**INTER-DEPARTMENTAL DRAFT ACTION PLAN**

**in response to**

February 2020

‘STILL WAITING’

A Rights Based review of mental health services and support for children and younG people in northern Ireland

December 2019

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|  | **Theme 1 – Working Effectively and Collaboratively** |  |
| **Objective**  | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response****and RAG****Rating** |
| Clear governance structures for development of CAMHS | 1.1 Establish an Inter-Departmental Project Board with cross sectoral representation to develop and implement an action plan in response to the NICCY Still Waiting Report recommendations, to include engagement with children and young people  | 1. Inter-Departmental Project Board2. Cross-sectoral membership3. ToR which includes creation of action plan and implementation of same | Better integrated working across Government and services, with cross sectoral involvement and input, including engagement with children and young people in delivery of actions | DoH | 1, 1c, 1d | Project Board set up in Feb 19Action plan to be published Autumn / Winter 2019On-going until completion of plan | Project Board established, chaired and facilitated by DoH, with representation from DE, DfC and DoJ. Meetings held in Feb, Apr, Jun, Aug, Sept, Nov and Dec 19ToR agreed; and membership extended to:- HSCB- EA- RQIA- CAUSE- VOYPIC- Mindwise; with membership being kept under review - Rep’ being sought from Mental Health Alliance  | NICCY welcomes the establishment of the IDG and the active participation of all its members |
| Sustainable investment in CAMHS | 1.2 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services | 1. Clear and explicit fund map of existing services commissioned 2. Published Map shows where funds are spent and who funds the service | Effective and efficient allocation of investment in CAMHS going forward | DoH | 1a, b | May require additional resources, dependent on the scope of the project | If funded, Apr 20 – Oct 20 | DoH met with NICCY for advice on the fund mapping methodologyScoping paper was discussed at Project Board, with agreement that further work should be undertaken on developing a more detailed proposal | NICCY is satisfied with progress to date. We would welcome an early indication of whether funding is made available for this project.  |
| 1.3 Increase funding for statutory CAMHS service | 1. Funding of statutory CAMHS services to increase; advice to be developed for incoming Minister  | A high quality service with good outcomes for children and young people | DoH | 1a, b | Requires Ministerial approval and a new investment strategy for mental health funding | Subject to Executive reforming and Ministers in place | Some recurrent investment secured (through Demography and Inescapables) and allocated to Trusts | The IDG have indicated that the Northern Ireland budget for 2020/21 has not been set, no timetable is in place for agreeing the budget and they can offer no guarantee that additional funding will be found. The lack of progress in this area is exceptionally disappointing. |
| Collect better information more regularly | 1.4 Full implementation of CAMHS dataset, including consideration of alternative approaches for delivery, such as, engagement with Encompass | 1. Consistent, comparable, quality assured, regular data returns from Trusts2. Availability and regular publication of CAMHS data | Quality data to support strategic planning and decision making in future service development | HSCB, DoH,PHA, Trusts, C&V sector bodies  | 45, 46, 47 (a-j), 48, 49 | Investment required for dedicated informatics support for CAMHS to support greater consistency of data input by clinical staff and full implementation of the remaining elements of the datasetRecurrent funding required is for 1x WTE Band 5 in each Trust; estimated at £190k  | Ongoing;will be given priority if investment available | HSCB and Trusts are engaged in the full implementation of the dataset. A workshop is being planned for the New Year to bring together Trust informatics staff to address current issues.Full implementation of the data set requires investment. DoH is currently considering bids for the next financial year.Ongoing consideration around capturing of additional data.  | The implementation of the CAMHS dataset was identified as priority area for action. Progress to date has been poor. We are aware of significant time delays between when the data is received and when it is published. The current target and arrangements for monitoring young people on the system are inadequate and not fit for purpose. It is impossible to determine if these proposals will address all the detailed recommendations. |
| 1.5 Development of prevalence study into children’s and adolescent’s mental health | 1. Publication of Prevalence Study, quantifying prevalence rates for child and adolescent mental health in Northern Ireland | Enhanced understanding of where greatest need is for targeted investment and intervention in the future | HSCB | 46 | Investment secured through Transformation funding | 1200 interviews to be completed by end Sept 19Full target of 2750 set for end Jan 20Prevalence study to be completed by March 2020 | The Prevalence study is underway following a successful pilot of the questionnaire. The first wave of the full survey is in progress. A Project Board has been established to oversee the study. The full report will be published after March 2020. | NICCY welcomes this work. A timeframe for publication is required. |
