

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

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Wednesday 13 November 2019

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Dewsbury** at **2.15 pm** on **Thursday 21 November 2019**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft".

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

## **The Health and Wellbeing Board members are:-**

### **Member**

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Kath Pinnock

Councillor Mark Thompson

Dr David Kelly

Mel Meggs

Carol McKenna

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Board/Apologies**

This is where members who are attending as substitutes will say for whom they are attending.

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**2: Minutes of previous meeting**

1 - 8

To approve the minutes of the meeting of the Board held on 26 September 2019.

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**3: Interests**

9 - 10

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

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**4: Admission of the Public**

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

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**5: Deputations/Petitions**

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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**6: Joint Strategic Assessment Summary** 11 - 12

To share the updated 'Kirklees Overview' 2019/20 with the Board. This will replace the previous [Kirklees Overview](#) (2018/19) and summarises the key population health and wellbeing issues and challenges for Kirklees. It provides a useful context for the more detailed KJSA sections being updated during 2019/20

**Contact:** Owen Richardson, Intelligence Lead for Public Health

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**7: Current Living in Kirklees (CLiK) Survey 2020** 13 - 14

To inform the Board about plans for undertaking a Current Living in Kirklees (CLiK) survey in 2020 and to seek endorsement and support from the Board for this being undertaken and funded on a Partnership basis

**Contact:** Helen Bewsher, Intelligence & Impact Strategic Lead, Kirklees Council

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**8: Kirklees Children and Young People's Partnership & Plan - new arrangements** 15 - 34

The purpose of this paper is to inform the Health and Wellbeing Board on work to re-launch the Children and Young People's Partnership and to develop a new Children and Young People's Plan

**Contact:** Tom Brailsford, Service Director Resources, Improvement & Partnerships, Children's Services and Mary White, Commissioning & Partnerships Manager, Resources, Improvement & Partnerships, Children's Services

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**9: Future in Mind Transformation Plan Refresh** 35 - 144

The Kirklees Health and Wellbeing Board are requested to approve the draft 2019 Kirklees CAMHS Local Transformation Plan Refresh which NHS England specified had to be published by 31st October 2019.

**Contact:** Tom Brailsford, Service Director Resources, improvement and Partnerships

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**10: Kirklees Draft SEND Improvement Plan (For consultation)** 145 - 154

To highlight to the Board the draft Improvement Plan being developed for the SEND provision and services across Kirklees.

**Contact:** Tom Brailsford, Service Director, Resources, Improvement and Partnerships

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**11: Kirklees Frailty Strategy** 155 - 192

The purpose of the paper is to present the draft Kirklees Frailty Strategy to the Health and Wellbeing Board for discussion and support/approval

**Contact:** Nicola Cochrane, Transformation Programme Manager, North Kirklees CCG

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Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 26th September 2019**

- Present: Councillor Viv Kendrick (Chair)  
Councillor Musarrat Khan  
Councillor Carole Pattison  
Councillor Mark Thompson  
Dr David Kelly  
Mel Meggs  
Carol McKenna  
Dr Steve Ollerton  
Richard Parry  
Rachel Spencer-Henshall  
Helen Hunter
- In attendance: Jane O'Donnell, Head of Health Protection  
Rachael Loftus, Head of Regional Health Partnerships  
Catherine Wormstone, Head of Primary Care Strategy and Commissioning  
Phil Longworth, Senior Manager Integrated Support
- Observers: Councillor Habiban Zaman, Leader Member of the Health and Adults Social Care Scrutiny Panel  
Lisa Williams, Calderdale and Huddersfield NHS  
Tim Breedon, South West Yorkshire NHS Foundation Trust  
Dawn Parkes, Mid Yorkshire NHS Trust
- Apologies: Councillor Kath Pinnock  
Karen Jackson  
Jacqui Gedman
- 21 Membership of the Board/Apologies**  
Apologies were received from the following Board members: Cllr Kath Pinnock, Karen Jackson and Jacqui Gedman.  
  
Mike Crowther attended as substitute for Karen Jackson.
- 22 Minutes of previous meeting**  
That the minutes of the meetings of the Board held on 13 June 2019 and 25 July 2019 be approved as a correct record.
- 23 Interests**  
No Interests were declared.

**24 Admission of the Public**

That all agenda items be considered in public session.

**25 Deputations/Petitions**

No deputations or petitions were received.

**26 Public Question Time**

No questions were asked.

**27 Health Protection Board Update**

The Board received an update on the current health protection activities within Kirklees which highlighted key achievements and areas for further improvement. The Board was informed that the Health Protection Board (HPB) takes a system wide overview of stakeholders contributing to ensuring that local health protection arrangements are effective to minimise risk and threats to local health.

In summary, the Board were informed that:

- The Screening and Immunisation Team continues to work closely with Public Health and the Clinical Commissioning Groups (CCGs) to improve the uptake of NHS Screening and Immunisation programmes.
- Cervical Screening – Public Health has been working in partnership with NHS England to gain approval from the GP Federations (Curo and My Health Huddersfield) for cervical screening to be built into the extended access hubs. Primary Care Networks and GP Federations aim to provide more choice and appointments outside of working hours, with the intention of improving uptake. The federations have agreed to this and work is ongoing to establish a model for the clinics for each CCG.
- Public Health has been working with the CCGs to gain approval for costings to cover a text message which is triggered by the third reminder letter sent by GPs. This has been approved and all practices have been sent instructions on how to set this up.
- Issues with staffing and an increase in the number of samples received has meant that the laboratories in the region have been unable to meet the national target of 14 days to turnaround samples. From the 30 September 2019, the Cervical Screening turn-around time will be back to 14 days and communications have gone out to GP practices.
- Public Health has been working in partnership with NHS England to engage with South Asian Community centres to try and understand the cultural and religious issues and barriers to screening. This work has generated national interest.
- Measles - in light of the recent outbreak in neighbouring local authority areas, the Calderdale, Kirklees and Wakefield Immunisation Operational Group have created a separate MMR task and finish group. The purpose of the group is to understand MMR coverage and uptake and an action plan has



## Health and Wellbeing Board - 26 September 2019

been developed to monitor and provide targeted initiatives. Uptake of the MMR vaccine first dose in five year old is 97%.

- Influenza Vaccination Programme – due to the numbers of reported influenza like illnesses in residents in care homes, and the low uptake of the vaccination in frontline workers, Locala and Employee Healthcare were commissioned to attend and co-ordinate flu vaccination clinics in care homes in 2018/19.
- Human Papillomavirus Vaccine (HPV) - vaccination uptake is low in a number of schools, particularly faith schools. Gaining access to these schools has been difficult. Public Health has been working in partnership with Locala Community Partnership and NHS England to increase the uptake of the HPV vaccination. The partnership developed a survey and distributed this to parents who had refused the HPV vaccination for their child to try and understand the reasons behind their decision. The main concern identified, was the age in which the vaccine is offered.
- Kirklees has declared a climate emergency. Measures to improve air quality are a key strand of this work and a number of activities have gained system wide support in Kirklees, to reduce carbon and other harmful emissions.
- Tuberculosis (TB) – Kirklees has been successful in increasing percentage uptake of screening for Latent TB Infection (LTBI). The three year average number of reported cases in Kirklees is now 13.3 per 100,000 population from a peak of 29 per 100,000 population in 2011.

The Board asked what the uptake of cervical screening was in hard to reach groups. In response, the Board was informed that it has not been possible to acquire the data to do an in-depth analysis. However, it may be possible for the CCGs to obtain this information.

The Board enquired at what point the impact of the HPV vaccine on cervical cancer will be available. In response, the Board was informed that the vaccine was introduced in 2008, and once vaccinated girls reach the age of 25 and beyond it should be possible to get an accurate picture of the impact of the HPV vaccination on cervical cancer rates.

The Board was informed that there is ongoing national discussions regarding age reduction for bowel cancer screening. The present age cohort is 60-74.

**RESOLVED** - That the Board note the information presented in the Health Protection Board update report.

28

### **Update on the Implementation of the Kirklees Health and Well Being Plan**

The Board received an update on progress with implementing the Kirklees Health and Wellbeing Plan and proposed steps for reviewing the implementation of the plan. The refreshed Plan was signed off by the Board in September 2018.

## Health and Wellbeing Board - 26 September 2019

The Board was informed that the Plan provides an overview of work across Kirklees to deliver improvements in the health and wellbeing of the population. In order to better communicate the outcomes and priorities that the Plan is seeking to deliver, a one page summary was also developed and approved by the Board in January 2019. The summary supports the work by ensuring that individual organisational plans are clearer about how they are contributing to the delivery of the Health and Wellbeing Plan.

The Board was informed that it is important to determine how we are measuring progress is being measured against to Kirklees Outcomes. To enable this, a suite of high level indicators have been developed. To support the headline data, detailed work has also been undertaken to highlight how the local picture has changes over time and key inequalities.

The Board stated that it was important to emphasise in the Plan what is going to be achieved and by when, showing one or two clear outcomes. In addition, the Board further commented that it was also important to capture how the local system has already changed and in response was informed information that shows the journey will be included as part of the peer review.

The Board was informed that the next steps will be to review the Integrated Commissioning Strategy, streamline reporting mechanisms, and to hold a discussion at the next Board development session. The revised approach will then be presented to the formal meeting of the Board in January 2020.

As part of West Yorkshire and Harrogate Partnership's commitment to promote a sector led approach to improvement across all place based health and social care systems, a peer review process was piloted in Wakefield last year. All areas in West Yorkshire have committed to undertaking a review and Kirklees has agreed to go next. The date the review will take place is the 25th – 27th November 2019. Work is being undertaken to pull together the programme for the review and board members are invited to be involved in that.

**RESOLVED** - That the Board:

- (a) Note the progress with implementing the Kirklees Health and Wellbeing Plan
- (b) Approve the need to update the Integrated Commissioning Strategy and the Integrated Provider Board work programme and 'Plan on a Page

### **29 Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care**

The Board received an update on the development of a draft narrative of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care, and the process for further developing and refining it. The system narrative aims to describe how the system will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the NHS Long Term Plan (LTP). There is good alignment between the LTP and regional ambitions as set out in the 'Next Steps' document.

## Health and Wellbeing Board - 26 September 2019

The Board was informed that the existing programmes have been working to refresh their objectives and it was agreed to develop a new West Yorkshire and Harrogate programme on Children, Young People and Families and expand the existing prevention programme into a new Improving Population Health programme.

The Board was informed that it was important to recognise that there are things in the document that are vitally important to Kirklees and consideration will need to be given to what are the few things to have a dialogue with the public about.

The Board commented that there is a need to be bold about the issues to be tackled and provided comment and feedback as follows:-

- Partners should be collectively raising issues with regard to children's health for example childhood obesity – its causes, impact and what can be done to tackle it
- Developing a work stream on end of life care
- Publishing mental health waiting times
- Strengthening the patients story
- Include case studies that provide a good reflective balance across issues and the places in West Yorkshire
- Given the length of the full document, an executive summary would be useful

The current timeline for the draft document is:

- 27 September 2019 - submitted to NHS England for an assurance check
- 15 November 2019 – system plans agreed with system leads and regional teams
- 3 December 2019 – Partnership Board for sign off the draft and agree publication date

The Board was informed that there will be further opportunity to submit any additional comment which will be used to inform the second draft of the document.

**RESOLVED** - That the Board:

- (a) Provide comment and feedback on the draft 5 Year Strategy
- (b) Note the timescale and process for the further refinement and sign-off the strategy

### **30 Update on the Development of the Primary Care Networks**

The Board was provided with an update on the development of the Primary Care Networks (PCN) in Kirklees. The Board was reminded that by May 2019, each Network had to provide registration information. Following the initial PCN registration stage, the Clinical Commissioning Groups and the PCNs were required to comply with a series of further national requirements. All additional registration information was submitted and nine Kirklees PCNs was considered and approved with the aim of being operational from the 1st June 2019.

The Board was advised that as part of changes included in plans for GP contract reform, extended hours appointments which were previously provided on an

optional basis at individual practice level would now need to include 100% of the population covered by the collective practices within a PCN. Networks have provided assurance that they are delivering the required level of extended hours' service.

In January 2019, the West Yorkshire and Harrogate Health and Care Partnership requested CCGs undertake a further assessment against Primary Care Network Maturity Matrix. This suggested that although the majority of Networks were at the early stages of development approximately three networks were beginning to move through the maturity matrix at pace.

**RESOLVED** - That the Board:

- (a) Notes the achievement of key national milestones to register and establish nine Primary Care Networks for Kirklees
- (b) Requests that a further update be provided in the new year

**31 Journey to Outstanding**

The Board received a presentation on the outcome of the recent Ofsted inspection of Children's Services. The Board was reminded that in 2016 the service was rated as 'Inadequate' and since then the service has been on an improvement journey with an aspiration to be rated 'Outstanding'.

In June 2019, Ofsted attended to re-inspect the service and outlined a number of areas for development. The outcome of the inspection was the service 'Requires Improvement to be Good'.

The Board was informed that the journey to outstanding will include focus on:-

- Practice, Learning, SEND, social care
- Developing a stable workforce
- Medium Term Financial Planning which invests in evidence interventions
- Place Based Approaches
- Scrutiny – support and challenge

**RESOLVED** - The Board notes the information in the presentation

**32 Changes to Pharmaceutical Services in Kirklees since 28/03/2018 and Publication of a Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2021**

The Board considered and noted a report which outlined information received from NHS England with regard to any changes to pharmaceutical services in Kirklees which necessitate the publication of a Supplementary Statement.

Concerns were raised with regard to information which suggests that some pharmacies are now charging for delivering prescription medication and the impact this would have particularly on the elderly and disabled people. The Board felt that this required further investigation.

**RESOLVED** - The Board notes the information in the report



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<b>KIRKLEES COUNCIL</b>			
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>			
<b>DECLARATION OF INTERESTS</b>			
<b>HEALTH AND WELL BEING BOARD</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]</b>	<b>Brief description of your interest</b>

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>21 November 2019</b>
<b>TITLE OF PAPER:</b>	<b>Updated Kirklees Joint Strategic Assessment (KJSA) Overview 2019/20</b>
<b>1. Purpose of paper</b>	<p>To share the updated 'Kirklees Overview' 2019/20 with the Board (slides to be presented and hard copies to be circulated). This will replace the previous <a href="#">Kirklees Overview</a> (2018/19) and summarises the key population health and wellbeing issues and challenges for Kirklees. It provides a useful context for the more detailed KJSA sections being updated during 2019/20.</p>
<b>2. Background</b>	<p>The Health and Social Care Act (2012) requires the Health and Wellbeing Board, working through local authorities and Clinical Commissioning Groups, to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. In February 2015 the Board endorsed a new approach to JSNA development - an ongoing process focussed on both needs and assets which outlines medium and longer term challenges for the district. Subsequent papers have updated the Board on the progress of the KJSA, including the development and continuous improvement of the <a href="#">KJSA website</a>.</p> <p>It was agreed by the Board in May 2016 that the Kirklees Overview would be updated annually and published on-line following approval from the Board. The Overview provides a useful context for the more detailed sections of the KJSA by summarising the 'big issues' and 'key challenges' for health and wellbeing using infographics and simple messages.</p> <p>Not all the data used in the Kirklees Overview has changed since the last version was approved by the Board in November 2018. However, the latest available data has been used in this 2019/20 update wherever possible.</p>
<b>3. Proposal</b>	<p>The Board is asked to endorse and support the updated Kirklees Overview 2019/20. Together with the more detailed KJSA summaries and sections this will provide population-level intelligence to support the delivery of the Joint Health and Wellbeing Strategy and the Kirklees Health and Wellbeing Plan and to enable intelligence-led commissioning and service delivery. A member of the Public Health Intelligence team will be available to talk through the slides and answer any questions at the meeting.</p>
<b>4. Financial Implications</b>	<p>None</p>
<b>5. Sign off</b>	<p>Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>

**6. Next Steps**

Subject to amendments highlighted in the meeting, the 2019/20 Kirklees Overview will be published online (replacing the current version [here](#)).

**7. Recommendations**

To endorse and support the updated Kirklees Overview 2019/20. A draft copy of the Kirklees Overview slides will be circulated prior to the meeting.

**8. Contact Officer**

Owen Richardson, Intelligence Lead for Public Health  
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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE:        21 November 2019</b>
<b>TITLE OF PAPER:        Current Living in Kirklees (CLiK) Survey 2020</b>
<p><b>1.        Purpose of paper</b></p> <p>To inform the Board about plans for undertaking a Current Living in Kirklees (CLiK) survey in 2020 and to seek endorsement and support from the Board for this being undertaken and funded on a Partnership basis.</p>
<p><b>2.        Background</b></p> <p>Current Living in Kirklees (CLiK) surveys have been undertaken on a regular basis since 2001. The last CLiK survey was in 2016 and was run jointly by the NHS and Council, funded by Public Health. <a href="#">CLiK 2016</a> was a postal self-completion survey using a disproportionate stratified random sample of just over 42,500 households (with an option to complete online). A response rate of 20% was achieved (just under 8500 people) and just under 6% of responses were completed online.</p> <p>The CLiK survey provides data that is not available through any other routine data collection processes. It is a key intelligence source for the Kirklees Joint Strategic Assessment (KJSA); provides vital indicators for monitoring trends and inequalities; and supports intelligence-led decision making across the Council, CCGs and wider integrated health and social care system. As we move towards a more integrated approach to health and social care commissioning and delivery, the success of Primary Care Networks (PCNs) and Population Health Management will depend on robust and timely local intelligence to provide a baseline assessment of needs and support the ongoing monitoring and evaluation of impacts and outcomes.</p> <p>Place-based working across Kirklees partnerships also depends on local intelligence to understand local needs, assets and changes over time. CLiK surveys with sufficient sample size can provide robust intelligence at a district and sub-district level to support place-based approaches and also provide important intelligence about our diverse demographic and socio-economic population groups and segments.</p> <p>The CLiK survey is also a key resource for the robust collection of population indicators for monitoring progress towards shared outcomes across Kirklees communities and places; particularly in relation to health, independence, safety and cohesion, clean and green and economic wellbeing.</p> <p>We know that previous CLiK surveys have made a difference to what we commission and provide and for whom. For example, when CLiK results told us that almost a third of the adult population suffered from pain this helped to raise the profile of chronic pain across Kirklees and identify what would need to be focused on by a chronic pain service. When we found that smoking rates were high among young women and where they were highest in Kirklees, this enabled us to coordinate and target our smoking cessation and Smokefree services much more effectively.</p>
<p><b>3.        Proposal</b></p> <p>Given the central importance of CLiK to local intelligence needed by Kirklees partner organisations, a partnership approach to CLiK 2020 survey is proposed. CLiK survey monies are no longer available from the Public Health Service and partnership funding is therefore being sought.</p>

The Board is asked to commission the Kirklees Partnership Executive to fund a partnership CLiK 2020 survey. It is proposed that the Council's Intelligence & Performance Service coordinates and project manages the survey and commissions a research company via the Council's Research Services Framework to deliver the survey in Autumn 2020.

The survey sample size will be largely determined by available funds. As a guide it is proposed that a minimum response sample of 9,000 is aimed for in order to provide adequate sample sizes for meaningful demographic analyses at PCN (based on approximate ward boundaries) and council sub-district 'locality' level.

#### **4. Financial Implications**

CLiK surveys have previously been funded from Public Health reserves which are no longer available. Partnership funding is required to commission a research company to undertake CLiK 2020. Intelligence requirements gathering, questionnaire content and detailed data analysis will be resourced by the council's Intelligence & Performance Service.

The CLiK 2016 survey cost £100,000 (£85,000 provided by Kirklees Public Health and £15,000 provided by EuroQual as part of a research collaboration agreement) for an achieved response sample of 8,500. Based on the average value of indicative quotes from Research Companies, estimated costs in 2020 would be around **£75K for an achieved sample of 7,500** and around **£95K for an achieved sample of 10,500** (assuming a 20% response rate).

Costs could be reduced if a larger proportion of respondents completed the survey online. It is therefore recommended that targeted and tailored pre-survey communications are utilised effectively to encourage on-line survey completion or that a 'push to web' method is used.

#### **5. Sign off**

Rachel Spencer-Henshall  
8 November 2019

#### **6. Next Steps**

- (a) Identify the most appropriate partnership forum to agree joint funding of CLiK 2020.
- (b) Establish a partnership CLiK 2020 steering group to coordinate intelligence requirements, oversee survey project management and ensure the CLiK 2020 is successfully completed.

#### **7. Recommendations**

- (a) Support and endorse a partnership approach to the CLiK 2020 survey
- (b) Commission the Kirklees Partnership Executive to coordinate joint funding of CLiK 2020.
- (c) Commission the Council's Intelligence & Performance service to project manage the survey using the most appropriate methodology to achieve a robust and representative sample to provide Kirklees and sub-district level intelligence.

#### **8. Contact Officer**

Helen Bewsher, Intelligence & Impact Strategic Lead, Kirklees Council  
[Helen.bewsher@kirklees.gov.uk](mailto:Helen.bewsher@kirklees.gov.uk) 01484 221000

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 21 November 2019</b>
<b>TITLE OF PAPER: DRAFT</b> <b>Kirklees Children and Young People's Partnership &amp; Plan – new arrangements.</b>
<p><b>1. Purpose of paper</b></p> <p>The purpose of this paper is to inform the Health and Wellbeing Board on work to re-launch the Children and Young People's Partnership and to develop a new Children and Young People's Plan.</p> <p>The Board's insight and comments on the new Children and Young People's Plan is welcome.</p> <p>The Health and Wellbeing Board will have a central role in the governance of this work. Consequently, changes to its Terms of Reference are requested and proposed here.</p>
<p><b>2. Background</b></p> <p><b>The Children and Young People's Partnership</b></p> <p>The Children and Young People's Partnership was relaunched following consultation and engagement in March 2019 at an event attended by 80 participants from a cross section of organisations working with children in Kirklees. The Children and Young People's Partnership had been paused for the previous 18 months to focus attention and resources on the Improvement Board and its work. The old Children and Young People's Partnership was a formal committee, with a closed membership of senior leaders and a traditional committee cycle.</p> <p>The new Partnership model was developed at the March consultation and relaunch event. It aspires to bring together members' collective insight, expertise and resources to collaborate to achieve <b>the best start in life</b> for children and young people. Membership of the new Partnership is open to all organisations from the public and third sector, including strategic managers, frontline workers, elected representatives, and both specialist and universal service providers. Members are accountable to each other and to children, young people and families in Kirklees. There is no formal committee structure, no formal decision making responsibilities. The people involved are there because they want to collaborate to achieve our ambitions for children.</p> <p>The Partnership has agreed that it will:</p> <ul style="list-style-type: none"><li>• Focus energy and expertise on agreed priority areas of work;</li><li>• Share intelligence and insight into children and young people's experiences so that children's outcomes and services are improved and work is evidence-led;</li><li>• Use collective insight into children's voice and views to influence and shape its work</li><li>• Collaborate effectively to use partner organisations' resources to address to collective goals &amp; priorities;</li></ul>

- Influence, inform and provide strategic leadership in the children’s sector;
- Develop a Children and Young People’s Plan and agree key, shared priorities, based on evidence of need that members bring their collective energy and focus to;
- Provide analysis to inform service improvements, transformation and cultural change, including an annual review of key outcome data and updates from related partnerships
- Provide coherence for a range of thematic partnerships and plans that affect Children and Young People’s outcomes.

The Partnership has agreed that its members will:

- Work restoratively – with not to or for
- Listen to and value children’s voices
- Share power and responsibility across sectors and agencies
- Provide challenge and support to hold each other to account
- Celebrate and serve the diverse needs of people and places in Kirklees.

### **The Children and Young People’s Plan**

There is no longer a statutory requirement to produce a Children and Young People’s Plan. However, there is consensus that a Plan provides a collective focus and clarity about priorities to be championed and addressed across the Partnership. Work with the new Children and Young People’s Partnership has focussed on assessing intelligence and insight from a range of sources to agree priorities. (e.g. KJSA, Year 9 Health Survey, Community Hubs’ insight; young people’s voice and influence work and commentary; service key performance data on outcomes for the child population and for specific vulnerable groups). A new Children and Young People’s Plan has been developed and is attached.

The Children and Young People’s Partnership has identified and agreed nine priorities that support good outcomes for all children. The priorities will help close the gaps in children’s inequalities and their life chances. Six of the Priorities are already being addressed by a range of thematic partnerships. For these, the Children and Young People’s Partnership will support and share that work more widely, but not seek to undertake additional work to avoid confusion, duplication and displacement. The six priorities where work is ongoing are:

- **Emotional health and resilience** – Transformation Partnership
- **Early Support in communities** – Kirklees Children’s Safeguarding Partnership Task & Finish Group, Best Start Partnership, Early Support Review
- **Food & Physical Activity** – Health & Wellbeing Board; Thriving Kirklees, Active Kirklees
- **Vulnerability to criminal exploitation** – Youth Development Programme Board; Kirklees Children’s Safeguarding Partnership; Communities Board.
- **Gaps in educational attainment** between some groups and the Kirklees attainment rates – Community Hubs, Education and Learning Partnership
- **Outcomes for Looked After children** – Improvement Board; Corporate Parenting Board; Kirklees Safeguarding Children Partnership.

The Children's Partnership has been, and will continue to develop new structures to deliver work and improve outcomes in three new priority areas. They are :

- **To tackle child poverty** – This priority is being developed in collaboration with Tackling Poverty work.
- **To support inclusion and better outcomes for LGBT+ young people** – new arrangements are being developed for this priority in collaboration with the Brunswick Centre's yOUTH project.
- **To grow our youth offer – places to go, people to see, things to do.** This work is being developed and delivered through the new Youth Programme Development Board arrangements.

### **Governance and Accountability**

The decision to develop an open, inclusive forum for the Children and Young People's Partnership with a fluid membership created a conundrum for the governance and accountability of the Children and Young People's Plan. Discussions with relevant portfolio holders and senior officers in the council have led to the proposal that the Health and Wellbeing Board take on the oversight of this work. The rationale for this includes:

- The Board already has oversight for a range of local planning and services
- The Board's membership includes the relevant cross-sector organisations
- The contribution that the Children and Young People's Plan makes to achieving the Health and Wellbeing Strategy

### **3. Proposal**

- a) That the Board endorses and supports the work to develop the CYP Partnership as an open forum focussed on improving children's outcomes
- b) The Board takes responsibility for providing governance and oversight of the three new Children and Young People's Plan priorities
- c) That the Board agrees proposed changes to its Terms of Reference to facilitate this.

### **4. Financial Implications**

None at this stage.

### **5. Sign off**

Mel Meggs, Director for Children's Services

### **6. Next Steps**

- a) Work will continue to disseminate and secure awareness of the new Children and Young People's Plan and Partnership arrangements
- b) Working groups and Thematic Partnerships will develop and embed new working and reporting arrangements for the priorities in the Plan
- c) The HWB Board will receive an update on progress to deliver the Plan's priorities every 6 months. (A sample proposed format for one of the new priorities is attached)

## **7. Recommendations**

The Kirklees Health and Wellbeing Board is asked to:

- a) Note the new arrangements for the Children's Partnership
- b) Comment on the new Children and Young People's Plan
- c) Amend its Terms of Reference to enable it to provide governance oversight for this work.

Tom Brailsford, Service Director Resources, Improvement & Partnerships, Children's Services. [Tom.brailsford@kirklees.gov.uk](mailto:Tom.brailsford@kirklees.gov.uk) tel:07711 015748

Mary White, commissioning & Partnerships Manager, Resources, Improvement & Partnerships, Children's Services. [Mary.white@kirklees.gov.uk](mailto:Mary.white@kirklees.gov.uk) tel:07976497683

Appendices:

- Highlighted Terms of Reference
- CYP Plan
- Priority summary sample



## Health and Wellbeing Board

### Membership

Membership of the Board includes voting and non-voting members as set out below:-

#### Voting members

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (including as representative of the Children & Young Peoples Partnership)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- Three representatives of North Kirklees Clinical Commissioning Group
- Three representatives of Greater Huddersfield Clinical Commissioning Group
- One representative of Kirklees Integrated Provider Board

#### Non-voting members

- Chief Executive Kirklees Council
- Representative of NHS England ( Statutory requirement: to participate in the Board's preparation of JSNA / JHWS and if requested to participate in exercise of the commissioning functions of the Board in relation to the Kirklees HWB Area)

#### Invited observers

Invited observers from key local partners to promote integration:

Chief Executive or nominated representative of significant partners:

- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Current community health provider
- West Yorkshire Police
- Representative of Kirklees Council Overview and Scrutiny

#### Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council bringing together the NHS, the Council and partners to:

- Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- Develop, publish and own the Joint Strategic Needs Assessment for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services and meet the legal responsibilities of Kirklees Council and the Clinical Commissioning Groups.

- Publish and maintain a statement of needs for pharmaceutical services across the Kirklees area.
- Develop, publish and own the Joint Health and Wellbeing Strategy for Kirklees, based on the JSNA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.
- Provide the structure for overseeing local and regional planning and accountabilities for health and wellbeing related services and interventions and the development of sustainable integrated health and social care systems, including children and young people's partnership arrangements.
- Promote integration and partnership working with the NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.
- Ensure the involvement and engagement of service users, patients and the wider public in planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees.
- Provide leadership and oversight of key strategic programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, and Children & Young Peoples Plan, and to encourage use of associated pooled fund arrangements where appropriate.
- Provide assurance that the commissioning and delivery of plans of partners have taken sufficient account of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub- committee, the Kirklees Health Protection Board.
- Exercise any other functions of the Council delegated to the Board by the Council.

### **Voting Rights**

See membership list

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

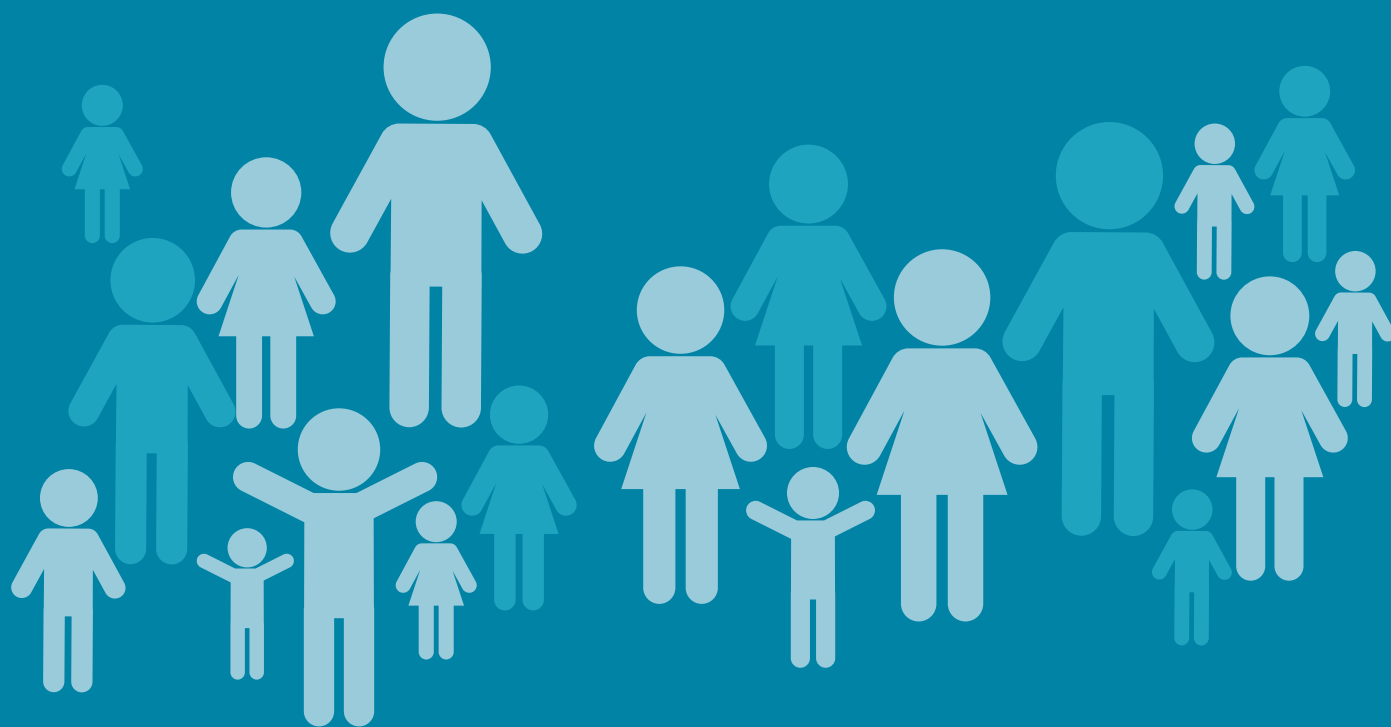
### **Substitute Members**

Voting Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

### **Quorum**

The quorum for the board will be attendance by 50% of the accountable bodies and 50% of the membership.

# Children and Young People's Plan 2019 – draft

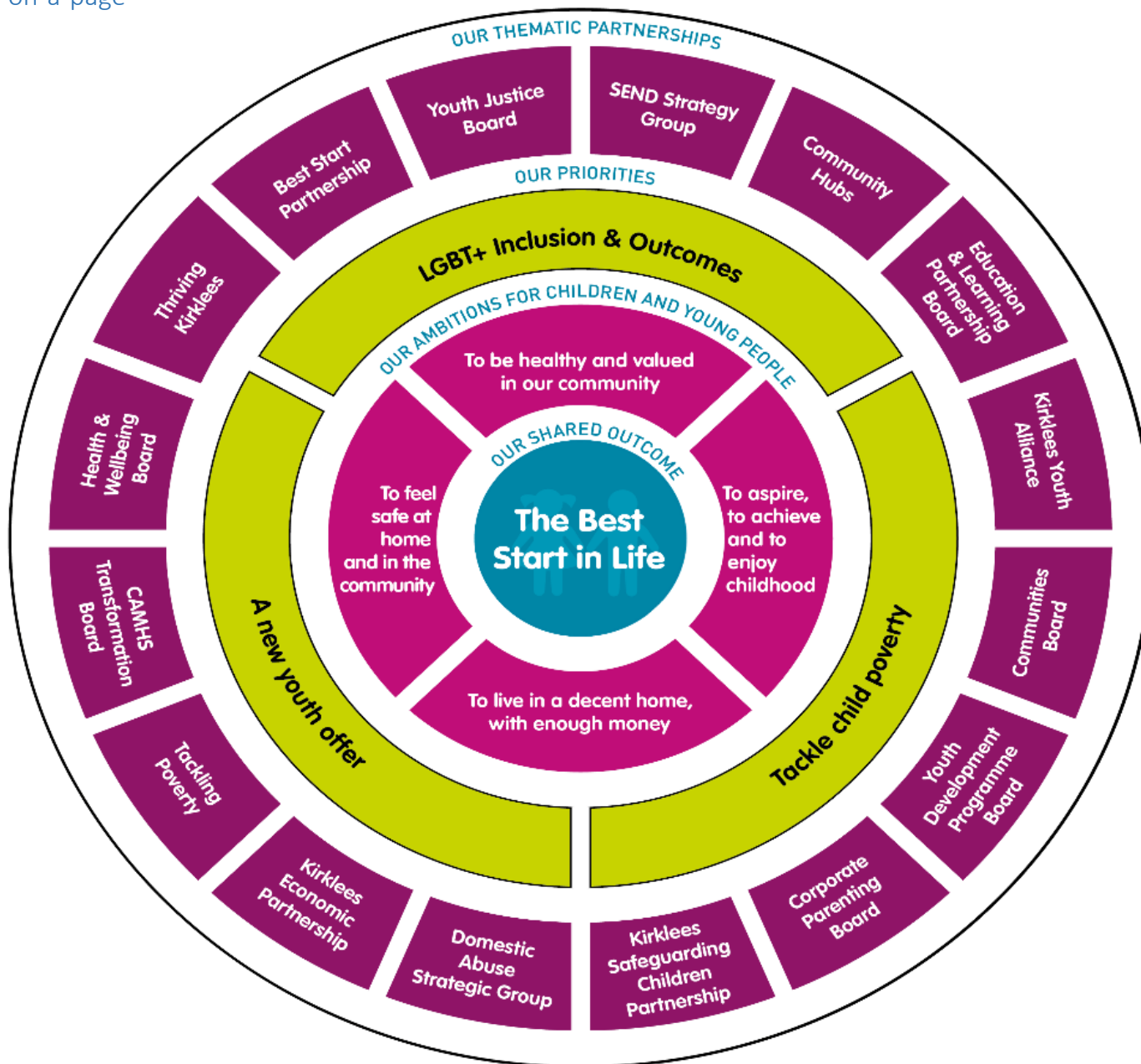


**Our vision:**

**All children and young people in Kirklees have the best start in life, and are nurtured and supported to achieve their potential.**

**Our ambitions for Kirklees children:**

- To be healthy and valued in our community
- To aspire, to achieve and to enjoy childhood
- To feel safe – in a loving, secure family and a strong, cohesive community
- To live in a decent home, with enough money.



**The Children and Young People Partnership** has been re-launched in 2019 to create a forum for those who work, live with and care for children and young people. It brings together our collective insight, expertise and resources to collaborate to achieve the best start for children and young people. The Partnership provides coherence to the work of a range of thematic partnerships that focus on specific populations and issues. The thematic partnerships have their own priorities and plans to improve the lives of children in particular circumstances. The Children and Young People Partnership's actions and priorities strengthen and de-segment this diverse work, to provide coherence and a shared focus on improving outcomes and services. The Partnership works with all children aged 0 – 19, and up to 25 for vulnerable young people like care leavers and those with special needs and disabilities. The Partnership:

- \*Works restoratively – **with** not to or for
- \*Listens to and values children's voices
- \*Shares power and responsibility across sectors and agencies
- \*Provides challenge and support to hold each other to account
- \*Celebrates and serves the diverse needs of people and places in Kirklees.

Children face inequalities of income, experience and outcomes. Evidence shows that childhood inequality can have lifelong consequences for income and health. The Children's Partnership works to understand disadvantage and focus effort to narrow gaps and inequalities to improve outcomes for all children.

### **Our priorities 2019 – 2022**

The Children and Young People's Partnership has identified **priorities** to support good outcomes for all children. They will help close the gaps in children's inequalities and their life chances, **enabling young people to be happy, resilient, safe and able to contribute and achieve.**

Six of the Priorities are being addressed by thematic partnerships. They are:

- **Emotional health and resilience** – Transformation Partnership
- **Early Support in communities** – Kirklees Children's Safeguarding Partnership Task & Finish Group, Best Start Partnership, Early Support Review
- **Food & Physical Activity** – Health & Wellbeing Board; Thriving Kirklees
- **Vulnerability to criminal exploitation** – Youth Development Programme; Kirklees Children's Safeguarding Partnership; Communities Board.
- **Gaps in educational attainment** between some groups and the Kirklees attainment rates – Community Hubs, Education and Learning Partnership
- **Outcomes for Looked After children** – Improvement Board; Corporate Parenting Board; Kirklees Safeguarding Children Partnership.

Three priorities are new. They are :

- **To tackle child poverty**
- **To support inclusion and better outcomes for LGBT+ young people**
- **To grow our youth offer – places to go, people to see, things to do.**

### Contents:

#### Foreword

#### Introduction

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#### The Children and Young People's Partnership

#### Children and Young People's Voice & Influence

#### Priorities in the children & Young People's Plan

#### Outcomes and Measuring Progress

#### Governance and Accountability

#### Key data about children & young people in Kirklees

### Foreword

**The Children and Young People Partnership** has been re-launched in 2019 to create a forum for those who work, live with and care for children and young people in Kirklees. It brings together our collective insight, expertise and resources to collaborate to achieve **the best start for children and young people**.

