

Kirklees Future in Mind Transformation Plan Children and Young Peoples Mental Health and Wellbeing

2016

Refresh and progress update

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Foreword

This document replaces the draft CAMHS Transformation Plan Refresh published on the 31st October 2016 following approval by the Kirklees Health and Wellbeing Board on 24th November 2016. The Board has endorsed the principles and recommendations detailed in this Refresh and acknowledge that the emotional health and wellbeing of children and young people remain a priority, in particular the need to improve access to quality services without tiers and reduce waiting times.

This sign off procedure is in accordance with NHS England assurance processes and timelines and provides us with opportunities to be accountable and transparent around what we are doing and how were spending the budgets.

This Refresh is part of our continuing co-production and consultation approach to ensure we can achieve our long term aspirations to make transformational changes to the mental health services for children and young people in Kirklees. Recent discussions involving NHS England and the Kirklees Integrated Commissioning Group have identified developmental areas within this Refresh which will ensure that our transformational plan remains a living and developing process.

The Health and Wellbeing Board remain committed as a partnership to continue to oversee improvements in how we respond to the mental health needs of children and young people, their families and those who support them.



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24th November 2016

1. Executive Summary

This report provides a refreshed update and summary for the Kirklees Transformation Plan for Children and Young Peoples Mental Health and Wellbeing.

Please note there are ongoing priorities that we need to oversee which are essential to ensure we achieve our local ambitions, included in Appendix A. Based on findings from our refresh planning and agreed priorities we acknowledge that we need to give focus and emphasis on the priorities outlined below.

These are presented under their original Future in Mind theme headings and detail the outcomes and achievements, being referenced against their corresponding thematic sections of the 2015 Transformation Plan.

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

- Award the Healthy Child Programme Tender and begin transformation of service provision through our new integrated specification.
- Ensure the developing Healthy Child Programme integrates with the schools Community Hubs Programme, our Early Intervention and Prevention offer, our Early Help offer, the Social, Emotional and Mental Health Difficulties (SEMHD) continuum, supporting the required outcomes in the Kirklees Sustainability and Transformation Plan (STP).
- 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 encourage schools to embed this within their Personal, Social, Health, Citizenship and Economic Education (PSHCE education) curriculum.
- Develop a training and support component about Emotional Health and Wellbeing for School Governors to be part of their continuing training.

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

- Increased front-line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. Beyond April 2017 this priority will relate to the Healthy Child Programme and its model of delivery.
- Reduce generic Tier 3 CAMHS waiting times for referral to treatment to 3 months by January 2017, and to 10 weeks by the 31 of March 2017.
- Work with our A & E Improvement Groups 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.

- Further strengthen the Crisis and Home Treatment Provision to prevent the need for Tier 4 in-patient care and prevent admissions to the local acute provision.
- Develop our Tier 4 markets collaboratively with NHS England supporting the development of Learning Disabilities / CAMHS in-patient provision, transition and transforming care.
- Provide a case management function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement.

Theme 3 - Caring for the most vulnerable

- Ensure the provision of a cohesive CAMHS for Looked after Children who are placed out of area.
- 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.

Theme 4 - To be accountable and transparent

- Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to step up and step down Tier 4 provision.
- Develop a clear and quality data dashboard across the Healthy Child Provision to allow the integrated commissioning executive rapid access to performance measures across the range of provision.

Theme 5 - Developing the workforce

- Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service.
- Support workforce development programmes that assist 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.
- Support Children and Young Peoples Improving Access to Psychological Therapies attendance from local service providers on an ongoing basis.
- Monitor and develop the Healthy Child Programme workforce in terms of service user feedback to ensure cultural shift in their service delivery approaches.

2. Introduction

This 2016 Kirklees CAMHS Transformation Plan Refresh (The Refresh) has initially been approved by the Chair and Vice Chair of the Kirklees Health and Wellbeing Board pending full approval at the next Health and Wellbeing Board meeting. The Refresh should be read in conjunction with our original Transformation Plan published in December 2015. As part of the national assurance of Transformation Plans, all plans are being refreshed; the Refresh together with other information is available at www.kirklees.gov.uk/futureinmind.

The Refresh adopts recommendations from the initial [Key Lines of Enquiry](#) (KLoE) developed in 2015 to support the first publications of Local Transformation Plans. Therefore the format of our Refresh is presented across the five Future in Mind themes, as was our original 2015 Transformation Plan.

Our original Transformation Plan gave us the opportunity to set out our five year vision for the transformation and improvement of children and young people's emotional health and wellbeing. As part of this vision we articulated an ambitious plan, which was wide ranging and underpinned by whole system change. The plan sought to significantly improve our provision across the whole spectrum of services including: health promotion and prevention work, support and interventions for children and young people having existing or emerging mental health problems, as well as their transition between services. Our long term vision for each of the themes was set out clearly in the original Transformation Plan, and remains our overarching long term ambition.

We are pleased that as a partnership we have made significant early progress on our targets and have achieved a number of priorities. We had a total of 51 priorities, 29 of which were to be achieved in year one of our local implementation. The priorities to be achieved by 2020 will continue to be refreshed annually.

By using local evidence and applying the commissioning cycle to our priorities, we have revised and deleted some priorities to reflect the most up-to-date position. We will continue to use the tracker document (see Appendix A) to performance manage our local priorities, some of these priorities will be new, and some will be ongoing through to 2020. We are also pleased to report that by utilising the new investment for the Transformation Plan, we have to date increased staffing numbers within our CAMHS provision by 13.7 whole time equivalent staff. This has ensured that 296 more young people will receive a service in 2016/17 than in the previous year.

The Refresh summarises our achievements so far, and articulates those priorities which still require more rigour and focus to achieve our vision and ambitions in the original plan. The Refresh reflects and identifies opportunities for developing

approaches within the emerging national and local policy context, particularly the [Five Year Forward View for Mental Health](#), the local NHS Sustainability and Transformation Plan, the emerging Kirklees Early Intervention and Prevention model and the Kirklees Early Help offer.

The key to achieving our ambitions for children and young people's emotional health and wellbeing, is to implement whole system change, ensuring we respond to stakeholder views, influencing the wider determinants of poor emotional health and wellbeing, alongside improving access to timely, high quality services for those children and young people who need them. We need to ensure that children and young people's needs are met at the lowest possible tier, supporting and skilling up the workforce at all levels to achieve this aim.

Our original plan stated our aim to integrate a number of programmes to ensure they focused on improving the emotional health and wellbeing of children, young people and families in Kirklees. Inter-dependent programmes included; the emerging schools as Community Hubs, our new Early Intervention and Prevention offer, our Early Help offer, the planned Healthy Child Programme tender, and the development of the Social, Emotional and Mental Health Difficulties (SEMHD) offer and provision.

Currently, these programmes are solidifying in terms of delivery models and outcomes that will be achieved. We have ensured the front line integration of the programmes by mirroring our commissioning intentions through each programme and aligning outcomes and outcome measures. This has involved an increased integration of strategic planning and commissioning between our local Clinical Commissioning Groups, Public Health, Schools and Children's Service provision.

Appendix A summarises our local priorities and assessment of our progress to date against each priority from the 2015 Transformation Plan.

The catalyst for driving forward this integrated whole system change is the new Integrated Healthy Child Programme (see Appendix B) which is currently out to tender (October 2016) and includes the specification for a tier less CAMHS provision.

The specification and transformation of the Healthy Child Programme is based on evidence based approaches and practice but also draws heavily on the views and needs of children young people and families. The programme will emphasise new creative and innovative approaches, testing out non-traditional models to improve emotional health and wellbeing of children and young people.

Appendix C details the Kirklees baseline delivery progress for the period of 2015/16 including figures relating to finance, staffing and delivery activities.

3. Baseline Needs and Current Services

A comprehensive picture of baseline needs and current service provision is detailed in the full Transformation Plan which can be accessed via this link. However, there are areas where we have subsequently gathered further intelligence and data to inform the Refresh which are outlined below.

We have drawn on local data to highlight our population challenges and health and wellbeing gaps to inform local sustainability and transformation approaches. We know we have a number of challenges locally including, low levels of physical activity, high levels of obesity and unemployment (in the adult population). This has led to the identification of a number of challenges including the need to:

- Enable more people to start, live and age well – especially in our more disadvantaged communities.
- Ensure more people live in healthier communities, have decent housing and participate in appropriate work.
- Improve resilience and enable healthy behaviours.
- Support people to take more responsibility for their own health and shift attitudes towards health and social care entitlement.
- Do more to prevent illness and intervene earlier when people get ill and our response needs to be proportionate to the levels of need in different groups.
- Narrow the inequalities in health outcomes across Kirklees.

The [Kirklees Joint Strategic Assessment](#) (KJSA) reflects our ambition to balance information about health needs with information about assets. The new KJSA provides a comprehensive picture of the health and wellbeing of the Kirklees population and is used to inform the commissioning strategies and plans of the council, CCGs and the local voluntary and community sector. The KJSA is updated on an ongoing basis when new information and intelligence is available. The Refresh takes account of identified mental health and emotional wellbeing needs which were updated in September 2016.

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

4. Service Provision Update

The following provides an update which reflects our local CAMHS provision as it currently operates. Post April 2017 a tier less system will be in place, based around best practice approaches from the [Thrive Elaborated model](#).

