

**Kirklees Future in Mind  
Transformation Plan**

**Children and Young  
People's Mental Health  
and Wellbeing**

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## Foreword

The 2017 Transformation Plan refresh was formally signed off by the Kirklees Health and Wellbeing Board on the 14<sup>th</sup> December 2017. This is a finalised version of the draft report originally published on the 31 October 2017 at the same web [link](#).

In 2015, Kirklees developed a co-produced a five year transformational plan to improve children and young people's mental health service in Kirklees. The plan included ambitious targets which are quality assured by NHS England.

As a collaborative working partnership we recognise that if we want to make changes that matter, our policies, strategic documents and processes need to change. With this in mind, our long term vision has two main aims:

- Firstly, to provide consistent and practical early intervention approaches - to identify, support and promote emotional wellbeing and resilience for children, young people and their families.
- Secondly, to build front line capacity - to provide a range of treatment and support options for children and young people experiencing mental health problems.

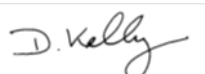
Since April 2017 we have been working on mobilising the new Thriving Kirklees service, drawing together a number of provisions and services to deliver an integrated model to improve outcomes for children, young people and families. We envisage the impact of this new provision will soon begin to deliver a much improved experience of emotional health and wellbeing services for all that use them. This will ensure that services are delivered in the right place, the right time and in the right way for all our service users.

This document aims to reflect on our progress so far, celebrate our successes and consider our future delivery challenges. We now look to the future by aligning our intentions for 2018 to 2020 with the NHS England Five Year Forward View.



**Steve Walker**

Director of Children's Services  
Kirklees Council



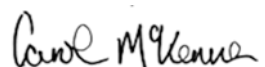
**David Kelly**

Deputy Chair of Health and Wellbeing Board



**David Sheard**

Chair of Health and Wellbeing Board



**Carol McKenna**

Chief Officer - Greater Huddersfield CCG



**Richard Parry**

Director of Commissioning  
Public Health, Adult Social Care

14 December 2017

# 1. Executive Summary

This report updates and summarises our original 2015 Kirklees Future in Mind Transformation Plan for Children and Young People's Mental Health and Wellbeing and outlines our continuing long term transformation priorities for 2018.

## **CAMHS stands for Child and Adolescent Mental Health Services.**

This term is used for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.

Visit the NHS England [Choices web pages](#) for more information.

This refresh reflects systematic changes since 2015; we have reduced and refined our original 49 local priorities down to 25 concentrated priority areas outlined below. To maintain clarity, our original local priorities continue to be referred to under the five Future in Mind headings presented below.

## **Theme 1 Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people.**

We will:

- Implement clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
  - A CAMHS school link model supporting schools, primary care and other universal provisions.
  - Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services.  
*LPS 2 (1.2), LPS 8 (2.4) and LPS 9 (2.5)*
- Have emotional health and wellbeing provision collaboratively commissioned with educational settings. *LPS 3 (1.3)*
- Ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing. *LPS 1.12*
- Co-produce with young people, peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues. *LPS 4 (1.4)*
- Develop an early help offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing. *LPS 1.5*

- Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. *LPS 1.6 and 1.7*
- Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. *LPS 1.8*
- Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. *LPS 1.9 and 1.10*

## Theme 2 Improving access to effective support – a system without tiers

We will:

- Implement Thrive Elaborated across our local CAMHS provision. *LPS 5 (2.1)*
- Continue to increase front line capacity within CAMHS provision to reduce waiting times and improve access for children and young people in line with the new national access standard. *LPS 6 (2.2)*
- Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting, consultation and assessment and co-ordination of Thriving Kirklees provision delivery. *LPS 10 (2.6) and LPS 11 (2.7)*
- In North Kirklees, provide a local crisis model that ensures assessment within 4 hours in line with the Crisis Care Concordat, and utilises our re-designed all age psychiatric liaison service. *LPS 12 (2.8) and LPS 29 (2.9)*
- Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting with transition back to a community setting with clear comprehensive pathways including an assertive community outreach model through our CAMHS provision that actively engages with children, young people and families. *LPS 2.10 and 3.7*
- Support a regional case management and care navigation function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a "step down" placement. Collaboratively commission with NHS England to ensure clear and smooth care pathways are in place in relation to Tier 4 provision. *LPS 2.12 and 4.9*
- Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team. *LPS 2.14*
- Implement the recommendations from the Lenahan review, "Building the right support" and the recent NHS England Guidance "Developing support and

services for children and young people with a learning disability, autism or both". *LPS 2.15*

### Theme 3 Caring for the most vulnerable.

We will:

- Continue to provide and further enhance a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing sexual exploitation, care leavers and children on child protection plans across Kirklees. *LPS 13 (3.1) and LPS 14 (3.2)*
- Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and to ensure that the Looked after Children CAMHS provision meets locally identified needs. *LPS 3.10*
- Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme. *LPS 15 (3.3)*

### Theme 4 To be accountable and transparent

We will:

- Continue to provide single set of quality, performance and outcomes measures across the whole emotional health and wellbeing provision. This will report to relevant bodies including our local Health and Wellbeing Board. *LPS 4.11*

### Theme 5 Developing the workforce

We will:

- Develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. *LPS 28 (5.4)*
- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 2017/18. *LPS 25 (5.1)*
- Support school based staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families. *LPS 5.6*
- Support workforce development and transformation across the emotional health and wellbeing provision. *LPS 5.7*

- Ensure that where required staff can access appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. Access to appropriate training should be made available for those who need help to support children and young people  
*LPS 27 (5.3)*

## 2. Introduction

Our 2015 Transformation Plan included our first year priorities which shaped the foundations of our longer term vision to improve local Child and Adolescent Mental Health Services and other services for children, young people and families by 2020.

Our refreshed plan published in October 2016 reported on progress in the first twelve months and our intentions to continue the improvement journey. This 2017 refresh should be read in conjunction with the original and refreshed plans, which can be found with other supporting information at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind).

The 2015 Kirklees Transformation Plan is a living document which is reviewed and updated to say what we have achieved and what we intend to do next. Achievement of many of our local priorities is inter-dependent with other priorities under the five Future in Mind theme headings.

We have published an easy read accessible format version of the key headlines for children and young people, parents, carers, those with a learning disability and those from other sectors and services beyond health. We will continue to publish our online [newsletter](#) which provides the public with headline updates on progress.

Since 2015, we have been reporting on our original 49 local priorities, some have progressed well and are beginning to support expected changes by 2020. This refresh retains the spirit of our 2015 plan, while combining priorities into updated sections.

This refresh adheres to the NHS England's Key Lines of Enquiry recommendations to inform on progress since 2015 and identify commitment and local engagement in 2017/2018 to deliver planning commitments to improve access, capacity and capability by making necessary preparations for future years.

The refresh also draws together a number of regional and national programmes which integrate across our local systems and population, for example the Transforming Care Programme and SEND requirements, the [Five Year Forward View for Mental Health](#), the local [NHS Sustainability and Transformation Plan](#), the emerging Kirklees Early Intervention and Prevention model and the Kirklees Early Help offer.

Appendix A, details our annual progression as a timeline to demonstrate our journey since 2015 in relation to our original 49 priorities and the subsequent adaptations made to begin to respond to changing local services and need.



To maintain descriptive consistency this refresh is based around the five Future in Mind theme headings, summarising our achievements and priorities which continue to be addressed to ensure that we achieve our original ambitions.

Appendix B, provides additional referencing to identify progress towards our revised Kirklees Transformation Plan Priority Themes and the services which contribute to the process. This appendix also identifies original priorities that have been achieved and whilst they are archived they remain in sight for review as required.

Appendix H, provides the 2016/2017 baseline information on Finance, Activity and Workforce.

### **West Yorkshire and Harrogate Sustainability and Transformation Plan**

Since the development of the Kirklees CAMHS Transformation Plan, Clinical Commissioning Groups Sustainability and Transformation Plans have become more established to include developed and detailed priorities for their local populations.

The [West Yorkshire and Harrogate Sustainability and Transformation Plan](#) include key overarching themes including mental health. The mental health proposals states:

*“The providers of mental health services, working with commissioners and partners, are developing a Shared Outcomes Model to reduce variation in quality, improve outcomes and drive efficiency to ensure the sustainability of services”.*

Work is ongoing to cross reference and map the CAMHS Transformation Plan refreshed outcomes with the Kirklees Sustainability and Transformation Plan high level aims which include:

- The development of the Early Intervention and Prevention Programme including a thriving voluntary and community sector.
- Implementing and building on the Thriving Kirklees Healthy Child Programme.
- Improving the capacity and quality of primary care (including GP Forward View).
- Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector.
- Implementation of the Transforming Care Programme for people with learning disabilities.
- Changes to the commissioner landscape, including more integrated approaches.

It has been important to ensure the CAMHS Transformation Plan is closely aligned to the Sustainability and Transformation Plan as a key driver in supporting shared outcomes for the population of Kirklees.

A recent review of both plans shows that they are closely aligned and have the underpinning ethos of the Future in Mind report. The Sustainability and Transformation Plans originally published as a draft are currently being revisited to incorporate an implementation plan which will have a greater emphasis on their relationship with the CAMHS Transformation Plan. From the development dialogue so far we are confident that both plans look to:

- Develop robust connections between commissioners and workforce development leads.
- Ensure that every child and young person enjoys a happy and healthy childhood, become confident adults who can cope with the demands of everyday life and contribute to their community.
- Contribute to the children's agenda and meeting the changing needs of local populations.
- Compliment strategic visions and approaches to improve the efficiency, quality and New Models of Care.
- Provide visible accountability, improving existing partnerships and formulating new partnerships and collaboration with key stakeholders.
- Deliver local visions in addressing gaps in health and quality of care, efficiency and finance.
- Provide frameworks for overall delivery of improved support around emotional wellbeing and mental health.
- Ensure the Local Digital Roadmaps further advances partnerships and supports the enablement of joined up actions to meet local priorities.
- Across our local footprint and at a West Yorkshire level collaboration and a joined up approach exists in joint commissioning initiatives and delivery of accessible support.
- To have shared visions around their whole workforce development plans.

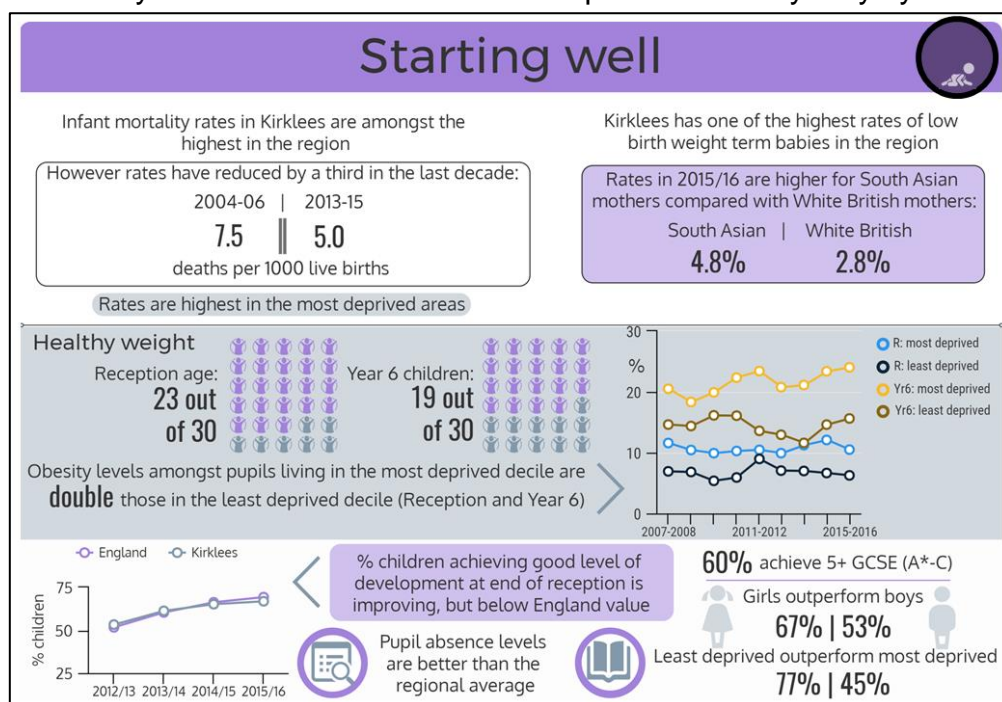
The West Yorkshire Sustainability and Transformation Plan has been developed from the 6 local 'place based' plans. [The Kirklees Health and Wellbeing Plan](#) was approved by the Health and Wellbeing Board in June 2017. Transformation of CAMHS is a local challenge and as such is central to the Improving Services for Children priority and associated Changes to the Commissioner and Provider Landscape priority.

Reference to inter-relating CAMHS priorities are made in the Kirklees Health and Wellbeing Plan on pages 13, 14, 27, 32, 33, 36, 37 and 53. A condensed summary overview of the full plan is included as Appendix C.

### 3. Baseline Needs and Current Services

Kirklees has developed a new online [Kirklees Joint Strategic Analysis](#) resource which is accessible to the public and provides a picture of the health and wellbeing of Kirklees people which is used to inform the commissioning strategies and plans of the council, Greater Huddersfield CCG, North Kirklees CCG and the local voluntary and community sector.

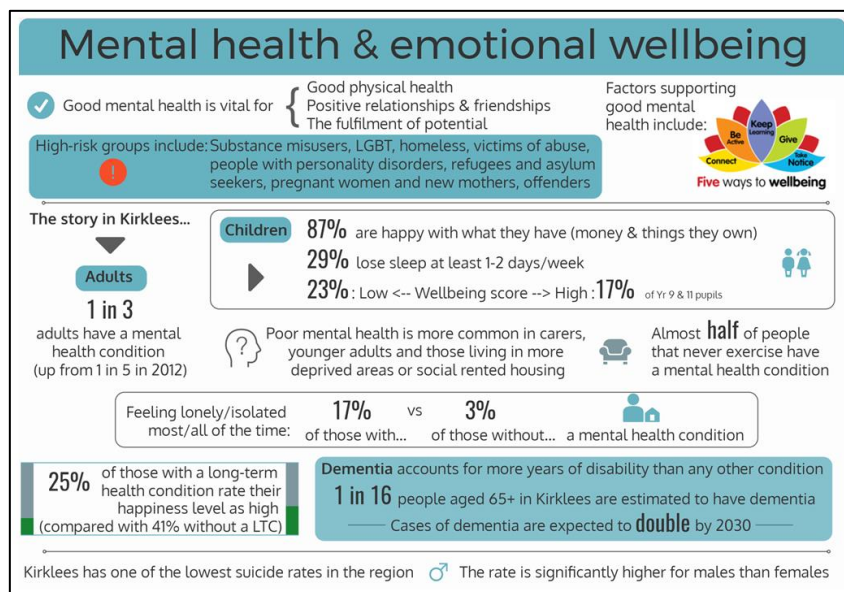
It includes information about health needs and assets across Kirklees. Health assets help people and communities to maintain and sustain their health and well-being, such as skills, knowledge, their networks and connections and community spaces. From 2017 every section will be reviewed and updated on a 2 yearly cycle.



The content uses a life course approach to explain who is affected and where and outlines what actions commissioners and service planners can consider and reflects our ambition to balance information about health needs with information about available services and resources.

We will continue to find ways to engage with local communities, councillors, the voluntary and community sector and Kirklees partner organisations to develop the format and content of the KJSA to make it as easy as possible for people to understand the full picture of health and wellbeing needs and assets in Kirklees.

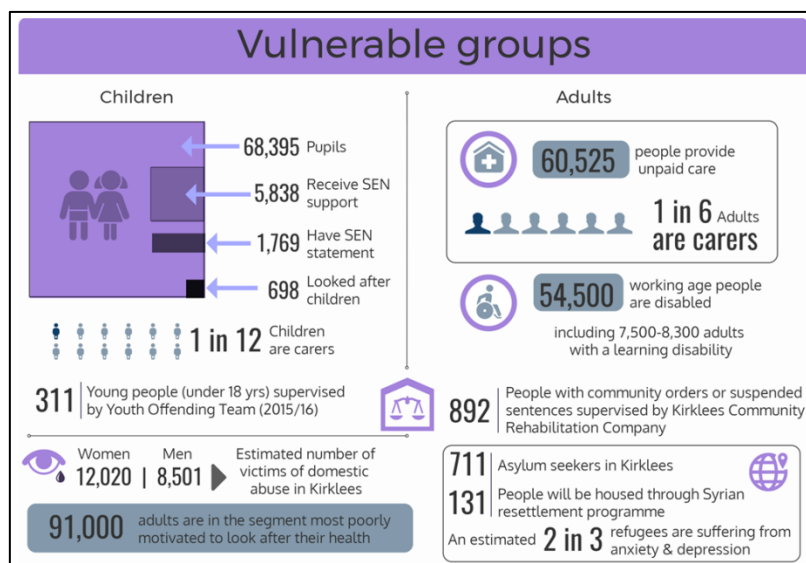
This includes providing mental health and emotional wellbeing information around the needs of children and young people and their families.

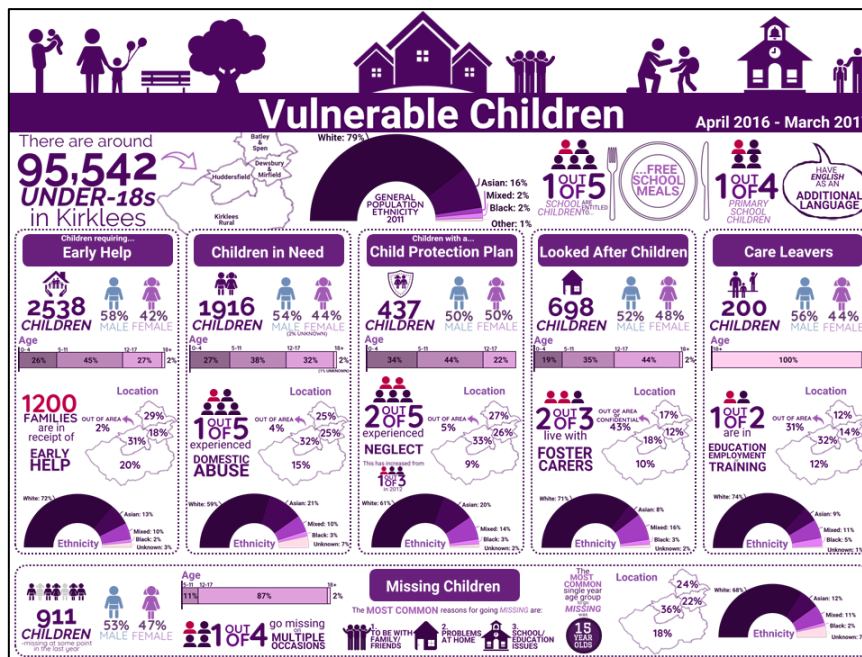


To keep up to date with the latest information a [blog](#) is available. The blog highlights key pieces of insight and signposts to newly published updated information.

The innovative approach to presenting content via the new KJSA web site recently received a glowing endorsement by LARIA (Local Area Research and Intelligence Association). The KJSA was shortlisted for its annual 2017 Research Impact Awards in the category of 'Most Engaging Presentation of Local Area Research', and was given a highly commended rating.

In July 2017, we updated the [vulnerable children section](#) which is a really important part of the commissioning cycle in making sure our current provision is based on local intelligence about needs, available services and resources and allows us to see if our current commissioning is addressing identified issues of need.





The vulnerable children content describes the wide range of problems this group faces which helps us think more broadly as commissioners about how we support vulnerable children and their families. The content also provides really useful insights and intelligence about specific cohorts of children within our vulnerable population, such as levels of emotional wellbeing amongst our local looked after population.

Implementation of our CAMHS Transformation Plan and the Healthy Child Programme has been identified in The Kirklees Sustainability and Transformation Plan as a high level intervention to help respond and address these challenges. This is in line with Recommendation 1 of The Five Year Forward View for Mental Health report from the independent Mental Health Taskforce to NHS England in February 2016.

This refresh takes account of identified mental health and emotional wellbeing needs which were updated in November 2016.

## Health Inequalities

A 'healthy' child or young person is one who: "Enjoys a positive state of physical, mental and social wellbeing, not merely the absence of disease, and is able to identify and realise their aspirations, satisfy their needs and change or (at least) cope with their environment." (WHO,1986).

This means working together to:

- Give every child the best start in life ('Starting Well' Life course stage);

- Ensure that all children, young people and adults are able to make the best use of their strengths and abilities and to have control over their lives. (Marmot, 2010).

To improve health inequalities locally, ensuring children and young people receive the right care, at the right time and in the right place, delivery of the Thriving Kirklees model includes:

- A five year Section 75 pooled funding agreement, with management oversight by the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board.
- Directing and targeting services to where there is greatest need, differentiating between universal services and targeted services to overcome access barriers.
- Re-orient health and care services towards primary prevention and improvement in health, especially emotional health.
- Prioritising child and adolescent mental health to ensure timely access to services to meet levels of need through a single point of contact.
- Implement strategies to reduce waiting times which ensure children and young people access appropriate levels of care and treatment.
- Providing safe appropriate mental health facilities for crisis and in-patient care.
- Strengthening public health responses to children, young people, their parents and carers.
- Co-production is central to strengthening community action, focussing on assets and strengths.

## 4. Service Provision Update

Implementation of the Kirklees Integrated 0 -19 Healthy Child Programmes began on the 1<sup>st</sup> April 2017. The commissioned services work in partnership with Locala CIC under a delivery umbrella title of Thriving Kirklees which includes a number of previously independent local delivery elements of:

- a. ASK CAMHS – a single point of access telephone number.
- b. ChEWS - Children’s Emotional Wellbeing Service,
- c. Specialist CAMHS.

Under Thriving Kirklees, services report that working practices between ChEWS and Specialist CAMHS have already begun to develop best practice approaches based on the [Thrive Elaborated model](#) as an early step towards change where they are no longer being referred to as tiers of service in our delivery model and local priorities.

## 4.1 Single Point of Contact

Delivery of a 24/7 single point of contact as a one stop shop approach for advice, support, signposting, consultation, assessment and co-ordination was included in the Thriving Kirklees specification and Transformation Plan Priorities.

A Single Point of Access provision continued to be provided by Northorpe Hall Child and Family Trust under the working title of ASK CAMHS between April and October 2017 whilst a new single point of contact was planned and developed. During this period ASK CAMHS provided extended opening hours to provide quicker responses to telephone assessments and increased access to support and advice.

Between April 2016 and March 2017, ASK CAMHS received 3,175 phone calls where callers received immediate advice and support or the case was assessed as in need of onward referral to a CAMHS provision.

Between July and September 2017, ASK CAMHS received 729 support requests; this is an increase of 59 compared to the same period in 2016. 558 of these requests were received by telephone. 40.9% of calls were from a parent or carer and 22.6% from GP Practices.

57.3% of the new support requests related to children and young people aged between 11 and 19 years. 910 telephone assessments were completed during the period of July to September 2017 with an average waiting time of 25.9 days between the support request date and telephone assessment. However, this was due to a higher wait at the start of July 2017. The wait times reported for September 2017 were an average of 1.3 days.

