

# Kirklees Future in Mind Transformation Plan

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

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## Foreword

The 2018 Transformation Plan has been published in draft form as Kirklees Health and Wellbeing Board will not formally sign off the plan until November 2018. The draft has been approved by the Chair and Deputy Chair of Kirklees Health and Wellbeing Board.

The 2018 Transformation Plan will be the fourth plan to be produced following the original 2015 plan.

Since 2015 we have come a long way on our transformation journey, the content of this refresh will demonstrate the real impact and benefit of the increased focus and investment in Children and Young Peoples mental health.

In Kirklees we acknowledge that in order to effect real and sustained improvement in children and young people's emotional health and wellbeing, whole system transformation is required. We know the level of demand for CAMHS services both locally and nationally is growing, alongside an increase in the complexity of the challenges that children and young people face in today's society. To respond to both of these aspects radical, creative and innovative solutions need to be found.

We feel, through our local innovation in areas such as the Thriving Kirklees contract we are demonstrating such thinking, although we acknowledge more systemic change is required. The whole system change required in Kirklees is underpinned by our agreed approach to integration across Kirklees Council, Greater Huddersfield and North Kirklees CCG, providers and 3<sup>rd</sup> sector partners.

The approach is gathering pace and significant integration between health, social care and education is underway, which will improve outcomes across the board for children, young people and families.

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.



**Steve Walker**

Director of Children's Services  
Kirklees Council



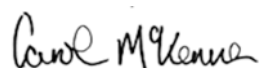
**Dr Steve Ollerton**

Deputy Chair of Health and Wellbeing Board



**Cllr Shabir Pandor**

Leader Of Kirklees Council and Chair of  
Health and Wellbeing Board



**Carol McKenna**

Chief Officer - Greater Huddersfield and  
North Kirklees CCG

# 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 2018 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 clear joint working arrangements between schools and emotional health and wellbeing provision. This will include:
  - A CAMHS school link model supporting schools, primary care and other universal provisions.
  - 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)*
- Implement the Mental Health Support Teams Trailblazer and 4 week waiting time Pilot 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 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:

- Implement Thrive Elaborated across our local CAMHS provision. *LPS 5 (2.1)*
- Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including Single Point of Access and the Autism Spectrum Condition services. *LPS 31*
- 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)*
- To explore All Age Psychiatric Liaison Models 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 Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees *LPS 2.10 and 3.7*
- To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People *LSP 30*
- 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”. *LPS 2.15*

## 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 priority *LSP 33*

#### 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*
- Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure the access target is achieved. *LSP 34*

#### 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)*
- Ensure CAMHS providers are fully participating in Children and Young People Improving Access to Psychological Therapies (CYP IAPT) programme core curriculum in 2017/18. *LPS 25 (5.1)*
- 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 2018 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 continue to 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 2018/2019 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 Offer (appendix E.) Kirklees Children's Services 10 Point Improvement Plan (appendix I), Kirklees Integrated Commissioning Plan (appendix M), The CCGs Joint Operational Plan (appendix N) 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 (appendix O), as part of our CAMHS local transformation plan.

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 Q provides additional referencing to identify progress towards our revised Kirklees Transformation Plan Priority Themes and the services which contribute to the process. This appendix also identifies original priorities that have been achieved and whilst they are archived they remain in sight for review as required.

Appendix B provides the 2016/2017 baseline information on Finance, Activity and Workforce.

### **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 Kirklees Sustainability and Transformation Plan. High level aims include:

- The development of the Early Intervention and Prevention Programme including a thriving voluntary and community sector.
- Implementing and 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 (appendix J) has recently been endorsed by the Health and Wellbeing Board. Transformation of CAMHS is a local challenge and as such is central to the Improving Services for Children priority and associated Changes to the Commissioner and Provider Landscape priority.

Reference to inter-relating CAMHS priorities are made in the Kirklees Health and Wellbeing Plan on pages 22, 28, 31, 33.

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.

### 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.

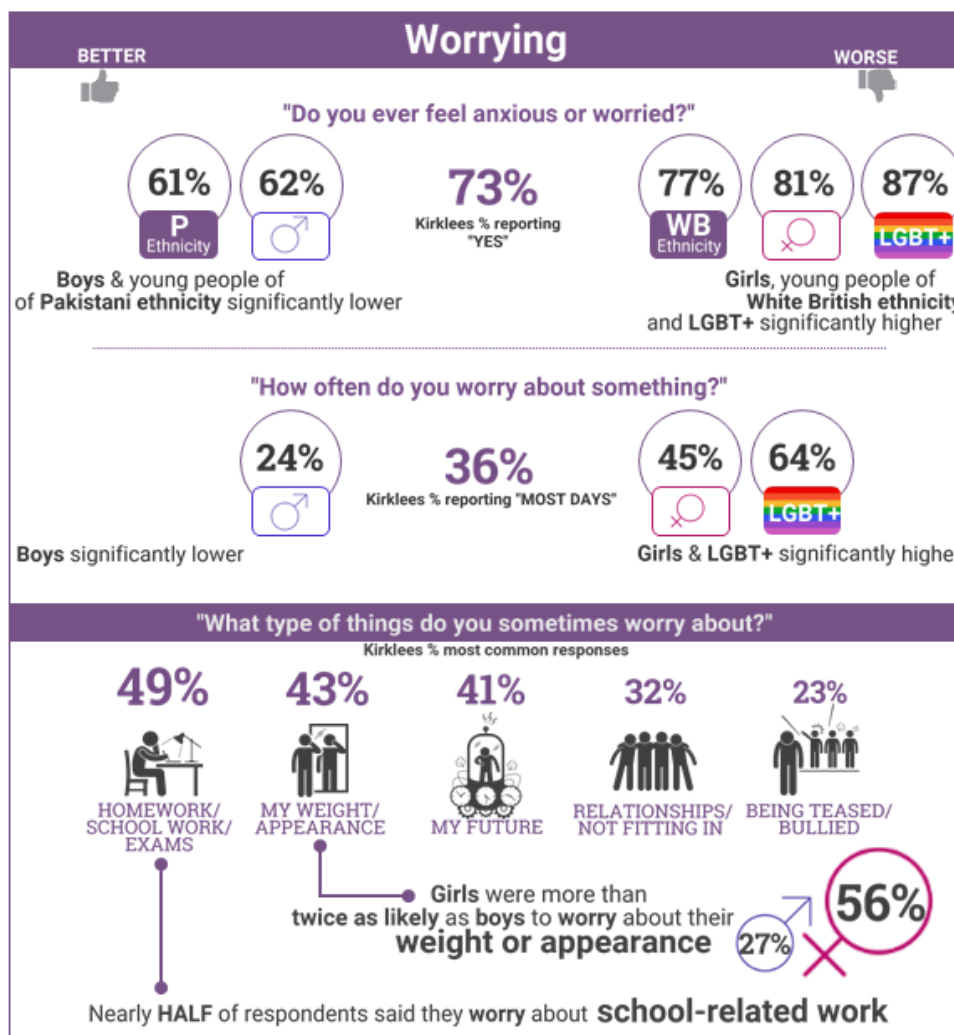
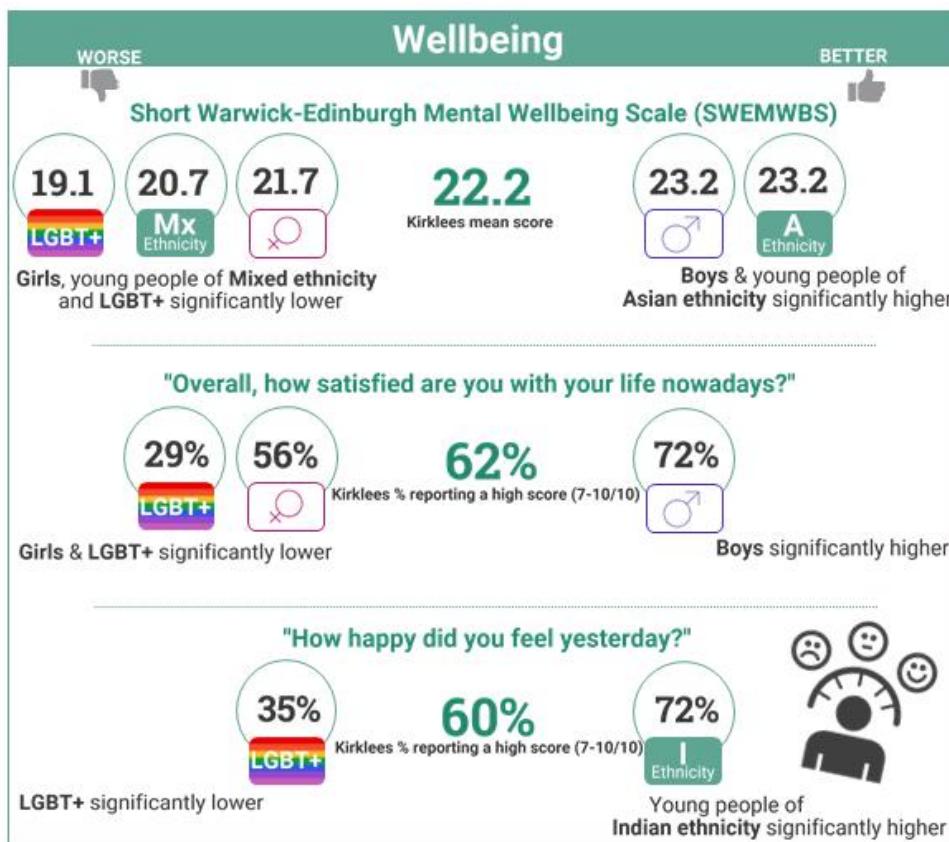
In July 2017, we updated the [vulnerable children section](#) which is a really important part of the commissioning cycle in making sure our current provision is based on local intelligence needs, available services and resources and allows us to see if our current commissioning is addressing identified issues of need. 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.

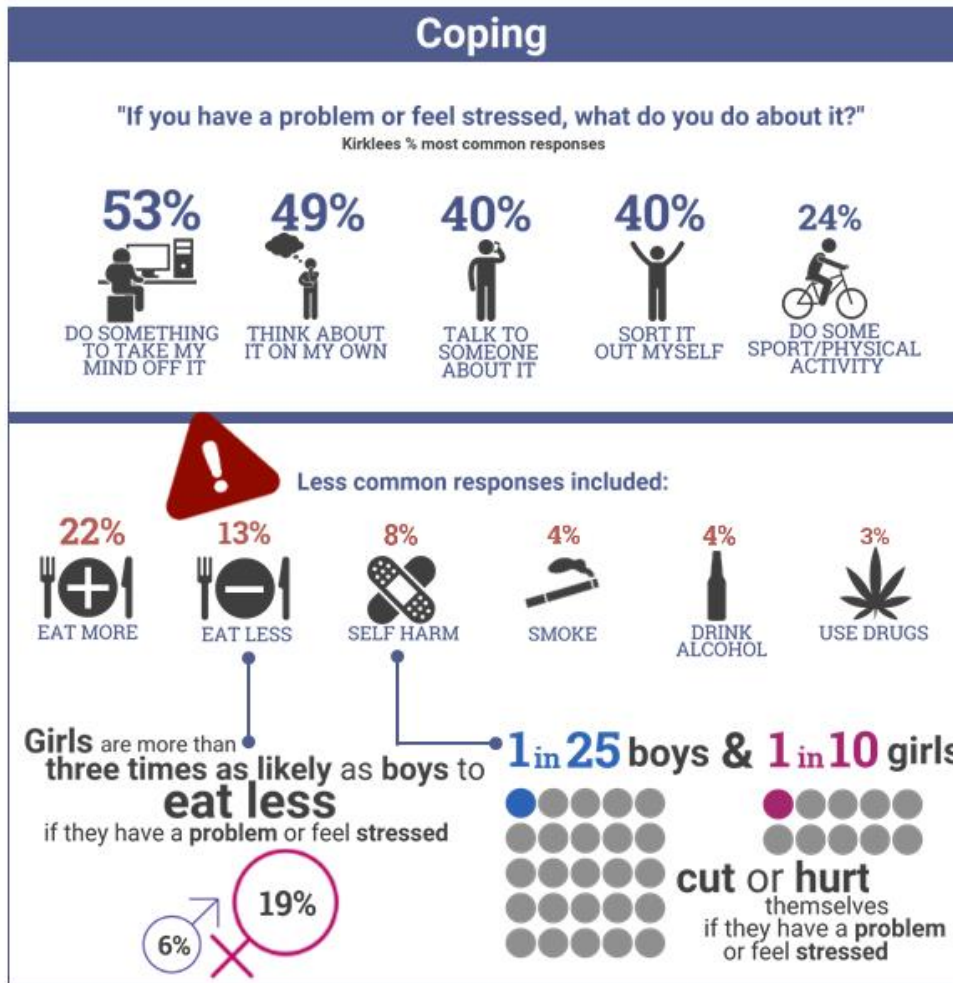
In January 2018, we published a comprehensive [Mental Health and Wellbeing Needs Assessment](#) which includes sections relating to family and early years, children and young people and the transition between CAMHS and adult mental health services.

The [Kirklees Young People's Survey](#) was undertaken in July 2018, which gathered unique insight into the wellbeing, opinions and behaviours of year 9 students across Kirklees. Around 2,000 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

from Kirklees Young People's Survey 2018





## 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.

Under Thriving Kirklees, services report that working practices between ChEWS and Specialist CAMHS have already begun to develop best practice approaches based on the [Thrive Elaborated model](#) as an early step towards change where they are no longer being 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 includes onward referrals to the ASK CAMHS pathway processes through Northorpe Hall Child and Family Trust.

