



Turning the Tide update November 2018

Our plan to transform the emotional wellbeing and mental health of children and young people in Cornwall and the Isles of Scilly.

DRAFT



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Background and strategic context

In 2015 Cornwall and the Isles of Scilly developed our initial local transformation plan (LTP) to improve children and young people's mental health across the "whole system". This was significantly refreshed in 2017 into the version now published as "Turning the Tide" (www.kernowccg.nhs.uk/your-health/children-and-young-people).

At the heart of our plan is our aim that children, young people and their families get the right help, at the right time, in the right place and in the right way and thereby we intervene earlier, prevent escalation, minimise harm and promote recovery.

Our plan is a multi-agency approach to whole system change and a wide range of stakeholders have worked together to develop the momentum to make our vision real in terms of its actual delivery on the ground. Within this the voice of young people has been at the heart of all aspects of planning and improved delivery so that we make sure our plans improve the outcomes and experiences of children and young people.

The LTP sits within the wider context of strategic service transformation under Cornwall and the Isles of Scilly's Sustainability and Transformation Plan (STP), [Shaping our Future](#) which aims to ensure a sustainable health and wellbeing service through delivery of priorities that:

- Jointly improve performance and quality of the health and care system.
- Provide an affordable health and care system.
- Develop an integrated health and care system; testing, reviewing and refining the approach during 2018/19.
- Develop and improve our place based model of care.
- Devolve health and social care to enable transformation.

Within Shaping our Future there are two core programmes of work that the LTP both influences and is influenced by. The children and young people's i-THRIVE leads group, which oversees developments within the LTP link closely with both these programmes.

1. The mental health delivery plan

The partnership board for this programme of work oversees the developments of plans to meet the [Five Year forward View for Mental Health](#) across all ages and provides a critical join up between the adult and children's agenda for work streams such as:

- Suicide prevention strategy.



- Crisis concordat.
- Perinatal mental health.
- Early intervention in psychosis
- Movement (transition) between children's and adult's services.

Critically this also oversees the agreed investment of the Mental Health Investment Standard into a system wide approach to improving mental health services.

Currently the priority for this programme is to develop a mental health strategy for Cornwall and the Isles of Scilly. The LTP for children and young people will be a part of this development.

2. One Vision - Children's partnership plan

In 2017, Cornwall Council, the Council of the Isles of Scilly and NHS Kernow developed a partnership plan to set the priorities of transformational change for the children's system.

Within this promoting and protecting children's physical, emotional and mental health is a core priority.

In 2018 the [One Vision](#) partnership replaced the "Children's Trust" as the forum to ensure senior strategic ownership of the developments of this plan across all stakeholders. The One Vision Executive was also established to ensure collaboration of senior leadership across commissioners and providers to work towards better system join up of the range of strategies, plans and change agendas being delivered for children and young people.

Critically this provides an opportunity to ensure join up of all the agendas that impact on our whole system approach to children and young people's emotional wellbeing and mental health. The One Vision Executive is still developing its approach and our LTP identifies and links with some of the key strategies and plans that impact upon and support its implementation. However there is still further work to do to ensure a unified whole system approach to children and young people's emotional wellbeing and mental health.

Our plan therefore still needs to be cross referenced with:

- **Headstart Kernow:** This council led lottery funded programme agendas developments to improve the resilience and mental wellbeing of children and young people (www.cornwall.gov.uk/headstart).
- **Child sexual abuse strategy and action plan:** Currently in development led by the Safeguarding Children's Partnership to help prevent and protect



people from sexual abuse, including a focus on all agencies identifying child sexual abuse (CSA) and responding appropriately.

- **Neglect strategy and action plan:** Currently in development led by the Safeguarding Children's Partnership.
- **The council led "Making integration happen" agenda:** Includes a focus on integrated place-based services to enable close working to achieve right early help and targeted support for families in their local community.
- **SEND strategy and action plan:** Includes a focus on the high rates of children identified with social, emotional and mental health difficulties and ensuring the right access to the curriculum.

Our plan going forward

Central to our update of the LTP is the voice of children and young people. We have set their achievements and involvement front and central to the story of what we have achieved to date and what needs to happen going forward.

Our update is set against the core aims we set ourselves in "Turning the Tide" in order to review what we have achieved, our understanding of impact of this to date, and to set out our next steps.

We then outline how we are managing this change through inter-professional collaboration with the core ambition of embedding evidence base and pathway approaches to our developments. A significant enabler of this change is outlined in the re-modelling of the health based mental health offer.

Core to all of this change is the i-Thrive framework which we adopted in "Turning the Tide". We are working closely with Anna Freud as a community of practice site including a joint learning exercise around whole i-Thrive systems incorporating community and specialist inpatient resources with Humber Trust.

Throughout this update we will reference i-Thrive and the information is set against its principles and approaches as we are applying them locally.



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Cornwall and the Isles of Scilly
Health and Social Care Partnership



Architect impression: Sowenna new build - opening May 2019

Message from Speak Up Cornwall

Speak Up Cornwall (formerly the CAMHS young people's board) is a mixed group, some of us have used mental health services, some of us care for family members or friends with mental health problems and some of us simply have an interest in mental health and in improving resources for children and young people.



Some of the Speak Up Cornwall members at the CYP IAPT Youth Board (Exeter)

Over the past year, we have worked on a variety of projects and products that we hope will support children and young people and their families, examples of these include:

[Denzel](#) - five ways to wellbeing campaign and the 'my health and wellbeing map' © (young people mental health passport).



Both of which have been created by young people for young people and are tools for them to use when communicating with professionals or when looking after themselves and or others emotional wellbeing. We know that mental health and emotional wellbeing are issues that are affecting more and more young people.

Our ambition for Cornwall and the Isles of Scilly remains the same, namely, that the emotional wellbeing and mental health of all children and young people continues to improve. We also want children and young people and their families to be able to easily access the right support and information when and where they need it.

We want to see a culture that continues to ensure that:

- Everyone is more aware of mental health and wellbeing and where this is seen as everyone's responsibility.
- Where our mental health is respected and seen as equal to our physical health, and where it is recognised that this also has an impact on our education and our ability to reach our potential.



- Where we can learn about our mental health and how to look after ourselves and one another.
- Where we can talk to people we know and trust in our schools, communities and families.
- Where, if we need it, we will be able to receive support from a variety of services which are safe, welcoming, knowledgeable, caring and easy to find.
- Where getting help and support for your mental health will sound like a good idea!

We believe this update builds upon last year's positive changes for children, young people and families in Cornwall and the Isles of Scilly, and we will continue to work alongside professionals and young people to ensure they are heard and have a role in making this happen. Through NHS Kernow's investment in participation, we are now able to be permanent members of the i-Thrive leads group¹ which provides local assurance on the progress of the LTP and identifies the system wide key themes of work necessary to achieve our aims.

Gaps in service

We want to use the 'my health and wellbeing map'© for up to 25 year olds, to improve the move between children, young people and adult services.

What young people want

- Outreach services to enable young people that wouldn't normally come forward to access support e.g. men's projects or other forms of support.
- No waiting times or some kind of support whilst young people wait.
- Seamless transitions between services.
- More provision for low, mid and high intensity support for young people needing help.
- Young people no longer having to increase their risk-taking behaviour to be able to access a service.
- Services working together to support young people for example mental health services and agencies who support with learning needs.
- Services that meet the needs of young people, rather than young people having to fit the criteria of services.

Speak Up Cornwall's achievements

Participation at all levels within the local transformation process is a key part of our approach. Last year Speak Up Cornwall members volunteered 858 hours of their time involving 30 young people aged 11-21. In addition to this

¹ i-Thrive Leads Group Terms of Reference can be found in the appendices



fantastic effort there are additional volunteers supporting HeadStart Kernow. NHS Kernow children and young people mental health contracts and grants are using Speak Up Cornwall in a variety of ways² and health commissioners have developed a programme of work which is regularly reviewed and discussed.

Future plans already in scope are to:

- Create a film about Sowenna, young people stories and participation.
- Develop virtual reality for the Sowenna unit.
- Complete the young assessors qualification; young people want to assess how easy it is for them to access CYPMH specialist mental health (CAMHS). This will be used as an evaluation benchmark to demonstrate service improvement or areas that need further development.
- Co-deliver self-harm training and guidance to schools.
- Co-design with NHS Kernow the mental health local offer.
- Co-produce and deliver GP training videos in conjunction with NHS Kernow, Anna Freud and Academic Health and Science Network utilising the South West Strategic Clinical Network Masterclass – ‘Talking to young people, parents and carers about mental health’.

National Citizen Service

One of the projects from the National Citizen Service programme worked on the issue of mental health stigma through the design and launch of a campaign #breakthebottle. Members of the project have now joined Speak Up Cornwall to continue this.



The Break the Bottle team and their mural at Zebs (Truro)

² A full list of Speak Up Cornwall's Participation activity can be found in the appendices



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The situation locally - snapshot

Headline successes

New Community
Eating Disorder
pathway up and
running

New Inpatient Unit –
Sowenna – on track for
May 2019 opening

HeadStart Kernow's Trauma
Informed Schools training
underway in all secondary
schools

New system
wide mental
health
model in
design

Mental health liaison
networks rolling out
between specialist
mental health, schools
and community

