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| KIRKLEES HEALTH & WELLBEING BOARD |
| MEETING DATE: Thursday 2 March 2017 – Ibbotson Room, Board Lea House, Bradley. 3:15pm. |
| TITLE OF PAPER: CAMHS Transformation Plan |
| <p>1. Purpose of paper</p> <p>The paper is coming to the HWB for update on the Transformation Plan outcomes and priorities submitted as part of the Local Transformation Plan requirements in November 2016 and assurance on the updates reported to NHS England on a quarterly basis.</p> <p>The Board has a clear defined role and responsibility in relation to the development, implementation and monitoring of the Local Transformation Plan for CAMHS. Therefore, the paper has attached to it the most recent monitoring returns to NHS England</p> |
| <p>2. Background</p> <p>The Health Select Committee held an inquiry into Children and adolescent mental health Services (CAMHS). The Committee heard evidence from experts who described a national picture of services with inadequate data, multiple commissioners, reductions in funding, growing demand and a historic tier system that is out of step with current initiatives to modernise, develop and deliver a more flexible, personalised NHS.</p> <p>The national CAMHS Taskforce, led by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, was launched to make recommendations to improve commissioning and provision of mental health services for young people and their families. The national report called ‘Future in Mind’ was published in March 2015 . The report made wide reaching recommendations in order to transform provision across all tiers of need.</p> <p>Guidance issued by The Department of Health to Clinical Commissioning Groups in August 2015 required that a Local Delivery Plan to transform services was developed. This Transformation Plan was submitted on the 16th of October 2015 to the joint NHS England and Department of Education assurance process. It is a 5 year plan with a focus on ambitions for culture change over the whole time period, priorities and year 1 actions. The Kirklees plan was classified as receiving full assurance by NHS England, and held up as an example of national good practice.</p> <p>The funding was released in 2015/16 to start to implement the year 1 priorities agreed, and funding has been released in 2016/17 to continue the implementation of the far reaching systemic changes required locally. The local CAMHS transformation plan was refreshed and agreed by the Health and Wellbeing Board on the 24th of November 2016, and the priorities are currently being implemented and are reported in the quarterly updates to NHS England.</p> |
| <p>3. Proposal</p> <p>Kirklees is required to submit quarterly progress reports to NHS England. Recent feedback confirmed that NHS England were fully confident on our progress in Quarter 2 of 2016 stating that the report was comprehensive, evidencing collaboration, partnership working and integration. The impact of the schemes was also demonstrated. The accompanying progress report covers the Q3 period of 2016 which has been submitted to NHS England on 31 January 2017. Feedback on progress is awaited. The Board are asked to endorse and support ongoing progress which demonstrates how proposed changes link to achieving the aims and outcomes within the Kirklees JHWS, and reflect the ‘strategic thinking framework’.</p> |
| <p>4. Financial Implications</p> |

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| Greater Huddersfield CCG | £577,000 |
| North Kirklees CCG | £469,000 |
| Total allocation | £1,046,000 |
| 5. Sign off | |
| Richard Parry | |
| 6. Next Steps | |
| <ul style="list-style-type: none"> • To continue the implementation and monitoring of the CAMHS transformation plan in line with the agreed priorities. • To Implement the Healthy Child Programme in order to achieve the system wide changes required to achieve our transformation plan vision . | |
| 7. Recommendations | |
| <ul style="list-style-type: none"> • That the Board notes Q3 performance and progress • The Board notes the areas of challenge and development required locally. | |
| 8. Contact Officer | |
| Tom Brailsford, Joint Commissioning Manager – CAMHS Transformation Lead Officer | |
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Quarter 3 - 2016 - 2017
Progress Update

Kirklees Future in Mind
Transformation Plan

Children and Young
People's Mental Health
and Wellbeing

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| • Finance Assurance Template | Attachment |
| • A Child’s Journey - CAMHS and Emotional Wellbeing Services in Kirklees | Supplement A |
| • Stakeholder Survey analysis and questions. | Supplement B |

1 Overall progress and activity update - October to December 2016

This quarterly report outlines progression of the Kirklees CAMHS Local Transformation Plan by NHS North Kirklees Clinical Commissioning Group, NHS Greater Huddersfield Clinical Commissioning Group Kirklees Council and strategic partners.

