Healthy London Partnership

Children and Young People Mental Health: The Mental Health System Improvement Team (MH SIT) review findings

Summary Report September 2020

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Introduction and Overview of Findings

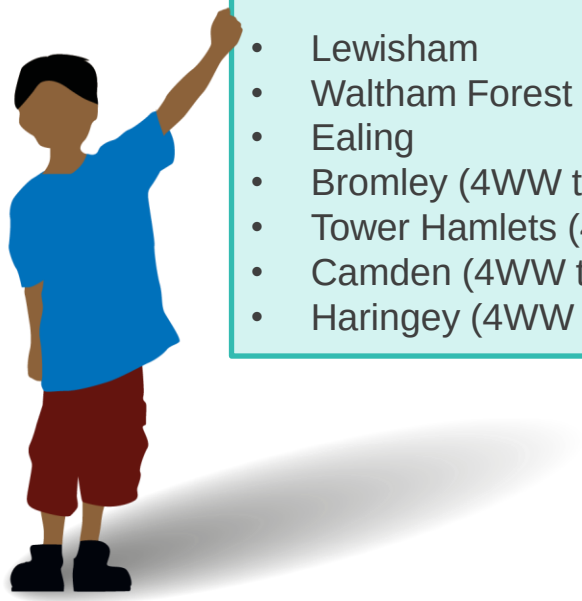
Introduction

This document shares findings from the children and young people (CYP) MH SIT reviews undertaken in London in 2018 and 2019 by the Mental Health System Improvement Team (MH SIT) who are part of NHS England and Improvement.

The reviews focus on the delivery of evidence based treatment pathways and the standards for CYP access expansion and outcomes. The reviews were undertaken prior to the Covid-19 pandemic but the recommendations will be important for the development of recovery and restoration plans and can support systems and services to think and plan for how to change and transition going forward.

What is a CYP MH SIT Review?

- The MH SIT undertake site visits over 2-3 days within the NHS commissioned provision of the CYP MH system.
- The reviews measure system performance against a set of 10 thematic good practice domains. These domains have been identified as the core components of a truly optimised CYP MH system.
- Each of the 10 domains have a good practice maturity indicator statement which is linked to increasing access to CYP MH services and improving quality. These serve as a guiding statement for what 'good' looks like.
- The ten maturity indicators are broken down into more granular elements that the MH SIT use as a baseline for review, collating qualitative and quantitative information to measure against these.
- The MH SIT then provide feedback and recommendations specific to a systems local context, highlighting what improvement activity will be most beneficial. The reviews are not an assurance exercise and are intended to facilitate systems in developing and delivering optimal CYP MH services.



Reviews were undertaken in the following areas:

Four of the reviews were undertaken with 4 week waiting time trailblazer sites.

- Lewisham
- Waltham Forest
- Ealing
- Bromley (4WW trailblazer site)
- Tower Hamlets (4WW trailblazer site)
- Camden (4WW trailblazer site)
- Haringey (4WW trailblazer site)

Introduction

This report

This document shares findings from the seven CYP MH SIT reviews that were undertaken in London. It includes:

- **Key findings and high-impact changes** – the overarching findings and high-impact changes from the seven reviews conducted.
- **Best practice** – examples of best practice identified throughout MH SIT visits.
- **Summary issues, challenges and recommendations** – common issues and challenges identified across systems for each thematic domain and the subsequent recommendations made by the MH SIT to address these. This section of the report also includes a summary slide for each domain from the MH SIT which includes detail of the more granular elements that the team use as a baseline for review.
- **Tools and resources** – recommended by the MH SIT and HLP CYP MH team to support systems in their improvement activity.

Next steps for systems

The 10 good practice domains used as benchmarks for the SIT reviews are all aspects of delivering good CYP MH pathways but do not exist in isolation. They are interconnected and interdependent – in order to deliver short waits to meaningful treatment, it is not enough to only change one or two areas, but the whole system. We recommend that systems hold follow up discussions to work through these SIT review findings using the CYP MH System Maturity Tool, either to re-review progress made from a previous SIT review or to undertake a self-review for the first time.

This process should be a partnership activity, involving a joint approach from all providers, commissioners and other partners in the CYP MH system. It should include both NHS and non NHS providers, local authorities, schools, third sector, early help and primary care. The process should be led and co-ordinated by the STP/ICS and involve CYP and their families in order to support strategic thinking and collaboration around improvement. All stakeholders should be represented sufficiently at a senior level in order to 'make things happen'.

For guidance on using the CYP MH System Maturity Tool, watch this YouTube video and refer to the tools and resources section in this document.

What Good Looks Like – The 10 Good Practice Domains

The MH SIT reviews measure system performance against a set of 10 thematic good practice domains. These domains have been identified as the core components of a truly optimised CYP MH system:

Domain	CYP MH Good Practice Indicator Statement
Strategy & Sustainability	Seamless, system wide collaboration is represented in a joined up vision and clear, sustainable investment across the locality
The Model	A coherent STP/ICS-wide model for delivery of CYP MH is in place, based on CYP-IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation
Access & Waits	Support to CYP who have needs regarding their emotional and mental wellbeing is commissioned and provided in a way that is easy to access, responsive and requires minimal waits.
Practice based on best available evidence	The local offer, including the assessments and interventions available to CYP and their parent/carer, are evidence and best-practice based
Workforce	The CYP-MH workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place
Involvement & Participation	There is equitable and meaningful involvement and participation of children, young people and their parent/carers
Productivity	Productivity is reviewed and maximised to ensure efficient delivery and use of resources
Outcomes	Outcomes drive commissioning and service development at a strategic and operational level. Routine Outcome Measures (ROMs) are used in clinical practice to identify needs, interventions, evaluate the efficacy of treatment and help determine endings
Data & Informatics	Quality data is being recorded, flowed and used to ensure clinical quality is maximised
Culture	There is a person-first, empowering culture which embraces collective ownership, positive risk-taking and innovation

Key Findings and Recommendations

The MH SIT identified areas of commonality across the seven reviews conducted and in turn with the recommendations made:

What are the key areas for improvement?

- Waiting standards and milestone KPI's for pathways are generally not effectively defined in service specifications.
- The use of standard operating procedures, waiting list management and use of effective monitoring systems is varied.
- Processes and strategies to understand clinical need and demand are often not in place.
- The use of ROMs is varied and often do not include CYP reported measures.

High-impact change 1: Systems need to strengthen processes to proactively manage waiting times at all stages of the pathway:

- Develop a clear set of KPIs, including access, waiting time milestones and outcomes for each pathway.
- Undertake process mapping for all pathways end to end, mapping patient journeys for moving between pathways ensuring steps that cause duplication or internal waits are removed.
- Develop processes to track waits. Ensure there is tracking of patients and reporting is visible to both providers and commissioners. Tracking should also be embedded within governance processes in the service, allowing for monitoring of breaches and corrective actions to be introduced for avoidable breaches.

High-impact change 2: Ensure processes and strategies to understand and manage clinical demand and resource are in place:

- Develop a workforce and training needs strategy that ensures clinical pathways are mapped and gaps identified.
- Ensure demand and capacity modelling is then regularly reviewed and refreshed.
- Ensure workforce is also considered at system level in an appropriate forum such as the CYP STP/ICS subgroup. System wide collaboration is needed to truly address training strategy, recruitment and retention and this should be done with a view to developing an appropriate work plan for this priority area.

