Promoting, protecting and improving our children and young people's emotional wellbeing and mental health

Doncaster's Local Transformation Plan

Quarter 1 Update – 2017/18

Contents

1.0 Executive Summary

The report provides an update on our Local Transformation Plan (LTP) at the end of Quarter one 2017/18, looking at each of the areas, outlining any impacts and offers a local progress rating. It also includes a finance summary detailing the quarterly spends against predicted and allocated spend.

We are delighted to update that we continue to make good progress against most areas of the LTP, and across each of the five themes. We have tried to capture the impact that the changes are having in each area, and it is pleasing to update that we are seeing positive impacts in a number of areas. Schools continue to be very much on board with Doncaster at the heart of piloting the new schools competency framework. There is real potential and scope for this competency framework to better equip schools in detailing with emotional wellbeing and mental health, it is really pleasing to see 20 Doncaster schools (nearly 50% of the total sample) involved.

The Consultation and Advice CAMHs workers continue to embed into the community with positive feedback from partners. We have seen for the first time since the introduction of the new model a reduction in the number of referrals into specialist CAMHs.

The work around crisis support continues to progress as does the development of the intensive home treatment service.

Feedback from NHS England as part of the Quarter four assurance process continues to be very positive, with the panel noting the positive work that has been undertaken. The three queries are resolved within the update.

On the whole progress continues to be made in-line with the predicted milestones, with many areas scoring positively, evidencing the continuing journey towards system transformation. The scale of the transformation continues to be a challenge but the partnership remains very motivated and focused on the delivery of the LTP and are confident that within 2017/18 we will start to see more achievements and improved outcomes for children and young people.

2.0 Finance Summary

The financial envelope for 2017/18 has been agreed by the strategy group and has funding contributions from the partnership including DCCG and the Local Authority. The envelope reflects the 2016/17 NHSE (LTP) funding contribution of £685k to the CCG at this stage. In terms of the financial uplifts identified in the mental health five-year forward view, internal processes are being concluded and there is an expectation that the uplifts will be added to the total financial envelope from quarter two. It is important to note that DCCG are providing funding above the NHSE funded level in particular around the TCP agenda (autism).

The total spend in this quarter is equal to the planned spend levels, with no areas for concern. The majority of this funding is in contract with the main provider (RDaSH). There is still a clear expectation that the remaining £65k will be spent on workforce training.

3.0 Progress to Date

It is worth noting that there is a clear implementation plan that underpins delivery.

3.1. Resilience, Prevention and Early Intervention for the Mental Well-Being of Children and Young People

Aim:
To act early to prevent harm by investing in universal services, supporting families and those who care for children, building resilience through to adulthood. We also want to develop and implement strategies that support self-care.

A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.1.1 Support universal services

Why is this priority?
The lack of a co-ordinated early help offer has led to high levels of inappropriate referrals into CAMHs and therefore children and young people not being seen by the right person at the right time. There are gaps in universal service workforce expertise around mental health and wellbeing and significant variance in links between education and CAMHs and Primary Care and CAMHs. There is a single point of access into CAMHs but not to the wider mental health and wellbeing services.

How will we do this:

- Named mental health leads in schools/ academies
- Create a single point of access

Progress to Date:
There has been no further progress in this quarter in terms of schools nominating named champions.

North 23/35 - 66%
East 19/27 - 70%
South 31/37 - 84 %
Central 23/26 - 88%

101/ 125 schools in total
Response rate 81%

There has been no push to increase the number in this quarter due to the following reasons:

- Target of 75% has been achieved which is very positive
- Schools focussing on exam and year end
- Focus on encouraging schools to take part in the YH schools competency framework pilot

We are comfortable with the current position (81%) and delighted that 20 Doncaster schools have agreed to take part in the schools competency framework pilot. It is really encouraging that an idea that was identified in Doncaster has so much support from schools to pilot it. (see 3.5.1)

The workforce lead has met with a sample of the named mental health leads, to continue to assess their training needs against the competency framework and to further develop working relationships. Four of the named leads sit on the main task and finish group (chaired by the lead commissioner) and play an active role in LTP implementation.

There remains 1WTE presence in the Early Help Hub that continues to contribute to multi-disciplinary assessments and better joint working arrangements involving CAMHs. Feedback from a mum……

> *"I can't believe what a difference it has made having XXXXX and XXXXX come out together and explain like you did. My daughter is now feeling much better."*

The new front door in Doncaster has now gone live, meaning referrals for both the Early Help hub and the multi-agency safeguarding hub go through one single point of access. This has and continues to be overseen by a governing body (LTP lead commissioner sits on this) who will closely monitor early progress. The CAMHs duty functions have now been moved into the same building as the new front door (albeit at this stage in a different room for practical reasons of space etc), which is a big step in terms of moving the functions together. The intention is to still look at full integration however there is a need to let the new front door be embedded before another layer of complexity is added.

The longer-term aims are to commission an integrated model based on measurable aims and the principles of accountable care systems. It is felt that a single point of access would be an ideal test area for a truly integrated service.

Impact

- Greater levels of awareness in schools
- Schools having a direct opportunity to shape future provision
- Children and Young People having clarity about where to go for support in schools
- Doncaster at the heart of shaping new competency framework
- More effective triage, assessment and joint working processes

Progress rating: Very Good

3.1.2 Apps and digital Tools

Why is this a priority?
We know that children and young people value digital support, but there is not a co-ordinated and validated offer locally. Currently support for mental health and wellbeing predominantly comes from CAMHs.

How will we do this:

- Work with local CYP to review existing tools and trial new ones.

Progress to Date:
Test log-ins have been requested and granted for 5 websites/ apps and are being 'live' tested by mental health champions (working with Young Minds). The champions will make recommendations to the strategy board in September when a final decision will be made.

Impact

- Effective on-line options for Children and Young People, which are secure and offer reliable advice and guidance.