A new single point of contact telephone number was established on the 2<sup>nd</sup> October 2017 when it superseded the pre-existing ASK CAMHS referral pathway and now provides access to help and advice 24 hours a day, seven days a week for all the following 0 – 19 services functioning under Thriving Kirklees which includes:

- Health visiting and School nursing
- Specialist Child and Adolescent Mental Health Services
- Children's Emotional Health and Wellbeing Service (ChEWS)
- Autistic Spectrum Condition assessment and diagnosis
- Children and Young People with Learning Disabilities Team
- Home-Start
- Healthy Start Vitamin Scheme
- Safety in the Home
- Safety Rangers

By providing a single front door and triage approach, service users are now directed to the relevant and appropriate professionals from the outset. This includes onward referrals to the ASK CAMHS pathway processes through Northorpe Hall Child and Family Trust.

To compliment the new Single Point of Contact a [Thriving Kirklees website](#) is under development to provide information about Thriving Kirklees services, health advice and an online referral form for practitioners and the public to request support for children, young people and families – this includes young people themselves who can access help and support directly.

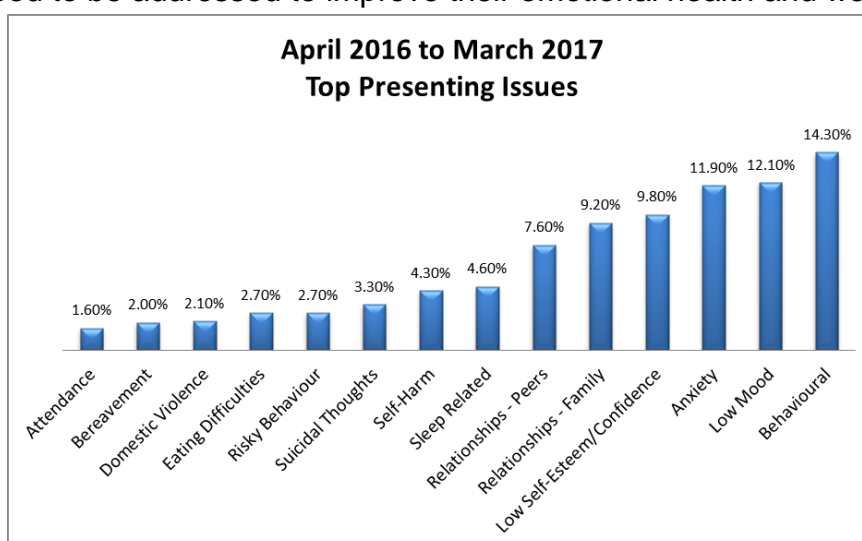
It is too early to evaluate or identify any impact the new process will have in terms of advice and support and CAMHS waiting times. Commissioners and providers will monitor progress over the coming months to implement improvement changes were necessary.

## 4.2 ChEWS - Children’s Emotional Wellbeing Service

Northorpe Hall Child and Family Trust continues to provide short term direct interventions for those aged 5 to 19 whose emotional needs are impacting on their day to day lives but does not provide an immediate response service. The service is a Thriving Kirklees partner and functions under the working title of ChEWS.

Between April 2016 and March 2017, ChEWS received 2,160 referrals, 475 of these were referrals directly made by schools or school nurses. 1,408 of all the referrals went on to receive direct support from the CAMHS service.

Whilst children and young people may be referred to CAMHS with a single issue once seen by the service many are identified as having several presenting issues which all need to be addressed to improve their emotional health and wellbeing.

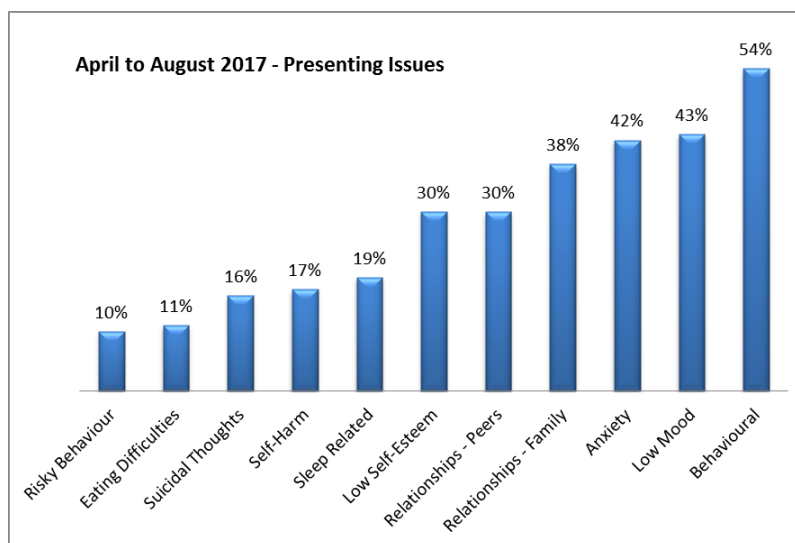


The above chart shows similar trends (of the 9,489 issues recorded) between April 2016 and March 2017.



Since April 2017, referral rates into ChEWS have continued to increase. Average waiting times for April to June 2017 were reported at 18.6 weeks with 194 children and young people on a waiting list. At the end of August 2017, there were 292 children and young people waiting for treatment and this had increased to 323 at the end of September 2017. The average wait time for first appointments were at 20.5 weeks, had increased to an average of 22.7 weeks in September 2017.

The following chart shows some of the most common presenting issues (of the 5,121 issues recorded) for those children and young people seen between April 2017 and August 2017.



The average length of interventions also increased from 62.1 days (or 8.9 weeks) in April 2017 to 83.8 days (or 10.46 weeks) by August 2017. By September 2017 the average time in intervention was 78.1 days. August tends to be high due to holidays meaning they remain in service longer and September again high as catching up from impact of holidays over summer.

Of the 292 on the waiting list in August 2017, 43 were waiting for counselling, 142 to see a Senior Practitioner, 103 for an Emotional Health Worker and 4 for group work. The below table provides a monthly breakdown.

#### Waiting Lists

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Counselling	21	25	33	52	43
Senior Practitioner	51	91	113	129	142
Emotional Health Worker	79	77	43	52	103
Group Work	6	6	5	14	4
<b>Total</b>	<b>157</b>	<b>199</b>	<b>194</b>	<b>247</b>	<b>292</b>

Care needs to be taken when analysing data which can vary month by month and the responses based on referral rates and identified need. The volume of referrals continues to put pressure on the service managing waiting times. The numbers on

the list remains a priority focus with commissioners and providers who are working together to effect change.

The service continues to experience a demand on their delivery as monthly referrals increase. This will need changes to be made in existing delivery practices across the CAMHS provision and partner services. ChEWS have agreed to work towards a trajectory target of reducing waiting times to 10 weeks from referral to first appointment by August 2018.

Whilst this will begin to align with national waiting time standards proposals, the challenges involved to achieve the trajectory target is included as a risk in Appendix D as these are viewed as stretch targets against existing budgets and service capacity.

### **4.3 Specialist Child and Adolescent Mental Health Service (CAMHS)**

Specialist CAMHS is a Thriving Kirklees partner delivered by South West Yorkshire NHS Foundation Trust. The service works with children and young people up to the age of 18, and offers a range of assessments and treatment options.

Service activity here covers the months following implementation of Thriving Kirklees between April 2017 and August 2017. The average wait to first treatment contact for those seen by the service was just under 14 weeks. Of the 577 referrals into service during this period were seen by Generic CAMHS with 17 young people waiting access to treatment at the end of August 2017.

At the end of September 2017, a total 430 young people were waiting for treatment across the Generic CAMHS provision. 337 of these were for Autism Spectrum Disorder assessments and 21 for Generic Core CAMHS.

The average waiting times from referral to treatment for those starting treatment in September for Generic Core CAMHS was 43 days and for Autism Spectrum Disorder assessments 103 weeks.

Inappropriate referrals to the service remain low having progressively reduced into Generic CAMHS since referrals were routed through the ASK CAMHS single point of access in April 2016, to an average of 23 young people a month.

The average length of episodes for Generic CAMHS in August 2017 was 21 months which involved an average of 25 contacts per referral for those entering treatment. As with ChEWS, waiting times remain a priority with commissioners and providers working together to effect changes in delivery practices across the Generic CAMHS provision and partner services. We have agreed a target to reduce waiting times by August 2018 to 10 weeks from referral to treatment for the specialist Core CAMHS

provision. The challenges involved to achieve this target is included as a risk in Appendix D.

In terms of our access target for the whole of the CAMHS system we planned to increase access to NHS community funded CAMHS provision for children and young people across Kirklees by 30% by April 2018.

This target is based on the total number of children and young people accessing treatment locally, with 1,393 being from the North Kirklees Clinical Commissioning Group geographical area and 1,440 from the Greater Huddersfield Clinical Commissioning Group geographical area. Based on currently referral and treatment figures to date, we anticipate meeting the 30% target in 2017/18.

In October 2018, the ChEWS CAMHS service had seen 1,066 children and young people and Specialist CAMHS had seen 1,337 children and young people.

#### **4.4 Autism Spectrum Condition (ASC)**

We continue to invest a significant amount in our Autism Spectrum Condition provision which provides a multidisciplinary team model that is compliant with National Institute for Health and Care Excellence (NICE) and managed within Thriving Kirklees.

We have invested in the new Autism Spectrum Disorder provision as part of the Thriving Kirklees model which increases the number of assessments undertaken for children and young people to 23 a month. We have also invested non-recurrent funding into the service in its first year to provide additional assessments in an attempt to reduce the assessment waiting times to an agreed trajectory of 12 months.

Service activity monitoring here covers the months following implementation of Thriving Kirklees, from April 2017 to August 2017. Of the 577 referrals into Generic CAMHS service during this period 81 were for an ASD assessment with only one young person being deemed an inappropriate referral.

As reported in 2016, we continue to see a maintained increase in referral numbers for Autism Spectrum Conditions; referrals have increased from an average of 13 a month to an average of 20 a month.

There were 267 young people waiting for an assessment at the end of October 2017, 113 of those young people had been waiting between 6- 12 months, 113 had been waiting between 12 and 24 months and 21 had been waiting more than 2 years. The service has agreed a trajectory target to reduce waiting times to 12 months by August 2018. We are currently working with the provider to review why referral rates

have increased, and exploring different models of pre-assessment and triage to understand and meet need and manage demand.

#### **4.5 Community Eating Disorder Service**

The South West Yorkshire NHS Foundation Trust wide Community Eating Disorder Service was originally commissioned in 2016 to cover the geographical areas of Barnsley, Calderdale, Kirklees and Wakefield.

A Regional Commissioning Group co-produced a service delivery model and agreement for the existing service to continue until 2020. Both North Kirklees and Greater Huddersfield Clinical Commissioning Groups are partners in the eating disorder cluster with the other areas involved.

The Community Eating Disorders Team for Barnsley, Wakefield, Calderdale and Kirklees have recently produced a service pathways document which once ratified will be shared with GPs and local networks to bring into line published information with other CAMHS pathways.

The area wide Specialist Community Eating Disorder team operates a network of smaller teams of eating disorder clinicians in neighbouring areas, via a 'hub and spoke model' which is described in the Access and Waiting Time Standard for Children with an Eating Disorder (National Collaborating Centre for Mental Health, 2015) and is in line with the model recommended in NHS England's commissioning guidance.

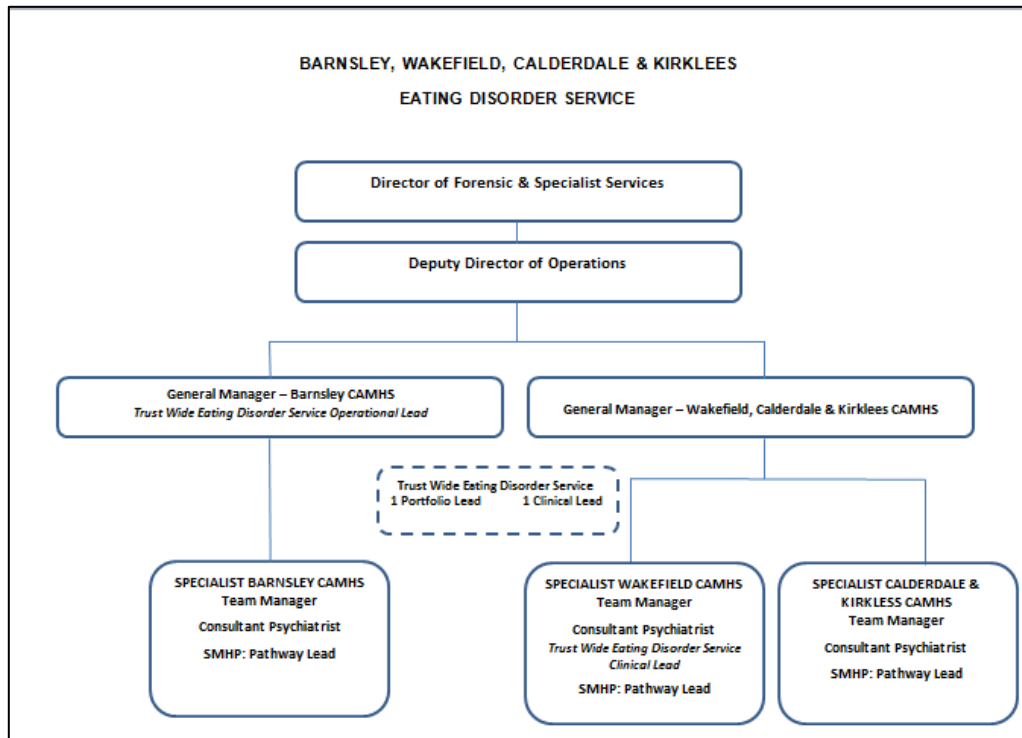
The area wide team are members of the Quality Network for Community CAMHS (QNCC) which is a members' network working with professionals from health, social services, education and the voluntary sector to improve the quality of CAMHS services. The team are also members of the National Training Group and participate in QNCC peer reviews to ensure the service meets operational and service user needs. The team currently undertakes internal peer reviews but from November 2017, are arranging to have independent peer reviews in place.

The 'hub' performs a professional leadership and learning network role across the full service to ensure robust and consistent approaches to staff development and quality assurance.

The services functions within three local teams/areas (Barnsley, Wakefield, Calderdale/ Kirklees) and is integrated within the Generic Child and Adolescent Mental Health Service (CAMHS) management arrangements.

The 'hub' comprises of a lead Consultant Psychiatrist and the Eating Disorder pathway leads (specialist clinicians) from each local team alongside the CAMHS Operational Lead and Practice Governance Coaches who are co-opted as required.

The following flow chart shows the current structural format.



Outcome monitoring aims to inform, quantify and demonstrate how treatment interventions impact on the lives of the children and young people using the services. Routine Outcome Monitoring (ROM) is embedded across clinical pathways being established in accordance with Access and Waiting Time Standard for Children with an Eating Disorder. To ensure data quality the monitoring process includes individual case file audits. Whilst successes are being achieved, the full impact of the Eating Disorder Service has yet to be evaluated.

The service offers a training programme to universal services which is subject to ongoing development with the potential in the future to include:

- schools, targeting year 10s and 11s
- Healthy eating – all ages
- Primary care – contribute to GP training programme, or ad hoc in house training
- Paediatrics
- Adult mental health

Referrals received between January 2017 and August 2017 were for an assessment for those with a suspected eating disorder:

	<b>Greater Huddersfield</b>	<b>North Kirklees</b>	<b>Totals</b>
<b>Routine</b>	5	10	15
<b>Urgent/Serious</b>	2	11	13
<b>Emergency</b>	0	1	1
	<b>7</b>	<b>22</b>	<b>29</b>

Both the urgent or serious referrals from Greater Huddersfield and two from North Kirklees did not meet the access to service criteria which readjusts the total number of referrals during the period to 25, who were predominantly female. Any referral not meeting the access criteria were redirected back to the referral source.

Children and young people with a presenting issue of 'eating difficulties' as opposed to eating disorders or conditions are supported by the Thriving Kirklees ChEWS provision. Between April and August 2017, eating difficulty presenting issues related to 152 (11%) children and young people. Between April 2016 and March 2017 this related to 288 (2.7%) of the top presenting issues for children and young people see Section 4.2 for more detail.

The service shares data nationally by quarterly submissions using Unify which is a secure system, used across the NHS for collection of patient data. Commissioners have agreed a number of key local performance indicators. These relate to children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder who should receive NICE-approved treatment with a designated healthcare professional within one week (7 days) for urgent cases and within four weeks (28 days) for routine cases.

Due to the rolling nature of appointments, monthly reporting data only provides a snapshot of clients waiting for treatment, were clients may have an appointment booked but have not yet attended their appointment in that period.

	<b>Greater Huddersfield</b>	<b>North Kirklees</b>	<b>Kirklees Totals</b>
<b>Routine</b>			
Within 4 weeks	12	6	18
Over 4 weeks	2	3	5
<b>Urgent/Emergency</b>			
Within 1 week	4	7	11
Over 1 week	5	5	10

During the reviewed period the average for those who did not attend across Kirklees was 10%. The service pro-actively follows up non-attendance for initial assessments and appointments and data for missed appointments is recorded. This is carried out at a service level to identify where engagement difficulties could be resolved.

## 4.6 Crisis Provision and Home Treatment Provision

The service activity monitoring reported here covers the months following implementation of Thriving Kirklees, from April 2017 to August 2017. Of the 577 referrals into the service during this period 155 (an average 31 a month) were seen as a Crisis Intervention. Four were subsequently deemed inappropriate for the provision. In August 2017 all of these referrals were being responded to within 4 hours.

The development of our intensive and home treatment provision has ensured that children and young people who may have previously needed admitting to hospital are able to have close monitoring and support in the community. This has been particularly utilised in cases subject to Care Education Treatment Reviews and cases of self-harm.

South West Partnership NHS Foundation Trust is included within the West Yorkshire and Harrogate Sustainability and Transformation Plans and West Yorkshire Mental Health Trust Collaborative which recently submitted a CAMHS-related New Models of Care proposal to NHS England.

The New Models of Care proposal focuses on developing robust and consistent approaches by reducing the need for inpatient stays through strengthening the capacity of crisis and intensive home based treatment teams offering flexible 24/7 support and establishing care navigation roles. The care navigator will play a key role in supporting safe and timely discharge planning.

## 4.7 Tier 4

Between July 2016 and June 2017, North of England Commissioning Support data shows there were 24 CAMHS patient admissions from Kirklees. 21 of these referrals were from the Greater Huddersfield Clinical Commissioning Group catchment area which is much higher than the 3 referrals made from the North Kirklees Clinical Commissioning Group catchment area. Further work is needed to understand any rationale for the differences in area referral rates. Actions to address this are set out in Theme 2.

During the period of April to June 2017, 9 were still shown as being inpatients.

Of the 24 referrals 15 were female and 9 were males. 5 related to eating disorders, with 13 being supported within general in-patient admissions, 3 in Psychiatric Intensive Care Unit, 2 in CAMHS mental health assessments and 1 in a low secure unit. The Tier 4 budget allocation from NHS England is outlined below

	North Kirklees CCG	Greater Huddersfield CCG
14/15	309,220	121,874
15/16	95,048	1,098,627
16/17	184,071	1,485,572

We are working closely with the West Yorkshire New Models of Care to prevent admission and facilitate timely discharge. We still have local issues in terms of accessing Tier 4 provision in a timely manner and this year have had 6 young people aged 16 to 17 years who were placed on adult wards due to delays in finding appropriate beds. We also have issues where children and young people are being held on paediatric wards until beds can be found. We know NHS England is beginning to try to address this issue as outlined in Theme 2.

#### 4.8 Vulnerable Children

The Vulnerable Children's Service offers a discrete provision for the most vulnerable children and young people and is embedded within children's social care settings. This involves looked after children, care leavers, children in need, those at risk of child sexual exploitation and young offenders. The service offers consultation to professionals, carers, social workers and foster cares as well as one to one interventions for children and young people.

Between April and August 2017, the service received 32 referrals for 1 to 1 interventions. The average waiting time from referral to first intervention at the end of March 2017 was 4 weeks. In August 2017 the average waiting period had increased to 5.2 weeks with the shortest wait time being 16 days, and the longest being 58 days. By September 2017 the average waiting time was 3.9 weeks; with the being longest wait 35 days and shortest wait being 14 days.

For those vulnerable children referred into Specialist CAMHS at the end of September 2017, there were 10 children and young people waiting for treatment. Three of these had interventions with a carer rather than other professionals. This reduced the waiting list to 7 children/ young people. The average waiting times from referral to treatment between July and September 2017 was 15 days.

In respect of the August 2017 waiting times, 1 young person was offered an earlier appointment but declined it, which resulted in a longer waiting time. 1 young person waited longer than the looked after children average as they had not initially been identified as being looked after. Both of these waits were removed from the overall average analysis, had they been included the average would have increased to 7.1 weeks. Overall waiting times between April 2017 and September 2017 averaged at 4 weeks.



The vulnerable nature of the children and young people and their support needs when they access the service is reflected in the average length of intervention of 14.5 weeks when compared against the 10.46 weeks average for those accessing ChEWS with the monthly variables shown in the below table.

**Average Length of Intervention (LAC)**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Average Intervention (Days)	82.8	104.2	102.3	123.7	92.6
Average Intervention (Weeks)	11.8	14.9	14.6	17.7	13.2

In terms of consultation, 184 appointment slots were made available to social workers and foster carers and other staff, of which 168 were utilised. The consultation model allows a wide range of professional advice and support to be offered to a number of different groups of staff and carers. It also allows children and young people with emotional health and wellbeing needs to be met by the most appropriate person in their life.

## 5. Key Engagement Messages

In 2016 we undertook a variety of engagement activities with children, young people and families in relation to their experience of current service provision and their vision for what a transformed provision should look like. The process engaged with over 1,200 young people and 147 parents and carers as part of the process which informed the Thriving Kirklees specification. Further details on the consultation can be found in the various Transformation Plan Refresh reports which can be accessed at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind).

The ‘Childs Journey’ Safeguarding commissioned [report](#) referred to in the 2016 Transformation Refresh is now overseen by Kirklees Safeguarding Children Board with actions embedded into our local provision and Thriving Kirklees model. Kirklees Council Scrutiny recommendations are also being implemented having been agreed by Kirklees Children and Young People’s Scrutiny Panel.

An integral element of mobilising Thriving Kirklees has involved extensive co-production and consultation approaches with a diverse range of ages and groups, this has included:

### **Umbrella Branding**

Umbrella branding (also known as family branding) is a marketing practice involving the use of a single brand name for a number of related services.

Young people and parents met to discuss marketing and the design of a single branding logo for the service. Wording and description was the



focus and various websites that appealed to the attendees were shared, viewed and discussed.

Once the draft logos were received from designers, parents and young people along with third sector members and the wider workforce were able to vote for their favourite, which was then adopted. This design and co-production approach has also been undertaken with other resources to be used with families at future events.

### **Single Point of Contact**

A parent's session was organised in Huddersfield. This explored the existing and established Adult Single Point of Contact available for adult services and how the service functioned. Parents were able to share their experiences of using the service as some of their children were accessing therapy services. Parents had the opportunity to raise any concern and ask questions. Their views were considered in the design and implementation of the young person's element of the new Thriving Kirklees single point of contact which went live in October 2017.

### **Schools Information and Engagement session**

Teachers from Kirklees schools met to understand how the school nurse service functioned. Teachers and head teachers shared their ideas of how the school nurse service could do things differently and also shared their expectations of the service. It was clear from this session that there are a number of areas of activity that can be shared to address and improve capacity in the future.

### **Thriving Kirklees Online Referral form**

A referral form was designed with the aim of offering service users and professionals an opportunity to self-refer electronically without having to contact the single point of contact over the telephone. Feedback has been shared with the business development team from parents, young people and parents that have children with a disability and colleagues that deliver services. The form has been amended and developed following this feedback.

