

Quarter 3 – 2017/2018  
Progress Update

Kirklees Future in Mind  
Transformation Plan

Children and Young  
People's Mental Health  
and Wellbeing

<b>Index</b>	<b>Page</b>
1. Progress update for Quarter 3 - 2017/2018	3 - 6
2. Quarterly progress update information	6 - 16
3. Crisis and Home Treatment Provisions	16 - 17
4. Eating Disorder Service	17
5. Partnership engagement	18
6. Areas of most challenge in implementation	18
7. Brief overview of spend and activity	19
8. Appendix A - Integrated Commissioning Group minutes	20 - 24
9. Appendix B - Risks and Mitigating actions	25
10. Appendix C - Key Lines of Enquiry Timeline mapping	26 - 31
11. Appendix D - Northorpe Hall - ASK CAMHS and ChEWS Activity	32
12. Appendix E - Northorpe Hall - Working in Partnership	33

**Additional submission**

- Finance Assurance Template Q1 to Q3 Separate file submission

## **1 Progress update for Quarter 3 - 2017/2018**

- 1.1** This report identifies progress during Quarter 3 of 2017/2018 and follows on from the October 2017 Transformation Plan refresh which was formally signed off by the Kirklees Health and Wellbeing Board on the 14 December 2017.

The 2017/2018 Plan, quarterly e-bulletin and easy read version for those with learning disabilities is accessible to the public at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind).

### **1.2 Key outcomes and achievements**

This progress report summarises activities against relevant priority areas addressed during Quarter 3, covering October to December 2017 and also considers ongoing development of the priorities outlined in the Kirklees refreshed 2017/2018 Transformation Plan.

Thriving Kirklees is currently collating baseline data to refine and inform its contractual performance targets to be in a position to begin providing validated and reliable evidence of performance and impact in year 2 of the service delivery from April 2018.

### **1.3 Future in Mind Theme 4 - Accountability and Transparency**

#### **1.3.a Kirklees Integrated Healthy Child Programme Partnership Board**

The Partnership Board continues to take responsibility for strategic decisions of the Thriving Kirklees programme and deliver arrangements and be transparent in how we are trying to transform services.

#### **1.3.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 A relates to the minutes from two Integrated Commissioning Group meetings which took place in November and December 2017.

#### **1.3.c Thriving Kirklees Governance Board**

The board is attended by senior leadership and commissioner representatives from the CCG's, Public Health and Local Authority. This group last met in November 2017 where discussions included updates on operational delivery, performance, budgets and transformation progress. Minutes from these meetings are maintained and can be provided if required.

#### **1.3.d Yorkshire and Humber Local Transformation Plan CAMHS Lead Commissioner Forum**

In November 2017 commissioner representation attended a Yorkshire and Humber CAMHS Lead Commissioner Forum event in Wakefield where several items were covered.

Discussions included a briefing from the NHS England Regional Assurance and Delivery Manager and support opportunities for the next Transformation Plan refresh due in October 2018, Crisis Care funding, local and regional updates and discussions on Sustainability and Transformation Partnerships, work programmes and collaboration opportunities. Minutes for these meetings are maintained by NHS Yorkshire and Humber Clinical Networks.

### 1.3.e Children and Young People’s Mental Health Waiting Times

As previously agreed commissioners and providers are working together towards achieving progressive reductions in waiting times and improve access for children and young people in line with the national access standard by August 2018. This approach supports intentions to respond to Local Priority 6 (2.2).

The agreed trajectories were detailed in the Kirklees 2017 Transformation Plan Refresh:

- a. ChEWS waiting times - **from referral to first appointment 10 weeks**
- b. Special CAMHS waiting times - **from referral to treatment 10 weeks**
- c. ASC waiting times - **12 months**

The following details the position for the **end of the Quarter 3, 2017 period**:

	ChEWS*	Specialist CAMHS
1. Total number of CYP waiting for treatment*	331	30
2. Average waiting times from referral to treatment*	26.1 weeks	5.2 weeks* (26.5 days) <small>*not including LD, ADHD, ASC. Crisis Team or VYP/LAC</small>

*\* Children’s Emotional Wellbeing Service (ChEWS) data relates to “appointment” not “treatment”*

#### **Actions being taken to improve waiting lists and average waiting times**

The partnership continue to have a shared commitment to reducing the waiting times, however, demand and staff vacancies have impacted on progress of a formalised action plan which continues to be developed.

Analysis of processes, demands and capacity are ongoing to take account of demand pressures across all Thriving Kirklees organisations as a whole. A waiting times group has been established to develop and monitor progress on a jointly developed plan to reduce waiting times across the provision.

Analysis of the additional capacity needed to reduce waiting times has been completed, but resources have not yet been identified. Thriving Kirklees is exploring alternative options including the potential for changes in systems, practice and pathways, including development of telephone based interventions which are to be piloted.

Building on the schools links work, a wider workforce development plan is being finalised which will identify key front line professionals, who with the right skills and knowledge will be able to contribute to intervening early and over time support the reduction of demand for specialist services.

### 1.3.f 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. Participation of staff in the programme continues as courses are identified and places offered.

The Barnsley CAMHS General Manager attends the regional Collaborative Board and collates partnership returns on behalf of the partnership services. The partnership has a nominated leadership representative who attends the CYP-IAPT partnership meetings and a participation lead who attends the regional participation meetings.

A Northorpe Hall Child and Family Trust manager has successfully completed the CYP IAPT Service Leadership course and continues to support CAMHS practitioners.

All post graduate trainees selected have commenced the programmes starting in January 2018. The partnership has been offered two CYP-IAPT Well Being Practitioner places and the recruitment process is due to start imminently.

Three practitioners have been accepted on Cognitive Behavioural Therapy (CBT) training.

Three practitioners have been accepted onto the IAPT Enhanced Evidence Based Practice (EEBP) programme with interviews to follow with a planned start date of March 2018. The training focuses on enhancing skills in assessment; delivering brief, low intensity, evidence based interventions and the core competencies required to work with children and young people.

Applications for participation in CYP IAPT programmes continue to result in over subscription responses for courses being offered to CAMHS and other services. This combined with uncertain future budgetary commitments will impact on our local priority intention to increase participation by staff from CAMHS and other agencies and is highlighted as a previously identified risk in Appendix B.

### **1.3.g 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 workstream which continues to implement recommendations from the Lenahan review, "[Building the right support](#)" and NHS England Guidance "[Developing support and services for children and young people with a learning disability, autism or both](#)". Actions and progress are integrated into the Future in Mind Transformation Plan reporting mechanisms.

Monthly partnership meetings took place in November and December 2017, where ongoing developments were discussed. Minutes and actions are maintained for these meetings and can be provided if required. The workstream is supported by the Strategic Case Manager for the North from NHS England.

