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# Milton Keynes Children & Young People's Mental Health & Wellbeing Local Transformation Plan

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2015-2020

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0.4	13/10/15	Author	Version approved by Health and Wellbeing Board and submitted to NHSE
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- *This document is the full version of the Milton Keynes Children and Young Peoples Mental Health and Wellbeing Local Transformation Plan.  
A user friendly version is under development and will be available shortly.*

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## Executive Summary

This document (Milton Keynes Local Transformation Plan) has been structured to fulfil the requirements of the national guidance as well as transitioning the local CAMHS review into the implementation phase; transformation of the Milton Keynes CAMHS pathway. There is recognition that transformation is required across a range of providers within this pathway. To reflect this, a whole systems group has been established to oversee development of an integrated plan, which ensures that the voice of children and young people are pivotal and that all agencies and sectors contribute equally to determining priorities.

Between September 2014 and June 2015 a comprehensive review of the existing CAMHS pathway was undertaken to inform longer term specifications and resourcing of the services across the child and adolescent mental health pathway in Milton Keynes. There are five key themes that have emerged from the local review that have direct synergy with findings from the national Children and Young People's Mental Health and Wellbeing Taskforce:

- Children and Young People need to be at the heart of what we do
- A whole system/whole family approach will provide a more resilient and sustainable model
- Early intervention - providing support early will increase resilience and prevent escalation of difficulties
- Our most vulnerable children and those who work with them should have access to specialist support and advice as and when required
- A need to develop the skill and competency of the wider children's workforce

This Plan has been developed based on the findings of the local review. There are also a number of areas for transformation that did not feature significantly in the local CAMHS pathway review but have been included in this plan. These areas for transformation have been identified either from local intelligence (other than the CAMHS review) or national guidance. The findings and recommendations of the local review have been discussed with the CAMHS Project Board, the Children, Young People and Maternity Programme Board and key stakeholders. High level priorities for transformation have been identified through these discussions and have been determined by:

- Priorities identified through the pathway review
- Transformation required to access national money
- Operational issues identified by the lead provider (CNWL)

In determining our local priorities, some critical issues around access; urgent care; and eating disorders become evident. These have been built into this plan but in no way negate our local commitment to developing and improving, prevention and early intervention provision.

The priorities have been identified as:

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- P1 Strengthen the Young People’s Community Eating Disorder Services
- P2 Develop and implement an integrated care pathway for children and young people with complex and challenging behaviour
- P3 Strengthen the Hospital Liaison and Home Support service to develop and implement an integrated urgent care pathway for children and young people with urgent mental health needs
- P4 Strengthen existing services to promote mental health and wellbeing for C&YP with specific needs including those with vulnerabilities e.g. looked after children, C&YP with long term physical conditions
- P5 Build confidence and capacity in Universal Services to support Mental Health and Wellbeing through a whole system approach
- P6 Build sustainable and resilient specialist clinical services including CYPIAPT
- P7 Develop and implement an Integrated Care Pathway for Perinatal Mental Health
- P8 Strengthen the interface between local services and In-Patient/ Tier 4 services
- P9 Work with adult mental health commissioning to strengthen services for young people who experience a first episode of psychosis
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The key enablers to ‘making it happen’ are:

- Clear governance arrangements
- Ensuring that the plan is designed around the needs of children, young people, their families and carers, based on robust local evidence
- A communication strategy that included effective communication across the pathway
- Effective joint working across and within all sectors including collaborative commissioning arrangements to ensure a whole system approach
- Commitment to workforce development
- Commitment to developing good data and information systems
- Ensuring that CAMHS services are delivered in an environment conducive to good mental health and wellbeing

A transformation board has been established to oversee delivery of the plan over the next 5 years. The board will be accountable to the ‘Starting Well’ Subgroup of the Milton Keynes Health and Wellbeing Board and will oversee:

- Monitoring and control of progress
- Monitoring performance indicators and outcome measures
- Monitoring and control of risks and issues
- Ensuring financial control

The local offer for children, young people and their families in Milton Keynes is to improve mental health and wellbeing outcomes by:

- Increasing Resilience, improving prevention and increasing provision for early intervention
- Improving Access to Effective Support
- Caring for the most Vulnerable
- Being Accountable and Transparent

## 1 Purpose of the document

**1 – 1** The purpose of this document is to define the Milton Keynes Children and Young People’s Mental Health and Wellbeing Transformation Plan, known from this point forward as the Milton Keynes Local Transformation Plan (MKLTP) in order to form the basis for its management, and an assessment of its overall success. It gives the direction and scope of the MKLTP. This plan addresses the following fundamental aspects of the plan:

- The aims of the plan
- The benefits of the plan
- The plan’s governance and management structure
- The delivery plan
- The risks of the plan

**1 – 2** When approved, this document will serve as the baseline and control document for the transformation plan’s lifespan, against which progress and variances, can be measured and assessed.

**1 – 3** It is expected that changes to this 5-year plan will be required; the plan will be reviewed on a bi-annual basis and will be appropriately amended and must be re-approved by the transformation board. Thus the plan is an organic, rather than ‘frozen’ document.

**1 – 4** A whole systems group (Local Transformation Plan Delivery Group [LTPDG]) has been established to oversee the development of this plan. This has ensured that the voice of children and young people remain at the centre of the plan and that all agencies and sectors can contribute equally to determining priorities for transformation. Healthwatch, Patient Congress and Milton Keynes Parents and Carers Alliance (PACA) have all been active and valued members of the LTPDG

**1 – 5** This plan has been developed in context of the wealth of information available at a national and local level. The national information has been summarised in ‘Future in Mind’, the published report of the findings of the National Children and Young People’s Mental Health and Wellbeing Taskforce. Future in Mind makes recommendations for transforming how children and young people’s mental health services are organised, commissioned and provided. Local information has come from the Milton Keynes Child and Adolescent Mental Health Services (CAMHS) Pathway Review undertaken between September 2014 and June 2015.

**1 – 6** Further national guidance was published on the 3rd August informing Clinical Commissioning Groups (CCGs) of how to access national monies to support transformation of children and young people’s mental health services. This document has been structured to fulfil the requirements of the national guidance as well as transitioning the local CAMHS review into the implementation phase; transformation of the Milton Keynes CAMHS pathway.

## 2 Background & Strategic Context

### 2.1 Milton Keynes CAMHS Pathway Review

**2.1 – 1** The national and local debate about the provision of Child and Adolescent Mental Health Services (CAMHS) has emerged as a result of increasing and changing demand combined with increasing complexity of individual needs. Milton Keynes Clinical Commissioning Group (CCG) and Milton Keynes Council (MKC) have identified the need for change and recognise that transforming CAMHS pathways and adopting best practice is critical to the provision of safe, effective care which provides excellent service user experience.

**2.1 – 2** In April 2014, the CCG recognised the need for immediate preventative measures to be taken to reduce CAMHS admissions to adult mental health or general paediatric beds and as a result they agreed investment to strengthen the CAMHS pathway by piloting a Tier 3+, Liaison and Intensive Support Team (LIST). Whilst it was acknowledged that the team may reduce the immediate pressure on the service, the Children, Young People and Maternity Programme Board recognised that a comprehensive review of the existing CAMHS pathway should be undertaken to inform longer term specifications and resourcing of the services.

**2.1 – 3** This review has not operated within the vacuum of child and adolescent mental health; there are a number of developments that have been taken into account. These include the Special Educational Needs and Disabilities (SEND) reforms and the Milton Keynes Council review of commissioned Early Help services. In addition it has considered the increasing number of children with complex social and behavioural difficulties that currently do not meet thresholds for intervention.

**2.1 – 4** A wide range of methods were employed in the process of conducting this review; some of these were undertaken by the Joint MKC & CCG children's commissioning team. Other workstreams were completed by members of the project team which included provider services. It is to be acknowledged that this pathway review was preceded by a comprehensive internal review undertaken by Central and North West London NHS Trust (CNWL) who are the provider of tier 2&3 CAMHS in Milton Keynes.

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## 2.2 Findings from the Milton Keynes CAMHS Pathway Review

**2.2 – 1** There are five key themes that have emerged from the review that have direct synergy with findings from the national task force:

- Children and Young People need to be at the heart of what we do
- A whole system/whole family approach will provide a more resilient and sustainable model
- Early intervention - providing support early will increase resilience and prevent escalation of difficulties
- Our most vulnerable children and those who work with them should have access to specialist support and advice as and when required
- A need to develop the skill and competency of the wider children’s workforce

**2.2 – 2** There are also key findings from each of the workstreams summarised and these can be viewed in appendix 1. The summaries have been structured to show:

- What was done
- What this told us
- What this means for future planning and transformation

**2.2 – 3** Recommendations for transformation were drawn from the findings; these have been presented in table 1, below, with a summary of the key supporting evidence. There are also a number of areas for transformation that did not feature significantly in the local CAMHS pathway review but have been included in this plan. These areas for transformation have been identified either from local intelligence (other than the CAMHS review) or national guidance.