| 1.6 Increase awareness of referral process for referring agents | 1. Workshop / information sessions / training materials developed for referring agents2. Benchmark NI referrals data against NHS / UK rates | Greater regional consistency in referrals and acceptance rates | HSCB | 2a, 3 | Will require funding | Jan 20 – Sept 20 | Regional Programme for GPs completed and to be rolled out through 2019/20Further consideration around increasing awareness to be taken forward in the New Year | NICCY welcomes this initiative. It does not fully address rec. 3. We therefore require further information regarding the reasons why young people are not accepted. |
| Joined up working between services | 1.7 Implement the Managed Care Network | 1. MCN properly established with dedicated staff in place and regular meetings2. Better user experience and satisfaction with service, demonstrated through patient and staff surveys  | Holistically tailored care for young people in CAMHSBetter relationships between HSCB, PHA, Trusts, C&V sector and Royal Colleges | HSCB,DoH | 1c, d, e,2a, b, c,16, 18 | Investment required as priority to support the Managed Care NetworkRecurrent funding required**Total estimate: £175,000**  | Once recurrent funding identified, time dependent on BSO recruitment process | DoH is currently considering bids for the next financial year | NICCY supports the bid for funding for this work. It is not clear whether and how far these work strands will meet all the detailed recommendations. Further information is required on how the individual recommendations will be met. |
| 1.8 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and for young people | 1. MCN established2. Regional approach developed, and resourced3. Service / pathway rolled out across all Trusts | Improved outcomes for children and young people presenting with mental health crisis 24/7 access to urgent specialist help | HSCB,DoH | 4, 23, 24, 29 | MCN implementation costs plus resource for pathway development  | To be determined once MCN implemented | Ongoing – BHSCT and SEHSCT have 24/7 response teams currently in place. Remaining Trusts have capacity / resource challenges but all have out of hours arrangements in place. | This response is vague and inadequate.The lack of an agreed timetable is very disappointing. It is unacceptable that 3 Trusts do not have 24/7 response teams.  |
| 1.9 Self Harm Intervention Programme (SHIP) referral pathway for children and young people to be kept under review | 1. Regular monitoring of referrals through pathway2. Positive feedback from service users | Improved outcomes for children and young people presenting with self harm | PHA,DoH | 4 | Currently funded | Ongoing  | Ongoing – the service has been extended to cover all those aged 11+.An evaluation of the service is being planned by the PHA in the coming months. | The proposed action is vague and there are no timelines. It is unclear what is going to be achieved by when. |
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|  | **Theme 2 – Accessing Help** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Removing barriers that stop young people accessing services | 2.1 Fully implement the CAMHS dataset, which will monitor referrals and acceptance rates See Action 1.4Develop methodology for tracking referrals that are not accepted into CAMHS | 1. Funding secured2. Regional data on referrals / acceptance rates collected and published3. Data on non-accepted referrals collated | Quick identification and response to variations in acceptance rates across Trusts | HSCB,DoH | 3, 11 | Linked to full implementation of CAMHS dataset | Methodology developed by Dec 20 | Referrals and acceptance rates are monitored; current acceptance rate is 80% which is a notable increase for the region HSCB and Trusts are engaged in the full implementation of the dataset – see progress for Action 1.4Consideration ongoing re options for tracking non-accepted referrals | NICCY’s comments at 1.4 above also apply here. It is not clear what is being proposed in respect of tracking referrals that are not accepted into CAMHS and no timelines are given for this work. |
| 2.2 Create new / review existing information channels for children, young people and families, including review of the Patient Portal and HSC pages on NI Direct and social media outlets, in collaboration with children and young peopleLink with 6.1 and 6.2 | 1. Information channels revised to present more child friendly material, informed by children and young people2. New HSC child friendly information channels created, as required3. User feedback surveys | Easier navigation of information channels by children and young people; more access to information | HSCB,DoH | 11, 26,27, 28 | Yes | Jun 20 – Dec 20 | A patient portal is currently being developed for dementia. Further expansion of the portal, to potentially cover children and young people, will be considered. | NICCY regrets that there is no progress in this area and recommends that the portal is made available to children and young people |