Progress Rating: Satisfactory

3.1.3 Perinatal mental health

Why is this priority?
There are 1,256 women in Doncaster who are likely to suffer from some degree of mental illness during pregnancy or within one year of giving birth

How will we do this:

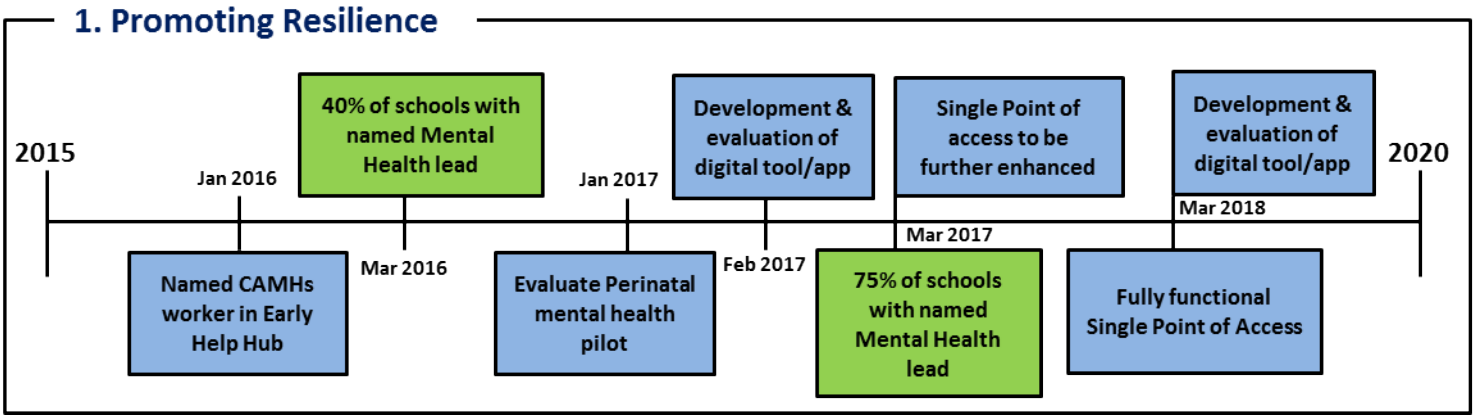
- By learning from a local pilot and national guidance.

Progress to Date:
We are working up a bid for wave two STF funding with partners across the STP footprint. We are confident the bid will be in on time and we have taken on board learning from previous successful bids. Perinatal mental health is one of the seven priority areas within the Local Maternity Offer which will be submitted in October 2017.

Impact

- None at this stage.

Progress Rating: In need of improvement



3.2 Improving Access to Effective Support

Aim:
To change how care is delievered and build it around the needs of children, young people and their families. We will move away from a system of care delievered in terms of what services, organisations provide, to ensure that children and young people have early access to the right support at the right time in the right place.
A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.2.1 Move away from the current tiered system of mental health services.

Why is this priority?
There is variance in the skills and competencies of staff in universal services (including schools and Primary Care). There is very little consultation with CAMHs prior to referral and a high number of inappropriate referrals.

How we will do this:

- By having new CAMHs workers based within the community who act as dedicated named contact points for all schools and GP practices.
- Implementation of a consultation and advice CAMHs outreach service, called Consultation and Advice Service (CAS).

Progress to Date:
The consultation and advice service continues to be embedded into the local system and feedback from schools has been on the whole very positive.

"I feel that the meetings in school are very beneficial to the pupils that require support."

"I would like to (on behalf of school x, y & z) express our sincere gratitude for all the support, professional guidance and interventions."

A snapshot of the headline data is as follows:

Consultations	Apr 17	May 17	Total
	127	259	**386**
Primary Schools	*75*	*103*	***178***
Secondary Schools	*51*	*156*	***207***
Face to Face	*127*	*257*	***384***

Descriptor	Apr 17	May 17	Total
Referrals into specialist CAMHs	117	158	**275**

Demand for the service continues to be high with nearly 400 consultations made in the first two months of this quarter. It is useful to remember that there were approx. 542 consultation in the previous quarter (over a three month period). There continues to be a fairly even split between Primary and Secondary school, which shows equity of access.

There was a slight decrease in the number of referrals into specialist CAMHs of 3%, which is a change from last year when we saw an overall 5% increase. It is interesting to monitor the total number of referrals into specialist CAMHs over the next quarter to check the hypothesis of reduced referrals based on the impact of the CAS service.

The box below details the main presenting issues into the whole CAMHs service. This is reflective of the previous year. This information is being collated will shape the future workforce in terms of skills and competencies. It will also influence the training provided to the wider workforce.

Presenting Issues	Apr 17	May 17	Total
Anxiety	42	68	**110**
Low Mood	25	44	**69**
Attachment	23	57	**80**
Stress	41	39	**80**

The table below shows the movement between the Consultation and Advice Service (CAS) and specialist CAMHs service.

Descriptor	Apr 17	May 17	Total

Number of cases escalated to specialist CAMHs	2	4	**6**
Number stepped down from specialist CAMHs	8	11	**18**

Interestingly only 6 referrals have stepped up into specialist CAMHs and only 18 have stepped down. This seems low and will again be closely monitored. It may be linked to the evolution of practice and the change in working culture of CAMHs staff as we aspire to remove thresholds and tiers.

There are currently 7WTE in the CAS team and a further 1WTE post vacant. The lead commissioner has been working with the various collaboratives in Doncaster (a collaborative is a group of schools and children's centres) to explore the option of the collaboratives buying a CAS worker. Pleasingly we are in the latter stages of reaching an agreement for a further 1WTE CAS worker, with the aspiration to secure the provision of a further three funded by collaboratives.

The agreed CAS resource is 9WTE with the aspiration to take the total to 12, meaning three workers in each of the four locality areas. This would be sufficient to meet current demand.

The data continues to be collected manually at this stage. The service provider are building a new data warehouse for CAMHs in preparation for moving to a new clinical system early in the New Year. CAMHs are a priority within this.

Impact

- Children and Young People being identified earlier and provided support at an early stage.
- Children and Young People being supported by professionals they already have a relationship with, rather than a *hand-off* referral (as requested by CYP).
- Schools feel much more supported.
- Building of joint working relationships between schools and CAMHs.
- Slight reduction in referrals into specialist CAMHs.
- Increasing buy-in from schools.

Progress Rating: Very Good

3.2.2 Ensure the support and intervention for young people in the mental health concordat are implemented.

Why is this a priority?

Children and young people in Doncaster were admitted to hospital for attempted suicide and we have others in crisis. All elements of the crisis care concordat are not currently being implemented.

How will we do this:

- New 24/7 all age crisis telephone helpline.
- CAMHs interface and liaison nurse placed in acute hospital setting.
- Liaison and diversion service to be aware of CYP services.
- Explore options of regional section 136-suite and crisis accommodation.