Children and Young
People Participation
model making changes

New mental health
scorecard tracking wait
times and access
starting to report

HeadStart Kernow's
community model
underway across
Cornwall

Mental health access
targets on track

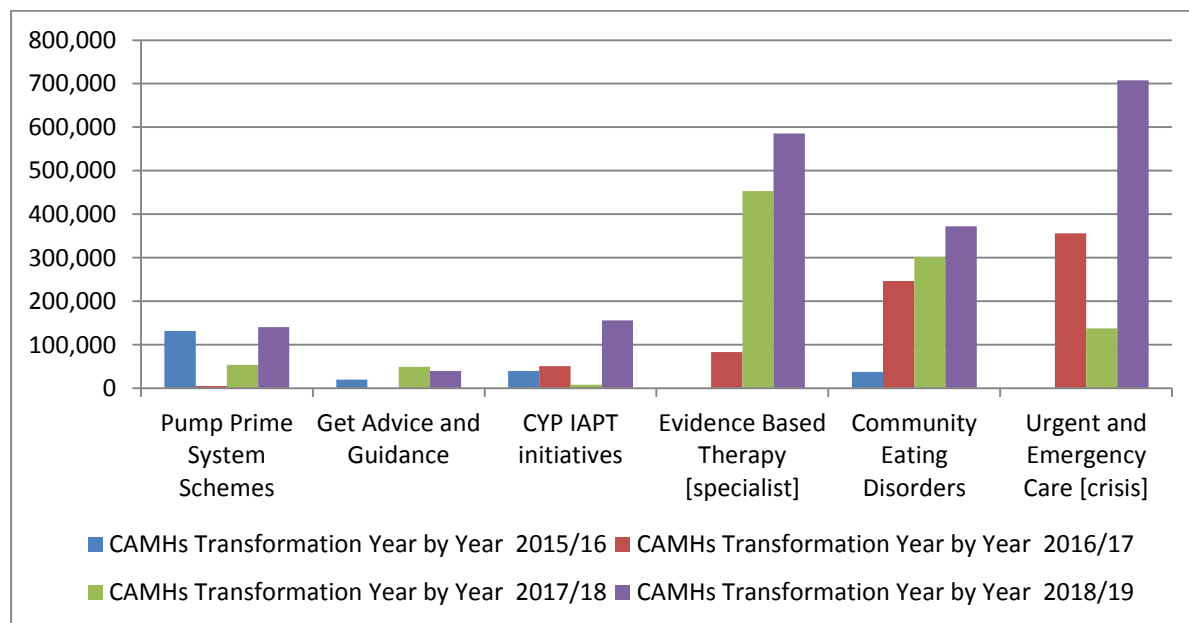


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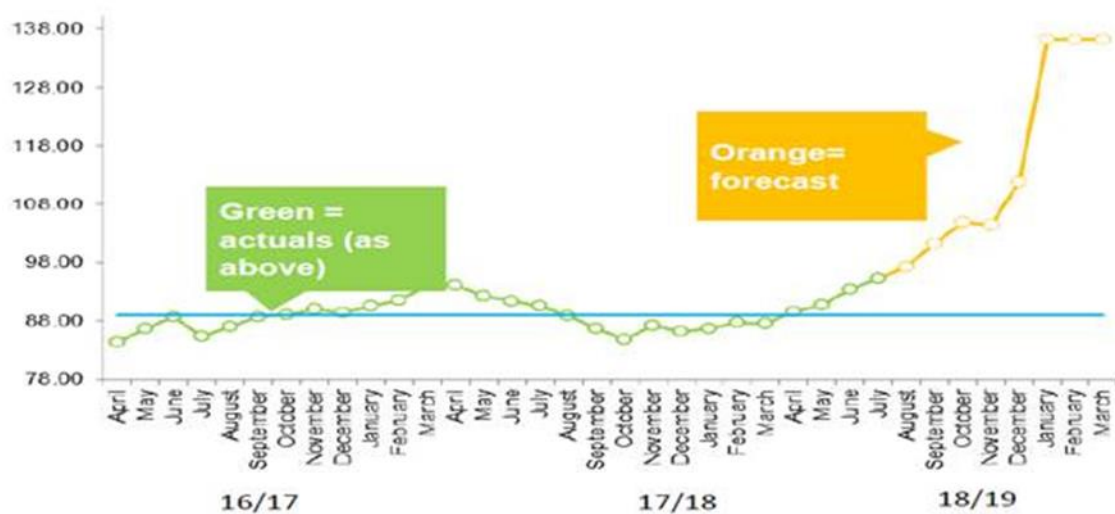
How did we spend the CYPMH investment we had?



More financial information can be found in tables one and two in the appendices

How has our CAMHs³ workforce changed?

CAMHs Staffing Graph



³ including: Primary Mental Health, CAMHs, Eating Disorders and specialised commissioning
 - Sowenna



What is happening to the prevalence of those considered vulnerable

More staffing information can be found in table three in the appendices

Mental health prevalence and vulnerable groups - current snapshot

In addition to the prevalence in the general children and young people's population of diagnosable mental health, there are a number of highly vulnerable groups with additional needs whose need for support is great. For example, the Mental Health Foundation and the National Autistic Society provide guidance on the prevalence of mental health difficulties for those with learning disabilities and/or autism. Also recent information on "improved mental health support for children in care" has highlighted that "statistics show that 62 per cent of looked after children are in care due to abuse or neglect, which can have a lasting impact on their mental health and emotional wellbeing".

For Cornwall and the Isles of Scilly it is possible to build a picture of the need and the number of individuals with increased vulnerability in the two tables below.

	Actual	Prevalence
0-25 Population base	148,000	
Diagnosable mental health prevalence		9.10%
Emotional disorders prevalence		3.50%
Conduct disorders prevalence		5.50%
Hyperkinetic disorders prevalence		1.50%
Learning Disability prevalence		4.90%
Children in Care mental health prevalence**	625	50.00%
Autistic Spectrum Disorder [Primary age]	332	6.1%*
Autistic Spectrum Disorder [Secondary age]	339	9.1%*
Autistic Spectrum Disorder [Special schools]	121	33.1%*
Learning Disability mental health prevalence		40%
Autism mental health prevalence		40%
* Local prevalence to school populations		
** All children looked after during the year ending 31 March 2017 excluding those only looked after under a series of short term placements		



	Estimated prevalence based demand
Diagnosable mental health	13468
Emotional disorders	5180
Conduct disorders	8140
Hyperkinetic disorders	2220
Learning Disability and mental health	2901
Children in Care and mental health	313
Autistic Spectrum Disorder and mental health [Primary age]	133
Autistic Spectrum Disorder and mental health [Secondary age]	136
Autistic Spectrum Disorder and mental health [Special schools]	48

* Local prevalence to school populations

An extract from the Joint Strategic Needs Assessment for SEND is available in the appendices and gives further information on the context in Cornwall and the Isles of Scilly.

There is a clear interdependency across a range of pathways between children and young people's mental health and the rest of the secondary specialist health offer that respond to those with additional needs in respect of learning disability, communication and interaction problems and neuro-developmental need. There is a need to ensure increased cooperation between services including those within education and care to ensure effective co-ordinated support for these children.

The work in the "Trauma Informed Schools"⁴ programme also provides a clear basis for building resilience for those with adverse childhood experiences. There are a number of offers in place for children affected by trauma, neglect and abuse. In particular, despite the removal of the ring-fence funding for mental health and considerable financial challenges, Cornwall Council continue to commit resource to the mental health agenda, with enhanced services for children in and on the edge of care⁵ and who have experienced sexual or physical harm. These valuable resources clearly support the approach to those with significant trauma, with the ambition to prevent entrenched mental health conditions. Additionally we are developing our approaches to children in the criminal justice system which includes increased assessment capacity and resources from health and justice commissioning for additional training.

CYPMH specialist mental health managers have also been working closely with Gweres Kernow, a small team of specialist social workers and consultant clinical psychologists who work with other services to safeguard children who

⁴ See HeadStart Kernow link for further details

⁵ More information can be found in table two in the appendices



have displayed harmful sexual behaviours and those at risk of sexual harm. The aim is to reduce offending and re-offending by addressing the health and wellbeing of those children and young people involved. Support is also available through Gweres Tus Yowynk (GTY) adolescent service, a partnership between the Youth Offending Service and the adolescent service within Cornwall Council's children and family services. This intervention is typically for a period of three to six months, working closely with multi-agency partners. It is a non-statutory service so families' involvement is voluntary. Priority is given to working with young people who are at risk of entering care, who may be known to children's social care but are not currently allocated to a social care team and who exhibit the following risks:

- Are in an unplanned or emergency admission to care, particularly those occurring out of hours and those who may have had a past admission to care.
- May be in unstable arrangements e.g. 'sofa surfing'.
- Where there is evidence of risks e.g. going missing from home, chronic and serious non-school attendance, exclusion and part time timetables, antisocial behaviours.

Some of the focus for joint working to date has also been on ensuring a clear joint protocol for crisis response and discharge. This is in final stages of development with multi-agency meetings to review with senior leads. It is now a priority for us to ensure a clearer join up between services in our response to these vulnerable children and young people, fully understanding the offer in place and improvements that can be made through a pathway approach. Some young people struggle with their gender identity or sexuality and Stonewall surveys have indicated national prevalence of:

- 22 percent of gay men experiencing mild to severe levels of depression, increasing to 26 percent in bisexual men.
- In 2016, 79 percent lesbian and bisexual women say they have had a spell of sadness, felt miserable or felt depressed, increasing to 84 percent of bisexual women and 86 percent of black and minority ethnic women.
- 46 percent of gay pupils who experience homophobic bullying have symptom consistent with depression. 35 percent of gay young people who aren't bullied are also likely to be depressed compared to just five percent of young people generally.
- 23 percent of lesbian, gay and bisexual young people have tried to take their own life at some point. Girls are more likely to attempt this than boys (29 percent:16 percent).
- Rates of mental ill health are significantly higher amongst lesbian, gay and bisexual ethnic minorities than their white counterparts and are also much higher amongst disabled lesbian, gay and bisexual individuals.

NHS Kernow and Cornwall Council have jointly commissioned a key worker resource from a VCSE partner to support individuals.



Speak Up Cornwall at the South West Clinical Network Learning Event – 3 September 2018 (Taunton)

Mental health prevalence and wider determinants - current snapshot

Public Health England health profiles⁶ identify a number of measures that can also help build a picture of the wider factors affecting children and young people's lives and possible influences on their prevalence for needing mental health support at some time in their life, often influencing their adult mental health and life chances. Further analysis to understand the impact of these wider factors on mental health prevalence locally will be part of the plan's next steps.

⁶A more comprehensive Cornwall Public Health profile can be found in the appendices



Public Health Profile Indicator	Period	Cornwall			Region	England
		Recent Trend	Count	Value	Value	Value
Proportion of children aged 2-2.5 years old] offered the ASQ-3 as part of the Healthy Child Programme or integrated review	2016/17	-	4,448	89.6%*	91.2%	89.4%
School readiness: the percentage of Year 1 pupils achieving the expected level of phonics screening check	2016/17	↑	4,809	78.8%	80.9%	81.1%
Children achieving a good level of development at the end of reception	2016/17	↑	4,166	68.9%	70.5%	70.7%
Obese children [4-5 years]	2016/17	→	550	10.0%*	8.8%	9.6%
Obese children [10-11 years]	2016/17	↓	726	15.1%*	16.2%	20.0%
Persistent absentees - Primary school	2015/16	-	2,992	8.5%	7.9%	8.2%
Hospital admissions caused by unintentional and deliberate injuries in children [0-14]	2016/17	↓	898	101.8*	104.3	101.5
Hospital admissions caused by unintentional and deliberate injuries in children [15-24]	2016/17	↓	839	137.0*	147.9	129.2
Hospital admissions due to substance misuse [15-24 years old]	2014/15 - 2016/17	-	189	101.5*	96.6	89.8
Hospital admissions as a result of self-harm [10-14 years old]	2016/17	↑	77	270.2*	311.6*	207.2
Hospital admissions as a result of self-harm [15-19 years old]	2016/17	↑	218	701.5*	887.9*	617.1
Persistent absentees - Secondary school	2015/16	-	3,859	14.3%	13.9%	13.1%
Secondary school fixed period exclusions: rate per 100 pupils	2015/16	-	1,934	6.6%	8.1%	8.5%
Admission episodes for alcohol-specific conditions - under 18 years old	2014/15 - 2016/17	-	128	40.3*	44.4	34.2
Eligible and claiming free school meals	2017	-	8,047	11.2%	11.6%	13.9%
Homeless young people aged 16-24 years old	2016/17	↓	92	0.38*	0.45	0.56
16-17 year olds not in education, employment or training [NEET] or whose who activity is not known - current method	2016	-	820	6.9%	6.0%	6.0%
First time entrants to the youth justice system	2017	↓	99	211.8	290.3	292.5
Children in poverty [under16s]	2015	↓	14,310	16.0%	13.7%	16.8%
Family homelessness	2016/17	↓	198	0.8*	1.3	1.9
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2018	-	1,939	2.66%*	2.9%	2.4%
Pupils with special educational needs [SEN]: % of school pupils with special educational needs	2018	↓	9,813	13.5%	15.1%	14.4%

Data for other proxy indicators have not been included if more than 4 years old

Mental health prevalence and social prescribing - current snapshot

Volunteer Cornwall is working with the all age Mental Health Delivery Plan and has identified a number of key facts in relation to the voluntary and community sector (VCSE) supporting children and young people of Cornwall and the Isles of Scilly.

