Report by CAMHS Strategic Commissioner on behalf of the 5 CCGs in Norfolk and Waveney

Children's Mental Health Services in Norfolk

1. This report (produced on behalf of all 5 CCGs in Norfolk & Waveney) provides an update for Members on progress made to implement a range of service developments set out in the original Norfolk & Waveney LTP (Nov 2015) and the 2016/17 refreshed LTP (submitted to NHS England in October 2016). The report gives an indication of the early impact of those service developments that are now fully operational. The report also responds to the other lines of enquiry set out in the cover note from Maureen Orr.

2. CCGs welcome the interest from Members on this key service area and appreciate the role that NCC plays to keep children's emotional wellbeing and mental health high on our list of joint priorities. NCC Children's Services hosts the CAMHS Joint Commissioning Team and contributes to the section 75 Pooled Fund which is held by this Team on behalf of the 5 CCGs and NCC.

3. All the service developments promised in the original LTP are either now fully operational or very close to being so – i.e. have been negotiated as contract variations, with providers currently completing recruitment rounds to fill the remaining vacancies for the new/extra posts. These developments are therefore moving into 'business as usual' arrangements for management and performance review, with the attention of commissioners and partners focusing increasingly on work to redesign the entire mental health system for children and young people.

4. The 2016/17 refreshed LTP is deliberately brief and focuses on two key strategic priorities, namely:

    1. To ensure all 8 LTP recurrent service developments are fully implemented and operational as soon as feasible.

    2. To undertake an extensive re-design and re-engineering of the entire system for children and young people with mental health needs over the next 2 years to maximise the opportunities for integrated pathways and economies of scale. The redesign's scope is to be finalised but will include core targeted and specialist CAMHS activity commissioned by CCGs and NCC.

5. While the LTP funded service developments provide very welcome increased capacity, there are a number of long standing systemic issues and barriers to effective integration that led CCGs and NCC to agree that a whole system redesign is required.

6. Each of the questions posed in the covering report are now addressed in turn.

7. ***Question (a) – Developments to services under the LTP since the last report (8 Sept 2016) and an indication of the early outcomes of the LTP, including:-***

7.1 **i. Funding uplifts – have the CCGs received the funding and has it been made available for children's mental health services?**

7.1.1 Via the LTP process central government allocated in 2015/16 £1.9m of additional funding to the 5 CCGs in Norfolk & Waveney to deliver the joint Plan they had successfully submitted in October 2015. For 2016/17, NHS England announced the uplift it expected to be applied to LTP budgets – which would increase the budget available to the 5 CCGs in 2016/17 up to £2.7m. NHS England announced a further uplift it expects to be applied in 2017/18, which would increase the budget available to the CCGs up to £3.1m. These LTP uplifts appear in CCGs' baseline core funding, are not ringfenced and have to be considered against all other cost pressures affecting CCGs.

7.1.2 The 5 CCGs committed to continue to allocate a minimum total of £1.9m LTP funding each year. In 2016/17 the CCGs allocated a total of £1.9m of LTP funding at full year effect plus the following additional amounts:

- £443k of LTP non-recurrent funding for extra temporary CAMHS Eating Disorders capacity within NSFT
- £168k of additional recurrent core CAMHS funding for increased specialist CAMHS capacity in the Thetford area
- £452k of non-recurrent funding from NHS England to reduce waiting times in core CAMH Services.

7.1.3 CCGs will consider use of the LTP uplifts to baseline budgets on a year by year basis, alongside other cost pressures.

7.2 **ii. The situation regarding staffing of the services. Has it been possible to recruit all the staff envisaged in the LTP and what is the situation regarding staff turnover?**

7.2.1 For those service developments operational on or before 1st April 2016, all posts were recruited to. Any current vacancies are due to normal staff turnover and are filled in the usual way. The service developments which are fully operational are increased capacity within Eating Disorder teams, Point 1 and mental health support within the Police Control Room. The service developments where providers are currently completing final preparations before enhanced provision 'goes live' are the Crisis Pathways (extra provision goes live 1st April 2017), the Link Work function for education and primary care settings (in the final stages of recruitment), children affected by sexually harmful behaviours (in the final stages of recruitment), and an extension to the opening hours of Norfolk & Suffolk Foundation Trust (NSFT) CAMH Service (which goes live 1st April 2017).

