Still Waiting: Monitoring Report

February 2020

Introduction

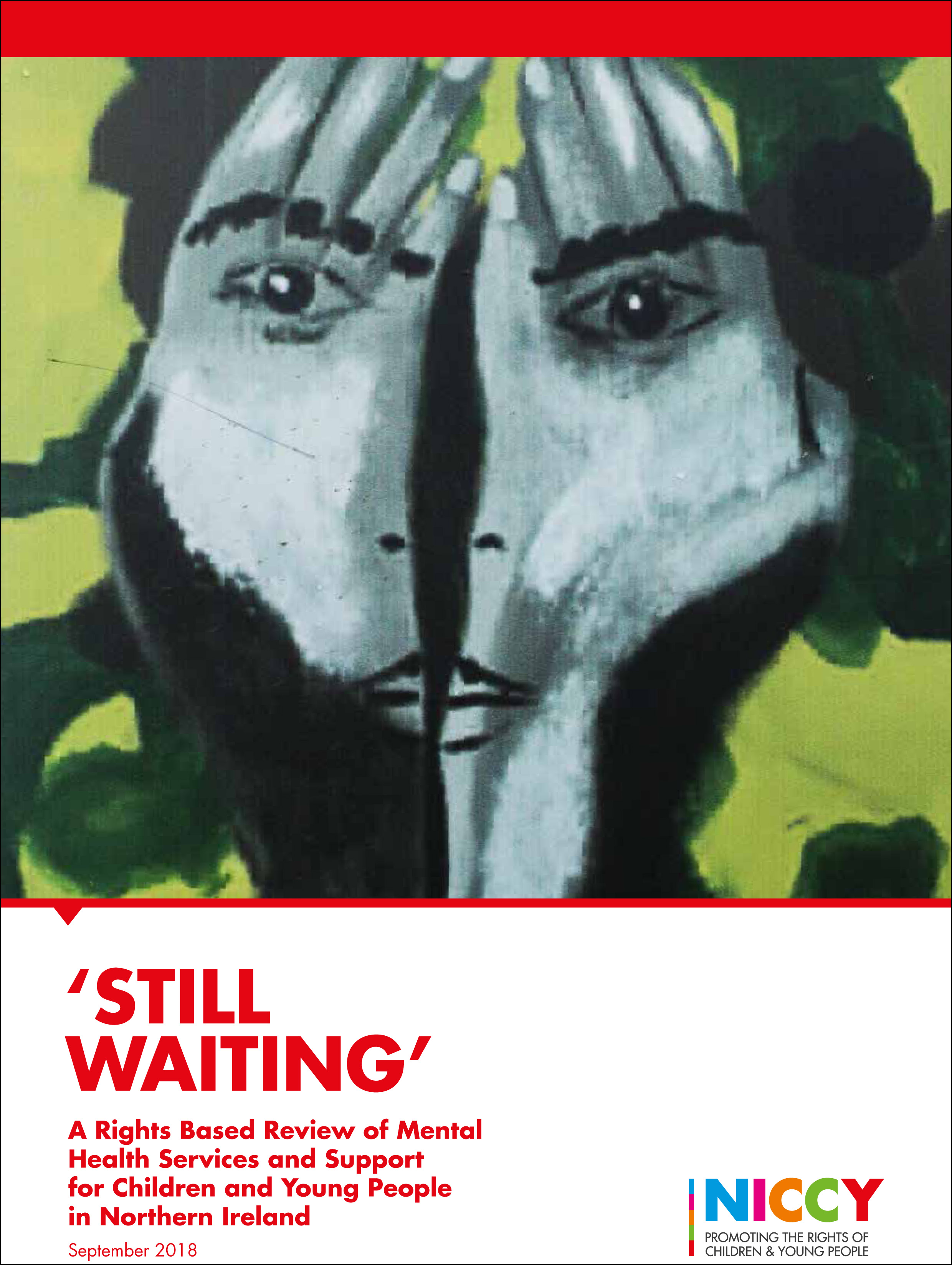
The Northern Ireland Commissioner for Children and Young People (NICCY) was established under the Commissioner for Children and Young People (NI) Order 2003 with a principal aim to safeguard and promote the rights and best interests of children and young people in Northern Ireland (NI). In exercising her functions, the Commissioner must have regard to all provisions of the United Nations Convention on the Rights of the Child (UNCRC).