Through the health element of this LTP four commissioned VCSE organisations have been working with the CYPMH specialist mental health team in 2018 to agree a protocol on referral processes and to improve understanding of the types of individuals that can be supported across their



offer and to reduce unnecessary re-referral and assessment. Learning from this will help to improve the efficiency of referral management and ongoing service design and most importantly improve the experience for children, young people and those supporting them.

The Learning Partnership of Cornwall and the Isles of Scilly have secured funding through HeadStart Kernow to develop and deliver a youth information advice and counselling (YIAC) offer in the community. The vision is to “bring together several services for young people under one roof to meet a range of inter related needs, where young people can access the right level of services at the right time for them, at places that are attractive and convenient to them. YIAC’s will be places where young people can access information and advice and attend meetings with other agencies when needed from the centre. YIAC’s will also aim to provide a range of positive activities around improving both mental and physical health, from the centre and/ or through links to the range of provision in that community for young people.”

The YIAC draft model forms part of this plans i-Thrive approach and during 2019 the i-Thrive leads group will continue working on bringing together the YIAC, HeadStart schools programme, mental health liaison and specialist mental health resources into an effective and well co-ordinated system. This will provide improve the connectedness of services and access to the social prescribing options to support young people in a more holistic way, through a place based approach of defined localities.

A number of schemes are in development at the time of this update and multi-agency working is ensuring that those schemes benefit from the learning to date from this transformation process. Depending on the scheme’s focus, the i-Thrive leads group is able to connect them to the appropriate place in the overall transformation programme and ensure maximum support to improve the chances of success. This approach ensures improved connections between similar initiatives and builds links across the VCSE network and into cross sector working with schools and higher and further education providers as well as specialist health services. The interconnectedness of services will include those organisations involved in a range of social prescribing options for those young people ‘stepping out’ of crisis or inpatient stays as well as minimising the escalation of need and demand for crisis services.



Our aims – progress and impact to date

Change the culture and language of support

- Shared understanding of emotional health and wellbeing and mental health in children and young people.
- Enable professionals from all agencies to talk together and with families and children and young people in a language that is easily understood and highly accessible.
- Support a child and family centred focus to all help, support and treatment.

What we have done

- All agencies are using the i-Thrive framework and language to support improved pathways of care.
- i-Thrive discussions are supporting culture change and access to all of a shared language across all agencies of care and support.
- Health glossary document⁷ is made available and rolled out into schools and community organisations.
- Education glossary document under construction.
- Changed language away from 'tiers' and 'CAMHs', replacing it with language of getting help and support, and prioritising safety and managing risk.
- HeadStart Kernow schools training programme improving understanding, discuss and think about adverse childhood experiences (ACE) and the roots of mental health difficulties, emphasising the importance of an "emotionally available adult".

Evidence of impact so far

- Informal feedback highlights improved understanding of support across all quadrants of care; giving advice; getting help; getting more help; getting risk support.

⁷ Latest copy available in the appendices



Improve the access to the right help, in the right place, at the right time, in the right way

- Enable reliable and consistent support, which is accessible, timely and of the right kind, provided in places that are appropriate for children, young people and their families by professionals who are well trained and who understand the needs of children, young people and their families.
- By the end of 2018/19:
 - 32 percent (n 4,309) of those with a diagnosable mental health condition have accessed NHS funded care.

What we have done

- Increased investment: specialist mental health; urgent and emergency offer; mental health liaison by £1.168m as at 2018/19.
- Increased investment into perinatal offer.
- Additional £0.323m investment, as at 2018/19 into voluntary sector provided CYP IAPT capacity including interpersonal psychotherapy for adolescents; community self-harm group work and bereavement based anxiety and depression in the 0-12 year olds.
- Caseload update review of those assessed and waiting treatment for CYPMH specialist mental health and mental health liaison to offer a choice from the new additional CYP IAPT offer.
- Early intervention psychosis (EIP) changes have been set into a draft plan to move to an ageless service providing the same offer to all ages. Regional peer review has identified further work on the draft to ensure that there is sufficient resource to provide a robust NICE recommended treatment pathway that would be delivered by a full multi-disciplinary team.

Evidence of impact so far

- CYP mental health access targets on track – March 2018 31.6 percent⁸
- Increased therapy choice for young people with an additional 240 case capacity into the voluntary sector provision.
- 28 day assessment performance on upward trend for CYPMH specialist mental health referrals – 80.5 percent in September 2018 (local report).
- First community self-harm group work completed in north Cornwall (Summer term 2017/18).
- 'Street triage' initiative through the all age pilot with Devon and Cornwall Police to avoid unnecessary attendances at the

⁸ Overview of progress against access measures can be found in table four in the appendices



Emergency Department.

- Early intervention psychosis (EIP) meeting April 2018 target of 53 percent of people experiencing a first episode of psychosis will receive treatment within two weeks.

Improve prevention, health promotion and early help

- Work with all those in touch with children and young people, including public health and wellbeing, schools, primary health care, social care, early years services and voluntary sector organisations to support health promotion, advice, guidance and decision making in relation to emotional and social wellbeing and mental health.

What we have done

- Bought a three year licence to roll out Dads Pad™ to support new young fathers achieve positive attachment with their baby.
- Public health and wellbeing roll out of the MindEd resource.
- Improvements to digital based resources: Your Way; Kooth Online and Mind Your Way.
- NHS Kernow and public health reviewed projects in the Cornwall National Citizen Service programme. Projects including a mental health stigma campaign called #BreakTheBottle.
- NHS commissioned Speak Up Cornwall to embed the CYP IAPT participation principles including digital development £0.053.
- Youth information advice and counselling (YIAC) draft model developed.

Evidence of impact so far

- #BreakTheBottle interview on Radio Cornwall to raise awareness.
- #BreakTheBottle pebbles around the area and the Zebs mural.



Build the resilience of children and young people in schools and communities

- Work in collaboration with school led projects and school-based and community projects through HeadStart Kernow.
- Develop in line with the child and adolescent mental health green paper the roll out of networks that bring together CYPMH specialist mental health and school based resources through place based approaches to enable good decision making, on-going consultation, advice and guidance and access to appropriate interventions.

What we have done

- Not elected to be a first phase Trailblazer site for green paper on mental health and schools.
- Provision of self-harm guidance and toolkit⁹ for schools with training to support the roll out, £0.03m with a focus on avoiding entry to youth justice.

HeadStart Kernow thematic areas:

- In quarter two of second full year of delivery (£8.9m over five years 2016/21 from the BIG Lottery to deliver a school and community programme).
- Programme rated green by BIG Lottery.

Thematic areas:

- Digital:
 - Research well underway. October will see the designing of training sessions for school staff based on the research which will be delivered in partnership with Brook and South West Grid for Learning. Significant national input into safer internet centre and through central government contacts.
- Learning:
 - Wellbeing measurement framework (WMF) undertaken again this year. Tracker cohort (year eight (2018) and year nine for fixed comparison) achieved 85 percent completion; circa 9,000 children completed survey in Cornwall nearly a third of the national cohort.

⁹ Copy can be found in the appendices



- Expect initial national and local analysis for end of November 2018. New researcher appointed in the team. There will be an evaluation of workforce wellbeing impact regarding the programme and the youth and community facilitation.
- School support/coproduction in schools:
 - 10 action plan meetings undertaken already this year and £825,000+ delivered into schools to support wellbeing in schools this September (second year of this level of funding).
 - Pirate FM/Youth in Mind delivering four videos/radio ads – youth involvement very positive and working well with Speak Up Cornwall (CYPMH specialist mental health participation group) and Young People Cornwall.
 - Youth Fest delivered to 350+ young people, very positive feedback.
- Workforce training:
 - Over 500 people in Cornwall have completed or begun the 10-day trauma informed schools (TIS UK) mental health training; 2000+ have had whole school session, and 50 senior leadership team members training. We are also linking up and supporting the roll-out of the national mental health first aid training; have begun to roll out supervision sessions in partnership with educational psychology team, and are developing a consultation model for secondary schools that will support the effectiveness of training to embed it.
- Community:
 - We have commissioned the Learning Partnership Company and their subcontractor network and have delivered to in excess of 150 young people since inception of the commissioned model. Working in partnership with Cornwall Football Association, Youth Sport Trust and others to establish a community training model.
 - Mental health liaison network (Bloom) is being established and an administrator and champion is supporting the roll out.

Evidence of impact so far

- Nine schools have booked onto the twilight sessions in the first month for training at their locations for self-harm toolkit.
- 200 people in Cornwall schools have so far attended the self-harm training.
- Isles of Scilly to have whole system training on self-harm toolkit (12/18).
- As detailed in the thematic summary.



Build capacity and capability in the workforce to deliver the right help in the right place

- Recruit therapeutic capacity reflecting the range of needs coming forward.
- Develop a workforce able to meet the needs of children and young people, equipped with the skills required and motivated to succeed.
- Through the collective resources available fund additional children and young people improving access psychological therapy (CYP IAPT) training for those supporting the delivery of the mental health offer.

What we have done

- Financially supported (£0.076m) in conjunction with NHS England existing staff participating in CYP IAPT training courses¹⁰.
- Rolling recruitment programme for the i-Thrive mental health model across inpatient and community resources.
- New NHS Kernow role to support improved processes and delivery of individual multi-agency planning to support TCP: at advert.
- Workforce planning¹¹ completed for; CYPMH specialist inpatient; CYPMH specialist mental health and mental health liaison, March 2018.
- Sleep Wise - sessions for professionals, to help them support young people and families who are experiencing sleep difficulties.

Evidence of impact so far

- NHS core contract:
 - 12 new staff in-post or due to start; all new to Cornwall offer.
 - 40 staff have completed re-modelling training.
 - Six clinical associate psychologists trained to expand therapies.
 - 15 CYPMH specialist mental health staff trained in DBT therapy (8/18).
- VCS contracts and grants:
 - Four new commissioned wellbeing practitioners completed training and able to take caseloads (4/18).
 - Three new self-harm group work practitioners in post.