The Partnership works with all children aged 0 – 19, and up to 25 for vulnerable young people like care leavers and those with special needs and disabilities. The Partnership:

- \*Works restoratively – **with** not to or for
- \*Listens to and values children's voices
- \*Shares power and responsibility across sectors and agencies
- \*Provides challenge and support to hold each other to account
- \*Celebrates and serves the diverse needs of people and places in Kirklees.

### Introduction

We want Kirklees to be a great place to grow up. 438,700 people live here, 101,200 of them are under 18, and 66,300 are school aged. 1 in 9 school aged children (7600) have a special educational need or disability. 1 in 5 of the school population is entitled to free school meals, and English is an additional language for 3 in 10 primary school starters. We are a diverse area of urban centres and rural villages and valleys. 1 in 5 of the total population and 1 in 3 babies born to Kirklees mums are from a BME community.

We have a range of organisations working with our children and families, providing learning, health, social care, and enrichment. They work in the public, voluntary, community, faith and private sectors. Some work with everyone, some work in particular towns and villages, or with particular groups of young people. Some provide universal services (such as schools and GPs), others work with specific groups and individuals (such as those with special needs, or infants, or young carers). The Children and Young People's Partnership provides a network for them all.

The Kirklees Children's Plan, produced by the Partnership, sets out our shared vision, ambitions and priorities for all children in Kirklees. It provides a focus for work that helps Kirklees children to have the best start in life, wherever they live, whatever their circumstances or life stage.

### Vision & ambitions

#### Our Vision

**All children and young people in Kirklees have the best start in life, and are nurtured and supported to achieve their potential.**

**Our ambitions for Kirklees children:**

- To be healthy and valued in our community
- To aspire, to achieve and to enjoy childhood
- To feel safe – in a loving, secure family and a strong, cohesive community
- To live in a decent home, with enough money.

These ambitions provide the right conditions for children to thrive and to grow up with the best possibility of a good life

**Tackling inequality**

Children and young people’s experiences and outcomes are fostered by their **immediate environment** – family, neighbourhood, community and the people who live and work in them - and by the **strategic environment** – the plans, partnerships, organisations and civic society that shapes their world. Children face inequalities of income, experiences and outcomes. Evidence shows that childhood inequality can have lifelong consequences for income and health. The Children’s Partnership works to understand disadvantage and focus effort to narrow gaps and inequalities to improve outcomes for all children so that we can work towards achieving our ambitions.

Personal circumstances and structural inequalities leave some groups and individuals vulnerable to poorer outcomes. Our data and intelligence tell us that children from families living with poverty and its consequences, those with special educational needs and disabilities, some young people from BME communities and many LGBT+ young people are those who are more likely to experience this. We analyse where this happens and who this happens to so that we can work together to design better services, offer additional support to the right people, and create a more equitable world.

**CYP Partnership**

The Children and Young People Partnership has been re-launched in 2019 to create a forum for those who work and care for children and young people in and from Kirklees. It brings together our collective insight, expertise and resources to collaborate to achieve the best start in life for children and young people. The Partnership works with all children aged 0 – 19 years, and up to the age of 25 with vulnerable young adults, including those with special educational needs and disabilities and those who have been looked after in the social care system as children.

Membership of the Partnership is open to all organisations from the public and third sector, including strategic managers, frontline workers, elected representatives, and both specialist and universal service providers. Members are accountable to each other and to children, young people and families in Kirklees. There is no formal committee structure, no formal decision making responsibilities. The people involved are there because they want to collaborate to achieve our ambitions for children.

The Partnership will:

- Focus energy and expertise on agreed priority areas of work;
- Share intelligence and insight into children and young people’s experiences so that children’s outcomes and services are improved;
- Use collective insight into children’s voice and views to influence and shape its work
- Collaborate effectively to use partner organisations’ resources to address to collective goals & priorities;
- Influence, inform and provide strategic leadership in the children’s sector;
- Agree key, shared priorities, based on evidence of need that members bring their collective energy and focus to;

- Provide analysis to inform service improvements, transformation and cultural change, including an annual review of key outcome data and updates from related partnerships

The Partnership aims to provide coherence to the work of a range of thematic partnerships that focus on specific populations and issues. The thematic partnerships have their own priorities and plans to improve the lives of children in particular circumstances (see below for detail about this). The Children and Young People Partnership's actions and priorities strengthen and de-segment this diverse work, to provide coherence and a shared focus on improving outcomes and services.

The Partnership has agreed that its members will:

- Work restoratively – with not to or for
- Listen to and value children's voices
- Share power and responsibility across sectors and agencies
- Provide challenge and support to hold each other to account
- Celebrate and serve the diverse needs of people and places in Kirklees.

### **CYPF Voice & influence**

Children and Young People's ideas, opinions and experiences enable the Partnership to understand what matters to them. The partnership listens to and engages with children through formal and informal routes. They include working with focus groups, school councils, the Youth Council and Children in Care Council. We receive feedback through specific projects (such as the LGBT+ yOUTH Mystery Shopper project), by talking to service users about their experiences, inviting them to work with us to plan or comment on proposals and through the now annual Year 9 Health Survey. Members of the Partnership engage with the children and young people who they work with and use this insight to advocate for them. Where it is appropriate, the Partnership and its members commissions specific pieces of work to engage with children and young people.

## **The Plan:**

### **3 Priorities**

#### **Our priorities 2019 – 2022**

The Partnership analysed a range of data and intelligence to understand what it's like to be a child in Kirklees, and which areas of work and outcomes are causing concern. This insight identified nine priorities. Six of the priorities continue current work programmes. Three are new, and are especially appropriate for the Partnership to support because the things that will help them to improve are complex and are best addressed by a range of organisations pulling in the same direction.

These **three priorities** will be championed by the Children and Young People's Partnership. They support good outcomes for all children. They are likely to have greater benefits for children who face disadvantage. They will help to close the gaps in outcomes and to improve life chances, enabling young people to be happy, resilient, safe and able to contribute and achieve.

- To tackle child poverty
- To grow our youth offer – places to go, people to see, things to do.
- Improving LGBT+ inclusion and outcomes.



<b>Tackling Child Poverty</b>	
<b>Why this is a priority:</b>	<b>How we will do it</b>
<p>We want to decrease the number of households and children who live in poverty because poverty has a wide-ranging impact on outcomes and life chances.</p> <ul style="list-style-type: none"> <li>• One third of Kirklees CYP live in the most deprived income group (the lowest income quintile).</li> <li>• 60,000 Kirklees households live in poverty</li> <li>• 18,020 children live in poverty – 1 in 5 of the child population</li> </ul> <p>Source – Kirklees JSNA</p>	<p>Work to renew the Kirklees Tackling Poverty Strategy began with a public launch and consultation on 22 October 2019. A work plan is now being developed, with Child Poverty a key strand, supported by Children’s Partnership members.</p> <p>Work to Poverty Proof the School Day is underway with the Community Hubs, using £50k external funding for a model developed by Children North East.</p>
<b>LGBT+ Inclusion &amp; Outcomes</b>	
<b>What we want to change</b>	<b>How we will do it</b>
<p>The Kirklees Year 9 Health Survey evidences poorer experiences and outcomes for LGBT+ young people. Research from the Brunswick Centre’s yOUTH Project is also identifying inequalities of experience and outcome. Both identify a need and will for services to develop more inclusive practice. Concerns include poorer emotional health and wellbeing, more frequent experiences of bullying, less access to trusted adults for support and some worrying health behaviours.</p>	<p>This work will be led through a Children’s Partnership Task &amp; Finish group. We are consulting with the Brunswick Centre to develop this new work.</p>
<b>To grow our youth offer</b>	
<b>What we want to change</b>	<b>How we will do it</b>
<p>Austerity has had a significant impact on youth services. Places to go, people to see and things to do are particularly important for children’s physical, social and emotional development. They also provide spaces for trusted adults to develop positive relationships and receive support when this is not readily available in children’s home and school lives. It can be an important early warning system, as well as a source of fun and achievement.</p>	<p>This will be delivered through the Youth Development Programme and its Board. The 5 work streams are:</p> <ul style="list-style-type: none"> <li>• Detached Youth Work – targeted work with young people at risk</li> <li>• Youth Zones – the development of 2 new facilities and programmes</li> <li>• Practice Model – integrating practice across partners</li> <li>• Youth / community Offer – generic, preventative places to go, people to see, things to do in young people’s own community settings</li> <li>• Prevention Pathway</li> </ul>

Other areas of work and outcomes causing concern are already being addressed through the plans and work of some of our thematic partnerships. Where this is the case, the thematic partnerships will continue to address issues and will update the partnership on progress. Thematic partnerships will involve the Children and Young People’s Partnership when their insight, capacity, and strategic connections will be helpful. This approach is intended to make sure that we do not duplicate effort or confuse accountability, and can draw on expertise when it is needed. The priorities that the Children and Young People’s Partnership identified that are the responsibility of thematic partnerships are:

- **Emotional health and resilience** – Transformation Partnership
- **Early Support in communities** – KCSP Task & Finish Group, Best Start Partnership, Early Support Review

- **Food & Physical Activity** – Health & Wellbeing Board; Thriving Kirklees
- **Vulnerability to criminal exploitation** – Youth Development Programme; Kirklees Children’s Safeguarding Partnership; Communities Board.
- **Gaps in educational attainment** between some groups and the Kirklees attainment rates – Community Hubs, Learning Partnership
- **Outcomes for Looked After children** – Improvement Board; Corporate Parenting Board; Kirklees Safeguarding Children Partnership.

### How the plan relates to other plans and partnerships

An important role for the Children and Young People’s Partnership is to foster coherence for the work of thematic partnerships. These groups focus on specific populations (such as infants or young people with special needs) and specific issues (such as mental health or domestic abuse). Each group has their own priorities and plans to improve the lives of children in particular circumstances. Some of the Children and Young People Partnership’s priority concerns are already being wholly or partially addressed by thematic groups, and the role of the CYP Partnership is to provide support, feedback and check and challenge where appropriate. As a forum addressing the needs of the whole child population, the CYP Partnership will work to strengthen and de-segment the diverse work of thematic partnerships to collectively focus on improving outcomes and services.

Thematic Partnership	Role
Best Start Partnership	The best Start Partnership has a particular focus on the youngest children, to reduce inequalities, improve children’s health and life chances, school readiness and child development.
CAMHS Transformation Board	This group is responsible for delivering the Child and Adolescent mental Health Transformation Plan – to improve these services and children’s emotional and mental health outcomes.
Communities Board	The Communities Board brings a range of partners together to collaborate to tackle prevent and reduce crime and promote community safety
Community Hubs	Community Hubs are place based multi-agency networks, focussed around school communities that collaborate on plans and activities to address local coproduced priorities.
Corporate Parenting Board	The formal Kirklees Council group overseeing corporate parenting for looked after children.
Domestic Abuse Strategic Partnership	Responsible for developing and delivering the Domestic Abuse Strategy
Kirklees Economic Partnership	On hold until 2020. Responsible for developing and delivering the Kirklees Economic Partnership
Kirklees Safeguarding Children Partnership	The KSCP brings together agencies to safeguard and promote the welfare of children and young people in Kirklees.
Kirklees Youth Alliance	A network of 130+ community organisations providing positive activities for young people and infrastructure support for those delivering this work.
Learning Partnership	Being redeveloped – a Partnership to improve attainment and participation in learning
Send Strategy Group	Focuses on children with Special Educational Needs, to improve their services and outcomes.
Tackling Poverty	Being Relunched late 2019 – to redress poverty in Kirklees
Thriving Kirklees	A Partnership of the council, health partners and third sector delivery organisations to deliver a range of services to improve children’s health and wellbeing
Youth Development Programme Board	A new Board to collaborate to develop and deliver a Youth Development Programme that aims to divert young people from involvement in antisocial

	behaviour and criminal exploitation, and to provide support and intervention for those who are involved.
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### **Outcomes & measuring progress**

We will use OBA – outcomes based accountability – to measure progress. Our headline desired outcome is the children have the best start in life, one of the shared outcomes monitored through the Kirklees Corporate Plan.

The partnership forum will review key indicators on a population level annually so that we can judge what is getting better – or worse – for children and families. This work helps us to measure progress and agree where we need to direct attention and resources.

Each of our priorities will have a set of indicators to measure our progress and performance. This work is done through our thematic partnerships and task and finish groups.

The appendix contains key data about our child population and outcomes.

### **Governance and accountability -**

The Children and Young People’s Plan will be managed by the Children and Young People’s Partnership business group. There will be regular updates to the Partnership forum meetings. Information to enable partners to be updated on progress and to share concerns and success stories will be available through the Partnership’s forums and digital platforms.

The Children and Young People’s Partnership is accountable to the Kirklees Health and Wellbeing Board. We will report on progress every six months.

## **Appendix – Key data on CYP in Kirklees:**

Source – Kirklees Joint Strategic Assessment <https://observatory.kirklees.gov.uk/jsna>

### **Our child population:**

There are 101,200 under 18s in Kirklees

66,329 school aged children live in Kirklees

7,600 (1 in 9) children have a special educational need or disability

3 in 10 primary children have English as an additional language

### **Ambition: To be healthy and valued in our community**

77% of 5 year olds and 63% of 10 year olds are a healthy weight

34% of 14 year olds walk or cycle to school

40% of 14 year olds 'worry most days' (64% for LGBT+ young people)

76% of 14 year olds feel in good health (52% for LGBT+ young people)

### **Ambition: To aspire, to achieve and to enjoy childhood**

68% of children achieve a 'good level of development' at the end of reception

The average Attainment 8 score for all Kirklees year 11 young people is 45.3. This drops to 34.7 for children on free school meals and 26.3 for looked after children

96.5% of 16 year olds and 90.5% of 17 year olds are participating in education, employment or training.

2.8% of 16 and 17 year olds were NEET – not in education, employment or training – in December 2018

### **Ambition: To feel safe – in a loving, secure family and a strong, cohesive community**

3 in 4 young people feel safe in their local area (2 in 4 for LGBT+ young people)

16% of 14 year olds said that they had been a victim of crime (31% for LGBT+ young people)

79% of young people have someone to speak to at home (57% for LGBT+ young people)

### **Ambition: To live in a decent home, with enough money.**

1 in 5 schoolchildren are entitled to Free School Meals;

60,000 Kirklees households live in poverty

18020 children live in poverty – 1 in 5 of the child population



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**Priority: Inclusion and Outcomes for LGBT+ Young People.**

**Why is this a priority?**

14% of respondents to the Kirklees Year 9 Health survey in 2018 identified as lesbian, gay, bisexual or transgender. National and local evidence identifies that LGBT+ young people face additional barriers to achieving their full potential as a consequence of their experience or fear of discrimination.

The Kirklees Year 9 Health Survey identified that our young LGBT population is more likely to experience poor mental health, to adopt risky health behaviours (including smoking, drinking, risky sexual behaviour, higher self harm rates, comparative lack of personal support, and higher experiences of crime & bullying

<https://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=3m7a3qe5&e=910> ).

Consultation with local young LGBT+ people and partners working with young people acknowledged a need to improve awareness of concerns and determine what good practice in this area looks like for services to respond more appropriately and fairly.

There is evidence to show that trans people have on average higher levels of educational attainment, yet experience disproportionate levels of unemployment, homelessness and domestic abuse [source: Transforming Outcomes report 2018, LGBT Foundation]

LGBT people are disproportionately affected by poor mental health (NHS digital 2018). Stonewall (2017) noted that 61% of LGB and 84% of trans young people self-harm; 70% of LGB and 72% of trans youth have suicidal thoughts and 22% LGB and 45% trans young people have attempted suicide.

The Children and Young People’s Partnership has used data and insight on the issue to consult partners and agree that this area of work is a high priority for the Partnership.

**Outcomes:**

**To narrow the gap in health inequalities for LGBT+ young people and the Kirklees child population.**

The year 9 Health survey will be used to track progress in improving outcomes as this provides local, robust evidence. Changes in experience and behaviours can be tracked year on year. In 2018, data evidenced:

**How often do you worry about something?**

All 40% Most days

LGBT+ 64%

**“I have high life satisfaction”**

All 62%

LGBT+ 29%

**Dealing with Problems**

I feel able to / have someone to talk about it with:

All 40%

LGBT+ 25%

**When I have a problem I...**

Eat more: All 22% LGBT+ 32%	Eat less: All 13% LGBT+ 31%	Smoke: All 3% LGBT+ 13%
Drink All 3% LGBT+ 16%	Take drugs All 2% LGBT+ 10%	

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Work with the Brunswick Centre's yOUTH project (for LGBT+ young people and their friends and families) will provide insight in to lived experience. The project is also undertaking longitudinal research that will inform how we shape and measure this work.

**Key Focus:**

3 – 5 items

We are co-producing our areas of key focus with LGBT+ young people, services working with them including the specialist support managed by the Brunswick Centre. Potential areas of focus include:

- Developing resources and training for services to effectively and confidently meet the needs of LGBT+ young people and improve inclusive practice
- Voice and influence work with LGBT+ young people
- Work to celebrate the LGBT+ community and challenge transphobia and homophobia
- Work to improve data quality and monitoring about LGBT+ people and issues to better understand experiences and where to focus effort.

**Actions & progress:**

**To be updated 6 monthly.**

**Leadership:**

The Partnership is currently consulting with the Brunswick Centre and the YOUTH project to set up coordination and leadership arrangements for this priority.



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>21<sup>st</sup> November 2019</b>
<b>TITLE OF PAPER:</b>	<b>Future in Mind Transformation Plan Refresh</b>
<b>1. Purpose of paper</b>	<p>The Kirklees Health and Wellbeing Board are requested to approve the draft 2019 Kirklees CAMHS Local Transformation Plan Refresh which NHS England specified had to be published by 31st October 2019. This deadline did not naturally align with the Health and Wellbeing Board scheduled meetings so an initial sign off of the draft was approved by the Chair and Deputy Chair of the Board. The published refresh document remains a draft until the full approval has been made.</p>
<b>2. Background</b>	<p>In 2015, Kirklees developed a co-produced a five year Transformation Plan to improve local Child and Adolescent Mental Health Services and other services for children, young people and families by 2020. The plan included 49 ambitious local priorities which were quality assured by NHS England.</p> <p>There is a requirement to publish a refresh of the plan annually in October of each year. This refresh adheres to the NHS England’s Key Lines of Enquiry recommendations to inform on progress since 2015, identify commitment and local engagement in 2018/2019 to planning commitments to improve access, capacity and capability by making necessary preparations for future years.</p> <p>Many of the original 49 local priorities have progressed well and are now beginning to support expected changes by 2020. The 2017 document reflected systematic changes over time where we have been able to reduce and refine our original 49 local priorities down to 25 concentrated priority areas which can begin to respond to changing local services and need. The 2019 Refresh has further refined these priorities to 23 with renewed emphasis on Young People’s Voice and the provision of a safe space for Young People experiencing a mental health crisis.</p> <p>The Thriving Kirklees Partnership is now well established and is beginning to show some real progress in terms of joined up service delivery, such as the multi-agency single point of contact (SPOC) for the Child and Adolescent Mental Health Service. We are also committed to wider use of digital and online support for young people, where appropriate, with the Kooth online counselling and support service and ‘Brain in Hand’ app proving successful.</p> <p>The refresh also draws together a number of regional and national programmes which integrate across our local systems and population, for example the Transforming Care Programme, SEND requirements, the Five Year Forward View for Mental Health, the local NHS Sustainability and Transformation Plan, The Children’s Improvement Plan and the Kirklees Early Support Strategy offer.</p> <p>This is the final year of the five year Future In Mind period. In 2019 the NHS published the NHS Long Term Plan which will shape the direction of services and allocation of resources for the next five years.</p>

<p><b>3. Proposal</b></p> <p>The accompanying refresh plan considers our intentions over the next twelve months from October 2019. The draft has been published on line at <a href="http://www.kirklees.gov.uk/futureinmind">www.kirklees.gov.uk/futureinmind</a> . The Board are asked to endorse the refresh and support ongoing proposed progress from a strategic level.</p>
<p><b>4. Financial Implications</b></p> <p>Greater Huddersfield CCG £653,000  North Kirklees CCG £530,920  Total allocation <b>£1,183,920</b></p>
<p><b>5. Sign off</b></p> <p>Mel Meggs, Director for Children's Services  Tom Brailsford, Service Director Resources, Improvement and Partnerships</p>
<p><b>6. Next Steps</b></p> <p>Once formal sign off has been agreed, first paragraph of the foreword on page 3 will be revised, the draft watermark removed, formal signatures applied and the final document re-published, together with an easy read version. Both documents will be accessible to the public at <a href="http://www.kirklees.gov.uk/futureinmind">www.kirklees.gov.uk/futureinmind</a></p>
<p><b>7. Recommendations</b></p> <p>The Health and Wellbeing Board are asked to :</p> <ol style="list-style-type: none"> <li>1. Approve the Kirklees CAMHS Local Transformation Plan refresh (2019).</li> <li>2. Maintain a strategic oversight of the plan.</li> </ol>
<p><b>8. Contact Officer</b></p> <p>Tom Brailsford, Service Director Resources, Improvement and Partnerships,  <a href="mailto:Tom.Brailsford@kirklees.gov.uk">Tom.Brailsford@kirklees.gov.uk</a></p>

**Kirklees Future in Mind  
Transformation Plan**

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



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## Foreword

The 2019 Transformation Plan has been published in draft form as Kirklees Health and Wellbeing Board will not formally sign off the plan until November 2019. The draft has been approved by the Chair of Kirklees Health and Wellbeing Board. The 2019 Transformation Plan will be the fifth and final plan to be produced following the original 2015 plan.

Much has been achieved and much progress has been made since the original Transformation plan. We are proud that our approach to the integration of service provision for Children and Young People through the Thriving Kirklees Partnership has been nationally recognised for its innovation. The team were highly commended at the [2019 Municipal Journal Awards](#)

We are also delighted to have been selected as one of the first of the national [Trailblazer](#) sites to pilot Mental Health Support Teams (MHSTs) to work in schools. This exciting initiative will bring new people into the workforce and provide direct support to schools, making good use of our school community hub structure. Our commitment to developing a whole school approach to mental health and well-being and team development led to Kirklees being awarded a second phase of funding to double our capacity in September 2019.

As Young People live more of their lives online, we are responding by increasing our digital and online offer, providing support and communication in the ways that Young People choose to participate.

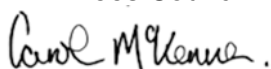
We acknowledge that there is still work to do, however. We are continuing to make increased investments in order to bring our waiting times for Autism Spectrum Conditions and Children's emotional Wellbeing Services in line with NICE guidance.

We recognise that we must make even greater efforts to ensure that the voices of Children, Young People and their families and carers are heard when we are planning and developing services, in a genuine spirit of co-production.

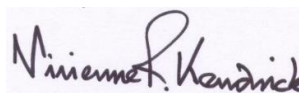
This refresh aims to reflect the progress from last year, and highlight the remaining challenges we have as a partnership, whilst demonstrating the integrated way in which we are addressing these challenges.



**Mel Meggs**  
Director of Children's Services  
Kirklees Council



**Carol McKenna**  
Chief Officer - Greater Huddersfield  
and North Kirklees CCG



**Cllr Viv Kendrick**, Cabinet member for  
Children

## 1. Executive Summary

This report updates and summarises our original 2015 Kirklees Future in Mind Transformation Plan for Children and Young People's Mental Health and Wellbeing, and outlines our continuing long term transformation priorities for 2018/19.

This refresh reflects systematic changes since 2015; In 2017 we reduced and refined our original 49 local priorities down to 25 concentrated priority areas. In 2019 we have further refined our priorities to 23.

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

We will:

- Implement the Mental Health Support Teams Trailblazer in collaboration with Schools. LP3
- Co-produce with young people, peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues. *LPS 4 (1.4)*
- Implement an early support offer in conjunction with children's social care ,ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing *LPS 1.5*
- Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. *LPS 1.6 and 1.7*
- Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. *LPS 1.8*
- Continue to develop a range of innovative digital and social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate *LPS 1.9 and 1.1*

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

We will:

- Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees LPS 31
- Continue to consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times LPS 6 (2.2)
- Implement an All Age Psychiatric Liaison Model across Kirklees LPS 12 (2.8) and LPS 29 (2.9)
- Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to acute provision, assisting transition back to a community setting and developing safe spaces in Kirklees LPS 2.10 and 3.7
- Increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People LSP 30
- Explore the opportunities to extend services for 0-25 year provision in line with the requirements of the NHS Long Term Plan LSP

### Theme 3 Caring for the most vulnerable.

We will:

- Continue to provide and further enhance a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing sexual exploitation, care leavers and children on child protection plans across Kirklees. LPS 13 (3.1) and LPS 14 (3.2)
- Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure they Looked after Children CAMHS provision meets locally identified needs LPS 3.10
- Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision. LPS 32
- Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system new LSP 33
- Ensure the suitable and adequate provision of a safe space for young people in mental health crisis LPS 36

## Theme 4 To be accountable and transparent

We will:

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

## Theme 5 Developing the workforce

We will:

- In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. *LPS 28 (5.4)*
- Support school based staff, parents, carers and other providers to deliver interventions at a universal level to increase resilience in children ,young people and families. *LPS 5.6*



## 2. Introduction

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

Our refreshed plan published in October 2016 reported on progress in the first twelve months and our intentions to continue the improvement journey. The 2017 refresh refocused our original 49 priorities to 25, and reported on progress and our commissioning intentions for the coming year. We have further refocused our priorities this year and the 2019 refresh should be read in conjunction with the original and refreshed plans, which can be found with other supporting information at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind).

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

This refresh adheres to the NHS England's Key Lines of Enquiry recommendations to inform on progress since 2015 and identify commitment and local engagement in 2019/2020 to deliver planning commitments to improve access, capacity and capability by making necessary preparations for future years.

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

The refresh also reflects and integrates a number of our local strategies and documents. They include Kirklees [Early Support Strategy](#) the draft Kirklees Children's Services Improvement Plan Refresh, Kirklees Integrated Commissioning Plan, The CCGs [Joint Operational Plan](#) in section 7 gives a summary of the Five Year Forward View deliverables and our progress against them. We will also be committed to delivering the Kirklees [Children's Services Pledge](#) as part of our CAMHS local transformation plan.

This refresh also begins to explore how we might work towards the priorities identified in the [NHS Long Term Plan](#), such as extending provision to the 0 to 25 age range and implementing Mental Health Support Teams in schools.

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

Appendix B provides the 2018/19 baseline information on Finance, Activity and Workforce.

Appendix C describes the current risks to delivery in Kirklees.

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

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

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

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

Work is ongoing to cross reference and map the CAMHS Transformation Plan refreshed outcomes with the West Yorkshire and Harrogate Sustainability and Transformation Plan.

High level aims include:

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

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

A review of both plans shows that they are closely aligned and have the underpinning ethos of the Future in Mind report. From the development dialogue so far, we are confident that both plans look to:

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

The West Yorkshire Sustainability and Transformation Plan have been developed from the 6 local 'place based' plans. The West Yorkshire and Harrogate Health and Care Partnership [Next Steps to Better Health and Care for Everyone](#) document describes the progress made since the publication of the initial [plan](#) in November 2016.

The [Kirklees Health and Wellbeing Plan](#) has recently been endorsed by the Health and Wellbeing Board. Improvements to mental health and wellbeing, including the transformation of CAMHS provision contributes to the priority of 'Children have the best start in life'.

# Kirklees Health and Wellbeing Plan 2018-2023

## Shared outcomes with Kirklees Economic Strategy

Our shared outcomes are the pillars that support our overall vision for Kirklees to be a place that combines a strong, sustainable economy with a great quality of life. Our shared outcomes are:

-  Children have the **best start** in life
-  People in Kirklees are as **well** as possible for as long as possible
-  People in Kirklees **live independently** and have control over their lives
-  People in Kirklees live in **safe, cohesive communities** and are protected from harm
-  People in Kirklees have aspiration and **achieve their ambitions** through education, training, employment and lifelong learning
-  Kirklees has **sustainable economic growth** and provides good employment for and with communities and businesses
-  People in Kirklees experience a high quality, **clean, and green environment**

**We're Kirklees**



In 2018 the QCQ undertook a [Review of health services for Children Looked-after and Safeguarding in Kirklees](#) . We were particularly pleased with the positive feedback in relation to the Thriving Kirklees provision.

The [2019 Ofsted report](#) on the Inspection of children's social care services in Kirklees recognised that significant progress had been made since the previous inspection in 2016. However it is acknowledged that further work needs to be undertaken to ensure all children receive good quality services that improve their outcomes. A ten improvement plan is being developed in order to describe and monitor the actions which will be undertaken on the improvement journey alongside addressing the actions identified within the outcome letter of the Ofsted Inspection.

### 3. Baseline Needs and Current Services

Kirklees has an online [Joint Strategic Assessment](#) (KJSA) resource which is accessible to the public and provides a picture of the health and wellbeing of Kirklees people which is used to inform the commissioning strategies and plans of the council, Greater Huddersfield CCG, North Kirklees CCG and the local voluntary and community sector. It includes information about health needs and assets across Kirklees. Health assets help people and communities to maintain and sustain their health and well-being, such as skills, knowledge, their networks and connections and community spaces.

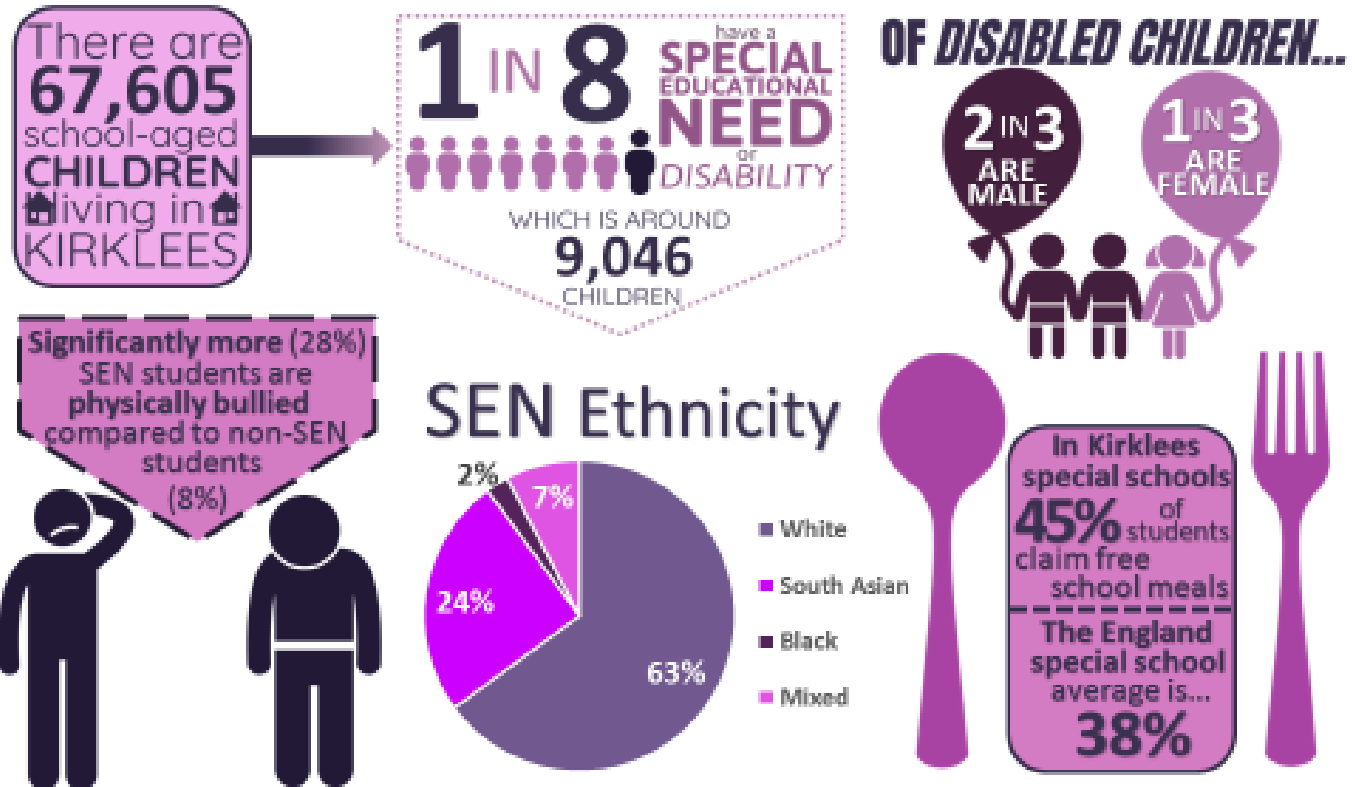
The content uses a life course approach to explain who is affected and where and outlines what actions commissioners and service planners can consider and reflects our ambition to balance information about health needs with information about available services and resources. We will continue to find ways to engage with local communities, councillors, the voluntary and community sector and Kirklees partner organisations to develop the format and content of the KJSA to make it as easy as possible for people to understand the full picture of health and wellbeing needs and assets in Kirklees. This includes providing [mental health and emotional wellbeing](#) information around the needs of children and young people and their families. To keep up to date with the latest information a [blog](#) is available. The blog highlights key pieces of insight and signposts to newly published updated information.

In August 2019 we updated the [Children with Special Educational Needs or Disabilities \(SEND\)](#). This provides valuable data and insight into the number of children with SEND, the issues they face and comparison with the general population locally and nationally. The report also provides information about the wider factors which can coincide with SEND, such as ethnicity or poverty. The data also tells us about the distribution of issues geographically which allows us to ensure that resources are placed where they are most needed.

We have used the data provided by the JSA to inform the needs assessment when planning services such as the Learning Disability provision, Neurodevelopmental pathway and the review of children's therapy services.



# Special Educational Needs and Disabilities (SEND)

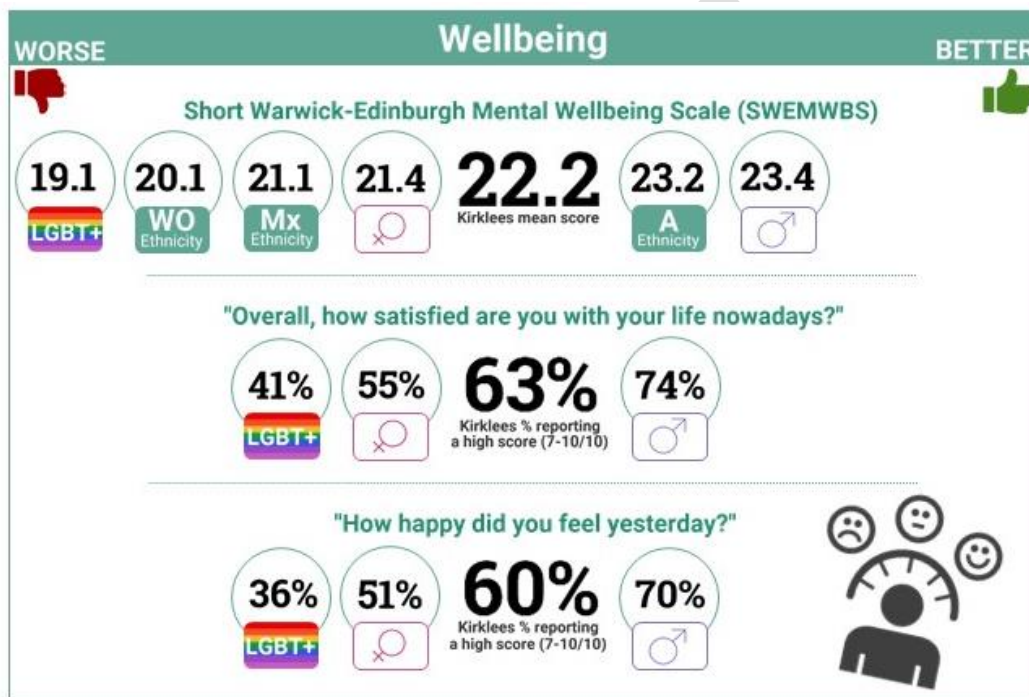


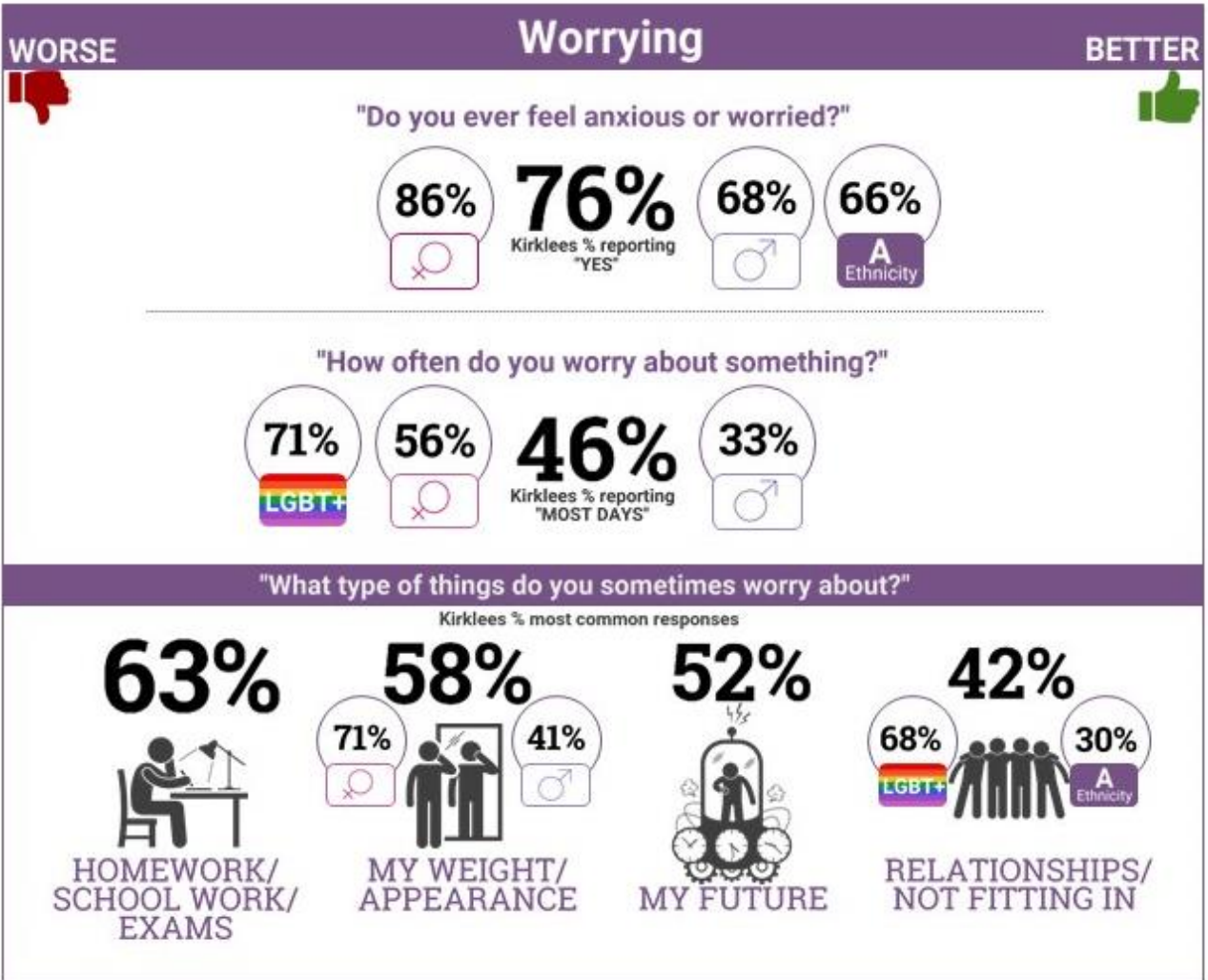
In July 2017, we updated the [vulnerable children section](#) of the JSA The vulnerable children content describes the wide range of problems this group faces which helps us think more broadly as commissioners about how we support vulnerable children and their families. The content also provides really useful insights and intelligence about specific cohorts of children within our vulnerable population, such as levels of emotional wellbeing amongst our local looked after population.