In September 2018, NICCY published a Rights Based Mental Health Review - ***‘Still Waiting’*** this report ([www.niccy.org/StillWaiting](http://www.niccy.org/StillWaiting)) was produced in accordance with the powers and functions set out in the NICCY Order. These included our duties to keep under review the adequacy and effectiveness of law, practice and services provided for children and young people by relevant authorities; to advise Government and relevant authorities; and to encourage children and young people and their parents / carers to communicate with the Commissioner.

When writing the recommendations for ‘Still Waiting’, the intention was that they should be as practical as possible and helpful to a system that was still in the process of development. We heard directly from children and young people about their experiences seeking to access services, reviewed data from service providers and analysed the resources expended on mental health services. The Commissioner was clear that this was not a report that should remain on a shelf, but rather one into which we would put as much effort and energy engaging relevant authorities in implementing the report, as we had done in writing it.

In order to ensure the outcomes we are seeking are properly realised, the Commissioner has undertaken to monitor progress in implementing the detailed recommendations in ‘Still Waiting’ over the next four years. This is therefore the first of four Monitoring Reports containing our analysis of the government’s response to the ‘Still Waiting’ recommendations and the work they have undertaken from September 2018 to December 2019. The next three reports will be published annually and the series will culminate in a final Monitoring Report to be published in February 2023.

Background to the ‘Still Waiting’ Review

The Review assessed the adequacy and effectiveness of mental health services for children and young people, highlighted good practice and identified barriers which prevent them from fully realising their right to the highest attainable standard of mental health (Article 24 of the UNCRC). The Review applied a rights based framework to understand better the provision of services and support. More specifically this looked at availability, accessibility, and quality of services and young people’s participation in their own care, and the planning and delivery of services.

The methodology for the Review was structured around three strands of work: (1) children and young people’s experiences of mental health services and support, (2) a mapping and analysis of service level data and (3) a mapping and analysis of budgeting information.

The [Report of the Review, entitled ***‘Still Waiting’***](https://www.niccy.org/stillwaiting) was published in September 2018 and provides a breadth and depth of information on the experiences of children and young people who have accessed or attempted to access mental health services which has not been collected before. It draws on over 600 children’s and young people’s direct experiences of a range of ‘services or support’ from GPs’ Practices, VCS services to Community CAMHS and In-Patient Care.

As such, ‘Still Waiting’ provides a vital insight into the child and adolescent mental health system from the point of view of the service user, and is of particular relevance and value to those responsible for policy decision making, as well as those involved in the planning and commissioning of services. It identifies significant failings in parts of the system that require urgent attention, including the A&E response to suicidal young people, the access and quality of services for young people with a learning disability and for young people with co-occurring alcohol and/ or drug and mental health problems requiring highly specialist support.

The title, ***‘Still Waiting’***, was chosen to reflect one of the key findings from the report that children and young people are:

1. Waiting too long to ask for help;
2. Waiting too long to get the right support when they ask for it; and
3. Waiting too long for systems/services to change to effectively meet needs.

An overarching conclusion of the report is that to drive real, positive and sustainable change in the availability, accessibility and quality of mental health services and support available to young people, child and adolescent mental health must become a **regional priority,** with sufficient investment to reflect this.

Child and adolescent mental health is a **cross cutting issue** that can only be comprehensively addressed ifall services including statutory, non-statutory and specialist mental health services focus on broader mental and emotional well-being. Service providers need to co-operate and collaborate as equal partners and be configured around the child’s need to provide tailored packages of support. Children’s lives cannot be compartmentalised; to best meet their needs, we need a system that takes a holistic approach to these.

We engaged with political parties and obtained their support for the implementation of the recommendations. A letter signed by each endorsing these recommendations was sent to the Permanent Secretaries of the Department of Health, Department of Education, Department of Justice and Department for Communities.

Implementation of ‘Still Waiting’ Recommendations

In total, the Report contains 50 recommendations that encompass the entirety of a young person’s journey accessing or attempting to access, mental health services and support. The recommendations can be grouped into eight areas as outlined below.

|  |  |
| --- | --- |
| 1. Working Effectively | 5. Moving from Child to Adult Services |
| 1. Accessing Help | 6. Flexible Treatment Options |
| 1. Support for Adults working with Children and Young People | 7. Mental Health Awareness & Literacy |
| 1. Specialist Support | 8. Young People with Additional Needs |

Since the publication of ‘Still Waiting’, NICCY has engaged on an ongoing basis, with all the relevant authorities responsible for delivering on the recommendations to provide advice on, and monitor progress on their implementation.

