

Appendix 1 – LTP 2018/19 Action Plan

2017/18 Refresh

1. Improving the timeliness and access to emotional wellbeing and mental health support available to children and young people

- Navigation Hub launched - replacing the previous single point of entry, with an enhanced service that can undertake greater clinical triage, with extended operating hours, and a call back service for referrers.
- Children are waiting a shorter time for their first appointment:
 - Average wait to first appointment is 6 weeks (falling from 8 weeks at the start of the year).
 - Longest waits have reduced from 26 weeks to 18 weeks.
 - Therefore 100% of children are receiving their first appointment within the target timescale of 18 weeks.
 - Consistent delivery of waiting times within target timescales:
 - Emergency assessments within 48 hrs.
 - Urgent assessments within 1 week
 - Routine assessments within 18 weeks
 - Support for LAC within 4 weeks
- Only 62% of children receive their second (follow up) appointment, within the target timescale of 12 weeks, which was set as part of the last refresh.
- However, the position improved between January – August 2018, and the figure has reduced from 421 in January 2018 to 204 in August 18. Healios, an independent organisation has been procured to provide additional clinical capacity, and has

2018/19 Priorities

1. Improve the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people

- a) Refresh the referral to treatment pathway;
- b) Undertake further system capacity and demand and generate proposals to best manage the system pressures;
- c) Continue with collaborative waiting list management arrangements to optimize the management of all key waits, particularly CAMHS follow-up waits;
- d) Continue to increase the scale of available multi-agency early help opportunities in schools, and in the community to help to reduce some of the requirement for specialist help;
- e) Ongoing development of the digital offer, including further development of the website, availability of an electronic referrals portal, e-consultation, further development of the Dimensions Tool and the use of social media;
- f) Remodelled multi-agency “targeted” support with strengthened partnership working with Primary Mental Health Team (PMHT) and which is closely aligned to Coventry Family Hubs;
- g) Implement a refreshed framework for Mental Health Interventions, for School-aged Children (MHISC)

<p>started to pick up suitable cases via online support, which has helped reduce follow up waits.</p> <ul style="list-style-type: none"> • Primary Mental Health Team have undertaken a rolling programme, to up-skill and build capacity in the wider workforce, through training and consultation. 	
<p>2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).</p> <ul style="list-style-type: none"> • Primary Mental Health Team have put in place a link worker with each Family Hub, and delivered 37 consultations and 17 individual advice and guidance episodes. 	<p>2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).</p> <ol style="list-style-type: none"> a) Tier 2 remodelled and closer partnership working with PMHT and family hubs b) Develop robust partnership and communicate the early help/community offer, strengthen this to improve implementation of the early intervention
<p>3. Develop collaborative pathways for young people who may require Tier 4 beds and developing further local CAMHS crisis response</p> <ul style="list-style-type: none"> • Tier 3 plus is being commissioned in stages. Stage 1 is providing more capacity for crisis support through the Acute Liaison Team, including 7 days a week coverage at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), George Eliot Hospital NHS Trust (GEH) and South Warwickshire NHS Foundation Trust (SWFT). • Business case for a tier 4 collaborative commissioning model, where CRCCG takes over commissioning responsibility from NHSE is being developed. 	<p>3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.</p> <ol style="list-style-type: none"> a) Extension of Acute liaison service 7 days a week. b) Implement phase 2 of the Tier 3 plus Service, including the implementation of crisis and home treatment support. c) Continue to explore the potential for the provision of 72-hour “admission avoidance” beds. d) Pursue collaborative commissioning arrangements with NHSE in respect of tier 4 beds.

<p>4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring</p> <ul style="list-style-type: none"> • Feedback from Experience of Service User Questionnaires (ESQs) continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive. • Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis. 	<p>4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring</p> <ol style="list-style-type: none"> a) A refreshed clinical outcomes framework is agreed and implemented, including the extension of routine outcome monitoring to all key pathways. This will have an agreed reporting schedule. b) Ongoing development of capture and reporting of service user experience feedback.
<p>5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals</p> <ul style="list-style-type: none"> • Dimensions Tool fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into service. • Healios commissioned by CWPT to deliver on-line Cognitive Behaviour Therapy (CBT) courses with high levels of service user satisfaction and good outcomes • Online self-care videos, information and guidance added to the website. • On-line referral portal in pilot phase. • CWPT purchased 'Block' on-line tool to undertake consultations and support. Set for roll out in 2019/20 	<p>5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals</p> <ol style="list-style-type: none"> a) Healios continue to deliver on-line CBT courses, with high levels of service user satisfaction and good outcomes. b) 'Block' on-line tool providing e-consultation and support. Set for roll out in 2019/20 c) On-line referral portal in pilot phase ready for roll out by end of 2019. d) New website live from August 2017, due for first major refresh by end of 2018, based on service user feedback. e) Increased use of social media Facebook, Twitter and Instagram for engagement with children and young people use of Facebook, Twitter and Instagram
<p>6. Implement and evaluate the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool.</p> <ul style="list-style-type: none"> • Dimensions is fully operational, providing families and referrers a means of signposting to appropriate support, and supporting effective referrals into service. 	<p>6. Implement and evaluate the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool.</p> <ol style="list-style-type: none"> a) Continued rolled out of the Dimensions tool as part of the wider workforce training, through Primary Mental Health team.

<ul style="list-style-type: none"> • Early evaluation of the tool will be delivered by Warwick University. 	<ul style="list-style-type: none"> b) Review the evaluation findings of the dimension tool and incorporate as part of the roll out/development.
<p>7. Evaluate the impact of the CAMHS transformation plan for service users and other key stakeholders</p> <p>As described above:</p> <ul style="list-style-type: none"> • Waiting times for routine first appointment have reduced from eight weeks to six. • Experience of service user questionnaires indicates that most service users are satisfied. 	<p>7. Evaluate the impact of the CAMHS transformation plan for service users and other key stakeholders</p> <ul style="list-style-type: none"> • To be agreed and specified
<p>8. Further strengthen support for a range of vulnerable children and young people</p> <ul style="list-style-type: none"> • CAMHS LAC (Looked after Children) service is in place and delivering support within 4 weeks of referral. • New Autistic Spectrum Disorder (ASD) early support pathway has been developed and rolled out. • Two unsuccessful recruitment rounds for the enhanced Youth Justice and Sexual Assault Referral Centre (SARC) initiative, due to the fixed term and highly specialized nature of the post 	<p>8. Further strengthen support for a range of vulnerable children and young people</p> <ul style="list-style-type: none"> a) Co-locating the CAMHS LAC service in social care teams in Broadgate House. b) Mobilising targeted support for children waiting for Autism Spectrum Disorder (ASD) assessment, through the roll out of the ASD pathway. c) Finalise and roll-out pilot model to support children and young people for whom poor mental health is leading to low school attendance/not accessing education. d) Undertaking a system / multi-agency review of the support for ASD, in light to service user feedback and aspirations, demand, capacity, available resources, good practice and respective agency roles and responsibilities. To propose a potential new system approach. e) Procure targeted support for children and families pre and post ASD diagnosis.

	<p>f) Continue with the aim to recruit role in CAMHS to support youth justice, revisiting specification and scoping and alternative model of delivery.</p>
<p>9. Develop a Multi-Agency Plan</p> <ul style="list-style-type: none"> • Clear workforce plan in place across agencies. • Central to the plan is the Primary Mental Health Service upskilling and building capacity in the wider workforce, though training and consultation. 	<p>9. Develop a Multi-Agency Plan</p> <p>a) Ongoing training and development of the wider system workforce to support the mental health and ASD agenda.</p>