

# Appendix 1: Review of the Still Waiting Action Plan

## February 2023 – February 2025

Undertaken as part of “*An Assessment of the Strategic Design and Delivery of Children’s Mental Health Services through a Child’s Rights-Based Approach.*”

February 2026

This document presents an implementation assessment of the SWAP actions in two parts. The first part of the implementation assessment collates and reviews the information returned to NICCY following data collection relating to the status of the SWAP actions to date. These requests specifically sought information relating to the means of delivery; progress made in delivery; and identified actions for 2025/2026. The review entailed comparative analysis against the updates provided by the IDG to NICCY during the fourth and final monitoring exercise undertaken in 2022-2023. The second part of the implementation assessment presents NICCY's analysis of the information returned, including through the application of the traffic light system to code the status of progress towards implementation of the SWAP actions.

In undertaking the analytic review detailed below, NICCY was particularly interested in understanding the status of progress made in respect of the identified focus areas agreed with IDG following the finalisation of the SWAP:

- Data and funding;
- Referral pathways to include the role of the voluntary and community sector;
- Improving the quality of care provided by A&E; and
- Treatment of young people with mental health and drug or alcohol related problems.<sup>1</sup>

The data request templates used in conducting this assessment can be viewed at section 3.

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<sup>1</sup> NICCY. (February 2020). "Still Waiting Monitoring Report - Feb 2020" at page 11 [online] available at: <https://www.niccy.org/mental-health-review-still-waiting/>

## 1. Status of the SWAP: updates provided in 2025; analysis by NICCY in 2025

Updates were sought for the 32 SWAP Actions identified as under review following the publication of NICCY’s final monitoring report in 2023.<sup>2</sup> Information requests made to the Department and the SPPG therefore enquired only for those 32 Actions, and the responses are presented below. As such, some SWAP Actions are not presented here.

### Objective: Sustainable investment in CAMHS

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY’s Progress Coding	NICCY Analysis
1.3 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.	Marked as completed (in 2021).	<p>The Mental Health Strategy 2021-31 was published in June 2021 alongside a 10-year funding plan. Implementation of the strategy will be by way of annual delivery plans which will set out details of actions prioritised for delivery in year. Any funding allocated to CAMHS through the Mental Health Strategy will be mapped and subject to regular monitoring and evaluation.</p> <p>In addition, on an annual basis the Department allocate a budget to SPPG for the commissioning of CAMHS services. This funding is mapped for spend by SPPG and is</p>	NICCY was informed that Action 1.3 had been completed in 2021.	Completed in 2021.		<p>This was marked as “completed” in 2021.</p> <p>However, NICCY would raise concerns as to the funding status and planning / operation of same, considering reiterated statements as to the Department’s budget, wider funding constraints, and the Department’s own assessment relating to the deliverability of the Mental Health Strategy, as published in October 2025. Arguably, considering budgetary pressures and the Department’s analysis, there is a necessity to revisit the fund map of spending. It is therefore suggested that consideration should be given to the creation of a refreshed mapping exercise</p>

<sup>2</sup> See NICCY (February 2023). “Still Waiting- Implementation NICCY Progress Update Monitoring Report 4 February 2023” [online] available at: <https://www.niccy.org/wp-content/uploads/2023/02/NICCY-Still-Waiting-Monitoring-Report-4-February-2023-1.pdf>. The detailed assessment can be downloaded as an Excel spreadsheet; see NICCY. Mental Health Review - Still Waiting [online] available at: <https://www.niccy.org/mental-health-review-still-waiting/>.

		<p>closely monitored and scrutinised by the Department. There are no plans to create an additional fund map which would result in duplication of processes already in place.</p>				<p>and the corresponding production of a refreshed fund map.</p> <p><b>NICCY would advise that this action is revisited, given developments since 2021. NICCY recommends the Department considers undertaking a refreshed mapping exercise and produce a refreshed fund map for CAMHS services.</b></p>
<p>1.4 Increase funding for CAMHS.</p>	<p>Marked as in progress.</p>	<p>This action is being taken forward through the delivery of the Mental Health Strategy and has been included in the Year One Delivery Plan for 2022/23 under Action 10. While implementation of the strategy is subject to securing funding, some funding was identified for the implementation of priority actions, including implementing initiatives aimed at increasing capacity and enhancing current provision within CAMHS. To that regard, £269k was provided to SPPG in November 2022.</p> <p>In parallel, work has commenced to develop investment plans for CAMHS for the next three years, should additional funding be made available for the implementation of the Mental Health Strategy.</p>	<p>Marked as in progress.</p>	<p>As per June 2024: Additional funding provided through the Mental Health Strategy in 2023/24 enabled the Department to fund the implementation of a staffing initiative at Beechcroft Inpatient Unit with an additional 16 WTE staff in place; the funding of a Deaf CAMHS Service; and scope a regional model for an Intellectual Disability (ID) CAMHS service. It is anticipated that additional funding provided to CAMHS through the Mental Health Strategy in 2024/25 will be utilised to further enhance staffing levels within Beechcroft. Additional priorities include securing funding for continued implementation of the Emotional Wellbeing Teams in Schools (EWTS) and the development of plans for the expansion of a regionally consistent CAMHS ID service model across the region.</p> <p>Work is continuing to develop longer term investment plans in recognition of the commitment set out in the Mental Health Strategy to increase CAMHS funding to 10% of the adult mental health funding. This work has involved the development of CAMHS investment proposals for 2026-28.</p>		<p>The Department has advised that work has involved the development of CAMHS investment proposals for 2026-28. The Department has advised NICCY that CAMHS funding sits at 8% of mental health funding. This represents just a 0.5% increase in funding since the 2019/2020 year, when the Department estimated that of the then-£300 million budget, just over £20 million related to CAMHS (about 7.5% of the overall mental health budget). Funding still falls short of the 10% of the amount the then-HSCB calculated should be invested in CAMHS. The Department's own assessment relating to the deliverability of the MHS, published in October 2025, raises concerns as to the funding projection / direction of travel for this action, particularly insofar as the identified prioritisation model rates this action as medium priority only, and will only progress if additional investment is found within the Department's budget and subsequently allocated.</p> <p><b>NICCY would advise this action is an urgent action, and that it is concerned as to the status of progression. NICCY acknowledges the financial pressures of the Department, but equally acknowledges the increasing demands for mental health support for children and young people. NICCY continues to recommend that funding for CAMHS is</b></p>

				<p><i>Identified actions for 2025/2026: Enhancing CAMHS ID services have been identified as investment priority area. Trust will have developed costing implementation plans.</i></p>		<p>increased to sit at the identified 10% of mental health services.</p>
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**Objective: Collect better information more regularly**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
1.5 Full implementation of CAMHS dataset.	Marked as completed (in 2022).	This action was marked as complete in December 2021 but was subsequently reopened to scope proposals around accessibility of data in the public domain. A Task and Finish Group has been established to take forward this work and it is anticipated that CAMHS data will be published on the Department's website in early 2023.	NICCY was informed that Action 1.5 had been completed in 2022.	<p>Completed 2022. Experimental data pertaining to waiting list and breaches against targets are published on DoH website.</p> <p>With the implementation of Encompass reporting has been impacted.</p> <p><i>Identified actions for 2025/2026: See Encompass update below, further refinement of Encompass reporting arrangements will be made with EPIC.</i></p>		<p>This was marked as "completed" in 2022. NICCY recognises that progress has been made in the development of the CAMHS dataset, but notes the impact caused by the rollout of Encompass, and is concerned by the projected two-year stabilisation period, given its impact on the collection and monitoring of data and corresponding impact on planning etc. The Department and SPPG have recognised that data has been impacted during the rollout of Encompass, but no further information has been provided to NICCY, including interim plans to navigate this situation. It is important that there is the continued progression of a full and comprehensive operational CAMHS dataset.</p> <p><b>Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, NICCY would advise that this action is kept under review and the Department, SPPG, and HSCTs work to ensure that accuracy of data collected at this time,</b></p>

						<b>and provide timely, clear updates as to the progression of the identified stabilisation and optimisation phase.</b>
1.6 Development of Encompass across the HSCT to provide a system of recording and reporting on patient data and trends.	Marked as in progress.	In the SWAP refresh 2021, it was noted that the Mental Health Strategy would provide an alternative solution for implementation of this action via the development of a Regional Outcomes Framework (Action 34). A proposals paper setting out recommendations for the Mental Health Outcomes framework was approved by the Health Minister in October 2022 and work is now underway to begin implementation of the framework. This work will align with the delivery of Encompass.	Marked as in progress.	<p>As per February 2025: The encompass Programme has successfully launched in three HSC Trusts: South Eastern Trust in November 2023, Belfast Trust in June 2024, and most recently, Northern Trust in November 2024. South Eastern Trust returned to normal pre Go-Live activity and resumed business as usual, monitoring performance against service delivery plans. Belfast Trust and Northern Trust are currently in a stabilisation phase after successful implementations with minimal disruption to services and a rapid return to safe service provision.</p> <p>Lessons learned from South Eastern and Belfast Trust implementations have been instrumental in ensuring a smooth rollout for Northern Trust. These lessons are being shared with Southern and Western Trusts as they prepare for their Go-Live on 8 May 2025. Pre-Live Readiness assessments are ongoing to ensure each Trust is prepared for a safe Go-Live.</p> <p>The deployment is planned to be completed by May 2025, followed by a two-year stabilisation and optimisation phase. A new timeline has been identified in conjunction with Epic colleagues for the delivery of the Children’s Social Work and Social Care module. Critical system development will be completed by May 2026, with</p>		<p>NICCY recognises that much work is being undertaken in this area, and that the Go-live period of Encompass has now been undertaken within each HSCT, as of May 2025. NICCY reiterates its concern as regards the projected two-year stabilisation and optimisation period, given its impact on the collection and monitoring of data and corresponding impact on planning etc. The Department and SPPG have recognised that data has been impacted during the rollout of Encompass, but no further information has been provided to NICCY, including interim plans to navigate this situation.</p> <p><b>NICCY would advise that this action is kept under review and the Department, SPPG, and HSCTs work to ensure that accuracy of data collected at this time, and provide timely, clear updates as to the progression of the identified stabilisation and optimisation phase.</b></p>