Progress during this quarter includes.

1. Commissioners and providers participating in a Care, Education and Treatment Review training event in October 2017.
2. Developing a 'Dynamic Support Register' and 'At Risk of Hospital Admission Register' for children and young people, involving a Kirklees Pilot between January and March 2018. The pilot outcomes will inform a continuing roll out of registers in Calderdale, Wakefield and Barnsley. Provision of a "At Risk of Hospital Admission

Register” offers the following benefits:

- It is a first step to improve service design and early identification, prevention and early intervention.
  - Provides a process to ensure an individual is being effectively supported and reviewed.
  - Identifies those people who are likely to require a ‘Community Care and Treatment Reviews” to prevent unnecessary admission to hospital.
  - Enables local services to anticipate and meet the needs of specific vulnerable groups.
  - Ensures local services plan appropriately and provide early interventions, including preventative support.
  - Enables commissioners to put in place appropriate support.
  - Provides early identification of risk factors and systematic assessment of behaviour.
  - Provides opportunities to increase the uptake of personal budgets within target groups.
  - Facilitates early identification of individuals who could benefit from personalised care packages to support earlier interventions, to either regain or maintain stability of care packages.
  - Ensures individuals are placed firmly at the centre of co-designing their own support.
3. Ensures personalisation is at the heart of our new model of care.
  4. Inclusion of relevant information in each Local Offer, to respond to the NHS England rating and support offer assessment tool. A Kirklees example of the published information can be found via [this link](#)
  5. Communicate information regarding free [NHS England training](#) opportunities for professionals and families on Care and Treatment Reviews, which can also be found via [this Local Offer link](#). Information is also to be included in individual Clinical Commissioning Group websites.
  6. The Transforming Care Plan Partnership Workstream continues to develop partnership approaches by writing a shared communication and engagement plan and a Local Area Care and Treatment Review Policy for publication by April 2018.

## 2 Quarterly progress update information

### 2.1.a Thriving Kirklees

Mapping against THRIVE Elaborated principles has begun with each Thriving Kirklees Partner, highlighting attainment, developments and actions required. Each partners’ findings will be combined into one coherent plan for developing a provision and support the ongoing creation of a ‘tier free’ approach.

Mapping of interventions against THRIVE has been undertaken, the next step is to understand the percentage of resource in each need area and make appropriate adaptations where possible.

Development of early help to improve emotional health and wellbeing in conjunction with Kirklees Council community plus early help is being developed with Thriving Kirklees

building relationships with this service. Thriving Kirklees and Community co-ordinators are collaborating to tackle drug and alcohol issues in an area of Mirfield.

From October 2017 the management of the nurturing parent programme transferred to Locala. Following the training of Locala staff to deliver the midwifery aspect of the programme plans have begun with a pilot “referral on to” course being launched and an extra course added in the Dewsbury area with plans to gradually extend the reach and delivery to other bases across the localities.

### **2.1.b Single Point of Contact (SPoC)**

The Thriving Kirklees Single Point of Contact (SPoC) has been taking calls for Thriving Kirklees partners since 2 October 2017. Thriving Kirklees are developing robust data analysis to inform quarterly progress reports following which they will be able to provide informative breakdowns.

Between October and the end of December 2017 the SPoC had taken 4,323 calls ensuring they are appropriately triaged to the right professional support. These calls were into the Thriving Kirklees service as a whole, with calls being transferred to either a Locala Duty worker or a Northorpe Hall Duty worker who will discuss a whole range of emotional and health and wellbeing issues.

During this period there has been an average of 48 calls per day (rising to a 66 call average if weekends are excluded). Only 2% of the total call volume was received at weekends.

Workers are co-located at Northorpe Hall Child and Family Trust to provide support for a holistic approach to calls and seamless transfer of care where needed between the services.

Quote from Locala worker about the joint working:

*“The best thing about the day [on Duty at Northorpe Hall] was being able to have discussions with a CAMHS worker and Northorpe Hall practitioners about children we are working with, getting advice and clarity about decision making. The ease of being able to have these discussions made the joint working a very positive thing for both Thriving Kirklees and the children and families we support.”*

A CAMHS Duty worker is also co-located with those taking the calls from SPoC and a Northorpe Hall worker fed the following back:

*“Having CAMHS here has been great to run the very vulnerable cases by and get guidance, it has been time saving especially where there have been safeguarding concerns and there is the need to act immediately.”*

Progress continues with a launch of the web-form planned for February or March 2018, together with increased publicity now that referral pathways have been tested.

Whilst it is still too early to evidence impact it is hoped that once an Online Support Request form is available by April 2018 this should begin to support the capacity of the SPoC function by providing an alternative route to calling. However this may also increase overall contacts as it increases access so capacity will be monitored after the launch. Publicity around the launch of the online form will be a key part of publicity about the SPoC function which will be monitored for any increase in usage and the impact of this.

See Appendix E for more information.

### **2.1.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.

Work is underway by Northorpe Hall Child and Family Trust with schools identified as having higher than average referrals into emotional health and wellbeing services. Approaches include increasing the knowledge and skills of school staff regarding emotional health and wellbeing to ensure needs are met early and preventative approaches.

The CAMHS-Education Link Worker has participated in school hub meetings and works closely with the local authority education lead officer supporting hubs development.

Four schools are currently commissioning mental health provision for children directly from Northorpe Hall Child and Family Trust.

During this quarter, ChEWS received 809 referrals, 4.6 % of these were referrals made directly by schools or school nurses. Within the quarter, 350 of referrals went on to receive direct support from the service.

Referral rates into ChEWS continued to increase. At the end of September there were 323 children and young people on a waiting list by the end of December there were 331 waiting.

The average wait time for first appointments in September 2017 were at 22.7 weeks by the end of December 2017; the average waiting time was 26.1 weeks.

The volume of referrals continues to put pressure on the service managing waiting times and remains a priority focus with commissioners and providers, the ongoing formulation of a plan towards a progressive reduction in waiting times towards the proposed trajectory target of waiting times of 10 weeks from referral to first appointment by August 2018. The challenges involved in achieving the target remains as a previously identified risk in Appendix B.

Of the 331 on the waiting list in December 2017, 45 were waiting for counselling, 159 to see a Senior Practitioner, 124 for an Emotional Health Worker and 3 for group work.

### **2.1.d Kirklees School Link Programme**

Kirklees continues to develop school link approaches based on the national pilot and lessons learned from the Kirklees pilot involving seven schools which ended on 31 March 2017.