4.1 Tier 2 CAMHS and Single Point Of Access Pilot?

Tier 2 CAMHS is currently delivered by Northorpe Hall Child and Family Trust in partnership with Locala CIC. The contract has been in place since December 2012 and expires on 31 March 2017. The service functions under the working title of ChEWS (Children's Emotional Wellbeing Service), providing short term targeted interventions for children and young people aged 5 to 19 whose emotional needs are impacting on their day to day lives.

ChEWS are commissioned to provide direct interventions to 818 young people a year but do not provide an immediate response service. Managing waiting times and waiting lists has been a continuing challenge due to referral numbers. An initially agreed stretch target providing an average waiting time of 9 weeks for ChEWS has been recognised as undeliverable with waiting times for direct support by ChEWS prior to April 2016, averaging at 13.5 weeks.

A Single Point of Access (SPA) Pilot provision has been in place since 1 April 2016 being provided by Northorpe Hall Child and Family Trust. The SPA functions under the working title of ASK CAMHS. The service provides access to support for those aged 0 -19, who are registered with a Kirklees GP and whose emotions are impacting on their daily functioning. In the 6 months since the pilot was implemented ASK CAMHS has received 1,443 initial support request calls. Signposting, advice and appropriate intervention approaches are dealt with by ASK CAMHS either at the time a support request is received or when the referrer is contacted.

This new Single Point of Access Pilot has resulted in referrals being seen by the ChEWS provision, which historically would have gone directly into Tier 3 CAMHS. Whilst this new approach has facilitated reduced waiting times for Tier 3 CAMHS, it has negatively impacted on ChEWS capacity and ability to deliver to their waiting times, which have progressively increased from 9.5 to 17.7 weeks in September 2016.

All children, young people and families of children waiting to access support from ChEWS receive telephone support from a counsellor and informed of the offer of acceptance into the service and invited to access support again after 28 days of waiting and again at 60 days of waiting, or at any time if concerns about the child or young person change. Increasing waiting times and waiting lists are under

consideration by commissioners, being incorporated into the ongoing Healthy Child Programme tendering process, which includes Tier 3 CAMHS, ChEWS and the ASK CAMHS pilot.

4.2 Tier 3 CAMHS

The Tier 3 provision has seen improvements in performance and outcomes this year as a result of investment using Future in Mind funding together with wider system changes and investment.

Referrals into Tier 3 have historically been between 160 and 200 a month across Kirklees, excluding Autism Spectrum Condition. Since implementing the Single Point of Access in the Tier 2 provision this has reduced Tier 3 referrals to between 50 and 100 a month, excluding Autism Spectrum Condition.

This is a significant decrease and is starting to reduce pressure on the Tier 3 provision. Impact has also been seen on referral sources for Tier 3, prior to the Single Point of Access referrals were predominantly from G.P.s but under new arrangements this has significantly reduced as have most referral sources. In the longer term this should reduce pressure on Tier 3 resources.

Inappropriate referrals have also reduced significantly from 28 in September 2015 to 6 in August 2016. Waiting times are reducing due to the extra investment and early impact of having a Single Point of Access in place. This has meant the average wait for a choice appointment for generic CAMHS has reduced from 30 days in September 2015 to 14 days in August 2016. The average wait between partnership appointments has also reduced from 192 days in April 2016 to 136 days in August 2016.

However, analysing referral to treatment times we see a longer wait and a differing picture. The Kirklees overall average waiting time from referral to treatment is currently 191 days, around 6 months.

It is also worth noting that a majority are seen sooner than the average waiting time, so looked after children receive a partnership appointment within an average of 21 days, in August 2016 100% of all of those in crisis were seen within 4 hours.

This reduction in waiting times has not been as dramatic as anticipated, but as the extra investment and whole system changes start to function we expect further reductions in waiting times throughout the Tier 3 provision. We are now seeing active caseloads at Tier 3 reduce steadily from 348 in September 2015 to 308 in June 2016 to 266 in August 2016. This excludes Autism Spectrum Condition cases. Therefore we anticipate that as there are fewer cases to be allocated to partnership appointments, the waiting times will decrease.

4.3 Autism Spectrum Conditions (ASC / ADHD)

Locally our Autism Spectrum Condition provision has historically been included within a number of other provisions including, Speech and Language Therapy, Occupational Therapy and CAMHS Tier 3, but without any identified resource or clear specification. This means we have had a significant backlog of children waiting for an Autism Spectrum Condition diagnosis with 170 children and young people waiting under 12 months and 130 waiting between 12 and 24 months. In October 2016 of the 56 who have been waiting over 24 months for an appointment 6 are booked in for assessments or feedback.

We have invested in a focused initiative to reduce waiting lists and waiting times. So far 54 assessments have been undertaken, 196 children and young people are currently on the waiting list and will be assessed by June 2017. We have invested a significant amount in a new Autism Spectrum Condition provision as part of the Healthy Child Programme which will be clearly specified and compliant with National Institute for Health and Care Excellence (NICE). It is worth noting that we are seeing an increased number of referrals locally for Autism Spectrum Conditions, referrals have increase from an average of 13 a month to an average of 17 a month. This has resulted in there still being 356 young people waiting for an Autism assessment in September 2016.

Referral rates are being reviewed as they are much higher than would be expected for our local population. We are also reviewing the pre -assessment/triage process as the diagnostic rate following assessment is much lower than we would expect at 60%.

Waiting times for Attention Deficit Hyperactivity Disorder (ADHD) are longer than we are comfortable with; they have reduced from 182 days in September 2015 to 113 days in August 2016 and there are currently 46 young people waiting for treatment. We intend to utilise some of the NHS England non-recurrent funding to reduce these waiting times to respond to front line service delivery needs in this area.

4.4 Eating Disorder Provision

The Regional Eating Disorder provision commissioned by Kirklees, Calderdale, Barnsley and Wakefield is operational. It meets nationally identified access and waiting time standards and is delivering the core service elements of:

- **Specialist assessment and therapy/treatment:** founded on NICE guidance Eating disorders in over 8's: management and with an identified care co-ordinator.
- **Physical health assessment and support:** through close liaison with paediatricians and robust shared care protocols with GPs.

- **Dietetic support:** including nutritional rehabilitation planning.
- **Education and training:** supporting primary care, education and social care professionals.
- **Crisis and Intensive Home-Based Treatment:** 24/7 access to emergency assessment (typically in A&E departments and paediatric wards) and subsequent short-term intensive support.

Local pathways and protocols relating to physical health development and support are being further developed with Paediatricians and GP's to ensure roles and responsibilities are clear relating to this aspect of the core provision. As of 31 July 2016 there were 45 open cases across Kirklees which is an increase of 16 from the previous year. The full impact of the Eating Disorder Provision has yet to be quantified.

4.5 Crisis Provision

Since the implementation of our Crisis Provision and Home Treatment Team an average of 25 referrals a month are received as an emergency, primarily through A & E or Paediatric Services. In August 2016 100% of these referrals were being responded to within 4 hours. Where required the Crisis Provision also supports the Eating Disorder Provision by providing intensive home based treatment.

4.6 Tier 4 Provision

In 2015/16 there were 5 admissions within the North Kirklees Clinical Commissioning Group area and 164 occupied bed days, compared to 5 admissions in 2014/15 and 477 occupied bed days. During this period children and young people were placed an average of 21 miles away from home, the furthest placement was 29 miles away from home, with 66.7% of children and young people being placed in the Yorkshire and Humber region.

In 2015/16 in the Greater Huddersfield Clinical Commissioning Group area there were 15 admissions equating to 1,951 bed days, compared to 7 admissions and 782 bed days in 2014/15. Children and young people were placed an average of 24 miles away from home, the furthest placement was 74 miles away from home, with 47% of children and young people placed in the Yorkshire and Humber region.

We have witnessed an increase in Tier 4 admissions particularly in the Greater Huddersfield Clinical Commissioning Group area, whilst 3 related to eating disorders, the biggest increase is within general in-patient admissions, which increased by 7 admissions. Actions to address this are set out in Theme 2.

5. Key Engagement Messages

In 2016 we have undertaken a variety of engagement activities with children, young people and families in relation to their experience of current service provision and their vision for what a transformed provision should look like. We have engaged with over 1,200 young people and 147 parents and carers as part of the process.

Engagement has been undertaken in four distinct ways:

1. Engaging with individuals and groups to inform the re-design of the Healthy Child Programme and particularly the new Autism Spectrum Condition Provision / Learning Disability provision and Thrive Elaborated model. See www.kirklees.gov.uk/futureinmind for the summary of feedback and timetable of engagement events.
2. An exploration of the child's journey through the local CAMHS System undertaken by an external consultant using the following tools; Call for evidence included 46 returns from children and young people, parents, carers and schools, best practice reviews, case file audits, focus groups and 1 to 1 meetings.
3. A Transformation Plan Refresh Questionnaire, which we are currently using to engage a wide range of stakeholders throughout Kirklees on our priorities, and confirm what our future priorities should be.
4. The Kirklees Council Scrutiny Panel [CAMHS report](#), was incomplete when the original 2015 Transformation Plan was published. This engaged with a number of stakeholders included children, young people and families.

5.1 What are Children and Young People telling us?

The depth of information and feedback has been invaluable in terms of this Refresh and influencing the new Healthy Child Programme specification. It would be impossible to present the findings in their entirety, so below are some quotes from children and young people that articulate their experiences of the CAMHS system.

