AD HOC SRUTINY PANEL REVIEW – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN KIRKLEES

1. CONTEXT AND BACKGROUND

1.1 Child and Adolescent Mental Health Services (CAHMS) was established to work with children and young people up to the age of 18 with the aim of improving the mental health of young people accessing the service, and providing support to their families.

1.2 The Ad-Hoc Scrutiny Panel was established to undertake a review into the provision of CAHMS in the Kirklees area in response to growing concerns regarding the operation of the organisation and its efficiency in providing a satisfactory level of service provision. The service had been subject to negative publicity in the press, and it had been acknowledged by South West Yorkshire Foundation Trust, who were commissioned by Greater Huddersfield, Calderdale and North Kirklees Clinical Commissioning Group to run the service, that they did not have adequate resources to cope with the level of demand.

1.3 The issues faced by Kirklees were also being experienced on a national basis, and in September 2014 the Children and Young People's Mental Health and Wellbeing Taskforce was established to consider ways to make it easier for children, young people, parents and carers to access help and support, and to improve how children and young people's mental health services are organised, commissioned and provided.

1.4 The National Children and Young People's Mental Health and Wellbeing Taskforce published the report called 'Future in Mind' in March 2015. The report set out the moral, social and economic case for change in delivery of mental health services for children and young people. The report made 49 recommendations for improving early intervention and prevention measures; simplifying structures and improving access; sustaining a culture of evidence-based service improvements; and better joining up of services. The report set out a clear national ambition in the form of key proposals to transform and design the delivery of a local offer of services for children and young people with mental health needs.

The Government committed funding to help improve local Child and Adolescent Mental Health Services (CAMHS) provision for children and young people, and all regions were required to produce their own 'Transformation Plan' to fully address the implementation of the 'Future in Mind' recommendations. The identified funding was dependent on the development of a local Transformation Plan. A key focus has been to develop provisions which are tier free, with a focus on early help and prevention. NHS England ensured that Transformation Plans were in accordance with national ambitions and requirements.

The Transformation Plans were considered to be key in delivering the national ambition through localised leadership and ownership, covering the spectrum of services for children and young people's mental health and wellbeing. This ranged from health promotion and prevention work, to support and interventions for those

who have existing or emerging mental health problems, as well as transitions between services.

The 'Future in Mind' Report identified the role that the Government would play in delivering the national ambition by seeing out a series of targets and priorities during 2015/2016.

1.5 The development of the Kirklees Transformation Plan involved a wide range of people which include parents, service users, and professionals. The plan was submitted on the 16th of October 2015 to NHS England and a subsequent formal response confirmed that the Kirklees plan had been categorised as meeting the assurance criteria in full.

The Kirklees Plan included 28 identified priorities to be worked on between December 2015 and April 2016, being led by North Kirklees Clinical Commissioning Group.

The Panel considered the Transformation Plan and intended outcomes for improvements to the delivery of Child and Adolescent Mental Health Services in response to the Future in Mind recommendations. It was noted that the Plan set out proposals for change over the first year of a five year strategy.

1.6 The priority themes for Year 1 are summarised in the table below;

Theme 1 – Promoting resilience, prevention and early intervention - To redesign and implement a school nursing service that is more focussed on emotional health and wellbeing, and provides an early intervention function across all educational settings. - To implement clear joint working arrangements and clear pathways between schools and emotional health and wellbeing provision. - To provide emotional health and wellbeing provision that is collaboratively commissioned with educational settings. - To collaboratively design peer education programmes for children and young people that promote resilience and assist with early identification of emotional health and wellbeing issues.
Theme 2 – Improving access to effective support and creating a system without tiers - To redesign the specification for Tier 2 and Tier 3 provision and transform services to provide a 'tier free' new service model that is based on the 'Thrive' approach. - To increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people.

- To provide a comprehensive eating disorder service across Kirklees, Calderdale and Wakefield, in line with best practice and issued guidance.

- To implement Tier 2 and Tier 3 CAMHS link workers to directly liaise with and support schools, primary care and other universal provision.

- To implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 provision and to support joined up working across services.

- To have in place a single point of access model for advice, consultation, and assessment and coordination of provision.

- To provide a 'one stop shop' approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector.

- To provide a local crisis model that ensures assessment within 4 hours and is in line with the Crisis Care Concordat, and utilises a redesigned psychiatric liaison service.