**Table 1: recommendations and evidence from the CAMHS Review**

No	Recommendation	Evidence
<b>CAMHR1</b>	Develop a whole system and whole family approach to the commissioning and delivery of services to ensure that the emotional and mental health needs of children and young people are met. This should involve key partners from universal to specialist provision and include schools, GPs, adult services, the voluntary and community sector as well as children, young people and their families.	The CAMHS review found that there was scope to improve the pathway by developing a more collaborative multi-agency approach to the commissioning and delivery of services to support children, young people and their families.
<b>CAMHR2</b>	Re-design and/or commission provision to; <ul style="list-style-type: none"> <li>• Promote good mental health, wellbeing and resilience.</li> <li>• Prevent mental health difficulties from arising.</li> <li>• Ensure needs are identified early.</li> </ul>	The review found varied and inconsistent experience, understanding and expectations of the care pathway within universal services, particularly schools. Children and young people were clear that the culture within schools can influence their experiences and that schools had

No	Recommendation	Evidence
	<ul style="list-style-type: none"> <li>Provide early intervention and support.</li> </ul>	<p>a critical role to play in supporting their mental health and emotional wellbeing. Children and young people specifically articulated a view that there was great potential to improve the offer available in schools focussing on providing support early to prevent escalation of difficulties.</p>
<b>CAMHR3</b>	<p>Relevant organisations should ensure that their workforce strategies include meeting the learning and development needs of staff working with children and young people.</p> <p>Organisations should work together to develop learning opportunities for staff across organisational boundaries.</p>	<p>The review found that there is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.</p>
<b>CAMHR4</b>	<p>Consideration should be given to increasing the allocated resource for Tier 2 provision to develop the skills and confidence of Tier 1 and reduce demand on Tier 3.</p>	<p>The review found interventions provided by Tier 2 are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile.</p>
<b>CAMHR5</b>	<p>Re-design and/or commission provision to meet the identified un-met need within the pathway of care for children displaying significant behavioural difficulties who may have conduct disorder or require post diagnostic ASD and ADHD support and interventions which include a multi-agency support and training programme.</p>	<p>The review identified un-met need within the pathway of care for children displaying significant behavioural difficulties who may have conduct disorder or require post diagnostic ASD and ADHD support and intervention.</p>
<b>CAMHR6</b>	<p>The existing CAMHS provider should:</p> <ul style="list-style-type: none"> <li>Adopt an evidence base model of care delivery including CYP IAPT alongside actions to increase clinical effectiveness, resilience and sustainability.</li> <li>Progress their action plan to improve efficiencies within non-clinical processes.</li> <li>Improve arrangements for young people in transition to adult services.</li> </ul>	<p>The review found that there are a range of internal clinical and non-clinical processes within the CAMHS service which are experienced as not effective or efficient and these impact on the length of time children and young people are waiting to access the service.</p> <p>The review found that there were gaps in the pathway for young people in transition from CAMHS to adult services.</p>
<b>CAMHR7</b>	<p>The CAMHS service should ensure that the physical environment and the service offer meets the needs identified by children and young people.</p>	<p>Children and young people say that the physical environment of CAMHS is not welcoming and that they want greater choice about the wider service offer including:</p> <ul style="list-style-type: none"> <li>Confidential environments which are welcoming and easily accessible.</li> <li>Flexible opening times outside school hours</li> <li>Choice of who they see.</li> </ul>

No	Recommendation	Evidence
<b>CAMHR8</b>	Re-design and/or re-commissioning provision to meet the needs of children and young people with specific needs.	<p>The review found that there is a lack of local provision for children and young people with specific needs for example:</p> <ul style="list-style-type: none"> <li>• Children with long term conditions</li> <li>• Children with sensory impairment</li> <li>• Children with trauma and attachment difficulties where the presenting needs are behavioural in nature e.g. Child Sexual Exploitation (CSE)</li> <li>• Children displaying sexually harmful behaviours.</li> </ul>
<b>CAMHR9</b>	Further develop the model for the children and young people's Crisis and Urgent Care Team.	There is emerging evidence from the review that the provision of an intensive liaison support team keeps young people out of in-patient units and provides positive outcomes for children and young people.
<b>CAMHR10</b>	Develop a multi-agency- approach to planning and monitoring progress for children/young people in Tier 4 placements including supporting their return to community services. Practice should be that local providers continue to case manage to ensure continuity of care and to facilitate and expedite care being provided closer to home.	The review found that there was inconsistent practice across agencies for children/young people placed out of area in tier 4 placements.
<b>CAMHR11</b>	Children and young people should be supported in all aspects of system and service redesign and should be central to the implementation of the recommendations from the review and the local transformation programme. This includes the development of an MK children and young people's campaign to raise the profile of emotional wellbeing and mental health issues.	The review demonstrated that children and young people have very strong views about every aspect of the care they receive from universal through to specialist provision.
<b>CAMHR12</b>	<p>Develop a system wide communication strategy which includes:</p> <ul style="list-style-type: none"> <li>• Communication around the care of a child or young person should involve all relevant agencies through the delivery of a whole family approach.</li> <li>• Clarifying and communicating thresholds and referral processes.</li> <li>• Ensure outcomes of referrals are shared with all relevant key professionals to enable a coordinated approach to care.</li> <li>• Ensuring that information is available in a range of formats.</li> <li>• Services should fully utilise social media.</li> </ul>	There are significant issues with communication between agencies across the pathway. Many young people and their families have experienced poor communication.

No	Recommendation	Evidence
<b>CAMHR13</b>	Develop an agreed set of local indicators which enables understanding of needs and monitors the impact of interventions and outcomes for children, young people and their families. Contribute to nationally led work to ensure Milton Keynes is consistent with other areas	The review identified that there is lack of robust local and national data to enable: <ul style="list-style-type: none"> <li>• Identification of the needs of children young people in MK.</li> <li>• Analysis and monitoring of performance.</li> <li>• Benchmarking of services.</li> </ul>
<b>CAMHR14</b>	Tiers 2 and 3 should be jointly commissioned to increase resilience and sustainability across the pathway, moving away from a tiered model to a whole family approach which meets the needs of individual children and their families.	The current arrangements for commissioning and monitoring Tier 2 and 3 provision through separate contracts (MKC & CCG) impacts negatively on capacity and flexibility of both providers and commissioners.
	The new national specification should inform the service specifications in future re-procurement.	There is a new national Tier 2&3 service specification.
<b>Areas for transformation identified through other local intelligence (LI) other than the CAMHS Review or national guidance (NG)</b>		
<b>NG1</b>	Develop a community Eating Disorder Service in preparation for the Access and Waiting Time Standard for Children and Young People with an eating disorder.	This is a priority determined by NHS England following a review of CAMHS reported in July 2014. Local transformation is required in order to access national funding.
<b>NG2</b>	Transformation of Early Intervention in Psychosis services to ensure fidelity to NICE and access and waiting time standards.	This has been identified as a priority by national guidance: 'Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16'.
<b>LI1</b>	Develop the Pathway for Perinatal Mental Health.	This is a local priority identified by Adult and Children's commissioners and has already received local investment of £150K. This has also emerged as a national priority for NHS England in Future in Mind.

## 2.3 Current Commissioning and Provider Arrangements

### 2.3 - 1

**Tier 1** is provided by universal providers, e.g. schools, GPs.

**Tier 2** provision is commissioned from CNWL by Milton Keynes Council (MKC) as a key component of 'Early Help' commissioned services. The current contract runs to March 2017.

**Tier 3** provision is delivered by CNWL and commissioned by Milton Keynes Clinical Commissioning Group (MKCCG). The current contract runs to March 2018.

**Tier 3+ (Liaison and Intensive Support Team [LIST])** is a pilot provision is delivered by CNWL and commissioned by Milton Keynes Clinical Commissioning Group (MKCCG). The pilot runs to March 2016.

**Tier 4** provision is commissioned by NHS England. On occasions of high demand and uncertainty of need, young people are admitted into the wards of Milton Keynes University Hospital Foundation Trust (MKUHFT) or the local adult Mental Health Unit – the Campbell Centre. The nearest unit for young people is The Sett in Northampton.

The geographical location of Milton Keynes presents specific challenges in relation to patient flows and the interface with NHS England Specialised Commissioning teams and the Tier 4 in-patient unit placements commissioned by them. This is primarily due to the academic and clinical networks of Milton Keynes predominantly facing into Thames Valley/Wessex area.

**Table 2: An overview of commissioning and provider arrangements**

CAMHS Tier	Service	Provider Organisation	Commissioning Organisation
<b>Tier 1</b>	Non-Mental Health (MH) Specialist Primary Care Workers	Universal children's services for example schools and GPs	A range of commissioning organisations involved
<b>Tier 2</b>	Specialist primary MH workers supporting other professionals and families to deliver early help support	CNWL	Milton Keynes Council (MKC)
<b>Tier 3</b>	Specialist Multi-disciplinary MH teams	CNWL	The Clinical Commissioning Group (CCG)
<b>Tier 3 +</b>	Liaison and Intensive Support Team (LIST)	CNWL	CCG
<b>Tier 4</b>	Specialist stay in inpatient units	Range of providers	NHS England

### 2.3.2 Current Services

**2.3.2 – 1** Tier 2, 3 and 3+ services are all provided by CNWL, as can be seen from the information above. A summary of what they are specified to provide can be seen in Table 3 below.