¹⁰ Full analysis of the number of individuals supported to date can be found in table five in the appendices

¹¹ NHS core contract workforce plan can be found in the appendices with example training invite



- One new interpersonal psychotherapy for adolescents practitioner in post.
- One new participation worker in post.
- Additional volunteer capacity into bereavement based anxiety capacity – PAWS project.

Improve the response to those who are vulnerable or find themselves in crisis

- Agree a multiagency, by providing agreed response pathways, supported by interagency protocol.
- Develop the delivery of a 24/7 multi-agency crisis response to meet the range of crisis presentations in Cornwall.
- Develop resources in the system to meet the needs of those who have an adverse childhood experience (ACE) or are a child in care or on the edge of care.
- Develop engagement and therapy approaches for those who resist traditional engagement or are considered more difficult to reach.
- By the end of 2018/19, 100 percent of the population with access to liaison and diversion (Health and Justice).

What we have done

- Risk and safety planning across agencies; safety clinics and safety plans supported by an interagency protocol.
- Increased capacity for those subject to child protection and on the edge of care via Cornwall Council's psychology service.
- Additional resource into CYPMH specialist mental health urgent and emergency care (UEC) intensive/in-reach offer.
- Plan to start providing extended hours at Royal Cornwall Hospital emergency department from 8am to 10pm from the end of January 2019.
- Seven days a week community crisis response during the daytime 9am to 5pm from the end of January 2019.
- Community and specialised commissioning operational plan to work closely with Sowenna (inpatient unit) before, during and after admission to ensure a seamless patient journey. Discharge planning will start on admission, linked with the agreed goals. Sowenna will have two outreach workers who will be a key link with the community teams. There is the possibility of attending as a day patient for more intensive treatment, as part of a 'step in, step out' approach.
- VCS winter pressure funding extending access hours to help and support.
- Jointly commissioned key worker for those who struggle with their gender identity or sexuality.
- Funded organisational inclusion in the REACH project; routine enquiry into adverse childhood experience.



- Workforce stream underway for neuro assessments in CYPMH specialist mental health; revised care plans to improve outcomes.
- Relevant system representatives have undertaken NHS England training on s117 aftercare and personalisation agenda.
- New provider of domestic abuse and sexual violence services linked to Turning the Tide programme delivery group to link offers into single system and reduce gaps.
- Relevant local system representatives have attended mobilisation events for the new regional footprint forensic CAMHs service.
- Crisis care concordat meetings continue to provide multi-agency forum for designing responses.
- Not elected to be a pilot for the mental health checks for looked after children (10/18).
- NHS England Youth and Justice is working with local partners to help upskill teams around young offender presentations. In particular, funding has been awarded to support training in social communication needs and self-harming behaviours over the coming year.

Evidence of impact so far

- Four new psychologist into Cornwall Council psychology service.
- Mental health UEC clinical team manager appointed. Nurses and HCAs at interview.
- One full time LGBT+ key worker in post.
- Additional nursing staff in post to assess need and refer to mental health in-reach offer seeing youth offending clients within five days.

Enhanced community eating disorders

- Build on the existing progress on NICE concordant treatment and achieve access and waiting time standards.
- By the end of 2018/19:
 - 80 percent of patients receiving a NICE concordant service population.

What we have done

- Enhanced existing fragmented resources into a single multi-disciplinary primary, community and acute care offer with single specification.
- Additional £0.4m investment into the offer as at 2018/19.



- Enhanced team completed the whole team national training package.
- New referral process, in conjunction with primary care to allow on-line referrals via GP Referral Management Service in line with physical specialist services.
- Moved to use of the Maudesley model of three week planned inpatient admissions.
- Further data reporting issues with coding to national SNOMED being worked through by provider data teams.
- Increased investment over and above the initial 'ring fence' allocation of £0.3m (2016/17) by a further £0.1m in 2018/19 to increase psychiatric, dietetic, practitioner and supervision capacity.

Evidence of impact so far

- Utilisation of CYPMH specialist inpatient beds on downward trend in 2018/19 despite planned admission activity increasing month by month the number of cases to avoid out of area placements¹².
- Increase in the number of planned hospital admissions and corresponding decrease in the number of unplanned.
- Improved reporting on the complexity and make up of caseloads to commissioners.
- Pathway has achieved 72.2 percent (quarter four 2017/18) of routine cases achieving access and waiting time standard.

Ensure agencies work effectively together to put the child's needs first

- Use established boards to support more effective multi-agency working and facilitate the delivery of improved pathways of care.
- Use strategic clinical networks and regional resources to support the transformation of the mental health offer.

What we have done

Operational multi- agency groups covering health, education, social care and VCSE partners:

- i-Thrive leads group: LTP assurance group (includes young people as standing members).
- Turning the Tide programme delivery group.
- HeadStart Kernow programme delivery group.
- Youth information advice and counselling (YIAC).
- CAMHs strategic leadership group (internal CAMHs and Sowenna inpatients).

¹² Further year on year utilisation can be found in table six in the appendices



- Discharge planning group.
- One Vision's neurodevelopmental work-stream development guided by Queen Margaret's University experience and including single point of access and new model of assessment.
- Enhanced specialist mental health capacity at the multi-agency single referral point (Early Help Hub) to improve formulation and choice.
- Funding to allow for GP involvement plan in the development of mental health liaison networks (Bloom); £0.030m in 2017/18.
- Transition CQUIN (Out of children and young people's mental health service CYPMHs) in place that sought to establish a baseline and transition checklist and transition process in 2017/18, followed in 2018/19 with assessment of delivery through audit.

Evidence of impact so far

- Referral review between CYPMH specialist mental health and new additional CYP IAPT therapies (VCSE) brought together into a protocol.
- CYPMH specialist mental health posts plus supporting administration resourcing the multi-agency early help hub work.

Have good outcome measures

- Support those voluntary sector organisations funded by the NHS to report via MHSDS and its future developments.
- Embed CYP IAPT participation principles into all NHS grant and contract holders delivery.
- Migrate away from activity counting to an outcome measurement approach including access and CYP IAPT routine outcome measures (ROMs), including goal based outcomes (GBOs), clear discharge reporting and experience data (PREMS); including the impact on functioning the intervention had on the individual, before and after.

What we have done

- Agree new specialist children and young people mental health scorecard marking a move to outcome and waiting time based measurement.
- Reviewed all voluntary sector grant specifications and aligned with i-Thrive and outcome based measures from a suite of therapy appropriate ROM measures including GBOs.
- Held technical data workshops with NHS Kernow business intelligence support for voluntary and statutory organisations.



- Participate in the regional network workshop programme for developing local dashboards (ongoing).
- Participate in the regional network programme for developing MHSDS outcome measurement (quarter four onward).
- Through the use of service delivery improvement plans develop with main contract holders milestones for data improvements.
- Developing multi-agency measures for LTP progress assurance and impact on system players (ongoing).
- Developing single outcome framework to cover all specialist health commissioned services both physical and mental health (ongoing).

Evidence of impact so far

- MHSDS reporting compliant for access measures 1a and 1b.
- All voluntary sector partners reporting on MHSDS from September 2018 for July 2018 data and going forward.

DRAFT



Our Aims - Changes Underway		2018				2019			
		Spring	Summer	Autumn	Winter	Spring	Summer	Autumn	Winter
		Development period		Implement and learn period			Review, refine and mobilise		
Aim	Next Steps								
Change the culture and language of support	Converge the HeadStart Kernow culture and language work in schools and communities to the Specialist Mental Health glossary and provide resources back to system users to enable sustainability across users						Up keep of resources		
Improve the access to the right help, in the right place, at the right way	Specialist infant mental health pilot to work with the Local Maternity System programme improving maternity, perinatal and infant mental health synergies - East Cornwall [pilot period November 2018 – March 2020]								
	Mental health liaison networks [Bloom] to be in place across Cornwall to enable linking of schools, GP, community projects and specialist mental health interface. Bespoke Isles of Scilly inplace and supported through implement and learn.								
	Sowenna 12 bed inpatient capacity to come on line				Mobilisation issues resolved				
	VCS community self-harm group work programme accepting referrals		North Cornwall		East Cornwall				
Improve prevention, health promotion and early help	Break the Bottle stigma campaign to link with wider transformation work through VCS partner								
Build the resilience of children and young people in schools and communities	HeadStart Kernow programme [2016-2021] working with schools to embed resilience approaches and targetted aspects for those identified as having an Adverse Childhood Experience [ACE] HeadStart Kernow programme to mobilise community based resources through a Youth Information Advice and Counselling [YIAC] approach across Cornwall, linking to Mental Health Liaison Networks [Bloom]								
Build capacity and capability in the workforce to deliver the right help in the right place	Ongoing recruitment for roles needed to resource the specialist mental health model including the needs of the Sowenna and specialised commissioning. Scope the feasibility of training GPs with a Special Interest in Children's Mental Health [GPwSI]								
	Ongoing planning for CYP IAPT training needs including Recruit to Train and new roles requiring local commissioner support								
	Workforce development for existing staff in; DBT, emotional coping/regulation skills and resilience building. Facilitate interventions as part of standard treatment whilst young people wait for specialist therapy, or as a stand-alone evidence based intervention for some young people.								



