

**Kirklees Future in Mind
Transformation Plan**

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

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Additional submission

- Finance Assurance Template Q1 Separate file submission

1 Introduction

- 1.1** This report summarises Kirklees activities, outcomes and where available evidence of any impact during the period of April to June 2018. The previous progress report covered the period of January to March 2018.

This report look to align progress with our local priorities published in the October 2017 Refreshed Transformation Plan and subsequent activity since then. Kirklees reports together with additional information published since 2012 can be found at www.kirklees.gov.uk/futureinmind.

Following a review of the January to March 2018 progress report, NHS England asked for more detail on:

1. Activity to reduce waiting times and once developed trajectories to meet national waiting time standards.
2. Update on the Thriving Kirklees Workforce Development Strategy and Workforce Development Group.
3. Continuing development and expansion of the Kirklees Thrive Elaborate Model.
4. Information on inpatient admission activity and any impact of the New Care Models work.
5. Ambition and coverage of schools based work.
6. Further information on the Eating Disorder peer review.

Where progress has been made during this quarter this is included in this report.

Because of established contract monitoring reporting timescales with services, data in this report has been adjusted to fall in line with monitoring mechanisms agreed between commissioners and Thriving Kirklees partners.

Any outcomes and evidence of impact which relies on data evidence now only cover the first two months of this quarter. Detailed data information will be clarified in future reports.

This report includes CAMHS lead commissioners commentary throughout and where relevant is supported by most recently available information from Thriving Kirklees and other partners in Appendix A. It should be noted that whilst information is documented against specific local transformation priorities often the activities involved also support delivery of other inter-dependent local priorities, not just the ones they are shown against.

2 Accountability and Transparency - Future in Mind Theme 4

2.a A number of strategic groups continue to meet and oversee various aspects of service delivery and our transformation intentions. These include the following:

2.b Integrated Commissioning Group

The Integrated Commissioning Group together with the Children's Partnership Board and Health and Wellbeing Board continue to oversee progress of the Transformation Plan.

Appendix B relates to the minutes from three Integrated Commissioning Group meetings which took place in April, May and June 2018.

2.c Yorkshire and the Humber Lead Commission Forum

Kirklees commissioners continue to attend the children and young people Mental Health Clinical Network Lead Commissioner forums which are facilitated and documented by NHS England, North (Yorkshire and the Humber).

These meetings provide opportunities to share best practice, consolidate and share information and jointly plan future approaches. The meetings inform and support the ongoing activities and vision of the Kirklees Transformation Plan performance information, soft intelligence and ongoing planning work combined with access to a range of shared resources.

Additional shared consultation and discussions during this quarter included:

- Contributing to the Future in Mind Quality Dashboard Workshop.
- Review of NHS England Key Lines of Enquiry (KLoE).
- Creation of an area wide Transformation Plan Catalogue.
- Prioritising data dashboard indicators.
- Participation in a series of monthly NHS Mental Health Dataset surgeries.

Kirklees is already considering its October 2018 Transformation Refresh. This will look to evidence our progress since 2015 by taking account of the revised NHS England Key Lines of Enquiry (KLoEs) audit tool to demonstrate our future intentions.

It will also identify and confirm the basis of the assessment of assurance as captured in the Clinical Commissioning Group Improvement and Assessment Framework (CCG IAF) and local Sustainability and Transformation Plan (STP) processes.

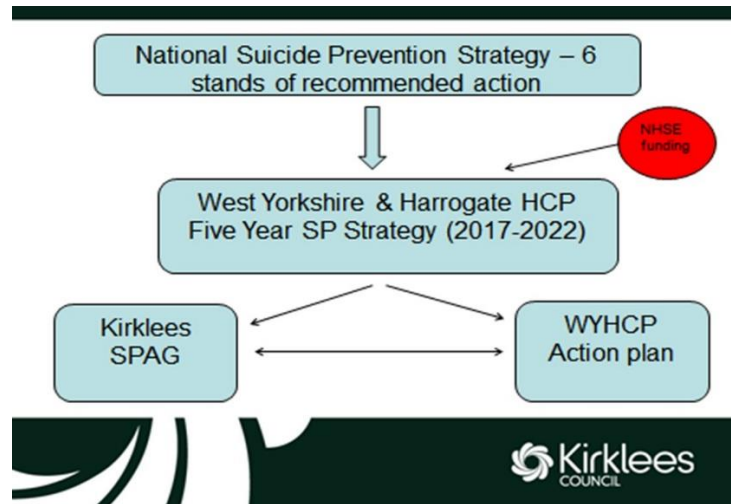
2.d Transition Mapping

In April 2018 Kirklees adults, children and young people commissioners attended a transition mapping workshop organised by the Children and Young People Mental Health and Emotional Wellbeing Clinical Network from NHS England, North for Yorkshire and the Humber.

The workshop resulted in NHS England providing each area with process mapping and action plans which Kirklees can consider when planning any improvements to local transition processes.

2.e Suicide Prevention Action Group

The Suicide Prevention Action Group has been formulated to secure attendance from a wide range of professionals and 3rd sector providers connected with suicide prevention responding to the following structural processes:



The Group meets quarterly with representation from a wide range of professionals and 3rd sector providers connected with suicide prevention. The group works to an agreed terms of reference (see Appendix G) and a local action plan to share concerns and develop co-ordinated support and actions associated with suicide prevention.

The main aims of the group is to reduce the levels of suicide, attempted suicide and self-harm within Kirklees by implementing an effective Kirklees Suicide and Self harm Prevention Action Plan, in line with the national suicide prevention strategy. The Group will agree its remit regarding prevention of self-harm within the context of suicide prevention.

In terms of children and young people, the group is concerned with levels of self-harm in Kirklees, so is trying to work more with CAMHS providers to find out what levels of referrals are centred around this issue and what can be done to raise awareness with teachers and parents but also with children and young people themselves. Commissioners are also applying to become a Kirklees Time to Change HUB which will involve working more closely with the colleges to provide training around what it means to be a mental health champion and to try and recruit children and young people champions to do more early intervention and prevention mental health work in schools.

Local issues of consideration include:

1. Suicide Prevention for LGBGT young people and non-gender communities and other vulnerable groups.
2. Providing outreach via Samaritans to reach specific groups in the farming community.
3. Implementing a real time surveillance approach to suicide prevention to access data quickly and plan more efficiently.
4. Developing a self-harm pathway for Kirklees.
5. As a group agreeing about suicide prevention activities that would be beneficial to us on a West Yorkshire footprint, initially including:

- Access to suicide bereavement support for those living in Kirklees.
- Access to regional and locally developed campaigns/resources.
- Access to suicide prevention/mental health training for people who work or live in Kirklees.

Gender identity is one of the protected characteristics in the Equality Act and there is increasing awareness of the needs of pupils and issues for schools. In June 2018, senior leaders, teachers with pastoral responsibilities and school governors were provided with an opportunity to attend a briefing to understand Transgender for Schools.

This briefing offered clear and succinct advice in this complex area and provided practical suggestions and resources for schools. Participants were also provided with a comprehensive pack covering the following:

- Explanations on gender identity and the experience of trans people.
- Clear information on the law, expectations and terminology.
- Comprehensive pack of up to date guidance.
- Templates for policies and information for staff awareness training.

2.f Kirklees Thriving Model

The Thrive model of delivery in Kirklees was described in our October 2017 Transformation Plan Refresh and subsequent progress reports. This included a detailed outline in the January to March 2018 progress report, which can be found [here](#).

The Thrive Operational Group have worked collaboratively with the local authority to ensure that Thrive Elaborate principals are embedded in the new Early Help Strategy. Through this work the wider early help workforce have begun to have a shared understanding, language and approach to early help and prevention so the concept will ultimately be embedded into everything the Partnership does and wants to achieve.

Actions are associated with several interdependent local priorities as detailed in this report and Appendix A.

A Transformation Premium Payment is being utilised to support the focus and achievement on the transformational objectives of the Thriving Kirklees Model.

The Premium is used to ensure clarity on annual objectives, ensuring the partnership keep the pace of transformation in line with the plan they have set themselves and to ensure achievement of these objectives is adequately incentivised.

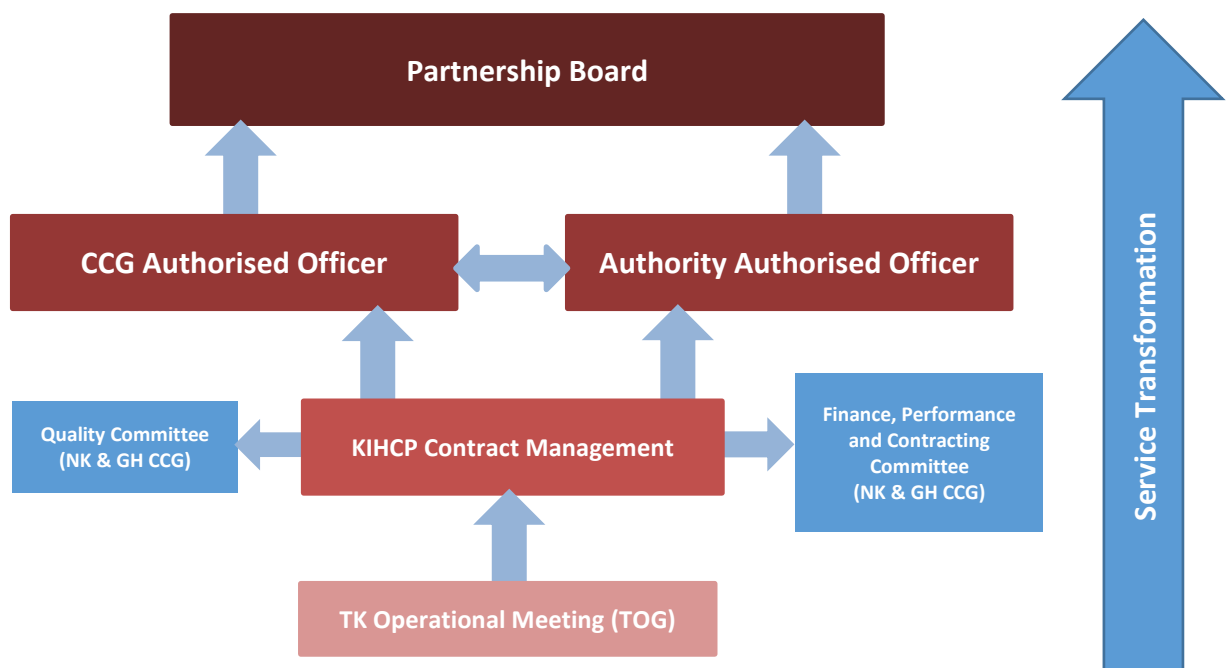
The use of the premium also allows the commissioner to further support the partnership in the achievement of the transformation objectives by creating funding from within the system that can be used to provide additional resources should the partnership fail to meet an objective.

This ensures that regardless of the outcome of the partnerships efforts the money being made available to Transform Thriving Kirklees to deliver a programme which fits the Thrive Elaborate Model is always effectively utilised.

2.g The management structures outlined in the January to March 2018 progress report to support ongoing development of the Thrive Elaborated model have been updated.

These changes have been made to reflect the development of the Commissioner / Provider relationship, working closer with each other, to remove duplication and to reflect the integrated approach to strategic management within our local CCGs.

This updated structure (shown below) also includes a change to the frequency of the Partnership Board meeting. This group will now meet bi-annually, in May and November, and will include the Providers who will give a strategic update on the delivery and transformation of the Thriving Kirklees Programme.



2.h Local intelligence

Approximately 42,500 people¹ in the region suffer from a common mental health disorder such as depression, anxiety or obsessive compulsive disorder. A recent survey of local residents indicated even higher prevalence, with 29% experiencing a mental health condition over the past 12 months, with highest reporting amongst younger adults (43% of those aged 18-24 and 34% of those aged 25-34). Yet in line with the national picture, services have compared unfavourably with those to help physical conditions.

To redress this, in line with the Five Year Forward View, commissioners from Kirklees Council have worked together with providers across NHS, social care, education, youth justice and the voluntary sectors, to develop our annually refreshed Local Transformation Plan.

¹ <http://www.kirklees.gov.uk/beta/delivering-services/pdf/HNA-report.pdf>

The Kirklees Child Health Profile published in June 2018, reports that:

- Overall, comparing local indicators with England averages, the health and wellbeing of children in Kirklees is mixed.

- The rate of child inpatient admissions for mental health conditions at 45.4 per 100,000 is better than England.
- The rate for self-harm at 254.0 per 100,000 is better than England.
- Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in Kirklees where the trend is decreasing. The admission rate in the latest pooled period is also lower than the England average. Nationally, levels of self-harm are higher among young women than young men.
- Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing, and this is also the case in Kirklees. The admission rate in the latest period is better than the England average.

2.i Improving Perinatal Mental Health (PnMH)

Local progress on perinatal mental health was covered in detail in our January to March 2018 progress report and e-bulletin which can be found [here](#).

The Kirklees Perinatal Mental Health Network group meets on a two monthly basis. Representation in the group is drawn from a wide range of services including: Calderdale and Huddersfield NHS Trust, Mental Health Services, 0-19 Healthy Child provisions, Public Health, Commissioners, Family Nurse Partnership, voluntary 3rd sector services and an invitation extended to service users.

The Network functions to terms of reference to:

1. Work collaboratively with appropriate services to achieve a positive change to address maternal mental health for Kirklees.
2. Develop and review Kirklees Pathway for Perinatal mental health using evidence based practice, building on current good practice and encourage innovative working.
3. Steer the implementation of national recommendations concerning maternal mental health i.e. [MBRRACE](#) reports and [NICE guidance](#).
4. Contribute to regional workstream and share knowledge of resources, apps and websites.
5. To have an overview of Perinatal training available locally and nationally and to influence priorities for training programmes.
6. Consult with and report to users of services and their carers and develop mechanisms to achieve this.