				<p>implementation across all Trusts by the end of 2027 (this timeline is dependent on funding being agreed).</p> <p>Measurable Benefits Realised so far include:</p> <ul style="list-style-type: none"> <li>• Approximately 95,000 service users have signed up to the My Care patient portal (Available as a mobile app or through a web browser, use is optional and does not take the place of traditional methods)</li> <li>• Improved outpatient clinic utilisation</li> <li>• Saved clinical time with instant chart viewing</li> <li>• More timely interventions</li> <li>• Increased safety in medication administration</li> <li>• Better utilisation of resources and appointments, with a reduction in 'Did Not Attend' rates</li> </ul> <p>Mental Health Outcomes Framework Work is continuing to implement the Mental Health Outcomes Framework (MHOF) in line with the roll out of the Encompass system, albeit with some delays being experienced as a result of emerging complexities and constrained resources. These issues are currently being worked through with the Encompass Team. Recruitment for a Regional Mental Health Outcomes Lead has recently been completed and it is anticipated the new postholder will take up their position in the summer. In the interim, a temporary part time resource is continuing to progress this work within available capacity. In addition to</p>	
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				<p>the Lead role, additional staff will need to be appointed within HSC Trust in order to fully implement the MH Outcomes Framework. Funding for these posts has not yet been secured.</p> <p>As per June 2024: encompass Project. Following the launch of encompass in the South Eastern Health and Social Care Trust on 9 November 2023, the Trust is currently in a stabilisation phase. A number of support systems and processes have been established to help embed the system by identifying and resolving issues as they occur. Belfast Trust went live with encompass on June 6, 2024. The Northern Trust will implement encompass on November 7, 2024.</p> <p>The Southern and Western Trusts will Go-Live in Spring 2025. The lessons learned through the South Eastern implementation and stabilisation period are being shared with the other Trusts as they prepare for their own Go Lives. Mental Health Outcomes Framework Phase one of the implementation of this framework has begun in line with the timetable for the roll out of the encompass project. Additional resources are required to assist with this work and subsequent implementation phases. In recognition of this, the recruitment of a dedicated project lead will commence shortly.</p> <p>As per December 2023:</p>		
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				<p>The South Eastern Trust implemented encompass on 9 November 2023. The building, testing, and training timelines for the Children’s Social Care Services module has been re-sequenced to align with the Belfast Trust going live in Spring 2024. The Belfast Trust Go-Live will be followed by the Northern Trust in Autumn 2024 with the Southern Trust and the Western Trust going live together in Spring of 2025.</p> <p>Delivery of the Outcomes Framework is underway.</p>		
<p>1.8 On an annual basis trusts, along with SPPG will reflect back on referral trends to identify changes in referrals patterns and undertake specific awareness rising activities as required.</p>	<p>Marked as in progress.</p>	<p>During 2022 SPPG carried out a scoping exercise at both regional and trust level to identify referral trends. The out workings of this exercise will be used to identify where inappropriate referrals originate as well as methods of improving communication regarding referral processes. This work will form part of Emotional Wellbeing in Schools service when it is introduced across post primary schools in 2023.</p> <p>HSCT continue to liaise with GP’s regarding improving quality of referrals. Through the Emotional Health and Wellbeing Services framework, SPPG are working with HSCT to implement a single referral (that includes CAMHS) for the GP online referral system.</p>	<p>Marked as in progress.</p>	<p>As per February 2025: All HSCT continue to monitor referral trends into their CAMHS services-primary care. This remains the biggest referrer with nearly 2/3 of referrals received in 2023/24 coming from that source. The CAMHS stepped care pathway clearly states referral and acceptance criteria and who can refer into CAMHS. As the request of the Public Accounts Committee the Department asked all HSCT to complete an 18-month audit of referrals not accepted and actions taken by HSCT. This information can be shared after it has been signed off and forwarded to PAC.</p> <p>As per June 2024: SPPG chair monthly meetings with CAMHS Heads of Service. The next meeting will take place in June 2024 and 2023/24 referral trends are an agenda item tabled for discussion. It would be helpful to have more information on referral trends</p>		<p>NICCY recognises that much work is being undertaken in this area, and appreciates the work of the Department in responding to the request of the PAC regarding all HSCTs to complete an 18-month audit of referrals not accepted and actions taken by HSCT. NICCY looks forward to reviewing this information.</p> <p>NICCY recognises that the rollout of Encompass and the recognition of the Department and SPPG that this may affect trust data reporting and validation. NICCY reiterates its concern as regards the projected two-year stabilisation and optimisation period, given its impact on the collection and monitoring of data and corresponding impact on planning etc. The Department and SPPG have recognised that data has been impacted during the rollout of Encompass, but no further information has been provided to NICCY, including interim plans to navigate this situation.</p> <p><b>NICCY would advise that this action is kept under review and the DoH, SPPG, and HSCTs work to ensure that accuracy of data collected at this time, and provide timely, clear updates as to</b></p>

				<p>(action 1.8), this will help to target preventative work and reduce the number of children getting to the referral stage. It was highlighted that the roll out of encompass may affect trust data reporting and validation.</p> <p>As per December 2023: The SPPG have developed individual referral trend reports and shared these with each Trust. Trusts have been asked to analyse their data in advance of meeting with the SPPG commissioning lead in December to review and discuss patterns.</p>		<p><b>the progression of the identified stabilisation and optimisation phase.</b></p>
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**Objective: Joined up working between services**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
1.9 Establishment of a fully implemented and operational Managed Care Network (MCN).	Marked as in progress.	<p>This action is being taken forward through the delivery of the Mental Health Strategy and the creation of a Regional Mental Health Crisis Service. An implementation plan for the new service has been developed and a group has been set up to take forward the work.</p> <p>Implementation of the plan is ongoing with the planned outcomes being taken forward across 3 workstreams into Year 1. Targets have been set across all 3 workstreams under the Mental Health Strategy Delivery Plan for 2022-23.</p>	NICCY was informed that Action 1.9 had been completed in 2022.	<p>Completed 2022. CAMHS Managed Care Network was fully operational in April 2022.</p> <p><b>Identified actions for 2025/2026: The Managed Care Network will form part of the Regional Collaborative Board Network of Networks in 2025.</b></p>		<p>This was marked as “completed” in 2022. However, NICCY would raise concerns as to structure and detail of the MCN and how the MCN in its current operational form ensures the design and delivery of human rights compliant mental health services for children and young people.</p> <p><b>NICCY would advise that this action is revisited, given developments since 2022, and the MCN demonstrate how it is ensuring compliance with human rights standards, particularly UNCRC Articles 12 and 24.</b></p>

<p>1.10 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and young people. REPLACED with 1.10 Create a regional mental health crisis service that will meet the needs of children and young people.</p>	<p>Marked as in progress.</p>	<p>This action is being taken forward through the delivery of the Mental Health Strategy and the creation of a Regional Mental Health Crisis Service. An implementation plan for the new service has been developed and a group has been set up to take forward the work.</p> <p>Implementation of the plan is ongoing with the planned outcomes being taken forward across 3 workstreams into Year 1. Targets have been set across all 3 workstreams under the Mental Health Strategy Delivery Plan for 2022-23.</p>	<p>Marked as in progress.</p>	<p>As per June 2024: CAMHS is represented within Regional Mental Health Crisis Service (RMHCS) Strategic Implementation Group (SIG) by SPPG. SIG meetings took place in January and May 2024. The Managed Care Network (MCN) and CAMHS representatives continue to attend Regional Mental Health Crisis Service (RMHCS) workshops and feed into the development of an all-ages regional crisis model.</p> <p>As per December 2023: Action rewritten: 1.10 Create a regional mental health crisis service that will meet the needs of children and young people. This action is progressing through the implementation of the Regional Mental Health Crisis Service which includes CAMHS.</p> <p>Work to date has included establishing a group, agreeing a ToR, mapping of current provision, gap analysis and a review of best practice. It is anticipated that future work will focus on drafting a service model and developing an investment plan for the Regional Crisis Service.</p>		<p>NICCY recognises that work has been undertaken in this area. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided.</p> <p>NICCY understands that the MCN and CAMHS representatives have continued to attend Regional Mental Health Crisis Service workshops and inputted into the development of an all-ages regional crisis model. The status of this development remains uncertain. NICCY is aware of the design of the draft Emotional Health and Wellbeing Framework and the consultation process of same which has commenced, with the consultation having closed in September 2025.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the all-ages regional crisis model are provided. These updates should include reference to the interpretation and application of UNCRC Article 12 in the development of the all-ages regional crisis model, and details as to how children and young people with lived experience have had their views sought and incorporated within the design of same.</b></p>
<p>1.11 CAMHS referral pathways will be kept under review.</p>	<p>Marked as in progress.</p>	<p>Protocols regarding referrals to Step 3 CAMHS continue to be kept under review by CAMHS Heads of Service and SPPG following the publication of the CAMHS Integrated Care Pathway in 2018.</p> <p>Prior to Covid the HSCB and Trusts had considered implementing the i-</p>	<p>Marked as in progress.</p>	<p>As per February 2025: The Department is considering refreshing the CAMHS Stepped Care Pathway given the substantial work being undertaken within the Mental Health Strategy especially as the Regional Mental Health Service is being developed.</p>		<p>NICCY understands that the Department is considering refreshing the CAMHS Stepped Care Pathway due to the work being undertaken within the MHS, and the development of the Regional Mental Health Service is being developed. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been</p>

		<p>Thrive framework across CAMHS. SPPG will be engaging with trusts/other key stakeholders in the next 6 months to scope how the introduction of an Emotional Health and Wellbeing approach that will include CAMHS can be piloted. the introduction of an i-Thrive model across N.I. would also ensure that Children and Young People receive appropriate help at an earlier stage.</p>		<p>As per June 2024: Emotional Wellbeing Teams in Schools (ETWS) are engaging with educational colleagues to improve understanding around CAMHS Stepped Care Model and referral pathways.</p> <p>As per December 2023: CAMHS referral pathways are continuously under review in response to emerging policies and services. CAMHS remains represented on regional workstreams for the regional Mental Health Service and Regional Crisis Service.</p>		<p>provided. Acknowledging the role of the Mental Health Strategy as the vehicle to deliver this action, NICCY is concerned given the status of the MHS own delivery. The Department’s own assessment relating to the deliverability of the MHS, published in October 2025, raises concerns as to the funding projection / direction of travel for this action. The consistent review of CAMHS referral pathways is a vital information collection and review exercise which provides critical data and insight, including for forward-planning purposes, for relevant services and systems.</p> <p><b>Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, NICCY would advise this recommendation is an urgent action, and that it is concerned as to the status of progression. NICCY recommends that the Department, the SPPG, and the HSCTs undertake an internal review of existing referral pathways, which assesses the current design and operation of referral pathways using a Child Rights-based approach, including the design and application of Child Rights-based indicators as an assessment framework. This review should be published within one year, and subsequent review should be undertaken using the same Child Rights-based approach, including Child Rights-based indicators.</b></p>
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**Objective: Removing barriers that stop young people accessing services**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
2.1 Scope what supports are currently on offer for children and young people awaiting appointments or in between appointments. Analyse any resource and practical implications for implementing this.	Marked as in progress.	None provided.	NICCY was informed that Action 2.1 had been completed in 2022.	As per February 2025: Through waiting list validation exercises, HSCT continue to make contact with cyp and their parents to offer advice, assess needs and signpost as necessary. HSCT have a range of resources on their website for those that require them. CYP also have access to App developed by DoH.		<p>This was marked as “completed” in 2022. However, NICCY would raise concerns as to structure and detail of supports available within and across all HSCTs. The exact status of this action remains uncertain, as no direct confirmation of current progress has been provided. NICCY is concerned as to the structure and form of available supports given repeated statements of budgetary pressure across HSCTs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the precise nature of available supports are provided.</b></p>
2.2 Consider creation of a Mental Health Passport Scheme, through existing portals.	Marked as in progress.	This work will be taken forward through via the rollout of Encompass across all HSC trusts in Northern Ireland. Encompass will see the creation of a single digital care record for every citizen in Northern Ireland, including children and young people. Encompass will create better experiences for patients, service users and staff by providing improved continuity of care.	Marked as in progress.	NICCY was informed that as of June 2023, Action 2.2 had been merged with action 1.6 (20/06/2023) [encompass].		<p>NICCY understands that this action has been merged with Action 1.6 as of June 2023. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided.</p> <p>NICCY recognises the Go-live period of Encompass has now been undertaken within each HSCT, as of May 2025. NICCY reiterates its concern as regards the projected two-year stabilisation and optimisation period, given its impact on the collection and monitoring of data and corresponding impact on planning etc. The Department and SPPG have recognised that data has been impacted</p>

						during the rollout of Encompass, but no further information has been provided to NICCY, including interim plans to navigate this situation.  <b>NICCY would advise that this action is kept under review.</b>
2.3 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people.	Marked as in progress.	None provided.	NICCY was informed that Action 2.3 had been completed in 2021.	As per February 2025: IEAP was updated in May 2025 DOH is currently working on reviewing MH addendum which covers CAMHS.		This was marked as “completed” in 2021. However, NICCY understands that the IEAP was updated in May 2025, and further, that the Department is currently undertaking a review of the MH addendum which covers CAMHS.  <b>NICCY would advise that this action is kept under review.</b>