The original Transformation Plan and supporting information remains available to the public on the internet at www.kirklees.gov.uk/futureinmind.

A refreshed draft Transformation Plan was published at on the 30 November 2016 having been approved by the Chair and Vice Chair of the Kirklees Health and Wellbeing Board. Following sign off by the Health and Wellbeing Board on 24 November 2016, a finalised document has been published at the same website location as the original plan. The updated priorities are detailed in appendix C.

The spending profile is detailed in the Finance Assurance Template submitted as a separate document to this progress update as requested in the Q2 feedback letter.

During this quarter the Transformation Plan Implementation Partnership Group met once on the 17 October 2016. Minutes are attached as Appendix B.

We are in the process of developing the content for a stakeholder's newsletter which gives an overview of progress and performance on the LTP priorities.

0 - 19 Healthy Child Programme

The competitive tender closed on the 7 November 2016 following which a formal evaluation process saw the contract being awarded to Locala Community Interest Company. The delivery partnership includes our incumbent Tier 2 and Tier 3 providers, so the risk of safe transfer of CAMHS provision into the new model is minimised. The contract will start on 1st April 2017.

As outlined in our published Transformation Plans and progress reports there is a heavy reliance on the Healthy Child Programme delivering long term transformation of local CAMHS. Because of this ongoing dialogue has and will continue to take place with the provider(s) to ensure a seamless transition and continued delivery without any negative impact for those accessing CAMHS.

A Child's Journey - CAMHS and Emotional Wellbeing Services in Kirklees

Resulting from concerns about the quality and impact of services for children and young people an independent review commissioned by Kirklees Safeguarding Children Board (KSCB) took place between April and September 2016.

This resulted in a report entitled "A Child's Journey, CAMHS and Emotional Wellbeing Services in Kirklees" provides an overview of an in-depth review of emotional health and wellbeing and Child and Adolescent Mental Health Services (CAMHS) in Kirklees which was signed off by the Kirklees Safeguarding Children Board in December. Contents from an early draft of the report was used inform the Transformation Plan Refresh in October

2016.

Recommendations contained in the report will be considered in Q4 by the Integrated Commissioning Group and Transformation Plan Implementation Partnership Group. A copy of the report is included as Supplement A.

The report will be made available to the public with other Transformation Plan documentation at www.kirklees.gov.uk/futureinmind.

Integrated Commissioning Group (ICG) incorporating an NHS England visit

As part of the national assurance of Transformation Plans the first Kirklees refreshed plan was published on 31 October 2016 having been signed off by the Health and Wellbeing Board leads and Chief Executives/Directors from the Local Authority and both Clinical Commissioning Groups. The Integrated Commissioning Group is attended by strategic leads and Children's Trust Board continues to be involved in overseeing progress and reviews of the plan. To support ongoing transformational progress member commitment was sought to:

1. Ensure delivery of the ongoing strategic vision and support Year 2 delivery and planning for Year 3
2. Support local approaches which will deliver a workforce development strategy to provide a clear direction internally and externally
3. Interlink the Transformation Plan into ongoing local developments including Early Help, All Age Disability Strategy, New Council, ongoing developments in children's services and CCGs NHS Sustainability and Transformation Plan. The CAMHS Transformation Plan and annual refresh is seen as starting point.
4. Respond to feedback from stakeholders and consider viable future consultation processes
5. Delivery for vulnerable groups as detailed in the Transformation Plan.

The meeting was attended by Laura Whixton from NHS England and a discussion considered ongoing progression of the Transformation Plan refresh. Appendices C details the key discussion points which will be discussed at a future meeting of the Transformation Plan Implementation Group.

Stakeholder Survey

To avoid any potential challenge to the competitive tender of the 0-19 Healthy Child Programme stakeholder engagement was restricted to publishing an on-line public survey to seek views about the future delivery of local services. The survey closed on 30 November 2016, survey analysis will be considered in conjunction with any conclusions from the Child's Journey and included in the Q4 progress update. A copy of the survey questions is included as Supplement B.

CAMHS Benchmarking Tool.

A benchmarking tool developed using the 'Benchmarks for Transition' (2014 London South Bank University and Great Ormond Street Hospital for Children NHS Foundation Trust. <http://transitionstudy.co.uk/>), the 'You're Welcome Quality Criteria (DoH 2011) and regional feedback from Yorkshire and the Humber Providers and Commissioners.

