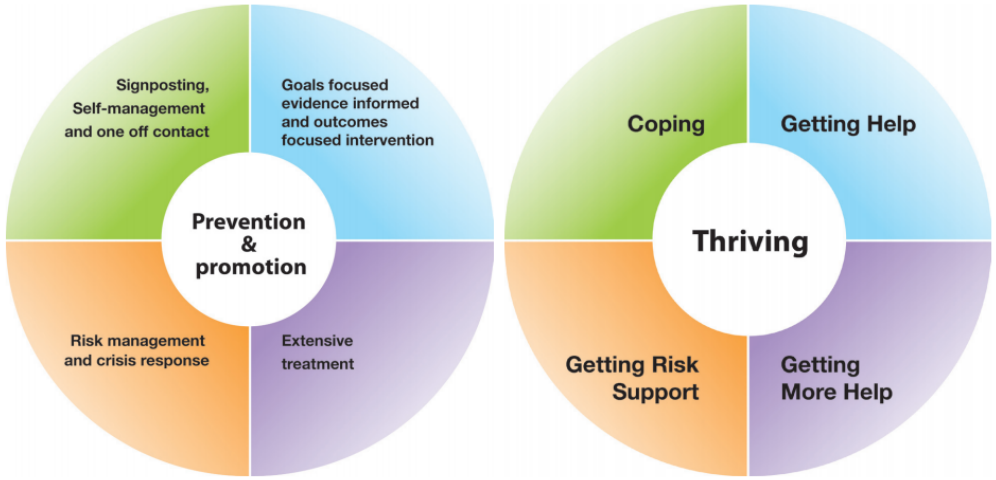
Areas for transformation in priority order

	AREAS FOR TRANSFORMATION
1	**Introduction of the adapted Thrive model**
1.1	The findings of the needs assessment identify the need for an increased emphasis on 'prevention and promotion'. The Thrive model is suggested by Future in Mind, and has already been identified in the local CYP MH TP as the basis for design of future services. This blended model is illustrated in the diagram below. In implementing this model, the evidence-base for interventions outlined in Section 20 of the needs assessment should be used: **Blended Thrive Model**  **Source**: Future in Mind (2015)

AREAS FOR TRANSFORMATION

2	**Alignment of governance and information to support the delivery of the Local Transformation Plan**
2.1	In order to transform to the Thrive model and taking into account the 5 CYP MH TP themes in Barking and Dagenham the following recommendations are made:
2.2	Commissioners and operational service managers should identify and agree the key data sets that are required as a minimum to ensure efficient and effective services.
2.3	Commissioners and providers should ensure that performance and business information is consistently aligned to outcomes (rather than outputs or process such as waiting times) for children and families.
2.4	Partners should consider the development of school health profiles or similar which provide information on local needs.
2.5	To develop improved transparency in relation to commissioning and decommissioning decisions consideration should be given to how best to strengthen governance and better involve parents and young people in local decision making fora.
2.6	Services should be informed by a clear evidence base and the involvement of users in design delivery and evaluation.
2.7	Adoption of a ‘no wrong door’ or a ‘single point of access’ service approach so that young people may access or be referred to the service they need regardless of which organisation/service they initially contact.
2.8	Investment should be put into prevention, promotion and early intervention evidence-based services as outlined in the CYP MH TP. Expected outcomes should be evident in the commissioning plan, as should monitoring arrangements that ensure collection of data around how many children and young people from different ages, geographical areas and vulnerable groups are actually accessing these services.
3	**Resilience Building in all tiers of service**
3.1	Models of peer support are examined by providers and commissioners, alongside children and young people, with an intention to implement these in Barking and Dagenham.