**Objective: Greater Flexibility and choice in how young people engage with services**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY’s Progress Coding	NICCY Analysis
2.4 Develop an APP that will assist young people requiring help and support with health and social wellbeing or who may have difficulty in engaging with CAMHS.	Marked as completed (in 2021).	No further comments provided.	NICCY was informed that Action 2.4 had been completed in 2021.	NICCY was informed that Action 2.4 had been completed in 2021.		This was marked as “completed” in 2021. However, NICCY would advise that the websites shared by the DoH and SPPG are not child-friendly or child accessible, and the link to the CAMHS resources website as shared on the GPNI website appears to be broken. The GPNI website advises that following the link, “https://www.camhs-resources.co.uk/ “ will direct the user to CAMHS resources. As of the time of writing, the link appears invalid, with the domain name not recognised. These issues present as barriers to children and young people seeking help and support and/or experiencing difficulties in engaging in CAMHS.  <b>NICCY would advise that this action is kept under review and updates as to the</b>

						progression of the action are provided. These updates should include reference to the interpretation and application of UN CRC Article 12 in the development of any applications and/or websites, and details as to how children and young people with lived experience have had their views sought and incorporated within the design of same.
2.5 Review CAMHS appointment systems in relation to recommendation 8 to consider the viability and practical implications. Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed.	Marked as completed (in 2022).	No further comments provided.	NICCY was informed that Action 2.5 had been completed in 2022.	NICCY was informed that Action 2.5 had been completed in 2022.		This was marked as “completed” in 2022.

**Objective: Mental health training for all professionals who work with young people**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY’s Progress Coding	NICCY Analysis
3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services.	Marked as completed (in 2020).	No further comments provided.	NICCY was informed that Action 3.1 had been completed in 2020.	NICCY was informed that Action 3.1 had been completed in 2020.		This was marked as “completed” in 2020. No further information was provided to NICCY beyond 2020 completion.

**Objective: Integrated working across the system to strengthen children and young people’s emotional and mental wellbeing**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY’s Progress Coding	NICCY Analysis
3.2 Implement primary care Multi Disciplinary Teams (MDTs) with a mental health practitioner attached to all GPs across the region. The role of the MHP within the MDT is to provide mental health support across a whole life approach.	Marked as in progress.	There is currently an MDT presence in 7 of the 17 GP Federations in Northern Ireland providing over 649,000 of the population with access to physiotherapy, social work and mental health services through local GP Practices. The role of the MHP within the MDT is to undertake mental health assessment across the whole lifespan. Further rollout of the MDT’s will be subject to securing appropriate funding. At present, information on the number of young people who have been supported by the MDT’s is not available but work is ongoing to further develop the data intelligence system used, and it is anticipated that this data will be captured in the future.	Marked as in progress.	<p>As per February 2025: As of September 24, through the rollout of the Primary Care Multi-Disciplinary Teams Programme (MDTs) over 755,000 citizens now have access to physiotherapy, social work, or mental health services in 117 GP practices across 7 of the 17 GP Federations areas in Northern Ireland.</p> <p>In Health and Social Care NI – A Three Year Plan to Stabilise, Reform and Deliver, Minister has made a commitment to the publication of a plan, by April 2025, for the completion of the MDT programme across all areas of Northern Ireland. In support of this, a proposal has been submitted for Executives Transformation funding, which if successful would see the model brought to completion in the 7 GP Federations which have already commenced; and expansion into an additional 5 GP</p>		<p>NICCY recognises that work has been undertaken in this area. NICCY understands that the “Health and Social Care NI – A Three-Year Plan to Stabilise, Reform and Deliver” 2024 is a vehicle for delivery, particularly in relation to an outlined Ministerial commitment to publish a plan for the completion of the MDT programme. The “Multi-Disciplinary Teams in Primary Care Implementation Plan” was available on the Department’s website as of July 2025. NICCY recognises it does make provision for the inclusion of mental health practitioners within MDTs. NICCY welcomed the finding that “As well as a significant increase in primary care consultations, the MDT Model has evidenced a range of service impacts, these include a reduction in MSK, Social Care and Mental Health GP Practice referrals between GP Practices that currently have the MDT model versus those that do not yet have the service in place” (at 3.7).</p> <p>NICCY also welcomed that the next stage of implementation “will focus on core GP Practice based roles of First</p>

			<p>Federation areas with a combined population of 670,000 people.</p> <p>As per June 2024: As of December 2023, the Multi Disciplinary Teams (MDT) model is fully or partially realised in 115 GP Practices across 7 of the 17 GP Federations areas in Northern Ireland. The MDT Programme supports 369.83 whole time equivalent front-line staff, including 73.4 whole time equivalent Mental Health Practitioners.</p> <p>Across NI, 731,000 citizens now have access to physiotherapy, social work or mental health services and benefit from enhanced levels of nursing in their local GP practices. Over 330,000 of those have access to all 4 MDT roles in their local GP practice and of that number over 175,000 have access to all 4 MDT roles in the original ratios. The roll-out of the implementation of MDTs remains dependent on the availability of appropriate funding (including capital funding) and suitably qualified and experienced staff.</p> <p>As per December 2023: As of September 2023, the Multi Disciplinary Teams (MDT) model is fully or partially realised in 7 of the 17 GP Federations areas in Northern Ireland with 367.15 whole time equivalent front-line staff working across 114 GP practices.</p>		<p>Contact Physiotherapy, Social Worker, Social Work Assistant and Mental Health Practitioner” (at 4.4). NICCY welcomed the recognition of the need for workforce planning, including identified training places for mental health nursing (at 4.7) and the design of recruitment plans, including for mental health practitioner posts, with recruitment identified as being scheduled between the timeframe 2025/26 to 2028/29 (at 4.8). However, NICCY is concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the DoH budget and the corresponding impact upon HSCs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>
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				<p>Around 726,000 citizens now have access to at least an element of the model with over 630,000 having access to a practice based mental health practitioner. Around 200,000 have access to all four roles in their GP Practice. The roll-out of the implementation of MDTs remains dependent on the availability of appropriate funding (including capital funding) and suitably qualified and experienced staff.</p>		
<p>3.3 Establishment and launch of additional specialist mental health support available for schools, delivered through the Emotional Health and Wellbeing in Education Framework: -Text a Nurse (Post primary) - Expanded rise provision (Primary) -CAMHS school service (Primary and Post Primary).- Extension of Abbey School Nursing pilot.</p>	<p>Marked as in progress.</p>	<p>Work is advancing to implement the Emotional Wellbeing Teams in post primary schools. Implementation of the teams was impacted by a delay in the business case approval process but the service is expected to become operational and commence in early 2023, subject to recruitment processes.</p>	<p>Marked as in progress.</p>	<p>As per February 2025: The Abbey School Nursing Pilot ended December 2024; it was not considered feasible to scale up.</p> <p>The Text a Nurse service will end March 2025; funding will not continue for this service, this was based on concerns around the relatively low numbers of service users and subsequent impact on overall value for money; it was not considered feasible to operate the service at a lower cost to better align with the number of service users.</p> <p>The Emotional Wellbeing Teams in Schools project is available to post-primary schools, as funding is only available until June 2025, there are emerging retention issues which is impacting on delivery. The RISE NI Key Stage 2 expansion project is available to primary schools (P5-P7). Future funding for projects will be subject to budget availability across both Department of</p>		<p>NICCY recognises that work, including pilot programmes, have been undertaken in this area and learning has been drawn from these experiences.</p> <p>However, the progression of the action has appeared to have stalled with a focus on cost effectiveness being the focus, such as following the undertaking of the Abbey School Nursing Pilot. The Text a Nurse service ended in March 2025 and no plans have been communicated to NICCY relating to possible replacements or alternative provision. NICCY understands that funding for the Emotional Wellbeing Teams in Schools project was only available until June 2025, and that issues regarding retention were beginning to emerge, which affected delivery.</p> <p>NICCY is therefore concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the Department’s budget and Department of Education’s budget, and the corresponding impact upon HSCTs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to</b></p>