Our Aims - Changes Underway		2018				2019			
		Spring	Summer	Autumn	Winter	Spring	Summer	Autumn	Winter
Aim	Next Steps	Development period		Implement and learn period		Review, refine and mobilise			
Improve the response to those who are vulnerable or find themselves in crisis	Protocol to agree multi-agency operational response to those in crisis								
	Multi-agency plan to include education and social care support to the Sowenna inpatient unit								Mobilisation issues resolved
	Follow up NHS England multi-agency training on s117 Aftercare and Personalisation and link to system work on crisis and 24/7 response								
	National Suicide Prevention Programme – Cornwall and Isles of Scilly is a phase one site								
Enhanced Community Eating Disorders	Primary care awareness and training package delivery; may form part of the new model content via AHSN and Anna Freud project								
	Post pilot workforce plan recruited to [dietetic, consultant psychiatry and therapy capacity]								
	Data enquiry to confirm changeover from CAMHS referrals to RMS referrals is capturing all activity and ensuring Access and Waiting Time compliance reporting								
Ensure agencies work effectively together to put the child's needs first	Local Transformation Plan progress assurance reporting into BRAG format to One Vision November 2018 [stretch] or January 2019								
	Identify next step actions needed from Transition CQUIN to inform arrangements 2019-20								
Have good outcome measures	Complete review of NHS non VCS mental health specification in-line with I-Thrive framework and operational remodelling and linking to all age mental health strategy and simplification of quality and contract arrangements								
	Complete review of NHS VCS and remaining contracts and grants in-line with I-Thrive framework and operational remodelling and linking to all age mental health strategy and simplification of quality and contract arrangements								

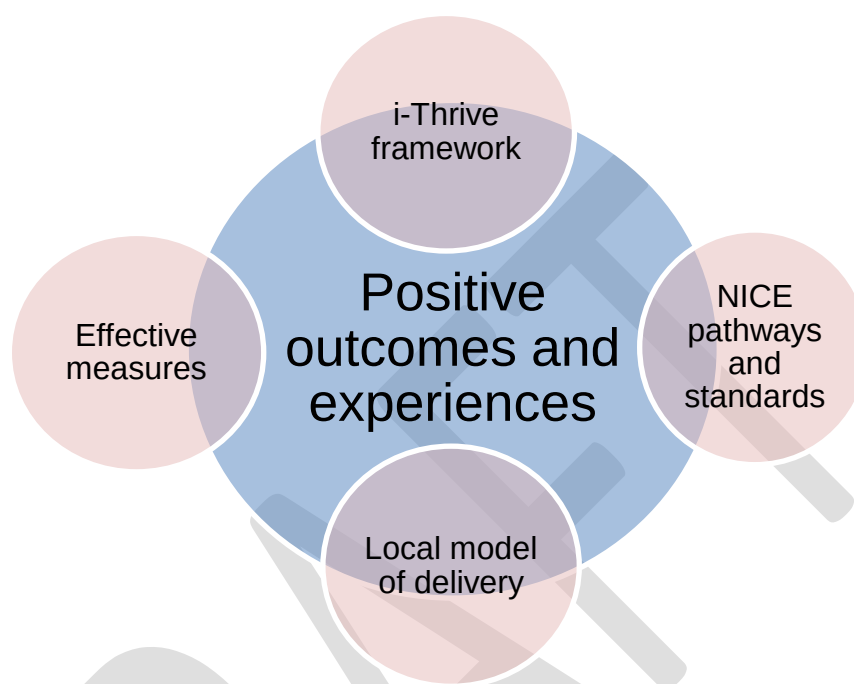


Our Aims - Next Step		2018				2019			
Through the work to date, key system pressures have been identified and will form our next key lines of action: 1. Sustainable 'Early Help' model across schools, primary care [GPs] and communities 2. Improved response to the group of children and young people with neuro-developmental and learning disabilities 3. Join up in our system of response to mental health needs of; vulnerable individuals, youth justice, children in care and edge of care 4. To further improve mental health response to crisis particularly identifying overnight and safe spaces in response to need		Spring	Summer	Autumn	Winter	Spring	Summer	Autumn	Winter
		Development period		Implement and learn period			Review, refine and mobilise		
Aim	Next Steps								
Change the culture and language of support									
Improve prevention, health promotion and early help	Review through the I-Thrive Leads Grp a prioritisation process for pathways taking account of trends in presenting need	Community Eating Disorders			Self-Harm		Self-Harm		
			Urgent and Emergency Neurodevelopmental [ASD/ADHD/Behaviour & Conduct]						UEC and Neuro
			Vulnerable CYP incl. Youth Offending [Other difficulties not covered by NICE guidance]						
	Mental Health Local Offer webpage in conjunction with VCS partner to improve information to professionals; children and young people; peers; parents and grandparents								
Build the resilience of children and young people in schools and communities	Plan for sustainable offer to schools post the completion of the current HeadStart Kernow programme funded by the BIG Lottery ending in 2021								
	Learn from Trailblazer wave one sites and review options against local progress for wave two or successive waves								
Build capacity and capability in the workforce to deliver the right help in the right place	Primary Care CYPMH awareness and training resources in conjunction with the Academic Health Science Network and Anna Freud								
Improve the response to those who are vulnerable or find themselves in crisis	Further development of operational responses to those needing support from the Urgent and Emergency pathway review including working towards improving 24/7 response options.								
Enhanced Community Eating Disorders	Participation in the Appreciative Inquiry Peer Review process and QNCC-ED								
Ensure agencies work effectively together to put the child's needs first	Review and re-scope Single Point of Access arrangements and supporting system implications								
	Undertake through the I-Thrive Leads Group a system wide multi-agency exercise to model likely demand flows based on Cornwall and Isles of Scilly public health profile and the impact on system capacity and capability								
	Improve quality of all referrals building on the learning of the Eating Disorder pilot								
Have good outcome measures	NHS Kernow business intelligence to consolidate a new CYPMH score card report including all MHSDS and local data linking to the all age mental health strategy and simplification of quality and contract arrangements								



How will we achieve our aims

Inter-professional collaboration, the i-Thrive framework



In our refreshed plan, we identified the importance of not only delivering a high quality offer but, also the importance of the way in which all those who are involved and surround children work together, and which we identified as Inter-professional Collaboration (IPC). There is a history in mental health delivery of using medical models which has led to ‘increasingly sterile debates about the effectiveness of different modalities with focus on a very limited set of individual-focused options that are shorn of social context’ and ‘this approach is no longer tenable for a range of reasons’;¹³

- The emerging and increasingly compelling evidence of social and economic factors that affect mental health e.g. poverty, poor housing (Friedli, 2009).
- Increasing recognition that more health care does not necessarily mean better mental health outcomes (Mulley, Richards, and Abasi, 2015). Within the medical paradigm, less than 50 percent are likely to be substantially helped for many difficulties (Lambert, 2011).
- Growing demand for a greater range of interventions that recognises the social contexts and individual preferences of individuals and communities

¹³ Thrive Elaborated second edition; Wolpert M et al, CAMHS Press, November 2016, Foreward



(Camic and Chatterjee, 2013; Evans-Lacko, et al., 2016; Mulley, et al., 2015; Rogers and Pilgrim, 2014).

- The current economic climate means greater health care provision as a response to rising mental health need is simply not sustainable.

The i-THRIVE framework will provide the structure to enable us to pull together children and young people resources. At the moment there are a number of ways in which children and young people can access help across education, health and social care. We aim to bring together or where beneficial to children and young people harmonise, those access routes into a local children and young people emotional wellbeing and mental health model. To make sure that the resources are working collectively, they will be organised to support, where available, NICE guided pathways of care. Finally, to make sure that this works, we will measure in a number of ways its effectiveness. In this way we focus upon emotional health and wellbeing, so that young people can stay well, as well as, access support and treatment when they experience greater challenges to their mental health and wellbeing.

The graphic representation of the i-THRIVE framework does not mean that agencies only operate with individuals identified within a specific quadrant. It is important to remember that a child or young person may well access advice, guidance, therapy and support from right around the i-THRIVE Framework resources to enable them to recover and thrive. In our changes locally we are reflecting key i-THRIVE¹⁴ provision principles;

- **Thriving:** Actively apply research evidence that identifies interventions that are likely to reduce the risk of developing mental health difficulties and promote wellbeing and mental health.
- **Getting advice:** Provided within education or community settings using educational language (a language of wellness) as the key language used. Health input involves providing experienced decision making about how best to help people and determine whose needs can be met by this approach.
- **Getting help and getting more help:** Provided from a health based perspective and language (language of treatment and outcomes) with emphasis on ending interventions if it is felt not to be working or gains are outweighed by costs and potential harm.
- **Getting risk support:** Provided through close interagency collaboration allowing a common language and approaches between agencies. Social care may often lead with language of risk and support; with health input supporting shared thinking with social care and input into the nature of support needed.

¹⁴ Thrive Elaborated, second edition, Wolpert, et al., November 2016, pages 17-23



A major piece of work in 2018/19 for NHS Kernow will be to replicate their facilitation of community eating disorders pathway enhancement and use that learning to systematically map the resources available for each pathway of care, bringing together resources into strong seamless offers of help, prioritised using local intelligence. Our ambition is still to achieve a system shift in the way in which those needing support access it as defined in an i-THRIVE framework.

	Get advice	Get help	Get more help	Get risk support
End 2017/18	10%	20%	60%	10%
End 2018/19	15%	30%	45%	10%
End 2019/20	20%	40%	35%	5%
End 2020/21	25%	50%	20%	5%
End 2021/22	30%	60%	5%	5%

Improved outcomes: NICE pathways and standards

NHS commissioners have completed the review of their voluntary sector grant descriptions and are working with the main CYPMH specialist mental health contract to re-write the specification to reflect the needs of the new children and young people mental health offer and that they include:

NHS mental health contracts and grants specifications	
Outputs	- Capacity for time focused, NICE recommended psychological therapies. - Combined parenting/carer and child therapeutic interventions. - Collaborative working in support of shared decision making (SDM) and goal based interventions. - Multi-disciplinary working with professionals working with young people. For example youth workers, special educational needs co-ordinators (SENCo), school pastoral resource, primary care (GPs), children and family services, CYPMH specialist mental health and HeadStart Kernow youth facilitator project. - Interventions that consider the mix of; face-to-face, one-to-one, group interventions, digital, telephone and social media methods to deliver interventions and aid recovery.
Outcomes as a young person	- Access advice and guidance that is timely and relevant to my need. - Access help that is straightforward, safe and quality benchmarked. - Access help that responds to my needs and opens conversations to what else I may need and helps me get that. - Access open conversations that also take into account my



	expectations of the role of my parent/carer in supporting my recovery. • Have access to people who understand my needs, are non-judgemental and can build a relationship with me. • Access help that supports me to recover and thrive emotionally and socially and supports my capacity to understand and attend to those needs. • Have my physical needs acknowledged in the same way as my emotional wellbeing and mental health needs. • Access help that sets jointly agreed goals and expectations of success and measures my experience of support as well as the outcome of being helped.
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The mental health offer is based on NICE guided care and CYPMH specialist mental health has drafted a revised set of pathways¹⁵ to support the current phase of transformation and an extensive level of introductory and specialist training has been put in place for new and existing staff to support the evidence based care pathways.

Enhanced pathway example – Community eating disorders

The community eating disorder offer is now established working effectively towards achieving the nationally agreed access and waiting time standards. A three week targeted medical stabilization admission to the local acute hospital has been established. Reliable comparison with pre-enhancement data is not yet possible but, table six in the statistical tables of the appendices is showing in 2018/19 an early downward trend of average length of stay without the unplanned admissions spikes.

A redesign to form a multi-agency and multi-disciplinary team in Cornwall with dedicated eating disorder consultant psychiatrist is in place working with an expanded therapy team. A paediatric eating disorders consultant has also been appointed to support physical monitoring nurses and work closely with the therapy team. The whole team attended the nationally organized Maudsley training over the past year and has established close links with the neighbouring eating disorders teams in the south west, sharing ideas and good practice. New referral guidance into the offer has been approved after consultation with GPs which has improved risk assessment and helps ensure access and waiting times standards will be met. Audits have demonstrated that outcomes for patients are improving and length of treatment is reducing as there is earlier intervention with intensive treatment.

¹⁵ The current pathways can be found in the appendices and are the start point for the review process



Patient and family feedback has been positive; experience of service (CHI) feedback offering a choice between good and needs improvement on the questionnaires.

