



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

Transformation Plan
2015 – 2020

Refresh 2017

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.



Contents

Introduction	3
Section 1 - Principles	6
Section 2 - What have we achieved in years 1 & 2?	8
Section 3 - What are our key priorities going forward?	10
Section 4 – How will we deliver?	14
Section 5 – Workforce	19
Appendices	
Appendix 1: LTP Governance Structure	21
Appendix 2: What are our key priorities going forward?	22
Appendix 3: Finance	30
Appendix 4: Baseline 2015/16 trajectories	33
Appendix 5: Feedback from engagement	38
Appendix 5(b): Feedback from engagement 2017 refresh	42
Appendix 6: Workforce data and trajectories	47
Appendix 7: Summary of new national must dos and imperatives	49
Appendix 8: My Time service structure Cumbria	51

Introduction

The purpose of this document is to update and refresh the original Cumbria Local Transformation Plan, published in **October 2015** and refreshed in **October 2016**. This plan sets out the progress over the first two years of the five-year plan and provides the direction for the next three 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, builds 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.

From 2014 the Cumbria multi-agency Emotional Wellbeing and Mental Health Partnership group 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'

From June 2016 we consulted upon our 15 original Cumbria Transformation Plan priorities via stakeholder events and feedback from children, young people, their parents and carers. The information was distilled into 5 key areas, setting out initiatives and goals for each. They are captured in our 'Strategy on a page 2017 – 2019.

<http://cumbrialscb.com/professionals/EWMH/ehwbmultiagencypartnershiplanonapage.asp>

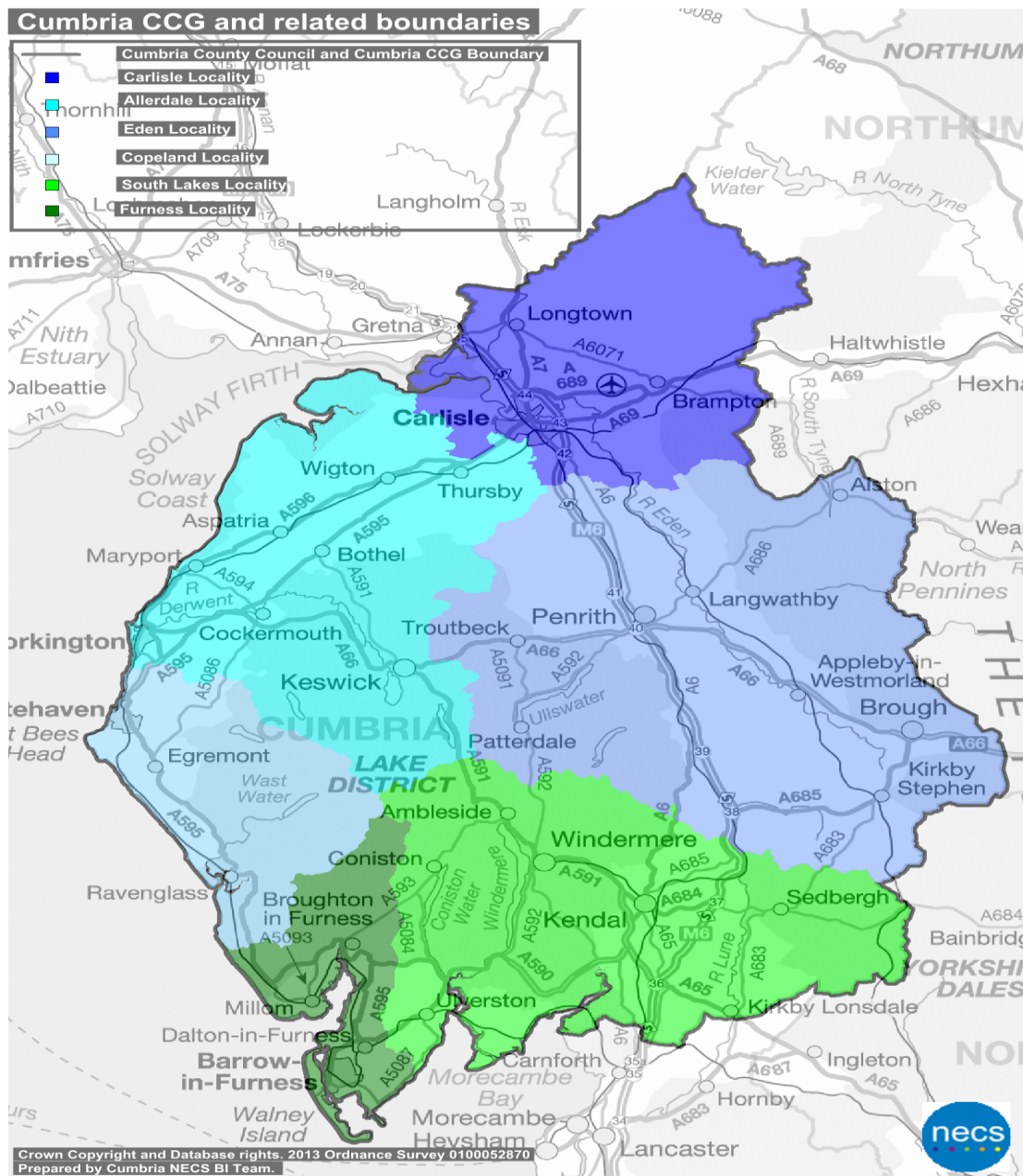
Following the Clinical Commissioning Group (CCG) boundary changes and the establishment of the new geographically wider footprints of the Sustainability and Transformation Partnerships (STPs) in April 2017 we recognise that we are now working in a more complex environment across our 'Cumbria Whole System'. Both CCGs are committed to using Integrated Care Communities as the building blocks of wider health and care services, including for emotional wellbeing and mental health services for children and young people. This is acknowledged in the detail of our action plan in section 2. As a partnership we remain committed to the implementation of a Cumbria wide Transformation plan. The strategic context in which we are working is constantly changing and in September 2017 we reviewed

our partnership and governance arrangements to ensure that they meet the challenges Cumbria faces in delivering our priorities this year and up to 2020 in line with the national requirements of *'Future in Mind'* (2015)

and 'The Five Year Forward View for Mental Health One Year On '(2016). The proposed new governance arrangements are set out in Appendix 1. These arrangements will be kept under review, particularly in the light of the evolving Sustainability and Transformation Partnerships and Accountable Care Systems.

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 Peoples Plan 2017 (<https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/7033/42478103822.pdf>)

The diagrams below show the CCG boundary changes and the new geographically wider footprints the STP.



of

Section 1 - Principles

The Cumbria EWBHM Partnership has 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