High-impact change 3: Ensure services are outcomes driven and utilise ROMs effectively:

- Ensure ROMs are understood by staff and are used to identify areas for professional development, as well as help clinical leaders to develop the service and assure commissioners and service users that the service is effective.
- Use Routine Outcome Measures (ROMs) with CYP to inform clinical conversations, support choice of intervention and help with clarity about endings.

Key Findings and Recommendations

Areas of improvement continued:

- Although staff were committed and dedicated to improving services for CYP and their families, there was often a disconnect to an overall system vision and strategy.
- Some systems lacked an appropriate partnership forum in order to collaborate and did not have a shared conceptual model in place to define their system offer.

High-impact change 4: Ensure effective collaborative system working to a shared vision:

- Adopt and implement a conceptual framework such as iThrive or the Choice and Partnership Approach (CAPA) and ensure this is developed from the STP/ICS vision.
- Ensure there is an appropriate partnership forum to strategically provide direction, vision and to truly collaborate at a system level from leads to staff teams.
- Ensure staff are involved in service transformation and improvement.

Ensure participation allows for CYP, parents and carers to be engaged across the whole of the journey and CYP MH system offer:

- Providers are advised to consider participation as an overall strategy where both providers agree the areas they will lead on to maximise the offer. Providers are also encouraged to work together to adopt positive practices from each other around participation.
- Ensure CYP and their families have a voice at all levels, including service design and governance.
- Ensure co-production is systemwide, for example providing opportunities within STP/ICS groups and partnership boards. If participation events are planned, ensure the whole system is able to attend to benefit from these discussions.

What is being done well across London?

Within every system the SIT review team saw evidence of an experienced and dedicated workforce. System leaders and clinical staff demonstrated a consistent aim to deliver quality care and evidence-based practice. Systems demonstrated a shared ambition to have seamless services and limited interfaces and staff were committed to improving the experience for CYP and their families, recognising that CYP should be at the centre of any service change.

Throughout the reviews and site visits, ample examples of best practice and innovation were identified which have been captured in the proceeding slides.

Best Practice Examples

The MH SIT identified numerous examples of best practice across all seven systems reviewed. These are presented alongside the corresponding good practice thematic domain and indicator statement, highlighting the system area where this was observed.

Strategy and Sustainability: Seamless, system wide collaboration is represented in a joined up vision and clear, sustainable investment across the locality.

- The governance of the CYP MH Local Transformation Plan (CYP MH LTP) is clear and aligned to the STP/ICS CAMHS Steering Group which includes commissioners, CCG clinical leads and provider services – *Camden and Haringey*
- There is a CYP MH Programme Group to implement the LTP with a number of task and finish groups - *Camden*
- Both provider and commissioner were readily able to give details on investment and spend and this is also itemised in the LTP - *Camden*
- The CCG are able to demonstrate a clear line from FiM budget to delivery of CYP MH services - *Bromley*
- There is systematic joint working between NHS and local authority staff, including co-location, joint teams and joint appointments – *Camden*
- There is a commitment at system leadership level to work collaboratively and across the health and social care system - *Ealing*
- There is evidence of good collaborative working between the 'Tier 3' service and the eating disorders service – *Ealing*
- There is evidence of partnership working with the third sector – *Tower Hamlets*

The Model: A coherent STP/ICS-wide model for delivery of CYP MH is in place, based on CYP-IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation.

The below best practice was identified in Camden:

- A model is implemented which is aligned to the following principles: common language, needs led, shared decision making, proactive prevention and promotion, partnership working, outcomes informed, reducing stigma, and accessibility.
- The service works to an iThrive model framework. The clinicians and staff were clearly conversant with this and articulated a shared understanding and needs led service which was aligned to iThrive principles.
- Whilst the SIT team only met with clinicians and staff from one provider it was evident through discussions that that there was a culture of partnership working. This was seen through co located working arrangements, school in-reach and engagement with GP's in relation to innovating and improving referral approaches (pre referral consultation).
- There is a governance structure leading into an overarching Children's Trust Partnership board.
- The Local Transformation plan is committed to iThrive and collective approach to early intervention and proactive prevention.

Best Practice Examples

Access and Waits:
Support to CYP is commissioned and provided in a way that is easy to access, responsive and requires minimal waits.

- KPIs include reporting of average and maximum waiting times from referral to first assessment, and referral to second appointment. This reduces the risk of 'hidden waits' following initial assessments - *Ealing*
- Although the definition of treatment used is attending two contacts, providers were recording whether each contact is for assessment or treatment – *Waltham Forest*
- All waiting lists are maintained on the main EPR system and there was no evidence of any 'hidden' lists or spreadsheets - *Haringey*
- There is a process for local, provider and STP/ICS analysis and mitigation/remedial action planning to resolve common causes of breaches
- The MH SIT heard from young people about a positive experience of transition from CAMHS to AMHS where they felt their needs were advocated for by the CAMHS worker – Waltham Forest

Practice based on best available evidence:
The local offer, including the assessments and interventions are evidence and best-practice based.

- A 'return ticket' process ensures CYP and families can easily get access to support without the need of another referral within 12 months of discharge – *Tower Hamlets*
- The agreement with GPs to a shared care protocol for ADHD services both makes treatment continuation less stigmatised for CYP and also ensures an efficient use of psychiatry time - *Haringey*
- An approach called Point of Care has a positive methodology to work with CYP and families to review the experience from recipient of care's perspective – *Haringey*
- The offer of intensive home support for young people with a learning disability is nationally recognised as good practice – *Ealing*

Workforce:
The workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place.

- Professions spoke highly of the benefit of fortnightly team clinical supervisions to discuss and effectively manage complex cases - *Haringey*
- There is a culture of valuing staff wellbeing as a core feature to delivering an effective CYP MH service. This was reiterated from a range of clinical, administration and managerial staff – *Tower Hamlets.*
- Staff in Tower Hamlets also commented on accessible, clean rooms with a bright atmosphere.

Best Practice Examples

Culture:
There is a person-first, empowering culture which embraces collective ownership, positive risk-taking and innovation.

Providers in Haringey demonstrated a number of factors that contribute to a positive and empowering culture:

- A focus on outcomes, and CYP participation in service design and research shows that CYP and their parents were at the heart of the service vision
- Engagement in pilot projects and research programmes demonstrated a commitment to a learning culture
- Team fortnightly clinical supervision for the management of complex cases
- Regular team meetings to discuss goals and performance
- Good communication where clinicians felt engaged and aware of the wider system issues and development.

Involvement and Participation:
There is equitable and meaningful involvement and participation of children, young people and their parent/carers.

Responses to the Young Minds audit in Tower Hamlets found that:

- The provider is working well to ensure participation with young people is representative of the full local population.
- There is a dedicated lead for the participation with a dedicated budget to support this work.
- There is a CYP and parents and carers participation strategy in place which is being actively implemented.
- The trust declares that leaders act as active champions for children and young people and parent and carers participation in mental health services.
- Safeguarding and support protocols are implemented to enable the safe participation of young people with a range of needs.
- Volunteering and involvement policies are in place to support the safe and effective management of young people and parent and carer's involvement, including processes for payment of expenses and methods of recognising their contribution.
- Both young people and parents and carers are offered training and development opportunities to support them to participate actively and meaningfully.