Good:

- 'The set up and co-ordination between doctor, nurse, therapist and nutritionist. Communication between ourselves, our daughter and each member of this team – supportive and willingness to listen.'
- 'The depth of understanding and expertise and the holistic approach – looking at whole family. Lots of time to unpick issues and challenges set. The dietitian's advice was excellent and really worked.'
- 'It is reactive, as soon as a new problem surfaces, there was either a phone call, new appointment made, doctor called in (psychiatrist) or blood test appointments made, so we felt there was a course of action to be followed.'
- 'The team have been amazing! If any problems have arisen, they informed us straight away, my daughter has been able to open up to them due to their compassion and understanding. I feel it has been the main factor of helping her overcome her eating disorder.'

Feedback from professionals, notably GPs who previously managed physical monitoring in the community has also been positive.

- 'This is a fantastic achievement to finally have the CEDs recognized, funded and with an appropriate referral pathway. It is right for patients, families and GPs. Hurrah!'
- 'The LMC have been campaigning for this for as long as I can remember.'

Effective delivery of the mental health offer – the model

Local model of delivery

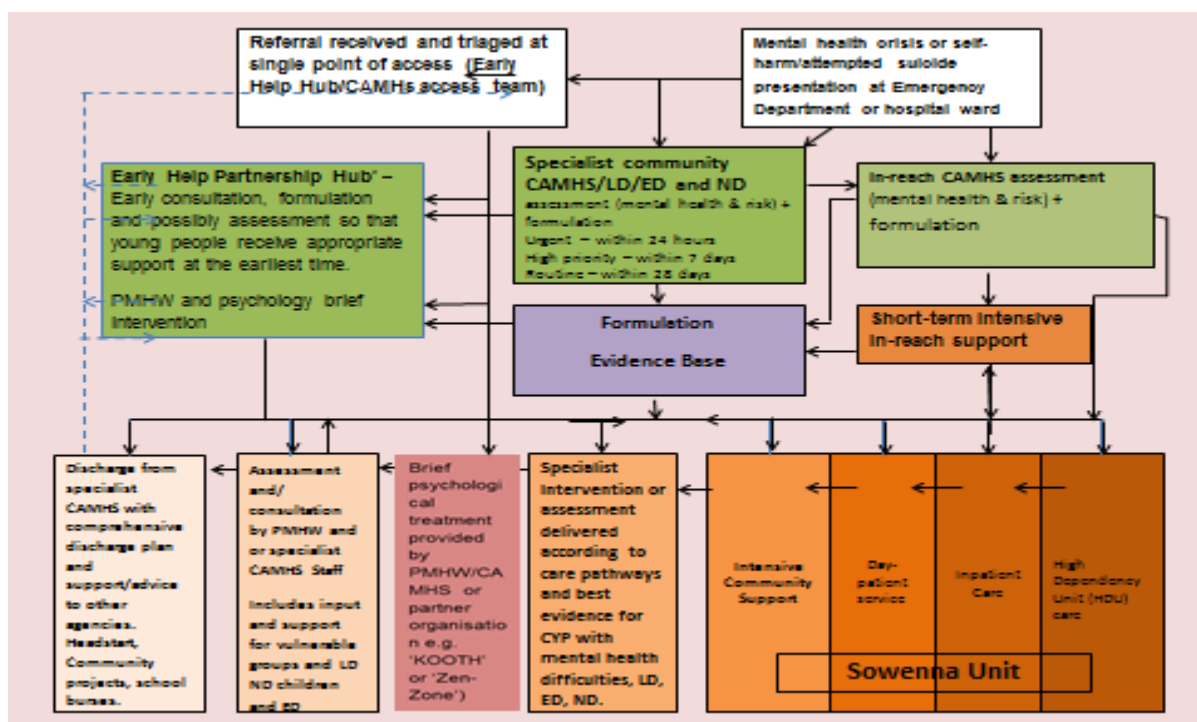
How the existing resources on the ground across health, education and social care are organised to deliver our i-Thrive aims is key to making sure a new sustainable way of working is embedded, especially as new resources and organisations are added to the support available. During the past year our main specialist mental health (CAMHs) provider Cornwall Partnership NHS Foundation Trust has been working with people across our system to lead the mobilisation of our transformation on the ground. This marks an important move from the strategy and vision setting period of our work to operational changes.

With a change of this scale the mental health model will flex and adapt based on our learning but currently we are working to the following:



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Health and Social Care Partnership



We will need to link this model with the existing emotional wellbeing and mental health resources within Cornwall Council however, to minimise disruption to this resource, it will link with the rest of the model above once our new arrangements have reached sufficient maturity. Cornwall Council provides dedicated resource for the most vulnerable within our county including those children in care, those experiencing exploitation and trauma and those within the youth justice system.

Effective measurement

We have commenced the journey to new reporting standards as set out elsewhere in this document and some early evidence is included as statistical tables in the appendices. We are looking to bring the next wave of measures on line before the end of 2018-19 as set out in the tables below. This will be followed by a second and third wave to complete the data reporting restructure.

To understand whether the LTP is having an impact across the system an assurance group is in place of commissioners, clinicians and customers to review a basket of assurance measures reported from key system programmes.

i-Thrive leads group reviews reports from:

- NHS data
- HeadStart Kernow
- Vulnerable Children



Across the system there is a mix of large programmes monitoring their progress and a number of specific, focused groups looking at often the most vulnerable children and young people's needs. This network gather data and information on whether the situation is improving and help the wider system programmes understand how to adapt and refine their approaches. Here are some examples as some groups last for a few months and others longer.	Programme delivery groups • Turning the Tide. • HeadStart Kernow. • Local maternity system. • Mental health board (all ages). • Crisis concordat. • SEND board. • Multi-agency suicide. Task and finish groups • Child sexual abuse. • Youth justice board. • Domestic abuse and sexual violence.
Within the contracts and grants that support the delivery of support to children and young people work is underway to reduce the number of indicators that only count 'activity' and to increase the number that monitor ROM including GBO and individual experience. We also want to know how long children and young people are waiting for treatment and how long they receive treatment and what types of support have been offered and whether they were effective or delivered at the wrong time.	NHS individual level measures • Access rates (MHSDS) • Eating disorder AWT (MHSDS) • CYP IAPT participation • (n) Unaccepted referrals • (n) Wait time assessment • (n) Wait time treatment • (n) Self-harm at ED • (n) Inpatient ED bed days • (n) Inpatient specialist MH • Therapy outcome (MHSDS)

Targets we still have to achieve 2018/21

Most outcomes require delivery towards 2020/21 however there is a clear need for early achievement, where possible in these areas:

Increasing the number of CYP accessing mental health treatment

Objective	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%	38%
Number of additional CYP treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000	----



Objective	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
(national).						
Local trajectory based on CYP population 148,000 and MH prevalence of 9.1%	3,771	4,040	4,309	4,579	4,713	5,118

Increasing the number of staff trained via the CYP IAPT programme

Objective	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of staff trained (national accumulative)	-	-	-	-	3,400	-
Local trajectory (places per year)	-	9	20	20	15	10

Health and Youth Justice

Objective	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
% of population with access to liaison and diversion	60%	100%	-	-	-	-

Children and young people's community eating disorder

Objective	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
% of patients receiving a NICE concordant service	-	70%	80%	95%	-	-

Liaison mental health (UEC) – children and young people: Continue to work towards the 2020/21 ambition of all acute hospitals having mental health liaison services that can meet the specific needs of people of all ages including children and young people and older adults; urgent and emergency mental health care as part of a multi-agency response to those in crisis

Perinatal mental health: Continue to increase access to specialist perinatal mental health services.

Out of area placements – children and young people: Deliver against regional implementation plans to ensure that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements, within a context of 150-180 additional beds nationally.



Early intervention psychosis (EIP): Ensure that 53 percent of patients requiring early intervention for psychosis receive NICE concordant care within two weeks - 2018/19.

Suicide: Reduce by 10 percent (2020/21) the number of children and young people committing suicide.

Children and young people mental health spending: Increase spending on mental health support by at least the value of the children and young people mental health transformation funding allocation as part of the CCG meeting the mental health investment standard (MHIS) by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding. CCG auditors will be required to validate their 2018/19 year-end position on meeting the MHIS.

Self-harm and school refusal: Commission mental health support that reduces the incidence of self-harm and school refusal for those with mental health conditions.

Outcome measurement: Ensure data quality and transparency in provider submissions which should be complete and accurate for all routine collections to MHSDS. Providers must routinely collect and monitor clinician and patient reported outcomes and feedback from people who access help.



A well-deserved trip to the Lost Gardens of Heligan to see Wild Works theatre company.



Appendices

References

Referenced in this update on	Supporting information	Attachment
Message from Speak Up Cornwall	i-Thrive Leads Group Terms of Reference	 i-Thrive Leads GroupToR April 2018
Speak Up Cornwall Participation activity	2017-18 completed work plan	 Speak Up Cornwall participation activity.
Mental health prevalence and vulnerable groups	Joint Strategic Needs Assessment for SEND extract	 JSNA and Prevalence Highlights.pdf
Mental health prevalence and wider determinants	Cornwall Public Health profile	 PHOF.pdf
What we have done	Culture and language glossary	 Glossary- Language Project.pdf
What we have done	Self-harm training toolkit	 ManagingSelfHarmToolkit.pdf
Evidence of impact so far	Cornwall Partnership workforce plan draft	 Cornwall Partnership Workforce Plan Draft
Evidence of impact so far	Cornwall Partnership new training flyer	 new training flyer2.pdf
NICE pathways and standards	Cornwall Partnership specialist mental health pathways of care	 CAMHS Care Pathways.pdf



Statistical tables

Table one: New investment and existing NHS contracts and grants combined (all schemes)