| 2.3 Consider creation of a Mental Health Passport Scheme, through existing portalsLink to 2.2 | 1. Scoping paper developed on proposals for MH Passport for children and young people2. Funding secured and Pilot scheme rolled out in agreed Trust / area 3. Evaluation of pilot, including patient surveys, to inform future service provision  | More efficient use of face to face appointment time Increase in user satisfaction | DoH,HSCB,HSCTs | 9 | Yes | Paper developed by Mar 20 | Work underway in respect of this development with some investment under transformation. A hard copy will be piloted in the first instance.  | NICCY welcomes this initiative |
| 2.4 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people | Proposals developed and implemented | Better access to CAMHS for children and young people  | HSCB,DoH | 11 | No | TBC  | Arrangements for review of Mental Health IEAP by HSCB proposed | Vague and no timelines given  |
| 2.5 Evaluate Card Before You Leave (CBYL) for children and young people | 1.Data collated and analysed2. Evaluation published3. Proposals for future of CBYL for children and young people developed | Informed understanding of use and effectiveness of CBYL, enabling informed decisions to be made on the way forward | HSCB | 25 | Workforce / capacity resource  | Apr 20 – Oct 20 | Arrangements for conducting review under consideration | NICCY welcomes this initiative |
| Greater flexibility and choice in how young people engage with services | 2.6 Co-produce an app to help and support young people who may struggle or have difficulties engaging with CAMHS:- Scoping work to understand what is currently provided- Set up Task & Finish group with children and young people involvement, to take forward app development | 1. Scoping paper produced2. T&F group established, ToR agreed and regular meetings3. Funding secured4. App developed that works for young people and professional | Better support for children and young people who are not engagingBetter engagement with CAMHS | DoH,HSCB,HSCTs | 8, 9, 10, 26, 27 | Resources required  | By Dec 21 | Scoping exercise expected to commence in 2020 | NICCY welcomes this initiative. IDG needs to clarify how proposed action will meet all 5 recs. – not yet clear if all the recs will be met. |
| 2.7 Review CAMHS appointment systems | 1. T&F group set up and ToR agreed2. Report on appointments system and proposals to improve the system3. Implement agreed proposals | Better choice and availability of appointments leading to more children and young people engaging with services | HSCB,HSCTs, DoH | 8 | Resource required | Jul 20 – Apr 21 | Ongoing consideration of options | NICCY welcomes this initiative, although too vague and timelines need to be firmed up |
| 2.8 Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed | 1. Funds secured and deployed as per gap analysis study2. Evaluation of Trusts use of CAMHS Care Pathway, evidenced through data returns and patient / professional feedback surveys  | Fully implemented CAMHS care pathway and regional consistency Better access to services reflected in reduced waiting timesBetter user experience based on a better understanding of what to expect from CAMHS | HSCB | 1d, 2, 3, 5, 11, 12, 13, 16, 18, 28, 48, 49 | Additional funds required for each Trust | Ongoing | Care Pathway implementation across region ongoing. See also update on action 3.1. | This work is welcome but unclear what progress has been achieved to date. Further clarity is required as to how all 12 recommendations will be met. Timelines are required. |
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|  | **Theme 3 – Supporting adults working with children and young people** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Mental health training for all professionals who work with young people | 3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children servicesLink to 2.8 | 1. % GP involvement in training | Better awareness among GPs of CAMHS | HSCB  | 2a, 5 | Funded at present | March 20 | Short Course Programme completed and disseminated to Trusts who will provide a report of activity in delivery of the programme.Programme rolled out in WHSCT. Trusts have done some roll out but awaiting the establishment of MDTs. | NICCY welcomes this initiative. Further information required on the timeframe for the roll out of the MDTs. |
| 3.2 Development of a children and young people’s mental health training strategy and standards for professionals working with children and young people  | 1. Strategy developed with identified targeted professionals2. Training rolled out3. Evaluate the impact through surveys with professionals | Better professional awareness of emotional and mental health and well-being of children and young people and better understanding of the range of appropriate service responses | DoH,DfC,DE,HSCB,PHA,HSCTs,EA | 5, 7 | Funding required | Strategy to be developed by Jul 21 | Ongoing consideration of options | The IDG is developing this proposal over a longer timeframe. We look forward to receiving a timeframe with milestones to assist with monitoring progress for a strategy launch in July 21. |