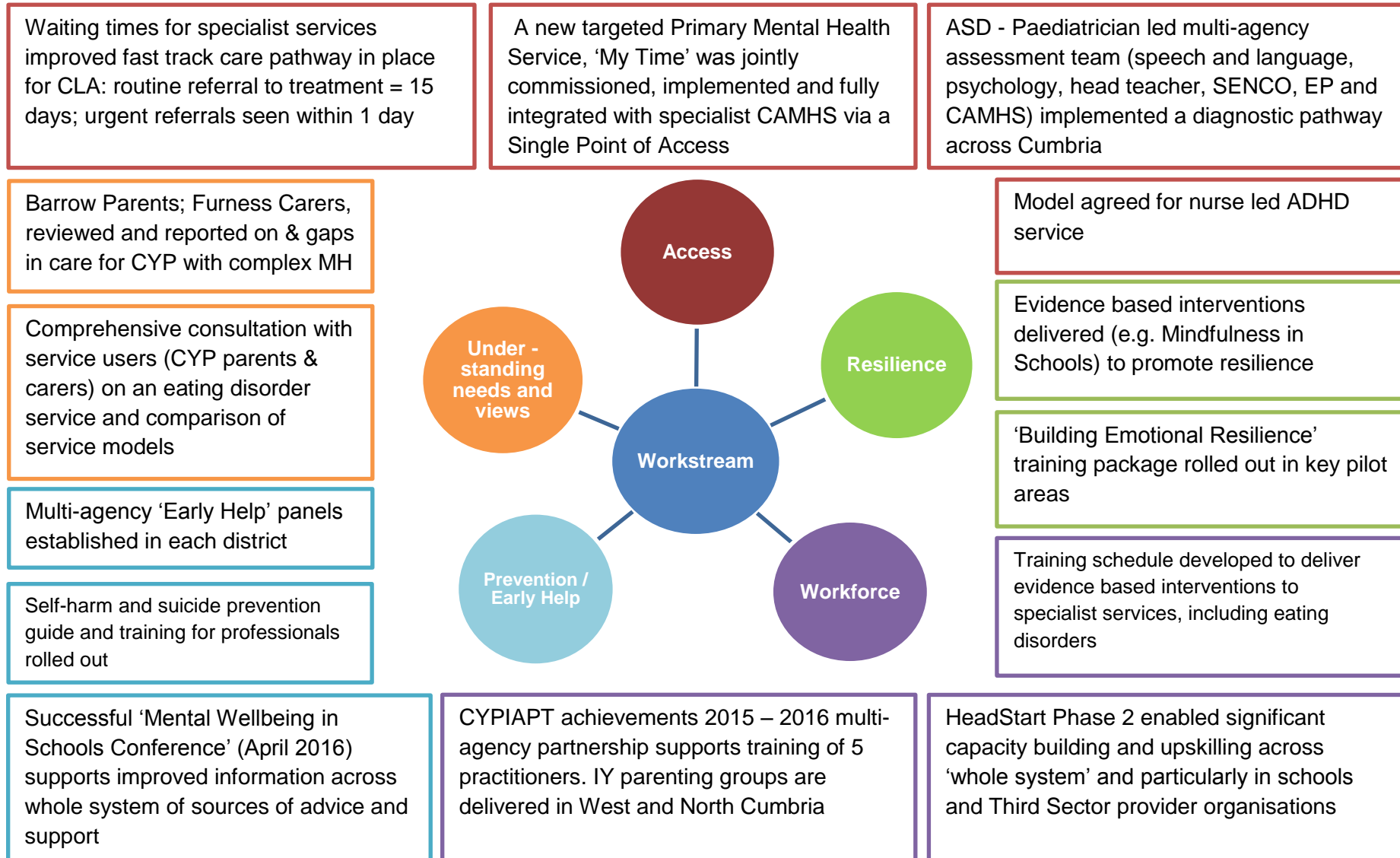
In addition to these principles, the delivery of the LTP is underpinned by the following approach.

In the development and delivery of our LTP we will:

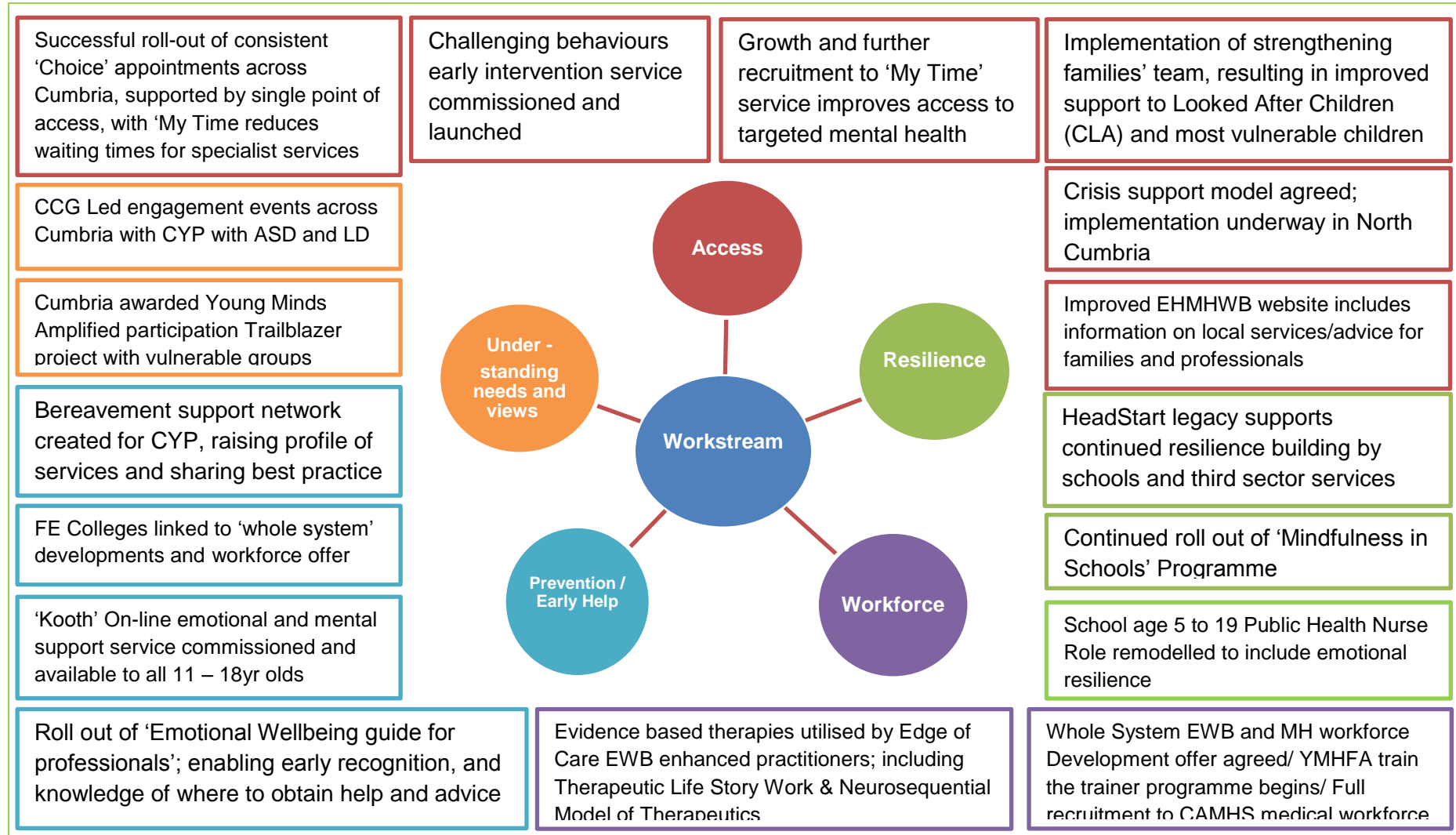
1. Listen to children, young people, families, carers, partners, providers and wider stakeholders and work with them to:
 - Shape, influence and drive forward delivery of our objectives.
 - Engage in co-production of system solutions.
 - Identify opportunities to improve efficiency, effectiveness and 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 - 2016



Section 2 – Cumbria Transformation Plan Achievements Year 2 2016 – 2017



Section 3 – What are our key priorities going forward?

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>

Please see appendix 7 referring to summary of national must dos and imperatives

For this refresh we have structured our priorities 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
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. The goals and milestones for delivery are identified in below. Appendix 2 shows the detail of how each will be delivered in North and South Cumbria respectively.

Theme	Objective	Goal
Access	To provide effective, safe and timely care to children and young people with an eating disorder	By 31 st March 2018 we will have established a dedicated eating disorder service for CYP between N Cumbria and Morecambe Bay CCG
	Ensure that all women who require mental health support during the perinatal period have access to the support they need	By July 2018 women who require inpatient mental health support during the perinatal period will have access to a more local specialist Mother and Baby Unit with outreach support
		By 31 st March 2018 we will have submitted a bid for national funding for Specialist Community Perinatal Mental Health services
	To ensure appropriate support for young people aged 0-25 currently not provided for within the CAMHS service	By March 2021 we will have delivered improvements in services for infant mental health
		By March 2021 we will have improved pathways for young people aged 19 to 25 years, particularly easing transition from young persons to adult services
		By March 2019 to improve psychological support for CYP with physical health conditions
	To reduce waiting times for CAMHS services and achieve national access trajectory	By March 2018 we will have reduced the waiting times for routine access to CAMHS and achieved progress towards National access target of 35%
		By March 2018 to ensure the My Time service has the capacity, expertise and remit to address the correct range of needs within acceptable waiting times
		By March 2019 to ensure a deliverable and sustainable plan to meet access target trajectories and deliver services according to need by 2020/2021
		To implement the THRIVE model
	To ensure delivery of an Early Intervention in Psychosis service including all CYP experiencing a first episode of	By March 2018 to improve performance monitoring to ensure young people have appropriate access to EIP