In January 2018, we published a comprehensive [Mental Health and Wellbeing Needs Assessment](#) which includes sections relating to family and early years, children and young people and the transition between CAMHS and adult mental health services.

The [Kirklees Young People's Survey](#) was undertaken between April and July 2019, gathering unique insight into the wellbeing, opinions and behaviours of year 9 students across Kirklees. Around 3,000 young people took part in the survey, providing new intelligence relating to worrying, coping techniques, and key differences between groups, including LGBT+ young people. Some of the emotional health and wellbeing findings are summarised below:

## Emotional Wellbeing Headlines Kirklees Young People's Survey 2019







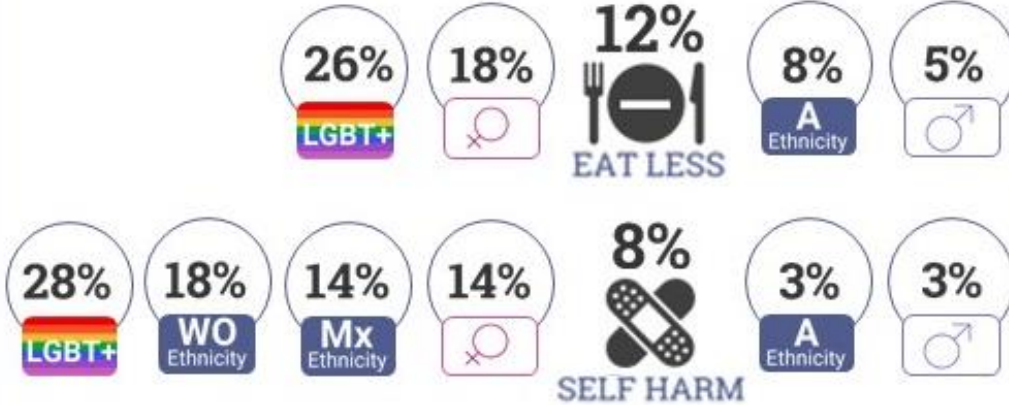
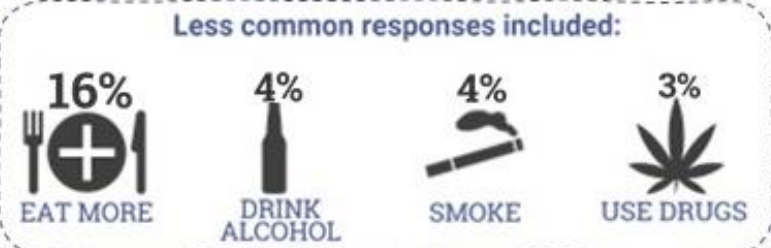
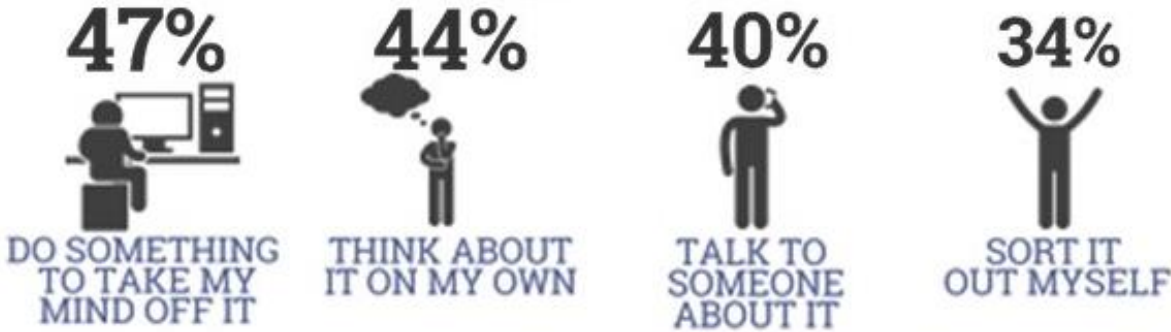
**WORSE** **Coping** **BETTER**

"I never have a problem or feel stressed"

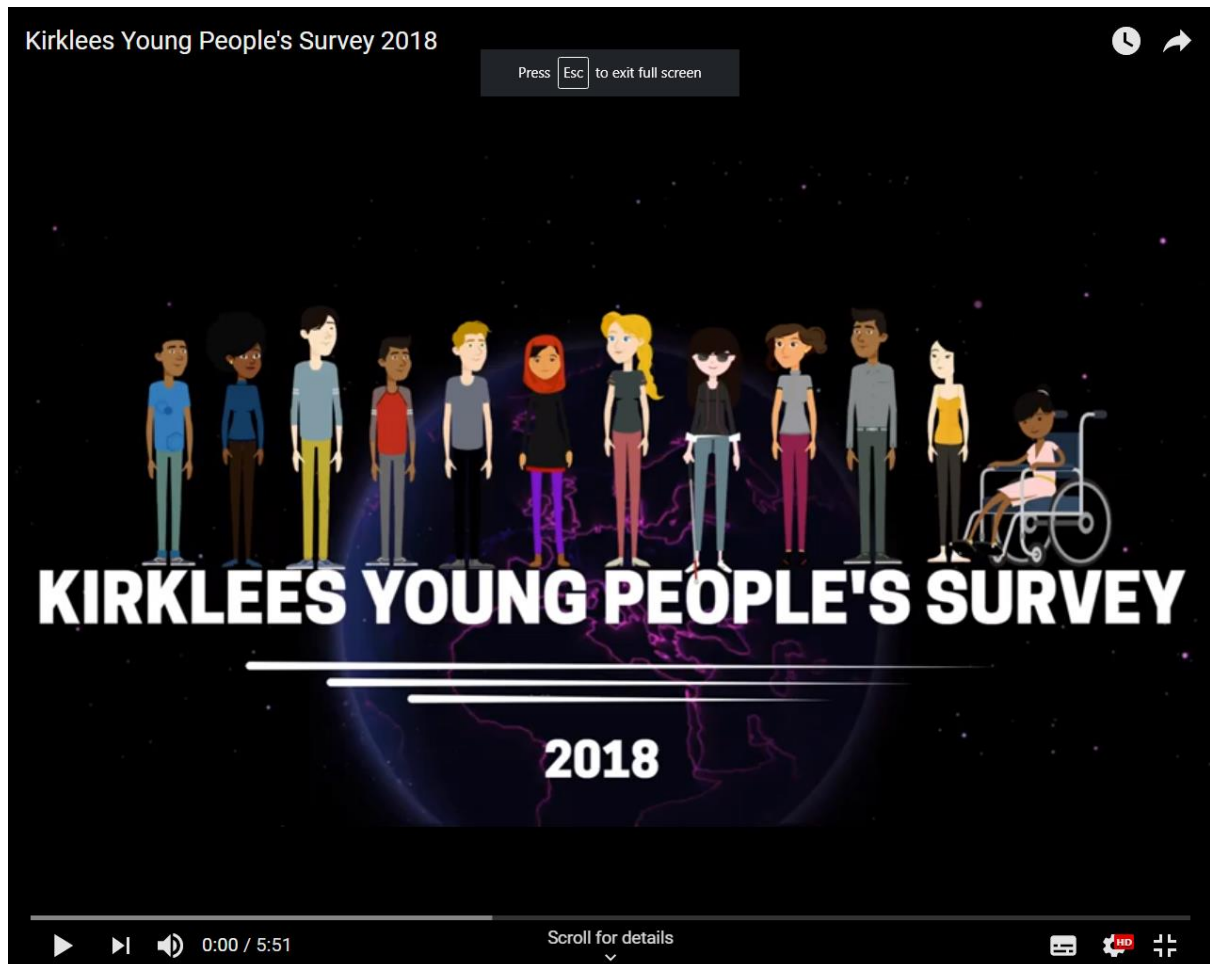


**"If you have a problem or feel stressed, what do you do about it?"**

Kirklees % most common responses



A short animated video was produced to summarise the key findings of the survey and reflect back to young people in a format that is accessible and fun.



## Health Inequalities

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

This means working together to:

- Give every child the best start in life ('Starting Well' Life course stage);
- Ensure that all children, young people and adults are able to make the best use of their strengths and abilities and to have control over their lives. (Marmot, 2010).

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

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

## 4. Service Provision Update

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

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

As Thriving Kirklees has become established services report that working practices between ChEWS and Specialist CAMHS have made significant progress in developing best practice approaches based on the [Thrive Elaborated model](#) . Emphasis is being placed locally to ensure that the Thriving Kirklees branding is promoted so that individual elements will no longer be referred to as tiers of service in our delivery model and local priorities.

### 4.1 Single Point of Contact

The 24/7 Single Point of Contact (SPoC) (which superseded the existing ASK CAMHS referral pathway) continues to provide access to help and advice 24 hours a day, seven days a week for all the following 0-19 services functioning under Thriving Kirklees, which includes:

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

By providing a single front door and triage approach, service users are now directed to the relevant and appropriate professionals from the outset. This process has been strengthened by the co-location of staff from partner organisations within the call centre.

To compliment the new Single Point of Contact the [Thriving Kirklees website](#) has been developed to provide information about Thriving Kirklees services, health advice and an online referral form for practitioners and the public to request support for children, young people and families – this includes young people themselves who can access help and support directly. The CHAT Health provision has now also been incorporated into the single point of contact.

During April, May, June and July 2019, August the SPoC received 7814 calls. 439 (5.6%) of these calls were for CAMHS services, to demonstrate true demand future reporting needs to include any calls going directly to ASK CAMHS as opposed to going through the SPoC pathway.

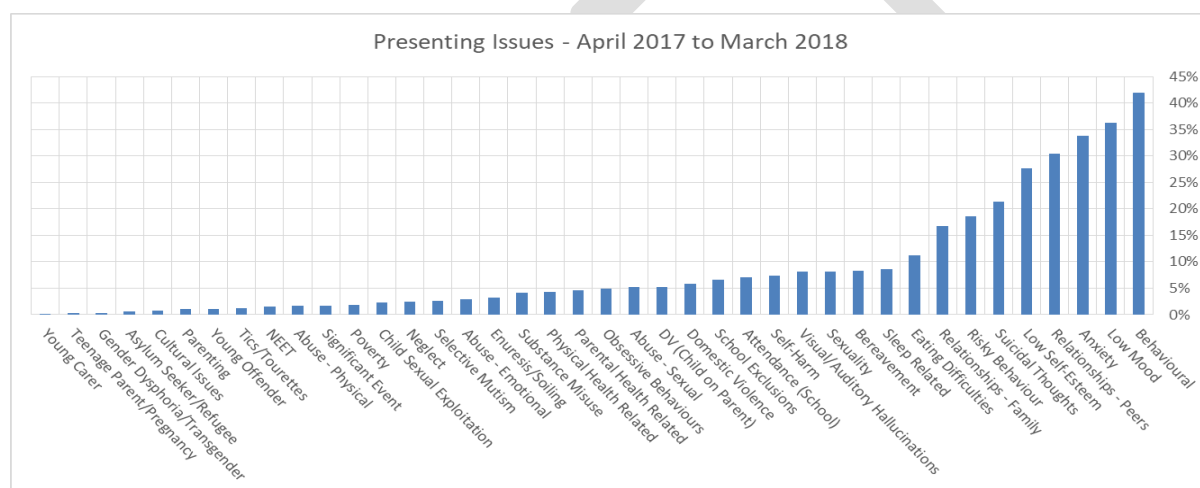
A new survey has been commissioned for 2019 from PCAN, which will be published before the end of the year. The aim is to find out more about the outcomes young people experience, having engaged with services. We also wish to find out about ways in which people would like to engage with services and preventative approaches, such as digital support and webinars.

## 2.2 ChEWS - Children's Emotional Wellbeing Service

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

Between September 2018 and August 2019, ChEWS received 4,200 support requests, 998 of these were directly made by schools or school nurses. In the same period, 2016 new young people started a face to face intervention or to receive planned support calls.

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



The above chart shows the spread of presenting issues from the 3294 telephone assessments started between April 2018 and March 2019.

At the beginning of March there were 1316 children and young people on the full waiting list. By the end of July there were 1491 waiting.

The average wait times for first appointments at the beginning of March were at 29.2 weeks. By the end of July the average waiting time had reduced to 22 weeks.

Of the 1491 on a service waiting list at the end of July:

- 71 were waiting for counselling
- 169 were waiting for Direct Support (Senior Practitioner)
- 112 were waiting for Direct Support (Emotional Health Worker)
- 90 were waiting for Group Work
- 198 were waiting a partnership discussion or transfer decision
- 256 were awaiting an R&S decision

- 142 were in “information gathering”
- 154 were awaiting the return of documentation for neuro-developmental pathway
- 359 were at the “new support request” stage

(N.B. Some young people may be waiting for multiple decisions)

An independent consultant report was commissioned to examine the CAMHS and Thriving Kirklees pathways in order to understand demands, needs and resource allocation across the whole system. The report identified a number of recommendations intended to streamline the process, improve information sharing and reduce hand-offs between partners, in order to improve the experience and outcomes for Young People.

The recommendations from this report can be found in Appendix F.

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

Specialist CAMHS is a Thriving Kirklees partner delivered by South West Yorkshire NHS Foundation Trust. The service works with children and young people up to the age of 18 and offers a range of assessments and treatment options. The specialist element delivers generic CAMHS, the CAMHS LAC provision, Crisis provision, learning disability provision, ASC provision and ADHD provision. Each provision will be outlined below.

#### **Generic CAMHS.**

During the months of March, April, May, June and July 2019, Generic CAMHS received 148 referrals. Referrals were received from Self-Referral (27%), GPs (28%), Education (9%), NHS Hospital Staff – Other (3%), Social Services (2%), Hospital Based Paediatrics (1%) and Other (30%). 82 of these referrals for Generic CAMHS have so far received direct support from the service. This does not include ADHD, ASC, LAC/VYP, LD or Crisis.

At the end of February 2019 there were 54 children and young people on the waiting list. By the end of July this had increased to 64 waiting for Generic CAMHS. The average wait times from referral to first face to face contact for Generic CAMHS, for those seen during March, April, May, June and July was 59 days. This is a

significant increase from September 2018 when the average wait was 31 days. This is reflective of the increased referral rates mentioned above.

#### **4.4 Autism Spectrum Condition (ASC) / ADHD and Learning Disability**

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

This year has seen the development and introduction of a new neurodevelopment pathway which takes a multi-disciplinary approach to assess children for a range of neurodevelopmental conditions, including ASC and ADHD. Under the previous arrangements, children had to be referred onto each pathway separately. This frequently resulted in long waiting times if a diagnosis was not reached at the first assessment. The new pathway is intended to reduce the amount of time families are waiting and also remove the duplication of families waiting on different pathways.

Referrals are open and received through the Thriving Kirklees Single Point of Contact (previously a paediatrician referral was required). Background information for the assessment is provided by the school Special Educational Needs Co-ordinator (SENCO).

The pathway began in April 2019 and feedback received from children and families taking part has been very positive (see case study below).

*'We received positive feedback from a family that had attended for one of the first neurodevelopmental assessment clinics. It was a unique situation in the mother had twin boys who had both been referred for assessment, however, due to the transition to the new pathway one child had been seen in the old ADHD pathway and the other in the neuro developmental clinic allowing her to make a direct comparison of the two systems.*

*The first of the twins was referred for an ADHD assessment. The child's mother noted that this process was long and that she was not kept informed and so did not know what was happening. At the assessment it was recognised that her son also had some ASC traits but only ADHD was being assessed and so this was not progressed. Her son received a diagnosis of ADHD but the question of ASC was not answered. Had they chosen to pursue this they would have had to have been referred to the ASC team and waited for another assessment.*

*The second boy was referred separately to both the ASC and ADHD pathways. The ASC screening team had rejected the ASC referral but he had been accepted for*



*ADHD assessment. When he was offered an appointment we had transitioned to full neurodevelopmental assessment. When the team conducted the assessment it became clear that the child did not have ADHD but met the criteria for a diagnosis of Autism. The team were able to quickly request an ADOS in order to complete the assessment and the diagnosis of ASC was given. The mother commented on how much better this system was and noted that had the old pathways still been in place she would have waited for an assessment to find she was on the wrong pathway and then needed a referral back to the ASC that had previously rejected the referral. Had this been accepted the second time she would have waited for the ADHD assessment and then had to wait again for ASC and repeat their story again. She stated that in the new pathway she felt listened to and that this “was the first time they had been treated like a human being”. She also commented that it was “quick and efficient” and that she liked that “everything was looked at as a whole”.*

*This parent thanked the clinic team at the time but then phoned the service after her son’s assessment to tell us again how much better the process felt.’*

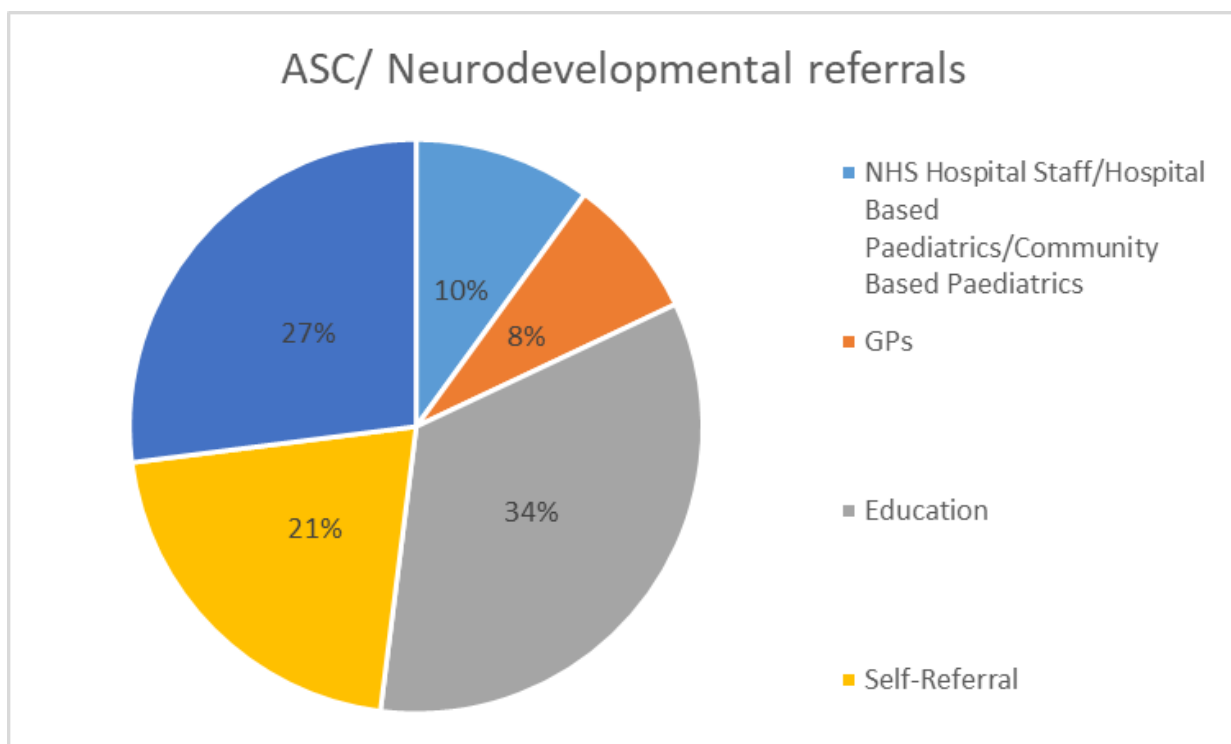
In addition to the new pathway, further investment has been made to increase capacity in order to continue to reduce overall waiting times. Waiting times at the beginning of September were around 7 months and are forecast to reduce to below 6 months by the end of October 2019, however, a recent increase in referrals needs to be considered. To put these improvements into perspective, in 2017 the average waiting time was an average of 26 months. We will continue to invest in the assessment pathway in order to bring the waiting times in line with NICE guidelines of 3 months.

It is recognised that the introduction of the neurodevelopmental pathway will have an impact on the overall waiting times for ASC assessments as a broader cohort of children will be included in the waiting list. Current KPIs refer only to an ASC waiting list.

We realised that we needed to provide more support for those families who had children on the waiting list so we have invested creating a new role. A Family ASC Worker has been recruited at Northorpe hall whose role will be to help families to understand how they can support their child and manage their conditions and behaviours. The core offer for this provision is currently being developed and finalised.

With the increased investment the service is now completing around 30 ASC or Neurodevelopmental assessments each month.

During the months of March, April, May, June and July 2019, ASC received 39 referrals as well as 265 referrals to the new Neurodevelopmental pathway. The source of referrals is described below.



At the end of February 2019 there were 150 children and young people on the waiting list. By the end of July 2019 there were 69 waiting and 217 waiting on the Neurodevelopmental pathway. All new referrals are now accepted onto the Neurodevelopmental pathway so the number waiting for ASC assessment will diminish.

During the same period 106 children and young people had a first appointment with the ASC Team.

Referrals into our Learning Disability service referrals total 24 year to date (April-August 2019), an average of five a month. The average waiting time for those seen during August 2019 was 34 days, a significant reduction from a year ago, and the service has an active caseload of 80 as of end of August 2019.

## 4.5 Community Eating Disorder Service

The South West Yorkshire NHS Foundation Trust wide Community Eating Disorder Service was originally commissioned in 2016 to cover the geographical areas of Barnsley, Calderdale, Kirklees and Wakefield. A Regional Commissioning Group co-produced a service delivery model and agreement for the existing service to continue until 2020. Both North Kirklees and Greater Huddersfield Clinical Commissioning Groups are partners in the eating disorder cluster with the other areas involved.

The Community Eating Disorders Team for Barnsley, Wakefield, Calderdale and Kirklees have clear service pathways document which have been shared with GPs and local networks to bring into line published information with other CAMHS pathways.

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

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

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

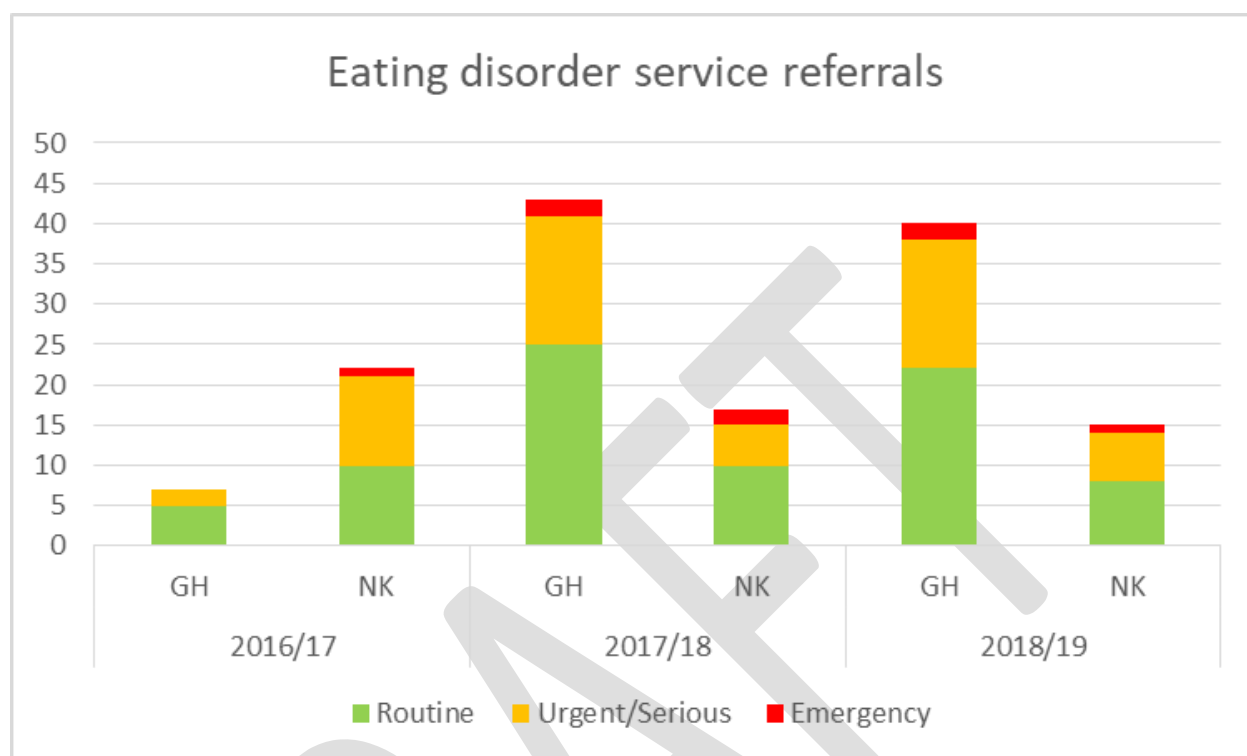
Outcome monitoring aims to inform, quantify and demonstrate how treatment interventions impact on the lives of the children and young people using the services. Routine Outcome Monitoring (ROM) is embedded across clinical pathways being established in accordance with Access and Waiting Time Standard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

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

- Schools, targeting years 10 and 11
- Healthy eating – all ages
- Primary Care – contribute to GP training programme, or ad hoc in house training
- Paediatrics

- Adult mental health

Referrals received between Feb 2018 and Feb 2019 for an assessment for those with a suspected eating disorder are outlined below.



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

For North Kirklees CCG the percentage of routine cases that were seen within four weeks between August 18 and August 19 is 92%, and the number of cases that were urgent seen within one week was 75%.

For Greater Huddersfield CCG the percentage of routine cases that were seen within four weeks between August 18 and August 19 is 96%, and the number of cases that were urgent seen within one week was 73%.

We will develop an effective outcomes based method of reporting the performance of the Eating disorder service over the next year. The current method of reporting does not adequately inform us about the effectiveness of the treatment or the experience of Young People and families of using the service.

In-patient admissions from eating disorders are currently the most common reason for admission. We would like to find out if more community based approaches have been successful elsewhere and implement locally, if appropriate.

The data shows that referrals into the service are disproportionately higher from Greater Huddersfield than North Kirklees. Further investigation is required to establish why this might be.

#### **4.6 Crisis Provision and Home Treatment Provision**

The service activity shows that from September 2018 until August 2019 434 referrals were seen by the crisis provision (an average of 39.5 a month). From September 2018 to August 2019 the response time of four hours was met 83% of the time NB For the period March to July 2019 there is some discrepancy in data recording due to changes in data software at that time.

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

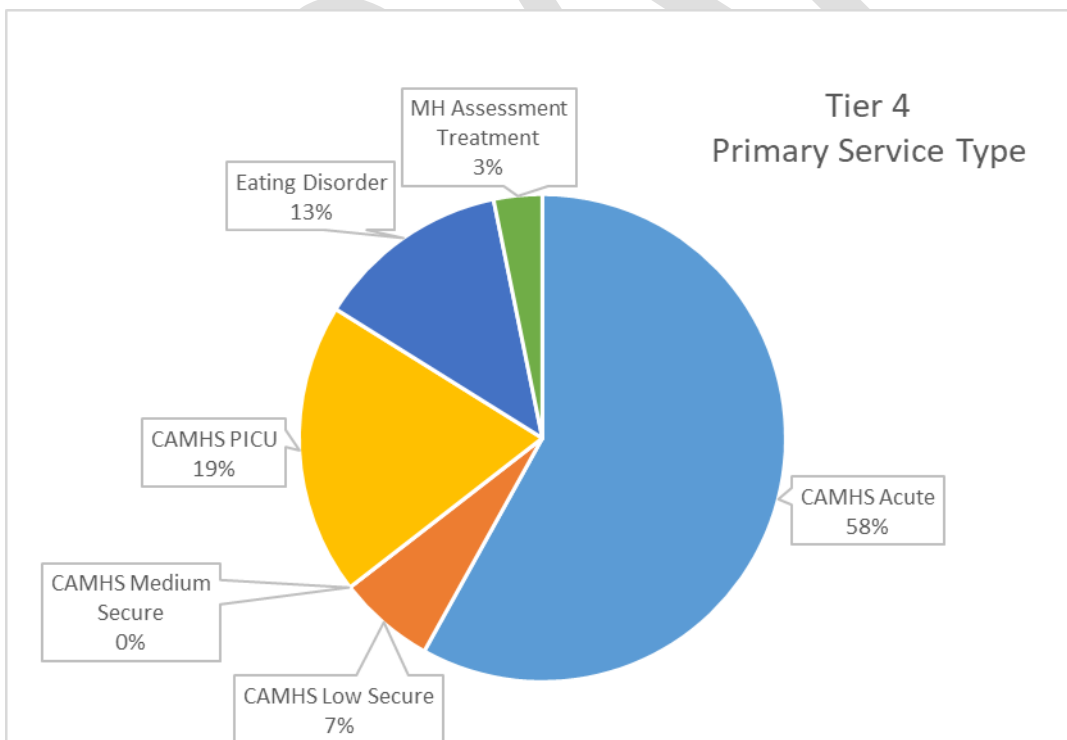
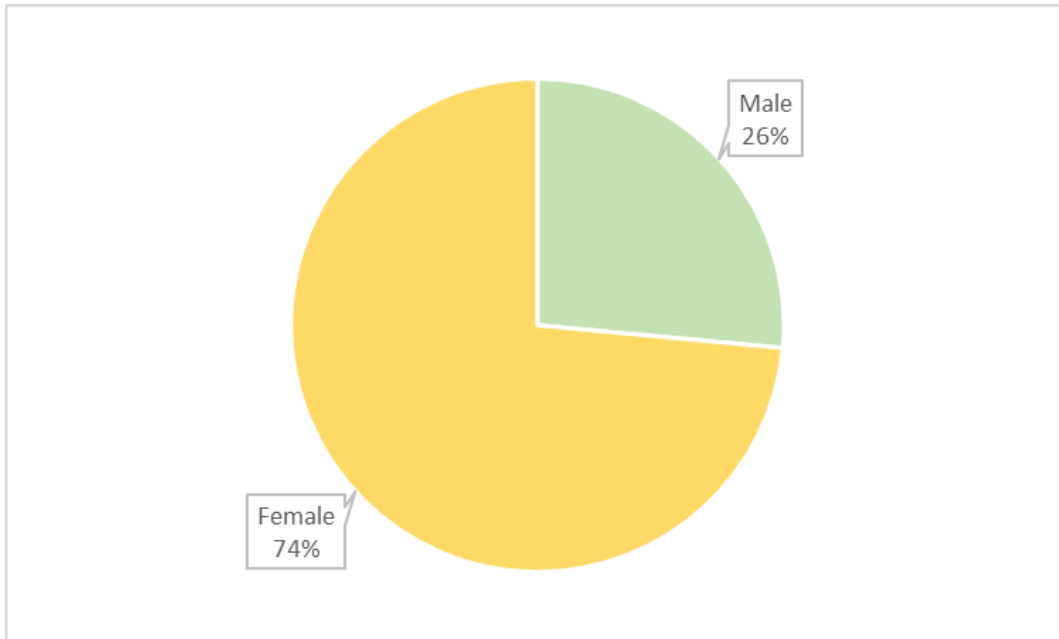
It has been agreed to invest the savings from the New Care Models to enhance crisis provision. The extended service will commence from November 2019 offering a 9-5 service 7 days a week.

A business case has been developed by providers for the development of an all-age psychiatric pathway. The new pathway will enable responsive, high quality psychiatric support to be more readily available to Young People when they need it. By upskilling existing staff, this pathway will also enable a more flexible and efficient use of the qualified workforce. This approach has been agreed by commissioners and is progressing through the governance process. The new pathway is expected to be operational by January.

#### **4.7 Tier 4**

Current figures from North of England Commissioning Support data shows there were 31 CAMHS inpatient admissions from Kirklees in the past 12 months, which is a significant increase from 25 the year before. Of the current year referrals 25 of these were from the Greater Huddersfield Clinical Commissioning Group catchment area and only 6 referrals were made from the North Kirklees Clinical Commissioning Group catchment area. The reasons for this high rates of referrals from Greater

Huddersfield are unclear and require further investigation. During the quarter 1 of 19/20, 15 children and young people were still shown as being inpatients.



There are still some issues about accessing Tier 4 in timely manner, due to local and national capacity issues. However, some of the admissions to Adult and paediatric wards has been due to the lack of crisis and home treatment services that could have prevented the admission. Where 16 and 17 years olds have been admitted to adult wards this has often been a result of a lack of out of hours provision.

It is intended that the continued improvements to and investment in Intensive Home Based Treatment services, including the resources released from New Care Models will reduce the need for acute admissions and ensure that Young People receive the most appropriate care in the most suitable location.

#### **4.8 Vulnerable Children**

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

As of Q4 18/19 the service is currently achieving the 28 day target for assessment for the majority of Looked after Children cases. During December, January and February 2019 the average wait for a Looked after Child was 13 days (SWYPFT).

The consultation model allows a wide range of professional advice and support to be offered to several different groups of staff and carers. It also allows children and young people with emotional health and wellbeing needs to be met by the most appropriate person in their life.

Commissioners will undertake a review of the Kirklees CAMHS LAC provision in 19/20. The review will look at the effectiveness of the service and examine the skills mix within the team to ensure it continues to be fit for purpose.

#### **Care Leavers provision.**

A Senior Mental Health Practitioner for care leavers is now in post and is developing the role to enhance the service for young people leaving care. This year the service has worked directly with 27 young people and also has set up a drop in to identify possible young people who will need this service. Consultations are offered to social workers and parents/carers of Care Leavers.

It is recognised that this is a difficult to reach client group so we are exploring different ways of engaging with young people leaving care, using a co-production approach.

The service is now offering group work and workshops for her clients around emotional health and wellbeing. This is in addition to the offer of individual therapeutic work which is personalised to meet the needs of the client.

DRAFT



## 5. Key Engagement Messages

Feedback received from people who have used the services.

### Counselling

Parent/carer

“Brilliant service, friendly staff who have made us feel welcome”

“I fully appreciate not everywhere has this precious service to offer and therefore feel grateful my son could access it.”

“Would have found it difficult to assist my child with his emotional mental health needs unsupported. Services and information provided not only impacted my child but family as a whole, excellent would recommend to other parents carers who require support for their loved ones “

Young person

“It gave me different ways to cope and helped me say things and understand things I couldn't before”

“Very supportive, really nice, easy to talk to, good advice, very good helped a lot”

“Because it was great the service is confidential so I can talk about my problems without worrying”

### Direct Support

Parent/carer

“Been given all the right information which has been a big help to all of us and extremely helpful”

“Rebecca has been a lifesaver, she has made a huge difference. The support i have received as a parent has been just as valuable (and needed) as the YP's support - cant fault it.”

“We have used ChEWS in the past and they were good and helped. Nina has been amazing she has been a major source of support to us all.”

“Great support given by understanding support worker Naz as a family our thoughts and concerns have felt valued and important. My son has engaged fully and built a good rapport with his support worker Naz”

“The communication, advice & support from Jo was brilliant for both myself & Ethan”

“Ava's support worker was very informative and explained all issues very well and came up with some excellent coping strategies”

Young Person

“Everyone I spoke to was very friendly and welcoming. The service made me feel comfortable to open up”

“I talked about myself and my difficulties and this helped me to accept myself more and feel better about things”

“I felt like the support I was given and choices I had were excellent in helping me.”

“Because it was really helpful and for once I looked forward to something”

“I feel as though I could express my thoughts and they would be listened to”

“Because the support you get is amazing and it made me think so much more positive.”

## Group Work

Parent/carer

“Again brilliant, really listened and offered support and advice in particular areas I was unsure of. All of you are friendly and approachable. I am going to miss these sessions.”

“Would highly recommend to others. I learnt a lot. Staff who run it are lovely and helped out a lot.”

“I have an overall sense that Northorpe is well run by people who have genuine concerns for the young people they interact with.”

Young Person

“I really enjoyed going to these session even when I felt like I didn't want to . It helped me get up in the morning.”

“The staff always make sure everyone is happy and staff are very nice and understand everyone and their issues to help solve them”

“The workers were very fun to be around and very supportive”

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

### Chapter 4 Future in Mind

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

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

*Kirklees CAMHS Transformation Plan 2015*

#### 6.1 What have we achieved so far in 2019

Prevention, early intervention and resilience building in children and young people are critical aspects of our whole system redesign to realise our original 2015 CAMHS Transformation Plan ambitions. We have begun system re-design to move services towards early intervention and prevention, but we still have much to do in order to fully realise our ambition in this area. Outlined below are our key achievements in relation to our priorities in this area.

##### Work with Schools

The majority of our children and young people in Kirklees spend most of their time in educational settings, spending significant amount of time with teachers, support staff and other pupils. Therefore, when intervening early and building resilience a focus on educational settings in order to achieve this is essential. We continue through our Integration Commissioning Board to collaboratively commission provision with our schools, including Thriving Kirklees provision. We are strengthening our collaboration further with our Schools as Community Hubs, by supporting the coordination aspect of the hubs to ensure services for children and young people are coordinated on a multiagency level. This will include formulating the coordination through an agreed SLA between schools and the Local Authority. This will further strengthen our commissioning relationship with schools on both a strategic and operational level.

We have been successful in our application to become one of the first Mental Health in Schools Trailblazer sites. The aim is to make high quality, evidence based interventions available quickly and easily to schools in order to address issues quickly and avoid escalation of problems, increasing resilience and promoting wellbeing. It is also intended to develop and embed a mentally healthy environment and approach throughout the schools.

We were initially awarded funding to enable us to create two new teams, with each team consisting of four new Educational Mental Health Practitioners (EMHP), two senior practitioners and one part time Educational Psychologist. A clinical lead oversees the

teams from a clinical perspective and provides clinical supervision. Each team also contains a family worker who will work with families to embed the approaches being developed.

The EMHPs were recruited as people new to the mental health system, in order to help increase the pool of skilled people in the workforce. They have undergone intensive training at Manchester University and in the workplace in order to develop their skills and competence. The teams began to work with young people in schools from September whilst training and intend to be fully operation by December 2019.

The teams help the schools to develop a 'whole school approach' to emotional health. This includes the direct individual and group interventions provided by the EMHPs, as well carrying out audits, helping to develop policies and training for teachers to help them to identify the early signs of mental ill health and to offer appropriate support.

Following the successful development of the MHSTs in Kirklees we were invited to apply for the second wave of funding. This has resulted in a further two teams being recruited and trained from September 2019.

The offer to schools has been based around the existing school hub structure, to build on existing networks and co-operation. Hubs were selected to take part according to identified needs. A total of 39 schools are taking part in the first wave of the trailblazer, with a further 35 schools being included in the second wave of funding.

There is a significant emphasis on co-production within the trailblazer. This approach will build on existing strengths and be respectful of existing skills and capabilities within schools. It is important that schools and young people are able to shape the service in ways which suit them best.

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

The contract is now into its third year and we are realising the benefits of bringing together a diverse range of services for children, young people, their families and the wider community. This has included the Thriving Kirklees provision mirroring our Community Hub Programme based around school clusters working as co-located area teams to support the emotional health and wellbeing needs in each of the eight hub areas.