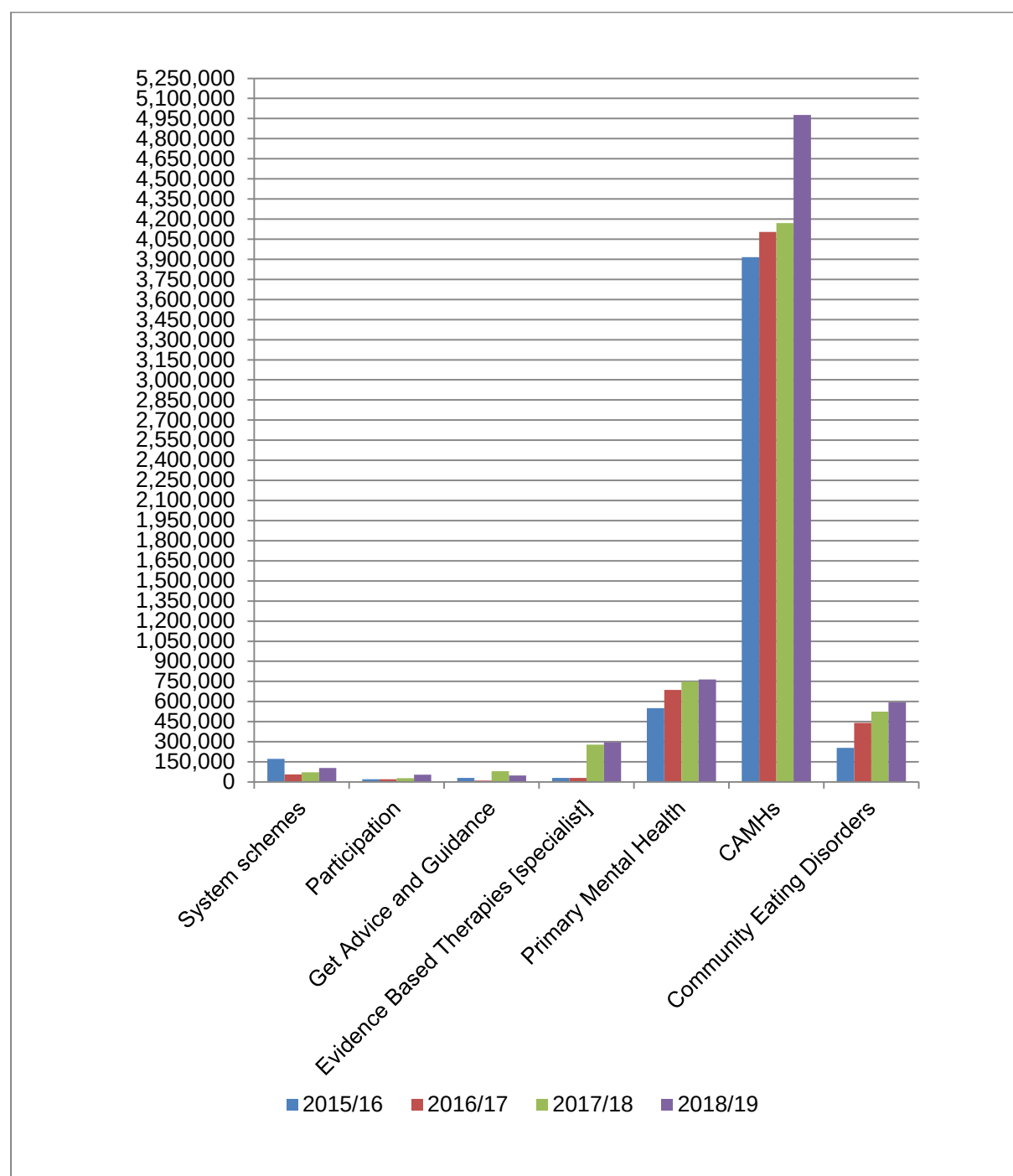
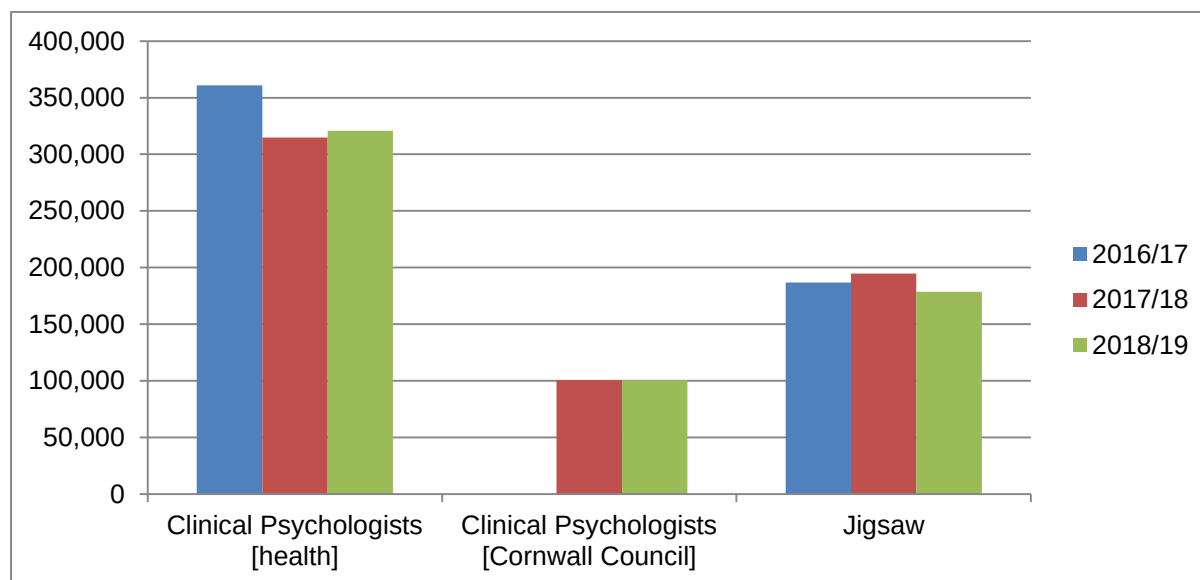




Table two: Cornwall Council's clinical psychology and therapy service



Notes - definitions of the areas the teams cover:

- Clinical psychologists health: Work with children and families services in relation to children in care, children adopted and children in special guardianship placements.
- Cornwall Council clinical psychologists: Children with child protection plans.
- Jigsaw: Children who have been sexually abused.

Table three: Existing and additional specialist workforce

Excludes primary mental health, CAMHs, eating disorders, Sowenna specialised commissioning and Jigsaw variable contracts.



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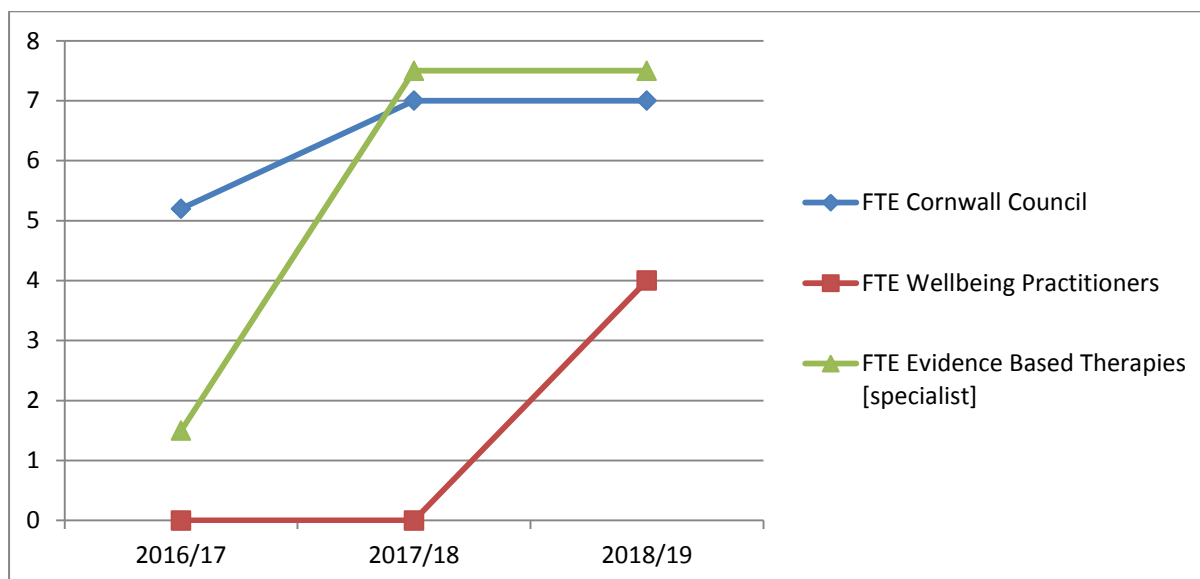


Table four: Access data

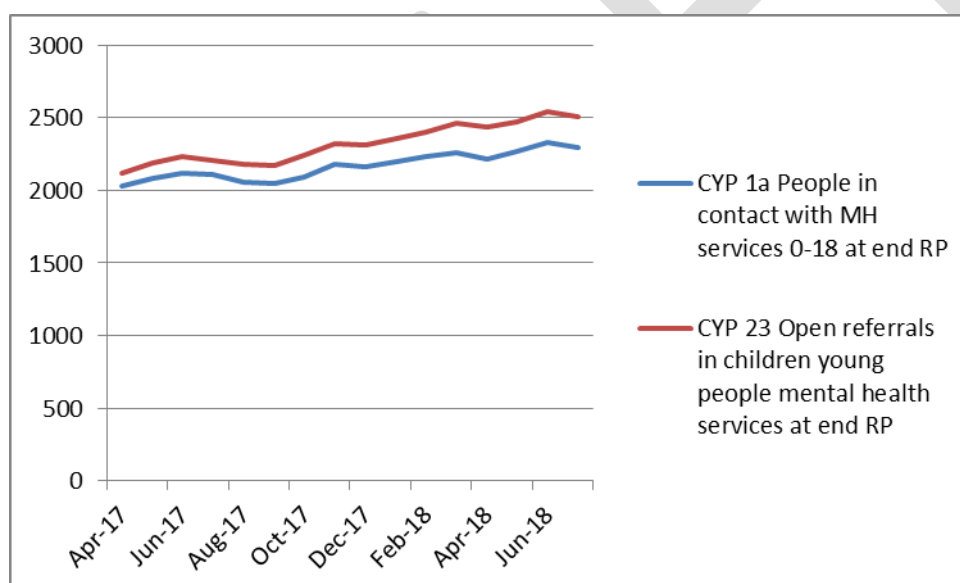


Table five: CYP IAPT training attendees



Attendance Numbers								
Training	2011/2	2012/3	2013/4	2014/5	2015/6	2016/7	2017/8	Total
CBT Practitioners	N/A	0	2	1	2	1	0	6
PT Practitioners	N/A	0	2		1	0	0	3
SFP ED Practitioners	N/A	0	0	3		0	1	4
SFP CD Practitioners	N/A	0	0	0	0	1	1	2
0-5 Practitioners	N/A	N/A	N/A	N/A	N/A		0	0
EEBP	N/A	N/A	N/A	2	1	0	0	3
CWP	N/A	N/A	N/A	N/A	N/A	4	4	8
Total Practitioners	N/A	0	4	6	4	6	6	26
CBT Supervisors	N/A	0	1		1	1	0	3
PT Supervisors	N/A	0	1	0	0	0	0	1
SFP Supervisors	N/A	0	0	1		2	0	3
0-5 Supervisors	N/A	N/A	N/A	N/A	N/A		0	0
CWP Supervisors	N/A	N/A	N/A	N/A	N/A	0	0	0
Total Supervisors	N/A	0	2	1	1	3	0	7
Total Leads	N/A	1	2		2	2	1	8
This represents all attendees including; CAMHs, VCSE and others								

