Kirklees Council/CCG Self Assessment

	Readiness Rating:	Complexity:	Size:

Resilience, prevention and early intervention for the mental wellbeing of children and young people

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

	Readiness Rating:	Complexity:	Size:
1. Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
1.1 (Current Action) Reduce the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.	3. Changes Agreed but Not Started	4. Complex	4. Large
1.2 (Current action) Every birthing unit should have access to a specialist perinatal mental health clinician by 2017.	3. Changes Agreed but Not Started	4. Complex	4. Large
1.3 (Current Action) The Institute for Health Visitors is updating training given to all health visitors around mental health and the Department of Health is working with HEE, the Royal College of Midwives and the Maternal Mental Health Alliance to design training programmes for midwives.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	3. Medium
1.4(Current Action) Public Health England is publishing an update of the evidence base for the Healthy Child Programme (0-5 years) that will guide professionals including supporting early attachment between infant and parents	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
2. Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	3. Changes Agreed but Not Started	4. Complex	4. Large
2.1 DfE is to produce guidance for schools in teaching about mental health safely and effectively (spring 2015). Alongside the guidance will be a series of lesson plans covering key stages 1-4 (5-16 year olds). For older pupils, they will address such topics as self harm and eating disorders, as well as issues directly concerned with school life, such as managing anxiety and stress around exams.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
2.2 DfE is developing an evidence-based schools counselling strategy to encourage more and better use of counsellors in schools, with practical and evidence-based advice to ensure quality provision, that improves children's outcomes and achieves value for money. This will be published in spring 2015.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
2.3 DfE has invited schools, colleges and organisations to bid for a £3.5 million character education grant fund for local projects.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
2.4 School nurses lead and deliver the Healthy Child Programme (HCP) 5-19 and are equipped to work at community, family and individual levels.	3. Changes Agreed but Not Started	4. Complex	4. Large
2.5 The new draft Ofsted inspection framework 'Better Inspection for All' includes a new judgement on personal development, behaviour and welfare of children and learners.	3. Changes Agreed but Not Started	4. Complex	4. Large
3. Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
4. Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.	3. Changes Agreed but Not Started	3. Medium	3. Medium
4.1 (Potential Action) Achieving Better Access to Mental Health Services by 2020 sets out that DH and NHS England will consider developing an access and/or waiting standard for rapid access to mental health services for women in pregnancy or in the postnatal period with a known or suspected mental health problem.	3. Changes Agreed but Not Started	3. Medium	3. Medium
4.2 (Potential) The DfE and DH are to run '0-2 year old early intervention pilots looking to prevent avoidable problems later in life. The Government will consider the emerging evidence in relation to prevention and intervening early with mental health problems.	3. Changes Agreed but Not Started	3. Medium	3. Medium
5. Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers.	4. Not Ready/ Anticipate Some Barriers to Change	5. Very Complex	5. Very Large

Supporting Information:	Theme Readiness Rating:
	3.60

Improving access to effective support – chapter 5 summary

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time.

	Readiness Rating:	Complexity:	Size:
6. Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
7. Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.	3. Changes Agreed but Not Started	4. Complex	4. Large
7.1 One point of contact for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
7.2 Initial risk assessment to ensure children and young people at high risk are seen as a priority.	3. Changes Agreed but Not Started	3. Medium	3. Medium
7.3 Prompt decision-making about who can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services).	3. Changes Agreed but Not Started	3. Medium	3. Medium
7.4 Young people and parents are able to self-refer into the single point of access.	3. Changes Agreed but Not Started	4. Complex	4. Large
7.5 Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop shop services, based in the community .	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
8. Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
8.1 There is a dedicated named contact point in targeted or specialist mental health services for every school and primary care provider, including GP practices.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
8.2 There should be a specific individual responsible for mental health in schools, to provide a link to expertise and support to discuss concerns about individual children and young people, identify issues and make effective referrals.	3. Changes Agreed but Not Started	4. Complex	4. Large
9. Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
10. Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
10.1 There is a strategic link between children's mental health services and services for children and young people with special educational needs and disabilities (SEND)	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
10.2 There should be involvement, where necessary, of mental health professionals in co-ordinated assessment and planning (for children and young people with and without Education, Health and Care Plans.)	3. Changes Agreed but Not Started	3. Medium	3. Medium
11. Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
11.1 Peer support schemes should be led and designed by children and young people or by parents or carers, with careful professional support to reduce and manage risk both to peer mentors and the young people and families they are involved with	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
11.2 Further work should be done with relevant education and third sector partners to audit where peer support is currently available and evaluate it, building on existing work such as the Royal Society for Public Health Youth Health Champions. Local areas can then consider closing gaps in provision.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large