**Table 3: Service Specifications**

#### TIER 2 SERVICE SPECIFICATION

Provide counselling for children/young people within 13 secondary schools in Milton Keynes, providing a minimum of 108 sessions and seeing at least 432 children per annum.

Provide at least 156 drop in sessions for staff at Children and Families Practices per annum.

Provide 1000 family counselling sessions a year as well as a small number receiving more focused family work. In each case, where progress or an outcome has not been achieved within 6 weeks, consideration should be given to using a different approach or a referral on to more specialist services.

Strive to improve the emotional and psychological well-being of children and young people.

Work with Milton Keynes Council to set up a monitoring dataset which will include an outcome focused monitoring system as well as course delivery and linked coaching and mentoring information.

The outcome focused monitoring will include (but not be limited to) the following:

- The number of young people receiving early intervention advice and support
- The number of young people assessed and passed through to Tier 3 specialist CAMHS
- Treatments and interventions will be evidence based and in line with established good practice, taking full account of NICE Guidance.

#### TIER 3 SERVICE SPECIFICATION

Promote the mental health of children and young people and meet the needs of those children and young people with severe mental health problems, at Tier 3 with or without an additional learning need.

Manage conditions where safe and possible within the community and make appropriate referrals to in-patient care in line with the agreement with commissioners and East Midlands Specialist Commissioning Team.

Work collaboratively with other services to meet the needs of children, younger people and their families.

Provide a quality driven CAMHS for children and young people with complex mental health needs, and emotional & behavioural problems (i.e. Tier 3).

Support Tier 2 services by providing specialist consultation, advice and training – with the aim of increasing accessibility of services for children and young people with mental health needs.

Meet the full range of mental health needs of children and young people through a multi-agency, multi-disciplinary approach for those eligible for Tier 3 services.

Intervene early by working with families and other involved agencies to prevent problems escalating.

Provide urgent mental health care when required, by provision of a specialist mental health assessment as necessary and within a 24 hour period of referral.

Co-ordinate the provision where children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.

Ensure that all services, assessment, diagnosis and treatment, are delivered in a joined up fashion with the key agencies involved with children and young people.

Review service provision regularly and at a minimum annually, taking feedback from the child/young person, their carers and involved agencies which shall inform such review.

Provide crisis management in the community.

Provide specific services to Young Offenders of people known to Youth Offenders Service.

### **TIER 3 + SERVICE SPECIFICATION**

Provide support to children and young people and their parents/carer within their home or own environment for a time limited period of up to 72 hours or longer if capacity allows. This is to allow for a further period of assessment and brief intervention during the acute crisis stage and support would include visit/s and telephone support during this period.

Provide a single point of access through the Emergency Department (ED) or Milton Keynes University Hospital Foundation Trust (MKUHFT) for rapid assessment between the hours of 9am and 1am to those young people who meet the specified criteria experiencing a mental health crisis. There will be a team member "On Call" after 1am, to respond if necessary.

Aim to avoid admission of young people to the Campbell Centre, where possible and clinically appropriate.

Offer an alternative, where clinically appropriate, to hospital admission for individuals experiencing acute mental health problems, whether that be support in the service users' home, or in another resource outside in the community.

Ensure assessment at the point of referral within the ED/MKUHFT.

Reduction of children/young people's vulnerability to crisis and maximisation of resilience.

Active involvement of children and young people and parents/carers in treatment.

**2.3.2 – 2** In CNWL-MK the CAMHS Tier 2 and 3 workforces consist of the following staff groups:

- Administrative and clerical staff
- Art Therapist
- Family Support Worker
- Family Therapist
- Primary Mental Health Workers
- Community Psychiatric Nursing
- Psychiatrists
- Psychologists
- Psychotherapists
- Social Workers
- Therapists

The current funded establishments for CAMH services in Milton Keynes can be summarised as follows:

**Table 4: CAMHS Staff**

Post	Tier 2	Tier 3	Tier 3 +	Total
Consultant	-	2.80	-	2.80
Speciality Doctors	0.20	2.60	-	2.80
Specialist Trainee	-	1.00	-	1.00
Nurse Band 7	-	2.00	1.0	3.00
Nurse Band 6	-	2.7	-	2.70
Social-Worker/Mental Health Practitioner	2.80	1.2	4.5	8.5
Family Support Worker	1.00	-	-	1.00
Psychologist	1.00	3.6	-	4.6
Therapist	1.00	3.40	-	4.40
Administrative support	1.00	5.0	1.0	7.00
Manager	0.60	0.40	0.4	1.4
<b>Totals</b>	<b>7.6 WTE</b>	<b>24.7WTE</b>	<b>6.9WTE</b>	<b>39.2 WTE</b>

The day to day core work of the CAMHS MK team includes:

**Table 5: CAMHS Team Core Work**

Core Work Task	Tier	Comments
Advice and/or Consultation	Tier 2 and/or Tier 3	To all stakeholders
Assessment and Diagnosis	Tier 2 and Tier 3	
Awareness raising and Training	Tier 2 and Tier 3	Including other Tier 1 Professionals, Health colleagues and staff
Care planning, which includes several stages: <ul style="list-style-type: none"> <li>- agreeing goals</li> <li>- treatment plan and timescales if appropriate</li> <li>- risk assessment and risk management</li> <li>- relapse/crisis planning and management in and out of hours</li> <li>- regular systematic reviews and planned discharge from the service.</li> </ul>	Tier 2 and Tier 3	Often involves multiple stakeholders
Clinical notes and record keeping, including audit of records	Tier 2 and Tier 3	All CAMHS staff including Admin Support
Internal case consultations with colleagues	Tier 2 and Tier 3	
Medication: Advice and prescribing	Tier 3	
Supervision	Tier 2 and Tier 3	
Therapeutic treatments	Tier 2 and Tier 3	Including family therapy, art therapy, attachment therapy, Eating Disorder

Core Work Task	Tier	Comments
		Therapy, Psychotherapy.
Training other agencies (Children's Social Care, Education, Housing Providers, School Nurses and Health Visitors, GPs etc.	Tier 2	This is specifically focused around providing support to other agencies for children and young people who may be experiencing mental health difficulties but not at the level of severity or concern which means they need to be referred to Tier 3.

Referral and waiting time information for 2014/15 is as follows:

**Table 6: Referrals and Waiting Times**

For April 2014 to March 2015:	Tier 2	Tier 3	TOTAL
Referrals made to CAMHS	545	1422	1967
Referrals accepted	545	843	1388
Average waiting time for the full year	0 weeks	24-25 weeks	

## 2.4 Finance

Current Funding (2015/16)	Commissioner	Funding Stream	£
CAMHS Tier 3	MKCCG		1,797,950
CAMHS Liaison & Intensive Support pilot	MKCCG		418,896
CAMHS inpatient agency support	MKCCG		26,784
CAMHS Tier 2	MKC		421,000
Contribution to Looked After Children Worker	MKC		20,000
To be allocated	MKCCG	Parity of Esteem	88,000
Investment in Perinatal Mental Health (2015/16)	MKCCG	Parity of Esteem	151,000
Investment in Early Intervention in Psychosis (2015/16) <i>*for whole service (14-35years)</i>	MKCCG	Parity of Esteem	123,000
Mental Health Expenditure within Continuing Care (2014/15)	MKCCG		225,277
In-Patient Admissions	NHSE		1,573,712
<b>Total</b>			<b>4,845,619</b>

### **3 Definition of the Plan**

#### **3.1 Scope**

**3.1 – 1** The scope of the plan is limited to:

- Children and young people up to the age of 18 and their families (acknowledging the flexibility required in transition arrangements for clearly defined groups)
- Women during pregnancy and during the postnatal period
- Tier 1-4 provision (acknowledging that the commissioning of Tier 4 is the responsibility of NHS England)
- Service pathways (including the transition into adulthood), service criteria and referral process
- Children within the Milton Keynes population for whom the CCG/LA is the responsible commissioner

#### **3.2 Out of Scope**

**3.2 – 1** The following are considered to be out of scope of this plan:

- Children and young people not registered with a Milton Keynes GP or living outside the Milton Keynes geographical boundaries

#### **3.3 Priorities and Deliverables of the Plan**

##### **3.3.1 Objectives of the Plan; delivering the recommendations of the CAMHS Pathway Review**

**3.3.1– 1** The objective of the MKLTP is to; improve mental health and wellbeing outcomes for children and young people registered with a Milton Keynes GP or living within Milton Keynes Local Authority geographical boundaries including

- Increasing Resilience, improving prevention and increasing provision for early intervention
- Improving Access to Effective Support
- Caring for the most Vulnerable
- Being Accountable and Transparent

### 3.3.2 Prioritising the Plan

**3.3.2 – 1** The findings and recommendations of the pathway review have been discussed with the CAMHS Project Board, the Children, Young People and Maternity Programme Board and key stakeholders. There is a significant correlation between the findings of our local review and those in Future in Mind.