Continued creation of school links responds to several overlapping local priorities that were detailed in the Kirklees October 2017 refresh. During this quarter Kirklees applied to be selected as a Wave 2 area of the National Schools Link Programme. Through participation we were hoping to develop and enhance local approaches and provide opportunities of ongoing support to children and young people in schools whilst waiting to be seen by a CAMHS provision. Commissioners have recently been informed that the submission was unsuccessful.

With the additional support now provided by a new CAMHS-education link worker, the provision has continued engagement with 4 of the secondary schools involved in the original pilot, and engaged with and delivered training to 9 education provisions to a total of 13 schools in the past 9 months.

The CAMHS-education link worker has delivered 2 x 2 hour “Understanding Children and Young People and mental health”, and “Understanding behaviour in the classroom and strategies” training sessions to School-centred initial teacher training (SCITT) Teachers held at a high school academy.

Monthly meetings take place between CAMHS provision and Locala to look at building capacity to reach a greater number of schools. These meetings have identified that if Specialist CAMHS and Education Links Worker provided training to Locala workforce, this may enable more flexibility in meeting the demand for whole school training; “train the trainer”. Locala staff would look to prioritise early intervention and prevention in primary schools; offering attachment focused support to staff and parents. The CAMHS-education link worker is due to meet with a Clinical Psychologist from Specialist CAMHS in January 2018 to put together a training resource.

Dewsbury and Almondbury community hub meetings have been visited to improve awareness of the service, referral processes, and to identify needs in the community which CAMHS can support through training.

A workshop took place at Northorpe Hall with 6 Community hub leads to explore how CAMHS can support the early intervention aims of Community Hubs.

Links are have been made with other services including lesbian, gay, bisexual and transgender (LGBTQ) Kirklees, Adult IAPT services (who are providing Cognitive Behavioural Therapy workshops to school staff), Dewsbury Police Prevention Proactive Team, Safeguarding Kirklees, and Educational Psychologists to explore how they can work collaboratively to support schools.

A letter and email has been sent to all education provisions in Kirklees requesting a named lead link CAMHS practitioner, and an assistant link practitioner. So far they have received responses from 27 primary schools and 16 Secondary Schools. See Appendix E for additional information.

#### **2.1.e Autism Spectrum Condition (ASC) Assessments**

Non-recurrent additional transformation funds have been allocated to the ASC provision to provide additional clinics for a 12 month period to reduce the current backlog.

A 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.

An accessible venue has now been agreed for South Kirklees to begin offering assessments in the area from February 2018. The provider reports that they are on track to achieve the agreed trajectory.

The waiting times trajectory is included as a previously declared risk in Appendix B.

#### **2.1.f 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.

The average wait to first treatment contact for those seen by the service in Quarter 3 was 37.4 Days (Generic CAMHS\*) and 721.2 Days (ASC). 106 (Generic CAMHS\*) and 20 (ASC) new referrals were received into service during this period. 40 new young people were seen by Generic CAMHS\* during the quarter, with 30 young people waiting access to treatment at the end of December 2017 (Generic CAMHS\*).

At the end of December 2017, a total of 308 young people were waiting for treatment across the Generic CAMHS\* provision. 278 of these were for Autism Spectrum Disorder assessments and 30 for Generic Core CAMHS.

*\*not including ADHD, LAC/VYP, LD or Crisis) – including these the numbers would be 365.*

The average waiting times from referral to treatment for those starting treatment in December for Generic Core CAMHS was 43.4 days and for Autism Spectrum Disorder assessments 102.9 weeks. The challenges involved to achieve a waiting time trajectory is included as a risk in Appendix B.

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

### **2.1.g Kirklees Community Hubs Programme**

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 and relationships with children and families that exist in schools and partner agencies.

Hubs involve:

- Kirklees Primary and Secondary schools
- Alternative provisions
- Post 16 providers
- Inter-organisational partners
- Business sector
- Children and families themselves

The Hubs sit within 8 geographical areas having different population sizes and levels of need which also represent equitable areas in terms of index of population size, multiple deprivation and geography.

Their function supports the delivery of the Transformation Plan local priorities including:

1. Enabling the education sector to maximise their contribution to and influence Kirklees as a place where children and their families can thrive.
2. Supporting the sector in their vision to lead area based school collaboratives capable of being the vehicle for local delivery of a wide range of transformed children services.

3. Supporting development and sustainability of relationships and partnerships between schools, in hubs and external partners.
4. Strengthen data sharing protocols and requirements between key partners and Hubs.
5. Develop commissioning alliances between schools and relevant services at every level.
6. Contribute to the transformation of the children and families workforce.

Activities during this quarter included:

- Kirklees Council is preparing to host the next UK community Hub Network (in association with The Centre for Equity in Education) in March 2018. Potential funders will be invited; national best practise and core learning will be shared after the event.
- Several engagement sessions with school leaders and partners were held in autumn 2017 to enable clear understanding of any gaps in each hub regarding achieving sustainable co-ordination, access to early help and sustainable children centre / early years offer. The process has helped inform ongoing development of Local Authority Outcome Based Accountability proposals and potential next steps commissioning.
- Continue to refine roles, responsibilities and contributions towards quality assurance and sufficiency of the councils statutory early years offer. (Community plus, Early Intervention and Prevention, Early years Outcomes Team).
- Roll out and embed the learning and activity from the '365 system' to enable effective data and information sharing. Core learning for this to continue to be shared at hub leader network, via tweet, newsletter, heads up and local officer lead support.
- The whole district of Kirklees is now covered by Kirklees Community Hubs. Leads are in place linked to school and sometimes Trust governance. Strategically the work feeds in to Children's Integrated Commissioning Group, Early Help and the Learning Senior Leadership Team.
- Hubs leaders have worked jointly with health colleagues to develop a commissioning specification for NHS England funding. This is part of building commissioning capacity and confidence in each hub.
- Many of the hubs have joint pooled budgets to achieve health and social care activity and hub co-ordination. Review and sharing of core learning is planned during quarter 4.
- Area based commissioning priorities remains a standard agenda item for Hub Leader Network.
- Locala Public Health Intelligence Leads have begun to manage and lead data and intelligence development at hub level to inform multi-agency action planning at hub level which includes any key stakeholders.
- Audit of Kirklees Early intervention and Prevention services which contribute to

outcomes for children and family shared with hub leaders and partners for input and shaping of future service redesign.

- Local Hub multi-agency meetings are scheduled and made visible to all relevant stakeholders. Termly district partnership meetings with public health, local authority and other key cross sector partners continue to take place.

Thriving Kirklees has worked with one community hub to support school based staff, parents and other providers and identify their readiness to work with teachers. As a result the service is working with teachers to upskill parents to increase families' resilience.

### **2.1.h Vulnerable Children Services**

Under the Thriving Kirklees Healthy Child Programme additional specialist support to specified numbers 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.