The Network group met in June 2018 where progress and activity reports include the following headlines:

- a. IHV training has been successful. Adjustments have been made to the training and positive feedback is being received.

- b. Planning is progressing to develop a 6 week antenatal programme for low level anxiety and depression between the Perinatal Midwife (Mid York's) and IAPT. This will also be duplicated in Huddersfield with the Perinatal Midwifery Lead and IAPT.
- c. Mid-York's have a de-brief clinic for women who have a traumatic birth which can then lead to an onward referral.
- d. A Clinical Psychologist (from Talk Thru charity) is to deliver a birth trauma group in September 2018 running on Tuesdays offering 5 places on a 12 week course.
- e. Birth trauma conference is to take place on 28 September 2018.
- f. Monthly meetings are taking place to discuss individual cases between the Mid-York's Midwife and the Perinatal Mental Health Practitioner for Dewsbury and Wakefield.
- g. Monthly meetings are taking place to discuss individual cases between the Calderdale and Huddersfield Midwifery Lead and the Perinatal Mental Health Practitioner for Huddersfield and Calderdale.
- h. The Nurturing parenting programme continues to be expanded. Further work is required to enhance the diversity of parents who access the programme.

3 Quarter 1 progress information

3.a Single Point of Contact (SPoC)

A revised Single Point of Contact pathways document has been published and can be accessed [here](#). To view the additional interactive aspects of the pathways document the PDF file needs to be downloaded, saved and then reopened in a new window whereupon hovering over question marks provides additional information.

Thriving Kirklees continued to work towards publishing a new website and make available an information support resource for children, young people and their families.

During April and May 2018, a total of 3,143 calls were received by the Thriving Kirklees SPoC. 2.3% of these calls were for CAMHS services. To demonstrate true demand future reporting still needs to include any calls going directly to ASK CAMHS as opposed to going through the SPoC pathway.

3.b Children and Young People's Mental Health Waiting Times

Kirklees continues to work towards achieving the new national children and young people access standards of 2 contacts within 6 weeks.

Proposed actions to bring about a reduction in waiting times was reported in the quarter 4 progress report including the formation of a Waiting Times Trajectory Group which continues to meet regularly. The group includes key staff from Northorpe Hall Child and Family Trust, Locala and South West Yorkshire partnership Foundation Trust and Public Health.

The group has focused on clarifying a standardise approach to interpret waiting times measured from support request (phone call) to the first appointment with a ChEWS worker. Proposals required changes to practice, service offer, recording and database management. This ensures that local service delivery is accurately reflected through the

outcomes metric for children and young people mental health which now flows via the Mental Health Services Dataset (MHSDS).

Activities during this quarter has included:

- Adding Locala and South West Yorkshire partnership Foundation Trust data to the demand and capacity modelling tool.
- Updating the trajectory produced by the demand and capacity modelling tool.
- Seeking and sharing learning from other waiting times reduction work.
- Considering how to communicate affectively about this waiting times issue and the groups work.
- Ensuring the voice of young people and parents is fully considered in service changes to address waiting times.
- There are links to Thrive Elaborated implementation, the LGA Peer Challenge project and a ChEWS Independent Review.

As requested by NHS England the following details the position under existing recording processes for the months of April and May 2018 only, the following data is also included in Appendix A.

| Months of April and May 2018 | ChEWS* | Specialist CAMHS |
|--|---------------|--|
| 1. Total number of CYP waiting for treatment* | 307 | 34 |
| 2. Average waiting times from referral to treatment* | 28.6 weeks | 7.7 weeks ¹ ¹ not including LD, ADHD, ASC. Crisis Team or VYP/LAC |

** Under current definitions the Children’s Emotional Wellbeing Service (ChEWS) data relates to “having been assessed and waiting for an appointment” not “treatment”*

Commissioners are currently working with Thriving Kirklees to formally agree the implementation of Generic CAMHS waiting list initiative to reach a 12 week target by September 2018 and a stretch target of 10 weeks by April 2019.

We have agreed to keep this as a local target as we don’t believe that national measure of 2 contracts within 6 weeks will give a true picture of children and young people’s treatment journey or waiting times. For example a young person could have contract twice within 6 weeks and then wait a year for other treatment modalities to begin.

To support improvements and identify opportunities to reduce waiting times Kirklees Council have engaged an independent consultant to review demand, capacity and service change opportunities, a report is not expected before September 2018.

To help reduce demand on services and offer lower level interventions, local providers are in the process of finalising the licence agreements to provide “Kooth” for Kirklees residents during this financial year. [Kooth](#) is an online counselling and emotional well-being platform for children and young people and adults which is accessible through mobile, tablet and desktop and free to access at the point of use.

3.c CAMHS Children's Emotional Wellbeing Service (ChEWS)

Northorpe Hall Child and Family Trust provide short term direct interventions for those aged 5 to 19 whose emotional needs are impacting on their day to day lives; they do not provide an immediate response service under the service title of ChEWS.

During Quarter 1 for the months of May and June only, ChEWS received 629 referrals. Of the 307 on the waiting list at the end of May none were waiting for counselling, 127 were waiting to see a Senior Practitioner, 107 for an Emotional Health Worker and 9 for group work with 64 awaiting appropriate support allocation.

Approaches to work towards progressive reductions in waiting times are discussed elsewhere in this report and remains as a previously identified risk in Appendix C.

3.d Specialist CAMHS

The Specialist CAMHS continues to be 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.

Referral rates into Generic CAMHS* remained consistent this quarter. At the beginning of the quarter there were 26 children and young people on the waiting list. By the end of May there were 34 waiting for Generic CAMHS.

During quarter 1 for the months of April and May only, Generic CAMHS* received 58 referrals. Within the quarter, 37 of these referrals for Generic CAMHS* have so far received direct support from the service. **not including ADHD, ASC, LAC/VYP, LD or Crisis.*

See LPS 3 in Appendix A.

The challenges involved in sustaining and achieving reduced waiting times are included in Appendix C.

3.e Vulnerable Children Services

Under the Thriving Kirklees Healthy Child Programme additional specialist support for counselling and therapy sessions for Looked after Children is provided to agreed waiting times from additional Pupil Premium funding. The current delivery model has been agreed until August 2019.

The service is currently achieving the 28 day target for assessment for all Looked after Children referrals. During May the average waiting time was 9.6 days, with the longest wait being 37 days (down from 91 days in April) and the shortest wait was 1 days. information included in See LPS 13 and 14 of Appendix A.

3.f Eating Disorder Service

The South West Yorkshire NHS Foundation Trust wide Community Eating Disorder Service covers the geographical districts of Barnsley, Calderdale, Kirklees and Wakefield.

Referrals not meeting the access criteria are redirected to the most appropriate service to meet their needs. Classification criteria is defined in the Community Eating Disorder Pathway for Barnsley, Wakefield, Calderdale and Kirklees.

An Eating Disorder peer review has been completed with Clinical Commissioning Group representation from across the Calderdale and Kirklees footprint attending. As a result of the peer review a lead person from across the service has now been identified to lead on the development and implementation of identified actions.

The service continues to report against waiting time standards and continues to provide nationally required data and reports monthly via a bespoke Eating Disorder key performance indicator report to ensure any activity taking place is accurately reflected through the Mental Health Services Dataset (MHSDS).

Because of the four week access standards applied for routine referrals, some referrals being reported on may have an appointment booked but will not have yet attended their appointment or they have been carried forward from previous periods.

The previous quarterly progress report included the below table which included the total numbers of eating disorder referrals between April 2017 to March 2018.

This table has been updated to now include the 4 new referrals received in April 2018.

| Total referrals | Greater Huddersfield | | | | | North Kirklees | | | | | Kirklees Total | | | | | Totals |
|----------------------------|----------------------|-----------|----------|----------|----------|----------------|----------|----------|----------|----------|----------------|-----------|-----------|----------|----------|-----------|
| | Q1 | Q2 | Q3 | Q4 | Apr-18 | Q1 | Q2 | Q3 | Q4 | Apr-18 | Q1 | Q2 | Q3 | Q4 | Apr-18 | |
| Routine | 6 | 7 | 6 | 2 | 1 | 3 | 4 | 4 | 0 | 0 | 9 | 11 | 10 | 2 | 1 | 33 |
| Urgent/Serious | 1 | 5 | 2 | 3 | 1 | 4 | 4 | 2 | 0 | 1 | 5 | 9 | 4 | 3 | 2 | 23 |
| Emergency | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 1 | 0 | 1 | 1 | 6 |
| Totals | 9 | 12 | 8 | 6 | 3 | 8 | 9 | 6 | 0 | 1 | 17 | 21 | 14 | 6 | 4 | 62 |
| | | | | | | | | | | | | | | | | |
| Referral Sources | Greater Huddersfield | | | | | North Kirklees | | | | | Kirklees Total | | | | | Totals |
| | Q1 | Q2 | Q3 | Q4 | Apr-18 | Q1 | Q2 | Q3 | Q4 | Apr-18 | Q1 | Q2 | Q3 | Q4 | Apr-18 | |
| Education Service | 1 | 0 | 0 | 0 | 0 | 5 | 3 | 1 | 0 | 0 | 6 | 3 | 1 | 0 | 0 | 10 |
| GP | 5 | 3 | 4 | 4 | 1 | 1 | 0 | 0 | 0 | 1 | 6 | 3 | 4 | 4 | 2 | 19 |
| Hospital Based Paediatrics | 0 | 0 | 0 | 1 | 1 | 0 | 3 | 2 | 0 | 0 | 0 | 3 | 2 | 1 | 1 | 7 |
| Self-Referral | 1 | 4 | 2 | 1 | 1 | 1 | 3 | 3 | 0 | 0 | 2 | 7 | 5 | 1 | 1 | 16 |
| Other | 2 | 5 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 5 | 2 | 0 | 0 | 10 |
| Totals | 9 | 12 | 8 | 6 | 3 | 8 | 9 | 6 | 0 | 1 | 17 | 21 | 14 | 6 | 4 | 62 |

Between April 2017 and the end of April 2018, the service has received a total of 62 referrals for an assessment for children and young people with a suspected eating disorder. 38 of these being from the Greater Huddersfield geographical area and 24 from the North Kirklees geographical area.

There were no referrals waiting for treatment at the end of April 2018, during this month 152 contacts were made of which 106 were direct contacts with the remaining 46 being indirect contacts.

3.g Autism Spectrum Condition Assessments

Non-recurrent additional transformation funds continues to provide additional clinics to help reduce waiting lists. A trajectory has been agreed to reduce wait times for Autism Spectrum Disorder assessments to be no longer than 12 months by October 2018.

During the months of April and May 2018, there were 18 new referrals with 35 children and young people having a completed ASC assessment.

At the beginning of the quarter 207 children and young people were on the waiting list, by the end of May 2018 this had reduced to 195 waiting with 42 falling slightly behind the above trajectory aims.

In January 2018 the average wait times from referral to assessment was at 104 weeks. At the beginning April average waiting time were at 94 weeks and by the end of May had further reduced to 81.9 weeks.

Despite on-going assurance from the provider of additional resource and process re-design commissioners are not confident that this agreed target will be met within the initial timescale. As such the commissioner is working with the provider to agree a contingency to ensure the funded outcome is achieved, and remains as an identified risk and challenge in Appendix C.

3.h Crisis and Home Treatment Provisions

The CAMHS Crisis Team lead provider South West Yorkshire NHS Foundation Trust provides daytime cover until 8pm with an on call response thereafter. There continues to be a positive working relationships between CAMHS and both the Acute Trusts.

The service continues to achieve its target, during April and May all crisis referrals were responded to within 4 hours.

During April and May of the 253 referrals into the service during this period, 49 (an average 24.5 a month) were deemed as a Crisis Intervention (Emergency) 42 of these referrals received a face to face intervention.

3.i Transforming Care for Children and Young People

The area wide Transforming Care Plan partnership involving Kirklees, Calderdale, Wakefield and Barnsley has an established Children and Young people's work stream which continues to implement recommendations from the Lenahan review. The Kirklees lead commissioner chairs the workstream and reports progress against agreed priorities directly to the NHS England lead for children and young people transforming care.

Workstream meetings took place in May and June 2018 were partnership activities are discussed.

Appendix D provides a summary update on progress in developing the Children's LD/ASD Risk Management and Family Support Register across the partnership beyond Kirklees to now include Barnsley, Calderdale and Wakefield.

Other activities have resulted in the production of:

1. A register template and supporting process protocol document.
2. Information for families and consent pro-forma.
3. Information for young people 16+ years and consent pro-forma.
4. A register referral form (for external communication).
5. Finalisation of a communication strategy.
6. Produce post review event evaluation form for parents, carers and professionals.

7. Produce post review event 'easy read' evaluation form for children and young people. See Appendix E.
8. Create draft three month evaluation form for parents, carers and any other people involved in a CETR together with easy read version for children and young people.

The design and production of evaluation forms at points 6 to 8 above have involved consultation and feedback from parent group representation.

As a result of procedural processes having now been established the next steps will look to align the agreed communication strategy to cascade the information to others including relevant services and families.

3.j New Care Model's Funding (CAMHS/Tier 4 in West Yorkshire)

We are fully engaged with the new models of care work being undertaken, and have met twice now with our local care navigator who is becoming involved in a number of cases in Kirklees. Admission data will be analysed with a view to incorporating relevant approaches into the October 2018 Transformation Plan Refresh.

We are starting to realise the benefits of the prevention of Tier 4 admission and this year have seen a saving across Kirklees and Calderdale of around £120,000.

A business case is being preparing by the provider to reinvest the saving across Kirklees and Calderdale in extending our home treatment provision to provide 7 days a week service.