### **Patient experience**

New patient experience surveys have been developed to allow colleagues to collect data to demonstrate a number of patient experience key performance indicators. The survey questions ask if service users are aware of the Thriving Kirklees partnership, have they thought about the use of digital resources to maximise their independence around health care and the services, do they feel valued and included in their care and support and were they listened too. The surveys will be launched in November 2017 and analysed monthly by services and team leaders, with partners and commissioners being informed of relevant results.

## **Thrive Elaborated**

A recent workshop took place supported by commissioning leads to gain a consistent understanding of the Thrive Elaborated model around the four concepts of getting advice, getting help, getting risk support and getting more help. Future workshops are planned to map out Thriving Kirklees services and partner functions.

## **Autism Spectrum Condition**

On the 31<sup>st</sup> October 2017, an information and engagement event has been arranged. This will involve parents and parents with children on the Autism Spectrum Condition waiting list, community groups, GPs, Education, Paediatricians, CAMHS, Therapy and Thriving Kirklees colleagues. The session will run throughout the day and cover topics including how you can help and support whilst on the waiting list, understanding the referral process and many more areas that work alongside this subject. Information will be given on referral into the service, the pathways, screening, waiting lists, assessments, reports, discharge and clinics.

## **Healthy Child Programme Transition to Adult Services**

Locala are to deliver a Kirklees event to promote dental services which will also look to recruit young people interested in creating a focus group/ mailing list that can be utilised throughout the Thriving Kirklees programme. This group will ensure that the young patient voice is heard when transitioning from young people's services to adult services. The event organised by the local authority will provide young people with an opportunity to discuss their futures and explore facilities and projects that may help them prepare for the next stage in their journey to adulthood. Accessing services is a large part of this journey. To recognise their contribution all those involved will be able to draw reference and personal statement detail for their Curriculum Vitae.

Planned consultation event from January 2018 include:

- Journey Log engagement with parents, colleagues and young people.
- A schools engagement event to gather ongoing feedback and identify improvement opportunities.
- 2 year development reviews – Exploring joint assessment with the local authority.

## **5.1 What are Children, Young People, their Families and professionals telling us about local service provision?**

Our transformation plans have been developed and shaped through extensive consultation with children, young people and parents/carers, as well as a wide range of stakeholders.

This has been an on-going process since 2015 and has included interviews with young people, parents, schools and other professionals who supported the design

and development of the Thriving Kirklees delivery model. Five video examples of co-production consultation and engagement around emotional health and wellbeing in Kirklees can be viewed via [this link on You Tube](#). This includes a mother and a daughter's views of their negative experiences through the CAMHS pathways, which Thriving Kirklees partners need to consider as part of their transformational approaches.

Children, young people and their parents/carers are invited to be involved with service delivery and evaluation. Their views will be further embedded as the Improving Access to Psychological Therapies Programme is embedded within services as one of its primary principles to focus on improving user participation in treatment, service design and delivery.

A public feedback survey is ongoing to further inform the continuing development of Thriving Kirklees and asks specific questions on;

- What is missing that matters to you?
- What still needs to change or be improved?
- What are we getting right?

This consultation was intentionally delayed to allow time for service users who may still be engaging with the services to comment on recent experiences since the Thriving Kirklees contract began in April 2017. Commissioners are looking to include face to face discussions with parent groups and young people, with the process being completed in the early 2018.

The outcomes from the consultation will be collated and shared with partners to consider improvement opportunities that consider the voice of the public and enhance co-production approaches. One early response to these questions from a parent is shown below in full has been shared by commissioners.

### **What is missing that matters to you?**

*“The children’s voice is not heard enough. I am upset, angry, disgusted and dismayed that recently my daughter was promised help if her ASD assessment showed that she was not autistic. However this offer was later withdrawn as it was felt that she had received enough support.....this decision has left me with a traumatised young woman who is in a worse mental state than she has ever been before”.*

### **What still needs to change or be improved?**

*“Support has to be ongoing when required. Saying that they had had x amount of sessions is not acceptable in mental health. Do you expect all children to suddenly recover? Unfortunately some are going to continue to require support going into adulthood. Having a 17½ year old cry and scream*

*in a meeting that she is not ok and that she wants more help is disgusting when the response is you have family therapy in place.....family therapy is not going to help with her mental health. You have left me with a child you is struggling every single day. She was up all night crying, asking if she will ever be 'normal' wants to know why her, isn't it someone else's turn, I am sick of feeling like this, something needs to change, they cannot leave me like this, how can I expect to live a life feeling like this, I just feel sad, I have no tears left to cry.....this is a girl who has self-harmed for several years, attempted suicide little over a year ago and has been unable to get out of bed today as she is not functioning.*

*Staff turnover is a joke, the constant moving on of staff impacts the child and from where I am sat ends the support a child in receiving before they are ready for it to end!*

*That the outcome of an assessment runs into further work. We had to wait 3 ½ years for family therapy after you had recommended that we had family therapy.*

*It has taken over 4 years to say she is not autistic. Have agreed it is probably attachment, this does not give a child answers when they have spent years asking what it wrong with them!*

*I most certainly feel there is a whole heap of things that need to change!!!!!!!!!!”*

### **What are we getting right?**

*“The assessment process was full and thorough, the support offered to me as a parent was great”.*

An Eating Disorder Service Trust wide anonymous survey asking for experiences from those engaging with the Regional Eating Disorder Service was recently completed and feedback analysis is ongoing. The next steps will involve the service operational lead producing a full report for review by the leadership team to agree recommendations and produce a responsive action plan with timescales.

CAMHS provisions continually provide opportunities for service users, their families and professionals to feedback by face to face contact or electronic submissions. This includes the view of children and young people. In summary, the majority of comments show that once people eventually access the services they are generally happy with what is offered, a few of the many examples were:

## Young People

*“it helps me with 99.9% life fears and arguments in the past and it feels good.”  
Female, aged 11*

*“She helped me make decisions that made my life a lot easier. She helped me cope with thing I couldn't before” Female, aged 16*

*“It's nice to have somewhere to come to for help.” Male, aged 9*

*“I found the sessions to be helpful and I liked the regular weekly time rather than it changing from week to week. However, it would have been useful for sessions to have been slightly longer or to have a few more sessions as I feel we didn't really have time to get deeper into the problem.” Female, aged 16*

*“The sessions were helpful and staff were very friendly.” Male, aged 18*

## Parent/Carers

*“Because my daughter has improved since the counselling began. The counselling was a significant factor in this improvement. My daughter is much happier and now has the right tools to deal with her anxiety.”*

*“It has taken some time to get help from the service but it has been a great help. Feel it would have been more helpful at the start of issues but understand that due to demand it isn't possible.”*

*“Confident, supportive and reassuring staff.”*

## Professionals

*“One point of contact - you know who to call and it's easy to pass on leaflet/details to parents to use too.”*

*“A simple referral service and also lovely to speak with someone at the end of the phone”*

*“I generally advise families to self-refer now that I am aware they can do this”*

*“What we offer a child, young person or family should not fall short of what we would expect ourselves during difficult times when we need help or support. If what we can offer doesn't fit, we need to find ways to change things together to try and make it happen” CAMHS Commissioner.*

## 6. Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people.

### Chapter 4 Future in Mind

#### What will our transformed provision look like?

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

*Kirklees CAMHS Transformation Plan 2015*

#### 6.1 What have we achieved so far in 2017

Prevention, early intervention and resilience building in children and young people are critical aspects of our whole system redesign to realise our original 2015 CAMHS Transformation Plan ambitions.

This section articulates aspects of the system we have started re-designing towards early intervention and prevention, but recognises that we still have work to do in the long term.

The [Children’s Commissioner Briefing](#) in Children’s Mental Healthcare makes a number of recommendations relating to strengthening early intervention and prevention whilst highlighting potential system savings that could be made by moving more resource to prevention and early intervention. In terms of financial cost, it costs £5.08 per student to deliver an emotional resilience programme in school, £229 per child to deliver six counselling or group Cognitive Behavioural Therapy sessions in a school, on average £2,338 for referral to a community CAMHS service and £61,000 for an admission to an in-patient CAMHS unit.

In the same report the Department of Health estimates that a targeted therapeutic intervention delivered in a school costs about £229 but derives an average lifetime benefit of £72,525. Therefore, if we are to reduce waiting times, combined with providing high quality evidence based interventions and the right care at the right time in the right place, we need to understand the impact of the whole resource and which part of the system investment will have most impact.

The specification and early service delivery in relation to Thriving Kirklees has been a major step forward in the re-designing of service delivery to focus more on early intervention and prevention. The utilisation of the whole Thriving Kirklees workforce in delivering the Healthy Child Programme is beginning to ensure our 0 -19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.

For example school nursing, CHEWS and CAMHS, practitioners are currently based together within the Single Point of Contact allowing case discussions and agreed approaches with escalation and de-escalation to be seamless for the child and young

person. We also recognise the importance of physical exercise and maintaining a healthy weight in improving emotional health and wellbeing. START, the children's weight management programme is to be incorporated into Thriving Kirklees to further support emotional health and wellbeing of children and young people.

We have seen progress in three main areas under this theme which are; work with schools, social media and development of early help.

### **Work with Schools**

The Thriving Kirklees contract was awarded in April 2017 and brings together a number of services including School Nursing, Health Visiting, the new Autism Spectrum Disorder provision, our traditional Tier 2 and Tier 3 CAMHS, the Learning Disability provision, peer education and support programmes with a Public Health focus, for example the Nurturing Parent Programme.

We have already begun to see the benefits of bringing together a diverse range of services for children, young people, their families and the wider community. This has included the Thriving Kirklees provision which is mirroring our Community Hub Programme based around school clusters working as area teams to support the emotional health and wellbeing needs in each of the eight hub areas. For more information on Community Hubs see the 2016 Kirklees Learning Skills Annual Report at Appendix E.

Public Health Intelligence Leads (PHILs) Team Leaders have been put in place across the Hubs working with communities, attending children and family joint working co-ordination meetings to highlight specific needs of their area. The next steps will develop links with Community Co-ordinators from the local authority Early Health Service to understand what additional assets are needed or what is already available in the area.

This approach is supported by the creation of 9 new skill mix 0 – 19s practitioner teams, comprising of Health Visitors, School Nurses, Nursery Nurses and Assistant Practitioners, co-ordinating with the eight Community Hub areas and CAMHS workers. This aims to ensure our 0 -19 practitioners and peer supporters can get involved much earlier around emotional health and wellbeing.

At a strategic commissioning level we have strengthened our focus on early intervention and prevention by formalising a commissioning link with Community Hub leaders. There are 4 representatives across Kirklees who are now members on our local Integrated Commissioning Group for children and young people and therefore have a voice in shaping the strategic direction of our commissioning intentions.

The first practical example of our collaborative commissioning with schools was in 2017 with the use of NHS England non recurrent money to fund two pilots across Kirklees, which involved training and support for school staff to identify and better support children and young people in their schools.

The Thriving Kirklees model has the CAMHS school link model integrated into its service



delivery and the local approach continues to be developed. As a result, Thriving Kirklees has employed a CAMHS Education Links Worker to drive local and national priorities. This includes asking all Kirklees Schools in October 2017 to provide details of their suitable named lead points of contact. The leads will form an important communication link with CAMHS provisions to support the ongoing mental health needs of students in their schools and hubs.

Work is also underway with schools identified as having higher than average referrals into services to increase the knowledge and skills of school staff regarding emotional health and wellbeing to ensure that needs are met early by offering alternative methods of support. Also we are exploring the development of an emotionally healthy school award.

Work still needs to take place on understanding future CAMHS relationships with Community Hub developments as these continue to develop themselves by providing a link to provisions for expertise and support and to discuss concerns about individual children and young people, identify issues and make appropriate referrals. To further support and develop this approach, locally we are applying for Wave 2 of the National Schools Link Programme, which will provide opportunities to offer ongoing support to children and young people in schools whilst waiting to be seen by a CAMHS provision.

We are working closely with local schools to ensure they access the Department of Health funded Mental Health First Aid course. Three Kirklees secondary schools have elected to accommodate a one day's course within their schools with additional attendees being invited from other secondary schools in Kirklees. This will provide the potential for up to 47 teachers to be involved in the nationally supported Mental Health First Aid training.

## **Social Media**

In 2017/18 we are using NHS England funding to improve early intervention and prevention approaches by developing a children and young people's section on the SilverCloud website as a self-care approach. Development of social media approaches and better self-care is included in the Thriving Kirklees model together with website resources, with a more cohesive self-help offer are currently in development.

We are also piloting a [Brain in Hand application](#) which is an assistive cloud based solution designed to help adults and young people diagnosed with autism or traits of autism without a diagnosis, or have general mental health issues.

Users, support staff, parents/carers are trained to use the phone app to support users access individual customised support and where necessary get help from a parent, carer or named trained professionals. So far, 7 Kirklees College students have been identified to take part in the pilot with the first student trained in early October 2017.

An additional 4 College students will be trained to use the app by early November 2017 with all 10 students trained by December 2017. The students have been chosen from those with an ability to use the mobile app and met the eligibility criteria requirements to

help them begin their transition journeys into adulthood.

## **Development of Early Help**

Development of cohesive early help is a priority for Kirklees which is being overseen through the Ofsted Improvement Action Plan. Improving our offer needs to involve a range of agencies throughout Kirklees, this involves Thriving Kirklees which includes their responding to the Kirklees Early Help offer and ongoing independent reporting by the Children's Services Commissioner in Kirklees. Updated progress in September 2017 can be found [here](#).

Our structural and philosophical framework of early help and interventions is based on the Thriving Kirklees model and geographical working with Community Hubs. The full Early Help offer will be articulated by December 2017. This will involve a continuum of integrated provision for children young people and families. Clear pathways will ensure children young people and families are able to access the provision required at the earliest possible opportunity and prevent escalation of issues requiring further intensive intervention.

### **6.2 What are our local challenges in relation to this theme?**

There are a number of challenges relating to this theme and re-designing services towards early intervention approaches, whilst maintaining focus on the provision of high quality, more intensive interventions. This can bring tensions into the commissioning system as we use our resources in upstream activities while at the same time still having to meet the needs of those requiring more specialist interventions. However, bringing together commissioning arrangements across both Clinical Commissioning Groups and the Council together with embedding the lead commissioning arrangement within the Public Health Directorate is starting to support this cultural shift to prevention.

It also remains a challenge to develop educational settings and schools as a cohesive whole that can be influenced or engaged as a single system. We need to continue our approaches in engaging and developing our education provision in line with local established structures. We also need to recognise clear links between emotional health and wellbeing and educational attainment to fully support educational settings to embrace enhanced support roles. We need to further develop peer led approaches in line with the co-production aspect of the Thriving Kirklees programme, and ensure resilience based programmes continue to be cohesively delivered.

### 6.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Have emotional health and wellbeing provision collaboratively commissioned with educational settings. LPS 3 (1.3)
- b. Ensure our 0 -19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing. LPS 1.5
- c. Collaboratively co-produce with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues. LPS 4 (1.4)
- d. Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. LPS 1.6 and 1.7
- e. Develop an early help offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing. LPS 1.5
- f. Implement clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
  - A CAMHS school link model supporting schools, primary care and other universal provisions.
  - Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services. LPS 2 (1.2), LPS 8 (2.4) and LPS 9 (2.5)
- g. Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. LPS 1.8
- h. Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. LPS 1.9 and 1.10

### 6.4 What outcomes will this impact on?

1. Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people, where there is less fear and where stigma and discrimination are tackled.
2. Children and young people will have timely access to clinically effective mental health support, when they need it.
3. Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
4. Mental health support will be more visible and easily accessible for children and young people.
5. Professionals who work with children and young people are trained in child

development and mental health, and understand what can be done to provide help and support for those when and where they need it.

## 6.5 Theme 1 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above five theme outcomes:

1	<p>% of children and young people who feel that they are supported by:</p> <ul style="list-style-type: none"> <li>a. Thriving Kirklees Partnership</li> <li>b. Family</li> <li>c. School</li> <li>d. Community and wider networks</li> </ul>
	<p>to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage.</p>
2	<p>% of children, young people and families reporting they feel included in community life, by life course stage.</p> <p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p>
	<p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p> <ul style="list-style-type: none"> <li>a. Signposting, self-management and one off intervention (Getting Help)</li> <li>b. Goal focused, evidence informed and outcome focused intervention (Coping).</li> <li>c. Extensive treatment (Getting more help).</li> <li>d. Risk management and crisis response (Getting Risk Support).</li> </ul> <p>to support them to have good mental and emotional wellbeing, by life course stage</p>
3	<p>% eligible parents-to-be attending antenatal parent education programme.</p> <p>% parents attending antenatal parent education programme who report feeling more confident about parenting, keeping their child safe.</p> <p>% of mothers who received a Maternal Mood assessment in a timely manner.</p> <p>% children and parents assessed as having good relationship/attachment (using evidence-based assessment tools).</p> <p>% of children, young people or families using self-help resources for support, to be able to help themselves without needing specialist support.</p>
4	<p>% of Thriving Kirklees users who report:</p> <ul style="list-style-type: none"> <li>a. They have appropriate access to resources, information and materials to support them with their identified issue.</li> <li>b. Feeling they were supported in a timely and appropriate manner.</li> </ul>
	<p>% of children, young people or families:</p> <ul style="list-style-type: none"> <li>a. Using Self-Help resources for support to be able to help themselves without needing specialist support.</li> <li>b. Who access support via approaches based on use of technology and assistive technology.</li> </ul>

	<p>c. Reporting that they receive appropriate, supportive and a timely response to their needs. .... by life course stage.</p>
5	<p>% of Thriving Kirklees workforce:</p> <ul style="list-style-type: none"> <li>a. Who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).</li> <li>b. Who feel that the Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</li> <li>c. Able to demonstrate awareness of and understand of the importance of the parent-infant relationship.</li> <li>d. Who report they have the appropriate knowledge, skills and expertise to carry out their role.</li> <li>e. That report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.</li> <li>f. Who feel that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</li> </ul>

## 7. Theme 2. Improving access to effective support – a system without tiers.

*Chapter 5 Future in Mind*

### ***What our transformed provision will look like?***

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

*Kirklees CAMHS Transformation Plan 2015*

### **7.1 What have we achieved so far in 2017**

#### **Implementing Thrive Elaborated**

The Thrive Elaborated model has been written into the service specification for the Thriving Kirklees Partnership. The whole service provision is being built around [Thrive Elaborated](#) functions.

We are undertaking a focused piece of work to support the partnership in implementing the Thrive functions and model in 2017/18.

This will ensure that regardless of the level of need from children, young people and families, their needs will be met at the right time, at the right place, at the lowest possible and earliest level of intervention.

Although our Thrive Elaborated model is not yet fully implemented, what we have already achieved a number of system changes to ensure that care has been built and delivered around the needs of children, young people and families we have:

- Specified and awarded the Thriving Kirklees model based on national and local good practice and transformation of provision moving away from traditional organisation boundaries to a new integrated care model based on presenting need and principles of restorative practice.
- Continued to utilise increased resource in front line capacity in specialist CAMHS provision. Including investment to reduce waiting times in relation to Generic CAMHS, Autism Spectrum Disorder and looked after children.
- Waiting time trajectory targets have been agreed with providers to reduce waiting times for specialist CAMHS to 10 weeks for the first appointment and for Autism Spectrum Disorder assessment waiting times to be reduced to 12 months.
- Mainstreaming the CAMHS school link concepts into the Thriving Kirklees specification and delivery.
- Implementing a new Single point of contact multi-disciplinary arrangement that augments the existing ASK CAMHS provision and provides further support and resource to meet the needs of children young people and families quickly, in a coordinated way.

- Continue to ensure the local crisis model guarantees children and young people are assessed within four hours. This includes a home treatment provision and utilises the all age Psychiatric Liaison Service to achieve this in line with Recommendation 18 from the NHS England Five Year Forward View for Mental Health report.
- Begun to develop collaboratively with Leeds and Bradford NHS Trust New Care Models in relation to a care navigation function to prevent admission to Tier 4 settings and timely discharge from Tier 4. This is alongside the development of local Tier 3.5 services.
- Established a process and action plan to implement Transforming Care for children and young people who have a learning disability, autism or both, including access to Care Education and Treatment Reviews.(CETRs)
- Specified the delivery of children learning disability CAMHS provision moving from adult mental health provision into the Thriving Kirklees partnership and jointly colocated with all age disability developments.

### **Transforming Care for Children and Young People**

An area wide Transforming Care Plan partnership involving Kirklees, Calderdale, Wakefield and Barnsley has recently established a Children and Young people's workstream. This work stream will look to implement recommendations from the Lenahan review, "[Building the right support](#)" and NHS England Guidance "[Developing support and services for children and young people with a learning disability, autism or both](#)."

The nine principles outlined in the NHS England guidance will be embedded across the partnership led by the Children and Young People work stream. The work stream comprises of CAMHS transformation plan commissioning leads and representation from local authorities including Special Educational Needs and Disability (SEND) leads across the region.

The children and young people Transforming Care Programme will dovetail and complement local CAMHS transformation plan priorities and reporting arrangements and augment existing joint Children and Families Act arrangements for each area.

Therefore, it has been decided not to produce a standalone Transforming Care Strategy or Plan, but to integrate required actions into existing plans. Each local area has undertaken a self-assessment against Transforming Care Plan priorities and principles. Identified gaps form the basis of local action plans and milestone reporting requirements. NHS England is overseeing implementation of the Transforming Care Plan and regular highlight reporting takes place against agreed work stream actions. See Appendix F.

We have made good progress in terms of needs assessment, planning and projection for groups of children and young people affected and also in implementing the Care, Education and Treatment Reviews process and reviews across the footprint for children and young people.

Recent feedback from NHS England has highlighted the following positive aspects in

relation to our local Transforming Care Plan for children and young people:

1. We have an identified Children and Young People's Lead for Transforming Care and a comprehensive, multi-agency work stream to focus on the Children's agenda across the footprint.
2. Kirklees have lower numbers of under 18s in-patient admissions than the national average.
3. Discharges of children and young people are timely.

Also highlighted were areas of future focus:

- a. Develop the 'Dynamic Support Register' and 'At Risk of Admission Register' for children and young people.
- b. The views of young people, parents and carers within the local area should be represented at the Transforming Care Plan Partnership Board

These areas are incorporated into this refresh and will be monitored through the work stream and quarterly reporting to NHS England.

#### **Tier 4 and New Care Models**

The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems.

To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

Key factors and drivers in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right numbers of beds are available to meet local needs in each area. It is predicated on the principle that there is regard to patient flows so each local area should "consume its own smoke".

As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership. The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area.

NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

West Yorkshire is a Wave 2 New Care Model site for CAMHS Tier 4 and as such we have a shared system ambition and plan for the region with regard to crisis and intensive home



treatment services. The aim of the West Yorkshire New Care Model is to develop streamlined pathways across the region for community intensive services both to reduce the need for, and the length of, an inpatient stay, and/or as an alternative, ensuring children and young people are cared for in West Yorkshire and do not need to travel out of area unnecessarily.

In West Yorkshire, commissioners and providers passionately believe that our children and young people with serious mental health problems should be looked after at home or as close to home as possible. Our ambition is that no matter where you live in West Yorkshire you should receive the same standard of care with the same outcomes.

We have undertaken detailed work to help us understand the current services, including variation across the Sustainability and Transformation Plans and also improvements we would like to make in services across West Yorkshire for children and young people. Analysis of historic inpatient data has allowed us to identify the quality and financial opportunities by avoiding or shortening in-patient stays.