The SIT were told that "The trust views participation as core business, and is integral to all services we deliver."

Best Practice Examples

Productivity:
Productivity is reviewed and maximised to ensure efficient delivery and use of resources.

- The provider uses a clinician task list which is a good practice in pathway informatics – *Bromley*
- Reducing the burden initiative (reducing burden of task orientated clinical paper work) – *Camden*
- Evidence of collective understanding of required monthly and quarterly activity levels – *Camden*
- Staff in a number of providers have agreed job plans – *Lewisham*
- The time to first offer and the range of ways for CYP to get access through Choices, Access, etc is positive – *Haringey*
- Evidence of QI training and use of run charts – *Tower Hamlets*

Outcomes:
Outcomes drive commissioning and service development at a strategic and operational level. ROMs are used in clinical practice to identify needs, interventions, evaluate the efficacy of treatment and help determine endings.

In Bromley, services were observed as being strongly outcomes driven. With outcomes used to support both clinical care and service improvement.

- An induction pack for staff clearly outlines expectations around routinely using outcome measurements including when to use these.
- A focus on goal based outcome measures that were developed with CYP.
- ROMs are requested to be completed at the point of referral.

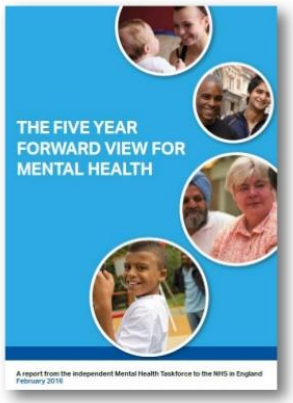
Data and Informatics:
Quality data is being recorded, flowed and used to ensure clinical quality is maximised.

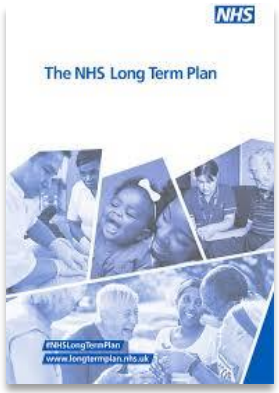
- Both providers in Haringey have extensive SOP's in place to describe the process for extracting data from the EPR and reporting to MHSDS.
- There are extensive SOPs to describe the processes for data extraction, validation and flow from electronic patient records.

02

Summary CYP MH SIT Review Findings

Strategy & Sustainability: Seamless, system wide collaboration is represented in a joined up vision and clear, sustainable investment across the locality.





The NHS CYP-MH Policy team acknowledge that:

"Delivering the quality and level of mental health support described in the NHS Long Term Plan requires sophisticated partnership working and planning by the wide range of commissioners, providers and voluntary sector organisations who support children and young people."

https://www.england.nhs.uk/mental-health/cyp/

The CYP-MH system has a clear vision to achieve the objectives set out in policy from Future in Mind, to the Five Year Forward View to the current Long Term Plan. The CYP-MH system structure includes partnerships with those that use services, effective transformation programmes, and strategies to ensure sustainability.

There is clear, system level leadership and governance. System level working is evidenced through effective collaborations with non-NHS commissioners and providers, epitomised by the 3rd sector voice being equal and pooled funding with local authorities.

There is clear, sustainable investment, strategically aligned to meet identified local needs.

Providers work together to deliver a comprehensive offer for all children and young people who have a mental health needs, with effective flow and timely access.

Link to the NHS Mental Health Implementation Plan - https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf
Link to the NHS Long Term Plan - https://www.longtermplan.nhs.uk/
Link to the NHS Five Year Forward View - https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Link to the NHS Future in Mind - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
Link to the NHS Change Model - https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf

1. Strategy & Sustainability

Seamless, system wide collaboration which is represented in a joined up vision and clear sustainable investment across the locality.

Key findings
Most CYP MH LTP's are published and up to date with clear programme of CYP priorities. However, in one area LTP's were not published and in another, community and system wide transformation was unclear.
There is scope to improve system-wide clinical leadership and communication between providers. Although there are numerous evidence-based pathways in individual providers, system-wide pathways across providers tend not to be in place. As a result, service users, staff and other healthcare professionals do not find the system easy to navigate.
There is a specific Trailblazer Implementation Group reporting to the CYP MH Programme Group. There is a nominated clinical lead with responsibility for 4WW project delivery but was not a detailed project plans to deliver the 4WW programme were not in place at the time of the MH SIT review.

Recommendations
Grow system clinical leadership roles and ensure that structures are in place to facilitate discussion and service development as a system.
Ensure governance arrangements to STP/ICS workstreams remain coordinated and resilient to any changes in structures.
Agree, as a whole system, a model and vision for CYP MH that this is aligned to the principles: shared language, needs led, shared decision making, proactive prevention and promotion, partnership working, outcomes informed, reducing stigma and accessibility.
A jointly- owned model and shared language such as iThrive across the system will allow for clear conversations and pathways. An implementation plan for this model should be co-produced with CYP, families, clinical leaders and front line staff.
Develop a 4WW project implementation plan incorporating MH SIT review recommendations.

The Model:A coherent STP/ICS wide model for delivery of CYP MH is in place, based on CYP-IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation.

The CYP-MH system works to a consistent model or conceptual framework (for example, Thrive) to define the offer and give a framework to consider comprehensiveness of the system offer.
The model being used aligns to the Future in Mind recommendation to move to tier-less services and deliver a needs led service model for children and young people at the earliest opportunity.
The model, developed in partnership with children, young people and their parent/carer, demonstrates a depth of cohesive, system thinking about how local population needs can be met at the earliest opportunity.
The local strategy includes plans for increasing digital access for young people, to support inclusivity and increasing access.
This model includes consideration of those with protected characteristics, 16-25, under 5s, BAME, LGBQT+, vulnerable groups including those who are looked after and locally understood hard to reach groups. The Long Term Plan expects "*CYP mental health plans to align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23].*"
The model is regularly review by those who use the services alongside commissioners. The Mindful approach is a model for completing this.

These key principles support creating a coherent resource-efficient community of mental health support for children and young people

- **Accessibility -** Making sure that advice, help and risk support is available in a timely way for the child, young person or their parent/carer, where they are, and in their community
- **Shared Decision Making -** This is achieved by ensuring the voice of children, young people and their parent/carer is central.
- **Needs-Led Approach -** Based on meeting need, not diagnosis or severity. Mental health needs are defined by children, young people and their parent/carer, alongside professionals and services. It is essential for there to be a common understanding of the definitions of needs-based groupings across the local system.
- **Outcome-Informed** - Ensure clarity and transparency from the outset about children and young people's goals, measurement of progress, action plans, and what to do if goals are not achieved.
- **Reducing Stigma -** Ensuring mental health and wellbeing is everyone's business.
- **Proactive Prevention and Promotion** - Enabling and empowering the whole community to support mental health and wellbeing, through building on its strengths. Proactively working with the most vulnerable groups.
- **Partnership Working** – Effective working across the whole system, with shared responsibility, accountability, and mutual respect based on the needs-based groupings.
- **Use of a common language** and a common conceptual framework

Link to the Thrive Framework for System Change - http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf
Link to the Mindful approach (page 11) - http://implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf
Link to the NHS Long Term Plan - https://www.longtermplan.nhs.uk/
Link to the NHS Future in Mind - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2. The Model

A coherent STP/ICS-wide model for delivery of CYP MH is in place, based on CYP-IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation.

