

[Northamptonshire Young Healthy Minds Partnership \(YHMP\)](#)  
**Strategic Direction and Commissioning Intentions 2013/14**

## **1. Introduction/Background**

A strategy for the development of a comprehensive Child and Adolescent Mental Health Service (CAMHS) in Northamptonshire was agreed in September of 2005. A review of the 2005-2008 led to the development of the 2010-13 strategy.

At the beginning of 2013 the Young Healthy Minds Partnership (YHMP) reviewed progress against the 2010-2013 strategy and considered the best way forward for 2013-2014.

Progress on strategy implementation was reviewed within the context of a changing local and national environment and led to the strategic priorities and commissioning intentions for 2013-2014 set out below.

The Young Healthy Minds Partnership (YHMP) agreed that 2013/14 should be used to conduct an emotional wellbeing and mental health needs assessment and a service review to fully inform the composition of the 2014-2019 strategy.

## **2. 2010-2013 Strategy**

The vision for 2010 – 2013 was to;

*‘Achieve a sustained and measurable improvement in the mental health and emotional wellbeing of all children and young people in Northamptonshire by ensuring full and meaningful collaboration between parents, carers, children, young people and professionals’*

### **2.1. Review of progress -What has been achieved against previous priorities?**

The review of the progress against each of the priorities contained within the 2010-2013 strategy was conducted by the YHMP in February 2013. The summary if this is provided in Appendix 1.

### **2.2. Current Climate**

#### **2.2.1. National Picture**

- National evidence – Importance of Emotional wellbeing –requires a whole life pathway
- Emotional health as important as physical health – links between the two
- Changing commissioning environment
- Schools as commissioners

- Clinical Commissioning Groups (CCG’s) s commissioners
- Changing role of LA, health , schools
- Changing role of the community and voluntary sector
- Greater use of information technology- website, Facebook, Twitter etc.
- Greater focus upon parent /carer and young people engagement
- Focus upon outcomes
- Payment by results
- Session by session outcome monitoring
- National Commissioning Board commissioning Tier 4 services

### **2.2.2. Local Picture**

- Enormous financial challenges
- NCC Early Help Strategy -Prevention and Demand strategy – 2013 -2016
- NCC Locality commissioning and locality delivery/ 4 areas 2014
- Integrated Working Guidance CAF and TAF approaches
- NCC review of psychology services to conclude 2014
- New Targeted Prevention Teams
- Troubled Families programme
- Multi Systemic Therapy
- SEN pathfinder for single Education Health and Care (EHC) plan
- ‘Local offer’ for children with additional needs
- Greater responsibility on schools to meet additional needs ( descriptors)
- Re-structure across all organisations
- Cuts in services
- Staff uncertainty insecurity
- Staff changes – loss of continuity
- Emerging CCG’s from 1<sup>st</sup> April 2013
- CCG locality commissioning /delivery ( 8 areas)
- Greater information sharing

### **3. Strategic Direction 2013-2014**

The broad strategic direction for 2013-14 will deliver the following:

- Review and consolidate progress over next 12 months
- Recommendations for commissioning beyond 2014 – in line with NCC timelines
- Continue to commission ‘core services’ to enable consolidation of strategy.

- Improve access to information and understanding of multi-agency pathways and access to support
- Greater engagement of young people’s and parent/carers in evaluating current services – child /young person journey.
- Greater engagement with young people and parents/carers regarding strategic direction for the future
- Consistency of approach and terminology for pathway planning with the Integrated Working Group, Early Help and Targeted Prevention as well as the pathway for Specialist Education.
- Embed the use of CAF/TAF prior to access to specialist services
- Respond to the changing commissioning environment where – schools, early years centres and GP’s are also commissioners who may commission services over and above what is available as the ‘core offer’ for the EWB &MH pathway
- Build greater engagement and shaping of the community and voluntary sector to respond to the changed commissioning environment
- Greater involvement of GP’s , early years, and schools as commissioners for the future
- Build awareness, knowledge, skills and ‘resilience’ in the workforce.
- Focus upon Early identification of need for vulnerable families – proactively provide this
- Focus upon deprived areas and schools with greatest need- better understanding of needs

#### **4. Commissioning Intentions/ Priorities 2013-2014**

Key priorities agreed for 2013-2014 are;

##### **4.1. Consolidate and review**

- 1) Strengthen membership, role and governance of YHMP
- 2) Review all services commissioned through the pooled budget
  - Specialist CAMHS services
  - Targeted CAMHS services
- 3) Further pooling of resources across NCC and CCG to deliver

