

HEALTH INEQUALITIES PROGRAMME 2003-06

Health Action Zone funded initiative

1. Which area of the health inequalities programme is your initiative contributing to? (tick ✓ the appropriate box)			
Pregnancy & early childhood	<input type="checkbox"/>	Tackling the major killers	<input type="checkbox"/>
Opportunity for Children & young people	x	Strengthening disadvantaged and vulnerable communities	x
Improving primary care and other public services	<input type="checkbox"/>	Tackling the wider determinants	<input type="checkbox"/>
2. Please state the purpose of the initiative.			
Establishing/maintaining the work focusing on problem prevention with vulnerable groups, consultation, capacity and skill building, which has been piloted by the project, as part of the Tier 2 service development in Child and Adolescent Mental Health Service, including negotiating a change of focus from North PCT to being members of teams in 3 PCTs.			
3. Please indicate (a) the target population and (b) the geographical areas the project will target and (c) estimate population coverage			
(a) children 0 - 16 in Sheffield			
(b) city wide with a focus on specific geographical areas identified as high need in negotiation with the Child and Family Therapy Teams, PCTs and others within the 3 PCT areas			
(c) overall population of 112,000, with realistic estimate of around 30,000 within target areas			
4. What will be the key impact of your initiative over the next three years directly or indirectly* on (a) health and (b) core mainstream services, that will achieve your projects purpose?			
		<i>Measure of success (see section 4b)</i>	
(a) health impact increased resilience in young people through increased coping mechanisms and improved parenting skills	Feedback from young people, parents and other carers, both qualitative and where possible quantitative (using measures of self esteem, stress/well being, behaviour, and knowledge of sources of support)		
(b) service impact increased staff confidence and skills in understanding, addressing and managing mental health problems in children and young people	Feedback from staff following training, consultation, joint work etc. Comparing to baseline survey information where possible		
4 (b) Please indicate above in the measure of success column how you will show this impact			

* This acknowledges that initiatives will not necessarily have a direct impact but will make an indirect contribution to wider programmes. Each initiative is encouraged to think through its own contribution and how they will demonstrate this.

5. What processes have you put in place to gather this information and to review progress in your initiative?

Initial survey of Tier 1 workers to establish their confidence, skills and involvement in working around mental health and emotional well being in young people

- systems to record activity - group work, consultations, training, joint working
- ways to evaluate group work and training
- annual feedback exercise from community and workers within the geographical area or community of interest
- progress to be monitored by the Tier 2 Project Group
- work to be guided by PCT based children's groups or equivalent, and where relevant by multiagency special interest groups

6. What will be the key actions that the initiative will undertake to achieve the desired impact and purpose?

- establishing Tier 2 teams and identifying PCT target areas and interests
- establishing links with the community, the Child and Family Therapy Team and the PCT
- defining and agreeing the service to be delivered and working collaboratively to target identified schools/vulnerable groups
- linking with city wide initiatives and interest groups
- working with Tier 1 staff to deliver support, consultation, training, and group work to address mental health needs

7. Please identify milestones over the page to show progress of the project for 2003-04 to enable six monthly reporting.

8. What assumptions and/or risks have you identified relating to your approach?

- possible population to support is very big - need clear focus of work not to be swamped
- teams are very small - assumption is that further funding will make them more viable in future
- work needs to be coordinated with other CAMHS staff and other agencies – this will need energy, enthusiasm and a willingness to work together
- risk that national agenda will change/redirect the resources

9. Please indicate briefly how you will ensure the work of the project will continue once funding expires.

- understand that mainstream funding has already been agreed
- ensure service specification for CAMHS includes and protects % time for mental health promotion and problem prevention

10. Please indicate the management steering arrangements for your project including the chairperson's name and where your initiative links into Sheffield First For Health or another part of the family of Sheffield First.

- project is part of the wider CAMH service
- steered by Tier 2 Project Group - chaired by Diane Phuller, Director of CAMHS
- local steer will be from PCT based groups
- links to Sheffield First for Health via the Tier 2/3 sub group of the Strategy Group for Mental Health and Emotional Wellbeing of children and young people, the Strategy Group itself and through that to the Children and Young Peoples Partnership Board

11. Please complete the attached spreadsheet indicating the budget profile for the project.

Please sign on behalf of the project

Signed on behalf of Sheffield First For Health

Name

Please email by **Thursday April 17th 2003** to

	Milestones en route to delivering key project actions	Progress to date	Learning points to share
April – September 2003	<p>In all sectors:</p> <ul style="list-style-type: none"> • establish Tier 2 teams, office, resources • activity recording systems in place • coordinate/set up work across T2 and T3 to ensure consultation widely available for T1 • make links with statutory and vol agencies in area and collect baseline data/area info/issues of concern • identify geographical area and communities to focus on in light of data and consultation • PCT action plans agreed, including for city wide work • initiate joint working to address needs • ensure health inequalities work is coordinated and disseminated <p>In the North</p> <ul style="list-style-type: none"> • develop and pilot asylum seeker group work with primary aged children • develop closer involvement with one secondary school to increase EWB work 		
September - March 2004	<ul style="list-style-type: none"> • group work for children, young people and/or parents established in each of the 3 PCTs • close links and collaborations established in at least one school in each PCT • training delivered to range of agencies (coordinated by training post if in place) • involvement in discussions/events focusing on further strategic developments • direct work evaluated and written up • feedback exercise undertaken to evaluate impact and guide developments 		

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Please return to previous pages to complete the remainder of the project plan.