Establishment of the Inter-Departmental Project Group

NICCY’s first recommendation called for ‘the establishment of a high level multi-agency, multi-sectoral project board tasked with the development of a comprehensive, adequately resourced action plan for taking these recommendations forward.’

This implementation of this first recommendation was required before the others could be progressed, and so NICCY focussed on engaging with all the relevant agencies to encourage them to work together in delivering on ‘Still Waiting’. The remit and terms of reference for the IDG are attached.

The following organisations attended a NICCY roundtable meeting on 30 January 2019 to discuss implementation of the report recommendations:

* Department of Health;
* Health and Social Care Board;
* Public Health Agency;
* Department of Education;
* Education Authority;
* Regulation and Quality Improvement Authority;
* Royal College of General Practitioners NI;
* Royal College of Paediatrics and Child Health; and
* Department of Justice and four of the five Health and Social Care Trusts.

At this meeting, each representative recognised the role their organisation needed to play in implementing the recommendations, and steps they or others needed to take to facilitate this. The Department of Health had already proposed that they lead on this work and proposed to co-ordinate an inter-departmental written response to the report recommendations. The IDG first met in February 2019 to discuss their departments’ response to ‘Still Waiting’. Since that time there has been an ongoing dialogue between NICCY and all the stakeholders particularly the DoH which resulted in the IDG providing a response to NICCY in August 2019. The response set out which recommendations were accepted and which were not.

A total of 35 recommendations (or sub recommendations) were accepted, including:

* Designated mental health practitioners, trained to work with young people, to be attached to every GP surgery;
* Using fund mapping and needs analyses to map increases in spending on services over time;
* An online booking system for mental health appointments to give young people and their carers more control over the appointment time;
* Ensuring the availability of community based after care supports for young people after they are discharged from Community CAMHs or inpatient care;
* Crisis intervention support for children and young people being available 24 hours a day, all year round, in all Trusts; and
* A comprehensive and urgent review of community based emotional, mental and behavioural support services for young people with a learning disability.

A further 18 recommendations (or sub recommendations) were accepted ‘in principle’. In general, the acceptance of these was subject to additional resources being found to implement them,[[1]](#footnote-1) for example:

* The development of a long term, sustainable children and young people’s Mental Health Transformation Fund taking account of the investment required across all services and sectors in the Stepped Care Model;
* A mandatory programme for mental health training for all professionals working with children and young people;
* Statutory mental health professionals available to every primary and post primary school in Northern Ireland;
* Services which are currently not available in Northern Ireland established, to ensure that children and young people receive mental health treatment close to their family, and not through Extra Contractual Referrals i.e. outside NI; and
* Comprehensive mental health and wellbeing education for pupils provided as a core part of the education curriculum.

While NICCY recognises that additional resources are required to fully implement some of these recommendations, in most cases progress can still be made by changes to existing practice without the need for further resources. We also have an expectation that the relevant Departments/Agencies will bid for the additional resources they need to deliver on these recommendations. Moreover, it is critical that decisive action is taken to ensure that a sufficient and suitably qualified workforce is in place to deliver the services required to meet the recommendations.

Eleven recommendations were indicated to be ‘still under consideration’, for a range of reasons. In some cases, where a particular delivery mechanism was proposed, the IDG stated that it could progress this through an alternative, existing mechanism. An example of this is the recommendation proposing the introduction of Community Mental Health Fora across Northern Ireland, bringing GPs and VCS organisations together to develop local relationships and exchange local knowledge. The IDG suggested that the existing Integrated Care Partnerships (ICPs) and Local Commissioning Groups could play this role, although it is not yet entirely clear that these are appropriate fora.

Given the difficulties experienced in seeking administrative data to inform Still Waiting, the recommendation relating to the full implementation of the CAMHS Dataset across each Health and Social Care Trust is particularly critical and it is a matter of concern that this was marked as ‘Still considering’. The DoH informed NICCY that the Transformation / Confidence and Supply funding that had been allocated to this in 2018-19 was non-recurrent and had not been reallocated in 2019-20.[[2]](#footnote-2)

Only one recommendation was rejected: ‘Develop a children and young people specific regional Integrated Elective Access Protocol (IEAP).’ The IDG agreed to consider changing the existing general IEAP to address issues raised in the report specific to young people. Following a discussion, it was agreed that this then had not been rejected, but would be implemented through an alternative approach.