- Youth counselling services
  - Targeted support to vulnerable parents
  - TAMHS programme
  - ADHD services
- 4) Full needs assessment of service requirements for the future
- 5) Development of 2014-2017 – EWB&MH strategy

#### **4.2. Respond to the changing Commissioning environment**

- Improve engagement with GP’s, Children’s centres and schools as commissioners for the future
- Develop a forum for engagement and shaping of the community and voluntary sector to enhance their ability to secure funding to deliver services in the future

#### **4.3. Develop the Workforce**

- Implement the EWB&MH workforce training programme to ensure skills, knowledge and competency framework is adopted, co-ordinated EWB&MH training programme is agreed and accessed by all relevant staff.
- Ensure programme is delivered alongside the safeguarding training and is seen as an integral element of the skills for the workforce
- Develop training programme to build staff resilience and strengths to manage in a challenging and changing environment.
- Audit of specialist interventions – identify gaps

#### **4.4. Improve Communication and access to information**

- Continue development of the AskNormen website to be fully utilised as the access point for all information about emotional wellbeing and mental health
- Develop a strategy to continue to raise awareness of EWB&MH and improve access to information

#### **4.5. Develop Integrated Pathways to services**

- Ensure the Integrated Working Guidance and the Special Educational Needs (SEN) ‘Local Offer’ are understood by all agencies and targeted provision is accessed prior to a request for specialist EWB&MH services.

- Ensure principles of CAF/TAF and early intervention contained within the IWG are fully utilised prior to accessing specialist MH services
- Manage and evaluate the Improving Access to Psychological Therapies (IAPT) pilot linking youth counselling and Tier 3 CAMHS.
- Review the pathway for neurological developmental delays and disorders

#### **4.6. Focus upon Early Intervention (Early Help)**

- Identify vulnerable parents as early as possible and provide proactive preventive services which promote emotional attachment and build emotional resilience
- Focus resources upon geographical areas early years forums and schools with the greatest need.

#### **4.7. Vulnerable young people**

- Ensure vulnerable young people access services that are responsive to their needs and address their particular vulnerabilities.
- Continue to improve the EWB&MH services to LAC

#### **4.8. Transitions**

- Develop a seamless approach to the provision of services for emotionally vulnerable young people and those with mental health needs as they move from children’s to adult services.

#### **4.9. Areas for further development**

- Respond to emerging issues across the partnership and develop action plans as appropriate.

**Annex 1**

YHMP -Review of priorities from 2010-2013 Strategy

**1. Governance**

**1.1. Positives**

- CAMHS /YHMP has continued to meet – commissioner and provider group
- Group of core very committed people who attend and contribute at strategic and operational level.
- For some people engagement is sporadic as time allows –structural changes have impacted upon ability to attend and duplication.
- Lack of strategic ownership of this agenda has been an issue through out

**1.2. Current climate/Issues**

- CYP PB – early years early intervention focus
- Health and Well Being Board – from April 2013 – may have more of an adult focus
- JCB to be strengthened and remit broadened.
- Move towards commissioner provider split across all organisations

**1.3. To do**

- Raise profile and achieve strategic ownership of this agenda and of the children’s agenda generally.
- Need to clearly articulate the ‘message’ and ‘expectations’ of strategic forums
- Look to ‘integrate’ the strategy development and implementation forums as much as possible – fewer resources across all areas.

**2. User Participation**

**2.1. Children and Young People**

**2.1.1. Positives**

- Linked to ‘stigma ‘ Talk out loud education Personal Health Social Education (PHSE) delivery
- Participation group meets 6 x per year – feeds in from schools
- Links with other established participation groups (Children Young People Shadow Board, Shooting Stars, Children in Care etc.)
- Website, twitter, Facebook

**2.1.2. Current climate/Issues**

- Young people and parent carer user engagement now been brought together into one team within the commissioning directorate in NCC

**2.1.3. To do**

- Ensure the EWB&MH C&YP participation work is integrated with the NCC led Participation and Engagement programme. Establish effective working links.
- Consider how to have effective voice from children and young people with complex mental health needs using specialist CAMH services.
- Fully embed young people in the recruitment processes for all organisations

**2.2. Parent /Carer Participation**

**2.2.1. Positives**

- Commission parent/carers participation lead for 1 day per week.
- Current focus on ADHD, first years of life – vulnerable parents, Communications

**2.2.2. Current Climate/Issues**

- Less clearly defined group than parents of disabled children

**2.2.3. To do**

- Ensure more consistent framework for engagement – recognising the difference for the emotional wellbeing and mental health agenda

**3. Communications and Information**

**3.1. Positives**

- Have developed the Ask Normen website as the ‘One stop shop for information’
- Tackling stigma – awareness raising programme developed and now in Phase 2 of implementation.