NHS England asked commissioners to submit returns from their CAMHS provisions to I:

- Enable commissioners and providers to understand and evidence where they are in their transition journey.
- Identify good practice, gaps, areas for development within an organisation for service improvement and delivering better Outcomes for children and young people.
- Understand how stakeholders can work together to deliver effective and quality transition.

Kirklees Commissioners worked with their Tier 2 and Tier 3 services to complete the Benchmarking Tool for each of their provisions by the 16 December deadline.

Funding for children and young people's mental health

In October 2016, Kirklees made a successful submission to NHS England Regional Offices for additional funding of £175,000 to reduce average waiting times to treatment by March 2017. The local action plan included the following milestones.

- Increasing capacity in year with our Tier 3 provider to offer more clinics at flexible times across a range of community venues.
- Use of agency staff and overtime will increase capacity in our Tier 3 provision to begin in November 2016. This will include recruiting 3 FTE agency staff in November along with increasing overtime.
- Investing in backfilling those staff attending the CYP IAPT Course. In 2016/17 there will be 2 Tier 3 staff attending CYP IAPT training and 1 Tier 2 worker the backfill costs of those staff will be provided which will lessen the impact on waiting times.
- The staff throughout their training will increase access to evidence based interventions in Tier 3 and Tier 2 provision throughout the academic year.
- Further investing in front line service provision in, 2016/17, including offering more capacity within our Tier 2 / SPA provision.
- In December an expanded counselling offer will be implemented using existing staff members which will target up to 198 young people by March 31st 2017. This will reduce waiting times from 18.2 weeks to 17 weeks by January 2017 and to 16 weeks by March 31st 2017.
- Speed up referral and screening and interventions for particular clients groups using online assessment tools Online tools and screening process currently being scoped by Tier 3 provider will be in place by December 2016.
- Provision of specific group work programmes that will address issues are widespread throughout the current client group, for example anxiety issues
- Group work programmes will be in place across Kirklees by January 2017 for children and young people as well as parental support.

IAPT update

Regional collaborative working and consultation is ongoing to ensure engagement and participation in the IAPT with Tier 2 and Tier 3 services which is also progressed and is incorporated into the 0-19 Healthy Child Programme specification. A regional meeting in

Huddersfield on 8 November was supported by Barry Nixon (Clare SWYFT - Barnsley), were we are one of 22 partnerships in the North West under Phase 6 are branded under the North West Collaborative. Dialogue will take place in Quarter 3 to maintain ongoing development of IAPT processes.

Regional Consultation Activity

In December 2016, a Kirklees commissioner representative attended a NHS England Specialised Collaborative Commissioning Team meeting to begin looking at the development of collaborative commissioning plans which will also support the requirements of the CCG IAF, MH assessment audit and support the ideals of Future in Mind.

2 Scheme progress

Progress during this quarter is included in Appendices B and C, for the Transformation Plan Implementation Partnership Group meetings which took place in October and the NHS England visit to the Integrated Commissioning Group in November 2016.

- a. **Single Point of Access** – The pilot continues to be monitored to inform the implementation of the new 0 - 19 Healthy Child Programme Tender which will be in place from 1 April 2017. During this quarter 804 support request calls were received, 90 were escalated to Tier 3 CAMHS. There have been 2,247 support request calls since the service began in April 2016 with 1,489 progressing to a ChEWS (Tier 2) referral.
- b. **Tier 2 CAMHS (ChEWS)** – The pilot Single Point of Access continues to support a reduction in Tier 3 waiting times. During this quarter the service provided direct support to 304 children and young people, this included 1338 hours of one to one support and 348 hours of group work. Waiting times will form part of the implementation and planning discussions in readiness for the new 0 - 19 Healthy Child Programme to being delivering to revised targets from 1 April 2017.

The numbers being retained at Tier 2 has negatively impacted on average waiting times which have increased to 19.8 weeks by the end of Quarter 3. We are also allocating a proportion NHS England funding to address waiting time issues which should being too shown improvements during Q4.

- c. **Vulnerable Children's Service** – Appointments to the three posts have been made during this Quarter, and all staff are in post.

Implementation meetings have been arranged with children's social care and CAMHS to ensure smooth integration of the CAMHS staff into Kirklees Council. This has included a multiagency meeting to finalise the pathway and process across Kirklees Council, Northorpe Hall and SWYT for children, young people and professionals to access the model and provision.