The IDG Action Plan

NICCY requested that the IDG develop an Action Plan (which was agreed) setting out in detail how they would respond to the Still Waiting recommendations. As part of this process, NICCY was asked to identify priorities that should be implemented first. In recognition of the fact that recommendations would need to be implemented on a phased basis, we advised prioritising the following recommendations at this stage and set out our reasons for doing so.

Data and Funding – Sub group 1: Working Together (Rec 1 and 47)

* Addressing gaps in data and funding alongside the establishment of the Inter-Departmental Group are core pillars required for the successful delivery of the other recommendations; and
* Public access to CAMHS data and funding information is necessary for transparency and accountability in monitoring progress in the availability, accessibility and quality of services available for children and young people’s emotional wellbeing and mental health and for the planning, commissioning and delivery of services.

Referral Pathways to include Role of Voluntary and Community Sector (Rec 2-7)

* Addressing problems with the length of wait and ensuring young people are navigated to the most appropriate service in the first instance is critical to quality of care and service user’s outcomes, and is likely to have very positive knock on effects on the efficiency and effectiveness of services across system when addressed.

Accident and Emergency (Rec 21&22) and Alcohol and Drugs (Rec 41-44)

* Still Waiting highlighted very serious concerns about the quality of care provided to young people presenting to A&E in mental health crisis, including those suicidal or having attempted suicide. These are potential right to life issues that require urgent attention;
* Addressing this recommendation is timely with the DoH review of urgent and emergency care underway and the RCPCH Audit of Emergency Departments against minimum care standards. These standards include references to Still Waiting Recs: 21&22, calls for improved standards in A&E and better working together; and
* There is a significant correlation between young people presenting to A&E in a mental health crisis with alcohol and drug problems. Therefore, we would advise that recommendations that relate to A&E and intensive community / in-patient alcohol and drug support services are considered together. These are issues identified in the Review of Regional Facilities and therefore there is potential to work together with this team to achieve progress on these recommendations.

Children and young people with a learning disability (Rec 37)

* We understand from the IDG response to the Still Waiting recommendations that “ID CAMHS is a priority area targeted for investment and development of service provision that ensure greater consistency across the region.” We agree with this assessment and due to the substantial amount of work required to ensure service provision for this group is comparable to those available to children without a learning disability, this work should begin as a matter of urgency; and
* Addressing Rec 37 would have positive knock-on effects to Rec 38-40.

The role of the education system (Rec 32-35)

* Still Waiting found lots of untapped potential in the education system when it comes to educating young people about their emotional and mental health development and significant room for improvement in the co-ordination and communication between Health and Education. These challenges are practical ones, which relate to improving standards and effectiveness in what schools should already be doing, and should not be cost prohibitive to address now. ETI are currently reviewing their model of inspection - there is potential to strengthen the focus they give to this aspect of the curriculum; and
* Improvements in mental health and wellbeing education in schools will benefit all children and young people and has the potential to reduce poor mental health developing, improving outcomes for children & young people and reducing the numbers requiring specialist CAMHS.

In September 2019, following a series of meetings and shortly after receiving NICCY’s advice on priority recommendations, the IDG shared with NICCY its draft Action Plan for taking the recommendations forward.[[3]](#footnote-3) It is structured around the eight themes, i.e.:

1. Working Effectively and Collaboratively;
2. Accessing Help;
3. Supporting adults working with children and young people;
4. Specialist support;
5. Moving from child to adult services;
6. Flexible treatment options;
7. Mental health awareness and understanding; and
8. Young people with additional needs.

The draft Action Plan has a logical structure, outlining clear objectives, associated actions, measures, outcomes, responsibilities and timeframes. It goes beyond the priority areas proposed by NICCY and the link to NICCY’s recommendations are also indicated for each action.

NICCY published a ‘Status Update Report’ in response to the draft Action Plan in October 2019 [Still Waiting: Status Update Report October 2019](https://www.niccy.org/publications/2019/october/10/still-waiting-status-update-report/) This report provided an assessment of progress and announced our intention to publish the Annual Monitoring Report in February 2020 to coincide with Children’s Mental Health Week.