Commissioners increased CAMHS Transformations Plan funding allocation South West Yorkshire Foundation Trust to enable them to recruit a senior Mental Health Practitioner to cover the needs of care leavers. The Trust has also incorporated a Learning Disability Nurses into their CAMHS provision.

Weekly emotional wellbeing clinics and CAMHS consultations are taking place and a Kirklees Vulnerable Children Team is now well established to offer a discrete provision for the most vulnerable children and young people and is embedded within children's social care settings. This involves looked after children, care leavers, children in need, those at risk of child sexual exploitation and young offenders. The Team comprises of staff from the Family Nurse Partnership Team, Looked after Children's Nursing Team, Youth Offending Nursing Team and Pupil Referral Unit Nurse. At least once a quarter staff meet as an Operational Team.

This Team is also supported on a bi-monthly basis by a psychologist or psychotherapist from South West Yorkshire Foundation Trust in case based supervision sessions. This supports the nursing teams to work through and continue to support complex one to one support with clients.

Monthly safeguarding group supervision is also provided for practitioners to attend.

In December 2017 the average wait for a Looked after Child was 4.3 days with the longest wait being 9 days and the shortest wait for Specialist CAMHS being 0 days.

### **2.1.i Peer Education**

Home-Start Kirklees supports young parents aged 14 - 20 years (that have been referred by professionals) with multiple complex issues by delivering group based support and Peer Educator support.

Young parent's progress is tracked whilst in group support and focuses on wellbeing, resilience and safer relationships as well as parenting and practical help with day to day issues for example budgeting.

Young parents that achieve positive outcomes and no longer need 1 to 1 support are nurtured and trained to become Peer Educators upon which they then role model and

support other young teenage parents. Home-Start Kirklees have trained 4 new Peer Educators since April 2017.

Northorpe Hall Child and Family Trust's Kirklees Youth Mentoring project is working with some Kirklees schools to train young people so that they can mentor their peers. This is delivered independently of anything provided by Thriving Kirklees. 32 peer mentors were supported by the Kirklees Youth Mentoring service in the first year. Five schools are participating in the scheme in year 2.

## **2.2 Workforce development**

Commissioners and providers took part in a Care, Education and Treatment Review training event in October 2017.

Training and support has been provided to 13 schools to help them respond to children's mental health. All Kirklees schools have been contacted, asking them to nominate an emotional health named lead person, and a deputy. Responses have been received so far from 27 Primary and 16 Secondary schools and details are being collated.

A pilot wellbeing teaching sessions to Year 4 students commissioned by a community hub has been delivered by a 0-19 CAMHS practitioner. Evaluation has proved successful and the sessions are being rolled out to other schools in the same community hub.

Training forms a key part of the Thriving Kirklees Workforce Development Plan, which is linked to the THRIVE Elaborated model development. Training is initially focussed on the workforce to ensure skills are shared across the partnership but consideration is given for future years of the contract of how to support parents to become 'part of the workforce' and life-long learning.

As part of the Children and Young People IAPT programme workers across the Thriving Kirklees partnership are engaging with recognised training opportunities, developing their evidence based practice skills.

Northorpe Hall Child and Family Trust delivers preventative groupwork sessions in schools aimed at raising awareness, increasing resilience and understanding when and how to get help. Preventative groupwork sessions on exam anxiety have been delivered in 7 schools in this quarter, with 88 students participating.

CAMHS 0-19 practitioners are delivering a wellbeing programme in a community hub to Year 4 pupils, using a course developed by [Mindfulness in Schools Project \(MISP\) and PawsB](#) a leading mindfulness curriculum for children aged 7 -11 in schools.

A Thriving Kirklees Workforce Development Strategy continues to be co-produced which will focus on identified 'high impact' areas across both Thriving Partners and wider workforce. The Workforce Strategy has a completion deadline of the end of March 2018, where it can direct and inform how staff will be supported and delivery of the plan implemented.

## **2.3 Children and Young People's Wellbeing Practitioner (CYWP)**

In December 2017, Kirklees in partnership with Calderdale responded to the Northwest Children and Young People IAPT Northwest Collaborative invitation for expressions to establish the new role of children and young people's wellbeing practitioner within mental

health services for children and young people.

Commissioners have subsequently been advised that Kirklees and Calderdale were successful in securing 2 student placements from April 2018, work is ongoing to recruit new staff through a national advert and interview process.

This initiative responds to Future in Mind (2015) and the Five Year Forward View for Mental Health (2016), to ensure that an additional 70,000 children and young people per year obtain support from mental health services by 2020/21 and a commitment to recruit 1700 new staff to deliver evidence based treatments. This initiative is likely to align with further guidance from a Green Paper to ensure that children and young people showing early signs of distress are able to access the right help, in the right setting, when they need it.

These posts will represent new capacity to reach children and young people not currently seen by CAMHS for whom lower intensity intervention would be appropriate for example:

- behavioural activation for depression
- behavioural treatment for anxiety and guided parent-led self-help
- briefly parent support for behavioural/regulatory problems in young children

They will complement, not replace, the work of existing CAMHS practitioners by building better links with communities and offering rapid access to high-quality, outcome-based, evidence-based interventions for mild to moderate difficulties to children, young people and their families.

## **2.4 Mental Health First Aid in Schools**

The government has committed to fund over 3,000 free places on one day Youth Mental Health First Aid (MHFA) courses over a three year period with places being funded by the Department of Health. The aim is that by 2020 at least one person in every state secondary school in England feels confident in spotting the signs of mental ill health in their pupils and acting as an initial point of contact on a first aid basis.

Since they were first developed in 2000, MHFA courses have been evaluated through independent research and shown that intervening at an early stage has positive outcomes on a young person's life by improving attitudes, skills and confidence around mental health.

Three one day course were delivered in December 2017 at Honley High School, Upper Batley High School and Salendine Nook High Schools, resulting in 27 school staff members completing the course from 21 High Schools, 2 Special Schools, 2 Middle Schools and 2 pyramid feeder Junior Schools.

District Committee funding through Public Health has enabled staff from an additional 10 Kirklees schools to complete the same course. This involved 5 High Schools, 4 Junior Schools and 1 Special School. Local arrangements are ongoing to provide more courses in 2018.

## **2.5 In it Together**

In September 2017, fifty regional educational establishments became involved in piloting a

Social Emotional Mental Health Competency Framework for Staff Working in Education. The framework has separate competencies for early years, primary schools, secondary schools and colleges, with clear enhancements included where necessary for special schools.

‘In It Together’ is aimed at all staff, from gardeners to governors, business managers to teachers by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff within the setting to work together to support their pupils and each other, knowing their limitations and how to escalate concerns. This approach compliments the Youth Mental Health First Aid training being delivered in Kirklees.