7.3 **iii. What difference has the development of the service made in terms of waiting times for children's mental health services (all tiers) before and after the changes; other KPIs from the LTP (or negotiated within contracts during implementation of the LTP) to show current performance and the trend in performance**

7.3.1 Performance of our two largest CAMHS providers against their waiting times standards is summarised in **Appendix 1**.

The difference these service developments have had include:

7.3.2
- **CAMHS Eating Disorder (ED) increased capacity** – more children and young people are being seen by the service which itself is a much more stable, safe service. CAMHS ED services are subject to a new set of standards, including challenging waiting time standards, with all routine referrals needing to be seen within 4 weeks of referral and urgent referrals within 1 week (100% compliance rate to be achieved by 2020/21). Formal reporting against the new standards is bedding in currently, with some refinements to reporting likely to be needed to ensure accurate and validated data is submitted to commissioners. Presently, there are some discrepancies between the data supplied to commissioners each month and data supplied by NSFT via its 'Unify' returns to NHS England, which information specialists are working to resolve. However, verbal reports from service managers and lead clinicians indicate that performance is good against the waiting times standard, with the NHS England access rate targets being met for the vast majority of patients well in advance of the national deadline of 2020/21.

- **Point 1 increased capacity** – more children and young people are being seen by the service, and the service is now available in Waveney

- **Specialist CAMHS capacity in the Police Control Room** – maintaining and developing specialist CAMHS advice for police officers who encounter children and young people with mental health needs.

7.3.3 Please see **Appendix 2** to view a table showing the KPIs that relate to the LTP. The KPIs that have been agreed and signed off as part of providers' contracts are highlighted in grey.

8. ***Self-harm – an update on the progress of services in the context of addressing the needs of children who self-harm, e.g. the establishment of the Crisis Bank of staff for short notice deployment in a crisis and the increased staffing for Point 1.***

8.1 The service developments from the LTP which will impact most directly on children who self-harm are the enhancements to the Crisis Pathway and the dedicated CAMHS specialist advice funded for the Police Control Room to provide advice to police officers who encounter children with potential mental health issues. The Crisis Pathway enhancements include:

- Extended opening hours of the core team/service – 8am-8pm week days.
- Expanded specialist CAMHS crisis assessment function (from 1st April 2017) – available up until midnight during the week, and for at least 4 hours on weekend and bank holiday days (with cover provided out of those hours by the adult Crisis Teams).
- Crisis Support Workers (from 1st April 2017) – to provide intensive support for those patients in crisis who require it in acute General Hospitals and selected Foster Care placements. **Note to Members** – this is the 'Crisis Bank' of staff referred to in the question above.
- First responder training – delivered to 'first responders' who initially respond to and support children experiencing a mental health crisis.
- Increased liaison work with hospitals, social care, police and other services whose work brings them into contact with children in crisis.
- Increased capacity for Point 1 – Point 1 sees children and young people with mild to moderate levels of mental health issues (self-harm included). The extra capacity funded within Point 1 went live during 2016/17 and has enabled the service to see more children and young people.

9. ***Looked After Children – information on the current situation regarding delivery of Annual Health Assessments and Strength and Difficulty Questionnaires (SDQ) and the linkage between the two.***

Ricky Cooper, Head of Social Work, Children's Services, provided the following information:-

9.1 For all the children who are looked after, 1110 at end of February 2017, 87.03% have an up to date health assessment. Over the last year there were 45 refusals of health assessments, in the previous year there were 52 refusals.

9.2 As at 2 March 2017, of 44 children completing 30 working days in LA care, 38 (86.4%) had completed initial health assessments, 79.5% of which were within the statutory timescale of 20 working days.