	psychosis	
Crisis	To ensure that all children and young people experiencing an emotional or mental health crisis have access to effective, safe and timely care	By 31 st March 2018 we will have implemented extended hours CAMHS crisis services, available 7 days a week, working in partnership with adult services to ensure crisis support is available 24/7
		By 31 st March 2018 we will have improved facilities for CYP on a Section 136
		By March 2018 to establish a short stay alternative for CYP experiencing an emotional or mental health crisis who are unable to remain in their normal place of residence
	To reduce the need for CYP to be admitted to hospital to get access to specific mental health expertise	By March 2019 we will have implemented improved pathways for young people between CAMHS and specialist inpatient provision, including those with LD and/or ASD
		By March 2019 we will have delivered training for mental health professionals to improve their confidence in supporting young people in crisis to avoid admissions or facilitate discharge
		By March 2018 we will have developed and started to implement training and support to families/carers and residential settings to assist them in supporting CYP in crisis
	Improving care for young people who attend acute hospital with mental health needs	By 31 st March 2018 we will have improved the experience of CYP admitted to an acute hospital with mental health, emotional, behavioural needs
		By March 2019 we will have agreed how the model of liaison psychiatry responds to the needs of CYP
Care for the most vulnerable	Improve the health outcomes for CYP who have experienced neglect and or trauma, are involved with the criminal justice system, looked after or on the edge of care	By March 2018 to extend the range of children with whom the Strengthening families service can work with to include those CYP in contact with the criminal justice system and those who have experiences sexual assault/abuse
		By March 2019 improve joint working between health and LA children's services to support children looked after and on the edge of care with emotional well-being and mental health needs
Workforce	To improve professional skills and build capacity and	By March 2018 to establish a workforce development programme, including a focus on strengthening preventative, primary care (via ICCS) and early help services and improved

	confidence	information about sources of support
Resilience	To equip schools and other settings with the tools they need to build resilience in CYP	By March 2019 to support schools and other settings to audit and act upon 'Whole School/setting Approaches to EW & Mental Health
	To ensure the Cumbria Digital Health strategy reflects the needs of Children and Young People	By September 2018 CYP digital wellbeing forms part of Cumbria County council's Digital Health Strategy
	To simplify the point of entry to support for CYP with emerging mental health issues	By March 2018 to ensure that staff through the system know how to access early support and are clear about the pathway and Early Help processes in relation to emotional and mental health.
	To reduce stigma for people with experience of MH problems and their families	By September 2018 to implement the mental health awareness campaign ' Time to change'
	To ensure suicide and self-harm prevention is part of 'whole system' awareness in services, schools and schools	By March 2018 to audit the impact of the roll-out of suicide and self-harm awareness training for all those who work with CYP By March 2019 to ensure that every school has a suicide prevention, intervention and postvention plan in place
Engagement	To co-ordinate engagement groups and activity across the partnership	By March 2018 to improve engagement across Cumbria
	To increase awareness of the Local Transformation Plan	By March 2018 to have increased awareness of the LTP and to have publicised the LTP widely

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 2017* (<https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/7033/42478103822.pdf>)

Following the Clinical Commissioning Group (CCG) boundary changes in April 2017 and the establishment of new geographically wider footprints of the Sustainability and Transformation Partnerships we recognise that we are now working in a more complex environment across our 'Cumbria Whole System'.

The partners involved in delivery of the plan include:

- 2 Clinical Commissioning Groups (Morecambe Bay CCG & North Cumbria CCG)
- 2 Sustainability and Transformation Partnerships – West North East Cumbria STP and Lancashire and South Cumbria STP
- 1 Local Authority
- 1 Tier 3 CAMHS Service provided by Cumbria Partnership
- 2 acute providers
- 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

We will build on the robust and productive joint working arrangements developed in Years 1 and 2. E.g. Cumbria Partnership Foundation Trust have established a joint working group with University Hospitals Morecambe Bay with clear lines of communication in place to support seamless care for children and young people admitted to Children's Wards. Recently completed audits, care pathways and an emotional wellbeing guide for professionals will all contribute to how we will deliver going forward.

As a partnership we remain committed to the implementation of a Cumbria wide Transformation Plan, however in September 2017 we reviewed our partnership and governance arrangements going forward to ensure that they can meet the challenges

Cumbria faces in delivering our priorities this year and up to 2021. The proposed new governance arrangements are awaiting ratification and are expected to come into being from 1/12/17. The roles are as follows:

CYP EWMH Transformation & Partnership Board

Strategic decision making board with responsibility for overseeing the overall whole system approach. Reporting 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

The 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

Programme Management This Transformation Plan represents a large-scale system change that requires significant programme management, including enabling support from finance, communications, engagement and information professionals. Dedicated project support has been established in September 2017 and work is now underway to establish the programme management mechanisms required to ensure delivery of the programme. These include:

- Establishing the revised programme governance arrangements
- Establishing regular reports to both STPs
- Establishing regular communications across the system
- Establishing Programme monitoring and reporting processes
- Establishing activity performance reporting
- Systems to monitor spend

Engagement

Our methods of engagement will continue to utilise various ways and tools to gather feedback and involve, children, young people, parents and carers. (Group work, surveys, film, digital platforms, workshops, local media and relationships and with our Youth Voice networks.) 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. E.g. the young people who made the 'Fixers Project' film (Appendix 5; Achievements in Year 2) were invited to present to the partnership and lead comments for the whole partnership meeting agenda.

We have identified the following key groups and are currently in discussion about how to link up with them on a quarterly basis.

- Cumbria Young Perspectives Board
- Members of Youth Parliament and District Youth Councils
- 'Time to Change' Young Champions network
- Young Minds Trailblazer Project Group

Whole System Engagement

The Stakeholder Reference Group will provide 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)
- The Lottery funded (to be confirmed) West Coast Communities Emotional Resilience Collaboration aimed particularly at vulnerable males
- Locality Health and Wellbeing Forums

The publication of the Department of Health and Department of Education Green Paper, '*Transforming Children and Young People's Mental Health Provision*', in December 2017 means that we will work more closely with schools, colleges and other educational settings to shape and develop plans for increased levels of support to tackle early signs of mental health issues for which funding will start to be rolled out in 2019/20. In Cumbria this will include an initial focus this year in addressing the gap in consultation and advice for schools.

Performance and Outcome Measurement

We will be developing a 'whole system' approach to performance monitoring and outcome measurement over the coming year. The CYP EWMH Transformation and Partnership Board has responsibility for ensuring that

- The national must dos are achieved. (Appendix 7)
- The local data set providing information about activity and waiting times for specialist CAMHS is developed to provide information about the impact of EWMH support services and interventions upon children, young people and their families.
- We monitor the interval between an initial assessment and start of treatment/intervention in both specialist and targeted mental health services
- We further develop 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)
- We continue to utilise patient stories, the involvement of young people, parents/carers and quarterly case studies from targeted services e.g. on-line support from 'Kooth' and local third sector commissioned providers

Section 5 Workforce

Cumbria's Whole System Workforce Development Offer 2017-2018

This offer has been developed since 2015 and is based upon feedback from professionals, staff and volunteers working with children and young people (CYP) in Cumbria, across our 'Whole System' and outside of Specialist CAMHS. Information was collated from a survey undertaken as part of our HeadStart Phase 2 programme, the outcome of a Serious Case Review and also from schools. We found a need for consistent training and professional development opportunities to help the workforce identify signs and behaviour that could lead to mental health difficulties and/or indicate their presence. We also aim to increase the confidence of the workforce in having conversations with CYP experiencing mental distress and ensure they know how to seek additional help and support.

Youth Mental Health First Aid is delivered over two full days. The course aims to enable 'first aiders' to provide help to prevent a mental health problem developing into a more serious state; promote the recovery of good mental health, provide comfort to a young person and raise awareness of mental health issues. Working with Mental Health FA England, Cumbria has grown a multi-agency network of 16 trainers and 400 places are offered for 2017 - 2018

Self Harm and Suicide Alertness Workshops are delivered over a half day to those who have direct contact with children and young people who would like to feel more confident talking about self-harm and suicide and know where and how to help them seek further support. It's delivered by Carlisle Eden Mind in north Cumbria and Self Harm Awareness for All; in south Cumbria. 1500 places are offered for 2017 - 2018

'Building Emotional Resilience' is a course delivered over one and a half days (with an interval of six weeks). It was developed as part of Cumbria's HeadStart through partnership working between Young Cumbria and a Clinical Psychologist. The course considers the meaning of resilience, explores theoretical concepts underpinning practice and reviews skills, techniques and resources

The on-line Mind Ed e-learning programme is free and available to all adults, parents and professionals and volunteers about children and young people's mental health. <http://www.minded.org.uk/> We recommend to everyone accessing the training courses above that before attending, they visit the website, register and work through the relevant modules.