In Kirklees the pilot involves one FE College, a Secondary and a Primary Pupil Referral Service and a 7-16 years Special School.

The framework comprise of four components:

- Groups of competencies: core, enhanced and targeted
- Suggestions of staff roles for whom each group of competencies is most likely to be relevant
- A self-assessment tool
- Suggested training options to gain the needed skills and knowledge and develop a whole school approach to promoting mental health and wellbeing.

The framework complements existing practice around safeguarding or special education needs and national guidance. This includes Public Health England’s [Whole School and College Approach](#) and the Department for Education’s [Mental Health and Behaviour in Schools](#) departmental advice.

## 2.6 Northorpe Hall (ChEWS) Training

Appendix D provides an Activity Snapshot for ASK CAMHS and ChEWS during this quarter reporting on:

- Support requests
- Preventative Group Work
- ChEWS delivery
- Feedback and Outcome Measures.

Appendix E provides and update on working in partnership reporting on:

- ChEWS School Link Work
- Single Point of Contact
- Commissioned Services
- Embedding Pathways

## 2.7 New technology

Northorpe Hall Child and Family Trust staff offer support evenings and weekends, on the phone and in person, responding to the needs of young people and families. Some roles work across communities, meeting young people and families in schools and community venues as required. The [Northorpe Hall Child and Family Trust website](#) includes the option for visitors to the site to rate and comment on links and self-help resources

provided on the website.

The Thriving Kirklees website is set to go live by March 2018 with an integrated online support request form, described elsewhere in this report.

### **Brain in Hand**

Kirklees College staff continue to support 6 of their students who were trained in November 2017 to use the Brain in Hand App. This is an assistive cloud based solution designed to support adults and young people diagnosed with autism or traits of autism without a diagnosis, or have general mental health issues. Kirklees is one of the first areas to pilot the app with young people.

It is too early to evidence impact, some students are more active than others and some students and staff will be provided with additional support to get fully up and running. However some early benefits are being reported by college staff with one student who has successfully utilised the app.

The young adult's pilot is delivered in conjunction with a parallel adult's pilot that began in April 2017. Bi-monthly data reports anonymised reports are provided to commissioners and the college as an ongoing evaluation process.

## **3 Crisis and Home Treatment Provisions**

- 3.1** The CAMHS Crisis Team lead provider South West Yorkshire NHS Foundation Trust now provides cover until 8pm with an on call response thereafter.

The psychiatric liaison service supports over 16-year olds attending at local accident and emergency out of hours. The lead provider is currently working towards an all age psychiatric liaison service.

During Quarter 3, of the 358 referrals into the service during this period, 110 (an average 37 a month) were deemed as a Crisis Intervention. 79 of these referrals received a face to face intervention.

During Quarter 3, 90% of crisis referrals were seen within 4 hours. There were a number of reasons why crisis referrals were not seen within 4 hours including the referrer only requiring advice over the telephone, the young person not being fit to be seen, the young person already being in the service and therefore seen under their existing referral or the young person not being present when the Crisis Team arrived.

South West Yorkshire NHS Foundation Trust is part of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) and West Yorkshire Mental Health Trust Collaborative. Following a submission of a CAMHS-related new model to NHS England, a new model of care service has been agreed with Leeds being the lead provider.

The model focuses on developing more robust and consistent approaches to reducing the need for inpatient stays through strengthening the capacity of crisis and intensive home based treatment teams in offering flexible 24/7 support and establishing care navigation roles.

Care Navigators will play a key role in supporting safe/timely discharge planning. Care Navigator roles are now being recruited with a proposed start date of April 2018. Further

details are awaited to progress the service model and the Care Navigator role.

## 4 Eating Disorder Service

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

The following provides a running total of referrals received between April 2017 and November 2017. Referrals were for an assessment for children and young people with a suspected eating disorder.

**Table 1 Total Referrals - received April 2017 to November 2017**

Classification	Greater Huddersfield	North Kirklees	Kirklees Total
<b>Routine</b>	20	10	<b>30</b>
<b>Urgent/Serious</b>	8	9	<b>17</b>
<b>Emergency</b>	2	2	
<b>Totals</b>	<b>30</b>	<b>21</b>	<b>47</b>

Any referral not meeting the access criteria are redirected back to the referral source. Classification criteria is defined in the Community Eating Disorder Pathway for Barnsley, Wakefield, Calderdale and Kirklees.

**Table 2 Routine Referrals - Treatment started in 4 weeks of Referral**

	Greater Huddersfield	North Kirklees	Kirklees Total
<b>Within 4 weeks</b>	18	7	25
<b>Over 4 weeks</b>	2	4	6
<b>Totals</b>	<b>20</b>	<b>11</b>	<b>31</b>

**Table 3 Urgent/Emergency Referrals - Treatment started in 1 week of Referral**

	Greater Huddersfield	North Kirklees	Totals
<b>Within 1 week</b>	6	7	13
<b>Over 1 week</b>	5	4	9
<b>Totals</b>	<b>11</b>	<b>11</b>	<b>22</b>

In November 2017, 7 referrals were received 4 of these were routine referrals where because the access standard of 28 days, these will be reported on in the December 2017 return.

Of the 3 urgent referrals received, 2 were offered an appointment at 8 days and attended their appointment. By the end of November, 4 routine referrals were waiting for NICE approved treatment; this is where they may have an appointment booked but not yet attended.

**Table 4 Referral Sources**

	Greater Huddersfield	North Kirklees	Totals
<b>GP</b>	12	9	21
<b>Hospital Based Paediatrics</b>	0	1	1
<b>Education Service</b>	1	1	2
<b>Self-Referral</b>	7	4	11
<b>Other</b>	10	6	16
<b>Totals</b>	<b>30</b>	<b>21</b>	<b>51</b>

## 5 Partnership engagement

### 5.1 Joint Partnership Forum Meeting

In December 2017 a consultation event took place in Kirklees including the partners of 'Kirklees Community Hubs' (formerly Schools as Community Hubs), 'Locala Partnership Meeting' and 'Working Together'. This was the first meeting to bring together several different partnership networking forums in Kirklees in response to numerous requests to establish joined up approaches. The event involved briefings and discussions on local support services including CAMHS provision and Thriving Kirklees.

Discussions included:

- How could the forum (and wider partners) support schools to deliver work differently Providing a Survey Monkey questionnaire to enable anonymised feedback
- Development of asset mapping and community directories
- Schools participation in the 2018 Young People's survey
- Capacity and development of individual Community Hubs
- Focus on early intervention where health, parenting, family skills and community connectedness could support better outcomes for families.

Future meetings are proposed to continue development of identified issues and respond to challenges.