Public Health Intelligence Leads (PHILs) Team Leaders continue to work across the Hubs working with communities, attending children and family joint working co-ordination meetings to highlight specific needs of their area. This approach is supported by the creation of 9 new skill mix 0 – 19s practitioner teams, comprising of Health Visitors, School Nurses, Nursery Nurses and Assistant Practitioners, co-ordinating with the eight

Community Hub areas and CAMHS workers. This aims to ensure our 0 -19 practitioners and peer supporters can get involved much earlier around emotional health and wellbeing.

To support this approach the Kirklees School Link Programme is embedded with the Thriving Kirklees contract. The schools link programme is part of the local strategic vision to shape a sustainable system wide transformation to better support children and young people in the area of emotional well-being and mental health. Kirklees continues to develop school link approaches based on the national pilot and lessons learned from the Kirklees pilot and in doing so responds to several overlapping local priorities detailed in the Kirklees October 2017 Transformation Plan Refresh.

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

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

Work undertaken so far includes.

- Consultation with Schools to agree a shared language in relation to integrated approaches as a partnership and remove barriers maintaining language such as 'escalation', 'de-escalation', 'rejected' and 'accepted' through the Tiered approach and introducing Thrive as a shared concept.
- Thrive principals have begun to be shared across the school workforce and for workers to begin considering how this impacts on practice.
- The Emotional Wellbeing Lead Network Meeting has been established. Emotional Wellbeing Lead Networks are planned in for the academic year 18/19. The start of the Network was positively received with over 50 attendees. The network meetings will take place each term and each half term there will be a newsletter with information and updates useful for the EHW leads.
- There are now 114 Kirklees schools identified as having a designated Emotional Wellbeing Lead.

Currently alongside 1 to 1 interventions and group work for children and young people, training is available within the Core offer to schools. A total of 31 schools have actively engaged in additional training. This training is developed in consultation with schools and specialist CAMHS and includes:

- Introduction to Children and Young Persons Mental Health
- Understanding Behaviour as Communication
- Understanding Attachment Theory
- Introduction to Self-Harm
- Understanding and Supporting Anxiety
- The Teenage Brain
- Maintaining Positive Emotional Well being
- Mental Health Services/Pathways in Kirklees
- Making Appropriate Referrals

### **Social Media.**

Social media and use of technology remains a key facet of building children and young people resilience and intervening as early as possible.

The Northorpe Hall website continues to offer resources and self-help material. Approved apps are suggested to young people to use along with national helplines.

<https://www.northorpehall.co.uk/young-people/support-young-adults>

In February 2019 we introduced the [Kooth](#) online counselling service as a pilot for Young People in Kirklees. Kooth provides anonymous confidential support from accredited counsellors up to 10pm, 365 days per year. The counsellors can support young people with a wide range of issues, from low mood, family or friendship problems, to issues around gender identity, self-harm, eating disorders, anxiety and depression.

Kooth also provides useful self-help articles and resources on a range of topics, as well as peer-to-peer forums with moderated online forums and discussions where young people can engage with other users in a safe, supportive environment.

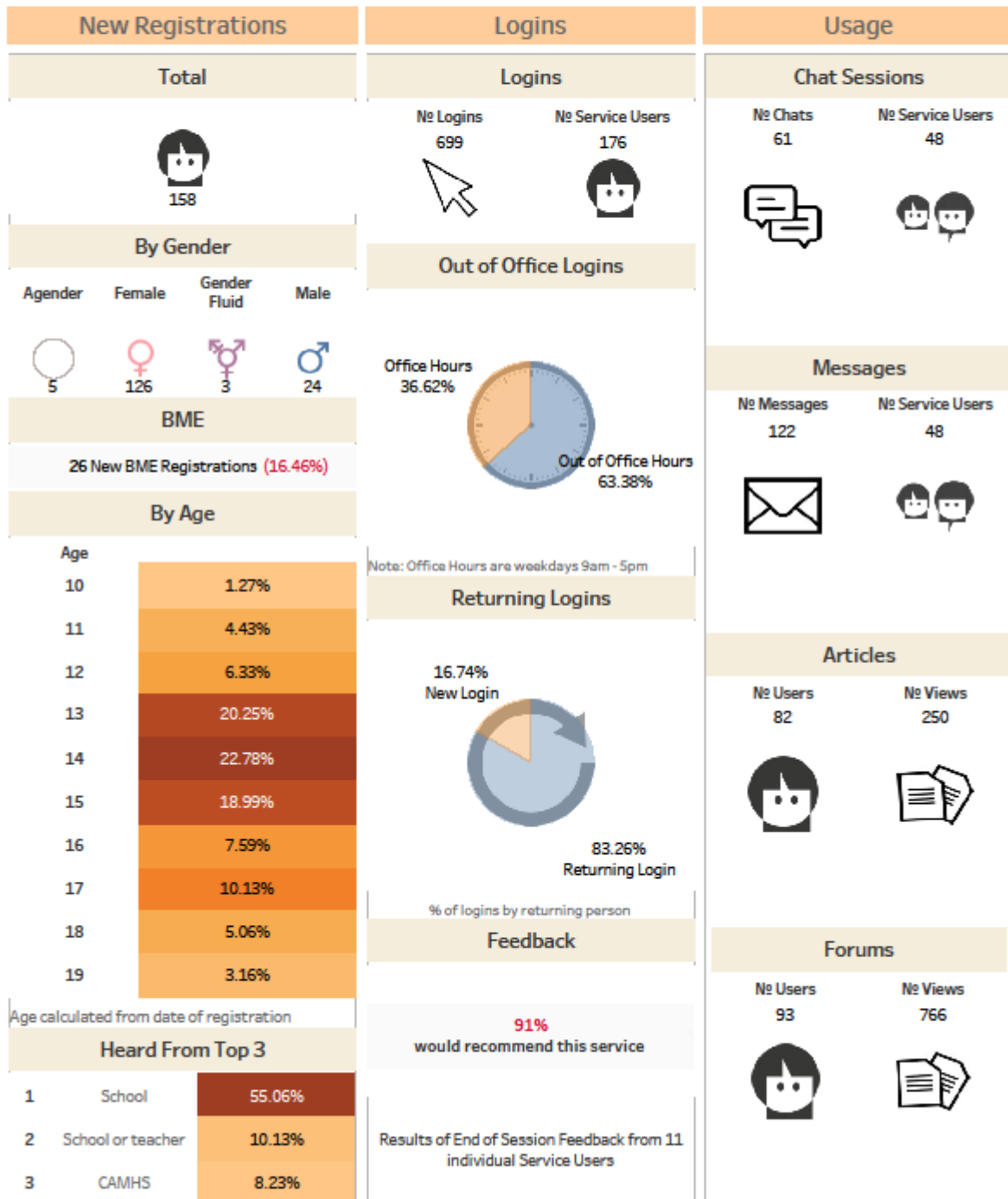
Early feedback shows that young people, especially those for 13 to 15 years of age are engaging with the service outside of normal working hours, often before school or into the evening (example infographic shown below).

It is too early to draw conclusions about the effectiveness of this pilot but it will be evaluated later in the year in order to decide whether to expand or extend this pilot.



From 1/4/2019  
To 30/4/2019

Kirklees





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

Users, support staff, parents/carers are trained to use the phone app to support users access individual customised support and where necessary get help from a parent, carer or named trained professionals. Please see attached year 1 evaluation in appendix L

## Development of Early Support

The [Kirklees Early Support Strategy](#) was launched in January 2019. We are now working across the [Kirklees Safeguarding Children Partnership](#) to embed this approach throughout the whole range of agencies involved.

Early Support in this context, is not a service but a culture, a way of working. Our approach is based on building communities, developing resilience and establishing networks. As well as developing a place based offer around 4 geographical and diverse areas, we recognise that some services work best across the authority as a whole. We want to develop a unifying but not uniform offer, reflecting the needs and strengths of young people, families and communities.

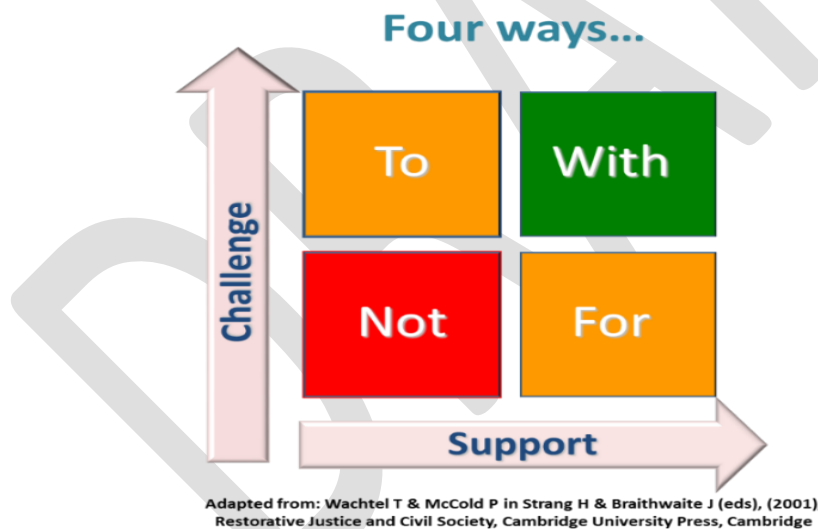
We have worked collaboratively across the partnership to ensure the strategy is cohesive across all partners and as such have agreed to use the Thrive Elaborated quadrants as a framework for delivery. This approach supports a shift of focus away from short-term crises and towards effective support for children and young people and their families at an earlier stage, with them at the centre of enabling communities rather than being dependent on statutory public services.

In order to achieve this across Kirklees the partnership has agreed the following:

- Adopt a strengths-based approach – enabling rather than deficit based
- Take a shared approach and responsibility where professionals talk and share space
- Develop innovative and sustainable improvements
- Put the child's voice at the centre of decisions
- Demonstrate commitment and accountability
- Encourage young people and their families to aspire to achieve better outcomes for themselves
- Have a culture of shared experience based on learning and research
- Develop family networks and communities

- Have open and honest conversations with families and each other
- Right Person, Right Service, Right Time

We have adopted a model based on the Thrive methodology and uses restorative practice as a way of working. This approach supports a shift of focus away from short-term crises and towards effective support for children and young people and their families at an earlier stage, with them at the centre of enabling communities rather than being dependent on statutory public services. Early support needs to focus on those adverse experiences and help both the child and the parents deal with these. We want to forge a relationship between agencies and children and families so that the emphasis of practice is on *working with* children and families, rather than doing things to them or for them. “*Working with*” involves high support and high challenge so that families find their own lasting solutions to the challenges they face, and are equipped with the resilience to move forward successfully. We are working towards a position where *working with* is the default option; basic entitlement for all children, young people and families who come into contact with services throughout the district, with the child at the heart of decisions that affect them.



The Early Support Service approach in Kirklees Council encompasses

- Family Support
- Parenting Group Work
- Mental Health in Families Team
- Stronger Families
- Community Hubs

- Children's Centres
  - Early Years
- Youth Offer

These Council services are working hard to develop and strengthen links with external services, including 0-19 Practitioners and third sector organisations. This includes developing outcomes based accountability as well as methods of collecting and collating data and activity from partners across the system, in order to present a coherent picture of the support provided.

Work is currently underway to make efficiencies in Children's social care. Resources released by this will be re-directed into Early Support Services.

The Director of Children's Services is supporting the re-establishment of a Youth Offer in Kirklees. This will enable a co-produced, locality based offer to be developed which will engage children and young people in positive activities which will be beneficial to their wellbeing. The environment and lifestyles that young people experience has changed considerably in recent years, with issues such as gangs becoming more prevalent. The new provision will be able to reflect these changes.

### **Nurturing Parent Programme**

**Nurturing Parents** is an approach rather than a parenting programme. It focuses on enabling and supporting parents, along with wider family members and communities, to have close and loving relationships with children. The main aims are to build resilience, create supportive and strong family units and to ensure a consistency in the information and support provided to parents-to-be, parents and carers of young children, and the wider community. This will be achieved by embedding a shared understanding of **Nurturing Parents** principles amongst services and systems engaged with our local communities. The care a child receives during their first 1001 days (from conception to age two), and the relationships that they form with their parents and other caregivers, creates the foundations for their future emotional wellbeing and mental health. This period of time is an important opportunity for early action to ensure that parents and their children form strong and healthy relationships, known as a secure attachment. This requires support from a caring community and a local infrastructure that understands and values the importance of family relationships.

The Nurturing Parent Programme (NPP) content is embedded within the preparation course that is delivered to all potential Home-Start volunteers before they become engaged in supporting families. This ensures that all families have the key messages cascaded and all volunteers have an awareness of the NPP model.

## Improving Perinatal Mental Health (PnMH)

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

The Network functions to terms of reference to:

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

Monthly meetings are taking place to discuss individual cases between the Mid-York's Midwife and the Perinatal Mental Health Practitioner for Dewsbury and Wakefield.

Monthly meetings are taking place to discuss individual cases between the Calderdale and Huddersfield Midwifery Lead and the Perinatal Mental Health Practitioner for Huddersfield and Calderdale.

## Peer Education

Building resilience and offering support at the earliest opportunity using peer education is another key facet to achieving our ambitions in relation to this theme. This year we have

started to embed this practice within Thriving Kirklees, but further work is required to produce a peer education programmes primarily aimed at emotional health and wellbeing.

Northorpe Hall Child and Family Trust's Kirklees Youth Mentoring project is funded by the Big Lottery, and continues working with a number of schools to train young people so that they can mentor their peers .

Home-Start Kirklees supports young parents aged 14-20 years (referred by professionals) with multiple complex issues by delivering group based support and Peer Educator support. Young parent's progress is tracked whilst in group support and focuses on wellbeing, resilience and safer relationships as well as parenting and practical help with day to day issues e.g. budgeting. Group work is currently funded by British Red Cross and Co-op and supports young mums up to 24 years. From October Big Lottery is funding group work for 3 years.

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

Abbie was referred to Home-Start for group support by her Health Visitor in December 2013.

At the time of referral Abbie was not in education, employment or training. She lived with her partner & their son. Social care were involved and the baby was on a plan.

Abbie's partner displayed controlling behaviour. He was also alcohol dependant & addicted to prescription drugs.

Abbie had tried other groups previously, but hadn't enjoyed them. Whilst she was apprehensive about attending another group,

Abbie was keen to get out & meet other young mums at Home-Start



#### HOME-START PEER EDUCATOR CELEBRATION

Just over a year after starting group, Abbie ended her relationship with her son's father. She left the family home with her son to begin a new life.

Shortly after, social care involvement & the plan came to an end. A few months after ending her relationship Abbie & her son began living

independently . Abbie completed the Home-Start training course to become a Peer

Educator & she enrolled onto an access course at college.



Abbie has been a Peer educator for the past 4 years. During this time she has supported various groups, provided one to one support to other young parents, attended community & fund-raising events & delivered a number of speeches at Home-Start's AGM & Health visiting forums. After completing her college course she began studying a degree at university.

Additionally, Abbie has part-time paid employment working with adults with disabilities. Her son is happy & settled at school & they both enjoy family life together.

**In June 2019 we were thrilled to hear that Abbie has now achieved a first class honours degree in Health and Social Care from the University of Huddersfield and graduated on 12.07.19— CONGRATULATIONS ABBIE!**

Quote from one of the mums supported by Abbie in group, 'The peer educators provide parenting advice & support during the group, their own experiences as a parent & the problems they had & how they solved them. They have helped me gain confidence as a mum & shown me that even when you have a problem you'll always have people to help you through it.'

Abbie is a fantastic role model to other young parents & Home-Start are extremely proud of her.



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

Whole system approaches to reorienting resource and provision towards early intervention and prevention are challenging, but necessary to achieve our aims for this theme. We are continuing the journey in order to balance the need for responsive interventions when required and ensuring that there is a cohesive early intervention offer also.

Looking at the priorities from 2017 it is clear that the two areas we haven't progressed well on are the development of peer led approaches and also the development of a comprehensive training offer to develop children and young people's resilience.

It also remains a challenge to develop educational settings and schools as a cohesive whole that can be influenced or engaged as a single system. We need to continue our approaches in engaging and developing our education provision in line with local established structures. We also need to recognise clear links between emotional health and wellbeing and educational attainment to fully support educational settings to embrace enhanced support roles.

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

We will:

- a. Implement the Mental Health Support Teams Trailblazer collaboration with Schools
- b. Co-produce with young people peer education programmes for children and young people that promotes resilience, and assists with early identification of emotional health and wellbeing issues. LPS 4 (1.4)
- c. Ensure the nurturing parent programme is delivered throughout early help services, children's centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision. LPS 1.6 and 1.7
- d. Implementing an early support offer in conjunction with children's social care, ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing. LPS 1.5
- e. Implement clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
  - o A CAMHS school link model supporting schools, primary care and other universal provisions.
  - o Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services. LPS 2 (1.2), LPS 8 (2.4) and LPS 9 (2.5)
- f. Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. LPS 1.8
- g. Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate LPS 1.9 and 1.10

- h. Explore the opportunities to extend services for 0-25 year provision in line with the requirements of the NHS Long Term Plan LPS 35

#### 6.4 What outcomes will this impact on?

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

#### 6.5 Theme 1 - Measurement of Impact

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

1	<p>% of children and young people who feel that they are supported by:</p> <ol style="list-style-type: none"> <li>a. Thriving Kirklees Partnership</li> <li>b. Family</li> <li>c. School</li> <li>d. Community and wider networks</li> </ol>
	<p>to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage.</p>
2	<p>% of children, young people and families reporting they feel included in community life, by life course stage.</p> <p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p>
	<p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p> <ol style="list-style-type: none"> <li>a. Signposting, self-management and one off intervention (Getting Help)</li> <li>b. Goal focused, evidence informed and outcome focused intervention (Coping).</li> <li>c. Extensive treatment (Getting more help).</li> <li>d. Risk management and crisis response (Getting Risk Support).</li> </ol>

	to support them to have good mental and emotional wellbeing, by life course stage
3	% eligible parents-to-be attending antenatal parent education programme.
	% parents attending antenatal parent education programme who report feeling more confident about parenting, keeping their child safe.
	% of mothers who received a Maternal Mood assessment in a timely manner.
	% children and parents assessed as having good relationship/attachment (using evidence-based assessment tools).
	% of children, young people or families using self-help resources for support, to be able to help themselves without needing specialist support.
4	% of Thriving Kirklees users who report: <ul style="list-style-type: none"> <li>a. They have appropriate access to resources, information and materials to support them with their identified issue.</li> <li>b. Feeling they were supported in a timely and appropriate manner.</li> </ul>
	% of children, young people or families: <ul style="list-style-type: none"> <li>a. Using Self-Help resources for support to be able to help themselves without needing specialist support.</li> <li>b. Who access support via approaches based on use of technology and assistive technology.</li> <li>c. Reporting that they receive appropriate, supportive and a timely response to their needs. .... by life course stage.</li> </ul>
5	% of Thriving Kirklees workforce: <ul style="list-style-type: none"> <li>a. Who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).</li> <li>b. Who feel that the Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</li> <li>c. Able to demonstrate awareness of and understand of the importance of the parent-infant relationship.</li> <li>d. Who report they have the appropriate knowledge, skills and expertise to carry out their role.</li> <li>e. That report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.</li> <li>f. Who feel that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.</li> </ul>



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

Chapter 5 Future in Mind

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

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

*Kirklees CAMHS Transformation Plan 2015*

### 7.1 What have we achieved so far in 2019

In Kirklees since our original transformation plan in 2015, we have seen significant investment and innovation to transform our local service provision. This has meant we have a more diverse, innovative, responsive treatment system that is integrating across a number of services both locally and regionally. We have clear public [pathways](#) and encourage self-referral through our local SPoC.

In this section the achievements in 2018 will be outlined alongside strategic partnerships and developments in relation to specific areas of our local system.

#### **Implementing Thrive Elaborated**

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

We are continuing to undertake a focused piece of work to support the partnership in implementing the Thrive functions and model. This is to ensure the partnership and Thriving Kirklees are working to the same principles and outcomes for all children and young people and understand the function of the 4 quadrants in how we think about children and young people's needs. This will ensure that regardless of the level of need from children, young people and families, their needs will be met at the right time, at the right place, at the lowest possible and earliest level of intervention.

The early support strategy is based on the Thrive Elaborated model, thus ensuring we have a multi-agency understanding and acceptance of Thrive Elaborated across Kirklees in 2018/19. Additionally as outlined in theme 1, work has also begun with schools on embedding Thrive Elaborated as a concept.

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

Progress made with implementation of Thrive Elaborated in the last year includes:

- All Partners now understand Thrive Elaborate Principles and this is communicated across the partnership.
- SWYPFT provided an Educational Learning Event (based on Calderdale principles) to Partners and Commissioners.
- All provider interventions have been reviewed against Thrive principles to ensure consistency in understanding the Thrive concept.
- Modelling each quadrant and each services role within these quadrants.
- Workforce fully understand Thrive Elaborated and the language and concept are understood across the partnership
- Translating the Thrive concept to key stakeholders, patients and public.
- Developed Outcome Based Accountability measures using the quadrants of the Thrive model.
- Continual evaluation of whether the Service is working in a Thrive model. Successfully implemented the MHST Trailblazer as a partnership
- A reduction in ASC waiting times to 8 months being on track for 6 months by December 2019. Looked After Children waiting times are currently an average of 17 Our access performance against the 32.5% access standard target is 50.9% for Greater Huddersfield CCG and 42.2% for North Kirklees CCG is comparable with regional averages.
- A fully integrated 24/7 Single point of contact in Kirklees.
- Investment in online and digital solutions

However, we continue to have concerns in relation to the Tier 2 (CHEWS) waiting times across Kirklees which remain high at 22 weeks. Following a report by an external consultant in 2018 Thriving Kirklees have transformed some processes and practices in order to be able to streamline, increase efficiency, reduce hand-offs and reduce waiting times, the improvements have not been quite as rapid as initially hoped but solid progress is being made.

We will continue to invest in additional resources to reduce waiting times for the Children's Emotional Wellbeing Service. This will include making greater use of group work, online and digital solutions and flexible workshop provision, as well as investment in staffing. In 2019 an additional £150,000 of non-recurrent funding has been allocated to support this aim.

We will also continue to make additional investment in the Neurodevelopmental pathway to reduce waiting times for ASC, ADHD and other similar conditions, in line with NICE guidance. The increased involvement of school SENCOs and other 0-19 professionals with the referral and information gathering processes will help to improve the efficiency of the pathway

## Transforming Care for Children and Young People

An area wide Transforming Care Plan partnership involving Kirklees, Calderdale, Wakefield and Barnsley has established a Children and Young people's workstream.

This work stream is implementing recommendations from the Lenahan review, "[Building the right support](#)" and NHS England Guidance "[Developing support and services for children and young people with a learning disability, autism or both.](#)"

The nine principles outlined in the NHS England guidance are being embedded across the partnership led by the Children and Young People work stream. The work stream comprises of CAMHS transformation plan commissioning leads and representation from local authorities including Special Educational Needs and Disability (SEND) leads across the region. The workstream is chaired by the lead future in mind commissioner for Kirklees, who subsequently works closely with NHS England.

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

In early 2019 the local Transforming Care Partnership took part in a national benchmarking exercise, facilitated by NHS England. Following the exercise, we were pleased to receive the feedback below.

*We were pleased to note that within your TCP, you have achieved some clear and positive outcomes since the last bench marking in May 2018:*

- 1. You have an embedded and functional Dynamic Support Register and are managing those young people who might be At Risk of admission. Your process has demonstrated that you are keeping young people out of hospital and in the community across the footprint.*
- 2. You continue to maintain lower than the national average in-patient numbers & are CETR compliant; however, the National Team want every child/young person to have a CETR prior to admission and where this doesn't happen local exploration is undertaken to ascertain why , and then escalated to the TCP Board for further action.*
- 3. You have, and continue to develop a range of positive processes and with clear links to LTPs and SEND. You have consistently provided CETRs for those going into 52 week Educational Placements.*

*To maintain and enhance your development work in achieving the key aims of Building the Right Support, you will need to continue to focus on the following areas:*

1. *Developing early identification and intervention with young people with Autism and no Learning Disability – you have some outstanding work within the Future in Mind agenda that is running in Wakefield. Consider how this might be modelled across the footprint to pick up on these young people, particularly young females who might access T4 in crisis via A&E.*

*Overall, we feel that your support requirement is: GREEN*

*Significant and consistent progress has been made since the last RAG rating, well done.*

In Kirklees we have employed a Band 7 Mental Health Nurse to undertake the CETR chairing role, and also focus on clinical need across LAC and SEND, alongside transition. This is providing much needed clinical governance in relation to individual cases and packages of care, whilst also helping integrated practice across respective teams and roles.

Since the Band 7 has been in post they have chaired approximately 6 CETRs. The Band 7 has remained involved with these cases to ensure that recommendations from the CETRs are being followed through, this is sometimes via attending other Statutory Meetings such as LAC, CIN Meetings CP Conferences. The role is allowing a specific focus on the Transforming Care Programme across the Kirklees patch.

In addition there is a new Children's Access to Resources Panel held 2 weekly which has excellent representation from Children's Social Care, Education, YOT, MST, Police as required, and Health. The Band 7 nurse has an integrated role in this and will take cases to this panel to discuss to reduce the risk of crisis escalating.

There is a process for overseeing LAC CAMHS commissioning of specialised therapies which the Band 7 has developed and continues to refine.

The nurse is available to be present at the SEND panel to offer consultation and overview of all EHCP requests and maintain CCG oversight from a mental health and learning disability point of view.

The role continues to evolve and in future development of a clinical children's team will ensure a more robust and aligned approach across children's continuing care processes as well.

### **Development our of Learning Disability Service.**

In April 2017 as part of the Thriving Kirklees partnership and to meet the requirements of the commissioned learning disability provision, the Kirklees CAMHS Learning Disability service was created with the aim to provide a service for children & young people who have a Learning Disability at any level and coexisting mental health concerns that requires input from a specialist service.

Dedicated clinician time was created within the current workforce including a 0.6 WTE LD Clinical Lead, 0.2 WTE Clinical Psychologist, 0.2 WTE Assistant Psychologist, 4.0 WTE LD Nurses, 0.4 WTE Mental Health Practitioners, 0.2 WTE Health Care Assistant and a named Consultant Psychiatrist for consultation.

The referral criteria is: a child or young person (0-18) with a Learning Disability (any level) and this is having a significant impact on their emotional health and well-being. There is a robust weekly screening process via SPoC and all referrals accepted are offered a face-to-face initial assessment. The LD pathway is now in full use and is maintaining the 28 day target with the exception of young people who did not attend first appointments.

Following assessment there is a clear formulation and treatment plan and the service offers a wider range of interventions including Positive Behavioural Support, psychological therapy, sleep training, sensory profiling, specific systemic or individual interventions, and care co-ordination for all young people who are treated with psychotropic medication for challenging behaviour. Service effectiveness is measured using the Therapy Outcome Measure Scale.

Requests for professional development have been supported and have included ACT training, sleep practitioner training, CYP IAPT – Autism and Learning Disability, and Professional Diploma in Positive Behaviour Support, ADOS in order to ensure the service has the correct level of skill and expertise to offer treatment/interventions in line with NICE guidance. Future training requests include MCA/BI assessor.

The CAMHS Learning Disability service have been instrumental in other wider service developments including the creation and implementation of the Children's LD/ASD risk management and family support register and ensuring CAMHS Learning Disability representation for SEN/EHC processes. We have worked closely with our partner agencies to improve relationships and ensure there is a clear understanding around the CAMHS Learning Disability service offer.

The Learning Disability lead for CAMHS is to discuss a proposal with commissioners to expand the CAMHS Learning Disability remit to cover people with severe autism. This

proposal will use positive behaviour support to help parents to understand and manage behaviour.

### **Children and Family Act and Education , Health and Social Care Plans**

In Kirklees the CCG's work very closely with education and social care to ensure that the needs of children and young people with special education needs and disability are fully met and positive outcomes are achieved for children, young people and families. We have 2 FTE nurses that are embedded within the local authority SENDACT team offering input and advice into Education Health and Social care plans from a physical and mental health point of view. A new designated clinical officer has been recruited, who will start in November 2019 and will provide co-ordination and assurance of strategic health input into the EHC process.

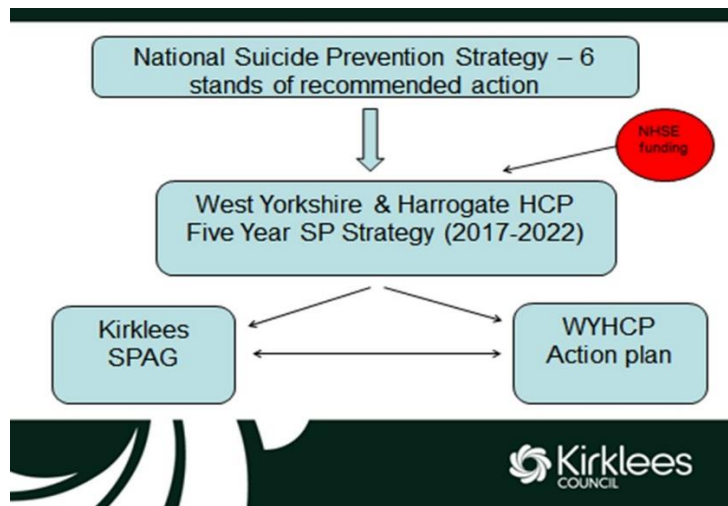
The CCGs lead for the Children and Families Act is a joint post with the local authority and as such strategy and practice is decided jointly and agreed through our local integrated commissioning board. We have a number of integrated commissioning arrangements which underpins the provision for children and young people with SEND needs including Thriving Kirklees provision and our local therapy services for OT, Physiotherapy and SALT. The jointly produced SEND needs assessment and commissioning strategy to support a joint strategic vision for Kirklees is nearing completion. This will include aspects such as the local high needs review, our local sufficiency strategy, our all age disability and transition ambitions and link clearly with the CAMHS LTP priorities.

Our SEND commission group oversees the Children and Family Act action plan and we are currently updating our local Self Evaluation Form which is being overseen by the group. We have representation from our local parent carer forum, PCAN, on the commissioning group.

Our [Kirklees Local Offer](#) contains relevant information to support emotional health and wellbeing.

### **Suicide Prevention.**

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



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

The main aims of the group is to reduce the levels of suicide, attempted suicide and self-harm within Kirklees by implementing an effective Kirklees Suicide and Self harm Prevention Action Plan, in line with the national suicide prevention strategy and findings/recommendations from local suicide audits.

In terms of children and young people and mental health, the group is promoting the work being led by Northorpe Hall and the emotional health and wellbeing lead network for schools in Kirklees. The group is also promoting Kooth and Chat Health as an early intervention approach to talking about mental health.

Commissioners are also applying to become a Kirklees Time to Change HUB which will involve people with lived experience at the heart of decision making and delivering social contact activities in the community. This will include adults and children, working in partnership with Northorpe Hall who are keen to develop Time to Change young people champions as a way of increasing conversations about mental health with young people.

Local issues of consideration include:

- Implementing a real time surveillance approach to suicide prevention to access data quickly and plan more efficiently.
- Co-producing self-harm resources/toolkits for children and young people, parents and professionals
- Supporting the West Yorkshire and Harrogate ICS funding bids to NHS England to provide the following in Kirklees:
  - Access to suicide bereavement support
  - Targeted male pathfinder workers to reduce suicide and self-harm in at risk men
  - Access to a veteran campaign

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

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

- Explanations on gender identity and the experience of transgender people.
- Clear information on the law, expectations and terminology.
- Comprehensive pack of up to date guidance.

## **West Yorkshire CAMHS New Care Model**

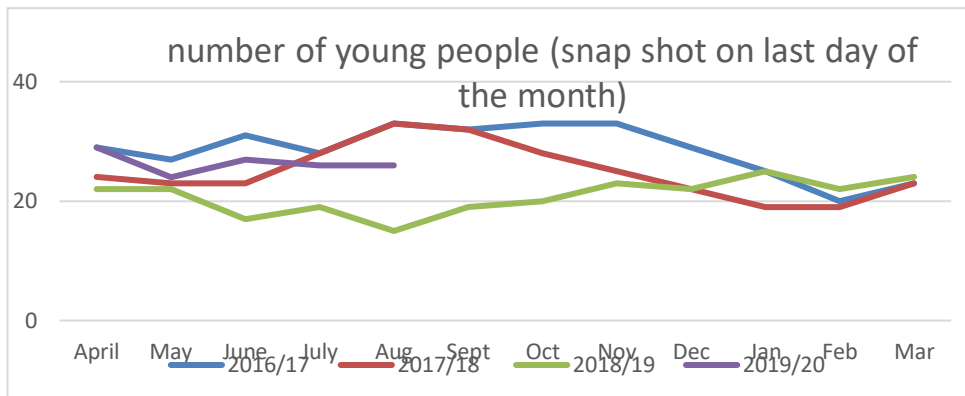
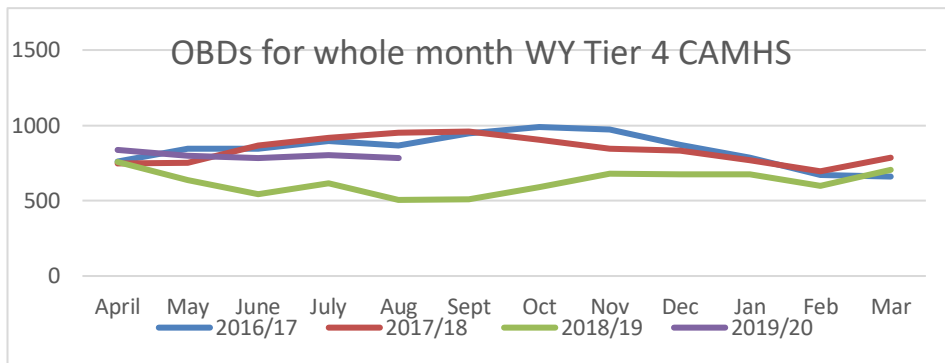
The West Yorkshire CAMHS New Care Model (CAMHS NCM) went live on 1<sup>st</sup> April 2018. Overall the CAMHS NCM aims to reduce admissions for children and young people to inpatient mental health beds.

### **What the NCM has achieved:**

Against the base line figure of £7.5 million over £1.2 million has been invested in clinical services in local area: mainly strengthening the crisis and intensive home treatment aspects of services across West Yorkshire. This has also paid for the CAMHS NCM team and it has been agreed with NHS England that some of the money is supporting costs associated with the new children and young people's inpatient build at the St Mary's site.

Against previous years we are performing well as shown below:





Across West Yorkshire there were 124 admissions relating to 96 young people with a 50.5 day median LoS. There were 104 discharges during the year.

### Next steps

The NCM have completed a gap analysis of areas where investment released from reduced OBDs could be invested to have the maximum impact for young people. This included intensive work in the SWYFT patch to transform their services.

### Locally

The investment for Kirklees has been used to expand the current crisis and IHT offer. This would allow an intensive home-based treatment service seven days a week, from 9am until 5pm with the crisis team would continue to offer crisis assessment and support to young people and families in working hours and expand provision to be able to offer cover at weekends.

The main benefit of the NCM will be to young people and their families. We firmly believe that the new model will ensure that some young people avoid admission and others will have their admission reduced in length. Young people and families tell us that this is what they want. The other expected benefit of this will be an improved ease of access to the

beds we have commissioned as demand will be less and this means that for those young people who have a clinical need for a bed they will be able to access these more swiftly

### **Provision for LGBT Young People**

LGBT young people are disproportionately affected by poor mental health (NHS Digital, 2018). Stonewall (2017) notes 61% of LGB and 84% of Trans youth self-harm; 70% of LGB and 92% of Trans youth have suicidal thoughts; and 22% of LGB and 45% of Trans youth have attempted suicide.

Supporting LGBT Young People has been identified as a priority in Kirklees Council's Children and Young People plan This priority has been informed by the findings of the 2019 Kirklees Young People Survey (see pages 13 and 14 of this report) in which LGBT Young People report higher levels of worrying about fitting in and being more at risk of self-harm than other population groups.

In order to address these needs in a timely manner and with the appropriate expertise, additional counselling support is being commissioned from a local voluntary sector organisation, the Brunswick Centre.

This is an early intervention and prevention service which aims to resolve issues before they escalate significantly. LGBT Young People will receive rapid access to counselling services in a supportive environment. There is an open referral process and referrals into this service will not be subject to the usual CAMHS waiting times.

This provision will see some of the most vulnerable LGBT young people have improved mental health and emotional wellbeing.

The proposal also includes the formation of an LGBT youth group in North Kirklees as levels of engagement in this area are currently relatively low, in comparison to Greater Huddersfield. The group will be supported by a qualified youth worker and will meet in local community venues. This is a pilot scheme which will be evaluated at the end of the year.

### **Crisis Provision and All Age Psychiatric Liaison**

Our local crisis provision in Kirklees is performing well and is meeting our 4 hour assessment target most of the time. The development of our intensive and home treatment provision has ensured that children and young people who may have previously needed admitting to hospital are able to have close monitoring and support in the community.

A business case has been proposed for the development and expansion of the current crisis and intensive home based treatment (IHBT) provision within Calderdale and Kirklees

CAMHS. The expansion would include extending the teams operating hours, days of delivery and development of an all-age liaison service model.

The crisis/IHBT team working hours will be extended to 9am – 8pm, 7 days a week, allowing for an equitable service across Kirklees, Calderdale and Wakefield. This will be complemented by an 8pm and 9am offer delivered by the psychiatric liaison team (currently an adult service).

The model will ensure improved support of children and young people in crisis whilst in the community, without having to present to A&E and preventing the need for admission to inpatient services (including specialist Tier 4 CAMHS inpatient facilities). The extended offer will also enable earlier discharge, supported in the community. In addition, the strengthened offer will support colleagues within the hospital in managing the needs of children and young people whilst in A&E or on the wards.

It is proposed to develop the model as an enhancement of the current CAMHS crisis/IHBT service and adult psychiatric liaison team to create an integrated all-age liaison offer.

Key elements of the proposal include;

- The crisis/IHBT service will operate a two shift system per day 9am – 5pm and 12pm - 8pm. The staffing overlap allows for more staff availability in the afternoons where services are often busier and allows for team meetings, reflective practice etc. to take place with a higher volume of staff present.
- 24/7 provision of mental health (psychiatric) assessments for patients attending A&E, general inpatient and paediatric wards, and out-patients. This will ensure patient's mental health needs are given the same priority as their physical need and will be delivered through an integrated service model – by CAMHS crisis/IHBT service during the hours identified above and by the liaison team outside of these hours
- Following assessment the crisis/IHBT will organise further mental health care support based on identified needs. This will include the management of any continued risk the person may present to self or others and consider the individual's willingness to access support. To facilitate this each individual presenting within CHFT identified as having a specific mental health need will undergo a bio-psychosocial assessment.
- The service will provide links to other services/pathways e.g. community CAMHS, specialist eating disorder pathways, primary care, local authority and other providers.
- The crisis/IHBT team will work with partner agencies (CHFT, police, schools, GP's) to address the mental health training needs of staff. As a minimum training will cover deliberate self-harm, risk assessment and management.

- The CAMHS crisis/IHBT team will continue to be supported within working hours (9-5, Monday to Friday) by a duty Psychiatrist and out of hours by CAMHS management/psychiatrist on-call systems. The liaison team would have access to the out of hours service offered by CAMHS management/psychiatrist.