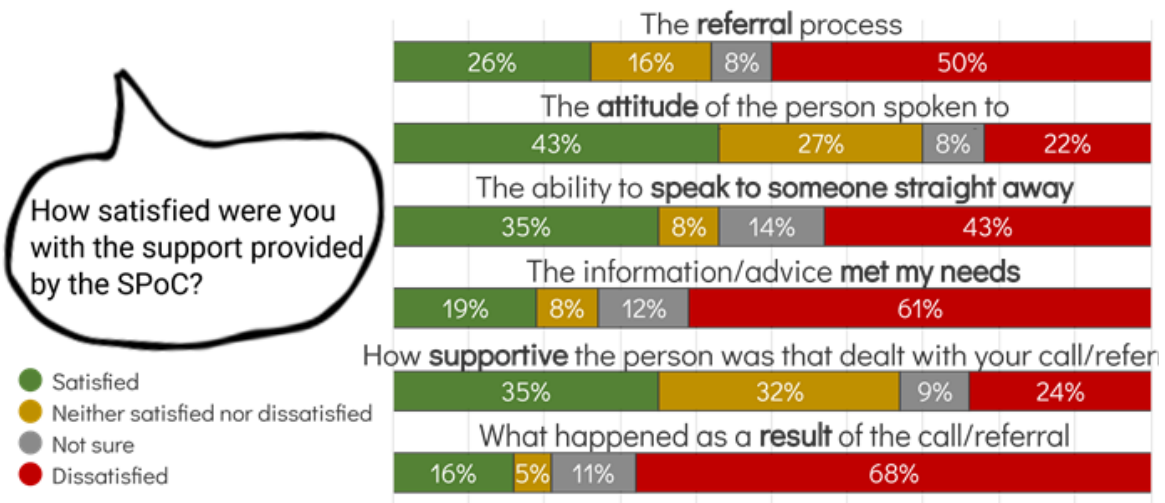
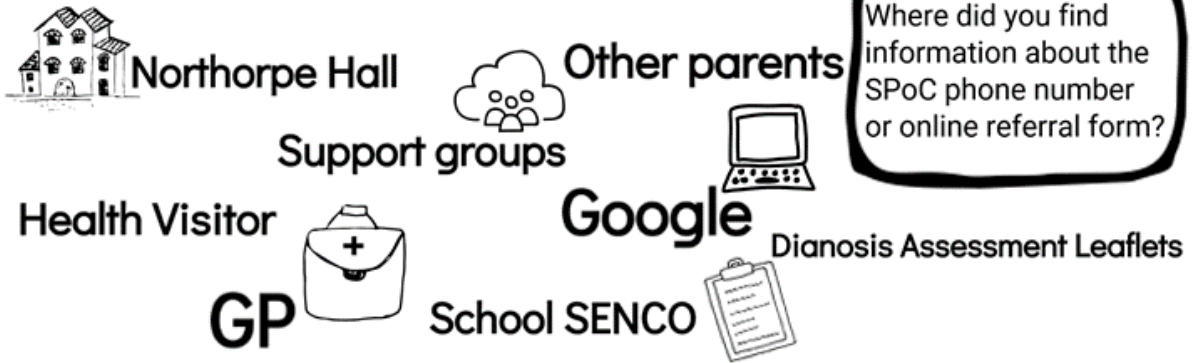
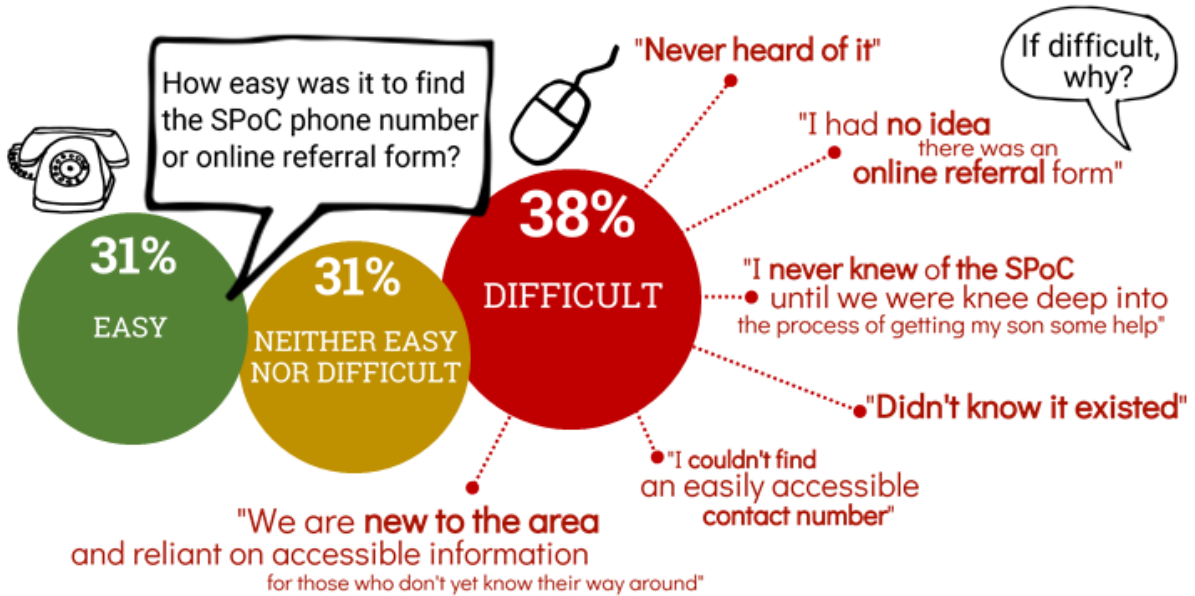
To compliment the new Single Point of Contact a [Thriving Kirklees website](#) is under development to provide information about Thriving Kirklees services, health advice and an online referral form for practitioners and the public to request support for children, young people and families – this includes young people themselves who can access help and support directly.

During June, July and August 2018 the SPoC had taken 4,623 calls. 2.64% 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.



# CAMHS Transformation Plan Survey 2018

44 people responded to the online survey hosted by PCAN and found:



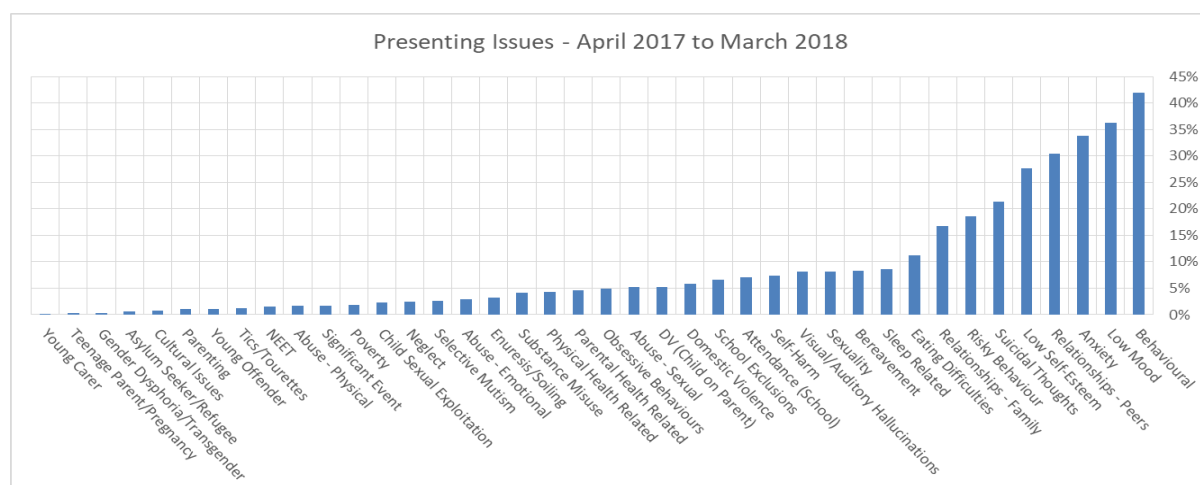


## 2.2 ChEWS - Children's Emotional Wellbeing Service

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 working title of ChEWS.

Between April 2017 and March 2018, ChEWS received 3,563 support requests, 666 of these were directly made by schools or school nurses. In the same period, 1766 new young people started a face to face intervention or to receive planned support calls.

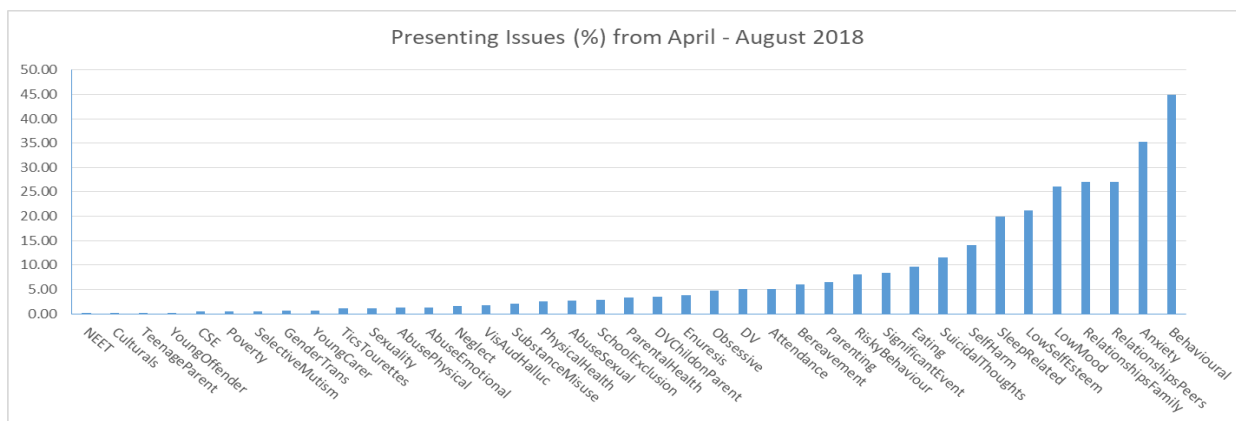
Whilst children and young people may be referred to CAMHS with a single issue once assessed by the service many are identified as having several presenting issues which all need to be addressed to improve their emotional health and wellbeing.



The above chart shows the spread of presenting issues from the 3294 telephone assessments started between April 2017 and March 2018.

Average waiting times for April to June 2018 were reported at 29.4 weeks with 246 children and young people on a service waiting list. At the end of August 2018, there were 339 children and young people on a service waiting list. The average waiting time in August 2018 was 27.1 weeks.

The following chart shows some of the most common presenting issues for the 1411 children and young people for whom a telephone assessment was started between April 2018 and August 2018.



The length of interventions was, on average, 74 days (10.6 weeks) in April 2018 and 72 days (10.3 weeks) in August 2018. The average intervention length last year was 74.3 days (10.6 weeks).

Of the 339 on the waiting list in August 2018, 107 were waiting for counselling, 47 to see a Senior Practitioner, 141 for an Emotional Health Worker and 25 for group work. 19 were on an exception list (i.e. they have postponed care or chose to wait for a practitioner of a certain gender or at a certain location). The table below provides a monthly breakdown.

Service Waiting Lists	2018-04	2018-05	2018-06	2018-07	2018-08
Counselling	66	56	56	80	107
Direct Support EHW	132	124	80	105	141
Direct Support SP	106	111	89	68	47
Group Work	7	8	13	27	25
Exception List	6	8	8	11	19
Total	317	307	246	291	339

N.B. The above table only includes young people about whom a decision has been made with regards to the service to be offered. It does not include young people who are in information gathering phase or who are awaiting a decision meeting (either with ChEWS or Specialist CAMHS). At the time of writing (9<sup>th</sup> October 2018) there are 719 young people where a decision has been made or service offered.

The average service waiting time has increased significantly over the past year from 22.7 weeks to 29.4 weeks. As the waiting times have increased in this service area other areas of service such as Generic CAMHS have seen a significant reduction. This in part is thought to be because clearer pathways and the SPA have ensured that children young people's needs are met at the lowest possible level of intervention. We have commissioned an independent consultant to examine the

whole CAMHS and Thriving Kirklees system to understand current demand and needs in relation to the current resource allocation across the system.

### **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 June, July and August 2018, Generic CAMHS received 98 referrals. Referrals were received from Self-Referrals (35%), GPs (20%), Education (12%), NHS Hospital Staff/Paediatrics (3%), Social Services (1%) and Other (29%). 70 of these referrals for Generic CAMHS have so far received direct support from the service. This doesn't include ADHD, ASC, LAC/VYP, LD or Crisis.

The average wait to first treatment contact for those seen by the service at the end of September was 31 days, which has reduced from 14 weeks in October 2017. 80% of generic CAMHS referrals seen within 10 weeks. At the end of September 2018, a total 33 young people were waiting for treatment across the Generic CAMHS provision. The active caseload of generic CAMHS provision by September 2018 was 239.

### **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.

ASC assessments are on track to hit the 12-month trajectory by the end of September 2018. Staff have worked incredibly hard over the summer to increase the number of assessments in order to achieve this trajectory. From October the extra funding will have finished therefore the number of assessments will be reduced this will be closely monitored. The development of the neuro-developmental pathway is ongoing, and staff will be undertaking further training over the next few months in order to roll out this new process. This will mean a more efficient journey for the child and family and will remove duplication.

An ASC meeting held with Locala and Commissioners in June 2018 discussed the trajectory for assessments and confirmed being on track to meet trajectory but with a potential for a month's delay due to non-attendance of families during the months of February 2018 and March 2018 due to poor weather conditions. Staff turnover has also impacted on the number of assessments offered.

The provider has discussed with commissioners the development of a new neurodevelopment pathway which will assist in maintaining the waiting times. This is currently under development by the ASC/ADHD team and commissioners are considering future potential investment. For this pathway the service is considering a new assessment tool which will require further funding for training of staff and licences; however this will reduce the amount of time families are waiting and remove the duplication of families waiting on different pathways.

The service continues to complete 24 ASC Assessments each month. In year 1 the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires services to work with the wider 0-19 provision to understand and develop the support for families both pre-diagnosis and post-diagnosis.

During the months of June, July and August 2018, ASC received 29 referrals. Referrals were received from NHS Hospital Staff/Paediatrics (21%) and Other (79%). During June, July and August, 102 children and young people had an assessment for ASC. As reported in 2017, we continue to see a maintained increase in referral numbers for Autism Spectrum Conditions; referrals have increased from an average of 13 a month to an average of 20 a month.

There were 267 young people waiting for an assessment at the end of October 2017. At the end of quarter one there were 171 children and young people on the waiting list. By the end of August 2018 there were 123 waiting. The average waiting time for an ASC assessment is now 15 months and by December 2018 is on target to be 12 months. In 2017 the average waiting time was an average of 26 months.

Referrals for ADHD assessment year to date have been 26 an average of five a month, with an active caseload of 338 in August 2018 and 76 children and young people waiting for support.

Referrals into our Learning Disability service referrals total 35 year to date, an average of seven a month. The average waiting time is 52.2 days and an active caseload of 93 as of August 2018.

## 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.

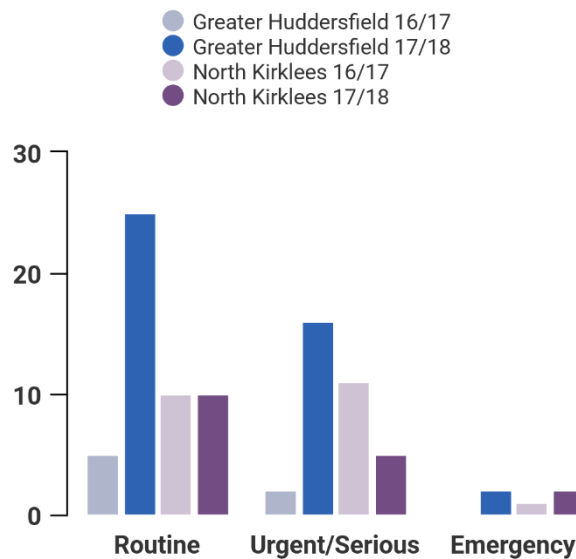
The service offers a training programme to universal services which is subject to ongoing development with the potential in the future to include:

- 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 2017 and Feb 2018 for an assessment for those with a suspected eating disorder are outlined below. This data shows that referrals from 2016/17 have more than doubled across Kirklees:

	GH 16/17	GH 17/18	NK 16/17	NK 17/18	Total
Routine	5	25	10	10	35
Urgent/Serious	2	16	11	5	21
Emergency	0	2	1	2	4
	7	43	22	17	60



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 17 and August 18 is 90%, 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 17 and August 18 is 93%, and the number of cases that were urgent seen within one week was 79%.