Progress Update Report and Revised Action Plan

In December 2019 the IDG submitted a Progress Update Report and a revised draft Action Plan [Interdepartmental Action Plan in response to the “Still Waiting” Report | Department of Health](https://www.health-ni.gov.uk/stillwaitingreport-response). The Progress Update Report set out key outcomes achieved together with progress to date against some of the themes in the Action Plan. The key initiatives flagged up in the Progress Update Report were:

* Some non-recurrent funding was made available to fund a pilot programme in the Southern HSC Trust for young people known to Youth Justice; a model to improve transitional arrangements for young people transitioning from CAMHS to adult mental health services; and a prevalence study of child and adolescent mental health in Northern Ireland;
* The roll out of the CAMHS Integrated Care Pathway: *Working Together: A Pathway for Children and Young People* across the region;
* The launch of multi-disciplinary teams (MDTs) to work alongside GPs, nurses, pharmacists and other Practice Staff to better meet the needs of the local population. MDTs are now in place or in development in 5 of the 17 GP Federation areas, one in each Trust area (L/Derry, Down, Causeway, Newry and West Belfast). In the L/Derry area, the social work service had engaged with 329 children and young people up to the end of October 2019 and initial feedback from all service users has been very positive. The Report flagged up that roll out of MDTs across the remaining 12 GP Federation areas was subject to the availability of appropriate staffing and resources;
* The commencement of provisions in the Mental Capacity Act (Northern Ireland) 2016 requiring age appropriate accommodation for young people on mental health wards. DoH have confirmed that existing protocols for placing young people on adult mental health wards will be updated in light of the commencement of these provisions;
* A pilot project led by the Belfast Trust to improve transitional arrangements for young people transitioning from children’s to adult mental health services is underway. The outcomes of the project will be measured through reported improvements in relation to transitions. Feedback and learning will be incorporated into development of an agreed transition pathway passport and protocol for the region;
* The IDG are reviewing a number of pilot programmes currently being taken forward to raise awareness of mental health work in schools with a view to supporting preventative work and early intervention; and
* The Department of Education, Public Health Agency, DoH and EA are jointly developing an Emotional Health and Wellbeing Framework with a view to ensuring young people are empowered to take care of their wellbeing and receive the right support at the right time.

Assessment of Progress to Date

We sought views from the Mental Health Advisory Group and the Children and Young People’s Advisory Group on the 'Progress Update Report and the most recent version of the draft Action Plan. We have reflected the views of both groups in this Monitoring Report.

NICCY welcomes the Progress Update Report together with the updated draft Action Plan. It is clear that the relevant government departments and agencies have carefully considered the ‘Still Waiting’ recommendations and a great deal of work has gone into translating them into a practical and workable draft Action Plan. We strongly welcome the setting up of MDTs in 5 of the GP Federation areas.

We would welcome feedback from service users on the efficacy of these MDTs and data showing whether they are leading to lower levels of referrals to CAMHS in these areas. We note the commitment in New Decade, New Approach to roll these out to an additional 100,000 patients by March 2021. While this is welcome it does not go far or fast enough. The Commissioner would like to see the roll out of the MDTs to the remaining 12 GP Federation areas.as soon as possible and hopes that funding will be made available for that purpose.

NICCY also welcomes the other policies and programmes referred to in the Progress Update Report. However, we previously agreed that the areas the IDG would focus on would be:

* Data and funding;
* Referral pathways to include the role of the voluntary and community sector;
* Improving the quality of care provided by A&E; and
* Treatment of young people with mental health and drug or alcohol related problems.

None of these areas features in the Progress Update Report and we are concerned the IDG has not been able to make more progress against these previously agreed priorities.

The draft Action Plan is **vague** about timelines and next steps in respect of a number of the actions. It uses the phrase ‘ongoing’ or ‘ongoing consideration’ instead of providing **concrete timelines** indicating what needs to be done by when. The lack of concrete timelines makes it difficult for us to assess what progress the IDG are making in implementing the ‘Still Waiting’ recommendations.

The draft Action Plan also refers to the need to **secure funding** and/or **Ministerial approval** before some of the actions can be taken forward. NICCY accepts that the lack of availability of resources and the recent political climate where there was no Executive in place was challenging. Notwithstanding this, ‘Still Waiting’ showed that the current system is failing to meet the emotional well-being and mental health needs of children and young people and there is a necessity for a rapid overhaul of the system to properly address these. We hope therefore that priority will be given to this work when future decisions are made about funding. We hope also that new Ministers will support the recommendations in ‘Still Waiting’ and the resultant actions set out. Given all Parties have previously endorsed these that is the expectation. The Commissioner stands ready to discuss this programme of work with Ministers.

