

Recommendations and Implementation Plan for the Tri-borough Children and Young People Mental Health Task and Finish Group

Version 6.1

Ensuring Early Intervention and Prevention in Relation to Children & Young Peoples' Mental Health and Wellbeing

Recommendation	Action required	Lead agency	Key leads	Current position and Implementation target date
<p>1. An Out of Hours CAMHS Consultation, Advice and Referral (CAR) telephone line should be established across Tri-borough to ensure that young people are referred to the right service at the right time.</p> <p><i>Future in Mind:</i> Ensuring the support and interventions for young people being planned in the Mental Health Crisis Care concordat are being implemented.</p>	<ol style="list-style-type: none"> 1. The service needs to be funded by CCGS. 2. Service specification needs to be agreed with providers. 3. Contract needs to be in place. 4. Service implementation plan needs to be agreed. 	<p>Health CCGS</p>	<p>CAMHS commissioners.</p> <p>Clinical commissioners Contract leads.</p> <p>Providers – CNWL and WLMHT.</p>	<p>This is part of the new CAMHS OOHs service, funding has been agreed by the CCGS. Jan 2015.</p> <p>CNWL and WLMHT have been sent the service specification; CNWL have agreed the specification, WLMHT are in the process of agreeing this.</p> <p>The Children’s Joint commissioning team have met with CNWL to start planning the implementation of the service.</p>

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<p>2. A programme of training accessible for front line professionals and ‘co-produced’ with young people should be developed for 2015-16 to improve mental health and emotional well-being awareness.</p> <p><i>Future in Mind:</i> Developing a joint training programme to support lead contacts in specialist children and young people’s mental health services and schools.</p>	<ol style="list-style-type: none"> 1. The programme devised locally needs to be rolled out and road tested further. 2. Clinical support needs to be arranged as the clinician involved is no longer working locally. 3. Clear costings need to be established including paying young people and their support. 	<p>Joint Children’s and PH Commissioners.</p> <p>Providers.</p> <p>Rethink Champions.</p>	<p>Joint Children’s Commissioning team.</p> <p>Public health children’s team.</p> <p>Director of CAMHS services CNWL and WLMHT.</p>	<p>Re-think programme: There has been one session run and this needs to be followed up and run again.</p> <p>A planning meeting has been held in April 15.</p> <p>There is now a clinical lead from WLMHT to support Re-Think in running the programme six times in the next nine months.</p> <p>There will be an evaluation of the programme at the end of this time period.</p>
<p>3. The Health and Wellbeing Board should support the Local Safeguarding Children Board’s (LSCB) call for a 2015-16 programme of ‘guidance, support and prevention’ activities in schools to address: the stigma of mental health; managing self-harm; suicide prevention; and cyber bullying.</p> <p><i>Future in Mind:</i></p>	<ol style="list-style-type: none"> 1. There needs to be discussion at the Children’s Trust board to identify the best way to achieve this and a lead. 			

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4.	Local commissioners and senior clinicians should continue to be engaged and contribute to NHS England's work on improving the care and treatment pathways for young people with eating disorders.	<ol style="list-style-type: none"> 1. Local commissioners to liaise with NHSE. 2. New government money has been announced for this area of CAMHS, local commissioners to ensure that they identify bid opportunities for new services and engage providers. 	Children's Joint Commissioning Team.	Head of the Children's Joint commissioning Team & Children's Joint CAMHS commissioner.	The leads have met with the local NHSE Area Team Manager and have agreed a series of meetings to understand how co-commissioning might provide an improved care pathway.

Reducing the Impact of Parental Mental Health Disorders on Children and Young People

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5. All services providing mental health care to adults should be contractually required to demonstrate that the patient has been asked about their parental responsibilities and assessed the potential impact of their mental health problems may have had on the children they are responsible for.	<ol style="list-style-type: none"> 1. There are CQUINs in place via CCG contracts and these are being improved for 2015/16. 2. Need to continue to monitor progress on CQUIN targets 	<p>Health CCGS. Providers. LAs. AMH joint commissioning team.</p>	<p>AMH Commissioners will need to monitor this going forward.</p>	<p>The contract monitoring process has shown that this new contractual requirement is being met by CNWL and WLMHT. This will continue to be monitored in the next contract year. There have been new CQUINs put in place for 2015/2016 to further ensure that parents and children accessing mental health services have clear joined up care planning.</p>
6. Health and Wellbeing Boards should make improving local data and information sharing a priority for improvement. An inter-agency Data and Information Sharing Protocol or Policy should be developed to cover all services for families in the Tri-borough area.	<ol style="list-style-type: none"> 1. There are some current CQUINs in place for the provider and local authorities to work on this together at a local level. 	<p>Providers. LAs. AMH Joint commissioning team.</p>	<p>WLMHT and CNWL. Lambert Allman. Adult Mental Health commissioners.</p>	<p>There has been some progress and providers and LAs have managed to produce draft policies.</p>