The joint working with NHS England and the West Yorkshire New Care Models provider will form the basis for our Kirklees place based plan to develop a local seamless in-patient pathway. This will include further developing our 24/7 urgent response to children and families, and implementing Tier 3.5 services which augment our current crisis and home treatment provision. We also need to keep in sight any additional future workforce requirements to meet the demands on the 27/7 Crisis Care provision to be able to respond accordingly.

In October 2017, we implemented a 24/7 Single Point of Contact for all Kirklees children young people, families and professionals to access. We have also implemented an all age Psychiatric Liaison model in the Greater Huddersfield Clinical Commissioning Group area through the acute hospitals. This is recurrently funded from core budgets. A priority is to develop the model further in the North Kirklees Clinical Commissioning Group area in 2018. The use of these services is monitored through the Thriving Kirklees key performance indicators and developed using service users feedback and co-production in line with the Thriving Kirklees service specification.

### **NHS England and CCG collaboration on Health and Justice**

The Health and Justice Children and Young People's Mental Health Transformation work stream aims to promote a greater level of collaboration between various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Being looked after.
- Being seen by Liaison and Diversion services

Many of these children and young people are already known to service and it is important that mental health services for these individuals are not seen as being in isolation to other

services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice Commissioners will work collaboratively with commissioning counterparts in Clinical Commissioning Groups and Local Authorities to where appropriate co-commission services to improve mental health outcomes for this group.

### **Early Intervention in Psychosis**

The Kirklees Insight Team is a youth focused commissioned service providing support across the Kirklees district for people aged between 14 and 35 who are experiencing their first episode of psychosis or thought to be at a potential of risk of developing this. The team provides psychosocial interventions (treating and preventing a condition using educational and behavioural approaches) to improve the long term outcomes for people experiencing psychosis. The team support people's treatment and recovery outside of the mainstream mental health system. Referrals for people under 18 years old, self-referrals and carer referrals can be made directly to the duty worker in the team. Young people (aged 14 – 18years) will be seen within 14 days – however, if a referral for this age group is viewed to be urgent, the referral will be assessed within 4 hours. Referrals for this age group are made directly to the team.

The service aims to:

- Reduce the stigma associated with psychosis and improve professional and general public awareness of the symptoms of early psychosis.
- Promoting the need and benefits of an early assessment.
- Reduce the period of time people remain undiagnosed and untreated.
- Develop meaningful engagement, provide evidence-based interventions and promote recovery during the early stages of psychosis.
- Increase the stability of the lives of the young people accessing the service
- Provide a person-centred service that integrates the child, adolescent and adult mental health services and works in partnership with primary care services, family services and youth services.
- Work in partnership with other services to ensure that the young people accessing the service have quick and easy pathways into services appropriate to meet their needs.
- Provide training, advice, and consultation to other service providers who may be working with this group of service users in order to help them respond in more efficient ways.
- Provide structure and activities to develop life and employment skills.

## Early Intervention in Psychosis Service redesign

NICE Guidelines have been re-issued and we are working in collaboration with the provider, Kirklees Clinical Commissioning Group Commissioners have been re-designing the service model to ensure that by 2020 the service model and pathway, is fully compliant for people aged between 14 and 65 years, in-terms of the required workforce, available therapeutic interventions, access standards and demographic trajectories. There is an agreed year on year developmental action plan, supported by planned longer term investment.

## NICE Concordant Care package redefined

We have taken the following steps to ensure the NICE Concordant Care Package is redefined for service users:

1. Adults and young adults with psychosis / ARMS are offered Cognitive Behavioural Therapy for psychosis. Typically, before an episode of psychosis, many people will experience a relatively long period of symptoms, which is described as having an 'at risk mental state', often shortened to ARMS.
2. Family members are offered family intervention.
3. Service users that have not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine, an antipsychotic medication.
4. Service users who wish to find or return to work are offered supported employment programmes.
5. Service users have specific comprehensive physical health assessments.
6. Service users are offered combined healthy eating and physical activity programmes, and help to stop smoking.
7. Carers are offered carer-focused education and support programmes.

We have also put new access standards in place to ensure access and quality of service provision which are:

- Access: More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral (60% by 2020).
- Quality: Services are required to rate 'good' overall in quality assessment (Workforce, Interventions, Service design) (60% by 2020).

This includes a Commissioning for Quality and Innovation (CQUIN) Physical Health check for 2018/19 which is:

- The body mass index outcome indicator is applicable to Early Intervention in Psychosis services where 35% or more patients should gain no more than 7% body weight in the first year of taking antipsychotic medication.
- The smoking outcome indicator is applicable to Early Intervention in Psychosis (EIP) services where 10% or more patients who were previously identified as in the Red

Zone for smoking on the [Lester Tool](#) should have stopped smoking.

- The Early Intervention in Psychosis quality self-assessment will incorporate the CQUIN physical health questions.

Standards for overall Early Intervention in Psychosis (EIP) will be:

- Timely access - Referral to Treatment.
- Effective treatment (NICE Quality Standards).
- Well-managed service (including service design).

As part of the re-design we have are looking at workforce development for the service basing the needs on:

- Baseline of the current 2016/17 workforce.
- Actual incidence / level of demand 2016/17.
- 14 to – 65s (changed from previous model up to 35years).
- Any Key variables: Population 16-65 and disengagement rates.
- Introduction of new additional workforce – Cognitive Behavioural Therapy for psychosis therapists; Vocational workers; and family support workers.

## **7.2 What are our local challenges in relation to this theme?**

We need to work over the coming years on areas that present significant challenge. These include:

- Continuing to reduce waiting times across the system in anticipation of the new waiting time and access standards.
- Further reduce the Autism Spectrum Disorder assessment waiting list and understanding the reasons for the recent increase in referrals.
- Re-designing treatment systems towards outward facing prevention and early intervention helping to manage systematic demand at the right level of intervention.
- Implementing Transforming Care for children and young people who have an Autism Spectrum Disorder a learning disability or both, and in particular the requirement to have a Dynamic Risk Register in place.
- Co-produce with West Yorkshire New Care Models further intensive community support to preventing Tier 4 admissions and better care navigation
- Reduction of inpatient admissions from the Greater Huddersfield Clinical Commissioning Group catchment area.

### 7.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Implement Thrive Elaborated across our local CAMHS provision. LPS 5 (2.1)
- b. Continue to increase front line capacity within CAMHS provision to reduce waiting times and improve access for children and young people in line with the new national access standard. LPS 6 (2.2)
- c. Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting, consultation and assessment and co-ordination of Thriving Kirklees provision delivery. LPS 10 (2.6) and LPS 11 (2.7)
- d. In North Kirklees , provide a local crisis model that ensures assessment within 4 hours in line with the Crisis Care Concordat, and utilises our re-designed all age psychiatric liaison service. LPS 12 (2.8) and LPS 29 (2.9)
- e. Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting with comprehensive pathways. Including an assertive community outreach model through our CAMHS provision that actively engages with children, young people and families. LPS 2.10 and 3.7
- f. Support a regional case management and care navigation function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement and collaboratively commission with NHS England to ensure clear and smooth care pathways are in place in relation to Tier 4 provision. LPS 2.12 and 4.9
- g. Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team. LPS 2.14
- h. Implement the recommendations from the Transforming Care, the Lenahan review, “Building the right support” and the NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both”. LPS 2.15

### 7.4 What outcomes will this impact on?

The above will work towards achievement of the following:

1. Care is built around the needs of children, young people and their families.
2. Children and young people will have timely access to clinically effective mental health support when they need it.
3. Increased use of evidence-based treatments with services rigorously focused on outcomes.
4. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
5. Mental health support is more visible and easily accessible.

## 7.5 Theme 2 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above five theme outcomes:

1	<p>% of children and young people receiving specialist support who developed and implemented their personalised support in partnership, inclusive of the service user, their family/carers and the Thriving Kirklees workforce, by identified issue</p> <hr/> <p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received ..... by life course stage.</li> </ul>
1	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received, .....by life course stage.</li> </ul>
2	<p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner</p> <hr/> <p>% of crisis referrals to the specialist element of the Thriving Kirklees who are assessed within 4 hours, by identified issue.</p> <hr/> <p>% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.</p> <hr/> <p>Average waiting time for specialist support from identification of issue to treatment, by identified issue.</p> <hr/> <p>Average waiting time for children and young people who received an Autistic Spectrum Disorder (ASD) diagnostic assessment.</p> <hr/> <p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p> <ul style="list-style-type: none"> <li>a. Signposting, self-management and one off intervention (Getting Help)</li> <li>b. Goal focused, evidence informed and outcome focused intervention. (Coping)</li> <li>c. Extensive treatment (Getting more help)</li> <li>d. Risk management and crisis response (Getting Risk Support)</li> </ul> <p>to support them to have good mental and emotional wellbeing, by life course stage</p>
3	<p>% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.</p>
4	<p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p>

	<p>a. Signposting, self-management and one off intervention (Getting Help)</p> <p>b. Goal focused, evidence informed and outcome focused intervention. (Coping)</p> <p>c. Extensive treatment (Getting more help)</p> <p>d. Risk management and crisis response (Getting Risk Support)</p> <p>to support them to have good mental and emotional wellbeing, by life course stage</p>
5	<p>% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.</p>
	<p>% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.</p>
	<p>% of children, young people and families who access support via approaches based on use of technology and assistive technology.</p>
	<p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p>
5	<p>% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.</p>

## 8. Theme 3 - Caring for the most vulnerable.

### Chapter 6 Future in Mind

#### Vulnerable children and young people

***“The need to provide both targeted and specialist mental health interventions, to those children most at risk of developing poor mental health is an essential aspect of any CAMHS system. The need to provide a flexible approach to this provision to engage the most vulnerable is key to engagement and retention of children and young people in CAMHS provision. These children often experience multiple vulnerabilities and can lead chaotic lifestyles, and live in families where there are also multiple parental vulnerabilities”***

*Kirklees CAMHS Transformation Plan 2015*

#### 8.1 What have we achieved so far in 2017

We have invested in a discrete provision for the most vulnerable groups to provide support and interventions that are flexible and meet the needs of looked after children, those at risk of experiencing Child Sexual Exploitation and those in the Youth Offending Team system. Historically as outlined in our original transformation plan there has previously been a significant gap in this area.

We are extremely pleased to say that the multiagency team comprising of a psychotherapist, psychologist and emotional health and wellbeing practitioner is now fully embedded with our Children’s Social Care Team.

The team provides consultation, support and training to social workers, foster carers, Youth Offending Team staff and others in order for them to meet the emotional health and wellbeing needs of vulnerable children.

As outlined in the needs assessment section 3, it is clear that taking consultative approaches ensures a wider group of vulnerable young people are having their needs met than was originally envisaged. For example, work is being undertaken with children in need as well as looked after children. The waiting time standard for vulnerable groups is consistently being met by their having treatment provided within 28 days and we are particularly pleased about this.

Following our local Ofsted inspection and subsequent report published in November 2016 Kirklees’ children’s social care services were judged as inadequate. The report made 27 recommendations needed to improve outcomes for children and young people.

Approaches to address improvement against all the recommendation were included in a Kirklees Council’s Improvement Plan for Children’s Services subsequently submitted to Ofsted. Kirklees are now in a formal delivery partnership with Leeds Council to make the required improvements. Recommendation 25 specifically refers to improving access to therapeutic and mental health support for looked after children and care leavers.



Our local response is to implement and develop a discrete CAMHS provision for Looked after Children and Care Leavers, with reference to the needs identified in our Local Transformation Plan. Additionally we have prioritised further resource to expand the vulnerable children services by providing another Full Time Equivalent post. We continue to report progress and monitor waiting times through the Ofsted Improvement Plan.

We continue to work closely with our Local Youth Offending Team. The CAMHS Transformation Commissioning lead is a member of the Youth Offending Team Board and has input and oversight of the Youth Justice Plan.

The CAMHS Transformation Commissioning lead also commissions the Health input into the Youth Offending Team as a whole including substance misuse provision, the Nursing support includes learning disability provision and CAMHS consultation input. This ensures that young people at risk of, or involved in the criminal justice system have a comprehensive holistic assessment of their needs and receive the most appropriate support.

## **8.2 What are our local challenges in relation to this theme?**

We have made good early progress under this theme by completing and implementing the priorities outlined in our original and refresh transformation plans.

In terms of impact there has been a significant reduction in waiting times for looked after children and the most vulnerable children, and a workforce that feels supported to meet the needs of our most vulnerable children.

A number of systemic challenges remain in terms of future improvements and development of children's services these include.

- The production and implementation plan for our looked after children Sufficiency Strategy will be completed in January 2018. This will ensure over time that we have sufficient accommodation and provision locally to reduce the number of out of area placements required which includes those for emotional health and wellbeing and Autism Spectrum Disorder.
- The development of a cohesive early intervention and early help offer remains a challenge although through our Ofsted Improvement Plan this will be addressed over the coming months.
- Ensuring where children have been placed out of area that they receive a cohesive package of CAMHS interventions.
- Increasing figures for looked after children from 640 last year to 705 presently, with 501 children with a child protection plan, 2,966 children in need and 1,937 children needing early help.

### 8.3 What priorities will we begin to achieve over the next twelve months?

We will:

- a. Continue to provide and further augment a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees. LPS 13 (3.1) and LPS 14 (3.2)
- b. Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and ensure the Looked after Children CAMHS provision meets locally identified needs. LPS 3.10
- c. Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme. LPS 15 (3.3)

### 8.4 What outcomes will this impact on?

The above priorities will achieve the following:

1. An improved offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.
2. Increased use of evidence-based treatments with services rigorously focused on outcomes.
3. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.

### 8.5 Theme 3 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above three theme outcomes :

1	% of Looked After Children / Youth Offenders / Child Sexual Exploitation cases receiving a Mental Health intervention within a maximum of 28 days.
	% Of Thriving Kirklees workforce working with vulnerable groups receiving consultation and support from specialists.
	No of foster carers and professionals receiving consultation and support "Vulnerable Young People Team".
	% of support for children and young people identified as requiring support with a LD who experience a seamless transition to Adult Services at the expected time target.
	% of children and young people identified as requiring support that have an Education, Health and Social Care Plan, by identified concern.
	% of children and young people who feel that they are supported by: <ol style="list-style-type: none"> <li>a. Thriving Kirklees Partnership</li> <li>a. Family</li> <li>b. School</li> </ol>

	<p>c. Community and wider networks</p> <p>to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage</p>
1	<p>% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support</p> <p>% of those children and young people identified as requiring specialist support who are:</p> <ul style="list-style-type: none"> <li>a. Supported by the specialist element of Thriving Kirklees, by identified issue.</li> <li>b. Waiting for support by the specialist element of Thriving Kirklees, by identified issue.</li> <li>c. Supported by the generic workforce of Thriving Kirklees, by identified issue are supported by other means, including % of other support mechanisms.</li> </ul> <p>% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.</p> <p>% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, by identified issue.</p> <p>Average waiting time for children and young people who received an Autistic Spectrum Disorder (ASD) diagnostic assessment.</p> <p>% of children and young people identified as requiring support with a Learning Disability (LD) waiting for less than 28 days for first appointment.</p>
2	<p>% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.</p>
3	<p>% of Thriving Kirklees workforce who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).</p> <p>% of Thriving Kirklees workforce who feels that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</p> <p>% of Thriving Kirklees workforce able to demonstrate awareness of and understand of the importance of the parent-infant relationship.</p> <p>% of Thriving Kirklees workforce who report they have the appropriate knowledge, skills and expertise to carry out their role.</p> <p>% of Thriving Kirklees workforce that report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.</p> <p>% of Thriving Kirklees workforce who feels that the Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</p>

## 9. Theme 4. To be accountable and transparent.

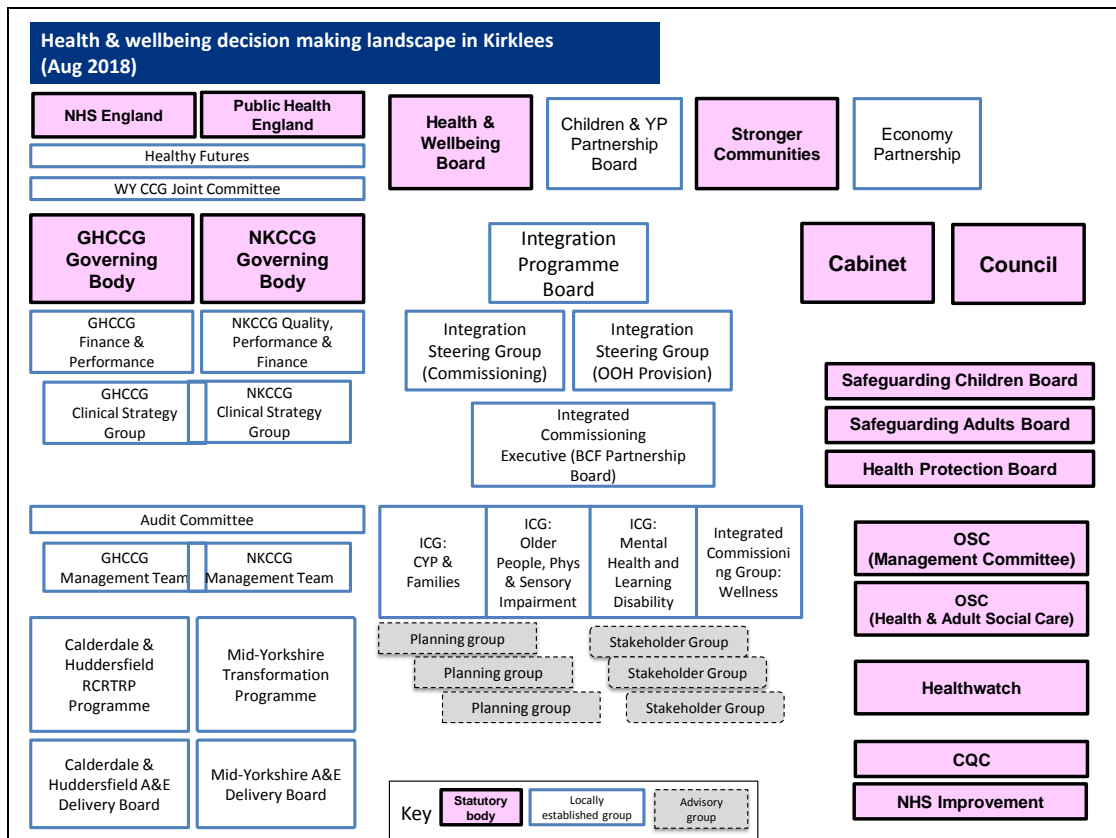
### Chapter 7 Future in Mind

#### Clarity of provision and progress

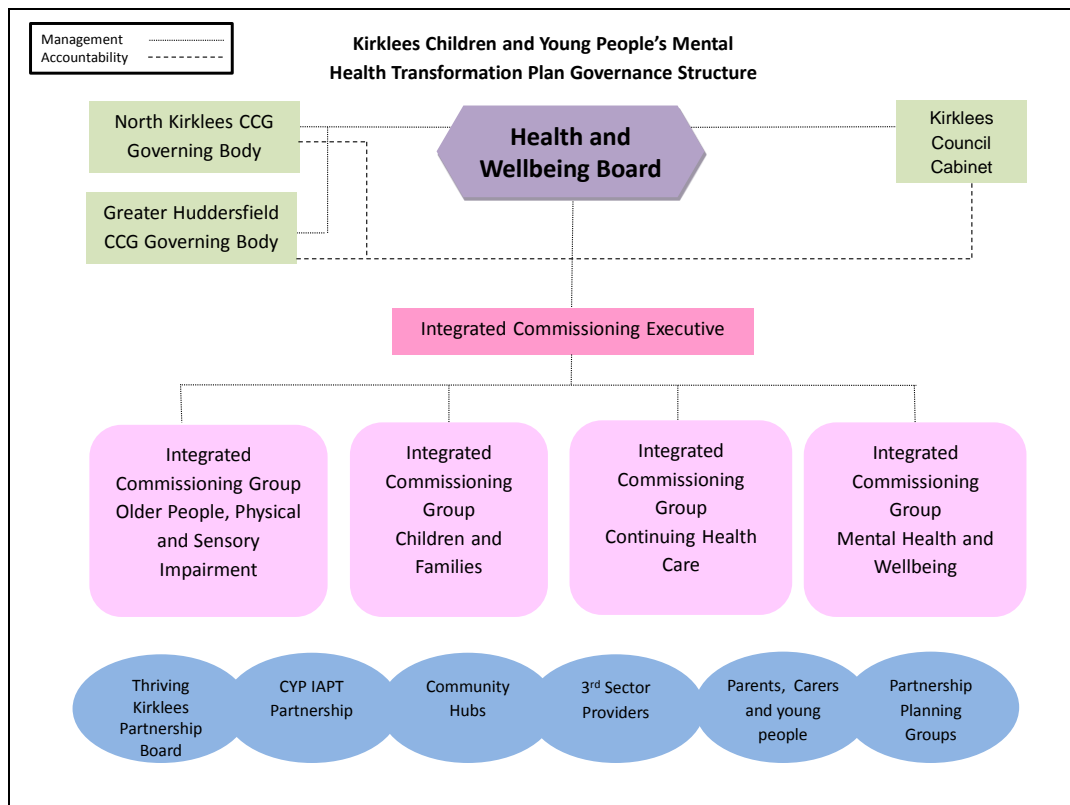
To enable transformation of our service provisions, deliver better quality care, improve standards and achieve the best outcomes for children and young people, accountability and transparency is essential.

Commissioning responsibility, budgets, performance activity and monitoring, often sit with different organisations within the commissioning system. This can cause confusion in relation to accountability for the whole CAMHS system.

The below image shows the governance structures and interdependencies that link into Kirklees health and wellbeing decision making landscape.



Reports and minutes relating to meetings are maintained by relevant groups. The following provides an overview of the governance structure Kirklees Children and Young People's Mental Health Transformation Plan.



The North Kirklees Clinical Commissioning Group Governing Body is the lead organisation for the Kirklees Transformation Plan being jointly supported by Greater Huddersfield Clinical Commissioning Group Governing Body and Kirklees Council Cabinet.

The Integrated Commissioning Group has oversight of all aspects of the Transformation Plan and reports to the Children's Trust Board, Health and Wellbeing Board, Safeguarding Children Board and elected members. Together these provide strategic oversight and ongoing reviews by Scrutiny Panel all provide input into governance and ongoing service planning.