The existing provision is currently unable to offer home based treatment for young people and families in crisis due to the volume of crisis referral, insufficient available staffing numbers and staff working hours (for example they currently only work Monday to Friday).

The Eating Disorder team currently attempts to provide home based treatment with young people and families who may be at risk of an in-patient admission to try and prevent hospital admission. It is difficult for the team to sustain this level of support to young people and families as at times this requires daily home or ward visits. These visits at present only happen in core hours Monday to Friday.

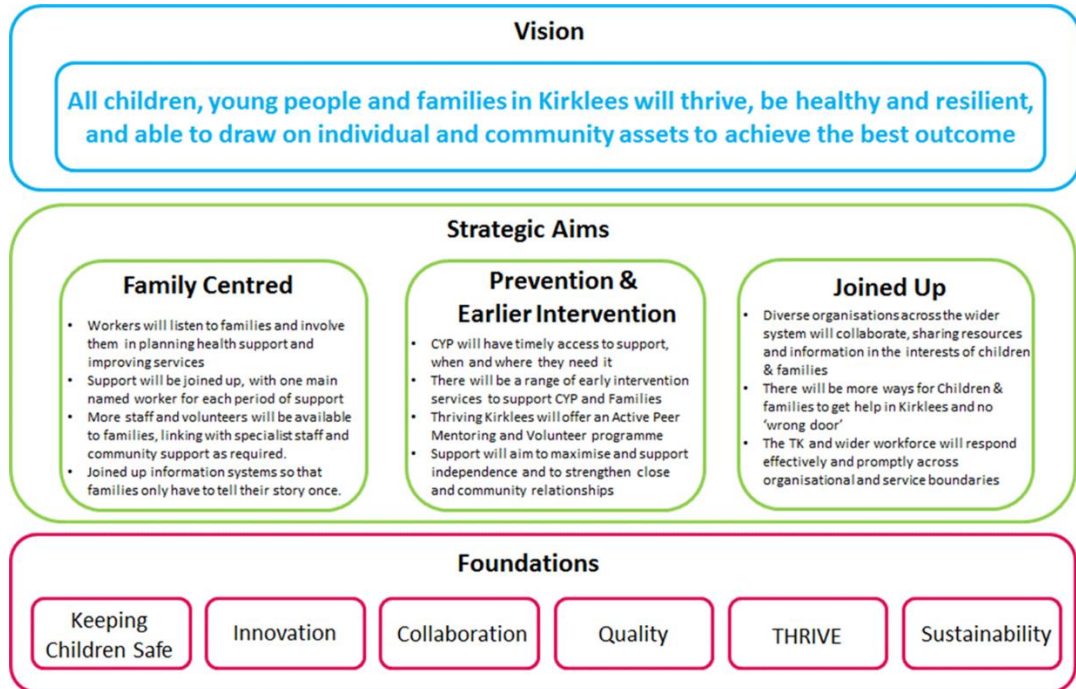
To address this a New Models of Care Business Case has been prepared and will hopefully be agreed in August 2018. The business case proposes an expansion of the current crisis team to offer an intensive home based treatment service seven days a week 9-5. The crisis team would continue to offer crisis assessment and support to young people and families in working hours, in accordance with existing agreements.

Providing this service will hopefully help to reduce all admissions to both the acute wards and out of area tier 4 beds, and also reduce the number of bed days that a Young Person would need in Tier 4 beds as there would be an intensive home based package of care for each family in the community. This would mean that young people would not be away from their home/school family and friends any longer than deemed possible.

Performance measures yet to be agreed will be used, along with the clinical outcomes to measure success against admission data as processes are developed.

4 Workforce development

4.1 The strategic vision and progress on the Thriving Kirklees workforce plan was reported on in detail in the Q4 January to March 2017 progress report.



Appendix F, provides a RAG rated update on progress since that submission.

The Thriving Kirklees workforce development group continues to meet every six weeks the group shares responsibility for continuing workforce developments for 2018/19 and incorporate Thrive concepts and approaches into workforce development.

4.2 Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

Delivery and participation by CAMHS staff as an area wide partnership in the CYP IAPT programme is overseen by the Barnsley CAMHS, General Manager with South West Yorkshire Partnership NHS Foundation Trust.

Progress with CYP IAPT programmes have been outlined in previous reports and is also covered in this report in Appendix A.

The service has successfully recruited a CYP – Wellbeing Practitioner Trainee who commenced training in June 2018. They will be managed and supervised by Specialist CAMHS and based on learning from the first national cohort of trainees they will be co-located with the 'Tier 2' CAMHS service whereby they can support Children and Young people as an early intervention . The management team across the providers have met and will continue to have ongoing meetings to review and develop the offer.

Across Specialist CAMHS and Northorpe staff are attending a variety of CYP-IAPT courses to enhance delivery of seamless care pathways and delivery of evidence based practice.

The template for IAPT training courses was submitted with the caveat that until funding has been confirmed, Clinical Commissioning Groups are unable to confirm their capacity or ability to fund all the placements being sought.

Whilst Kirklees is submitting expressions of interest for proposed 2018/2019 IAPT courses being advertised under phase 8 of CYP IAPT, the application cannot be effectively planned by commissioners because uncertain future budgetary commitments continue to impact any options to increase participation by staff from CAMHS and other agencies, therefore remains as a long term and continuing risk in Appendix E.

5 Community Engagement and participation

5.1 Various sections of this report outlines community engagement activities in this quarter which has included:

- Development and co-production with parents of an easy read CETR evaluation and feedback processes. One example included as an Appendix E.
- LGA Mental Health Peer Learning Programme – the peer visit planned for May 2018 was rescheduled for July due to issues with the LGA securing a suitable peer. Members of the Thriving consortium and Public Health have visited Tyne and Wear where they heard from young people who had been involved in co-producing solutions for presenting issues around mental health.

A local action plan will be developed over the coming months and will look towards support the writing of the October 2018 Transformation Plan refresh.

- Consultation and co-production design of a survey with PCAN to gather independent views about Thriving Kirklees CAMHS provision from anyone who has used the services since April 2017. This will include opportunities for children and young people to contribute to the survey. Responses will be used to inform a co-production approach in writing the October 2018 Transformation Plan refresh.
- Brain in Hand pilot evaluation review involving individual feedback from adults, professionals and young people using the resource.

5.2 Kirklees School Link Programme

Kirklees continues to develop school link approaches based on the national pilot and lessons learned from the Kirklees pilot and in doing so responds to several overlapping local priorities detailed in the Kirklees October 2017 Transformation Plan Refresh.

The Education Links Worker has continued to support the aims of the programme to have a:

- named link practitioner within CAMHS for every school,
- named lead professional within each school with responsibility for mental health, developing closer relationships with CAMHS in support of timely and appropriate referrals to services,
- recommendation of a joint training programme for named school leads and CAMHS.

The service provides commissioners with a detailed report of activities undertaken on a quarterly basis. In the past 15 months the service has engaged with and delivered training to a total of 31 education provisions. During this quarter this involved 11 primary schools, 14 secondary schools, 3 Further education establishments and 3 alternative provisions.

Relationships with these provisions are ongoing. See Appendix A for cross referencing information.

Next steps include:

- a. To develop new training packages for the next 2018/2019 academic year.
- b. To engage all Further Education provisions positively in the school link programme.
- c. To work alongside the Leeds Carnegie Centre of Excellence and support education provisions as they work towards an award for Emotional Health.

5.3 Kirklees Community Hubs Programme

Kirklees Community Hubs continues to work collaboratively to understand, share, plan and review what they do, making the most of the skills and knowledge and relationships with children and families that exist in schools and partner agencies.

See Appendix A for more information on progress during this quarterly period.

5.4 Peer Education

Peer education programmes continue to be delivered by Northorpe Hall Child and Family Trust and Home-Start. See Appendix A for key updates and data information.

5.5 Brain in Hand – Kirklees Pilot.

The Kirklees October 2017 Transformation Plan Refresh outlined a pilot project being developed from April 2017. The pilot involved using 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.

The following is an adapted extract from an initial pilot findings report which continues to be developed between commissioners and Brain in Hand during the next quarterly period to incorporate next steps into the October 2018 refresh.

At a time when demands are rising and a budget shortfall calls for savings to be identified, Kirklees commissioners looked at Technology Enabled Care (TEC), to provide a new technology opportunity to deliver the right care at the right time, transforming lives whilst also saving costs.

Mental health commissioners worked with the Council’s Assistive Technology (AT) department to identify and fund technology to support its approach of delivering mental health services that enable the individual to develop skills, self-care and build resilience for future independence. This was a new area for the team, which has primarily focused on providing equipment to overcome physical challenges.

Commissioners identified and assessed Brain in Hand, an on demand support system that arms individuals with a range of personalised support from their phone, including a vital link to their support network. The results seen amongst other councils and NHS organisations, and tested by the National Autistic Society, assured the council to pilot a trial of the system.

One of the important decisions for the council was where to introduce Brain in Hand. Which service pathway would the technology succeed and achieve the best results?

Secure evidence of any costs savings against the funding involved. After reviewing the range of services delivered, it identified two services that would benefit from using Brain in Hand.

Firstly, the technology was to be introduced within the Community Links Engagement and Recovery (CLEAR) service, a non-profit provider, commissioned to deliver support to around 500 adults with mental health needs each year. Every client is given a key worker who helps them to develop goals and plans personal to them. The key worker could use Brain in Hand to reinforce coping strategies developed in between sessions. Knowing the individual, they would be best placed to respond to requests for extra help made through the Brain in Hand system and potentially strengthen and extend CLEAR's service.

Secondly, to support the council's strategy of early intervention and prevention, Brain in Hand was also introduced within Kirklees College. Using technology to improve self-resilience at this stage in life may prevent escalation and possible later referrals into CAMHS; at a time when the service provision was declaring a 20 week waiting list. It would also improve the access pathways as young people transition into adult services.

The Brain in Hand team worked with these services to help identify people who would benefit most from the system. They also visited CLEAR and Kirklees College and over four days trained the individuals on how the system works, how to set-up a user on the system to achieve the best results, and how to use the monitoring and reporting software.

The CLEAR and College teams now trained, moved ahead with setting users up on the system. For those without a smart phone, the council purchased devices, ensuring the right hardware was in place. From then, over the period of a month almost twenty people were up and running using the Brain in Hand system alongside the support they already received.

Outcomes and impact

To deliver against its Local Transformation targets and value to its residents, the questions to be answered by the project were: Could this assistive technology help people to increase their mental health and self-resilience? Could it provide effective early intervention and ease the strain services faced with increased demand? Could it save money?

The outcomes for adults using Brain in Hand have been assessed, and interviews with users and service delivery staff have been conducted. The results are encouraging. Giving people Brain in Hand has increased independence, enhanced services and delivered annual savings of £6,600 for every person using the system, which represents a 10 times return on investment. If such a saving were made for all of the 500 adults using the CLEAR service, it could represent a saving of £3m.

Most importantly, the project has demonstrated that by arming people with access to their own coping strategies and giving them the option of requesting additional support when they need it, they are able to make good progress towards improved mental health.

Usage data recorded shows that people used Brain in Hand regularly over the programme. The anxiety monitor measured a gradual reduction in red and amber presses over the period and similarly a 19.4% growth in green presses over a 6 month period (between July 2017 and March 2018).

Important to the programme, 60% of users felt Brain in Hand had definitely helped them to become more independent, with the remaining 40% feeling that maybe Brain in Hand had helped with this.

To illustrate these figures, there have been a number of independence goals achieved during the programme, including travelling independently and returning to work after long periods of absence. Even goals that may sound small, such as remembering to take medication, have been achieved that actually represented significant transformations in quality of life.

Extending support services

Since using the technology staff report that it has improved services, helping them to improve access to their support, better embed advice and encourage more independence. Plus people haven't requested lots of extra help – only when they really needed it.

It has enabled clients to take the advice discussed in their group or one to one session, and apply it to Brain in Hand, so that they can access it anytime, anywhere. This may be coping strategies or reminders such as take medication or remember to eat. The team see clients using solutions to get themselves out of a crisis. Taking more responsibility in managing a situation before contacting the team is also giving clients a positive feeling of empowerment.

The biggest benefit of Brain in Hand stated by the support services team is independence. As it gives service users the opportunity to not rely on support services to be their safety net; with Brain in Hand they can be their own support. The personalisation was found to especially help with this. The team felt that Brain in Hand is not like giving a tool-book; because they have built and written it themselves, it 'really hits home'. Knowing that they put the advice into Brain in Hand with their 'good head on', means that when in a bad place, they can retrieve their own counsel straight away.

Finally, Brain in Hand has also helped ease the step down of services. Rather than get panicky about support coming to an end, they know they have access to Brain in Hand, which is an extension of the service, which they can go away and use independently.

Saving costs

The Kirklees College pilot element continues to be offered through to July 2018, at which time full year analysis can be undertaken. Amongst the ten adults using Brain in Hand through the CLEAR service, increased independence was seen and a subsequent step down in services was achieved for 9 of the 10 users. This resulted in an average saving of just over £6,600 per year, which represents approximately a ten times return on investment within the first year.

The cost analysis that Kirklees used is as follows. Across the ten users, support services costs the Council £150,451 each year. However since using Brain in Hand, this budget has reduced.

The users reduced demand on £28,956.00 of planned services; equivalent to £3,000 per user. A further £100,000 of expected costs from responsive services such as crisis resolution were not needed. Assuming only 30% of these potential avoided costs were attributed to this project, a saving of £36,445.70 were made; or £3,644.57 per user.

The cost of delivering the Brain in Hand system to 10 individuals, including training and management support to the service delivery team cost £6,800. This gives the adult services project an in-year net saving of £58,601.70; or a saving of £9.62 for every £1 invested.