Young people's experience of the CAMHS system appears to vary widely. There were some good experiences:

"I would not be alive now if it wasn't for them"

"I found it really helpful and showed me new ways of coping and overcoming my situation"

"It's helped to take the bad things out of my mind"

And some experiences which highlight systematic failings of the current provision:

“although they offer to listen to you there is (sic) no plans put in place for sessions and you just feel like you are going over the same thing. It would be better if it was like a telephone service where you had access to the number if you were feeling down and wanted to talk, as most of the time when I used to get there I felt ok but when I was feeling low I had to wait until appointment time”

“I am now 17 years old and am currently in crisis with no support...I was referred to CAMHS in 2011. My GP made 9 referrals in total before I was seen...I saw someone 4 times every 4 weeks and then they left. I waited another 8 months for another appointment, during this time I attempted suicide 4 times ...(story of several years of treatment) I saw someone (recently) Z told me I needed anger management and referred me to CHEWS. She discharged me from CAMHS. I saw someone at CHEWS and they didn't do anything around anger management. They can no longer work with me and I am waiting for CAMHS again. My recommendations are:

- 1. There needs to be an emergency line to call for advice, help or immediate support.*
- 2. Once they receive a referral they should see you in 1 week.*
- 3. You should not be switched from one worker to another.*
- 4. You should be seen as often as you individually feel you need.*
- 5. CAHMS hospital workers need to learn to listen.*
- 6. NHS and the council should make funding available for respite or residential care for children at the greatest risk’.*

Feedback triangulates with our assessment against the Future in Mind priorities as detailed in the 2015 plan and what we know are our strengths and weaknesses through the system. Overall children and young people feedback has told us that our systems need to reflect the following:

- Services need to be accessible: relating to providing relevant access hours, being local in places children, young people and families know, some could be in school, some not and instant access to advice.
- Use fun activities including ones that can be done with friends and family.
- Importance of relationships.
- Being seen quickly.
- Having access to a support line when needed.
- Supporting their families and friends to be able to help them.
- Need to be able to trust those they talk to.
- Need for services to talk to each other and know about each other so they can be signposted.

- Concepts of feeling safe relating to, the environment; their community and opportunities to talk.

This feedback is reflected in our Transformation Plan refreshed priorities forming the basis for our service provision moving forward.

5.2 What parents and professionals are telling us?

Parental feedback on the current system focused on and highlights the excessively long waiting lists for CAHMS (Autism Spectrum Condition up to 3 years) and ChEWS which has impacted on their child's behaviour and wellbeing in and out of school and family life. Access and response times were highlighted as a major issue.

“Nothing worked well, CAMHS was completely unresponsive to our needs, had no flexibility whatsoever, were completely closed, not open to alternative ideas, dismissive of anything that wasn't ADHD”

“Everyone is different and what was offered to my daughter did not work for her. I feel they should have worked with her and us more to overcome her difficulties. Resources are clearly insufficient!”

A key emerging theme throughout the engagement was that services were seen as un-responsive. Parents felt there were levels of complexity in their child's case and their child did not easily “fit into a box”, that workers' attitudes were generally one of ‘I can see the needs’ but “it's not my job to provide that service”. This feedback has heavily influenced the Healthy Child Programme specification particularly around what we would expect of the whole workforce in relation to attitudes and models of co-production and whole family involvement in care and care planning.

Professionals' feedback identified they would like to be able to share their expertise and knowledge with the wider workforce so they could feel more confident to “hold” cases for longer. Professionals would like to be more flexible and integrated with other provisions. But the way services are currently commissioned combined with existing contract and monitoring arrangements can force services to work in silos.

Engagement feedback has been the basis for the re-design of our current services through the Healthy Child Programme tendering processes, by influencing and informing the service model, outcomes and key performance indicators included in the tender specification and the Refreshed Plan.

5.3 CAMHS Scrutiny Report and Safeguarding Child's Journey Review

Recommendations from the CAMHS Scrutiny Report and the Safeguarding Children Board Child's Journey Review have informed the Healthy Child Programme specification and this Refresh. Both reports will be published at www.kirklees.gov.uk/futureinmind, the main points from the Scrutiny Report were:

- That the process for referrals into the system should become more accessible and transparent, and that processes should be widely publicised, particularly amongst key stakeholders.
- That improved clarification is provided on the pathways both into and within the CAMHS system to provide transparency, access and understanding of the operation of service provision.

The Child's Journey Review identifies that there are good plans in place to improve specific CAMHS services, but there are still significant challenges to achieve this.

What is going well and what is improving

"The service saved my life".

(Young person interviewed as part of the review).

1. A positive environment for change.
2. A strong start to the delivery of the Transformation Plan.
3. Improvement in waiting times for initial assessments.
4. Partner agencies are addressing emotional wellbeing

What is going less well?

"When I feel really bad, they don't ask how I am feeling. There is nowhere to go to help me and my mum when I am not feeling well in my head. It takes a very long time in the car to go and see the CAMHS Dr. The room we go in is scary and small. I feel like I am being watched to see how I behave".

(Young person interviewed as part of the review).

1. A lack of strategic connection resulting in services that are not client centred and miss opportunities for joined up working and joint commissioning.
2. A lack of co-ordination in early help, intervention and prevention.
3. Systems and processes are not yet fit for purpose.
4. Transitions arrangements are poorly managed and difficult.
5. The attitude and behaviour of the workforce is perceived as unhelpful and current systems reinforce negative behaviours and do not provide adequate support.

6. Over-reliance on a 'medical model' of mental health and well-being.
7. No culture of "never do nothing".
8. Too much variation in quality of knowledge and practice across services.
9. A lack of adequate support for families.
10. Lack of evidence base to inform best practice.
11. Significant gaps in service delivery and workforce development.
12. Resource pressures

Where applicable and appropriate recommendations have been incorporated into the Healthy Child Programme specification. Any remaining recommendations will be referred for ongoing consideration and review by the Kirklees Safeguarding Children Board.

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

Chapter 4 Future in Mind

What will our transformed provision look like?

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

Kirklees CAMHS Transformation Plan 2015

6.1 How does our transformed provision look now?

Since October 2015 we have taken a major step forward to achieve this aim, with the re-design and procurement of the Kirklees Healthy Child Programme. This includes a re-design and re-specification of our current arrangements for health visiting, school nursing provision, as well as the Tier 2 and Tier 3 CAMHS provisions, newly funded Autism Spectrum Condition provision and CAMHS Learning Disability provision. In partnership with children, young people and families we have formulated a cohesive set of outcomes.

The Healthy Child Programme is currently out to tender and we anticipate a contract award in December 2016. The Kirklees Healthy Child Programme covers the whole spectrum of services and programmes for children and young people’s health and wellbeing, from health improvement and prevention work, to support and interventions for those who have existing or emerging health problems. Whilst also supporting transformation of the workforce by re-skilling and capacity building within provisions.

By integrating Kirklees CAMHS Transformation Plan priorities into the new model, the Healthy Child Programme will kick-start change in services to improve outcomes for children, young people, their families and communities.

The development of the Healthy Child Programme has been overseen through our integrated commissioning arrangements across Greater Huddersfield Clinical Commissioning Group, North Kirklees Clinical Commissioning Group and Kirklees Council.

This has resulted in an integrated, whole system specification which drives and delivers a front line delivery model for children, young people and families. Integration of services into a model which focuses on the Thrive Elaborated model intervenes at the earliest possible opportunity and takes a life course approach, which will ultimately ensure children and young people get the right help at the right time.

This strategic approach is supported by the implementation of one lead commissioner, one budget and one set of outcomes for the whole provision. This is underpinned by a formal agreement under Section 75 of the NHS Act 2006, which has enabled the local authority and Clinical Commissioning Groups to enter into partnership arrangements regarding budgets.

6.2 What our transformed provision will look like in April 2017 and beyond?

The re-design of our Healthy Child Programme has enabled us to achieve a number of Year 1 and Year 2 objectives outlined in the December 2015 Transformation Plan, including:

- Rolling out across our schools a links pilot in conjunction with to our policy for the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum. We are also developing a bid for a Free School with all partners. This will focus on early intervention and prevention for children and young people with SEMHD and will align closely with the work of the Pupil Referral Service, offering a range of strategies and provision for both the child and the host school. It is anticipated that it will work with all our children and young people and will form part of the wider continuum work, ranging from detailed expectations of schools, clear guidance about the role of other agencies, and the role of more specialist services.
- Building on our collaborative commissioning arrangements with schools through alignment with the Schools as Community Hubs Programme. School Hub Leaders have been engaged in the development of the Healthy Child Programme specification which includes CAMHS and CHEWS services. Through the school hub infrastructure over 1,000 children, young people and families have contributed to the design of this commission.
- Building into the Healthy Child Programme specification the principle of co-production with children, young people and families for peer education and other programmes or interventions required.
- Embedding the nurturing parent programme across the Healthy Child Programme provision with the aim of integrating this approach into wider provision including our Early Help offer, our Early Intervention and Prevention programme and a number of voluntary sector providers. A key element of the Early Help Hub proposal is to develop a way of working to provide consultation, coaching and co-working between partner agencies that are working at different levels with families. This will offer timely advice and expertise to prevent escalation into more specialist and costly interventions. This means families get the right help at the right time, reduces the need for multiple workers and helps secure engagement through a warm handover, when a face to face intervention is required.
- Focusing support of development of improved attachment between parents and children through the nurturing parent programme.
- Developing a range of social media based interventions to support children and young people to be resilient.
- Alignment of the Healthy Child Programme provision with our local Early Intervention and Prevention model including our Early Help offer.