			<p>Education and Department of Health.</p> <p>As per June 2024: Projects are operational. Note the EWTS project covers post-primary schools only (not primary as per the action which may need revised) and excludes special schools at this stage as they are currently under a wider pilot for identification of all their needs. Funding for projects has been secured until the end June 2024, however budget pressures for the remainder of the year will require some changes to delivery for the remainder of the year.</p> <p>As per December 2023: The Emotional Wellbeing in Schools Teams (EWTS) project is now operational. This initiative is being rolled out on a phased basis. 48 post-primary schools have been identified to participate in the programme in 2023/24. EWTS will also liaise with a pilot study led by the PHA in seven special schools in 2023/24 to identify emerging needs and plan interventions to meet these needs as part of the EWTS offer to special schools.</p>		<p>the progression of the action are provided. NICCY recommends that reviews of the pilot programmes undertaken are published, with evidence of learning and recognition of best practice and opportunities for design improvement identified. These reviews should comply with Article 12 of the UNCRC and participation of students who engaged in services provided by the pilot programmes should be ensured to enable a thorough review process, including in the design of recommendations for future work.</p> <p>NICCY recommends that the Department and the Department of Education act in accordance with obligations under the CSCA and produce a comprehensive action plan for the future design and delivery of specialist mental health support services within Schools. This action plan should be framed within a Child-Rights based approach, and identify opportunities for collaboration and cooperation across all relevant services, including relevant opportunities for collaboration between the Emotional Health and Wellbeing in Education Framework and the Emotional Health and Wellbeing Framework (when in finalised format).</p>
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**Objective: Greater range of community based mental health support**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
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<p>4.1 Provide greater opportunities for mental health support community and voluntary sector organisations to apply for funding from the Department of Health's core grant funding scheme, through introducing an open call for applications to the scheme.</p>	<p>Marked as completed (in 2022).</p>	<p>No further comments provided.</p>	<p>NICCY was informed that Action 4.1 had been completed in 2022.</p>	<p>NICCY was informed that Action 4.1 had been completed in 2022.</p>		<p>This was marked as “completed” in 2022. However, NICCY is aware of the financial pressures experienced by the CVS in the last four years, including the implemented cuts by the Department to community voluntary sector grants, most notably through a significantly reduced Core Grant scheme for the 2025/26 financial year. The total funding for this year's Core Grant scheme is £1.8 million, a 50% reduction from previous years, leading to over 90% of applicants being unsuccessful in securing a grant in the initial round. Considering budgetary pressures and the Department's analysis of the deliverability of the Mental Health Strategy to date, including the emphasis placed on the role of the CVS, it is important to ensure the CVS is sufficiently funded and further, has enhanced opportunities to apply for further funding from the Department's core grant funding through a clearer and more open process. NICCY is concerned as to the current operation of the CVS, and thus the corresponding impact on the realisation of this recommendation.</p> <p><b>NICCY would advise this recommendation is an urgent action, and that it is concerned as to the status of progression. NICCY recommends that the Department undertake a robust fund mapping exercise to ascertain the existing demand and need among the CVS in the mental health support sector. NICCY recommends that the Department engage in a stakeholder consultation exercise to understand the needs of the CVS, and to work alongside the CVS to ensure sufficient funding is provided in order to realise the ambitions of the Mental Health Strategy, and the role identified for the CVS within this, as well as the (draft)</b></p>
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<p>4.2 Provide a greater range of self-help support for young people.</p>	<p>Marked as completed (in 2022).</p>	<p>No further comments provided.</p>	<p>NICCY was informed that Action 4.2 had been completed in 2022.</p>	<p>NICCY was informed that Action 4.2 had been completed in 2022.</p>	<p style="background-color: yellow;"> </p>	<p><b>Emotional Health and Wellbeing Framework.</b></p> <p>This was marked as “completed” in 2022. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided.</p> <p>Moreover, NICCY would advise that the websites shared by the Department and SPPG relating to CAMHS support are not child-friendly or child accessible, and the link to the CAMHS resources website as shared on the GPNI website appears to be broken. The GPNI website advises that following the link, “<a href="https://www.camhs-resources.co.uk/">https://www.camhs-resources.co.uk/</a> “ will direct the user to CAMHS resources. As of the time of writing, the link appears invalid, with the domain name not recognised. These issues present as barriers to children and young people seeking help and support and/or experiencing difficulties in engaging in CAMHS.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided. These updates should include reference to the interpretation and application of UNCRC Article 12 in the development of any applications and/or websites, and details as to how children and young people with lived experience have had their views sought and incorporated within the design of same.</b></p>
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**Objective: Needs led support and treatment in mental health hospitals**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy.	Marked as in progress.	All CAMHS staff receive training in Psychological Therapies. In 2023, SPPG will carry out an audit of Psychological Therapies across Trusts to identify any gaps in provision. This action will also be progressed through the 2021-31 Mental Health Strategy. Action 19 of the Strategy is to embed psychological services into mainstream mental health services and ensure psychological therapies are available across all steps of care. Work is underway to identify priority actions for the 2023/24 Mental Health Strategy Delivery Plan. In addition, the outworkings of the Mental Health Workforce Review will be important in delivering this action.	Marked as in progress.	<p>As per February 2025: A fixed-term (2 years) 0.5WTE Chief Psychological Professions Officer post has been created within the DoH.</p> <p>As per June 2024: The Mental Health Workforce has identified future workforce requirements. Work is currently ongoing to develop an implementation plan for the recommendations arising from the review. Significant investment will be required to deliver against all recommendations. Work will also take place in 2024/25 to scope out and provide recommendations to the Minister on the establishment of a new Chief Psychological Professions Officer which may have an impact on this recommendation.</p> <p>As per December 2023: Across CAMHS, psychological therapies are delivered in a range of settings and by staff with different professional backgrounds for example,</p>		<p>NICCY recognises that work has been undertaken in this area, including the creation of a Chief Psychological Professions Officer post. NICCY is however concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the Department budget and Department of Education budget and the corresponding impact upon HSCTs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>

				psychologists, nurses, occupational therapists, social workers, psychiatrists & family therapists. These therapies however are not captured within CAMHS minimum data set so reporting the level of these disciplines are not available. The Mental Health workforce review has identified what the future CAMHS workforce requirements will be however significant investment will be required to realise this and ensure this workforce has the necessary skills and competence to meet the needs of those referred across the stepped care pathway.		
4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need.	Marked as completed (in 2021).	No further comments provided.	NICCY was informed that Action 4.5 had been completed in 2021.	NICCY was informed that Action 4.5 had been completed in 2021.		This was marked as “completed” in 2021.

**Objective: Children and Young People on Adult wards**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
4.7 Ensure suitable protocols exist for children who are admitted to adult wards.	Marked as in progress.	This action was previously marked as complete but the IDG agreed to reopen the action during 2022 based on comments provided by NICCY and RQIA. The Acute CAMHS Managed Care Network (MCN) are leading on this work and a Regional	Marked as in progress.	As per February 2025: CAMHS Managed Care Network has developed protocols and reviewed these with RQIA. Complete.		NICCY recognises that work has been undertaken in this area, including that CAMHS Managed Care Network has developed protocols and reviewed these with RQIA. However the exact status of this action remains uncertain, as no direct

		Inpatient Pathways Group has been established to take forward this action, along with action 4.8. The group are working with RQIA to draft a regional protocol for the admission of u18's to adult and medical beds.		<p>As per June 2024: Draft guidance has been developed based on the Royal College of Psychiatrists guidelines for the management of children under 18 in adult wards. The draft guidance has been shared with CAMHS for consultation and will be subsequently provided to adult mental health colleagues for feedback.</p> <p>As per December 2023: Inpatient pathway group work is ongoing. The MCN and Consultant Nurses will meet in January 2024 to draft protocols.</p>		<p>confirmation of current progress has been provided.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>
4.9 Review the Card Before You Leave (CBYL) Scheme for children and young people.	Marked as in progress.	The Acute CAMHS Managed Care Network (MCN) are leading on this work. The MCN are currently scoping the current Crisis Response Home Treatment across CAMHS regionally. Crisis service provision including liaison for u18's is also part of the wider work being taken forward by Action 12 of the Mental Health Strategy to create a regional mental health service for Northern Ireland. See Action 1.10.	Marked as in progress.	NICCY was informed that as of June 2023, Action 4.9 had been merged with action 1.10 (29/06/2023)		<p>NICCY understands that this action has been merged with Action 1.10 as of June 2023. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression are provided. These updates should include reference to the interpretation and application of UNCRC Article 12 in the evaluation of the CBYL, and details as to how children and young people with lived experience have had their views sought and incorporated within the evaluation.</b></p>

**Objective: Implement and monitor minimum care standards in A&E**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
4.10 Create a regional crisis service for children and young people.	Marked as in progress.	This action is being taken forward through the delivery of the Mental Health Strategy and the creation of a Regional Mental Health Crisis Service. An mplementation plan for the new service has been developed and a group has been set up to take forward the work. Implementation of the plan is ongoing with the planned outcomes being taken forward across 3 workstreams into Year 1. Targets have been set across all 3 workstreams under the Mental Health Strategy Delivery Plan for 2022/23.	Marked as in progress.	NICCY was informed that as of June 2023, Action 4.10 had been merged with action 1.10 (29/06/2023)		<p>NICCY understands that this action has been merged with Action 1.10 as of June 2023. However, the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided. NICCY is concerned that the Regional Mental Health Crisis Service was announced in 2021, and yet has not been fully rolled out. The regional mental health crisis service must be rolled out as a matter of urgency. This is particularly given the context of the findings of the Getting It Right First Time (“GIRFT”) 2025 report examining the operation of Emergency Departments across NI. The report is based on the observations and discussions from visits to all ten of the type 1 (major) Emergency Departments in June 2023. This included a visit to the Royal Belfast Hospital for Sick Children, during which time issues in critical care for children and young people, including delays in CAMHS assessments and inpatient admission were flagged. NICCY is also aware of the findings of the RQIA in its 2022 inspection report of the Royal Belfast Hospital for Sick Children, which identified a number of pressing issues regarding the treatment of children and young people with self-harm, suicidal ideation etc.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression are provided. NICCY</b></p>



				<p>action during 2024/25, due to resourcing pressures and other competing priorities.</p> <p>As per December 2023: DoH SPPG, Adult Mental Health Unit and Child and Adolescent Mental Health Unit met on 3 October 2023 to discuss the next steps for transitions. Given the potential impact of ongoing work on recommendations flowing from the review of transitions, the focus of discussion was on how the existing arrangements could be enhanced in the interim. Proposals included identifying existing processes that could be strengthened and sharing examples of best practice across the Trusts. SPPG will arrange a workshop in early 2024 to map the transition process in Trusts and to identify best practices and improvements that can be implemented, based on the current financial situation.</p>		<p><b>Department, and undertaken as a matter of urgency.</b></p>
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**Objective: Provide clear information on service standards and how to make a complaint and feedback**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
6.1 Audit of existing complaints process across	Marked as completed (in 2022).	No further comments provided.	NICCY was informed that	NICCY was informed that Action 6.1 had been completed in 2022.		This was marked as "completed" in 2022. However, NICCY is unaware of wider progress being made since that time in respect of the provision of user-friendly

trust and review complaints made within 2 years for baseline. Consult with existing Service User groups re: appropriateness of current arrangements.			Action 6.1 had been completed in 2022.			guidance for young people and parents/carers, and how this complies with relevant human rights standards.  <b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b>
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**Objective: Strengthen involvement of young people in decisions about their care and how services are delivered**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
6.2 Scope children and young people involvement in service evaluation and development. Consider development of an action plan and setting up a mental health youth forum in each trust to support this action.	Marked as in progress.	The Acute CAMHS Managed Care Network (MCN) are scoping a regional Service User Forum who, when established, will incorporate this action as part of their work.	Marked as in progress.	As per June 2024: The Action Mental Health Youth Forum has been established and the Managed Care Network continue to sit on the supporting committee. Future plans include linking in with the development of a service user and carer forum as part of the development of the Regional Mental Health Collaborative Board.  As per December 2023: The		NICCY recognises that work has been undertaken in this area. However the exact status of this action remains uncertain, as no direct confirmation of current progress has been provided.  NICCY was advised that as of June 2024, identified future plans included linking in with the development of a service user and carer forum as part of the development of the Regional Mental Health Collaborative Board.