Commenting on the outcomes, commissioners suggest that around one in three GP appointments will involve a mental health component; approximately one visitor to A&E every day is due to mental health. The Kirklees aims to be proactive in commissioning services that provide early intervention and arm residents with the skills for good mental health.

The early findings of Brain in Hand are encouraging for both adults and young people. With improved outcomes and cost savings, Brain in Hand demonstrates how Assistive Technology can complement services and shape our service model to improve effectiveness, quality, performance, efficiency, and value for money across the Kirklees footprint.

Kirklees service providers and users have taken to Brain in Hand very quickly and have seen encouraging results. The cost is very low compared to other services, especially when looking at impact, and so we plan to extend our programme. A case study is being finalised by Brain in Hand to illustrate the impact is having on individual lives.

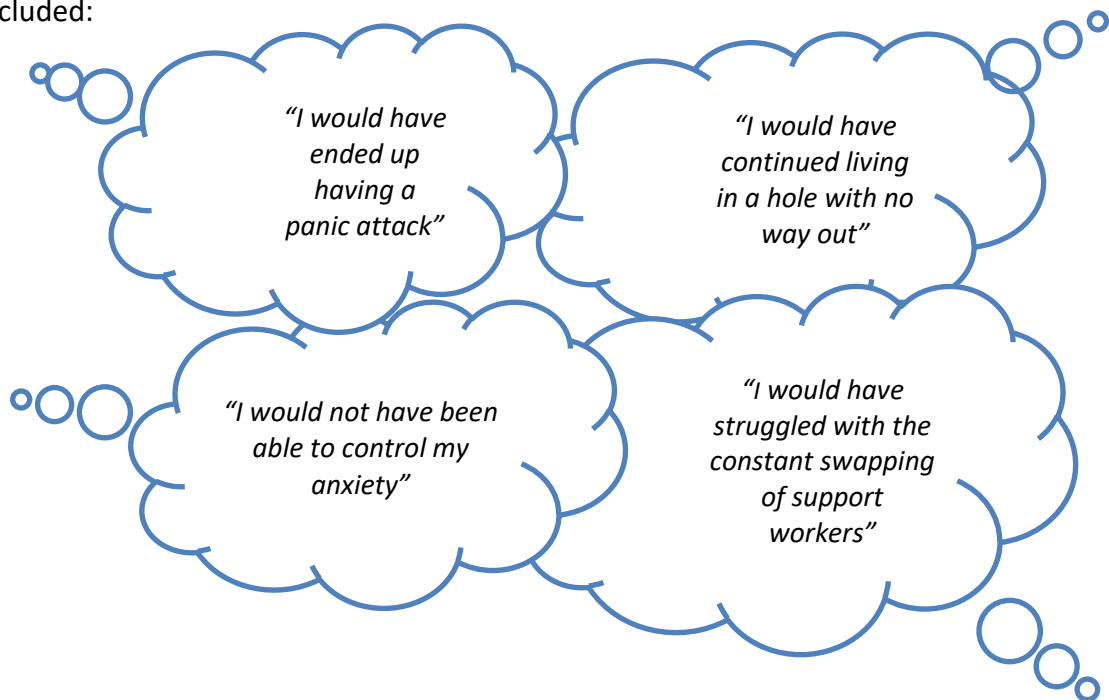
Delivery and future forward planning has involved engagement, feedback and evaluation views from those using the Brain in Hand app and services supporting them.

User feedback

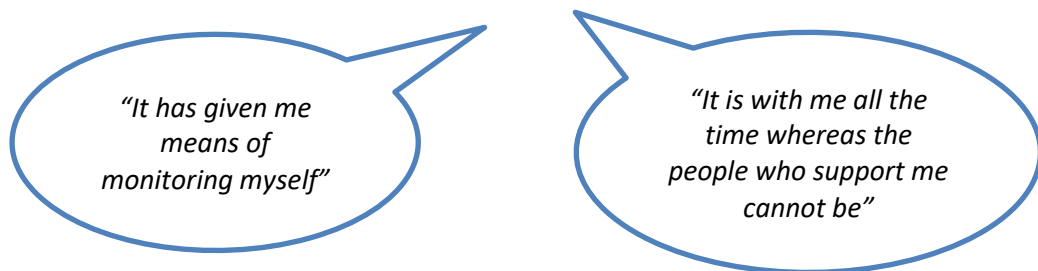
Users reported that they used Brain in Hand for: anxiety, independence, bus journeys, evaluating stress levels, and keeping a check on how they are feeling and reducing anxiety levels in difficult situations.

1. 6/7 users found Brain in Hand easy to use.
1. 3/7 users found that Brain in Hand helped them to manage anxiety and 4/7 users thought that Brain in Hand had maybe helped them to manage anxiety.
2. 3/7 users reported that BIH made them feel more confident and 4/7 said Brain in Hand maybe made them feel more confident.
3. 4/7 users found Brain in Hand helped them to be more independent and 3/7 users felt it maybe helped them to be more independent.
4. 3/7 users found Brain in Hand helped them to achieve goals, while 4/7 found it had maybe helped them to achieve goals.
5. 3/7 users found that Brain in Hand had a positive impact on their life, and 3/7 felt it had maybe had a positive impact on their life.

When asked what might have happened if they didn't have Brain in Hand, answers included:



When asked how Brain in Hand has helped with their support, answers included:



Arrangements to ensure continuing offering Brain in Hand is being progressed during Quarter 2.

6 Areas of most challenge in implementation

6.1 Immediate risks to delivery were included in the October 2017 Transformation Plan Refresh and subsequent progress reports. Two risks are included in Appendix C of this report.

1. 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. LPS 6 (2.2)
2. Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2017/18. LPS 25 (5.1)

7 Brief overview of spend and activity

- 7.1** The Finance Assurance Template for 2018 – 2019 detailed the spending profile for both North Kirklees and Greater Huddersfield Clinical Commissioning Groups has been submitted to NHS England as a separate file to this document.

Budget planning continues to be considered by the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board.

Concerns around capacity to absorb CYP IAPT funding when current funding support ends has been outlined elsewhere in this report and remains a risk in Appendix C. The lack of formal budget allocation from NHS England informing Clinical Commissioning Groups of their annual allocations continues to be challenging and of concern.

Submitted by

Tom Brailsford

Head of Children's Joint Commissioning and CAMHS Transformation Lead Officer

24 July 2018

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| LPS 3 (1.3) | Locala, SWYT, Northorpe Hall, Community Hubs, Commissioners | We will have emotional health and wellbeing provisions that are collaboratively commissioned with educational settings. | <p>Key updates</p> <ul style="list-style-type: none"> a. Community hubs continue to work together within their geographical areas with Public Health Intelligence Leads (PHILs) linked to each hub to analyse data and inform of health priorities according to community need. a. A ‘CHAT Health’ helpline continues to be scoped to enable easier access for all children and young people. b. Support to schools continues to be reviewed to establish a clear offer across the Thriving Kirklees partnership and opportunities of new ways of working with education settings under the schools link programme. <p>CHEWS</p> <p>Key Data</p> <ul style="list-style-type: none"> 1. During Quarter 1 for the months of May and June only, ChEWS received 629 referrals, 21% of these were referrals from Schools or School Nurses. At the beginning of the quarter there were 332 children and young people on the waiting list. By the end of the May there were 307 waiting. 2. The average wait times for first appointments at the beginning of the quarter were at 30.2 weeks. By the end of the May the average waiting time was 28.6 weeks. 3. Of the 307 on the waiting list at the end of May none were waiting for counselling, 127 were waiting to see a Senior Practitioner, 107 for an Emotional Health Worker, 9 for group work and 64 for allocation. | Year 1 priority Long term achievement by 2020 |

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| | | | <p>Specialist CAMHS</p> <p>Key updates</p> <ul style="list-style-type: none"> a. No additional narrative. <p>Key Data</p> <ol style="list-style-type: none"> 1. During quarter 1 for the months of April and May only, Generic CAMHS* received 58 referrals. Referrals were received from Self-Referrals (19%), GPs (16%), Education (14%), Social Services (2%) and Other (50%). Within the quarter, 37 of these referrals for Generic CAMHS* have so far received direct support from the service. *not including ADHD, ASC, LAC/VYP, LD or Crisis. 2. Referral rates into Generic CAMHS* remained consistent this quarter. At the beginning of the quarter there were 26 children and young people on the waiting list. By the end of May there were 34 waiting for Generic CAMHS*. 3. The average wait times from referral to first face to face contact at the beginning of the quarter were at 8.2 weeks. During May the average waiting time was 7.7 weeks. <p>Community Hubs</p> <ul style="list-style-type: none"> a. The Local Authority have agreed to invest in Community Hubs across Kirklees. This is to support strong and consistent hub organisational development and to embed the development of multiple stakeholder “teams” coming together around locally identified common purpose in hubs. Children’s and parental mental health continues to be a high priority in every hub. b. Alignment of 16 stronger family consultants into hubs, working with all the resource that represents support for | |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <p>children and supporting the upskilling of the workforce around whole family and whole life approaches.</p> <ul style="list-style-type: none"> c. Aligned Local Authority family support workers to every hub. These staff will also benefit from the whole family, whole life approaches, working to enable community based solutions for children, in the families, in their communities. d. Fund co-ordination resource in every hub. The LA will hold the workers Terms and Conditions but staff will be managed and their work directed at a local level in order to maximise opportunities for responding flexibly to local need. e. Meet the SLA costs for 14 children’s centres in hubs. These centres are being used as early years, children, family and community centres. f. 2 Public Health staff provided to Hubs, embedding Community led outcome based accountability arrangements and seeking out and sharing promising practise in a more systemic way. g. In the BBEST hub work on maternal mental health has seen promising gains in children’s emotional health and wellbeing in school. h. In the SHINE hub, 4 looked after children remained in the care of their grandmother under a special guardianship arrangement. Feedback from carer was that she would not have coped with the arrangement without the support of the hub and its wider community based partner. i. In the Castle Hub, work with whole families has seen decrease in Children in Need, Numbers of single assessments generated, Numbers of children on a plan and children’s ability to self-regulate and self-care. j. In order to make the most of resources in the system that represent support for emotional health and wellbeing joined | |

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| | | | <p>up commissioning arrangements are developed, including those close to the front line. For example: pooled budgets, joint commissioning plans and Community Hubs/ School representation on districtwide commission forums.</p> <ul style="list-style-type: none"> k. The Hub Leader Network lead members support the joining up of local commissioning discussions. l. Annual audit of Hub resources available that represent support for SEND. | |
| LPS 5 (2.1) | Locala, Commissioner | Transforming CAMHS provisions, to provide a “tier free” service model based on the “Thrive Elaborated” approaches | <p>Key updates</p> <p>The Kirklees School Link Programme is part of the local strategic vision to shape a sustainable system wide transformation to better support children and young people in the area of emotional well-being and mental health. Other activities during the quarter have included:</p> <ul style="list-style-type: none"> a. Support and training events have been booked for 2018. b. Consultation is taking place across partners to look at shared language about how we show integration as a partnership and remove barrier maintaining language such as ‘escalation’, ‘de-escalation’, ‘rejected’ and ‘accepted’ through the tiers and introducing Thrive as a concept. c. Presentation of the Thrive principals has begun to be shared across the workforce and for workers to begin considering what this means to them. d. The first Emotional Wellbeing Lead Network Meeting took place on the 10 May, another network meeting is planned for the 10 July 2018. e. The start of the Network was positively received with over 50 attendees. The network meetings will take place each term and each half term there will be a newsletter with information and updates useful for the EHW leads. | <p style="text-align: center;">A</p> <p style="text-align: center;">Year 1 priority Long term achievement by March 2020</p> |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <p>f. SENCO, HUB and Head network meetings have all been attended in order to target the provisions who have still not identified a lead.</p> <p>g. Continuing to explore how CAMHS services work in partnership with education in other local authorities; Leeds and Sheffield.</p> <p>Key Data</p> <ol style="list-style-type: none"> 1. There are now 88 Kirklees schools identified as having a designated Emotional Wellbeing Lead. 2. During this quarter a further 8 settings have benefitted from training around emotional health and wellbeing. 3. A total of 31 schools have actively engaged in additional training. 4. Schools link programme has engaged with and delivered training to a total of 31 education provisions in the past 15 months. During this quarter this has involved 11 primary schools, 14 secondary schools, 3 Further education establishments and 3 alternative provisions. | |
| <p>LPS 10 (2.6)</p> <p>LPS 11 (2.7)</p> | <p>Locala, ASK CAMHS/SPoC</p> | <p>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> | <p>Key update</p> <ol style="list-style-type: none"> a. The 24/7 Single Point of Contact continues to offer access to Thriving Kirklees Partnership member services. b. Referrals can now be made by using an electronic referral form at https://www.thrivingkirklees.org.uk . c. Call handlers continue to take initial calls which are then triaged and passed to the most appropriate service to respond. <p>Key Data</p> <ol style="list-style-type: none"> 1. During April and May the SPoC had taken 3,143 calls. 2. 2.3% of these calls where for CAMHS services, to demonstrate true demand future reporting still needs to include any calls | <p>G</p> <p>Year 1 priority Short term achievement by October 2017</p> |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | going directly to ASK CAMHS as opposed to going through the SPoC pathway. | |
| LPS 2 (1.2) LPS 8 (2.4) LPS 9 (2.5) | Locala, Northorpe Hall, SWYFT, Community Hubs, Schools Link Programme, Commissioners | 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: <ul style="list-style-type: none"> 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. | <p>Key update</p> <ol style="list-style-type: none"> The first emotional wellbeing lead network meeting took place in May attended by 58 representatives from Education Provisions and others from the Council and Educational Psychology Team. Where identified leads were able to share best practice, resources, have training opportunities and to identify support needs and ways of working moving forward. Held the first Emotional Wellbeing Lead Networking event in May The Yorkshire Children’s Centre are working with South West Yorkshire Partnership Foundation Trust to explore the option of providing emotional health and wellbeing learning and information to Year 5 pupils through the Safety Rangers scheme. Almondbury School and SHINE hub; piloted delivery of an “Introduction to Attachment Training” for key staff in 8 schools in the hub. Consultation and deliver training for Batley Girls to work towards the Emotional Well Being Award from Leeds Carnegie. Offered two days of screening for 40 students who were awaiting a counselling service in school, where only one third required continuous therapeutic intervention. They delivered a workshop for identified Staff Mental Health Champions (30) within school to equip them with the appropriate skills and tools to support students. Delivered training at CKS Careers event titled “Introduction to CYP Mental Health”. | Year 1 priority Short term Achievement March 2017 Long term achievement by 2020. |