| Integrated working across the system to strengthen children and young people’s emotional and mental wellbeing | 3.3 Implementation of primary care MDTs with a mental health worker attached to all GPs across the region | 1. Full roll out of MDTs to all 5 HSC Trust areas | Better support for children and young people with mental ill health at primary care level | DoH,HSCTs,HSCB | 6, 13  | To date, implementation of the MDT model has been supported by £13m of Transformation Funding - of this, over £1m has been allocated to mental health workersSustaining the current implementation and expanding the model across NI will require significant investment in the primary care sector; discussions are currently ongoing to confirm appropriate sustainable funding streams | Implementation will proceed in a carefully managed way, reflective of the availability of qualified and experienced staff and the potential impact of recruitment on statutory servicesIn addition, many primary care settings will require capital improvements, with lengthy planning permission and building control processes to be completed  | The MDT Project was formally launched on 15th October. MDTs are now in place or in development in 5 of the 17 GP Federation areas, one in each Trust area (Derry, Down, Causeway, Newry and West Belfast). Within both Derry and Down, there are now mental health practitioners within the majority of GP Practices. Whilst an action learning approach is being taken across the project with regular review through local and regional project board meetings, the first formal lessons learnt will begin following the initial evaluation review in February 2020.  | NICCY strongly welcomes this initiative. The Commissioner supports the bids for sustainable funding streams and NI-wide roll out, if successful. |
| 3.4 Named “MH professional” (title to be agreed) in every school, to be taken forward alongside the Emotional Health and Wellbeing Framework for Children and Young People (DE / PHA):- Develop proposals, including better use of VCS services; and development of business case | 1. Scoping paper produced and advice to be prepared for Ministers2. Secure funding3. Pilot approach to inform advice to Ministers; and measure impact | Every primary and post primary school in NI has the name of a “MH professional” (title to be agreed) to contact | DE,PHA,DoH,EA | 6, 33 | To be determined | Scoping paper to be developed by Dec 20Pilot (dependent on resources) - 2021It may be necessary to seek Ministerial approval to implement this action - DoH / DE to consider as work progresses | This is being considered as an integral part of the development of the Mental Health and Emotional Wellbeing Framework which DE is working on in collaboration with DoH, PHA and the Education Authority | NICCY welcomes this initiative but requires more detail regarding timeframe and action plan |
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| **Theme 4 - Specialist support** |  |
| **Outcome** | **Action** | **Measures** | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Greater range of community based mental health support | 4.1 Increase capacity in the C&V sector for community based mental health support, to include after care support:- scope existing provision with analysis and proposals for potential areas for expansion and consideration of workforce implications | 1. Scoping paper produced, to form the basis of a bid for investment 2. Advice to be prepared for Ministers3. Investment secured4. Commissioning and delivery of more mental health and aftercare support services in the community5. Increase in number of children and young people seen by C&V sector6. Reduction in statutory CAMHS waiting list | Reduced pressure on primary care and decreased demand for core CAMHSMore support available for children and young people discharged from CAMHS or inpatient care | DoH,HSCB | 12, 30 | Yes, to be determinedMay require Ministerial decision | Paper by Dec 20 | Ongoing consideration of options and work to commence in 2020 | NICCY welcomes this initiative. It would be helpful if the IDG could provide firmer timelines to enable NICCY to monitor progress. |
| 4.2 A greater range of self-help support for young people (including social prescribing – link to MDT work) to be available on referral from GPs Linked to action 4.1 above* Scope existing support and complete gap analysis
* Consider how best to encourage GPs to utilise supports – app development, awareness raising, trust specific database etc
 | 1. Scoping paper produced and advice prepared for Ministers in terms of how to expand2. Business case developed3. Funds secured4. Commissioning of additional self-help support services in collaboration with GPs and others  | More self-help support available for children and young people in the community, reducing the pressure on core CAMHS | DoH, HSCB | 12, 13,30 | Yes, to be determinedMay require Ministerial decision | Scoping to be complete by Dec 20 | Ongoing consideration of options and possibilities for linking in with the mental health practitioners in the newly established primary care MDTs | Same comments apply as for 4.1 |
| Needs led support and treatment in mental health hospitals | 4.3 Monitor prescribing data and ensure medication for mental health to children and young people is appropriate | 1. Mechanisms in place to identify outlying prescribing patterns2. Outlying prescribing practice identified and clinical conversations take place  | Appropriate treatment options for children and young people, to optimise recovery | DoH | 14, 15,18 | No | By Apr 20 | Meeting with pharmacy and GMS colleagues in the HSCB being set up to confirm current data collection and monitoring | NICCY welcomes this initiative |