9.3 At the end of March 2017, Children's Services are due to file their annual SDQ returns to the DFE. In January 2017, SDQ's were sent to carers and children and young people to complete and return as part of this return. As at 24 March 2017 86.8% of those SDQs have been returned. These SDQs are uploaded onto the Health Systems for consideration by the Clinician completing the Review (Annual) health assessment for children and young people in LA care for the next annual health assessment. For children and young people due to have an annual health assessment in April 17 and May 2017 the SDQ will be available to the Clinician from the March 17 return. For children and young people scheduled to have an Annual Health Review for June 2017 onwards, updated SDQs will be sent out two months in advance. This will ensure that for Review (Annual) Health Assessments SDQ's will be aligned so that the Clinician conducting the Health assessment has an up to date tool to assist in detecting and

identifying potential emotional and mental health needs so that these can be included in the child/young person's health plan.

9. ***Developments under the Norfolk and Waveney Sustainability Transformation Plan (STP) as they affect the LTP***

9.1 The STP has a mental health workstream, which is chaired by Dr Tony Palframan, who is also the Chair of the Steering Group overseeing the redesign of the mental health system for children in Norfolk and Waveney. Dr Palframan is also the Chair of the Mental Health & Learning Disabilities Commissioning Network, where clinical and commissioning leads from the 5 CCGs meet monthly to agree how best to take forward strategic priorities for mental health commissioning across the STP footprint. The CAMHS Local Transformation Plan (LTP) is cited within the STP, thereby providing a potential governance route for further joint working and decision making at a broader, higher level.

10. **Mental Health services provided via Children's Centres**

Phil Beck, Head of Services and Partnerships (Great Yarmouth), Children's Services, provided the following information:-

All Children's Centres in Norfolk are expected to : - **SW3a Work with partners to support children living with parents/carers that experience poor mental health.**

10.1 **Background**

Children's Centres have recognised that there appears to be an increase in the number of parents who present with mental health challenges. This is often disclosed after an initial piece of work has started, as trust and confidence with the family support worker develops or at a universal group to a trusted worker. It has also been recognised that the number of services available for Children's Centres to signpost or refer on to is variable and very limited in some areas of the county. As appropriate, Children's Centres refer to and work with organisations such as the Wellbeing Service, Adult Mental Health Services and Point One.

10.2 **Targeted Family Support**

10.2.1 Centres recognise the key role they have in supporting families and have a number of ways of supporting both parent and child mental health. Most families experiencing poor mental health receive targeted family support either at single agency or multi-agency Family Support Process (FSP). Although most are not specifically trained in mental health, Centres can and do provide low level support to families. This works as a provider of containment for families until the appropriate level of support can be accessed.

10.2.2 Case Study - Mum had been trafficked in Italy and as a result fell pregnant. Mum is now seeking asylum in the UK. Mum was very isolated and upset when she arrived in Norwich after settling briefly in London. Mum has lots of mental health problems as a result of the experiences she had whilst being trafficked. Mum was supported by a Family Support Worker (FSW) to build up trust in the local community- by regularly accessing English Classes and courses at the centre. The centre used hardship funding to ensure Mum could maintain medical appointments for her daughter and for her own mental health. Hardship funding also supported Mum to feel safe/ secure in her own home by purchasing curtains to stop people from outside from being to see in when the lights are on. This case is closed but Mum continues to regularly attend the children's centre, Mum can now use some basic English and has made a close friend.

10.3 **Targeted Groups**

10.3.1 Centres also offer targeted group activities for parents experiencing poor mental health. For example: -

- Baby Massage in the Centre or in the home

One Stalham Mum says "I have a history of anxiety and depression and was really worried I would get postnatal depression (PND) and not bond well with my baby. Kimberley came to our house to do baby massage and it made a huge difference. I was so glad to see someone because I was quite lonely and she taught me massage that my baby loves and we use it every day. It helped me bond really well."

- Watton Children's Centre has developed "chit chat café", a weekly group whereby parents can come along have a cup of tea and cake and speak to friends and to a family support worker. This group has been very successful and has a consistently high attendance of individuals.