Whole System Workforce Development Offer Support

Professionals, practitioners, staff, foster carers and volunteers, can obtain advice, information and support from:

- 'My Time' Primary Mental Health targeted support teams
- Public health school-age nursing team 5 – 19yrs
- 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>

Current Workforce Tier 3 CAMHS

Workforce Development Plan – Specialist CAMHS Services

An agreed training schedule to take place monthly during 2018 includes training in the following areas

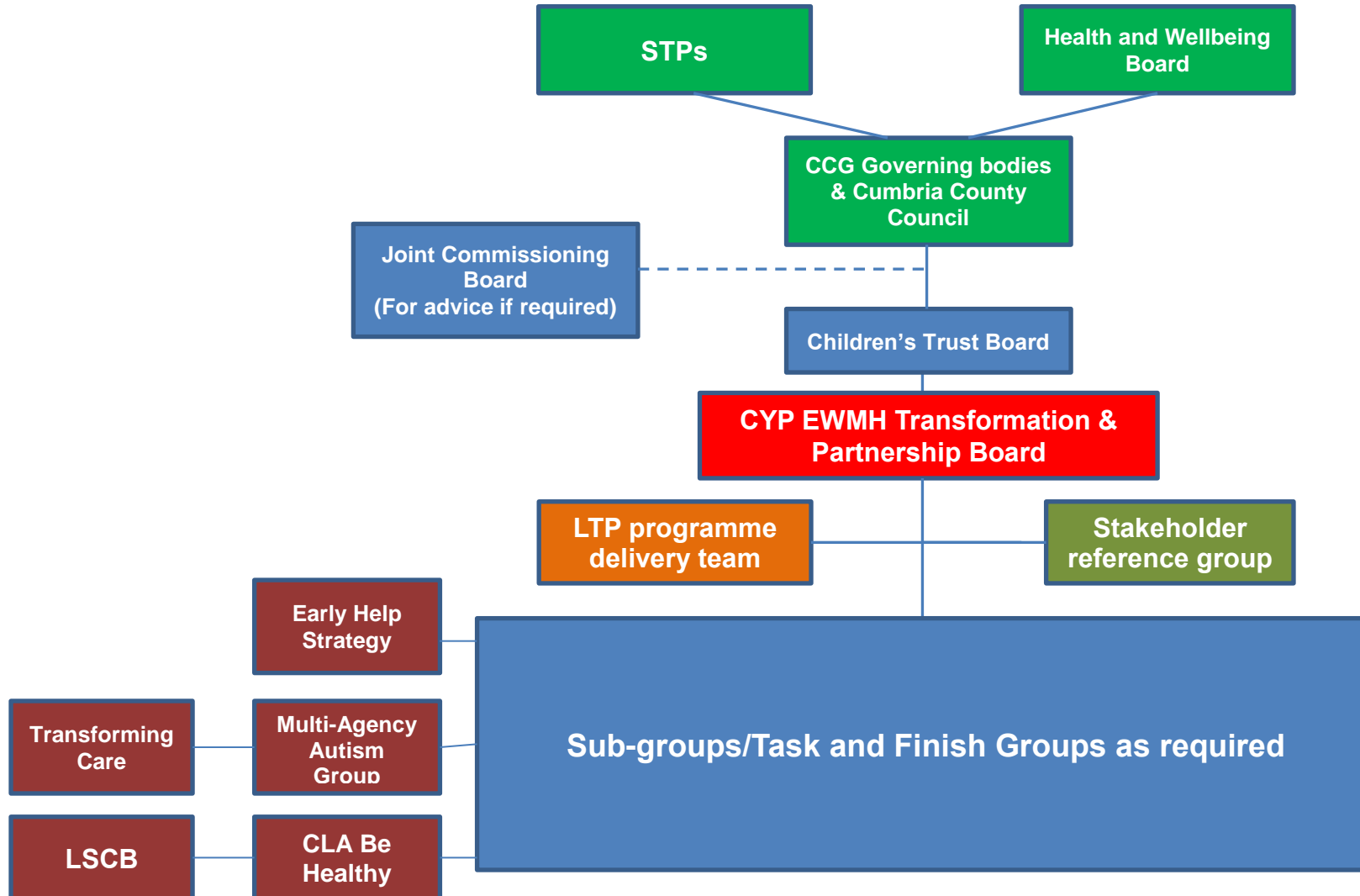
- Emotional regulation
- Self-harm and suicide prevention
- Trauma and attachment
- Personality disorders

Currently in development

- Positive behaviour support for Learning Disabilities and Autism

Appendix 1 – LTP Governance Structure

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



Appendix 2 – What are our key priorities going forward?

Theme	Objective	Goal	Initiative – North	Initiative - South	Measure
Access	To provide effective, safe and timely care to children and young people with an eating disorder	By 31 st March 2018 we will have established a dedicated eating disorder service for CYP between N Cumbria and Morecambe Bay CCG	<ul style="list-style-type: none"> Implementation of 0-24 service, including: <ul style="list-style-type: none"> Recruit additional nursing, psychology and dietetic capability by July 2018 Identify additional workforce requirements to achieve a stable and resilient team 	<ul style="list-style-type: none"> Business case to be submitted to the CCG CCG to consider business case and make commissioning decisions 	<ul style="list-style-type: none"> 90% of those presenting with an urgent need are seen and start NICE concordant treatment within 7 days 50% of those presenting with a routine need are seen and start NICE concordant treatment within 28 days CEDS is signed up to national quality improvement programme
	Ensure that all women who require mental health support during the perinatal period have access to the support they need	By July 2018 women who require inpatient mental health support during the perinatal period will have access to a more local specialist Mother and Baby Unit with outreach support	<ul style="list-style-type: none"> LCFT Mother and Baby Unit currently being developed. 		<ul style="list-style-type: none"> Mother and Baby unit open
		By 31 st March 2018 we will have submitted a bid for national funding for	<ul style="list-style-type: none"> Complete a wave 2 bid to secure the resources to 	Collaborate in production of a wave 2 bid for a specialist	<ul style="list-style-type: none"> Success at wave 2 bid Reported

		Specialist Community Perinatal Mental Health services	establish a North Cumbria specialist community PNMH service	community PNMH service for Lancashire and South Cumbria. If successful, service would start by July 2018	improved outcomes by women <ul style="list-style-type: none"> Reported improved outcomes by services
To ensure appropriate support for young people aged 0-25 currently not provided for within the CAMHS service	By March 2021 we will have delivered improvements in services for infant mental health	<ul style="list-style-type: none"> Work with Millom ICC to pilot the "Attachment Friendly Services" approach, including submission of a bid to PIP UK and Copeland District Council. Evaluate Millom project and consider how to extend benefits across Morecambe Bay 	Long term impact on numbers of children and young people with emotional and mental health needs		
	By March 2021 we will have improved pathways for young people aged 19 to 25 years, particularly easing transition from young persons to adult services	<ul style="list-style-type: none"> Implement CQUIN project on transition 	<ul style="list-style-type: none"> Improve experience for young people moving from children's to adult services 		
	By March 2019 to improve psychological support for CYP with physical health conditions	<ul style="list-style-type: none"> To establish psychological support for CYP with physical health conditions To establish psychological support for CYP with physical health conditions as part of the CAMHS Redesign 	<ul style="list-style-type: none"> Improved access for people with physical health conditions 		
To reduce waiting times for CAMHS services and achieve national access trajectory	By March 2018 we will have reduced the waiting times for routine access to CAMHS and achieved progress towards National access target of 35%	Establish routine monthly performance reporting against; <ul style="list-style-type: none"> waiting times access targets outcomes 	<ul style="list-style-type: none"> Proportion receiving 2nd appointment within 6 weeks of referral Demonstrate progress towards 35% access target Routine reporting 		

