

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

The lead accountable commissioning body is **Richmond Clinical Commissioning Group** working closely with Richmond Borough Council.

The Transformation Plan will be overseen by the Emotional Wellbeing Board. (EWB).

Voluntary Sector

Off the Record
Richmond Kingston Hounslow (RKH) Relate
Richmond MIND
Mediation In Divorce
Richmond HomeStart
Refuge
Richmond Advice and Information on Disability (RAID)
Richmond Independent Living Scheme (RUILS)
Me Too and Co
SEND Family Voice
Richmond NAS
Action Attainment

Borough Partnerships

Children's Strategic Partnership
Children's Centre Partnership Board
Local Safeguarding Children Board
Domestic Abuse Operations Group
Emotional Well-being board
Health and Wellbeing Board

The main point of contact for the Transformation Plan is:

Doreen Redwood
Health Commissioning Manager
Richmond CCG

Email: doreen.redwood@richmond.gov.uk

Tel: 0208 487 5491

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?) Please tell us in no more than 300 words

The main objectives are to support CYP and families:

- To be resilient, improving coping skills and capacity for self-care
- Enable parents to feel adequately supported to promote their children's mental health
- To have timely access to supportive and effective multi agency services, co-ordinated to provide a team around the family
- To experience services which are sensitive and appropriate
- To be involved in all aspects of planning, care and feedback on services

The principle planned changes:

Improving Access to effective support:

- Increase staffing capacity in the CAMHS tier 2 Single Point of Access to clear waiting lists and expand service offer **(Ref IA1) page 42)**
- Increase staffing capacity in the CAMHS tier 3 Single Point of Access to improve triage, initial risk assessment and joint working **(Ref IA2) page 42)**
- Expand voluntary sector counselling for children and young people **(Ref IA3) page 44)**
- Increase the capacity of the SWL Designated Eating Disorder service to meet new Access and Waiting times Guidance **(Ref IA4) page 45)**

Promoting Resilience, prevention and early intervention:

- Empower children and young people to de-stigmatise mental health, access help quickly, help themselves and help others **(Ref PR1) page 46)**
- SWL mental health training for school leads **(Ref PR2) page 47)**
- Schools Pilot Academic Resilience Project **(Ref PR3) page 48)**

Ensuring Care for the most vulnerable:

- Improve hospital paediatric service by recruiting a Richmond Deliberate self-harm nurse **(Ref CV1) page 49)**
- Contribute to funding a SWL Child Sexual Abuse worker **(Ref CV2) page 49)**

Developing the workforce:

- Commission a workforce audit and develop a workforce strategy (Ref DW1) page 50
- Commission 'Why Try' an ADHD training programme (Ref DW2) page 51

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

Promoting Resilience, prevention and early intervention

- Developed approach locally to delivery of the DfE CAMHS Schools link training

Improving access to effective support

- Our Crisis Care Concordat has identified the next steps to ensuring timely and appropriate care for CYP in crisis
- Together with the SWL Collaborative which includes Richmond CCG has expressed an interest in becoming an early adopter site for the THRIVE model
- Established a CAMHS tier 3 & 2 SPA in October 2014 that was recently reviewed and demonstrated need to increase staffing capacity to manage increased referrals, to ensure access to advice, opinion and expert assessment and improve interagency working.

Care for the most vulnerable

- SWL Collaborative has reviewed the local arrangements against the recommendations of the NHS England report 'Review of Child Sexual Assault Pathway for London'
 - SWL Collaborative has reviewed the current Eating Disorder service and will be developing this service to meet the new 2020 access and wait time standards.

Accountability and transparency

- SWL Collaborative reviewed the Tier 3 service specification to ensure a consistent offer for all children and young people in South West London
- Developed 5 care pathways covering; eating disorders, self-harm, depression, ASD and ADHD that included wide engagement of partners on the EWB.

Developing the Workforce

- We have worked with SWLStGs NHS Trust and CEPN to facilitate local educational events for Primary Care
- Audit undertaken by the CYP IAPT Steering group to look at skills and the need for training within the IAPT partnership and whether this can be extended to include the voluntary sector

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

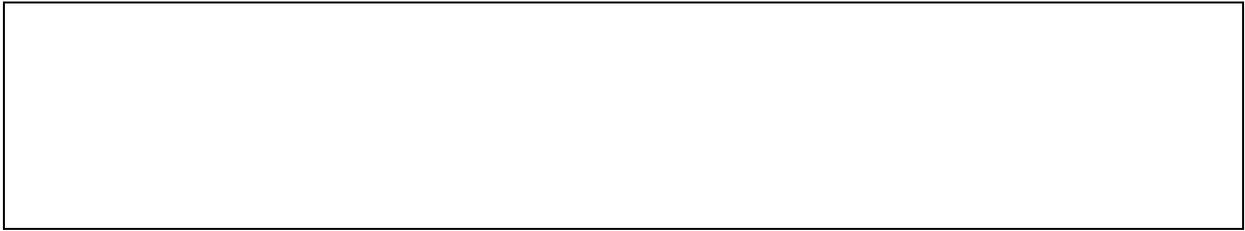
We anticipate that by April 2016:

- Improved and enhanced the service offer for the SWL commissioned Eating Disorder Service
- Established a Richmond Psychiatry Liaison service within a revised delivery model across SWL
- Established a preferred provider for a joint Schools/ CAMHS training programme across South West London
- Reduced wait times for referrals and interventions through delivery of the pilot of SPA through improve access changes, enhanced triage, Consultant Psychiatry oversight, multidisciplinary working, engagement with the Voluntary Sector counselling service and CAMHS outreach clinics
- Trained staff to become facilitators to implement the Why Try Programme for those at risk of exclusion and/or diagnosed or showing traits of ADHD
- Improve access for CAMHS support for CYP experiencing CSE
- Clearer understanding on how to develop services based on a local conversation with and between children and young people to consider campaigns, digital technology, peer support etc
- Completed a workforce audit

Q5. What do you want from a structured programme of transformation support?

Please tell us in no more than 300 words

- More national and international research into evidence based interventions using one portal
- Feedback and advice on what projects/pilots are working nationally and how we may wish to tweak our own projects
- Support in implementing the Transformation Programme – capacity issues
- Practical advice on working across various organisations and departments in order to achieve the goals of the Plan
- An accredited commissioning training programme



Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list