## 4.6 Crisis Provision and Home Treatment Provision

The service activity shows that from April 2018 until August 2018 204 referrals were seen by the crisis provision (an average of 40.8 a month). From April 2018 to August 2018 the response time of four hours was met 98.46% 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. This has been particularly utilised in cases subject to Care Education Treatment Reviews and cases of self-harm.

The New Care Models pilot has been live since April 2018. Its first key task is to appoint three Care Navigators (one in each area across West Yorkshire). Their role is to act as the advocate for the young person and their family and they are working closely with clinical colleagues in CAMHS, CEDS, IHT and crisis team to ensure that admissions to an inpatient bed only happen when it is necessary and that it is for the shortest amount of time possible. The Care Navigators also work actively with NHSE Case Managers to repatriate young people back to West Yorkshire where this is clinically safe when they have been admitted to units far from home.

In the first two quarters of 2018/19 throughout West Yorkshire they have worked with 64 young people who have been in an inpatient bed (of whom eight have had two admissions) and there were 47 admissions and 50 discharges. 21 young people have been cared for in the community, and stayed well, since the clinical conversations with the Care Navigators.

As the work of the pilot and the local areas reduce the OBDs this allows investment to be released into local community services and into service across West Yorkshire. At the end of August 2018, the Programme Board for the New care Models have agreed just under half a million pounds worth of investment in community services across the patch. The investment for Kirklees will be used to enable the current crisis service to expand to offer a seven day intensive home based treatment service. We propose expanding the current crisis team to enable the team to offer intensive home-based treatment service seven days a week, from 9am until 5pm. 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 savings have arisen from the reduction in OBDs made since the pilot went live. The reduction in the OBDs (at 30 Sept 2018 is shown as the first six months figure doubled) and also distance from home and LoS is shown below (median in used for distance and LoS)



	Baseline	At 30 Sep 18	% down in 6 months
Occupied bed days p.a.	13648	7516	45%
Miles from home	37	25	33%
Length of stay in days	99.5%	51	49%

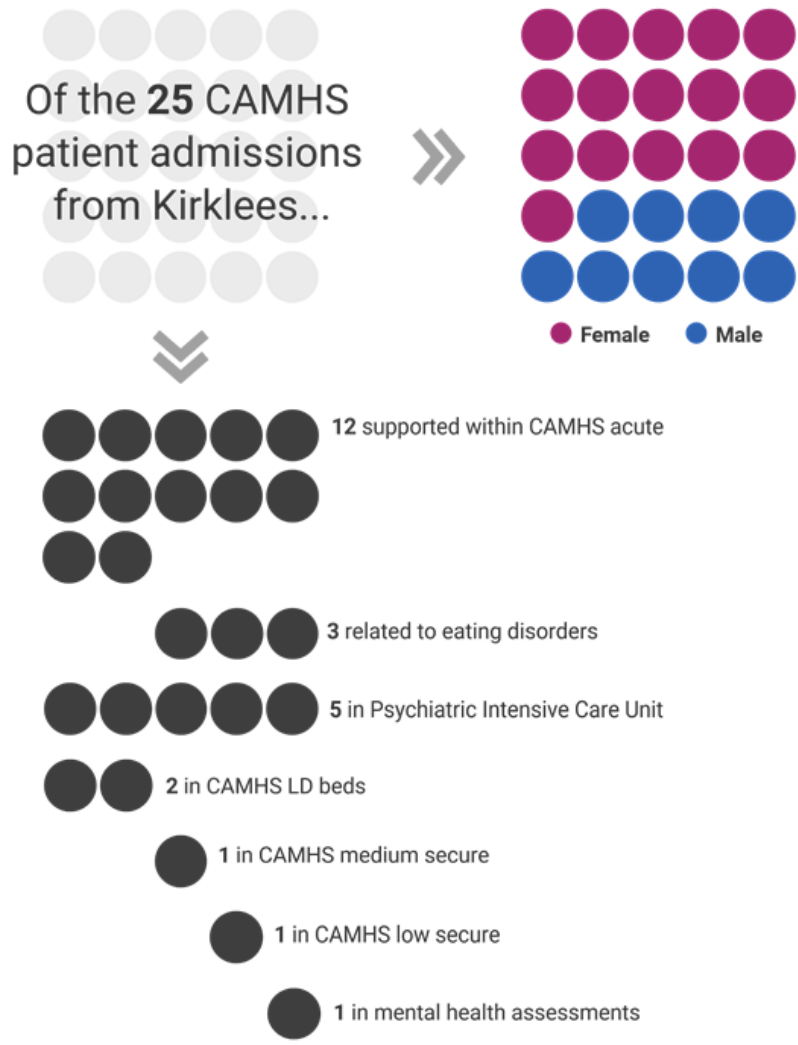
The main benefit of the NCM will be to young people and their families. We firmly believe that the new model will ensure that some young people avoid admission and others will have their admission reduced in length. Young people and families tell us that this is what they want. The other expected benefit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

Metric	Baseline (2016/17)	2018/19	2019/20
Admissions	153	Reduce by 8 (and shorten the length of a further 7)	Reduce by 24 (and shorten a further 15)
Number out of area placements	128	Reduce by 8	Reduce by 24
Distance from home	36.95	34.5	34.1
Occupied Bed Days (OBDs)	13648	Reduced by between 374 – 424 days	Reduced by between 2097-2197 days

#### 4.7 Tier 4

Current figures from North of England Commissioning Support data shows there were 25 CAMHS inpatient admissions from Kirklees. Seven of these referrals were from the Greater Huddersfield Clinical Commissioning Group catchment area and 18 referrals made from the North Kirklees Clinical Commissioning Group catchment area. This appears to be changing the trend from previous years where referrals from Greater Huddersfield were much higher than from North Kirklees. During the quarter 1 of 18/19, 13 children and young people were still shown as being inpatients.





	North Kirklees CCG	Greater Huddersfield CCG
14/15	309,220	121,874
15/16	95,048	1,098,627
16/17	184,071	1,485,572
17/18	674,654	735,864

As outlined above we are working closely with the West Yorkshire New Models of Care to prevent admission and facilitate timely discharge. We still have local issues in terms of accessing Tier 4 provision in a timely manner and this year have had 6 young people aged 16 to 17 years who were placed on adult wards due to delays in

finding appropriate beds. We also have issues where children and young people are being held on paediatric wards until beds can be found. We know NHS England is beginning to try to address this issue as outlined in Theme 2.

#### **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 carers as well as one-to-one interventions for children and young people.

Between April and August 2018, the service received 87 referrals for one-to-one interventions with an active caseload of 21. The average waiting time from referral to first intervention at the end of August 2018 was 12.7 days. In August 2018 the referral with the shortest wait time being one day and the longest being 48 days.

For those vulnerable children referred into Specialist CAMHS at the end of August 2017, there were four children and young people waiting for treatment. The average waiting times from referral to treatment between April and August 2018 was 15 days.

In terms of consultation, between August 2017 to April 2018, 180 appointment slots were made available to social workers, foster carers and other staff, of which 124 were utilised. Between April 2018 and 11<sup>th</sup> October 2018, 160 appointment slots were made available to social workers and foster carers and other staff, of which 137 were utilised

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.

#### **Care Leavers/ Transition provision.**

In the first six months of this new provision, 27 young people have been referred and:

- 64 one-to-one young adult appointments offered
- 34 sessions cancelled or did not attend
- 15 clients have attended at least one session
- seven clients engaged at least twice
- three clients actively engaging in weekly assessment/treatment

There have been 26 consultations with PA's, who are the allocated workers for care leavers. Some of these have led to a referral to the transition CAMHS worker while others are advice only and some are signposting.

## 5. Key Engagement Messages

### What do young people think of CAMHS?

*"...it would be ideal if all services transitioned [to adult services] at the same age. Across trust services are delivered differently."*

*"The support given was amazing but always room for improvement."*

*"...give young people as much detail as you would anyone else. It allows us to have a clear expectation of service and our health."*

*"...it really helped solve my problems, and deal with my emotion a lot better."*

*"...don't underestimate the knowledge of Young people. Let them manage elements of their care."*

*"You make me happy and make my life better....it helps me be nicer to my sisters."*

*"My worries and bad experiences seemed to improve quite a lot and it seemed to be friendly."*

### What is missing that matters to parents/carers of children/young people accessing CAMHS?

#### More support for Young People living with ASD

*"The service does not in any way prioritise assessments for ASD assessments."*

*"There seems to be an assumption that if a person with autism has anxiety it isn't something CAMHS can help with...Invest in training for practitioners to deliver a CBT type approach aimed at dealing with anxiety in autistic young people?"*

*"Please have staff who understand ASD and it's different presentations."*

*"Educate the educators and all school staff including lunchtime supervisors in terms of the complexities of autism as so few understand it."*

*"Learn that autism comes in all shapes and sizes, it's not one size fits all!"*

#### Earlier intervention

*"...If my child had been supported early on when we tried to get help when she was 7 she would not have had the difficulty she has now and would still live with us as a family"*

*“We need to do so much more and really work within early intervention and prevention mindset, and ensure we have immediate and urgent care and support for those in crisis....”*

*“You look at the very short term as does the government. If these children are supported NOW when they need it they are less likely to need support when they are older and less likely to be dependent.”*

### **Better transitions**

*“Please look at the transition pathway for those moving from different areas. The whole situation was ridiculous.”*

*“Transition from service to service for children who are looked after or complex. My son was transferred to a different service which lacked any facilities to meet his needs.”*

### **More timely care**

*“Child was referred nearly a year ago. Still not been seen.”*

*“My son was on the waiting list for too long without any contact.”*

*“It’s fine going through the assessment process, but my child has been on a waiting list for 8 months with no sign of him seeing anyone face to face.”*

*“4 months wait in the children's service - this isn't really acceptable.”*

*“Waiting times are horrific, we waited 5 months for an emergency appointment following my son's threatened suicide.”*

*We need to consider long term impact and additional needs and issues that may arise due to having to wait for such a long time for support, if lucky to get any.*

### **Improvement in handling transition from children’s to adults’ services**

*“You’re discharged from children’s at 16, giving a 2 year gap before you move into adults at 18.”*

*“There are different ages for different services?? 16 and 18 and school leavers age (19/20) so no synchronicity[sic]!!”*

*“This referral cannot be made before age 18 yet liaison between child and adult services needs to happen as the waiting list to see someone at CAMHS can last longer than the period before the child's 18th birthday.”*

*“Transition and over to adult services from 16 rather than 18”*

*“I think there should be an 18-25 transition period which can include post 16 school/college and day care for younger adults. My daughter is small (age 14/15)*

*vulnerable and an easy target so the thought of her mixing with older adults who are bigger scares me to death.”*

*“One outstanding thing that would need changing, would be to have it where service users, can move straight into adults from when they are discharged from children’s at 16, rather than having the 2 year wait.”*

*“Being a carer for a child who has turned 16 i still think that it is too soon for them to move as physically they might be of that age but mentally it is too early to move.”*

### **What do professionals think of the referral process?**

*“Easy to refer via phone and email - was informed by letter the outcome of the support.”*

*“Phone call contact can be challenging during school times, so liaison is difficult and emails are not secure, therefore communication is still difficult. The referral process is now clearer, e.g. Thriving Kirklees or phone call.”*

*“The referral process was quicker this time than normal, however we all appreciate just how busy this service is.”*

*“The referral process is quick and easy initially. It is a shame about waiting times but that is understandable and I know how stretched the services are.”*

*“Easy to refer over the phone and it’s better than completing a form because you get to have a conversation with someone.”*

*“Too long. Information is constantly being asked for by different people so it can be summarised when in fact all details need to be relayed.”*

SWYPFT also gained some insight from young people using CAMHS and their parents/carers outlined on the next page:

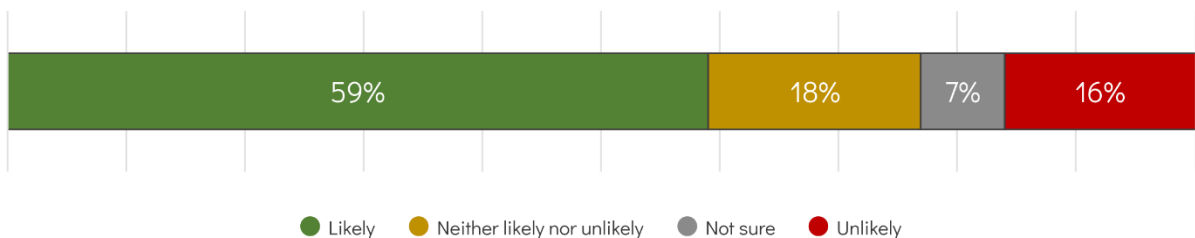
What was **good** about your experience?

The communication and support  
 Talking about things  
 Talking to someone  
 The highly compassionate staff  
 They listened and understood  
 The actual support **Everything** Thorough  
 Therapy The staff Caring staff  
 Toys  
 Staff are friendly Quality of therapy  
 Staff are nice My support worker  
 Helped me with my anger  
 Doing a drawing about my feelings  
 The nurses were very polite and very reassuring

What would have **improved** your experience?

Don't cancel appointments  
 More flexible appointments  
 Workers listen to parents  
 Easier to contact key workers  
 Make appointment later  
 Talk louder  
 More books **Cut waiting times** Food  
 Understand the struggles of the patient.  
 Communication and consistency  
 Sending out letter when you said you would  
 More organised  
 Be more kinder and more welcome

How likely are you to recommend CAMHS?



## 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 2018

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.

The Thriving Kirklees contract was awarded in April 2017 and brings 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 has now been delivering for over a year now and we have already begun to see 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 this year 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

Although much has been achieved in terms of our strategic relationships with schools and service delivery, we acknowledge a more focused and adequately resourced approach is required. This will ensure early intervention and prevention approaches are embedded within all our schools and to ensure children and young people are receiving high quality timely interventions when required. Engagement sessions with Kirklees School Governors in October 2018 mirrored many of the findings in this refresh and as such are incorporated into the priorities for 2018/19. Key themes that emerged included:

- Evidencing outcomes for Children and Young People not just focusing on access or waiting times
- Ensuring transparency throughout the referral process
- Ensuring training was available in schools to support children and young people's emotional health and wellbeing
- Ensuring families were involved as part of the services CYP were receiving
- Ensuring that mental health was linked with other factors within children and young people's lives including domestic violence and debt issues.