					of outcomes
		By March 2018 to ensure the My Time service has the capacity, expertise and remit to address the correct range of needs within acceptable waiting times	<ul style="list-style-type: none"> • Agree plan to resolve capacity and demand issues regarding My Time • Monitor the impact of agreed changes on the My Time service 		<ul style="list-style-type: none"> • My Time service meeting the agreed waiting times
		By March 2019 to ensure a deliverable and sustainable plan to meet access target trajectories and deliver services according to need by 2020/2021	<ul style="list-style-type: none"> • Develop, in collaboration with partners, a model of service provision 	<ul style="list-style-type: none"> • Undertake a CAMHS redesign project, in collaboration with partners in Lancashire and South Cumbria, a model of service provision 	<ul style="list-style-type: none"> • A deliverable sustainable service model
	To implement the THRIVE model	By 31 st March 2019 we will have implemented the THRIVE model across Cumbria	<ul style="list-style-type: none"> • Hold workshop with National THRIVE team or via a local approach • Establish an implementation plan 		<ul style="list-style-type: none"> • Principles of THRIVE embedded across Cumbria system
	To ensure delivery of an Early Intervention in Psychosis service including all CYP experiencing a first episode of psychosis	By March 2018 to improve performance monitoring to ensure young people have appropriate access to EIP	<ul style="list-style-type: none"> • Establish a monitoring mechanism to report CYP access to EIP service within the CYP performance reporting 		<ul style="list-style-type: none"> • NICE concordant treatment for all young people
Crisis	To ensure that all children and young people experiencing an emotional or mental health crisis have access to	By 31 st March 2018 we will have implemented extended hours CAMHS crisis services, available 7 days a week, working in partnership with adult	<ul style="list-style-type: none"> • By Nov 2017 to have implemented the extended crisis service • Recruit additional CAMHS therapists 	<ul style="list-style-type: none"> • Business case to be submitted to CCG by Nov 17 • CCG to consider business case and make 	<ul style="list-style-type: none"> • 90% of those seeking an urgent CAMHS assessment receive it within 4 hours of the

	effective, safe and timely care	services to ensure crisis support is available 24/7	sufficient to provide services for 12 hours each weekday and 4 hours on weekend days and bank holidays	commissioning decision, potentially as part of CAMHS Redesign process	request
		By 31 st March 2018 we will have improved facilities for CYP on a Section 136	<ul style="list-style-type: none"> Working with CPFT and NTW we will develop access to CAMHS psychiatric expertise out of hours ensuring timely mental health assessment. 	<ul style="list-style-type: none"> Work with Cumbria County Council, Cumbria Constabulary and CPFT to improve access to S136 provision 	<ul style="list-style-type: none"> Timeliness of assessment
		By March 2018 to establish a short stay alternative for CYP experiencing an emotional or mental health crisis who are unable to remain in their normal place of residence	<ul style="list-style-type: none"> To establish a working group & work with Cumbria County Council to make available accommodation, with appropriately trained and supported staff 	<ul style="list-style-type: none"> Collaborate with N Cumbria CCG & CCC regarding potential access to N Cumbria facility Collaborate with colleagues in Lancashire & S Cumbria STP to establish access arrangement to Blackburn facility 	<ul style="list-style-type: none"> Short stay accommodation available for young people unable to remain in their normal place of safety
	To reduce the need for CYP to be admitted to hospital to get access to specific mental health expertise	By March 2019 we will have implemented improved pathways for young people between CAMHS and specialist inpatient provision,	<ul style="list-style-type: none"> Develop forensic outreach clinics Develop forensic discharge pathways Improve pathways 	<ul style="list-style-type: none"> Improve pathways for young people between CAMHS and specialist inpatient provision, including those with 	<ul style="list-style-type: none"> Numbers seen at forensic clinics Reduction in numbers of CYP with LD and/or ASD who are

		including those with LD and/or ASD	for CYP with a Learning Disability or who have ASD	LD and/or ASD	admitted to specialist MH services
		By March 2019 we will have delivered training for mental health professionals to improve their confidence in supporting young people in crisis to avoid admissions or facilitate discharge	<ul style="list-style-type: none"> Following successful bid to NHSE, deliver training as detailed in the bids 		<ul style="list-style-type: none"> CAMHS staff more confident to manage young people in crisis Reduce admissions to T4 and repeat admissions to DGH
		By March 2018 we will have developed and started to implement training and support to families/carers and residential settings to assist them in supporting CYP in crisis	<ul style="list-style-type: none"> Following successful bid for NHSE funding, commission 3rd sector to: <ul style="list-style-type: none"> support families/carers and residential settings of young people at high risk of admission in next 12 months Co-produce a training and support offer for future roll-out 		<ul style="list-style-type: none"> Parents /carers/residential settings more confident to manage young people in crisis Reduction in admissions
Improving care for young people who attend acute hospital with mental health needs	By 31 st March 2018 we will have improved the experience of CYP admitted to an acute hospital with mental health, emotional, behavioural needs	<ul style="list-style-type: none"> By providing both face to face and online training we will improve confidence levels in staff working in acute paediatric settings (including A & E) in dealing with CYP who present in a state of emotional distress. 	<ul style="list-style-type: none"> Implement a pathway and shared care protocol for CYP attending PCAS at Kendal and ED/ward at FGH in crisis Resolve issue of S Cumbria children known to CAMHS attending RLI and unable to access CPFT CAMHS 	<ul style="list-style-type: none"> Improved experience for young people attending acute hospital 90% of staff in Paediatric settings (Including Paediatric staff working in A & E) will report greater confidence levels in caring for CYP presenting in 	

					emotional distress.
		By March 2019 we will have agreed how the model of liaison psychiatry responds to the needs of CYP	<ul style="list-style-type: none"> The emerging Crisis service will establish joint working protocols with adult crisis and liaison services 	<ul style="list-style-type: none"> Lancashire and South Cumbria STP Core 24 model to be implemented including access for young people 	Agreement reached on first line mental health assessment 24/7 for CYP
Care for the most vulnerable	Improve the health outcomes for CYP who have experienced neglect and or trauma, are involved with the criminal justice system, looked after or on the edge of care	By March 2018 to extend the range of children with whom the Strengthening families service can work with to include those CYP in contact with the criminal justice system and those who have experiences sexual assault/abuse	<ul style="list-style-type: none"> To provide additional professional development to the SF team working with the Youth Offending service Develop a service model that addresses the needs of these children appropriate for Cumbria including pathways into and out of secure settings, SARC and community services, including interface with YOT and transition to adult services Hold a launch event to gain support for the proposals from both experts by experience and the professional workforce 	<ul style="list-style-type: none"> CYP in contact with YOS have a comprehensive health assessment and improve access to a range of health services Model developed Launch event held 	
		By March 2019 improve joint working between health and LA children's services to support children looked after and on the edge of care with emotional well-being and mental health needs	<ul style="list-style-type: none"> To ensure that Children Looked After receive a timely, holistic and integrated assessment of psychological and mental health need to inform long term plans To provide clinical supervision to Emotional Wellbeing Enhanced Practitioners working with Children Looked After and on The Edge of Care Establish joint working protocol between CPFT, CCGs and Cumbria County Council for tracking those most at risk 	<ul style="list-style-type: none"> Improved joint working for the most vulnerable 	
Workforce	To improve professional skills and build capacity and confidence	By March 2018 to establish a workforce development programme, including a focus on strengthening preventative	<ul style="list-style-type: none"> Whole system Workforce development plan agreed by December 2017 Promotion of core offer and business support elements in place by November 2017 	<ul style="list-style-type: none"> No's of whole system workforce accessing elements of core offer 	