				<p>MCN are supporting the development of Action Mental Health's regional Youth Forum. The development of service user and carer forums will become part of the Regional Mental Health Collaborative Board workstreams.</p> <p>The MCN continues to promote service user involvement in workstreams, however there are limited mechanisms to engage with service users in each Trust.</p>		<p>NICCY is unaware of wider progress being made since that time in respect of ensuring active participation and engagement of children young people and their parents/carers.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>
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**Objective: Equal access for young people with a learning disability to services and support**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
8.1 Understand current provision of ID CAMHS across all trusts through undertaking scoping exercise of existing pathways.	Marked as in progress.	The Mental Health Workforce Review included scoping a regionally consistent model of ID CAMHS that aligns with best practice and clinical guidelines. The out workings of the workforce review will help to inform strategic planning and investment going forward. In parallel, this action is being taken forward through the delivery of the Mental Health Strategy and has been included in	Marked as in progress.	As per February 2025: SHSCT has an established CAMHS ID service pathway. Following on from the Regional workshops, SPPG requested that the other 4 Trusts scope the level of CAMHS ID need across their Trusts, develop an implementation plan and submit this to SPPG in April 2025. The DoH will review these findings.		<p>NICCY recognises that work has been undertaken in this area and understands that as of February 2025, the SHSCT has an established CAMHS ID service pathway.</p> <p>NICCY also understands the remaining four HSCTs have been requested by the SPPG to scope the level of CAMHS ID need across their regions, and develop an implementation plan for submission to the SPPG in April 2025. It is</p>

		the Year One Delivery Plan for 2022/23 under Action 11.		<p>As per June 2024: An internal SPPG meeting is arranged for 14 June 2024 to reflect on learning arising from regional workshops in respect to scoping the current ID CAMHS provision. The Department of Health (DoH) will consider and agree a regionally consistent model with all Health and Social Care Trusts this year.</p> <p>As per December 2023 Update: SPPG facilitated a further regional workshop with all Trusts in September to map existing services and identify gaps in provision.</p> <p>HSCT accepted that they would require additional support to agree a regional model and develop implementation plans over 0-3 and 3yrs+.</p> <p>SPPG has recruited a consultant psychiatrist 1 day a week from November to March 2024. This individual will meet with Trusts to help them develop plans to move toward establishing a regionally consistent and integrated CAMHS ID service.</p>		<p>understood that the Department is reviewing these findings.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>
8.2 Establish a regional board with SPPG/Iveagh and 5 trusts to strengthen operating procedures within Iveagh to prevent delayed discharges as well as keep focus of plans to discharge.	Marked as completed (in 2021).	No further comments provided.	NICCY was informed that Action 8.2 had been completed in 2021.	NICCY was informed that Action 8.2 had been completed in 2021.		This was marked as “completed” in 2021.
8.3 Development of the Children	Marked as in progress.	This action will be taken forward by the Regional Co-ordinator for the	Marked as in progress.	As per February 2025: The Framework is in final stages of		NICCY recognises that work has been undertaken in this area.

<p>and Young People Emotional Health and Wellbeing Framework including scoping a regional ADHD service.</p>		<p>Children and Young People’s Emotional Health and Wellbeing Services framework appointed by SPPG in December 2021. This role involves coordinating the full range of EHWB service provision across all trusts as well as associated support and provision through other stakeholders and C&amp;V organisations. A regional steering group are working to agree a regional model of service delivery that increases integration and partnership working. Each Trust has developed a single referral point for EHWB referrals. A single regional referral form for EHWB referrals will be developed by March 2023.</p>		<p>preparation including developing an Easy Read version. It is anticipated that the Framework will be published for consultation in April 2025. SPPG, PHA and Child Health Partnership have met to review best practice pathways to inform a regionally consistent neurodevelopmental assessment pathway.</p> <p>As per June 2024: A draft framework has been submitted to SPPG Senior Management Team (SMT) and is awaiting sign off for public consultation. An Equality Impact Assessment (EQIA) has been drafted to inform the public consultation. A further workshop was arranged on 5 March between Department of Health (DoH) and Department of Education (DE), with 59 attendees. This included DoH representatives from policy, SPPG and all HSC Trusts; DE representatives from Policy, SEN, EA, Middletown Centre, school principals; and community and voluntary organisations who provide support into both Departments. There are plans to agree the development of neurodevelopmental care pathways. This has been tabled for discussion at the DoH SPPG/PHA Children’s Planning and Commissioning Group.</p> <p>As per December 2023: Preparation for consultation on the Emotional Health and Wellbeing in Health Framework is ongoing. BSO Equality unit is</p>		<p>NICCY welcomed the publication of the draft EHWB Framework in May 2025 and the subsequent opening of the consultation process. NICCY understands that as of February 2025, the SPPG, PHA and Child Health Partnership have met to review best practice pathways to inform a regionally consistent neurodevelopmental assessment pathway. NICCY is concerned as to the delay behind the scoping of a regional ADHD service, given the data regarding the increasing numbers of children and young people with ADHD and presenting mental health needs.</p> <p>NICCY is also concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the DoH budget and DE budget and the corresponding impact upon HSCTs, particularly as no costings / projected costings were outlined in the draft EHWB Framework publication.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>
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				<p>providing advice and support to ensure the consultation meets Section 75 requirements. Engagement webinars and workshops are planned for delivery through October, November and December 2023. 300 attendees from a cross section of services and organisation attended information webinars and over 220 have registered to attend workshops and this will be used to inform the final Framework. SPPG have met with all Trusts to scope ASD and ADHD referral and care pathways due to the high co-morbidity rates with these conditions (50% - 70%). A regional Community Paediatric Medical (CPMS) commissioning group has been established to support regional consistency in understanding the commissioning needs on CPMS. A regional group has been established to review medical prescriptions, medical reviews and shared care needs for the ADHD population.</p>		
<p>8.4 Carry out a review of community based emotional, mental and behavioural support services for children and young people.</p>	<p>Marked as in progress.</p>	<p>This action will be taken forward by the Regional Co-ordinator for the Children and Young People's Emotional Health and Wellbeing Services Framework who has been collaborating with a range of stakeholders including trusts, 3rd sector providers and service users.</p>	<p>Marked as in progress.</p>	<p>As per February 2025: The report from the National iThrive Programme has been completed and will be shared in March 2025. It has identified where opportunities for realignment of service provision might be beneficial. It has helped service providers understand where they should sit in order to provide the best support to meet the needs of children and young</p>		<p>NICCY understands as of February 2025 that this action will be an ongoing process with the sector and discussions will continue across those programmes of work.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>

			<p>people. This will be an ongoing process with the sector and discussions will continue across those programmes of work to provide the most effective way.</p> <p>As per June 2024: The National iThrive Programme has provided a draft report on the current position and learning from the engagement project. This is currently being reviewed and will be shared in Summer 2024.</p> <p>As per December 2023: Community and voluntary providers have been engaged to inform the planning and implementation of future services through the iThrive engagement process. This engagement will help identify the capability, competence, and capacity of C&amp;V organisations.</p> <p>The Thrive model helps identify and align supports that are best placed to support the emotional health and wellbeing presenting needs of children, young people and their families.</p> <p>Workshops will be completed in early December 2023 and feedback from the workshops will be used to inform a planning process in February/March 2024.</p>		
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**Objective: Access to services to address mental health and substance use problems at the same time**

SWAP Action	Status in 2023	IDG Comments	Status in 2025	Department comments in 2025	NICCY's Progress Coding	NICCY Analysis
<p>8.5 Establish a service that will provide support and care for young people with co-occurring drug and/or alcohol and mental health problems.</p>	<p>Marked as in progress.</p>	<p>An HSC Substance Use Strategic Planning Group jointly chaired by the PHA and SPPG has been established and is working on the implementation of a new 10-year Substance Use Strategy, "Preventing Harm, Empowering Recovery".</p> <p>As part of this, a specific Children and Young People outcome group is looking in more detail at the implementation of the strategic actions for CYP. In addition, this action will also be progressed through the delivery of the Mental Health Strategy under Action 28 which is to create a managed care network with experts in dual diagnosis.</p>	<p>Marked as in progress.</p>	<p>As per February 2025: A Task and Finish Group has been established to progress co-occurring issues in relation to Substance Use and Mental Health. A project manager has now been recruited to support this work.</p> <p>As per June 2024: The Substance Use Strategic Commissioning &amp; Implementation Plan was subject to a public consultation process which closed in November 2023. The Public Health Agency (PHA) and SPPG sought views on each of the eight strategic priority areas identified in the plan, and also on the recommended commissioning actions and the corresponding timescales for implementation.</p> <p>The Plan has now been finalised to take account of the responses and has received approval from PHA and SPPG. This will allow implementation structures to be established and priority actions to be progressed during 2024. This action will be progressed under Strategic Priority 2: Pathways of Care, Models of Support. SPPG have progressed the recruitment of a Co-occurring Mental Health and Substance Use Project Manager, in line with Action 28 of the Mental Health Strategy. This position will go out to recruitment pending final approval.</p> <p>As per December 2023: The Substance Use Strategic Commissioning &amp; Implementation Plan was issued for full public consultation on 01 September 2023: <a href="https://consultations2.nidirect.gov.uk/hsc/suscipc/">https://consultations2.nidirect.gov.uk/hsc/suscipc/</a>, with PHA &amp; SPPG seeking views</p>		<p>NICCY recognises that work has been undertaken in this area. NICCY understands that as of February 2025, a Task and Finish Group has been established to progress co-occurring issues in relation to Substance Use and Mental Health, with a project manager having been recruited.</p> <p>NICCY is however concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the Department budget and the corresponding impact upon HSCTs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>

				<p>on each of the eight strategic priority areas identified in the plan, and also on the recommended commissioning actions and the corresponding timescales for implementation.</p> <p>The consultation closed for comments on 24 November 2023.</p>		
<p>8.6 The SPPG and the PHA will review services available for children and young people, particularly looking at the transition of young people from children to adult services, and ensure this is incorporated into the new outcomes-focused strategic plan being developed to replace the Alcohol and Drugs Services Commissioning Framework.</p>	<p>Marked as in progress</p>	<p>An HSC Substance Use Strategic Planning Group jointly chaired by the PHA and SPPG has been established and is working on the implementation of a new 10-year Substance Use Strategy, "Preventing Harm, Empowering Recovery". As part of this, a specific Children and Young People outcome group is looking in more detail at how SPPG and PHA will review substance use services available for children and young people.</p>	<p>Marked as in progress</p>	<p>NICCY was advised that the updates for Action 8.6 were the same as the updates provided for Action 8.5.</p>		<p>NICCY recognises that work has been undertaken in this area. NICCY understands that as of February 2025, a Task and Finish Group has been established to progress co-occurring issues in relation to Substance Use and Mental Health, with a project manager having been recruited.</p> <p>NICCY is however concerned for the continued progression of this action, in light of repeated statements regarding budgetary pressures within the Department budget and the corresponding impact upon HSCs.</p> <p><b>NICCY would advise that this action is kept under review and updates as to the progression of the action are provided.</b></p>

## 2. The SWAP and incorporation within the Mental Health Strategy

The following table has sought to map the SWAP actions with corresponding actions of the Mental Health Strategy based on information provided in 2023 and 2025. This was undertaken through analysis of the last detailed assessment of the SWAP by NICCY in 2023, and understanding of the current trajectory of the Mental Health Strategy at the time of the research. Actions previously identified by the Department are identified accordingly.