Progress to Date:

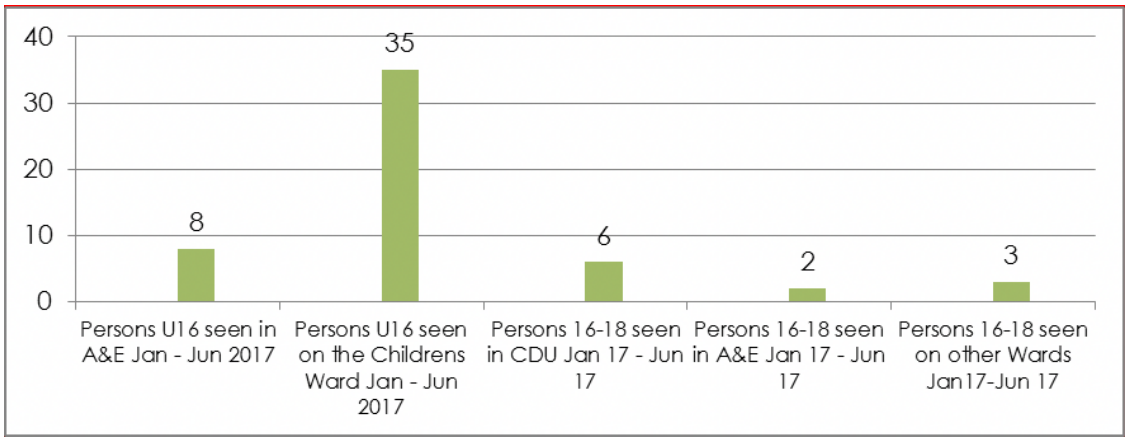
The 24/7 crisis support helpline went live in September and an audit was completed after one year to look at any issues. RDaSH as the provider of both services is currently looking at how it provides it's crisis and out of hours services for CYP and adults. The helpline is included in the review and there is an expectation that a report will be provided to commissioners before the end of Q2.

The mapping of current provision against each element/ standard within the crisis care concordat guidance has been completed. This work will sit within the existing task and finish group (that reports to the main strategy group) and an action plan will be developed to take this work forward. There has been a slight delay due to capacity.

The CAMHs interface and liaison function began at the end of the last quarter and continues to be embedded throughout this quarter. There have been some initial issues with adherence to the service specification but these have now been resolved and the service is becoming embedded with the acute settings. A review of the service was completed in June 2017 citing good progress being made and the nurse becoming more visible.

Descriptor	Apr 17	May 17	Total
Number seen on paediatric ward	6	7	**23**

The graph below shows the breakdown of where CYP have been seen (Jan to Jun 17).



Challenges have been identified and service development areas and these will be progressed over the next quarter.

The liaison and diversion service has identified gaps in their knowledge of Children and Young People services and a training plan has been agreed and is being facilitated. Training began in this quarter and is on-going with an expected completion date at the end of quarter two.

We have local systems in place that mean no Child or Young Person will be detained in a police cell as a place of safety from 1st January 2016. This has been communicated via regional meetings and the regional work will further enhance the local provision. No CYP were detained during this quarter.

Sheffield CCG are working with Sheffield Children's Hospital on the opening a child/ young person specific section 136 suite and indications are this will be open in August. There is an agreement in place that Doncaster can buy some beds in this suite and as such will have access to a specific suite, after a settling period for Sheffield. The STP region are looking at the option of putting a bid together to pump prime this option.

Funding has been agreed locally between the CCG and Children's Trust to commission an assertive integrated outreach, response and fostering service for the most vulnerable children and young people in Doncaster. From an emotional wellbeing and mental health perspective, this will mean ring fenced foster placements for children and young people who are in a period of crisis and are unable to return home. A workshop took place with key stakeholders agreeing pathways and local protocols. The protocols are now being developed alongside the recruitment of foster carer(s). We are aiming for an Oct 17 start date, which is later than we first anticipated, however it was felt we needed to ensure effective pathways and protocols are in place to reduce the risk of placement failure.

Impact

- Improved 24/7 crisis support for Children and Young People.
- Clarity of what needs to be done to ensure effective crisis support.
- Better understanding of Children and Young People services by the liaison and diversion service, meaning Children and Young People are better supported.
- Children and Young People better supported in the local General Hospital by the liaison nurse and wider acute paediatric workforce.
- Movement to a specific Children and Young People section 136 suite.
- Movement to a different offer (foster carer(s) foir Children and Young People in crisis.

Progress Rating: Good

3.2.3 Development of intensive home treatment provision.

Why is this priority?

We have high numbers of children and young people referred into inpatient services with an average length of stay of approximately 101 days. We are high when compared to our neighbours regionally and currently do not have an intensive home treatment service.

How will we do this:

- Developing and implementing a new intensive home treatment service to act as an alternative to tier 4 provision.

Progress to Date:

The service made a phased implementation from September 2016 and all posts were recruited to. Unfortunately there have been some issues with retaining staff and there are now vacancies back in the team. During this quarter the Lead Nurse, band 6 nurse post and Social Worker have been the only consistent staffing, meaning the service continued to carry three vacancies. To mitigate this there has been an increased focus by DCCG on this area and in response the provider has recruited to two of the three vacant posts, both will start in quarter two. This means that there will be a total resource of 5WTE and a clear expectation from the commissioner that from quarter two we will see significant improvements in the service.

There have also been some difficulties with the referral criteria and this is now being reviewed by the service and will be presented to the lead commissioner and stakeholders. A deadline of September has been set. The aim is to make the service more accessible and flexible in its approach.

This is the priority area of focus from the strategy group as there is an expectation that there will be improvements made to this service as a matter of urgency. The lead commissioner has asked for monthly reports on progress.

Caseload

During the quarter the caseload has been varied with the service team working with over 20 young people requiring intensive home treatment during the quarter. Therefore despite the service not being fully formed, positive work (in parts) is being achieved.

Admissions

There were seven young people admitted in this quarter, which is a 22% reduction on the same quarter last year.

Discharges

There have been five supported discharges from Tier 4 over this period.

Interventions

The service continues to base their interventions around the individual needs of the young person in conjunction with the wider Multi Disciplinary Team; particularly case managers. The caseload of those being managed in the community has risen to 13 and they are seen as often as is required based on individual need. This shows the

scope of what can be done and as such the need to get the service fully formed and functioning as soon as possible.

The data continues to be collected manually at this stage. The service provider are building a new data warehouse for CAMHs in preparation for moving to a new clinical system early in the New Year. CAMHs are a priority within this.

Impact

- Very limited at this stage, although there has been some improvements to the step down process from acute settings.

Progress Rating: In need of improvement

3.2.4 Promote best practice in transition

Why is this a priority?

Transition remains a problem for some young people; in particular it isn't started early enough.