We are excited to have applied to become one of the trailblazer sites for the Green Paper recommendation in relation to school based mental health support teams We are also applying to be part of the 4 week waiting time pilot. The Kirklees trailblazer pilot will address some of the issues outlined above by School Governors; will consist of two mental health support teams and aims to:

- Support a **whole school approach** to promoting children and young people's emotional health and wellbeing in line with the 8 principles of [Promoting children and young people's emotional health and wellbeing a whole school and college approach](#)
- Ensure that where required children and young people have rapid access to evidence based interventions.
- Based on **co-production** – building on strengths and respectful of pre-existing capabilities of schools, parents/carers and pupils as experts in their own circumstances.
- Pull together the 3 key areas of support within schools; **mental health, SEND and safeguarding**
- Place Leadership and Management at the centre, ensuring social and emotional wellbeing feature strongly in **plans, policies and systems**.
- Support schools to develop a community vision (**PATH**) where development is informed by **audit**.
- Cover key area of focus: Ethos and environment, curriculum teaching and learning, staff development and wellbeing, student voice and working with parents/carers.
- Deliver interventions that are evidence based and underpinned by knowledge of child development, promoting well-being and resilience, emotional and social skills, adverse childhood experiences, and mental health.
- Enable a bespoke programme of support for schools which enhances the existing whole school offer.

We are currently awaiting the outcome of the bid; the detail of the bid is attached in appendix F and G.

### **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>

We are currently exploring the implementation of Kooth online counselling within Thriving Kirklees to ensure responsiveness and open access to children and young people. We are particularly keen for Kooth to be part of our early intervention and prevention approach

offering anonymous support online for the children and young people of Kirklees.

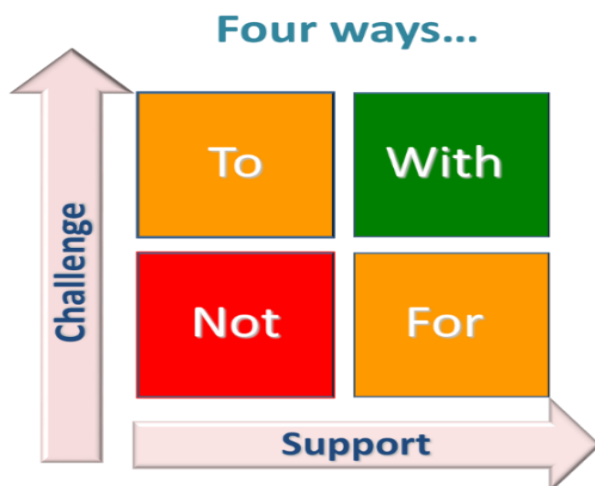
We continue to the pilot [Brain in Hand application](#) which is an assistive cloud based solution designed to help adults and young people diagnosed with autism or traits of autism without a diagnosis, or have general mental health issues.

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**

Development of cohesive early support is a priority for Kirklees which is being overseen through the Ofsted Improvement 10 Point Plan (see appendix I). The latest draft of The Kirklees Early Support Strategy can be viewed in appendix E. All partner organisations across Kirklees have been included in the consultation and plan to develop this strategy. The next steps for the partnership are to agree how this will be implemented and put into practice. 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.

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.



Adapted from: Wachtel T & McCold P in Strang H & Braithwaite J (eds), (2001), Restorative Justice and Civil Society, Cambridge University Press, Cambridge

## 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.

The Network group met in June 2018 where progress and activity reports include the following headlines:

- a. IHV training has been successful. Adjustments have been made to the training and positive feedback is being received.
- b. Planning is progressing to develop a 6 week antenatal programme for low level anxiety and depression between the Perinatal Midwife (Mid York's) and IAPT. This will also be duplicated in Huddersfield with the Perinatal Midwifery Lead and IAPT.
- c. Mid-York's have a de-brief clinic for women who have a traumatic birth which can then lead to an onward referral.
- d. A Clinical Psychologist (from Talk Thru charity) is to deliver a birth trauma group in September 2018 running on Tuesdays offering 5 places on a 12 week course.
- e. Birth trauma conference is to take place on 28 September 2018.
- f. 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.
- g. 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.

## **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 and 4 week waiting time Pilot in 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

#### 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> <ul 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> </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>
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> <ul 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> </ul>



	<p>c. Extensive treatment (Getting more help).</p> <p>d. Risk management and crisis response (Getting Risk Support).</p> <p>to support them to have good mental and emotional wellbeing, by life course stage</p>
3	<p>% eligible parents-to-be attending antenatal parent education programme.</p> <p>% parents attending antenatal parent education programme who report feeling more confident about parenting, keeping their child safe.</p> <p>% of mothers who received a Maternal Mood assessment in a timely manner.</p> <p>% children and parents assessed as having good relationship/attachment (using evidence-based assessment tools).</p> <p>% of children, young people or families using self-help resources for support, to be able to help themselves without needing specialist support.</p>
4	<p>% of Thriving Kirklees users who report:</p> <p>a. They have appropriate access to resources, information and materials to support them with their identified issue.</p> <p>b. Feeling they were supported in a timely and appropriate manner.</p> <p>% of children, young people or families:</p> <p>a. Using Self-Help resources for support to be able to help themselves without needing specialist support.</p> <p>b. Who access support via approaches based on use of technology and assistive technology.</p> <p>c. Reporting that they receive appropriate, supportive and a timely response to their needs. .... by life course stage.</p>
5	<p>% of Thriving Kirklees workforce:</p> <p>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).</p> <p>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.</p> <p>c. Able to demonstrate awareness of and understand of the importance of the parent-infant relationship.</p> <p>d. Who report they have the appropriate knowledge, skills and expertise to carry out their role.</p> <p>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.</p> <p>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.</p>



## 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 2018

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( see appendix K) 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 in 2018/19. There have been a number of delays in the implementation of Thrive Elaborated one of which has been ensuring the wider children’s partnership is signed up to the model and principles. 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.

Although we would have liked more progress implementing Thrive, we have seen positive transformation in relation to our local system and as such have achieved the following.

- A reduction in ASC waiting times to 14 months being on track for 12 months by December 2018.
- Generic CAMHS waiting times are reduced to an average of 31 days reduced from 14 weeks.
- Looked After Children waiting times are currently an average of 15 days
- For North Kirklees CCG the percentage of routine cases that were seen within 4 weeks between August 17 and August 18 is 90%, and the number of cases that were urgent seen within 1 week was 75%. For Greater Huddersfield CCG the percentage of routine cases that were seen within 4 weeks between August 17 and August 18 is 93%, and the number of cases that were urgent seen within 1 week was 79%.
- Our access performance against the 32% access standard target is 32.3% for Greater Huddersfield CCG and 25.8% for North Kirklees CCG comparable with regional averages.
- Having a fully functioning 24/7 Single point of contact in Kirklees.

However, we continue to have concerns in relation to the increase in Tier 2 waiting times across Kirklees which have now risen to 29.4 weeks. Thriving Kirklees are transforming some processes and practice in order to be able to meet need and reduce waiting times, but currently it is apparent this having little or no impact on waiting times. We have therefore employed an external consultant to look at our local system in order to provide an independent view of the whole treatment system and particularly the issue of waiting times at a tier 2 level. The consultant will report in December 2018 and will include recommendations in relation to the distribution of current resources across the treatment system and how the model can be changed to be more efficient. We as commissioners will also refocus the waiting time elements of the Thriving Kirklees contract to oversee what activity is taking place with children and young people whilst they are waiting for an intervention.

Although we are pleased to have reduced waiting times for ASC assessments from 4 years to 12 months, we recognise that the waiting time needs to reduce further. The provider has discussed with Commissioners the development of new neurodevelopment pathway which will assist in maintaining the waiting times. This is currently under development by the ASC/ADHD team and Commissioners are considering future potential investment. For this pathway the service is considering a new assessment tool which will require further funding for training of staff and licences. However this will reduce the amount of time families are waiting and remove the duplication for families waiting on different pathways. In year 1 of the new service the priority was to increase the number of assessments completed, which has been achieved. Year 2 requires services to work with the wider 0-19 provision to understand and develop the support for families both pre diagnosis and post diagnosis

## 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.

NHS England is overseeing implementation of the TCP and regular highlight reporting is taking place in relation to the agreed actions of the work stream. We have made good progress in terms of needs assessment, planning and projection for the groups of children and young people affected and also in implementing the CETR process and reviews across the footprint. In July 2018 our at risk of admission register was fully implemented across Kirklees, Calderdale and Barnsley and Wakefield, the first in the region which is an extremely positive step. We recognise however the scope of the register needs to be widened out over the coming months to include a wider cohort of Children and Young People. The most recent feedback from NHS England has also highlighted the following positive aspects in relation to our local TCP for children and young people:

- ✓ **You have provided very accessible and helpful information for parents including a video about CETRs which is included on all your Local Offers.**
- ✓ **You have established sound partnership links between CCGs and Local Authorities in the implementation of the SEND reforms particularly in the issue of EHCPs where the CCG's are an essential part of the sign-off process.**
- ✓ **You have systems in place to track through the actions of the CETR via the TCP coordinator who liaises with the Band 7 nurses and advanced social work practitioner who are the in the process of developing and implementing quality measures**

NHS England also highlighted areas of focus over the coming months which are:

- 1. Fully implementing Dynamic and At risk of Admission Registers ensuring they are in place and working.**
- 2. Current performance is that 25% of community CETRs are being completed prior to hospital admission this needs to be improved, but is thought to be underreporting.**
- 3. Engaging local CYP to consult and include in the discussion processes around the development of services.**

The areas for further focus will inform the priorities in the 2018 refresh of our CAMHS LTP and will be monitored through the work stream and through quarterly reporting to NHS England.

Across Calderdale, Wakefield and Barnsley we have employed a Band 7 Mental Health Nurse to undertake the CETR chairing role, and in Kirklees 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.

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

Prior to moving the learning disability provision into the Thriving Kirklees arrangements our local learning disability offer consisted of the Children's Community Learning Disability Team ( CCLDT) (4 Whole Time Equivalent Learning Disability Nurses) managed by adult Learning Disability services. The referral criteria was 0-18 with primary diagnosis of Learning Disability (any level) offering nursing assessment and interventions around behaviour, sleep, continence, medical conditions, support to parents/carers and multi-agency working.

Separate to this, there was a CAMHS Learning Disability Pathway (1 Whole Time Equivalent Clinical Psychologist). The referral criteria at the time were a diagnosis of Learning Disability (any level) with comorbid severe behavioural, psychological or emotional difficulties. The service offered complex psychology assessment and formulation, individual therapy and Positive Behavioural Support.

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 changed to: 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. Current data shows that the service is now within the target KPI of 28 days for initial face-to-face contact and treatment waiting times reduced from 372 days to 48 days. 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.

Requests for professional development have been supported and have included ACT training, sleep practitioner training and MSc advanced clinical practice in order to ensure the service has the correct level of skill and expertise to offer treatment/interventions in line with NICE guidance.

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 presented at our local CAMHS development meeting and also at a regional West Yorkshire New Care Models CAMHS Learning Collaborative. 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.

### **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.

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. We are also jointly producing a SEND needs assessment and commissioning strategy to

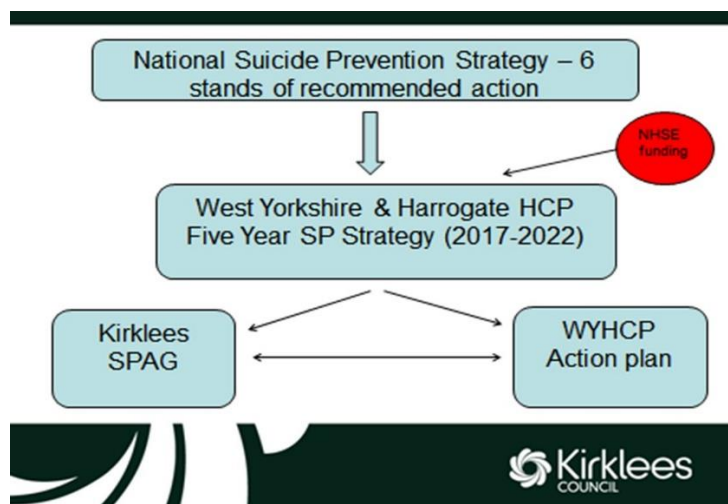
support a joint strategic vision for Kirklees. This will include aspects such as the local high needs review, our local sufficiency strategy, our all age disability and transition ambitions and link clearly with the CAMHS LTP priorities.

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 3<sup>rd</sup> 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. The Group will agree its remit regarding prevention of self-harm within the context of suicide prevention.

In terms of children and young people, the group is concerned with levels of self-harm in Kirklees, so is trying to work more with CAMHS providers to find out what levels of referrals are centred around this issue and what can be done to raise awareness with teachers and parents but also with children and young people themselves. Commissioners are also applying to become a Kirklees Time to Change HUB which will involve working more closely with the colleges to provide training around what it means to be a mental health



champion and to try and recruit children and young people champions to do more early intervention and prevention mental health work in schools.

Local issues of consideration include:

1. Suicide Prevention for LGBT young people and non-gender communities and other vulnerable groups.
2. Providing outreach via Samaritans to reach specific groups in the farming community.
3. Implementing a real time surveillance approach to suicide prevention to access data quickly and plan more efficiently.
4. Developing a self-harm pathway for Kirklees.
5. As a group agreeing about suicide prevention activities that would be beneficial to us on a West Yorkshire footprint, initially including:
  - Access to suicide bereavement support for those living in Kirklees.
  - Access to regional and locally developed campaigns/resources.
  - Access to suicide prevention/mental health training for people who work or live in Kirklees.

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.

#### **Tier 4 and New Care Models**

Progress continues following the Mental Health Service Review for CAMHS, with a working bed reconfiguration plan that is now seeing new build developments in the Humber region for General adolescent and PICU services. For West Yorkshire, developments are at the planning stage however the St Mary's hospital site in Leeds has been announced as the new build site; again this will see General Adolescent and PICU services. Within South Yorkshire collaborative provider partnerships are being formed to enable further bed reconfiguration. This high level reconfiguration will see the distribution of beds being more able to meet young people's needs more locally and support a positive pathway experience. The overall plan is aimed for delivery within 2020, and this will also include



Low secure for MI and LD, for which Yorkshire and the Humber have not had prior.

A further progression to meeting local population needs, is the announcement that 'New Care Models' being seen as the steady state of commissioning, which is essentially aiming for collaborative and devolved commissioning. We already have a wave one (North Yorkshire) and a Wave two (West Yorkshire) sites for CAMHS. Progress in South Yorkshire on implementing a provider partnership is ongoing and being supported. Both the bed reconfiguration and New Care Models support each other in refining clinical models and enabling local innovation.

The New Care Models pilot has been live since April 2018. Its first key task is to appoint three Care Navigators (one in each area across West Yorkshire). Their role is to act as the advocate for the young person and their family and they are working closely with clinical colleagues in CAMHS, CEDS, IHT and crisis team to ensure that admissions to an inpatient bed only happen when it is necessary and that it is for the shortest amount of time possible. The Care Navigators also work actively with NHSE Case Managers to repatriate young people back to West Yorkshire where this is clinically safe when they have been admitted to units far from home.