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| | | | <p>f. Supported SEMH leads, pastoral leads and DSL to prioritise the emotional wellbeing of the school staff, leading to inset days with a focus of staff wellbeing (e.g. Pilates, yoga, financial advice, mindfulness, relaxation).</p> <p>g. Currently developing CORE training packages, ready for schools to book onto for the next academic year. Key is whole school attendance (30 staff for secondary, 15 for Primary). Training titles include:</p> <ul style="list-style-type: none"> • Introduction to Children and Young Persons Mental Health • Understanding Behaviour as Communication • Understanding Attachment Theory • Introduction to Self-Harm • Understanding and Supporting Anxiety • The Teenage Brain • Maintaining Positive Emotional Wellbeing | |
| LPS 6 (2.2) | Locala, Northorpe Hall, SWYFT, SPoC and VCS, ASD and PP+ | Increase front line capacity within CAMHS provisions to reduce waiting times and improve access for children and young people. | <p>Key update</p> <p>a. Waiting times continue to be an area of challenge as demand remains high.</p> <p>b. To address waiting times an active work stream remains in place across the partnership.</p> <p>c. Demand and capacity modelling has been completed and a plan for an external reviewer to consult in current position is being arranged. The partnership continues to review ways of working in order to address the issue. A more substantial group work programme is being explored across CAMHS partners. An external review is being planned to help address waiting times and next steps.</p> | <p>Year 1 priority</p> <p>Short term achievement by October 2017</p> <p>PM.76</p> |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <p>ChEWS - CAMHS</p> <p>Key update</p> <ul style="list-style-type: none"> a. Demand and capacity work has been completed for Northorpe Hall. This has confirmed that with the current demand and capacity available waiting times will continue to rise. Regular waiting time meetings have taken place across the thriving Kirklees partnership to review the current support offer. Options continue to be explored regarding system changes, practice and pathways that may support waiting times. b. As an additional resource a PWP has been in place with Northorpe Hall since June as part of the CYP IAPT programme. <p>Key data</p> <ul style="list-style-type: none"> 1. See LPS 3 for data. <p>Autism Spectrum Condition</p> <p>Key update</p> <ul style="list-style-type: none"> a. ASC meeting held with Locala and Commissioners in June 2018. Discussed trajectory and confirmed being on track to meet trajectory but with a potential for a month's delay due to non-attendance of families during the months of February and March due to poor weather conditions. Staff turnover has also impacted on the number of assessments offered. b. The provision has discussed with Commissioners the development of new neurodevelopment pathway which will assist in maintaining the waiting times. This is currently under development by the ASC/ADHD team and Commissioners are considering future potential investment. For this pathway the | |

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| | | | <p>service is considering a new assessment tool which will require further funding for training of staff and licences, however this will reduce the amount of time families are waiting and remove the duplication of families waiting on different pathways.</p> <p>Key data</p> <ol style="list-style-type: none"> 1. Service continues to complete 24 ASC Assessments each month and are aiming to complete more assessments over the summer vacation period. 2. In year 1 the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires services to work with the wider 0-19 provision to understand and develop the support for families both pre diagnosis and post diagnosis. 3. During quarter 1, for the months of April and May only, ASC received 18 referrals. Referrals were received from Hospital Staff (6%) and Other (94%). Within April and May, 35 children and young people had an assessment for ASC. 4. At the beginning of the quarter there were 207 children and young people on the waiting list. By the end of May there were 195 waiting. 5. The average wait times from referral to assessment at the beginning of the quarter were at 94 weeks. By the end of May the average waiting time was 81.9 weeks. | |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| LPS 27 (5.3) | Locala and Northorpe Hall, Community Hub. | Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. | <p>Key update</p> <ul style="list-style-type: none"> a. Agreement for 2 leads to be sent on the mental health first aid training for trainers course, one from Locala, one from Northorpe Hall. Training can then be widely disseminated across partners in Thriving Kirklees and wider partners. b. As part of the CYP IAPT programme workers across the partnership continue to engage with recognised training opportunities, developing their evidence based practice skills. Other training courses are accessed as required through identification in supervision. c. Over the exam period Northorpe Hall piloted parent and young people sessions around understanding exam anxiety and coping strategies to support this. Northorpe Hall have planned and will be introducing further sessions for parents and carers in the following quarter to support their understanding of emotional and mental health concerns for children and young people. | Year 1 priority Short term achievement by March 2018 |
| LPS 13 (3.1) LPS 14 (3.2) | Locala, SWYFT, Northorpe Hall. | 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>Vulnerable Children Services</p> <p>Key update</p> <ul style="list-style-type: none"> a. Regular bi-monthly meetings continue between the LAC, YOT, PRU and Family Nurse Partnership nursing teams and a psychologist /psychotherapist from SWYFT. This is a joint case based supervision session to discuss the most vulnerable of clients. b. Family Nurse Partnership continues to be supported by a therapist from SWYFT on a bi-monthly basis as part of the core model elements. c. Increased offer continues to be in place for Looked after Children allowing quicker access and longer time in service. Social workers are able to access emotional wellbeing clinics and consultations to discuss concerns. | Year 1 priority Progressive changes from March 2017 |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <p>d. The new Senior Mental Health Practitioner for care leavers has just started post. She is looking at developing the role to enhance the service for young people leaving care.</p> <p>Key Data</p> <ol style="list-style-type: none"> 1. Currently achieving the 28 day target for assessment for all Looked after Children cases. 2. During May the average wait for a Looked after Child was 9.6 days. 3. The longest wait was 37 days and the shortest wait was 1 day. | |
| LPS 4 (1.4) | Home-Start, Northorpe Hall, Commissioners | 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. | <p>Key updates</p> <ol style="list-style-type: none"> a. Northorpe Hall Child and Family Trust’s Kirklees Youth Mentoring project is funded by the Big Lottery, continues working with a number of schools to train young people so that they can mentor their peers This is independent of anything provided by Thriving Kirklees. b. Home-Start Kirklees supports young parents aged 14-20 years (referred by professionals) with multiple complex issues by delivering group based support and Peer Educator support. Young parent’s progress is tracked whilst in group support and focuses on wellbeing, resilience and safer relationships as well as parenting and practical help with day to day issues e.g. budgeting. c. Young parents that achieve positive outcomes and no longer need 1 to 1 support are nurtured and trained to become Peer Educators upon which they then role model and support other young teenage parents. a. Community Hubs being supported to deliver Community Led Outcomes Based accountability. | Year 1 priority Long term achievement by March 2020 |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <p>b. Community Hubs have access to and have developed self-serve aggregated narrative and picture data sets and have a Public Health Intelligence Lead in each hub, ensuring enough insight and intelligence exists that can support development common set of outcomes.</p> <p>c. The Aspire hub continues to develop activities which support outcomes that people want and value for themselves. 1,000 local families are accessing the support, which centres on family bonding experiences. Children in Need and other vulnerable groups take up was evaluated.</p> <p>d. Sustainable network of hub coordinators has been developed and is in place. Hub coordinators are being supported in horizon scanning for new investment opportunities.</p> <p>e. Hubs are being supported to develop in a way that enables equitable district wide investment that supports emotional health and wellbeing.</p> <p>Key data</p> <ol style="list-style-type: none"> 1. Service has trained 4 Peer educators since April 2017. 2. North Kirklees Community Hubs have jointly commissioned Nurture UK making nurture training available to every school in South Kirklees. 80 staff have so far accessed the training. | |
| 1.5 | Locala | Develop 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. | <p>Key update</p> <ol style="list-style-type: none"> a. Kirklees Local authority have developed an early help strategy which incorporates the Thrive elaborate model. b. All partner organisations across Kirklees have been included in the consultation and plan to develop this strategy. Next steps for the local authority will be to agree how this will be implemented and put into practice. | Year 2 priority Long term achievement by 2020 |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | <ul style="list-style-type: none"> c. Sustainable network of hub coordinators developed and in place. d. Hub coordinators supported in horizon scanning for investment opportunities. e. Hubs are supported to develop ways that enables equitable districtwide investment that supports emotional health and wellbeing. | |
| 1.6 1.7 | Locala, SWYFT, Community Hubs, EIP | The nurturing parent programme to be delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bond and attachment, having an increased focus on supporting improving perinatal mental health provision. | <p>Key update</p> <ul style="list-style-type: none"> a. The Nurturing Parent Programme (NPP) content is embedded within the preparation course that is delivered to all potential Home-Start volunteers before they become engaged in supporting families. This ensures that all families have the key messages cascaded and all volunteers have an awareness of the NPP model. b. Additional training sessions have been written by Home-Start staff and delivered in addition to the standard 7 week prep course. | Year 2 priority Long term achievement by 2020 |
| 1.8 | Locala, Northorpe Hall, Commissioners | Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. | <p>Key update</p> <ul style="list-style-type: none"> a. Family Nurse Partnership modular training packages continue to be made available to support professionals to support this target. b. Agreement for 2 leads to be sent on the mental health first aid training for trainers course, one from Locala, one from Northorpe Hall. Training can then be widely disseminated across partners in Thriving Kirklees and wider partners. | Year 2 priority Long term achievement by 2020 |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | | Key Data 1. Preventative group work around transition has been delivered to year 6 children this quarter, reaching 218 young people across 8 settings. | |
| 1.9 1.10 | Locala, Northorpe Hall, Community Hub, Commissioners | Continue to develop a range of innovative social media based interventions available to provide support to children and young people, helping to build resilience, improve health and wellbeing. | Key update a. The Northorpe Hall website continues to offer resources and self-help material. Approved apps are suggested to young people to use along with national helplines. https://www.northorpehall.co.uk/young-people/support-young-adults b. Scoping in progress regarding the use of both Kooth and Chat Health within Thriving Kirklees to ensure responsiveness and open access to children and young people. LPS1 (1.1) | Year 2 priority Long term achievement by 2020 |
| LPS 12 (2.8) LPS 29 (2.9) | Locala, Northorpe Hall, Commissioners | Provide a local crisis model that ensures assessment within 4 hours and is 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 specification. Where appropriate we will work on a regional basis across acute | CAMHS Crisis Team Key update 1. CAMHS crisis team continue to work till 8pm with on call service is still maintaining and achieving its 4hr target. 2. South West Yorkshire Partnership Foundation Trust working towards an all age psychiatric liaison service. Continuing to work with Accident and Emergency and Paediatrics to agree processes for children and young people attending A&E with self-harm issues to understand their role in the pathway for children and young people. 3. There continues to be a positive working relationship between CAMHS and both Acute Trusts. 4. There is an all-age liaison development workshop 25 July 2018. Commissioners are invited. | Year 1 priority Short term achievement by May 2016 and March 2017. |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | <p>footprints to develop collaborative approaches.</p> <p><i>x-refers with 2.10, 2.12, 3.7 and 4.9.</i></p> | <p>Key Data</p> <ol style="list-style-type: none"> 1. During April and May of the 253 referrals into the service during this period, 49 (an average 24.5 a month) were deemed as a Crisis Intervention (Emergency). 2. 42 of these referrals received a face to face intervention. 3. 100% of crisis referrals responded to during April and May were responded to within 4 hours. | |
| <p>2.10</p> <p>3.7</p> | Commissioner | <p>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.</p> | <p>Key update</p> <ol style="list-style-type: none"> a. New Models of Care (NMC) service agreed. The lead provider will be Leeds. Care Navigator posts are filled and are working closely with local services to reduce number of children and young people admitted to Tier 4 services. b. Funding has been identified for the new models of care initiative. c. South West Yorkshire Partnership Foundation Trust T are currently undertaking a business case to formalise expenditure. | <p>Year 2 priority</p> <p>Long term achievement by 2020</p> |
| <p>2.12</p> <p>4.9</p> | Locala, SWYT, Commissioner | <p>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</p> <p>Collaboratively commission with NHS England to ensure</p> | <p>Key update</p> <ol style="list-style-type: none"> a. The new care navigator is in post and is working closely with services and Tier 4 provision. | <p>Year 2 priority</p> <p>Long term achievement by 2020</p> |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| | | clear and smooth care pathways in relation to Tier 4 provision. | | |
| 2.14 | Locala, SWYT | Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team. | <p>Key update</p> <p>a. Learning Disability nursing services was incorporated into the mainstream CAMHS service from the end of June 2017. The new learning disability pathway has been developed and implemented with positive comments from Commissioners.</p> <p>Key Data</p> <ul style="list-style-type: none"> • See LPS14 and 15 for LAC data | Year 2 priority Long term achievement by 2020 |
| LPS 15 (3.3) | Locala, SWYT, Commissioner | Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme. | <p>Key update</p> <p>a. Locala to discuss the process they adopt regarding highlighting those children and young people on the stronger families programme and understand how SWYFT could potential implement this process.</p> | Year 1 priority Short term achievement by April 2017 |
| LPS 25 (5.1) | Locala, SWYT | Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2016/17. | <p>Key update</p> <p>a. One Northorpe Hall Child and Family Trust manager has completed the Service Leadership course. 3 workers are part way through the CBT post graduate diploma and 2 workers have started the EEBP training. Service continues to explore opportunities for future courses.</p> <p>b. A PWP has recently started with South West Yorkshire Partnership Foundation Trust and has been placed at Northorpe Hall for a year. Supervision and management remains with South West Yorkshire Partnership Foundation Trust.</p> <p>c. Member of staff have started CYP IAPT course. 3 members of staff commenced the EEBP course. South West Yorkshire Partnership Foundation Trust is awaiting local CV and funding from head Provider.</p> | Year 1 priority Short term achievement by September 2017 |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| LPS 28 (5.4) | Locala | <p>Develop a comprehensive workforce development strategy across Thriving Kirklees services. The strategy will inform and direct how workforce development will be supported, and implemented.</p> <p><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></p> | <p>Key update</p> <p>a. Workforce development strategy is in place which records the needs of the workforce across the partnership. Workforce plan now in place to be continuously reviewed across the partnership.</p> <p>b. Agreement for two leads to be sent on the mental health first aid training for trainers course, one from Locala, one from Northorpe Hall. Training can then be widely disseminated across partners in Thriving Kirklees and wider partners including social care to equip them with the skills to support children and young people.</p> | <p>Year 1 priority</p> <p>Long term achievement by March 2020</p> |
| 5.6 | Locala, Community Hubs, Commissioner | <p>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.</p> | <p>Key update</p> <p>a. Agreement for 2 leads to be sent on the mental health first aid training for trainers course, one from Locala, one from Northorpe Hall. Training can then be widely disseminated across partners in Thriving Kirklees and wider partners including schools to equip them with the skills to support children and young people.</p> | <p>Long term priority achievement by 2020</p> |