- d. **Kirklees School Link Pilot** – The local pilot continues to be delivered with six schools, three primary and three secondary. Whilst lessons learned from the National Pilot have not been officially published professionals involved in the National Pilot have spoken at conferences and national perspectives have been

shared with colleagues and continue to inform local actions.

Following the audits of school staff skills and pupil resilience, bespoke development plans were written outlining strengths and areas to focus on as part of the project and analysis of the areas for development informed bespoke actions to be taken in partnership with each school. This has included identification of named lead persons in each school. The focus for bespoke training was planned as were areas for strategic development. Training has taken place and continues.

Regular reviews of the progress against the actions in the development plans have taken place and is ongoing on a monthly basis or more often as requested/negotiated).

Support has been given for strategic whole school planning and the development of key roles in school to support wellbeing and is ongoing. There have been half termly Peer Supervision groups for the School Leads in the Secondary Schools and also the School Leads in the Primary Schools.

- e. **ASD** – Resource has been allocated to ensure that front line service provision is augmented to increase capacity for ASD assessments and reducing waiting times. Recurrent resource has been identified for 2017/18 onwards as part of the 0 – 19 Healthy Child Programme which will ensure a fully NICE complaint assessment team is in place and delivering. Further resource has been allocated for the HCP to assist in clearing the inherent backlog.
- f. **Tier 3 CAMHS** – The Tier 3 provision has seen improvements in performance and outcomes this year as a result of investment using Future in Mind funding together with wider system changes and investment.

Following the implementation of the SPA, we continue to see referrals into Tier 3 reducing across Kirklees. In November for generic CAMHS only 13 referrals were received across Kirklees, excluding Autism Spectrum Condition.

Inappropriate referrals have also continued to reduce significantly from 28 in September 2015 to just 2 in November 2016. Waiting times are reducing due to the extra investment and early impact of having a Single Point of Access in place. The average wait between partnership appointments has also reduced from 192 days in April 2016 to 131 days in November 2016. At the end of November, nearly 60% of those waiting for treatment (Generic CAMHS) had been waiting less than 6 months.

3 Eating Disorder Service

The multi-disciplinary regional Eating Disorder service continues to provide support across Kirklees, Calderdale, Wakefield and Barnsley is reflective of National Guidance; Access and Waiting Times Standards for 'C&YP with an Eating Disorder' National Guidance and is meeting the waiting time standards.

As of 31 December 2016 there were 58 open cases across Kirklees which is an increase of

13 from the previous quarter. The current contract was initially awarded for 1 year; we are currently working across both Clinical Commissioning Groups involved in the contract to examine a range of options to ensure the provision is continuous and stable beyond April 2017 onwards.

4 Areas of most challenge in implementation.

Appendix A identifies continuing risk for LPS 1, 3, 16 and 25. The appendix includes the challenges and mitigating actions to the delivery of our CAMHS Transformation Plan.

5 Brief overview of spend and activity

Year 2 budget proposals have been discussed and reviewed by the Transformation Plan Implementation Partnership Group, the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board. The Budgets that relate to the provision included in the Health Child Programme have all been agreed and are contractually bound for the next 5 years through a Section 75 agreement. The Healthy Child Programme contract has been awarded and delivery will begin on the 1st of April 2017.

In response to the points raised in the quarter 2 feedback letter, the NHS funding that has been identified to support LTP priorities is existing resource redesigned. The reason it appears a “NHS new resource” is because in the Excel sheet that is the only classification that could be applied from the selected options. All of the finances that are being utilised in relation to LTP priorities are included in the spreadsheet.

Submitted by:

Tom Brailsford
Joint Commissioning Manager – CAMHS Transformation Lead Officer
30 January 2017