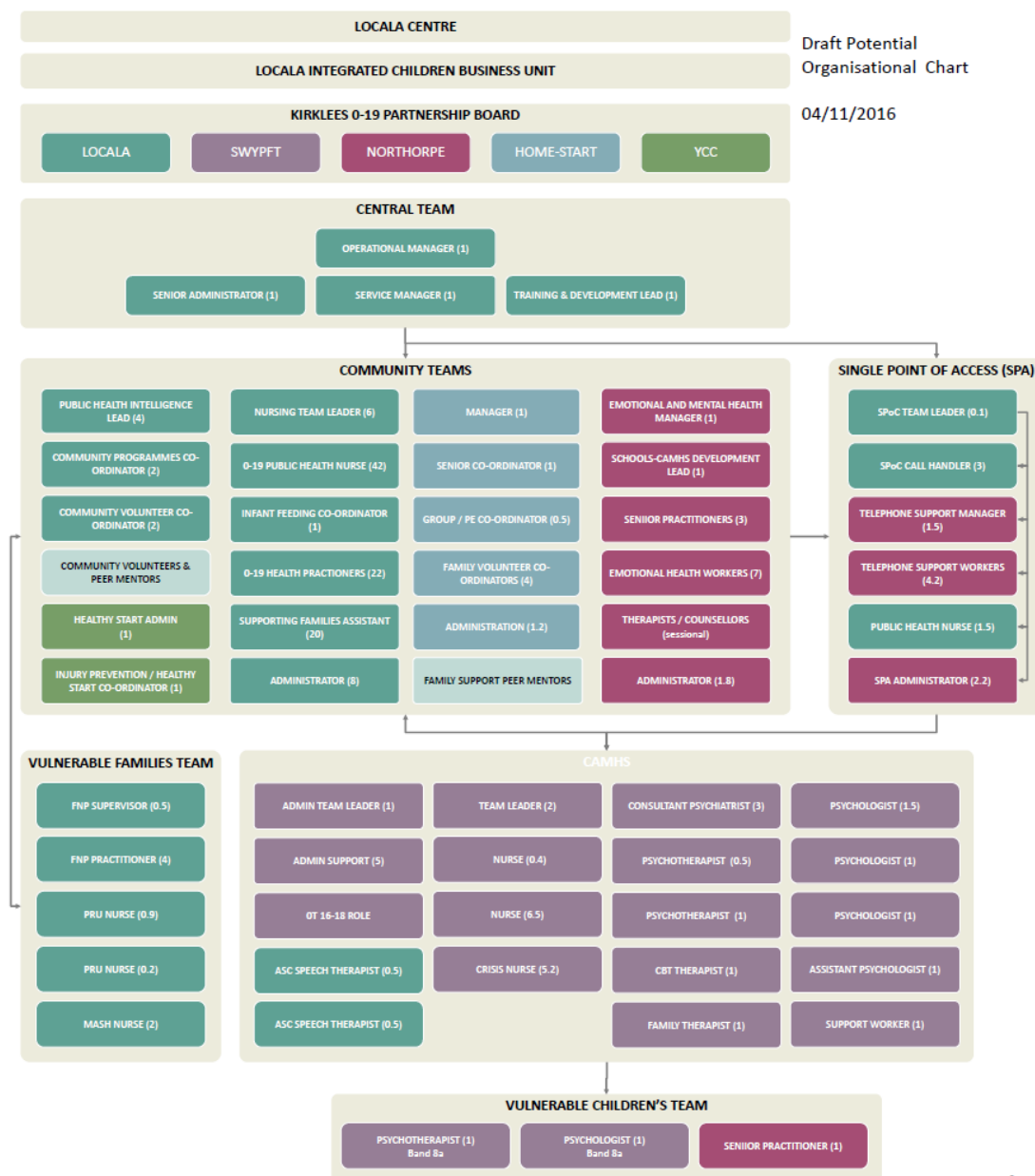
Other groups are seen as key partners to support co-production and transformation of services, these include:

The Children and Young People Improving Access to Psychological Therapies (CYP IAPT) Partnership Board is a regional collaborative consultation group that looks towards collaborative approaches in delivering IAPT across each of the areas involved. More information on IAPT is covered in Theme 5 of this refresh.

The Thriving Kirklees Partnership Board was implemented as part of the contract delivery process from 1st April 2017 and is made up of representatives from the Local Authority, Clinical Commissioning Groups and this Board together with contract monitoring and engagement with other groups inform potential actions, progress and information to the Integrated Commissioning Group to the management structures above them.

The following image shows the proposed organisational chart originally submitted for Thriving Kirklees. Staffing levels continued to be developed and revised as the service

grows into a cohesive Thrive Elaborated partnership delivery model which may involve redirection of services which differ to the below chart.



## 9.1 What have we achieved so far in 2017

As outlined in the 2016 Transformation Plan refresh, we had made significant progress in relation to our integrated commissioning arrangements. The CAMHS local transformation plan has been a catalyst for the integration agenda. New and innovative ways of integrated budgets, commissioning intentions and governance and oversight arrangements have given us a set of arrangements where between commissioning organisations we are doing things once through a single process.

The Kirklees Healthy Child Programme arrangements through which our Thriving Kirklees

CAMHS provision is now delivered and being used locally and nationally as an example of innovative new practice. This doesn't confine itself to traditional organisational boundaries and is truly transformational in nature.

The process and governance arrangements in relation to the Healthy Child Programme within Thriving Kirklees has ensured transparency of budgets across the system, clarity around where responsibility sits within commissioning systems, and performance data is widely shared and understood.

What this has meant locally is that we have implemented the following:

- The Lead Commissioner for the CAMHS Transformation Plan has the delegated responsibility for the Transformation Plan and ongoing monitoring, whole system CAMHS budget and associated contracts into a single arrangement.
- On a monthly basis, arrangements are overseen and monitored by our local Integrated Commissioning Group which has whole system membership including Community Hubs and children's social care.
- The Health and Wellbeing Board is regularly discussing and overseeing the Transformation Plan development and monitored progress.
- We have a single CAMHS pooled budget and a lead commissioner arrangement with Kirklees Council governed by a formal Section 75 pooled fund agreement under the NHS Act 2006.
- We have a clear dataset within the Thriving Kirklees Healthy Child Programme and processes to ensure outcomes are clearly monitored and reported to the Integrated Commissioning Group including the CAMHS minimum data set, the anticipated new access standard and outcome data for children young people and families.

## **9.2 What are our local challenges in relation to this theme?**

It remains a challenge to have whole CAMHS system oversight in relation to the commissioning responsibility for Tier 4 provision which remains with NHS England.

This year, we have seen an increase in closer working arrangement with NHS England mostly in relation to the implementation of Transforming Care and the Care Education Treatment Review processes.

We still have some challenges in relation to work with NHS England regarding timely notice of 'step down' placements and delays in finding Tier 4 beds for our most vulnerable children and young people. The work underway with the West Yorkshire New Care Model will help with better coordination of 'step down' placements and admission prevention and should also support more joined up approaches with the new care navigation role.

## **Mental Health Dataset**

Providers of NHS commissioned services are required under the NHS standard contract to flow data for key national metrics in the Mental Health Services Dataset (MHSDS). The NHS CAMHS providers submit all mandatory fields and they have processes in place to ensure data quality. At this stage there is no requirement for a data quality improvement plan.

Further advice has been sought from NHS England in relation to the requirement to submit data for services that are commissioned by the Local Authority but work jointly with NHS commissioned services. The current commissioned CAMHS provider has the IT functionality to enable submission of data if required; however this is not a contractual requirement at present.

### **9.3 What priorities will we begin to achieve over the next twelve months?**

We will:

- a. Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including our local Health and Wellbeing Board. LPS 4.11
- b. Support a regional case management and care navigation function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement and collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision. LPS 2.12 and 4.9

### **9.4 What outcomes will this impact on?**

The above priorities will achieve the following:

1. Improved transparency and accountability across the whole system, to drive further improvements in outcomes.
2. Increased use of evidence-based treatments with services rigorously focused on outcomes.
3. Children and young people having timely access to clinically effective mental health support when they need it.



## 9.5 Theme 4- Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above three theme outcomes:

1	<p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received .....by life course stage.</li> </ul>
	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received ..... by life course stage.</li> </ul>
	<p>% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.</p>
2	<p>% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.</p>
3	<p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p>

## 10 Theme 5. Developing the workforce.

### *Chapter 8 Future in Mind*

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

#### **10.1 What have we achieved so far in 2017**

Our ambition in the original and refresh transformation plan was to integrate our workforce ambitions for the emotional health and wellbeing system into wider workforce development plans across the whole Kirklees system.

Progress to date with this intention has been disappointing, and some of this is due to the size of the whole system workforce challenge. Therefore, we made the decision to refocus our workforce ambition to reflect the outcomes we have specified with the Thriving Kirklees Healthy Child Programme. The Programme scope covers a wide range of professionals and people including School Nurses, Health Visitors, Teachers, Social Workers, Mental Health Nurses, Psychologists, Psychotherapists, Psychiatrists, Volunteers, GP's, Early Help Staff, Children's and Community Centres.

We feel if the workforce development programme initially concentrates on this wide range of people and professionals this will facilitate the workforce changes we require to impact on children and young people's emotional health and wellbeing in their day to day settings, as well as impacting on the quality and timeliness of the interventions they may require.

Thrive Elaborated embodies a central philosophy in our new workforce development strategy. That is to ensure that parents and professional working / living with children and young people have access to high quality professionalised consultation and support.

We feel that ensuring staff and parents feel confidence to care and support our children and young people by having rapid access to a consultation and advice mechanism will ensure the majority of children and young people's needs can be met in a universal setting, rather than a specialist setting.

Appendix G is a proposed implementation timetable for Thriving Kirklees. Adaptations are being made as the programme progresses which will be closely performance managed through the quality and contracting process.

## Children and Young People Improving Access to Psychological Therapies.

The [Five Year Forward View for Mental Health: One Year On](#) report identifies the need for the expansion of services by 2020/21 to have a parallel increase in the number of skilled therapists and supervisors to meet the additional demand and is able to provide care and treatment for Children and Young People. The report also suggested that all services should be working within The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) by 2018.

The programme is a whole service transformation model delivered by NHS England in partnership with Health Education England which provides staff training to increase the use of evidence based interventions and use of routine outcome measures. This is different from the Adult IAPT model, which looks at setting up new services.

Increased workforce engagement in IAPT is included in the Thriving Kirklees delivery model to help us build a confident, accessible and responsive workforce for young people with staff who share a common language as well as common approaches and strengthen the development and delivery of our local Transformation Plan priorities.

A CYP IAPT steering group is in place with key partners across Calderdale and Kirklees as part of the Northwest CYP IAPT collaborative. An implementation plan being developed to ensure a continued joined up approach.

The Calderdale and Kirklees partnership has a nominated leadership representative who attends partnership meetings and a participation lead who attended the CYP-IAPT regional participation conference in October 2017. The CAMHS service is actively engaged in the programme and the General Manager from Barnsley CAMHS attends the regional Collaborative Board and collates partnership returns on behalf of the local services within the partnership.

Staff from both our local CAMHS provisions have already participated in the programme with a manager from ChEWS recently completing the IAPT leadership course and a Specialist CAMHS staff member having completed the Enhanced Evidence Based Practice course. Another staff member returns to the service in January 2018 having completed the Evidence Based Psychological Therapies for Children and young people: Cognitive Behaviour Therapy.

Both services continue to embed transformation, by routinely utilising outcome measures in the support provided and are looking to widen the measures to include goal based outcome for their clients.

The partnership have completed and submitted the partnership monitoring report to the North West Collaborative which will enable the partnership to benefit and embed the principles of the programme. A collaborative summary of the information provided will be shared with Health Education England and NHS England.

The partnership has sourced tools and resources that have been developed regarding

workforce design and will be reviewing these and considering how they might be implemented over the coming months

As part of the programme implementation Specialist CAMHS has undertaken a participation audit to ensure that children, young people and their families are engaged and involved in all aspects of the design and delivery of services including staff training, recruitment, staff appraisals, session monitoring and complaints and advocacy. The service has appointed a participation worker to ensure effective engagement with service users and their families.

Kirklees continues to look towards developing and increasing local participation in IAPT programmes. The regional collaborative submitted an area wide application for Phase 7 training courses which commence in January 2018. This included applications for 10 Kirklees placements and expressions of interest for proposed courses for existing staff.

Postgraduate Diploma - Evidence Based Psychological Therapies for Children and Young People: <b>Cognitive Behaviour Therapy</b>	Northorpe Hall Child and Family Trust. <b>3 workers awaiting interview</b>
Postgraduate Certificate - Evidence Based Psychological Therapies for Children and Young People: <b>Interpersonal Therapy for Adolescents with Depression</b>	Specialist CAMHS Kirklees <b>1 staff member waiting interview</b>
<b>Enhanced Evidence Based Practice</b> Programme for Children and Young People	Northorpe Hall Child and Family Trust <b>3 workers waiting for applications to be opened</b> <b>2 new Specialist CAMHS clinicians to apply in 2018</b>
Learning Disability/Autistic Spectrum Disorders	Northorpe Hall Child and Family Trust <b>2 workers expressed interest</b>
Children and Young People's Well-Being Practitioners.	Northorpe Hall Child and Family Trust <b>1 workers expressed interest</b>

Applicant interviews are being held during October and November 2017 so until then we cannot confirm any course allocations. Participation in the programme has been restricted by oversubscription of applicants against the availability of courses being offered nationally. This restriction combined with uncertain budgetary commitments will impact on our local priority intention to enable participation in the programme for CAMHS staff and more especially for staff from other agencies.

Staff retention, recruitment and continued funding in the CYP IAPT training programmes have been identified as risks in Appendix D.

## Workforce development

The [Progress and challenges in the transformation of children and young people's mental health care](#) report highlights the national shortage of mental health professionals and training needs that exist and their key findings in one survey included:

- 83 per cent of trusts experienced recruitment difficulties and had to advertise posts on multiple occasions to fill roles.
- Mental health nurses were the most difficult profession to recruit to, followed by consultant psychiatrists.
- Recruitment challenges had led to an 82 per cent increase in expenditure on temporary staffing in the last two years.

According to the [Five Year Forward View for Mental Health](#), between 2013/14 and 2014/15, referral rates for CAMHS services increased five times faster than the CAMHS workforce.

These findings are recognised as a key challenge and included as a risk in Appendix D, for the ongoing implementation of our transformation plan to close the treatment gap and ensure our children and young people can get the support they need.

Kirklees services recognises the importance of having suitably qualified staff across the system that have the relevant experience and skills competencies to be able to support the implementation of the plan and achieve better prevention and early intervention as envisaged by Future in Mind.

Our Local Priority 28 looks for the development of a comprehensive multi agency workforce strategy across the Thriving Kirklees services. A learning and development lead has been appointed within Thriving Kirklees to ascertain the training, development and staffing requirements required across the partnership.

The implementation of a detailed and meaningful workforce strategy will take time to develop. Whilst this takes place services continue to offer continuing personal development opportunities to existing staff and invest in new staff including those now working with vulnerable groups, the new single point of contact and continued personal development of staff involved in IAPT training programmes.

Nurturing parenting principles are to be disseminated throughout the workforce coordinated by the learning and development lead.

Ongoing developments including having a named CAMHS lead in schools, evolving area based community hubs, increasing school link programmes and Mental Health First Aid training has already begun to engage with key organisations, including schools and colleges. These are all seen as being critical in supporting our transformational visions to increase capacity and capability of the wider system, which need to be accounted for in our workforce strategy.

## Supporting the community

Supporting school staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families is incorporated into Thriving Kirklees who have appointed a learning and development lead to ascertain the training and development requirements across the partnership.

During Year 2 the Kirklees Learning and Skills Service commissioned limited “co-production in Mental Health” training for a broad range of partners working in Community Hubs. This has included the show casing of one of the community hub areas to other hubs regarding their management of emotional health and wellbeing within school. Ongoing developments to widen out to all Kirklees state aided secondary schools are outlined in Section 5.5 of this report.

Work is currently underway by CAMHS provision working with schools identified as having higher than average referrals into emotional health and wellbeing services to increase the knowledge and skills of school staff regarding emotional health and wellbeing to ensure needs are met early and preventative methods offered.

Kirklees Schools have been provided with membership until June 2018 to the PSHE Association which enables teachers to gain access to free Personal, Social, Health and Economic (PSHE) education curriculum resources.

In May 2017, a mix of fourteen Primary, Junior, Middle and High Schools successfully completed a PSHE Association award. The award recognises their commitment to developing educational programmes which help build children and young people’s emotional health, wellbeing and resilience.

Northorpe Hall Child and Family Trust deliver training and information support sessions in schools to school staff, parents and carers on a range of topics including self-harm, transition, risk and resilience, anxiety, sleep information, self-esteem and managing emotions.

A STOP parent training programme to support parents and carers of young people, presenting with anti-social behaviours, has been delivered by the Specialist CAMHS provision. The programme involves 10 sessions to raise awareness about parenting and teach parents and carers the techniques. The programme includes group discussion, feedback, videos, role play and homework, to help parents find ways to improve their parenting or sustain their own parenting methods.

Specialist CAMHS have delivered a Dialectical Behaviour Therapy skills training group sessions to adolescents and parents. The training involved a number of selected middle to late teen adolescent service users and their parent or carer. Similar groups are being developed for future delivery.

Under the Thriving Kirklees umbrella Locala are currently exploring emotional health and wellbeing training options to ensure all practitioners have a standard platform of skills, this

will form part of their workforce plan.

We have taken some important steps towards our workforce ambition which includes:

- Appointment of a Learning and Development lead to begin respond to learning and workforce development requirements across the Thriving Kirklees partnership.
- Establishing a Workforce Development Group across all the Thriving Kirklees partners and scheduled meetings every 8 weeks for the next 12 months. With two meetings having already taken place.
- Gathering individual workforce plans from the Thriving Kirklees partners to enable comparison and development opportunities between the services.
- Developed a draft training needs survey to be used across all Thriving Kirklees partners to identify baseline training needs and any gaps against key performance indicators.
- Some Thriving Kirklees Health Visitors are already carrying out a school nursing portfolio and vice versa to offer support across the 0 -19 age range. Once current training has been completed a programme will be rolled out to upskill all specialist community public health nurses.
- Continued participation by CAMHS provision in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme.
- Use of the [Calderdale Framework](#) to upskill staff to provide a systematic, objective method of reviewing skills, roles and service design which ensures safe, effective and productive patient centred care.
- Delivery of perinatal mental health training to all 0 – 19 practitioners.
- Continuing to develop the school link programme in Kirklees schools

## 10.2 What are our local challenges in relation to this theme?

Developing the workforce and creating skill mix teams and new consultation models presents a number of new opportunities, but also challenges, these include:

- Creating consensus and buy in to multi-skilled skill mix teams where in the past there might have been a named traditional professional role, for example School Nurse or Health Visitor.
- Ensuring that non-traditional “CAMHS provision” have the capacity and the passion to see their roles as central to improving emotional health and wellbeing even though this may not be the primary focus of their job for example teachers.
- Staff and parents feeling that having an intense consultation approach is as valuable as one to one interventions.

### 10.3 What priorities will we begin to achieve over the next twelve months?

We will:

- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 2017/18. LPS 25 (5.1)
- Develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. LPS 28 (5.4)
- To support school based staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families. LPS 5.6
- To support Workforce development and transformation across the emotional health and wellbeing provision. LPS 5.7
- Ensure that when required, staff receive appropriate training and continuing development opportunities, to enable them to deliver relevant evidence based interventions. Access to appropriate training should be made available for those who need help to support children and young people LPS 27 (5.3)

### 10.4 What outcomes will this impact on?

The above priorities will achieve the following:

- Increased use of evidence-based treatments with services rigorously focused on outcomes that bring about change.
- Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
- Children and young people having timely access to clinically effective mental health support when they need it.
- Making mental health support more visible and easily accessible for children and young people.



## 10.5 Theme 5 - Measurement of Impact

Through the Thriving Kirklees contract monitoring process a number of performance indicators will be provided to commissioners to help demonstrate impact against each of the above four theme outcomes:

1	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
2	% of Thriving Kirklees workforce who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).
	% of Thriving Kirklees workforce who feel that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.
	% of Thriving Kirklees workforce able to demonstrate awareness of and understand of the importance of the parent-infant relationship.
	% of Thriving Kirklees workforce who report they have the appropriate knowledge, skills and expertise to carry out their role.
	% of Thriving Kirklees workforce that report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.
3	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, by identified issue.
	% of children and young people seen by the specialist element of Thriving Kirklees within mandated waiting time targets.
	Average waiting time for specialist support from identification of issue to treatment, by identified issue.
	Average waiting time for children and young people who received an Autistic Spectrum Condition (ASC) diagnostic assessment.
4	% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.
	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
	% of children, young people and families who access support via approaches based on use of technology and assistive technology.
	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.

## Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	Projection October 2018
1	1.1	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings.	Year 1			Archived	G
2	1.2	Implement clear joint working arrangements and clear pathways between schools and emotional health and wellbeing provision. The provision will be based on presenting need and linked to the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work that is being developed.	Year 1			Revised wording - merged with LPS 8 (2.4) and LPS 9 (2.5)	A
3	1.3	We will have emotional health and wellbeing provision that is collaboratively commissioned with educational settings.	Year 1			Unchanged Long Term achievement by 2020	A
4	1.4	We will collaboratively design with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.	Year 1			Unchanged Long Term achievement by 2020	A
	1.5	We will integrate our currently commissioned services for "risky" behaviours through our learning and community hubs, to help deliver a common set of outcomes improving emotional health and wellbeing		Year 2		Revised wording.	A
	1.6	The nurturing parent programme approach will be delivered throughout early help services, children's centres and voluntary sector provision, to improve the maternal bond		Year 2		Revised wording merged with LPS 1.7	G
	1.7	To redesign and implement the healthy child programme 0 - 5, with increased focus on supporting the development of improved perinatal mental health provision, and improving attachment.		Year 2		Revised wording merged with LPS 1.6	G
	1.8	We will implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. We will embed this within the Personal, Social, Health, Citizenship and Economic education (PSHCE ed) curriculum.		Year 2		Revised wording re PSHE	R
	1.9	There will be a range of social media based interventions to provide support to children and young people and help build resilience.		Year 2		Revised wording - merged with LPS 1.10	A
	1.10	We will increase the range of innovative interventions available to children and young people to improve health and wellbeing		Year 2		Revised wording - merged with LPS 1.9	A
	1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.		Year 2		Archived	R
	1.12	To ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.				New Priority	G

## Theme 2. Improving access to effective support – a system without tiers

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	Projection October 2018
5	2.1	Redesign the specification for Tier 2 and Tier 3 CAMHS provision transforming services to provide a “tier free” new service model that is based on the “thrive” approach	Year 1			Revised wording - long term achievement by 2020	G
6	2.2	Increase front line capacity within Tier 2 and Tier 3 provisions in order to reduce waiting times and improve access for children and young people.	Year 1			Revised wording - medium term achievement by September 2018	A
7	2.3	Provide a comprehensive eating disorder service across Kirklees, Calderdale and Wakefield in line with best practice and guidance issued	Year 1			Archived	G
8	2.4	Implement Tier 2 and Tier 3 CAMHS Link workers to directly liaise with and support Schools, primary care and other universal provision. This will be developed in line with SEMHD continuum of support	Year 1			Revised wording - merged with LPS 2 (1.2) and LPS 9 (2.5)	G
9	2.5	Implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 CAMHS provision and to support joined up working across services. This will be developed in line with SEMHD continuum of support	Year 1			Revised wording - merged with LPS 2 (1.2) and LPS 8 (2.4)	A
10	2.6	Have in place a single point of access model for advice, consultation and assessment and coordination of provision	Year 1			Revised wording - merged with LPS 11 (2.7)	G
11	2.7	Provide a one stop shop approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector.	Year 1			Revised wording - merged with LPS 10 (2.6)	G
12	2.8	Provide a local crisis model that ensures assessment within 4 hours and is in line with the Crisis Care Concordat, and utilises our redesigned psychiatric liaison service.	Year 1			Revised wording - merged with LPS 2.9	A
29	2.9	Work with local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the “Core 24” service specification. Where appropriate work on a regional basis across acute footprints to develop collaborative approaches	Year 1			Revised wording - merged with LPS 2.8	A
	2.10	Implement an Intensive Home Treatment model, preventing admission to Tier 4, assisting with transition back to community setting and with clear comprehensive pathways.		Year 2		Revised wording - merged with LPS 3.7	A
	2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.		Year 2		Archived	R

	2.12	Provide a case management function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement.		Year 2		Revised wording - merged with LPS 4.9	A
	2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process		Year 2		Archived	G
	2.14	Establish an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.		Year 2		Revised wording	G
	2.15	Implement the recommendations from the Lenahan review, “building the right support” and the recent NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both”.				New Priority	G

**Ratings Key:**



**Fully confident:** Objective clearly identified and delivered. All requirements in place.

**Partially confident:** Objective not clearly identified some requirements in place or plans/actions require strengthening.