Key findings

Findings from the systems reviewed were as follows:

1. The iThrive model has been implemented across the CYPMH system.
2. The iThrive model is being used but there is evidence that it has not been properly implemented or is unclear if all services work to the model.
3. A coherent CYPMH system model has not been developed or implemented.

The lack of a recognised system wide model results in:

- A less clear offer which could result in gaps or overlaps.
- A lack of clarity about where each team fits in the system.
- A lack of consistency about which team is best-placed to meet the needs of individual CYP. This was evidenced by accounts of CYP being referred to multiple services by referrers unsure of the most suitable route.

Recommendations

Adopt and implement a conceptual framework such as iThrive or the Choice and Partnership Approach (CAPA).

1. Undertake an analysis to improve understanding of the system approach to CYPMH.
2. Map the existing offer to the conceptual framework to ensure a clearer. understanding of the offer and consider gaps and overlaps.
3. Ensure the model is developed from the STP/ICS vision.
4. Develop an implementation plan.

Implementation will require collaborative oversight and governance structures at a system level with clear communication to staff and service users.
Review the system wide governance and consider if it is sufficient to provide comprehensive system leadership, this structure should be documented and shared with the teams.

Access & Waits: Support to CYP who have needs regarding their emotional and mental wellbeing is commissioned and provided in a way that is easy to access, responsive and requires minimal waits.

The CYP-MH system is achieving the increasing Access Standard with all providers clear about their contribution to this system target. A coherent structure and processes are in place across the system to access CYP-MH support. This is represented in an Access Policy and underpinning Standard Operating Procedures which details the system wide referral structure, self-referral processes, and access to a range of self-help materials. Routes into and through services are clearly mapped, understood across the system, and are transparent to children, young people, and their parent/carer.

To support timely access into services, Patient Tracking List (PTL) systems are in place that use and adapt the learning obtained over the last 10-15 years in Cancer and Elective Care services. This includes digital systems that allow end to end visibility of the patient journey, so bottle necks and delays can be identified quickly. Systems for escalation of issues, and for the routine operational and strategic review of flow, trend and breach is in place, to assure that access to services is timely and efficient. This may include the ability to increase capacity to manage demand.

All waits to definitive treatment are visible with the monitoring of performance against locally agreed waiting standards, which have been developed in conjunction with, and are deemed acceptable to those who use the service.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
	Fixed				
Children and Young People's (CYP) Access*	63,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]* 73,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18 ** accessing NHS-funded services *[FYFVMH commitment]* 164,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]* 254,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18**accessing NHS-funded services *[FYFVMH commitment]* 345,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*

Future in Mind described the need to improve access for children and young people:

"Although mental health issues are relatively common, it is often the case that children and young people don't get the help they need as quickly as they should. As a result, mental health difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society."

Link to the NHS Mental Health Implementation Plan - https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf
Link to the NHS Long Term Plan - https://www.longtermplan.nhs.uk/
Link to the NHS Future in Mind - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

3. Access and Waits

Support to CYP who have concerns regarding emotional and mental wellbeing is commissioned and provided in a way that is easy to access, responsive and requires minimal waits.

Key Issues and Challenges
Waiting standards and KPI's for pathways are not effectively defined in service specifications.
Standard operating procedures and waiting list management is varied.
Effective monitoring systems are often not in place. Some waiting list reports are managed in spreadsheets.
There is no systematic review of Root Cause Analysis (RCAs) or thematic analysis of breaches across pathways.
Lack of system to manage the risk of harm to those waiting for a service, e.g. phone calls or letters to review the CYP wellbeing.
Young people do not know how long they will be waiting for services and whether they are still on the waiting list for treatment.

Recommendations
Develop a clear set of KPIs to allow effective contract management, including access, waiting times and outcomes for each pathway.
Strengthen processes to proactively manage waiting times at all stages of the pathway: 1. Develop pathway milestones. 2. Develop and implement SOPs to describe how waiting times after initial treatment should be managed. Ensure that SOPs include explicit escalation processes and criteria. 3. Introduce waiting list reports and ensure waiting lists are managed through EPR's and not in spreadsheets. 4. Establish regular Patient Tracking List (PTL) meetings to enable management of waits according to pathway milestones and standards. This will ensure all service users accounted for and prioritised equally according to clinical need 5. Ensure waiting list reporting is visible to both providers and commissioners.
Introduce a RCA format to allow thematic grouping of pathway breaches. RCA themes should then be used to inform service improvement, and escalate issues to the STP/ICS.
Risk management: implement a system to routinely review risk of deterioration of those waiting for a service.
Communication and patient experience: Provide a CYP friendly version of the access policy. Update young people and their families about expected wait times at agreed timescales whilst on the waiting list.

Practice based on best available evidence: The local offer, including the assessments and interventions available to CYP and their parent/carer are evidence and best-practice based.

Practice based on the best available evidence combines the three aspects of

- Best research evidence
- Values and preferences of CYP
- Clinical expertise

How these three are combined requires evaluation through the robust use of outcomes to ensure that the offer is effective for that individual.

Pathways are in place to ensure that the children and young people access support at the earliest opportunity and with ease. There is an understanding across the CYP-MH system of pathways and flow so that when a child or young person moves to another service provision, the experience is seamless.

Needs led treatment pathways ensure that the first definitive treatment is aligned to the NICE guidance relevant to the identified need. Pathways have clear milestones that describe the indicated treatment dosage/duration, expectations around discharge, handoffs, outcome measures to be used and the competencies required for those staff delivering the interventions within the pathway.

Children and young people have been involved in the development of pathways processes and documentation, and have used their own experiences to adapt the way that pathways are set up to improve the experience for others.

Pathways across the system are mapped and understood, with a digital Patient Tracking system in place to review milestones and trends such as increasing numbers allocated to a specific pathway.

CYP-MH systems have a clinical leadership structure and governance in place to assure the compliance of local services with NICE approved care, and to review and approve the provision of any non-NICE recommended interventions.

CYP-MH providers place an equal focus on the structure of ending treatment, as on the beginning of treatment, and work with children and young people in a recovery focused way to support them to continue to move forwards after discharge.

It is recognised that a significant proportion of those accessing CYP-MH services may not yet be ready for psychological therapies, or have needs which do not easily align to the offers described by NICE. Treatment planning for children and young people who meet this description is robust, goal oriented, and aims to support the child or young person to access evidence based treatments.

Link to NICE - https://www.nice.org.uk/

4. Practice Based on Best Available Evidence

The local offer including the assessments and interventions available to CYP and their families are evidence and best-practice based.