We have set out our view of progress to date against each of the detailed actions in the draft Action Plan (available at [www.niccy.org/StillWaiting](http://www.niccy.org/StillWaiting)). Some of the proposed actions are vague and inadequate and many are subject to the relevant government department or agency securing funding to take them forward or to Ministerial sign-off. With regard to some of the actions, it is not yet clear whether Ministerial sign-off is required or not.

NICCY previously signalled that data and funding were our key priorities and this remains the case. If departments/agencies are unable to secure additional funding they will not be able to fully implement all the ‘Still Waiting’ recommendations. It is also of paramount importance that we have clear data available as soon as possible so that we can monitor how well mental health providers are responding to demand.

The IDG have informed us that the Northern Ireland budget for 2010-21 has not yet been set and there is no timetable in place for agreeing the budget.  They have said there are no guarantees additional funding will be found to finance new initiatives.  As indicated above, many of the initiatives set out in the draft Action Plan are contingent on additional resources being made available to finance them.  ‘Still Waiting’ showed that the current mental health system was failing some of our young people and was in urgent need of reform.  If additional funding is not found to implement the ‘Still Waiting’ recommendations then we will continue to fail our young people and expose them to the risk of serious harm.  This is contrary to Article 2 of UNCRC which places an obligation on governments to protect their children and young people.  The continuing uncertainty around the budget is a matter of concern and decisions need to be taken as soon as possible.  NICCY will continue to monitor the situation closely.

NICCY is concerned about the continuing lack of progress on the CAMHS dataset including the lack of consistency in the data and the time lag before the data is available for publication. We understand the data relating to the period to March 2019 will not be available for publication before January 2020 and this is clearly unacceptable. NICCY also has significant concerns about the targets used to assess the performance of CAMHS. The Commissioning Plan Direction Target 4.13 states: “By March 2019, no patient shall wait longer than 9 weeks to access child and adolescent mental health services”. This measures the time between when the referral is received and the initial clinical session to assess the young person’s mental health needs. However, there could be a significant time delay between this initial assessment session and the start of treatment and there is no target in place to measure how well CAMHS is doing on this. Many young people reported having to wait excessively long periods of time between the initial assessment and start of treatment. The fact that nothing is being done to address that they are ‘still waiting’ is a matter of concern.

We also have concerns that there do not appear to be any systems in place to track young people whose referrals have not been accepted by CAMHS.

We are also extremely concerned about the lack of progress in the following key areas:

* Action 1.8 which deals with acute care pathways for children and young people. The IDG’s current response is vague at best in a critical area where young people’s health is potentially at risk and there is no clear timetable for an area of work which was previously identified as a priority. The lack of 24/7 cover in three of the Trusts is unacceptable and needs to be addressed as a matter of urgency;
* Action 4.5 does not address the issue of Extra Contractual Referrals and how these will be monitored in future while Action 4.10 provides very little information on how young people’s concerns will be addressed when they are waiting for an appointment;
* Action 7.2 is helpful as far as it goes but it does not say anything about whether schools will be inspected on how well they deliver mental health and wellbeing initiatives; and
* All of the proposed actions in Theme 8: Young People with Additional Needs are extremely vague and it is clear that the IDG have made very little progress in this area. The IDG have failed to develop concrete proposals for taking this work forward and no timelines have been provided making it impossible for NICCY to monitor progress. The IDG have flagged up that additional resources will be required to take the work forward but it is not yet clear if bids have been submitted to secure this funding. Given that NICCY identified alcohol and drugs and young people with learning disabilities as priority areas, the lack of progress here is extremely disappointing.

Moving forward

NICCY welcome the positive way in which the IDG have engaged with the ‘Still Waiting’ recommendations and the very positive initiatives which have been set in train. The work on the multi-disciplinary teams (MDTs) in particular is to be commended and we hope that in time it will lead to real change on the ground. However, we are concerned that so little progress has been achieved on the priority areas previously identified by NICCY. We would be grateful if the IDG could clarify how they intend to address these areas within the next three months.

The timeframes in the draft Action Plan are largely short term with most due for completion in 2020 and only a few extending to 2021. We understand that this draft reflects the initial actions over the first phase of delivery and will discuss with the IDG, the timeframe for subsequent Action Plans.