**3.2. Current Climate/Issues**

- Effective communication -Key area identified for development at conference
- Communications team support difficult to obtain and sustain to enable effective website development
- NHFT also developing a children’s website

**3.3. To do**

- Keep communication ‘alive’ and continuously developing

## **4. Workforce Development Programme**

### **4.1. Positives**

Report commissioned which recommended the way forward in terms of

- skills, knowledge and competency framework for EWB&MH and safeguarding,
- co-ordinated M/A training programme for EWB&MH,
- workforce mapping.
- Solihull commissioned by CYPPB for all workforce
- OWD commissioned to deliver the Workforce development programme – slow start but due to deliver by April 2013

### **Current climate/Issues**

- Changes to the staff who are able to deliver interventions
- Schools will be expected to buy in their staff training
- Funding for training to be considered

### **To do**

- Fully develop and implement the workforce training programme.
- Ensure programme focuses on attachment training
- Audit of specialist interventions – what do we have in place – what is required

## **5. Third sector – Community and Voluntary sector engagement**

### **5.1. Positives**

- Established youth counselling provider engagement forum but not a wider emotional wellbeing and mental health provider forum
- Discussions regarding joint commissioning of youth counselling and Homestart services viewed favourably by NCC
- Range of providers of emotional wellbeing and mental health services attended the EWB&MH conference

### **5.2. Current Climate**

- NCC leading on the prevention and demand strategy.
- Locality commissioning under development – NCC engaging with the community and voluntary sector with regard to these developments
- All current contracts extended until at least Sept 2014

### **5.3. To do**

- Ensure EWB&MH providers are engaged in NCC led forums with the Community and Voluntary sector

- Ensure the commissioning of EWB&MH services for early help and targeted intervention is integrated/linked with the implementation of the prevention and demand strategy

## **6. Universal Services - Emotional wellbeing and mental health promotion**

### **6.1 Positives**

- Developed expectations of schools for an emotionally healthy environment through TAMHS programme
- Range of national programmes and guidance show what quality standards are required – many of which have been implemented in early years and school environments.
- Healthy schools programme measured achievement of standards
- Quality standards in place for specialist services
- Range of National initiatives now embedded in different settings i.e. SEAL, NICE guidance , - part of the TAMHS building blocks approach
- Still to build this approach in the early years to include the universal building blocks element.
- Babyroom project evaluated & successful. Now commissioned to be rolled out
- Solihull for professionals – some Solihull for parents
- Range of universal service EWB advice and information available
- Workforce programme will consider skills and competency required of the workforce to ensure an emotionally healthy environment

### **6.2. Current Climate/Issues**

- Capacity and resources to develop and implement these are limited.
- Healthy schools programme which supports schools to achieve standards will not operate from April 2013

### **6.3. To Do**

- Develop standards for ‘for emotionally healthy settings
- Develop means of assessing adherence to standards & awarding ‘kite mark’

## **7. Targeted Services**

### **7.1. 0-5**

#### **7.1.1. Positives**

- Government raising the profile of the importance of the early years and good attachment.

- Locally Health Visitation implementation programme and Family Nurse Partnership in place.
- First years of life work stream in place with good membership

### **7.1.2. Current Climate/Issues**

- Targeted services at this age are not well developed or co-ordinated – no clear pathways in place for support where concerns regarding attachment are identified
- Prevention and Demand strategy also looking at range of targeted interventions for families where there are safeguarding concerns

### **7.1.3. To do**

- Need to agree what targeted services do we need to support children and their parents/ carers in the early years that promote healthy attachments and build resilience
- Need to fully integrate this with the maternity services, health visitor implementation programme and NCC led prevention and demand strategy /Early help model
- Be clear about where commissioning responsibility lies to commission these – NCC/CAMHS pooled/health/children’s centres?

## **7.2. 5-16 /18 years in school**

### **7.2.1. Positives**

- TAMHS programme developed – range of evidence based capacity building programmes available
- Rolled out to a number of schools – now targeting schools with the highest levels of need

### **7.2.2. Current Climate/Issues**

- Schools now receive money directly to purchase the support their children require in the school setting.
- Delivery of TAMHS programme may be affected by the Educational Psychology (EP) review and future role of EP’s in NCC
- Concern about the extent to which the services schools may purchase are quality assured and evidence based
- Primary schools asking for direct intervention /counselling for their children

### **7.2.3. To Do**

- Shape the market to respond to the requirements to support schools in their new roles

- Work collaboratively with schools to be clear about where commissioning responsibilities lie.
- Prepare for implications of EP review