- To work with the local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the 'Core 24' service specification.

Theme 3 – Caring for the most vulnerable

- To invest in and implement a flexible multi-agency team to address the emotional health and wellbeing needs of looked after children, children in the youth offending team, children experiencing sexual exploitation and children with child protection plans.

- To provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.

- To ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families Programme.

- To provide cohesive CAMHS provision on a regional basis for looked after children who are placed within the West Yorkshire Critical Commissioning Groups Commissioning Collaborative footprint.

- To work with Kirklees Safeguarding Child Board to undertake a 'deep dive' into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of discrete provision for vulnerable children.

Theme 4 – To be accountable and transparent

- To implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint

Commissioning Manager and jointly funded by North Kirklees Clinical Commissioning Group, Greater Huddersfield Clinical Commissioning Group and Kirklees Council.

- To use the Transformation Plan as the basis for commissioning priorities over the next five years.

- To embed responsibility for overseeing the commissioning intentions within the Health and Wellbeing Board work plan and oversight function.

- To ensure that the Integrated Commissioning Group is overseeing the implementation of the Future in Mind detailed operational commissioning plan.

- To ensure that commissioned services are evidence based and that the National Institute for Health and Care Excellence guidelines are implemented throughout service provision.

- To ensure that 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 system.

- To implement clear and transparent outcome monitoring supported by membership of CAMHS Outcomes Research Consortium, and the implementation of session by session outcome monitoring across CAMHS provisions.

- To receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group.

Theme 5 – Developing the workforce

- To ensure that Tier 2 and Tier 3 providers are fully participating in children and young person's Improving Access to Psychological Therapies (CYP IAPT) core curriculum 2016/2017.

- To ensure that Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/2016.

- To ensure that where required, staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions.
- To develop a comprehensive workforce development strategy for CAMHS across Kirklees to inform and direct how workforce development would be supported and implemented.

The Panel was asked to consider whether the Transformation Plan addressed concerns regarding the provision of CAMHS services in Kirklees, and having regard

to various sources of evidence, present recommendations for further improvements to service provision.

2.

2.1 TERMS OF REFERENCE

The Terms of Reference of the Ad-Hoc Panel were;

- To scrutinise the performance of the Child and Adolescent mental Health Services in Kirklees, with a particular focus upon;

  (i) Developing an understanding of the services provided by CAMHS and its current performance in line with national requirements

  (ii) Scrutinising the CAMHS transformation plan and the supporting action plan

  (iii) Seeking the views of service users and considering benchmarking information nationally on the provision of CAMHS services.

2.2 THE AD-HOC PANEL AND WORKING ARRANGEMENTS

The Ad-Hoc Panel comprised of the following Elected Members and Scrutiny Co-optees;

Councillor Cahal Burke (Chair)
Councillor Donna Bellamy
Councillor Andrew Cooper
Councillor Karen Rowling
Councillor Andrew Marchington (rep of the Health and Social Care Scrutiny Panel)
Rosa Vella (Co-optee)
Fatima Khan-Shah (Co-optee)

The Ad-Hoc Panel held a series of meetings between October 2015 and March 2016 in order to receive information and evidence from a range of individuals.

2.3 PROGRAM OF WORK AND SUMMARY OF EVIDENCE RECEIVED

The program of work carried out by the Panel is set out below;

Date	Purpose of Meeting
2 October 2015	Panel Meeting The Panel met with Tom Brailsford (Joint Commissioning Manager) and received an overview of the background, aims and priorities of the *' Kirklees Future in Mind Transformation Plan – Children and Young People's Mental Health and Wellbeing'.* The Panel received a draft copy of the Transformation Plan. The Panel noted the Terms of Reference of the Panel and considered possible areas of scrutiny focus; - Monitoring reduced waiting times for referrals - Improving Service User Experience (including service access by GPs, parents, teaching staff) - Monitoring the development of a tierless approach - Improving early intervention measures
16 October 2015	Panel Meeting (date of submission of the final Transformation Plan to NHS England) The Panel met with Tom Brailsford (Joint Commissioning Manager) and Matthew Holland (Head of Children's Trust) and received a finalised copy of the Transformation Plan. They gave consideration to areas of focus and timetable for evidence gathering.
16 November 2015	Panel Meeting (Evidence Gathering) The Panel met with Carol Thomas and Tracey McKellan Smith, representing PCAN (Parents of Children with Additonal Needs) and received feedback and comments relating to the issues of waiting list times, access to services, the referral system and the assessment process.
14 December 2015	Panel Meeting (Evidence Gathering) The Panel met with representatives of CAMHS (Dave Ramsay, Dr Mini Pillay, Trish Greenwood) and received information on the role of the service and the management of service