The following high level priorities for transformation have been identified through these discussions and have been determined by:

- Priorities identified through the pathway review
- Transformation required to access national money
- Operational issues identified by the lead provider (CNWL)

**3.3.2 – 2** In determining our local priorities, some critical issues around access; urgent care; and eating disorders become evident. These have been built into this plan but in no way negate our local commitment to developing and improving, prevention and early intervention provision.

**3.3.2 – 3** These priorities and the key deliverables for each have been captured in table 7 below. The reference numbers on the right hand side of the table relate to the recommendations from the review, see Table 1 section 2.2.

**Table 7: Transformation Priorities and Deliverables**

Ref No Priority	Transformation Priority	Key Deliverables	Ref No from Sec 2.2:Table 1
P1	Strengthening the Young People's Community Eating Disorder Services	A service for C&YP who have eating disorders which has fidelity to the national guidance.	NG1
P2	Developing and implementing an integrated care pathway for children and young people with complex and challenging behaviour, including children with Learning Disabilities.	An integrated health and social care pathway, incorporating a whole family approach which meets NICE guidelines including: <ul style="list-style-type: none"> <li>• Diagnostic service for ASD, ADHD and conduct disorders which meets needs of 0-18 year old C&amp;YP</li> <li>• Range of evidence based interventions available and accessible</li> <li>• Universal services that are adequately trained to provide appropriate care</li> </ul>	CAMHR5
P3	Strengthening the LIST service to develop and implement an integrated urgent care pathway	Seamless lifespan pathway for 24/7 urgent mental health care. <ul style="list-style-type: none"> <li>• Sustainable evidence based pathway between CAMHS and MK Hospital for</li> </ul>	CAMHR9

Ref No Priority	Transformation Priority	Key Deliverables	Ref No from Sec 2.2:Table 1
	for children and young people with urgent mental health needs; including, liaison services into MKUHFT and home support/crisis service	liaison services <ul style="list-style-type: none"> <li>Evidence based crisis response and home treatment service</li> </ul>	
<b>P4</b>	Strengthen existing services to promote mental health and wellbeing for C&YP with specific needs including long term physical conditions, and children with Learning Disabilities.	Children with specialist needs (including LTC) have access to psychological support	<a href="#">CAMHR8</a>
<b>P5</b>	Build confidence and capacity in Universal Services to support Mental Health and Wellbeing through a whole system approach e.g. co-commissioning with Schools	<ul style="list-style-type: none"> <li>Co-commissioned services to support mental health and wellbeing in schools</li> <li>Confident primary care services that have access specialist support when needed</li> <li>Confident universal services that have access specialist support when needed</li> </ul>	<a href="#">CAMHR2</a> <a href="#">CAMHR5</a>
<b>P6</b>	Building sustainable and resilient specialist clinical services including CYPIAPT	<ul style="list-style-type: none"> <li>Clear and efficient referral and access processes</li> <li>High quality, evidence based specialist services including provision of CYPIAPT</li> <li>Revised and agreed service specification</li> </ul>	<a href="#">CAMH6</a>
<b>P7</b>	Develop and implement an Integrated Care Pathway for Perinatal Mental Health	Perinatal mental health Integrated care pathway which includes: <ul style="list-style-type: none"> <li>Enhanced specialist services</li> <li>Multi-agency training programme</li> </ul>	<a href="#">LI1</a>
<b>P8</b>	Strengthen the interface between local services and In-Patient/ Tier 4 services	C&YP who need care in a hospital out of area have access to care from a local services that supports a seamless discharge and transition to community services	<a href="#">CAMH10</a>
<b>P9</b>	Work with adult mental health commissioning to strengthen services for young people who experience a first episode of psychosis	Services for C&YP who experience a first episode of psychosis the meet national access and waiting time standards and NICE standards	<a href="#">NG2</a>

**3.3.2 – 4** Some of the key recommendations from the local review and from Future in Mind are enablers for the MKLTP, and are essential components in delivering the plan.

The key enablers to deliver this plan are:

- Ensuring that the plan is designed around the needs of children, young people and their families and carers based on robust local evidence.
- By effective joint working across and within all sectors including collaborative commissioning arrangements to ensure a whole system approach.
- Commitment to workforce development.
- Commitment to developing good data and information systems.
- Effective communication across the pathway.
- Ensuring that CAMHS services are delivered in an environment conducive to good mental health and wellbeing.

### **3.4 Benefits and Risks**

**3.4 – 1** The benefits expected from this programme have been determined by the LTP Development Group (LTPDG) and for the basis for development of the KPIs.

**Table 8: Benefits of delivering the Plan**

	<b>Key Deliverables</b>	<b>Benefits</b>	<b>Risk associated with delivery</b>	<b>Risk of not delivering</b>
<b>P1</b>	A service for C&YP who have eating disorders which has fidelity to the national guidance.	<ul style="list-style-type: none"> <li>• Improved short, medium and long term mental health outcomes for C&amp;YP</li> <li>• Rapid access to specialist support - improved patient experience</li> <li>• Reduced hospital admissions                             <ul style="list-style-type: none"> <li>○ reduced health economy cost*</li> <li>○ improved patient experience</li> </ul> </li> </ul>	<p>Recruitment of specialist skills. Not identified through pathway review as an MK priority.</p>	<p>Poor outcomes for C&amp;YP – lifelong condition. Impact on family life and needs of siblings. Increased costs to health economy.</p>
<b>P2</b>	An integrated health and social care pathway, incorporating a whole family approach which meets NICE guidelines.	<ul style="list-style-type: none"> <li>• Whole family and lifespan approach minimises transition issues between children’s and adult services– improved patient experience and mental health outcomes.</li> <li>• More efficient use of money and resources – reduced health economy cost.</li> <li>• Increased likelihood of successful mental health outcomes for with whole family approach.</li> <li>• Adequate training will improve effectiveness of intervention</li> </ul>	<p>Managing expectations across health and social care economy Not securing resource to ensure the additional capacity required to deliver Potential for duplication with other workstreams across health and social care economy</p>	<p>Needs of C&amp;YP not met Lack of service for those with ASD/ADHD means this is a continuing life-time problem with associated costs. There will still be a service gap for C&amp;YP with conduct disorder. Increased behavioural and mental health problems and criminal justice system.</p>

P3	Key Deliverables	Benefits	Risk associated with delivery	Risk of not delivering
		(improved mental health outcomes for children and young people)		
<b>P3</b>	Seamless lifespan pathway for 24/7 urgent mental health care.	<ul style="list-style-type: none"> <li>• Reduction in avoidable hospital admissions – improved patient experience and reduced health economy cost.</li> <li>• Reduction in avoidable patient harm.</li> <li>• Quicker and more responsive services promote better mental health outcomes for children, young people and their families.</li> <li>• Crisis/home service prevents escalation – improved patient experience and outcomes.</li> <li>• Better outcomes due to a better managed transition between children and adults services.</li> <li>• Keeping the child and family together – better experience for children and families.</li> <li>• Early intervention and recovery – reduced total cost to health economy.</li> </ul>	<p>Not securing resource to ensure the additional capacity required to deliver.</p> <p>Without robust care pathways and referral processes benefits won't be delivered.</p>	<p>Impact on capacity of wider CAMHS service.</p> <p>Poor outcomes for C&amp;YP and their family.</p> <p>Inequality of services for C&amp;YP compared to adults.</p> <p>Needs of C&amp;YP not met.</p> <p>Poor patient experience.</p> <p>Communication breakdown.</p>

	<b>Key Deliverables</b>	<b>Benefits</b>	<b>Risk associated with delivery</b>	<b>Risk of not delivering</b>
<b>P4</b>	Children with specialist needs have access to psychological support.	<ul style="list-style-type: none"> <li>Prevents avoidable admissions – reduced health economy cost.</li> <li>Reduced exacerbations later in life – reduced long term health and social care economy cost, improved patient experience and long-term outcomes.</li> </ul>	<p>Not securing resource to ensure the additional capacity required to deliver.</p> <p>Recruiting sufficiently skilled staff to deliver service.</p> <p>Psychological resource not part of wider psychological services.</p>	<p>Poor outcomes for C&amp;YP Needs of C&amp;YP not met. Long term costs to health and social care economy</p>
<b>P5</b>	<ul style="list-style-type: none"> <li>Co-commissioned services to support mental health and wellbeing in schools</li> <li>Confident primary care services that have access specialist support when needed</li> <li>Confident universal services that have access specialist support when needed</li> </ul>	<ul style="list-style-type: none"> <li>Early identification and sign-posting access – reduced time spent with unmet mental health need – improved patient experience</li> <li>Improved early identification reduces unidentified (and unmet) mental health service need – improved patient experience and outcomes</li> </ul>	<p>Not securing ongoing engagement and/or funding from key stakeholders</p>	<p>Poor outcomes for C&amp;YP as needs not met early. Impact on CAMHS service if universal services unable to provide early intervention</p>
<b>P6</b>	<ul style="list-style-type: none"> <li>Clear and efficient referral and access processes</li> <li>High quality, evidence based specialist services including provision of CYPIAPT</li> <li>Revised and agreed service specification</li> </ul>	<ul style="list-style-type: none"> <li>Clear threshold/awareness for patients – reduced confusion</li> <li>Clear expectations as to services and acceptance criteria – reduced discrepancy between patient expectation and the care received – increased patient satisfaction.</li> </ul>	<p>Change impacting on delivery of core service offer.</p> <p>Pressure of delivering core service impacts on pace of change.</p> <p>Not securing clinical consensus on delivery model especially in respect of C&amp;YP IAPT.</p>	<p>Further deterioration. Development of a long term condition. Confusion for the whole system and lots of frustration. High waiting lists not resolved unless access process revised.</p>

