

**Kirklees Future in Mind
Transformation Plan**

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

Index	Page(s)
1. Introduction	3
2. Accountability and Transparency	3 - 10
3. Quarterly progress update	11 - 19
4. Workforce development	19 - 20
5. Community Engagement and Participation	21 - 22
6. Areas of most challenge in implementation	23
7. Brief overview of spend and activity	23
a. Appendix A – Provider progress update report	24 - 34
b. Appendix B - Integrated Commissioning Group minutes	35 - 40
c. Appendix C - Amalgamating Service within Thrive Quadrants	41 - 47
d. Appendix D – SPoC Support Request Pathway	48
e. Appendix E – Risks and Mitigating actions	49
f. Appendix F – Workforce vision	50
g. Appendix G - Thriving Kirklees Workforce Achievements.	51 - 55
h. Appendix H - Thriving Kirklees Engagement Plan	56 - 60

Additional submission

- Finance Assurance Template Q1 to Q4 Separate file submission

1 Introduction

- 1.1** This report summarises Kirklees activities and outcomes for the Quarter 4, period of January to March 2018. The contents align with our local priorities in the Kirklees October 2017 refreshed Transformation Plan. The plan and previous reports published since 2012 can be found at www.kirklees.gov.uk/futureinmind.

Following the Q3 submission and subsequent feedback the below points will be specifically covered in more detail in this report:

1. Thrive model
2. Local progress on Perinatal Care
3. Single Point of Contact developments
4. Progress against waiting time trajectories and action planning
5. Children and Young People Data Access Standard
6. Transforming Care
7. Gaps and challenges in developing a workforce strategy and plans in place to address any gaps
8. Detail on engagement work with children and young people.

The presentation format of this and future reports has changed to align with reporting and monitoring mechanisms agreed between commissioners and Thriving Kirklees partners.

The report(s) now offers a lead commissioner commentary throughout together with any collated progress including the most recently available updates from Thriving Kirklees and other partners. Whilst information in Appendix A is aligned with specific local transformation priorities it should be noted that any progress and impact can also support the delivery and outcomes of a number of the 25 often inter-dependent local priorities.

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 two Integrated Commissioning Group meetings which took place in January and February 2018. A meeting planned in March was cancelled due to commissioners attending a Yorkshire and Humber NHS England local transformation plan celebration and learning event.

2.c Kirklees Thriving Model

Aspects of an evolving Thrive model of delivery include the new single point of contact and service delivery functions which were included in our October 2017 Transformation Plan Refresh and Quarter 3 progress reports which can be found [here](#).

The 0-19 Healthy Child Programme contract is delivered under the partnership umbrella title of “Thriving Kirklees” and has now been in place for 12 months.

This new contract is a critical element in transforming Kirklees services for children, young people and their families. Our continuing ambition is for services to adapt and change and adopt best practice approaches and principles from Thrive Elaborated and i-Thrive.

Over the last twelve months partners have been supporting the collation of baseline data to refine and inform contractual performance targets to begin providing validated and reliable evidence of performance and impact in year 2 of the service delivery from April 2018.

Thriving Kirklees will continue to develop and expand the Thrive Elaborate model between its partners and other services they work with.

To date the following work has been undertaken:

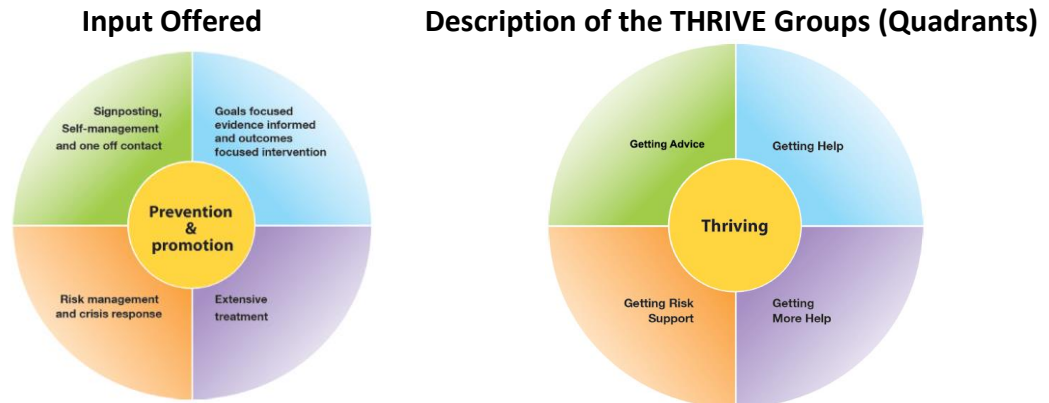
- Ensuring that all Partners understand Thrive Elaborate Principles and this is communicated across the board.
- South West Yorkshire Partnership NHS Foundation Trust have provided an Educational Learning Event (based on Calderdale principles) to Partners and Commissioners.
- All organisations have mapped their interventions against the 4 Thrive needs areas and each organisation has measured itself against the Thrive principle. See Appendix C for more detail.

Future actions include:

- Reviewing all provider interventions against Thrive principles to ensure consistency in understanding the Thrive concept.
- Modelling each Thrive quadrant and each services role within these quadrants.
- Ensuring the workforce fully understand Thrive Elaborated and the language and concept are understood across the partnership.
- Translating the Thrive concept to key stakeholders, patients and public.
- Linking with work being undertaken to create a single journey log for Service Users throughout their contact with Thriving Kirklees.
- Establishing a common understanding of what a single delivery plan for Thrive Elaborate is, and will be.
- Develop key performance indicators to capture the Thrive model.
- Continual evaluation of whether Services are working to a Thrive model.

Conceptual Framework

Below is the proposed framework that Thriving Kirklees will work within.



Key planning assumptions are:

1. Distinction between advice, support and evidence based 'treatment'
2. Five Needs Based Groups are distinct in terms of the:
 - needs and, or choices of the individuals within each group
 - skill mix of professionals required to meet these needs
 - resources required to meet the needs and, or choices of people in that group
3. Needs based approach "minimum resource" required to exhaust capacity to benefit and least invasive
4. Thrive elaborated suggests "Getting Help" provision should be with Health as the lead provider for this group
5. Thrive elaborated suggests "Getting More Help" provision should be mental health as the lead provider
6. Health input involves specialist health workers
7. Might expect to see very complex children and young people responded to within "Getting advice" from highly qualified and experienced health professionals
8. Groups not distinguished by severity of need and or, type of problem although likely certain problems or severities will be more common in some groups
9. THRIVE groupings align to grouping used in Choice and Partnership Approaches (CAPA); Choice (getting advice), Partnership (getting help) core partnerships, Specific partnership (getting more help).

Next Steps

Thrive Elaborated is a concept. All work currently being undertaken within the Thrive Operational Group will ensure that this concept is embedded into everything that the Partnership does and wants to achieve. It is an ongoing process with no finite ending.

A meeting is arranged between all Partners to review each services provision against the Thrive Quadrants. The focus of the meetings will be to look at the amalgamated summary

of all service provisions to agree and clarify that appropriate interventions are sitting within the right Thrive quadrants. This will enable all to have the same understanding of the concept of the Thrive model.

2.d Kirklees Integrated Healthy Child Programme - Thriving Kirklees Management Structure

An integral part of our transformational approaches under Thriving Kirklees now involves an established contract management structure shown below:



The Partnership Board

The Board involves senior responsible officers who have delegated decision making authority for Kirklees Council, Public Health, Children's Trust Management and Development, Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical Commissioning Group within the following areas:

- Strategic Transformation
- Finance
- Quality Governance

Where necessary the Board also co-opt senior responsible officers who have delegated decision making authority for Early Help and Learning, Child Protection and Family Support and Service Integration.

Partnership Board

Quarterly meetings take place involving Partnership Board members, both Clinical Commissioning Groups and Local Authority Authorised Officers. The Partnership Board is:

- Responsible for taking decisions concerning the Programme and Partnership arrangements which are escalated by Authorised Officers or referred to their respective boards for a decision.
- Provide strategic direction on the programme.
- Receive the financial and activity information.

- Review the operation of the programme and make meaningful recommendations.
- Oversee the strategic transformation and assure governance of the financial and quality elements of the programme.
- Oversee the local performance payment arrangements, including ratifying decisions regarding payment of the Transformational Premium.
- Make recommendations to utilise and manage any underspend in the Council and Clinical Commissioning Groups.

Operational Updates

These monthly meetings are between Thriving Kirklees services and Public Health Managers. The meetings cover on-going transformation and development of the programme, plus any additional issues raised in quarterly performance review meetings.

Programme Reviews

These quarterly review meetings involve the Contract Managers together with representatives from the Council, Public Health, Clinical Commissioning Groups, and local GP mental health leads.

Meetings take place 1 week before a quarterly Performance Review to enable partners to comment on the operational and performance outcomes of Thriving Kirklees. Reviews are undertaken using an operational summary provided by contract managers and quarterly performance data provided by Thriving Kirklees. The outcomes of these meeting are then addressed by contract managers during Quarterly Performance reviews with Thriving Kirklees.

Performance Reviews

These quarterly reviews involve Thriving Kirklees services and the contract managers. The meetings provide an opportunity for performance data to be discussed and reviewed, which includes any issues highlighted at the Programme Review meetings. The meeting enables forward plans to be agreed with timescales for implementation and completion. To keep the Partnership Board informed quarterly performance reports are produced by contract managers.

As part of established monitoring and auditing processes, minutes are maintained relative to each of the described functions.

2.e Local Authority Council Meeting

In March a briefing report was prepared outlined the effectiveness of local CAMHS service in supporting vulnerable young people and potential benefits which should emerge from the Healthy Child Programme over the next 12 months.

The report was provided to facilitate a full council meeting in accordance with Council Procedure Rules, to enable a formal response and debate to written questions that had been made to the Cabinet Member with statutory responsibility for children.

2.f Local intelligence

In January 2018 a Kirklees Mental Health and Wellbeing Needs assessment was produced to support the commissioning of mental health and wellbeing services across Kirklees this forms part of the wider Mental Health Programme Review. The needs assessment aims to

ensure Kirklees Council, Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical Commissioning Group work collaboratively to deliver the best possible services for the residents of Kirklees in relation to mental health.

[The document](#) looks to ensure an all-age provision is in place, including high quality preventative services that ensure people don't reach crisis, and if any person does reach crisis, they receive the best possible physical, human and financial care from within existing resources.

2.g Improving Perinatal Mental Health (PnMH)

The 2015 [Future in Mind](#) report identified government aspirations to enhance existing maternal, perinatal and early years health services and parenting programmes. Following publication of the report perinatal mental health care was subsequently excluded from inclusion in local Transformation Plans on the direction of NHS England. This was because perinatal mental health care needed to be a separate area of focus, funding and guidance.

In August 2016, a specialist perinatal mental health [community services development fund](#) was launched to promote service development, quality improvement and increase the availability of high-quality care for women and families.

Clinical Commissioning Groups, NHS Trusts, Foundation Trusts and Sustainability and Transformation Plan footprints were invited to submit proposals for up to three years, from 2016/2017–2018/2019 to focus on expanding existing specialist community teams or developing new small support teams.

A successful West Yorkshire submission which included both Kirklees Clinical Commissioning Groups resulted in Wave 1 funding being made available to South West Yorkshire Partnership NHS Foundation Trust to develop and deliver a new specialist community-based service across five Clinical Commissioning Group areas. The service maximises the use of technology, upskilling the wider workforce in understanding perinatal mental health. It enables integrated working across maternity and broader community settings and has provision for peer support approaches. Local progress to date includes the following:

Needs and asset assessment - effective use of data

- The [Kirklees Joint Strategic Needs Assessments](#) includes commentary on PnMH and a comprehensive [mental health and wellbeing needs assessment](#) published in January 2018 includes specific comments on PnMH. This document will influence the development of a range of local strategies and approaches.
- The experiences of women and families who have experienced PnMH problems are being collated by the specialist community mental health service. These will be used as case studies to inform the operation of services, including being used as a basis for awareness raising training sessions to the wider workforce.