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4	**Emotional wellbeing and mental health in early years**
4.1	The transfer of commissioning of 0-5 public health services to local government provides an opportunity to create a stronger focus on mental health in the early years.
4.2	Ensure the children centre programme has a strong focus on pre-birth to age 2 years as the most significant stage of a child's early development.
4.3	Strengthen provision for children with developmental delay/additional needs.
4.4	Promote the value of the early education entitlement across the borough (given the significance of early years learning on building resilience)
4.5	Develop and adopt a 'healthy tots[1]' programme across the borough aimed at local early year's settings in parallel with the Healthy Schools programme.
4.6	Services should actively build community capacity (including the use of volunteers and mentors) to ensure sustainability of provision, in facilitating parental support groups, or parent led provision linked to Children Centres.
4.7	Services should prioritise areas of deprivation, and ensure a strong focus on: • Parent child relationships – to encourage attachment and parental responsiveness to ensure infant mental health and wellbeing • Promotion of the home environment and learning through play to promote children's intellectual, physical social, emotional and behavioural development and skills • Promotion of language and communications skill development
4.8	Consider if any specialists (either in-house or procured) could be embedded within community based arrangements to promote good attachment and early identification of emerging difficulties for this age group.
4.9	Barking and Dagenham needs to ensure that all Health Visitors are given access to the Institute for Health Visiting (IfHV) training.
4.10	The work on encouraging and supporting breast-feeding in Barking and Dagenham should continue with the aim of increasing the percentage of breast-feed babies at initiation and particularly the continuation of breast-feeding to 6 weeks after birth.

[1] Leicestershire Healthy Tots programme http://leicestershirehealthytots.org.uk/ [accessed 16/4/16]

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5	**Emotional wellbeing and mental health age 5-12**
5.1	Develop an approach with schools that further builds their capacity and their knowledge and understanding of what works (evidence – base) to inform their approach to emotional wellbeing and mental health.
5.2	Evidenced informed interventions from providers able to ensure good parenting models supported.
5.3	Advice and support from mental health workers is routinely available to support and enhance early intervention services locally i.e. in schools.
5.4	Development of parent to parent peer support to help sustain change, build capacity and prevent relapse
5.5	Develop a pathway of care for those with emerging behavioural difficulties
6	**Emotional wellbeing and mental health in schools**
6.1	Supports for whole school programmes for tackling bullying are implemented in all schools which become part of the local integrated system.
6.2	Schools should be encouraged to continue to develop whole school approaches to promoting mental health and wellbeing, and build on the current work within PSHE.
6.3	A named individual to take a lead on mental health is identified in every school. This is planned to happen from September 2016.
6.4	A named mental health worker from CAMHS is named as a contact for each school
6.5	A joint training programme is established between school staff and mental health staff for the individuals named above. The programme could be agreed through the MDT meetings which incorporate health and education staff.

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7	**Emotional wellbeing and mental health in adolescents**
7.1	Develop an outcomes framework for adolescents to ensure an evidence-informed approach is adopted across all providers.
7.2	Secure sufficient and appropriate mental health outreach (and knowledge) to engage young people from particularly vulnerable groups including those with special educational needs, those on the fringes of youth crime or those who are in care or are leaving care to ensure they get the help they need to address their needs and make a good transition to adulthood.
7.3	Extend the existing opportunities for peer support approaches to build skills knowledge and confidence in young people to support each other.
7.4	Consideration should be given to the commissioning of primary mental health workers seconded from the NHS who can be embedded within Local Authority services to share expertise and ensure mental health needs are addressed effectively.
7.5	Consider opportunities to further develop multi-disciplinary teams in working with children in care and those leaving care
7.6	No further commissioning for improvement of emotional wellbeing should proceed without the full and active involvement of young people.
7.7	There should be robust evaluation of the current counselling provision to inform any future decisions.
8	**Primary care services**
8.1	There is a named mental health worker for each GP practice, providing ease of access to advice and consultation.
8.2	Investigate why the referral practice (identified by parents) differs between GPs and how a consistent level of completion of the referral form could be secured.
8.3	The idea of GP social prescribing is explored with local providers of sports amenities, libraries and youth groups, with agreement reached to facilitate this.
8.4	The use of You're Welcome, or similar, standards should be encouraged amongst GP practices in order to make their practices young-people friendly for young people.