Key Deliverables	Benefits	Risk associated with delivery	Risk of not delivering
	<ul style="list-style-type: none"> <li>• Early expert help – reduced probability of mental health difficulties becoming worse – better mental health outcomes for patients</li> <li>• Provides clarity of need and enhances referral process to enable C&amp;YP to access the right support first time                             <ul style="list-style-type: none"> <li>○ reduced inappropriate referrals – fewer wasted / inefficiently used resources,</li> <li>○ reduced delays in providing appropriate care – improved health outcomes and experience for patients</li> </ul> </li> <li>• Clear service specification allows for planning of staff numbers and training – more resilient service, reduced chance of negative impact on service due to staffing issues</li> <li>• Implementing model service specification leads to more equal provision where there is no unfair disadvantage based on types of</li> </ul>	<p>Service is revised but poorly communicated (lower impact).</p> <p>Not securing resource to ensure the additional capacity required to deliver.</p> <p>Recruiting sufficiently skilled staff to deliver service.</p>	

	Key Deliverables	Benefits	Risk associated with delivery	Risk of not delivering
		mental health care need.		
<b>P7</b>	<p>Perinatal mental health Integrated care pathway which includes:</p> <ul style="list-style-type: none"> <li>• Enhanced specialist services.</li> <li>• Multi-agency training programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Faster access to the right professional help – improved patient experience and outcomes.</li> <li>• Educated whole system workforce to identify mental health needs and clear referral – more patients for whom this care is appropriate are identified and receive care, improving patient outcomes.</li> <li>• Family members experience long-term increased quality of life.</li> </ul>	<p>Difficult to evidence and monitor outcomes/impact in the short term.</p>	<p>Current specialist capacity not sufficient to meet needs. Without support, long term impact on all individuals within the family. Local non-compliance with NICE guidance.</p>
<b>P8</b>	<p>C&amp;YP who need care in a hospital out of area have access to care from a local services that support a seamless discharge and transition to community services</p>	<ul style="list-style-type: none"> <li>• Reduce unnecessary stays in hospital – patients recover more quickly with reduced risk of deterioration or readmission – improved patient outcome, improved experience for family members and reduced health economy cost.</li> <li>• Maintain family contact – improve patient and family experience.</li> <li>• Reduced health economy cost</li> </ul>	<p>Non engagement of key stakeholders across health and social care</p> <p>Impact on wider CAMHS service.</p>	<p>Extended length of stay in in-patient units.</p> <p>Cost pressure to NHS.</p> <p>Impact on family life.</p> <p>Reduced effectiveness of treatment / intervention.</p> <p>Distress to the C&amp;YP and family when they don't have local service involved.</p>

Key Deliverables	Benefits	Risk associated with delivery	Risk of not delivering
<p><b>P9</b> Services for C&amp;YP who experience a first episode of psychosis the meet national access and waiting time standards and NICE standards.</p>	<p>(additional funds available to ensure sustainability or reinvest in other services)</p> <ul style="list-style-type: none"> <li>• Reducing duration of untreated psychosis - improving experience and outcomes for young people.</li> <li>• Access to service for “watch and waits” – reduced chance of patients coming to harm or harming others.</li> </ul>	<p>Insufficient skilled resource to deliver the service.</p> <p>People might feel “labelled”.</p>	<p>People aren’t treated quickly enough to improve progress.</p> <p>Becoming a chronic and long term condition.</p>

\* A reduction in health system cost is assumed to improve the sustainability of existing services or to allow for funds to be reinvested in other or new services, thereby facilitating benefits to patients.

### 3.5 Constraints / Tolerances

3.5 – 1 The following constraints are identified as likely to affect the plan:

- Challenging economic context for the local authority
- Challenging economic context for CCGs and health providers
- Recruiting clinical staff to fulfil key posts is essential and is currently posing a challenge

### 3.6 Stakeholders and interfaces

3.6 – 1 The following are key projects, personnel, organisations, groups and functions that may have interdependency and interfaces with this plan (this list is not exhaustive):

**Table 9: Interfaces**

<b>Programmes and Projects</b>			
<b>1</b>	Special Educational Needs Disability reforms	6	Youth Offending Team Annual plan
<b>2</b>	Troubled Families Programme	7	Procurement of NHS community services
<b>3</b>	Local Authority and CCG budget setting process	8	Adult Mental Health services transformation programme
<b>4</b>	CCG Integrated Urgent Care Project	9	Starting Well element of Health and Wellbeing Strategy , including public health as commissioners of health visiting and schools nursing services
<b>5</b>	East Midlands Collaborative Commissioning Oversight Group CAMHS Working Group	10	Other local projects and programmes supporting children and young people
<b>Organisations</b>			
<b>1</b>	MK CCG	6	YOT
<b>2</b>	MKC	7	MKUHFT
<b>3</b>	NHSE	8	CNWL children’s services and adult mental health services
<b>4</b>	Healthwatch, PACA and service user forums	9	In-patient providers
<b>5</b>	Community and Voluntary Services	10	Schools

## 4 Organisation and Controls for delivery of the MKLTP

The mandate for this plan has been given by:

**Table 10: Mandate for the plan**

Mandate Sought From	Required for Submission to NHSE	Date Approved
Health and Wellbeing Board	Yes	Received 8/10/15
NHSE Specialist Commissioning	Yes	Submitted 13/10/15
NHSE Health and Justice Team	Yes	Submitted 30/9/15
Healthwatch	No	Received 2/10/15
MK Clinical Commissioning Group	No	Received 5/10/15
Milton Keynes Council	No	Received 28/9/15
CNWL	No	Received 2/10/15

### 4.1 Children & Young People's Mental Health & Wellbeing Local Transformation Plan Delivery Board

**Table 11: Project Board Roles & Responsibilities**

Project Role	Name	Job Title	Organisation
Co-Chair	Michael Bracey	Corporate Director of People	MKC
Co- Chair (SRO)	Jill Wilkinson	Director of Nursing and Quality	MKCCG
Clinical Sponsor	Omotayo Kufeji	Board GP	MKCCG
Provider Sponsor	Pete Raimes	Director of Mental Health Services	CNWL- MK
Provider Clinical Lead	Keelyjo Hindhaugh	Clinical Director Mental Health	CNWL- MK
Provider Operational Lead	Tina Swain	Service Manager for CAMHS	CNWL- MK
Programme Manager	Hannah Pugliese	CYP&M Commissioner	MKCCG
Public and Patient Rep	Jane Bidgood	C&YP Rep	Healthwatch
Project Manager	Amanda Farr	CYP&M Joint Commissioner	MKC/CCG
Project Manager	Debs Amara	CAMHS Transformation Manager	MKCCG/CNWL
Senior Commissioner	Fiona West	Senior CYP&M Commissioner	MKCCG
PMO Support	Simon Puchtler	PMO Project Manager	MKCCG
Public Health	Linda Willis	Head of Development and Performance	MKC
Finance	Eva Karanja	Finance Manager	MKCCG
Adult Mental health Commissioner	TBC		TBC
Schools rep	TBC		TBC
NHS England rep	TBC		TBC
Community and Voluntary Sector rep	TBC		TBC

**4.1 – 1** The Children and Young People’s Mental Health and Wellbeing Local Transformation Plan Delivery Board (LTP DB) will be accountable to the Starting Well sub group of the Milton Keynes Health and Wellbeing Board.

The Co- Chairs are ultimately accountable for the project and have responsibility for the following key areas:

- Monitoring and control of progress
- Monitoring performance indicators and outcome measures
- Monitoring and control of risks and issues
- Ensuring financial control

**4.1 – 2** Working groups will be formed which will provide highlight reports to the LTP DB. A programme report will be produced for each LTP DB, this will be available to a range of other forums including MK CCGs programme boards; the Joint Commissioning Board; System Resilience Group; and other boards as required.

**4.1 – 3** There will be 2 Project Managers working on delivery of the plan, they will have responsibility for the day-to-day management of the projects. Their key role is to:

- Project organisation structure and plans
- Monitor progress against targets and where appropriate refer problems to the Programme Board in a timely manner
- Provide the Programme Board with assurances through exception reporting
- Negotiate work plans with the various suppliers
- Maintain the Risk Register.

**4.1 – 4** This plan is intended to promote equality and address inequalities by addressing gaps in local provision, to ensure all children and young people have equitable access to high quality services to enable their mental health needs to be met in accordance with Equality Act 2010 and Health and Social Care Act 2012. To ensure this each project will be subject to the local equality and quality impact assessment process in accordance with local governance procedures.