Partnership and alignment

- There is specialist mental health midwifery expertise within local maternity services to champion the needs of women with perinatal mental illnesses.
- Partnerships have been developed within the local system which recognise the links across the mental health, children's and other agendas. There are two local multiagency networks in place, one in the North and one in the South of Kirklees. Membership is made up of the specialist service, 0—19 healthy child programme service, midwifery, early years support service, commissioners and a range of voluntary organisations.
- The 0-19 service commissioned in 2016-17 ensures that PnMH issues are addressed through pathways and performance indicators.
- Community hubs have been developing over a 2 year period. Schools are at the centre of the eight Hubs together with a range of other partners have already reconfigured their operations around the eight Hubs. Mental health issues has been identified as a priority across them all. In particular, perinatal mental health is a specific focus in a number of them.
- Women and families with personal experience of PnMH problems, as well as through the work of the specialist service, have been involved through a range of voluntary organisations. Auntie Pam's is a volunteer based peer support service which has identified PnMH as a priority. They have fed issues into all core services through the Maternity Voices as well as through PnMH Networks.

Translating need into deliverable commitments

- Public health is involved in work on the PnMH care pathways and inputted to the service implementation board for the specialist service.
- The specialist service has carried out an audit of GP practices with the highest number of patients with PnMH issues and highest number of referrals. A pilot is being carried out which is looking at community-based support networks that can play a preventative role and recovery role for women with PnMH.
- The specialist service was set up to address lower access to mental health services for South East Asian women. In North Kirklees, where that population group has disproportionately higher representation, there is a dedicated member of the team whose role is to actively engage with that community to improve access to the service.
- A range of community-based support services or activities are already in place. In January 2018 some network members attended "Winchester" training. The capacity of these provisions to identify and respond appropriately to PnMH issues is being enhanced through a training programme being rolled out to the wider workforce. Take up of training is being mapped to make sure that there are no areas missed. Other community-based infrastructure are being developed to meet need, including work with GP practices and wider communities in identified hotspot areas.

- Local action plans on awareness raising aim to make mums-to-be more aware of the risks of post-natal depression during pregnancy and so make it easier for them to ask for help later.
- The 0-19 public health nursing services has a new PnMH pathway which ensures women are asked about their emotional wellbeing using universal Needs Assessment tools at each routine antenatal and postnatal contact in the perinatal period in accordance with NICE Guidance.
- The 0-19 public health service is commissioned to provide evidence based interventions that are consistent with NICE Guidance.
- Children Centres infrastructure has changed significantly in recent years due to reductions in funding. Many former children's centres however have now been integrated into the remit of schools, particularly where the centre is on the same site as a school. A new relationship is now developing between schools, communities, early year's services, health services and others. As previously referred to, mental health including maternal mental health has been recognised as a priority. The specialist service is linked to the community hub network through its multiagency meetings.
- Parents have access to the Kirklees evidence-based Nurturing Parent programme. Training is available for parents to be and is delivered through the 0-19 service and midwifery services. The six session courses are run to enable and encourage establishment of parent support groups after a course finishes. Many of these courses are run within the Community Hubs which improves access for families and increases the viability of peer support networks after the end of a course.
- The course for professionals aims to increase awareness of the potential impact of poor parental mental health on the developing foetus, infant and child across the life course.
- Families can access high quality advice on how to access housing, finance and benefit support through a number of services including Auntie Pam's peer support (based in North and South Kirklees) as well as through a range of organisations who have coalesced round the eight Community Hubs.

Leadership and accountability

- Local 0-19 public health nursing services champion PnMH through their Institute of Health Visiting champions.
- The 0-19 service is a member of Yorkshire and Humber PnMH Institute of Health Visitors group which engages their members in research about this issue.
- There is local authority and provider representation at the Yorkshire and Humber Perinatal Mental Health Clinical Network Steering Group.

As part of the wave 1 involvement, we will share learning and good practice to support other areas to develop their own specialist teams and to help reduce variation in the availability and quality of perinatal mental health services across England.

3 Quarterly progress update

3.a Single Point of Contact (SPoC)

To link with ongoing developments of the Single Point of Contact a new support request pathways document has been published and can be accessed [here](#). The document is also included as Appendix D. This document helps to inform the ongoing development of Thrive concepts to ultimately provide tier free provisions.

The SPoC continues to function from Northorpe Hall with co-located clinicians from Locala, Northorpe and South West Yorkshire Partnership NHS Foundation Trust.

As an additional referral option to access into SPoC is accessible through the Thriving Kirklees website which includes a web based referral form that can be found [here](#). Work is ongoing to improve the website within the Thriving Partnership to offer a useful information source for children, young people and their families.

During January and March 2018 a total of 4,670 calls were received by the Thriving Kirklees SPoC, 4,521 of these were redirected to the 0-19 provision healthy child programme provisions and 135 were directed to CAMHS pathways for emotional health and wellbeing support. Some referrals continue to be made directly to the previously provided ASK CAMHS single point of contact. Processes are in place to encourage callers to use the new telephone number and referral processes. This will help provide clarity of call volume and referral to appropriate support pathways.

The next steps for this project are increased promotion and usage of the SPoC and the support request form and how to further enhance access to support, including looking at an appointments booking process.

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

Commissioners and providers had locally agreed an aspirational average waiting time trajectory from referral to treatment of 10 weeks, however non-achievement of this target by August 2018 has been identified as a risk in this and previous reports.

In March 2018, commissioners and CAMHS providers attended a children and young people Mental Health Data & Access Standard (MHSDS) workshop hosted by Yorkshire and Humber NHS England and the NHS Improvement's Intensive Support Team.

Whilst Kirklees CAMHS providers already submit data to the MHSDS, the workshop provided guidance and clarity on the access standards, data submissions which will help ensure our national returns match local understanding at provider and commissioner level.

We have agreed locally to realign our focus on the new children and young people access standards of 2 contacts within 6 weeks. This will ensure that local service delivery is accurately reflected through the Mental Health Services Dataset (MHSDS).

An Intensive Support Team (IST) CYP Data Masterclass recently took place in Yorkshire and Humber. This specifically focused on providers and data analysts who are already flowing data to the MHSDS. The masterclass was well attended and there were a lot of questions and clarity asked for on definitions and technical guidance.

We have previously reported that commissioners and providers are working together towards achieving progressive reductions in waiting times and improve access for children and young people to begin to fall in line with the 6 week national access standard.

At this stage because we have changed the focus of our local waiting time standard to align with the new national standard, we are currently unable to provide a month by month trajectory of when this will be met but will provide this in future submissions.

Thriving Kirklees and commissioners are continuing to develop local processes as a result of the guidance provided at this workshop. The MHSDS is closely associated with local processes relating to reducing waiting times mentioned in this report.

The information sources and data collection systems in Kirklees do not provide examples or reliable estimates of any activity which is not currently flowing to the MHSDS from the voluntary sector, digital therapies or work with schools.

Whilst we are working towards achieving the national waiting time standards, commissioners are placing a high emphasis on the overall waiting times children and young people encounter for CAMHS direct face to face interventions and a range of support options which will ensure robust structures are made available during any waiting periods.

As requested by NHS England the following details the position under existing recording processes to the end of Quarter 4, 2017/2018 and are included in Appendix A.

End of Quarter 4 period	ChEWS*	Specialist CAMHS
1. Total number of CYP waiting for treatment*	332	42
2. Average waiting times from referral to treatment*	30.2 weeks	5.2 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”*

To support improvements and identify opportunities to reduce waiting times Thriving Kirklees are engaging an independent consultant to review demand, captivity and service change opportunities.

Immediate local responses also include additional CAMHS workers working weekends to make contact with referrals and offer indirect phone support to help reduce the number of those waiting for initial contact who are often difficult to contact during school term times and evenings.

To help reduce demand on services and offer lower level interventions, Kirklees commissioners are currently considering opportunities to provide “[Kooth](#)” which 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.

Waiting times trajectory progress

Nationally, there has been a concern about long CAMHS waiting times. There has been ongoing work on this nationally and recently suggested proposed targets.

Locally, Thriving Kirklees had been focused on achieving a target of no more than a ten weeks wait from referral to start of treatment, for those assessed as requiring specialist mental health support. This was the target communicated by commissioners in early 2017.

Average waiting times from support request to the an “appointment” for ChEWS have been higher than this target for some time, and in recent months have continued to increase each month.

Since September 2017, a Waiting Times Trajectory Group involves key staff from South West Yorkshire NHS Foundation Trust, Northorpe Hall Child and Family Trust and Locala Community Partnerships has been working to understand current waiting times and a plan to achieve this target.

The group meets regularly and has:

- Developed a shared understanding of the pathways, processes, capacity and demand across the partnership. This has involved extensive process mapping and demand and capacity analysis, creating a tool to model changes in processes and resource allocation and their impact on waiting times.
- Explained how the system works and identified issues in measuring waiting times.
- Worked with facilitators and others in this process to provide an external perspective and enhance learning.
- Shared experience and learning about system change processes and tools used.
- Considered the guidance on good practice indicated by Future in Mind and Thrive Elaborated to make services more accessible, inclusive, joined-up, personalised and collaborative.
- Learned more about Thrive Elaborated and assessed the partnerships progress in implementing Thrive key principles and practice.
- Brought together partnership staff focused on engagement of young people and families to share practice, findings and feedback.
- Considered options and proposals for change in systems, pathways, reporting and staffing and made recommendations to the Thriving Kirklees board and managers in partner organisations.
- Reported to the Thriving Kirklees Partnership Board with key learning and proposals.

The service has always provided telephone support and advice, holistic assessment through multiple phone calls, support to access other services and resources and support to access online and self-help materials. Waiting times were measured from the first phone call requesting support until the first meeting with a support worker, and so these phone calls were not recognised as the start of ‘treatment’ or ‘first appointment’.

More recently, the guidance on waiting time's definition and measurement has clarified that supportive telephone calls are part of 'treatment' and so waiting times can be re-calculated. Discussions are ongoing on this new definition to provide a trajectory timeline for achievement.

Further work is needed to understand the different waiting times across the system, for example:

- Waiting times from requesting support to completion of an assessment and a decision whether or not to provide a service.
- Waiting times from an agreement to provide a service or worker and being contacted by that service.
- Waiting times from an agreement to provide a service or worker to the start of that service or appointments.

Any changes will have an impact on our existing reported waiting times. Where telephone and online support is not enough to meet support needs, there are still significant waiting times for "direct" support for those that need it with a specialist worker. We continue to monitor and understand waiting times and work towards improving waiting times across the system.

We also need to understand the experience, priorities and views of families in relation to waiting times, and ensure their views and ideas inform and shape ongoing management and improvement of waiting times, particularly in specialist support.

Thriving Kirklees have established a number of work stream task and finish groups to support the delivery of a waiting times action plan, with specific focus areas on what might make a significant difference to waiting times, this includes the following:

Group	Process
Waiting Time Group	Clear management of progress in reducing waiting times
Process Mapping Task and Finish Group	Use resources effectively and reduce waste without reducing quality.
Engagement and Research	Ensure services respond to priorities and experience of young people and families.
Thrive Elaborated Working Group	Implement 'Thrive Elaborated' practice to ensure focus on 'getting to thriving'.
Commissioned Services	Generate additional resources
Workforce Workstream and	Prevention and early intervention to reduce long term demand on specialist services
	Support other organisations to respond effectively to children's mental and emotional health needs.
	Support families and carers to help them meet children's mental and emotional health needs.
Performance	Clear and transparent reporting of waiting times with trajectory timescales.

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.

The high volume of referrals continues to put pressure on the service. Management and reduction of waiting times remains a priority focus and concern with commissioners and providers. Referral rates continued to increase during this quarter with 836 referrals being received. By the end of the quarter there were 332 waiting with average waiting times of 30.2 weeks. See LPS 3 in Appendix A for more information.

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

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* during Quarter 4 remained consistent with 112 referrals being received. During this quarter, 97 of these referrals went on to receive direct support from the service. **not including ADHD, LAC/VYP, LD or Crisis*

At the end of the quarter there were 42 waiting with an average waiting time of 5.2 weeks. See LPS 3 in Appendix A for more information.

The challenges involved to sustain reduced waiting times is included in Appendix E.

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 2018 and is under review by commissioners.

The service is currently achieving the 28 day target for assessment for LAC cases. During this quarter Northorpe Hall supported 5 out of 8 referrals within 28 days and South West Yorkshire NHS Foundation Trust 23 out of 25 referrals within 28 days. The average wait was 15 days, with the longest wait being 91 days and the shortest wait was 0 days. See LPS 13 and 14 in Appendix A for more information.

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.