We will also seek to reach agreement with the IDG on a set of indicators by which we can measure the outcomes of their work in implementing the ‘Still Waiting’ recommendations.

Young People’s Engagement

The experiences of young people accessing services was the core of Still Waiting and our work to ensure implementation is centred on our commitment to honour their words and views. This includes informing children and young people of our findings and supporting them to have their voices heard in relation to the provision of emotional and mental health services.

The NICCY Youth Panel sub group on mental health continues to meet to support the implementation of the Review. They are currently working in partnership with young people from ‘Elephant in the Room’ to develop a campaign resource ‘Tool Kit’ which will be made available to children and young people across Northern Ireland to support their engagement with Government in delivering on their Article 24 Right to the highest attainable standards of mental health.

Conclusion

The Commissioner is encouraged by the progress made in establishing MDTs and would like to see this initiative rolled out across Northern Ireland. We would wished to have seen much quicker progress in addressing the identified priority areas in the draft Action Plan. While the other policies and programmes referred to in the Progress Update Report are welcome, a number of them appear to be short term and it is unclear what impact they will have in terms of addressing current weaknesses in the system.

The Commissioner was frustrated by the slow progress made by the IDG in the months after the publication of ‘Still Waiting’ but is encouraged that a more robust structure to implement the recommendations has finally been established. But this has meant that limited progress in addressing the identified priority areas has been made. However, she hopes that progress will be accelerated over the coming year.

The Commissioner notes the commitments in New Decade, New Approach to publish a Mental Health Action Plan within 2 months and a Mental Health Strategy by December 2020.

She is strongly of the view that the work to implement the ‘Still Waiting’ recommendations, including the draft Action Plan developed by the IDG, needs to be incorporated into both these documents and should feature prominently as this work is rolled out. NICCY remains committed to carefully and robustly monitoring every recommendation of ‘Still Waiting’ and looks forward to working with all relevant stakeholders.

Appendix

Government Response to NICCY “Still Waiting: A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland”

Terms of Reference

**Context**

In September 2018, the NI Commissioner for Children & Young People (NICCY) published “‘Still Waiting’ A Rights Based Review of Mental Health Services and Support for Children and Young in Northern Ireland”. The report has 50 recommendations and calls for a system-wide response to the challenges raised. An Inter-Departmental Project Board is being established to consider and respond to the recommendations and to address the challenges outlined in the report.

**Aim**

To drive forward and implement an inter-Departmental, inter-Agency Action Plan to improve mental health support and services for children and young people in response to the recommendations of the NICCY “Still Waiting” report.

**Objectives**

* To identify and agree actions and ownership, in response to the recommendations of the “Still Waiting” report; and to use this to populate an agreed action plan;
* To coordinate and ensure collaboration across Government Departments and partner agencies to facilitate implementation of the actions;
* To monitor and evaluate ongoing actions;
* To facilitate and encourage effective use of resources to drive forward the actions;
* To identify and explore new and alternative funding opportunities, including cross-Departmental funding options; and
* To engage with NICCY and other relevant organisations moving forward.

**Membership**

Representatives from:

* Department of Health;
* Department of Education;
* Department for Communities;
* Department of Justice;
* HSCB;
* RQIA;
* Education Authority; and
* VCS.

Membership to be reviewed as project progresses.

**Meeting Arrangements**

The Project Board will meet every month, with a view to discussing a number of themes in the Action Plan at each meeting. It will be facilitated and chaired by the Director of Mental Health, Disability and Older People, Department of Health and commit to produce regular progress reports for NICCY.

1. While financial resources are critical in delivering several recommendations, staffing resource and capacity to undertake some of the actions are also important, and currently constrained. These need to be addressed to ensure progress. [↑](#footnote-ref-1)
2. A letter from the Permanent Secretary of DoH, Richard Pengelly, to the Commissioner on 17 June 2019 clarified that, while a large amount had been allocated from the Transformation Fund in 2018-19, due to challenges in recruiting staff in the timeframe available only £0.451m was spent. The funding allocation of £0.666m allocated to CAMHS Transformation projects in 2019-20 did not include funding for the CAMHS dataset or the Managed Care Network. [↑](#footnote-ref-2)
3. The IDG Action Plan is available on the Department of Health website. [↑](#footnote-ref-3)