## 4.2 Transformation Plan Working Groups

### Tables 12- 14: Working Group Roles & Responsibilities

#### Milton Keynes Perinatal Mental Health Collaborative

Working Group Role	Organisation	Name of Group Member
Clinical Sponsor (Chair)	GP Board member	Julian Bradley
[Project] Lead	Joint Commissioning	Tracey Chapman
Finance Support	CCG	Andy Law
Patient representative	Maternity:MK	Various

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**Early Intervention, Prevention, and Complex Needs; Task and Finish Group**

<b>Working Group Role</b>	<b>Organisation</b>	<b>Name of Group Member</b>
Project Manager	Amanda Farr	

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**Access: Planned and Unplanned Specialist Care; Task and Finish Group**

<b>Working Group Role</b>	<b>Organisation</b>	<b>Name of Group Member</b>
Project Manager	Debs Amara	

### 4.3 The Delivery Plan

Table 15: The Delivery Plan

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
Enabler 1	<i>Making it Happen</i>	A Local Transformation Plan that has been developed: <ul style="list-style-type: none"> <li>• Within a whole system approach.</li> <li>• Based on good local evidence.</li> <li>• Incorporating the views of children and young people.</li> <li>• To deliver the recommendations of 'Future in Mind'.</li> </ul>	<ul style="list-style-type: none"> <li>• Set up system wide Local Transformation Plan Development Group.</li> <li>• Establish time line for approval and ratification.</li> <li>• Take review outcome to Health and Wellbeing Board and establish sign off process.</li> </ul>	MKCCG/MKC Commissioners	August '15	October '15 (Complete)
		Clear local governance arrangements that establish: <ul style="list-style-type: none"> <li>• Roles and responsibilities of the delivery team and key stakeholders.</li> <li>• Authority to make financial decisions.</li> <li>• Monitoring and reporting requirements.</li> <li>• Ensures the voice of children and young people remain central to delivery.</li> </ul>	Agree governance arrangements with system leaders which incorporate all requirements (See section 4.1).	MKCCG/MKC Commissioners	August '15	October '15 (Complete)
		A local communication strategy for the plan that includes: <ul style="list-style-type: none"> <li>• A local mental health awareness campaign, driven by children and young people that promotes a positive view of mental health and wellbeing and reduces stigma.</li> <li>• Consultation with C&amp;YP and families who have lived experience of mental health services</li> <li>• Information that provides a clear overview of the care pathways</li> <li>• Information that is accessible to diverse communities</li> <li>• Plan to be published on CCG and Local Authority web sites.</li> </ul>	Develop a communication strategy.	MKCCG/MKC Commissioners	August '15	Dec '15

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
Priority 1	<i>Improving Access to Effective Support</i>	A service for C&YP who have eating disorders which has fidelity to the national guidance.	All actions in this section. <ul style="list-style-type: none"> <li>• Facilitate the interface between Tier 4 specialised commissioning; strategic clinic networks; and academic health science networks across both regions to ensure needs of C&amp;YP from MK are adequately identified and addressed.</li> </ul>	MKCCG/MKC Commissioners	Oct '15	Apr '18
		Data to support national baseline data collection to enable standard to be reviewed in 2016/17.	<ul style="list-style-type: none"> <li>• Establish base line data for MK:</li> <li>• Activity data, community and in patient trend analysis.</li> <li>• Gap analysis against national guidance.</li> <li>• Audit in-patient admissions and determine what additional local resource may have enabled the young person to remain at home and be supported through a day care model.</li> </ul>	MKCCG/MKC Commissioners CNWL	Oct '15	Dec '17

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
		Strengthen the current community eating disorder service to include key elements of the national guidance and become partially compliant Including: <ul style="list-style-type: none"> <li>Additional Specialist ED Practitioner capacity.</li> <li>Improved access to Family Therapy.</li> <li>Increased capacity for home support and supervised feeding.</li> <li>Improved crisis response.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a business case with the local CAMHS service to strengthen the current community eating disorder service.</li> <li>Invest monies to enable change</li> <li>Monitor impact.</li> </ul>	MKCCG/MKC Commissioners CNWL	Oct '16	Dec '17
		Most appropriate commissioning arrangement to meet needs of children and young people in MK. This will include exploring in detail the benefits and risks of commissioning for the footprint including Milton Keynes within a geographical footprint of Northamptonshire, or an NHS Trust provider footprint of Central and North West London NHS Foundation Trust the existing local CAMHS provider. This work will be undertaken cognisant of the fact that the CNWL contract for provision ends in March 2018 and a re-procurement process will commence in 2017.	Further explore the options for working with other commissioners to deliver the full specifications.  Option 1: Co-commission with Northampton Option 2: Co-commission with Central London commissioners for CNWL.	MKCCG/MKC Commissioners CNWL	Dec '15	June '16
		Re procured eating disorder service.	Specify and procure eating disorder service either as a stand-alone procurement or as part of re-procuring CAMHS.	MKCCG/MKC Commissioners	April '17	April '18
Priority 2	Caring for the Most Vulnerable	(Working across local education, health, social care and youth justice services to deliver...) Integrated care pathway for C&YP with complex and challenging behaviour. Founded in a whole family approach and evidence based guidance e.g. NICE. This includes but is not exclusively: <ul style="list-style-type: none"> <li>Diagnostic service for ASD, ADHD and conduct disorders which meets needs of 0-18 year old C&amp;YP.</li> <li>Appropriate mental health assessment for C&amp;YP with learning disabilities, particularly where admission may be needed.</li> <li>Coordinated multi agency assessment and planning process.</li> <li>Range of evidence based interventions available and accessible to C&amp;YP who are vulnerable and may be socially excluded.</li> <li>Moving towards a life span approach to care so that YP experience a seamless transition into adult services.</li> <li>Acceptance criteria based on need rather than clinical diagnosis.</li> </ul>	Establish base line for current clinical services against NICE Guidelines and undertake gap analysis.  Benchmark social care, education and voluntary services to identify areas of duplication and/or gaps.	MKCCG/MKC	April '15	August '15 (Complete)
			Develop an integrated care pathway with consideration to: <ul style="list-style-type: none"> <li>Where services need to be redesigned or reconfigured to more sustainably meet the needs of C&amp;YP.</li> <li>Where gaps in the pathway remain identify potential monies to fund additional resource.</li> <li>Develop business case to support the avocation of funds.</li> <li>Where there is a need for specialist posts to be embedded in or linked to universal services.</li> </ul>	MKCCG/MKC/ CNWL	Oct '15	March '16
					March '16	Sept '16

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
	Developing the workforce	Universal services that are adequately trained to provide appropriate care (this will be an essential component of the integrated care pathway).	<ul style="list-style-type: none"> <li>Review existing training and support resources for universal services to understand existing provision and potential gaps.</li> <li>Work across health, social care and youth justice services to identify priorities and develop/ commission a programme of training and support.</li> </ul>	MKCCG/MKC/ CNWL	Sept '16	March '17
Priority 3	Improving access to effective support	Seamless lifespan pathway for 24/7 urgent mental health (linked to the local Crisis Care Concordat ) that improves access to: <ul style="list-style-type: none"> <li>Sustainable evidence based pathway between CAMHS and MK Hospital for liaison services.</li> <li>Evidence based crisis response and home treatment service.</li> <li>Provide intensive home support for C&amp;YP with eating disorders, supervised by ED team.</li> <li>Access to 'street triage' for young people who are vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a multi-agency group to redesign the current hospital liaison offer (Hospital emergency and paediatric) Ambulance, CAMHS, Adult Mental Health.</li> <li>Develop an integrated care pathway involving clearly identified roles and responsibilities.</li> <li>Clear evidence based pathway for crisis care in the community including home treatment when needed.</li> </ul>	MKCCG/MKC/MKU H /CNWL  MKCCG /CNWL	Sept '15  Apr '18	Apr '16
Priority 4	Caring for the Most Vulnerable	Children with specialist needs have access to psychological support. This includes the following groups: <ul style="list-style-type: none"> <li>C&amp;YP who have experienced abuse.</li> <li>C&amp;YP who have been sexually exploited.</li> <li>C&amp;YP with long term conditions.</li> <li>Looked after C&amp;YP and care leavers.</li> <li>C&amp;YP involved in gangs or who are homeless.</li> <li>C&amp;YP in contact with the Youth Justice system.</li> <li>C&amp;YP who are caring for others (Young Carers).</li> <li>C&amp;YP with Learning Disabilities and ASD.</li> </ul>	<ul style="list-style-type: none"> <li>Scope the options to provide more specialist services for C&amp;YP with these specific needs.</li> <li>Ascertain whether there are qualitative and financial benefits for commissioning currently outsourced activity more locally.</li> <li>Prepare business case for resource to meet identified gaps in provision.</li> <li>MK CCG to facilitate pre-admission Care and Treatment Reviews (CTR's) for C&amp;YP with Learning Disabilities or ASD prior to admission to in-patient units in line with the Transforming Care agenda, or if an emergency admission has occurred prioritise and support a post admission CTR.</li> </ul>	MKCCG/MKC/MKU H /CNWL	Jan '16	Jan '17
Priority 5	Promoting Resilience Prevention and Early Intervention	Improved confidence and capacity in Universal Services: <ul style="list-style-type: none"> <li>Co-commissioned services to support mental health and wellbeing in schools.</li> <li>Confident primary care services that have access to specialist support when needed.</li> <li>Confident universal services that have access to specialist support when needed.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate the local offer in collaboration with Schools and GPs in particular.</li> <li>Agree and mobilise the public health offer.</li> <li>Identify named points of contact to link CAMHS and Schools.</li> <li>Develop peer support networks for C&amp;YP.</li> </ul>	CCG/MKC/Schools/ Primary Care/ MKC  CCG/PH  CNWL/ Schools  CCG/MKC/ CNWL	April '16  Jan '16  April '16  April '16	April '17  April '17  Sept '16  April '17