Between April 2017 and March 2018, the service has received a total of 58 referrals for an assessment for children and young people with a suspected eating disorder. 35 of these being from the Greater Huddersfield geographical area and 23 from the North Kirklees geographical area. 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.

The following provides a breakdown of the referrals received between April 2017 and March 2018.

Total Eating Disorder Referrals 2017/18 for Greater Huddersfield and North Kirklees CCG's

Classification	Greater Huddersfield				North Kirklees				Kirklees Total				Grand Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Routine	6	7	6	2	3	4	4	0	9	11	10	2	32
Urgent/Serious	1	5	2	3	4	4	2	0	5	9	4	3	21
Emergency	2	0	0	1	1	1	0	0	3	1	0	1	5
Totals	9	12	8	6	8	9	6	0	17	21	14	6	58

Referral Source	Greater Huddersfield				North Kirklees				Kirklees Total				Grand Total
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Education Service	1	0	0	0	5	3	1	0	6	3	1	0	10
GP	5	3	4	4	1	0	0	0	6	3	4	4	17
Hospital Based Paediatrics	0	0	0	1	0	3	2	0	0	3	2	1	6
Self-Referral	1	4	2	1	1	3	3	0	2	7	5	1	15
Other	2	5	2	0	1	0	0	0	3	5	2	0	10
Totals	9	12	8	6	8	9	6	0	17	21	14	6	58

The service continues to report against waiting time standards with 96% of routine referrals and 92% of urgent referrals meeting the standard during Quarters 3 and 4.

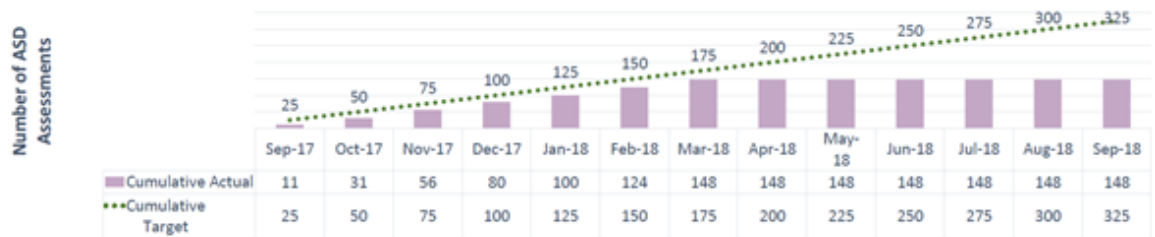
Because of the four week access standards applied for routine referrals, some referrals being reported here may have an appointment booked but will not have yet attended their appointment or they have been carried forward from previous periods.

During the Quarter 3 and 4 periods, of the 20 referrals received 12 were routine referrals of which 11 met the 4 week standard and the 12th was signposted back to the care of the early intervention service at 29 days whereby their wait for treatment ended.

During the Quarter 3 and 4 periods of the 7 urgent/serious referrals 6 started their treatment within 1 week and the fifth was discharged on clinical advice whereby their wait for treatment ended.

3.g Autism Spectrum Condition Assessments

Non-recurrent additional transformation funds have been allocated to the Autism Spectrum Condition provision to provide additional clinics for a 12 month period to reduce the current backlog. The below trajectory has been produced to support this to reduce the wait time for Autism Spectrum Disorder assessments to be no longer than 12 months by October 2018.



Referral rates continued to decrease with 14 new referrals being received. Within this quarter, 68 children and young people had an assessment.

At the beginning of the quarter there were 278 children and young people on the waiting list by the end of the quarter this had reduced to 237 waiting.

The average wait times from referral to assessment at the beginning of the quarter was at 104 weeks. By the end of the quarter the average waiting time was 93 weeks, this is an improvement on Quarter 3 when the average wait times from referral to treatment at the beginning of the quarter were at 175 weeks and by the end of that quarter was an average waiting time was 143 weeks. See LPS 3 in Appendix A for more information.

Whilst the provider reports that they are on track to achieve the agreed trajectory, it remains a commissioner risk in Appendix E.

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 quarter 4 of the 338 referrals into the service during this period, 96 (an average 32 a month) were deemed as a Crisis Intervention. 79 of these referrals received a face to face intervention and 96% of crisis referrals were seen within 4 hours. On the few occasions when this has not happened it has been due to the young person/family leaving the Accident and Emergency Department before the clinician has arrived.

An action plan is being developed to ensure hospital staff are fully aware and understand the processes. See LPS 12/29 in Appendix A for more information.

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.

Monthly partnership workstream meetings took place in January, February and March 2018 were partnership activities are discussed.

A Kirklees pilot 'Dynamic Support Register' and 'At Risk of Hospital Admission Register' for children and young people, was finalised during this quarter. This has resulted in an active register being populated and maintained in Kirklees for children's and young people with

Learning Disabilities and dual diagnosis, Autism Spectrum Condition and Learning Difficulties.

As a result of the pilot, the following have been developed:

- Register template
- Draft protocol (to be finalised with local process details)
- Client and carer information leaflet
- Consent information and pro-forma
- Draft action plan
- Draft communication strategy

Internal meetings have been established within South West Yorkshire Partnership NHS Foundation Trust (SWYFT) CAMHS teams to complete the Register process in Kirklees, adding Autism Spectrum Condition only clients. Similar processes will now be progressively developed to include Barnsley, Calderdale and Wakefield.

Previous experience with the adults register has shown that once processes are in place, the physical aspect of adding clients to the Register can happen quite quickly for many that were identified, but consent can slow this process down for some register entries.

There is an assumption that the large majority of children and young people being placed on the Register would have highly complex needs and therefore, would already be open to the SWYFT CAMHS team data systems, which means subject to consent they will be on the on an active register by June 2018.

This involves:

- Establishing processes for identifying and processing children and young people to be placed on the register locally by means of existing forums and meetings.
- Agreeing a range of review mechanisms.
- Establishing administration responsibilities across the 4 localities to ensure there is a central point of gathering information, together with populating and updating the Registers.
- Finalising protocol for all 4 localities.
- Communicate the process within CAMHS teams for implementation.
- Populate 4 Registers with known clients by June 2018.

For children and young people to be placed on the Register they need to have one or more of 3 identified risks as well as other factors that contribute to that risk. A risk stratification guide for professionals is being provided to help identify the eligibility criteria of those children and young people at potential risk.

Once finalised protocols are in place for all 4 localities, Clinical Commissioning Group(s) and Local Authority Commissioners will need to support the communication strategy and

ensure the process is communicated to relevant providers, including social care, residential care, health care, schools and other services.

When Registers are in place, Clinical Commissioning Group Commissioners will need to agree:

- A named Clinical Commissioning Group connected person with secure mailbox to share the Register with in each locality.
- The frequency of submitting Registers so that Clinical Commissioning Groups have the required and relevant information.

4 Workforce development

4.1 The importance of ensuring Thriving Kirklees have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce.

A Thriving Kirklees Workforce Development Strategy has now been co-produced. The strategy focuses on identified 'high impact' areas across Thriving Partners and the wider workforce. See Appendix F for more detail of their strategic vision, their overall aims are:

- To build an effective workforce, ensuring the right person with the right skill mix and knowledge provides timely interventions.
- Focus on prevention and early intervention to reduce demand on specialist services, supporting partner organisations (such as Community Hubs to recognise and effectively respond earlier to children's emotional health and wellbeing needs).
- To support parents and carers to empower them to meet children's mental and emotional health themselves (help them to help themselves).
- Engage with Thriving Kirklees colleagues across the system in pathway design, defining the services and teams that will provide care for the children, young people and families in each of the THRIVE domains.
- To work collaboratively with families, young people, schools other education organisations, voluntary and community organisations, public sector services, commissioners and decision makers to develop a child and family centred service.

Appendix G provides a summary of their transformational workforce development between April 2017 and March 18. Continuing developments contribute to the much wider transformation under the Thriving Kirklees contract.

The summary does not include mandatory training such as; staff inductions, safeguarding, Prevent, or domestic abuse. Whilst actions have been mapped against Thrive concepts, many actions also impact positively on more than one single service area.

A Thriving Kirklees workforce development group has been established. Meeting every six weeks the group shares responsibility for continuing workforce developments for 2018/19 and incorporate Thrive concepts and approaches which might make a significant difference to workforce development as follows:

Thriving Concept	What might make a significant difference to workforce development?
Thriving CYP (Universal offer)	Thriving: prevention and promotion in the community (including involvement of universal services)
Advice / Signposting	Getting Advice and Signposting: signposting, self-management and one off contact
Getting Help	Getting Help: goals focused, evidence informed, outcomes focused intervention
Getting more Help	Getting More Help: extensive treatment
Getting Risk Support	Getting Risk Support: focus of intervention is providing risk management

4.2 Children and Young People’s Wellbeing Practitioner (CYWP)

In December 2017, Kirklees in partnership with Calderdale a submission was made to the Northwest Children and Young People IAPT Northwest Collaborative to establish a new role of children and young people’s wellbeing practitioner within mental health services. The submission secured one student placement each for Calderdale and Kirklees.

A national recruitment process has subsequently successfully secured the appointment of two Children and Young People’s Wellbeing Practitioners to work in the Calderdale and Kirklees CAMHS services under the management of South West Yorkshire Partnership NHS Foundation Trust (SWYFT).

Their one year programme of study is due to start in June 2018 and SWYFT are currently agreeing the appointment of a Cognitive Behavioural Therapy supervisor. Services will work with the Higher Educational Institution to develop and evaluate the new roles once the trainees are in post.

These workers will complement, not replace, existing CAMHS practitioners and provide an opportunity for additional capacity to reach those children and young people who are not currently seen by CAMHS for whom lower intensity interventions are more appropriate.

4.3 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 for more information covering this quarterly period see LPS 6, 25 and 27 in Appendix A and also Appendix G.

Uncertain future budgetary commitments will impact on our local priority intention to increase participation by staff from CAMHS and other agencies, this is highlighted as a previously identified risk in Appendix E.

5 Community Engagement and participation

5.1 Appendix H provides a detailed overview of the Thriving Kirklees engagement and participation plan which continues to be implemented by services.

Kirklees has been successful in an application to take part in the LGA Mental Health Peer Learning Programme. An acknowledged challenge will be how we can use co-production approaches with children, young people, parents and carers to gain insight and shared solutions to positively impact on waiting times. The programme encourages evolution and we maintain our desire to improve the use of co-production and engagement as part of improving the provision.

Colleagues from Public Health and other partners have attended an initial workshop in London. Next steps locally will be to develop an action plan with a peer visit being arranged for May 2018. The Kirklees aim is to develop a plan of action by June 2018 when the final workshop will take place. At this workshop there will opportunities for further peer challenge and development of the plan. The final plan will then be implemented throughout 2018/2019.

An Experience of Service audit was undertaken by South West Yorkshire NHS Foundation Trust in Quarter 3 of 2017 involving those children, young people and families who had accessed the eating disorder service between 1 April 2016 and 31 March 2017.

They were contacted by post and invited to offer feedback through completion of a questionnaire. Overall the feedback from the respondents was positive however young people offered less narrative than parent/carers and the methodology will be considered for future audit.

Between December 2017 and January 2018 each service was visited for a hub and spoke Peer Review to further inform service development. A Consultant Psychiatrist a Clinical Lead and team managers from a spoke team of the Eating Disorder service supported the review.

The ten themes covered in the review are aligned to QNCC Standards are shown below:

- | | |
|---|---|
| 1. Referral and Access | 2. Transfer of Care |
| 3. Assessment and Care Planning | 4. Multi-Agency Working |
| 5. Care and Intervention | 6. Staffing and Training |
| 7. Information, Consent and Confidentiality | 8. Location, Environment and Facilities |
| 9. Rights and Safeguarding | 10. Commissioning |

Commissioners and families were invited to the peer review. The themes are being collated in April 2018 and local action plans developed.

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.

See LPS 3 (1.3) in Appendix A for key updates and data information.

5.3 Kirklees Community Hubs Programme

Kirklees Community Hubs continues to evolve by working 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.

Activities reported in the Quarter 3 progress report continue to be developed and a number of milestones will to be progressed by June 2018. See LPS Appendix A for more information.

5.4 Peer Education

Peer education programmes continue to be delivered by Northorpe Hall Child and Family Trust and Home-Start. See LPS 4 (1.4) in Appendix A for key updates and data information.