Objective	Action	Relevant Mental Health Strategy Action
<b>Sustainable investment in CAMHS</b>	1.3 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.	<p>Associated with Action 10.</p> <p><b>NICCY has identified Action 10 as the relevant aligned action for the creation of a refreshed mapping exercise and fund map, given the necessity to revisit the fund map of spending considering budgetary pressures and the Department’s analysis of the deliverability of the Mental Health Strategy to date, particularly with regards to Action 10.</b></p>
	1.4 Increase funding for CAMHS.	<p>Action 10. <i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Action 10 to continue to be relevant for progression, considering budgetary pressures and the Department’s analysis of the deliverability of the Mental Health Strategy to date, particularly with regards to Action 10.</b></p>
<b>Collect better information more regularly</b>	1.5 Full implementation of CAMHS dataset.	<p>Associated with all actions under Theme 2 collectively (Actions 10-13 inclusive).</p> <p><b>NICCY has identified Actions 10-13 as relevant aligned actions for the continued progression of a full and comprehensive operational CAMHS dataset. Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, SWAP Action 1.5 is necessary to all Actions 10-13 and its progression should be recognised and interconnected with the progression of Actions 10-13.</b></p>
	1.6 Development of Encompass across the HSCT to provide a system of recording and reporting on patient data and trends.	<p>Action 34. <i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Action 34 to continue to be relevant for progression, considering the Department’s analysis of the implementation of the Encompass</b></p>

		<p>system, namely the recognised two-year stabilisation and optimisation period required as part of this implementation.</p> <p>Associated with all actions under Theme 2 collectively (Actions 10-13 inclusive).</p> <p><b>NICCY has identified Actions 10-13 as relevant aligned actions for the continued progression of the collaboration between HSCTs and the SPPG to assess, evaluate, and act on referral trends. This is a vital information collection and review exercise which provides critical data and insight, including for forward-planning purposes, for relevant services and systems. Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, SWAP Action 1.8 is necessary to all Actions 10-13 and its progression should be recognised and interconnected with the progression of Actions 10-13.</b></p>
	<p>1.8 On an annual basis trusts, along with SPPG will reflect back on referral trends to identify changes in referrals patterns and undertake specific awareness rising activities as required.</p>	
<p><b>Joined up working between services</b></p>	<p>1.9 Establishment of a fully implemented and operational Managed Care Network (MCN).</p>	<p>Actions 12 and 27.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Actions 12 and 27 to continue to be relevant for progression. Whilst the Department has provided updates in respect of the updated framing of SWAP Actions 1.9 and 1.10, the exact status of these actions remains uncertain, as no direct confirmation of current progress has been provided. Progression of SWAP 1.9 and 1.10 is therefore aligned with the progression of Actions 12 and 27.</b></p>
	<p>1.10 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and young people.</p> <p>REPLACED with 1.10 Create a regional mental health crisis service that will meet the needs of children and young people.</p>	<p>Actions 12 and 27.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Actions 12 and 27 to continue to be relevant for progression. Whilst the Department has provided updates in respect of the updated framing of SWAP Actions 1.9 and 1.10, the exact status of these actions remains uncertain, as no direct confirmation of current progress has been provided. Progression of SWAP 1.9 and 1.10 therefore remains aligned with the progression of Actions 12 and 27.</b></p>
	<p>1.11 CAMHS referral pathways will be kept under review.</p>	<p>Associated with all actions under Theme 2 collectively (Actions 10-13 inclusive).</p> <p><b>NICCY has identified Actions 10-13 as relevant aligned actions for the continued review of referral pathways. This is a vital information collection and review</b></p>

		exercise which provides critical data and insight, including for forward-planning purposes, for relevant services and systems. Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, SWAP Action 1.11 is necessary to all Actions 10-13 and its progression should be recognised and interconnected with the progression of Actions 10-13.
<b>Removing barriers that stop young people accessing services</b>	2.1 Scope what supports are currently on offer for children and young people awaiting appointments or in between appointments.  Analyse any resource and practical implications for implementing this.	Associated with all actions under Theme 2 collectively (Actions 10-13 inclusive).  <b>NICCY has identified Actions 10-13 as relevant aligned actions for the continued assessment and evaluation of available supports for children and young people awaiting appointments / waiting between appointments. This is a vital information collection and review exercise which provides critical data and insight, including for forward-planning purposes, for relevant services and systems. Given the critical importance of robust, accurate, and comprehensive data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, SWAP Action 2.1 is necessary to all Actions 10-13 and its progression should be recognised and interconnected with the progression of Actions 10-13.</b>
	2.2 Consider creation of a Mental Health Passport Scheme, through existing portals.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed through Encompass; Action 34 therefore is relevant.</i>  <b>NICCY considers Action 34 to continue to be relevant for progression, considering the Department's analysis of the implementation of the Encompass system, namely the recognised two-year stabilisation and optimisation period required as part of this implementation</b>
	2.3 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people.	<i>This SWAP action has been categorised as completed by the Department.</i>
<b>Greater Flexibility and choice in how young people engage with services.</b>	2.4 Develop an APP that will assist young people requiring help and support with health and social wellbeing or who may have difficulty in engaging with CAMHS.	<i>This SWAP action has been categorised as completed by the Department.</i>
	2.5 Review CAMHS appointment systems in relation to recommendation 8 to consider the viability and practical implications.  Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed.	Associated with all actions under Theme 2 collectively (Actions 10-13 inclusive).  <b>NICCY has identified Actions 10-13 as relevant aligned actions for the continued assessment and evaluation of available supports for children and young people awaiting appointments / waiting between appointments. This is a vital information collection and review exercise which provides critical data and insight, including for forward-planning purposes, for relevant services and systems. Given the critical importance of robust, accurate, and comprehensive</b>

		<b>data to the effective design, development, and implementation of systems and services, as well as its importance for determining funding allocations, SWAP Action 2.5 is necessary to all Actions 10-13 and its progression should be recognised and interconnected with the progression of Actions 10-13.</b>
<b>Mental health training for all professionals who work with young people</b>	3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services.	<i>This SWAP action has been categorised as completed by the Department.</i>
<b>Integrated working across the system to strengthen children and young people's emotional and mental wellbeing</b>	3.2 Implement primary care Multi Disciplinary Teams (MDTs) with a mental health practitioner attached to all GPs across the region. The role of the MHP within the MDT is to provide mental health support across a whole life approach.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed through the continued rollout of MDTs.</i>
	3.3 Establishment and launch of additional specialist mental health support available for schools, delivered through the Emotional Health and Wellbeing in Education Framework:  -Text a Nurse (Post primary) -Expanded rise provision (Primary) -CAMHS school service (Primary and Post Primary). -Extension of Abbey School Nursing pilot.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Emotional Health and Wellbeing in Education Framework.</i>
<b>Greater range of community based mental health support</b>	4.1 Provide greater opportunities for mental health support community and voluntary sector organisations to apply for funding from the Department of Health's core grant funding scheme, through introducing an open call for applications to the scheme.	Action 15.  <b>NICCY has identified Action 15 as the relevant aligned action for ensuring greater availability of opportunities for the CVS to apply for funding to deliver their support services and wider mental health programmes. Action 15 aims to refocus and reorganise primary and secondary care mental health services and support services within the community to ensure a person-centred approach. Considering budgetary pressures and the Department's analysis of the deliverability of the Mental Health Strategy to date, including the emphasis placed on the role of the CVS, it is important to ensure the CVS is sufficiently funded and further, has enhanced opportunities to apply for further funding from the Department's core grant funding through a clearer and more open process.</b>
	4.2 Provide a greater range of self-help support for young people.	<i>This SWAP action has been categorised as completed by the Department.</i>
<b>Needs led support and treatment in mental health hospitals</b>	4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy.	Action 19.  <i>Identified previously by the Department as the action relevant to progress the SWAP action.</i>  <b>NICCY considers Action 19 to continue to be relevant for progression. Action 19 requires the embedding of psychological services into mainstream mental</b>

		<b>health services and to ensure that psychological therapies are available across all steps of care. It is important that this is applied consistently within CAMHS, enabling the embedding of psychological therapies.</b>
	4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need.	<i>This SWAP action has been categorised as completed by the Department.</i>
<b>Children and Young People on Adult wards</b>	4.7 Ensure suitable protocols exist for children who are admitted to adult wards.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Acute CAMHS Managed Care Network.</i>
	4.9 Review the Card Before You Leave (CBYL) Scheme for children and young people.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Acute CAMHS Managed Care Network.</i>
<b>Implement and monitor minimum care standards in A&amp;E</b>	4.10 Create a regional crisis service for children and young people.	<p>Actions 12 and 27.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Actions 12 and 27 to continue to be relevant for progression. The regional mental health crisis service must be rolled out as a matter of urgency.</b></p>
<b>Transition planning from CAMHS to post-18</b>	5.1 Develop proposals for transitions between CAMHS and adult mental health services, engaging widely with all relevant stakeholders	<p>Action 13.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Action 13 to continue to be relevant for progression. NICCY is concerned by the information provided by the Department which indicates that progression of SWAP 5.1 has been stalled due to Departmental pressures and operating on a prioritisation model. It is therefore important that increased focus is assigned to Action 13 for its progression in the future.</b></p>
<b>Provide clear information on service standards and how to make a complaint and feedback</b>	6.1 Audit of existing complaints process across trust and review complaints made within 2 years for baseline. Consult with existing Service User groups re: appropriateness of current arrangements.	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action.</i>
<b>Strengthen involvement of young people in decisions about their care and how services are delivered</b>	<p>6.2 Scope children and young people involvement in service evaluation and development.</p> <p>Consider development of an action plan and setting up a mental health youth forum in each trust to support this action.</p>	<i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Acute CAMHS Managed Care Network.</i>

<p><b>Equal access for young people with a learning disability to services and support</b></p>	<p>8.1 Understand current provision of ID CAMHS across all trusts through undertaking scoping exercise of existing pathways.</p>	<p>Action 11.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Action 11 to continue to be relevant for progression and is particularly important in the context of infant mental health and emotional wellbeing.</b></p>
	<p>8.2 Establish a regional board with SPPG/lveagh and 5 trusts to strengthen operating procedures within lveagh to prevent delayed discharges as well as keep focus of plans to discharge.</p>	<p><i>This SWAP action has been categorised as completed by the Department.</i></p>
	<p>8.3 Development of the Children and Young People Emotional Health and Wellbeing Framework including scoping a regional ADHD service.</p>	<p><i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Emotional Health and Wellbeing Framework.</i></p>
	<p>8.4 Carry out a review of community based emotional, mental and behavioural support services for children and young people.</p>	<p><i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Emotional Health and Wellbeing Framework.</i></p>
<p><b>Access to services to address mental health and substance use problems at the same time</b></p>	<p>8.5 Establish a service that will provide support and care for young people with co-occurring drug and/or alcohol and mental health problems.</p>	<p>Action 28.</p> <p><i>Identified previously by the Department as the action relevant to progress the SWAP action.</i></p> <p><b>NICCY considers Action 28 to continue to be relevant for progression. Action 28 aims to create a managed care network with experts in dual diagnosis, supporting and building capacity in both mental health and substance use services, in order to ensure that these services meet the full needs of those with co-occurring issues. The progression of SWAP 8.5 has been limited, and NICCY believes that the prioritisation of progression of Action 28 is urgent.</b></p>
	<p>8.6 The SPPG and the PHA will review services available for children and young people, particularly looking at the transition of young people from children to adult services, and ensure this is incorporated into the new outcomes-focused strategic plan being developed to replace the Alcohol and Drugs Services Commissioning Framework.</p>	<p><i>No action has been Identified by the Department as the action relevant to progress the SWAP action. It is NICCY's understanding that this will be progressed via the Substance Use Strategy.</i></p>