In the first two quarters of 2018/19 throughout West Yorkshire they have worked with 64 young people who have been in an inpatient bed (of whom eight have had two admissions) and there were 47 admissions and 50 discharges. 21 young people have been cared for in the community, and stayed well, since the clinical conversations with the Care Navigators

As the work of the pilot and the local areas reduce the Occupied Bed Days this allows investment to be released into local community services and into service across West Yorkshire. At the end of August 2018 the Programme Board for the New care Models have agreed just under half a million pounds worth of investment in community services across the patch. The investment for Kirklees will be used to enable the current crisis service to expand to offer a seven day intensive home based treatment service. We propose expanding the current crisis team to enable the team to offer intensive home based treatment service seven days a week 9-5. 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

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

Our local crisis provision in Kirklees is performing well and is meeting our 4 hour assessment target 98% 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. Currently this service isn't offered at weekends due to resourcing issues. The proposal in Kirklees is to use the resource saved from the new care models project to expand the current crisis team to enable the team to offer intensive home based treatment service seven days a week. 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.

We continue to develop our all age psychiatric liaison services and recently have attended an information sharing and learning event led by South West Yorkshire Partnership NHS Foundation Trust. The event aimed to bring together providers and commissioners from across Kirklees and Calderdale to hear about the development of a Rapid Assessment, Intervention and Discharge Team (RAID) in Greater Manchester Mental Health Foundation Trust. The outcome of the event was that providers and local commissioners will meet to determine whether a similar RAID approach will be of benefit to children and young people aged up to 18.

Currently we have partially implemented a Psychiatric Liaison model in the Greater Huddersfield Clinical Commissioning Group area through the acute hospitals which works from aged 16 upwards. This is recurrently funded from core budgets.

## **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 North Kirklees 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. Implement 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 including SPA and the ASC services.
- 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

#### 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 will be provided to commissioners to help demonstrate impact against each of the above five theme outcomes:

1	<p>% 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> <hr/> <p>% of parents who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul 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> </ul>
1	<p>% of children and young people who feel they have experienced all of the following when interacting with Thriving Kirklees:</p> <ul 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> </ul>

	d. who feel they have been involved in the co-production of the support they have received, .....by life course stage.
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 2018

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..

This year we have further invested in the provision of the multiagency team comprising of a psychotherapist, psychologist and emotional health and wellbeing practitioner were augmented with care leavers mental health post. This will ensure that the emotional health and wellbeing of care leavers are met, and where required clear transition arrangement can be made with adult mental health teams. The need for this provision was highlighted through our Ofsted inspection report in 2016 and forms part of our 10 point improvement plan. 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 15 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**

FGC 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 has currently been offering FGCs to a low number of families in both early support services and children's social care; however plans are now in place to expand FGCs through the innovation funding. The full team has now been recruited to and completed training and has expanded from 3 to 12 officers which will allow for up to 320 FGCs to be facilitated in a 12 month period. The entitlement for Kirklees families for an FGC is still under development; however it is recognised that the service needs to engage with families at the earliest opportunity for those on the edge of care or those whose needs may otherwise escalate to a point where accommodation is necessary.

## **Multi-Systemic Therapy Team**

Multi Systemic Therapy (MST) is an intensive family and community based intervention for children and young people aged 11-17, where young people 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 behaviours by keeping young people safely at home, in school, and out of trouble.

Kirklees does not currently have any family evidence-based preventative services seeking to cumulatively address the risks of young people entering the care and custody systems. The large population of young people in Kirklees, linked with the statistics shows a relatively high proportion of those entering the care and criminal justice systems, with a current lack of evidence-based programmes seeking to specifically target these areas highlights a significant need for Kirklees to invest in preventative interventions such as MST. There is clear alignment between the desired outcomes of MST and the local authority, with the need to reduce the numbers of looked after children as a key priority for Kirklees and the innovation funding will support development and implementation of the programme. Recruitment to the Kirklees MST team will take place in September 2018 and will include a Programme Manager/Supervisor, 4 therapists and business support. Once recruited the therapists will receive 5 days of MST model training during November/December 2018.

## **Family Mental Health Team**

The Family Mental Health service 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.

Kirklees has a long established FMH team with three workers with a fourth worker joining the team from Stronger Families in December 2017. The focus has been working across Children's Social Care and Adult Mental Health to reduce the barriers between services and enhance practice in order to improve direct work with families. The results of this have been positive but additional resources were identified to be required to expand the service to support significant improvements in front line practice.

Recruitment has taken place and there is now a Team Manager, 5 Stronger Families consultants and a level 3 Social Worker in post. There are still vacancies for a Senior Practitioner and a L3 Social Worker and plans are being put together to recruit to these posts. The team is now up and running and once recruitment to the remaining posts is complete the FMH service will be in a position to increase the number of families they can support.

### **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 will work 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**

NHS England's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as *Secure Stairs* and 2) establishing collaborative commissioning networks.

The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber.

One of the key objectives of these three work programmes includes identifying and addressing **gaps in mental health provision** for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and

young people whose mental health needs may not meet **traditional service thresholds**, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.

Local CCG commissioners need to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. Whole packages of care need to be commissioned to ensure that there is full pathway consideration. Priority areas for development include increased Speech and Language provision to address communication barriers, identification of learning disabilities and improve engagement with youth justice services. There needs to be a greater understanding and awareness of the impact of complex trauma on CYP across the whole spectrum of health and social care and there needs to be the encouragement of a trauma aware approach to working with CYP. Psychological support needs to be considered for CYP who come into contact with one of the four CSAAS or Youth Offending Teams in Yorkshire and the Humber and how they transition into mainstream CAMHS.

Ensuring seamless transition and integrated working is the key to supporting CYP who come into contact with Health and Justice services are some of the most vulnerable in Yorkshire and the Humber.

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.

### **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.

## **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 the Looked after Children CAMHS provision meets locally identified needs. 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.

#### 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 will be 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> <li>a. Family</li> <li>b. School</li> <li>c. Community and wider networks</li> </ul> to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage
1	% of children, young people or families using Self-Help resources for support to be able

	to help themselves without needing specialist support
	% of those children and young people identified as requiring specialist support who are: <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>
	% of children and young people seen by the specialist element of the Thriving Kirklees within mandated waiting time targets.
	% of crisis referrals to the specialist element of Thriving Kirklees who are assessed within 4 hours, 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 identified as requiring support with a Learning Disability (LD) waiting for less than 28 days for first appointment.
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 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 feels 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.
	% 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.

## 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.

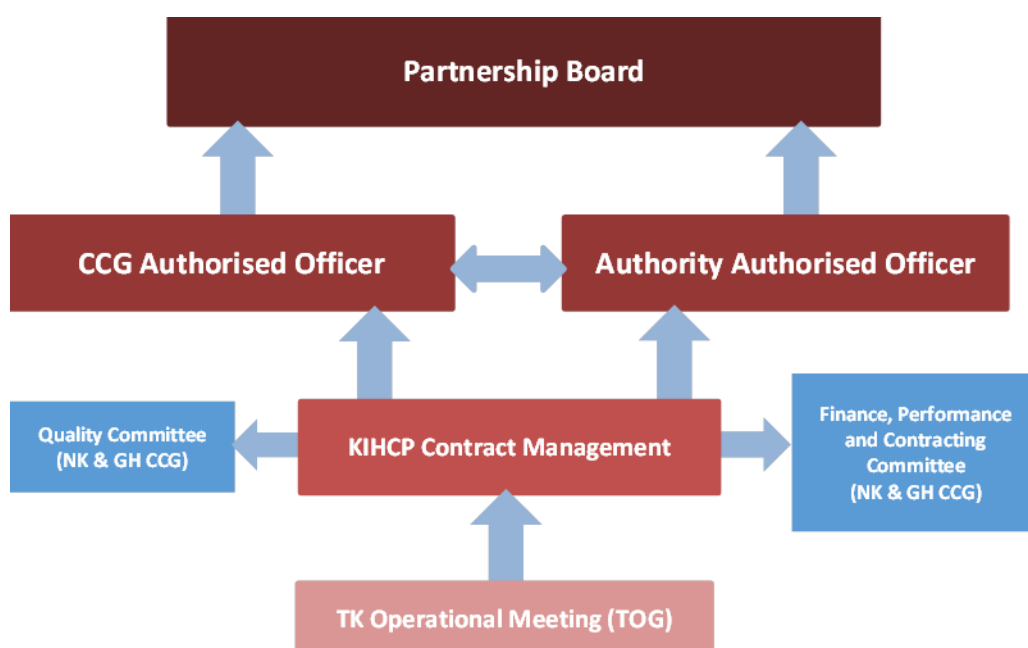
Having challenge and representation from individuals and groups who experience our services on an individual and case by case basis, gives rich insight into service experience. This is enabling us to triangulate the contract monitoring information we receive from the provider with peoples lived experience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

The below image shows the 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 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 and Transition CQUIN

The CAMHS MHSDS is being completed fully by our local providers and the national information is being shared with all partners. We are currently undertaking a focused piece of work to ensure reporting in relation to the access standard is fully representative of our current service user group. The latest access data for July 2018 shows that in Greater Huddersfield CCG the access target is 32.8% 615 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 July 2018 data is showing the access target as 25.8%, with 465 children and young people accessing treatment from a possible cohort of 4,649 children and young people with a diagnosable mental health condition.

We are undertaking the following actions to understand our current access figures and further increase access for children and young people:



- Examine the difference in the access standard between Greater Huddersfield and North Kirklees CCG in relation to any population differences that may be affecting access e.g. high populations in North Kirklees of traditionally underrepresented groups in mental health services.
- Undertake a review of data submission with support from NHS England to ensure submission process and quality is correct.
- Examine Tier 2 current waiting lists to see if this may explain not fully meeting the access standard.

The Transitions out of Children and Young People's Mental Health Services CQUIN aims to incentivise improvements to the experience and outcomes for young people when they transition out of Children and Young People's Mental Health Services (CYPMHS). Achievement of this CQUIN is measured by the results of the three components of this CQUIN:

1. A case note audit in order to assess the extent of Joint-Agency Transition Planning;
2. A survey of young people's transition readiness ahead of the point of transition (Pre-Transition / Discharge Readiness); and
3. A survey of whether young people are meeting their transition goals after transition (Post-Transition Goals Achievement).

Locally a Trust-Wide Steering Group was established to implement the improvements required to transition. The following actions have been taken.

- The Trust-Wide transition policy/principles were considered and an agreement to interpret and implement the overarching principles into local processes was made.
- Local area Transition Groups were set up as appropriate.
- Identified Transition Link/s have been identified across the teams.
- Worked with Performance and Information Department to produce a monthly report which identifies all young people who are aged 17½ years of age in the service to inform managers/clinicians to support the initiation of the transition process
- Agreed and implemented the information strategy to support the Transition Plan.
- Opportunities to raise awareness are used such as at manager 1:1's (using P&I information), team meetings and briefings etc.
- At 17.5yrs (or immediately if they enter the service after this age) the conversation starts with the young person and as appropriate with family and support network.

## 9.1 What have we achieved so far in 2018

As outlined in the 2017 Transformation Plan refresh, we had made significant progress in relation to our integrated commissioning arrangements. 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.

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:

- Achieving 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
- b. Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is achieved.

## 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> <hr/> <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>
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	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.

## 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.

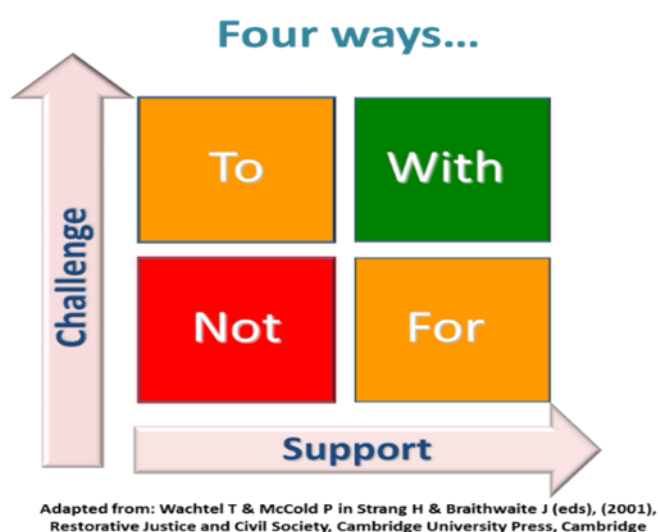
Our focus will be on shared vision, values and behaviours across Kirklees. We will work together to identify what this looks like and shape this into a coherent programme of workforce induction and training. Integrated models of care will fundamentally require people to work differently from their prescribed 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 2018

Alongside the developing workforce ambition articulated in the Kirklees Health and Wellbeing Strategy we have refocused our workforce ambition for emotional health and well 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 initially concentrates on 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.



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.



<p>Postgraduate Diploma - Evidence Based Psychological Therapies for Children and Young People: <b>Cognitive Behaviour Therapy</b></p>	<p>Northorpe Hall Child and Family Trust.</p> <p><b>3 workers due to complete course December 2018</b></p>
<p>Postgraduate Certificate - Evidence Based Psychological Therapies for Children and Young People: <b>Interpersonal Therapy for Adolescents with Depression</b></p>	<p>Specialist CAMHS Kirklees</p> <p><b>1 Clinician due to complete course in December 2018</b></p> <p><b>1 Crisis clinician applied for this course for 2019, awaiting outcome of application</b></p>
<p><b>Enhanced Evidence Based Practice Programme for Children and Young People</b></p>	<p>Northorpe Hall Child and Family Trust</p> <p><b>2 Workers part way through the programme and funding agreed for another worker to apply and start in 2019</b></p> <p><b>2 Specialist CAMHS clinicians ton EEBP course during 2018o apply in 2018</b></p>
<p>Learning Disability/Autistic Spectrum Disorders</p>	<p>Northorpe Hall Child and Family Trust</p> <p><b>1 worker has submitted an application and we are awaiting the outcome</b></p> <p><b>1 Specialist clinician applying for this course for 2019</b></p>
<p>Children and Young People’s Well-Being Practitioners.</p>	<p>Northorpe Hall Child and Family Trust</p>

	<b><i>1 PWP is in post, employed by specialist CAMHS and placed at Northorpe Hall.</i></b>
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Applicant interviews are being held during October and November 2018 so until then we cannot confirm any new course allocations. Participation in the programme has been restricted by oversubscription of applicants against the availability of courses being offered nationally. This restriction combined with uncertain budgetary commitments will impact on our local priority intention to enable participation in the programme for CAMHS staff and more especially for staff from other agencies.

Staff retention, recruitment and continued funding in the CYP IAPT training programmes have been identified as risks in Appendix C.