How will we do this:

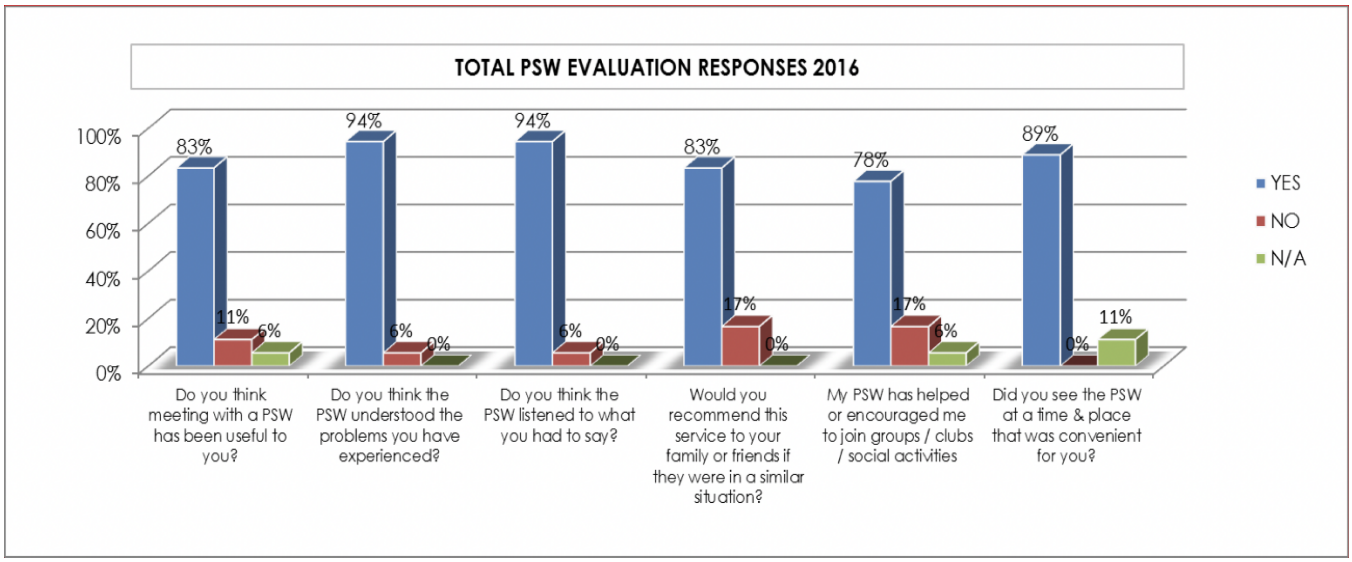
- Implementing model specification for transition.
- Work with YH SCN to develop guidance documents for transition.
- Add resource to peer mentoring service.

Progress to Date:

The model specification is being reviewed clinically with a view to including in contract next year, this is still the intention.

CAMHs completed a transition benchmarking exercise in Q4 2016/17, which has been reviewed and an action plan developed and agreed in May 2017. This will now be worked through with regular updates to the commissioner.

A review of the Peer support worker service was completed in May with a series of recommendations identified. These will sit within the contract and performance meetings between provider and commissioner, however on the whole the service has performed well with some good feedback. Headlines below.



Impact

- Children and Young People feel supported by the peer support workers through periods of transition.

Progress Rating: Good

3.2.5 Eating disorder community service

Why is this a priority?

There has been a year on year increase in referrals into CAMHs for eating disorders as well as an increase in those accessing inpatient services.

How will we do this:

- New community eating disorder service adhering to access and waiting time standards.
- Robustly evaluate the new model.

Progress to Date:

The three commissioners have agreed a local service specification based upon the *Access and Waiting Time Standard for Children and Young People with an Eating Disorder,* and contract and procurement routes have been agreed and established. Rotherham is the lead commissioner. The service specification has been agreed and there is a clear implementation plan to underpin delivery. Quarterly regional commissioner/ provider meetings take place and Doncaster has a steering group.

The phased delivery started on 1st March 2016 and initial feedback is positive. This will be clearer after the evaluation findings are published in Autumn 2017.

There continues to be a full team across the hub and spoke model and Doncaster, meaning full provision and support that is be actively promoted. The new service has been launched and we are closely monitoring demand.

Performance is very positive with all access and waiting time standards for Doncaster being achieved (as they have done since the implementation of the new service). As mentioned in the previous report (Q4) we are closely monitoring demand as SYEDA start to deliver more and more awareness raising sessions. It is interesting that demand in the first quarter remains low, albeit with a slight increase. Increasingly, locally we are thinking about what a community service should look like to ensure we are meeting the needs of the total population. The intention (not withstanding the evaluation findings) is to move to a 0-25yr old pathway and as such, the community eating disorder steering group has extended its membership to include adult representatives. This group has met twice now segued with a workshop that mapped out local provision for Children and adults. In Doncaster we are clear now on demand across all ages and also what resource is available. A request has been made to commissioning colleagues in Rotherham and North Lincs for clarity if they have an intention to move towards a 0-25yr old pathway. Ideally this will be the case so we

can move across the region. There is a strong feeling in Doncaster that there is sufficient capacity within the existing 0-19yr resource to extend to 0-25yr.

Descriptor	Apr 17	May 17	Total
Umber on caseload	16	21	37
Number of emergency cases received	0	0	0
Number of urgent cases received	0	1	1
Number of non-urgent cases received	3	4	7
Number of cases admitted into T4	2	0	2
Seen within access target	100%	100%	100%

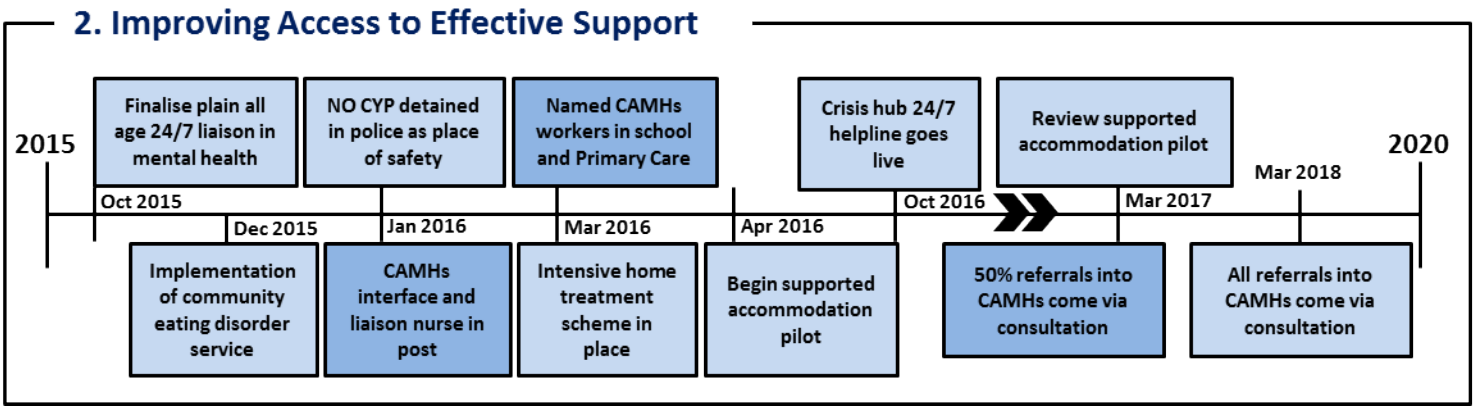
There was limited delivery from SYEDA in this quarter with 0 awareness raising sessions and only 78 participants attending education sessions. SYEDA have updated that there is a blockage in accessing some schools, which the strategy group are trying to unblock.