**Not confident:** Objective not identified or no confidence that actions will result in requirements being achieved.

### Theme 3. Caring for the most vulnerable

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	Projection October 2018
13	3.1	Invest in and implement a flexible multiagency team to address the emotional health and wellbeing needs looked after children, children in the youth offending team, children experiencing CSE and children on child protection plans.	Year 1			Revised wording - merged with LPS 14 (3.2)	G
14	3.2	Provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.	Year 1			Revised wording - merged with LPS 13 (3.1)	G
15	3.3	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme	Year 1			Unchanged	A
16	3.4	Provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprint	Year 1			Archived	G
17	3.5	Work with Kirklees Safeguarding Child Board to undertake a "deep dive" into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children	Year 1	Year 2		Archived	G
	3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.		Year 2		Archived	G
	3.7	To provide an assertive community outreach model through our CAMHS provision that actively engages children, young people and families.		Year 2		Revised wording - merged with LPS 2.10	A
	3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.		Year 2		Archived	G
	3.9	To ensure that local provision is available for those children and young people requiring forensic CAMHS provision.		Year 2		Archived	G
	3.10	Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and to ensure that the Looked after Children CAMHS provision meets locally identified needs.				New Priority	G

**Theme 4. To be accountable and transparent**

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	Projection October 2018
18	4.1	Implement the lead commissioning arrangement for all CAMHS provision covered within the transformation plan, discharged through the joint commissioning manager jointly funded by North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council	Year 1			Archived	G
19	4.2	Use the Transformation plan as the basis for our commissioning priorities over the next 5 years.	Year 1			Archived	G
20	4.3	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.	Year 1			Archived	G
21	4.4	Ensure the integrated commissioning group is overseeing the implementation of the future in mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and that NICE guidelines are implemented throughout the service provision.	Year 1			Archived	G
22	4.5	Ensure the integrated commissioning group closely monitor the CAMHS minimum dataset and waiting times standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the system	Year 1			Archived	G
23	4.6	Implement clear and transparent outcome monitoring supported by membership of CORC, and the implementation of session by session outcome monitoring across CAMHS provision	Year 1			Archived	G
24	4.7	Receive quarterly service feedback from children, young people and families in all performance reporting to the integrated commissioning group.	Year 1			Archived	G
	4.8	Have a single pooled budget for CAMHS provision across Kirklees, and to publish the investment figures on local offer website along with referral rates and waiting times.				Archived	G
	4.9	Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.				Revised wording - merged with LPS 2.12	A
	4.10	Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.				Archived	G
	4.11	Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including the local Health and Wellbeing Board.				New Priority	G

### Theme 5. Developing the workforce

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	Projection October 2018
25	5.1	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17	Year 1			Unchanged	A
26	5.2	Ensure that Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/16.	Year 1			Archived	G
27	5.3	Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions	Year 1			Unchanged	A
28	5.4	Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported, and implemented	Year 1			Revised wording	G
	5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions		Year 2		Archived	G
	5.6	To support school based staff, parents and Tier 1 providers to deliver interventions at a universal level to increase resilience in children and young people and families.		Year 2		Unchanged	A
	5.7	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.		Year 2		Unchanged	A

**Ratings Key:**



**Fully confident:** Objective clearly identified and delivered. All requirements in place.

**Partially confident:** Objective not clearly identified some requirements in place or plans/actions require strengthening.

**Not confident:** Objective not identified or no confidence that actions will result in requirements being achieved.

2017 – 2018 Priority descriptions, reporting processes and progress			Year 1 or year 2 Priority
<b>LPS 3 (1.3)</b>	We will have emotional health and wellbeing provisions that are collaboratively commissioned with educational settings.	<p><b>Themes 1 and 2.</b></p> <p><b>Transformation Plan Refresh 2017/18 priority</b></p> <p>Progress updates provided by Locala, Schools as community hubs and commissioners.</p> <p><i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i></p>	Year 1 priority Long term achievement by 2020
<b>LPS 5 (2.1)</b>	Transforming CAMHS provisions, to provide a “tier free” service model based on the “Thrive Elaborated” approaches.	<p><b>Themes 1 and 2.</b></p> <p><b>Transformation Plan Refresh 2017/18 priority</b></p> <p>Progress updates provided by Locala and commissioners.</p> <p><i>Priority also inter-relates with: LPS 1 (1.1) and 3 (1.3)</i></p>	<b>A</b> Year 1 priority Long term achievement by March 2020
<b>LPS 10 (2.6)</b>  <b>LPS 11 (2.7)</b>	Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting, consultation and assessment and co-ordination of Thriving Kirklees provision delivery.	<p><b>Themes 1 and 2.</b></p> <p><b>Transformation Plan Refresh 2017/18 priority</b></p> <p>Progress updates provided by Locala, SPoC and ASK CAMHS.</p> <p><i>Priority also inter-relates with: LPS 1 (1.1), 2 (1.2) and 6 (2.2)</i></p>	<b>G</b> Year 1 priority Short term achievement by October 2017
<b>LPS 2 (1.2)</b>  <b>LPS 8 (2.4)</b>  <b>LPS 9 (2.5)</b>	<p>Implement clear joint working arrangements between schools and emotional health and wellbeing provision. The provision will be based on the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work. This will include:</p> <ul style="list-style-type: none"> <li>• A CAMHS school link model supporting schools, primary care and other universal provisions.</li> <li>• Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services.</li> </ul>	<p><b>Themes 1, 2 and 5</b></p> <p><b>Transformation Plan Refresh 2017/18 priority</b></p> <p>Progress updates provided by Locala, Northorpe Hall, SWYFT, Community Hubs and Commissioners.</p> <p><i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4), 9 (2.5) and 27 (5.3)</i></p>	Year 1 priority Short term Achievement March 2017 Long term achievement by 2020



<p><b>LPS 6 (2.2)</b></p>	<p>Continue to increase front line capacity within CAMHS provisions to reduce waiting times and improve access for children and young people in line with the new national access standard.</p>	<p><b>Themes 1 and 2</b>  <b>Transformation Plan Refresh 2017/18 priority</b>  Progress updates provided by Locala, ChEWS, SWYFT, Voluntary Community Sector, Autism Spectrum Disorders and Pupil Premium Plus. Thriving Kirklees Performance Measure 76  <i>Priority inter-relates with: LPS 2 (1.2) and 11 (2.7)</i></p>	<p>Year 1 priority  Short term achievement by October 2017</p>
<p><b>LPS 27 (5.3)</b></p>	<p>Ensure that where required staff can access appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. Access to appropriate training should be made available for those who need help to support children and young people.</p>	<p><b>Themes 1, 2 and 5</b>  <b>Transformation Plan Refresh 2017/18 priority</b>  Progress updates provided by Locala and Northorpe Hall and any associated schools as community Hub activities.  <i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)</i></p>	<p>Year 1 priority  Short term achievement by March 2018</p>
<p><b>LPS 13 (3.1)</b>  <b>LPS 14 (3.2)</b></p>	<p>Continue to provide a CAMHS link and consultation model flexible multiagency team within the range of provision to address the emotional health and wellbeing needs for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees.</p>	<p><b>Theme 3</b>  <b>Transformation Plan Refresh 2017/18 priority</b>  <b>Progress updates provided by Locala, SWYFT and Northorpe Hall.</b>  <i>Priority inter-relates with: LPS 17 (3.5)</i></p>	<p>Year 1 priority  Progressive changes from March 2017</p>
<p><b>LPS 4 (1.4)</b></p>	<p>We will collaboratively co-produce with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.</p>	<p><b>Theme 1</b>  <b>Transformation Plan Refresh 2017/18 priority</b>  Progress updates provided by Home-Start, Northorpe Hall and Commissioners.</p>	<p>Year 1 priority  Long term achievement by March 2020</p>

1.5	Develop an early help offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed model-to help deliver a common set of outcomes improving emotional health and wellbeing.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala.	Year 2 priority Long term achievement by 2020
1.6 1.7	The nurturing parent programme will be delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SWYFT, Community Hubs and Early Intervention and Prevention.	Year 2 priority Long term achievement by 2020
1.8	Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, ChEWS and Commissioners	Year 2 priority Long term achievement by 2020
1.9 1.10	Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, ChEWS, Community Hubs and Commissioners.	Year 2 priority Long term achievement by 2020
1.12	To ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Commissioners and Locala.	New 2017/18 priority
LPS 12 (2.8) LPS 29 (2.9)	Provide a local crisis model that ensures assessment within 4 hours in line with the Crisis Care Concordat, and utilises our re-designed psychiatric liaison service. To work with our local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the "Core 24" service	<b>Theme 2</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Commissioners, Locala and ChEWS.	Year 1 priority Short term achievement by May 2016 and March 2017.

	specification. Where appropriate we will work on a regional basis across acute footprints to develop collaborative approaches.		
<b>2.10</b> <b>3.7</b>	Further strengthen the assertive outreach Intensive Home Treatment model, preventing admission to Tier 4, assisting with transition back to community setting with clear comprehensive pathways including an assertive community outreach model through our CAMHS provision that actively engages with children, young people and families.	<b>Themes 2 and 3</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Lead Commissioners.	Year 2 priority Long term achievement by 2020
<b>2.12</b> <b>4.9</b>	Provide a case management function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement. AND Collaboratively commission with NHS England to ensure clear and smooth care pathways are in place in relation to Tier 4 provision.	<b>Themes 2 and 4</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SWYFT and Commissioners.	Year 2 priority Long term achievement by 2020
<b>2.14</b>	Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	<b>Theme 2</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and SWYFT.	Year 2 priority Long term achievement by 2020
<b>LPS 15 (3.3)</b>	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.	<b>Theme 3</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SWYFT and Commissioners	Year 1 priority Short term achievement by April 2017

<b>LPS 25 (5.1)</b>	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2016/17.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority and risk reporting</b> Progress updates provided by Locala and SWYFT. <i>Priority inter-relates with 26 (5.2), 22 (4.5) and 23 (4.6)</i>	Year 1 priority Short term achievement by September 2017
<b>LPS 28 (5.4)</b>	Develop a comprehensive workforce strategy across Thriving Kirklees services. The strategy will inform and direct how workforce development will be supported, and implemented.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala. <i>This priority support activities looking to expand, develop and improve delivery including responding to several Local Priorities including: 2 (1.2), 3 (1.3), 1.8, 1.9, 1.10, 6 (2.2), 8 (2.4), 9 (2.5), 27 (5.3) and 28 (5.4)</i>	Year 1 priority Long term achievement by March 2020
<b>5.6</b>	To support school based staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and Workforce Development Manager, Community Hubs and Commissioners.	Long term priority achievement by 2020
<b>5.7</b>	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and Commissioners.	Long term priority achievement by 2020
<b>2.15</b>	Implement the recommendations from the Lenahan review, "building the right support" and the recent NHS England Guidance "Developing support and services for children and young people with a learning disability, autism or both."	<b>Theme 2</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by chair of Children and Young People TCP Workstream. Head of Children's Joint Commissioning	New 2017/18 priority
<b>3.10</b>	Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and to ensure that the Looked after Children CAMHS provision meets locally identified needs.	<b>Theme 3</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Head of Children's Joint Commissioning	New 2017/18 priority

4.11	Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including our local Health and Wellbeing Board.	<b>Theme 4</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Head of Children’s Joint Commissioning	New 2017/18 priority
Archived local transformation priorities			
LPS 1 (1.1)	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings.	<b>Theme 1</b> Priority completed following commencement of Thriving Kirklees on 1 <sup>st</sup> April 2017. Delivery and contract monitoring plan is in place to transform 0-19 years services over the length of the 5 year contact. <b>Relevant updates provided by Locala and CHEWS</b> Priority inter-relates with: LPS 3 (1.3) and 5 (2.1)	<b>G</b> Years 1 and 2 priority  Initial early achievement by April 2017
1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.	<b>Theme 1</b> Commissioners have limited ability to direct school governor attendance on training. This is not within the delivery specifications for actual delivery but to support delivery of interventions by Thriving Kirklees and Community Hubs <b>Relevant updates provided by Community Hubs.</b>	<b>R</b> Year 2 priority Long term achievement by 2020
LPS 7 (2.3)	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.	<b>Theme 2</b> The Regional Commissioning Group co-produced a service model providing a service for 2016/17 with the <b>contract with existing CAMHS provision being extended by 2 years to enable continuance and for a competitive tender process to take place.</b> <b>Relevant updates provided by SWYFT.</b>	<b>G</b>  Year 1 priority In place by April 2017

2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/CAMHS inpatient provision.	<p><b>Theme 2</b></p> <p>The local markets in Kirklees still require further development to provide in-patient provision. NHS England is undertaking a procurement exercise to increase capacity. Is it yet to be seen if process will translate to any provision in the Kirklees area.</p> <p><b>Relevant updates provided by Lead Commissioners.</b></p>	<p><b>G</b></p> <p>Year 2 priority</p>
2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	<p><b>Theme 2</b></p> <p>Embedded into Thriving Kirklees from April 2017. The learning disability nursing services have been incorporated into the mainstream CAMHS service from the end of June 2017.</p> <p><b>Relevant updates provided by Locala and SWYFT.</b></p>	<p><b>G</b></p> <p>Year 2 priority</p>
LPS 16 (3.4)	To provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprints.	<p><b>Theme 3</b></p> <p>This recommendation has not been adopted by 10cc as a regional footprint. Without this endorsement Kirklees has removed it as a delivery option from its original Transformation Plan priorities, until national redirection is provided. The proposed budget spend was re-profiled to support increased front line capacity for priority 2.2.</p> <p><b>Relevant as necessary by commissioners and relevant links.</b></p>	<p><b>G</b></p> <p>Year 1 priority</p>
LPS 17 (3.5)	To work with Kirklees Safeguarding Child Board to undertake a “deep dive” into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children.	<p><b>Theme 3</b></p> <p>Independent report subject to Safeguarding Action Plan to evidence oversight and appropriate responses to recommendations within CAMHS provisions of Thriving Kirklees, from April 2017.</p> <p><b>Relevant updates provided by Local, ChEWS and SWYFT.</b></p> <p><i>Priority inter-relates with: LPS 13 (3.1)</i></p>	<p><b>G</b></p> <p>Year 1 priority</p>
3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.	<p><b>Theme 3</b></p> <p>Incorporated into Thriving Kirklees from April 2017. Thriving Kirklees health practitioner’s part of the MASH team. Safeguarding supervision has been established in Locala, with a recruitment model for new supervisors in place across all Thriving Kirklees teams.</p> <p><b>Relevant updates provided by Locala.</b></p>	<p><b>G</b></p> <p>Year 2 priority</p>

3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	<p><b>Theme 3</b></p> <p>We have been supporting the Family and Alcohol Court by using a discrete resource and this has been mainstreamed into Thriving Kirklees delivery from April 2017.</p> <p><b>Relevant updates provided by Locala and SWYFT</b></p>	<p><b>G</b></p> <p>Year 2 priority</p>
3.9	Ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	<p><b>Theme 3</b></p> <p>Included Thriving Kirklees specification to provide initial forensic assessment, more complex forensic assessment are spot purchased as required.</p> <p><b>Relevant updates provided by Commissioners.</b></p>	<p><b>G</b></p> <p>Year 2 priority</p>
LPS 18 (4.1)	Implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint Commissioning Manager jointly funded by North Kirklees, Greater Huddersfield CCG's and Kirklees Council.	<p><b>Theme 4</b></p> <p>Lead commissioning arrangements established which will also ensure continuing robust monitoring and scrutiny to 2020.</p> <p><b>Relevant updates as necessary by Commissioners and relevant links.</b></p> <p><i>Priority inter-relates with: LPS 19 (4.2), 20 (4.3) and 21 (4.4)</i></p>	<p><b>G</b></p> <p>Year 1 priority</p>
LPS 19 (4.2)	Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years.	<p><b>Theme 4</b></p> <p>Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020.</p> <p><b>Relevant updates as necessary by commissioners and relevant links.</b></p> <p><i>Priority inter-relates with: LPS 18 (4.1), 20 (4.3) and 21 (4.4)</i></p>	<p><b>G</b></p> <p>Year 1</p>
LPS 20 (4.3)	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.	<p><b>Theme 4</b></p> <p>Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority.</p> <p><b>Relevant updates as necessary by commissioners and relevant links.</b></p> <p><i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i></p>	<p><b>G</b></p> <p>Year 1 priority</p>
LPS 21 (4.4)	Ensure the Integrated Commissioning Group is overseeing the implementation of the Future in Mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and	<p><b>Theme 4</b></p> <p>Implementation of plan completed. Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020.</p>	<p><b>G</b></p> <p>Year 1 priority</p>

	that NICE guidelines are implemented throughout the service provision.	<b>Relevant updates as necessary by Commissioners and relevant links.</b> <i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i>	
<b>LPS 22 (4.5)</b>	Ensure the Integrated Commissioning Group closely monitor the CAMHS minimum dataset and waiting time standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the systems.	<b>Theme 4</b> Outcome based dataset has been incorporated into the performance monitoring of Incorporated into Thriving Kirklees CAMHS element from April 2017 including participation in CYP IAPT. Key performance indicators have been agreed and the partnership in place. Initial data flow and reporting lines have been established. Assurance work continues around information sharing between CAMHS and Locala. <b>Relevant updates provided by Locala Data Team and SWYFT.</b> <i>Priority inter-relates with: LPS 23 (4.6)</i>	<b>G</b>  Year 1 priority Achievement by April 2017
<b>LPS 23 (4.6)</b>	Implement clear and transparent outcome monitoring supported by membership of CORC, (CAMHS Outcomes Research Consortium) and the implementation of session by session outcome monitoring across CAMHS provision.	<b>Theme 4</b> Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports to agreed timescales. <b>Relevant updates provided by Locala Data Team and SWYFT.</b> <i>Priority inter-relates with: LPS 22 (4.5)</i>	<b>G</b>  Year 1 priority achievement by April 2017
<b>LPS 24 (4.7)</b>	Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group. LPS 24	<b>Theme 4</b> Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports <b>Relevant updates provided by Locala Data Team.</b>	<b>G</b>  Year 1 priority Achievement by April 2017
<b>4.8</b>	Have a single pooled budget for CAMHS provision across Kirklees, and to publish the investment figures on local offer website along with referral rates and waiting times.	<b>Theme 4</b> Section 75 funding arrangements have been formally agreed and incorporated into Thriving Kirklees from April 2017. <b>Relevant updates as necessary by commissioners and relevant links.</b>	<b>G - A</b>  Year 2 priority



4.10	Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.	<p><b>Theme 4</b> Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children’s Trust Board to ensure robust and appropriate responses by 2020. Arrangement made for completion of annual refreshed plan which incorporates feedback from the North of England Commissioning Support Unit and Key Lines Of Enquiry guidance. <b>Relevant updates as necessary by commissioners and relevant links.</b></p>	<p><b>G</b> Year 2 priority</p>
LPS 26 (5.2)	Ensure that Tier 2 and Tier 3 CAMHS provider managers are involved in the introduction to CYP IAPT in 2015/16.	<p><b>Theme 5</b> All provider managers have been trained. Incorporated into specification of Thriving Kirklees CAMHS for continuing participation. Response cross refers with LPS 25 (5.1) <b>Relevant updates as necessary by commissioners and relevant links.</b></p>	<p><b>G</b> Year 1 priority</p>
5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions.	<p><b>Theme 5</b> Incorporated into Thriving Kirklees from April 2017. Learning and development lead has been appointed within Thriving Kirklees to ascertain the training and development requirements across the partnership and develop a deliverable workforce strategy. <b>Relevant updates provided by Locala.</b></p>	<p><b>G</b> Year 2 priority</p>

## Kirklees Children and Young People's Plan 2017 -2020: Putting children and young people at the heart of everything we do

### Our vision

All children and young people in Kirklees will be nurtured and supported to achieve their potential.

### Our outcomes

Children and young people are very clear about what they want growing up in Kirklees

- ✓ To have the best start in life and be healthy\*
- ✓ To aspire, achieve and enjoy life\*
- ✓ To feel safe and live in a strong, loving family and a vibrant community\*
- ✓ To feel valued and contribute to society
- ✓ To live in a decent home with enough money and confidence in their future

We know that not all children and young people have the same opportunities to achieve these outcomes. The inequalities experienced in childhood lead to lifelong inequalities in income and health. We are committed to tackling those inequalities and break that cycle.

We recognise the different stages of the child's journey from conception and birth through to becoming an independent adult, and that at critical points in that journey they may need more support to make the most of the next stage of their life.