5.5 Mental Health in Schools

[Place2Be](#) is a children's mental health charity providing school-based support and in-depth training workshop programmes to improve the emotional wellbeing and resilience of pupils, families, teachers and school staff.

North Kirklees schools have developed an opportunity to deliver a sustainable method of investment in early intervention and prevention programmes for children at risk of or experiencing mental health problems.

Schools and hubs send nominated staff on 4 different workshops around resilience where to date, Place2Be and Kirklees Council have delivered training programmes on:

- Self-Belief - Helping Children Thrive
- Resilience: Wellbeing without words
- Supporting Children in the Playground
- Understanding Attachment
- Growing through Games
- Youth Mental Health First Aid
- Children, Young People - Loss, Death and Grief

5.6 Mental Health First Aid

In Quarter 3 we reported on a number of local approaches involving children and young people Mental Health First Aid training. Recent discussion has identified the need to co-ordinate and clarify what training is being provided to schools and other professionals. A task and finish group has been established to review the various offers in the next quarter.

6 Areas of most challenge in implementation

- 6.1** Immediate risks to delivery were included in the October 2017 Transformation Plan Refresh and Quarter 3 progress report. One of the identified risk involving workforce development has been removed as a result of the Thriving Kirklees Workforce Strategy being produced. Two risks remain unchanged and are reproduced in Appendix E 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 full financial year spending profile for 2017 to 2018 for both North Kirklees and Greater Huddersfield Clinical Commissioning Groups is detailed in the Finance Assurance Template which is submitted as a separate file to this document.

Budget planning will continue to be reviewed 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 E. The lack of formal budget allocation from NHS England informing Clinical Commissioning Groups of their annual allocations continues to be a challenge given the current financial pressures across the system.

Submitted by

Tom Brailsford

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

27 April 2018

Providers progress update report

Appendix A

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
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> <ol style="list-style-type: none"> Currently reviewing the number of geographical integrated areas with Kirklees and proposing four areas to match with the four early health local authority areas. These teams will consist of new skill mix 0 - 19s teams, comprising of health visitors, school nurses, nursery nurses and assistant practitioners, coordinating with schools as community hubs, community co-ordinators and CAMHS workers. Working closely with Community Hubs. A Public Health Intelligence Lead (PHIL) is linked to each Community Hub to analyse data and inform of health priorities according to community need. Several hubs are identifying emotional health and wellbeing as a significant need and are considering commissioning additional work. Work is also underway with the sport alliance to understand a join way forward. A 'CHAT Health' helpline is being considered, a business case is being present to the Thriving Kirklees board. This service would allow easier access for all children and young people. <p>CHEWS</p> <p>Key Data</p> <ol style="list-style-type: none"> During Quarter 4, ChEWS received 836 referrals, 17.2% of these were referrals from Schools or School Nurses. Within the quarter, 252 of referrals (whenever made) received direct support from the service. Referral rates into ChEWS increased this quarter. At the beginning of the quarter there were 331 children and young people on the waiting list. By the end of the quarter there were 332 waiting. The average wait times for first appointments at the beginning of the quarter were at 26.1 weeks. By the end of the quarter the average waiting time was 30.2 weeks. Of the 332 on the waiting list at the end of the quarter, 67 were waiting for counselling, 140 to see a Senior Practitioner, 123 for an Emotional Health Worker and 2 for group work. 	Year 1 priority Long term achievement by 2020

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
			<p>Key updates</p> <ul style="list-style-type: none"> a. Northorpe Hall has provided commissioned services to four educational settings directly for support above our available core offer. The CAMHS-Education Link Worker has participated in community hub meetings and is working with the local authority lead officer supporting hubs development. b. Support to schools is being reviewed across the thriving Kirklees partnership and with wider support services to establish a clear offer and ways of working with education settings within the schools link programme. <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 4, Generic CAMHS* received 112 referrals. Referrals were received from GPs (29%), Education (11%), Hospital Staff (3%), Social Services (1%), School Nurses (1%) and Other (56%). Within the quarter, 97 of these referrals for Generic CAMHS* went on to receive direct support from the service. *not including ADHD, LAC/VYP, LD or Crisis. 2. Referral rates into Generic CAMHS* remained consistent this quarter. At the beginning of the quarter there were 30 children and young people on the waiting list. By the end of the quarter there were 42 waiting for Generic CAMHS*. 3. The average wait times from referral to treatment at the beginning of the quarter were at 6.8 weeks. By the end of the quarter the average waiting time was 5.2 weeks. <p>Autism Spectrum Condition</p> <p>Key updates</p> <ul style="list-style-type: none"> a. The ASC team are currently on track to meet the requirements in the trajectory and have already significantly reduced the wait. We are completing 24 ASC Assessments each month and expect to be below 12 months from referral to assessment by September 2018. b. We have now appointed into the lead clinician post for the ASC service, however as she was an internal applicant we now need to recruit into her post. Post is currently out to advert. 	

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
			<p>c. We are in the process of developing an Action Plan following the reduction of the funding in September 2018. This will enable us to look at demand and understand the impact the reduction of funding will have on waiting times in the future.</p> <p>d. In year 1 the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires us to work with the wider 0-19 service to understand and develop the support for families both pre diagnosis and post diagnosis.</p> <p>Key Data</p> <ol style="list-style-type: none"> 1. During quarter 4, ASC received 14 referrals. Referrals were received from Hospital Staff (14%) and Other (86%). Within the quarter, 68 children and young people had an assessment for ASC. 2. Referral rates into ASC continued to decrease this quarter. At the beginning of the quarter there were 278 children and young people on the waiting list. By the end of the quarter there were 237 waiting. 3. The average wait times from referral to assessment at the beginning of the quarter were at 104 weeks. By the end of the quarter the average waiting time was 93 weeks, this is an improvement Quarter 3 when the average wait times from referral to treatment at the beginning of the quarter were at 175 weeks and by the end of that quarter was an average waiting time was 143 weeks. <p>Schools Links</p> <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. Josie Williams was appointed as an Education Links Worker in April 2017 and has continued with the aims of the pilot project.</p> <ol style="list-style-type: none"> a. Support and training provided to a further 12 education settings, a total of 23 across the year. Trainings booked in across 2018. b. Request for education settings to provide details of emotional well-being lead, and deputy, made to all in Kirklees. 74 responses received so far. Set the date May 10th as first EWB lead network meeting. c. Continued to link with Locala and CAMHS to look at workforce development for early intervention and prevention. 	

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
			<p>d. Exploring early intervention and prevention by engaging parents in education settings. Delivered two workshops with parents which have been successful.</p> <p>e. Initiated relationships with pupil referral provisions. Delivered training in 1 and exploring options to build our capacity with their school engagement workers.</p> <p>f. Liaising with Public Health practitioners, suicide prevention action groups and Kirklees learning partners to collaborate and ensure impact of all our work for CYP in Kirklees.</p> <p>g. Piloting consultation of whole school approach to EWB in Batley Girls High School.</p> <p>h. Continuing to explore how CAMHS services work in partnership with education in other local authorities; Leeds and Sheffield.</p> <p>Key Data</p> <p>1. During quarter four schools links has engaged with and delivered training to 13 education providers, this involved 6 Primary schools and 7 Secondary schools.</p> <p>Community Hubs</p> <p>a. Kirklees Community Hubs formerly called Schools as Community Hubs currently involves 185 schools. The Hubs work collaboratively to understand, share, plan and review what they do, making the most of the skills and knowledge, relationships with children and families and resources that exist in schools and partner agencies.</p> <p>b. In order to make the most of resources in the system that represent support for Emotional Health and Wellbeing joined up commissioning arrangements are developed, including that close to the front line. Eg; pooled budgets, joint commissioning plans and Community Hubs/ School representation on districtwide commission forums</p> <p>c. Hub Leader Network leads joined up local commissioning discussions</p> <p>d. Annual audit of Hub resources available that represent support for SEND</p>	
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>a. Thrive elaborated model is being progressed within the partnership. Mapping of interventions and current practice against the model has occurred and next steps are planned. See Appendix C of Quarter 4 full report for more detail.</p> <p>b. Community Hubs are aligning in house and commissioned services into their geographical Hubs, ensuring that emotional health and wellbeing is in view for all Hubs and associated support.</p>	<p>A</p> <p>Year 1 priority</p> <p>Long term achievement by March 2020</p>

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
			c. All resource representing support for emotional health and wellbeing can be mapped and aligned to the Thrive elaborated approach and co-produced with children and families themselves.	
LPS 10 (2.6) LPS 11 (2.7)	Locala, ASK CAMHS/SPoC	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>Key update</p> <p>a. Since October 2017 Thriving Kirklees has had a new single point of contact number for the Thriving Kirklees Partnership. Parents, carers, young people and professionals can all contact this number for support and advice. Concerns can be logged via this number 24/7. Out of the hours of 8-8 Monday to Friday and 10-1 details of accessing emergency support will be provided for those with immediate need.</p> <p>b. Call handlers will take the initial call and log details and the purpose of the call, this will then be triaged and passed to the most appropriate service to respond.</p> <p>Key Data</p> <ol style="list-style-type: none"> 1. During quarter 4 the SPoC had taken 4,670 calls. 2. 3% of these calls were for CAMHS services, to demonstrate true demand future reporting needs to include any calls going directly to ASK CAMHS as opposed to going through the SPoC pathway. 	<p>G</p> <p>Year 1 priority</p> <p>Short term achievement by October 2017</p>
LPS 2 (1.2) LPS 8 (2.4) LPS 9 (2.5)	Locala, Northorpe Hall, SWYFT, Community Hubs, Commissioners	<p>Implement clear joint working arrangements between schools and emotional health and wellbeing provision. The provision will be based on the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work. This will include:</p> <ul style="list-style-type: none"> • 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> <p>a. FNP team attended a meeting in the SHINE Hub along-side other partners. In response to the needs of the school a package was developed and delivered in school by FNP, PRU nurse and a 0-19 practitioner as a pilot. This presentation to year 10 pupils supported the pupils to understand their “amazing teenage brain”. This work was to support the emotional health and well-being of pupils.</p> <p>b. Training has been provided to an additional 7 schools during this quarter to help them respond to children’s emotional health. The first emotional wellbeing lead network meeting is scheduled for May where the identified leads will be able to share best practice, resources, have training opportunities and to identify support needs and ways of working moving forward. There has been responses from 74 education providers so far.</p>	<p>Year 1 priority</p> <p>Short term Achievement March 2017</p> <p>Long term achievement by 2020.</p>
LPS 6 (2.2)	Locala, Northorpe Hall,	Increase front line capacity within CAMHS provisions to reduce waiting times and	ChEWS - CAMHS Key update	Year 1 priority

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
	SWYFT, SPoC and VCS, ASD and PP+	improve access for children and young people.	<p>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. A PWP will be being placed with Northorpe Hall from June as part of the CYP IAPT programme which will add some additional resource.</p> <p>Key data</p> <p>1. See LPS 3 for data.</p> <p>Autism Spectrum Condition</p> <p>1. See LPS 3 for data information.</p> <p>Key update</p> <p>a. Action Plan has been developed and a trajectory agreed. Clinics started. Staff undertaking training. Training within SPoC.</p> <p>b. Currently funded staff employed to help reduce waiting times - funding ends beginning of September 2018. Will impact on number of assessments undertaken and potentially increase waiting times. To mitigate- Action to be developed by May 2018 unknown impact at present.</p> <p>Key data</p> <p>1. See LPS 3 for data</p>	<p>Short term achievement by October 2017</p> <p>PM.76</p>
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> <p>a. Family Nurse Partnership are delivering key knowledge and skills exchange packages in communication skills, engaging marginalised families, attachment and adolescent brain. These packages are available to all partners and also to staff in education settings to support the development of LPS 2.1.</p> <p>b. During the quarter 6 workers from Northorpe Hall have begun CYP IAPT training. Three accessing the post graduate CBT Programme and three the Enhanced Evidence Based Practitioner course.</p>	<p>Year 1 priority</p> <p>Short term achievement by March 2018</p>
LPS 13 (3.1)	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	<p>Vulnerable Children Services</p> <p>Key update</p> <p>a. A regular bi-monthly meeting has been established with the LAC, YOT, PRU and Family Nurse Partnership nursing teams and a psychologist /psychotherapist from</p>	<p>Year 1 priority</p>