- Norfolk Community Health and Care (NCH&C) led centres offer "Creative Time for Me" which is a referral only group which supports increased emotional wellbeing, aspirations, self-esteem, confidence, social skills and is used as a transitional pathway into universal groups and further educational training, learning and chances of employment. One mother fed back that 'She thought the group made her feel that she could be creative and can achieve and be successful', and said 'she will definitely attend another course at Sure Start'. This parent has since gone on to complete the volunteering course and is now a volunteer at the Centre.

10.4 **Parenting Programmes**

10.4.1 Pathway to parenting is a universal 4 week antenatal education programme offered in Children's Centres across the county primarily for first time "parents to be", delivered in partnership with Midwifery and healthcare practitioner (HCP) colleagues. It is underpinned by the Solihull Approach. There is an expectation that all staff delivering it are trained to at least foundation level. In Week 1, participants are introduced to baby brain development and infant attachment and the importance of it on the developing baby. In Week 4 there is a focus on post-partum mental health. As well as identifying sources of support for low mood and post-natal depression, participants are also introduced to the Wellbeing Service and the range of support that Children's Centres can offer.

10.4.2 All Centres in Norfolk have Solihull trained staff and use this approach within their family support work. Most Centres deliver Solihull Parenting Programmes or work in partnership with other organisations/Centres locally to deliver it, as well as other programmes that have a focus on attachment such as Circle of Security and Parents as First Teachers (PAFT) which is delivered in the home.

11. **The CAMHS commissioners have been asked to make reference to the report & recommendations of the Children's Services Committee Task & Finish Group on children's emotional wellbeing (Appendix B), where relevant to their work**

11.1 The Task and Finish Group on children's emotional wellbeing received input from the CAMHS joint commissioning team and a number of specialists from services commissioned by CCGs. The report provides a helpful set of insights and recommendations, all of which will be fed into the newly formed Steering Group overseeing the redesign of the mental health system for children.

11.2 Some comments regarding the report's recommendations most directly pertinent to the NHS now follow.

11.2.1 **Recommendation C re. the role of schools and how they are supported/advised:**

Recommendation C: *Although schools do not come under the direct management of Norfolk County Council we feel that our overall, collective responsibility for safeguarding and championing children and families means that we need to develop a Norfolk standard together. This should clearly show what is expected of schools in relation to emotional wellbeing and encouraging positive mental health. Norfolk County Council's role is to help provide information and recommendations to assist schools in developing a whole school approach which can be evaluated to ensure approaches reflect best practice. It is on this basis that we recommend a guide be produced for schools as to what services exist along with the recommended route in to them. This guide should be produced in*

partnership with schools (including Governing bodies) and young people to ensure it is relevant. The senior management team in Children's Services are asked to identify relevant staff to take this forward.

Comments: Via LTP funding 5 new Link Worker posts are currently being recruited to provide advice, training and support to staff in education (and primary care settings) to build mental health expertise and confidence in those settings. The aim is to ensure that staff working in those settings know how to build the emotional wellbeing and resilience of children and also know when and how to seek specialist mental health advice or to make a referral to one of our targeted or specialist services.

11.2.2 ***Recommendation H and B re. impact of parental mental health on children:***

Recommendation H: *We highly recommend that the Mental Health Trust responsible for mental health service provision in Norfolk (currently NSFT) collect (as part of triage), collate and share data associated with parental responsibilities for those accessing their services. This links to recommendation (B) to lower the threshold and give priority to individuals with parental responsibilities and will assist all relevant organisations to ensure that any safeguarding concerns can be quickly addressed through improved communication and understanding.*

Recommendation B: *We recognise the impact parental mental health can have on a growing child. Therefore we recommend that our colleagues on the Adult Social Care Committee review the threshold for access to Adult Mental Care provision in relation to parents and individuals with parental responsibilities (especially those with young children under the age of 8yrs). In addition we would ask that priority also be given to individuals.*

Comments:

CCGs will explore with the Mental Health Trust the most effective ways of identifying and where appropriate sharing data associated with parental responsibilities for adults accessing its services.