Data is currently being collected and provided manually with the same plan as the wider CAMHs service to build a new data warehouse in preparation for moving to a new clinical system early in the New Year.

Impact

- Children and Young People have better support around eating disorders.
- Reduction in the number of Children and Young People requiring acute mental health provision.
- Children and Young People have access support within agreed timeframes.
- There is an increase in awareness and education in Doncaster.
- Children and Young People have access to support within a community setting.

Progress Rating: Very Good



3.3 Caring for the most Vulnerable

Aim:

To dismantle barriers and reach out to children and young people in need, through a flexible integrated system that provides services in a way that they feel safe and are evidence based.

A local task and finish group has been set-up to lead on the implementation of this area of the LTP. Membership has been agreed and initial meetings held. Membership is at the right level and there is an underlying philosophy of accountability.

3.3.1 Trauma focussed care

Why is this a priority?
There is a need for greater awareness of the impact of trauma, abuse and or neglect on mental health. CAMHs assessments do not routinely include sensitive enquiry about the possibility of neglect and sexual abuse (including CSE). There is variance in staff's competencies in working with vulnerable children and young people.

How will we do this:

- Audit of current practice, skills and competencies
- Enhanced training package for staff working with vulnerable CYP.

Progress to Date:
An audit of current practice was completed and there were some recommendations, to be implemented by the provider. This was reviewed in June 2017 and all but one recommendation have been completed. The final recommendation is to complete a further six month dip sample audit to check compliance. There has been good progress made in this area.

There is still an intention to look at the provision of specialised psychology/psychiatry support for Children and Young People where there is suspected sexual abuse, this will happen in year three.

Impact

- CAMHs staff have a greater awareness of the impact of trauma, abuse and/ or neglect on mental health.

Progress Rating: Very Good

3.3.2 Make sure that children and young people or their parents who do not attend appointments are not discharged from services, rather actively followed up.

Why is this a priority?
DNA rates for 2014/15 were 9.5% and the current policy whilst robust needs modification so that no child or young person leaves service because of DNA's.

How will we do this:

- Build on current policy and ensure staff compliance

Progress to Date:
The DNA audit recommendations were reviewed as per the action plan (6mths after inception) and the report has outlined that there is still some actions outstanding. Lots of actions have been completed however there are still some outstanding. These include; review of delivery locations to allow maximum flexibility for clients, the finalising of the new policy and the use of admin for a call back service. New deadlines have been sought for the outstanding actions and this work will continue to be overseen by a task and finish group. A second routine audit of practice will be completed when outstanding actions have been completed.

Impact

- In this quarter 0 Children or Young People were discharged for not attending an appointment.
- Reduction in total DNA rates to 8.5% (target of 10%).

Progress rating: Good.

3.3.3 Develop multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. Improve the care of children and young people who are most excluded from society, i.e. those sexually exploited, homeless or in contact with the youth justice system.

Why is this a priority?
There is variance in the provision across services.

How will we do this:

- Build on multi-agency approach

Progress to Date:
The plan is to develop these teams by March 2019, so no work done on this to date.

Progress Rating: n/a

3.3.4 Learning Disability specialist provision:

Why is this a priority?
The care and treatment review guidance and policy are not currently being implemented locally.

How will we do this:

- Ensure we are CETR compliant
- Ensure Children and Young People are effectively included in the TCP agenda.
- Map out current provision
- Increase capacity

Progress to Date:
The new CETR policy has been understood in Doncaster and work is on-going locally to fully integrate the Children and Young People's agenda into the wider

Transforming Care Partnership (TCP). The lead commissioner has met regularly with the Children and Young People TCOP lead at NHSE and there is a clear focus and plan to do this. The lead commissioner for the LTP is the Children's lead for TCP across the footprint which ensures an excellent link between the two agenda's. There are plans in place to have Children and Young People fully integrated into the wider TCP agenda by the end of quarter three. The two key areas of focus are:

1. Development of the dynamic register to include Children and Young People and mechanisms to ensure regular discussions and updates across all ages.
2. Clarity on profile of need to allow for future commissioning decisions, with the aim of reducing numbers in acute settings.

One CETR was completed in this quarter and two reviews are due in quarter two. The completed CETR was extremely beneficial and resulted in the Young Person being kept out of an acute setting.

Doncaster has led on the development of a regional MOU to ensure that each area in Yorkshire has access to an independent clinical expert. This will be achieved through a like for like agreement on sharing this resource across the patch. This is in the later stages of being agreed and signed off.

A consultant is mapping out current provision and the first report will be submitted to the mental health and wellbeing strategy group on 21st September. The report will also include recommendations on proposed ways forward.

The increased capacity provided (using the additional NHSE funding from last year), will continue throughout this year to ensure an increased capacity and a drive towards reducing the waiting lists further.

The waiting list data is included in section 4.

Impact

- Improvements made to CETR process.
- Children and Young People getting timely access to effective CETR's when needed.
- One Young Person (through an effective CETR) given support in the community, which prevented an acute admission.
- Increased capacity within the pathway meaning Children and Young People have more timely access to support.

Progress Rating: Good

3.3.5 Looked after Children specialist provision:

Why is this a priority?

LAC are waiting longer for routine appointments than non-LAC

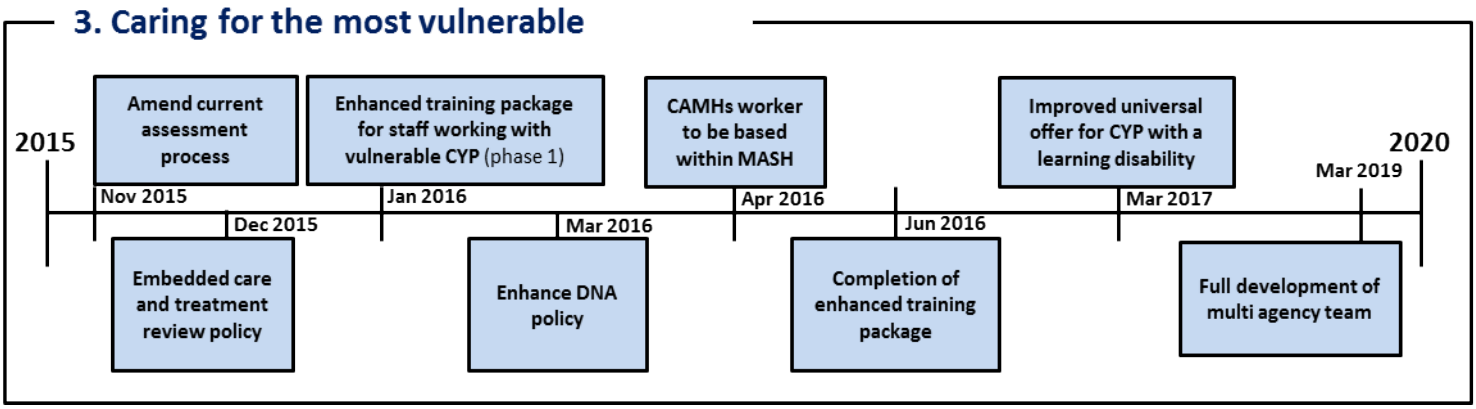
How will we do this:

- Map out current pathway
- Increase capacity within the pathway

Progress to Date:
A consultant is mapping out current provision and the first report will be submitted to the mental health and wellbeing strategy group on 21st September. The report will also include recommendations on proposed ways forward.