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
LPS 14 (3.2)		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>SWYFT. This is a joint case based supervision session to discuss the most vulnerable of clients. It is a supportive and collaborative approach that has been working well and positive relationships have been established. We have had a total of 5 sessions. One session was as a joint training event. Family Nurse Partnership continues to also be supported by a therapist from SWYFT on a bi-monthly basis as part of the core model elements.</p> <p>b. 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.</p> <p>c. Currently achieving the 28 day target for assessment for all Looked after Children. 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. During Quarter 4 the average wait for a Looked after Child was 15 days. 2. The longest wait was 91 days and the shortest wait was 0 days. 	Progressive changes from March 2017
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 which is funded by the Big Lottery, is working with some schools to train young people so that they can mentor their peers This is independent of anything provided by Thriving Kirklees. b. Home-Start Peer Educator information pack for recruitment cascaded across TKP workforce. c. Home-Start Peer Educator attended 0-19 health practitioner forum 26.02.18 and addressed audience to promote awareness of role and recruitment. <p>Key data</p> <ol style="list-style-type: none"> 1. 45 peer mentors were trained by the Kirklees Youth Mentoring service in the year between March 2017 and February 2018. 2. 4 peer mentoring schemes were set up in schools between March 2017 and February 2018. 3. 2 newly recruited peer educators trained and supported by Home-Start in year 1 4. 4 Home-Start families supported by Peer Educators. 	Year 1 priority Long term achievement by March 2020
1.5	Locala	Develop early help offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed	<p>Key update</p> <ol style="list-style-type: none"> a. Reviewing the number of geographical integrated areas with Kirklees and proposing 4 areas to match the 4 early health local authority areas. These teams 	Year 2 priority

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
		model-to help deliver a common set of outcomes improving emotional health and wellbeing.	<p>will consist of new skill mix 0 - 19s teams, compromising of health visitors, school nurses, nursery nurses and assistant practitioners, coordinating with schools as community hubs, community coordinators and CAMHS workers.</p> <ul style="list-style-type: none"> b. Thriving Kirklees are involved with the consultation regarding how the new early help service will be structured. c. Close working occurring with Community plus. d. This includes the provision of Preparation for Parenthood course available to all on a first come first served basis. e. This offer is to be developed to be available in Local Hub venues. f. There is an offer of FNP for vulnerable teenage mothers. g. FNP are supporting 0-19 team members to work with complex families by sharing resources that we have with the wider teams. h. 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. i. Hubs supported to deliver Community Led Outcomes Based accountability. Aspire top sliced at trust level to develop activity that supported outcomes that people want and value for themselves. 600 local people benefitted from the support. CIN and other vulnerable groups take up was evaluated. j. Creating the conditions for inward investment that can support EHWP. k. Sustainable network of hub coordinators developed and in place. l. Hub coordinators supported in horizon scanning for investment opportunities. m. Hubs are being supported to develop in a way that enables equitable districtwide investment that supports emotional health and wellbeing. 	Long term achievement by 2020
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 is delivered in several community hub bases. b. Some areas are considering how the course can be tailored to meet the specific needs of the community, for example a full day course rather than separate sessions. c. North Kirklees community hubs have jointly commissioned Nurture UK making nurture training available to every school in south Kirklees. d. Home-Start volunteers have been training the Nurturing parenting principles and deliver these through a one to one approach with vulnerable clients. 	Year 2 priority Long term achievement by 2020

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
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> <p>a. Family Nurse Partnership modular training packages are available to support professionals to support this target.</p> <p>Key Data</p> <p>1. During the quarter Northorpe Hall has provided 12 preventative group work sessions in schools, 10 on exam anxiety and 2 on transition. 175 children and young people have accessed these sessions in 10 different settings.</p>	Year 2 priority Long term achievement by 2020
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.	<p>Key update</p> <p>a. The Northorpe Hall website is used to direct people to review resources and self-help material. Approved apps are suggested to young people to use along with national helplines.</p> <p>b. Various posts have occurred on Locala school nursing Facebook page regarding young people's emotional health and wellbeing.</p>	Year 2 priority Long term achievement by 2020
LPS 12 (2.8) LPS 29 (2.9)	Locala, Northorpe Hall, Commissioners	<p>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.</p> <p>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 footprints to develop collaborative approaches. <i>x-refers with 2.10, 2.12, 3.7 and 4.9.</i></p>	<p>CAMHS Crisis Team</p> <p>Key update</p> <p>a. We continue to achieve target. On the few occasions when this has not happened it has been due to the young person/family leaving the department before the clinician has arrived.</p> <p>b. There is a draft Action Plan being developed to ensure that the staff in emergency departments and children wards are fully aware and understand their role in pathway for children and young people who self-harm. There continues to be a positive working relationship between CAMHS and both the Acute Trusts.</p> <p>Key Data</p> <p>1. During quarter 4 of the 338 referrals into the service during this period, 96 (an average 32 a month) were deemed as a Crisis Intervention.</p> <p>2. 79 of these referrals received a face to face intervention.</p> <p>3. 96% of crisis referrals received during quarter 4 were seen within 4 hours.</p>	Year 1 priority Short term achievement by May 2016 and March 2017.
2.10 3.7	Commissioner	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	<p>Key update</p> <p>Update provided by Commissioners within progress report.</p>	Year 2 priority Long term achievement by 2020

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
		provision that actively engages with children, young people and families.		
2.12 4.9	Locala, SWYT, Commissioner	Provide a case management function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement. AND Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.	Key update a. New care navigators in post whom will be the links between us as providers and Tier IV.	Year 2 priority Long term achievement by 2020
2.14	Locala, SWYT	Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	Key update a. LD nursing services have been incorporated into the mainstream CAMHS service from the end of June 2017. New pathway developed and implemented. Key Data • 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.	Key update 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.	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.	Key update a. Awaiting funding confirmation from Commissioners. One clinician attending IPT-A training and recently recruited for a Wellbeing practitioner that will start in Northorpe Hall in June 2018. b. Supervision and management will remain with SWYPFT.	Year 1 priority Short term achievement by September 2017
LPS 28 (5.4)	Locala	Develop a comprehensive workforce development strategy across Thriving Kirklees services. The strategy will inform and direct how workforce development will be supported, and implemented. <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,</i>	Key update a. Workforce plan now in place to be continuously reviewed across the partnership. b. Training activities undertaken by Northorpe Hall and others c. FNP KSE packages delivered to approximately 50 members of Locala Staff. d. Workforce skill sharing model developed and community hubs are being supported to know about and use.	Year 1 priority Long term achievement by March 2020

Report Ref	Contributors	Priority	Update	Year 1, 2 or 3 priority
		1.9, 1.10, 6 (2.2), 8 (2.4), 9 (2.5), 27 (5.3) and 28 (5.4)		
5.6	Locala, Community Hubs, Commissioner	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>Key update</p> <ul style="list-style-type: none"> a. Work with a community hub to identify a gap regarding readiness for school, as a result we are working with teachers to upskill parents to increase families' resilience. b. Training activities undertaken by Northorpe Hall and others. c. Work by FNP team to develop My Amazing Teenage Brain to support increased resilience and emotional wellbeing. d. Nurture training now available to every school in south Kirklees, commissioned by community hubs. 	Long term priority achievement by 2020
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. No update to provide. 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 review has included the removal, re-definition and inclusion of measures across the whole programme to fully articulate the key areas of interest. c. These re-designed measures will ensure full visibility of a child journey across all aspects of the emotional health and wellbeing provision. d. This includes a regular focus on MHDS access standards and locally agreed, historical treatment waiting times to allow for full transparency. e. 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

Integrated Commissioning Group - Children and Families Wellbeing
Tuesday, 9 January 2018
Civic Centre 1, Conference Room, Ground Floor

Present:

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Mandy Cameron (part)	Deputy Assistant Director – Learning and Skills, Kirklees Council
Chris Beith (part)	GP Practice Representative - Greater Huddersfield CCG
Julie Walker	Operations Development Manager, Kirklees Council
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
Mandy Williamson	Hub Leader (North) – Field Lane J I & N School – BBEST Hub
Evelyne Barrow	Head Teacher, St Aidan’s CofE School, Skelmanthorpe
Johanna Hull	Rep for
Melanie Williams	Hub Leader (South) – Royds Hall Community School – Aspire Hub
Kathy Coates-Mohammed	Hub Leader (North) – Pentland I & N School – Thrive Hub
Natalie McSheffrey	SENACT Manager
Keith Henshall	Head of Health Improvement (Children and Young People) Commissioning Public Health and Adult Social Care, Kirklees Council
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council

Apologies:

Helen Severns	Head of Transformation, North Kirklees CCG
Donald Cumming	Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub
Karen Poole	Head of Children’s Commissioning and Continuing Care, North Kirklees CCG
Linda Patterson	Acting Head of Service – Assessment and Intervention Service, Kirklees Council
Jackie Wood	Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub
Martin Green	Deputy Assistant Director, Kirklees Council

CHILDREN AND FAMILIES WELLBEING		Action
	<p>The first hour of the meeting was utilised by Phil Longworth and Helen Bewsher for a workshop on Outcome Based Accountability. After a brief introduction the group discussed key headlines regarding children and young people.</p> <p>ACTION: Helen Bewsher will send out template of outcomes proposed, best indicators and narrative. Members of the group were asked to add to this using their expertise and knowledge. A second workshop will take place on 22 January.</p>	
1.	Apologies received, minutes of last meeting and matters arising:-	

	<p>Matters arising from 12.12.17 meeting <u>Item 1</u></p> <ul style="list-style-type: none"> Private Assessments – Tom had sent an email to regional leads asking what assessments they accept; no response as yet. <p>ACTION: Tom will chase up.</p> <ul style="list-style-type: none"> Ofsted Improvement Plan - was not on the agenda as no representative from Children’s social care was available to attend ICG meeting. School hub leaders emphasised the need for transparency and a guide as to who is who in post and their portfolio. <p>ACTION: Tom will write to Elaine McShane/Steve Walker requesting an interim representative from social care to attend ICG meetings.</p> <ul style="list-style-type: none"> Representative from third party sector – Mary will inform the group when the TSL Exec has nominated a VCS rep to attend the ICG meetings. <p>Notes from last meeting agreed.</p>	<p>Tom</p> <p>Tom</p> <p>Mary</p>
<p>2.</p>	<p>Strategic Updates:- Healthy Child Programme – Tom Brailsford Tom had met with a senior manager of Locala to discuss concerns about strategic management. A meeting has been arranged with Jane Close from Locala to discuss management structure and will escalate there.</p> <p>Transformation Plan – Tom Brailsford Plan went to Health and Wellbeing Board in December. There were no issues and the plan has now been formally signed off and sent to NHS England.</p> <p>Schools as Community Hubs – Tracy Bodle Early Help Offer – Tom had long discussion with Jo-Anne Sanders and Elaine McShane this morning; conclusion was that services were good but not co-ordinated. Elaine’s view is once the council are clear about staff issues they will have an OBA day the second week in February. SCAs end the beginning of March so not much time after February meeting.</p> <p>Learning Summit – Tracy summarised the three key areas. There is a need for clarity of role/responsibility which will be discussed at the next Hub Leader’s Network meeting.</p> <p>Courses on mental health first aid have been running successfully.</p> <p>Children and Young People’s Plan – Mary White The new director will be finalising the plan next week; it has been adopted by the Partnership Board. Work is taking place although the plan has not formally gone through yet.</p> <p>Children’s Therapies – Graham Crossley Now a standard item on the agenda. We are meeting current service providers to take forward. Tom will take to joint CCG SMT; once specification formalised will decide what to do with it from recommendations of CCGs. Elements from last ICG meeting need including e.g. assessments.</p>	
<p>3.</p>	<p>Children and Young People Involvement Co-production – Julie Walker Democracy Commission report and summary link had been sent to the group. Work is now being done on an Active Citizens Strategy and a key element is</p>	