Key findings	Recommendations
Pathways are defined by professional disciplines rather than being needs led.	Develop clinical pathways based on need, not therapy offer, to create a more seamless CYP journey.
Other pathway inefficiencies identified: Pathways after initial assessment have not been mapped or documented in detail. Expectations or aspirations for waiting times, dose or outcomes at any subsequent point in the pathway are not defined. Numerous examples provided by staff, CYP and families of internal referrals and interface barriers between services and mental health pathways to neuro.	Carry out process mapping of all pathways end to end: • Agree clear waiting times milestones and other expectations for each pathway. • Put in place routine outcome measures to evidence effectiveness. • Map the current journey for moving between services and remove steps that cause duplication. • Use process mapping information to identify potential administrative inefficiencies. • Implement resulting simplified pathways and document them in SOPs.
CYP did not always realise there was a choice of interventions available and that they would like to know what options there are if one intervention does not work.	Undertake a case audit of the patient journey for those CYP considered complex and critically review the length of time to actual treatment.
Decisions for the most suitable offer are not always coordinated and sometimes CYP are being referred to more than one service.	Ensure clinical pathways detail the options available for CYP accessing them. Co-produce a list of resources that could help young people and families in researching and understanding what they are experiencing and mental health in general.
	Share clinical pathways information documents with primary care partners. Ensure there are engagement events and communications where referral and treatment pathways can be clearly articulated and shared.
	Consider using a researched methodology for pathway review such as the Experience Based Co-Design Toolkit developed by the Kings Fund.

Workforce: The CYP-MH workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place.

A comprehensive workforce strategy is in place across the STP/ICS for the CYP-MH system.
The CYP-MH workforce are engaged and optimistic about the developments across the CYP-MH system and the collective expertise is demonstrated by the ability to manage the children with the most complex presentations.
Staff wellbeing, including strategies for managing stress and working with distress in others, are a core feature of the workforce strategy. This is demonstrated through staff sickness below 4% and an engagement score of above 4.0 in the national NHS staff survey.
The workforce strategy includes a training needs analysis, mapping the skills and competencies required to have a workforce capable to deliver pathways based on the best available evidence.
A systemwide, CYP-MH specific recruitment and retention strategy, with associated implementation plans for each organisation is in place to demonstrate sustainable growth in line with the Long Term Plan ambitions. Plans include the development of new roles in CYP-MH systems (such as Peer Support Workers, Emotional Wellbeing Practitioners, and Digital Apprentices), collaborations with local authority and the voluntary sector to maximise recruitment and actions to prepare for the age range of provision to increase to 0-25.
All staff are provided with effective supervision to both develop and maintain their skills. Clear CPD offers show the career pathways, induction, training and development offer, and any specialist supervision available to new starters and existing staff.

Link to The King's fund 'Mental Health: Our position' - https://www.kingsfund.org.uk/projects/positions/mental-health

The Kings Fund supports that the Long Term Plan is positive for the improvement of mental health services: *"But these ambitions can only be delivered if sufficient numbers of suitably qualified and skilled staff are available; action is needed to address major workforce shortages by recruiting, training and retaining more staff, especially mental health nurses."*

5. Workforce

The CYP MH Workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability in place.

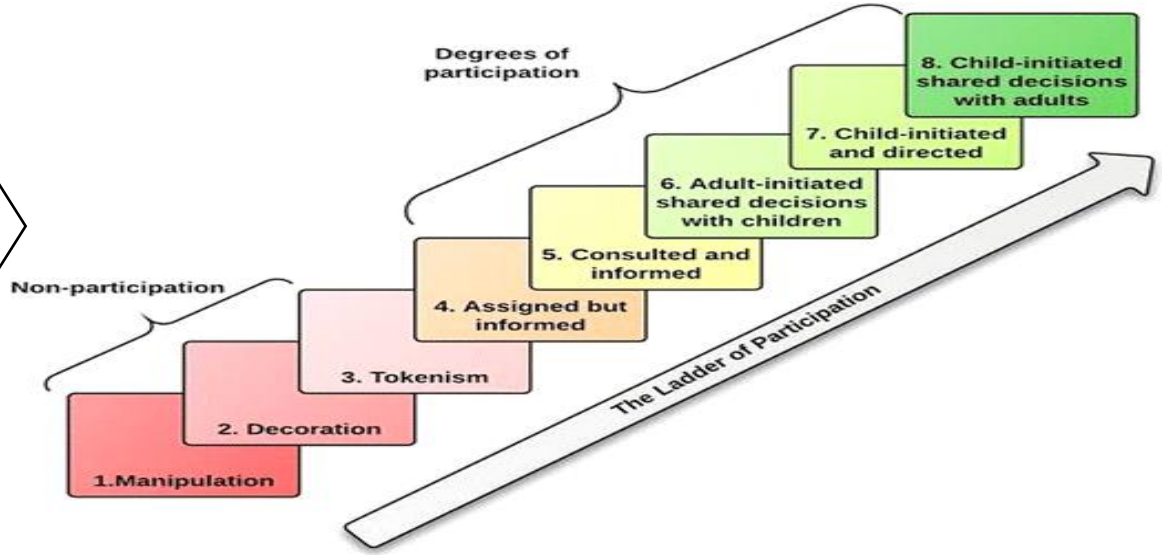
Key issues and challenges
Processes and strategies to understand clinical need and demand are not in place.
Clinical leads do not feel services had the right staff and skill mix in place for the right pathways.
Posts are being recruited to without consideration to the area of the service the candidate would be working in.
CYPMH responsibilities are not always included in clinical job plans and staff group job descriptions.
Generally strong cultures of clinical supervision are in place but not case management supervision.
Staff felt frustrated that service changes feel constant and take place without their involvement.

Recommendations
Develop a workforce and training needs strategy: 1. Map the clinical pathways and presenting conditions in caseloads to identify priority areas and gaps in the offer. 2. Complete a training needs analysis of the actual skills in place alongside those required to deliver evidence based clinical pathways. 3. Develop a training strategy that: • Includes competency frameworks aligned to pathways and ensures staffs competencies are monitored • Includes a plan to ensure that new and current staff are appropriately trained. Such as planned capacity for Continued Professional Development (CPD) 4. Ensure CYPMH responsibilities are included in job descriptions. Refer to the HEE Star Tool for workforce development and the Children and Young People's Mental Health Workforce Strategy for London.
Opportunities to improve flow through: • Regular caseload review as part of supervision process • Regular audit of training needs against case mix information • Regular review of, and consistent job plans.
Improve staff engagement and wellbeing by ensuring staff are involved in improvements to the service and that future changes are co-produced. Ensure staff understand the connection between changes and the over-arching vision.
Agree a forum with suitable governance arrangements (i.e CYPMH STP/ICS subgroup) where CYP-MH workforce is considered at system level in terms of training strategy, recruitment, retention with a view to developing an appropriate work plan for this priority area. This will further enable ways of system working to achieve multiagency support for complex cases.

Involvement & Participation: There is equitable and meaningful involvement and participation of children, young people and their parent/carer.

The CYP-MH system promotes a culture of participation

INDIVIDUAL participation
Participate meaningfully in all aspects of their interactions with CYP-MH system.



SYSTEM level participation
Participate meaningfully in
- Service design
- Service Improvement
- Governance

In the Five Year Forward View, the need to think differently about how NHS services are delivered is described:

"..sometimes the health service has been prone to operating a 'factory' model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and underdeveloped advocacy and action on the broader influencers of health and wellbeing."

Participation in CYP-MH systems is expected to be delivered in the green zones of the Ladder of Participation, so children and young people have an active voice in all elements of service offer; from their individual voice in therapy; to monitoring the performance through involvement in governance; to the active role in system improvement and design.