CCGs and NSFT submitted a successful application to NHS England several months ago to develop community Perinatal Mental Health provision across Norfolk & Waveney. Specialist provision will be enhanced to provide additional direct treatment for parents with mental health issues who have young children, where those mental health issues (if not treated) are likely to impact negatively on the wellbeing of infants and children. The service will treat (when fully operational) 530 patients per year, with highly complex and severe perinatal mental health needs. Clive Rennie will be able to provide a verbal update for Members at the HOSC session if that would be helpful.

11.2.3 **Recommendations I & J re. encouraging schools to work together to share best practice relating to mental health and wellbeing of pupils**

Recommendation I: *We recommend that schools be encouraged to work together to share best practice in relation to mental health and emotional wellbeing of pupils in Norfolk.*

Recommendation J: *Linked to (I) that the Education and Strategy Group be asked to support the production of an evaluation of best practice in Norfolk in connection to mental health and emotional wellbeing activity in schools. This piece of research should then be used to inform the re-design, where necessary of existing CAMHS services.*

Comment: CCGs fully support these recommendations. The CCG funded Link Worker posts will be able to provide some capacity to help provide shared learning of good practice and experience. The redesign provides a further opportunity to review good practice and ways of supporting and influencing effective practice within education settings.

11.2.4 **Recommendation K re. improving accessibility to mental health services**

Recommendation K: *Mental health services need to be accessible, particularly for young people. Part of achieving this involves and understanding and recognition of the entire 'workforce' involved in improving mental health and understanding the skills and needs of our young people when addressing all levels of mental health need. Ensuring a broad range of professionals are available and aware of all available services. We recognise this is not an easy task but we recommend that:*

- *We develop a common language for social care, medical professionals and schools*
- *We develop a map which can be used to signpost between services*
- *Joint ways of working including opportunities for professionals to come together to discuss best practice be encouraged and their importance recognised in order to create better join up across Norfolk.*
- *That the Local Transformation Plan be scrutinised on a regular basis by Children's Services Committee in order to ensure it is delivering for the children and young people of Norfolk.*

Comment: CCGs and partners via our LTP are committed to simplifying referral routes into our targeted and specialist mental health pathways – ideally by creating a genuine Single Point of Contact/Access for all requests for mental health advice and referrals. This issue is being taken forward under the auspices of the redesign, with 2 or 3 mental health teams taking steps in the meantime to provide simplified routes into their services.

Appendix 1: CAMHS waiting time and referral trend data

The following service information relates to Norfolk's two largest commissioned CAMH Services:

- The Specialist (Tier 3) CAMH Service provided by Norfolk & Suffolk Foundation NHS Trust (NSFT)
- The Targeted (Tier 2) CAMH Service, known as *Point 1* - provided by a consortium, made up of Ormiston Children & Families Trust (lead provider), Mancroft Advice Project and Norfolk & Suffolk Foundation NHS Trust (NSFT)

Specialist (Tier 3) CAMHS – *Norfolk & Suffolk Foundation Trust (NSFT)* - Waiting times data

As set out in the Revision to the Operating Framework for the NHS in England 2010/11, performance management of the 18 weeks waiting times target by the Department of Health has ceased, however, referral to treatment data continues to be published and monitored. Standards and quality should be maintained pending the development of more outcomes-focused measures. The current locally agreed Norfolk waiting time standard for NSFT is 8 weeks for referral to treatment – a standard that is far more ambitious than many areas in England. The local standard is that 80% of CAMHS patients should be seen within 8 weeks of their referral being received by NSFT. The table below shows a breakdown of month by month performance against the local standard (covering the period of April 2016-January 2017).

The mean average waiting time for England (source NHS Benchmarking 2016) is 17 weeks.