	<p>supporting young citizens. This is an exciting opportunity to look at how we embed and sustain young people's voice, engagement in decision making and civic life and how it is resourced. Schools have a big part to play in supporting this initiative – political education, involving young people in decision making within schools.</p> <p>At present there is no systematic approach in the initial process, cases are looked at individually. There is a need to look at how we consult as a council in a meaningful way i.e. different ways to involve adults and young people.</p> <p>ACTION: Add as a standard item on agenda.</p>	Tom/Val
4.	<p>CCG Integration Programme – Tom Brailsford Stage 1 – Carol McKenna has been appointed as Chief Executive for both CCGs.</p> <p>Stage 2 will be how CCGs integrate practically with the council e.g. budgets. Steve Brennan from North Kirklees CCG is leading on this. It is unlikely that the format of the Children and Families Wellbeing ICG will change although the governance might.</p> <p>ACTION: Tom will ask Phil to update at a future meeting</p>	Tom/Phil
5.	<p>Referral Process – Mandy Williamson Schools would like one single process and set of documents for additional support for children referrals; at present it is a very complex system with various different forms having to be completed. Parents have been putting in their own referrals on the understanding that the process would be quicker. Natalie McSheffrey confirmed that this should not be the case. Early help would reduce the need for referrals.</p> <p>ACTION: Tom will pick up with Thriving Kirklees.</p>	Tom
	AOB None	
	<p>Date of next meeting: Tuesday, 6 February 2018, 13:00-15:00 Civic Centre 1, Ground Floor, Conference Room</p>	

**Integrated Commissioning Group - Children and Families Wellbeing
Tuesday, 6 February 2018
Civic Centre 1, Conference Room, Ground Floor**

Present:

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
Mandy Cameron	Deputy Assistant Director – Learning and Skills, Kirklees Council
Chris Beith	GP Practice Representative - Greater Huddersfield CCG
Helen Severns	Head of Transformation, North Kirklees CCG
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
Evelyne Barrow	Head Teacher, St Aidan’s CofE School, Skelmanthorpe
Johanna Hull	PCAN representative
Helen Orlic	TSL representative
Kathy Coates-Mohammed	Hub Leader (North) – Pentland I & N School – Thrive Hub
Natalie McSheffrey	SENACT Manager
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council

Apologies:

Julie Walker	Operations Development Manager, Kirklees Council
Mandy Williamson	Hub Leader (North) – Field Lane J I & N School – BBEST Hub
Donald Cumming	Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub
Karen Poole	Head of Children’s Commissioning and Continuing Care, North Kirklees CCG
Linda Patterson	Acting Head of Service – Assessment and Intervention Service, Kirklees Council
Jackie Wood	Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub
Martin Green	Deputy Assistant Director, Kirklees Council
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council

CHILDREN AND FAMILIES WELLBEING		Action
1	<p>Apologies received, minutes of last meeting and matters arising:- Introductions were made and Helen Orlic, representative from TSL, was welcomed to the group.</p> <p>Matters arising from 9.1.18 meeting</p> <ul style="list-style-type: none"> • Private Assessments – Still no response from regional leads. ACTION: Tom will chase up. • Children’s social care representative – An email had been sent to Jo-Anne Sanders and Elaine McShane followed up with an invitation to this meeting. ACTION: Tom will follow up. 	<p>Tom</p> <p>Tom</p>

	<p>Agenda Item 5 – Referral Process – Tom fed into the Thriving operational group meeting on Wednesday. Notes from last meeting were agreed.</p>	
2.	<p>Strategic Updates:-</p> <p>Healthy Child Programme – Tom Brailsford TCP inspection of Safeguarding and Looked After Children Services took place 3 weeks ago. Report will be out beginning of March – Tom will bring to this group.</p> <p>Transformation Plan – Tom Brailsford/Alan Laurie Quarter 3 - 2017/18 Progress Report (Oct to Dec 2017) had been distributed to members of the group prior to the meeting. Waiting times in CAMHS is still an issue. Technical advice from NHSE is to be issued this week. Johanna highlighted the confusion of some parents by the term <i>panel process</i> for waiting lists; clarified it is the informal weekly allocation meeting which looks at cases individually to decide if they go to SWYFT or elsewhere.</p> <p>There were still some teething problems around CAMHS replacement by the Thriving Kirklees Single Point of Contact (SPoC). Schools were being asked to duplicate information and people were finding it difficult to obtain the correct telephone number. There are communication problems/issues which need to be resolved. A new pathway document will soon be available on-line for SPoC and the telephone number will be in the Summary Bulletin.</p> <p>Children and Young People’s Wellbeing Practitioner – 2 posts have been allocated; 1 each for Kirklees and Calderdale. They will be employed by SWYFT. Initially the contracts will be for 12 months.</p> <p>Notification that NHSE had £10 million funding available was received approx. 1 hour prior to closure for bids. Tom and Alan submitted 3 bids and will inform the group of any progress.</p> <p>Community Hubs – Tracy Bodle There was a full report on Community Hubs in the quarterly report.</p> <ul style="list-style-type: none"> • 15 March 2018 Kirklees is hosting the next UK Community Hub Network (in association with the Centre for Equity in Education). Potential funders will be invited; national best practise and core learning will be shared after the event. • There is an increasing sense of frustration amongst the hub leaders of the lack of support and transparency. The hubs have relied on the goodwill and enthusiasm of the people involved but this is dwindling as they are unable to move on without support. For the hubs to remain sustainable they need co-ordination which they do not have the capacity or skills set to provide themselves. Hubs need capacity to recruit their own help as they are all different and one model does not fit all. An Early Help OBA session with partners is to be held on 19 March in the Town Hall, hub leaders from the ICG will be invited. • Save the Children are investing unrestricted funding in the UK. Kirklees has been identified, using poverty indicators, as being 1 of the 4 priority areas. Save the Children would like a strategic conversation with the local authority around how they can offer support. A representative from the organisation will be attending the UK Community Hub network meeting in March 2018. <p>Children and Young People’s Plan – Mary White The plan has yet to be signed off. There have been various personnel changes: Mathew Holland retired; Councillor Erin Hill, portfolio holder for Children’s Services, has</p>	

	<p>gone on maternity leave; three changes of Director of Children's Services. Steve Walker the new Director of Children's Services will ensure that the Children and Young People's plan fits with the Implementation Plan. The plan requires approval of the full council so due to local elections and budget meetings it may be summertime before it is formally signed off.</p> <p>Children and Young People Involvement Co-production – Tom Brailsford Year 9 Young People's Survey – Young people will be involved from the beginning. Susan Adams (IYCE) is on the steering group representing young people and the survey will be piloted with young people before it is finalised.</p> <p>At present there is no built in process to look at how we get the views of young people. Prior to the next ICG meeting a small group will meet to discuss and map how we systematically involve children and young people. They will bring a position statement to the next meeting.</p> <p>ACTION: Val will set up a meeting and invite Tom, Mandy, Julie, Alan and Dee Haigh-Elmore (rep for public health). Meeting arranged for 20 February</p> <p>Children's Therapies – Tom Brailsford Discussed at SMT two weeks ago – Graham is looking at developing single specification. Assessments for children in timeframe.</p>	Val ✓
4.	<p>CCG Integration Programme From April 2018 the Integrated Commissioning Board (ICB) will take over from the Integrated Commissioning Executive and Better Care Fund Partnership Board. It will cover Adult & Social Care, Public Health, Healthy Child Programme, Adult Social Care and Continuing Health Care. This ICG group will sit under the ICB. Initially the ICB will run in 'safe mode'.</p> <p>The 2 CCGs are working more closely together and will share 1 Chief Officer and 1 Head of Quality and Safety, which will assist in consistent commissioning. The CCGs and local authority met last week and there is an appetite to try out new models.</p>	
5.	<p>Thrive Community Hub: Muslim women support needs (Muslim Women's Aid) – Kathy Coates-Mohammed The Thrive Hub had run a session for parents suffering from physical and emotional violence. The session was well attended and highlighted there was a need for this facility but no funding available. Members of the group gave Kathy useful contact details of people and organisations which may be of assistance.</p>	
6.	<p>Green Paper for CYP Mental Health – Tom Brailsford Link to consultation, green paper and relevant documents were sent out with agenda.</p> <p>The green paper sets out the ambition that children and young people who need help for their mental health are able to get it when they need it. The consultation ends on 2 March 2018. Tom and Alison completed the on-line questionnaire. The new approach will start with a number of trailblazer areas, operational from 2019. We need to decide if we want to be considered as a trailblazer site. Certain criteria will have to be met so by looking at this at an early stage we will be ready. There will be more information available after the consultation.</p>	
	<p>AOB None</p>	
	<p>Date of next meeting - Please note change of venue:- Tuesday, 13 March 2018, 13:00-15:00 Civic Centre 3, Ground Floor, Room A</p>	

Initial Attempt at Amalgamating Service Provision within the Thrive Elaborated Quadrants.

Appendix C

Lead Agency	Service development	Thrive quadrant	How it links to Thrive
All	Establishment of Thriving Kirklees partnership	All quadrants/Macro level	Macro level - creating governance structure for improved partnership working in transforming service delivery
All	Development of Thriving Kirklees strategy and steering group	All quadrants/Macro level	Macro level- setting out how partners will work together in the medium to long term in transforming systems and service delivery
Home-Start	Referral checklist created for Home-Start referrals when receiving and allocating referrals to ensure streamlined approach to achieving set timescales in performance measures. Referral pathways in place.	Getting advice	Supported a comprehensive network of community referrers and improved time scales for vulnerable families accessing support
Home-Start	Upskilling workforce in 0-19 including staff and volunteers/trustees. Investment in training planned and delivered for 2017/18	Getting advice	Ensured consistent use of evidence based practice in supporting families. The most skilled/experienced practitioners are involved in offering advice and signposting.
Home-Start	Warm transfer processes between partnership services. Nhs.net account applied for and created.	Getting advice	Safe and timely transfer of information between SPoC and Home-Start
Home-Start	Created a volunteer recruitment, training and support plan to recruit 40 volunteers. Increased number of support sessions for volunteers. Consulted with volunteers on training and support needs.	Getting advice	Increased capacity for supporting more vulnerable families referred

	Promotion of volunteer opportunities and links to other TK partners to ensure no duplication of resources and capacity need.		
Home-Start	Recruited, trained and supported Peer Educators to mentor young parents aged 14-20 years	Getting advice	Encouraged skills development and resilience building.
Home-Start	Reviewed and improved internal quality checks on case files introducing case file auditing and verification.	Getting advice	Underpinned consistent and robust approach to case recording
Home-Start	Stakeholder feedback from referrers, partners, volunteers and service users	Getting advice	A participative approach which ensured families contributed to service evaluation and improvement.
Home-Start	Affordable warmth initiative. Funding bid successful to provide essential keep warm items to vulnerable families referred to Home-Start. IAG given to all families as part of assessment process, identifying and addressing family's needs.	Getting advice	Generated external income and offered practical support for vulnerable families
Home-Start	Acquired Kirklees Quality award - Nov 2017	Getting advice	Comprehensive quality improvement methodology used to inform decision-making and delivery improvement
Home-Start	Re-located young parents group from Cleckheaton to Dewsbury to improve access for young parents	Getting advice/Getting help	Improved local access for young parents and their children to intensive group-based support
Home-Start	Maintained nurturing parent training	Getting advice	Trained staff from partner organisations in evidence based positive parenting support strategies. Rolled out volunteer programme to cascade key messages to families with further volunteer training scheduled for 2018/19.

Home-Start	Joint working with sexual health outreach team	Risk support	Peer educators trained in sexual health awareness and chlamydia training to offer group-based support for young parents 14-20 years. Delivering sessions for vulnerable Kirklees College students to develop personal skills and confidence in keeping themselves and others safe.
Home-Start	Maintaining family support - One to One	Getting help	Home-Start has continued to recruit and work with individual families where assessed there is a need for more help or risk support. This has supported improved outcomes for the young parent, baby and as appropriate the father and other members of the family.
Locala	Realigning geographical boundaries to be coterminous with local authority community hub strategic areas.	Getting advice	Ensuring comprehensive and coordinated network of community providers with a focus on family-centred support
Locala	Upskilling workforce in 0-19 using Calderdale framework.	All quadrants	Significant training programme to underpin consistent high quality support for families. The most experienced practitioners are involved in Getting Advice and signposting.
Locala	Warm transfer processes between partnership services.	Getting help/Getting more help/Getting risk support	All staff, children, young people and families are clear about which needs group they are working within for any one person at any one time and this explicit to all.
Locala	Implementation of an integrated SPA	Getting help	Encouraging a listening and self-management approach with quick access to skilled practitioners.
Locala	New system One templates specific to contact type and to monitor outcomes following interventions.	Getting help	Outcome data is used to inform individual practice with the purpose of improving quality
Locala	Implementation of the PHIL role. Analysis of data to create an action plan for school to meet community needs.	All quadrants/Macro level	Quality Improvement data is used to inform decisions and involves multiagency review
Locala	Escalation and de-escalation process agreed with Northorpe Hall and CAMHS.	Getting advice/Getting help	All staff, children, young people and families are clear about which needs group they are working within for any one person at any one time and this explicit to all.