The culture of participation is embedded with a clear strategy; this is enhanced by roles for those who have lived experience working in peer support roles, and employed children, young people and their parent/carer being involved regularly in governance across the system.

Link to Young Minds 'What is participation' - https://youngminds.org.uk/youngminds-professionals/our-projects/amplified/about-amplified/#what-is-participation
Link to the NHS Five Year Forward View - https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

6. Involvement and Participation

There is equitable and meaningful involvement and participation of children, young people and their parent/carers.

Key findings
Variation with approaches to participation was found across providers, with one often being more active than the other. Often, providers deliver separate groups without real awareness of the offer from the other provider.
Although a variation in participation activity was seen, there is a keenness in the system around participation and commitment from both providers to improve the involvement of CYP and families.
Services noted limitations in the involvement of CYP in their governance processes.
Chi-ESQ questionnaires are used but completion of the questionnaires is very low and there is currently limited analysis or learning from the data collected.

Recommendations
Providers are advised to consider participation as an overall strategy where both providers agree the areas they will lead on to maximise the offer. Providers are also encouraged to work together to adopt positive practices from each other around participation.
Participation groups should be focused on young people leading service change. Ensure that involvement, participation and peer support are embraced and embedded at each stage of service design and improvement.
Consider the development of paid employment roles for people with lived experience of mental health problems such as peer support workers or expert by experience workers.
Ensure a strong participation offer for parents as well as CYP.
Consider using the 15 Steps Challenge, Children and Young Peoples' toolkit to review the experience of CYP and ensure that their views and contributions are adequately heard and valued.
System wide approach: • Consider the way parents and carers can be engaged across the whole of the CYP-MH System offer, for example STP/ICS groups, partnership boards. • Ensure there are governance structures in place to aid effective feedback loops and learning from CYP and carers shared views and experiences. • If participation events are planned, ensure the whole system is able to attend to benefit from these discussions.

6. Involvement and Participation

There is equitable and meaningful involvement and participation of children, young people and their parent/carers.

Findings from this section of the SIT review were made in conjunction with a Young Minds Participation audit, which also included a workshop with parents and carers. Five of the seven systems participated in this part of the review.

Recommendations from CYP and parents
CYP and parents suggested: • Equality and diversity training for the workforce so that they can further understand the diversity of the community they are serving. • Better communication: To be contacted regularly whilst waiting for two reasons; to know that the service is still thinking of you and; to have a clear expectations on waiting times. • Access to therapy through different means (e.g. Telephone sessions, video links or online programmes).
Young people suggested: • Better information sharing between professionals who were jointly working with young people - young people found it tedious to regularly repeat basic information and felt it impacted time spent on more therapeutic intervention. • Communication between the young people and staff could be improved, particularly when staff were off or on leave.
Co-produce a list of helpful resources that could help young people and families in researching and understanding what they are experiencing and mental health in general.

Productivity: Productivity is reviewed and maximised to ensure efficient delivery and use of resources.

Optimising CYP-MH systems involves all domains in this CYP- MH Maturity Tool working effectively and efficiently. There are, however, specific actions to ensure unwarranted variation is reduced and therefore clinical activity is maximised. Maximising productivity ensures that the funding provided is used effectively to support increased access to meaningful treatment for children and young people.

The CYP-MH System clearly understands their productivity through accurate activity data being reported in useable, reliable and trusted reports to confirm the capacity demonstrated through embedded job planning.

Demand and Capacity modelling is utilised to support service development and continuous improvement cycles. These allow staff with expertise in improvement methodology to review the Key Performance Metrics which are in place across each provider (including waits for first appointment, contribution to overall Access Standard, wait for treatment pathway (including subsequent, or internal waits), length of episode, DNA, number of sessions provided, discharge numbers, and activity by clinician).

These metrics are used to find improvement opportunities from system to individual clinician level. These are reviewed critically through process mapping to establish waste and unwarranted variation and to then monitor improvement activity.

Estate capacity is considered strategically across the system to ensure full utilisation, but also that services are provided in the most accessible and appropriate venues.

NHS Benchmarking Network

National Benchmarking of CAMHS has reported activity levels of less than 2 contacts per day. This is significantly lower than in comparable Adult Mental Health Services.

Lord Carter writes in NHS Operational Productivity - Unwarranted Variations - Mental Health:

"Since January 2017 we have engaged with many mental health trusts and providers of community services, and talked to the healthcare teams and patients who use their services. As a result of that engagement, this review has identified critical and unwarranted variations in all key resource areas. It is clear from the performance of some providers that parts of the sectors know what to do well – the challenge we face is how we raise the average standard of performance closer to the level of the best."

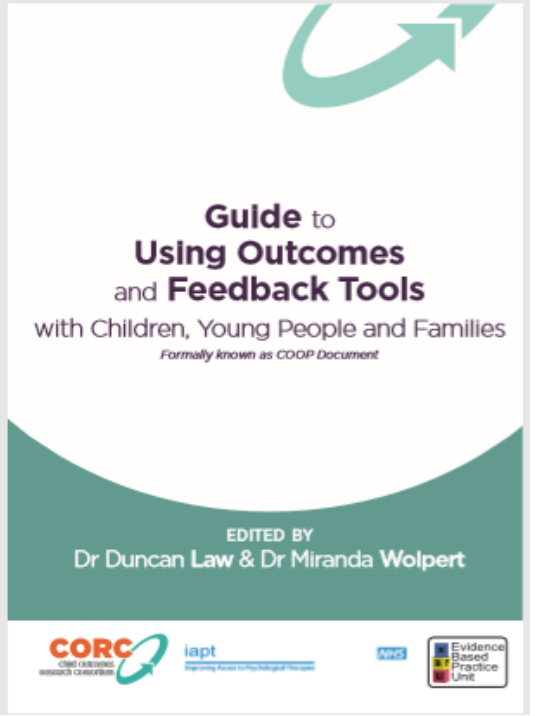
7. Productivity

Productivity is reviewed and maximised to ensure efficient delivery and use of resources

Key findings
Demand and capacity (D&C) planning has not been undertaken and plans to do so are not in place.
Clinically led job panning is being tested in some areas but not used as part of strategic capacity planning.
Trusts have an indicative trajectory to reduce waiting times but these plans are not based on any systematic D&C plans.
Job plans are not reliably in place to underpin waiting time trajectories.
First waiting times for CYP referred by routes other than the intake team may not be measured consistently; an subsequent intervention waiting times are not measured or known.

Recommendations
D&C modelling should be in place and regularly reviewed and refreshed with a formal time table. Plans should allow for service and clinical co-production.
Clinical team leaders should develop, implement and monitor job plans for each team member ensuring individual objectives are incorporated
Revised D&C plans should be used to model waiting times reduction trajectories for all pathway stages.
Where appropriate, use D&C plans to identify any extra short-term resource needed to reduce waiting times.
Use the CReST tool for D&C modelling.

Outcomes: Outcomes drive commissioning and service development at a strategic and operational level. Routine Outcome Measures (ROMs) are used in clinical practice to identify needs, interventions, evaluate the efficacy of treatment and help determine endings.



Outcomes for children and young people are a core component at each stage of the commissioning cycle.