Where there are 'breaches' of the waiting time standard, exception reports are submitted to the lead commissioner outlining the reasons for the breach, action taken and (where appropriate) how any clinical risks are being managed/contained. The main reason cited for the months where breaches occurred was team capacity issues. Exception reports are available on a case by case basis and are reviewed at Performance and Contract meetings.

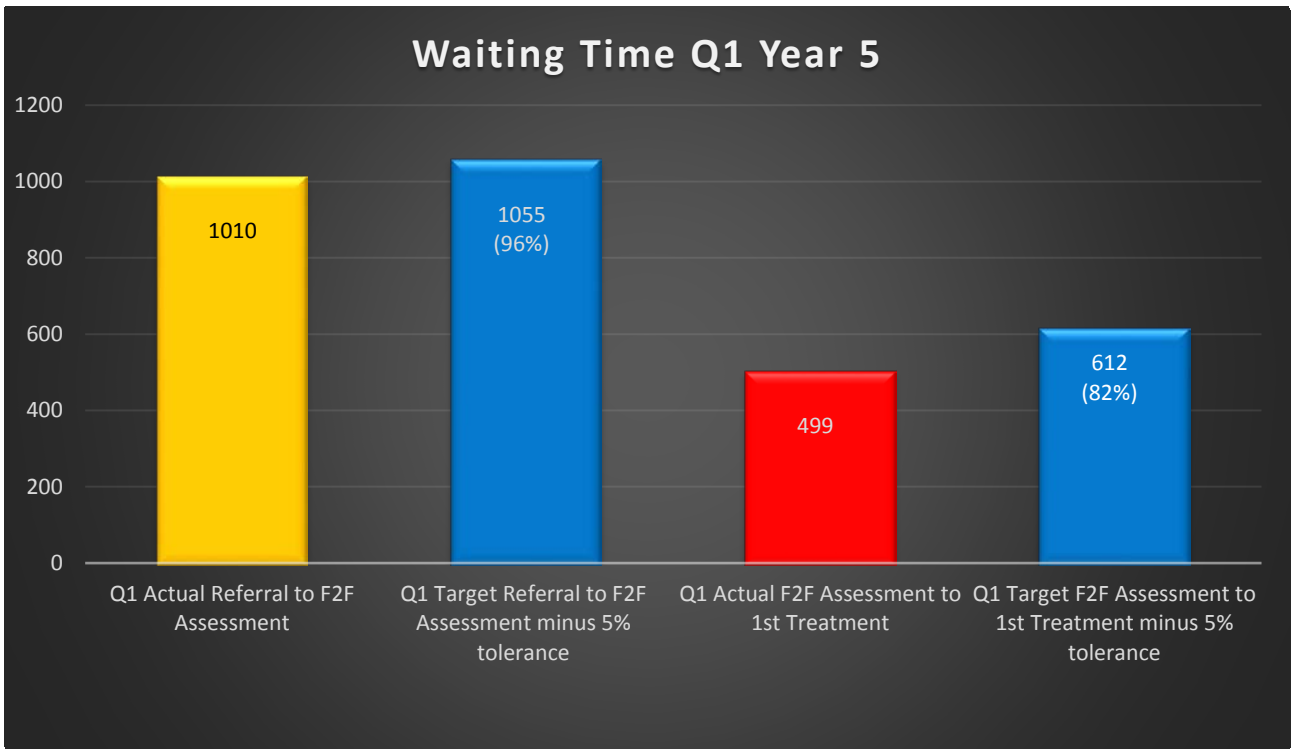
Norfolk and Waveney CCGs

Target	Key	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
80%	Actual	200	212	204	184	168	151	147	181	113	147			1707
	Denom	237	255	242	203	196	192	170	194	121	163			1973
	%	84.39%	83.14%	84.30%	90.64%	85.71%	78.65%	86.47%	93.30%	93.39%	90.18%			86.52%

Both the numbers of referrals and the number of active service users continue to increase significantly year on year. In 15/16, NSFT's active service users at year end increased by 10% from the previous year from 1338 to 1478. Increased numbers in active service users equates to an increase in caseload the following year.