### **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

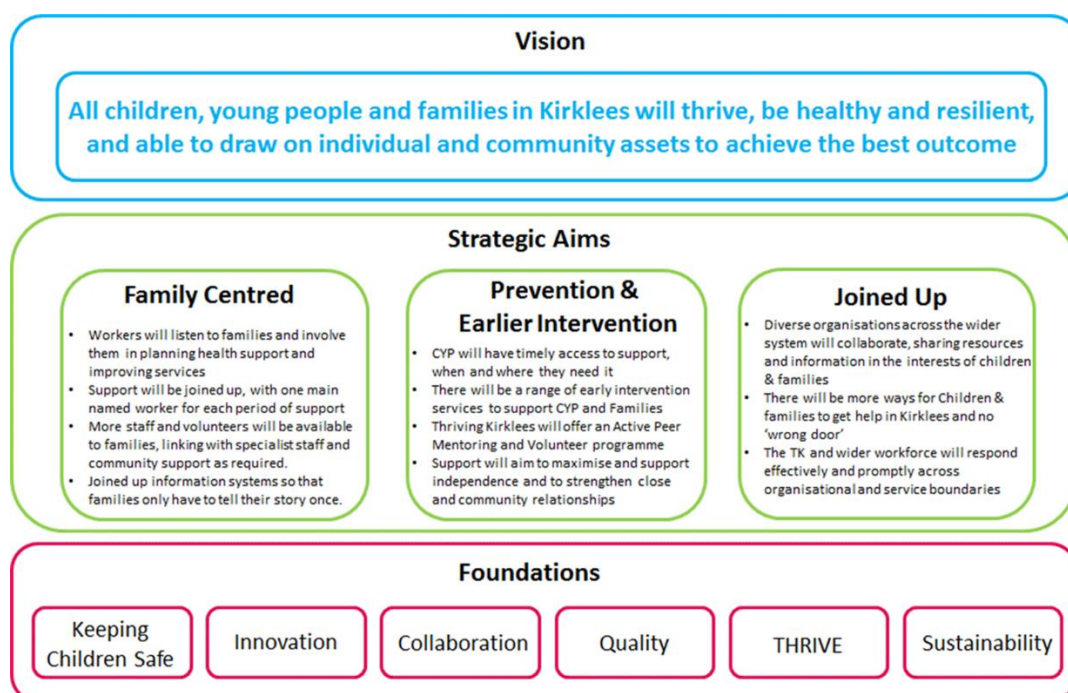
The overall aims are:

- 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



## 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.

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 2018/19. 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

### 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 and 4 week waiting time Pilot in collaboration with Schools	Themes 1 and 2 Transformation Plan Refresh 18/19 <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	R new priority dependant on bid
<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 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 2019

<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 2019</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. This will include Kooth and Mindmate</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 Short term achievement by May 2019 and 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 new priority</b> Progress updates provided by Locala, SWYFT and Commissioners.	Priority for 2018/19
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 new priority</b>	Priority for 2018/19
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 Assessment Services (CSAAS) and those CYP	<b>Theme 3</b> <b>Transformation Plan Refresh 2018/19 new priority</b> Progress updates provided by Locala, SWYFT and Commissioners	Priority for 18/19

	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

<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</b> <b>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>3.10</b>	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	2018/19priority
<b>LPS 34</b>	Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is increased. New Priority	<b>Theme 4</b> <b>Transformation Plan Refresh 2018/19 new priority</b> <b>Progress updates provided by Head of Children’s Joint Commissioning</b>	20/19 Priority
<b>4.11</b>	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	2018/19 priority
<b>Archived local transformation priorities</b>			
<b>LPS 1 (1.1)</b>	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
<b>1.11</b>	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.	<b>R</b> Year 2 priority Long term

		This is not within the delivery specifications for actual delivery but to support delivery of interventions by Thriving Kirklees and Community Hubs <b>Relevant updates provided by Community Hubs.</b>	achievement by 2020
<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> Independent report subject to Safeguarding Action Plan to evidence oversight and appropriate responses to recommendations within CAMHS provisions of	<b>G</b> Year 1 priority

	CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children.	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 to 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 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>G</b> Year 1



<p><b>LPS 20 (4.3)</b></p>	<p>Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.</p>	<p><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></p>	<p><b>G</b> Year 1 priority</p>
<p><b>LPS 21 (4.4)</b></p>	<p>Ensure the Integrated Commissioning Group is overseeing the implementation of the Future in Mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and that NICE guidelines are implemented throughout the service provision.</p>	<p><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></p>	<p><b>G</b> Year 1 priority</p>
<p><b>LPS 22 (4.5)</b></p>	<p>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.</p>	<p><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></p>	<p><b>G</b> Year 1 priority Achievement by April 2017</p>
<p><b>LPS 23 (4.6)</b></p>	<p>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.</p>	<p><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></p>	<p><b>G</b> Year 1 priority achievement by April 2017</p>
<p><b>LPS 24 (4.7)</b></p>	<p>Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group. LPS 24</p>	<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	<p><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> <b>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</b></p>	<p>Year 1 priority Long term achievement by 2020</p>

LPS 27	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> <b>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)</b>	
	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
2.14	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
1.12	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.	
5.7	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.	<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
LPS 10 (2.6)  LPS 11 (2.7)	Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting, consultation and assessment and co-ordination of Thriving Kirklees provision delivery.	<b>Themes 1 and 2.</b> <b>Transformation Plan Refresh 2017/18 priority</b> Progress updates provided by Locala, SPoC and ASK CAMHS. <i>Priority also inter-relates with: LPS 1 (1.1), 2 (1.2) and 6 (2.2)</i>	<b>G</b> Year 1 priority Short term achievement by October 2017

## 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. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18		No of referrals 2015/16	No of referrals 2016/17	No of referrals 2017/18	No. Accepted Into Services 15/16	No. Accepted Into Services 16/17	No. Accepted Into Services 17/18	Active Cases 31/3/16	Active Cases 31/3/17	Active Cases 31/3/18
<b>School Based Services</b>										<b>School Based Services</b>									
										<b>* School Nursing</b>	8,432	NK	NK	2,130	NK	NK	1,520	NK	NK
										<b>Learning SEMHD Provision</b>	NA	NA		NA	NA	NA	NA	NA	NA
										<b>CAMHS Schools link pilot</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA
Sub-Total	0	0		0	0		0	0		Sub-Total	8,432	0		2,130	0		1,520	0	
<b>LA Based Services</b>										<b>LA Based Services</b>									
<b>* Services targeted at other vulnerable children - YOT</b>	179	*		37	*	*	11	*	*	<b>Health Visitors/FNP</b>	NK	NK	NK	NK	NK	NK	NK	NK	NK
<b>Services targeted at other vulnerable children - LAC</b>	NK	NK	NK	NK	NK	NK	NK	NA	NK										
<b>* Services targeted at other vulnerable children - PRS</b>	219	*	*	151	*	*	134	*	*										
Sub-Total	398	0		188	0		145	0	0	Sub-Total	0	0		0	0		0	0	
<b>Third Sector Based Services</b>										<b>Third Sector Based Services</b>									
<b>ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services)</b>	2,297	3,175	3,563	1,711	1,942	1,697	192	290	295										
Sub-Total	2,297	3,175	3,563	1,711	1,942	1,697	192	290	295	Sub-Total	0	0		0	0		0	0	
<b>NHS Based Services</b>										<b>NHS Based Services</b>									
<b>NHS Provider CAMHS</b>	1,862	1,042	1,451	537	932	1,380	776	632	802	<b>Looked after Children Nursing Team</b>	NK	978		NK	978		NK	na	
Sub-Total	1,862	1,042	1,451	537	932	1,380	776	632	802	Sub-Total	0	978		0	978		0	0	
<b>Total</b>	<b>4,557</b>	<b>4,217</b>		<b>2,436</b>	<b>2,874</b>	<b>3,077</b>	<b>1,113</b>	<b>922</b>		<b>Total</b>	<b>8,432</b>	<b>978</b>		<b>2,130</b>	<b>978</b>		<b>1,520</b>	<b>0</b>	
<b>* Awaiting data confirmation from services - to be updated in final published version</b>																			

Workforce Tables

Name of Area:

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 16	Number of Practitioner/Clinical Staff in Post June 17	Number of Practitioner/Clinical Staff in Post June 18
<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
				<b>Learning SEMHD Provision</b>	60% of EP time	60% of EP time	60% of EP time
				<b>CAMHS Schools link pilot</b>	0.60	0.60	1.00
Sub-Total	0.00	0.00		Sub-Total	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	<b>Health Visitors/FNP</b>	160.00	160.00	160.00
				<i>Estimated numbers</i>			
				<b>MST/FGC/FMH</b>	N/A	N/A	22.00
<b>Services targeted at other vulnerable children - LAC</b>	1.00	1.00	2.00				
<b>Services targeted at other vulnerable children - PRS</b>	2.00	2.00	2.00				
Sub-Total	4.00	4.00	5.00	Sub-Total	160.00	160.00	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				
Sub-Total	15.50	21.30	21.30	Sub-Total	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	<b>Looked after Children Nursing Team</b>	2.80		2.80
Sub-Total	30.98	32.38	33.38	Sub-Total	2.80		0.00
<b>Total</b>	<b>50.48</b>	<b>57.68</b>	<b>59.68</b>	<b>Total</b>	<b>195.00</b>	<b>195.00</b>	<b>217.00</b>

**Investment Tables**

Name of Area: **Kirklees**

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.

<b>CORE SERVICES - 2015/16 and 2016/17</b>											
Service type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Specify Funding Source(s)	Comments
<b>School Based Early Intervention Services</b>											
Sub-Total	0		0	0		0	0		0		
<b>Early Intervention Services - Other Bases</b>											
School nursing & Health Visiting	7,602,437	7,352,437		43,500	43,500	43,500					Included in Allied Services as below
Sub-Total	7,602,437	7,352,437	0	43,500	43,500	43,500	0		0		
<b>Services Targeted at Specific Vulnerable Groups</b>											
Vulnerable Childrens Team				50,000	170,000	222,000					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					Looked after Children
PRS Services				29,397	29,397	29,397	29,397	29,297	29,397	School Clusters	Pupil Referral Units
Sub-Total	65,800		0	339,397	509,397	561,397	29,397	29,397	29,397		
<b>Specialist CAMH Services</b>											
Regional ED Team				217,000	211,000	211,000					LPS 7
CAMHS wait times				340,500	420,000	420,000					LPS 6 (links with LPS 2 and LPS11)
Single Point of Access				55,000	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					
CAMHS services in schools							339,561	339,561	339,561		Estimated spend
CAMHS Tier 3				2,164,190	2,164,190	2,164,190					
Sub-Total	360,000		360,000	2,872,690	3,036,190	3,036,190	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 England	
<b>Total</b>	<b>8,028,237</b>		<b>360,000</b>	<b>3,255,587</b>		<b>3,641,087</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	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	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	40,000	40,000	40,000	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		
<b>Services Targeted at Specific Vulnerable Groups</b>											
Band 7 Clinical Post						70,000					
MST/FCG/ FMH	N/A	N/A	728,000								
Sensory Post						17,000					
Sub-Total	0		0	0		87,000	0		0		
<b>Specialist CAMH Services</b>											
Sub-Total	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>		

## 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
<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 LPS 6 (2.2)  <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>	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. In terms of Autism waiting times they have reduced from 4 years to 12months but further work needs to be undertake to reduce to nearer the NICE guidance Target of 3 Months.	Waiting time trajectories working towards reducing waiting times for CAMHS provisions in 2018 as a single measure. Independent Consultant looking at whole CAMHS system report due December 2018 with recommendations to be presented to commissioners and providers	Ongoing from October 2018
<b>LPS 25 (5.1)</b>	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2017/18.  <i>Impacts on 22 (4.5), 23 (4.6) and 26 (5.2)</i>	Applications for the CYP IAPT Programme are nationally are oversubscribed. This is limiting access locally combined with potential financial challenges for CCGs when national funding ceases in 2019. Current focus being on Thriving Kirklees provisions involvement as opposed to other agencies. Continuation by CAMHS staff in CYP IAPT training programmes	CYP IAPT applications are being progressed for Phase 8 by November 2018. Work will continue to embed IAPT outcome measures into practice.  The Calderdale and Kirklees IAPT Steering Group works together to progress this priority.	Ongoing from January 2019



**Kirklees Children and Young People’s Plan 2017 -2020: Putting children and young people at the heart of everything we do**

**Our vision**

All children and young people in Kirklees are nurtured and supported to achieve their potential.

**Our outcomes**

Children and young people are very clear about what they want growing up in Kirklees

- ✓ To have the best start in life and be healthy\*
- ✓ To aspire, achieve and enjoy life\*
- ✓ To feel safe and live in a strong, loving family and a vibrant community\*
- ✓ To feel valued and contribute to society
- ✓ To live in a decent home with enough money and confidence in their future

We know that not all children and young people have the same opportunities to achieve these outcomes. The inequalities experienced in childhood lead to lifelong inequalities in income and health. We are committed to tackling those inequalities and breaking that cycle.

We recognise the different stages of the child’s journey from conception and birth through to becoming an independent adult, and that at critical points in that journey they may need more support to make the most of the next stage of their life.