	Recommendation	Readiness Rating	Complexity	Size
	12. Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	12.1 CYP experiencing mental health crisis receive appropriate support/intervention as outlined in the Crisis Care Concordat	2. Partially Implemented	3. Medium	3. Medium
	12.2 There is an out-of-hours mental health service available for children and young people experiencing mental health crisis	1. Fully Implemented	2. Simple	2. Small
	12.3 Supporting a CYP in a crisis includes a swift and comprehensive assessment of the nature of the crisis.	2. Partially Implemented	2. Simple	2. Small
	12.4 There are dedicated home treatment teams for children and young people.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	12.5 The national development of all-age liaison psychiatry services in A&E Departments should mean that appropriate mental health support in A&E is more readily available.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	13. Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	13.1 There is strong support for investing in effective targeted and specialist community provision, including admission prevention and 'step-down' provision.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	13.2 This are clear pathways for young people leaving inpatient care to help avoid unnecessary use of inpatient provision and shorten duration of stay by easing the transition out of inpatient care	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	14. Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	14.1 There is a robust admission gateway processes for CYP with learning difficulties	3. Changes Agreed but Not Started	4. Complex	4. Large
	14.2 There is a challenge process that checks that there is no alternative to admission for CYP with learning disabilities and/or challenging behaviour.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	14.3 The creation of an agreed discharge plan on admission for CYP with learning disabilities and/or challenging behaviour is standard practice.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	15. Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	15.1 There is flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice between services to promote continuity of care.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	16. Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	17. Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	18. Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	19. Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	19.1 No child or young person under-18 would be detained in a police cell as a place of safety, subject to there being sufficient alternative places of safety.	3. Changes Agreed but Not Started	4. Complex	4. Large
	19.2 Develop improved data on the availability of crisis/home treatment for under-18 year olds and the use of section 136 for children and young people under-18 to support better planning.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	19.3 CQC should carry out routine assessments of places of safety with a focus on their age-appropriateness for children and young people.	3. Changes Agreed but Not Started	3. Medium	3. Medium

Supporting Information:

Theme Readiness Rating:
3.71

Caring for the most vulnerable – chapter 6 summary

Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

	Recommendation	Readiness Rating:	Complexity:	Size:
	20. Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people.	3. Changes Agreed but Not Started	2. Simple	2. Small
	20.1 Not attending appointments should not lead to a family or young person being discharged from services, but should be considered as an indicator of need and actively followed up	2. Partially Implemented	2. Simple	2. Small
	20.2 Services monitor attendance and actively follow up families and young people who miss appointments and inform the referrer	3. Changes Agreed but Not Started	2. Simple	2. Small
	20.3 It may be necessary to find alternative ways to engage the child, young person or family.	3. Changes Agreed but Not Started	2. Simple	2. Small
	21. Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	21.1 Health inequalities duties apply only to the Health Secretary and NHS, the Taskforce encourages all those involved in commissioning mental health and wellbeing services for children and young people to give the same consideration to the need to reduce health inequalities in access and outcomes	3. Changes Agreed but Not Started	3. Medium	3. Medium
	22. Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.	**4. Not Ready/ Anticipate Some Barriers to Change**	**4. Complex**	**4. Large**
	23. Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	24. Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	25. Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	26. For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	26.1 A designated or lead professional should be identified and their role strengthened – someone who knows the family well – to liaise with all agencies and ensure that services are targeted and delivered in an integrated way.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	27. Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.	**3. Changes Agreed but Not Started**	**3. Medium**	**3. Medium**
	28. Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful.	3. Changes Agreed but Not Started	5. Very Complex	5. Very Large
	28.1 Specialist services are available to provide advice, rather than to see those who need help directly to advise on concerns about mental health or neurodevelopmental difficulties.	3. Changes Agreed but Not Started	4. Complex	3. Medium