If agreed, the new service is expected to begin 1<sup>st</sup> January 2020.

### Early Intervention in Psychosis

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

The service aims to:

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

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

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

- Further reduce the Autism Spectrum Disorder assessment waiting list and the Tier 2 waiting list
- Co-produce with West Yorkshire New Care Models further intensive community support to preventing Tier 4 admissions and better care navigation
- Reduction of inpatient admissions from the Greater Huddersfield Clinical Commissioning Group catchment area.
- Exploration of implementing a “safe space” for Kirklees.

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

We will:

- a. Continue to embed Thrive Elaborated across our local CAMHS provision. LPS 5 (2.1)
- b. Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees . LPS 31
- c. To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times PS 6 (2.2)
- d. To explore All Age Psychiatric Liaison Models across Kirklees LPS 12 (2.8) and LPS 29 (2.9)
- e. Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees  
LPS 2.10 and 3.7
- f. To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People
- g. Implement the recommendations from the Transforming Care, the Lenahan review, “Building the right support” and the NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both”. LPS 2.15
- h. Develop priorities in line with the NHS Long Term Plan

## 7.4 What outcomes will this impact on?

The above will work towards achievement of the following:

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

## 7.5 Theme 2 - Measurement of Impact

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

1	% of children and young people receiving specialist support who developed and implemented their personalised support in partnership, inclusive of the service user, their family/carers and the Thriving Kirklees workforce, by identified issue
	<p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received ..... by life course stage.</li> </ol>
1	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received, .....by life course stage.</li> </ol>
2	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner
	% of crisis referrals to the specialist element of the Thriving Kirklees who are assessed within 4 hours, by identified issue.
	% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.
	Average waiting time for specialist support from identification of issue to treatment, by identified issue.

	Average waiting time for children and young people who received an Autistic Spectrum Disorder (ASD) diagnostic assessment.
	% of children and young people who are receiving the following groups of the Thrive Elaborate Model: a. Signposting, self-management and one off intervention (Getting Help) b. Goal focused, evidence informed and outcome focused intervention. (Coping) c. Extensive treatment (Getting more help) d. Risk management and crisis response (Getting Risk Support) to support them to have good mental and emotional wellbeing, by life course stage
3	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
4	% of children and young people who are receiving the following groups of the Thrive Elaborate Model: a. Signposting, self-management and one off intervention (Getting Help) b. Goal focused, evidence informed and outcome focused intervention. (Coping) c. Extensive treatment (Getting more help) d. Risk management and crisis response (Getting Risk Support) to support them to have good mental and emotional wellbeing, by life course stage
5	% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.
	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
	% of children, young people and families who access support via approaches based on use of technology and assistive technology.
	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
5	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.

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

### Chapter 6 Future in Mind

#### Vulnerable children and young people

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

*Kirklees CAMHS Transformation Plan 2015*

#### 8.1 What have we achieved so far in 2019

We now have a well-established discrete provision which is integrated within children services. The provision provides high quality support and interventions that are flexible and meet the needs of looked after children, those at risk of experiencing Child Sexual Exploitation and those in the Youth Offending Team system..

The emotional health and wellbeing needs of care leavers are met by a multiagency team comprising of a psychotherapist, psychologist and emotional health and wellbeing practitioner which is augmented by the care leavers mental health post., and where required clear transition arrangements can be made with adult mental health teams. The team provides consultation, support and training to social workers, foster carers, Youth Offending Team staff and others in order for them to meet the emotional health and wellbeing needs of vulnerable children. The waiting time target for LAC is consistently met with the average waiting time from referral to treatment being 17 days.

The health provision that we have integrated within children social care includes our CAMHS discrete provision for vulnerable children, our Youth offending team nurses and our looked after children nursing provision. The practitioners across these three teams meet regularly to offer support and consultation to each other in their retrospective areas.

As part of our Ofsted 10 point improvement plan a number of actions have been undertaken which complement and augment provision for the most vulnerable children in Kirklees. DFE innovation resource has been utilised to establish the following provisions in Kirklees.



## **Family Group Conference Team**

Family Group Conference is a restorative approach and the process empowers a family and their network to draw on their strengths and resources to make a safe plan for their child or children. FGC's ensure the family network have a chance to hear and discuss the concerns. They also give an opportunity for everyone to be listened to including the child and young person(s). It can be an opportunity to be informed of any resources that could help them improve family life.

Kirklees now has a substantive team of 10 coordinators and 2 team leaders. It is estimated that we will receive 320 referrals per year, from April to September 2019 we have received 166 referrals of which 149 were from Children's Social Care.

The team leaders have developed a three year business plan which is currently with the senior leadership team.

## **Multi-Systemic Therapy Team**

Multi Systemic Therapy (MST) is an intensive evidence-based family and community intervention for children and young people of high school age 11-17, where they are at risk of out of home placement in either care or custody due to their offending or having severe behaviour problems. The key goals of MST are to break the cycle of anti-social and challenging behaviours by keeping young people safely at home, in school, and out of trouble.

To help address the key priorities of Kirklees to reduce the number of looked after children and to help address youth violence and those entering the criminal justice system, an initial MST team was established in February 2019. The current MST standard team of 4 therapists work intensively in the homes of up to 5 families at any time for between 3-5 months, and are supported by a clinical supervisor and MST consultant to follow the MST model to affect changes in the referral behaviours. The team has already demonstrated strong outcomes with those completing treatment: between March and August 2019 showing 100% of young people were still living at home, 92% were in school, with 92% having no further arrests.

Due to the needs of the locality the MST service is in the process of developing additional teams: an enhanced MST standard team (MST-E) to work with young people (aged 10-14) at risk of gang involvement, violence and CCE; and a Family-Integrated Transitions (MST-FIT) team to work with families where the young person is returning from care. Any further developments and updates will be communicated widely.

Referrals are accepted into MST from all professionals working with families where the family meet the inclusion criteria. From early November 2019, referrals in to the service will

be processed by regional fortnightly multiagency referral panels facilitated by Kirklees Council Early Support Service.

### **Mental Health in Families team**

The Mental Health in Families team coordinate appropriate early support for parents who have mental health difficulties and share information relevant to the welfare of their children, with a focus on managing risk, increasing resilience, building strength and encouraging independence and reducing the long term need for services. The service works restoratively and uses a whole family approach to identify and explore the impact of parental mental health upon families, lifespan and intergenerational issues.

The team work on a consultation basis across children's social care and adult mental health to reduce the barriers between services, increase collaboration and enhance practice in order to improve direct work with families affected by parental mental health. The current team consists of a team manager, 5 stronger families consultants and a social worker, with recruitment currently in progress for an additional two social workers.

Once recruitment to the remaining posts is complete the team will be in a position to increase casework support for practitioners from both mental health and social care leading to improved assessments, plans and understanding of families involved with both services and improved collaboration between mental health and children's social care, leading to better experiences and outcomes for families.

The team have now been established as a permanent team located within the Early Support part of the service and plan to extend support into services set up for early intervention.

### **Risk and Vulnerability Team**

The Risk and Vulnerability team within Children's Social care has been created from bringing together the Child Sexual Exploitation and Missing Children's teams.

The team works within a Contextual Safeguarding framework, recognising that the relationships and interactions that children and young people have outside of their family setting, in their neighbourhoods, schools, colleges and peer groups can feature violence and abuse which parents and carers may have limited influence over.

## Health & Justice

Health and Justice provision is commissioned regionally by the NHS England Health and Justice specialised commissioning team in Yorkshire and the Humber. Working in collaboration with local commissioners the following local Health & Justice priorities have been identified:

- CAMHs to ensure that children and young people can access the trauma pathway, if required, following sexual assault.
- CCG commissioners to review the mental health and SALT input into YOTs as the provision is fragmented and under resourced in some areas. The CCN has funded several of these post in YOTs but more resource is required.
- Consider having a care navigator role to support children and young people transitioning from secure estates into mental health services based within YOTS to provide an assertive outreach role.

Last year's update highlighted the announcement of developing New Care Models into a steady state of commissioning for Specialised services. Progress has moved at pace over the past few months which includes CAMHS in phase one for Lead providers to take on board the responsibility for their health population. This is a shift away from providers competing against each other, and instead collaborating to create a way of commissioning services that are integrated with community services. Provider collaboratives will receive delegated responsibility for commissioning services in these mental health areas and the budget. They will work collectively with STPs and ICSs to plan and commission services across the region, engaging with service-users and stakeholders to plan increasingly tailored services for populations, making efficient use of funding.

Within Yorkshire and the Humber region the chosen lead providers are:

- Humber Area: Humber Teaching NHS Foundation Trust.
- West Yorkshire: Leeds Community Health NHS Trust
- South Yorkshire: Sheffield Children's NHS Foundation Trust.

We expect each provider collaborative to go live between April 2020 and April 2021, where NHSE Specialised Commissioning will work with the Lead Provider to enable this transition.

Parallel to enabling Provider Collaboratives the CAMHS bed reconfiguration continues with the opening of the Hull CAMHS inpatient service by the end of this calendar year. Plans have been submitted for the West Yorkshire development and this work continues to bring 22 beds to this area, based at the St Mary's site in Leeds.

Finally, we have seen this year the opening of a CAMHS low secure service, for which has not been provided previously in the Y&H region, this is providing more accessible care and treatment for young people requiring a low secure environment.

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

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

The composition of the Health input into the Youth Offending Team will be examined over the next year. If necessary the skills mix of the team might evolve to take on board more specialised mental health input from within the Thriving Kirklees Partnership.

#### **Forensic CAMHs (FCAMHs):**

Four local NHS Trusts are working together to provide a Community Forensic CAMH Service for children and young people across the Yorkshire and Humber region.

These Trusts are:

- South West Yorkshire Partnership NHS Foundation Trust
- The Humber NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

They provide services to anyone under the age of 18 whose behaviour/presentation may be of concern to professionals, their families and/or their communities. The service consists of a variety of multi-disciplinary professionals, including Psychiatry, Psychology,

Nursing and Social Work. Each has a range of specialist expertise in working with young people displaying high risk and concerning behaviours.

Children referred to FCAMHs may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. This is a new provision and work will be undertaken with staff across the partnership to support the successful integration of this additional resource.

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

We have made good early progress under this theme by completing and implementing the priorities outlined in our original and refresh transformation plans. In terms of impact, there has been a significant reduction in waiting times for looked after children and the most vulnerable children, and a workforce that feels supported to meet the needs of our most vulnerable children.

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

- Our looked after children Sufficiency Strategy has been produced and agreed. We need now to implement the actions from the strategy .This will ensure over time that we have sufficient accommodation and provision locally to reduce the number of out of area placements required which includes those for emotional health and wellbeing and Autism Spectrum Disorder.
- Although we now have a Band 7 Nurse overseeing packages of care for LAC out of area, the quality assurance and provision of required interventions remains a challenge.
- Approval has been given to recruit a Band 6 Nurse, part of whose role will be to offer joint review with the Social Worker of specialist residential placements for LAC where an element of Therapy is being funded by the CCG in order to support a more robust process of quality assurance of placements.

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

We will:

- a. Continue to provide a CAMHS link and consultation model for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees. LPS 13 (3.1) and LPS 14 (3.2)
- b. Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure that the Looked after Children CAMHS provision meets locally identified needs The service is currently undergoing a review to ensure that it has the appropriate skills mix and capacity. LPS 3.10

- c. Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision. . .
- d. Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system.
- e. Ensure the suitable and adequate provision of a safe space for young people in mental health crisis LPS 36

#### 8.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

#### 8.5 Theme 3 - Measurement of Impact

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

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

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

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

### Chapter 7 Future in Mind

#### Kirklees Governance

Accountability and transparency continue to be an essential part of our transformation journey. The Thriving Kirklees contract and our commissioning arrangements have ensured the oversight of budgets; performance activity, quality and improvement sit in one arrangement with oversight of the whole system.

Our local system is scrutinised and monitored in a number of ways, this includes regular reporting to the Health and Wellbeing Board, oversight by the Kirklees Children's Improvement Board and reporting and engagement into our integrated commissioning board. This set of arrangements includes a number of stakeholders including elected members, GP's, Health watch, Voluntary sector representatives, parent representatives, school heads.

Having challenge and representation from individuals and groups who experience our services on an individual and case by case basis, gives rich insight into service experience. This is enabling us to triangulate the contract monitoring information we receive from the provider with peoples lived experience of services.

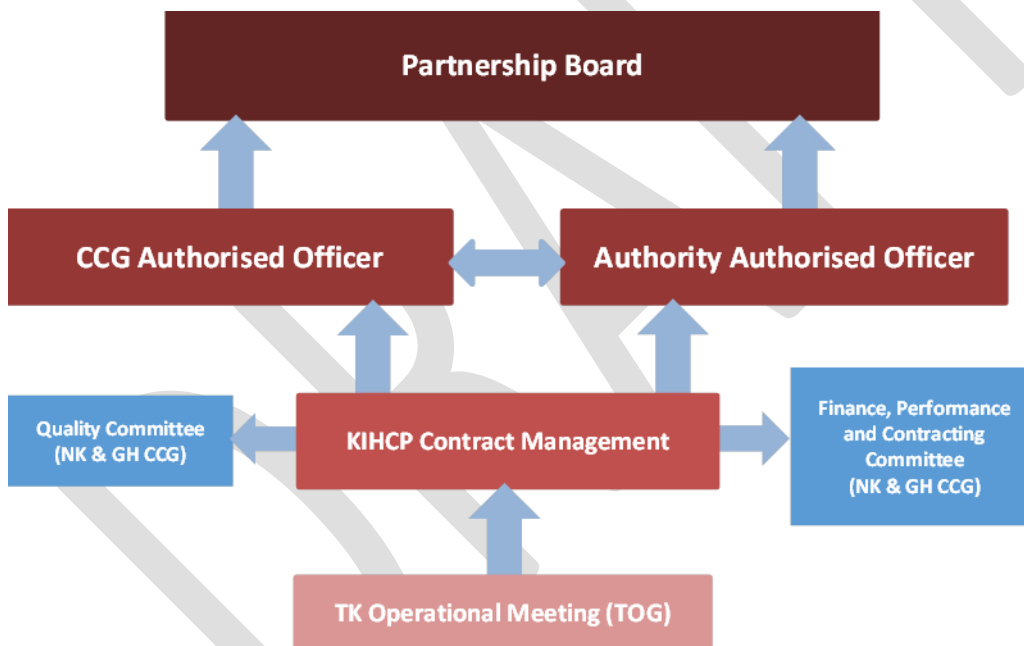
The below image shows the current governance structures and interdependencies that are involved in our local system accountability and decision making.





The Integrated Commissioning Group reports into the Integrated Commissioning Board as outlined in the structure above and have oversight of all aspects of the Transformation Plan. The Children and Young People Partnership Board arrangements are currently under review. A revised proposal will be presented to the Kirklees Health and Wellbeing board in November 2019.

The oversight of Thriving Kirklees and pooled budget arrangement is discharged through the Thriving Kirklees Partnership Board. This was implemented as part of the contract delivery process from 1st April 2017 and is made up of representatives from the Local Authority, Clinical Commissioning Groups and Education. This Board oversees budgets, quality, transformation and performance. It also provides a forum to be able to unblock and join up parts of our local system to ensure whole system change can support the Thriving Kirklees Contract.



### Mental Health Service Dataset

The CAMHS MHSDS is being completed fully by our local providers and the national information is being shared with all partners. The latest access data for June 2019 shows that in Greater Huddersfield CCG the access rate is 50.9%, that is, 2440 Children and Young People accessing treatment from a possible cohort of 4,797 Children and young people with a diagnosable mental health condition. For North Kirklees CCG the June 2018 data is showing the access rate as 42.2% with 1960 children and young people accessing treatment from a possible cohort of 4,649 children and young people with a diagnosable mental health condition.

## 9.1 What have we achieved so far in 2019

As outlined in the 2018 Transformation Plan refresh, we had made significant progress in relation to our integrated commissioning arrangements. The approach has matured and become embedded. The CAMHS local transformation plan has been a catalyst for the integration agenda, new and innovative ways of integrated budgets, commissioning intentions and governance and oversight arrangements have given us a set of arrangements where between commissioning organisations we are doing things once through a single process.

The Kirklees Healthy Child Programme arrangements through which our Thriving Kirklees CAMHS provision is now delivered are being used locally and nationally as an example of innovative new practice. This doesn't confine itself to traditional organisational boundaries and is truly transformational in nature. This achievement was recognised by the Thriving Kirklees partnership being highly commended at the 2019 Municipal Journal Awards.

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

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

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

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

The main challenges we face in relation to this theme are:

- Continuing to achieve the national access standard for children and young people mental health
- Ensuring the Transition CQUIN is fully implemented and transition arrangements are clear and in place for all Children and Young People.

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

We will:

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

## 9.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

## 9.5 Theme 4- Measurement of Impact

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

1	<p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> <li>d. who feel they have been involved in the co-production of the support they have received .....by life course stage.</li> </ol>
	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ol style="list-style-type: none"> <li>a. Developed a trusting relationship with (at least one) Thriving Kirklees worker</li> <li>b. Asked their opinion and felt listened to</li> <li>c. Set outcomes they wanted to achieve</li> </ol>

	d. who feel they have been involved in the co-production of the support they have received ..... by life course stage.
	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.
2	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
3	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.

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## 10 Theme 5. Developing the workforce.

### *Chapter 8 Future in Mind*

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

### **Kirklees Integrated Workforce Strategy**

Through our recent Health and Wellbeing Strategy we have articulated our local vision for workforce development. We want to ensure our staff have the ability to work together across organisational and professional boundaries.

Our focus will be on shared vision, values and behaviours across Kirklees. We will work together to identify what this looks like and shape this into a coherent programme of workforce induction and training. Integrated models of care will fundamentally require people to work differently from their prescribed roles, to make this a success requires:

- Co-production of these models with staff who deliver support to people in Kirklees, empowering staff to act to deliver the best outcomes.
- A programme of development to support staff and operational managers to work within the new integrated framework, challenge barriers to integrated working, and adopt an asset and strength-based approach to support planning.
- A workforce strategy for Kirklees which identifies our vision, common values and behaviours that those supporting people with their health and care should exhibit, including delivery methods for doing this. This will build on our local vision for Kirklees developed as part of our [West Yorkshire & Harrogate Health and Care Partnership Workforce Strategy \(2018\)](#) and local initiatives we are already implementing.
- Establishment of a Kirklees workforce group to oversee workforce developments in Kirklees and to take a single approach to, for example, engaging with Huddersfield University with regards to future training and workforce requirements. This will have strong links to the [Kirklees Skills Strategy](#) and action plan.
- Build on testing of new roles in Kirklees like nurse associate, physicians associates and use of allied health professionals such as physiotherapists, pharmacists and OTs in primary care, working with our Local Workforce Action Board (LWAB) to support us to manage our workforce challenges.

## 10.1 What have we achieved so far in 2019

Alongside the workforce ambition articulated in the Kirklees Health and Wellbeing Strategy we have refocused our workforce ambition for emotional health and wellbeing to reflect the outcomes we have specified with the Thriving Kirklees Healthy Child Programme. The Programme scope covers a wide range of professionals and people including School Nurses, Health Visitors, Teachers, Social Workers, Mental Health Nurses, Psychologists, Psychotherapists, Psychiatrists, Volunteers, GP's, Early Help Staff, Children's and Community Centres.

We feel if the workforce development programme includes this wide range of people and professionals this will facilitate the workforce changes we require to impact on children and young people's emotional health and wellbeing in their day to day settings, as well as impacting on the quality and timeliness of the interventions they may require. We specified following parent and young person coproduction that the central philosophy of the service should be doing with not too. This reflects our local children services philosophy restorative practice across the workforce.

Kirklees Council has adopted a Restorative Practice methodology for work with people recognising the strengths within families and the significance of developing effective relationships, partnerships and practice in order to achieve positive outcomes for children, families. Restorative practices range from formal to informal processes that enable workers, managers, children, young people and their families to communicate effectively. The processes used focus upon; removing barriers, proactively promoting a sense of community, understanding, social responsibility and shared accountability.

From a workforce development perspective it is important that all staff and managers understand and operate in a restorative way both with parents and young people as well as colleagues. Therefore at the centre of our approach to developing a restorative approach is embedding a series of restorative practices and techniques to support this way of working. These will reinforce the importance of relationships in our work, with the focus on *working with people*, building on their strengths. It's about seeing, recognising, and getting to know others as people so that we understand and value each person. Working with people means putting the relationship at the heart of what we do. Because we are putting time into the relationship we can support and challenge each other too.

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

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

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

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

The programme is a whole service transformation model delivered by NHS England in partnership with Health Education England which provides staff training to increase the use of evidence based interventions and use of routine outcome measures.

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

A CYP IAPT steering group is in place with key partners across Calderdale and Kirklees as part of the Northwest CYP IAPT collaborative. An implementation plan being developed to ensure a continued joined up approach. The Calderdale and Kirklees partnership has a nominated leadership representative who attends partnership meetings and a participation lead. The CAMHS service is actively engaged in the programme and the General Manager from Barnsley CAMHS attends the regional Collaborative Board and collates partnership returns on behalf of the local services within the partnership.

Staff from both our local CAMHS provisions have already participated in the programme with a manager from ChEWS and worker from Specialist CAMHS completing the IAPT leadership course and a Specialist CAMHS staff member having completed the Enhanced Evidence Based Practice course. Both services continue to embed transformation, by routinely utilising outcome measures in the support provided. ChEWS is now also routinely using goal based outcomes since July 2018 alongside other assessment tools.

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

Kirklees continues to look towards developing and increasing local participation in IAPT programmes. The regional collaborative submitted an area wide application for Phase 8 training courses which commence in January 2019.

Postgraduate Certificate Service Leadership for Mental Health Professionals	Northorpe Hall Child and Family Trust. <b>1 workers due to commence course</b>
Postgraduate Certificate - Evidence Based Psychological Therapies for Children and Young People: <b>Interpersonal Therapy for Adolescents with Depression</b>	Specialist CAMHS Kirklees <b>1 Clinician a</b>

### Thriving Kirklees Workforce development

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

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

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

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

The Thriving Kirklees workforce strategy has now been produced and clearly articulated and implementation is underway. This vision and the 6 foundation of the strategy are outlined below and the full workforce development plan is outlined in appendix H

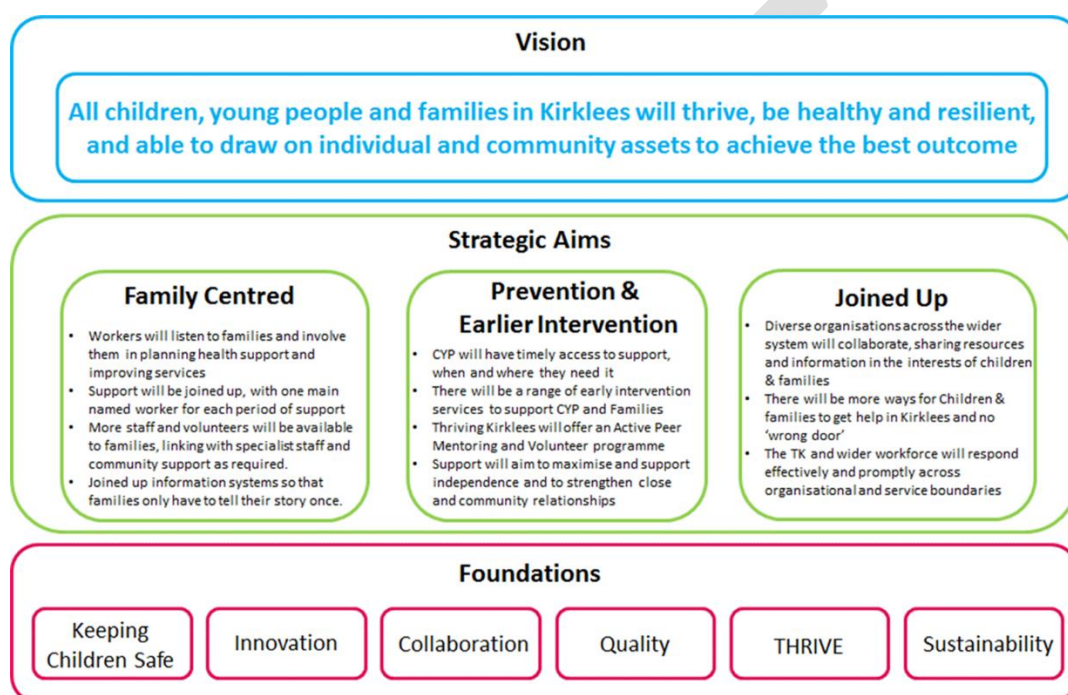
The overall aims are:

- To build an effective workforce, ensuring the right person with the right skill mix and knowledge provides timely interventions.
- Focus on prevention and early intervention to reduce demand on specialist services, supporting partner organisations (such as Community Hubs to recognise and effectively respond earlier to children's emotional health and wellbeing needs.



- To support parents and carers to empower them to meet children’s mental and emotional health themselves (help them to help themselves).
- Engage with Thriving Kirklees colleagues across the system in pathway design, defining the services and teams that will provide care for the children, young people and families in each of the THRIVE domains.
- To work collaboratively with families, young people, schools other education organisations, voluntary and community organisations, public sector services, commissioners and decision makers to develop a child and family centred service.

A Thriving Kirklees workforce development group has been established. Meeting every six weeks the group shares responsibility for continuing workforce developments for 2018/19



## Mental Health in Schools Trailblazer

We were successful in our bid to be a part of the Trailblazer and to receive funding for four additional new teams. This includes four new Educational Mental Health Practitioners who are new to the mental health workforce, thus increasing overall workforce capacity, rather than taking staff away from existing services. The EMHPs receive intensive training from Manchester University in a range of evidence based interventions, as well as wide ranging support and supervision from Thriving Kirklees staff. This need for high quality supervision has required additional investment in supervision, both in terms of recruiting skilled and experienced staff but also increasing the skills and abilities of existing staff through training which is being provided as part of the Trailblazer.

## Training and support for the community

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

The Kirklees Learning and Skills Service commissioned limited “co-production in Mental Health” training for a broad range of partners working in Community Hubs. This has included the show casing of one of the community hub areas to other hubs regarding their management of emotional health and wellbeing within school.

Work is currently underway by CAMHS provision working with schools identified as having higher than average referrals into emotional health and wellbeing services to increase the knowledge and skills of school staff regarding emotional health and wellbeing to ensure needs are met early and preventative methods offered. This will be reinforced with the introduction of the new Mental Health Support Teams in schools. Schools were selected to take part based on a needs assessment, with the additional support focussed where it is most needed.

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

- a. The establishment of the emotional wellbeing lead network meeting where identified leads were able to share best practice, resources, have training opportunities and to identify support needs and ways of working moving forward.
- b. The Yorkshire Children’s Centre are working with South West Yorkshire Partnership Foundation Trust to explore the option of providing emotional health and wellbeing learning and information to Year 5 pupils through the Safety Rangers scheme.
- c. Training available within the Core offer to schools, developed in consultation with schools and CAMHS, includes –
  - Introduction to Children and Young Persons Mental Health
  - Understanding Behaviour as Communication
  - Understanding Attachment Theory
  - Introduction to Self-Harm
  - Understanding and Supporting Anxiety
  - The Teenage Brain

- Maintaining Positive Emotional Well being
- Mental Health Services/Pathways in Kirklees
- Making Appropriate Referrals
- Resource Sharing

Recently there has been agreement for 2 leads to be sent on the mental health first aid training for trainer's course, one from Locala, one from Northorpe Hall. Training will then be widely disseminated across partners in Thriving Kirklees and wider stakeholders. Over the exam period Northorpe Hall piloted parent and young people sessions around understanding exam anxiety and coping strategies to support this. Northorpe Hall have planned and will be introducing further sessions for parents and carers in the following quarter to support their understanding of emotional and mental health concerns for children and young people. There will be a new programme of workshops to be delivered from January 2019 for children and young people around mental robustness through mood master programmes – a CBT based group programme.

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

Specialist CAMHS have delivered a Dialectical Behaviour Therapy skills training group sessions to adolescents and parents. The training involved a number of selected middle to late teen adolescent service users and their parent or carer. Similar groups are being developed for future delivery. Specialist CAMHS LD team are currently running CBT workshops in our SEN provisions alongside staff from the schools

A draft solution focused practice pathway for Locala 0-19 practitioners has been developed from the NSPCC solution focused practice toolkit <https://learning.nspcc.org.uk/research-resources/2015/solution-focused-practice-toolkit/> The aim of this is to help young people to help themselves and increase resilience by using a strengths based approach, for children and young people who are identified as needing support with a mild to moderate emotional health issue. Two day training for 24 delegates has been arranged in December 2018 by a solution focused practice practitioner. This training will be delivered to Locala 0-19, Northorpe Hall and CAMHS practitioners. Following the training the pathway will be tested and refined before rolling out to the Locala 0-19 workforce. The intention is that this will be developed as the standard first level intervention for emotional health issues in the Locala 0-19 service (getting advice/ getting help).

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

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

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

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

We will:

- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 20120. LPS 25 (5.1)
- In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. LPS 28 (5.4) changed
- To support school based staff, parents, carers and other providers to deliver interventions at a universal level to increase resilience in children and young people and families. LPS 5.6 MHST?

## 10.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

## 10.5 Theme 5 - Measurement of Impact

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

1	% of children and young people who demonstrates improvement in their outcomes via the use of validated experience measuring tools, by life course stage.
2	% of Thriving Kirklees workforce who feel they have the confidence, skills and knowledge to be able to promote good emotional wellbeing to children, young people and their families and be able to identify and support low level mental health problems should they arise (for example, in schools).
	% of Thriving Kirklees workforce who feel that Thriving Kirklees plays a clear and integral role within larger evidence based multi-agency pathway of support for Children and Young People.
	% of Thriving Kirklees workforce able to demonstrate awareness of and understand of the importance of the parent-infant relationship.
	% of Thriving Kirklees workforce who report they have the appropriate knowledge, skills and expertise to carry out their role.
	% of Thriving Kirklees workforce that report they feel that knowledge, skills and expertise are shared and disseminated appropriately throughout the workforce and with those that interact with it.
3	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, by identified issue.

	% of children and young people seen by the specialist element of Thriving Kirklees within mandated waiting time targets.
	Average waiting time for specialist support from identification of issue to treatment, by identified issue.
	Average waiting time for children and young people who received an Autistic Spectrum Condition (ASC) diagnostic assessment.
4	% of Thriving Kirklees users who report they have appropriate access to resources, information and materials to support them with their identified issue.
	% of children, young people or families using Self-Help resources for support to be able to help themselves without needing specialist support.
	% of children, young people and families who access support via approaches based on use of technology and assistive technology.
	% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.
	% of children, young people and families reporting that they receive appropriate, supportive and a timely response to their needs, by life course stage.

2018 – 2019 Priority descriptions, reporting processes and progress			Year 1 or year 2 Priority
<b>LPS 3 (1.3)</b>	Implement the Mental Health Support Teams Trailblazer	Themes 1 and 2 Transformation Plan Refresh 18/19 <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	Achievement by 2020
<b>LPS 5 (2.1)</b>	Transforming CAMHS provisions, to provide a “tier free” service model based on the “Thrive Elaborated” approaches.	<b>Themes 1 and 2.</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala and commissioners. <i>Priority also inter-relates with: LPS 1 (1.1) and 3 (1.3)</i>	<b>A</b> Year 1 priority Long term achievement by March 2020
<b>LPS 2 (1.2)</b>  <b>LPS 8 (2.4)</b>  <b>LPS 9 (2.5)</b>	Implement clear joint working arrangements between schools and emotional health and wellbeing provision. The provision will be based on the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work. This will include: <ul style="list-style-type: none"> <li>• A CAMHS school link model supporting schools, primary care and other universal provisions.</li> <li>• Implement a joint training programme to support the link roles within primary care, schools, CAMHS provisions and to support joined up working across services.</li> </ul>	<b>Themes 1, 2 and 5</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala, Northorpe Hall, SWYFT, Community Hubs and Commissioners. <i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4), 9 (2.5) and 27 (5.3)</i>	Year 1 priority Short term Achievement March 2017 Long term achievement by 2020
<b>LPS 6 (2.2)</b>	To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times aim to be in line with NICE guidance LPS 6 (2.2)	<b>Themes 1 and 2</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala, ChEWS, SWYFT, Voluntary Community Sector, Autism Spectrum Disorders and Pupil Premium Plus. Thriving Kirklees Performance Measure 76. Reworded in 2018 <i>Priority inter-relates with: LPS 2 (1.2) and 11 (2.7)</i>	Year 1 priority Short term achievement by October 2020

<p><b>LPS 13 (3.1)</b></p> <p><b>LPS 14 (3.2)</b></p>	<p>Continue to provide a CAMHS link and consultation model flexible multiagency team within the range of provision to address the emotional health and wellbeing needs for the most vulnerable children including looked after children, children in the youth offending team, children experiencing CSE, care leavers and children on child protection plans across Kirklees.</p>	<p><b>Theme 3</b>  <b>Transformation Plan Refresh 2018/19 priority</b>  <b>Progress updates provided by Locala, SWYFT and Northorpe Hall.</b>  <i>Priority inter-relates with: LPS 17 (3.5)</i></p>	<p>Year 1 priority  Progressive changes from March 2017</p>
<p><b>LPS 4 (1.4)</b></p>	<p>We will collaboratively co-produce with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.</p>	<p><b>Theme 1</b>  <b>Transformation Plan Refresh 2018/19 priority</b>  Progress updates provided by Home-Start, Northorpe Hall and Commissioners.</p>	<p>Year 1 priority  Long term achievement by March 2020</p>
<p><b>1.5</b></p>	<p>Implement the an early support offer in conjunction with children’s social care ,ensuring Thriving Kirklees fits in the proposed model to help deliver a common set of outcomes improving emotional health and wellbeing LPS1.5</p>	<p><b>Theme 1</b>  <b>Transformation Plan Refresh 2018/19 priority</b>  Progress updates provided by Locala., priority reworded 2018</p>	<p>Year 2 priority  Long term achievement by 2020</p>
<p><b>1.6</b></p> <p><b>1.7</b></p>	<p>The nurturing parent programme will be delivered throughout early help services, children’s centres and voluntary sector provision, to improve maternal bonding and attachment, having an increased focus on supporting and improving perinatal mental health provision.</p>	<p><b>Theme 1</b>  <b>Transformation Plan Refresh 2018/19priority</b>  Progress updates provided by Locala, SWYFT, Community Hubs and Early Intervention and Prevention.</p>	<p>Year 2 priority  Long term achievement by 2020</p>
<p><b>1.8</b></p>	<p>Implement a comprehensive training programme to develop children and young people’s resilience, and raise their awareness of emotional health and wellbeing issues MHST and Northoprpe workshops</p>	<p><b>Theme 1</b>  <b>Transformation Plan Refresh 2018/19 priority</b>  Progress updates provided by Locala, ChEWS and Commissioners</p>	<p>Year 2 priority  Long term achievement by 2020</p>



1.9 1.10	Continue to develop a range of innovative social media based interventions to provide support to children and young people, helping to build resilience and improve health and wellbeing. This will include Kooth and Mindmate	<b>Theme 1</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala, ChEWS, Community Hubs and Commissioners. Updated wording 2018.	Year 2 priority Long term achievement by 2020
LPS 12 (2.8) LPS 29 (2.9)	To explore All Age Psychiatric Liaison Models across Kirklees LPS 12 (2.8) and LPS 29 (2.9)	<b>Theme 2</b> <b>Transformation Plan Refresh 2018/19 priority</b> <b>Reworded 2018</b> Progress updates provided by Commissioners, Locala and ChEWS.	Year 1 priority Long term achieve, meyand March 2020.
2.10 3.7	Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees	<b>Themes 2 and 3</b> <b>Transformation Plan Refresh 2018/19 priority</b> <b>Reworded 2018</b> Progress updates provided by Lead Commissioners.	Year 2 priority Long term achievement by 2020
LPS 30	To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People	<b>Themes 2 and 4</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala, SWYFT and Commissioners. Children & Young People plan priority	Priority for 2019/20
LPS 31	Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including SPA and the ASC services	<b>Themes 2 and 1 Transformation Plan 2018/19 priority</b>	Priority for 2019/20
LPS 32	Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault	<b>Theme 3</b> <b>Transformation Plan Refresh 2018/19 priority</b> Progress updates provided by Locala, SWYFT and Commissioners	Priority for 19/20

	Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision.		
<b>LPS 33</b>	Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system new priority	<b>Theme 3</b> <b>Transformation Plan Refresh 2018/19 new priority</b> <b>Progress updates provided by Locala, SWYFT and Commissioners</b>	Priority for 18/19
<b>LPS 25 (5.1)</b>	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2016/17.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority and risk reporting</b> Progress updates provided by Locala and SWYFT. <i>Priority inter-relates with 26 (5.2), 22 (4.5) and 23 (4.6)</i>	Year 1 priority Short term achievement by September 2017
<b>LPS 28 (5.4)</b>	In line with the new Health and Wellbeing Workforce Strategy develop a comprehensive workforce strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service. LPS 28 (5.4)	<b>Theme 5</b> <b>Transformation Plan Refresh 2018/19 priority reworded</b> Progress updates provided by Locala. <i>This priority support activities looking to expand, develop and improve delivery including responding to several Local Priorities including: 2 (1.2), 3 (1.3), 1.8, 1.9, 1.10, 6 (2.2), 8 (2.4), 9 (2.5), 27 (5.3) and 28 (5.4)</i>	Year 1 priority Long term achievement by March 2020
<b>5.6</b>	To support school based staff, parents and other providers to deliver interventions at a universal level to increase resilience in children and young people and families.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and Workforce Development Manager, Community Hubs and Commissioners.	Long term priority achievement by 2020

3.10	Jointly implement the Kirklees Council Sufficiency Strategy for Looked after Children and ensure they Looked after Children CAMHS provision meets locally identified needs	<b>Theme 3</b> <b>Transformation Plan Refresh 2018/19 priority reworded</b> Progress updates provided by Head of Children's Joint Commissioning	2019/20
4.11	Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including our local Health and Wellbeing Board.	<b>Theme 4</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Head of Children's Joint Commissioning	ongoing
LPS 36	Ensure the suitable and adequate provision of a safe space for young people in mental health crisis LPS 36	<b>Theme 3</b> <b>Transformation Plan Refresh 2019/20 priority</b> <b>Progress updates provided by Head of Children's Joint Commissioning</b>	2020 Priority
LPS 35	Explore the opportunities to extend services for 0-25 year provision in line with the requirements of the NHS Long Term Plan LSP	<b>Theme 2</b> <b>Transformation Plan Refresh 2019/20 priority</b> <b>Progress updates provided by Head of Children's Joint Commissioning</b>	Long term priority Achievement by 2023
Archived local transformation priorities			
LPS 1 (1.1)	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings.	<b>Theme 1</b> Priority completed following commencement of Thriving Kirklees on 1 <sup>st</sup> April 2017. Delivery and contract monitoring plan is in place to transform 0-19 years services over the length of the 5 year contact. <b>Relevant updates provided by Locala and ChEWS</b> Priority inter-relates with: LPS 3 (1.3) and 5 (2.1)	<b>G</b> Years 1 and 2 priority  Initial early achievement by April 2017
1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.	<b>Theme 1</b> Commissioners have limited ability to direct school governor attendance on training. This is not within the delivery specifications for actual delivery but to support delivery of interventions by Thriving Kirklees and Community Hubs	<b>R</b> Year 2 priority Long term achievement by 2020