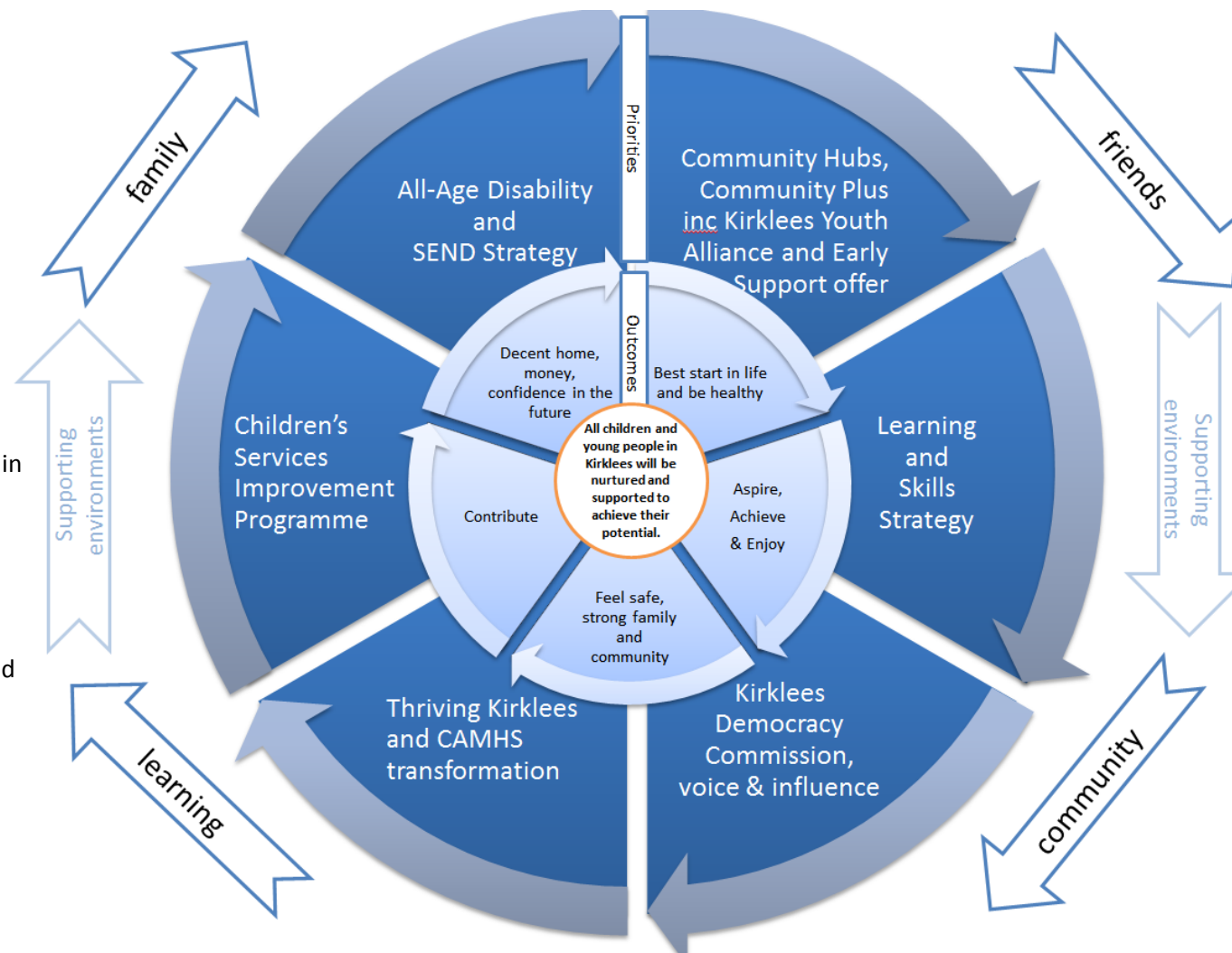
\* = Kirklees Outcome

**Our ways of working**

- Put the child or young person at the heart of what we do
- Do things with people rather than to them or for them
- Use Outcomes Based Accountability to understand whether children and young people are better off as a result of our services and interventions

**How we will deliver our vision**

We will make this happen by focussing on 6 programmes. All of the programmes will contribute to improving the 4 key supporting environments for children and families



**Our Priorities**

- Support children and families to become more resilient, identify and resolve their own problems before crises occur by developing a comprehensive network of **Community Hubs**. These will support **prevention and early intervention** by providing a focal point in every community for a wide range of activity, establishing the new **Community Plus** approach, including a new youth offer from the Kirklees Youth Alliance, and an **Early Support** offer for children and families (link)
- Enable all young people, including vulnerable learners, to **achieve their full potential** through improving the quality and range of opportunities for **learning and skills** development from early learning to post 16 (link)
- Enable all children to become active citizens by implementing the recommendations of the **Kirklees Democracy Commission** (link) and ensuring that they have **voice and influence**
- Improve the physical health and mental wellbeing of all children by further developing the **Thriving Kirklees** (link) approach and complete the transformation of **child and adolescent mental health services** (link)
- As a partnership we will **work together** to ensure that there is an **appropriate range of services** and **coordinated responses** to meet the needs of our most vulnerable children and young people. Where possible we will **integrate** previously fragmented services where it makes sense to enable the delivery of more effective and efficient support.
- Improve outcomes for children and young people with **special educational needs and disabilities** to enable them to make choices that lead to successful adult lives by integrating education, health, social care and voluntary sector provision (link)

**Our enablers**

Delivering these priorities and outcomes can only be achieved if we up our game on those **‘enablers’** that provide the conditions for success

- ✓ Strong leadership – not just from the Children and Young People’s Partnership but from committed people across families, communities and partners
- ✓ Building a confident and skilled workforce that can turn this plan into a reality for all our children and young people
- ✓ Making the most of digital technology to connect people with available opportunities in the wider world
- ✓ Bringing the services for our communities together in the most appropriate places through the One Public Estate approach

How will we know if we have made a difference?	
To have the best start in life and be healthy	1. Healthy birth weight
	2. Healthy weight (at age 11)
	3. Good level of development in Early Years
To aspire, achieve and enjoy life	4. Attainment gaps at 5, 11, 16, 19
	5. School attendance
	6. Self-reported wellbeing
To feel safe and live in a strong, loving family and a vibrant community	7. Feel loved and cared for
	8. First time entrants to the youth justice system
	9. Looked after children
	10. Children with a child protection plan
To feel valued and contribute to society	11. Feel they have positive influence
	12. Voter registration (Democracy Commission)*
	13. Volunteering*
To live in a decent home with enough money and confidence in their future	14. Children in poverty
	15. 18-24 worklessness
	16. Decent homes*

\*- work required to develop relevant indicator

# Kirklees Early Support Strategy

October 2018

**Early support and our shared approach to responding to the needs of children, young people and families in Kirklees**

***“Supporting resilient and confident children, families and communities in Kirklees”***



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**Sign off date: October 2018**  
**Due for Review: October 2019**

## 1 Introduction

It is estimated that over two million children in the UK today are living in challenging family circumstances. These include children whose family lives are affected by poverty, poor housing, parental drug and alcohol dependency, neglect, domestic abuse, poor mental health or have an education health and care plan or are eligible for SEN support.

It is recognised that families and young people in Kirklees can experience either temporary or longer term difficulties and pressures which can impact on well-being. For some families, without 'early support' difficulties can escalate, family circumstances deteriorate and children are more at risk of suffering significant harm, adversely affecting their life chance outcomes and possibilities. It is crucial that these children and their families benefit from the best quality professional help at the earliest opportunity.

Professor Eileen Munro highlighted in her review of child protection, 'preventative services can do more to reduce abuse and neglect than reactive services'.

Early support for children and families is more effective and less expensive than intervening when problems become entrenched. Even if early support cannot stop problems escalating, targeted and evidence based support for those at most risk can still make a difference and reduce the need for the high costs of social care involvement and taking children into care. These kinds of services are better for children and families but are also important to ensure that the local safeguarding system is sustainable. Without enough of both early and targeted support the pressures on social work can become too high, reducing the quality of decision making and practice and raising costs. Thus, in summary, effective early support is better for children, better for the local safeguarding system and better for the public purse.

A key dynamic for thriving communities in Kirklees is enabling people and communities to have a good life and to do more for themselves. All partners in Kirklees recognise that 'early support' is a collaborative partnership approach not a specific council provision. They will have different perspectives on how early support can best impact to improve outcomes, e.g. focus on evidence based approaches such as Nurturing Parents and Stronger Families. The Early Support Strategy refers to a way of working that means providing interventions early to support and build resilience amongst children, young people and their families – particularly those that may be vulnerable. There is an awareness that children with additional needs and their parents/carers are often either missed or in some communities are hard to reach by early support services. This is a clear area for improvement and by doing this, the aim is to promote positive outcomes and prevent the unnecessary development of greater needs in the future.

The strategy is not a stand-alone document and is an integral strand of the Children and Young People plan for Kirklees. It has important links to universal services who provide the initial support to families and young people across the borough. The vision is to promote preventative strategies and approaches that reduce escalation of problems. This is aligned with promoting improved learning outcomes and initiatives such as Nurturing Parents which are all fundamental elements in the early support offer. The strategy contributes to the Kirklees ambition to achieve the aims of Every Child Matters. A list of the contributing strategies is provided on Page 11.

Good practice has already been identified in Kirklees examples such as the Kirklees Community Hubs and the prevention interventions such as Community Resolutions pioneered by the Kirklees Youth Offending Team. At the heart of the Children's Services Improvement Plan are

innovative initiatives such as Family Group Conferencing, Multi-Systemic Therapy and Family Mental Health Services.

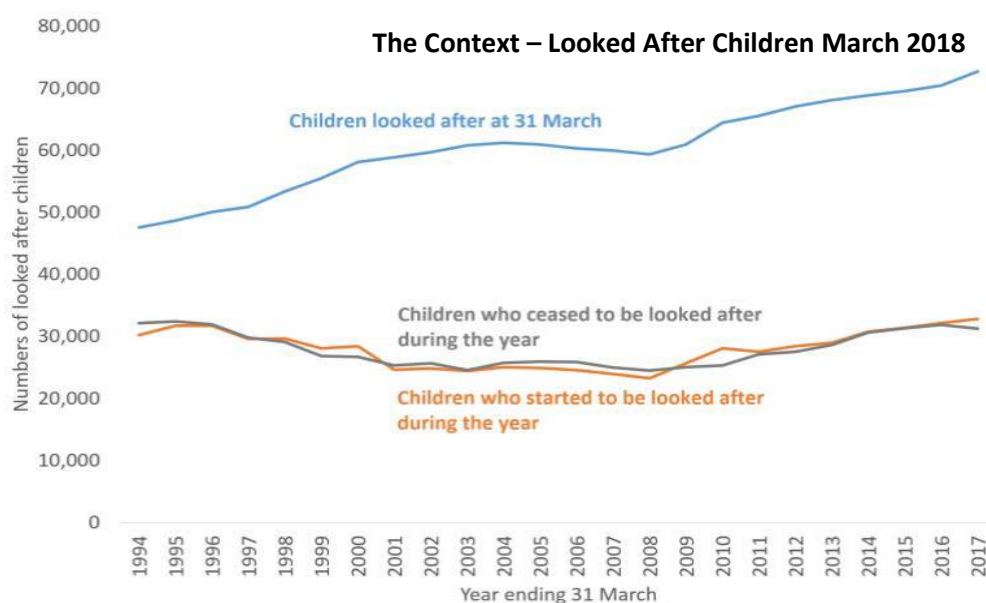
This strategy will guide the development of the Early Support Partnership’s own services and those services that are commissioned, to ensure that the most vulnerable in our communities receive the support they need to achieve the very best they can in all areas of their lives. It is made real and translated into sustainable improvements in outcomes for children, young people, families and their communities, and the Kirklees partners. Its impact will be measured and reviewed.

## 2 National Context

The national context shows that there has been a rise in the numbers of looked after children on a year by year basis. This number continues to increase and has done so steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016.

The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year.

The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.



Until last year, like the national picture, the number of looked after children in Kirklees has been rising. Whilst the contributing factors are complex ~~we believe~~ it is possible to make a real difference at the local level.

One significant aspect of early support involves those with an education health and care plan. There are increasing numbers of children and young people in Kirklees with an EHCP and with identified SEND and the trend shows increasing complexity of those needs.

All the research shows that if agencies work as an effective partnership across an area then improvements can be made. The key to success is the quality of relationship between partners, the local knowledge of services and how services integrate together to address needs. The focus



of the early support partnership in Kirklees will be on the voice of the child and what difference they are making.

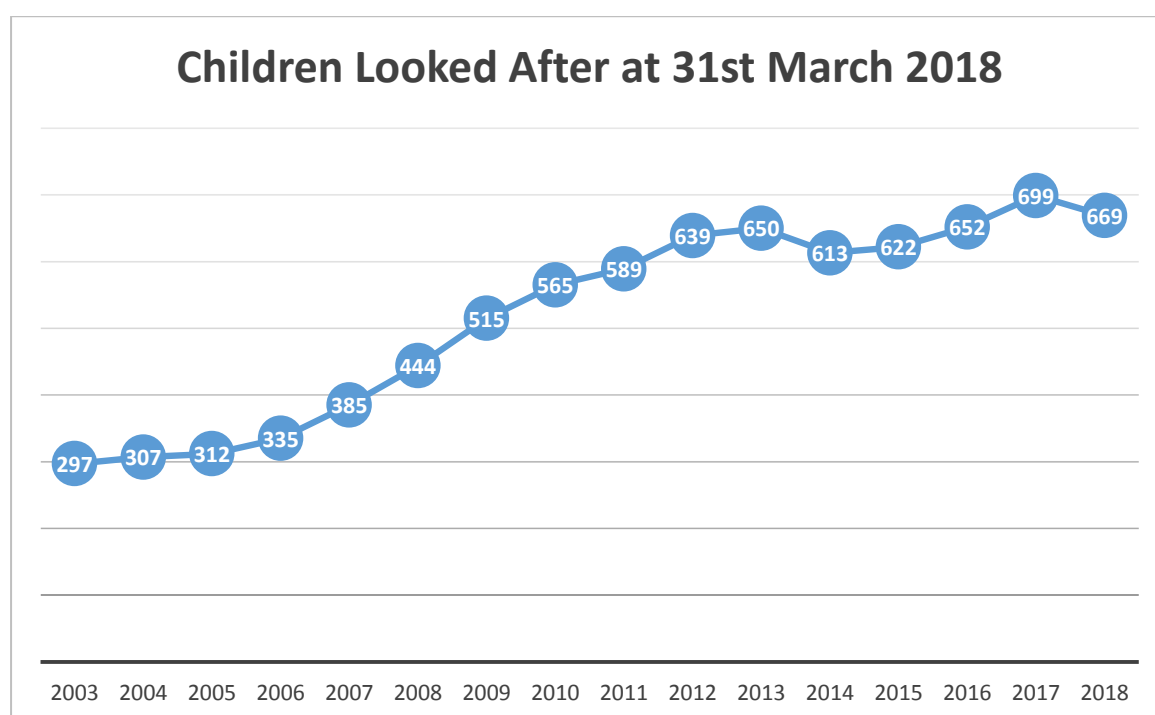
### 3 The Local Context

Even at a time of unprecedented pressure on resources, there is a wealth of provision and talent in Kirklees. The challenge for the partners is how this is harnessed, to address gaps, to ensure that young people and families do not get lost between partners and that our services are timely. Across the partnership we want to agree how we engage with families and how we empower them.

Our approach is based on building communities, developing resilience and establishing networks. As well as developing a local offer based 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.

The strength of Kirklees is its diversity - the range of partners involved including schools, the voluntary and community sector, faith organisations, health agencies and local authority services.

We already believe there is some evidence to show that the approach outlined in this strategy is beginning to slow down the increase in the numbers of looked after children in Kirklees. There is still, however, scope for further improvement.



### 4 Kirklees Early Support Partnership Vision

The Kirklees Early Support Partnership has developed a vision of what it is hoping to achieve. It outlines a shared understanding of the key issues and how these can be addressed.

Our aspiration is that our practitioners, irrespective of the nature of their formal positions, develop a shared language and approach to working with families and young people.

We all believe that every child and young person should have the opportunity to reach their full potential and that they are best supported to grow and achieve within their own families and communities. There will always be some children, young people and families that will need support and we are committed to ensuring we work with them to identify their own solutions, building on their strengths. In doing so we will ensure that, where services are needed, they will be flexible to meet children's and families' needs.

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.