The use of routine outcome measures (ROMs) and paired scores is a requirement within service specifications. KPIs promote the used of ROMs and the delivery of positive system level outcomes such as reducing rates of exclusion for children and young people with mental health problems.

Routine outcome measures are used collaboratively with children, young people and their parent/carer across all providers, to identify their goals, needs, and use paired scores to reflect on the impact of treatment on their recovery journey. There is a standardised approach to using outcome measures, informed by the CORC guidance.

Routine outcome measures are used as part of transparent discussions at the outset of treatment around reviewing the efficacy of treatment and preparing for endings. A culture of utilisation of ROMs by services to challenge themselves on the efficacy of their treatment offer to individual children and young people, and at service level is in place. There is evidence of actions being taken to review individual treatment plans where interventions are not effective, and of continuous improvement plans to improve the use of ROMs and efficacy of treatment at a service level.

A range of ROMs are built into the electronic patient record systems, and the service uses these to measure clinical outcomes, and the experience of children and young people. Data recorded flows to MHSDS; used within individual caseload management supervision; reported on within governance structures to assure compliance and quality of utilisation.

The FYFVMH states that by 2020/21 there will be:

'national metrics to support improvements in children and young people's mental health outcomes' and that 'all services should routinely collect and publish outcomes data.'

Link to Guide to Using Outcomes - https://www.corc.uk.net/media/2112/201404guide_to_using_outcomes_measures_and_feedback_tools-updated.pdf
Link to the NHS Five Year Forward View - https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

8. Outcomes

Outcomes drive commissioning and services improvement at a strategic and operational level including the use of Routine Outcome Measures (ROMs) to evaluate effectiveness, lead service improvement, inform interventions and help determine endings.

Key findings
The use of Routine Outcome Measures (ROMs) in service specifications was varied. In some areas service specifications were not in place.
Good practice was identified where the service specifications required an increased proportion of CYP having CGAS, CHI-ESQ and Goal-Based Outcomes recorded. However, neither the actual proportion nor the baseline figures appear to be reported to the CCG. CYP-reported measures are not included.
Systematic ways of using ROMs at the service level and clinician level were not in place. Clinicians did not always feel they were meaningful; they said they felt task-orientated; they could not see the benefit to service user experience or clinical outcomes; and they felt that teams were being evaluated.
Outcome measures are defined for specific pathways but do not from part of supervision discussions.
The use of ROMs in sessions with CYP was varied. Some services collected some outcomes (SDQs, RCADs, CHI, CGAS) for some CYP. Outcomes are often collected on paper then uploaded to the EPR.
Where outcomes data is recorded (e.g. CGAS), it is often flowed to MHSDS. Although MHSDS-reported data completeness is not checked against local data so there is no way to know if this is reported accurately.

Recommendations
To improve the collection infrastructure of ROMs: ensure they are in place, KPI's are clinically relevant and in line with NHSE/I expectations.
To use ROM information effectively within services: 1. Ensure all ROMs are clearly reported. 2. ROM information should be made available in team and service level reports. 3. Ensure outcomes form a key part of supervision. 4. Ensure ROMs are used collaboratively with clinicians and they recognise the purpose of using them.
Ensure that ROMs are used in-session with CYP to inform clinical discussions. Co-produce a process with clinicians and CYP for collecting ROMs in sessions that ensures they are user friendly and engaging.
Implement a monthly reconciliation process to check locally-held outcomes data against nationally-published data in the MHSDS.
Use the CORC guide to using outcome measures and feedback tools with children, young people and their families.

Data & Informatics: Quality data is being recorded, flowed, and used to ensure clinical quality is maximised.

The use of technology is integral to the smooth and efficient running of the CYP-MH System. This includes easy to use and intuitive Electronic Patient Records which link to MHSDS submission.
From the consistent and comprehensive reporting in EPR, a range of reports are available which are used to understand all aspects of delivery of CYP-MH systems; this includes reports used to support exploration though describing (patterns, trends), predicting, evaluating, comparing, auditing and investigating.
All mental health providers have achieve Data Quality Maturity Index scores of or above 95%.

A vision for a tech-driven NHS

The Secretary of State for Health and Social Care's Vision for Technology sets out plans to ensure:

- truly joined-up health and care, designed around the needs of patients and their care networks, where we integrate physical and digital services, and achieve better, safer, more targeted care
- a safe and secure data infrastructure that protects the health and care system and patients
- local organisations are able to make the right technology choices for their own area, while also maintaining high quality systems than can communicate across the entire NHS

This will create a joined-up system which positions the UK as a global leader in health-tech and research, producing safe and cost-effective technology that delivers better outcomes for patients, the NHS and social care. Having the right standards in place is crucial to achieving this.

NHS England describe why good data management is an important part of patient care:

"High quality data is important to the NHS as it can lead to improvements in patient care and patient safety. Quality data plays a role in improving services and decision making, as well as being able to identify trends and patterns, draw comparisons, predict future events and outcomes, and evaluate services."

Link to NHS England quote by NHS England - https://www.england.nhs.uk/data-services/validate/
Link to A vision for a tech-driven NHS - https://digital.nhs.uk/about-nhs-digital/our-work/nhs-digital-data-and-technology-standards

9. Data and Informatics

Quality data is being recorded and flowed which ensures clinical quality is maximised.

Key findings
There is variation across providers for data flowed to MHSDS.
Duplication was found where NHS staff were located at LA bases.
Capacity and access to analyst staff varies from having full time CYP data analyst support to dedicated CYP resource within IT teams to support from central teams. It was more often found that resource was sufficient to meet contractual requirements than not.
Quality and use of reporting: some clinical teams were not aware of reports and had not used them. Standard reports from informatics did not always serve the day-to-day needs of the CYP team and that this resulted in significant time being spent on manual analysis by CYP teams.
Often services are not validating data prior to submission to the MHSDS and this is being done at Trust level.

Recommendations
Urgently ensure that all providers develop clear action plans and time frames to flow data to MHSDS where they are not currently.
Explore the electronic transfer of information between NHS and LA record systems to minimise double-entry.
Routine reports for activity and productivity should be co-produced between clinical teams and informatics colleagues.
Implement a process based on pre-deadline extracts for CYP leads to sign off access and outcomes data before upload. Implement monthly reconciliation of access, activity and outcomes data to ensure that MHSDS and local data remain consistent.

Culture: There is a person first, empowering culture, which embraces collective ownership, positive risk taking and innovation.

The culture to improve the offer of CYP-MH system is evidenced from the inspired vision to the collective leadership of all those in the system to progress the offer.
A culture of collaboration and partnership focused around the impact on those that use services.
The clinical offer is characterised by a partnership, recovery focused approach which encourages self care and ownership of strategies to improve wellbeing.
There is a positive risk taking approach in place, underpinned by strong leadership and clinical supervision, particularly around complex cases.
For NHS leaders, the leadership academy gives a guide to think more about leadership behaviour.

1. Inspiring shared purpose
2. Leading with care
3. Evaluating information
4. Connecting our service
5. Sharing the vision
6. Engaging the team
7. Holding to account
8. Developing capability
9. Influencing for results

Michael West described 6 characteristics indicative of a healthy culture in a King's Fund Report on delivering healthy culture in the NHS:-

1. Inspiring Vision and Values - Leaders at every level communicate an inspiring, forward-looking and ambitious vision focused on offering high-quality, compassionate care to the communities they serve.