		<b>Relevant updates provided by Community Hubs.</b>	
<b>LPS 7 (2.3)</b>	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.	<b>Theme 2</b> The Regional Commissioning Group co-produced a service model providing a service for 2016/17 with the <b>contract with existing CAMHS provision being extended by 2 years to enable continuance and for a competitive tender process to take place.</b> <b>Relevant updates provided by SWYFT.</b>	<b>G</b>  Year 1 priority In place by April 2017
<b>2.11</b>	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.	<b>Theme 2</b> The local markets in Kirklees still require further development to provide in-patient provision. NHS England is undertaking a procurement exercise to increase capacity. Is it yet to be seen if process will translate to any provision in the Kirklees area. <b>Relevant updates provided by Lead Commissioners.</b>	<b>G</b>  Year 2 priority
<b>2.13</b>	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	<b>Theme 2</b> Embedded into Thriving Kirklees from April 2017. The learning disability nursing services have been incorporated into the mainstream CAMHS service from the end of June 2017. <b>Relevant updates provided by Locala and SWYFT.</b>	<b>G</b>  Year 2 priority
<b>LPS 16 (3.4)</b>	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.	<b>Theme 3</b> This recommendation has not been adopted by 10cc as a regional footprint. Without this endorsement Kirklees has removed it as a delivery option from its original Transformation Plan priorities, until national redirection is provided. The proposed budget spend was re-profiled to support increased front line capacity for priority 2.2. <b>Relevant as necessary by commissioners and relevant links.</b>	<b>G</b>  Year 1 priority
<b>LPS 17 (3.5)</b>	To work with Kirklees Safeguarding Child Board to undertake a “deep dive” into the way in which vulnerable children and young people experience the	<b>Theme 3</b>	<b>G</b>  Year 1 priority

	CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children.	Independent report subject to Safeguarding Action Plan to evidence oversight and appropriate responses to recommendations within CAMHS provisions of Thriving Kirklees, from April 2017. <b>Relevant updates provided by Local, ChEWS and SWYFT.</b> <i>Priority inter-relates with: LPS 13 (3.1)</i>	
3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.	<b>Theme 3</b> Incorporated into Thriving Kirklees from April 2017. Thriving Kirklees health practitioner's part of the MASH team. Safeguarding supervision has been established in Locala, with a recruitment model for new supervisors in place across all Thriving Kirklees teams. <b>Relevant updates provided by Locala.</b>	<b>G</b> Year 2 priority
3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	<b>Theme 3</b> We have been supporting the Family and Alcohol Court by using a discrete resource and this has been mainstreamed into Thriving Kirklees delivery from April 2017. <b>Relevant updates provided by Locala and SWYFT</b>	<b>G</b> Year 2 priority
3.9	Ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	<b>Theme 3</b> Included Thriving Kirklees specification top provide initial forensic assessment, more complex forensic assessment are spot purchased as required. <b>Relevant updates provided by Commissioners.</b>	<b>G</b> Year 2 priority
LPS 18 (4.1)	Implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint Commissioning Manager jointly funded by North Kirklees, Greater Huddersfield CCG's and Kirklees Council.	<b>Theme 4</b> Lead commissioning arrangements established which will also ensure continuing robust monitoring and scrutiny to 2020. <b>Relevant updates as necessary by Commissioners and relevant links.</b> <i>Priority inter-relates with: LPS 19 (4.2), 20 (4.3) and 21 (4.4)</i>	<b>G</b> Year 1 priority
LPS 19 (4.2)	Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years.	<b>Theme 4</b> Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure	<b>G</b> Year 1

		robust and appropriate responses by 2020. <b>Relevant updates as necessary by commissioners and relevant links.</b> <i>Priority inter-relates with: LPS 18 (4.1), 20 (4.3) and 21 (4.4)</i>	
<b>LPS 20 (4.3)</b>	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.	<b>Theme 4</b> Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority. <b>Relevant updates as necessary by commissioners and relevant links.</b> <i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i>	<b>G</b> Year 1 priority
<b>LPS 21 (4.4)</b>	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.	<b>Theme 4</b> 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. <b>Relevant updates as necessary by Commissioners and relevant links.</b> <i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i>	<b>G</b> Year 1 priority
<b>LPS 22 (4.5)</b>	Ensure the Integrated Commissioning Group closely monitor the CAMHS minimum dataset and waiting time standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the systems.	<b>Theme 4</b> Outcome based dataset has been incorporated into the performance monitoring of Incorporated into Thriving Kirklees CAMHS element from April 2017 including participation in CYP IAPT. Key performance indicators have been agreed and the partnership in place. Initial data flow and reporting lines have been established. Assurance work continues around information sharing between CAMHS and Locala. <b>Relevant updates provided by Locala Data Team and SWYFT.</b> <i>Priority inter-relates with: LPS 23 (4.6)</i>	<b>G</b> Year 1 priority Achievement by April 2017
<b>LPS 23 (4.6)</b>	Implement clear and transparent outcome monitoring supported by membership of CORC, (CAMHS Outcomes Research Consortium) and the implementation of session by session outcome monitoring across CAMHS provision.	<b>Theme 4</b> Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports to agreed timescales. <b>Relevant updates provided by Locala Data Team and SWYFT.</b> <i>Priority inter-relates with: LPS 22 (4.5)</i>	<b>G</b> Year 1 priority achievement by April 2017

LPS 24 (4.7)	Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group. LPS 24	<p><b>Theme 4</b> Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports <b>Relevant updates provided by Locala Data Team.</b></p>	<p><b>G</b> Year 1 priority Achievement by April 2017</p>
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.	<p><b>Theme 4</b> Section 75 funding arrangements have been formally agreed and incorporated into Thriving Kirklees from April 2017. <b>Relevant updates as necessary by commissioners and relevant links.</b></p>	<p><b>G - A</b> Year 2 priority</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><b>Theme 4</b> Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children’s Trust Board to ensure robust and appropriate responses by 2020. Arrangement made for completion of annual refreshed plan which incorporates feedback from the North of England Commissioning Support Unit and Key Lines Of Enquiry guidance. <b>Relevant updates as necessary by commissioners and relevant links.</b></p>	<p><b>G</b> Year 2 priority</p>
LPS 26 (5.2)	Ensure that Tier 2 and Tier 3 CAMHS provider managers are involved in the introduction to CYP IAPT in 2015/16.	<p><b>Theme 5</b> All provider managers have been trained. Incorporated into specification of Thriving Kirklees CAMHS for continuing participation. Response cross refers with LPS 25 (5.1) <b>Relevant updates as necessary by commissioners and relevant links.</b></p>	<p><b>G</b> Year 1 priority</p>
5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions.	<p><b>Theme 5</b> Incorporated into Thriving Kirklees from April 2017. Learning and development lead has been appointed within Thriving Kirklees to ascertain the training and development requirements across the partnership and develop a deliverable workforce strategy. <b>Relevant updates provided by Locala.</b></p>	<p><b>G</b> Year 2 priority</p>

	We will have emotional health and wellbeing provisions that are collaboratively commissioned with educational settings	<b>Themes 1 and 2.</b> <b>Transformation Plan Refresh 2017/18 priority</b> <b>Progress updates provided by Locala, Schools as community hubs and commissioners.</b> <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	Year 1 priority Long term achievement by 2020
<b>LPS 27</b>	Ensure that where required staff can access appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. Access to appropriate training should be made available for those who need help to support children and young people.	<b>Themes 1, 2 and 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> <b>Progress updates provided by Locala and Northorpe Hall and any associated schools as community Hub activities.</b> <i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)</i>	
	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.	<b>Theme 3</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SWYFT and Commissioners	Year 1 priority Short term achievement by April 2017
<b>2.14</b>	Deliver an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	<b>Theme 2</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and SWYFT.	Year 2 priority Long term achievement by 2020
<b>1.12</b>	To ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.	<b>Theme 1</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Commissioners and Locala.	Long term priority achievement by 2020
<b>5.7</b>	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.	<b>Theme 5</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala and Commissioners.	Long term priority achievement by 2020
<b>LPS 10 (2.6)</b>	Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting,	<b>Themes 1 and 2.</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SPoC and ASK CAMHS.	<b>G</b> Year 1 priority



<b>LPS 11 (2.7)</b>	consultation and assessment and co-ordination of Thriving Kirklees provision delivery.	<i>Priority also inter-relates with: LPS 1 (1.1), 2 (1.2) and 6 (2.2)</i>	Short term achievement by October 2017
<b>2.15</b>	Implement the recommendations from the Lenahan review, “building the right support” and the recent NHS England Guidance “Developing support and services for children and young people with a learning disability, autism or both.”	<b>Theme 2 Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by chair of Children and Young People TCP Workstream. Head of Children’s Joint Commissioning	2018/19 priority
<b>LPS 34</b>	Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is increased.	<b>Theme 4 Transformation Plan Refresh 2018/19 new priority</b> <b>Progress updates provided by Head of Children’s Joint Commissioning</b>	20/19 Priority

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## Appendix B – Baseline Data Tables.

Activity Tables																									
Name of Area:		Kirklees																							
If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.																									
CORE SERVICES													ALLIED SERVICES												
	No. Refs. 15/16	No. Refs. 16/17	No. Refs. 17/18	No. Refs. 18/19	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	No. Accepted Into Services 18/19	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18	Active Cases 31/3/19		No of referrals 2015/16	No of referrals 2016/17	No of referrals 2017/18	No of referrals 2018/19	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	No. Accepted Into Services 18/19	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18	Active Cases 31/3/19
<b>School Based Services</b>													<b>School Based Services</b>												
													<b>* School Nursing</b>	8,432	NK	NK	NK	2,130	NK	NK	NK	1,520	NK	NK	NK
													<b>Learning SEMHD Provision</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
													<b>CAMHS Schools link pilot</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0	Sub-Total	8,432	0	0	0	2,130	0	0	0	1,520	0	0	0
<b>LA Based Services</b>													<b>LA Based Services</b>												
Services targeted at other vulnerable children - YOT	344	309	286	196	344	309	286	196	147	121	132	91	<b>Health Visitors/FNP</b>	NK	NK	NK	NK	NK	NK	NK	NK	NK	NK	NK	NK
Services targeted at other vulnerable children - LAC	NK	NK	NK		NK	NK	NK	NK	NK	NA	NK	NK													
* Services targeted at other vulnerable children - PRS	219	*	*		151	*	*		134	*	*														
Sub-Total	563	309			495	309			281	121	0		Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0
<b>Third Sector Based Services</b>													<b>Third Sector Based Services</b>												
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)	2,297	3,175	3,563	4,143	1,711	1,942	1,697	1,698	192	290	295	357													
Sub-Total	2,297	3,175	3,563	4,143	1,711	1,942	1,697	1,698	192	290	295	357	Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0
<b>NHS Based Services</b>													<b>NHS Based Services</b>												
NHS Provider CAMHS	1,862	1,042	1,451	1,728	537	932	1,380	1,674	776	632	802	880	<b>Looked after Children Nursing Team</b>	NK	978	NK	NK	NK	978	NK	NK	NK	NK	NK	NK
Sub-Total	1,862	1,042	1,451	1,728	537	932	1,380	1,674	776	632	802	880	Sub-Total	0	978	0	0	0	978	0	0	0	0	0	0
<b>Total</b>	<b>4,722</b>	<b>4,526</b>	<b>5,014</b>	<b>5,871</b>	<b>2,743</b>	<b>3,183</b>	<b>3,077</b>	<b>3,372</b>	<b>1,249</b>	<b>1,043</b>	<b>1,097</b>	<b>1,237</b>	<b>Total</b>	<b>8,432</b>	<b>978</b>	<b>0</b>	<b>0</b>	<b>2,130</b>	<b>978</b>	<b>0</b>	<b>0</b>	<b>1,520</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Awaiting data confirmation from services - to be updated in final published version

Workforce Tables									
Name of Area:		Kirklees							
If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.									
CORE SERVICES					ALLIED SERVICES				
	Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18	Number of Practitioner/Clinical Staff in Post June 19		Number of Practitioner/Clinical Staff in Post June 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18	Number of Practitioner/Clinical Staff in Post June 19
<b>School Based Services</b> [Use/insert as many rows as necessary]					<b>School Based Services</b> [Use/insert as many rows as necessary]				
					<b>School Nursing</b>	31.20	31.20	31.20	31.20
					<b>Learning SEMHD Provision</b>	60% of EP time	60% of EP time	60% of EP time	60% of EP time
					<b>CAMHS Schools link pilot</b>	0.60	0.60	1.00	1.00
Sub-Total	0.00	0.00	0.00	0.00	Sub-Total	32.20	32.20	32.20	32.20
<b>LA Based Services</b> [Use/insert as many rows as necessary]					<b>LA Based Services</b> [Use/insert as many rows as necessary]				
<b>Services targeted at other vulnerable children - YOT</b>	1.00	1.00	1.00	1.00	<b>Health Visitors/FNP</b> <i>Estimated numbers</i>	160.00	160.00	160.00	160.00
					<b>MST/FGC/FMH</b>	N/A	N/A	22.00	22.00
<b>Services targeted at other vulnerable children - LAC</b>	1.00	1.00	2.00	2.00					
<b>Services targeted at other vulnerable children - PRS</b>	2.00	2.00	2.00	2.00					
Sub-Total	4.00	4.00	5.00	5.00	Sub-Total	160.00	160.00	182.00	182.00
<b>Third Sector Based Services</b> [Use/insert as many rows as necessary]					<b>Third Sector Based Services</b> [Use/insert as many rows as necessary]				
<b>ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)</b>	15.50	21.30	21.30	23.35					
Sub-Total	15.50	21.30	21.30	23.35	Sub-Total	0.00	0.00	0.00	0.00
<b>NHS Based Services</b> [Use/insert as many rows as necessary]					<b>NHS Based Services</b> [Use/insert as many rows as necessary]				
<b>NHS Provider CAMHS</b>	30.98	32.38	33.38	41.70	<b>Looked after Children Nursing Team</b>	2.80	2.80	2.80	2.80
Sub-Total	30.98	32.38	33.38	41.70	Sub-Total	2.80	2.80	2.80	2.80
<b>Total</b>	<b>50.48</b>	<b>57.68</b>	<b>59.68</b>	<b>70.05</b>	<b>Total</b>	<b>195.00</b>	<b>195.00</b>	<b>217.00</b>	<b>217.00</b>

Investment Tables														
Name of Area: <b>Kirklees</b>														
Only include any investment in the most appropriate category. Do not include any service twice. If you are unable to provide information please define whether it is Not Known by entering 'NK', or Not Applicable by entering 'NA' in the appropriate cell.														
CORE SERVICES - 2015/16 and 2016/17														
Service type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	LA Funded 18/19	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	CCG Funded 18/19	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Other Funding Source 18/19	Specify Funding Source(s)	Comments
<b>School Based Early Intervention Services</b>														
MHST												116,000	MHST trailblazer	
Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Early Intervention Services - Other Bases</b>														
School nursing & Health Visiting	7,602,437	7,352,437	7,352,437	7,352,437	43,500	43,500	43,500	0						Included in Allied Services as below
Sub-Total	7,602,437	7,352,437	7,352,437	7,352,437	43,500	43,500	43,500	0	0	0	0	0		
<b>Services Targeted at Specific Vulnerable Groups</b>														
Vulnerable Childrens Team					50,000	170,000	222,000	58,500						YOT, LAC. CSE. LPS 14 (links LPS13 & LPS 17)
YOT Services					140,000	140,000	140,000							Young Offenders
LAC Services	65,800				120,000	170,000	170,000	170,000						Looked after Children
PRS Services					29,397	29,397	29,397	29,397	29,397	29,297	29,397	29,397	School Clusters	Pupil Referral Units
Sub-Total	65,800	0	0	0	339,397	509,397	561,397	257,897	29,397	29,397	29,397	29,397		
<b>Specialist CAMH Services</b>														
Regional ED Team					217,000	211,000	211,000	211,000						LPS 7
CAMHS wait times					340,500	420,000	420,000	150,000						LPS 6 (links with LPS 2 and LPS11)
Single Point of Access					55,000	145,000	145,000	145,000						LPS 10 (links with LPS1, LPS2, LPS6 & LPS11)
ChEWS Tier 2	360,000		360,000		96,000	96,000	96,000	96,000						
CAMHS services in schools									339,561	339,561	339,561			Estimated spend
CAMHS Tier 3					2,164,190	2,164,190	2,164,190	2,164,190						
Sub-Total	360,000	360,000	360,000		2,872,690	3,036,190	3,036,190	2,766,190	339,561	339,561	339,561	339,561		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]								NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS E funding for 16/17 to be supplied by NHS E and entered here	NHS E funding for 17/18 to be supplied by NHS E and entered here	NHS E funding for 18/19 to be supplied by NHS E and entered here		
<b>Total</b>	<b>8,028,237</b>	<b>7,352,437</b>	<b>7,712,437</b>	<b>7,352,437</b>	<b>3,255,587</b>	<b>3,589,087</b>	<b>3,641,087</b>	<b>3,024,087</b>	<b>368,958</b>	<b>368,958</b>				
<b>ALLIED SERVICES - 2015/16</b>														
Service Type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	LA Funded 18/19	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	CCG Funded 18/19	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Other Funding Source 18/19	Specify Funding Source(s)	Comments
<b>School Based Early Intervention Services</b>														
CAMHS Schools link pilot					40,000	40,000	40,000							
Learning SEHM provision	420,000	420,000	420,000											Estimated
Sub-Total	420,000	420,000	420,000		40,000	40,000	40,000		0	0	0	0		
<b>Early Intervention Services - Other Bases</b>														
School Nursing Service	1,504,437													Previous submission counted this twice as was included in core services
Health Visiting	6,098,000													Previous submission counted this twice as was included in core services
Sub-Total	7,602,437	0	0	0	0	0	0	0	0	0	0	0		
<b>Services Targeted at Specific Vulnerable Groups</b>														
Band 7 Clinical Post							70,000	70,000						
MST/FCG/ FMH	N/A	N/A	728,000											
Sensory Post							17,000							
Sub-Total	0	0	0	0	0	0	87,000	70,000	0	0	0	0		
<b>Specialist CAMH Services</b>														
Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Total</b>	<b>8,022,437</b>		<b>1,148,000</b>		<b>40,000</b>		<b>127,000</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

## Appendix C - CAMHS Transformation Plans – Issues and risks to delivery 2018/19

NHS North Kirklees Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group.				
LPS Number	Description of Local Priority Scheme	Description of issue of risk to delivery of 2018/19 plan	Mitigating Actions	*Date expected to deliver
LPS 6 (2.2)	<p>To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times LPS 6 (2.2)</p> <p><i>Impacts on LPS 1 (1.1), 2 (1.2), 3 (1.3), 5 (2.1), 6 (2.2), 10(2.6) and 11 (2.7)</i></p>	<p>As outlined in the main body of the plan Tier 2 waiting times have increased significantly since 2015. This in part is due to the rebalancing across the CAMHS system of inappropriate referrals at higher Tiers of provision.</p> <p>In terms of Autism waiting times they have reduced from 4 years to 8 months but further work needs to be undertaken to reduce to nearer the NICE guidance Target of 3 Months.</p>	<p>Additional funding has been made available to direct extra resource towards reducing waiting times. An independent consultant has reviewed processes and recommendations have been implemented to improve efficiency.</p> <p>Additional support for families affected by ASC has been commissioned. This support is available to families both pre and post diagnosis.</p>	Ongoing from October 2019
LPS 36	<p>Ensure the suitable and adequate provision of a safe space for young people in mental health crisis LPS 36</p>	<p>Due to the lack of local safe space provision there is continued risk that children may have to be placed in an unsuitable location, such as an adult or paediatric ward or out of area.</p>	<p>Carry out scoping exercise to determine level of need and possible options for provision.</p>	Ongoing from October 2019

## Appendix D - Draft Children and Young People Plan 2017-20

### Our vision:

All children and young people in Kirklees have the best start in life, and are nurtured and supported to achieve their potential.

### Our ambitions for Kirklees children:

- To be healthy and valued in our community
- To aspire, to achieve and to enjoy childhood
- To feel safe – in a loving, secure family and a strong, cohesive community
- To live in a decent home, with enough money.

DRAFT Kirklees Children and Young People's Plan-on-a-page



## Appendix F Thriving Kirklees Pathway Review Recommendations



No	Recommendation
1	<p>Place an increased focus on and better resourced schools work as an integral part of the Thriving Kirklees offer</p> <p>Funding from the Trailblazer bid will enable this by providing some investment for running two service models</p> <ul style="list-style-type: none"> <li>• Identify early measures of success and plan for and carefully manage resource shifts within partnership in preparation for the end of the two year pilot</li> <li>• Run Trailblazer in parallel with the wider service redesign to ensure resource can be released to fund the important front end prevention work going forward</li> </ul>
2	<p>Assess risk of impact on delivery of the Thriving Kirklees model of the ongoing reduction in 0 to 19 practitioner resource without a redesigned alternative workforce model to support this</p> <p>An unintended consequence may further increase demand for ChEWS and produce a consequential increase in wait times</p>
3	<p>Develop closer links with and establish a delivery model for CYP emotional health and wellbeing that compliments the maturity, readiness and pace of development of the clusters of schools as community hubs</p> <ul style="list-style-type: none"> <li>• Identify and make use of developing local infrastructure, intelligence, relationships and networks</li> <li>• Target support for those that are most vulnerable</li> </ul>
4	<p>Utilise the opportunity presented by the transformation money from the Trailblazer to put pace into the development of “Getting Advice” and “Getting Help” offer and designing a sustainable community based model alongside schools as hubs</p>
5	<p>Put significant pace behind the development of a digital front end and co-ordinated implementation of online resources which are owned across the partnership. Make this integral to the wider offer.</p>

	<ul style="list-style-type: none"> <li>• Consider adopting already existing models</li> <li>• Appoint a dedicated lead or an identified lead provider for digital access</li> </ul>
6	Develop shared risk plans and integrate systems for sharing these
7	<p>Based on an informed assessment of hub-readiness to engage in new ways of working, remodel access aligning the development of Thriving Kirklees, SPoC, schools as community hubs and wider developments in schools. Consider:</p> <ul style="list-style-type: none"> <li>• SPoC or SPA- you do not need both. Consider integrating admin function for SPA from Northorpe to SPoC, where there is access to all the relevant information systems .Introduce access to workers from CAMHS and ChEWS by rostering time for them to be in SPoC to provide expert advice, triage and signposting</li> <li>• Streamline information gathering – gather the minimum necessary information to comply with relevant statutory duties and achieve fastest access</li> <li>• Ensure the most experienced practitioners are involved in getting Advice and signposting to support decision making earlier on in the process</li> <li>• Reduce the duplication in the assessment process-streamline and reduce the number of handovers</li> <li>• Prevent batching of referrals by introducing regular communication including formulation sessions</li> <li>• Link everything back to your digital offer and online resources (see recommendation 5)</li> <li>• Reduce amount of screening, checking and rechecking</li> </ul>
8	<p>Undertake a review in the partnership of the individuals on the current ChEWS wait list AND those transferred between services. Involve NH practitioners, SWYFT and Local 0 to 19 practitioners and use the approach of a community based formulation, exploring:</p> <ul style="list-style-type: none"> <li>• What is the need (which THRIVE clusters)?</li> <li>• Determine the optimum offer to meet that need-be creative about testing new ways of working and engage CYP band families as necessary in shared decision making</li> <li>• Who is, could or should be best placed to deliver that support?</li> </ul> <p>Requires additional funding in order to:</p> <ul style="list-style-type: none"> <li>• Develop a better understanding of need and</li> <li>• Tests out elements of your future offer</li> </ul>



	<ul style="list-style-type: none"> <li>Reducing the wait list by screening out those who no longer need it and enable the delivery of additional quantities of recently developed enhancements e.g. the new group work programme and telephone support</li> </ul>
9	Based on Recommendation 7 trial a drop in approach within community hubs, Based on an informed assessment of hub-readiness to engage in new ways of working this could start with the locality with the most people on their wait list
10	Invest additional resource for a limited period (consider 6 to 12 months) to reduce existing wait lists. Re-modelling the need will help ensure additional requirements are clearer against future model. External factors not assessed in this review e.g. Hub-readiness, will impact on the speed and accuracy with which the modelling can be done and consideration should be given to ensure that CYP do not wait unnecessarily
11	Integrate resources to provide a single “getting help” offer for emotional health and wellbeing. Bring together CAMHS and ChEWS and design an integrated community Hubs based offer that provides more flexibility, reduces amount of movement between services and maximises use of resources and skills across both services
12	Deliver less formal parenting support as part of the future offer making use of the expertise of the wider partners in Thriving Kirklees e.g. coffee mornings, exploring the extension of the Home-Start model for parents of older children, or co-designing programmes with PCAN and or other voluntary organisations
13	Implement a clear joint communication strategy, including <ul style="list-style-type: none"> <li>Develop universal communication materials and agreed strategy for use</li> <li>Develop and promote the brand of Thriving Kirklees so that the community becomes more familiar with it</li> <li>Adopt user friendly names for services and develop a shared language – use of Thrive language could be a starting point</li> <li>Appoint a dedicated lead or identified lead provider for communications</li> </ul>
14	Develop a shared jointly owned understanding of needs and resource allocation across the partnership. This could be based on the Thrive elaborated model. Will need to be a collaborative piece of work across finance, performance and operational teams.
15	Share more data with greater openness. Workforce and Budget information needs to be more transparent throughout the partnership. This should be joined up and fully integrated rather than a bolted-together work around.

16	Consider how all resources within the partnership are being used or could be aligned for Transformation, not just the premium payments. Use the Transformation Programme management capacity accountable to the TK Strategic Board to oversee a whole range of transformation projects not simply gatekeeper and account for use of the premium.
17	Develop and utilise a reduced and more focused set of performance measures and management approach. This could be based on the Thrive Elaborated approach and release cost from non-value add functions to front line support.
18	Agree a shared vision of what the future might look like and clarify level of ambition beyond simply delivering KPI's. You need a year 1, 2 and 3 Transformation Delivery plan based on this. Ensure Transformation resource is not simply aligned to delivering the "premium" but ensures that all spend by all partners is directed towards the final year transformation vision
19	Facilitated board development to explore the challenges of leading in this integrated system. Such a development should be focused on developing and implementing a renewed transformation vision, meaningful trust between individuals and organisation and exploring and describing new ways to hold each other and yourselves to account.
20	Ensure that models for ensuring CYP and family engagement become an integral part of the partnership. Consider a Shadow Board or Mentorship model for engaging CYP from the local community in designing and developing a truly Thriving Kirklees.

## 11 References

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

1. Kirklees Transformation Plan Refresh – 2018
2. Kirklees Transformation Plan Refresh – 2017
3. Kirklees Transformation Plan Refresh – 2016
4. Kirklees Future in Mind Transformation Plan 2015 to 2020
5. Various supporting documents and information

### **Additional information sources**

1. ["Brain in Hand" app](#)
2. [The Calderdale Framework](#)
3. [Delivering the Forward View, NHS Planning Guidance 2016/17](#)
4. [Five Year Forward View for Mental Health: One Year on 2017](#)
5. [Five Year Forward View for Mental Health – 2016 report](#)
6. [Five Year Forward View for Mental Health website](#)
7. [Future in Mind: Children and Young People's Mental Wellbeing 2015](#)
8. [Kirklees Joint Strategic Analysis resource](#)
9. [Lenahan review, "Building the right support "](#)
10. [NHS England Choices web pages](#)
11. [NHS England Guidance "Developing support and services for children and young people with a learning disability, autism or both"](#)

12. [Ofsted - Kirklees Improvement Action Plan Progress](#)
13. [The Children's Commissioner Briefing in Children's Mental Healthcare](#)
14. [The Kirklees Health and Wellbeing Plan](#)
15. [The Lester Tool](#)
16. [The Progress and challenges in the transformation of children and young people's mental health care report](#)
17. [Thrive Elaborated model](#)
18. [Thriving Kirklees website](#)
19. [West Yorkshire and Harrogate Sustainability and Transformation Plan](#)

## 12. Glossary and Acronyms

<b>ASD/ASC</b>	<b>Autism Spectrum Disorder / Autism Spectrum Condition</b>
<b>ASK CAMHS</b>	<b>Access and Support for Kirklees - Child and Adolescent Mental Health Services</b>
<b>CAMHS</b>	<b>Child and Adolescent Mental Health Service</b>
<b>CBT</b>	<b>Cognitive Behavioural Therapy</b>
<b>CCG</b>	<b>Clinical Commissioning Group</b>
<b>CETR</b>	<b>Care, Education and Treatment Reviews</b>
<b>ChEWS</b>	<b>Children's Emotional Wellbeing Service</b>
<b>Core 24</b>	<b>24 hours psychiatric liaison service to Accident and Emergency Departments</b>
<b>CSE</b>	<b>Child Sexual Exploitation</b>
<b>CYPEDS</b>	<b>Children and Young People Eating Disorder Service</b>
<b>CYP IAPT</b>	<b>Children and Young People's Improving Access to Psychological Therapies</b>
<b>DNA</b>	<b>Did not attend</b>
<b>EHC (P)</b>	<b>Education Health and Care (Plans)</b>
<b>EIP</b>	<b>Early Intervention and Prevention</b>
<b>KIHCP</b>	<b>Kirklees Integrated Healthy Child Programme</b>
<b>KJSA</b>	<b>Kirklees Joint Strategic Analysis</b>
<b>KPI</b>	<b>Key Performance Indicator – used to evaluate success at reaching targets</b>
<b>LPS</b>	<b>Local Priority Stream</b>
<b>LPT</b>	<b>CAMHS Local Transformation Plan</b>
<b>MH &amp; WB</b>	<b>Mental Health and Well Being</b>
<b>NICE</b>	<b>National Institute for Health and Care Excellence</b>
<b>OT</b>	<b>Occupational Therapy</b>
<b>PCAN</b>	<b>Parents of Children with Additional Needs</b>
<b>PSHCE ed</b>	<b>Personal, Social, Health, Citizenship and Economic education</b>

<b>SALT</b>	<b>Speech and Language Therapy</b>
<b>SEMHD</b>	<b>Social, Emotional and Mental Health Difficulties</b>
<b>SEN</b>	<b>Special Educational Needs</b>
<b>SEND</b>	<b>Special Educational Needs and Disability</b>
<b>SPA</b>	<b>Single Point of Access</b>
<b>SPoC</b>	<b>Single Point of Contact</b>
<b>STP</b>	<b>Sustainability and Transformation Plan</b>
<b>TCP</b>	<b>Transforming Care Partnership(s)</b>
<b>Tier 2</b>	Historical description for practitioners who are CAMHS specialists working in community and primary care settings

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>24<sup>th</sup> November 2019</b>
<b>TITLE OF PAPER:</b>	<b>Kirklees Draft SEND Improvement Plan (For consultation)</b>
<b>1. Purpose of paper</b>	<p>To highlight to the Board the draft Improvement Plan being developed for the SEND provision and services across Kirklees.</p>
<b>2. Background</b>	<p>There are a number of drivers to developing this improvement plan. In 2019 the partnership received valuable feedback from a Peer Review of aspects of the SEND functions in Kirklees. It also commissioned a report to assess its ambitions and plans for Children and Young People with SEND and High Needs in Kirklees. The improvement plans brings together the recommendations from both of these sources within the scope of one improvement plan.</p> <p>The Ofsted/CQC Inspection of our SEND activities focusing on the identification of need, provision of services and the impact and outcomes is well overdue and could take place with a week's notice. "A Written Statement of Action" is a potential negative outcome from such an Inspection. As well as damaging reputationally, it will publicly highlight deficiencies in our service provision. Following a number of recent management changes and new appointments it is appropriate to assess the current strategy, the local offer and the impact of ours services against this framework to identify priority areas. The Improvement Plan will help to capture emerging themes from this.</p> <p>The focus of SEND activities and partnership is to strengthen our co-production values and ensure that there is real engagement with all partners, stakeholders, families and young people. The Improvement Plan will provide an opportunity to develop a shared approach to improvement.</p> <p>A Self-Assessment of our SEND services is being drafted and the action plan will both influence this and be incorporated into actions and prioritisations arising from this.</p> <p>This draft has been produced by the lead officers from Health, Education and Social Care in the SEND work. The initial focus of Improvement Plan is more short-term, quick wins and there will be ongoing iterations of the plan with further actions as these initial priorities are achieved and delivered.</p>
<b>3. Proposal</b>	<p>For the Board to receive the draft plan and confirm the approach as well identifying/amending priority actions</p>
<b>4. Financial Implications</b>	<p>The attached Improvement Plan helps identify a number of activities that need to be undertaken to take forward our SEND work and agenda. It is important that Health and Well-being Board partners prioritise these ensuring that both financial and other resources are available.</p>
<b>5. Sign off</b>	

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

<p>Tom Brailsford 24<sup>th</sup> October 2019</p>
<p><b>6. Next Steps</b></p> <p>It is the intention to circulate the proposal to key partners and work with representative groups to ensure the identified priorities are shared across the partnership. This will include representatives of service users such as PCAN</p>
<p><b>7. Recommendations</b></p> <p>The Board note the content of the Improvement Plan and confirm/identify priority areas as part of the consultation process.</p>
<p><b>8. Contact Officer</b></p> <p>Tom Brailsford (tom.brailsford.gov.uk) 01484 221000 ext 71990</p>



# KIRKLEES SEND DRAFT IMPROVEMENT PLAN



### Background and Context

Kirklees' vision for Children and Young People is that they have the best start in life. We want our young people to be proud to come from Kirklees and its localities. We want confident children ready to do well throughout their schooling and in life. We want to see our children making good progress and achieving the best outcome, with improved life chances for everyone.

Our aspirations for children and young people with SEND are no different than for all children and receives the highest priority from the key partners. At the heart of our approach to SEND are the questions of "what is it like to grow up in Kirklees and how do we make it better." Our "We're Kirklees" vision focuses on People, Place and Partners. We celebrate and recognise the diversity of our towns, communities and most importantly its people.

There are a number of drivers for developing this improvement plan. In 2019 the partnership received valuable feedback from a Peer Review on aspects of SEND in Kirklees including governance and statutory compliance. Along with this, the Local Authority also commissioned a report on the ambitions and plans for Children and Young People with SEND and High Needs in Kirklees. The improvement plan brings together the key recommendations from both of these reports within the scope of one document.

The unannounced Ofsted/CQC Inspection of our SEND activities focuses on the identification of need, the provision provided and the impact and outcomes and is well overdue. It could potentially commence before the end of 2019 with a week's notice. Following a number of recent management changes and new appointments it is appropriate to assess the current strategy, the local offer and the impact of our services against this framework to identify priority areas. The SEND Improvement Plan will help to capture emerging themes from this assessment.

Above all, the focus of SEND activities and partnership is to strengthen our co-production values and ensure that there is real engagement with all partners, stakeholders, families and young people. The Improvement Plan will provide an opportunity to develop a shared approach to improvement.

A Self-Assessment of our SEND services is being produced and the action plan will both influence this and be incorporated into actions arising.

This initial draft has been produced by the lead officers from Health, Education and Social Care in the SEND work. The focus of Improvement Plan is more short-term, quick wins and there will be ongoing iterations of the plan as these are achieved and delivered.