| NHS North Kirklees CCG and NHS Greater Huddersfield CCG. | | | | |
|--|---|---|--|---------------------------|
| LPS Number | Description of local priority scheme | Description of issue of risk to delivery of 2016/17 plan | Mitigating Actions | *Date expected to deliver |
| 1 (1.1) | Redesign and implementation of a school nursing service that is more focused on emotional health and well-being, and provides an early intervention function across all educational settings. <i>(Cluster links: LPS 1, 3 and 5)</i> | Progress and implementation is directly influenced by the ongoing tender of the 0-19 Healthy Child Programme (HCP). Project plan and full risk log in place to ensure programme is delivered on time. | HCP tender process competed and contact awarded. Full HCP recommissioned service will start delivery in April 2017. | April 2017 |
| 3 (1.3) | Establish emotional health and well-being provision that is collaboratively commissioned with educational settings. | The fragmented nature of schools and their pyramids creates levels of complexity in securing universal agreement for a collaboratively commissioned offer that will support a consistent approach towards tierless model. | Ongoing piloting approaches with school community hubs to consolidate resources and demonstrate to schools benefits of an enhanced and collaborative commissioned provision. Links with the Healthy Child Programme commissioning. | April 2017 |
| 6 (2.2) | Increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. <i>(Cluster links 1.2 and 2.7)</i> | By responding to LPS 10 (2.6) the pilot Single Point of Access provision has placed additional support demands on the Tier 2 service and increased their average waiting times. See comments in section 2b and 2g of this report. | LPS 22 (4.5) The Integrated Commissioning Group monitors CAMHS minimum dataset and waiting time standards. Q3 activity includes submission for additional national funding to reduce waiting times. | April 2017 |
| 25 (5.1) | Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17. | Availability of qualified staffing levels to enable backfill for those staff undertaking the qualification and the associated impact on their capacity to deliver contracted provisions. | For 2016/17 proposed to use waiting times allocation to fund CYP IPAPT backfill. In 2017/18 to explore with successful HCP provider appropriate models for IAPT participation. | June 2017 |

Kirklees CAMHS Transformation Plan Implementation Partnership Group Meeting

MINUTES

Monday 17 October 2016
Room SB3 Somerset Buildings, Huddersfield

Attendees:

| | | |
|-----------------|------------|---|
| Tom Brailsford | TB | Joint Commissioning Manager, CAMHS Transformation Plan Lead (Chair) |
| Carl Mackie | CMa | HIPA, Public Health |
| Matthew Holland | MH | Head of Children's Trust Management & Development |
| Mandy Cameron | MC | Deputy Assistant Director, Vulnerable Children and Groups |
| Alan Laurie | AL | Commissioning Manager – Joint Commissioning |
| Roger Clayphan | RC | Integrated Children's Services Manager |
| Carol Lancaster | CL | Children and Young People - Learning and Skills |
| Helen Severns | HS | Head of Transformation and Integration, NHS North Kirklees CCG |

Apologies:

| | | |
|-----------------|------------|---|
| Clare Mulgan | CMu | Head of Stronger Families Programme |
| Julie Walker | JW | Operations & Development Manager - IYCE |
| Linda Patterson | LP | Service Manager Corporate Parenting |
| Karen Poole | KP | Head of Children's Commissioning - NHS North Kirklees and Greater Huddersfield CCGs |

Minutes:

1. Minutes from the previous meeting on 19 September had been circulated.
 - Detailed feedback on the NHS England Q1 (2016/17) monitoring report is still awaited.

The priority focus of this meeting was to support a co-writing approach of the first annual Transformation Plan Refresh which has to be published by 31 October. We have been informed that refreshed plans are likely to be subject to scrutiny by children, young people and their families and also by national external bodies. Because these external bodies will only have access to published plans and no supporting documentation refreshed plans should be as clear and comprehensive as possible.

This meeting would pick up on discussions at the September meeting around identifying gaps or unmet need which will inform the refresh, our year 2 priorities and ongoing discussions relating to financial arrangements.

TB outlined the NHS England submission requirements which need to be aligned with their provided LTP Refresh Guidance, Checklist and LTP Assurance instructions.

Clarification was awaited regarding some aspects of the submission documentation and assurance processes which may direct how the refresh is presented. The content will need to ensure that it aligns with the STP and the two year Place Based Operational Plans. Whilst not specifically asked for it has been suggested that comments include work undertaken and progress to date.

Members agreed that the refresh needed to incorporate strategic and stakeholder views which would encompass the extensive consultations that had supported the development of the CAMHS specification within the 0 -19 Healthy Child Programme tender which ends on 7 November 2016 and the CAMHS Safeguarding Review.

The refresh needs to confirm our transparent commitment and local engagement in 2016/17 to deliver existing planning commitments as detailed in our five themed priorities and financial planning to support ongoing transformation for future years.