| 4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy | 1. Evaluate the current use of psychological therapies in CAMHS2. Identify need for further service developments3. Secure appropriate funding4. Increased training in psychological therapies5. Develop a children & young person’s stream in the Regional Trauma Network | Full range of psychological therapies provided and tailored to children and young people | DoH,HSCB | 15 | Evaluation of current service is cost neutral; however, further service developments and training will require investment through Trusts Training money and investment in psychological therapies | Further service developments identified by Jan 2021 | Training targets for current year formulated and forwarded to Trusts.Some investment being made available, including investment from Regional Trauma Network to training for CAMHS staff. However, important to note that capacity to avail of training even where funding available is also dependant on staff being released to avail of training. DoH is considering reviewing the 2010 Psychological Therapies Strategy as part of a proposed new Mental Health Strategy. This approach has yet to be approved, but the intention is that, going forward, Psychological Therapies will be fully integrated within core mental health services and CAMHS. | NICCY strongly welcomes this initiative. We look forward to receiving further information regarding progress of evaluation which should include consideration of resource requirements should Psychological Therapies Strategy need to be reviewed.  |
| 4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need | 1. BHSCT business case for PICU beds at Beechcroft2. Secure funding3. Works complete | Better care and outcomes for children and young people requiring intensive inpatient care at Beechcroft | BHST,DoH,HSCB | 17, 18,20 | Capital / revenue costs associated with the business case | Business case developed by Jan 20 | BHSCT are in the process of developing a business case for creation of 4 PICU beds within Beechcroft | The 4 extra beds at Beechcroft are welcome. This does not address rec 20, which is about Extra Contractual Referrals – require clarity on how these will be monitored in future and whether additional services will be provided in NI in future, which will significantly reduce the use of ECRs.  |
| 4.6 Evaluate and analyse the use of detentions in Beechcroft | 1. Establish the norm for detention levels at Beechcroft (BHSCT to provide Dept. with stats)2. Note change of trends3. Publish regular detention statistics from Beechcroft | Assurance of appropriate use of detentions for children and young people in Beechcroft | DoH,HSCB,RQIA | 19 | No | Nov 19 – Dec 19 & ongoing; data to be analysed every 3 months | Recent High Court judgment may have implications for detentions in Beechcroft. DoH to consider legal advice | NICCY will continue to closely monitor this issue particularly regarding the implications of the Supreme Court judgement on Child D |
| Children and young people in adult wards | 4.7 Review existing protocol for children on adult wards | 1. Commence the relevant sections of Mental Capacity Act (Northern Ireland) 2016 requiring age appropriate accommodation 2. Protocol revised in light of commencement of relevant provisions in MCA | Reduction of children on adult wards | DoH,HSCTs | 17 | No | MCA due to be implemented 1st Dec 19Review Protocol – Apr 20 – Jul 20 | All 5 Trusts have separate protocols for children on adult wards and have confirmed that these will be updated in light of the commencement of the relevant section in the MCA (NI) 2016 re age appropriate accommodationConsideration is being given to developing a regional protocol to ensure consistency in practice across the Trusts  | NICCY supports the idea of a regional protocol to ensure consistency in practice across all the Trusts and shall issue advice appropriately |
| 4.8 Review system of RQIA oversight of children treated for MH as in-patient on adult wardsConsideration given to the option of amending requirement under Art 118 of the Mental Health (Northern Ireland) Order 1986 and the relevant Direction | 1. Paper produced and taken forward, as required2. Provide regular reports on children on adult wards | Better oversight of young people admitted to adult mental health wards | DoH,HSCTs,RQIA | 17 | Potential legislative requirements which will require Ministerial decision Small resource associated with reporting | Apr 20 – Jul 20Further progress dependent on Executive reforming and Ministerial decision | See update on Action 4.7. RQIA to play a role in this work  | We require clarification on how the legislation will be amended and will issue advice accordingly |