| Report Ref | Contributors | Priority | Update | Year 1, 2 or 3 priority |
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| 5.7 | Locala | 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. | <p>Key update</p> <ul style="list-style-type: none"> a. Transition pathways group established, work continues. b. Transitional contact will not be in place until 2020/2021. c. Further discussions are occurring with commissioners regarding school age standard contacts. | Long term priority achievement by 2020 |
| 4.11 | Commissioner | 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. | <p>Key update</p> <ul style="list-style-type: none"> a. The quality, performance and outcome measures have been reviewed in line with year one learning. b. This re-designed measures will ensure full visibility of a child journey across all aspects of the emotional health and wellbeing provision. c. This includes a regular focus on MHDS access standards and locally agreed, historical treatment waiting times to allow for full transparency. d. This re-design will also allow for local intelligence on all aspects of the provision, allowing better information for CYP's decision making on their future support. | New 2017/18 priority |

Appendix B

Integrated Commissioning Group - Children and Families Wellbeing Tuesday, 17 April 2018 Civic Centre 1, Conference Room, Ground Floor

Present:

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| Tom Brailsford (Chair) | Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council |
| Graham Crossley | Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council |
| Chris Beith | GP Practice Representative - Greater Huddersfield CCG |
| Mandy Cameron | Head of Service – Education, Safeguard & Inclusion, Kirklees Council |
| Julie Walker | Operations Development Manager, Kirklees Council |
| Mandy Williamson | Hub Leader (North) – Field Lane J I & N School – BBEST Hub |
| Alan Laurie | Commissioning Manager Joint Commissioning, Commissioning – Children’s Trust Management, Kirklees Council |
| Alison Millbourn | Health Improvement Practitioner (HIPA), Public Health, Kirklees Council |
| Tracy Bodle | Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council |
| Mary White | Commissioning and Partnerships Manager, Kirklees Council |
| Melanie Williams | Hub Leader (South) – Royds Hall Community School – Aspire Hub |
| Johanna Hull | PCAN representative |
| Helen Orlic | TSL representative |
| Natalie McSheffrey | SENACT Manager |
| Alison O’Neill | Additional Needs Register Officer, Kirklees Council |
| Val Glazzard (Notes) | Business Support, Commissioning and Health Partnerships, Kirklees Council |

Apologies:

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| Phil Longworth | Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council |
| Kathy Coates-Mohammed | Hub Leader (North) – Pentland I & N School – Thrive Hub |
| Helen Severns | Head of Transformation, North Kirklees CCG |

| CHILDREN AND FAMILIES WELLBEING | | Action |
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| 1 | <p>Apologies received, minutes of last meeting and matters arising:-</p> <p>Matters arising:</p> <p>9.1.18 Private Assessments – No response from regional leads. ACTION: Tom will email NHS England for their guidance.</p> <p>Children’s Social Care representative – Waiting for a response from emails and invitation sent to Elaine McShane. ACTION: Tom will follow up</p> <p>6.2.18 Item 3 – Children and Young People Involvement Co-production Meeting took place on 20 February.</p> <p>Item 6 – Green Paper for CYP Mental Health Green paper submitted – final version attached.</p> <p>Notes from 6 February agreed</p> | <p>Tom</p> <p>Tom</p> |

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| <p>2</p> | <p>Strategic Updates:-</p> <p>Healthy Child Programme – Tom Brailsford It is one year since delivery of the HCP started in April 2017. Thriving Kirklees service has received positive feedback.</p> <p>Transformation Plan – Alan Laurie Quarter 4 reports have to be submitted to NHS England by next Friday, 27 April. Thriving Kirklees information will only be received next Monday; therefore there will be no time to circulate report prior to submission. 12 months on base-line data has improved reporting. Positive feedback had been received from January’s submission. Waiting times continue to be a challenge.</p> <p>Schools as Community Hubs –Tracy Bodle, Melanie Williams, Mandy Williamson South Kirklees hubs will shortly be rolling out their nurture training programme using NHS England funding. The £35k received by North Kirklees hubs will be used to run more Mental Health First Aid courses during September and October. An event launching the BBEST website will take place on Wednesday 25 April.</p> <p>UK Community Hub network meeting held on 15 March 2018 (in association with the Centre for Equity in Education) was an opportunity for networking and transfer of ideas. The event was well supported including a member from Save the Children. Save the Children are investing unrestricted funding in the UK and Kirklees has been identified, using poverty indicators, as being 1 of the 4 priority areas. A representative from the organisation attended the event as they are interested in building up a relationship for investment. Going forward Save the Children will be an investment partner and are looking to invest in children’s area based community; sharing skills and common ideas. £20k is being provided for investigation work. Work is going to be carried out on investigating beneath the threshold.</p> <p>Board displays used on the day will be available to take into the community to promote work carried out by the hubs.</p> <p>14 Children Centres have now been taken over by the hubs and are being used in different ways.</p> <p>Priorities for next year will be set at a planning meeting on 23 April; they will include information gathered from the conference.</p> <p>ACTION: The ICG meeting on 12 June will be used for a workshop. Prior to this Tracy will arrange a small planning group to organise and set agenda for the workshop.</p> <p>Children and Young People’s Plan – Mary White Further delays due to admin changes. The Children & Young People’s Board has been put on hold and the plan is being taken over by the Improvement Board, causing a pause in the system. The plan will also need to go to Scrutiny and full council.</p> <p>Children’s Therapies – Graham Crossley Looking at balancing needs and budget and how the service meets the agenda. Graham will report back to this group when the prioritisation model has been completed.</p> <p>Children and Young People’s Engagement – Julie Walker Julie is developing a database/network regarding young citizens; identifying specialist provision and support groups. First step is to send out email enquiries and 5 schools have responded quickly. Once people are signed up protocol will need to be in place to work with these groups.</p> | <p>Tracy</p> |
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| | It was agreed that Vulnerable Children's Need Assessment be taken off the agenda item standard strategic updates and Additional Needs Register added. | |
| 3 | Early Help and Ofsted Improvement Plan There had been a session in the Town Hall which had moved things on a bit. Another session may be co-produced. | |
| 4 | Update from North Kirklees on Health and Wellbeing grant See 2 above, Strategic Updates – Schools as Community Hubs. | |
| 5 | Additional Needs Register (ANR) – Alison O'Neill Alison has been appointed as Additional Needs Register officer. She is looking for direction from this ICG; ANR will be added as a standard strategic update on the agenda. It is a statutory duty to provide ANR. The introduction in May 2018 of the General Data Protection Regulation means that people need to know in advance of signing up what their information will be used for. ACTION: Arrange a small meeting prior to next ICG (15 May) | Alison O |
| 6 | SEND Tribunal Process – Natalie McSheffrey SEND Single Route of Redress – National Trial (papers distributed with agenda). The 2 year national trial is expanding the powers of First-tier Tribunal SEND. These will apply to LA decisions and EHC plans issued from 3 April 2018 and to all local authorities and CCGs. Parents appealing EHC plans on Education grounds will be able to include associated health and social care issues via a single route. If the Education needs are met prior to tribunal the case can still go through on health and social care aspects. The health and social care recommendations by the Tribunal are non-binding but commissioners will be expected to follow them – families can complain to the Ombudsmen or, in exceptional circumstances, seek to have the decision judicially reviewed. The local offer has been updated and letters of information sent out to parents. Initially funding will be looked at case by case. The council will be proactive in solving problems before they get to tribunal and assessments will be robust. ACTION: Tom will do paper on CCG impact | TOM |
| 7 | Kirklees Participation Guide draft VI - Alan Laurie The group discussed the draft paper <i>Participation...involving children, young people and their families</i> prepared by Alan and distributed with agenda. ACTION: Please send comments to Alan | ALL |
| | Any other business PP and Commissioning – Mandy Cameron Janet Tolley is the head of Kirklees Virtual School. Additional money for Mental Health support for Looked after children has been put aside to help fast track. Extra projects this year include Preparing for adulthood and work. Graham offered to help with money already provided for preparing for adulthood. 15 May meeting – Tom will be on annual leave therefore an alternative chair will be required. | |
| | Date of next meeting - Please note change of venue:- Tuesday, 15 May 2018, 13:00-15:00 Civic Centre 1, Ground Floor, Conference Room | |

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| | <p>17.4.18 Send Tribunal Process – Tom to share paper/update on CCG impact</p> <p>Notes from 17 April agreed</p> | <p>Tom</p> |
| <p>2</p> | <p>Strategic Updates:- Healthy Child Programme and Transformation Plan – Keith Henshall/Alan Laurie Discussions are now taking place with lead providers for Year 2 planning; looking at what worked well and what can be improved. Based on what was proposed in submission to win contract and experience gained in first year, negotiations are taking place and things may be done differently going forward. Money has been held back for premium achieving actions. Targets originally did not have baselines, these have taken time to establish.</p> <p>Thriving Kirklees Single Point of Access (SPoC) went live in October 2017, replacing the ASK CAMHS telephone service, it is being rolled out progressively to avoid problems experienced by the Locala adult services which was overwhelmed with calls.</p> <p>After the April report, commissioners and providers have been working together to reduce CAMHS waiting times and improve access for children and young people to achieve an originally agreed waiting time target of 10 weeks by August 2018. The latest trajectory agreed with Locala and providers for CAMHS waiting times is 6 weeks from referral to treatment.</p> <p>The Transformation Plan Quarter 4 reports were submitted to NHS England on 27 April, waiting for feedback. The Kirklees Future in Mind CAMHS Transformation Plan together with quarterly updates and other associated documents published since 2012 can be found at www.kirklees.gov.uk/futureinmind.</p> <p>Chris Beith had requested that we discuss the KIHCP Quarter 4 Contract Performance Report and review of the current meeting structure. As Chris was not present at the meeting this item will be carried forward.</p> <p>ACTION: – Agenda item for the next meeting 12 June 2018.</p> <p>Schools as Community Hubs –Tracy Bodle, Kathy Coates-Mohammed, Donald Cumming, Jackie Wood The last network hub meeting had been well represented. Martin Green is holding a Meeting on 21 May with Hub Leaders and Service Directors to discuss issues and hub support. The general consensus of the hub leaders was that the local authority were listening but there were no answers. The hubs were still relying on goodwill and without practical help they were unsustainable. There were also pressures on school budgets.</p> <p>Tracy highlighted the following:-</p> <ul style="list-style-type: none"> • One hub was near to closure, if it did, the offer to help families would still be there but capacity to cooperate with the council and others schools would be affected. • What are the best governance options for the hubs e.g. companies limited by guarantee? Tracy is looking at other authorities to see what they do. • Crisp edge between what is the services responsibility and what is more strategic ask of the local authority relating to transformation/system change. • How could we work with Save the Children who are positive about investing money? | <p>Tracy</p> |

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| | <p>ACTION: Instead of utilising the next ICG meeting on 12 June for a workshop around Community School Hubs, members of Save the Children will be invited to attend part of the meeting.</p> <p>The next network hub meeting will take place on 28 June 2018, members of the ICG will be invited to look at strategic outcomes.</p> <p>Children and Young People’s Plan – Mary White The Improvement Board has taken over from the Children & Young People’s Board and the plan will be discussed at their next meeting.</p> <p>Children’s Therapies – Graham Crossley A draft of the Needs Assessment was sent to CHFT and Locala, progress has been made and feedback was received yesterday regarding the development of a Specification and the priorities for inclusion. A small group will meet to work on the Specification; central integration can be part of the sub-group’s remit i.e. SEND requirements, health requirements and school requirements.</p> <p>ACTION: Arrange Sub Group meeting to develop and agree – Graham Crossley, Chris Beith, Natalie McSheffrey, Mandy Cameron and Tom Brailsford. – Meeting arranged for 6 June.</p> <p>Children and Young People’s Engagement – Julie Walker Julie will feedback at the next meeting.</p> <p>Additional Needs Register – Alison O’Neill Draft ANR registration form had been circulated to the group prior to the meeting. Alison would welcome feedback and input from the group, PCAN have also been involved. Registrations have now closed and will re-open on 1 September 2018. At the end of May a student will be working on putting the registration system on-line. There will also be a newsletter. It was suggested doing a Beta test before the system went live.</p> | Val |
| 3 | <p>Early Help and Ofsted Improvement Plan Karen has only been in post 3 weeks so was not in a position to offer any input at this time. Head of Service for Early Help has been appointed and will take up the post at the beginning of July.</p> | |
| | <p>Any other business High Needs Review – Mandy Cameron Visionary Day had been very successful. Learning Summit will take place on 7 June. The action plan is in sections the largest includes finance for early years; other sections look at funding on a whole but with flexibility. School offers are not always about finance but what is needed at the time to keep a child in the school where they are. The plan will go to the Education Partnership Board. Like the Visionary Day it is important to get school hubs involved, they can play a massive role looking at funding in the future. We need to look at what is possible then implement it.</p> <p>Centre of Equity in Education – Tracy Bodle There is an event taking place in the Colne Valley on 24 May looking at <i>Below the Threshold</i> at Slaithwaite Junior & Infants School 2-3pm. When the report is completed Tracy will bring to ICG, in the first instance, to look at findings.</p> | |
| | <p>Date of next meeting - Please note change of venue:- Tuesday, 12 June 2018, 13:00-15:00 Civic Centre 1, Ground Floor, Conference Room</p> | |