In November 2017, commissioners attended the Annual General Meeting for members of the local parent and carers group called PCAN. Commissioners provided an update on the 2017 refreshed Transformation Plan, the new Single Point of Contact, Thriving Kirklees progress so far and future challenges.

In November 2017, commissioners attended a Local Offer consultation event involving PCAN members to identify improvements to the re-design of the Kirklees Local Offer and unmet advice and information needs for children, young people and their families.

## 6 Areas of most challenge in implementation

**6.1** Immediate risks to delivery were included as an Appendix D of the October 2017 Transformation Plan Refresh. These remain unchanged and are reproduced as Appendix B in this update and includes our intended mitigating actions to address these risks:

1. Staff accessing appropriate training and development opportunities to enable them to deliver evidence based interventions. Access to training for those who support children and young people. LPS 27 (5.3)
2. 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)
3. 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 spending profile for North Kirklees and Greater Huddersfield Clinical Commissioning Groups is detailed in the Finance Assurance Template submitted as a separate file to this document.

The Finance Assurance Template needs cross referencing with Appendix C, was originally included as a key lines of enquire timeline mapping appendices in the Kirklees October 2017 refresh. Appendix C details the year on year timeline progression to demonstrate the journey since 2015 whilst maintaining openness and transparency against the original 49 priorities and progressive changes as Kirklees continues to respond to local services and need. Where shown actual and planned spend remains aligned with the original 49 declared priorities and continuing activity.

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

Concerns around capacity to absorb IAPT funding when current funding support ends has been outlined elsewhere in this report and remains as a risk in Appendix B. The lack of formal budget allocation from NHS England informing CCGs of their annual allocations continues to be less than helpful given the current financial pressures across the system.

### **Submitted by**

Tom Brailsford

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

26 January 2018

**Integrated Commissioning Group - Children and Families Wellbeing  
Tuesday, 14 November 2017, 10:00-12:00  
Civic Centre 3, Room GA**

**Present:**

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Martin Green	Deputy Assistant Director, Kirklees Council
Mandy Cameron	Deputy Assistant Director – Learning and Skills, Kirklees Council
Chris Beith	GP Practice Representative - Greater Huddersfield CCG
Julie Walker	Operations Development Manager, Kirklees Council
Alison Millbourn	Health Improvement Practitioner (HIPA), Public Health, Kirklees Council
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Alan Laurie	Commissioning Manager Joint Commissioning, Commissioning – Children’s Trust Management, Kirklees Council
Tracy Bodle	Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council
Melanie Williams	Hub Leader (South) – Royds Hall Community School – Aspire Hub
Kathy Coates-Mohammed	Hub Leader (North) – Pentland I & N School – Thrive Hub
Allison Simpson	Thrive Hub Co-ordinator (North) – Pentland I & N School
Mary White	Commissioning and Partnerships Manager, Kirklees Council
Noreen Abbas	Community Investment Manager, Public Health, Kirklees Council (observer)
Mike Walker	Transformation Programme Manager, Kirklees Council (observer)
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council

**Apologies:**

Helen Severns	Head of Transformation, North Kirklees CCG
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
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
Mandy Williamson	Hub Leader (North) – Field Lane J I & N School – BBEST Hub
Jackie Wood	Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub
Donald Cumming	Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub

<b>CHILDREN AND FAMILIES WELLBEING</b>		<b>Action</b>
<b>1.</b>	<b>Apologies received, minutes of last meeting and matters arising:-</b> Mary White, Noreen Abbas (observer) and Mike Walker (observer) were welcomed to the group and introductions made.  Notes from the last meeting agreed.	
<b>2.</b>	<b>Children’s Therapies Review</b> – Graham Crossley Graham presented the Kirklees Children’s Therapies Review document (distributed with agenda). The report was prepared jointly with the two providers for North and South Kirklees (CHFT and Locala). It explores the current service delivery, areas of similarity and differences in delivery across geographical areas of Kirklees and highlights challenges, concern and opportunities to inform future commissioning and service delivery relating to:- Children’s Speech and Language Therapy, Children’s Occupational	

	<p>Therapy and Children’s Physiotherapy. After a group discussion it was agreed to develop one single specification across Therapies based on engagement with wider groups, not just providers and take to the CCGs and bring back to this ICG group. This will feed into stage 2 of Care Closer to Home.</p> <p><b>ACTION:</b> Graham and Alan will draft specification and then discuss with Tom, Chris and Karen. Tracy will liaise with Tom and Graham to share with hub network.</p> <p>There was some confusing around the use of the term “Thriving” used by Northorpe Hall in their correspondence and “Thriving Kirklees”. Alison will clarify with Northorpe.</p>	<p><b>Graham Crossley/A Ian Laurie Alison Millbourn</b></p>
<p><b>3.</b></p>	<p><b>Barnardo’s Young Carers Contract – Alan Laurie</b> Young Carers and Young Adult Carers Provision paper (distributed with agenda). This service was previously provided by Northorpe Hall. There was no provision for under 18’s and this was revised in 2016 to align with the Children and Families Act, and Care Act and include new support options for Young Adult Carers. Barnardo’s were allocated a 2 year contract in 2016 funded by the Council and CCGs. The contract ends March 2018 and there is a requirement to give 2 months’ notice either to end or extend. To enable forward planning it was proposed that the contract be extended for 2 years from April 2018 and this would include termination clauses. It was agreed that the contract be extended for 2 years.</p>	
<p><b>4.</b></p>	<p><b>Strategic Update:-</b> <b>Schools as Community Hubs – Tracy Bodle</b> The hubs are making the most of assets in the system. A resource directory for Children and Families integrated with Locala and Youth Services has been produced. Honley had a stakeholder event which was well attended by 30 agencies; there is a need to now turn this interest into capacity. Community plus and Early Help held an event last week. Tracy reports back to learning services an overview of what is going on in the hubs. A discussion took place re missed funding opportunities due to the lack of hubs’ infrastructure, sustainability and identity making it difficult for them to make bids. Need to give examples of these missed opportunities. UK Network is coming to Kirklees in March 2018 funders/investors will be invited to the meeting. Hub partners throughout the country are being asked to collate evidence re investment to make the most of assets. There was a need for training and upskilling not just capacity.</p> <p><b>Healthy Child Programme – Tom Brailsford</b> Six months into the programme positives were: - transfer of service, single point of access and good work in communities moving forward. There were challenges with Locale’s management capacity, there needs to be strategic management in the system. KPI gaps need to be more readable and there is a need for emphasis and focus on transformation. Waiting times are still a problem. <b>ACTION:</b> Tom will arrange a 6 monthly review with provider to discuss what is and is not working.</p> <p><b>Transformation Plan – Alan Laurie</b> There was no time to circulate the refresh document prior to NHSE submission on 31 October as data from the most recent quarterly was not available until 28 October. The 49 priorities have now been reduced to 28. The document can be accessed on-line and feedback given before going to Children’s Trust in December for sign off. Click on link <a href="http://www.kirklees.gov.uk/futureinmind">www.kirklees.gov.uk/futureinmind</a></p> <p><b>Children and Young People’s Plan – Mary White</b> Mary shared with the group the Children and Young People’s ‘Plan on a Page’. The Children and Young Persons Board is not a statutory body therefore needs to be signed off by the Council and CCGs. The Plan is going to Full Council and CCGs on 13 December.</p>	<p><b>Tom Brailsford</b></p>