| Implement and monitor minimum care standards in A&E | 4.9 Enhance the framework in relation to minimum care standards in ED for children and young people who are presenting with a mental illness | 1. Project Board rep to sit in on the review of RQIA legislation project2. Change of policy to be considered by MHCU, in consultation with RQIA / RQIA sponsor branch; and advice prepared for Ministers3. If agreed, taken forward as part of the review of regulation framework | Appropriate inspection standards in ED | DoH, RQIA | 21, 22,24, 25 | Any additional standards may require ministerial approval and potentially additional investment and a change to the legislation; and additional resources required by RQIA to carry out the inspections against the standards | Phase 1 of this review will determine the principles, remit and approach of a revised policy on regulation. Subject to the appropriate approval, the Dept. intends to consult on the revised policy in early 2020 and will be seeking the views of both service providers and users as part of this process. Phase 2 will look at each service provider category, determine the risk involved and consider the most appropriate method of regulatory response. Phase 2 will result in amended legislation.  | Progress is ongoing | NICCY requires clarity around the timetable for Phase 2 of this work |
| Dedicated telephone advice line | 4.10 Improve contact opportunities for children and young people who are waiting for an appointment or are in between appointments, by considering how to strengthen case worker contact between appointments | 1. Scoping paper with options produced | Increase wellbeing of children and young people | DoH,HSCB, HSCTs | 10 | Requires resources | Paper by Jun 21 | Ongoing consideration of options | It remains unclear what action is being taken to progress this. Further information is required on actions between now and June 21. |
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|  | **Theme 5 - Moving from child to adult services** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Transition planning from CAMHS to post-18 | 5.1 Create an improved transitions procedure, including i-Thrive app development projectConsider bridging service for 16-25 year olds (any change to existing policy will require Ministerial decision) | 1. Clear transition arrangements between CAMHS and adult services, set out in writing and compliant with NICE Transitions Guidelines | Better transition arrangements and continuity of care for patients moving from CAMHS to AMHS | DoH,HSCB,HSCTs | 29, 30, 31 | Potentially | By Dec 20Any change in policy will require Ministerial decision | OngoingA Workshop on Transitions was held in October, and was well attended (around 70 people attended). A Task and Finish group, with service user representation, has been set up as a result of the Workshop to develop a regional Transitions protocol for all Trusts.  | NICCY welcomes this initiative. Timelines need to be firmed up. |
| 5.2 Develop a transition dataset as part of the CAMHS dataset | 1. Publish data on transitions | Enhanced understanding on transitions | HSCB | 29 | Yes, to be determined | In line with CAMHS dataset implementation timescale | Work on transitions and implementing the CAMHS dataset ongoing | This is too vague – see NICCY’s comments on 1.4 |
| 5.3 New guidance for those who do not transition from CAMHS to adult services | 1. Clear information for those not transitioning including new communications strategy and aftercare / self-care supports2. New links with Recovery Colleges | Better outcomes for those not transitioning to AMHS | HSCB, HSCTs | 30 | Minor  | In alignment with Action 5.1 and potentially 5.2 (if timescales allow) – by Winter 20 | Ongoing consideration of options | The lack of a clear timetable makes it impossible to monitor progress against this action |
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|  | **Theme 6 – Flexible treatment options** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Provide clear information on service standards and how to make a complaint and feedback | 6.1 Better complaints structures for children and young people, including consideration of:* Co-produce user friendly leaflets
* Advocates (as part of MCA / amendments to MHO) – may require Ministerial decision

Build on existing advocacy systems (such as VOYPIC in Beechcroft) | 1. Trusts to ensure that complaints procedures made known to all service users and report variety of mechanisms in place to support making an appropriate complaint2. HSCB to monitor issue of complaints as part of DSF | Better service provision | HSCTs,HSCB | 28 | Yes | Jun 21 | Ongoing consideration of options, looking at similar changes to complaints structures made elsewhere | NICCY welcomes this initiative. Further information is required concerning the process for taking this forward to include interim timelines between now and June 2021. |
| Strengthen involvement of young people in decisions about their care and how services are delivered | 6.2 Increase children and young people involvement in service evaluation and developmentConsider development of an action plan and setting up a mental health youth forum in each Trust to support this action | 1. Create / review trust protocols for children and young people involvement2. Monitor data returns in the CAMHS dataset with reporting on user involvement | Tailored, relevant services designed around children and young people’s experiences, resulting in better service provision and outcomes for children and young people | HSCTs,HSCB | 26, 27, 28 | Investment required to support staff capacity and full implementation of the CAMHS dataset | Jun 21 | Ongoing consideration of how to take this forward | Same comments apply as for 6.1 above |