2. Goals and Performance - Goals must be set at every level from the board to frontline staff. Board goals should be shaped by patient input. Performance feedback should be based on patient feedback and patient outcomes.

3. Support and Compassion - If we want staff to treat patients with respect, care and compassion, all leaders and staff must treat their colleagues with respect, care and compassion.

4. Learning and Innovation - Sustaining cultures of high-quality care involves all staff focusing on continual learning and improvement of patient care.

5. Effective Teamworking - Where multi-professional teams work together, patient satisfaction is higher, health care delivery is more effective, there are higher levels of innovation in ways of caring for patients, lower levels of stress, absenteeism and turnover, and more consistent communication with patients.

6. Collective Leadership - Leadership are collective and distributed rather than located in a few individuals at the top of organisations. Collective leadership means everyone taking responsibility for the success of the organisation as a whole.

Link to The Kings Fund – Culture - https://www.england.nhs.uk/data-services/validate/
Link to NHS Leadership Behaviour - https://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf

10. Culture

There is a person-first empowering culture which embraces collective ownership, positive risk taking and innovation.

Key findings

There is a vision and shared values across providers, as well as commitment at leadership level to work together in a positive way. This could be enhanced to ensure true system thinking.

There is need for a process and partnership forum to strategically provide direction, vision and to truly collaborate at a system level from leads to staff teams and ensuring the CYP and their families have a voice at all levels.

The CYP journey is impacted by interfaces between teams and the way the CYP MH system in structured.

Goals and performance:

- Clinical staff were aware of the 4WW programme but said that it felt abstract from their day-to-day work.
- Although all staff were positive about reducing waiting times, there was not a clear understanding about the implications of this on their individual/team working practices.
- There was significant dissent from clinical teams about the idea of using CYP-reported ROMs more systematically.
- Approaches taken to manage performance included significant numbers of KPIs which were not aligned to specific goals in the delivery of service to CYP and their families.

Recommendations

Opportunities for increased coproduction and staff engagement will provide the opportunity to move to a culture of collective leadership and shared responsibilities.

Review at senior system wide level the areas for potential improvement and facilitate a culture where teams can progress improvement activities.

Improving the way the CYP MH system is structured:

1. As a whole system, agree a model and vision for CYP MH aligned to the following principles shared language, needs led, shared decision making, proactive prevention and promotion, partnership working, outcomes informed, reducing stigma and accessibility.
2. Agree a communication plan ensure front line staff and clinical leaders are engaged and communicated with around the systems CYP MH model and vision.
3. Demonstrate, through coproduction with young people and their families, that young people and their families are partners in the development of the model and vision for CYP MH.

Goals and performance:

- Agree a communication plan for 4WW programmes ensuring front line staff and clinical leaders are engaged and communicated with around areas of significant change.
- Provide opportunities for all staff groups to be involved in service improvement and change programs through coproduction.

Use the MINDFUL approach recommended by Thrive to consider and meaningfully review KPI's and service evaluation.

03

Tools and Resources

Tools and Resources

1. The CYP MH System Maturity Tool

The CYP MH System Maturity Tool was developed following on from the CYP MH SIT reviews to support systems to conduct self -reviews in a structured way. Systems can use this tool to re-review progress across the Domains and Elements of their initial review. Those systems who have not undertaken a review can utilise the tool to undertake a system review for the first time.

This YouTube video provides guidance on using the CYP MH System Maturity Tool.

The CYP-MH System Maturity tool has been developed to support a structured process for a system review of community CYP MH services.

- It provides information to aid improvement activity through critical self-review of a series of Domains, Elements and KLOEs.
- The Domains, Elements and KLOEs are acknowledged to not be fully comprehensive, as CYP-MH systems are developing the learning and understanding of the critical factors required to optimise the delivery of CYP-MH systems will develop.
- Through review of the Domains, Elements and KLOEs, it is expected that a meaningful overview of the improvement opportunities and priorities within a CYP-MH system can be established, at Domain level – as themes, at Element level – as specific projects, or at detail level which it is hoped the positive language in the KLOEs will support improvement actions being developed.

2. Recommended Tools and Resources for System Reviews and Improvement Activity

The proceeding slide brings together the range of tools and resources highlighted throughout the individual CYP MH SIT reviews and in this summary report. It also includes a handful of other resources that have been identified by the HLP CYP MH Team as exemplary tools to aid system transformation and improvement.

Tools and Resources

Domain	Tool / Resource	Link
Strategy and Sustainability	The London Leadership Academy Leadership programmes including leadership styles, emotional intelligence and personal styles, e.g. Insights and influencing	https://www.londonleadershipacademy.nhs.uk/
The Model	➢ iThrive Community of Practice website ➢ iThrive Framework for System Change ➢ The Choice And Partnership Approach (CAPA)	http://implementingthrive.org/implementation-sites/i-thrive-community-of-practice/ http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf http://capa.co.uk/
Practice based on best available evidence	➢ The Experience Based Co-Design toolkit - a researched methodology for pathway review developed by the King's Fund ➢ The Evidence Based Practice Unit at the Anna Freud Centre	https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/ https://www.annafreud.org/what-we-do/research-policy/research-units/evidence-based-practice-unit/
Workforce	➢ The HEE Star tool to support workforce transformation ➢ Children and Young People's Mental Health Workforce Strategy for London ➢ A Competence Framework for CAMHS ➢ Toolkit for Creating a Whole System CYP Mental Health & Emotional Wellbeing Workforce Strategy	https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Star%20user%20guide%20v2.0.pdf https://www.healthylondon.org/wp-content/uploads/2019/05/Children-and-young-peoples-mental-health-workforce-strategy-May-2019-1.pdf https://www.ucl.ac.uk/clinical-psychology//CORE/child-adolescent-competences/CAMHS%20Competences%20Framework_V1%20(2).pdf https://www.yhscn.nhs.uk/media/PDFs/children/Docs%20and%20Links/YH-CYP-MH-Whole-System-Workforce-Strategy-Toolkit-v2.0.pdf
Involvement and Participation	➢ 15 Steps Challenge, Children and Young Peoples' toolkit for involvement and participation ➢ YoungMinds Amplified resources	https://www.england.nhs.uk/wp-content/uploads/2017/11/15-steps-children-young-people.pdf https://youngminds.org.uk/youngminds-professionals/our-projects/amplified/
Productivity	CReST tool for demand and capacity modelling	https://www.scwcsu.nhs.uk/case-studies/Giving-children-and-young-people-access-to-the-Mental-Health-services-they-need/
Outcomes	➢ The CORC guide to using outcome measures and feedback tools with children, young people and their families ➢ Healthy London Partnership Guide to Outcomes Based Commissioning	https://www.corc.uk.net/media/2112/201404guide_to_using_outcomes_measures_and_feedback_tools-updated.pdf https://www.healthylondon.org/wp-content/uploads/2017/08/Using-Clinical-Outcomes-for-Service-Improvement_A-guide-for-Outcomes-Based-Commissioning_Updated-Feb_2020-FINAL-V2.0-no-watermark-JM.pdf
Culture	The MINDFUL approach to performance management for reviewing review KPI's and service evaluation.	http://implementingthrive.org/wpcontent/uploads/2016/03/Thrive.pdf

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