		and early help services, primary care (via ICCS) and improved information about sources of support	<ul style="list-style-type: none"> • Evaluation and impact processes in place by March 2018 • To establish clear processes for the CYP IAPT training programme with agreed trajectories for future years 	<ul style="list-style-type: none"> • No's of staff reporting impact on practice and confidence post training. • No of practitioners trained as Youth Mental Health First Aiders • Numbers completing CYP IAPT courses
Resilience	To equip schools and other settings with the tools they need to build resilience in CYP	By March 2019 to support schools and other settings to audit and act upon 'Whole School/setting Approaches to EW & Mental Health	<ul style="list-style-type: none"> • All Schools to have in place their specific protocol on how they implement a 'whole school approach' by October 2018 • Support continuation and evaluation of 'Family Resilience' Learning course for Yr 6 pupils moving up to Secondary School • To provide information to schools on local resources • To establish Mental Health Champions in schools and local communities 	<ul style="list-style-type: none"> • Improved confidence and processes in schools and other settings • No of schools adopting and implementing a 'whole school approach'
	To ensure the Cumbria Digital Health strategy reflects the needs of Children and Young People	By September 2018 CYP digital wellbeing forms part of Cumbria County council's Digital Health Strategy	<ul style="list-style-type: none"> • To ensure that young people are involved in the refresh of Cumbria's digital strategy. Young people's needs represented in the strategy 	
	To simplify the point of entry to support for CYP with emerging mental health issues	By March 2018 to ensure that staff through the system know how to access early support and are clear about the pathway and Early Help processes in relation to	<ul style="list-style-type: none"> • By March 2018 county wide and whole system roll out of the Emotional Wellbeing Guide for Professionals • To continue support for Youth Mental Health First Aid Delivery to Whole System workforce • Continue to utilise Kooth liaison workers to 	<ul style="list-style-type: none"> • No of staff briefed and using guide No of staff trained as YMH First Aiders • Kooth contract Appropriate

		emotional and mental health.	<p>promote Kooth service across all settings</p> <ul style="list-style-type: none"> • Staffs are encouraged to consider initiating an early help assessment at earliest evidence of an emerging mental health issue. 	referrals are made to the earlier help support desk. Number of champions in place.
	To reduce stigma for people with experience of MH problems and their families	<ul style="list-style-type: none"> • By September 2018 to implement the mental health awareness campaign 'Time to change' 	<ul style="list-style-type: none"> • To build and support local networks of time to change champions as a nation time to change pilot 	<ul style="list-style-type: none"> •
Engagement	To co-ordinate engagement groups and activity across the partnership	By March 2018 to improve engagement across Cumbria	<ul style="list-style-type: none"> • To establish an engagement task and finish group from the Stakeholder Reference Group • Build on the learning from the Young Minds amplified trailblazer project • To establish ways of monitoring of experience and outcomes for CYP with emotional health and well-being needs and their families 	<ul style="list-style-type: none"> • Engagement processes established • Engagement activity reported to Partnership • Evidence of views of CYP and parents/carers involvement in decision making
	To increase awareness of the Local Transformation Plan	By March 2018 to have increased awareness of the LTP and to have publicised the LTP widely	<ul style="list-style-type: none"> • Hold a stakeholder event to share refreshed plan and increase involvement in delivery • Seek views on the Refreshed plan from both STPs • Establish revised Governance arrangements and agree via both STPs • Establish monthly highlight reports to both STPs 	<ul style="list-style-type: none"> • Improved awareness of Transformation Plan and achievements • Ensure that initiatives and future plans reflect evolving ambitions of both STPs with respect to CYP EWBMH

Appendix 3 – Finance

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.

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

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. In addition both MBCCG and NCCCG are forecasting a 17/18 deficit and therefore their ability to commit additional resources is restricted.

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	
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												

For 2018/19 both CCGs are committed to investing in young people's emotional health and wellbeing. The following shows the indicative allocations against projects from the Transformation and Eating Disorder funding expectations. Individual schemes will need to be agreed following production of business cases.

Commissioning Intention	Workstream	North Cumbria CCG			Morecambe Bay CCG		
		Amount 17/18	Amount 18/19	Business Case Status	Amount 17/18	Amount 18/19	Business Case Status
Whole system Development Lead	All	£20,000	£20,000	Non rec business case agreed by Board	£20,000	£20,000	Non rec business case to be agreed
Backfill for IAPT Training	Access to services/ Workforce	£25,000	£75,000	Business case agreed by Board	TBC	£64,000	Non rec business case to be agreed
CAMHS extended hours crisis service	Crisis	£150,500	£150,500	Business case agreed by Board	£3,655 (RLI)	£5,000 (RLI) £130,000	Agreed for input to RLI 6 day crisis cover Non rec business case to be agreed
LTP project manager	All	£20,000		Non rec business case agreed by Board	£20,000	£20,000	Agreed
CYP Community Eating Disorder service	Access	£309,500	£309,500	Draft Business case produced		£132,000	Recurrent business case to be agreed
Developing a Trauma and recovery model for YOS	Care of the Vulnerable	£17,000		Externally funded (non-recurring)	£6,000		Externally funded (non-recurring)

CAMHS crisis prevention initiatives	Crisis	£113,000		Externally funded (non-recurring)	£16,414		Externally funded (non-recurring)
Specialist Perinatal service	Access	TBD	TBD	Business case in development to support Wave 2 funding bid	N/A	N/A	Wave 2 funding bid in development via AMH. No LTP funding anticipated
Spot purchasing eg Clinical Psychology for people with physical symptoms	Access					£20,000	Non rec business case to be agreed
Miscellaneous/other training (FBT)					£1000	£2,000	Agreed

* subject to 18/19 business case approval

Appendix 4: Baseline 2015/16 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 Barnardo's 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 - October 17/18 (M7)

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
Unique treated CYP	1907	861
Projection (17/18 M7)	n/a	1570
CYPMH pop (9.4%)	8737	8702
CYPMH % trajectory	28%	30%
CYPMH Trajectory - required to enter treatment	2446	2611
Actual % CYPMH population treated	21.8%	18.0%
Additional CYP required to achieve Full CYPMH trajectory	539	1040

North Cumbria CYPMH Trajectory	16/17	17/18
Unique treated CYP	1228	577
Projection (17/18 M7)	n/a	1048
CYPMH pop (9.4%)	5409	5387
CYPMH % trajectory	28%	30%
CYPMH Trajectory - required to enter treatment	1515	1616
Actual % CYPMH population treated	22.7%	19.5%
Additional CYP required to achieve Full CYPMH trajectory	362	649

South Cumbria CYPMH Trajectory	16/17	17/18
Unique treated CYP	679	284
Projection (17/18 M7)	n/a	522
CYPMH pop (9.4%)	3328	3315
CYPMH % trajectory	28%	30%
CYPMH Trajectory - required to enter treatment	932	994
Actual % CYPMH population treated	20.4%	15.8%
Additional CYP required to achieve Full CYPMH trajectory	177	391

Both Tier 3 and Tier 2 services have seen a decrease in Access in 2017/2018 in North and South Cumbria, leading to a lower projected performance against the 30% NHSE target for the year. There are similar factors within Tier 3 and Tier 2 services which can account for the decrease in numbers having a second contact:

- Challenges experienced in achieving routine access target for first appointments due to an increase in referrals assessed as 'urgent' which absorbed workforce capacity

- The Tier 2 service became operational April 2016 which has seen greater demand than projected. Tier 2 have also required time to establish workforce and processes to enable appropriate triaging and acceptance of referrals appropriate for tier 2 intervention
- The implementation of a new electronic patient record system (RIO) has required training for CAMHS workforce to outcome appointments accordingly so all contacts are accounted for

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. Hundreds of children and young people have been involved since 2015

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

2. Engagement in Year 1 2015 - 2016

2.1.1 Cumbria was a HeadStart area securing Big Lottery Funding between 2014 and 2016 to build the emotional resilience of CYP aged 10 to 16. Furness and Carlisle were pilot areas. The Qualitative Evaluation (2015) process undertaken by HeadStart Apprentices with children and young people, school staff, providers and system leaders produced a robust understanding of the impact of Phase 2 and also the learning to improve and develop our approach going forward. The evaluation covered all areas of HeadStart, key themes are:

- There has been a positive impact for children and young people. Children and young people feel more able and equipped to both discuss emotional resilience and wellbeing as well as feel better equipped to deal with issues and events that they experience.
- Impact and understanding across a school has been greatest in the schools where senior leaders are driving the process and where they have taken a whole school approach to ensure that parents/carers, governors, staff, partner agencies and pupils themselves have shared the vision of HeadStart.

Further information about young people's involvement in HeadStart, including a link to the You Tube Channel videos made by young people can be found at

<http://cumbrialscb.com/professionals/EWMH/emotionalresiliencewellbeingheadstart.asp>

2.1.2 In March 2015, Young Cumbria published a large scale consultation called 'Being Young in Cumbria'. The report highlighted high levels of need in relation to stress, anxiety, isolation, confidence and depression, being reported in all localities.