	Readiness Rating:	Complexity:	Size:
28.2 Consultation and liaison teams are used to help staff working with those with highly complex needs which include mental health difficulties – such as those who have been adopted or those with harmful sexual behaviour, and those in contact with the youth justice system – based on the complexity of the issues involved above and beyond the level of existing cross-agency provision (including specialist services).	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
28.3 There is an identified specialist point of reference, including a senior clinician with specific expertise within mental health services.	3. Changes Agreed but Not Started	2. Simple	2. Small
29. Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
29.1 This is a small number of young people, who may not even recognise that they have mental health problems. They benefit from having a mental health practitioner embedded in teams that have relationships with, and responsibility for such groups, such as a youth club or hostel. This model shall incorporate the necessary governance structures essential for success.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
29.2 Develop a highly flexible team structure which includes the regular mapping of each young person's needs, informing a consistent and psychologically-informed approach across the team members.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium

Supporting Information:	Theme Readiness Rating:
	3.30

To be accountable and transparent – chapter 7 summary

Far too often, a lack of accountability and transparency defeats the best of intention and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

	Readiness Rating:	Complexity:	Size:
30. Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	2. Partially Implemented	2. Simple	2. Small
30.1 There is a lead accountable commissioning body to co-ordinate commissioning and the implementation of evidenced-based care.	2. Partially Implemented	2. Simple	2. Small
30.2 There is a single, separately identifiable budget for children's mental health services.	3. Changes Agreed but Not Started	3. Medium	3. Medium
30.3 The work of the lead commissioner should be based upon an agreed local plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/ carers.	3. Changes Agreed but Not Started	3. Medium	3. Medium
30.4 The local plan itself should be derived from the local Health and Wellbeing Strategy which places an onus on Health and Wellbeing Boards to demonstrate the highest level of local senior leadership commitment to child mental health.	1. Fully Implemented	n/a	n/a
30.5 Health and Wellbeing Boards have strategic oversight of the commissioning of the whole pathway or offer regarding children and young people's mental health and wellbeing.	2. Partially Implemented	2. Simple	2. Small
30.6 As some individual commissioners and providers, including schools, are not statutory members of Health and Wellbeing Boards, they should put in place arrangements to involve them in the development of the local plan, drawing on approaches already used in some areas such as Mental Health Advisory Panels or Children's Partnership Boards.	1. Fully Implemented	n/a	n/a
31. Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.	2. Partially Implemented	2. Simple	2. Small
32. By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
33. Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions	2. Partially Implemented	2. Simple	2. Small
34. By Ofsted and CQC working together to consider how to monitor the implementation of the proposals from this report in the future.	3. Changes Agreed but Not Started	3. Medium	3. Medium
34.1 CQC and Ofsted should develop a joint cross inspectorate view of how the health, education and social care systems are working together to improve children and young people's mental health outcomes and how this area should be monitored in future (34).	3. Changes Agreed but Not Started	3. Medium	3. Medium
35. The Department of Health fulfilling its commitment to complete a prevalence survey for children and young people's mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
35.1 The CAMHS Minimum Dataset, already in development, will allow specific outcome metrics by condition, activity and evidence based interventions to support evaluation of the effectiveness of the care commissioned (35).	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
35.2 Routine data collection of key indicators of child and adolescent mental health service activity, patient experience and patient outcomes are properly co-ordinated and incentivised.	3. Changes Agreed but Not Started	3. Medium	3. Medium
36. Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
36.1 The introduction of the first ever waiting time standards in respect of early intervention in psychosis.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
36.2 Access to services is reported as time to different events in a pathway of care linked to delivery of NICE concordant treatment and measurement of outcomes.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
37. Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step.	3. Changes Agreed but Not Started	3. Medium	3. Medium
38. Making the investment of those who commission children and young people's mental health services fully transparent.	3. Changes Agreed but Not Started	3. Medium	3. Medium
38.1 NHS England will be able to identify the overall children's mental health spend by the NHS.	3. Changes Agreed but Not Started	1. Very Simple	1. Very Small
38.2 Further work is undertaken to improve understanding of child and adolescent mental health funding flows across health, education, social care and youth justice to support a transparent, coherent, whole system approach to future funding decisions and investment.	3. Changes Agreed but Not Started	3. Medium	3. Medium
39. Committing to a prevalence survey being repeated every five years.	1. Fully Implemented	n/a	n/a