Table six

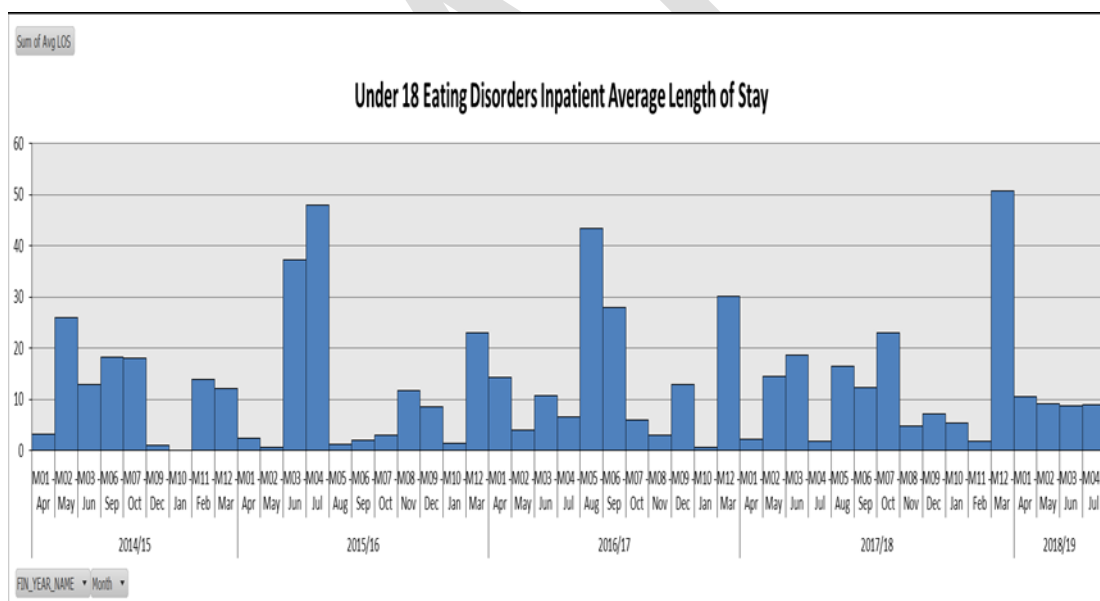


Table seven

Excluding additional VCSE therapy capacity which reports in September 2018 for the period July 2018 onward and local authority caseload.



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Referrals Received

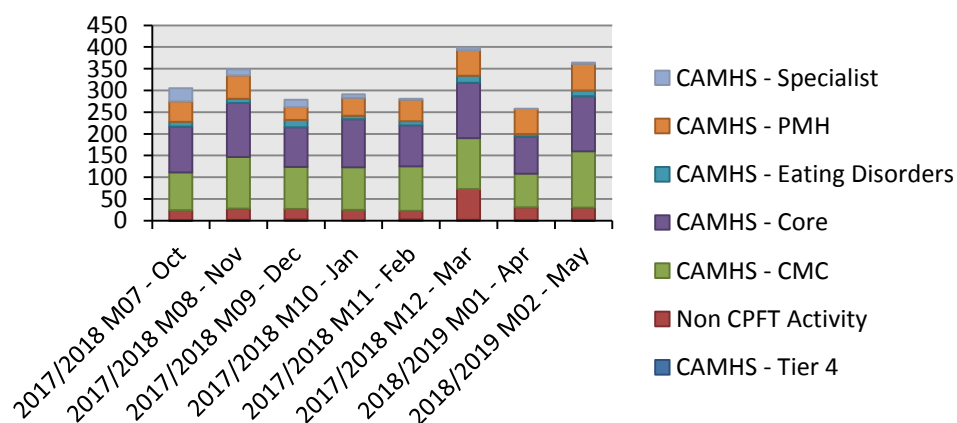


Table eight

Excluding additional VCSE therapy capacity which reports in September 2018 for the period July 2018 onward and local authority caseload.

Accepted Referrals

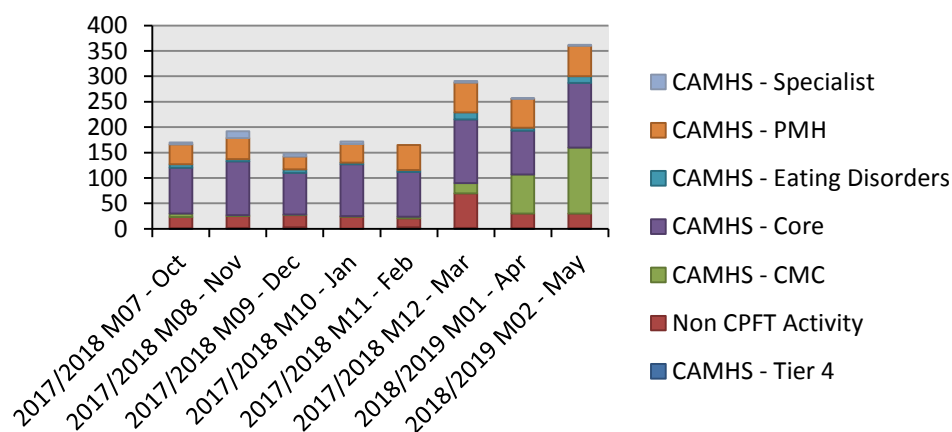


Table bine

Excluding additional VCSE therapy capacity which reports in September 2018 for the period July 2018 onward and local authority caseload

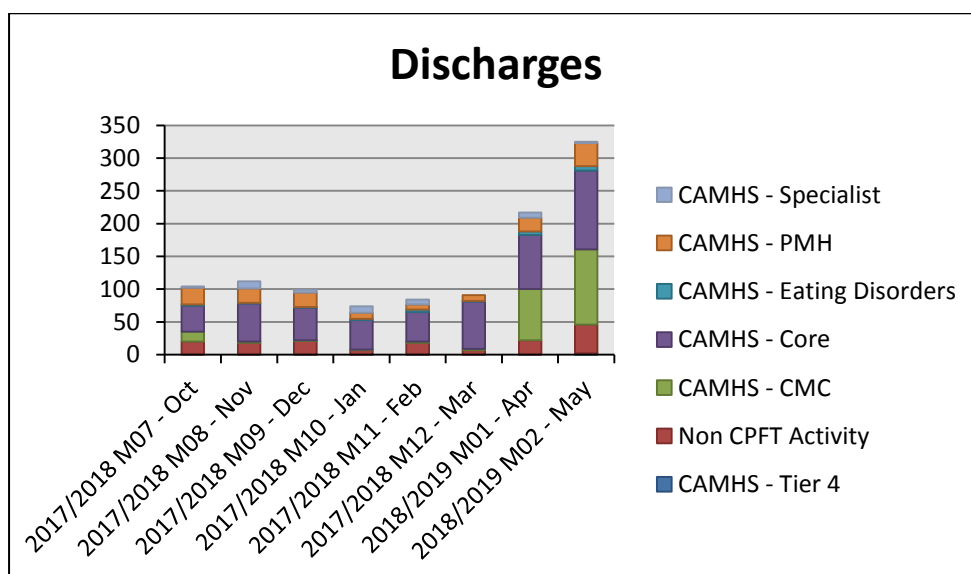


Table 10

Excluding additional VCSE therapy capacity which reports in September 2018 for the period July 2018 onward and local authority caseload.

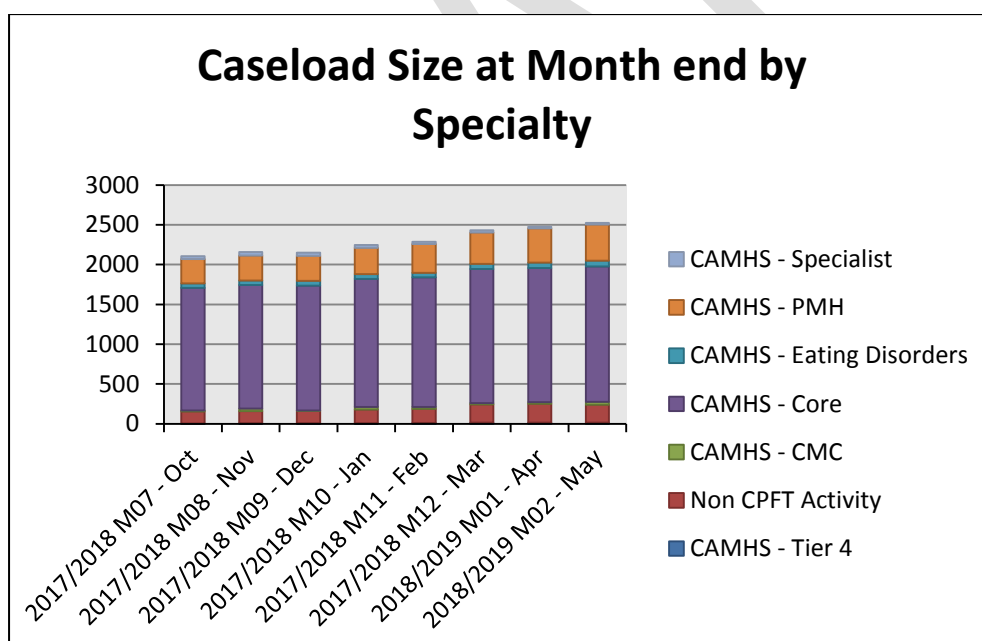
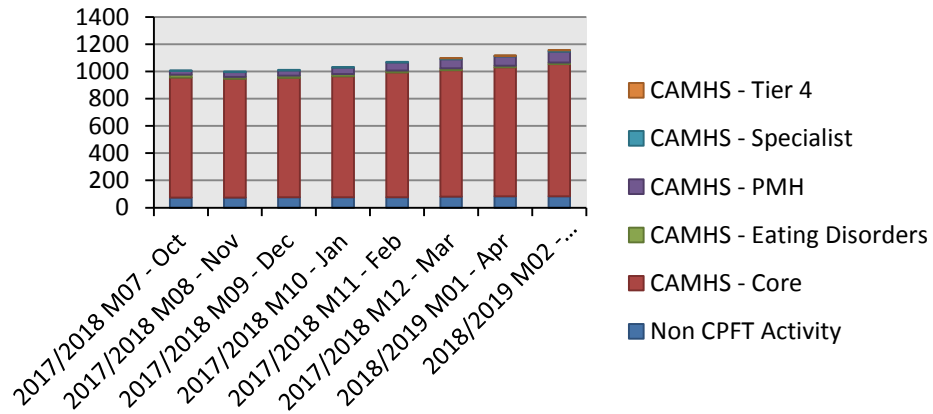


Table 11

Excluding additional VCSE therapy capacity which reports in September 2018 for the period July 2018 onward and local authority caseload.



People on Caseload Over 52 Weeks at Month End by Specialty





Get in touch

The children and young people mental health local transformation plan is led by the NHS Kernow children and young people commissioning programme.

Enquiries regarding the local transformation plan can be emailed to:
kccg.kernowcamhstplan@nhs.net

The local transformation plan and other information about the mental health offer commissioned by NHS Kernow can be found on [NHS Kernows' website](#).

DRAFT