6.3 What are our most challenging priorities to achieve?

The following priorities still require further rigour and attention as part of the 2016 Refresh of the Plan. The following objectives will be addressed in the following years through the annual refreshing of our Transformation Plan:

- 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 (PSHCEd) curriculum.**
- 1.11 **Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.**
- 1.12 **Award the Healthy Child Programme Tender and begin the transformation of service provision.**
- 1.13 **To ensure the developing Healthy Child Programme integrates with the schools as community hubs programme, our Early Intervention and Prevention offer, our Early Help offer, the SEMHD continuum and supports the required outcomes in our local Sustainability and Transformation Plan.**

Resulting from accomplishments to date and long term delivery the following will be realised:

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

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

Chapter 5 Future in Mind

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

Kirklees CAMHS Transformation Plan 2015

7.1 How does our transformed provision look now?

We have fully completed some and partially completed a number of local priorities which address improving access to effective support. We have implemented a number of improvements and changes to the current system which have required further investment including:

- Increased front line capacity in Tier 2 and Tier 3 provision including investment to reduce waiting times and the Single Point of Access to improve co-ordination, reduce waiting times and provide a one stop shop approach for advice and consultation. We have also invested in capacity for Autism Spectrum Condition assessments to reduce waiting lists and waiting times.
- Piloting of a local Schools link pilot jointly with Educational Psychology, Tier 2 and Tier 3 provision and selected schools.
- Establishment of a new Eating Disorder Provision across Kirklees, Calderdale Barnsley and Wakefield currently meeting the access and waiting time standards for eating disorders.
- Our local crisis model ensures that children and young people are assessed within four hours, this includes a home treatment provision and utilises the all age Psychiatric Liaison Service to achieve this in line with Recommendation 18 from the NHS England Five Year Forward View for Mental Health report.
- Pilot of the “Brain in Hand” app <http://braininhand.co.uk> to help children and young people manage their condition, with the view of expanding this in the future to the whole CAMHS provision.

7.2 What our transformed provision will look like in April 2017 and beyond?

Through our Healthy Child Programme tender we have re-designed a number of service changes, which from April 2017 will begin to improve access to the right support at the right time for children young people and families including:

- Specifying a new tier less provision based on the Thrive Elaborated model which will assess and address presenting need.
- Specified a School Link model to be rolled out throughout Kirklees.
- Included recurrent investment in a new NICE compliant Autism Spectrum

- Condition assessment and support provision.
- Specified a CAMHS Single Point of Access which is incorporated into the new provision to pull together and co-ordinate a wider range of provision across our Early Intervention and Early Help offer.
 - Re-designed our Learning Disability Provision to be included in the Healthy Child Programme tender and co-located within the local authority Disabled Children's Provision, and ensure these roles focus on providing a link to Education Health and Care Plan assessment and planning processes.
 - Specified CAMHS link workers in the new provision for schools and primary care.
 - Specified the new Healthy Child Programme provision will meet the proposed waiting time and access standards anticipated from April 2017.

7.3 What are our most challenging priorities to achieve and how will we achieve them?

We still have work to do over the coming years on a number of areas that present significant challenge. This includes reducing waiting times across the system in anticipation of the new waiting time and access standards, developing our local markets with NHS England to improve Tier 4 provision locally, and developing case management functions for children and young people being discharged from Tier 4 placements.

As outlined in the needs assessment section of this refresh, we have reduced waiting times, but not as significantly as anticipated. This is partially due to the historic position in Kirklees of under investment in provision, and partially to be due to increased demand for certain provisions such as Autism Spectrum Condition assessments and crisis referrals, which reflects locally with the national picture.

In 2016/17 and beyond we expect to see further reductions in waiting times as a result of the increased investment in the CAMHS system across a range of our local Transformation Plan priorities. However, we also recognise the need to undertake a new focus on in-year waiting time reductions. We will be utilising non-recurrent NHS England funding announced in October 2016 to ensure a progressive reduction in waiting times from April 2017.

There are challenges to this being successful, including:

- Recruitment issues of required professionals, we are now seeing a shortage of some professions including psychologists and psychiatrists.
- Increased demand for mental health professionals as a result of the national transformation programme is also causing recruitment issues.

We will manage and attempt to mitigate risks by working closely with providers to ensure creative solutions are found and by working with regional commissioners and colleagues from partnering Clinical Commissioning Groups.

We are working closely with NHS England in terms of the market development and preventing admission to Tier 4 provision. We can see from our 2016/17 in-patient data that there has been a significant increase in the Greater Huddersfield Clinical

Commissioning Group area for in-patient care which needs to be addressed. This will be achieved locally by further strengthening the Crisis and Home Treatment Provision to manage children and young people's needs at home.

NHS England has commenced a national Mental Health Service Review and established a national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so services meet the needs of local populations. Yorkshire and Humber NHS has commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales.

The way procurement is organised will mean the Yorkshire and Humber area will be divided into three geographical Lots for provision of services. West Yorkshire is part of Lot 2 which includes North Yorkshire and York. Timescales are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations.

NHS England is leading a new programme, announced in [Delivering the Forward View, NHS Planning Guidance 2016/17](#), which aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services.

The Foundation Trust area of Tees, Esk and Wear Valley were selected as one of the first-wave provider sites, covering the North East and North Yorkshire. Findings from this first wave which went live in October 2016 will be incorporated into work in our region to provide the incentive and responsibility to put in place new approaches which strengthen care pathways to:

- improve access to community support
- prevent avoidable admissions
- reduce the length of in-patient stays and,
- eliminate clinically inappropriate out of area placements

It is clear from the CAMHS benchmarking that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. Data show links between this utilisation and lack of Intensive Community CAMHS services available in a Clinical Commissioning Group area.

It is envisaged that developments of CAMHS Transformation Plans provide significant opportunities to develop Intensive Home Treatment and Crisis Services to reduce the need for admission.

To improve the quality and outcomes for children and young people we will work closely with identified lead commissioners in Yorkshire and Humber to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of variations that exist across the region and identify opportunities to challenge this to ensure equity of access, outcomes and experience for all patients.

The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and service provisions. This work will continue collaboratively through the Children and Maternity Strategic Clinical Network which involves all relevant stakeholders.

The following priorities will address our gaps and areas for development and ensure we are compliant with the Future in Mind recommendations, and meet identified needs highlighted by local data and consultation with young people and families which includes:

- 2.2 Increased front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. This priority beyond April 2017 will relate to the Healthy Child Programme and Thrive Elaborated model.**
- 2.2a To further reduce the ASC waiting times and backlog across Kirklees through the backlog initiative and new models and ways of working in the Healthy Child Programme.**
- 2.3 To reduce generic CAMHS waiting times for referral to treatment to 3 months by January 2017, and to 10 weeks by the 31st of March 2017.**
- 2.9 Work with our A & E Improvement Groups 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. To strengthen our home treatment provision in order to prevent Tier 4 admissions and prevent admissions to local acute provision.**
- 2.11 Develop our Tier 4 markets collaboratively with NHS England supporting the development of Learning Disabilities / CAMHS inpatient provision, transition and transforming care.**
- 2.12 Providing a case management function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a “step down” placement.**
- 2.13 Further strengthen the crisis and home treatment provision in order to prevent the need for Tier 4 inpatient care.**

The above will work towards achievement of the following:

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

8. Theme 3 - Caring for the most vulnerable.

Chapter 6 Future in Mind

Vulnerable children and young people

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

Kirklees CAMHS Transformation Plan 2015

8.1 How does our transformed provision look now?

We have invested in a discrete provision for the most vulnerable groups providing support and interventions that are flexible to meet the needs of looked after children, those at risk of experiencing Child Sexual Exploitation and those children in the Youth Offending Team system. We have invested in this provision in two main programmes:

- Procurement of discrete interventions for the most vulnerable groups in Kirklees, to meet the immediate needs of this group.
- Invested recurrently in a new flexible multi-agency team to meet the needs of the most vulnerable children which comprises of, a minimum of 1 Full Time Equivalent (FTE) Psychologist, 1 FTE Psychotherapist and 1 FTE Tier 2 worker.

The discrete provision incorporates input into our new Family Drug and Alcohol Court model, which from April 2017 will be delivered by the new Healthy Child Programme as part of the new multi-agency team for vulnerable children.

We have worked with the Kirklees Safeguarding Children Board to further understand vulnerable children and young people’s experience of the CAMHS system as a whole. This resulted in a commissioned review by an independent consultant examining the Child’s Journey through the CAMHS system. The comprehensive findings and recommendations have informed the re-design and Healthy Child Programme tender of the proposed new multi-agency provision for vulnerable children.

8.2 What our transformed provision will look like in April 2017 and beyond?

The new Healthy Child Programme provision will develop its remit and model to increase integration across children services offering interventions, specialist support and training. This will result in the following changes:

- Priority will be given to vulnerable children and young people with a shorter waiting time standard than for Tier 3 CAMHS.
- Link workers who provide consultation support and advice to a number of groups including residential staff, foster carers, Youth Offending Team staff, Social

workers, Stronger Families partner agencies and other key staff.

- Give priority to families who are part of our local Stronger Families Programme providing holistic support in a timely way.
- The Provision of forensic assessments to inform required provision, risk assessment and planning.
- Provision of ongoing psychological support to the Family Drug and Alcohol Court which help families whose children are put at risk by parental substance misuse and domestic abuse.
- CAMHS provision which supports to our local MASH (Multi-Agency Safeguarding Hubs) arrangement to determine the most appropriate course of action and outcome for a child or young person.