	provision. Information was provided relating to the referral process, crisis response, waiting time assessments and proposals to gathering performance data.
18 January 2016	Panel Meeting (Evidence Gathering) The Panel met with Jayne Whitton (Principal Educational Psychologist) and Mandy Cameron (Deputy Assistant Director, Learning and Skills) and received information on the role of the Education Psychology Team and the current challenges facing the team in terms of service provision, and also schools in supporting young people whom may be experiencing mental health difficulties.
1 February 2016	Panel Meeting (Evidence Gathering) The Panel met with Helen Severns (North Kirklees CCG) and received information on the implementation and delivery of the Transformation Plan and key areas for improved service delivery.
22 February 2016	Panel Meeting (Evidence Gathering) The Panel met with Tom Brailsford (Joint Commissioning Manager) and received an update on the progress of the Transformation Plan. The Panel met with Laura Flynn, Deputy Head Teacher of Nortonthorpe Hall School, and received information regarding her experiences of working with young people with a variety of complex needs, and the difficulties faced by the young people in accessing post-16 studies.
29 February	Panel Meeting (Evidence Gathering) The Panel met with Dave Ramsey (CAMHS), Linda Moon SWYFT) and Yvonne White (Northorpe Hall Service Manager) and received information on the establishment of ASK CAMHS, an initial single point of contact for those with concerns regarding a child/young person's emotional or mental health. The Panel met with Karen Butler, Head Teacher of Reinwood Infant and Nursery School, and Nikki Conquest, SENCO, to discuss their experiences of working with children with social and emotional needs, and their experiences of dealing with CAMHS in cases where pupils required such interventions.

3. EVIDENCE GATHERED UNDER TERMS OF REFERENCE

Terms of Reference (1)

Developing an understanding of the services provided by CAMHS and its current performance in line with national requirements

3.1 The Panel have received information to give them a thorough understanding of the role of CAMHS and twice met with the Deputy Director of Operations to discuss matters relating to the provision of services.

The Panel noted that CAMHS currently operated within a 4 tier system;

Tier 1 – All children can access tier 1 services. Referrals could be made from a variety of methods, including via schools, GPs, health visitors, children's centres, social workers and early years practitioners.
Tier 1 services would provide advice and treatment of less severe problems, prevention measures and referrals. Over 50% of referrals are from GPs.

Tier 2 – Targeted services in education, social care and health for children vulnerable to mental health difficulties.
Tier 2 services are provided by Northorpe Hall and would include prevention and early intervention measures, consultation, referrals to specialists and training.

Tier 3 – Supporting moderate to severe mental health needs through specialist services.
Tier 3 services are provided by CAMHS and would provide access to specialist services including nursing, psychologists, psychiatrists and therapists for mental health issues such as depression, suicidality, self harm, obsessive compulsive disorder, severe anxiety, autistic spectrum disorder, psychosis, attention deficit hyperactivity disorder, eating disorders and traumatic experiences.

Tier 4 – Supporting severe/highly complex mental health needs through highly specialist inpatient services.
Tier 4 services are specialist intensive mental health interventions, which include day hospitals and inpatient psychiatric units. There is current no local provision at Tier 4 and any such cases are referred elsewhere. Locations include Leeds, Cheadle, York, Sheffield and Manchester.

3.2 The Panel were advised that the demands on services were increasing and complex and that there was a rise in the number of emergency referrals and routine referrals, which impacted upon resources and had created a situation where demand was greater than capacity. It was noted that limited resources had an impact on the operation of CAMHS, and that the demand on the service was greater as other sector providers had ceased to be able to provide support.

3.3 CAMHS comprises of 68 staff from a range of professions, and in a typical

month would receive, (based on data from the period April to November 2015) 134 routine or urgent referrals, and approximately 12 emergency referrals. (42% of these referrals were from GPs.) In a typical month CAMHS would see almost 40 young people for an initial assessment appointment, which would typically be less than 5 weeks from referral. In addition, there were over 300 'treatment' appointments. There were approximately 85 appointments were the client did not attend.