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9	**Specialist services – Tier 3 & 4**
9.1	Parenting programmes for families of a child with behavioural problems, conduct disorder and Attention Deficit Disorder should be on offer, and delivered by appropriately trained and skilled staff.
9.2	Waiting lists for specialist CAMHS need to be monitored, and any impact of earlier intervention on waiting lists noted.
9.3	Local CCG commissioners should work with NHSE commissioners to ensure that better decisions can be made about in-patient care for children and young people and to improve outcomes for whom in-patient care cannot be avoided.
9.4	Use of the NHSE 'Passport' https://www.england.nhs.uk/mentalhealth/cyp/iapt/ might be one way to achieve communication between services, and is focused on what the service user wants to share.
9.5	A feasibility study into the need for and possible implementation of a 24 hour crisis service should be undertaken, and outcomes of this discussed with NHSE. An examination of the need of crisis services outside of its current operating hours should be undertaken to ensure the needs of children and young people are being met as they arise.
9.6	Children's commissioners should work with their adult colleagues to ensure that the needs of children and young people are considered when new crisis services are planned and implemented. Clear monitoring should be in place to identify the demand by children and young people and the response they receive.
9.7	Examine the downward trend of activity in the all age eating disorders service to identify if this is for children and young people, in order to inform the eating disorders service transformation outlined in the LTP.
10	**During transition**
10.1	Local strategic planning on transition should ensure that the needs of more vulnerable young people are taken into account:
10.2	Consideration is given to the impact of having flexibility in the age of transfer to adult mental health services, which would be based on need rather than age through work with colleagues in adult commissioning and provision.
10.3	Children's commissioners should continue to work with colleagues in adult mental health commissioning to ensure that children and young people are taken fully into account for the all–age Early Intervention Psychosis standards.

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11	**Partnership working**
11.1	CCG and LBBD commissioners and providers across health, education, social care and youth justice need to work together to develop appropriate and bespoke evidence-based care pathways for vulnerable children.
11.2	Access to good quality self-help and other information in the management of lower level mental health problems would be a cost-effective way of providing earlier support for families. There is an intention in the CYP MH TP to develop digital resources and guided self-support.
12	**Participation and active involvement**
12.1	Development of a shared strategy with action plan which ensures: • The active participation and involvement of children, young people and their parents and carers in the development. • Evaluation of services including the commissioning and decommissioning of services. • A clear governance structure (preferably partnership).
13	**Workforce development and resilience building**
13.1	An annual graduated programme to address the training needs of the universal and targeted workforce should be developed. This should include issues identified through this assessment such as: • understanding common mental health problems • child development • using evidence-based approaches to promotion and prevention • the needs of children with special educational needs • managing risk • understand resilience and protective factors in families and the significance of relationships and positive self-esteem for children/young people • peer mentoring for young people • appropriate therapeutic interventions which promote good mental health and build resilience in young people.
13.2	Proactive consultation and support provided by specialists which is easy to access would further build capacity across the workforce.
13.3	Commissioners are recommended to ensure that the people delivering parenting groups are trained through contractual arrangements with providers – particularly taking advantage of the courses set up via the Children and Young People's Talking Therapies (IAPT) project.

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13.4	An audit of the current targeted and specialist workforce, their numbers and their skills and confidence in the following evidence-based practice interventions for mental health issues in children and young people to enable a workforce strategy relating to mental health to be developed: • Assessment of clinical need • Assessment of risk • Evidence-based group parenting programmes • One to one parenting programmes to meet the needs of those with more complex needs • Family therapy • Aggression replacement therapy • Multi-systemic therapy • Social skills training • Cognitive Behavioural Therapy (CBT), group and individual • Interpersonal Psychotherapy • Medication prescribing and monitoring • CBT for psychosis (CBTp) • Problem solving
14	**Targeted services**
14.1	Given the demographic make-up identified of Barking and Dagenham, it important that all providers are delivering culturally appropriate services and that staff are competent. Consideration should be given to the use of an assessment tool to help assure commissioners.