2.1.3 In 2015/16, parents caring for young people with mental health problems in Barrow (led by Furness Carers) held a review forum and highlighted the weaknesses in our current system to adequately care for children and young people with enduring and complex mental health problems and gaps in care particularly for young people on the ASD spectrum as they move through adolescence and into adulthood.

2.1.4 In Spring 2016 engagement work to support the development of the Community Eating Disorder Service took place. The engagement process consisted of two face to face focus groups with young people and telephone interviews / email correspondence with family members. The focus groups were led by the CCG with GP and CAMHS support. Feedback from these sessions has been collated into a report which will form the basis of the new CED Service

Prior to CCG Boundary changes in April 2017, Cumbria CCG's engagement work included – the development of 'Digital Badges' by children and young people. Other work on physical health care was 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.

The main themes identified were as follows

- Staff able to communicate with children and young people
- Child friendly waiting areas
- Faster access to GP, A&E and hospital consultants
- Personalised care – not seeing lots of different people
- Feel listened to and involved in own decisions
- Care as close to home as possible
- Staff skilled to work with children, young people and families
- Joined up care with staff working across organisations
- Accept that for more serious problems may have to travel

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. Please see attached easy read paper that demonstrates the type of engagement used and the results of the event. We also have planned 3 further events that are Pan-Cumbria looking at engaging with CLA and Autistic children and young people. Events are scheduled for October, November and December 2017.

2.1.5. In July 2016 the Lakeland Youth Council published a magazine called 'Blink', with a focus on emotional and mental wellbeing. This publication helped to raise awareness and highlight self-help strategies and resources

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

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

3. Engagement in Year 2, 2016 - 2017

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/>

- Time to Change Hub and Young Champions – in the Spring of 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 who have an interest in changing how people think about mental health problems. This was a bid done in partnership between Mind and Cumbria County Council, and the Hub itself is “hosted” by the Health and Wellbeing Board. Part of this work is focussed on children and young people. The steering group is supporting young people across all districts to sign up to becoming ‘Young Champions’. We are rolling out a ‘train the trainer’ offer from the national team 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 session can then be delivered directly with students and young people. Each staff attendee receives a resource pack, complete with USB stick containing all the PowerPoint slides and video clips used in the session as well as a folder of handouts, lesson plans, information fact sheets about mental health and other resources.

– Cumbria and Young Minds Amplified Trailblazer Project 2017 - The Cumbria Multi-Agency CYP Partnership were selected to become one of 12 national trailblazers this year. Our project has two elements:

To improve information for young people leaving care who need help and support from Adult Mental Health services

Produce a plan and resources for children and young people to enable them to have a stronger, louder voice in shaping and influencing service development for them and their families. 11 August 2017 – Cumbria Care Leavers forum hosted an event called, “Mental Health and Young People; Head Space” the aims of which were

- Stop the stigma around mental ill health.
- Build confidence in knowledge and awareness of the support available within Cumbria.
- Information on how to support a young person in “crisis”
- Developing confidence in asking “are you okay”
- Understanding it’s okay to not be okay

The event was hosted by young people who are Care Leavers and involved personal advisers and social workers, health professionals and third sector organisations providing mental wellbeing support and services in the community.

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 (results attached) and involvement in the engagement of young people as part of the Cumbria Young Minds Trailblazer.

A recent film made by Specialist CAMHS showing the experience and journey of a parent can be found at:
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.

Appendix 5 (b) – Feedback from Engagement 2017 refresh

A draft copy of the plan was made available to stakeholders and networks in November 2017 and comments were collated by email, at team and multi-agency meetings and from Youth Councils and Youth Members of Parliament for a 6 week period.

From/about services and settings	Feedback Comments (Collated January 2018)	Response
<p>Schools</p>	<p><i>No acknowledgement that schools who are carrying the massive weight of the delays and lack of capacity within the system. Whilst training has helped (MH first aid and suicide awareness and prevention training) what schools lack is the funding to pay for staff to give YP support they need before accessing a service.</i></p> <p><i>Schools cannot and will not say no but we are working beyond our capacity and this is not a safe situation</i></p> <p><i>Schools are not able to get through or a get a response when wanting to speak to someone from 'Kooth'. Young people saying response is often a day later after submitted ' Causes frustration as when you feel you need to talk to someone, you need to talk not wait for an email a day later '</i></p> <p><i>Changes to school nursing teams have made this worse as they were a good in-school support service for students</i></p> <p><i>Health professionals do not seem willing to open or lead EH Assessments and do not often attend meetings. Schools are now effectively running the early help system.</i></p>	<p>In recognition of schools feeling under increased pressure in terms of the level of need and response time from services we will be applying to become a 'Trailblazer site' for the implementation of the Green Paper proposals. We are developing our Mental Health First Aid core offer to schools this year</p> <p>'Kooth' is an 'on-line emotional and mental health support service providing messaging, chats, forums and counselling available to all young people aged 11 – 18yrs. A significant increase in demand between Oct – Dec 2017 resulted in a slight delay in response time to young people. This is being addressed.</p> <p>The work of the 5 – 19yrs Public Health Nurse Practitioners has been remodelled and they now focus on supporting schools in a 'whole school' approach to mental health, as well as providing advice and consultation to school staff</p> <p>It is acknowledged that the majority of Early Help Assessments are initiated and led by schools. Work is underway via the district Early Help Panels to provide better coordinated support to families and schools.</p>

From/about services and settings	Feedback Comments (Collated January 2018)	Response
	<p><i>GPs often do not ask schools for their input which has affected success of referrals</i></p>	<p>GPs are not always best placed to ask schools and other agencies for information and input and District EH panels have a role in improving coordination. Schools can refer directly to 'My Time' and CAMH Services</p>
<p>GPs</p>	<p><i>GPs are now regularly saying to parents who take their children for help with MH issues 'Talk to school, school will help' GPs can refer to as many if not more services than we can</i></p> <p><i>GPs referrals to CAMHS are often rushed</i></p>	<p>See above comment. Further work will take place this year to ensure the message that all referrals for mental health support services do not need to go through GPS</p>
<p>Young People about the plan and it's layout</p> <p>Carlisle Youth Council and a member of Youth Parliament spent time reviewing the draft</p>	<ul style="list-style-type: none"> • <i>The plan is not 'youth proofed' or youth friendly</i> • <i>There are too many acronyms, it needs a glossary</i> • <i>A 'youth proofed' plan would need to be much smaller, 4 pages max</i> • <i>Could it be promoted in a digital form, using twitter for example, in a way that young people can follow?</i> • <i>Could involve 'Cumbria Crack' to raise awareness of the plan</i> <p><i>A lot of the 'achievements' in section two are presented in a binary fashion, like 'we did this' and 'we set up that'. I think it could be improved if they were to investigate all of the achievements to see the effect they have been having, whether in the opinion of experts or young people who have been affected. For example, 'Kooth' On-line emotional and mental support service commissioned and available to all 11 – 18yr olds'. Okay, but how many young people are using it? And what do they think of the service?</i></p> <p><i>As good as it is to look back at achievements, could there not also be room for an evaluation of failures, or things that could have gone better? Surely there is some</i></p>	<p>We agree! An easy read version will be prepared to coincide with the launch of the transformation plan and we will be working with young people and parents this year to support a youth and family friendly version of the 2018 refresh of the plan.</p> <p>There definitely needs to be a sharper focus on the impact of services on young people going forward. 'Kooth' provides quarterly reports of detailed activity, including numbers, impact and what young people think of the service.</p> <p>Some great ideas here from young people about how we can improve on this 2017</p>

From/about services and settings	Feedback Comments (Collated January 2018)	Response
plan in December 2017	<i>room for improvement in the work that they have been doing, and I think considering this could lead to a more complete plan for the following years.</i>	redraft.