\* = Kirklees Outcome

### Our ways of working

- Put the child or young person at the heart of what we do
- Do things with people rather than to them or for them
- Use Outcomes Based Accountability to understand whether children and young people are better off as a result of our services and interventions

### How we will deliver our vision

We will make this happen by focussing on the following programmes and supporting the development of the key supporting environments for children and families



### Our Priorities

- Support children and families to become more resilient, identify and resolve their own problems before crises occur by developing a comprehensive network of **Community Hubs**. These will support **prevention and early intervention** by providing a focal point in every community for a wide range of activity, establishing the new **Community Plus** approach, including a new youth offer from the Kirklees Youth Alliance, and an **Early Support** offer for children and families (link)
- Enable all young people, including vulnerable learners, to **achieve their full potential** through improving the quality and range of opportunities for **learning and skills** development from early learning to post 16 (link)
- Enable all children to become active citizens by implementing the recommendations of the **Kirklees Democracy Commission** (link) and ensuring that they have **voice and influence**
- Improve the physical health and mental wellbeing of all children by further developing the **Thriving Kirklees** (link) approach and complete the transformation of **child and adolescent mental health services** (link)
- As a partnership we will **work together** to ensure that there is an **appropriate range of services and coordinated responses** to meet the needs of our most vulnerable children and young people. Where possible we will **integrate** previously fragmented services where it makes sense to enable the delivery of more effective and efficient support.
- Improve outcomes for children and young people with **special educational needs and disabilities** to enable them to make choices that lead to successful adult lives by integrating education, health, social care and voluntary sector provision (link)

### Our enablers

Delivering these priorities and outcomes can only be achieved if we up our game on those 'enablers' that provide the conditions for success

- ✓ Strong leadership – not just from the Children and Young People's Partnership but from committed people across families, communities and partners
- ✓ Building a confident and skilled workforce that can turn this plan into a reality for all our children and young people
- ✓ Making the most of digital technology to connect people with available opportunities the wider world
- ✓ Bringing the services for our communities together in the most appropriate places through the One Public Estate approach

How will we know if we have made a difference?	
To have the best start in life and be healthy	1. Healthy birth weight
	2. Healthy weight (at age 11)
	3. Good level of development in Early Years
To aspire, achieve and enjoy life	4. Attainment gaps at 5, 11, 16, 19
	5. School attendance
	6. Self-reported wellbeing
To feel safe and live in a strong, loving family and a vibrant community	7. Feel loved and cared for (or Free from bullying)
	8. First time entrants to the youth justice system
	9. Looked after children
	10. Children with a child protection plan
To feel valued and contribute to society	11. Feel they have positive influence
	12. Voter registration (Democracy Commission)*
	13. Volunteering*
To live in a decent home with enough money and confidence in their future	14. Children in poverty
	15. FE/HE participation or employment (current relevance or 18-24 worklessness)*
	16. Decent housing*

\* - work required to develop relevant indicator

CAMHS Transformation Plans – Issues and risks to delivery 2017/18

NHS North Kirklees Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group.				
LPS Number	Description of Local Priority Scheme	Description of issue of risk to delivery of 2017/18 plan	Mitigating Actions	*Date expected to deliver
LPS 27 (5.3)	Staff accessing appropriate training and development opportunities to enable them to deliver evidence based interventions. Access to training for those who support children and young people. <i>Impacts on LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)</i>	Immediate and long term challenges in recruiting and training existing, new and additional staff to deliver our transformation ambitions by 2020, against uncertain Clinical Commissioning Group and Local Authority future budgets.	Ongoing development of Thriving Kirklees services and workforce development plan towards 2020 will work towards identifying realignment of resources which are best utilised to respond to local need.	Ongoing from November 2020
LPS 6 (2.2)	Continue to increase front line capacity within CAMHS provisions to <b>reduce waiting times</b> and improve access for children and young people in line with the new national access standard. <i>Impacts on LPS 1 (1.1), 2 (1.2), 3 (1.3), 5 (2.1), 6 (2.2), 10(2.6) and 11 (2.7)</i>	Adaptations to meet combined national waiting times across CAMHS provision may not initially sufficiently reflect NHS England delivery expectations if assessed as a single component. Agreed trajectory targets are considered stretch targets against existing budgets, increased referral rates and service capacity.	Waiting time trajectories working towards reducing waiting times for CAMHS provisions in 2018 as a single measure. Independent waiting times progress reports submitted to commissioners independently of NHS England dataset submissions.	Ongoing from October 2018
LPS 25 (5.1)	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2017/18. <i>Impacts on 22 (4.5), 23 (4.6) and 26 (5.2)</i>	Applications for the CYP IAPT Programme are nationally are oversubscribed. This is limiting access locally combined with potential financial challenges for CCGs when national funding ceases in 2018. Current focus being on Thriving Kirklees provisions involvement as opposed to other agencies. Continuation by CAMHS staff in CYP IAPT training programmes	CYP IAPT applications are being progressed for Phase 7 by November 2017. Work will continue to embed IAPT outcome measures into practice. The Calderdale and Kirklees IAPT Steering Group works together to progress this priority.	Ongoing from January 2018

## Schools as Community Hubs



To date 88 schools are working collaboratively to develop 11 School Community Hubs across Kirklees.

Schools as Community Hubs are a geographically based cluster of schools working together with key partners to deliver a range of services for children, families and the wider community.

As a council, we're changing the way we work, increasing the focus on health and wellbeing, economic resilience and strengthening early intervention and prevention. Securing good outcomes and ensuring the best start in life for our children and young people is a key priority for the council, schools and their partners.

Becoming a New Council is about doing things differently, thinking differently and acting differently. By changing the way we do things, we are best placed to meet the challenges of significant reductions in public spending, changes to the role of local authorities and changes to the school system.

Schools engage with families and children every day and they have a unique and hugely valuable position within our communities. It is therefore critical that the council, schools and their partners work more closely together as we begin to shape future services. We are committed to working differently with communities and schools in order to make best use of scarce resources.

In the last year we have been working with school leaders and a wide range of partners to develop the vision and priorities for the 'Schools as Community Hubs' concept.

### Next steps and priorities

We will agree a strategic plan with school leaders, the council and wider partners to deliver on the vision for Schools as Community Hubs to ensure that

- All schools have the opportunity to become part of a Community Hub by 2018;
- Partnerships between key organisations, services and School Community Hubs are strengthened;
- All school hubs have the data and intelligence they need to be able to set priorities and plan services for children, families and communities in their area;
- School hub representation is established within wider strategic Kirklees Children's Service planning and commissioning activity.

What's changed?	
2015	2016
<ul style="list-style-type: none"> <li>• Many individual schools are working in isolation on this agenda.</li> <li>• Early Intervention and Prevention activity across Kirklees is being delivered by individual schools, statutory services and partners in ways that are not always co-ordinated.</li> <li>• There is duplication of service provision in some areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Schools begin to cluster together on a geographical basis.</li> <li>• Statutory services and other partners begin to work in partnership with schools and stronger working relationships are forming.</li> </ul>
<ul style="list-style-type: none"> <li>• Strong relationships between schools, health, social care and community based services exist but this is not consistently true. Sometimes there is a sense of frustration that children and families cannot access the services and support they need.</li> </ul>	<ul style="list-style-type: none"> <li>• Greater partnership working has led to increased levels of co-operation, improved understanding about what each service does, and stronger working relationships between services and organisations.</li> </ul>
<ul style="list-style-type: none"> <li>• There is limited/low level understanding of the contribution made by schools to the delivery of wider children's services activity beyond the traditional 'teaching and learning'.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a greater understanding and appreciation of the level of investment from schools in early intervention and prevention activity.</li> <li>• Greater understanding of the scale and scope of activity within schools and across school hubs which support children, families and communities.</li> </ul>
<ul style="list-style-type: none"> <li>• The appetite and capacity of schools to engage with partners and deliver on a wider health and social care agenda is untested and unclear.</li> </ul>	<ul style="list-style-type: none"> <li>• A significant proportion of the school community are clear that they not only want to engage and work in partnership but also want to co-design and co-deliver integrated services to children, families and communities.</li> <li>• School collaboratives/hubs start to create capacity across their partnership to consider ways of commissioning and co-ordinating area based health and social care services and strengthen their role in delivering and co-producing a wider children, family and community offer.</li> <li>• Health and social care and community roles are beginning to be created, lent in or integrated into School Hubs.</li> </ul>
<ul style="list-style-type: none"> <li>• There is limited engagement of schools in strategic children's service commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• A pilot programme to support school hubs to build expertise in commissioning is underway. Learning from this will inform proposals for future strategic children's service commissioning arrangements.</li> <li>• School leaders have been pro-actively engaged in designing the Healthy Child Programme and the councils Early Help proposals (both to come into effect from April 2017).</li> </ul>
<ul style="list-style-type: none"> <li>• School staff have difficulty in accessing information/data about children and families known to social care.</li> </ul>	<ul style="list-style-type: none"> <li>• School staff have been involved in the design of a new information system which will allow them access to child and family details. (Liquid Logic is expected to be available from Summer 2017.)</li> </ul>
<ul style="list-style-type: none"> <li>• Third sector organisations with an offer of services for children, families and communities are unsure of the best route to engage with schools</li> </ul>	<ul style="list-style-type: none"> <li>• School community hubs are beginning to provide a route for organisations to widen their offer and improve access to their services ensuring a wider, broader range of provision for children, families and communities.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to service level and whole population level data and intelligence re: children, families and communities in geographically relevant areas is patchy and inconsistent.</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health are developing an integrated data set for a defined School Hub area which describes key issues and assets in the area and suggestions for key priorities which might improve outcomes for children and families.</li> </ul>

## Transforming Care Plans – Self Assessments

## Appendix F

*Self-assessment questionnaire about children and young people with learning disabilities, autism or both. Completed by either: the Transforming Care Partnership Board chair or the TCPB children and young people’s lead in Calderdale, Kirklees, Wakefield and Barnsley.*

- This self-assessment gives a view of key gaps, opportunities and achievements within each areas children and young people’s Transforming Care Plans.
- It will also provide a children and young people overview so that support can be focused to facilitate the achievement of planned milestones.
- This information has been extrapolated to form the basis of a position statement for Transforming Care Plans for children and young people with learning disability and autism across the Northern Region.

1. How would you describe your knowledge and understanding of the numbers of children and young people in your TCP foot print with learning disabilities, autism or both?			
Confident	Slightly Confident	Not Confident	Don't know
<p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>• Information on the numbers of children and young people with learning disabilities, autism or both is shared between Health, Social Care and Education agencies.</li> <li>• Positive developing working relationships between agencies. Social care and education work in collaboration.</li> <li>• An All Age Disability Service is proposed which will see Social Care and Education agencies formally working closer together.</li> <li>• Agencies are already co-located which has helped ensure a shared understanding of need.</li> <li>• There are strong early-years structures and good mechanisms to identify need from an early stage of development.</li> <li>• The Autism Spectrum Disorder Team has national accreditation and works closely with health and social care agencies.</li> <li>• The early years Autism Spectrum Disorder Multi-Disciplinary Assessment (MDA) works successfully.</li> <li>• There is joint commissioning between the council and the Clinical Commissioning Group and structures to ensure identified gaps in provision are addressed.</li> <li>• The Disabled Children’s Team includes health and social care professionals jointly managed – the team is co-located with key education agencies and works closely together.</li> <li>• The Disabled Children’s Team manager attends Special Educational Needs and Disability Moderation Panels enabling collaborative working and shared knowledge of children and young people.</li> <li>• There is concern around the school age Autism Spectrum Disorder Multi-Disciplinary Assessment pathway and that waiting times are of</li> </ul>			

concern – a multi-agency group is working to better manage support for children and families on the waiting list.

- More work is required to better align early health visitor and school nursing services with early years and Special Educational Needs approaches.

### **Kirklees**

- Information is gathered through the annual school census which gives information on primary need across Kirklees. This provides us with data about learning difficulty, whether it is moderate, severe or profound and where a child has Autism Spectrum Condition. However, only the primary need is recorded so this information doesn't reflect where a child or young person has both.
- Special Educational Needs are collected when a child or young person has an Education Health and Care Plan – this is updated at annual review. This includes a primary need as well as other needs/diagnosis.
- Through our integrated joint working arrangement with Education Health and Social Care we work closely to share information on a population basis and also on an individual child basis to understand the needs of our population. As such we have just completed through our integrated children's commissioning group an updated needs assessment in relation to Special Educational Needs and Disability and others vulnerabilities which give us valuable insights into those children with Learning Disability and Autism Spectrum Conditions and map this against other vulnerabilities.
- In relation to having a cohesive joint dataset across commissioning organisations and providers there is still work to be done, and through our Special Educational Needs and Disability Self Evaluation Form we have identified this as an action that feeds into our Special Educational Needs and Disability commissioning strategy.

### **Wakefield.**

- We have systems in place via our Special Educational Needs and Disability and Special Education Needs Assessment and Review Team teams to collate the data about our children and young people with Autism Spectrum Disorders/ Learning disabilities with an Education Health and Care Plan. We are able to cross reference this with those moving towards transitions from a social care perspective from work with our Complex care needs team and future planning with the Adult Social Care team.
- A Senior Educational Psychologist works with our partners in the Clinical Commissioning Group to understand the numbers for those that are within the diagnostic pathway.
- Currently looking at our Local risk register for young people who would be in need of a Care, Education and Treatment Review Care Education and Treatment Reviews with the Clinical Commissioning Group. From discussions at Transforming Care Partnership meetings we are looking to meet with other areas to discuss how we can support each other regionally.
- Although we recognise that there is still work to be done in ensuring that we are better at identification children and young people at the earliest possible stage, we are confident that we are moving in the right direction. This includes understanding further the numbers who may have a diagnosis but are not at the thresholds for an Education, Health and Care Plan and those at an early stage of being identified within the 2-5 age range.

### **Barnsley**

- Strong inter-agency governance for complex care cases in place with long-standing joint commissioning structures to support.

- Sharing of information around key individuals to develop at-risk register needs to improve. Single register of children with disabilities is currently under-developed.

**Actions:**

**Calderdale**

- Further develop education, health and social care collaboration with parents and other stakeholders through the multi- agency Autism Spectrum Disorder group.
- Improve alignment of social care and education agencies through the All Age Disability Service - further work is planned in later phases of the service development to include stronger formal health agencies.
- Establish stronger links between CAMHS and the Special Educational Needs Team supporting information exchange and developing a shared understanding of need.

**Kirklees**

- SEN Assessment and Commissioning Team to explore more robust data collection through use of more systematic Information and Communications Technology solutions. This will be jointly supported through Clinical Commissioning Groups and Health providers.
- Develop dynamic risk register for children and young people.
- In terms of case tracking as currently no information shared regularly from NHS England regarding Tier 4 cases we need to urgently prioritise this data flow in order to plan for individual young people more robustly and track progress.
- Implement improvement plan to increase parental participation in voluntary additional needs and disability register.

**Wakefield**

- Partners to continue to work together to further refine and analyse the data and information that is collected so that we understand the impact this may have on identification and service provision.
- Complete development of a dynamic risk register with partners in Health and Social Care.

**Barnsley**

- Develop processes to improve ability to identify at-risk individuals and incorporate to all-age register (building on current Adult's register)
- Implement improvement plan to increase parental participation in disability register.



**2. How best would you describe your understanding of the range of needs that these children and young people might have?**

Can clearly quantify	<b>Aware of Key issues</b>	Very limited	Not sure
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**Calderdale:**

- Collaborative working between agencies has enabling a good understanding of need and an increasing awareness of the range of needs.
- Parents have a strong voice in developing services and have recently done lots of work with the Short Breaks panel to improve clarity and understanding for parents.
- Development of Education, Health and Care Plans has looked to include stronger health and social care descriptions and a better understanding of the range of individual needs.
- Children and young people have a voice in developing their own plans.
- It is recognised that challenging behaviour is an increasing issue locally and that for a small group of children and young people with complex behaviours and Autism Spectrum Disorder local special schools have found it difficult to meet needs - work is underway to develop appropriate support and services to better meet needs locally.
- Cases brought to the Short Breaks panel also help to develop multi-agency understanding of issues families face; there is currently no health involvement in this process.

**Kirklees**

- Through the needs assessment outlined in section 1 we are aware on a population basis of the needs Children and Young People have.
- On an individual level we get this information to Education, Health and Care planning, case discussed and assessments.
- Through our new Healthy Child Programme tender we have brought together a number of provisions including a new Autism Spectrum Conditions provision and Children’s Learning Disabilities nursing so need is also monitored through contract management and discussions.
- The main needs we have locally are in relation to challenging behaviour for those with either a Learning Disability, Autism Spectrum Condition or both. This presents as families and children and young people in crisis needing high level input to manage behaviour at home, which often breaks down. This generally tends to be aged 13 upwards.
- We also gain intelligence through our engagement with of local parents groups including PCAN (Parents of Children with Additional Needs).

**Wakefield**

- Services work closely together when supporting and identifying needs across Health education and Social Care for those children and young people that are identified and known to these services.
- We have a strong Advisory Service for children and young people who may have a diagnosis or have additional needs relating to social communication that supports settings and educational partners. This team also works collaboratively with partners in Health and other organisations such as Wakefield Early Support Advice Information Liaison Service (Wesail) in order to provide advice and programmes for parents which also secures feedback information to ensure future needs can be analysed.

**Barnsley**

- Recent improvements in Special Educational Needs and Disability system have seen almost all statements of Special Educational Needs converted to Education, Health and Care Plans. (85%+). Majority of assessments and plans now undertaken / issued within statutory timescales.
- Links to actions in (question 1) regarding register of at-risk individuals
- Implement Special Educational Needs Strategy and Sufficiency Strategy to improve ability to identify need at early stage and ensure most appropriate, early provision.
- Improved early years pathways, including integrated 0-19 service (Health Visiting / School Nursing) now delivered by local authority should have positive impact on early identification of need.
- Aware of key issues identified through Special Educational Needs and Disability strategies i.e. lack of Social, Emotional and Mental Health and Autism Spectrum Disorder specialist provision locally.

**Actions:****Calderdale**

- Improved Health input into the short breaks process to improve the understanding of the range of needs.

**Kirklees**

- Continue to monitor need through integrated commissioning arrangements and through children and young people and service users feedback.
- Coproduce solutions to identified needs across Health, Education and Social Care.

**Wakefield**

- Continue to review information collated from teams
- The creation of a new specialist Early Years which has brought Early Years specialisms together. This builds on programmes that are already established E.G. The Future in Mind project and the Autism Spectrum Disorder diagnostic pathway to enable increased early identification

**Barnsley**

- Implement Special Educational Needs and Disability strategies
- Improve reporting with CAMHS (and NHS England) to identify at-risk individuals.

3. Do you know which children and young people from this cohort who are most likely to be 'at risk of admission' to hospital or residential schools?				
Each CCG has an At risk of Admission Register'	50% of CCGs have an 'At Risk of Admission Register'	< 20% of CCGs have an 'At Risk of Admission Register'	'At Risk of Admission Register/s' held elsewhere (please specify)	This population is not known
<b>Wakefield</b>			<b>Calderdale/Kirklees and Barnsley</b>	
<p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>Services working collaboratively around individual children and young people have an awareness of 'at risk' – there is a need to formalise and quantify this knowledge and understanding.</li> <li>Work is in place with partners in Clinical Commissioning Group and local authority to establish an 'at risk register'.</li> </ul> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>As stated above we will work to produce an dynamic at risk of admission register, building on the adult register currently in place. This will involve planning across all agencies in relation to information sharing agreements and data flow including Health, Education Social Care and NHS England.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>We are aware of those that are currently in/ requesting residential schools and/ or hospital.</li> <li>We are aware of all children/ young people with Severe Learning Disabilities/ Autism Spectrum Disorder/ Profound Speech, Language and Communication Needs combined with Social, Emotional and Mental Health needs (Autism Spectrum Disorder pre-diagnosis).</li> <li>We are utilising the Section 31 high needs strategic review to identify the factors that led to the need for admission to hospital/ residential school.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>At-risk register in development to include hospital / residential schools. Clear inter-agency governance is in place to feed this info through.</li> </ul> <p><b>Actions:</b></p> <p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>Develop Risk Register and identify resources to support and maintain this. Detailed work would need to be done with families.</li> </ul> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>Work will NHS England and local partners to develop an at risk of admission register by 31 March 2018.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Define develop and maintain the register for children/ young people in/ requesting residential schools and/ or hospital and children/ young people with Severe Learning Disabilities/ Autism Spectrum Disorder / Profound Speech, Language and Communication Needs combined with Social, Emotional, Mental Health needs (Autism Spectrum Disorder pre-diagnosis).</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>Join up info regarding schools / residential placements and hospital admission.</li> </ul>				

4. How would you describe the appropriate and timely use of community and post-admission CTRs by CCG Commissioners?			
Confident	Slightly Confident	Not Confident	Don't know
<p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>Key health, social care and education agencies have received Care Treatment Review training, therefore our understanding is developing, still requires on-going work to enhance current systems.</li> </ul> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>In Kirklees we are using Community Care, Education and Treatment Reviews in an appropriate and timely manner. There have been 3 this year so far all chaired by the Children's Clinical Commissioning Group commissioner and all have been appropriate. An expert by Experience and Clinical input has been gained for all, as has the input from CYP and Parents. Post admission Care Treatment Reviews has only had involvement in 1 through NHS England which was last year.</li> <li>We have a gap locally in terms of resource within our continuing care team to support Care, Education and Treatment Reviews in those under 18 years of age and are currently writing a business case to increase that resource to further strengthen the clinical oversight and arrangements for both community and post admission Care, Education and Treatment Reviews.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>We are aware of the plans the Clinical Commissioning Group are developing with us, which include appropriate and timely use of community and post-admission Care Education and Treatment Reviews We have been involved historically with Care Treatment Reviews when they have been called for young people known to local services.</li> <li>We are currently working jointly on the risk register as mentioned previously.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>One Care Treatment Review to date for a LAC placed out of area. Barnsley services and support from local area worked well.</li> </ul> <p><b>Actions:</b></p> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>Clarify arrangements with NHS England in relation to post admission Care, Education and Treatment Reviews.</li> <li>To produce and follow up the business case for further clinical oversight and input into Care, Education and Treatment Reviews.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Implement plans which include appropriate and timely use of community and post-admission Care, Education and Treatment Reviews.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>Joint analysis of need and development of at-risk register will improve service planning.</li> </ul>			

5. Are you confident that CCG commissioners are following up on the recommendations and agreed actions arising from CTRs? Are outcomes quality assured?			
Yes, Quality Assurance processes are in place	Yes, we monitor outcomes but there are no formal processes in place Calderdale/Kirklees and Barnsley	We leave it up to individual commissioners Wakefield	Not confident and no QA in place
<p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>To date we haven't had that many so further evaluation over time would be required.</li> </ul> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>We are confident given the small numbers of Care, Education and Treatment Reviews that all actions are being followed through appropriately using the Key Lines of Enquiry template and review processes that are put in place for community Care, Education and Treatment Reviews. These actions are quality assured through the experts by experience and clinical input, but future plans for increasing clinical oversight will strengthen the quality assurance aspect.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>We are confident where a Care, Education and Treatment Reviews was needed for a Wakefield young person that the Clinical Commissioning Group Commissioner would follow the correct procedures and guidance, ensuring outcomes are quality assured.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>None to date</li> </ul>			
<p><b>Actions:</b></p> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>Clinical oversight business case to be progressed.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Have relevant conversations with Clinical Commissioning Group Commissioners.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>To ensure processes in place through inter-agency governance in order to capture key messages and learning for future development.</li> </ul>			

6. Where do you feel you are in terms of developing sustainable community resources and services for children and young people?			
Confident	Slightly Confident	Not Confident	Don't know
<p><b>Calderdale</b></p> <ul style="list-style-type: none"> <li>There are gaps which need to be addressed</li> </ul>			
<p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>In Kirklees we have invested the majority of our CAMHS Local Transformation Plan allocation within our new Healthy Child Programme which brings together a number of provisions including our school nursing, health visiting, CAMHS provision, new Autism Spectrum Condition provision, Children's Learning Disabilities nursing provision. This increase in investment and new way of working under the "Thriving Kirklees" model will bring a continuum of support across the life course for children and young people with Learning Disabilities and / or Autism Spectrum Condition.</li> <li>We are working closely with SEN Assessment and Commissioning Team in relation to developing joint resource across Kirklees to meet the needs of children and young people with Special Educational Needs and Disabilities including developing our approaches to sensory provision and Occupational Therapy provision; we are currently undertaking review of all children's therapies also.</li> <li>Our main challenge is in relation to children's challenging behaviour and the sufficiency of accommodation locally for children and young people and families reaching crisis point and the level of input required from social care and crisis provision does not meet need.</li> </ul>			
<p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Wakefield has excellent special school provision in the local area and further work to understand current/ future demand is being undertaken as part of the Section 31 high needs strategic review.</li> <li>Wakefield has outstanding specialist short breaks residential provision providing short breaks and shared care in the district keeping children and young people with their families and as close to home as possible. Further work to understand current/ future demand is being undertaken as part of the Short Breaks review.</li> <li>The Autism Spectrum Disorder recovery pathway has been established and is currently decreasing the current waiting list.</li> </ul>			
<p><b>Actions</b></p>			
<p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>Explore through children and young people's Transforming Care Plans accommodation and support options for them and their families at risk of breakdown and in need of respite and/or accommodation.</li> </ul>			
<p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Further work to understand current/ future demand for special school and specialist short break residential/ shared care as part of the Section 31 high needs strategic review and short breaks review.</li> </ul>			