TB advised that non-recurrent funding in year spending needs linking to the plan to reduce waiting times.

A first draft of the Transformation Plan refresh was presented to members for discussion with an agreement that TB would continue to develop the document and share a revised draft for members to review and comment within 7 days with a quick turnaround being required to enable sufficient time for initial approval by the Chair and Vice chair of the Health and Wellbeing Board to as the Board does not formally convene until late November.

Progressive discussion working thought draft with amendments or consensus notes being made as they were identified. Points included:

Theme 1.

- SEMHD – discuss the challenges and potential for additional capacity in school system by involving free schools, post April 2017.
- Governors training and awareness needs developing
- Priorities were written in isolation, review and revise these after year one as part of a lessons learned process.
- Highlight where school hubs are now a year on and articulate how these link with other dependencies.

Actions:

- *Suggested TB could attend as CAMHS lead and present one of their future meetings Mandy Cameron to add narrative regarding this wording and increased capacity in school systems post April 2017 following free school involvement, to include additional content relating to Jayne Foster input for PRU's*
- *Carol Lancaster to add narrative from Community Hub progress to date to highlight where the hubs are a year on and how these links with other dependencies?*
- *Roger Clayphan to provide narrative regarding EH offer.*

Theme 2

- Need to articulate the reliance in the 0 -19 Healthy Child Programme – Section 2
- Consider including short section covering the National picture to put our plan into context – eg Tier 4 lots.

Theme 3

- Increasing numbers of LAC, mention needs linking here to sufficiency strategy.

Theme 4

- NHS England attending the Integrated Commissioning Group Meeting on 8 November
- Update on 0- 19 Healthy Child Programme
- Early Help
- One direction report
- **Action:** *RC and CL to develop content re Early Help*

Theme 5

- Identify challenges back to NHS England around workforce development.
- Show how all processes are interlinked externally and internally and our behaviours possibly draw workforce content from Public Health report?
- Challenges in working together, link to other ongoing work within the authority around workforce strategy development (Phil Longworth leading). Members around table prepared to draw elements together.
- November – Children’s Trust workshop may inform ongoing considerations.

Concluding comments

- Needs to incorporate everyone’s contributions into the document, includes Healthy Child Programme consultation with services, stakeholders, parents and carers, children and young people and Child’s Journey report for Safeguarding Children’s Board.
- Adopting innovative approaches.
- Primary Care and GP feedback – CAMHS GP Lead.
- PCAN group to have sight of the draft for comment once it has been developed.
-

2. Date of next meeting:

1. 19 December 2016 15:30 – 17:00 Somerset Buildings Room SB3.

TB to circulate dates of future meetings – no more dates arranged

**Integrated Commissioning Group
Children and Families Wellbeing
Tuesday 8 November 2016 at 1:30pm
Room B, 1st Floor Civic Centre 3**

Present:

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| Matthew Holland (Chair) | Head of Children's Trust Management and Development, Kirklees Council |
| Tom Brailsford | Joint Commissioning Manager, North Kirklees/Greater Huddersfield CCGs, Kirklees Council |
| Karen Poole | Head of Children's Commissioning and Continuing Care North Kirklees CCG |
| Helen Sevens | Head of Transformation, North Kirklees CCG |
| Phil Longworth | Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council |
| Clare Mulgan | Head of Stronger Families Programme, Kirklees Council |
| Alan Laurie | Commissioning Manager – Joint Commissioning, Kirklees Council |
| Carol Lancaster | Head of Programme – Schools as Community Hubs; Learning and Skills – Kirklees Council |
| Tracy Bodle | Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council |
| Kathryn Loftus | Head of Change (EIP), Commissioning, Public Health and Adult Social Care, Kirklees Council |
| Carol Ann Smith | Project Manager – Children's EIP, Kirklees Council |
| Mandy Cameron | Specialist Learning Support, Kirklees Council |
| Carl Mackie | Public Health, Kirklees Council |
| Val Glazzard (Notes) | Business Support, Kirklees Council |
| NHS ENGLAND REPRESENTATIVE:- | |
| Laura Whixton | Quality Improvement Manager (Children and Young People's Emotional Health and Wellbeing) Clinical Network, NHS England – North (Yorkshire and the Humber) |

Apologies:

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|-----------------|---|
| Roger Clayphan | Integrated Children Services Manager, Kirklees Council |
| Graham Crossley | Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children's Trust Management, Kirklees Council |
| Julie Walker | Operations Development Manager, Kirklees Council |
| Carly Speechley | Interim Assistant Director - Family Support & Child Protection, Family Support and Child Protection, Kirklees Council |
| Andrew Clarke | Quality Improvement Manager (Children and Young People's Emotional Health and Wellbeing) Clinical Network, NHS England – North (Yorkshire and the Humber) |
| Clare Hillitt | Strategic Clinical Network Manager, Children's and Maternity, Strategic Clinical Networks (Yorkshire and the Humber) NHS England – North (Yorkshire & the Humber) |

| CHILDREN AND FAMILIES WELLBEING | |
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| 1 | Apologies received, minutes of last meeting and matters arising Welcome and introductions to Laura Whixton from NHS England who was observing the meeting. |

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| | <p>The Minutes of the last meeting were accepted; there were no matters arising.</p> | |
| <p>2</p> | <p>Workforce Development – Phil Longworth</p> <p>Phil circulated extracts from the slide presentation <i>Rethinking the Workforce</i> (copy attached).</p> <p>Phil outlined the challenge to provide a health and social care workforce with the set of skills required to help keep people well and independent. The new roles that appear abstract are now taking shape. It is important to keep employees at the heart of the issue and not be provider driven. 80% of the workforce we will have in 5 years' time are already here therefore we need to build on what we have without duplicating. Slide 5 The 'to do' list are opportunities.</p> <p>Workforce development links to Theme 5 of the transformation plan were noted (see item 3 below).</p> <p>The group noted ongoing work re workforce and the overview role 4 of the Health and Wellbeing Board.</p> | |
| <p>3</p> | <p>Transformation Plan refresh – Tom Brailsford</p> <p>A draft of the 2016 Refresh and progress update of the <i>Kirklees Future in Mind Transformation Plan Children and Young Peoples Mental Health and Wellbeing</i> (Refresh) document had been circulated with the agenda prior to the meeting.</p> <p>Tom gave a brief summary of where we are up to with the plan. The requirement to publish by 31 October had been completed. Year one priorities had been achieved or were included in the Healthy Child Programme. The Healthy Child Programme service will be delivered from April 2017. The Refresh update had evolved into a comprehensive in-depth document of 50+ pages.</p> <p>Priorities from the original Transformation Plan which has been achieved have been put in another document. The Refresh gives focus and emphasis on 5 themes:-</p> <ul style="list-style-type: none"> Theme 1 – Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people Theme 2 – Improving access to effective support – a system without tiers Theme 3 – Caring for the most vulnerable Theme 4 – To be accountable and transparent Theme 5 – Developing the workforce <p>Suggested challenges to be discussed by the group included:-</p> <ul style="list-style-type: none"> Workforce Training school staff Tier 4 interface with NHS Waiting times – ASD in particular Profile changing – challenges in plan Intervention as soon as possible <p>A lengthy discussion took place some of the points noted:-</p> <ul style="list-style-type: none"> • Risks in the Healthy Child Programme delivering provision. | |

- Motivating staff to deliver differently and changes in culture will take 18-24 months and is a continuing journey.
- Need to be clear on principles and make sure of connectivity and a genuine understanding we are part of the same systems.
- Message back from a survey of 1,000 service users was that some of the workforces do not seem to be interested in individuals' experiences and needs. This is another aspect of the cultural changes needed.
- Need the right workforce and providers.
- Transition of present workforce to new methods, how to join it together.
- Good opportunities e.g. if staff are put on notice from their current jobs there may be recruitment opportunities for them with other partnership organisations which maintains skills within the area.
- About making our best the 'norm'.
- Health visitors and school nurses – get rid of barriers.
- Lots of children had not received intervention we need to make sure this missed group get help.
- Get culture for schools right, message to parents not just specialists but champions.
- Workshops, intervene earlier, universal workforce train people up and reduce demand for specialist help.
- National problem – everyone is struggling to recruit specialists e.g. Psychiatrists.
- Make sure people are aware of the Transformation Plan-develop the communication plan.
- Schools have freedom to do as they want leading to a difference in standards.
- School hubs - mapping 500 in their hubs contributes towards activities. Picking up the pace sharing core learning helps to see the purpose. A more consistent approach is beneficial.
- Many head teachers are positively taking forward the agenda.
- Schools should not depend entirely on PSHCE. Concerns about variability noted.
- Schools which are championing the emotional health and wellbeing agenda.