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
		<ul style="list-style-type: none"> <li>Clear pathways that include voluntary sector organisations and on line support tools (guided self-care).</li> </ul>	<ul style="list-style-type: none"> <li>Access to web based support and / or alternative self-help options.</li> </ul>	CCG/MKC/ CNWL	Jan '16	Apr '17
Priority 6	Improving access to effective support  Developing the workforce	Multidisciplinary Integrated Specialist C&YP Mental Health Care Pathway that delivers: <ul style="list-style-type: none"> <li>Clear and efficient referral and access processes moving away from a tiered system and towards the creation of a single point of access.</li> <li>High quality, evidence based specialist services.</li> <li>Revised and agreed service specification.</li> </ul> <ul style="list-style-type: none"> <li>Member of the IAPT Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>Refresh baseline needs assessment data.</li> <li>Establish options for evidence based clinical models within available T2&amp;3 resources.</li> <li>Undertake a skills needs assessment of the staffing group including training needs analysis.</li> <li>Redesign access pathway to ensure it is inclusive, sustainable and resilient.</li> <li>Develop a multidisciplinary, integrated, evidence based care pathway.</li> <li>Ensure staffing skill mix appropriate to deliver pathway.</li> <li>Develop and agree new service specification based on national template.</li> <li>Implement new care pathway.</li> <li>Join CYPIAPT network.</li> <li>Undertake benchmarking and needs assessment.</li> <li>Prepare business case.</li> <li>Join IAPT Collaborative.</li> </ul>	CCG/MKC/ CNWL CCG/MKC/ CNWL CCG/MKC/ CNWL CCG/MKC/ CNWL CCG/MKC CCG/MKC/ CNWL CNWL CCG/MKC/ CNWL	Nov '15 Feb '16 Feb '16 Feb '16 April '16 April '16 April '16 April '16 October '15 April '16	Feb '16 April '16 April '16 April '16 Dec '16 Dec '16 - April '18
Priority 7	Promoting Resilience Prevention and Early Intervention	Enhanced Perinatal Mental Health Integrated Care Pathway to help avoid early trauma, build resilience and improve behaviour including: <ul style="list-style-type: none"> <li>Enhanced specialist services.</li> <li>Multi-agency training programme.</li> <li>Early years health services.</li> <li>Parenting training programmes.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a local perinatal mental health collaborative with representation families with lived experience.</li> <li>Prepare and approve business case for additional specialist resource.</li> <li>Develop integrated care pathway.</li> <li>Recruit to specialist posts.</li> <li>Launch pathway at protected learning event</li> <li>Develop and launch multiagency training programme</li> </ul>	CCG/MKC CCG/MKC CCG/MKC CNWL CNWL	May '15 May '15 May '15 Dec '15 June '16 June '16	Ongoing May '15 Jan '16 - Ongoing
Priority 8	Improving access to effective support	C&YP who need care in a hospital out of area have access to care from local services that supports a seamless discharge and transition to community services.	<ul style="list-style-type: none"> <li>Review and strengthen the existing arrangements to deliver on this objective.</li> <li>CCG and Joint Childrens commissioners to support East Midland Collaborative Commissioning CAMHS Working Group.</li> <li>Work with NHS England to identify options for increased availability of age</li> </ul>	CCG/MKC CNWL CCG/MKC CCG/NHSE	April '16 April '16 Sept '15 Sept '15	Oct '16 ongoing

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
			appropriate beds within the region to enable children to be cared for in an age appropriate setting as close to home as possible.			
Priority 9	Promoting Resilience Prevention and Early Intervention	Services for YP who experience a first episode of psychosis that meets national access and waiting time and NICE standards	<ul style="list-style-type: none"> <li>Working with Adult Mental health Commissioners; strengthen existing EIP services to deliver to the new access and waiting time standards.</li> </ul>	CCG/MKC CNWL	-	Jan '16
Enabler 2	To be accountable and transparent	Good data and information systems including full implementation of the CAMHS minimum data set and compliance with data standards.	<ul style="list-style-type: none"> <li>Implement the CAMHS minimum data set.</li> <li>Developing and implementing a set of locally defined Key Performance Indicators to measure improved outcomes.</li> <li>To ensure that locally defined outcome measures are monitored through the key local governance structures including: HWB, CCG, CSC.</li> </ul>	CNWL CCG/MKC	Mar '16 Jan '16	April '16
Enabler 3	To be accountable and Transparent	Joint working across and within all sectors and a collaborative commissioning arrangement; to ensure a whole system approach.	<ul style="list-style-type: none"> <li>Ensure that the local joint strategic needs assessment addresses physical and mental health.</li> <li>Strengthen current joint commissioning arrangements to expedite progress towards a system without tiers.</li> <li>Work with CNWL to develop and agree new service specification based on national specification.</li> <li>Develop a section 75 agreement to identify lead provider and pool from CCG and MKC budgets in preparation for re procurement in line with time frame for CNWL contract.</li> </ul>	CCG/MKC CCG/MKC	July '15 Dec '16	Annual & ongoing April '17
Enabler 4	Developing the workforce	Commitment to workforce development.	<ul style="list-style-type: none"> <li>Relevant organisations should review their workforce strategies and if appropriate undertake a training needs analysis and provide relevant training and learning opportunities as required.</li> <li>Ensure that the local multi-agency training programme provides a range of training opportunities for those working across the pathway.</li> <li>Facilitate further focussed work to support universal providers in developing their skills and confidence.</li> </ul>	All	Jan '16	Ongoing

Ref	Future in Mind	Deliverable	Action	Owner	Start date	End Date
			<ul style="list-style-type: none"> <li>Harness the national support available from Health Education England to ensure the MK plan aligns with the national workforce development plans by ensuring CAMHS workforce is considered by Health Education Thames Valley (HETV).</li> </ul>			
Enabler 5		CAMHS services are delivered in an environment conducive to good mental health and wellbeing.	<ul style="list-style-type: none"> <li>To monitor impact of providers' action plan to update the physical environment and improve the service offer.</li> <li>To support the provider to move the current tier 2 service into more appropriate accommodation</li> </ul>	MKCCG/ MKC/ CNWL	-	Ongoing
				MKC	May '15	Sept '16

## 5 Finance for the Delivery Plan

The table below describes the proposed financing of the plan for 2015/16, subject to approval through usual governance procedures.

**Table 16: Finances for the Plan**

Local Priority Number	Description of local priority	Funding Stream	Priority service user group	2015/16 Quarter 3				2015/16 Quarter 4			
				Recurrent	£	Non-recurrent	£	Recurrent	£	Non-recurrent	£
Local priority stream 1	Supplement existing ED service to include key elements of the national guidance and become partially compliant.	ED	C&YP with Eating Disorders.	Enhance service.	22.5k	Set up costs.	5k	Enhance service.	22.5k	Temporary staff Project costs.	60k
Local priority stream 2	Integrated care pathway for C&YP with complex and challenging behaviour. Founded in a whole family approach and evidence based guidance.	15/16 Transformation funds	C&YP with Complex and Challenging Behaviour.							Needs assessment and gap analysis.	15k
Local priority stream 3	Seamless lifespan pathway for 24/7 urgent mental health (linked to the local Crisis Care Concordat ) that improves access to: Hospital liaison & to crisis response and home treatment service.	15/16 Transformation funds	C&YP who are in crisis and or self-harm.	Hospital Liaison/ crisis service.	81.25k	Temporary staff & Set up costs.	30k	Hospital Liaison/ crisis service.	81.25k	Temporary staff & Webinar based therapy.	82.5k
Local priority stream 4	Children with specialist needs have access to psychological support.	15/16 Transformation funds	C&YP who: have long term physical conditions have been sexually exploited involved in gangs or are homeless looked after children.			Needs assessment and gap analysis.	5k			Needs assessment and gap analysis.	10k
Local priority stream 5	Improved confidence and capacity in Universal Services.	New Investment	C&YP with mild to moderate mental health needs.							Training & Web Based Resources.	20k
Local priority stream 6	Multidisciplinary Integrated Specialist C&YP Mental Health Care Pathway.	CYP-IAPT	C&YP with Moderate to high needs.			PPEP Training (TVSCN funding).	9k				
Local priority stream 7	Enhanced Perinatal Mental Health Integrated Care Pathway to help avoid early trauma, build resilience and improve behaviour.	Parity of Esteem Investment (NHS).	Women and families who are planning a pregnancy, are pregnant or in the first 2 years after a birth.	Enhance specialist services.	40k			Enhance specialist services.	40k		