The increased capacity provided (using the additional NHSE funding from last year), will continue throughout this year to ensure an increased capacity and a drive towards reducing the waiting lists further.

Impact
- Increased capacity within the pathway meaning Children and Young People have more timely access to support.



3.4 To be Accountable and Transparent

Aim:
To drive improvements in the delivery of care and standards of performance, to ensure we have a much better understanding of how we get the best outcomes for children, young people and their families.

3.4.1 Lead Commissioner arrangements

Why is this a priority?
To ensure we have a strategic lead and a figurehead to co-ordinate.

How will we do this:
- Designated lead commissioner.

Progress to Date:
The lead commissioner remains in place and the Mental Health and Wellbeing Strategy Group continue to have direct oversight of the LTP implementation, this

group is chaired by the chief of strategy (DCCG) so there is senior management buy-in. There has been local agreement to merge the two task and finish groups with membership refreshed and the action plan updated to reflect changes to the LTP. The lead commissioner chairs this meeting and feeds directly into the Strategy Group and Health and Wellbeing Board. There is good representation and accountability across partners.

The Mental Health and Wellbeing Strategy Group feeds directly into the Joint Executive Commissioning Group where all commissioning decisions are made. The ultimate accountable group is the Health and Wellbeing Board.

The lead commissioner is part of the Executive Children and Families Board (senior board for CYP locally), and is working with senior colleagues to scope out and plan how we move to a joint strategic commissioning framework, as part of the commitment to move to an accountable care system. We are testing this out in two areas, one being vulnerable adolescents which includes CYP in an acute setting including acute mental health. The aim being to make better use of the Doncaster pound.

Doncaster launched its new Children and Young People Plan (2017-20) in this quarter. Emotional wellbeing and mental health is one of the 12 priority areas.

http://www.doncaster.gov.uk/services/schools/children-and-young-people-s-plan

Therefore it can be summarised that emotional wellbeing and mental health for Children and Young People is very much on the agenda in Doncaster.

Impact

- Emotional wellbeing and mental health are well positioned strategically.
- There is high-level partnership buy-in.

Progress Rating: Very Good

3.4.2 Collaboration with specialist commissioners

Why is this a priority?

To reduce any duplication in commissioning and to ensure that services locally, regionally and nationally are commissioned to meet need.

How will we do this:

- Collaborative working.

Progress to Date:

The lead commissioner plays an active role in Yorkshire and Humber Clinical Network and has regular communication with regional specialised commissioners. This includes joint- chairing the mental health commissioners steering group. There is a direct link both ways and we are confident that there is strong and efficient

collaboration. An example of the close working is the transfer of Amber Lodge services from NHSE commissioning to South Yorkshire CCG commissioning.

Impact

- Effective mechanisms and relationship to jointly commission services.

Progress Rating: Very Good

3.4.3 Engagement

Why is this a priority?

This plan is for our children and young people, to improve their outcomes around mental health and wellbeing and as such we must provide the services they need. Only through effective sustained engagement can we provide the services they need in a way they want.

How will we do this:

- Giving Children, Young People and their families a voice.
- Commission organisation to lead on this piece of work.
- Develop sustainable model.

Progress to Date:

Young Minds continue to engage and work children, young people and families and have now developed a project participation strategy. The vision for the programme is to support the development of shared values, innovative and effective practice in participation at every level of the local system in Doncaster. Through this, the hope is that organisations are enabled to empower children and young people, parents, carers and front line practitioners to lead the way in transforming the mental health system. A set of principles has been agreed and will underpin all future work. An element of this work was to recruit 15 participation champions:

- Five young people
- Five parents/ carers
- Five professionals.

In total 61 people signed up to fulfil these roles, which is very positive. A core group of 15 participants has been established from the 61, with the others to be engaged digitally. On-going recruitment will be completed throughout the delivery of the programme to ensure that these numbers are maintained. This is the second year of the programme with a further three commissioned.

Members of the core group will begin to be directly involved in the commissioning cycle of services within the system. This work is on-going and we are very pleased with how it is progressing.

Impact

- Children and Young People have a real voice and opportunity to commission and shape how the system (and services) look in the future.

- Effective mechanisms in place to do this.

Progress Rating: Very Good

3.4.4 Local Offer

Why is this a priority?
To make sure every-one knows about the plan, it's aims, objectives and intentions.

How will we do this:
- Publish on a number of websites

Progress to Date:
The Local Transformation Plan was sensed checked locally and was felt to be Child and Young Person friendly, this was backed up by the Yorkshire and Humber Strategic Clinical Network. It and the data collection template were published on the following websites as per the mandate. Published on the following websites:
- Doncaster Clinical Commissioning Group – published 4th December 2016
- Doncaster Metropolitan Council – published 4th December 2016
- Doncaster Local Offer – published 11th December 2016
- Doncaster Council for Voluntary Services – published 11th December 2016

Progress Rating: Good

Impact
- The LTP is accessible and easy to find.

3.4.5 Commissioning and procurement

Why is this a priority?
To ensure we act within the regulations and to commission services compliant with Health and Social Care Act and Equality Act.

How will we do this:
- Adherence to NHS procurement regulation.
- Adherence to Equality Act.
- Adherence to Health and Social Care Act.

Progress to Date:
The plan continues to adhere to the above acts.

Impact
- Commissioning sits within legal frameworks.

Progress rating: Very Good

3.4.6 Development of Outcome Measures

Why is this a priority?

So we can measure performance and outcomes effectively. This underpins the Commissioning cycle.

How will we do this:

- Continue to up skill staff via CYP-IAPT programme.
- Express interest in becoming a pilot site for CORC.

Progress to Date:
There are currently 2 CAMHs practitioner completing CYP-IPAT courses; .IPT-A Interpersonal Psychotherapy for Adolescents and Learning Disability. The service will be submitting a request for a place on a therapy pathways course and up to two places on the EEBP course. The CCG will support this by covering the shortfall in funding.

DCCG commissioners are working with CAMHs to develop robust outcome measures. In addition DCCG commissioners (x2) are members of the Yorkshire and Humber Clinical Network Quality Data Dashboard task and finish group, which is aiming to develop a routine performance dashboard. This work is developing at pace and the current iteration was presented to the YH CYP Mental Health & Wellbeing Commissioners Forum. It was well received with discussions focussing around data collection and input. Commissioners across the region have been asked to feedback any further comments. Doncaster has played a central role in it's development.