### **7.3. 5-16/18 community services**

#### **7.3.1. Positives**

- Range of parenting and family support programmes to be developed as part of the Targeted Prevention Team (TPT) agenda, troubled families multi-systemic therapy (MST) etc. all being finalised
- NCC leads this work
- Range of Youth counselling agencies commissioned to deliver services to 11-18/25 year olds

#### **7.3.2. Current climate /issues**

- Still not jointly commissioned across NCC and NHS
- NCC prevention and demand strategy on hold – current contracts extended
- Need to ensure there is a focus on EWB&MH services

#### **7.3.3. To Do**

- Need to fully integrate this with NCC led prevention and demand strategy /Early help model
- Be clear about where commissioning responsibility lies to commission these – NCC/CAMHS pooled/health/children’s centres??
- Develop ‘step up’ and ‘step down’ model and service specification for youth support, advice and counselling services.
- Consider how best to provide targeted services in primary schools

## **8. Specialist CAMHS**

### **8.1. Positives**

- Pathways in place and criteria for access developed
- Specialist CAMHS very involved in Local Operational Teams through development of CAMHS surgeries delivered by Primary Mental Health Work teams through ‘patch’ model;
- Specialist CAMHS input into the TAMHS programme- the EWB team in school is part of this.

## **8.2. Current climate**

- Common Assessment Framework (CAF) not developed as the pathway to specialist CAMH services
- Many children present with a very high level of need and there has not been previous early intervention work via a CAF.
- Current contract for specialist CAMHS comes to an end in October 2013

## **8.3. To do**

- Continue to build the integrated approach to access to specialist services – linked in with the Integrated Workforce Group (IWG)
- 24 Hour help line of parents not available – review whether this is required and what this might look like.
- Review specialist CAMH service prior to contract end in October 2013

## **9. Highly Specialist Services**

### **9.1. Positives**

- Continuing Care (CC) assessors in place for children with complex mental health needs.
- Joint assessment processes have been established. Have a pathway in place for children coming out of hospital

### **9.2. Current climate/Issues**

- Rise in the number of children in inpatient unit and presenting high levels of need
- Rise in the number of Looked After Children (LAC) presenting high level of EWB&MH needs
- Not developed therapeutic foster care
- Not developed local residential provision for 16/17 year olds with high level needs

### **9.3. To do**

- Joint strategic approach to commissioning local services for young people with high level needs – to include foster care and residential provision
- Need to modify the CC threshold to make this more relevant for children with high level presenting EWB&MH need

## 10. Multi-Agency Pathways

### 10.1. Positives

- ADHD – in place
- LAC – in place
- Emotional needs – in place
- Self-harm – in place - not rolled out at U/T level

### 10.2. Current Climate /Issues

- Behavioural needs – not in place
- Eating Disorders – not in place
- ASD – not in place

### 10.3. To Do

- Fully launch the pathways already developed
- Review usefulness of this approach
- Develop a framework for these
- Prioritise next pathway

## 11. Model of Mental Health for Vulnerable groups

### 11.1. Positives

- LAC – pathway and virtual team in place Screening tool – SDQ- used at point of entry into care
- Young Offenders – model in place
- Substance misuse services CPN’s in place – not clear what current model is.
- Learning Disability (LD) joint response from CAMHS and CTPLD to those who present to specialist services

### 11.2. Current Climate/Issues

- Model of support for social care LD teams unclear – teams have changed their age range 0-14 – 14-25- support to residential units not in place

### 11.3. To Do

- Re-visit for ASD
- Children In Need (CIN) teams – abuse (sexual , physical , emotional domestic , neglect - no MH input
- Children with complex needs – no Mental Health input

## **12. Parents with high level needs**

### **12.1. Current Climate /Issues**

- Lack of clarity on leadership for this – includes -MH/LD/Domestic abuse
- No real pro-active services to support the children who are potentially vulnerable under 5’s and older children

## **13. Psychology review**

### **13.1. Current Situation/Issues**

- Didn’t take place
- Review of EP services is underway
- LA may consider minimal provision of EP services
- Schools may need to buy this service in the future

### **13.2. To do**

- Ensure EP service review takes account of their role in the delivery of EWB&MH services
- Develop service specification for these services

## **14. Carer support**

### **14.1. Positives**

- In place through GP services

### **14.2. To do**

- No carer support for children with complex and continuing care

## **15. Transitions**

### **15.1. Positives**

- Protocol and policy in place

### **15.2. Current issues**

- NCC changed remit for LD 0-14 and 14-25 teams in place
- Issues for LAC who do not meet criteria for adult services when they are at their most vulnerable

### **15.3. To do**

- Scope 14- 25 Mental Health service.