3.4 The Panel were informed that a new CAMHS Crisis and Home Intervention team was in the process of being established which would create additional staffing and specialist skills to target high end needs, which should allow capacity to be created and targeted at lower end needs.

3.5 In terms of performance, it was noted that benchmarking information had not previously been readily available as it had been too difficult to formulate due to comparisons not being equal, however, a new system was now being implemented. The Panel were informed that a National Data Set was to be established, commencing February 2017, which would provide regional comparisons and a useful tool for benchmarking. This would be an improvement on the current system which required individual areas to be contacted and asked if they would be willing to release information. It was anticipated that the first set of statistics could be expected in May 2017, which would enable effective benchmarking to be put in place.

Terms of Reference (2)

Scrutinising the CAMHS transformation plan and the supporting action plan

3.6 The Panel was supportive of the content of the Transformation Plan and welcomed the significant changes which it would drive in terms of improvements to service provision.

In particular, the Panel felt that the Theme 1 priority to implement clear pathways between schools and the provision was crucial in delivering a more effective and cohesive service. They also considered the Theme 2 priority of implementing Tier 2 and Tier 3 CAMHS link workers to directly work with and support schools, primary care and other universal provision to be integral to defining clearer pathways.

3.7 The Panel also noted and welcomed the proposal to implement a training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 provision to support joined up working across services.

The Panel noted that, the implementation of the Transformation Action Plan would be continually monitored by the Health and Wellbeing Board and that updates on performance would be submitted to the meetings of the Board.

Terms of Reference (3)

Seeking the views of service users and considering benchmarking information nationally on the provision of CAMHS services.

3.8 A visit was undertaken to Northorpe Hall Child and Family Trust, where Panel members spoke with two young people who were service users. The services users, who were aged approximately 13 years and 17 years, provided information regarding their referral into the service and the levels of support that they had received.

3.9 In terms of benchmarking, a CAMHS benchmarking project was developed by NHS Benchmarking with an acknowledgement that CAMHS was a key theme in mental health services and an area that had not been subject to mainstream comparisons and performance analysis across the NHS.

The benchmarking project aimed to document approaches to delivering CAMHS tiers 1 to 3, and tier 4, and produce performance comparisons. However, this information was only available to Member organisations and therefore the Panel was unable to access this detail, for which a fee was payable. The establishment of the new National Data Set (as referred to in Terms of Reference 1), will enable a more transparent system of comparisons and allow more effective benchmarking to be put in place.

4. PANEL FINDINGS

4.1 The Panel have given detailed consideration to the Transformation Plan and the aims and priorities which it set out for Year 1. The Panel welcomed the content of the document and acknowledged that the delivery of the proposals within it would bring about improvements in the local delivery of service provision. The Panel supported the proposals for developing a 'tier free' service.

4.2 The Panel noted that the proposals in the Transformation Plan would improve transparency, particularly in relation to referral statistics and waiting times. It was acknowledged that waiting times for an initial assessment had now reduced to 3 weeks, in comparison to 10 weeks in April 2015 and so initial access to the service upon referral had therefore already improved. The Panel considered 3 weeks to be a satisfactory waiting time and noted that measures that had been put in place to achieve this reduction had therefore proved to be successful. The Panel wished to see this reduced initial waiting period to be sustained in the long term.

Following the initial assessment, the waiting period to the next intervention was approximately 10 months, or longer in the case of Autistic Spectrum Disorder

diagnoses. In terms of Autistic Spectrum Disorder diagnosis', the current assessment capacity was approximately 4 per week, which had led to a long backlog and 20 cases waiting for a period of over 2 years. In December 2015, there were 280 cases awaiting assessment.

During the 10 month wait period any referred cases would be aware that, should circumstances change, crisis situation responses would be robust. Crisis situations were deemed to be circumstances of suicidal ideation, high risk cases of self-harming, psychosis or presenting a risk to others. There would also be the option in all cases to access back into the service within the waiting period should the symptoms worsen, where a range of support would be available. CAMHS acknowledged that the current 10 month wait was too lengthy and that they were continually working to gradually reduce the waiting time, within the boundaries of resource pressures.