Locally we have developed a dashboard (see appendix 5.1.3) that reflects the system rather than just CAMHs. This is a challenging piece of work, as it requires data to flow from various sources, meaning data sharing agreements and partnership compliance. For some outcomes there are currently data gaps that need a solution. There is a multi-agency group looking at this and this work is on-going. The initial meeting was very positive.

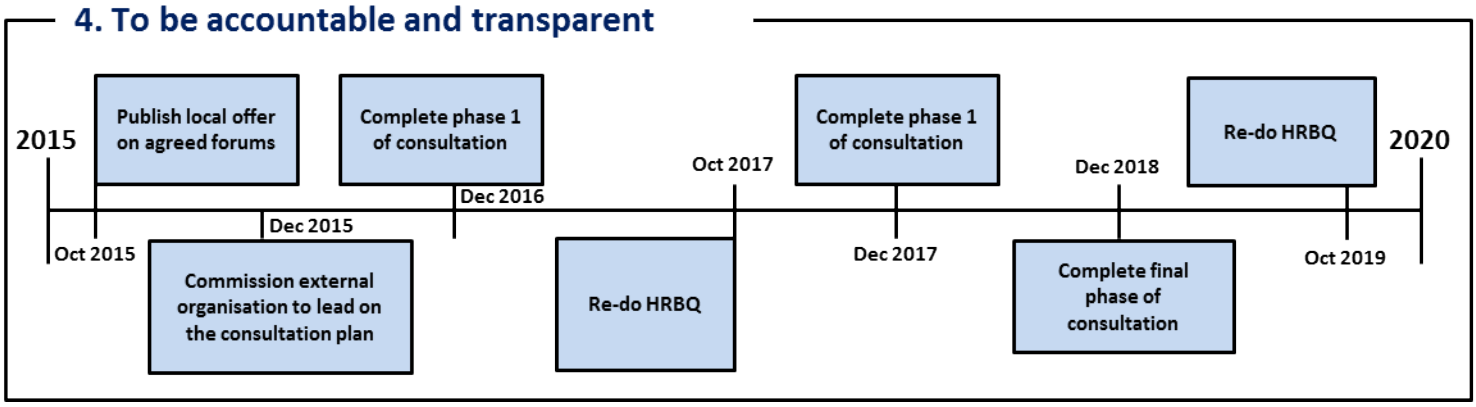
This work is happening simultaneous to the regional work being completed and there is the will locally to tie this together to use one dashboard. We are developing both though to mitigate any risk in the regional dashboard not being agreed by partners and implemented.

There is a requirement and expectation that the CAMHs service provider will adhere to the provision of the new mental health data set and data was successfully submitted to HSCIC for February 2016. We are waiting for the first published extract.

Impact

- Improved levels of expertise within CAMHs.
- Movement towards a regional dashboard that would facilitate benchmarking and discussions between areas, in terms of identifying and sharing best practice.

Progress Rating: Good



3.5 Developing the Workforce

Aim:
That every-one who works with children, young people and families are ambitious for every child or young person to achieve goals that are meaningful and achievable. They will be excellent in practice and able to deliver the best-evidenced care, be committed to partnership working and be respected and valued as professionals.

3.5.1 Universal services

Why is this a priority?
There is variance in the skills and competencies of staff in universal services and a lack of high level co-ordination of this.

How will we do this:

- Identify workforce lead.
- Workforce audit.
- Workforce strategy.

Progress to Date:
Progress continues to be slow against the 13 recommendations of the workforce audit, and a request has been made by the lead commissioner for some pace to be added to this. With regard to the training of the wider workforce we made a conscious decision locally to wait for the schools competency framework pilot, which starts in September. There are 20 schools in Doncaster and we will go out to tender for a training provider to train staff within these 20 schools to have the competencies to deliver against the framework. This will help to develop an evidence base which can be used regionally and nationally. Our plan is to then roll out this training and schools competency framework to all schools in Doncaster.

Impact

- Very little impact against the 13 recommendations.
- Potential to develop and embed evidence based competency framework.

Progress Rating: Satisfactory

3.5.2 Targeted and specialist services

Why is this a priority?
There is variance in the skills and competencies of staff in targeted and specialist services and a lack of high-level co-ordination of this

How will we do this:

- Training staff.

Progress to Date:
This relates to the 3. 5.1.

Progress Rating: Satisfactory

3.5.3 Future workforce

Why is this a priority?
To have a workforce that is able to deliver evidenced based interventions.

How will we do this:

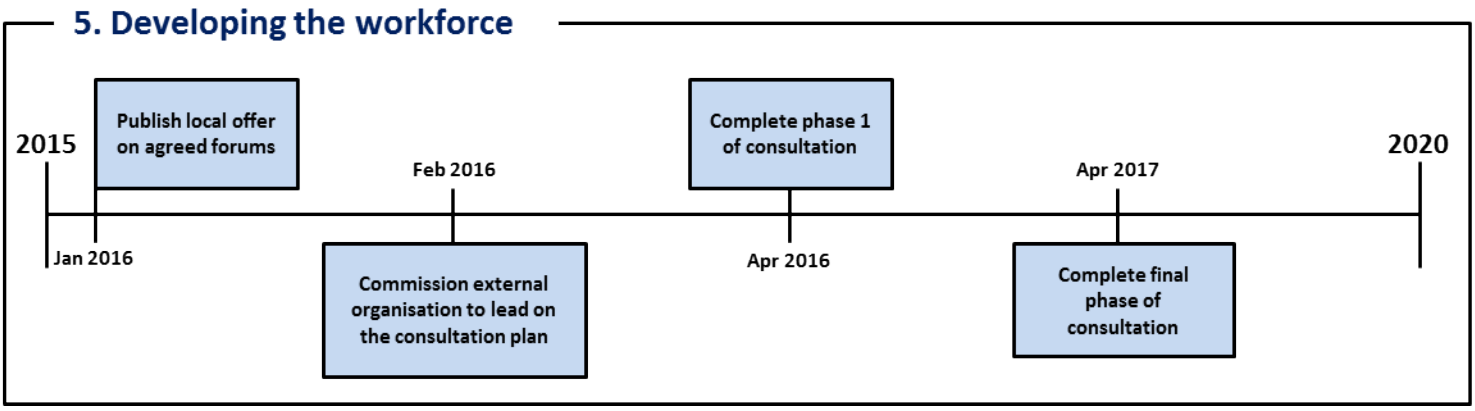
- By using the platform of the CYP-IAPT programme.