Laura from NHS England informed group of a regional task and finish group providing help for people who work in schools (ages 4-18).

- Recommend resources.
- Through spectrum.
- Early Intervention and Prevention to support challenging individuals.
- How to tackle different problems at different levels.
- Workforce development tool.
- Help culture and positivity around mental health.

Discussion re specific points identified in the refresh actions:

Theme 1

Noted that schools connect with many communities.

Theme 2

- Historically there are issues around waiting times for ASD as part of other contracts.
- Monthly referrals for ASD have increased from an average of 13 to 17.
- Closed referrals for professionals.
- CCGs doing focused work need to complete before April.
- Left in as an issue.

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| | <ul style="list-style-type: none"> • Generic CAMHS waiting time reduced, down to 3 months. • Investment in single point of access improved. • Issue lengthy waiting times of over a year are included in April figures. • Core 24 psychiatric liaison. • Tier 4 market- noted massive issues in learning disabilities. • Due to lack of information, unable to plan for Tier 4 discharge • SPA and Tier 2 holding on to cases, not going through to Tier 3 so Tier 2 waiting times are worse. • Hope to achieve 16 weeks. • Transition not strong enough. <p>Theme 3</p> <ul style="list-style-type: none"> • Positive re with section information. • Recruited full time person based at Riverbank Court. • Good Youth Offending team. • Generally doing OK integrating CSE provision. • Work on Healthy Futures – out of area provision in West Yorkshire not a priority. • Explore cohesive ways to offer care for out of area. • Invite Diane Brookes to a future meeting to discuss her work on sufficiency. <p>Theme 4</p> <ul style="list-style-type: none"> • Will achieve targets by April. • One lead commissioner responsible. • Section 75 in place. • Keep published figures for transparency. <p>Theme 5</p> <ul style="list-style-type: none"> • Health Education England draft Mental Health Workforce Strategy document had been circulated for comments. • Leads for IAPs not conferred with commissioning • Backfill for IAPS. Need a more sustainable way to retain staff. • Should have Mental Health core module. • Need to monitor if not measured for HCP from parents. • Need to respond back to points picked up by parents. • Ethos of what people can expect from service, supporting children/families keeping healthy and well. • Work with restraints of lack of public money. • Need innovative approaches to self-care e.g. <i>Brain in Hand</i> an app for mobile phones for children with autism, the software can also be used to track location. The app is being trialled by 20 people at Woodleigh ASD Specialist provision. <p>ACTION: Tom and Alan go through Refresh document again before submission. Will share with group in January 2017.</p> <p>In her feedback, Laura told the group they had done well to meet the timescale challenge of presenting the document to the Health and Wellbeing Board for signing off. She was also interested to hear about the Brain in Hand app. The purpose of her visit was to gather information and share best practice with other similar partnership boards. Laura thanked the group before leaving the meeting.</p> | <p>Tom/ Alan</p> |
| <p>4</p> | <p>Schools as Community Hubs – Carol Lancaster/Tracy Bodle</p> <p>Workforce development is at the front of people’s minds. Tracy showed a</p> | |

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| | <p>workforce model to the group. There are similar themes which would link in with Phil's Team Workforce Kirklees. There needs to be a consistent strategy and it was suggested that Phil could attend One Direction meeting to do update for connectivity.</p> <p>ACTION: Tracy will circulate copy of workforce model to ICG members</p> <p>ACTION: Carol will invite Phil to One Direction meeting</p> | <p>Tracy</p> <p>Carol</p> |
| 5 | <p>Strategic Plan – programme of reviews – Matthew Holland</p> <p>Matthew is meeting with Sarah Callaghan on Friday. He suggested working through the Strategic Plan priorities on a planned basis from January.</p> <p>Next Agenda: Update work with Disabled Children</p> <p>Helen suggested it would be useful to have a work plan for the ICG meeting agendas.</p> | <p>Matthew/ Val</p> |
| | <p>Any Other Business</p> <p>30.11.16 – Putting Children First meeting at John Smith's Stadium</p> | |
| | <p>Date of next meeting: Tuesday 5 December 2016 at 1:30pm in Room A, Ground Floor, Civic Centre 3</p> | |