<b>7. How would you describe relationships with your multi-agency partners in providing an integrated approach to understanding and meeting the needs of children and young people?</b>			
<b>Confident</b>	<b>Slightly Confident</b>	<b>Not Confident</b>	<b>Don't know</b>
<p><b>Calderdale:</b></p> <ul style="list-style-type: none"> <li>• There are strong relationships between agencies and an integrated approach in meeting needs of learners with Learning Disabilities and Autism Spectrum Disorder.</li> <li>• Agencies have a joint understanding and work closely together around individual cases.</li> </ul> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>• On an individual level through our SEN Assessment and Commissioning Team provision we are working hard towards developing joint working to appropriately identify needs, develop joint outcomes and agree provision through the My Support Plan and Education, Health and Care Plans.</li> <li>• On a system wide level through of children's integrated commissioning arrangements we have a good understanding our need across the system and as mentioned previously have recently produced a needs assessment tin relation to those children with multiple vulnerabilities across Kirklees.</li> <li>• We are working together on a multiagency basis to agree the commissioning intentions that result from the understanding of need.</li> <li>• The children's commissioner is the chair of the integrated commissioning group, which draws together schools, education, Clinical Commissioning Group representation, social care representation, Public Health, Young People, parental input. This group is well established and committed to articulating a set of commissioning intensions which support the outcomes required for the identified client group. Through our CAMHS Transformation Plan arrangements have good multiagency input in planning and meeting needs of our children and young people, and will integrate Transform Care Plan outcomes required into our CAMHS Transformation Plan refresh.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>• Partnership panels (Education Health and Care Plan and Complex Care) are consistently well attended ensuring multi-agency partners take an integrated approach to understanding and meeting the needs of children and young people on the risk register.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>• CAMHS has functioning dual-diagnosis pathways.</li> <li>• Good inter-agency processes = integrated care planning and decision-making for social care, health and education.</li> <li>• Need to ensure CAMHS play into these processes more systematically than at present.</li> </ul> <p><b>Actions:</b></p> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>• Ensure individual level need is met and escalated through dispute resolution arrangements when required.</li> <li>• Ensure that Children's Integrated Commissioning Group keep oversight of any Transforming Care Partnership planning moving forward to map against current needs.</li> <li>• Ensure that needs identified relating to Transforming Care Plans embedded within the CAMHS refresh for October 2017.</li> </ul>			

<p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>• Continue to develop relationships with your multi-agency partners in providing an integrated approach to understanding and meeting the needs of children and young people.</li> <li>• Ensure the integrated approach is reflected in children and young people's Education Health and Care Plans via the inclusion of specific health and care outcomes in addition to educational outcomes.</li> <li>• We have plans to look at past cases to identify lessons learned and influence future action.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>• Improve CAMHS engagement with multi-agency care planning.</li> </ul>
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**8. Does your Transforming Care scoping and planning process include children and young people with autism and no learning disability?**

<b>Yes</b>	<b>Yes, but on a case by case basis</b>	<b>No</b>	<b>We haven't got to that stage yet</b>
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<p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>• Yes. Lead CAMHS commissioner is chair of CYP TCP work stream.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>• The risk register includes children/ young people in/ requesting residential schools and/ or hospital and children/ young people with Severe Learning Disabilities/ Autism Spectrum Disorder / Profound Speech, Language and Communication Needs combined with Social, Emotional, and Mental Health needs (Autism Spectrum Disorder pre-diagnosis).</li> <li>• Children with Autism and/ or learning disabilities that do not require additional support in relation to their education, health and/ or care needs are not included.</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>• Yes. This is an enduring challenge locally. High-tariff, residential school places placements can often create an expectation of ongoing support for vulnerable young people that is unlikely to be replicated post-transition to adulthood. Planning for these young people, although very low in incidence, is identified as a priority locally.</li> </ul>
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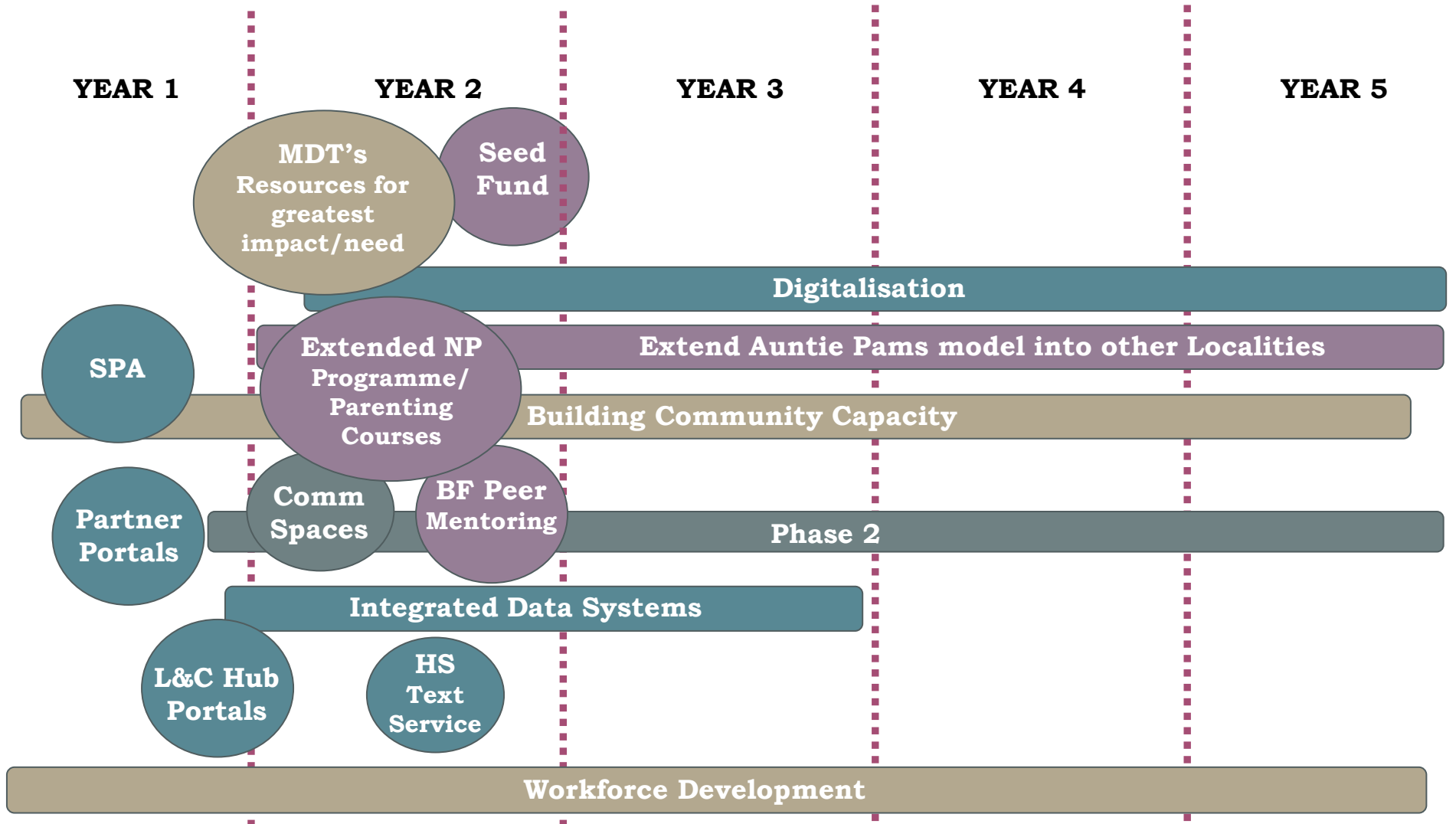
<p><b>Actions:</b></p> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>• Ensure that the Children and Young People Transforming Care Partnership work stream includes CAMHS commissioner.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain risk register and protocols and procedures</li> </ul> <p><b>Barnsley</b></p> <ul style="list-style-type: none"> <li>• Implement improvements to transition pathways for Learning Disabilities and Autism Spectrum Disorder young people</li> </ul>
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9. Are you aware of the Children and Young People's Supplementary pathway to the existing Building the Right Support Service Model? Do you feel ready to underpin and integrate it with your current and existing plans and processes for CYP locally?			
Confident	Slightly Confident	Not Confident	Don't know what it is
<p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>Not aware of pathway, will find out about it through children and young people Transforming Care Partnership and ensure integration with wider children's service offer.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>Sorry No</li> </ul>			
<p><b>Action:</b></p> <p><b>Kirklees</b></p> <ul style="list-style-type: none"> <li>To examine detail of children and young people's supplementary pathway and align with children services offer.</li> </ul>			

# Thriving Kirklees – Provisional Implementation Plan

# Appendix G



# Kirklees Baseline Data Tables

# Appendix H

## Finance Tables - 1. Core Services - Only includes investments in the most appropriate category. No service is included twice.

CORE SERVICES - 2015/16 and 2016/17								
Service type	LA Funded 15/16	LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other Funding Source 15/16	Other Funding Source 16/17	Specify Funding Source(s)	Comments
<b>School Based Early Intervention Services</b>								
Sub-Total	0	0	0	0	0	0		
<b>Early Intervention Services - Other Bases</b>								
School nursing & Health Visiting	7,602,437	7,352,437	43,500	43,500				LPS 1 (links with LPS 3 & LPS 5)
Sub-Total	7,602,437	7,352,437	43,500	43,500	0	0		
<b>Services Targeted at Specific Vulnerable Groups</b>								
Vulnerable Childrens Team			50,000	170,000				YOT, LAC. CSE. LPS 14 (links LPS13 & LPS 17)
YOT Services			140,000	140,000				Young Offenders
LAC Services	65,800		120,000	170,000				Looked after Children
PRS Services			29,397	29,397	29,397	29,397	School Clusters	Pupil Referral Units
Sub-Total	65,800	0	339,397	509,397	29,397	29,397		
<b>Specialist CAMH Services</b>								
Regional ED Team			217,000	211,000				LPS 7
CAMHS wait times			340,500	420,000				LPS 6 (links with LPS 2 and LPS11)
Single Point of Access			55,000	145,000				LPS 10 (links with LPS1, LPS2, LPS6 & LPS11)
ChEWS Tier 2	360,000	360,000	96,000	96,000				
CAMHS services in schools					339,561	339,561		Estimated spend
CAMHS Tier 3			2,164,190	2,164,190				
Sub-Total	360,000	360,000	2,872,690	3,036,190	339,561	339,561		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]			NHS E funding for 15/16 to be supplied by NHS E and entered here		NHS E funding for 16/17 to be supplied by NHS E and entered here		NHS England
<b>Total</b>	<b>8,028,237</b>	<b>7,712,437</b>	<b>3,255,587</b>	<b>3,589,087</b>	<b>368,958</b>	<b>368,958</b>		

## Finance Tables

**2. Allied Services** – Only includes investments in the most appropriate category. No service is included twice.

ALLIED SERVICES - 2015/16								
Service Type	LA Funded 15/16	LA Funded 16/17	CCG Funded 15/16	CCG Funded 16/17	Other Funding Source 15/16	Other Funding Source 16/17	Specify Funding Source(s)	Comments
<b>School Based Early Intervention Services</b>								
CAMHS Schools link pilot			40,000	40,000				
Learning SEHM provision	420,000	420,000						Estimated
Sub-Total	420,000	420,000	40,000	40,000	0	0		
<b>Early Intervention Services - Other Bases</b>								
School Nursing Service	1,504,437							Previous submission counted this twice as was included in core services
Health Visiting	6,098,000							Previous submission counted this twice as was included in core services
Sub-Total	7,602,437	0	0	0	0	0		
<b>Services Targeted at Specific Vulnerable Groups</b>								
Sub-Total	0	0	0	0	0	0		
<b>Specialist CAMH Services</b>								
Sub-Total	0	0	0	0	0	0		
<b>Total</b>	<b>8,022,437</b>	<b>420,000</b>	<b>40,000</b>	<b>40,000</b>	<b>0</b>	<b>0</b>		

## Activity Tables

CORE SERVICES							ALLIED SERVICES						
	No. Refs. 15/16	No. Refs. 16/17	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	Active Cases 31/3/16	Active Cases 31/3/17	<i>* Numbers only relate only to those cases with emotional health and wellbeing issues</i>	No. Refs. 15/16	No. Refs. 16/17	No. Accepted Into Services 15/16*	No. Accepted Into Services 16/17*	Active Cases 31/3/16*	Active Cases 31/3/17*
<b>School Based Services</b>							<b>School Based Services</b>						
							<b>School Nursing</b>	8,432	10,422	2,130	1,516	1520 (a)	432 (a)
							<b>Learning SEMHD Provision</b>	NA	NA	NA	NA	NA	NA
							<b>CAMHS Schools link pilot</b>	NA	NA	NA	NA	NA	NA
Sub-Total	0	0	0	0	0	0	Sub-Total	8,432	10,422	2,130	1,516	0	0
<b>LA Based Services</b>							<b>LA Based Services</b>						
<b>Services targeted at other vulnerable children - YOT</b>	179	132	37	75	11	21	<b>Health Visitors/FNP</b>	NK	NK	NK	NK	NK	NK
<b>Services targeted at other vulnerable children - LAC</b>	NK	NK	NK	NK	NK	NA							
<b>Services targeted at other vulnerable children - PRS</b>	219	145	151	145	134	45 (a)							
Sub-Total	398	277	188	220	145	21	Sub-Total	0	0	0	0	0	0
<b>Third Sector Based Services</b>							<b>Third Sector Based Services</b>						
<b>ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)</b>	2,297	3,175	1,711	1,942	192	290							
Sub-Total	2,297	3,175	1,711	1,942	192	290	Sub-Total	0	0	0	0	0	0
<b>NHS Based Services</b>							<b>NHS Based Services</b>						
<b>NHS Provider CAMHS</b>	1,862	1,042	537	932	776	632	<b>Looked after Children</b>						
							<b>Nursing Team</b>	NK	978	NK	978	NK	na
Sub-Total	1,862	1,042	537	932	776	632	Sub-Total	0	978	0	978	0	0
<b>Total</b>	<b>4,557</b>	<b>4,494</b>	<b>2,436</b>	<b>3,094</b>	<b>1,113</b>	<b>943</b>	<b>Total</b>	<b>8,432</b>	<b>11,400</b>	<b>2,130</b>	<b>2,494</b>	<b>0</b>	<b>0</b>
<p>(a) - The drop in active cases between 2016 and 2017 is due to historic failures to close care plans making it appear like there were more open cases open than there actually were. Recent changes in recording process will now enable the provision of a more accurate indicator and measure for EHWP interventions for the 2017/18 period and beyond.</p>													

## Workforce Tables

	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17		Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17
<b>School Based Services</b>	[Use/insert as many rows as necessary]		<b>School Based Services</b>	[Use/insert as many rows as necessary]	
			<b>School Nursing</b>	31.20	31.20
			<b>Learning SEMHD Provision</b>	60% of EP time	60% of EP time
			<b>CAMHS Schools link pilot</b>	0.60	1.00
Sub-Total	0.00	0.00	Sub-Total	32.20	32.20
<b>LA Based Services</b>	[Use/insert as many rows as necessary]		<b>LA Based Services</b>	[Use/insert as many rows as necessary]	
<b>Services targeted at other vulnerable children - YOT</b>	1.00	1.00	<b>Health Visitors/FNP</b>		
			<i>Estimated numbers</i>	160.00	160.00
<b>Services targeted at other vulnerable children - LAC</b>	1.00	1.00			
<b>Services targeted at other vulnerable children - PRS</b>	2.00	2.00			
Sub-Total	4.00	4.00	Sub-Total	160.00	160.00
<b>Third Sector Based Services</b>	[Use/insert as many rows as necessary]		<b>Third Sector Based Services</b>	[Use/insert as many rows as necessary]	
<b>ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)</b>					
	15.50	21.30			
Sub-Total	15.50	21.30	Sub-Total	0.00	0.00
<b>NHS Based Services</b>	[Use/insert as many rows as necessary]		<b>NHS Based Services</b>	[Use/insert as many rows as necessary]	
<b>NHS Provider CAMHS</b>	30.98	32.38	<b>Looked after Children Nursing Team</b>	2.80	2.80
Sub-Total	30.98	32.38	Sub-Total	2.80	0.00
<b>Total</b>	<b>50.48</b>	<b>57.68</b>	<b>Total</b>	<b>195.00</b>	<b>195.00</b>

## CYP Emotional Health Baseline Data Collection 2015

### Introduction and Instructions

This template for recording emotional health services activity, workforce and investment builds on the template used in Yorkshire and Humber in 2015. The main difference is that a distinction is made between 'core' and 'allied' activity in the tables, as well as allowing a comparison between 2014/15 and 2015/16. The tables allow more discretion for individual services to subdivide services, or not to do so - within the overall divisions set out in the tables.

'Core services' are defined as those services with a sole or predominant 'emotional health/ mental health' focus. 'Allied services' are those services that make a contribution to the emotional health of children and young people, but are not exclusively provided/commissioned for this purpose. Some services, particularly in the third sector, may be funded to provide both core and allied services, and proportions of such services can therefore be allocated to both broad categories.

It is expected that the 'core columns' are completed. It is at the discretion of individual areas as to whether they wish to complete the 'allied' columns. If you are unable to provide information please define whether it is either 'Not Known' or 'Not Applicable'.

The information provided will form part of what areas are expected to make publically available via other means. The overall intention of these tables is fourfold:

- To be transparent as the level of activity, workforce and investment in emotional health services in a CAMHS Partnership area, across all providers and commissioners.
- To demonstrate the changes in activity, workforce and investment levels over time.
- To provide some baseline data to enable areas to estimate changes in activity over time, as required for national reporting. (It is important to note that much activity, (e.g. at school level) cannot currently be collated, and that therefore overall increases will need to be estimated.)
- To highlight areas of service that are being provided, but where no data is available. (e.g. services based in schools). This inhibits the ability of the lead commissioner to plan services across the whole spectrum.

### The core services are as follows:

'Emotional health' focused staff located in schools/clusters  
Looked After Children CAMHS services  
Multi Systemic Therapy Services  
Early intervention emotional health focused service  
Headstart projects  
Youth Counselling Services  
Public Health activities with an EH focus  
NHS based CAMHS teams  
Intensive home treatment CAMHS services  
Projects working to address emotional impact of abuse  
Specialist CAMHS services with specific remits - forensic, LD, ADHD, YOT etc  
Third sector Services, or sections of services, with an explicit emotional health remit  
Projects ascertaining YPs views as to local emotional health services  
Any other service with an exclusive emotional/mental health remit

### Allied services are as follows:

*(Descriptions drawn from are baseline statements in 2014/15)*

#### **School Based Services**

School based staff with overall pastoral and learning responsibilities (e.g. learning mentors, SENCOs)

#### **Local Authority and Third Sector Based Services**

Health visiting service  
Children's Centres  
Early Help and Safeguarding Support  
Early Help Hubs  
Generic family support services  
Parenting support projects  
Youth Support Services  
Educational psychologists  
Special Education Needs Assessment and Review Team  
Behaviour support teams  
Inclusion Teams  
SEMH provision  
Inclusion teams (Autism)  
Complex medical needs and education team  
Designated Looked After Children nurse  
Leaving Care Services  
Generic looked after children's teams  
Overall YOT services  
Young People's Drug services  
School Nursing Service  
Public Health activities focus on children generally.  
Healthy Schools Projects  
Teenage pregnancy projects  
'Homestart' type third sector services  
Young carer's schemes  
Services with an overall remit to support young people  
Services addressing abuse, trauma etc



## 11 References

**Kirklees information** - accessible at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind)

1. Kirklees Transformation Plan Refresh – 2017
2. Kirklees Transformation Plan Refresh – 2016
3. Kirklees Future in Mind Transformation Plan 2015 to 2020
4. Various supporting documents and information

### **Additional information sources**

1. [Brain in Hand” app](#)
2. [The Calderdale Framework](#)
3. [Delivering the Forward View, NHS Planning Guidance 2016/17](#)
4. [Five Year Forward View for Mental Health: One Year on 2017](#)
5. [Five Year Forward View for Mental Health – 2016 report](#)
6. [Five Year Forward View for Mental Health website](#)
7. [Future in Mind: Children and Young People’s Mental Wellbeing 2015](#)
8. [Kirklees Joint Strategic Analysis resource](#)
9. [Lenahan review, “Building the right support ”](#)
10. [NHS England Choices web pages](#)
11. [NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both](#)
12. [Ofsted - Kirklees Improvement Action Plan Progress](#)
13. [Public Consultation videos via You Tube.](#)
14. [The ‘Childs Journey’ Kirklees Safeguarding Children Board report](#)
15. [The Children’s Commissioner Briefing in Children’s Mental Healthcare](#)
16. [The Kirklees Health and Wellbeing Plan](#)
17. [The Lester Tool](#)
18. [The Progress and challenges in the transformation of children and young people's mental health care report](#)
19. [Thrive Elaborated model](#)
20. [Thriving Kirklees website](#)
21. [West Yorkshire and Harrogate Sustainability and Transformation Plan](#)
22. [Greater Huddersfield CCG Kirklees Sustainability and Transformation Plan](#)
23. [North Kirklees CCG Kirklees Sustainability and Transformation Plan](#)

## 12. Glossary and Acronyms

<b>ASD/ASC</b>	<b>Autism Spectrum Disorder / Autism Spectrum Condition</b>
<b>ASK CAMHS</b>	<b>Access and Support for Kirklees - Child and Adolescent Mental Health Services</b>
<b>CAMHS</b>	<b>Child and Adolescent Mental Health Service</b>
<b>CBT</b>	<b>Cognitive Behavioural Therapy</b>
<b>CCG</b>	<b>Clinical Commissioning Group</b>
<b>CETR</b>	<b>Care, Education and Treatment Reviews</b>
<b>ChEWS</b>	<b>Children’s Emotional Wellbeing Service</b>
<b>Core 24</b>	<b>24 hours psychiatric liaison service to Accident and Emergency Departments</b>
<b>CSE</b>	<b>Child Sexual Exploitation</b>
<b>CYPEDS</b>	<b>Children and Young People Eating Disorder Service</b>
<b>CYP IAPT</b>	<b>Children and Young People’s Improving Access to Psychological Therapies</b>
<b>DNA</b>	<b>Did not attend</b>
<b>EHC (P)</b>	<b>Education Health and Care (Plans)</b>
<b>EIP</b>	<b>Early Intervention and Prevention</b>
<b>KIHCP</b>	<b>Kirklees Integrated Healthy Child Programme</b>
<b>KJSA</b>	<b>Kirklees Joint Strategic Analysis</b>
<b>KPI</b>	<b>Key Performance Indicator – used to evaluate success at reaching targets</b>
<b>LPS</b>	<b>Local Priority Stream</b>
<b>LPT</b>	<b>CAMHS Local Transformation Plan</b>
<b>MH &amp; WB</b>	<b>Mental Health and Well Being</b>
<b>NICE</b>	<b>National Institute for Health and Care Excellence</b>
<b>OT</b>	<b>Occupational Therapy</b>
<b>PCAN</b>	<b>Parents of Children with Additional Needs</b>
<b>PSHCE ed</b>	<b>Personal, Social, Health, Citizenship and Economic education</b>
<b>SALT</b>	<b>Speech and Language Therapy</b>
<b>SEMHD</b>	<b>Social, Emotional and Mental Health Difficulties</b>
<b>SEN</b>	<b>Special Educational Needs</b>
<b>SEND</b>	<b>Special Educational Needs and Disability</b>
<b>SPA</b>	<b>Single Point of Access</b>
<b>SPoC</b>	<b>Single Point of Contact</b>
<b>STP</b>	<b>Sustainability and Transformation Plan</b>
<b>TCP</b>	<b>Transforming Care Partnership(s)</b>
<b>Tier 2</b>	<b>Historical description for practitioners who are CAMHS specialists working in community and primary care settings</b>