## Still Waiting Recommendations Implementation Assessment

Theme	Recommendation	Means of delivery	Progress made in delivery	Identified actions for 2025/2026
<b>The Regional Model for the Delivery of CAMHS</b>	<p>1. NICCY recommends the establishment of a high level multi-agency, multisectoral project board that is tasked with the development of a comprehensive, adequately resourced action plan for taking these recommendations forward. This work should be embedded into the existing transformation agenda, and should include:</p> <p>a) The development of a Children and Young People’s Mental Health Transformation Fund to drive the change required. This should be a long term and sustainable ‘funding and practice partnership model’, which takes account of the investment required across all key services and sectors included in the Stepped Care Model;</p> <p>b) The use of the fund mapping methodology and analyses of need, to map increases in spending on emotional and mental health services over time, and to demonstrate how additional resources are being effectively and efficiently allocated to meet the needs of children and young people;</p> <p>c) Formalisation of the relationship between Statutory CAMHS and the Voluntary and Community Sector (VCS), through the development and implementation of clear strategic policy direction;</p> <p>d) The development of a culture and practice of multi-disciplinary and multisectoral team working; and</p> <p>e) Full implementation of the Managed Care Network (MCN) as a matter of urgency, and review of its potential as a mechanism for co-ordinating and operationalising a whole system approach to the delivery of human rights compliant mental health services for children and young people.</p>			
<b>Pathways and Referral Processes</b>	<p>2. The Department of Health (DoH) should review the implementation of the Regional Referral Criteria for Step 2 and 3 CAMHS to:</p> <p>a) Develop a comprehensive training and awareness raising programme, to ensure that all ‘referral agents’ are aware of the referral process and their role within it;</p>			

	<p>b) Develop regional protocols which allow a broader range of VCS organisations working with young people with mental health problems, to make a direct referral to Step 3 CAMHS or with the support of a GP (fast track process via GP); and c) Introduce multi-disciplinary and multiagency decision making processes in individual care planning, to ensure that support pathways for young people are direct and effective.</p>			
	<p>3. Steps must be taken by the HSCTs and the HSCB to address the reasons why young people referred to Step 3 CAMHS are not having their referrals accepted.</p>			
	<p>4. Progress the development, implementation and monitoring of service specific integrated care pathways, such as those involving A&amp;E, CAIT and SHIP. These must be informed by the staff and professionals working across the agencies involved.</p>			
<b>Professional Support</b>	<p>5. Introduce a mandatory programme of mental health training for all professionals likely to come into contact with young people with mental health problems, this must include GPs. The training needs to develop core professional competencies to respond to young people in a sensitive, competent and age appropriate way. This should include refresher training every 3 years.</p>			
	<p>6. Designated mental health practitioners, trained to work with young people, should be attached to every GP surgery, and statutory mental health professionals should also be available to every primary and post primary school in Northern Ireland.</p>			
	<p>7. Introduce Community Mental Health Fora across Northern Ireland, which bring GPs and VCS organisations together to develop local relationships and exchange local knowledge.</p>			
<b>Support for Young People at Different Stages of Accessing Step 3 Services</b>	<p>8. Review appointment systems and consider the introduction of:</p> <ul style="list-style-type: none"> <li>a) An online booking system so young people and carers have more control over the appointment time given;</li> <li>b) Appointment slots available outside of school hours;</li> <li>c) The option of appointments being held in their own home or close to home;</li> <li>d) Reminder texts about appointments; and</li> <li>e) The option of making remote contact with a trained mental health counsellor between appointments i.e. telephone, text.</li> </ul>			
	<p>9. Introduce a Mental Health Passport Scheme that contains key information on young people, which they want professionals involved in their care to be able to access.</p>			

	10. Introduce a dedicated telephone advice line for statutory CAMHS, which professionals, parents/carers and young people could use as a way of improving the communication and support offered by services, whilst young people are waiting for an appointment or between appointments.			
	11. Develop a children and young people specific Regional Integrated Elective Access Protocol (IEAP).			
	12. A range of community based after care supports must be available to young people discharged from Community CAMHS or inpatient care.			
	13. Provide resources to GPs to allow them access to a greater range of self-help supports to offer young people.			
<b>Care Planning and Treatment</b>	14. The administration of prescription medication for young people must comply with NICE guidelines. Where medication is prescribed to a young person with a history of alcohol and/ or drug problems this should be risk assessed and appropriately supervised. HSCB must monitor prescribing data to ensure compliance with NICE guidelines.			
	15. The complete range of evidence based, effective psychological treatments and alternative therapies should be made available to children and young people. Targets for accessing such treatments should be set in the best interests of children and young people, met, closely monitored and reviewed.			
	16. Joint care planning processes should be developed and reviewed, to ensure that key services work collaboratively and in a co-ordinated manner to support young people to address the biological, psychological and social factors that are causing or contributing to their poor mental health.			
	17. The practice of admitting children onto adult mental health wards should end. Children and young people requiring inpatient mental healthcare should receive it separately from adults.			
	18. Children should receive the most appropriate and effective inpatient care for their mental health. This should be tailored and appropriate to the level of need, and include the provision of inpatient intensive care where necessary.			
	19. Reasons for the increase in the number of young people being detained in Beechcroft need to be urgently interrogated. Similarly, an examination of the variances in referral rates to Beechcroft by HSCTs should be carried out. A clear policy response and actions should be taken forward as a result, in the best interests of children and young people.			

	20. The reasons for Extra Contractual Referrals, treatment received and outcomes for children and young people should be closely monitored. Services which are not currently available in Northern Ireland should be provided, so that all young people who require treatment for mental health problems can receive it close to their family and community. This should include secure forensic mental health provision and complex eating disorder treatment.			
<b>Access to Crisis Mental Health Support</b>	21. Implement RCPCH 'Minimum Care Standards for Children and Young People in Emergency Care Settings who Present with Mental Health Problems' (RCPCH, 2018).			
	22. The DoH should enhance the statutory framework, requiring RQIA to routinely inspect A&E Departments against the 'Minimum Care Standards for Children and Young People in Emergency Care Settings who Present with Mental Health Problems' (RCPCH, 2018). This should include appropriate, robust enforcement powers and the provision of sufficient resources to carry out this role.			
	23. Crisis intervention support for children and young people should be available 24 hours a day, all year round, in all HSCTs.			
	24. Include a Clinical Decision Unit, or equivalent service model, as part of every A&E Department in Northern Ireland. This would be useful for young people who may require a period of observation, further investigation or other interventions which cannot be completed within the four hour timeframe within A&E Departments.			
	25. An evaluation of the compliance with, and effectiveness of, the Card Before You Leave scheme (CBYL) for children and young people in A&E should be carried out.			
<b>Participation and Feedback from Young People</b>	26. Development of an action plan to strengthen advocacy, enhance peer support, and develop practice standards to evidence the involvement of young people in service development, and in their own care planning.			
	27. Revise and establish fora in each HSCT to support the active engagement of children young people and their parents/carers, to inform both acute and community care. Views expressed through this engagement should be considered at the practice based meetings, where day to day issues are raised and discussed.			
	28. Develop user-friendly guidance for young people and parents/carers which explain their right to complain, and sets out the minimum standards of care they should expect.			

<b>Transition from CAMHS to AMHS</b>	29. A Regional Transitions Policy and Procedure which is compliant with NICE Transition Guidelines should be developed and implemented, to ensure that all young people transition smoothly between CAMHS and AMHS.			
	30. Specific attention should to be given to meeting the support needs of children and young people who do not meet the transition criteria for adult mental health services.			
	31. Develop a mental health 'bridging service' for young people aged 16 to 25 years old, that allows for a smoother, flexible and young person centred transition between services.			
<b>Mental Health Awareness and Literacy</b>	32. Comprehensive mental health and wellbeing education for pupils should be provided as a core part of the education curriculum. This should ensure that all young people have sufficient vocabulary to talk about their emotional well-being and mental health, know how to look after their mental health, have an understanding of the help available and how to access it.			
	33. Education and mental health service providers should develop formal partnerships in order to holistically meet the needs of children in education at all levels, and for those children and young people receiving their education 'other than at school'.			
	34. Equal emphasis should be placed on the measurement and improvement of the well-being of children and young people in education, as on academic attainment. Schools should be inspected by ETI on their ability to develop the conditions required to nurture young people's well-being.			
	35. Information, guidance and training should be provided to parents, carers and children at key stages and transition points across childhood.			
	36. A programme of public awareness and community capacity building on mental health and emotional well-being should be developed, and regionally implemented with a specific focus on geographical areas, and groups with the highest risk factors for poor mental health.			
<b>Young People with a Learning Disability</b>	37. A comprehensive and integrated mental health service model across Northern Ireland for children and young people			

	with a learning disability should be agreed and implemented. This model must ensure that young people with a learning disability can access comparable services and support as young people without a disability.			
	38. Assess how widespread the practice of determining eligibility of access to specialist mental health services (CAMHS) solely or mainly on the basis of IQ is, and take all necessary measures to ensure access to services is always on the basis of need.			
	39. A comprehensive review of community based emotional, mental and behavioural support services for young people with a learning disability should be carried out without delay.			
	40. Immediate steps must be taken to ensure that all detentions of children and young people in the Iveagh Centre under the Mental Health (Northern Ireland) Order 1986 is proportionate and appropriate.			
<b>Young People with Alcohol and/or Drug Problems</b>	41. Statutory CAMHS should adopt a 'harm reduction approach' to ensure that young people can access mental health support whilst withdrawing from substances. Appropriate levels of supervision and support for young people withdrawing from substances should be provided.			
	42. Universal and timely access to Drug and Mental Health Services (DAMHS) should be available across Northern Ireland.  DAMHS should be closely aligned to CAMHS, and closely linked to Step 2 commissioned drugs and alcohol services.			
	43. Step 4 specialist intensive community based support and interventions for young people with drug and/or alcohol and mental health problems should be expediently developed, and provided across Northern Ireland. This should include day treatment programmes and age-appropriate interventions.			
	44. Inpatient care and treatment should be provided for young people with co-occurring drug and/or alcohol and mental health problems, who cannot be safely and effectively supported within the community. This provision should take a holistic approach to need, provide a range of interventions and be fully integrated into the Stepped Care CAMHS service model.			