**Integrated Commissioning Group - Children and Families Wellbeing
Tuesday, 12 June 2018
Civic Centre 1, Conference Room, Ground Floor**

Present:

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|------------------------|---|
| Tom Brailsford (chair) | Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council |
| Helen Severns | Head of Transformation, North Kirklees CCG |
| Mandy Cameron | Head of Service – Education, Safeguard & Inclusion, Kirklees Council |
| Alison Millbourn | Public Health Manager, Kirklees Council |
| Karen Mosgrove | Interim Service Manager DCS, Family Support & Child Protection, Kirklees Council |
| Johanna Hull | PCAN representative |
| Kathy Coates-Mohammed | Hub Leader (North) – Pentland I & N School – Thrive Hub |
| Melanie Williams | Hub Leader (South) – Royds Hall Community School – Aspire Hub |
| Mandy Williamson | Hub Leader (North) – Field Lane J I & N School – BBEST Hub |
| Tracy Bodle | Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council |
| Sanna Mahmood | 2 nd Year Health & Community Development Student at Huddersfield University |
| Mary White | Commissioning and Partnerships Manager, Kirklees Council |
| Diane Calverley | TSL representative |
| Val Glazzard (Notes) | Business Support, Commissioning and Health Partnerships, Kirklees Council |

Apologies:

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| Graham Crossley | Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council |
| Phil Longworth | Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council |
| Alan Laurie | Commissioning Manager Joint Commissioning, Commissioning – Children’s Trust Management, Kirklees Council |
| Chris Beith | GP Practice Representative - Greater Huddersfield CCG |
| Julie Walker | Operations Development Manager, Kirklees Council |
| Jackie Wood | Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub |
| Donald Cumming | Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub |
| Christine Bennett | Practice Improvement Lead, Family Support and Child Protection - Care and Assessment, Kirklees Council |

| CHILDREN AND FAMILIES WELLBEING | | Action |
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| 1 | <p>Apologies received, minutes of last meeting and matters arising:- Matters arising: Introductions were made and Diane Calverley-TSL representative and Sanna Mahmood – 2nd year Health & Community Development student were welcomed to the meeting. Sanna is shadowing Jacqui Gedman, Chief Executive.</p> <p>Children’s Social Care representative – Christine Bennett, Practice Improvement Lead was unable to attend on this occasion therefore Karen attended on her behalf.</p> <p>17.4.18 Item 6 SEND Tribunal Process – Paper has not yet been written on CCG impact. Tom will ask a member of staff to scope and in the meantime will take to joint CCG/Council SMT. Johanna will discuss at PCAN.</p> <p>15.5.18</p> | |

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| | <p>KIHCP Quarter 4 Contract Performance Report and review of the current meeting structure. Will be brought forward to future meeting.</p> <p>Notes from 15 May agreed</p> | |
| 2 | <p>Strategic Updates:-</p> <p>Healthy Child Programme and Transformation Plan – Tom Brailsford/Helen Severns The transformation premium attached to the HCP contract, which had been held back for provision not delivered, will be used for specifics. Year 2 priorities will be set using the outcomes of the first year. Some of the points noted:</p> <ul style="list-style-type: none"> • Positive and well done. • Providers were frustrated as they were behind where they expected to be at this stage. This was due in part to unrealistic expectations and the job being bigger than anticipated. • New and different way of doing things was a culture challenge. • Work to do on pathways – retained premium can be used to help. • Significant benefits; better than previous initiatives. • Impact on schools, as they have no spare capacity or resources to deliver <i>train the trainer</i> using their own staff. • Integrated intelligence move from Health intelligence. <p>ACTION: Mandy W and Kathy will summarise the school hubs’ concerns in an email to Tom and he will take these back to the providers.</p> <p>Schools as Community Hubs –Tracy Bodle, Kathy Coates-Mohammed, Mandy Williamson, Melanie Williams A strategic meeting had taken place on 21 May with Hub Leaders and Service Directors to discuss issues and hub support. Saleem Tariq (Deputy Director for Children’s Services) had drafted a Way Forward but after 2-3 years of waiting the hubs were not confident. They need assistance with money and/or people. The hubs are wanting to continue but cannot manage without resources; they also require transparency from the council. If the council were to provide staff for the hubs they would need to be deployed and managed by the hubs themselves. The hubs would also require to be involved in the recruitment process. Another meeting has been arranged for Friday 15 June to discuss finances. Sal is attending the next Hub Leaders Network meeting on 28 June.</p> <p>Children and Young People’s Plan – Mary White Still waiting for feedback from the Improvement Board, which has taken over from the Children & Young People’s Board while it has been put on hold. In the meantime, Mary is continuing to meet with voluntary sector group attached to the Children’s Partnership Board to keep lines of communication open. The hub leaders expressed their concerns as to the breadth of their representation on the Improvement Board. ACTION: Tom will contact Jo-Anne Sanders about the breadth of school hubs representation on the various boards including the Improvement Board.</p> <p>Children’s Therapies – Tom Brailsford A sub-group meeting had been held on 6 June to discuss prioritisation matrix. The providers will be asked what they can provide with the present financial envelope and then will look at the gaps.</p> <p>Additional Needs Register – Mandy Cameron Parents who have signed up will receive a newsletter. The questionnaire needs to be very clear and focused and it is important how the collected data is used.</p> | <p>Mandy W/ Kathy/T om</p> <p>Tom</p> |

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| 3 | <p>Early Help and Ofsted Improvement Plan – Mandy Cameron/Tom Brailsford The third Early Help partnership event is taking place on 13 June – Designing Outcomes. Improvement Plan – an inspection visit is due next month. Tom will update at July meeting.</p> | |
| 4 | <p>KIHCP Q4 Contract Performance Report and review of current meeting structure Will be brought forward to a future meeting.</p> | |
| 5 | <p>Family Support Volunteers Commission – Mary White Family Support Volunteer contract review paper was distributed with the agenda. Mary requested feedback from the group prior to taking the paper to the Senior Leadership Team. After an in-depth discussion the group agreed to recommend keeping the current contract. ACTION: Tom offered to attend the SLT meeting with Mary.</p> | <p>Tom / Mary</p> |
| | <p>Any other business</p> <p>Integrated Commissioning Board – Tom Brailsford The new ICB board has now met three times; this board gives a high level overlook of the integration groups and covers integration strategy priorities we are working on.</p> <p>SENAT – Mandy Cameron Some of the points noted:-</p> <ul style="list-style-type: none"> • Transfer Reviews had been completed. • Analysis to executive team for extra funding had been granted. • Immense pressure due to lack of training and workloads. • Presented structures addressing issues; after consultation HR to start looking at job descriptions. A small working group including PCAN and head teachers feeding in their requests. • Team will double in size. • Underpinning action plan when team is in place. • Main focus will be on getting things right. • By October 2018 should start to see results. | |
| | <p>Date of next meeting :- Tuesday, 17 July 2018, 13:00-15:00 Civic Centre 1, Ground Floor, Conference Room</p> | |

CAMHS Transformation Plans – Issues and risks to delivery Q1 2018/19

| 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 2018/19 plan | Mitigating Actions | *Date expected to deliver |
| LPS 6 (2.2) | <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><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></p> | <p>As described in previous progress reports adaptations to redirect our focus to meet data set national access waiting times across CAMHS provision requires further work to identify revised trajectory timescales. Reductions remain a challenge against existing budgets, and continuing pressures on service delivery with increasing referral rates and service capacity.</p> | <p>See Q1 progress report for more detail. Waiting times are included in contract monitoring systems as detailed in quarterly progress reports. CAMHS provisions continue to provide required data to NHS England dataset submissions. Commissioners and providers continue to progress adaptations to existing delivery provisions to meet NHS England national access standards.</p> | Ongoing from October 2018 |
| LPS 25 (5.1) | <p>Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2017/18.</p> <p><i>Impacts on 22 (4.5), 23 (4.6) and 26 (5.2)</i></p> | <p>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 and lack of clarity from NHS England. Current focus being on Thriving Kirklees provisions involvement as opposed to other agencies. Continuation by CAMHS staff in CYP IAPT training programmes.</p> | <p>See Q1 progress report for more detail. Participation in CYP IAPT by CAMHS staff continues work towards embedding IAPT outcome measures into practice. The Calderdale and Kirklees IAPT Steering Group works together to progress this priority.</p> | Ongoing from January 2018 |

**Children's LD/ASD Risk Management and Family Support Register
SUMMARY UPDATE**

For CWKB Commissioners – Children's Services

**Fareena Rasaq – Business Manager
July 2018**

1.0 Introduction

South West Yorkshire Partnership Foundation Trust (SWYFT) were commissioned to set up and data control the Children's LD/ASD Risk Management and Family Support Register by and on behalf of Clinical Commissioning Group (CCG) Commissioners for Calderdale, Kirklees, Wakefield & Barnsley in January 2018.

This paper provides an update on progress from January to date.

2.0 Set up

Between January and March, the CYP TCP funded SWYFT £7k to develop a register and process to fit for children's services.

SWYFT adult LD community teams had already set up At Risk of Admission Registers in all four localities and were acting as "data controller" on behalf of CCGs. The template and protocol being implemented for that cohort was used as a starting point for the development of the children's register.

The Kirklees CAMHS team LD service were used as the pilot area to work up a template to fit for children's services and agree an internal process in order to begin populating the Register. This was successfully implemented within the timeframe but the tools remained in draft as the process was being rolled out to ensure it worked for all localities.

3.0 Roll out

Between April and June, the registers have been rolled out across the patch – Barnsley, Calderdale, Kirklees and Wakefield for cases open to SWYFT with LD or ASD or both. As part of this roll out SWYFT have;

- Agreed a consistent process that fits with all 4 localities
- Created secure contact points
- Further amended the risk stratification to fit with the needs in children's services
- Finalised the protocol
- Further developed and finalised communication with parents/carers/young people
- Obtained feedback from parents/carers/young people which has been fed back to TCP workstream which has resulted in changing the name of the Register from "Children's Dynamic Risk Register" to "Children's LD/ASD Risk Management and Family Support Register"
- Amended our existing MDT agendas to include Register updates or introduced new MDTs in order to facilitate the process
- Trained all our CAMHS clinicians on the implementation process

Champions (clinicians) and administrators have been established in all four localities that oversee the registers and a process is in place for managing cases onto the Registers, RAG rating, updating information and removing cases. Further funding of £32k from CKWB has enabled SWYFT to enable a robust administration resource across the patch to data control the Registers.

The roll out has successfully completed with 4 live Registers that have been submitted to CCGs from 1st July.

4.0 Tools

The tools that are now in place (pack attached) and consistent across the patch are;

- Protocol
- Register template
- Information for parents and consent
- Information for young people 16 plus and consent
- Register referral form for external providers to complete in order to add young people to the Register

We have also established contact points with the CCGs so that client identifiable information is not shared directly with Commissioners. Updated Registers are submitted monthly on 1st of each month or as close to via secure email.

5.0 Next Steps

SWYFT will now support CKWB CYP TCP workstream with a communication strategy to ensure that the process is consistently applied across other health and social care providers. This work will be time-scaled during July/August 2018 and will ensure that the criteria for being placed on a Register is being applied across each locality including young people that are not open to SWYFT.

**Transforming Care
Partnership**



For people with learning disabilities and/or autism
in Calderdale, Kirklees, Wakefield and Barnsley

Have your say



about your

Care, Education and Treatment Review



Have your say



We want to know what you think about your Care, Education and Treatment Review.



Please complete this questionnaire. Get someone to help you if you want.



Tick in the boxes to show you answers and add words if you want to....



When you have finished give this form to your Care Co-ordinator.

Question 1

 Did you receive enough information to know what your Care, Education and Treatment Review would be about?



Yes




Not Sure



No

What could we do to make the information better?

Question 2

 Was the information easy for you to understand?



Yes



Not Sure



No

What could be done to make this better?

Question 3

BIG words

When you were being talked about, did you understand the words being used all the time?



Yes



Not Sure



No

What could be done to make this better?

Question 4



Did you feel that you and your family were helped at all times in the review?



Yes



Not Sure



No

Do you have any suggestions to make this better?

Question 5



Did others listen to your views on what might make your review work well?



Yes



Not Sure



No

Do you have any suggestions to make this better?

V1 - June 2018

Question 6



Do you know who your **Care Co-ordinator** is?



Yes




Not Sure



No

A **Care Co-ordinator** is the named person who will help and support you with anything agreed during the Review.

Question 7



Were all **panel members** introduced?



Yes




Not Sure



No

Panel members were the people who talked about you in your review meeting.