	<p><b>Vulnerable Children’s Needs Assessment</b> The assessment has now been published by Chris Porter and is available on-line. Information has not yet been pulled together for disabled children. Feedback will be brought back to this group.</p>	
5.	<p><b>Ofsted Improvement Plan</b> Linda Patterson, Acting Head of Service – Assessment and Intervention Service has now joined the group. Tom will ask Linda to do an overall view at a future meeting.</p>	
6.	<p><b>High Needs Review – Mandy Cameron</b> Briefing Paper and November Overview distributed with agenda. The High Needs Strategic Plan must be published by 31 March 2018 and cover all special education provision from Early Years to post 16, including mainstream and special schools. The number of children with EHCP (Education, Health and Care Plan) or statements has grown by 11% in the past 3 years; this is partly due to legislative changes which extend SEND support to aged 25. Consultation period is taking place and PCAN have been heavily involved. A Visionary day is to be held in January and representatives will be invited. The data received may lead to requests for borrowing. Feedback welcome and will be brought back to this group.</p>	
7.	<p><b>CYP Engagement – Mandy Cameron</b> Moving forward there is a need to involve Children and Young People in the SEND Strategy 5 year refresh. Mandy had attended a peer review in Bradford 2 months ago and seen examples where Children and Young People were involved with commissioning and there was a clear pathway and feeding back mechanism. 4-5 years ago there had been a similar project in Kirklees where Young People were involved in commissioning short breaks but this had ceased due to lack of funding. Historically there are legal guidelines restricting the engagement of Young People in the procurement aspect of commissioning. There is a need to imbed the engagement of children and young people in the commissioning process; this could include the consultation and outcomes aspect and not procurement. <b>ACTION:</b> Tracy will circulate framework for Young People’s consultations. Julie, Mike and Tracy will meet to discuss.</p>	<p><b>Tracy Bodle Julie Walker Mike Walker</b></p>
	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>At present there are 3 main gaps in commissioning engagement: <ul style="list-style-type: none"> <li>- Children and Young People</li> <li>- Parents and Carers</li> <li>- Third Sector representatives/providers</li> </ul> </li> </ul> <p>It was suggested that a representative from PCAN and Third Sector Leaders groups be invited to join this Children and Families Wellbeing ICG; not necessarily every month but quarterly.</p> <p><b>ACTION:</b> Tom/Mandy will ask for a representative from PCAN Mary will ask for a representative from Third Sector Leader</p> <p><b>UPDATE:</b> Johanna Hull will be the PCAN representative.</p> <ul style="list-style-type: none"> <li>Need to develop Commission Heads for CCGs and Local Authority – Bring back findings to this integrated commissioning group.</li> </ul>	<p><b>Tom Brailsford/ Mandy Cameron Mary White</b></p>
	<p><b>Date of next meeting:</b> <b>Tuesday, 12 December 2017, 10:00-12:00</b> <b>The Board Room, Broad Lea House</b></p>	

**Integrated Commissioning Group - Children and Families Wellbeing**  
**Tuesday, 12 December 2017, 10:00-12:00**  
**Board Room, Broad Lea House**

**Present:**

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Mandy Cameron	Deputy Assistant Director – Learning and Skills, Kirklees Council
Chris Beith	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
Donald Cumming	Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub
Evelyne Barrow	Head Teacher, St Aidan’s Cof E School, Skelmanthorpe
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council
Emmerline Irving	Quality Improvement Lead, NHS England

**Apologies:**

Helen Severns	Head of Transformation, North Kirklees CCG
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
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
Mandy Williamson	Hub Leader (North) – Field Lane J I & N School – BBEST Hub
Jackie Wood	Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub
Alison Millbourn	Health Improvement Practitioner (HIPA), Public Health, Kirklees Council
Martin Green	Deputy Assistant Director, 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
Kathy Coates-Mohammed	Hub Leader (North) – Pentland I & N School – Thrive Hub

<b>CHILDREN AND FAMILIES WELLBEING</b>		<b>Action</b>
<b>1.</b>	<p><b>Apologies received, minutes of last meeting and matters arising:-</b>  Emmerline Irving from NHS England and Evelyne Barrow from St Aidan’s CofE School were welcomed to the meeting and introductions made.</p> <p><u>Matters arising from 14.11.17 meeting</u>  Item 2 – Children’s Therapies Review  To be compliant with the Children and Families Act, assessments have to be carried out within a 20 week timescale. This can prove difficult if the child has not been seen previously.  DfE have announced plans to launch the single route of redress national trial in March 2018, health and social care will be subject to tribunals.  All transfer reviews have to be completed by 3.4.18.</p> <p>The group discussed private assessments obtained by parents before a tribunal and if the council would accept them. If CQC are the only assessments accepted parents/carers/schools need to be informed.</p>	