Targeted (Tier 2) CAMHS - *Point 1* - Waiting times data

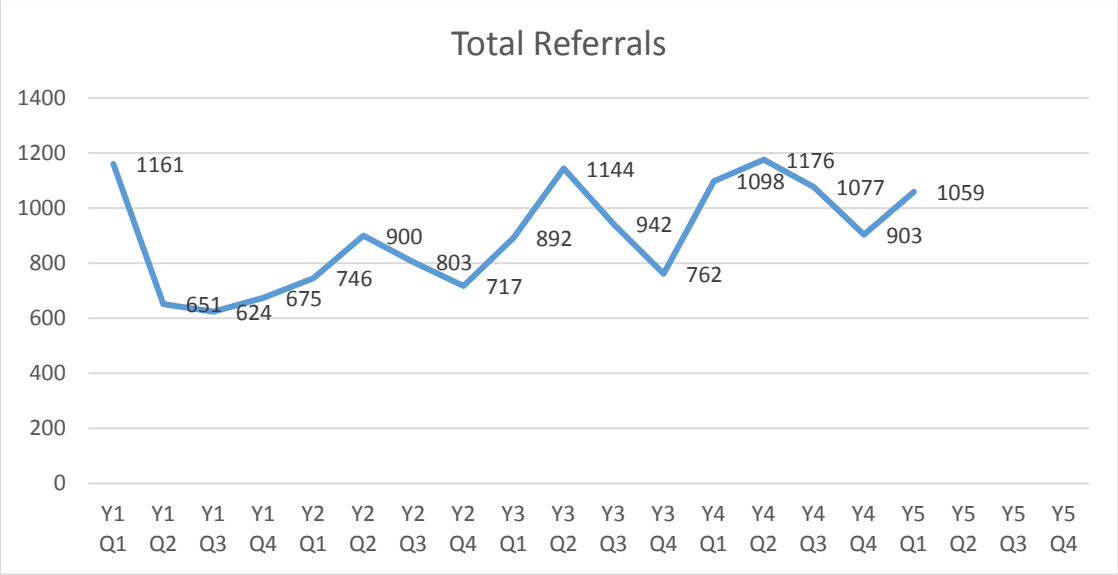
Point 1 is a county wide Targeted service that commenced in October 2012. It works to 6 KPIs, one of which relates to waiting times. The service's waiting time KPI is a two part indicator requiring that the child or young person waits no more than 28 days between their referral and a face to face assessment. The second part requires that the Child or Young Person (CYP) waits not more than 28 days between that assessment and their first treatment session. This KPI fluctuates frequently depending on the quarter and how that relates to the school year. It also fluctuates depending whether CCGs have been able to award extra money to reduce waiting lists (via NHS England awards) The most recent quarter results are shown below (October 2016 – December 2016):



Performance Summary – In the Quarter ending 31st December 2016, Point 1 assessed 1055 new clients and of those 96% were assessed face-to-face within 4 weeks of their initial referral. This affords a KPI RAG rating for the period of = **AMBER**.

Of the 612 clients who were provided with their first treatment session, 82% had this within 4 weeks of their initial face-to-face assessment. The second part of this KPI has a RAG rating of = **RED.**

An increase in demand/referrals is being experienced by Point 1 as shown below. The provider also reports that the waiting times target is problematic when CYP and or their parents aren't able to accept any appointments offered to them that would enable them to be seen within the specified waiting times.


Total Referrals
1400
1200
1000
800
600
400
200
0
1161
651
624
675
746
900
803
717
892
1144
942
762
1098
1176
1077
903
1059
Y1 Q1
Y1 Q2
Y1 Q3
Y1 Q4
Y2 Q1
Y2 Q2
Y2 Q3
Y2 Q4
Y3 Q1
Y3 Q2
Y3 Q3
Y3 Q4
Y4 Q1
Y4 Q2
Y4 Q3
Y4 Q4
Y5 Q1
Y5 Q2
Y5 Q3
Y5 Q4

Appendix 2: CAMHS LTP KPIs

The KPIs that have been agreed and signed off as part of providers' contracts are highlighted in grey.