Question 8



Do you feel the decisions at the end of the review involved your own and your family's views?



Yes



Not Sure



No

Question 9



Did you understand all the decisions made in the review?



Yes



Not Sure



No

How could we make this clearer for you?

Question 10



Do you know all the people who will be helping you after the review?



Yes



Not Sure



No

How could we make this clearer for you?

Is there anything else you want to tell us?

Thank you



Thank you for telling us what you think.



This can help us make Care, Education and Treatment Reviews better for others.

Transforming Care Partnership

For people with learning disabilities and/or autism
in Calderdale, Kirklees, Wakefield and Barnsley

NHS Greater Huddersfield CCG

Tel: 01484 464111

Email: judith.hall6@nhs.net

Appendix F

| Workforce Development Plan: Whole family approach | | | | | | | |
|---|---|---|---------------------------------------|--|--|------------|--|
| Thrive Level | Area for development | Action to be taken | Who is responsible/ lead organisation | How will progress be monitored | Date | RAG Rating | Comments/Update |
| Thriving | Train all Locala SCPHN (Specialist Community Public health nurses) to work across the 0-19 spectrum | Phased approach to supporting staff through competency development in their alternative field of practice (Health visiting or School Nursing) | Angela Ladocha/ Locala | Notification by the university of Huddersfield of those that have completed the pathway. numbers will be reported on quarterly | New cohort commenced every 6 months | green | 8 SCPHN's have now completed the pathway. A further 17 have commenced this for completion over the next 12 months. |
| | Train all Locala band 4 staff (child Development Practitioners) to work across the 0-11 age spectrum | Support colleagues to develop competencies across the 0-11 age range using the skill sharing competency workbook developed | Angela Ladocha/ Locala | the workforce will be supported to complete the competency workbooks in cohorts of 8 at a time. | Commenced January 2018 | green | A cohort of 8 have been identified to fully complete the competencies across the 0-11 spectrum. |
| | Embedding FNP and nurturing parenting principles/ approaches across the workforce - attachment tools and principles | To work in partnership with FNP practitioners to develop care pathways within generic 0-19 practice that are underpinned by FNP principles, approaches and resources. | Cheryl Beirne/ Locala | Locala colleagues book on via ESR which allows us to monitor those that have attended. | | green | skills sharing workshops have been established for: communication skills, working with marginalised families, attachment and the teenage brain. These are offered across the TK workforce. |
| | Increased awareness and understanding of roles across the TK workforce | Awareness raising and promotion via the 0-19 forum, team meetings, newsletters and joint training | Locala | | | green | |
| | Home-Start preparation course for all new volunteers | Training courses booked in for after Easter. Day time and evening course available dependent upon uptake. Dates for academic year 2018/19 to be confirmed | Home-Start | Attendance is monitored and volunteer learning is measured and scored | New cohort trained per academic term - | green | |
| | THRIVE principles training for the TK workforce. | To establish a clear understanding of where each of the THRIVE principles fit across the partnership and to embed THRIVE principles into core service and develop training to support this. | Linda Moon/ All TK partners | | | green | Workshop planned for 17th July to progress this. |
| | Improve support offer to parent/carers | Support staff to develop group offer to parent/carers. | Northorpe | Sessions Offered Take Up | Mar-19 | green | |

Workforce Development Plan: Prevention and Early Intervention

| Thrive level | Area for development | Action to be taken | Who is responsible/ lead organisation | How will progress be monitored | Date | RAG Rating | Comments/Update |
|-------------------------------|---|---|---|---|----------|------------|--|
| Thriving | Maternal mental health training offered widely across the partnership - YCC fitters, volunteers. | Scope available maternal mental health training and provide this to the fitters at an appropriate level. Ensure that pathways are in place to escalate any identified issues. | SWPFT peri natal mental health training | | | green | |
| | Training all Locala 0-19 colleagues in Baby friendly initiative | Ensure ongoing training is available to meet the outcomes of the baby friendly initiative. | Nicola Duncanson/ Locala | | | green | |
| | Align Locala Specialist Community Public Health Nurse (SCPHN's) as leads for each of the 12 high impact areas for SCPHN practice (department of Health) | To develop skill and expertise in each of these areas and act as a resource for the TK workforce. | Angela Ladocha/ Locala | | 01-Apr | green | This has been put on hold due to capacity within the Locala 0-19 workforce. To review this in April 2019. |
| | To review content of Safety Rangers to maximise learning. To also explore including early intervention work around emotional health & wellbeing as part of Safety Rangers | Relevant YCC staff to research and up skill in relevant areas as appropriate to develop the service. Bring in expert advice/skills where required. | YCC | Once content altered - learning will be measured through testing knowledge and understanding of the children. Longer term follow up work on outcomes is planned | Mar-18 | green | |
| Getting advice / Getting help | Identification of behaviour/ parenting issues at 2 year review and offer support using goal focused outcomes. | Provide training to all Child Development Practitioners on behaviour management care pathway. | Angela Ladocha/ Locala | | | green | competency is in place to support training and embed into practice. Training for this is ongoing. |
| | Identification of weight issues at 2 year review and offer support using goal focused outcomes. Increased knowledge and understanding of recognising and addressing concerns with overweight and obese children | Training to all locala 0-19 workforce on advising parents with children who are overweight or obese, intervening at the earliest opportunity | Angela Ladocha/ Abi McKenzie/ Family Healthy weight service | | 2019 Nov | green | The pathway is currently under development. A training needs analysis will be undertaken and trained developed and rolled out to all TK partners as appropriate. |
| | Progression of young parents into Peer Educator role to support other young vulnerable parents to improve confidence, self esteem and the ability to tackle a variety of life problems whilst helping to build a supportive network | Recruitment of potential peer educators | Home-Start | | Mar-20 | green | |
| | Development of a goal focused intervention/ care pathways - over weight/ obese, maternal mental health, parenting/ behaviour management support, children and YP emotional health and wellbeing (with a toolkit of resources) | Offer training to 0-19 staff on motivational interview techniques/ goal focused/ strengths based approach practice - FNP principles | Angela Ladocha/ Locala | | | green | Training needs analysis is underway with Locala 0-19 staff around training needs for EHWB. Currently exploring and developing training for staff using solution focused practice techniques. |
| | Increase use of evidence-based practice and techniques | Train staff in use of evidence-based techniques | Northorpe | Staff completeing training Evidence use of approaches | 19-Mar | green | |

Workforce Development Plan: Keeping Children and Young People Safe

| Thrive level | Area for development | Action to be taken | Who is responsible/ lead organisation | How will progress be monitored | Date | RAG Rating | Comments/Update |
|--------------|--|--|---|---|------------|------------|--|
| Thriving | Capturing the child's voice | training and embedding of tools to improve this | Thriving kirklees partnership | | | green | |
| | Further work to ensure that all TK 0-19 workforce and wider Kirklees 0-19 workforce are aware of the safety in the home service and the Healthy Start Vitamin scheme - so that all eligible families benefit in Kirklees (YCC) - to maximise uptake. | Various Promotion campaigns to raise awareness and understanding in yr 18/19 | YCC | Monitor uptake of the relevant services | Mar-18 | green | |
| | All Safety in the home visits to be as effective as possible on child accident prevention - to include hazard spotting, risk assessing and actions taken where appropriate. | All safety in the home sitters to have expertise in home fire safety, and to receive up to date training on fitting of safety equipment by specialist provider. Also fitters to be trained to carry out home safety assessments. | YCC | Development of the service to include these additional accident prevention strategies | Mar-18 | green | |
| | All staff and volunteers to have refresher safeguarding training at expected levels dependent upon role | Identify workforce training needs. Ensure refreshers done as required | All partners | Staff and volunteer training planner in place for 2018/19 to monitor and record training required and completed | Mar-19 | green | |
| | Development of a partnership two year assessment for two year olds that are in an early years provision | Develop a common assessment tool and provide training to early years settings. | Angela Ladocha/ Faye Scott/ Locala / Early years settings | | | green | Pilot commencing in Almondbury early years settings from September 2019. Plan to evaluate this in December 2019 and plan the next steps for roll out into other areas. |
| | Further develop safeguarding skill and competency of Child Development Practitioners from a level 2 to a level 3. | Use the Calderdale Framework approach to develop safeguarding competency, underpinned by training. | Locala | | 2020 April | green | This will be the next steps once all CDP's have completed their competencies in the 0-11 spectrum. |

Workforce Development Plan: Community Development

| Thrive level | Area for development | Action to be taken | who is responsible/ lead organisation | How will progress be monitored | Date | RAG Rating | Comments/Update |
|-----------------------|--|---|--|---|--------|------------|-----------------|
| Thriving | Development of a partnership 2 year assessment process for all 2 year olds in an early years provision. | Work in partnership with early years providers to develop a common 2 year assessment tool. Develop and provide training to early years colleagues to support this | Angela Ladocha/ Faye Scott/ Locala / Early years settings | | | green | |
| | Emotional wellbeing lead appointed in every school | Lead for each school established Network created for all the leads | Northorpe | | | green | |
| | Training programme to support increased resilience and awareness of emotional health and wellbeing for children and YP. | Year 3 we will develop the training programme - virtual or face to face | Northorpe / CAMHS | | | green | |
| Getting advice | Working with TK partners increase our peer support workforce and review the model within which they work. (including breast feeding support workers) | Work with partners to establish the most appropriate partner to manage this TK programme team will develop a business case Implementation once business case approved | Locala | | | green | |
| | Training to schools around resilience and emotional health and wellbeing | Offer training and support to schools in responding to young people's emotional health needs | Northorpe | | 19-Mar | green | |
| | Increase the capacity of the peer educator workforce to enable wider group based reach with college and schools e.g sexual health workshops | Trained and experienced peer educators to be trained in sexual health. Young parents supported to be identified to train as PE. | Home-start | Take up of PE role and sexual health training completed and delivered to young people | Mar-20 | green | |
| | Training offered to schools on asthma and anaphylaxis. | Business case being written to offer online training solution for all Kirklees schools Design and implementation once business case approved. | Locala | | | green | |

Workforce Development Plan: Intelligent Innovation

| Thrive Level | Area for development | Action to be taken | who is responsible/ lead organisation | How will progress be monitored | Date | RAG Rating | Comments/Update |
|--------------|--|--|---------------------------------------|--|--------|------------|-----------------|
| thriving | Child accident prevention e-learning package available to TK 0-19 workforce and wider 0-19 workforce, as well as parents & Carers. E-learning to be reviewed and developed. Further promotion and awareness raising work planned in yr 18/19 (YCC) | E - learning package being reviewed and updated in yr 18/19, then promoted to all relevant 0-19 workforces, and families themselves. | YCC | Monitor uptake of the package. The to seek further qualitative feedback on successes | Mar-18 | green | |
| | Development of further e-learning packages in line with prevention and early intervention priorities. | Links to TK digital strategy. Options will be scoped out in 18/19 to establish the best solution. Business case will be written and implementation begins once approved. | Locala | | | green | |
| | Further and ongoing development of the PHIL role | There will be 4 PHIL roles Timeout sessions will be arranged for the PHILS to finalise and agree any development or training needs | Locala | | | green | |
| | Enable electronic feedback collection | Develop and pilot online feedback forms. | Northorpe | Evaluation of pilot | 19-Mar | green | |

Kirklees Suicide Prevention Group

Terms of Reference

April 2018

1 Purpose

To reduce the levels of suicide, attempted suicide and self-harm within Kirklees by implementing an effective Kirklees Suicide & Self harm Prevention Action Plan, in line with the national suicide prevention strategy. The Group will agree its remit regarding prevention of self-harm within the context of suicide prevention.

2 Functions

The functions of the group are as follows:

Suicide Prevention

The Group should ensure Kirklees has an effective and up-to-date Suicide Prevention Delivery plan, consistent with the current National Strategy and circumstances specific to Kirklees.

The Group should ensure that the action plan is reviewed annually, with mechanisms in place to monitor the delivery of specific actions.

Research and Information

The Group should identify and take into account relevant information from national and local research and other sources that relates to suicide and self - harm prevention, and ensure that the action plan is reviewed and kept up to date accordingly.

The Group should identify, receive and respond to information about rates of suicide and attempted suicide in Kirklees.

Developing connections between agencies

The group provides an opportunity for those people with specific responsibilities around suicide prevention to meet and exchange information and ideas with those from other organisations.

3 Membership

- 3.1** Effective suicide prevention requires a partnership approach involving both statutory agencies and the independent sector. It encompasses measures to meet the needs of specific high risk groups, a more general approach to suicide and self - harm reduction falls within mental health promotion.

3.2 The initial membership of the group should involve the following agencies:

- Samaritans
- Brunswick centre
- Mental Health service Providers
- Clinical Commissioning Groups (GP mental health lead)
- South West Yorkshire Mental Health Trust
- Kirklees Council
 - Public Health
 - Children & Adults Directorate
 - Highways
 - Kirklees Neighbourhood Housing
- Calderdale and Huddersfield Foundation Trust
- Mid Yorks NHS Trust
- Locala
- CHART
- West Yorkshire Police
- West Yorkshire Probation Service

The Group is chaired by the lead from Public Health.

It is the responsibility of the designated lead from each organisation to feedback relevant information, including resources to their working colleagues and contribute to specific task and finish groups where necessary.

4 Reporting and Accountability

The Suicide Prevention Group is accountable to the Kirklees Health & Wellbeing Board via Kirklees Mental Health Partnership Board. It is also accountable to the Emotional Health & Wellbeing Integrated Commissioning Group. Links will be made with the Safeguarding agenda and Child Death Overview Panel.

5 Frequency of meetings

The Group will meet at least once every three months and more frequently where necessary. Papers for each meeting will be circulated at least 5 working days in advance of the meeting.

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