8.3 What are our most challenging priorities to achieve?

The majority of our local Transformation Plan priorities under this theme have been fully completed or partially completed and will be addressed by the new Healthy Child Programme provision from April 2017 onwards:

Remaining whole system challenges include:

- Supporting our local Sufficiency Strategy for looked after children to receive a provision locally, because Kirklees currently places a high number of looked after children out of area.
- A cohesive provision of CAMHS interventions for looked after children that have been placed out of area.
- The increasing number of looked after children locally which increased to 670 in October 2016.

Therefore, a focus beyond April 2017 will be for both Clinical Commissioning Groups to work closely with Kirklees Council to ensure the Sufficiency Strategy reflects the emotional health and wellbeing needs of our population and support developments required.

Another main challenge is ensuring quality CAMHS provision for looked after children placed out of area. Proposals to develop a regional CAMHS provision across the 10 Clinical Commissioning Groups in West Yorkshire and also Harrogate (*previously referred to as 10cc, now called Healthy Futures*) footprint were not progressed as they were not assessed as cost effective or covering the entire population of looked after children placed outside of our Healthy Futures region.

The following priorities will address gaps and areas for development outlined in this section. This will ensure we are compliant with the Future in Mind recommendations and meet identified needs highlighted by our local data and consultation with young people and families to:

3.4 Provide cohesive CAMHS provision for looked after children placed out of area.

3.5 Jointly develop the Kirklees Council Sufficiency Strategy to ensure

residential looked after children CAMHS provision can meet locally identified needs.

The above will achieve the following:

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

9. Theme 4. To be accountable and transparent.

Chapter 7 Future in Mind

Clarity of provision and progress

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

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

9.1 How does our transformed provision look now?

Locally, we have built upon our integrated commissioning arrangements between Greater Huddersfield Clinical Commissioning Group, North Kirklees Clinical Commissioning Group and Kirklees Council. We have used the Transformation Plan processes and priorities as a catalyst to rapidly test and drive forward new and innovative ways of commissioning in partnership with other stakeholders.

Locally we have achieved the following in 2016/17:

- A lead Commissioner for the CAMHS Transformation Plan has the delegated responsibility for the Transformation Plan and ongoing monitoring, whole system CAMHS budget and associated contracts into a single arrangement.
- Published a CAMHS Transformation Plan which provides a transparent view of the proposed future CAMHS system.
- Arrangements are overseen and monitored by our local Integrated Commissioning Group.
- The Health and Wellbeing Board oversees the Transformation Plan development and monitored progress.
- We have a single CAMHS pooled budget arrangement governed by a formal Section 75 arrangement under the NHS Act 2006, which is near completion and will form the basis for the budget envelope of the new Healthy Child Programme.
- Developed through the Healthy Child Programme tender a clear dataset and process to ensure outcomes can be clearly monitored and reported to the Integrated Commissioning Group including the CAMHS minimum data set, the anticipated new waiting time standard and client level outcome data.
- Current contract monitoring arrangements include service user feedback by both Tier 2 and Tier 3 provisions, which will continue into the new Healthy Child Programme arrangements.

The following priorities will address our gaps and areas for development. This will ensure we are compliant with the Future in Mind recommendations, and meet identified needs

highlighted by our local data and consultation with young people and families.

9.2 What will our transformed provision look like in April 2017 and beyond?

By April 2017 we will have awarded the Healthy Child Programme contract for Kirklees and will have in place:

- A 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.
- The data set and service user feedback from co-production of provision will be used to inform the commissioning cycle processes across all partners.
- The Section 75 pooled budget arrangement covering the whole CAMHS system will be overseen by the Joint Commissioning Manager on behalf of Kirklees Council and both Clinical Commissioning Groups.

9.3 What are our most challenging priorities to achieve?

Future In Mind recommended that the commissioning oversight and budget for the whole CAMHS system should be with one lead organisation to avoid fragmentation which has been implemented in Kirklees.

A challenge remains in relation to the commissioning responsibility for Tier 4 provision remaining with NHS England. Close working between local areas and NHS England does reduce some of the fragmentation of commissioning responsibility, however the fact remains a key aspect of the local commissioning system is outside of the control of local areas, which is identified as a challenge.

We intend to formalise with NHS England input into our integrated commissioning structures to develop our collaborative commissioning of Tier 4 services. This will include a focus on the prevention of admissions and services that ensure smooth transition back to community care. The following will address our gaps and areas for development outlined in this section:

4.9 Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.

4.10 Develop a clear data dashboard across the Healthy Child Provision to allow the integrated commissioning executive rapid access to performance measures across the range of provision

These actions will achieve the following in Kirklees:

- **Improved transparency and accountability across the whole system, to**

drive further improvements in outcomes.

- **Increased use of evidence-based treatments with services rigorously focused on outcomes.**
- **Children and young people having timely access to clinically effective mental health support when they need it.**

10 Theme 5. Developing the workforce

Chapter 8 Future in Mind

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

10.1 How does our transformed provision look now?

Our workforce ambition is a longer term transformation priority and needs a whole system approach to workforce development. Through our integrated commissioning arrangements locally we will develop a whole system workforce strategy to ensure our workforce is well trained to delivery evidence based care, and work in an integrated way.

In 2016/17 we have started a journey which requires considerable cultural change and development of the wider workforce. As part of our Healthy Child Programme consultation we received robust feedback in relation to the attitude of workers in particular and the lack of co-production and feeling of involvement in care. We have begun to address this in our Healthy Child Programme specification which sets out clearly the attitude, philosophy and skill sets we require to deliver transformational change. We have undertaken a number of actions to date to meet our Transformation Plan priorities for this theme including:

- Inclusion of CAMHS managers on the introduction to Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) Programme in 2015/16.
- Supporting four places for CAMHS staff to participate fully in the CYP IAPT core curriculum in 2016/17 which are being financially supported using non recurrent funds.
- Provided training for parents in relation to managing difficult behaviours and also how to manage their own emotions through mindfulness training.

10.2 What will our transformed provision look like in April 2017 and beyond?

From April 2017 a number of Transformation Plan priorities will begin to be achieved by delivery of our new Healthy Child Programme including:

- Specialist staff in services within the Healthy Child Programme offer sharing their skills and expertise through delivery, training and support to wider children's service staff and parents where appropriate. This will be particularly focus on skilling up early intervention and universal provision to help increase children and

young people's resilience.

- Implementing the CAMHS link model across health and social care staff including specialist workers from the Healthy Child Programme skilling up appropriate workers to be able to better “hold” cases and deliver interventions required to increase workforce capacity and competency.
- Full implementation of Children and Young People Improving Access to Psychological Therapies Programme and use of session by session outcome monitoring.
- The whole provision will begin to be co-produced by the providers, children young people and families to ensure needs are met in the right way so children young people and families are not “bounced” around the system when they may not meet specified assessment criteria.
- There will be a clear integrated data set and data dashboard to monitor performance across the CAMHS system.
- The Health and Wellbeing Board is overseeing strategic work across the wider partnership in respect of the workforce.

10.3 What are our most challenging priorities to achieve?

With the scale of cultural transformation required across the system we need to formulate a comprehensive, well thought and well resource workforce development strategy across all organisations to ensure that by 2020 we have achieved our ambitions.

Only a whole system approach will achieve this aim. It is essential the workforce strategy is developed as part of our integrated commissioning arrangements and covers a number of staff groups across priority areas. Therefore, the development and implementation of this strategic vision for the workforce is a longer term priority that will need wider support through our governance processes for all services including the leadership of the Health and Wellbeing Board.

The following will be addressed in annual refreshing our of Transformation Plan, we will:

- 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.**
- 5.5 Support Children and Young People Improving Access to Psychological Therapies Programme attendance by local service providers on an ongoing basis.**
- 5.6 Monitor and develop the Healthy Child Programme workforce in terms of service user feedback to ensure cultural shift.**

5.7 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.

The above objectives will achieve the following outcomes in Kirklees:

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

Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Year 1 – What we said we would do.....		
1.1 LPS 1	<p>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.</p> <p><i>Overlapping priorities: 1.3 and 2.1</i></p>	<p>Partially confident</p> <p>A Healthy Child Programme (HCP) 0- 19 competitive tendering processes will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches. A project plan and full risk log is in place to ensure the programme is delivered on time. The main risk for this priority is that we do not award the contract, whereby the new provision is not in place by April 2017.</p> <p><i>Medium term achievement by March 2018</i></p>
1.2 LPS 2	<p>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.</p> <p><i>Overlapping priorities 2.2, 2.4, 2.5 and 5.3</i></p>	<p>Partially confident</p> <p>A schools link pilot programme has been developed between Tiers 2 and 3 CAMHS and the Education Psychology Service which includes providing named CAMHS lead contacts, has been rolled out in nominated schools and following evaluation will be developed to include further schools and options to support other transformation priorities.</p> <p><i>Medium term achievement by March 2018</i></p>
1.3 LPS 3	<p>We will have emotional health and wellbeing provision that is collaboratively commissioned with educational settings.</p> <p><i>Overlapping priorities: 1.1 and 2.1</i></p>	<p>Partially confident</p> <p>Community Hub concepts continue to be progressed and incorporated into the Healthy Child Programme tender to enable provision to be in place by April 2017. The nature of schools and pyramid associations creates levels of complexity in securing universal agreement for consistent approaches across Kirklees. The Healthy Child Programme when implemented will work with existing and emerging hubs to develop service provision and inform long term commissioning discussions.</p> <p><i>Long term achievement by March 2020</i></p>

1.4 LPS 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.	Partially confident Pilot peer education programme has informed best practice approaches and incorporated into the Healthy Child Programme tender to enable provision to be in place by April 2017 to enable long term achievement of priority. <i>Long term achievement by March 2020</i>
Year 2 – what we are doing next (Refresh 2016 – 2017)		
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.	Partially confident Development of learning and community hubs is ongoing to take account of this priority.
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.	Partially confident This priority is supported by existing providers and has been incorporated into the Healthy Child Programme specification to enable the provision to respond from April 2017 and support long term achievement of this priority.
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.	Partially confident The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of all relevant theme priorities.