Pathway/Description	KPI
Eating Disorders	
Deliver the nationally prescribed waiting times standard for patients with eating disorders in full by April 2017 (3 years earlier than the national deadline of 2020/21)	Treatment will start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. In cases of emergencies the ED service should be contacted to provide assessment and initial support within 24 hours (the local Norfolk & Waveney agreed standard is 4 hours for emergencies)
Crisis Pathway	
An extended hours core service from NSFT, including evening, weekend and bank holiday working as detailed in the Service Delivery Hours section of this specification.	All CAMHS and Youth pathways will be available 8am-8pm Monday to Friday, with additional dedicated assessment and treatment slots operating for a minimum of 5 hours on Saturdays, Sundays and Bank Holidays (with the exception of Christmas Day and Boxing Day).
Provision of specialist out of hours CAMHS face to face assessment of crisis cases in the community and Acute General Hospitals (including weekends and bank holidays), in addition and complementary to the current Crisis Team functions. Access to the service to be available to Acute General Hospitals, the Police, Primary Care and other first responders via the existing published NSFT Out of Hours phone number. The offer to include advice and support to those professionals providing ongoing treatment and care to crisis cases.	Assessments will take place within 4 hours of receipt of referral. Responsive telephone advice out of hours for professionals via the on call telephone CAMHS Consultant Psychiatrist. Regular audit re. the awareness levels of the Out of Hours pathway among first responders

Delivery of a rolling programme of training and group consultation to 'first responders' who initially respond to and support cases that present in crisis - including General Hospital ward staff, Police, Social Care, Primary Care and Crisis Support Workers	As a minimum, the Provider will deliver the following volumes of training activity per annum: • 15 First Responder training and/or group consultation sessions • 30 Group Consultation sessions. Delivery of induction and ongoing training, group consultation and supervision to staff recruited to the new Bank
Provision of Crisis Support Workers (from NSFT) to deliver 24/7 intensive support for patients in crisis to contain risks, provide support, prevent unnecessary admissions and minimise the length of inpatient stays in Acute General Hospitals and selected Foster Care placements (under the PEEP protocol)	• Crisis Support Worker/s mobilised and providing intensive support within 4 hours of a request being made by the NSFT assessing clinician (for at least 95% of cases) • Crisis Support Workers to provide intensive support in Acute General Hospital settings and selected Foster Care placements for the most risky, complex cases while specialist staff complete assessments and put in place the next stage of the child's treatment and care (which may include de-escalation and admission avoidance or keeping a child safe while sourcing a specialist CAMHS or LD CAMHS inpatient bed) • Crisis Support Workers should be available for up to 3 days. The workers will be deployed in partnership with Children's Services and LD/CAMHS services under the PEEP protocol.
The Specialist Assessment and Crisis Support Workers to undertake joint assessments and joint case work in partnership with Specialist Learning Disabilities Teams and Norfolk County Council	A joint working protocol to be co-produced and signed off between the three providers setting out how/when they will jointly work cases, governance and safeguarding arrangements.

Early Help and Prevention	
Establishing the Link Work function for schools and primary care settings	• Recruit and maintain a register of named mental health leads in schools and GP practices • Provide each school and GP practice with a named Link Worker, and their contact details • Deliver a rolling programme of group consultations and training events (including webinars) for named mental health leads • Produce an annual communication plan for schools and GP practices, to include termly newsletters and other effective forms of communication
Accessibility	• A Single Point of Contact is implemented • Experience of Service Questionnaire indicate clients/patients finding services more accessible • % of complaints about difficulty accessing services reduces • A min % of routine appointments take place on line • a min % of clients make use of apps, self-help, etc • Usage of the online platform increases year on year for 3 successive years • An increased number of children and young people are seen by our services – numbers to be proportionate to the additional funding allocated to each service • Workforce remodelled to include 'junior' posts with dedicated training attached • Audit schedule produced, implemented and improvements made to pathways based on findings