### Ten Draft Priority Headings

1. Data baselining and Systems Management
2. Governance Arrangements
3. Develop a sustainable financial strategy for SEND
4. Placements Sufficiency and Capacity
5. Joint Commissioning Arrangements (*Initial Prioritisations*)
6. Transitions Arrangements
7. The Local Offer
8. Performance Management and Quality Assurance
9. Workforce Development
10. Communication and Engagement Strategy

Please Note all completion dates are January 2021 unless otherwise stated

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
<b>1. Data Baseline and Systems Management</b>							
Clear performance information and data to inform effective service improvement, planning and delivery.	<p>Establishing key performance indicators for SEND.</p> <p>Establishing a reporting cycle which informs SLT and the Health and Well Being Board and the Communication and Engagement plan.</p> <p>Consider the development of a multi-agency SEND Data Dashboard to support strategic commissioning and service planning/redesign and in developing the market place</p> <p>Establish dataset available from health providers through System One</p>	<p>Clear data dashboard for SEND.</p> <p>Information collated into a single point enabling progress against Key Performance Indicators to be monitored and to be used effectively to inform service planning and development.</p>	<p>There is a lot of data but it is currently held across different teams, departments.</p> <p>Agree the key information that we want to include in the data dashboard</p> <p>Identify capacity to create single data dashboard for SEND</p>		<p>Health Lead – Head of Children’s Joint Commissioning</p> <p>Education Lead - Ronnie Hartley</p> <p>Social Care Lead – Christine Bennett (Children’s), Michelle Cross (Adults)</p> <p>Mike Henry - Intelligence and Performance Lead</p> <p>Tom Brailsford/Health</p>	<p>2.6 - Peer review action plan</p> <p>3.5 - Peer review action plan</p>	
Effective systems management	<p>Ability to produce Demand and Capacity Analysis.</p> <p>Interim solution implemented to resolve work flow issues.</p>	<p>Procurement of digital platform for systems management.</p> <p>Staff trained in how to use the system effectively.</p> <p>Back office support initial 6-12 months.</p>	<p>Some systems improvements made but these have evolved rather than having been strategically understood, planned and embedded.</p> <p>Systems consultant identified Nov 19.</p> <p>Interim solution developed and in use Dec 19.</p> <p>Digital platform procured April 2020 (check timeline with Matt Barden)</p>	<p>Nov 19</p> <p>Dec 19</p> <p>April 2020</p>	<p>Ronnie Hartley</p>		
<b>2. Governance Arrangements</b>							
Clear accountability and governance of SEND	Clear accountability pathway in place with clarity of reporting mechanisms and delegated decision making.	<p>Integrated Commissioning Board receive regular performance reports alongside Children’s SLT</p> <p>ICB is the agreed strategic planning route</p> <p>Regular updates at PHB</p>	<p>Identified Health and Well Being Board as accountable body.</p> <p>Reporting timeline to be defined</p>		<p>Health Lead - Head of Children’s Joint Commissioning</p> <p>Education Lead - Ronnie Hartley</p> <p>Social Care Lead - Christine Bennett</p>	<p>1.1 - Peer review action plan item</p> <p>People too</p>	

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
	Current strategy expires April 2020. Co-produced SEND Strategy and implementation plan developed.	Co-produced SEND Strategy which clearly outlines strategic vision and intent.			(Children's), Michelle Cross (Adults)		
<b>3. Develop a sustainable financial strategy for SEND</b>							
High Needs Block is sustainable 3-5 year plan established	Review the High Needs Funding Model to ensure it reflects the graduated approach to meeting the needs of children and young people with SEND.  Consider options for uplift in the funding bands to bring them in line with inflation.  Clarify SEND resources across multiple funding streams  Review current use of personal budgets	Additional High Needs funding is being made available which will reduce the High Needs overspend in 2020 by x %  Safe and appropriate moves from children returning into area are reinvested into high needs	Schools Forum Task and Finish group established, remit is to review the options for funding band uplift and present preferred options to Schools Forum for consideration. Dec 2019.  Outcome of conversation with Schools Forum to be fed into the Sufficiency Needs Assessment		Eamonn Croston - Finance Director  Tom Brailsford – Service Director – Resources, Improvement & Partnerships  David Gearing John Bartlett Ronnie Hartley	High Needs Review	
<b>4. Placements Sufficiency and Capacity</b>							
<b>Placement and Settings Sufficiency:</b>  Sufficiency of specialist educational placements	Achieve point 1 to establish baseline data on numbers of places required and where, based on primary need.	Capital Board established Nov 2019.  Options appraisal and Specialist Place Implementation Plan developed Dec 2019	Some work has been scoped in relation to Communication and Interaction (Woodley), and Social Emotional Mental Health (Joseph Norton) and in relation to Resourced places and Post 16.		Tom Brailsford Martin Wilby Ronnie Hartley	High Needs Review	
<b>5. Joint Commissioning Arrangements (Initial Prioritisations)</b>							
a. Review potential integrating children's therapy services under the Thriving Kirklees umbrella	Discussions with Locala and CCG contracting have taken place  Further discussions in relation to the feasibility are still to take place	1 service specification Service being embedded within Thriving Kirklees	Agree with Locala and CCG contracting position in relation to integrating services further  Draft therapy spec is currently with both providers who are considering their response to it  Feeding in the findings of the special school needs assessment to health service commissioning	Dec 2019	Head of Children's Joint Commissioning	2.2 – Peer review action plan  Draft Therapy Specification	
b. Review wheelchair services provision in relation to delays for assessment, provision of wheelchairs and		Reduction in waiting times for wheelchairs	Working closely with providers through the implementation period and monitoring waiting times for assessment and provision of wheelchairs	Jan 2020	Stewart Horn	2.7 – Peer review action plan  New Contract	

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
<p>equipment and the needs of wheelchair dependent children and young people – completed green</p> <p>c. Co-produce short breaks plan and statement</p> <p>d. Review performance in relation waiting times to Autism commissioned services</p>	<p>Ensure that the following are included:</p> <ul style="list-style-type: none"> <li>➤ Direct payment policy</li> <li>➤ Statement on personalised budgets</li> <li>➤ Short breaks statement</li> <li>➤ Charging policy</li> <li>➤ Transport policy for social care</li> <li>➤ Childcare policy</li> </ul> <p>Review current performance and identify how waiting times can be reduced further</p> <p>Ensure consistency of support for those awaiting referral</p>	<p>Co-produced short breaks statement in place</p> <p>Waiting list time to be 3 months maximum</p>			<p>Christine Bennet</p> <p>Tom Brailsford</p>		
<b>6. Transitions Arrangements</b>							
<p>Post 16 provision delivers a high quality offer which prepares young people with SEND for adulthood.</p>	<p>Review and extend the post 16 offer ensuring sufficiency of academic and vocational pathways for young people with SEND.</p> <p><b>Code of Practice</b> Review transition outcomes relating to:-</p> <ul style="list-style-type: none"> <li>➤ Health ‘handovers’ at 16</li> <li>➤ Understanding of the destinations and needs of those beyond the age of 19</li> <li>➤ Establishing a post 16 Provider Forum</li> <li>➤ Focus on the transitions of those young people requiring health services.</li> </ul> <p>Fully embed the Transitions Protocol to ensure that the transition between stages is well managed – early years to primary, primary to secondary, and secondary to post 16 – so that each receiving setting is well informed about a child / young person’s needs so that they can prepare appropriately to meet them</p>	<p>Sufficient post 16 places which offer both academic and vocational pathways for young people with SEND.</p>	<p>Some work has been undertaken in relation to the numbers of students at Kirklees College in terms of reviewing outcomes for young people.</p> <p>Some work has been undertaken with Special Schools to look at their post 16 offer</p>		<p>Dr Phil Mark Jeanette Palmer Ronnie Hartley Jayne Whitton - Principal Educational Psychologist</p> <p>Michelle Cross Christine Bennett Head of Joint Commissioning</p>	<p>2.4 - Peer review action plan</p> <p>Learning Strategy People too</p> <p>3.2 - Peer review action plan</p> <p>Transition Protocols People too</p>	

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
<b>7. The Local Offer</b>							
Review the Local Offer	Procure new Local Offer platform.  Embed the Communication, Engagement and Consultation Strategy for children and young people and parents and carers into the Local Offer brief.	High quality Local Offer in place which provides a clear approach to communication and engagement for children and young people and their families	Current Local Offer is statutorily compliant.  Work has been undertaken to scope out what the Local Offer should provide.		Tom Brailsford Ronnie Hartley Christine Bennett	3.6 - Peer review action plan  People too	
<b>8. Performance Management and Quality Assurance</b>							
High quality, clear outcomes evident in all Education, Health and Care Plans (EHCPs). Clear evidence of 'Golden Threads'	Audit and improve the quality of EHCPs.  In year 1 dip sample 5% of all EHCPs. (Educational Psychology to support with the criteria for dip sample)  Develop audit checklist.  EHCP audit will form part of the data dashboard see point 1 and will form part of the reporting cycle.  EHCP audit will feed into staff training on the quality of needs, outcomes and provision in EHCPs.  Improve the content/consistency of EHCP health/care sections  Development of personal health care budgets in relation to Continuing Care / CHC  Ensure EHCPs evidence medical assessment where appropriate  Where Children's Social Care are asked for input into an EHCP but they may not be directly involved, they should routinely consider if:  a) The child's needs may meet their threshold and require a referral b) The child's needs may meet the threshold for Early Help services and be appropriately referred	Children and young people and families report that EHCPs are clear and support children and young people to achieve their aspirations. Links to point 6 Communication, Engagement and Consultation Strategy.  Outcomes for children and young people with SEND are good or better (links with point 1)  The LA has 133 pupils accessing independent to Kirklees or OLA placements the quality of the outcomes for these children and young people will be monitored at the end of Key Stage by Educational Psychology.	Re-establish Quality Monitoring Group on a 4 weekly cycle from Nov 2019.	Nov 19	Ronnie Hartley Jayne Whitton Katie George Christine Bennett Tracy Biddle – Locala	Section 4 - Peer review action plan	

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
<p><b>Statutory Assurance:</b></p> <p>Increase the percentage of EHC plans that are statutorily compliant</p> <p>Ensure DCO/DMO comply with the SEND code of practice 2014</p>	<p>Establish current baseline for statutory compliance as an annual average.</p> <p>Links with 2 and 3 in terms of identifying clearly which part of the system is creating a backlog and delay in the statutory process.</p> <p>Once this is identified establish an action plan to address this.</p>	<p>Statutory compliance is increased from 44.5% in 2018 to X in 2019-20.</p> <p>Permanent DCO and DMO in place across Kirklees</p>	<p>Statutory compliance has improved from 44.5% in 2018 to X in 2019.</p> <p>Statutory compliance will be X in 2020.</p> <p>This will be a key performance indicator for SEND see point 1.</p> <p>Confirmation of DCO start date Confirmation of Chief Exec Mid Yorks of DMO for North Kirklees</p>	<p>Jan 2020</p>	<p>Ronnie Hartley Victoria Bruce Katie George</p> <p>Head of Children’s Joint Commissioning CCG Board</p>	<p>3.7 – Peer review action plan</p>	
<b>9. Workforce Development</b>							
<p>Develop system wide SEND workforce development strategy underpinned by integrated workforce development plans</p> <p>Clear understanding of processes within Children with a Disability Service</p>	<p>Identify workforce support which builds capacity in the system to effectively support the inclusion, educational and learning needs of a range of children and young people with SEND.</p> <p>Relaunch eligibility criteria, resource panel, quality of assessments and care planning.</p> <p>Two day training with all staff within CWD</p> <p>Ensure there is a shared understanding of where a family accesses services across the system</p>	<p>Children and young people’s workforce is confident in identifying and meeting the needs of a range of children and young people with SEND.</p> <p>Quality First teaching is in evidence in all Kirklees schools and settings.</p> <p>Evidence of higher levels of training in resourced and specialist provision.</p> <p>Share document outlining where a family sits across the system along with CWD eligibility criteria with education and health. Ronnie and Tom to agree sign off and process for communicating.</p> <p>Presentation to staff working in SENDACT on CWD</p> <p>Raising awareness on SEND responsibilities – workshops for SW’s and Early Support staff (Roger Clayphan)</p>	<p>Clear workforce offer in place which identifies universal, targeted and specialist training offer for all schools and settings.</p> <p>Christine to share eligibility docs with Portfolio Holders</p> <p>Tom and Ronnie to look at the document to ensure that partner overlay is included</p> <p>Remove old eligibility criteria from the Kirklees website (link with local offer work)</p>		<p>Ronnie Hartley Jayne Whitton Sarah Grant Harkireet Sohel</p> <p>Christine Bennett Mandy Hill</p>	<p>Peer review action plan SEF CCG Action Plan HNR Plan Commissioning Plan People Too Learning Strategy</p>	
<b>10. Communication and Engagement Strategy</b>							

Goals	Actions to bring about improvement	Success criteria	Progress and next steps	By when	Staff/Lead responsible	Linked Plans	Status
<p>Engagement and Communication strategy in place</p> <p>Develop a clearly articulated “Voice of the Child” across all SEND related activity and developments</p>	<p>Co-produce a Communication and Engagement strategy with a key range of stakeholders</p> <p>Feedback to Kirklees staff, health, &amp; SENDACT on findings from engagement sessions with PCAN</p> <p>Working with partners, representative groups and other stakeholders develop to deploy methodologies which incorporates appropriately the voice of the child into the SEND work.</p> <p>Identifying “best practice” in this area from other Partnerships and SEND reviews.</p>	<p>Key stakeholders including young people, parents, staff are engaged and understand the key priorities in relation to SEND</p>	<p>Develop a specific project plan for blended communication plan</p> <p>Identify how and with what groups to engage with.</p> <p>Identify and consider for Kirklees best practice examples.</p>		<p>Tom Brailsford Ronnie Hartley Christine Bennett</p>	<p>Review of Local offer</p> <p>Voice of the Child work</p>	

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 21/11/2019</b>
<b>TITLE OF PAPER: Kirklees Frailty Strategy</b>
<b>1. Purpose of paper</b>  The purpose of the paper is to present the draft Kirklees Frailty Strategy to the Health and Wellbeing Board for discussion and support/approval.
<b>2. Background</b>  <b>Local Focus:</b>  Frailty is one of the key priorities in the delivery of the Kirklees Health and Wellbeing Plan and a focus for our local integration work between Health and Social Care (North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council.)  Across the Kirklees footprint, a joint Health and Social Care Frailty strategy is currently in draft form and has been developed in collaboration with a number of partners and stakeholders within the system. These partners include CCG colleagues, Primary Care, the two Acute Trust's (MYHT and CHFT,) Kirklees Council, Public Health, Kirkwood Hospice, Locala, Age UK, SWYPFT, Community Plus, HealthWatch and various other voluntary and 3 <sup>rd</sup> sector agencies.  The purpose of the strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by preventing Frailty and improving the identification and care of those who are frail. This will be achieved through taking a life course approach and focusing on primary, secondary and tertiary prevention alongside maximising independence through early recognition and ongoing management. A collaborative and systemic approach will be taken, working across all health, social care, and voluntary and 3 <sup>rd</sup> sector partners.  In order to develop a collaborative approach a system wide Frailty Summit took place in June 2019. A key aim of the event was to bring together all areas of the frailty work across the system in order to take forward an integrated approach. The event was successful, generated positive discussions, and engaged stakeholders from across the Kirklees system. It was an opportunity to share the draft strategy wider and there was an agreement that this clearly outlined the future direction of travel that each organisation was signed up to work towards and aim to deliver. Group work took place which helped to identify a high level action plan around future opportunities with each organisation taking a lead on some of the identified actions.  <b>National Focus:</b>  Frailty is part of the national agenda, with NHS England producing a range of resources for commissioners and professionals around ageing well and supporting people living with frailty. The resources describe how population-level frailty identification and stratification can help plan for future health and social care demand, manage and best structure resources to optimise equity and outcomes whilst also targeting ways to help people age well.  Frailty is also cited in the NHS Long Term Plan which articulates that extending independence as we age requires a targeted and personalised approach, enabled by digital health records, population health management and shared health management tools. Promoting the

prevention, early identification and self-care agendas enables people to look after their health and wellbeing, prevent, delay and minimise the severity and impact of frailty, and maximise outcomes.

Health Education England and NHS England have also commissioned the development of a Frailty Core Capabilities Framework<sup>1</sup> to improve the effectiveness and capability of services for people living with frailty. One of the aims of this framework is to empower people living with frailty, as well as their family, friends and carers, to understand the condition, make the most of available support and to plan effectively for their own current and future care needs.

NHS RightCare has also developed a Frailty Toolkit which aims to support systems to understand the priorities in frailty care and key actions to take. It provides a way to assess and benchmark current systems to find opportunities for improvement. It highlights the below as system priorities which are all covered within the the draft Kirklees Frailty strategy:



### 3. Proposal

The overall proposal is for the system's stakeholders to work together to deliver the Kirklees Frailty strategy and improve the outcomes for the population of Kirklees. The "ask" is that we work together to break down organisational boundaries and take forward a joint approach in the delivery of the strategy.

#### Why Focus on Frailty:

Frailty is now nationally recognised as a long term condition which affects people's ability to recover when challenged by sudden, unexpected life changes. Frailty can lead to a rapid decline in health and well-being leading to crisis situations. For people at risk of developing frailty there are potentially preventable or modifiable risk factors or conditions. Promoting healthy ageing offers a chance to avoid or postpone the onset of frailty. Through early identification of frailty and management, health, social care and third sector/voluntary professionals are able to improve their awareness of who is more at risk of developing frailty, effectively support people to maintain independence and self-care and achieve better holistic outcomes (as described through the seven Kirklees Outcomes detailed in the Health and Well Being Plan.)

<sup>1</sup> <http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework>

### **Kirklees Frailty Strategy:**

The Kirklees Frailty Strategy builds on the existing North Kirklees Frailty strategy. The existing strategy has been reviewed, updated and developed collaboratively with stakeholders. The main changes ensure that:

- The focus and vision is Kirklees Wide
- It is relevant to ALL age groups and takes a life course approach
- It is holistic and has a strong focus on both Health and Social Care elements to support people to live as independently as possible
- It is in line with recently published national documentation and guidance including the RightCare Toolkit, Core Capability Frailty Framework, NHS 10 Year Plan, and updated GP Contract.
- Meets the priorities outlined in the Kirklees Health and Wellbeing Plan including tackling the underlying causes, improving outcomes and experience and using our assets to the best effect.

### **Aim:**

The key aim is that the population of Kirklees receives a more personalised approach tailored to support their needs. The focus will be on prevention and early identification. This approach will embed shared decision making in our working practice which is fundamental to changing the relationship with patients and ensuring they feel more empowered to take control of their care. This will also include outcome-focused care planning with a strengths-based approach. This will ensure that the frail population of Kirklees are supported to live as independently as possible for as long as possible in their chosen place of residence. This will be underpinned by the ethos of providing the right care in the right place at the right time, first time; with a focus on quality, patient outcomes and effective use of financial resources. Care and support will be designed in a co-ordinated way that will support patients to be successful in achieving the outcomes that matter most to them

### **Domains**

The strategy has been split into 5 key Domains which supports delivery of the 7 Kirklees Outcomes and the priorities outlined in the health and wellbeing plan:

1. Prevention
2. Healthy and Safe Environment
3. Supportive Networks
4. Seamless Integrated System
5. High Quality, Person Centred and Personalised Care

Each domain has a plan on a page within the strategy which outlines the principles, how the domain will be embedded locally, the outcomes and the potential measures.

The key domains and principles describe the support available to help prevent frailty through enabling people to promote their own wellbeing that enables people to self-care effectively. Alongside this, the system will focus on prevention, promoting support and maintaining independence for the Kirklees frail population through developing high quality, personalised services that are flexible, responsive and enable frail people (of all age groups) choice and control over how their health needs, care and support are provided.

### **Previous considerations:**

The draft strategy has been discussed at the following forums and supported:

- Integrated Commissioning Board in April 2019

The board were supportive of the strategy being shared at the Frailty summit and ensuring all stakeholders had further opportunities following the summit to comment and shape further

➤ Kirklees Frailty Summit in June 2019

The strategy was shared and discussed at the summit with partners agreeing this outlined the direction of travel clearly and where signed up to support delivery.

➤ Additional 1:1 meetings with partners/stakeholders following the summit (between June – September 2019) to further develop content within the strategy. This included meetings with Public Health to strengthen the prevention agenda, SWYPFT to ensure mental health priorities were cited and Kirkwood Hospice around End of Life care.

➤ Integrated Provider Board in September 2019

The board received an update on the wider Frailty programme plan as well as the draft Frailty strategy. Members were in support of the strategy but the senior leaders in attendance from SWYPFT and Kirkwood Hospice asked for 1:1 meetings (as above) to ensure certain elements around Dementia and Advance Care Planning were covered. These meetings have taken place and the strategy was further refined with partners.

### **Governance to support delivery of the strategy:**

There are a number of workstreams/task and finish groups already in existence that contribute towards the delivery of the Frailty Strategy. These include:

- Loneliness and Isolation
- Falls prevention
- Making every contact count
- Care closer to home
- Intermediate care and re-ablement
- CHFT Frailty project group
- MYHT Frailty project group

On top of this, a Frailty Steering Group is being developed across the Calderdale, Kirklees and Wakefield (CKW) footprint. Across CKW, a number of workstreams have been developed with a Frailty focus aiming to improve the quality of life and outcomes for the local population.

Therefore the purpose of the steering group is to bring together all areas of the frailty work across the system in order to take an integrated approach forward.

The aim of the steering group will be to:

- Build on the outcomes of the Kirklees Frailty summit that was held in June 2019
- Support delivery of the Kirklees Frailty Strategy
- Further develop collaborative working
- Share learning across the Calderdale, Kirklees and Wakefield system to promote a cohesive approach and reduce variation where possible.
- Make the best use of resource by doing things once across a large footprint (where possible and where this is of benefit.)
- Keep stakeholders up to date with local progress
- Work through national guidance and documentation and agree how this can be embedded locally (including the [RightCare Frailty Toolkit](#) and [Frailty Core Capability Framework](#))
- Pathway development

Regular reports (where required) will then be presented to the Integrated Commissioning Board (ICB,) Integrated Provider Board (IPB) and the Health and Wellbeing Board (HWB)

## **4. Financial Implications**

No financial implications have been identified currently. However if through a gap analysis there are improvement opportunities that have financial implications attached, these will be taken through the appropriate governance routes for discussion.

**5. Sign off**

Carol McKenna and David Kelly (8<sup>th</sup> November 2019)

**6. Next Steps**

If the paper is approved, the final copy will be circulated to all stakeholders and delivery of the strategy will be discussed and monitored at the Frailty Steering Group meetings.

**7. Recommendations**

The recommendation is that the board approve the joint Health and Social Care Frailty Strategy and support the delivery of the strategy locally.

**8. Contact Officer**

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# Kirklees Frailty Strategy 2019 - 2022



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## INTRODUCTION

### PURPOSE

The purpose of this strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by preventing Frailty and improving the identification and care of those who are frail. This will be achieved through taking a life course approach and focusing on primary and secondary prevention alongside maximising independence through early recognition and ongoing management. A collaborative and systemic approach will be taken, working across all health, social care, and voluntary and 3<sup>rd</sup> sector partners. To support our population, their families and carers a standardised approach to reduce variation, whilst providing personalised, person centred care will be developed. The key domains and principles describe the support available to help prevent frailty through enabling people to promote their own wellbeing that enables people to self-care effectively. Alongside this, the system will focus on prevention, promoting support and maintaining independence for the Kirklees frail population through developing high quality, personalised services that are flexible, responsive and enable frail people (of all age groups) choice and control over how their health needs, care and support are provided. This frailty strategy has been developed by a number of partners and is seen as the lever for transformational change.

### WHAT DO WE MEAN BY FRAILTY?

Frailty is now widely recognised as a state of reduced resilience and increased vulnerability, which results in some people becoming more vulnerable to relatively minor changes in their circumstances which can lead to deterioration in their physical and mental health, wellbeing and/or ability to live independently.

#### **DEFINITION OF FRAILTY:**

- Related to but distinct from ageing, comorbidity and disability
- A state of reduced resilience and increased vulnerability
- A state which minor events can trigger disproportionate adverse outcomes in health, wellbeing and or functional ability

People living with frailty can be less able to adapt to stress factors such as acute illness, injury or changes in their environment, personal or social circumstances, and such changes are more likely to result in adverse health outcomes and loss of independence<sup>1</sup>. Frailty should be treated as a long term condition throughout adult life. This means starting with prevention and early identification of frailty and supporting people appropriately on the basis of their needs through to the end of their life.

### WHY FOCUS ON FRAILTY?

Frailty is now nationally recognised as a long term condition which affects people's ability to recover when challenged by sudden, unexpected life changes. Frailty can lead to a rapid decline in health and well-being leading to crisis situations. For people at risk of developing frailty there are potentially preventable or modifiable risk factors or conditions. These include alcohol excess; cognitive impairment, falls, functional

<sup>1</sup> <http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework>

impairment, hearing problems, mood problems, nutritional compromise, physical inactivity, polypharmacy, smoking, vision problems, social isolation and loneliness. Promoting healthy ageing offers a chance to avoid or postpone the onset of frailty<sup>2</sup>. Through early identification of frailty and management, health, social care and third sector/voluntary professionals are able to improve their awareness of who is more at risk of developing frailty, effectively support people to maintain independence and self-care and achieve better holistic outcomes (as described through the seven Kirklees Outcomes detailed in the Health and Well Being Plan – see [Appendix 1.](#))

### HOW IS FRAILITY IDENTIFIED LOCALLY?

The [Rockwood tool](#) has been identified across West Yorkshire and Harrogate Health and Social Care Partnership as the initial assessment tool for frailty. However there is awareness that other tools are in existence locally and there may be a need for standardisation. For Kirklees Primary Care teams, a set of frailty assessment templates are available on the clinical systems to support the assessment and management of patients identified with moderate & severe frailty. Primary Care teams use the electronic Frailty Index (eFI) tool to firstly identify those patients 'at risk of frailty' followed by an assessment and identification of mild, moderate or severe frailty which is completed using the [Rockwood Clinical Frailty Scale tool](#), supported by clinical judgement. Read-coding the level of frailty in the clinical record allows sharing of the frailty diagnosis via the Summary Care Record.



### THE NATIONAL AND REGIONAL AGENDA

Frailty is part of the national agenda, with NHS England producing a range of resources<sup>3</sup> for commissioners and professionals around ageing well and supporting people living with frailty. The resources describe how population-level frailty identification and stratification can help plan for future health and social care demand, manage and best structure resources to optimise equity and outcomes whilst also targeting ways to help people age well. It is estimated that around 50% of people over the age of 65 are living with some degree of frailty and some people experience frailty earlier in life<sup>4</sup>.



Frailty is also cited in the NHS Long Term Plan<sup>5</sup> which articulates that extending independence as we age requires a targeted and personalised approach, enabled by digital health records, population health management and shared health management tools. Promoting the prevention, early identification and self-care agendas enables people to look after their health and wellbeing, prevent, delay and minimise the severity and impact of frailty, and maximise outcomes. Hospitals will also reduce avoidable admissions through the establishment of acute frailty services, so that such patients can be

<sup>2</sup> <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/preventing-frailty/>

<sup>3</sup> <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/>

<sup>4</sup> <http://www.firstresponsetraining.com/news/new-frailty-framework-launched-for-providing-care-and-support/>

<sup>5</sup> <https://www.longtermplan.nhs.uk/>

assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&E and acute receiving units.

The West Yorkshire and Harrogate Health and Care Partnership have undertaken an information gathering exercise to understand the local frailty offer for patients across all 6 places. The Partnership adds value through comparing and contrasting, sharing best practice and bringing places together to share learning.

Health Education England and NHS England have also commissioned the development of a Frailty Core Capabilities Framework<sup>6</sup> to improve the effectiveness and capability of services for people living with frailty. One of the aims of this framework is to empower people living with frailty, as well as their family, friends and carers, to understand the condition, make the most of available support and to plan effectively for their own current and future care needs.

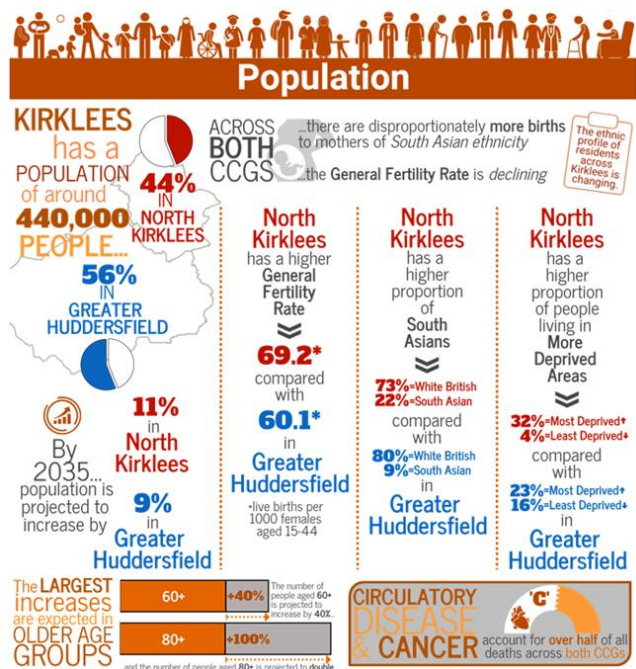
NHS RightCare has also developed an optimal frailty pathway ([Appendix 2.](#)) This strategy includes a number of references to the above national work and ensures the local work is in line with the national direction of travel for frailty.

## THE LOCAL POPULATION

### OVERVIEW

Around 440,000 people live in Kirklees (GP registrations January 2015) with roughly equal numbers of males and females. Kirklees has a varied population, many ethnicities are represented, speaking a range of languages and bringing a cultural diversity to the region. The population has increased by 8.4% since 2002, and is predicted to rise by a further 9.9% by 2030. Kirklees contains areas of high and low deprivation, with regions of highest deprivation found in some of the more densely populated urban areas to the north and east (including parts of Huddersfield, Dewsbury and Batley), and lower levels of deprivation found in the more sparsely populated rural areas to the south and west (including the Colne and Holme Valleys, Denby Dale and Kirkburton).

Population projections to 2030 from the Office for National Statistics (ONS) predict greater increases in the numbers of very young children and older adults (particularly those aged over 64), leading to a relatively smaller working age population supporting a larger dependent population. As the



<sup>6</sup> <http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework>

number of people with multiple long-term health conditions increases with age, a projected ageing population is likely to lead to a greater demand on resources.

Information above taken from <https://observatory.kirklees.gov.uk/jsna>

## WHAT DOES THIS MEAN IN RELATION TO FRAILITY?

People with frailty have a substantially increased risk of falls, disability, long-term care and early death. We also know that frailty is a graded abnormal health state which ranges from the majority who are mildly frail and need supported self-management, through to those who are moderately frail and would benefit from interventions such as [case finding/case management](#), and those who have advanced frailty where anticipatory care planning and end-of-life care may be appropriate interventions<sup>7</sup>.

Across Kirklees, a number of partners have recognised that there are an increasing number of older people attending emergency departments and accessing urgent health and social care services against a rising demand due to the projected growth in the number of people aged 85 over the next twenty years. There is a consensus that we need to change how we care for the needs of frail people, which will lead to improvements in quality, outcomes and efficiency, which also reflects the national guidance.

Fundamental changes in the way that the population is supported through earlier prevention methods and the way services are commissioned and provided are needed to support holistic approaches and the self-care agenda for people with frailty that is sustainable in the face of rising demand. Due to this, frailty is a priority area for integration between the two CCGs (Greater Huddersfield CCG and North Kirklees CCG) and the Council in Kirklees. To support this, the Kirklees Health and Wellbeing plan (2018 – 2023) brings together partners to focus on the people who live in Kirklees and how, working collectively, we can improve the health and wellbeing of the whole population. The aim is to overcome challenges of organisational and professional barriers to ensure people get access to the best quality support to start well, live well, and age well. The diagram in [Appendix 3](#) (taken from the Health and Wellbeing Plan) describes the population characteristics of each of these groups and the focus in terms of supporting the population of Kirklees.

## WHERE ARE WE NOW?

### HIGH LEVEL SUMMARY

- A North Kirklees Frailty Strategy was developed in 2017 and set out the local vision, aims and principles. Due to the national focus and supporting published documents, plus the progress locally on frailty, the strategy has been reviewed and updated to develop this Kirklees wide frailty strategy.
- A number of key successes have been achieved over the recent years including:
  - ✓ Established acute frailty services within the two main hospitals of Kirklees. This also includes a direct admit scheme.
  - ✓ Collaborative falls prevention group developed focussing on assessment information and advice, education and training, awareness and activities
  - ✓ Joint work streams including Health, Social Care, 3<sup>rd</sup> sector and voluntary agencies developed to look at loneliness and social isolation across Kirklees

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<sup>7</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf>

- ✓ North Kirklees Primary Care Quality Access Scheme in place delivering enhanced frailty requirements that are additional to the GP contract, with a focus on moderate frailty. This also includes having care companions in practices for frail patients, training taken place through Practice Protected Time and frailty templates available on the clinical system.
- ✓ Initiated a review of Intermediate Care and Re-enablement services. This includes a proposal around establishing a collaborative Kirklees Independent Living Team (KILT)
- ✓ Started to develop a personalisation programme including Making Every Contact Count, care planning and shared decision making.
- ✓ Raising awareness of frailty as a long term condition and recognising the impact on emotional health and wellbeing associated with LTCs.
- ✓ Development of an approach to end of life care with Kirkwood Hospice as the lead commissioner

## FUTURE OPPORTUNITIES

Although a number of achievements have been made over the last few years in Kirklees, including closer and more joined up working between the two CCGs, the council, secondary care and community services, there are still challenges to overcome and further work to progress in order to promote prevention, early identification and self-care agendas and fully support the frail population of Kirklees.

## CHALLENGES – HIGH LEVEL:

- There is an acknowledgment that a number of complex systems still exist within Kirklees where services are often fragmented.
- Our services use different IT systems making it difficult to share care plans or data, hampering integrated care, data and trend analysis and resource planning. There is also the challenge of the voluntary sectors involvement with this
- Some of our services are reactive to patients presenting in a crisis, often with a specific physical problem that has become urgent. Highlighting a need for further work to be done on the prevention and early intervention agenda
- Many of our services are designed to treat one condition at a time missing out on the benefits of using a holistic approach.
- Our local and national work has identified that some people are not comfortable with the phrasing or stigma associated with being labelled 'frail'
- There is still further work to be done locally to ensure frailty is recognised as a long-term condition (LTC) in Kirklees
- Variation exists locally and regionally including the age criteria for services
- Across all partners, workforce is a challenge reflecting the national challenge



## OPPORTUNITIES/ASPIRATIONS – HIGH LEVEL:

- Engage with our local community (including hard to reach groups) and service users, their family and carers to co-produce services where appropriate or capture their experiences and needs and ensure these views are incorporated into future developments
- Engage with the public on starting and ageing well to support the primary prevention agenda
- Work with our local focus groups to help them better understand the term 'frailty' and help us identify the best way to communicate frailty with patients and the public through co-production



- Develop a communication plan aimed at all levels of health, social care and with the public. This includes what frailty is, how to prevent/minimise it, signs and symptoms and call to action to promote early diagnosis and intervention, the support available and promoting self-care
- Continue to join up health and social care commissioner and provider systems. Promote prevention, early diagnosis and intervention, self-care and treatment integration.
- Ensuring commissioned services recognise frailty and are evidence-based. Commissioning should take place collaboratively and ensure services are holistic, integrated and person-centred, which is inclusive of all key stakeholders, including frail patients. Commissioners should also ensure that service delivery is cost effective, safe, of a high quality and equitable in access and outcomes.
- Support people to feel empowered to take more ownership of their care
- Make better use of enablers, for example, self-care and technology through our personalisation and digital health agenda, third sector and voluntary agencies
- Enhanced health in care homes model
- Make changes to address emerging workforce challenges through transformation and recruitment opportunities to ensure we have the right professional with the right knowledge and skill set to meet the needs of our frail population. This could be through benchmarking against and embedding the core competencies, values and behaviours. The frailty framework could support this development.

Figure 1: Frailty Framework tiers:

Tier 1:	Those that require general awareness of frailty.
Tier 2:	Health and social care staff and others who regularly work with people living with frailty but who would seek support from others for complex management or decision-making.
Tier 3:	Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and who may also lead services for people living with frailty.

## STRATEGIC AIMS, OBJECTIVES AND OUTCOMES

The key aim is that the population of Kirklees receives a more personalised approach tailored to support their needs. The focus will be on prevention and early identification. This approach will embed shared decision making in our working practice which is fundamental to changing the relationship with patients and ensuring they feel more empowered to take control of their care. This will also include outcome-focused care planning with a strengths-based approach. This will ensure that the frail population of Kirklees are supported to live as independently as possible for as long as possible in their chosen place of residence. This will be underpinned by the ethos of providing the right care in the right place at the right time, first time; with a focus on quality, patient outcomes and effective use of financial resources. Care and support will be designed in a co-ordinated way that will support patients to be successful in achieving the outcomes that matter most to them.

### Personalised Care



## KIRKLEES FRAILTY VISION:

Our frail population will be enabled to self-care (optimising their health and wellbeing,) identified early and supported to live as safely and independently, for as long as possible, through an integrated proactive approach to frailty across the health and social care system.

### Domain 1: Prevention

Taking a life course approach focusing on starting well, living well and ageing well

Effectively communicate messages about healthy living according to the abilities and needs of individuals

Facilitate access to sources of health promotion information and support

Encourage changes in behaviour that will have a positive impact on the health and wellbeing of individuals, communities and populations, i.e. Making Every Contact

### Domain 2: Healthy and safe Environment

No matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality.

Kirklees population to have access to a safe, warm, affordable home in a decent physical environment within a supportive community.

Holistic assessments will aim to examine a person's physical and mental health status and functional as well as social and environmental issues.

### Domain 3: Supportive Networks

People living with frailty and their family, friends and carers are able to make the most of the support on offer and can plan effectively for their own current and future care.

The needs of carers will be identified and supported.

Local frail people can control and manage life challenges by engaging with a supportive network of health, social care and voluntary services.

### Domain 4: Seamless, integrated system

People experience seamless health and social care appropriate to their needs that it is affordable and sustainable.

Frail people are able to navigate around an integrated service delivery across the voluntary, primary, community, and social care sectors.

Care is led by a fully integrated commissioning process which includes, workforce planning and community capacity training, with the avoidance of duplication of assessment

### Domain 5: High Quality, Person Centred and Personalised Care

Workforce has the correct capability and competencies to deliver quality services.

NHS England Personalised Care Operating Model (Appendix 5) will be embedded.

Shared Decision Making to hear the voice of the patient and ensure they are actively involved and engaged in their care.

Evidence based commissioning intentions that will drive primary and secondary prevention, early assessment and proactive management.

## DELIVERING THE STRATEGY

For the purpose of the strategy, the principles and outcomes have been split into 5 key domains. These are:

1. Prevention
2. Healthy and Safe Environment
3. Supportive Networks
4. Seamless Integrated System
5. High Quality, Person Centred and Personalised Care

### DOMAIN 1: PREVENTION

The number of people with diseases will double over the next 20 years and the number of people with more than one long-term condition is growing rapidly. The number of people with health and social care needs will also continue to increase unless we enable them to live and age well. Healthy behaviours, including not smoking, avoiding harmful alcohol consumption, good nutrition, physical activity and safe sex have a positive effect on people's health and promoting that of future generations, contributing to them having the best start in life. Health inequalities have a significant impact on people's long-term health and wellbeing. Deprivation (including financial, food, housing, and fuel poverty) amplifies the effects of unhealthy behaviours and negatively impacts on people's life chances (including their likelihood of smoking, quality of education and employment) and their health and wellbeing. Unhealthy behaviours in youth and early adulthood significantly determine a person's health in later life so prevention and early intervention throughout the life course is vital.<sup>8</sup>



There is a need to address all types of prevention: primary prevention by promoting health and wellbeing and preventing ill health; secondary prevention through early detection and intervention of ill health thereby reducing its severity and impact, halting or slowing its progress, and where possible promoting recovery and preventing/delaying relapse; and tertiary prevention where the impacts of ill health are minimised and quality of life and wellbeing are promoted.

An integrated holistic approach rather than a disease centred approach is needed to address frailty prevention properly and effectively. A comprehensive frailty prevention approach should encompass

- Starting well - giving children the best start in life and promote intergenerational health and wellbeing;
- Healthy ageing - including integrated health and wellbeing approaches that support health promoting lifestyles and behaviours, for example, personal resilience, health weight, physical activity, nutrition, smoking cessation, substance misuse recovery and sexual health;
- Reducing health inequalities - including those associated with poverty, housing, education and employment;
- Living and ageing well approaches with embedded education and enabling ethos - including , healthy, safe and enabling environments, self-care, falls prevention, medication reviews, vaccinations programmes, promoting nutrition and hydration, home exercise programmes, support to regain skills such as cooking or dressing, and approaches that build social networks and reduce isolation, depression and anxiety (Hendry A et al, 2018.);
- A personalised approach that includes the identification of people's health and well-being, individual circumstances and priorities and values, resilience, capacity and assets. Support and resources should be tailored (as appropriate) to promote health, wellbeing, personal capacity, resilience and individual and community assets.

By strengthening and better coordinating the local prevention approaches at all levels it will deliver improved outcomes for the local population. This has highlighted a need for greater focus locally around primary prevention through promoting physical activity, nutrition, social participation ensuring people have adequate, warm and safe accommodation and reducing health inequalities. Early identification within secondary prevention will reduce the need for more intensive health and social care, and tertiary prevention will be enabled by comprehensive geriatric assessments, routine annual health check-ups, and supporting patients to have the ability to self-care. To further support people to achieve their goals, an outcome based approach should be utilised. Using this approach we are clear that the starting point of any planning process should be a clear statement of what conditions of wellbeing are desired (the outcome). Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes

<sup>8</sup> <https://www.kirklees.gov.uk/beta/delivering-services/pdf/public-health-report-2018.pdf>





for the citizens and places of Kirklees and the people who use our services. If we achieve the seven outcomes for Kirklees ([see appendix 1](#)) we will know that people are ageing well.<sup>9</sup>

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<sup>9</sup> <https://www.kirklees.gov.uk/beta/delivering-services/pdf/public-health-report-2018.pdf>

## Domain 1: Prevention

### Principles:

- Preventing and reducing the risk of frailty
- Reducing the severity and impacts of frailty
- Living well with frailty, promoting independence and community skills
- Physical and mental health and wellbeing

### How will the Domain be embedded locally?

- Starting well programme
- Health Weight Declaration and associated work-streams
- Integrated Wellness Model and associated resources including Integrated Wellness Service, Community Plus, Social Prescribing
- Falls service and falls prevention work-stream
- Promoting physical activity, nutrition and social participation
- Medicines optimisation
- Self-care initiatives and resources
- Education and awareness locally to ensure the population of Kirklees:
  - Understand the importance of exercise, physical activity, diet and hydration for preventing and reducing the risk of frailty
  - Are aware that factors such as smoking, obesity and inactivity increase the risk of frailty
  - be aware of and be able to access services such as health checks, free eye and hearing tests and home safety checks
- Act on day-to-day interactions with people to encourage changes in behaviour that will have a positive impact on the health and wellbeing of individuals, communities and populations, i.e. Making Every Contact Count
- Effectively communicate messages about healthy living according to the abilities and needs of individuals
- Facilitate access to sources of health promotion information and support
- Understand approaches to prevent or reduce the risk of frailty syndromes
- Understand the importance of early recognition and timely management of frailty syndromes
- Developing capabilities in prevention, risk reduction, and a range of specific actions to support living well with frailty and maintaining independence to enable people and practitioners to deliver timely, high quality interventions that will in turn improve the outcomes and quality of life for people living with the condition.