Priority elements of implementation action plan	Feedback Comments	Response
Access	<p><i>To reduce waiting times for CAMHS services and achieve national access trajectory – Proportion receiving 2nd appointment within 6 weeks of referral-</i> very pleased to see that this will hopefully improve, young people expressed this can be very difficult having an initial assessment, feeling like they may receive help and recover only to find it is then weeks before therapy can begin.</p> <p><i>By March 2021 we will have improved pathways for young people aged 19 to 25 years, particularly easing transition from young persons to adult services - needs to include clear pathway for joined up help including cross county boundary and Children/Adult services.</i></p>	<p>We intend to meet the national target of 35% by 2020 in line with the Five Year Forward View for Mental Health</p> <p>This is a key area of work for 2018 - 2019</p>
Crisis	<i>By March 2018 to establish a short stay alternative for CYP experiencing an emotional or mental health crisis who are unable to remain in their normal place of residence – I am really pleased to see this. We have work alongside several families that have needed this service available and not having this has potentially impacted on their decline and recovery</i>	We are reviewing how this is impacting on CYP and families is included in our implementation action plan

Priority elements of implementation action plan	Feedback Comments	Response
	<p>By March 2018 we will have developed and started to implement training and support to families/carers and residential settings to assist them in supporting CYP in crisis – again very pleased to see this as we can see this would be a huge offer of support for families and in turn the young person</p> <p>CAMHS staff more confident to manage young people in crisis – we feel this would be potentially very positive. We have experience young people and their families who have not felt that what they received from CAMHS when in crisis was as helpful as they would have liked or “made the situation better” (this maybe down to their expectation or mental health experience at that time).</p> <p>The emerging Crisis service extended hours – families using this service express a real need for positive information sharing in that if accessed what is agreed and discussed is then passed on to their lead CAMHS worker or day time CAMHS team to ensure continuity. A feeling of what is agreed out of hours as a care plan will be following through.</p>	<p>It is also our intention to reduce the number of admissions to in-patient mental health services for young people experiencing a crisis so they can be cared for in their local communities</p> <p>Crisis services with extended hours are in the initial stages of implementation in North Cumbria as this 2017 refresh is published. Effective communication with other services will be closely monitored. Implementation in South Cumbria will follow soon</p>
Care for the most vulnerable	<p>By March 2018 to extend the range of children with whom the Strengthening families service can work with to include those CYP in contact with the criminal justice system and those who have experiences sexual assault/abuse Given SF staff are saying they have no capacity now to attend ICPC and Strategy meetings how realistic is this ?</p> <p><i>Big gap in services for 16 – 18 yrs</i></p>	<p>An LA led review of the 0-19 Healthy Child Programme in line with 2019 re-commissioning requirements started in January</p> <p>We have recognised this as a gap which needs addressing both now and in the future</p>
Workforce	<p>The mental health first aid and suicide awareness prevention training has been excellent, Eden Mind present both courses in a very professional, knowledgeable way and are commended for this, They consistently go above and beyond to support YP and schools.</p>	<p>We are developing a core youth Mental Health First Aid offer for all schools this year</p>

Priority elements of implementation action plan	Feedback Comments	Response
	<p>To establish Mental Health Champions in schools and local communities – I feel schools would really benefit and receive much needed reassurance from a role like this. To help them support not only their pupils but the whole school community.</p> <p>Paediatric staff working in A & E) will report greater confidence levels in caring for CYP presenting in emotional distress – again much needed - young people express a very mixed response when attending A & E. A consistent, reassuring, appropriate and caring response, make a big difference to those who find themselves in need of this care.</p>	<p>We will be supporting this development as a partnership</p> <p>At present we are taking stock of what has been offered to date and learning from good practice across the wider STP footprints</p>
Engagement	<p><i>We need more work and more emphasis on tackling stigma</i></p> <p><i>Needs better description of how information will get into young people's hands</i></p> <p><i>The whole plan is too adult focussed</i></p> <p>By March 2018 to improve engagement across Cumbria does this need to set out what engagement and how it will be measured?</p>	<p>We will continue to support and promote Cumbria's work as a Time to Change regional hub</p> <p>We will review our work on improved information about available support and services with young people</p> <p>We will work with young people to produce an engagement plan</p>

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

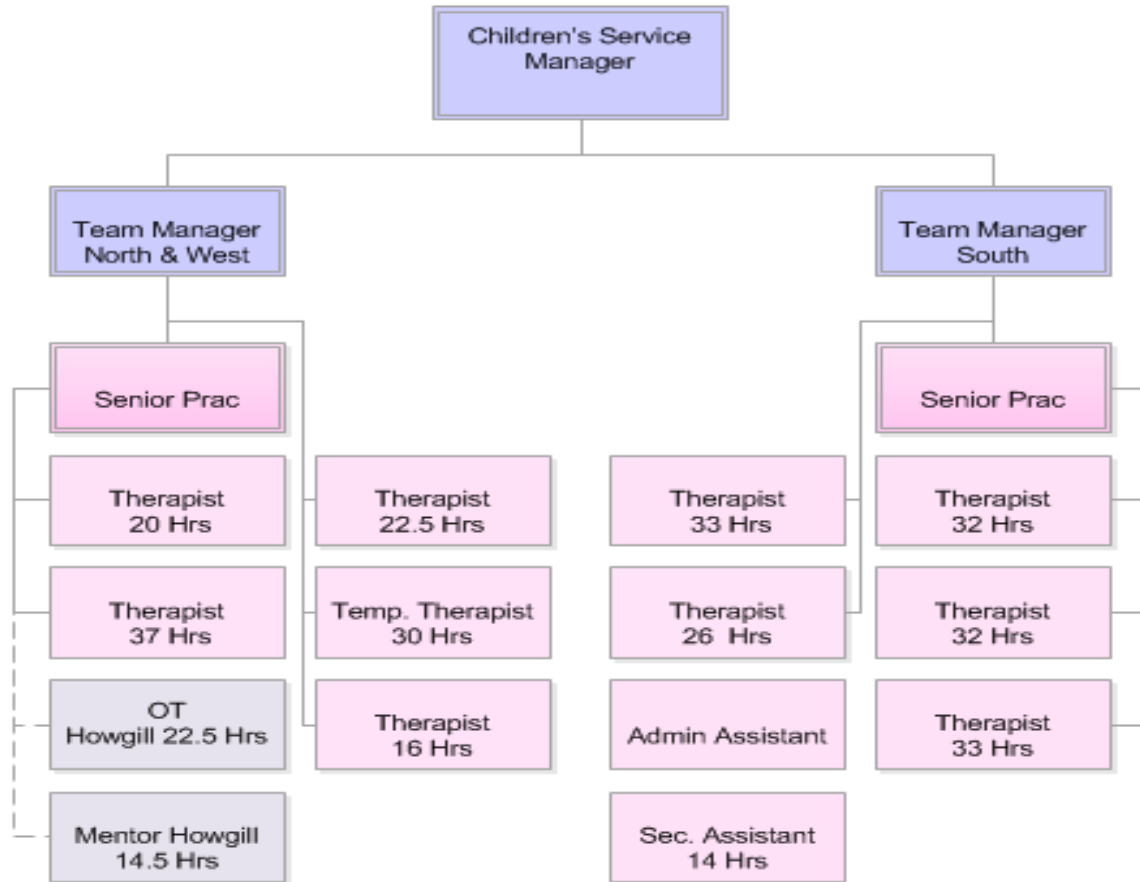
Implementing the five year view for mental health			
Ref:	pg.	Narrative	Theme
FV1	6	By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence based 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	

KLOEs – Key lines of enquires as requested by NHS England are included throughout

Appendix 8: My Time service structure Cumbria

**MyTime Cumbria
October 2017**



GLOSSARY OF TERMS / ACRONYMS

A&E	Accident & Emergency	JNSA	Joint strategic needs assessment
AMHP	Approved Mental Health Professional	LA	Local Authority
ASD	Autism spectrum disorder	LCFT	Lancashire Care Foundation Trust
ASW	Approved Social Worker	LD	Learning difficulties
CAD	Computer Assisted Dispatch	LTP	Local transformation plan
CAMHS	Children and adolescent Mental Health Services	MCA	Mental Capacity Act
CCG	Clinical Commissioning Group	MH	Mental Health
CLA	Children looked after	NHSE	National Health Service England
COP	Code of Practice	PCTs	Primary Care Teams
CPFT	Cumbria Partnership Foundation Trust	PNMH	Perinatal Mental health
CQUIN	Commissioning for Quality and Innovation	PoS	Place of Safety
CYP	Children and Young Person	RMN	Registered Mental Health Nurse
CYPIAPT	Children & Young Persons Improving access to Psychological therapies	S136	Section 136 Mental Health Act
EIP	Early Intervention Psychosis	STPS	Sustainability and transformation partnerships
EWBMH	Emotional Wellbeing and Mental Health	YOS	Youth offending service
HCA	Health Care Assistant	YMHFA	Youth Mental Health First Aid Training
ICC	Integrated Care Communities		