| Ensure full range of evidence based treatment interventions are available in line with NICE Guidelines | 6.3 Develop treatment protocols where psychological therapies are core of CAMHS servicesLink to Action 4.4 and 2010 Psychological Therapies Strategy | 1. Reduction in use of medication in CAMHS2. Uptake of psychological therapies increased for CYP | Improved range provided and more investment in psychological therapies | DoH,HSCB,HSCTs | 47  | Investment in psychological therapies required | Linked to Action 4.4 – by Jan 2021 | DoH is considering reviewing the 2010 Psychological Therapies Strategy as part of a proposed new Mental Health Strategy. This approach has yet to be approved, but the intention is that, going forward, psychological therapies will be fully integrated within core mental health services and CAMHS. | This initiative is very welcome in principle, although we need clarity around whether or not it will be taken forward. Again, it would be helpful to know more about the process and detailed timetable going forward. [Reference to recommendation is incorrect – awaiting advice from DoH]. |
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|  | **Theme 7 – Mental health awareness and understanding** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Educate children and young people about their emotional wellbeing as part of the curriculum | 7.1 Promotion, prevention and early intervention around emotional wellbeing will be at the core of The Emotional Health and Wellbeing Framework (the Wellbeing Framework) being developed jointly by DE, PHA, DoH and the Education AuthorityThis will include use of the curriculum and curriculum based resources available to support teachers in its delivery  | Appropriate guidance and enhanced resources available to schools to support the emotional wellbeing of pupils | 1. Framework published2. A wellbeing ethos integrated throughout schools with full implementation of the requirements of the curriculum in respect of emotional wellbeing | DE, CCEA | 32 | To be quantified | March 2020It may be necessary to seek Ministerial approval to implement this action - DE / DoH to consider as work progresses | Ongoing - the Framework is currently under development and work programmes will be identified to deliver key strands including resources and support to schools  | NICCY strongly welcomes this initiative. Clarity required around whether Ministerial approval is needed or not. |
| Education providers should work more closely with mental health services | 7.2 As part of the out-working of the Framework, enhanced joint working through a multi-disciplinary approach will be explored | Formal partnerships developed between education and mental health service providers  | 1. Framework published2. Education and Health providers working collaboratively to support for children and young people | DE,PHA,DoH,HSCB | 33, 34 | To be quantified | September 2020It may be necessary to seek Ministerial approval to implement this action - DE / DoH to consider as work progresses | Ongoing - the Framework is currently under development and is itself multi-disciplinary in nature, being taken forward jointly by DE / DoH / PHA / EA. This multi-disciplinary element will be key as we move towards implementation. | NICCY welcomes this initiative. This action does discuss inspection arrangement for schools (rec. 34). Further clarity required on whether Ministerial approval is needed or not. |
| Provide information at key stages and transition points | 7.3 Reinforce and publicise the CAMHS care pathway Link to actions 2.9, 3.2 and 5.1-5.3 | 1. Information material developed 2. Schools distribute leaflets / materials to children and young people at key transition periods  | Better understanding of the CAMHS care pathway, targeted to CYP at key transition stages | HSCB,DoH | 30, 35 | Resource required | Dec 2020It may be necessary to seek Ministerial approval to implement this action - DE / DoH to consider as work progresses | CAMHS care pathway available for downloadOngoing consideration of options for raising awareness in schools | The action proposed here is too vague. NICCY would welcome plans as soon as possible. |
| 7.4 The Wellbeing Framework will provide clear structures of support, including clarification of the links and pathways of referrals to the appropriate services, based on the child / young person’s needs | Education providers know when and how to involve the appropriate services | Better integration of education and mental health services, resulting in early intervention and better service provision for children and young people | DE,PHA,DoH,HSCB | 30, 33 | Resource required | Mar 2020It may be necessary to seek Ministerial approval to implement this action - DE / DoH to consider as work progresses | Ongoing - the Framework is currently under development and clarification around structures of support and referral pathways is the document’s key focus | NICCY welcomes this initiative. Further clarity required whether Ministerial approval is needed or not. |