Supporting Information:	Theme Readiness Rating:
	2.80

Developing the workforce – chapter 8 summary

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.

	Readiness Rating:	Complexity:	Size:
40. Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments	3. Changes Agreed but Not Started	3. Medium	3. Medium
40.1 Professionals trained to be able to: Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience.	3. Changes Agreed but Not Started	3. Medium	3. Medium
40.2 Professionals trained to: Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing.	3. Changes Agreed but Not Started	3. Medium	3. Medium

		Readiness Rating	Complexity	Size
	40.3 Professionals trained to be able to: Identify mental health problems early in children and young people.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	40.4 Professionals trained to be able to: Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	40.5 Professionals trained to be able to: Refer appropriately to more targeted and specialist support.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	40.6 Professionals trained to be able to: Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	40.7 Professionals trained to be able to: Work in a digital environment with young people who are using online channels to access help and support.	4. Not Ready/ Anticipate Some Barriers to Change	4. Complex	4. Large
	41. Implementing the recommendations of the Carter Review of Initial Teacher Training (ITT) to commission a sector body to produce a framework of core content for ITT which would include child and adolescent development.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	42. By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.	3. Changes Agreed but Not Started	2. Simple	2. Small
	42.1 Attendance at these accredited courses should be a requirement for all those working in commissioning of children and young people's services	3. Changes Agreed but Not Started	2. Simple	2. Small
	43. Extending the CYP IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	43.1 The workforce in targeted and specialist services need a wide range of skills brought together in the CYP IAPT Core Curriculum.	3. Changes Agreed but Not Started	3. Medium	3. Medium
	43.2 All staff should be trained to practise in a non-discriminatory way with respect to gender, ethnicity, religion and disability.	1. Fully Implemented	n/a	n/a
	43.3 Skills gaps in the current workforce around the full range of evidence-based therapies recommended by NICE shall be addressed.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	43.4 Skills gaps in the training of staff working with children and young people with Learning Difficulties, Autistic Spectrum Disorder, and those in inpatient settings shall be addressed.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	43.5 Counsellors working in schools and the community will receive further training to improve evidence-based care	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	44. Building on the success of the CYP IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium
	45. Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.	4. Not Ready/ Anticipate Some Barriers to Change	3. Medium	3. Medium

Supporting Information:	Theme Readiness Rating:
	3.33

Making Change Happen – chapter 9 summary	Readiness Rating:	Complexity:	Size:
46. Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.	2. Partially Implemented	2. Simple	2. Small
46.1 Develop agreed Transformation Plans for Children and Young People's Mental Health and Wellbeing which will clearly articulate the local offer. These Plans would cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.	2. Partially Implemented	2. Simple	2. Small
47. Establishing clear national governance to oversee the transformation of children's mental health and wellbeing provision country-wide over the next five years.	2. Partially Implemented	2. Simple	2. Small
48. Enabling more areas to accelerate service transformation.	**3. Changes Agreed but Not Started**	**3. Medium**	**3. Medium**
49. The development of an improved evidence base, on the safety and efficacy of different interventions and service approaches, supported by a world class research programme.	**4. Not Ready/ Anticipate Some Barriers to Change**	**4. Complex**	**4. Large**