Locala	Engagement and involvement with the community hubs.	All quadrants/meso level	There is a comprehensive network of community providers.
Locala	Joined up 3 partnership forums across Kirklees, Thriving Kirklees, Community Hub, and working together Kirklees.	All quadrants/macro level	There is a comprehensive network of community providers.
Locala	Family Nurse partnership has an impact on the wider systems, by the principles being spread wider across the partnership - including delivering training to support the increased awareness of engaging and communication skills that support the development of self-efficacy, improved human ecology and increasing resilience and goal focused approaches.	Getting help/Getting risk support	Any intervention would positive client focused engagement, which involves explicit agreement from the beginning about the goal being worked towards and the likely time frame. There is a plan for what happens if the goal is not achieved. There is a focus on strengths and family resources wherever possible.
Locala	Text messages sent to clients at appropriate times to remind of service and public health messages.	Getting advice	All staff, children, young people and families are clear about the parameters for getting help and reasons for ending help
Locala	Implemented robust customer feedback questionnaires.	All quadrants	Quality Improvement data is used to inform decisions and involves multiagency review
Locala	Preparation for Parenthood (PfP) courses	Supports all quadrants	The PfP course is a universal offer to support parenting, this is a preventative model and therefore effective at all levels of the Thrive Model
Locala	Nurturing Parent Training	All quadrants	More staff are trained to deliver the PfP, supporting those staff to have a greater awareness of the key messages that are supportive of positive parenting, regardless of whether they deliver PfP courses or work with individuals.

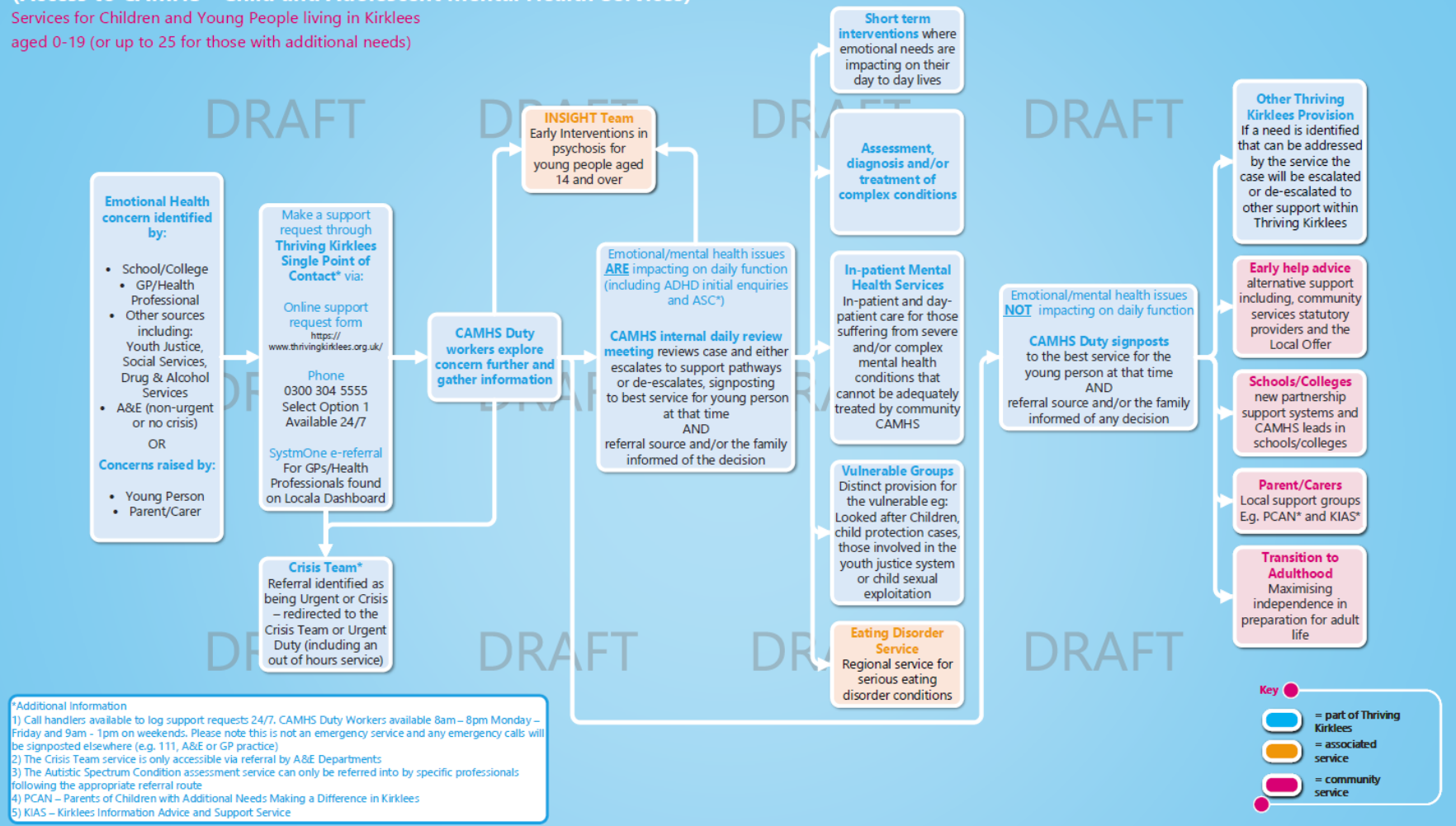
Locala	Vulnerable Children's Unit Bi-Monthly Shared Case Based Supervision and training and development	Getting more help/Getting risk support	A regular shared case based supervision and training and development session has been established with clinical psychologist and psycho-therapist from SWYT, YOT, PRU, IAC and FNP to support the deeper understand and improved network for the nurses who are working in a therapeutic and intervention based manner with young people and children with significant care needs.
Locala	Joint working with sexual health outreach team	Risk support	A new monthly meeting is established with the VCU and FNP supervisor as chair with the Sexual Health Outreach, CSE team, the drugs team and social care all working to ensure that clear pathways are in place for vulnerable young people requiring risk support
Locala	Family Nurse Partnership - One to One Care	Getting more help/Getting risk support	FNP are continuing to recruit and work with individual cases where it has been assessed that the young person requires more help and risk support, supporting improved outcomes for the young parent, the baby and where possible the father and other members of the family.
Locala	Family Nurse Partnership - Supervision Offer	Getting more help/Getting risk support	FNP nurses and supervisor integrated in teams to support colleagues to work with risk, and to increase the variety of individualised intervention based work with families, adapting the FNP resources where this can be supportive
SWYPFT	SPOC - Alignment of Duty Worker	Getting advice	Provides advice and strategy at front end of service. Experienced practitioners involved from the start of process. Young Person/Family seen as a one off to assess risk, then moved to other quadrants if appropriate.
SWYPFT	Group Work -Joint DBT Group with Northorpe plus own Group work. More efficient way to utilise resources, time and access.	Getting help	
SWYPFT	Pathway Development: supported by robust review of demand and capacity (including skill mix)	Getting help	Improved service access and evidenced based practice (e.g. NICE guidance and embedding goal based outcomes)

SWYPFT	CYPI-APT participation	Getting help/Getting more help	Significantly developed skills base in DBT, IPTA and CBT. Further underpinned evidence based and outcome focused pathways. EBBP participation has strengthened core competences
	Implementing care pathway innovations	Getting advice/Getting help	Implemented One Session Therapy Research Pilot for Phobia Work (CBT) and Parenting 'Stop' Programme Training for parents of ADHD Children, Mood Master group work. Extended choice for children, young people and families. Piloted ORCHA App-based technology to support self-management.
SWYPFT	Strengthened the VYP pathway for care leavers	Getting risk support	Extended service delivery to incorporate more vulnerable care leavers
SWYPFT	Joint training and skills development	Getting advice	Utilised CAMHS specialists to upskill Northorpe Hall staff, specifically with regard to eating disorders
SWYPFT	Enhancing crisis team provision	Getting more help/Getting risk support	Improved access to crises and at risk support through extending duty cover to 8pm (Mon-Fri)
SWYPFT	ASC: Improved communication	Getting advice	Introduced newsletter to ensure routine access to information, advice and self-management resources
SWYPFT	ASC: Improved access to diagnostic assessment through partnership-based pathway	Getting help	Significant investment in strengthened pathway and improved position in relation to waiting times for assessment. Improved access through establishment of hub delivery in North and South Kirklees
SWYPFT	Strengthened CAMHS links with YOT	Getting more help/Getting risk support	Integrated practitioner supporting children with LD within CAMHS. This ensured more coordinated for vulnerable children/families.
SWYPFT	ADHD information Pack	Getting advice	Easy-read and evidence based resource produced for children (and families) within the ADHD pathway.
SWYPFT	Participation in eating disorder national training and peer review.	Getting more help	Continued to strengthen pathways through participation in learning and benchmarking exercises.
SWYPFT	Strengthened eating disorder pathways	Getting more help	Developed evidence-based pathways, with skilled staff and ensured all mandated access standards met

Northorpe Hall	Group work in schools focusing on exam stress, transition to high school etc.	Thriving / Getting advice	Supported children and school to maintain health in periods of change and stress.
Northorpe Hall	Training programme for schools, professionals and parents	Thriving / Getting advice	Increased skills, knowledge and resilience (at individual and community level) increasing the number of people able to offer advice.
Northorpe Hall	Established Education Link Worker role - offering training and support to schools and building a robust link between school and services offering help	Getting advice	Enabled increased skills and knowledge within schools setting to understand and support the advice and support needs of children and young people
Northorpe Hall	Established website links with information and self-management resources	Getting advice	Offered an 'always on' source of information/advice
Northorpe Hall	Strengthened systems of telephone-based consultation with professionals	Getting advice	Improved access for professionals to specialist advice/information, enabling a partnership/coordinated approach to supporting children and young people.
Northorpe Hall	Delivery of emotional wellbeing clinics	Getting Advice	More flexible access to advice and brief interventions
Northorpe Hall	Delivery of exam anxiety drop ins	Getting Advice	More flexible access to advice and brief interventions
Northorpe Hall	Strengthened system of telephone-based initial assessment and advice	Getting Advice	Quick and flexible access for children/young people to skilled practitioner able to offer advice, link with self-management resources and with efficient access to getting help, getting more help or risk support
Northorpe Hall	Strengthened system of telephone-based support	Getting advice / Getting help	Quick and flexible access for children/young people to skilled practitioner offering proactive/planned telephone support.
Northorpe Hall	Established programme of group work	Getting help	Focused support for children/young people.
Northorpe Hall	Strengthened and more responsive support for looked after children	Getting help / Getting more help	One to one interventions for vulnerable group of children and young people - coordinated within multi-agency framework.