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.	<p>Not confident</p> <p>PSHCE education resources are provided free of charge to schools but their use and delivery is inconsistent because of the non-statutory nature of PSHE within the educational curriculums. The independent nature of schools and their pyramid associations creates levels of complexity in securing universal agreement for a consistent approach across Kirklees. The Healthy Child programme will be expected to deliver to specification requirements from April 2017 which will look to support longer term achievement of this priority.</p>
1.9	There will be a range of social media based interventions to provide support to children and young people and help build resilience.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.</p>
1.10	We will increase the range of innovative interventions available to children and young people to improve health and wellbeing.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.</p>
1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.</p>

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

Year 1 – What we said we would do.....

<p>2.1 LPS 5</p>	<p>To re-design the specifications for Tier 2 and Tier 3 CAMHS provisions, transforming services to provide a “tier free” new service model that is based on the “Thrive” approach.</p> <p><i>Overlapping priorities: 1.1 and 1.3</i></p>	<p>Fully confident</p> <p>The re-designed specification has been completed and is included in the Healthy Child Programme 0- 19 competitive tendering processes. This will see a new service in place by April 2017 – the successful bidder will be expected to influence the expected progressive transformation approaches.</p> <p><i>Long term achievement by March 2020</i></p>
<p>2.2 LPS 6</p>	<p>Increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people.</p> <p><i>Overlapping priorities: 1.2 and 2.7</i></p>	<p>Partially confident</p> <p>Additional investment arrangements included re-profiling proposed budget spend to increase capacity within Tier2 and Tier 3 and ASD provisions and a new provision of a Single Point of Access (SPA) has begun to see a reduction in waiting times. The SPA is included the Healthy Child Programme competitive tendering process. The successful bidder will be expected to influence the progressive transformation approaches in reducing waiting times, which will ensure transformation by 2020.</p> <p><i>Short term achievement by March 2017</i></p>
<p>2.3 LPS 7</p>	<p>Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.</p>	<p>Fully confident</p> <p>The Regional Commissioning Group co-produced a service model providing a service for 2016/17. This service is delivering to NICE guidance and waiting time standards. Procurement processes will work towards longer term delivery beyond March 2017</p> <p><i>Short term achievement by April 2017.</i></p>

<p>2.4 LPS 8</p>	<p>Implement Tier 2 and Tier 3 CAMHS Link Workers to directly liaise with and support schools, primary care and other universal provisions.</p> <p><i>Overlapping priorities: 1.2 and 2.5</i></p>	<p>Partially confident</p> <p>The schools link pilot programme developed by Tiers 2 and 3 CAMHS and the Education Psychology Service includes providing named CAMHS lead contacts, this has been rolled out in nominated schools, pilot will be evaluated to include further schools. The development of the schools link model has been included in the Health Child Programme specification to be rolled out through Kirklees.</p> <p><i>Short term achievement by April 2017</i></p>
<p>2.5 LPS 9</p>	<p>Implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 CAMHS provisions and to support joined up working across services.</p> <p><i>Overlapping priorities: 1.2 and 2.4</i></p>	<p>Not confident</p> <p>The schools link pilot has been adopted by nominated schools; this will be evaluated to progressively include additional schools. Implementation will need considerable co-ordination and planning to get all schools to buy into the process. The HCP will support this as a longer term priority.</p> <p><i>Long term achievement by March 2020</i></p>
<p>2.6 LPS 10</p>	<p>Have in place a Single Point of Access model for advice, consultation and assessment and co-ordination of provision.</p> <p><i>Overlapping priorities: 1.1, 1.2, 2.2 and 2.7</i></p>	<p>Fully confident</p> <p>Pilot SPA in place since April 2016. The Healthy Child Programme (HCP) tendering process will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches.</p> <p><i>Short term achievement by April 2017</i></p>
<p>2.7 LPS 11</p>	<p>Provide a one stop shop approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector.</p> <p><i>Overlapping priorities: 1.2, 2.2 and 2.6</i></p>	<p>Partially confident</p> <p>Pilot SPA has been in place since April 2016. The Healthy Child Programme (HCP) tendering process will see a new service in place by April 2017 – the specification and successful bidder will be expected to influence progressive transformation approaches.</p> <p><i>Long term achievement by March 2020</i></p>

2.8 LPS 12	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>Partially confident</p> <p>Pump prime funding and increased awareness has enabled the provision of a local crisis model. This needs ongoing monitoring and development to ensure continuance beyond March 2017.</p> <p><i>Short term achievement by March 2017</i></p>
2.9 LPS 29	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.	<p>Fully confident or Partially confident</p> <p>Development work is still required to provide a regional basis across acute footprints and collaborative approaches. Liaison provision was in place by May 2016.</p> <p><i>Short term achievement by May 2016</i></p>
Year 2 – what we are doing next (Refresh 2016 – 2017)		
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.	<p>Partially confident</p> <p>Although we have an established Crisis and Home Treatment provision, we need to further strengthen our focus and approach to reduce Tier 4 admissions. This year we have seen an increase in admissions so need to focus the activity of the provision.</p>
2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.	<p>Not confident</p> <p>The local markets in Kirklees still require further development to provide in-patient provision. NHS England is undertaking a procurement exercise to increase capacity. Is it yet to be seen if this will translate to any provision in the Kirklees area.</p>

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.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.</p>
2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 to support long term achievement of this priority.</p>
2.14	Establish an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.</p>

Theme 3. Caring for the most vulnerable

Year 1 – What we said we would do.....

<p>3.1 LPS 13</p>	<p>To 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.</p> <p><i>Overlapping priority: 3.5</i></p>	<p>Fully confident Multi-agency team in place by June 2016. Ongoing work to ensure service will respond to local need. <i>Short term achievement by March 2017</i></p>
<p>3.2 LPS 14</p>	<p>To provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.</p>	<p>Partially confident Ongoing development with 3.1 (LPS 13) and the Healthy Child Programme and progressive changes beyond April 2017. <i>Short term achievement by March 2017</i></p>
<p>3.3 LPS 15</p>	<p>Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.</p>	<p>Partially confident Processes being developed which have been integrated into the Healthy Child Programme will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches. <i>Short term achievement by March 2017</i></p>
<p>3.4 LPS 16</p>	<p>To provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprints.</p>	<p>Not confident This recommendation has not been adopted by 10cc as a regional footprint. Without this endorsement Kirklees proposes to remove it as a delivery option from its original submitted Transformation Plan priorities, until national redirection is provided. The proposed budget spend was re-profiled to support increased front line capacity for priority 2.2. <i>Short term achievement by March 2017.</i></p>

3.5 LPS 17	To work with Kirklees Safeguarding Child Board to undertake a “deep dive” into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children. <i>Overlapping priority: 3.1</i>	Fully confident Independent consultant commissioned to undertake the review has provided a comprehensive report which will support future long term service modelling and associations with the new HCP which will be in place from April 2017. <i>Long term achievement by March 2020</i>
Year 2 – what we are doing next (Refresh 2016 – 2017)		
3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.	Partially confident The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.
3.7	To provide an assertive community outreach model through our CAMHS provision that actively engages children, young people and families.	Partially confident The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.
3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	Fully confident We have been supporting the Family and Alcohol Court by using a discrete resource and this has been mainstreamed into the Kirklees Healthy Child Programme.
3.9	To ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	Partially confident The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.

Theme 4. To be accountable and transparent

Year 1 – What we said we would do.....

<p>4.1 LPS 18</p>	<p>To implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint Commissioning Manager jointly funded by North Kirklees, Greater Huddersfield CCG's and Kirklees Council.</p> <p><i>Overlapping priorities: 4.2, 4.3 and 4.4</i></p>	<p>Fully confident Implementation in place which will also ensure continuing robust monitoring and scrutiny to 2020. <i>Short term achievement March 2016</i></p>
<p>4.2 LPS 19</p>	<p>Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years.</p> <p><i>Overlapping priorities: 4.1, 4.3 and 4.4</i></p>	<p>Fully confident Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020 <i>Long term achievement by March 2020</i></p>
<p>4.3 LPS 20</p>	<p>Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.</p> <p><i>Overlapping priorities: 4.1, 4.2 and 4.4</i></p>	<p>Fully confident Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority <i>Achievement March 2016</i></p>
<p>4.4 LPS 21</p>	<p>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.</p> <p><i>Overlapping priorities: 4.1, 4.2 and 4.3</i></p>	<p>Fully confident Implementation of plan completed. Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020. <i>Achievement March 2016</i></p>

4.5 LPS 22	Ensure the Integrated Commissioning Group closely monitor the CAMHS minimum dataset and waiting time standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the systems. <i>Overlapping priority: 4.5</i>	Fully confident Outcome based dataset to be incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element when established from April 2017 – the specification and successful bidder will be expected to influence progressive transformation approaches. <i>Short term achievement by March 2017</i>
4.6 LPS 23	Implement clear and transparent outcome monitoring supported by membership of CORC, (CAMHS Outcomes Research Consortium) and the implementation of session by session outcome monitoring across CAMHS provision. <i>Overlapping priority: 4.5</i>	Partially confident Existing CAMHS services providing quarterly outcome monitoring reports. Priority to be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element when established from April 2017. <i>Short term achievement by March 2017</i>
4.7 LPS 24	Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group.	Partially confident Existing CAMHS services are providing quarterly service user feedback. Priority to be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. <i>Short term achievement by March 2017</i>
Year 2 – what we are doing next (Refresh 2016 – 2017)		
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.	Fully confident Section 75 funding arrangements have been formally agreed and incorporated into the Healthy Child Programme for April 2017.