| Strengthen public awareness and community capacity building  | 7.5Commission qualitative research on mental health literacy, language and awareness of services appropriate for children and young people to inform future awareness raising programmes including for example the Change Your Mind programme which is designed to tackle mental health stigma and discrimination Subject to resource availability, pilot two programmes in 2020/21 to support resilience in post-primary schools; and embed Mental and Emotional Wellbeing in the curriculum to maximise success in further and higher educationLinks with Protect Life 2 objective and associated actions to improve awareness of suicide prevention and associated services | 1. Research designed and commissioned2. Pilots run in 20/21 | Better understanding and awareness of the importance of mental health and emotional wellbeing in children and young people, leading to a reduction in stigma and an increase in engagement with services | PHA,DoH,DE,HSCB, EA,Key relevant Voluntary sector bodies | 35, 36  | To be agreed | Through 2020; Pilots run through 20/21 if resources are availableIt may be necessary to seek Ministerial approval to implement this action - DE / DoH to consider as work progresses | Stress Control in Schools Programme is being piloted in 11 post-primary schools in North Belfast, throughout 2019/20. Aimed at 15 year olds, it incorporates CBT, mindfulness and positive psychology; and is run over 8 weekly single school periods, delivered by teachers who can be trained in one day.The IDG agreed to do further scoping on the provision of mental health support and training for schools. Links in with the work of the DE Framework.  | Need clearer rationale for choosing these pilots and recognise that while these are occurring they are not government funded initiatives |
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|  | **Theme 8 – Young people with additional needs** |  |
| **Outcome** | **Action** | **Measures**  | **Outcomes** | **Lead** | **Link to NICCY rec’s** | **Resource implications** | **Time frame for completion** | **Progress update** | **NICCY Response and RAG Rating** |
| Equal access for young people with a learning disability to services and support | 8.1 Pursue development of ID CAMHS pathway, linked to Action 8.2 | 1. Regional development and publication of a new ID CAMHS pathway, including roll out to all Trusts | Full access to ID CAMHS for children and young people who require the services | HSCB,HSCTs | 37, 38, 39, 40 | Yes  | To be agreed, subject to resource | Ongoing consideration of options and how this links in with other work-streams | Vague and inadequate response to recs. The absence of any timetable is not helpful. Rec 40, which addresses detentions at Iveagh, does not appear to be addressed. |
| 8.2 Development of the Children and Young People emotional and Wellbeing Framework | 1. Publication of Framework | Single point of access to services for all children, regardless of disability | HSCB,DoH,HSCTs | 37, 38, 39 | Yes | Dec 20 (to be kept under review)Ministerial decision may be required if new policy proposed | Ongoing; the HSCB are hoping to recruit a dedicated staff member to drive development of the Framework | Vague and inadequate response to recs |
| Access to services to address mental health and substance use problems at the same time | 8.3 Consider new approaches to mental health and substance use problemsProject Board to engage with policy leads in respect of new approaches for addressing the needs of children with mental health and substance misuse problems. In doing so, Project Board will also liaise with the Review of Regional Facilities Programme Team to consider how the development of proposals for a Joint Care and Justice Campus might include similar approaches  | 1.Scoping / options paper developed and advice prepared for Ministers 2. PHA to revise guidance on referral pathways in respect of both Step 2 and 3 services | Holistic support and treatment services for children and young people with co-occurring mental health and drug / alcohol problems, resulting in better patient outcomes | DoH,DoJ,PHA,HSCB | 41, 42, 43, 44 | Potentially | Dec 20;Ministerial decision may be required if new policy proposed | Ongoing consideration of options and liaison with RRF Programme team | Vague response as it is unclear what is being proposed beyond preparing an options paper for Ministers |
| Treatment for children and young people with co-occurring physical and mental health needs | 8.4 Create a new protocol for informing RQIA of all relevant information when a child or young person is admitted to a general paediatric ward for mental health treatment or care | 1. Report produced on how often this happens and what existing protocols are2. In light of the findings above, strengthen RQIA safeguarding role by producing a new protocol or reporting requirement | Better RQIA oversight of the appropriateness of mental health care and treatment being provided in paediatric wards | DoH,RQIA,HSCTs,HSCB | 50 | Potentially  | Dependent on funding | Ongoing consideration of options | It is impossible to measure progress against this action as no timetable has been provided |
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Timeframes based on assumption that dedicated staff resource / time is made available to take forward that particular action.