<p><b>Data and Monitoring</b></p>	<p>45. The DoH should develop a universal health information system linked to every individual child, to inform every health professional coming into contact with a child and/or their parents/carers. This should link to other information systems, such as UNOCINI. ‘Patient level’ data should be integrated into statistical reports as part of a transparent and accountable information reporting system, so that the impact of services on outcomes for children and young people can be tracked.</p> <p>46. Government should ensure that the first Northern Ireland Prevalence Survey of children and young people’s mental health is completed by year end 2019/20, and published soon thereafter. Further prevalence surveys should be repeated every 3–5 years.</p>			
	<p>7. The CAMHS Dataset should be fully implemented across each HSCT. Adequate resources should be provided to establish and maintain the system. Data should be published on a regular basis, in line with other health statistical reporting. The Dataset should be augmented to include additional basic information and data, required to monitor services and effectively plan CAMHS. These include:</p> <p>Outpatient</p> <p>a) Information on young people who are accessing emotional well-being and mental health services through Learning Disability Teams/Disability Teams;</p> <p>b) The specific reasons for referrals not being accepted to Step 3 CAMHS; and</p> <p>c) Track young people moving between services within the Stepped Care Model for CAMHS. This would help to monitor the length of time and the pathways required for young people to access support. This must include young people who are not accepted for referral to Step 3 CAMHS.</p> <p>Waiting Times</p> <p>d) Collection and monitoring of additional waiting time statistics: i) Waiting times for services beyond Generic Step 3 CAMHS, to include key services across Steps 2 – 5 and waiting times for urgent and emergency appointments to Step 3</p>			

	<p>CAMHS; ii) Waiting times between referral being made and referral being accepted or not accepted; iii) Waiting times for second appointment to Step 3 CAMHS; iv) Waiting times for access to psychological therapies; and</p> <p>e) Data on the types of psychological therapies and alternative therapies used as part of young people’s treatment plan.</p> <p>Attendance at Appointments</p> <p>f) The reasons for DNAs/CNAs should be recorded and monitored. Specific attention must be given urgently to addressing the reasons for non-attendance; and</p> <p>g) Record the numbers of young people who are discharged from CAMHS due to DNA/CNA and monitor compliance with IEAP guidance.</p> <p>Inpatient</p> <p>h) Record and monitor referrals not accepted to Beechcroft inpatient unit.</p> <p>Adult Wards</p> <p>h) Discharge destinations of young people admitted to adult mental health wards should be recorded and monitored.</p> <p>Demographics</p> <p>i) A greater range of demographic information for specific groups of young people should be collected e.g. those with a physical, learning, sensory disability, looked after children; LGBT children; Newcomer and Separated Children.</p>			
<b>Outcomes</b>	<p>48. A greater depth of information regarding patient experiences and outcomes should be collected and monitored, including outcomes defined by, and important to’ young people e.g. improvements in relationships with friends and family - in addition to psychometric scores of mental health.</p>			
	<p>49. Universal health services, such as GP and A&amp;E, should agree on and implement a set of standardised information system codes, to record and monitor the numbers and profiles of young people with mental health problems and/or drug and alcohol problems accessing their services.</p>			
	<p>50. When a young person is admitted to a general paediatric bed for mental health treatment or care, the DoH should</p>			

	request that RQIA are notified, and provided with information on what care and treatment is being provided.			
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**SWAP Implementation Assessment<sup>3</sup>**

Objective	Recommendation	Action	Progress made in delivery to date	Identified actions for 2025/2026
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<sup>3</sup> Updates were sought for the 32 SWAP Actions identified as under review following the publication of NICCY’s final monitoring report in 2023. Information requests made to the Department and the SPPG therefore enquired only for those 32 Actions, and the responses are presented below. As such, some SWAP Actions are not included in the correspondence template. See NICCY (February 2023). “Still Waiting- Implementation NICCY Progress Update Monitoring Report 4 February 2023”. The detailed assessment can be downloaded as an Excel spreadsheet; see NICCY. Mental Health Review - Still Waiting [online] available at: <https://www.niccy.org/mental-health-review-still-waiting/>.

<b>Sustainable investment in CAMHS</b>	The use of the fund mapping methodology and analyses of need, to map increases in spending on emotional and mental health services over time, and to demonstrate how additional resources are being effectively and efficiently allocated to meet the needs of children and young people.	Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.		
<b>Collect better information more regularly</b>	The CAMHS Dataset should be fully implemented across each HSCT. Adequate resources should be provided to establish and maintain the system. Data should be published on a regular basis, in line with other health statistical reporting. The Dataset should be augmented to include additional basic information and data, required to monitor services and effectively plan CAMHS.	Full implementation of CAMHS dataset.		
	The DoH should develop a universal health information system linked to every individual child, to inform every health professional coming into contact with a child and/or their parents/carers. This should link to other information systems, such as UNOCINI. 'Patient level' data should be integrated into statistical reports as part of a transparent and accountable information reporting system, so that the impact of services on outcomes for children and young people can be tracked.	Development of Encompass across the HSCT to provide a system of recording and reporting on patient data and trends.		
<b>Joined up working between services</b>	Full implementation of the Managed Care Network (MCN) as a matter of urgency, and review of its potential as a mechanism for co-ordinating and operationalising a whole system approach to the delivery of human rights compliant mental health services for children and young people.	Establishment of a fully implemented and operational Managed Care Network (MCN).		
	Introduce multi-disciplinary and multiagency decision making processes in individual care planning, to ensure that support pathways for young people are direct and effective.	Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and young people.		
	Develop regional protocols which allow a broader range of VCS organisations working with young people with mental health problems, to make a direct referral to Step 3 CAMHS or with the support of a GP (fast track process via GP).	CAMHS referral pathways will be kept under review.		

<b>Removing barriers that stop young people accessing services</b>	Introduce a dedicated telephone advice line for statutory CAMHS, which professionals, parents/carers and young people could use as a way of improving the communication and support offered by services, whilst young people are waiting for an appointment or between appointments.	Scope what supports are currently on offer for children and young people awaiting appointments or in between appointments. Analyse any resource and practical implications for implementing this.		
	Introduce a Mental Health Passport Scheme that contains key information on young people, which they want professionals involved in their care to be able to access.	Consider creation of a Mental Health Passport Scheme, through existing portals.		
	Develop a children and young people specific Regional Integrated Elective Access Protocol (IEAP).	Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people.		
<b>Greater Flexibility and choice in how young people engage with services.</b>	Introduce a dedicated telephone advice line for statutory CAMHS, which professionals, parents/carers and young people could use as a way of improving the communication and support offered by services, whilst young people are waiting for an appointment or between appointments.	Develop an APP that will assist young people requiring help and support with health and social wellbeing or who may have difficulty in engaging with CAMHS		
	Review appointment systems and consider the introduction of: a) An online booking system so young people and carers have more control over the appointment time given; b) Appointment slots available outside of school hours; c) The option of appointments being held in their own home or close to home; d) Reminder texts about appointments; and e) The option of making remote contact with a trained mental health counsellor between appointments i.e. telephone text.	Review CAMHS appointment systems in relation to recommendation 8 to consider the viability and practical implications.  Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed.		
<b>Mental health training for all professionals who work with young people</b>	Introduce a mandatory programme of mental health training for all professionals likely to come into contact with young people with mental health problems, this must include GPs.	Roll out at Trust level of short course programme on the CAMHS Care		

	The training needs to develop core professional competencies to respond to young people in a sensitive, competent and age appropriate way.	pathway to GPs and other children services.		
<b>Integrated working across the system to strengthen children and young people's emotional and mental wellbeing</b>	Designated mental health practitioners, trained to work with young people, should be attached to every GP surgery.	Implement primary care Multi Disciplinary Teams (MDTs) with a mental health practitioner attached to all GPs across the region. The role of the MHP within the MDT is to provide mental health support across a whole life approach.		
	Statutory mental health professionals should also be available to every primary and post primary school in Northern Ireland.	Establishment and launch of additional specialist mental health support available for schools, delivered through the Emotional Health and Wellbeing in Education Framework:  -Text a Nurse (Post primary) -Expanded rise provision (Primary) -CAMHS school service (Primary and Post Primary). -Extension of Abbey School Nursing pilot.		
<b>Greater range of community based mental health support</b>	A range of community based after care supports must be available to young people discharged from Community CAMHS or inpatient care.	Provide greater opportunities for mental health support community and voluntary sector organisations to apply for funding from the Department of Health's core grant funding scheme, through introducing an open call for applications to the scheme.		

	Provide resources to GPs to allow them access to a greater range of self-help supports to offer young people.	Provide a greater range of self-help support for young people.		
<b>Needs led support and treatment in mental health hospitals</b>	The complete range of evidence based, effective psychological treatments and alternative therapies should be made available to children and young people. Targets for accessing such treatments should be set in the best interests of children and young people, met, closely monitored and reviewed.	Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy.		
	Children should receive the most appropriate and effective inpatient care for their mental health. This should be tailored and appropriate to the level of need, and include the provision of inpatient intensive care where necessary.	Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need.		
<b>Children and Young People on Adult wards</b>	The practice of admitting children onto adult mental health wards should end. Children and young people requiring inpatient mental healthcare should receive it separately from adults.	Ensure suitable protocols exist for children who are admitted to adult wards.		
	An evaluation of the compliance with, and effectiveness of, the Card Before You Leave scheme (CBYL) for children and young people in A&E should be carried out.	Review the Card Before You Leave (CBYL) Scheme for children and young people.		
<b>Implement and monitor minimum care standards in A&amp;E</b>	Crisis intervention support for children and young people should be available 24 hours a day, all year round, in all HSCTs.	Create a regional crisis service for children and young people.		
<b>Provide clear information on service standards and how to make a complaint and feedback</b>	Develop user-friendly guidance for young people and parents/carers which explain their right to complain, and sets out the minimum standards of care they should expect	Audit of existing complaints process across trust and review complaints made within 2 years for baseline. Consult with existing Service User groups re: appropriateness of current arrangements.		
<b>Strengthen involvement of young people in decisions about their</b>	Development of an action plan to strengthen advocacy, enhance peer support, and develop practice standards to evidence the involvement of young people in service development, and in their own care planning.	Scope children and young people involvement in service evaluation and development.		

<p><b>care and how services are delivered</b></p>	<p>Revise and establish fora in each HSCT to support the active engagement of children young people and their parents/carers, to inform both acute and community care. Views expressed through this engagement should be considered at the practice based meetings, where day to day issues are raised and discussed.</p>	<p>Consider development of an action plan and setting up a mental health youth forum in each trust to support this action.</p>		
<p><b>Equal access for young people with a learning disability to services and support</b></p>	<p>A comprehensive and integrated mental health service model across Northern Ireland for children and young people with a learning disability should be agreed and implemented. This model must ensure that young people with a learning disability can access comparable services and support as young people without a disability.</p>	<p>Understand current provision of ID CAMHS across all trusts through undertaking scoping exercise of existing pathways.</p>		
	<p>Immediate steps must be taken to ensure that all detentions of children and young people in the Iveagh Centre under the Mental Health (Northern Ireland) Order 1986 is proportionate and appropriate.</p>	<p>Establish a regional board with SPPG/Iveagh and 5 trusts to strengthen operating procedures within Iveagh to prevent delayed discharges as well as keep focus of plans to discharge.</p>		
	<p>A comprehensive and integrated mental health service model across Northern Ireland for children and young people with a learning disability should be agreed and implemented. This model must ensure that young people with a learning disability can access comparable services and support as young people without a disability.</p>	<p>Development of the Children and Young People Emotional Health and Wellbeing Framework including scoping a regional ADHD service.</p>		
	<p>A comprehensive review of community based emotional, mental and behavioural support services for young people with a learning disability.</p>	<p>Carry out a review of community based emotional, mental and behavioural support services for children and young people.</p>		
<p><b>Access to services to address mental health and substance use problems at the same time</b></p>	<p>Inpatient care and treatment should be provided for young people with co-occurring drug and/or alcohol and mental health problems, who cannot be safely and effectively supported within the community. This provision</p>	<p>Establish a service that will provide support and care for young people with co-occurring drug</p>		

	should take a holistic approach to need, provide a range of interventions and be fully integrated into the Stepped Care CAMHS service model.	and/or alcohol and mental health problems.		
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