
- 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 care Worker based in the 'My Time' service supporting the Mental Health Champions Network, will start to address the need for consultation and advice for schools and it is expected that this will be strengthened in the redesigned CAMHS model from April 2019.

Performance and Outcome Measurement

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, 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

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Section 5 – 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’

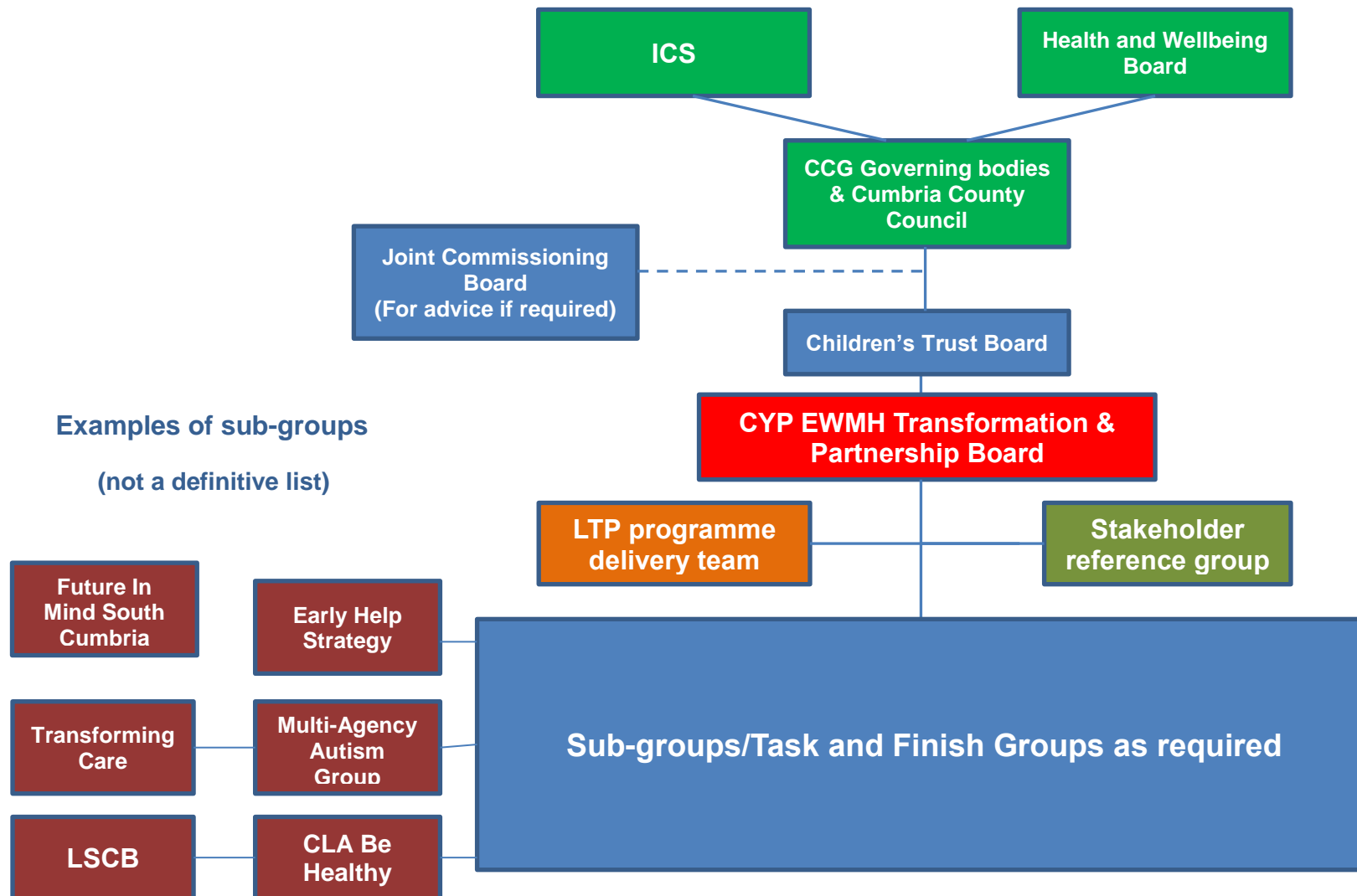
Building Capacity and improving the confidence of practitioners we continue to invest in & develop the Cumbria CYPIAPT programme – training service leaders, systemic family practitioners for conduct disorder, depression, self-harm, & 0-5 years. We have better information about the training requirements 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

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 2017 | 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 189 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 | TBC |
| 1.4 | | We will have a specialist community perinatal mental health team | South | TBC |
| 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-19 |
| 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 (define what percentage) | 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 | TBA |
| 1.10 | | We will have established data flow from MyTime service to the MHDS | Cumbria | TBA |
| 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 |
| 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-19 |
| 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-18 |
| 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 |
| 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 pilot 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 well-being 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 | To equip schools and other settings with the tools they need to build resilience in CYP (lyndsey to define next goal) | Cumbria Whole | TBA |
| 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-19 |

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 published in April 2018 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/h6sJ1axZlqA>

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

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 the comments:

| Priority Area/ elements of implementation action plan | Feedback Comments | Received From | Response |
|--|-------------------|------------------|----------|
| Access | | | |
| Crisis | | | |
| Care for the most vulnerable | | | |
| Workforce | | | |
| Engagement | | | |

(to be completed following engagement)

Appendix 6 – Workforce data and trajectories

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

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 | |

Appendix 8 - Current Workforce Data and Trajectories - 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 |
|-----|------|--|---|---|---|