4.9	Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.	<p>Partially confident</p> <p>We are formalising collaborative commissioning arrangements with NHS England as part of our Refresh. These will be in place by April 2017</p>
4.10	Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.	<p>Fully confident</p> <p>Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children’s Trust Board to ensure robust and appropriate responses by 2020.</p>

Theme 5. Developing the workforce

Year 1 – What we said we would do.....

<p>5.1 LPS 25</p>	<p>Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17.</p>	<p>Partially confident</p> <p>Existing CAMHS services are engaging in a ‘Light touch’ Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT). The Calderdale and Kirklees IAPT Steering Group is working together to progress this priority which will be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. 4 staff from across the CAMHS provision will be attending the full CYP IAPT course in 2016/17. <i>Short term achievement by March 2017</i></p>
<p>5.2 LPS 26</p>	<p>Ensure that Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/16.</p>	<p>Fully confident</p> <p>All provider managers have been trained. <i>Achieved March 2016</i></p>
<p>5.3 LPS 27</p>	<p>Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions.</p> <p><i>Overlapping priorities: 1.2, 2.2, 2.4 and 2.5</i></p>	<p>Not confident</p> <p>The schools link pilot programme (1.2) has been rolled out in nominated schools and following evaluation will be developed to include further schools, at a pilot at this time it does not involved parents and only selected staff in a small number of schools. This priority will be reviewed and incorporated into the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. <i>Short term achievement by March 2018</i></p>

5.4 LPS 28	Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported, and implemented.	<p>Not confident or partially confident</p> <p>Only a whole system approach will achieve this aim. It is essential the workforce strategy is developed as part of our integrated commissioning arrangements and covers a number of staff groups across priority areas. Therefore, the development and implementation of this strategic vision for the workforce is a longer term priority that will need wider support through our governance processes for all services including the leadership of the Health and Wellbeing Board</p> <p><i>Long term achievement by March 2020</i></p>
Year 2 – what we are doing next (Refresh 2016 – 2017)		
5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions	<p>Partially confident</p> <p>The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of these priorities</p>
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.	
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.	

Kirklees Healthy Child Programme

0-19 years (up to 25 years for children with additional needs)

Kirklees Integrated Healthy Child Programme 0-19 years What's it all about?

Key messages

Tuesday, 2 August, 2016

1. What is Kirklees Integrated Healthy Child Programme?

Kirklees Integrated Healthy Child Programme (KIHCPC) is best described as a '**way of doing things**'.

From 2017, workers in KIHCPC will have a '**can do**' attitude. They will be ready and willing to help with the issues of **concern** to families. They will **listen** to children and families, **show respect, empathise** and **be genuine** in their desire to help them improve their health, their wellbeing and their lives.

KIHCPC will focus on getting workers **alongside** children, young people and families to **walk with them**, at least a little way through their journey, helping them **resolve their problems**, find their **own solutions** and develop the **confidence** to achieve their **potential**.

Assessments will be more holistic, flexible and fluid, drawn from the creation of these positive relationships and built up through conversations with children, young people and families. They will form part of a continuous 'journey log' for a child and their family, from conception through to adulthood.

The KIHCPC workforce will **first and foremost**:

- **Advocate** for improvement in health and wellbeing on behalf of children, young people and families
- **Mediate** between families and different services, sectors and systems
- **Facilitate** and enable access to a supportive environment, information, life skills and opportunities for making healthy choices
- **Deliver** child and family-centred, integrated interventions appropriate to the needs of children, young people and their families
- **Share** skills and expertise between and across the whole workforce.

2. What will KIHCPC do?

KIHCPC will ensure children and young people's health and wellbeing is improved by:

1. **Informing policies** that support improvement in health and wellbeing and reduce inequalities in these
2. Ensuring **physical and social environments** support health and wellbeing
3. Strengthening **community action** for wellbeing – engaging communities in addressing their needs and using their own collective capacity
4. Helping people develop their **individual skills** for healthy living, **building resilience** and coping with life

5. Supporting health and care services to **move towards** improving health and wellbeing, **preventing problems** from getting worse and, wherever possible, from starting in the first place.

3. How does KIHCP fit with Kirklees Children's Mental Health Services Transformation Plan?

In March 2015, the report of the Children and Young People's Mental Health Taskforce, '[Future in Mind](#)' set out a clear direction to improve children's mental health and wellbeing.

A key recommendation was the development of '[Local Transformation Plans](#)', to promote partnership working and drive improvements in children and young people's mental health and wellbeing over the next 5 years.

Kirklees was successful in **attracting extra funding**, made available to local areas on the development of Local Transformation Plans, to drive sustainable **service transformation** to improve children and young people's mental and emotional health and wellbeing.

By integrating **Kirklees Transformation Plan** into the new model, the KIHCP will **kick-start** change in services in order to improve outcomes for children, young people, their families and communities, with a **particular focus** on mental and **emotional** health and **wellbeing**.

4. What is the aim of KIHCP?

The aim of KIHCP is:

To kick-start change to the commissioning and provision of children and family services, in order to deliver improved outcomes for children, young people their families and their communities.

5. What difference will KIHCP make?

By achieving this aim, KIHCP will contribute to ensuring that every child and young person in Kirklees will:

- *Be healthy;*
- *Stay safe;*
- *Enjoy and achieve;*
- *Make a positive contribution, and*
- *Enjoy economic wellbeing.*

6. Commissioning services

[The Health and Social Care Act 2012](#) sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years and the responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting services and Family Nurse Partnership, transferred from NHS England to local authorities on 1 October 2015.

The move to commissioning of children's public health services by local authorities is an opportunity to take a fresh look at delivering a whole family approach. This means new opportunities for bringing together a range of services and programmes to improve outcomes for children, young people and their families.

7. Kirklees Integrated Healthy Child Programme

The aim of KIHCP covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging health problems. There

will be a particular emphasis on improving mental and emotional health and wellbeing and the transitions between stages of development.

8. The commissioning plan

To bring about more integrated child and family health services in Kirklees using the framework of the HCP to change the way things are done for children, young people and their families. The services that are currently delivering elements of the HCP and CAMHS include:

- Health visiting and FNP (0-5 year old public health resource).
- School nursing (5-19 year old public health resource)
- Child and adolescent mental health service (CAMHS) tiers 2 and 3
- Pilot SPA CAMHS Transformation Plan
- Nurturing Parent/Preparing for Parenthood
- Children's weight management/NCMP
- Healthy Start vitamin scheme.
- Home-Start
- LD CAMHS
- Autistic Spectrum Conditions
- Accident Prevention
- Food for Life (CYP)

Commissioners hope that any potential model will be innovative and demonstrate a robust, fully integrated delivery partnership approach. They are intending to encourage extensive collaboration wherever possible.

9. Key design focus

The effectiveness of proposals for delivery of the new HCP model will be assessed according to the degree to which they:

- Integrate resources and build integrated ways of working
- Focus 'upstream' on improving outcomes and preventing problems
- Reduce inequalities – proportionate help according to needs and available assets
- Improve primary and secondary prevention across life stages
- Promote relationship based approaches
- Demonstrate a robust network of partner agencies and access to advice, consultancy and supervision
- Build in easy access to advice and help from a range of sources
- Embed 'nurturing parent' and enable parents to develop the 'confidence to care'
- Increase independence and self-management of long term conditions to decrease service dependency
- Re-design support to promote resilience and emotional wellbeing
- Evidence activity in each of the five areas for health improvement (section 2 above)
- Demonstrate a coherent workforce design and development strategy and implementation plan.
- Demonstrate robust information governance and best practice in information sharing
- Support the development of Schools as Community Hubs
- Clearly articulate the contribution to Early Intervention and Prevention and Early Help models of delivery.

10. Timescales

- Market provider engagement completed by January, 2016.
- Engagement and co-design with children and families completed by June, 2016.
- Stakeholder engagement completed by June, 2016.
- Service specification/tender documents complete by August, 2016.
- Tender process August, 2016 – December, 2016.
- Award contract December, 2016.
- Service implementation – April, 2017.

11. The background for KIHCP

The context for KIHCP is set by Professor Sir Michael Marmot's review, [Fair Society, Healthy Lives \(2010\)](#) which had two aims - *to improve health and wellbeing for all* and *to reduce health inequalities*. To achieve these, the review recommended six national objectives, the first and second of which are all about improving outcomes for children and young people:

- Give every child the best start in life, and
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Local authorities are well placed to ensure a wide range of stakeholders, including the NHS and the independent, voluntary and community sectors, are engaged in an integrated approach to improving outcomes for children and young people.