Thriving Kirklees Emotional Health and Wellbeing Support Request Pathway (Access to CAMHS - Child and Adolescent Mental Health Services)

Services for Children and Young People living in Kirklees aged 0-19 (or up to 25 for those with additional needs)



CAMHS Transformation Plans – Issues and risks to delivery Q4 2017/18

NHS North Kirklees Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group.				
LPS Number	Description of Local Priority Scheme	Description of issue of risk to delivery of 2017/18 plan	Mitigating Actions	*Date expected to deliver
LPS 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 the Q4 progress report 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 Q4 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>	<p>Ongoing from October 2018</p>
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. 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 Q4 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>	<p>Ongoing from January 2018</p>

Vision

All children, young people and families in Kirklees will thrive, be healthy and resilient, and able to draw on individual and community assets to achieve the best outcome

Strategic Aims

Family Centred

- Families know where to go for advice and support
- Each family requiring/receiving support will have a Care Coordinator
- Shared recording systems amongst partners (only tell your story once??)
- Work with other partners and local communities to support families
- A wider 0-19 workforce supports ChYP and families

Prevention & Earlier Intervention

- CYP have timely access to support, when and where they need it
- There will be a range of early intervention services support CYP and Families
- Thriving Kirklees will offer an Active Peer Mentoring and Volunteer programme
- Support will aim to maximise and support independence and to strengthen close and community relationships

Joined Up

- Diverse organisations across the wider system will collaborate, sharing resources and information in the interests of children & families
- There will be more ways for Children & families to get help in Kirklees and no 'wrong door'
- The TK and wider workforce will respond effectively and promptly across organisational and service boundaries

Pins

Keeping Children Safe

Innovation

Collaboration

Quality

Values

Honesty & Integrity

Fairness, Equality and social justice

Respect for and promotion of diversity

Inclusion

Thriving Kirklees Workforce Achievements – Year 1

	Organisation	Work undertaken	Workforce
Thriving	Yorkshire Children’s Centre	<ul style="list-style-type: none"> Child accident prevention e-learning 	YCC Managers / Support workers / Safety fitters. Available to whole TK workforce and wider partners & community
		<ul style="list-style-type: none"> Training on the work of TK partnership and it's aims 	Relevant YCC workforce
	Locala	<ul style="list-style-type: none"> Undertaken 2 day Unicef Baby Friendly Breastfeeding and Relationship Building course 	All 0-19 staff (excluding the school nurses and assistants who are not currently performing dual role)
	Locala	<p>Building clinical capacity 0-11</p> <ul style="list-style-type: none"> 7 WTE new band 4 posts recruited and commenced employment Work underway to streamline Band 4 roles across the 0-19 service. Role competency workbooks developed for new and existing band 4 staff using the Calderdale framework New apprenticeship opportunities for two existing band 3 staff to develop skills and knowledge and progress to band 4 positions. <ul style="list-style-type: none"> Work commenced to streamline the Band 3 role across the 0-19 service. Colleagues from each role (supporting families’ assistants/ school nurse assistants) have ‘buddied up’ to begin the process of developing their roles. Calderdale framework process commenced with this staffing group Jan 18 to explore current tasks and potential skills development <ul style="list-style-type: none"> 7 Health Visitors’ commenced their 0-19 Specialist Community Public Health (SCPHN) development – all of these are now complete (with the University of Huddersfield) Existing dual role practitioners (3 SCPHN practitioners) are been offered support to refresh their skills across the 0-19 age range. 	<p>Band 4’s</p> <p>Band 3’s</p>

		<p>Building skills and knowledge within the workforce</p> <ul style="list-style-type: none"> • ASC and ADHD pathways training delivered to improve knowledge and pathway development – on-going training on a weekly basis through case discussion meeting to build confidence, skills and an understanding of appropriate cases • Eating disorder training • Co-facilitated Dialectical Behaviour Therapy (BDT) group – aim to increase capacity and upskill staff 	
	South West Yorkshire Partnership NHS Foundation Trust	<ul style="list-style-type: none"> • Delivery of Autism Spectrum Condition assessment workshops 	Wider front line workers / parents / carers
	Locala	<ul style="list-style-type: none"> • Positive parenting/ behaviour management care pathway (3-4 interventions) – this has been utilised historically for children at key stage 1 being rolled out across under 5's. Training commenced. • Development of an Emotional Health and Wellbeing (EHWB) pathway for school age children (3-4 interventions) – work is underway to develop this (in partnership with CHEW's & CAMHS) with a focus on self-help strategies/ maximising independence. • Single Point of Contact (SPOC) commenced 1st October 2017 – run by 0-19 practitioners offering telephone advice and support to families and other professionals. • Year 6 Prezi on emotional health and resilience developed and delivered to all year 6 pupils across Kirklees as part of the Healthy Child Programme intervention. 	Band 4 – initially 0-19 - practitioners initially
	Northorpe Hall Child and Family Trust	<p>Building Clinical Capacity</p> <ul style="list-style-type: none"> • Service Manager completed CYP IAPT service lead training • 3x senior practitioners accepted on CYP IAPT CBT Training starting in January • 3x emotional health workers applying for CYP IAPT Enhanced Evidence Based Practice course to start March • 15 x senior practitioners and emotional health workers attended 3 day DBT training <p>Building skills and knowledge within the workforce</p> <ul style="list-style-type: none"> • School nurse MH awareness session • Work with Locala on their intervention pathways • Briefings received from SWYFT on ASC, ADHD, LD and ED 	Clinical staff

		Building Capacity and Skills in the wider system Training and support through education link worker (see attached report)	
	Locala / SWYPT / Northorpe	<ul style="list-style-type: none"> Shared learning through shadowing duty, includes ongoing upskilling through the implementation of a shared duty process. 	Clinical staff
	Locala - Preparation for Parenthood (PfP) Training and Nurturing Parenting (NPP) Training	<ul style="list-style-type: none"> More staff are trained to deliver the PfP, supporting those staff to have a greater awareness of the key messages that are supportive of positive parenting, regardless of whether they deliver PfP courses or work with individuals. A training for trainer's course has been carried out so we have a core of 8 trained to train in PfP and NPP. A further 14 members of Locala staff have been trained to deliver the PfP courses across Kirklees since April. 7 colleagues have also had additional training to be allow Locala to run the course without midwifery. 	Locala clinical staff
	Family Nurse Partnership (FNP) team leader training day and team leader support	<ul style="list-style-type: none"> FNP national unit provided a one day training to support team leaders to develop understanding of FNP style of leadership and understanding of FNP clinical leadership and management. 	Locala 0-19 Team Leaders
	Locala and SWYT	A regular shared case based supervision and training and development session has been established with clinical psychologist and psycho-therapist from SWYT and we join together bi-monthly with YOT, PRU, LAC and FNP to support the deeper understand and improved network for the nurses who are working in a therapeutic and intervention based manner with young people and children with significant care needs.	Vulnerable children's unit – clinical staff

	<p>Locala Family Nurse Partnership Team</p>	<p>Family nurse partnership has an impact on the wider systems. By using the Knowledge and Skills Packages produced by the National FNP Unit, we are able to share the principles across the partnership. This including delivering training to support the increased awareness of engaging marginalised families use of communication skills that support the development of client self-efficacy, improved human ecology and increasing resilience and goal focused approaches. Also training in Attachment and Adolescent Brain to increase awareness of approaches to work with all families to enable them to support improved family functioning in all areas.</p> <p>So far we have delivered:-</p> <ul style="list-style-type: none"> • Communication Skills • Engaging Marginalised Families • Adolescent Brain • Attachment 	<p>All TK staff</p>
	<p>Family Nurse Partnership - Supervision Offer</p>	<p>FNP nurses and supervisor integrated in teams to support colleagues to work with risk, and to increase the variety of individualised intervention based work with families, adapting the FNP resources where this can be supportive. Also delivering a range of training in safeguarding supervision time including:</p> <ul style="list-style-type: none"> • 10 Pitfalls of Safeguarding • The Voice of the Child • Domestic Abuse • Serious Case reviews <p>This suit of offers can be added to at the request of individual teams depending on the needs of the teams and its members.</p>	<p>Locala 0-19 clinical staff</p>

Thriving Kirklees Engagement Plan

Appendix H

Activity	Activity description	With whom	Status
Name and brand	Name the 0-19 Service.	Service Users, Members, Young Peoples Network and Partners	Complete
	Focus group to look at brand.	Young People's Network and Parent Panel	Complete
Single Point of Contact	Understand available feedback from 'ASK CAMHS' Consultation and existing Service user groups.	Completed	Complete
	Engagement activity to understand expectation of service user, and how the service can provide the best customer journey and experience	Current service users, Locala service users (cross section) and service users from partner organisations	Complete
Thriving Kirklees Online Referral form	Test 'new' referral form.	Young people , Parents, Teachers	Complete
	Guidance from service users on how best to communicate changes and contact number.	Parent Panel and Young People's Network	Complete
Journey Log	Workshops to develop what the journey logo should, and could, look like and the form it will take.	Young people and parents	TBC
Patient experience	All services have a responsibility to use the friends and Family questions. Responses reviewed monthly by CEM and Team Leaders	Service users	Complete (already exists, ongoing)
	Develop separate surveys to be asked routinely after each core contact, to provide measures for KPIs	Surveys to be developed with colleagues, service users and parent panel	complete
	Service Engagement Plans to be redeveloped alongside developments in the Healthy Child Programme.	Complete	Complete

	Patient experience feedback and evidence to be used for communications activity - with partners and externally.	Ongoing with Patient – service users	Ongoing.
	CEM to ensure service improvements based on patient experience are captured and shared with HCP teams, commissioners and with the Locala children's business unit.	Ongoing	Ongoing
Maximising Independence approach to all HCP Contacts and interventions using a conversational approach	Invite parents to talk to teams about their experiences, and how they feel a conversational approach could be best achieved, and what that looks like to them - to be filmed so that it can be widely shared with all colleagues.	Maximising Independence will continue to be a focus of involving Patients and their carers at every opportunity	more focus mid 2018
Preparation for Parenthood Courses	Engage families who are at much higher risk of poor outcomes, including BAME groups, refugees and asylum seekers, teenage parents and those affected by drug and alcohol misuse, offending behaviour, domestic violence, homelessness and poor mental health.	Service users, partner organisations, community groups representing different sectors of community	tbc
	Work with parents to understand how these courses can be best delivered and promoted, through some engagement sessions.	Parents ** Survey launched feedback will be reviewed monthly	Ongoing
Preparation for Parenthood experience questionnaire	Gather feedback from families accessing this service.	parents that attend the sessions	Complete

HCP Transition to Adult Services	Continue current work with the existing Transition Group which represents young people, and factor in issues specific to HCP.	Colleagues, Young People's Network, service users	Ongoing.
	Launch questionnaires with Locala services. Will collect service user feedback. The questionnaire will provide the detail and guidance which will allow us to progress with this project.	colleagues patients and young people	Complete
Parent Panel /Parents as part of the workforce	Strengthen and recruit to Parent Panel. Promote via partner organisations. Use as a key element of the steering group to advise on communications and other activity.	Parents ** Group and mailing list established ongoing commitment to support the group although we are exploring ways that the group will become self-sustaining	Ongoing
	Parents to be invited to join team meetings on a regular basis - must be viable and considered part of workforce which might require additional engagement training for teams. Opportunity to be involved in decisions and discussions.	Parents **a parent and a carer now attend the ASD meetings	To be developed and introduced in 2018
Young Peoples Network	Continue to utilise the opinions of young people to co-develop services, and as an element of the steering group for communications and other activity	Young People	Ongoing
Healthy Child Seed Fund	More information needed	Clarification required	TBC
Accessibility	Service users (including Locala's Young People's Network) to be involved in developing and delivering an equality diversity strategy within the HCP, including the completion of Equality Impact Assessments for all services	Service users, Young People's Network, Parents Panel	Ongoing

Self-referral form	The form will be added to the Locala website and in time the TK website. The form will allow service users to refer into services electronically	Service users young people and parent carers	Complete
	Service users to be engaged in work to improve the processes and response to the Accessible Information Standard	Service users, Young People's Network, Parents Panel	Ongoing
School Engagement	Gather ongoing feedback, and hold a schools engagement event to understand how these are working and make improvements	Teachers, young people and parents	Ongoing
HCP 4-5, 10-11, 12-13,15-16 Year Health and Wellbeing Check-in	Understand the impact of the assessments on service users.	Teachers, young people and parents	Ongoing
Thriving Kirklees Website and other key communication elements	Involve service users in co-producing these elements.	All service users , via Parents Panel and Young People's Network	Ongoing
School Drop in communication and Engagement	School champions (health champions) will be used to share information in schools about chat health and how this should function.	Schools and service users	Ongoing
2 year development reviews	Two events, To explore 2 year dev. reviews being completed in the care provision setting?	Parents carers and child care providers	Ongoing
Develop and enhance workforce skills, to develop desired culture and ethos	Involve parents and PCAN, plus other community groups, to design and deliver bespoke training to understand what it is like to "walk in the shoes" of parents, especially those with specific needs.	Colleagues and service users	Ongoing

ASD	Information letter about ASD plans and Thriving Kirklees to be sent to all schools.	Sent to all schools	Complete
	Planning of next information and Engagement Event 'one year on' (October 2018).	In partnership with ASD colleagues, SWYFT and service users.	Ongoing
	Event/workshops for schools, Parent, health professionals and community groups (October 2017).		Complete
Parent support ASD	Share report written following Oct 2018 event	parents and colleagues	Ongoing next meeting April 2018
Waiting time Action Plan and Engagement	To ensure that the voice of young people is heard when designing the LGA action plan.	Young People	Ongoing
Develop a partner action plan. Pilot stage of patient experience questionnaires is over	To roll out the patient experience questionnaires with TK Partners.	Partners	Ongoing