4.3 The Panel noted that at least 70% of Looked After Children required interventions and that the Plan aimed to establish a multi-agency team to focus on Looked After Children, cases of Child Sexual Exploitation (CSE), and those considered to be at risk of CSE.

4.4 The Panel received details of the establishment of ASK CAMHS, a new initial single contact point for those with concerns about a child/young person's emotional or mental health. The service would provide experienced workers to listen to concerns and provide information, advice and self-help resources. The service would operate between 9am and 5pm Monday to Friday, during which time telephone referral and support workers would be available. A support request could be logged out of these hours, up to 8.00pm, or on Saturdays between 9.30am and 1.30pm.

4.5 Information was provided on ChEWS, the Children's Emotional Wellbeing Service which forms part of CAMHS and provides short term targeted interventions around emotional health for children and young people in Kirklees. It was noted that the service provided support to children aged between 5 and 19 which had emotional needs impacting upon day to day life. These included early evidence of mood disorders, self-harm, early onset of eating disorders and emotional response to trauma.The Panel were informed that, between the period December 2014 and November 2015 (Year 3 of the ChEWS contract) , 2243 requests for support were received, 1545 of which progressed to referral. The feedback process undertaken had reflected that 83% had reported improved outcomes after assessments. 985 hours of support had been provided to adults, the majority of which were adults accessing training to support children and young people.

The demographics of referrals reflected 54% female and 46% male. The Panel noted that 83% of the referrals were of white British ethnicity and considered that this may be reflective of the stigma of mental health issues within other communities.

4.5 Meeting with representatives of PCAN (Parents of Children with Additional Needs), the Panel noted the concerns of the organisation which included; ongoing issues with access to the service, lengthy waiting times, the need to improve support to parents and the need to provide 'customer service'. PCAN confirmed that they had been a consultee in the development of the Transformation Plan and had raised their

concerns and highlighted areas that they felt needed improvement.

4.6 Educational sector representatives raised a number of concerns regarding the support available for children/young people (providing examples), which included;

- parents/pupils experiencing barriers when trying to access the service
- a greater need for support for the area of sexualised behaviours, and to support staff working in this area
- a need to understand how the Education and Health Care Plans (EHCP) will link in with the role of CAMHS
- experiences of difficulties in securing places in post-16 education and a lack of accessible provision locally for pupils, which resulted in many travelling out of area and exacerbating the impact of social anxiety situations
- experiences of restricted course options for students whom are in need of additional support
- the need for school to college transition to be a supported and smooth process
- the need for a clear and defined pathway setting out how school staff could make a referral and follow through the process
- conflicting information is received regarding the referral requirements which causes confusion and a lack of understanding over the pathway process
- lack of availability of information to make a referral, access to paperwork/forms etc
- the process needs to provide effective support for the parent/carer as well as the child
- the knowledge and professional expertise of SENCOs and appropriate school staff should be integral to the assessment process to enable more informed considerations
- early intervention needs to be a priority and children shouldn't be considered 'too young' when certain behaviours have been identified, intervention at the earliest possible stage will have a significant positive impact in the longer term
- there needs to be proper communication while the child is on the waiting list so that the parent/carer is aware of the progress of the referral and the availability of support while they are waiting

The Panel has considered a broad range of issues and challenges relevant to CAMHS and the service users, and has sought evidence from a variety of sources.

5. PANEL CONCLUSIONS:

In conclusion, the Panel were of the view that;

- **(a) Pathways**

  There continues to be a lack of clarity and significant confusion over the pathways and access into the CAMHS service and that this is an immediate priority which the Transformation Plan needs to address. Points of access into the service need to clearly be defined and all stakeholders need to be aware of how to raise concerns, make a referral and appropriately navigate the system so that the best possible support is made available to the child/young person, without incurring avoidable delay. School staff should be informed of how to make a referral and the process to do this should be easily accessible to them. There needs to be clarity as to what documents need to be completed by whom and that it is essential that the forms are easy to locate and submit.

  To facilitate the above, a diagram should be available, clearly setting out the pathways and this should be sent to all schools, and also be available on line. This information should be age appropriate, and so should be available different formats to make it relevant and understandable to various age groups.

- **(b) Referral Process and Early Intervention**

- During the referral process, there needs to be clear communication with those involved at all stages, providing timescales and ongoing support information. A named point of contact should be provided during the 'waiting period' and throughout the process. This contact should be able to provide information on approximate timescales for assessments and treatments.