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<p>7. A Think Family or ‘Whole Family’ approach should be adopted and championed in adult mental health services, with a view to: improving ‘holistic’ assessment processes, improving multi-agency planning and interventions and encouraging ‘joint work’ with families with multiple problems.</p> <p>Think Family champions should be established, with the support of Health and Wellbeing Boards, CCGs and Public Health to develop a programme of engagement with ante and post-natal services.</p>	<ol style="list-style-type: none"> For the contract for 15/16. There is a CQUIN in place to ensure identification of families with service users in both CAMHS and AMHS. That such families are offered joint care planning and where appropriate joint treatment sessions. Monitoring to ensure that the CQUIN is actioned and new practice is in place. 	<p>CCGS.</p> <p>Providers.</p> <p>AMH and Children’s Joint Commissioners.</p>	<p>Head of AMH.</p> <p>Joint Commissioners.</p> <p>Lead CCG.</p>	<p>The CQUIN has been agreed via the contract process.</p>
<p>8. Health and Wellbeing Boards should encourage local Health, Social Care and Voluntary providers to collaborate in publishing a ‘local offer’ explaining what services are available to support mental health and emotional well-being.</p>	<ol style="list-style-type: none"> The tri borough children’s trust board are looking at identifying a new vision for CAMHS; members of the HWBB are engaged in the trust board. The children trust board will identify how local offer can be identified and published. 	<p>TBC</p>	<p>TBC</p>	

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9.	Health and Wellbeing Boards should support the development of a Young Carers Strategy across Health, Adult and Children’s Social Care and the Voluntary Sector to improve inter agency working maximise outcomes for young people.	1. To develop in a co-productive manner a draft strategy.	Peter Beard. Bernadette Jennings. Health CCGs. Lambert Allman.	TBC	TBC

The Transition from Children's to Adult Mental Health Services

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<p>10. Further discussion should be facilitated with both Central North West London NHS Foundation Trust (CNWL) and West London Mental Health Trust (WLMHT) to clarify the position on numbers of young people in transition in order to establish:</p> <ul style="list-style-type: none"> • A comprehensive understanding of local discharge and transition activity, in preparation for the national changes expected next year; • Whether a 16-25 year old service has advantages for young people with mental health; and • Whether young people are leaving CAMHS support prematurely. 	<ol style="list-style-type: none"> 1. Local commissioners have been involved with NHSE who have transition as part of their work plan. 2. As a result of conversation with NHSE there is a CQUIN proposal for 2015/2016. 3. The CQUIN has the following elements: Improved data collection by providers in AMH and CAMHS. The need for policies and procedures that reflect the children and families act of 2014 (in terms of services for up to 25s) The need for advance planning and follow up once transfer has occurred to ensure young people have not disengaged. Identify cases where the need for CAMHS extended beyond 18 years. 	<p>Health CCGs. Providers.</p> <p>Joint commissioners from CAMHS and AMHS.</p>	<p>Joint CAMHS Commissioner. Head of AMH. Joint Commissioning. Lead CCG Providers.</p>	<p>The CQUIN has been drawn up to include the information and has been negotiated with the providers for inclusion in the 2015/2016 contract.</p>

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11.	With a successful outcome in mind, both WLMHT and CNWL should identify Transition Champions – one in CAMHS and one in Adult Mental Health Services, who together are challenged to deliver the improved transition planning envisaged by the Care Quality Commission and the forthcoming National Institute for Health and Care Excellence (NICE) guidance.	<ol style="list-style-type: none"> 1. The CQUIN mentioned above identifies the need for services to identify leads for transition. 2. Champions will be identified as part of the service improvement plan. 		AMH Joint commissioner <ul style="list-style-type: none"> • Janice Woodruff • CAMHS Commissioner Jacqui Wilson 	The CQUIN has been accepted and will be acted upon in 2015/2016.