Good health and wellbeing (especially mental and emotional) are vital for all children and young people and their families. There is firm evidence about how to achieve this through strong children and young people's public health. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of developing improvements in health and wellbeing for children and young people, in the context of whole family wellbeing.

It is proposed to build on discussions with partners across systems and sectors in order to inform a model for the re-design of Kirklees Healthy Child Programme and in particular ensure it contributes to its fullest extent to Kirklees Transformation Plan for Children and Young People's Mental Health and Wellbeing.

12. Need more information?

- Keith Henshall - Head of Health Improvement (Starting Well) Keith.Henshall@kirklees.gov.uk
- Tom Brailsford - Joint Commissioning Manager (Kirklees Council and CCGs) Tom.Brailsford@northkirkleescg.nhs.uk
- Karen Poole - Head of Children's and Maternity Commissioning Karen.Poole@northkirkleescg.nhs.uk
- Alison Cotterill – HI Advanced Practitioner (Starting Well 0-5) Alison.Cotterill@Kirklees.gov.uk
- Carl Mackie – Public Health Manager (Starting Well 5-19) Carl.Mackie@Kirklees.gov.uk

Finance Tables

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

CORE SERVICES - 2015/16								
Service type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services								
Sub-Total	0	0	0	0	0	0		
Early Intervention Services - Other Bases								
Healthy Child Programme	7,602,437	7602437	43500	43,500				LPS 1 (links with LPS 3 & LPS 5)
Sub-Total	7602437	7602437	43500	43500	0	0		
Services Targeted at Specific Vulnerable Groups								
Vulnerable Childrens Team				50,000				YOT, LAC. CSE. LPS 14 (links LPS13 & LPS 17)
YOT Services			140,000	140,000				Young Offenders
LAC Services	65,800	65,800	120,000	120,000				Looked after children
PRS Services			29,397	29,397	29,397	29,397	School Clusters	Pupil Referral Units
Sub-Total	65800	65800	289397	339397	29397	29397		
Specialist CAMH Services								
Regional ED Team				217,000				LPS 7
CAMHS wait times				340,500				LPS 6 (links with LPS 2 and LPS11)
Single Point of Access				55,000				LPS 10 (links with LPS1, LPS2, LPS6 & LPS11)
ChEWS Tier 2	360,000	360,000	96,000	96,000				
CAMHS services in schools					339,561.22	339,561.22		
CAMHS Tier 3			1,735,071	2,164,190	225,496			Colum F included non-recurrent - recovery of service 1 April 2014 to 31 Dec 2014.
Tier 4 CAMHS			431,094	614,584			NHS England	
Sub-Total	360000	360000	2262165	3487274	565057.22	339561.22		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]				NHS E funding for 14/15 to be supplied by NHS E and entered here	NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS England	
Total	8028237	8028237	2595062	3870171	#VALUE!	#VALUE!		

Finance Tables

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

ALLIED SERVICES - 2015/16								
Service Type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services								
CAMHS Schools link pilot				40,000				LPS2 (links with LPS6, LPS8, LPS9 and LPS 27)
Learning SEHM provision	420,000	420,000						
Sub-Total	420000	420000	0	40000	0	0		
Early Intervention Services - Other Bases								
School Nursing Service	1504437	1504437						This is whole budget, cannot quantify amount relates to Health and Wellbeing. Part of Healthy Child Programme tender and LPS themes.
Health Visiting	6,098,000	6,098,000						Includes Family Nurse Partnership
Sub-Total	7602437	7602437	0	0	0	0		
Services Targeted at Specific Vulnerable Groups								
Sub-Total	0	0	0	0	0	0		
Specialist CAMH Services								
Sub-Total	0	0	0	0	0	0		
Total	8022437	8022437	0	40000	0	0		

Activity Tables

CORE SERVICES							ALLIED SERVICES						
	No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16		No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16
School Based Services							School Based Services						
							School Nursing	8,516	8,432	403	2,130	1,099	1,520
							Learning SEMHD Provision	NA	NA	NA	NA	NA	NA
							CAMHS Schools link pilot	NA	NA	NA	NA	NA	NA
Sub-Total	0	0	0	0	0	0	Sub-Total	8516	8432	403	2130	1099	1520
LA Based Services							LA Based Services						
Services targeted at other vulnerable children - YOT	153	179	86	37	62	11	Health Visitors/FNP	NK	NK	NK	NK	NK	NK
Services targeted at other vulnerable children - LAC	NK	NK	NK	NK	NK	NK							
Services targeted at other vulnerable children - PRS	136	219	81	151	NK	134							
Sub-Total	289	398	167	188	62	145	Sub-Total	0	0	0	0	0	0
Third Sector Based Services							Third Sector Based Services						
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)	2,190	2,297	1,406	1,711	158	192							
Sub-Total	2190	2297	1406	1711	158	192	Sub-Total	0	0	0	0	0	0
NHS Based Services							NHS Based Services [Use/insert as many rows as necessary]						
NHS Provider CAMHS	1,657	1,862	498	537	834	776	Looked after Children Nursing Team	24	NK	11	NK	11	NK
Sub-Total	1657	1862	498	537	834	776	Sub-Total	24	0	11	0	11	0
Total	4136	4557	2071	2436	1054	1113	Total	8540	8432	414	2130	1110	1520

Workforce Tables

CORE SERVICES			ALLIED SERVICES		
	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16		Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16
School Based Services	[Use/insert as many rows as necessary]		School Based Services	[Use/insert as many rows as necessary]	
			School Nursing	31.2	31.2
			Learning SEMHD Provision	60% of EP time	60% of EP time
			CAMHS Schools link pilot	NA	1
Sub-Total	0	0	Sub-Total	31.2	32.2
LA Based Services	[Use/insert as many rows as necessary]		LA Based Services	[Use/insert as many rows as necessary]	
Services targeted at other vulnerable children - YOT	1	1	Health Visitors/FNP		
			<i>Estimated numbers</i>	95	160
Services targeted at other vulnerable children - LAC	1	1			
Services targeted at other vulnerable children - PRS	2	2			
Sub-Total	4	4	Sub-Total	95	160
Third Sector Based Services	[Use/insert as many rows as necessary]		Third Sector Based Services	[Use/insert as many rows as necessary]	
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)	9.5	15.5			
Sub-Total	9.5	15.5	Sub-Total	0	0
NHS Based Services	[Use/insert as many rows as necessary]		NHS Based Services	[Use/insert as many rows as necessary]	
NHS Provider CAMHS	24.28	30.98	Looked after Children Nursing Team	2.8	2.8
Sub-Total	24.28	30.98	Sub-Total	2.8	2.8
Total	37.78	50.48	Total	129	195

CYP Emotional Health Baseline Data Collection

Introduction & Instructions

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

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

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

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

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

The core services are as follows:

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

Allied services are as follows:

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

School Based Services

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

Local Authority and Third Sector Based Services

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

11. References

Kirklees information - accessible at www.kirklees.gov.uk/futureinmind

1. Kirklees Future in Mind Transformation Plan 2015 to 2020
2. Kirklees Transformation Plan Refresh and progress update - 2016
3. Early Help Consultation
4. Healthy Child Programme Stakeholder Summary

Additional information sources

- a. [Implementing the Five Year Forward View for Mental Health](#) 2016
- b. [Future in Mind: Children and Young People's Mental Wellbeing](#) 2015
- c. [Thrive Elaborated](#) 2015
- d. [Progress and challenges in the transformation of children and young people's mental health care.](#) 2016
- e. [Kirklees Joint Strategic Assessment](#) 2016
- f. [Brain in Hand" app](#)
- g. [Delivering the Forward View, NHS Planning Guidance 2016/17](#)
- h. [Greater Huddersfield CCG Kirklees Sustainability and Transformation Plan](#)
- i. [North Kirklees CCG Kirklees Sustainability and Transformation Plan](#)

12. Glossary and Acronyms

ASC	Autism Spectrum Condition
ASK CAMHS	Access and Support for Kirklees - Child and Adolescent Mental Health Services
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
Core 24	Specification for 24 hours psychiatric liaison service to Accident and Emergency Departments
CSE	Child Sexual Exploitation
CYP IAPT	Children and Young People’s Improving Access to Psychological Therapies programme
EIP	Early Intervention and Prevention
KIHCP	Kirklees Integrated Healthy Child Programme
KPI	Key Performance Indicator – used to evaluate success at reaching targets
LPT	CAMHS Local Transformation Plan
MH & WB	Mental Health and Well Being
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
SALT	Speech and Language Therapy
SEMHD	Social, Emotional and Mental Health Difficulties
SPA	Single Point of Access sometimes referred to as SPOC
STP	Sustainability and Transformation Plan
Tier 2	Historical description for practitioners who are CAMHS specialists working in community and primary care settings
Tier 3	Historical description for a multi-disciplinary service, providing a specialised service for children and young people with more severe, complex and persistent disorders.
Y & H	Yorkshire and Humber Region
ChiMAT	Child and Maternal Health Observatory
JSA	Joint Strategic Analysis
ChEWS	Children’s Emotional Wellbeing Service
PCAN	Parents of Children with Additional Needs
PSHCE ed	Personal, Social, Health, Citizenship and Economic education
CYPEDS	Children and Young People Eating Disorder Service
CBT	Cognitive Behavioural Therapy
10CC	Group of 10 CCG;s in a West Yorkshire Clinical Commissioning Collaborative
DNA	Did not attend
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
EHC (P)	Education Health and Care (Plans)