- Early intervention needs to be supported, and the service needs to improve engagement with schools, through more clearly defined pathways to support interventions at an early age in appropriate cases. There should be no case in which a child is automatically 'too young'. It was recognised that early intervention was key to long term prevention. The Panel considered that the input and expertise of teachers/teaching support and parents into the assessment process should be key and that the relationships between CAMHS and schools should be strengthened.

- **(c) Online support**

- Signposting to online support needs to be strengthened by the provision on online resources that can be accessed by anyone at any time. This could include links to a range of websites including areas for self-help and referral advice. The posting of VLOGs and BLOGs by people who have shared experiences may help in assisting others who are seeking advice or waiting for treatment. This would also be of benefit to parents/carers and would allow such information to be accessed privately and confidentially.

- **(d) Post 16 Provision**

- There is a current lack of support for post 16 students with emotional and behavioural difficulties. Priority needs to be given to looking at how this situation can be improved and set out recommendations for improvements.

  Students should be encouraged and supported to access courses which they wish to pursue, and not be restricted in choice of options because they may require additional levels of support.

6. SCRUTINY PANEL RECOMMENDATIONS

Recommendation (1) - That the process for referrals into the system should become more accessible and transparent, and that the processes should be widely publicised, particularly amongst key stakeholders.

Rationale - The Panel felt that too many key stakeholders lacked a feeling of inclusion in the process of referrals, which prevented a holistic approach towards supporting a child/young persons who may have additional needs. The Panel considered that the involvement of partners (eg, GPs, schools) was essential to ensure high quality service provision and that the delivery of training courses on the function and operation of CAMHS, including how to make a referral, may be an effective way of embedding engagement of partners. The Panel felt that clarity of working relationships was fundamental to the provision of sound advice and support.

The Panel also considered that communication methods between CAMHS and the service users needed to be strengthened to enable a two way communication process from the point of initial referral, and then throughout the waiting time and the provision of treatment. Service users would benefit from having clear access points into the service at different stages, eg, to seek clarification on waiting times, links to support staff etc. At all stages of the process there should be ongoing communication with the referee/parent/carer/school/service user regarding the next steps and expected timeframes, which would assist in ensuring that the information held by CAMHS was relevant and up to date. The circulation of a regular generic email to those on the waiting list, providing relevant information, may also be

useful in acknowledging ongoing engagement with the process.

Recommendation (2) – That improved clarification be provided on the pathways both into and within the CAMHS system in order to provide transparency, access and understanding of the operation of service provision.

Rationale – The Panel considered that the mechanisms for referrals into CAMHS needed to be more clearly defined as there continued to be confusion and misunderstanding amongst service users and potential service users.

The Panel considered that a visual diagram should be published and readily available which set out potential links into the service, and approximations of waiting times at each stage. This should be distributed to schools, GPs and other key stakeholders, and also be available and easily accessible online.

ATTENDEES, WITNESSES AND SOURCES OF EVIDENCE

The Panel would like to convey thanks to all attendees/witnesses for the input that they have provided to inform the Panel's work;

Tom Brailsford - Joint Commissioning Manager, Commissioning, Health and Adult Social Care
Matthew Holland - Head of Children's Trust Management and Development
PCAN (Parents of Children with Additional Needs) Representatives - Carol Thomas and Tracey McKellan Smith
CAMHS Representatives - David Ramsay - Deputy Director Operations, Dr Mini Pillay – Consultant Child Psychologist, Trish Greenwood – Lead Nurse
Helen Severns – Head of Transformation and Integration, NHS North Kirklees Clinical Commissioning Group
Mandy Cameron – Deputy Assistant Director, Learning and Skills
Jayne Whitton – Principal Educational Psychologist
Laura Flynn – Deputy Head Teacher, Nortonthorpe Hall School
Yvonne White – Service Manager, Northorpe Hall Child and Family Trust
Linda Moon – Tier 3 Service Manager, South West Yorkshire Foundation Trust
Karen Butler - Head Teacher, Reinwood Infant and Nursery School
Nikki Conquest – Special Educational Needs Co-Ordinator, Reinwood Infant and Nursery School
Service Users – Northorpe Hall -Child and Family Trust

Documents;
Future In Mind, Department of Health, 2015
Kirklees in Mind – Transformation Plan, 2015