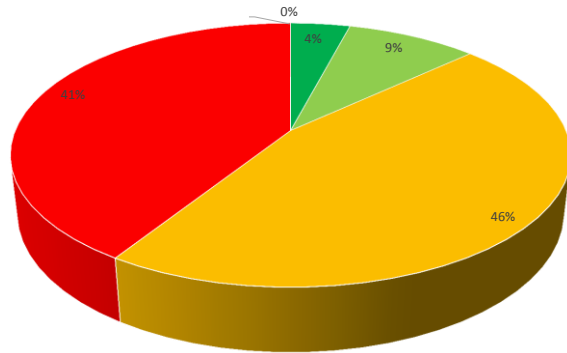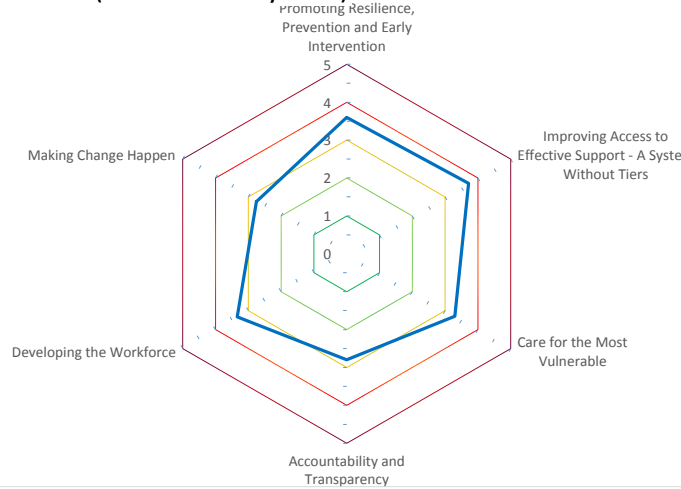| Supporting Information:	Theme Readiness Rating:
	2.75

Graphs: Kirklees Council/CCG Self Assessment

10/12/2015

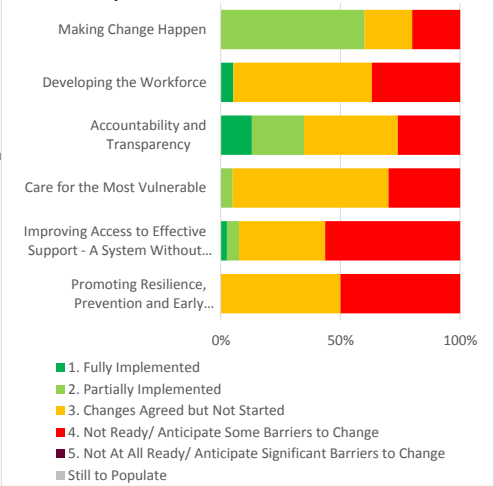## Readiness Status (percentage of recomendations)

- 1. Fully Implemented
- 2. Partially Implemented
- 3. Changes Agreed but Not Started
- 4. Not Ready/ Anticipate Some Barriers to Change
- 5. Not At All Ready/ Anticipate Significant Barriers to Change
- Still to Populate

0%
4%
9%
46%
41%

Future In Mind (Overall Readiness by Theme)

Promoting Resilience, Prevention and Early Intervention

Improving Access to Effective Support - A System Without Tiers

Care for the Most Vulnerable

Accountability and Transparency

Developing the Workforce

Making Change Happen

5
4
3
2
1
0

Readiness by Theme

Making Change Happen

Developing the Workforce

Accountability and Transparency

Care for the Most Vulnerable

Improving Access to Effective Support - A System Without...

Promoting Resilience, Prevention and Early...

0% 50% 100%

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associate development solutions