	<p><b>ACTION:</b> Tom will check with other regional leads what they accept.</p> <p><u>Item 4 – Strategic Updates</u> Healthy Child Programme – Tom has a meeting with the provider tonight (12.12.17).</p> <p><u>Item 5 – Ofsted Improvement Plan</u> – Leeds Partnership is continuing and Eleanor Brazil will be involved for another 12 months. <b>ACTION:</b> Tom will circulate letter from Steve Walker. <b>ACTION:</b> Agenda item for next meeting.</p> <p><u>Item 7 – CYP Engagement</u> <b>ACTION:</b> Children and Young People involvement co-production to go on next Agenda.</p> <p>Please see link to the Democracy Commission report and summary which provides useful information regarding young citizens, youth councillors, the role of schools etc. <a href="http://www.democracycommission.org.uk/growing-a-stronger-local-democracy-from-the-ground-up/">http://www.democracycommission.org.uk/growing-a-stronger-local-democracy-from-the-ground-up/</a></p> <p><u>AOB</u> It was agreed that representatives from PCAN (Johanna Hull) and the third part sector (when appointed) will be invited to <b>all</b> future ICG meetings.</p> <p>Notes from the last meeting agreed.</p>	<p><b>Tom</b></p> <p><b>Tom/Val</b></p> <p><b>Tom/Val</b></p>
2.	<p><b>Local Maternity Service</b> – Emmerline Irving In Karen’s absence, Emmerline from NHS England delivered the Yorkshire and Humberside Clinical Network Roadshow Presentation on the Maternity Transformation Programme and Local Maternity System Development. (See PowerPoint presentation attached).</p>	
3.	<p><b>Strategic Updates:-</b> <b>Schools as Community Hubs</b> – Donald Cumming See papers distributed by Tracy Bodle prior to meeting. There are now only 4 schools not engaged with the project at some level. The Learning Summit had taken place on 7 December; this was mainly attended by head teachers. Locality multi- partnership meetings are being held at each hub.</p>	
4.	<p><b>LAC Sufficiency Strategy</b> – Tom Brailsford There have been meetings looking at the sufficiency aspect of LAC. The timeline is tight therefore the strategy will go to the Improvement Board in January before it comes here but it is important that other parties look at what it means to us. Wrap around services are needed locally. This is a wide-reaching piece of work to bring children back into the authority. There is a need to invest in something new to have the right provision locally.</p>	
	<p><b>AOB</b> CCG Integration programme is gathering pace will put on January’s agenda for Phil to give update.</p>	<p><b>Tom/Val</b></p>
	<p><b>Date of next meeting:</b> <b>Tuesday, 9 January 2018, 13:00-15:00</b> <b>Civic Centre 1, Ground Floor, Conference Room</b></p>	

## CAMHS Transformation Plans – Issues and risks to delivery Q4 2016/17

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

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

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

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

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

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

**Ratings Key:**



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

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

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

### Theme 3. Caring for the most vulnerable

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

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

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

### Theme 5. Developing the workforce

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

**Ratings Key:**



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

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

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

**ASK CAMHS & ChEWS Activity Snapshot**  
**Quarter 3: October – December 2017**



**Support Requests:**

When a support request is made an administrator takes initial basic details in SPOC or at Northorpe Hall this is then transferred to a telephone referral and support worker at Northorpe Hall.

The worker will have a supportive conversation with the caller, listenign to their concerns, clarifying need and offering support and advice throughout the conversation. After the initial call the worker will make an intial decision about need. For some callers support, advice and links to self help resources is enough to manage the current concerns and no further action is required. For others it will be agreed that emotions may be impacting on day to day functioning and the request will be progressed to full telephone assessment. If there is risk identified, pathways are followed as agreed with specialiat CAMHS.

- 1018 Support requests received
- Parent/carers continue to be the highest referring category followed by GP's
- Highest % of support requests for 11-15 year olds
- 263 escalations made to Specialist CAMHS
- Largest presenting issues at telephone assessment are Behaviour, Anxiety and Low Mood

**Preventative Group Work:**

Preventative group work is a one off 2.5 hr session which can be booked by educational provisions to target specific issues where we see additional referrals at certain points of the year.

Sessions around exam anxiety were delivered at – Batley Girls High, Shelley College, King James, Spen Valley, St John Fisher, Greenhead, Moorend

- 88 young people attended
- Young people rated the sessions an average 6.4 out of 7
- Feedback from school staff rated the sessions an average 9 out of 10

**Feedback & Outcome Measures:**

- DNA rate for the quarter was 6.36%
- 75.6% of children and young people showed improvements on before and after assessments (RCADS 82%, YP SDQ's 74% Parent SDQ 58%)
- Young people rated the service 9.1/10
- Young people rated their worker 9.5/10
- Parents/carers rated the service 9.1/10
- Parents/carers rated communication from the service 9/10
- Other professionals rated the service 7.4/10

**CHEWS Delivery:**

ChEWS offers 1-1 support through therapeutic intervention, senior practitioners and emotional health workers.

Therapeutic intervention is centre based and takes place at Northorpe Hall in Mirfield and in the Northorpe Centre in Huddersfield. The senior practitioners and emotional health workers are community based and sessions are arranged where and when the young person prefers. This may be in school or in a community venue. These workers also work closely with the adults around the child in order to help them understand and support the child's needs.

Focused group work is delivered by the emotional health workers around anxiety and self-esteem. This is a 6 week programme for approximately 6 young people of similar ages.

- Average length of intervention 11 weeks
- 1680 hours of 1-1 support provided
- 178 hours of focused group work provided
- 253 children and young people started a 1-1 intervention
- 197 scheduled support calls were provided

Training was also provided at Batley Girls 6<sup>th</sup> Form to 20 students about the exam anxiety group work package.

**Quarter 3: October – December 2017**  
**Working in Partnership**



**ChEWS School Link Work**

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 wellbeing and mental health. Josie Williams was appointed as an Education Links Worker in June 2017 and has continued with the aims of the pilot project.

- Support provided to 10 education settings
- Relationships with community hubs developing, attended hub meetings and liaising with Tracy Bodle.
- Request for education settings to provide details of emotional health lead and deputy made to all in Kirklees with 43 responses so far
- Developing links with partners outside Thriving Kirklees to see what support is available for schools. Meeting with education psychology, IAPT, Brunswick Centre, Safeguarding Board, Prevention Team
- Working with Locala and CAMHS to look at workforce development and Locala emotional wellbeing interventions
- Liaising with other local authorities to look at how CAMHS services work in partnership with education.

**SPOC**

Duty workers have been co-located at Northorpe Hall throughout the quarter. This is enabling workers to learn from each other about their roles; being able to listen to the questioning and advice provided by the different service when on the phone and share information.

SPOC in Action:

Support request made by mum requesting an ADHD assessment. This was processed and worker was awaiting assessment information back from school. Locala duty worker spoke to Northorpe duty worker to advise that mum had been to the GP regarding concerns about anxiety. Northorpe duty worker was able to pick this up as already recently spoken to mum and gathered a large amount of information to add an update to the referral.

**Commissioned Services**

Northorpe Hall has provided during the quarter the following commissioned services to education provisions in Kirklees –

- Emotional Health worker 2 half days a week in Ashbrow School
- Counsellor one day a week in Whitcliffe Mount
- Counsellor one day a week in Almondbury Community College
- Case support to school staff monthly in Southgate School

**Embedding Pathways**

Telephone referral and support workers at Northorpe Hall now have a role to play in a number of specialist CAMHS pathways. Over the quarter these have been revised and are now becoming embedded in practice. The new pathways through Northorpe Hall are –

- ASC
- ADHD
- Learning Disability Team

The existing pathways continue regarding Eating Disorders, Urgent/crisis escalations and Routine escalations

These pathways enable comprehensive information to be gathered ready to be reviewed at screening meetings. This ensures an informed decision is being made in a timely manner to the appropriateness of the requested pathway. Where there is not the evidence to support a specific pathway alternative support can be advised.