### Outcomes:

- Population of Kirklees will start well, live well and age well
- People in Kirklees live independently and have control over their lives
- People in Kirklees are more active, healthy population
- Fewer people in Kirklees will become frail or experience the acuity of Frailty worsening

### Measures

- Breast-feeding rates
- Smoking rates
- Levels of physical activity
- Levels of wellbeing
- A&E presentations for dehydration and malnourishment
- Population with one or more long-term condition
- Home suitable for personal needs
- Living in poverty
- Reduction in the number of people who are identified as frail
- Reduction in the number of falls
- Reduction in the acuity of people identified as being frail

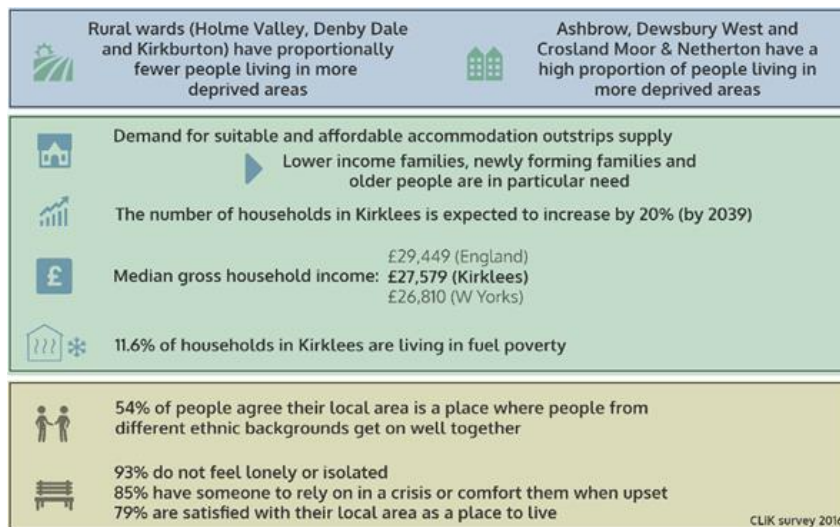
## DOMAIN 2: HEALTHY AND SAFE ENVIRONMENT



Creating a physical environment in which people can live healthier lives with a greater sense of wellbeing is hugely important in reducing health inequalities. Living close to areas of green space including parks, woodland and other open spaces can improve health, regardless of social class. The more deprived the neighbourhood, the more likely it is to have social and environmental characteristics presenting risks to health.

Decent, affordable and appropriate housing is increasingly needed to meet the current and longer term needs of the population. In Kirklees 1 in 6 (16%) homes were in poor condition and often occupied by people who were most vulnerable (elderly, economically inactive, socially isolated) and who were unable to bring their homes up to a decent standard and maintain that standard. Overall, 1 in 6 (16%) householders felt their house was not suitable for their needs; older people were more likely to feel it was too large and families with children were more likely to feel it was too small.

In areas of Kirklees where high deprivation levels existed there were corresponding high levels of non-decent, poor quality housing, especially in the private rented and owner-occupied sector within central Huddersfield and Dewsbury.<sup>10</sup>



There are however a range of local assets in Kirklees that make a huge contribution to families and communities by supporting people to improve their outcomes, their wellbeing and their health. It is vital to build on the assets of individuals and communities, including those in later life. These contributions can only be ensured if we foster people's health and participation as they age, through environments which promote accessibility, equity, safety, security and support age friendly environments. The Ageing Well in Kirklees<sup>11</sup> report further defines these assets and provides detail and guidance on actions that can be taken.

<sup>10</sup> <https://observatory.kirklees.gov.uk/jsna/housing>

<sup>11</sup> <https://www.kirklees.gov.uk/beta/delivering-services/pdf/public-health-report-2018.pdf>

## Domain 2: Healthy and Safe Environment

### Principles:

- Living well with frailty, promoting independence and community skills
- Voluntary, community, social enterprise and housing sectors as key partners and enablers

### How will the Domain be embedded locally?

- Community services will support patients to stay at home safe and well (this includes the development of the Kirklees Independent Living Team model)
- Regularly re-assess needs within the living environment to ensure frail people remain as independent and safe as possible and the chance of re-admission to hospital is kept to a minimum
- Promote a 'home first' philosophy to support as many frail people to stay in their own home environment
- Provide intense health and social care within the community in times of crisis and choose to admit only those frail people who have evidence of underlying life-threatening illness or need for surgery
- Discharge to assess as soon as the acute episode is complete in order to plan post-acute care in the person's normal place of residence
- Provide rapid access to equipment; support services and a flexible bed base
- Maximise potential of Mobile Response through increased use of Care Phones
- Community providers work re digital technology
- Domiciliary Care provision
- Falls service and falls prevention work-stream
- Links with loneliness
- Good neighbour scheme

### Outcomes:

People in Kirklees who are frail will have improved health and wellbeing though:

- Being able to maintain their independence and enjoy the best possible quality of life where ever they live
- Professionals competently providing advice, guidance and signposting on changing or adapting physical and social environments to ensure physical safety, comfort and emotional security
- Professionals and patients awareness of how living with frailty affects and is affected by many different aspects of a person's life (including the person's physical health, immobility, mental health, loneliness, cognitive function and their social and home environment) and is actively supported to self-care and signposted to supports as appropriate
- Living in enabling and supportive environments where they feel valued and understood.

### Measures

Increase in the number of people that are:

- Supported with digital/assistive technology
- Having appropriate equipment/home adaptations
- Have accessed social prescribing or signposted onto relevant services

## DOMAIN 3: SUPPORTIVE NETWORKS

Effective and sensitive communication that takes account of individual characteristics, needs and circumstances is required to develop supportive, caring relationships with people living with frailty. It is also needed to build and support the networks of care that enable people living with frailty to maintain their independence and enjoy the best possible quality of life, whatever the extent of their frailty and the circumstances of their life. Domain 3 will therefore focus on supportive networks.



Families and carers provide the key foundation for this care for many people who are living with frailty. However, due to the complex and multidimensional nature of frailty, people living with the condition also often benefit from the involvement of a wide range of other people and organisations. In order to achieve the best outcomes, these individuals and organisations must work in close partnership with individuals living with frailty, their families, carers, and of course with each other.

An individual's health, emotional wellbeing and quality of life are highly dependent upon wider social and economic circumstances. Factors such as isolation and housing may have pervasive effects that reduce an individual's ability to manage their own health and respond to illness.



In Kirklees, a higher proportion of people report being lonely all or most of the time in North Kirklees (8%) compared to Greater Huddersfield (6%). Loneliness is highly related to deprivation, with the proportion reporting being lonely all or most of the time around ten times higher in the most deprived groups compared to the least deprived groups (11% vs 1% NK | 10% vs 1% GH). Around one in ten people report they do not have someone they can rely on in a crisis (9% NK | 8% GH). This value is lower for those over the aged 65+ (5% in both CCGs).

Around nine in ten people are socially connected (defined as having someone to rely on in a crisis or having someone to provide comfort when upset). Social connectedness is slightly higher for Greater Huddersfield (86% NK | 88% GH) and significantly higher for older adults across both CCGs (91% for ages 65+ | 86% for ages 18-64). Taken from Kirklees Observatory<sup>12</sup>



<sup>12</sup> <http://observatory.kirklees.gov.uk/jsna/CCG>

## Domain 3: Supportive Networks

### Principles:

- Families and carers, or representative of the individual as partners in care

### How will the Domain be embedded locally?

#### Support Programmes and Services

- Offer referral to patient support programmes (Expert Patient (now within the Wellness model), DESMOND, Advocacy)
- Sign-post to appropriate services and resources e.g. social prescribing
- Work with the voluntary sector as partners in both the development and delivery of frailty (and associated services that promote health and wellbeing that contribute to the agenda) services and pathways and build on the key role they play in currently delivering services tackling loneliness and isolation
- Ensure all people identified with moderate/severe/very severe (palliative) frailty are assigned a case manager/Care Companion
- Build on the Kirklees Directory of Services and make widely accessible
- Work with voluntary sector

#### Family and Carers:

- Family, carers and social networks will be involved in planning and providing care
- Value and acknowledge the experience and expertise of people, their families, their carers and support networks, enabling choice and independence as far as is practical
- Patients, family and carers will be supported to access and use information and local support networks
- Ensure patients identified as being palliative or at the end of life, and their carers, feel supported both during end of life care and after the person has died
- Care navigation

#### Social Isolation and Loneliness:

- Social isolation and loneliness strategy group developed across Kirklees with representation from key stakeholders – currently developing an action plan

#### Workforce:

- Embed the Frailty Core Capability Framework locally which will support the workforce to have the correct skills in supporting people living with frailty
- Mechanism will be established to ensure professionals are aware of social networks or groups which provide leadership within the community to support people living with frailty and how they can get involved

### Outcomes:

People in Kirklees who are frail will have improved health and wellbeing through:

- Increased professionals and patients understanding of the associated impact of social isolation and the importance of social networks and communities for people living with frailty and their carers, and improved signposting where appropriate and support for patient choice
- Increased awareness and understanding (public and professional) of the importance of home and a 'caring network' (family, friends and others around an individual) in enabling people with frailty to live well
- Support for patients to maintain and develop new social connections, have opportunities to learn new skills and being able to contribute back to the community
- Patient's access a wide range of networks, feeling able to accept offers of help and recognising when and how to ask for help when needed.

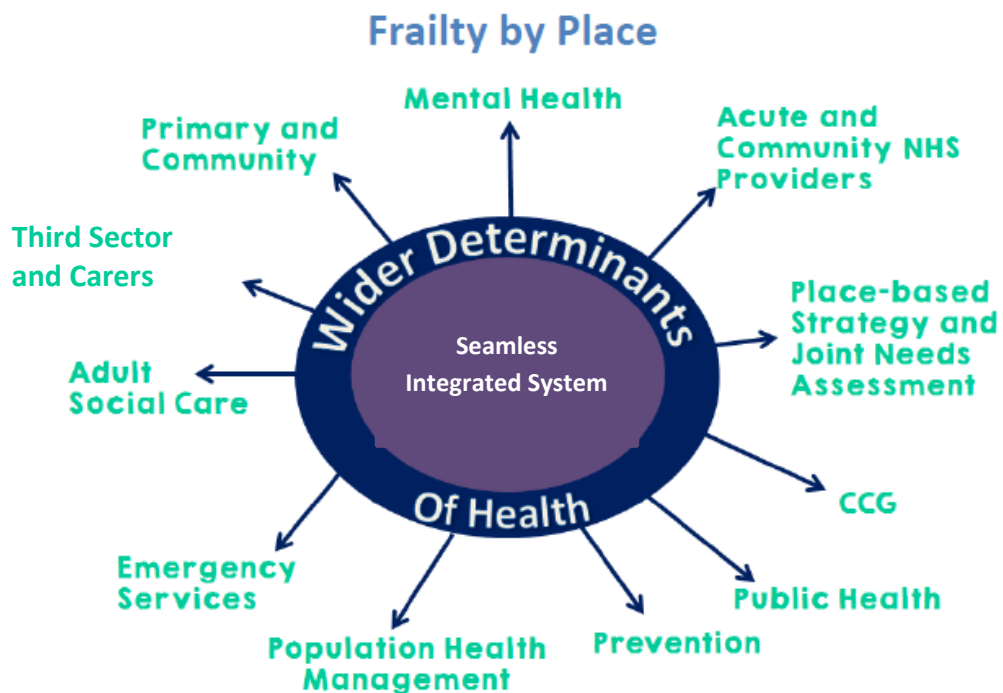
### Measures

Increase in the number of people who are;

- Socially connected/regularly engaging in social activity
- Carers and family aware of what help, advice, information is available
- Voluntary sector staff and volunteers understand frailty and are aware of information and services available for people who are frail and their families.

## DOMAIN 4: SEAMLESS INTEGRATED SYSTEM

As outlined previously, there is an acknowledgment that a number of complex systems still exist within Kirklees where services are often fragmented. Domain 1 will therefore focus around the Kirklees system and how commissioners and providers work closely together to ensure services are joined up and avoid fragmentation. This will build on the concept around shared MDT discussions between different organisations and services to take a collaborative approach. This will be strengthened through the integration agenda between the two CCGs and Kirklees Council whereby services will be commissioned jointly in the future where appropriate. There are many different services and organisations involved in frailty and this can make it confusing for patients and professionals to navigate the system. Therefore we all need to work together to ensure the best possible outcomes for patients. Through this approach, clinical variation will be significantly reduced for frail patients through effective monitoring, planning and continuous service improvement to deliver streamlined care



## Domain 4: Seamless, Integrated System

### Principles:

- Collaborative and integrated working
- Leadership in transforming services
- Research and evidence-based practice
- Reduced duplication and variation across the system
- Effective use of resource
- Communication

### How will the Domain be embedded locally?

#### Integration

- Due to the interdependencies and joint working of the projects across Health and Social Care, frailty is one of the focus areas for integration between the two CCGs and the Council
- Undertake reviews of current service provision and the development of new models jointly between Health and Social Care
- Ensure care is co-ordinated and system wide
- Develop a process to integrate systems allowing the sharing of care planning information, where the person has consented

#### Shared Vision

- A shared vision, aim and objectives will be owned by all key Stakeholders
- Hold a local summit with all Stakeholders to agree the vision, strategy, definition of frailty, gap analysis and key actions and milestones
- Providers will be supported and encouraged to work together in a holistic way putting the patient at the heart of decision making

#### Assessment Tools and Templates

- System-wide recognition of the signs of frailty
- Standardised way of identifying frailty and stratifying frailty status (assessment tools and templates)

#### Communication and Engagement

- A communication and engagement plan will be developed to ensure all key Stakeholders remain up to date with progress of each project. This will include regular reports through formal governance structures
- Raise awareness of frailty and the risk factors associated across the Kirklees health and social care system
- Regular communication channels with all stakeholders
- Ensure appropriate training of “all things frailty” is available for all staff across all sectors. This includes frailty recognition, assessment tools, Delirium and Advance Care Planning

#### Best Practice:

- Ensure an evidence-based consistent approach to assessing frailty

#### Workforce:

- Embed the Frailty Core Capability Framework locally

### Outcomes:

People in Kirklees who are frail will have a better experience of care and improved health and wellbeing through:

- The integration of the frailty programme across health and social care
- Engaged stakeholders working together towards a common goal with a single approach to frailty and joined up services.
- Highly skilled and educated workforce with the correct competencies to meet the needs of the population (in line with the Core Capability Framework)
- A single approach to frailty assessments and reduced duplication and variation
- Stakeholders aware of progress with local projects
- The local recognition of frailty as a LTC (long-term condition).
- People in Kirklees with signs of frailty will have improved health and wellbeing outcomes through system wide recognition of the signs of frailty and what to do when signs of frailty are found as a result of earlier identification and help.

### Measures

- Evidence the impact of joint projects and commissioning across health and social care. This should be achieved through effective measure of the 3 domains of quality (user experience, patient outcomes and safety of care)





## DOMAIN 5: HIGH QUALITY, PERSON CENTRED AND PERSONALISED CARE



Some of the challenges identified locally include some of our services being reactive to patients presenting in a crisis, often with a specific physical problem that has become urgent. Also many of our services are designed to treat one condition at a time missing out on the benefits of using a holistic approach.

Domain 2 will therefore involve a number of projects to ensure patients receive the best personalised services in accordance with their needs, in a timely manner, using a shared decision making approach and embedding holistic assessments ([see appendix 4](#)). This will be underpinned with the ethos of providing the right care in the right place at the right time, first time; with a focus on quality, spend and patient

outcomes.

The 3 elements of quality (clinical) are identified and measured through:

- Patient experience
- Clinical effectiveness
- Patient safety

The delivery of high quality services therefore requires the above 3 elements to be measured throughout the patient journey which allows providers and commissioners to identify what works well and which areas require improvement. This will contribute towards a seamless pathway and wrap around care for patients. Evidence based pathways are also key. There have been a number of national documents and guidance published around Frailty and the Kirklees system needs to review these and ensure they are implemented and embedded locally.

Other quality aspects and measures are required to address the environment, loneliness and isolation, physical conditioning, strength and balance and all that contribute to promoting health and wellbeing. These factors reduce the risks associated with the impact of frailty.

Taking a person-centred approach to care, which recognises values and builds upon this individuality, is essential in helping to achieve the best outcomes for people living with frailty. NHS England has a strong focus on person centred and personalised care with the role out of the personalised care operating model (see [appendix 5](#)). This model will be embedded across the system.

In order to provide a high quality, personalised approach to frail patients, firstly they need to be identified in order to be managed and supported appropriately. Frailty is relatively easy to recognise when severe, but identifying it in people with less advanced frailty can be challenging. It's important that people who are defined by the electronic Frailty Index (eFI) as fit, mildly or moderately frail are supported to manage their health and wellbeing as they age, while those identified as living with severe frailty are properly supported according to their needs.<sup>13</sup>

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<sup>13</sup> <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/frailty/>

## Domain 5: High Quality, Person Centred and Personalised Care

### Principles:

- System wide understanding of frailty
- Proactive support and prevention
- Physical and mental health and wellbeing
- Care and support planning
- Frailty identification and assessment
- Person-centred approach
- Voice of the individual first

### How will the Domain be embedded locally?

#### Person Centred:

- Understanding individuals ability to self-care and their protected factors in relation to the risk of development of frailty
- Individuals are supported to engage fully or a representative of the individual are supported through decision making in their best interests

#### Patients at the heart of decision making:

- NHS England Personalised Care Operating Model will be embedded ([see appendix 5](#))
- Shared Decision Making
- Making Every Contact Count
- Promote self-management through long term condition reviews
- Promote healthy lifestyles through NHS Health Checks
- Offer support for individualised goals (health trainers, PALS)
- Ensure people are informed as early as possible about the approach to end of life to enable informed decision making about their preferences

#### Education:

- Patient education to support improved self-management skills to help people with frailty to improve their wellbeing
- Ensure appropriate training of “all things frailty” is available for all staff across all sectors. This includes frailty recognition, assessment tools, Delirium, Advance Care Planning and supporting professionals to develop their skills in order to sensitively discuss end of life needs

#### Early frailty identification and assessment:

- Use the electronic frailty index tool to identify those at risk of frailty and understand our frail population
- Develop a process for stakeholders to inform general practice of those at risk of frailty
- Promote consistent use of frailty assessment tool (Rockwood) to confirm frailty across all sectors
- Promote prevention and support services for those identified with mild frailty
- Offer a full comprehensive frailty assessment for those identified with moderate and severe frailty
- Support those assessed as severely frail or palliative to access end of life care that is timely and compassionate
- Support Primary Care with frailty aspects within the GP contract, changes to QOF codes and local quality improvement schemes (see [appendix 6](#))

#### Best Practice:

- Ensure commissioned services are in line with best practice, including NICE guidelines and nationally published documentation

#### Service Outcomes and KPIs

- Align service outcomes and robustly monitor for effectiveness, quality and patient experience

#### Care Plans:

- Outcome-focused care planning undertaken with a strengths-based approach. Agree to use a range of care planning tools to support the varying needs of our population
- Use the approved NHSE audit tool as a framework to ensure care plans are personalised
- Where appropriate use the Patient Activation Measure as a marker of a person understands of their condition and how to manage it.
- People with severe frailty who are approaching the end of life should be offered the opportunity to agree an **End of Life Plan** which articulates their wishes and preferences around future care (EPaCCS)

#### Workforce:

- Services delivered by qualified and well trained staff.
- Embed the Frailty Core Capability Framework locally

### Outcomes:

People in Kirklees who are frail will have improved health and wellbeing through:

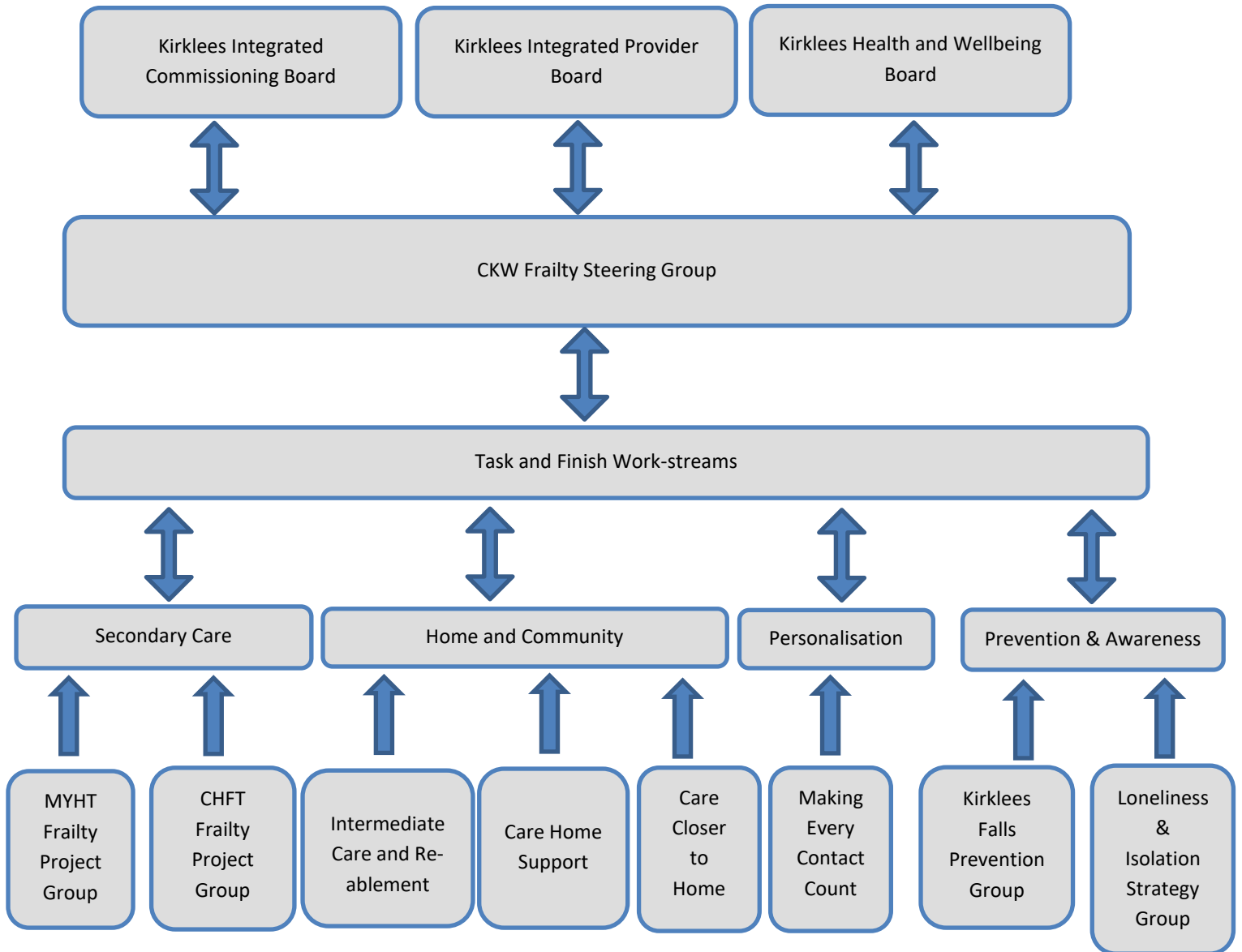
- Personal choice and control over the decisions that affect them
- Early identification, risk stratification, management and support

- Increased shared decision making and patient understanding around frailty and keeping well through self-care
- Access to personalised care and selection of outcomes that matter to them the most (refer to I-Statements)
- Maximised independence

**Measures:**

- Increase (against estimated prevalence) in the number of people that are identified as mild, moderate and severely frail (identification of the previously unidentified)
- Increase in the proportion who are identified earlier (i.e. mild)
- Increase in the number and proportion of people who feel more confident and able to manage their own health and care
- Frailty services meeting their set KPIs

**GOVERNANCE ARRANGEMENTS**



APPENDICES

APPENDIX 1: SEVEN KIRKLEES OUTCOMES

Seven Kirklees Outcomes:



**Healthy**

People in Kirklees are **as well as possible** for as long as possible



**Independent**

People in Kirklees **live independently** and have control over their lives



**Economic**

Kirklees has **sustainable economic growth** and provides good employment for and with communities and businesses



**Children**

Children have the **best start in life**



**Safe & Cohesive**

People in Kirklees live in **cohesive communities, feel safe and are protected** from harm



**Achievement**

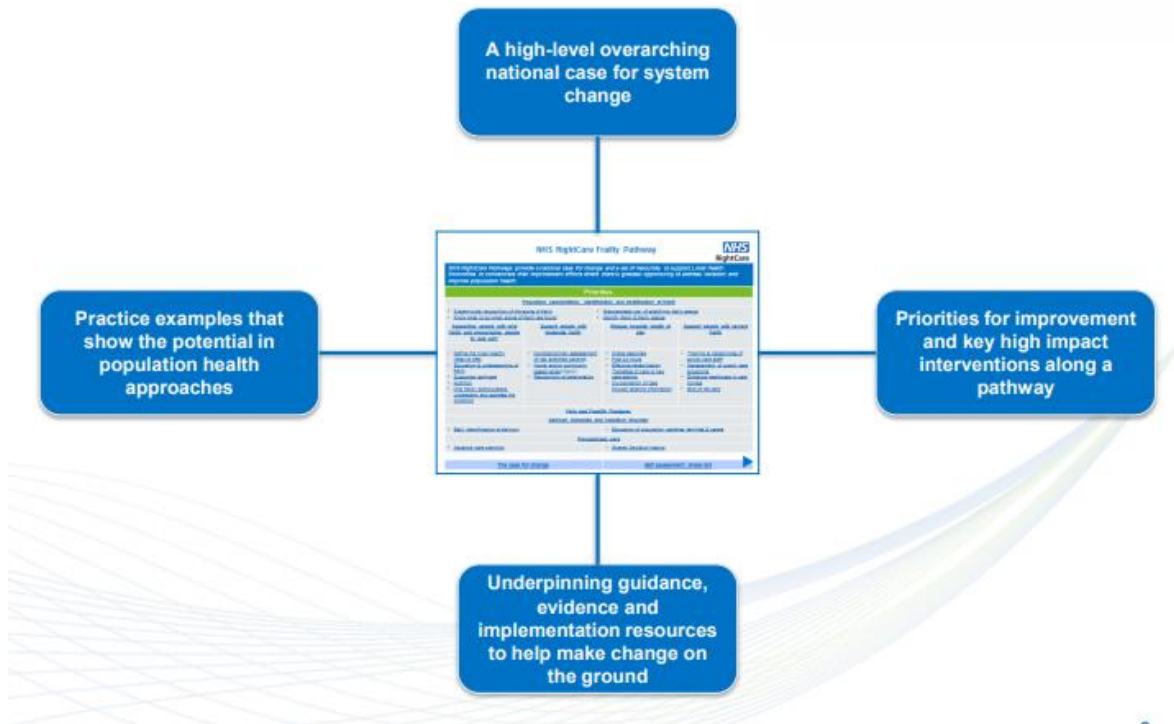
People in Kirklees have aspiration and **achieve their ambitions** through education, training, employment and lifelong learning



**Clean & Green**

People in Kirklees experience a high quality, clean, and **green environment**

# What is a RightCare pathway?



# The NHS RightCare Frailty Pathway

Priorities			
<u>Population segmentation, identification and stratification of frailty</u>			
<ul style="list-style-type: none"> <li>• <u>System-wide recognition of the signs of frailty</u></li> <li>• <u>Know what to do when signs of frailty are found</u></li> </ul>		<ul style="list-style-type: none"> <li>• <u>Standardised way of stratifying frailty status</u></li> <li>• <u>Identify frailty &amp; frailty status</u></li> </ul>	
<u>Supporting people with mild frailty and encouraging people to 'age well'</u>	<u>Support people with moderate frailty</u>	<u>Reduce hospital length of stay</u>	<u>Support people with severe frailty</u>
<ul style="list-style-type: none"> <li>• <u>Define the local healthy lifestyle offer</u></li> <li>• <u>Education &amp; understanding of frailty</u></li> <li>• <u>Supported self-care</u></li> <li>• <u>Nutrition</u></li> <li>• <u>Mild frailty: acknowledge, understand and address the condition</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Multidisciplinary assessment of risk stratified patients</u></li> <li>• <u>Home and/or community based rehabilitation</u></li> <li>• <u>Recognition of deterioration</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Crisis response</u></li> <li>• <u>First 24 hours</u></li> <li>• <u>Effective rehabilitation</u></li> <li>• <u>Transfers of care to new care setting</u></li> <li>• <u>Co-ordination of care through sharing information</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Training &amp; capabilities of social care staff</u></li> <li>• <u>Management of urgent care situations</u></li> <li>• <u>Enhance healthcare in care homes</u></li> <li>• <u>End of life care</u></li> </ul>
<u>Falls and Frailty Fractures</u>			
<u>Delirium, Dementia and Cognitive Disorder</u>			
<ul style="list-style-type: none"> <li>• <u>Early identification of delirium</u></li> </ul>		<ul style="list-style-type: none"> <li>• <u>Education of population, patients, families &amp; carers</u></li> </ul>	
<u>Personalised care</u>			
<ul style="list-style-type: none"> <li>• <u>Advance care planning</u></li> </ul>		<ul style="list-style-type: none"> <li>• <u>Shared Decision Making</u></li> </ul>	
<u>The case for change</u>		<u>Self assessment check-list</u>	

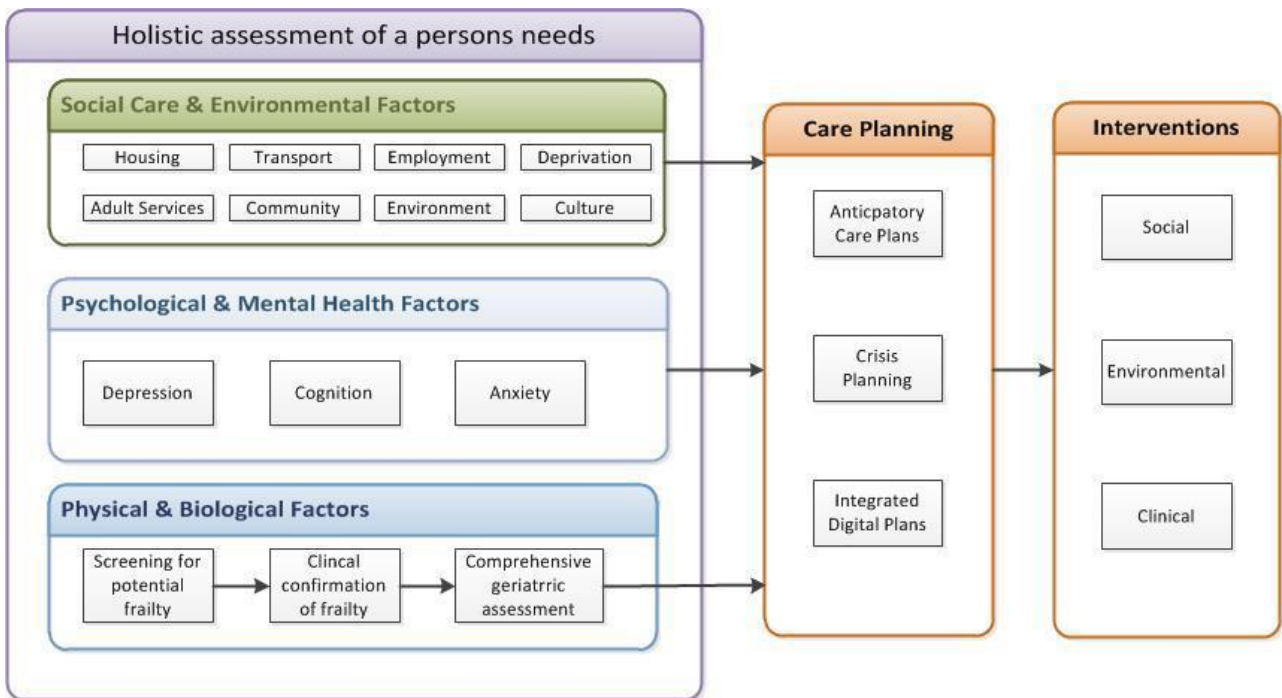


## APPENDIX 3: POPULATION CHARACTERISTICS AND OUR FOCUS

	Population characteristics	Our focus	What we know about this group
<b>Living well</b>	<p>Majority of the population who are largely healthy (both mentally and physically), manage their own health and wellbeing and have little requirement for contact with formal or statutory services.</p> <p>A proportion of this population are subject to risk factors related to behaviours (smoking, alcohol consumption, diet and exercise) or social factors (employment, housing, social isolation).</p>	<p>Keeping people well, physically and emotionally through the creation of healthy places which promote healthy behaviours and of resilient, connected and vibrant communities</p> <p>Reducing risk factors associated to healthy behaviours or social factors, often linked to inequalities</p>	<p>There are 91,000 adults living in Kirklees who are in the segment most poorly motivated to look after their health</p>
<b>Independent</b>	<p>A significant proportion of our population are living with conditions or social factors impacting their health and wellbeing, who are largely managing independently or with informal support</p> <p>Within this cohort, people will be accessing GP support or outpatient appointments specific to their needs</p>	<p>Enable this population group to manage their own health and wellbeing through access to information, advice, support and digital opportunities</p> <p>Ensure holistic support for physical and mental health and wellbeing needs</p>	<p>84% people over 50 has a long-term condition (67% people under 50). Half of these people are managing alone</p>
<b>Complex</b>	<p>A small proportion of our population are living with multiple long-term conditions, significant disabilities and complex needs, some may be at the end of their life</p> <p>The needs of this group are often significant and debilitating, preventing work or regular opportunities for engagement with the wider community. Cost of provision of support to this group is very high.</p>	<p>Create a new offer for people with complex needs which will:</p> <ul style="list-style-type: none"> <li>• Focus on strengths and assets in planning support</li> <li>• Reduce duplication between services and number of times a person has to tell their story</li> <li>• Focused on planned and preventative interventions rather than a reactive need for unplanned acute and urgent services</li> </ul>	<p>Approximately 30,000 people over 65 are living with three or more long-term conditions</p>
<b>Acute or urgent</b>	<p>At any time, some proportion of our whole population will have acute or urgent needs which need swift and/or specialist interventions</p>	<p>Ensure that where people require urgent, acute or specialist care, this will be the right intervention provided in the right setting in a timely way</p>	<p>On an average day (taken on 03/10/17) there are 437 A&amp;E attendances and 8,744 routine and urgent GP appointments across Kirklees</p>

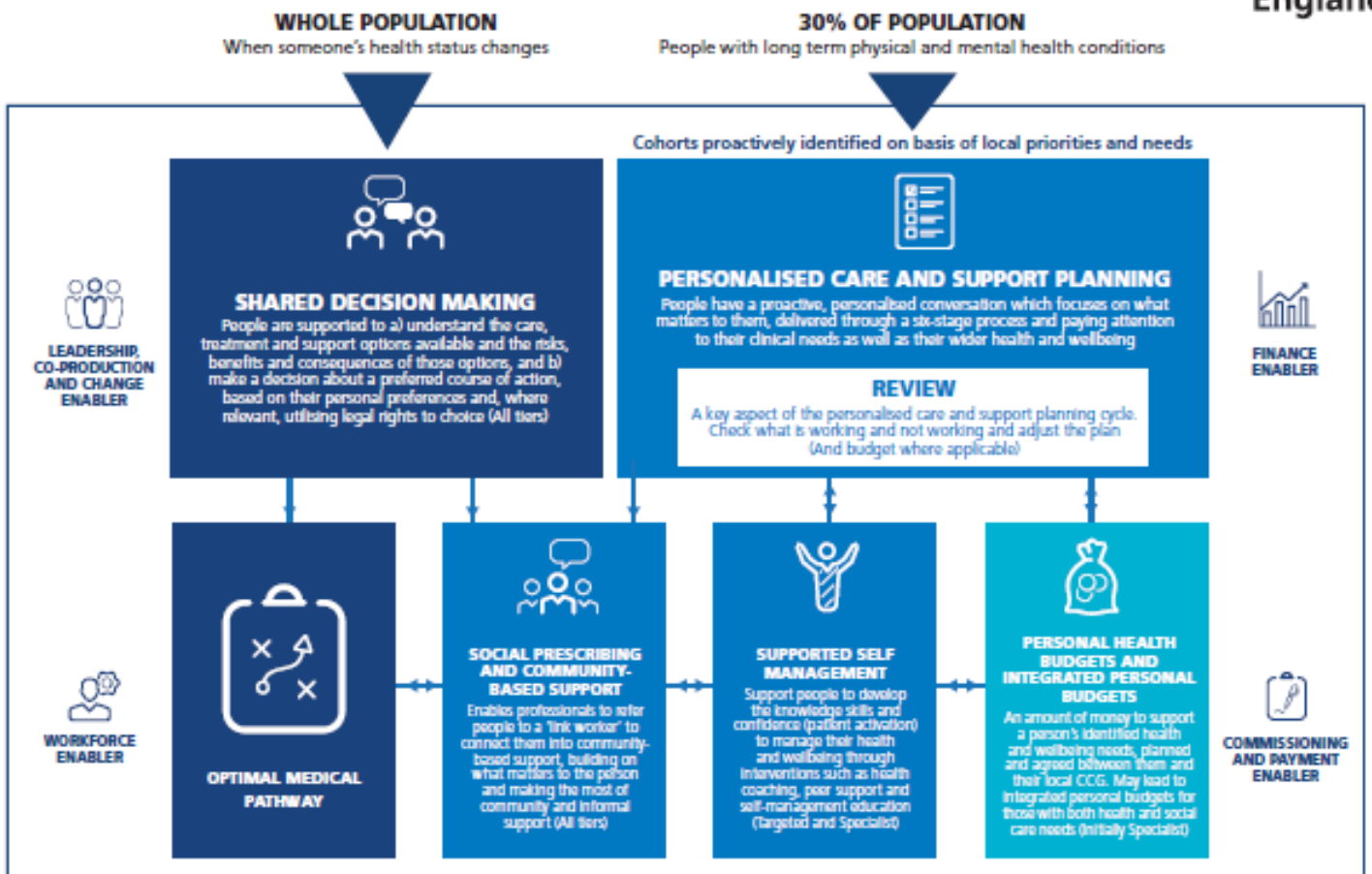
*Taken from the Health and Wellbeing Plan*

APPENDIX 4: HOLISTIC ASSESSMENTS OF A PERSON'S NEEDS



APPENDIX 5: PERSONALISED CARE OPERATING MODEL

# Personalised Care Operating Model



## APPENDIX 6: PRIMARY CARE AND FRAILITY

The Primary Care contract requirement on frailty is to proactively identify older people (aged 65 and older) who are living with severe or moderate frailty using an evidenced based tool. People identified will be offered a small number of key evidence-based interventions which include annual medication review (severely frail only), falls risk identification and promoting the use of the additional information in the Summary Care Record.

In addition, in North Kirklees, as part of the Quality Access Scheme (1st April 2018 – 31st March 2020) practices are being asked to provide a holistic comprehensive frailty review for those patients identified as being moderate and severely frail and to identify and assign a Care Companion to support this patient cohort. Clinical templates are available to guide clinicians through the frailty review.

### FRAILITY CLINICAL READ-CODES

Frailty diagnosis	SYSTMONE	EMIS
MILD	XabdY	2Jd0.
MODERATE	Xabdb	2Jd1.
SEVERE	Xabdd	2Jd2.

## ACKNOWLEDGEMENTS

This strategy has been developed in collaboration with partner organisations. Grateful thanks to all those involved.



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