MK Children & Young People Mental Health & Wellbeing Transformation Programme

Local Priority Number	Description of local priority	Funding Stream	Priority service user group	2015/16 Quarter 3				2015/16 Quarter 4			
				Recurrent	£	Non-recurrent	£	Recurrent	£	Non-recurrent	£
Local priority stream 8	C&YP who need care in a hospital out of area have access to care from local services that support a seamless discharge and transition pathway to community services.	15/16 Transformation funds.	C&YP who have high to severe needs.								
Local priority stream 9	Services for YP who experience a first episode of psychosis that meet national access, waiting time standards and NICE standards.	Parity of Esteem Investment (NHS)	YP who experience a first episode of psychosis.	Enhance specialist services.	30k			Enhance specialist services.	30k		
Local priority stream 10	Good data and information systems including full implementation of the CAMHS minimum data set and compliance with data standards.	Investment to be determined for 16/17.	Benefit to the whole population.								
Local priority stream 11	Joint working across and within all sectors and a collaborative commissioning arrangement; to ensure a whole system approach.	Investment to be determined for 16/17.	Benefit to the whole population.								
Local priority stream 12	Most appropriate commissioning arrangement to meet needs of children and young people with ED in MK.	ED	C&YP with Eating Disorders.	Capacity to deliver plan.	£10k			Capacity to deliver plan.	£10k		

## 6 Monitoring outcomes

The table below describes the proposed KPIs for monitoring delivery of the plan for 2015/16

**Table 17: KPIs for the Plan**

Local Priority Number	Description of local priority	Priority service user group	The expected outcome of the scheme	Main KPI	KPI baseline	KPI target	Stretch Targets 16/17
<b>Local priority stream 1</b>	Supplement existing ED service to include key elements of the national guidance and become partially compliant.	C&YP with Eating Disorders.	Improved waiting times Improved Access to family Therapy Improved home support and capacity for supervised feeding Reduced admissions	To record % of C&YP that received NICE concordant treatment within the standards' timeframes.	Not measured as new scheme.	To establish a target from base line data.	% of CYP and families rating service as good or better.
<b>Local priority stream 2</b>	Integrated care pathway for C&YP with complex and challenging behaviour. Founded in a whole family approach and evidence based guidance.	C&YP with Complex and Challenging Behaviour.	Diagnostic service for ASD, ADHD and conduct disorders which meets needs of 0-18 year old C&YP Appropriate mental health assessment for C&YP with learning disabilities, particularly where admission may be needed Coordinated multi agency assessment and planning process Range of evidence based interventions available and accessible to C&YP who are vulnerable and may be socially excluded. Moving towards a life span approach to care so that YP experience a seamless transition into adult services Acceptance criteria based on need rather than clinical diagnosis	To record the number of C&YP that receive assessment and diagnosis within the locally agreed time frame.	Not measured as new scheme.	To establish a target from base line data.	
<b>Local priority stream 3</b>	Seamless lifespan pathway for 24/7 urgent mental health (linked to the local Crisis Care Concordat) that improves access to: Hospital liaison, crisis response and home treatment service.	C&YP who are in crisis and or self-harm.	Sustainable evidence based pathway between CAMHS and MK Hospital for liaison services. Access to 'street triage' for young people who are vulnerable Evidence based crisis response and home treatment service Provide intensive home support for C&YP with eating disorders, supervised by ED team	To record the number of C&YP that are referred by the hospital and receive assessment within 2 hours.  To record the number of	Not measured as new scheme TBC from benchmarking.	To establish a target from base line data.	Reduction of hospital admissions to Tier 4 in-patient units, local adult in-patient unit and local acute hospital.

Local Priority Number	Description of local priority	Priority service user group	The expected outcome of the scheme	Main KPI	KPI baseline	KPI target	Stretch Targets 16/17
				C&YP receiving crisis response and home treatment.  To record the number of C&YP who are admitted to Tier 4 in-patient units, local adult in-patient unit and local acute hospital.			% of CYP and families rating service as good or better.
<b>Local priority stream 4</b>	Children with specialist needs have access to psychological support.	C&YP who have long term physical conditions, have been sexually exploited, are involved in gangs or are homeless looked after children.	Children with specialist needs have access to psychological support this includes the following groups: <ul style="list-style-type: none"> <li>• C&amp;YP who have experienced abuse</li> <li>• C&amp;YP who have been sexually exploited</li> <li>• C&amp;YP with long term conditions</li> <li>• Looked after C&amp;YP</li> <li>• C&amp;YP involved in gangs or are homeless</li> </ul>	To undertake a needs assessment to establish the level of need.	Not measured as new scheme TBC from needs assessment.	To be established from the needs assessment	
<b>Local priority stream 5</b>	Improved confidence and capacity in Universal Services.	C&YP with mild to moderate mental health needs.	Co-commissioned services to support mental health and wellbeing in schools Confident primary care services that have access specialist support when needed Confident universal services that have access specialist support when needed	To undertake a benchmarking stakeholder survey.	Not measured as new scheme TBC from stakeholder survey.	To be established from stakeholder survey.	% of staff trained reporting increased confidence 6 months after training. School

MK Children & Young People Mental Health & Wellbeing Transformation Programme

Local Priority Number	Description of local priority	Priority service user group	The expected outcome of the scheme	Main KPI	KPI baseline	KPI target	Stretch Targets 16/17
							satisfaction surveys undertaken.
<b>Local priority stream 6</b>	Multidisciplinary Integrated Specialist C&YP Mental Health Care Pathway.	C&YP with Moderate to high needs.	Clear and efficient referral and access processes moving away from a tiered system and towards the creation of a single point of access High quality, evidence based specialist services including consideration to provision of CYPIAPT Revised and agreed service specification	To record the % number of C&YP being assessed within the locally agreed target.	Not measured as new KPI TBC from benchmarking.	90% of cases will be assessed within the locally agreed targets.	% mothers reporting improvement in mental health.  % of women rating service as good or better.
<b>Local priority stream 7</b>	Enhanced Perinatal Mental Health Integrated Care Pathway to help avoid early trauma, build resilience and improve behaviour.	Women and families who are planning a pregnancy, are pregnant or in the first 2 years after a birth.	Enhanced specialist services Multi-agency training programme Early years health services Parenting training programmes	To record the % number of C&YP who access specialist care within the locally agreed target.	Not measured as new KPI TBC from benchmarking.	90% of cases will be assessed within the locally agreed targets.	
<b>Local priority stream 8</b>	C&YP who need care in a hospital out of area have access to care from local services that support a seamless discharge and transition pathway to community services.	C&YP who have high to severe needs.	Seamless discharge and transition pathway to community services	To record the % number of C&YP that have the locally agreed level of contact with the local care coordinator.	Not measured as new KPI TBC from benchmarking.	To establish a target from base line data.	% C&YP with jointly owned care plans (CSC /CAMHS).
<b>Local priority stream 9</b>	Services for YP who experience a first episode of psychosis that meet national	YP who experience a first episode of psychosis	Services for YP who experience a first episode of psychosis the meet national access and waiting time standards and NICE standards	To record % of C&YP that received NICE concordant	Not measured as new KPI TBC from benchmarking.	80% of presenting cases	% of CYP and families rating service as good or

Local Priority Number	Description of local priority	Priority service user group	The expected outcome of the scheme	Main KPI	KPI baseline	KPI target	Stretch Targets 16/17
	access, waiting time standards and NICE standards.			treatment within the standards' timeframes			better.
<b>Local priority stream 10</b>	Good data and information systems including full implementation of the CAMHS minimum data set and compliance with data standards.	Benefit to the whole population.	Data to support national baseline data collection to enable ED standard to be reviewed in 2016/17 Locally developed KPIs Implementation of the Minimum Data set	To record data in compliance with the CAMHS MDS.	Not recorded at present.	To achieve 95% compliance with MDS.	
<b>Local priority stream 11</b>	Joint working across and within all sectors and a collaborative commissioning arrangement to ensure a whole system approach.	Benefit to the whole population.	Section 75 agreement	To have the section 75 agreed and pooled budget in place.	Separate contract currently in place.	To have the section 75 agreed and pooled budget in place.	
<b>Local priority stream 12</b>	Most appropriate commissioning arrangement to meet needs of children and young people with ED in MK.	C&YP with Eating Disorders.	Benefits and risks of commissioning for the footprint including Milton Keynes within a geographical footprint of Northamptonshire, or a NHS Trust provider footprint of Central and North West London NHS Foundation Trust Re-procured ED service	A re-procured ED service that is concordant with NICE guidelines and can offer a service within the standards' timeframes	Current service partially compliant.	A re-procured ED service that is concordant with NICE guidelines and can offer a service within the standards' timeframes.	

## 7 Appendices

**Table 18 - Appendices**

No	Document Title
1	MK CAMHS Pathway Review
2	Needs Assessment
3	Stakeholder Engagement
4	JSNA – CAMHS section
5	Health and Wellbeing Strategy
6	Terms of Reference for the Local Transformation Plan Development Group