Progress to Date:
By using CYP-IAPT as a platform to embed evidence based interventions into CAMHs. There are currently 2 CAMHs practitioner completing CYP-IPAT courses; .IPT-A Interpersonal Psychotherapy for Adolescents and Learning Disability. The service will be submitting a request for a place on a therapy pathways course and up to two places on the EEBP course. The CCG will support this by covering the shortfall in funding.

Impact

- Improved levels of expertise within CAMHs.

Progress Rating: Good



4.0 Waiting Times

Specialist Core CAMHs

- There are 200 CYP waiting for treatment.
- Average waiting times are 44 days (6 weeks).
- The average waits are withinthe 56 days (8 weeks.) target.
- The focus of the LTP is to provide support at the earliest possible stage and as such reduce the number needing specialist core CAMHs, which in turn would free up capacity enabling further reductions in waiting times.

LD CAMHs

- There are two CYP waiting for treatment.
- Average waiting times are 158 days (22 weeks).
- The average waits are above the targets and as such continued focus is needed.
- The current mapping of provision against need and potential new models of care is on-going.
- The service is out to advert to recruit extra capacity within the LD CAMHs team.

LAC CAMHs

- There are two CYP waiting for treatment.
- Average waiting times are 53 days (7 weeks).
- The average waits are withint he 56 days (8 weeks.) target and significant improvements have been made. This is due to extra capacity which is continuing to be funded.
- The current mapping of provision against need and potential new models of care is on-going.

5.0 Local Priority Scheme Summary

Local Priority Scheme	Current Stage of Implementation
Establish named mental health and wellbeing leads in schools (internal)	81% positive response from schools/ academies. 20 Doncaster schools signed up to pilot schools competency framework.
Continuous consultation and engagement with children, young people and families	The vision has been agreed and a core group of 15 participation champions established. The remaining 46 participants (who had expressed an interest in joining a core group) will be engaged digitally.
Appointment of workforce development lead	Development lead in post.
Audit and rolling training programme	Training tender to be developed and put out the market to run alongside schools competency framework document.
Develop an 'innovation partnership' approach with a local university to deliver an accredited training programme with	Not intended for 2016/17 implementation.

nationally recognised modules	
CAMHs worker to be embedded in the Early Help Hub	The relationship between CAMHs and the Early Help Hub has been developed and continues to evolve. There is 1WTE in the hub on a weekly basis.
Named CAMHs leads in schools & Primary Care	There are currently 7WTE in post and a further 1WTE to be recruited. There have been approx. 400 consultations in Apr and May and we are exploring increasing capacity via collaborative funding. Anxiety remains the most prevalent issue.
Supporting self care	Youth champions have been given test login access to test the websites and aps. They will then make a recommendation to the strategy group.
Development of single point of access	The new front door has commenced and the CAMHs duty functions have moved into the same building. This could be a future ACS test area.
Further develop evidence base	Two CAMHs worker booked onto CYP-IAPT courses CAMHs submitted expression of interest for 2016/17 course(s)
Implement all areas of the crisis care concordat	24/7 crisis helpline went live in September 2016 and an audit completed with a series of recommendations. Report due in quarter two. Mapping of current provision against each element of the concordat has been completed and an action has been developed. CAMHs liaison and interface function is in post and has started to take referrals. Numbers are starting to increase with the majority seen on the paediatric ward. Liaison and diversion service is increasing it's understanding of CYP services. Police cell not to be used as a place of safety from 1st January 2016 and local system set-up. The mapping of all age psychiatry services has been completed. Working with Sheffield CCG around a regional CYP section 136 suite. Funding has been agreed too commission an assertive outreach, response and fostering service for the most vulnerable, protocols being developed. This service will provide support for CYP in a period of crisis as appropriate.
Intensive home treatment service to be provided	Key area of focus and a need to agree local threshold by September 2017. New posts to start in August and there is a clear expectation of improvement.
Expansion of peer mentoring service	Feedback of service is positive.
Enhance the current assessment process to include sensitive enquiries	The assessment process and practice has been changed as per the LTP requirements.
Enhance the current do not attend policy	The review was completed and there are some outstanding actions to be completed, which will be monitored. 0 CYP we re discharged because of DNA this quarter. DNA rate is reduced to 8.5% mainly due to the consultation and advice service providing greater support in the community.

Develop multi-agency teams	Not intended for 2016/17 implementation
Improved community paediatric services (inc ASD and ADHD)	Both are NICE compliant, however there have been resource issues that has led to an increase in the autism waiting list. A new community paediatric model has been agreed and financials redistributed to increase capacity within the autism pathway. This is currently being worked through. There are now two clinical psychologists in post with a further vacancy out to advert, this has increased capacity.
Development of domestic violence multi-agency teams	Multi-agency teams are in place
Provision of eating disorder community services	There is now a full team across the hub and spoke model meaning full provision and support. Launch held on 26th January 2017. 100% of CYP are meeting access and waiting time standards. Numbers accessing treatment and awareness sessions remains low.
Redeploy generic staff currently seeing ED cases now seen by community team to improve access to self harm and crisis and invest underspend from ED funds	Not intended for 2016/17 implementation

6.0 Appendices

5.1.1. Issues & Risks to Delivery

LTP Q1 risk template - 17.docx

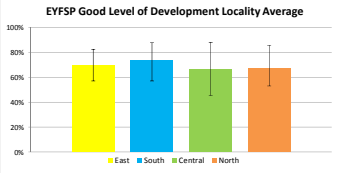
5.1.2. Spend & Activity Overview

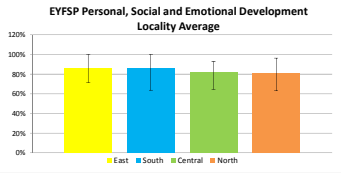
LTP Finance Tracker 2017-18.xlsx

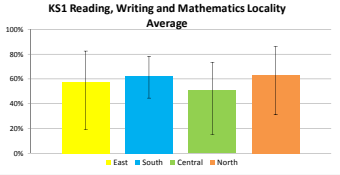
5.1.3. Local Systems Dashboard

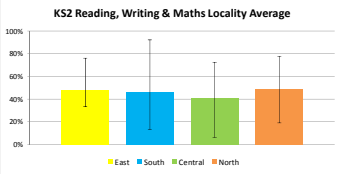
NHS Doncaster CCG Children & Maternity Delivery Plan

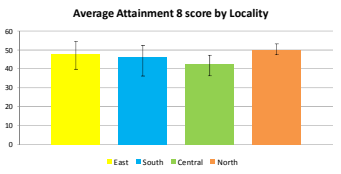
Outcome 1 - Better Educational Attendance and Attainment

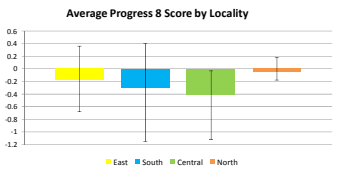












Outcome 2 - Improved Emotional Wellbeing and Mental Health of Children and Young People