We recognise that we engage with children and families in a variety of settings and at different times. Our aspiration is that our practitioners, irrespective of the nature of their formal positions, ensure that the right conversation takes place at the right time with the right people.

## **5 Our Priorities**

- Help children to live in safe and supportive families
- Support children, young people and families to become more resilient and identify and resolve their own problems before crises occur
- Ensure all young people, including vulnerable learners, achieve their full potential through improving the quality and range of opportunities for learning and skills development from early learning to post 16. Ensure they are supported to make appropriate choices and sustain transitions
- Improve the physical health and mental wellbeing of all
- Support approaches that help develop communities that facilitate and support parents and families to nurture their children
- Improve outcomes for children and young people with special educational needs and disabilities

## **6 Early Support Partnership Approach**

In Kirklees we are committed to working in a way that builds on and maximises the resources and skills across the partnership. We recognise that we need to work to achieve integration and coherence through our services and ensure that they contribute to improved outcomes. Kirklees is a diverse and varied area and we recognise that different areas will require a locally based approach to engage with their communities. To achieve this across Kirklees we are committed to:

- Strengths based approach – enabling rather than deficit based
- Shared approach and responsibility where professionals talk and share space
- Develop innovation and sustainable improvements
- Child's voice at the centre of decisions
- Commitment and accountability
- Encourage young people and their families to aspire to achieve better outcomes for themselves

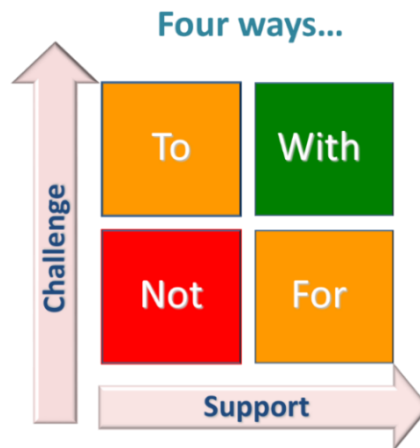


- Culture of shared experience based on learning
- Developing family networks and communities
- Open and honest with families and each other
- Right Person, Right Service, Right Time

### **Working with Families**

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.



Adapted from: Wachtel T & McCold P in Strang H & Braithwaite J (eds), (2001), Restorative Justice and Civil Society, Cambridge University Press, Cambridge

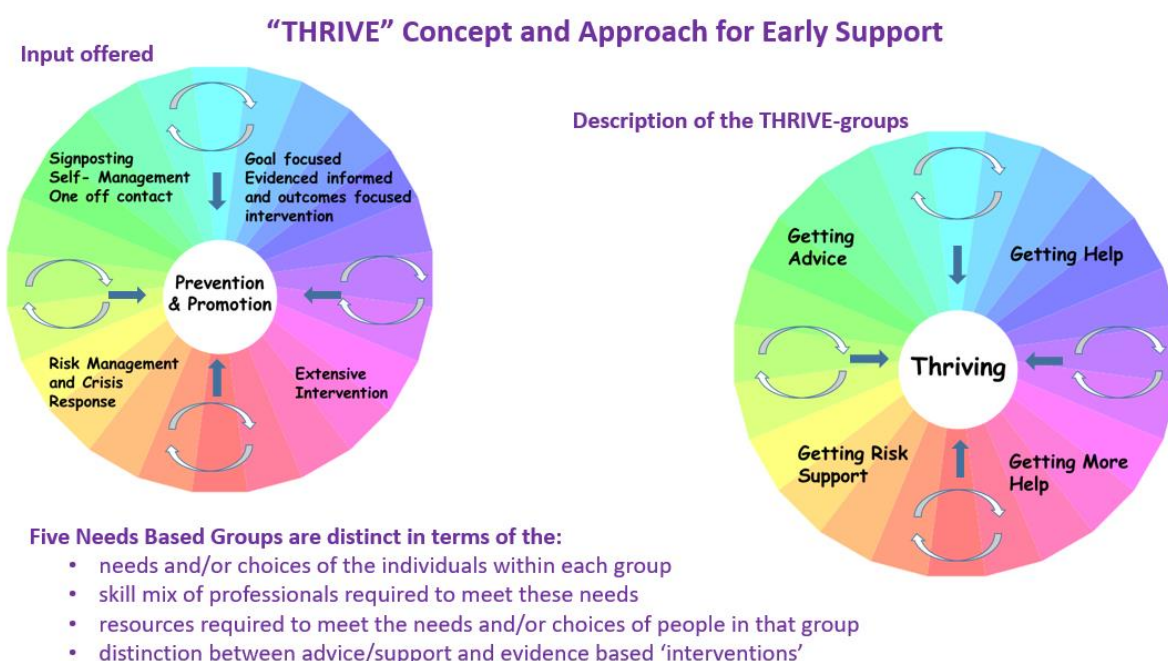
## 7 Thrive Concept – The Kirklees Approach To Early Support

The partnership vision promotes the aim to help all families and children to thrive and reach their full potential. The Kirklees Early Support concept and approach is designed to address situations when this stops happening for a variety of reasons.

Thrive is an approach to early support already being used in areas including health and schools.

The approach is based on *working with*

- Strengths-based, asset-based approaches
- Key transformative approaches that span all staff and partners working to assist step up/step down
- “Working with” approach across the Kirklees Early Support Partnership (co-design, collaborate, co-locate)
- “Pro-social” – expertly tapping into the positive motivations of partners and communities
- “Creative commissioning” – constantly striving to find the best route for effective delivery
- “Networking” – making better collective use of intelligence and resource, systems thinking – for professionals and for individuals own support networks
- Co-invest time, money, expertise and seeking innovation in the approaches and activities that have a proven ability to help people sustain their step away from services
- Tapping in to self-support and self-agency, developing individual capacity and resilience
- Using evidence based approaches to design the range of activities, actions and self-help approaches that aim to get people to thrive



### Using the Thrive Concept

The graphic gives examples of how professionals/services could fulfil their roles within this approach whilst recognising that some will need support to fulfil this role.



## 8 Outcomes Based Accountability Approach

It is critical that our approach is based on proven research, supported by clear evidence and can be shown to be making a real difference. Using the outcomes based accountability (OBA) process, outcomes, measures and action plans will be determined and agreed at a local level by all stakeholders. We will ask the key OBA questions:

- How much did we do?
- How well did we do it?
- What difference did we make?

### Outcomes Based Accountability indicators – What difference are we making?

We will know that our approach is making a difference when there is evidence of a statistically significant impact in key indicators measuring the effectiveness of early support interventions. Partners will already have in their action plans key 'OBA indicators' which collectively will demonstrate the impact and outcomes of the early help support.

In summary these will include some the following:

- Numbers of Children Looked After, CPP and CIN, some of these may be children with additional needs
- Numbers of children to A & E, average birth weight, numbers of referrals to CAMHS

- Percentage of children with low attendance at school, percentage of students achieving a level 3 qualification at age 19
- Number of community-based interventions being accessed by families

## **9 Challenges, Risks and Responsibilities**

### **Emerging Challenges**

Engagement with young people, families and key stakeholders has identified a number of potential risks and challenges which need to be addressed to deliver the vision. The greatest challenge is cultural, developing the confidence to work and listen to the voice of the child and families. The challenges are not unique to Kirklees and with the emerging culture of high support and high challenge can be addressed. Some of these risks are as follows:

- Better clarity in understanding layer(s) of need
- Strengthened guidance on determining layer(s) of need
- Consent and information sharing
- Improving the knowledge about what services and support are available from a parents/carers point of view and their ability on how to access
- Simplified arrangements for accessing appropriate support
- Lack of shared understanding about what different services contribute to prevention
- Inter-agency co-ordination can be further improved to ensure resources are used most effectively to deliver shared objectives
- Recognition that there is a gap in the offer of services and support for children with additional needs and their parents/carers
- That parents are being asked the same things over again and sometimes feel judged rather than supported
- That agencies rather than families determine the right time for support
- There are too many box ticking style performance indicators
- There is too little one to one support for children with complex needs
- There is too great a focus on higher tier services
- There is a long waiting list for Family Support
- There is uncertainty about future funding
- Voice of the child is not always heard and evidenced

In developing the partnership there needs to be clarity about the roles and responsibilities of the key stakeholders.

### **Local authorities and partner agencies delivering early support to children and families should improve the quality and consistency of assessment and plans by:**

- Promoting the use of evidence- and research-informed assessment practice
- Improving the quality of analysis in assessments
- Ensuring that assessments reflect the views and experience of the child and family
- Making the purpose clearer and improving the intended outcome
- Ensuring plans are regularly reviewed and that these reviews evaluate the child's and family's progress
- Provide professional supervision to all staff delivering early support and ensure that their work receives regular management oversight, particularly in respect of decisions about whether families need more formal help
- Ensure that all early support professionals have access to effective training

- Ensure that children’s needs for early support arising from parental substance misuse, mental ill health and domestic abuse are addressed in commissioning plans
- Ensuring that all those who work with families have an understanding of those factors that contribute to ensuring that all children have the best start in life

**The LSCB should:**

- Critically evaluate the effectiveness of early support and publish these findings in the LSCB annual report, monitor the quality of early support assessment, planning and management oversight through effective audit arrangements
- Develop and monitor local quality standards to ensure that early support professionals have access to effective supervision and management oversight
- Evaluate the effectiveness of the LSCB threshold document to ensure that it is understood and used appropriately by all partner agencies and that children and families are helped effectively as a result
- Monitor and evaluate whether children’s emerging needs are appropriately met elsewhere when referrals to children’s social care do not meet the locally agreed threshold for statutory intervention
- Ensure that all professionals working with families receive effective early support training

**Local authorities should:**

- Ensure that when a child is referred to local authority children’s social care the referrer is consistently given good-quality feedback about the outcome of the referral
- Establish effective processes for evaluating the overall impact of early support

**10 Supporting Strategies and Policies underpinning Early Support**

- Kirklees Children’s Improvement Plan
- Nurturing Parents Charter
- Kirklees Education and Learning (Draft)
- Kirklees Joint Health and Wellbeing Strategy 2014-2020
- Kirklees SEND strategy
- Securing Sufficient High Quality Learning and Childcare Places School Organisation, Planning and Development for 2015-2018
- Kirklees Safeguarding Children’s Board - Framework for decision making

**11 Sources**

This strategy has been developed through a combination of researching best practice and holding a series of consultation events with key stakeholders.

## Appendix 1

### Kirklees Needs Demand

The Context – Kirklees Overview – March 2018

	Batley & Spen	Dewsbury & Mirfield	Huddersfield	Kirklees Rural	Address Confidential/ Live Outside Kirklees	Total
<b>Population</b>						
<b>Total No. of children age 0-18 *</b>	27,628	21,590	32,757	22,177		104,152
<i>% breakdown of children aged 0-18 per District Committee area</i>	27%	21%	31%	21%		100%
<b>No. of children aged 0-18 living in 0-30% most deprived LSOA</b>	13,749	15,327	18,109	1,959		49,144
<i>% children living in 0-30% most deprived LSOA</i>	28%	30%	38%	4%		
<b>Social Care</b>						
<b>Social Care CIN/CPP/LAC a/a 2 March 2018 (children aged 0-18) **</b>	655	544	936	352	120	2607
<i>% breakdown of children per district committee</i>	25%	21%	36%	14%	5%	100%
<b>Breakdown of Classification:</b>						
<b>CIN</b>	390	332	549	232	51	1554
<i>%</i>	25%	21%	35%	15%	3%	100%
<b>CPP</b>	100	77	158	29	17	381
<i>%</i>	26%	20%	41%	8%	4%	100%
<b>LAC (home postcode)</b>	165	135	229	91	52	670
<i>%</i>	25%	20%	34%	14%	8%	100%

### Children in Kirklees with an Education Health and Care Plan in 2018 (EHCP)

	Batley and Spen	Dewsbury and Mirfield	Huddersfield	Kirklees Rural	Total
Cognition & Learning Needs	152	132	156	104	544
Percentage of EHCP Population by Area	28%	24%	29%	19%	
Communication & Interaction Needs	212	172	287	170	841
Percentage of EHCP Population by Area	25%	20%	34%	20%	
Physical & Medical Needs	36	44	65	29	174
Percentage of EHCP Population by Area	21%	25%	37%	17%	
Social, Emotional, Mental Health Needs	93	53	109	73	328
Percentage of EHCP Population by Area	28%	16%	33%	22%	
Sensory Impairments (including hearing, vision)	27	25	25	16	93
Percentage of EHCP Population by Area	29%	27%	27%	17%	
Other categories of need or in assessment	62	65	80	59	266
Percentage of EHCP Population by Area	23%	24%	30%	22%	

The May 2018 school census identified that there were 6,934 children recorded as having SEN support.



# **PART A - Children and Young People's Mental Health Trailblazer Site Expression of Interest Form**

**Use this form to express interest in being selected to be a trailblazer site to deliver a Mental Health Support Team**

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, for the collection of financial and analytical information for both Mental Health Support Teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

## **1 Introduction**

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials and settings.

Please complete part A and B and C if applicable and send to your Regional Delivery Lead by 17th September, 2018

**This form should be read alongside the guidance document.**

## Organisation details

<b>CCG</b>	<p>Lead CCG NHS North Kirklees</p> <p>Our proposal is joint bid between;</p> <p>NHS Greater Huddersfield CCG/ NHS North Kirklees CCG</p>
<b>CCG lead contact name, organisation, position</b>	<p>Tom Brailsford Head of Joint Commissioning - Children</p>
<p><b>Other organisations involved in the application and named lead for each organisation</b></p> <p><b>This should include:</b></p> <ul style="list-style-type: none"> <li>• <b>Providers of CYP MH services</b></li> <li>• <b>Other key partners</b></li> </ul>	<ul style="list-style-type: none"> <li>• Northorpe Hall Children and Family Trust; Tom Taylor, Director</li> <li>• South West Yorkshire partnership NHS Trust; Linda Moon, General Manager CAMHS</li> <li>• Locala Community partnership (CIC); Cliff Dunbavin, Strategic Operations Manager</li> <li>• Kirklees Council, Public Health; Clair Ashurst-Bagshaw, Transformation lead</li> <li>• Kirklees Council, Learning and Skills; Jayne Whitton, Principal Educational Psychologist</li> <li>• Kirklees Council, Learning and Development; Tracy Bodle, Community Hubs Manager</li> </ul>
<b>Region</b>	<p>Yorkshire and Humber</p>
<b>STP Footprint</b>	<p>West Yorkshire</p>
<b>VSM approval</b>	<p>Penny Woodhead Chief Quality and Nursing Officer Greater Huddersfield and North Kirklees CCG</p> <p><i>Penny woodhead.</i></p>
	<p>Jacqui Gedman Chief Executive Kirklees Council</p> <p><i>J. Gedman</i></p>


## The proposal

### Proposal – 1,000 words max

Please provide a brief description of your proposal, including details of your proposed service model, why it should be funded and your success criteria

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a pilot of the MHST within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for intended purpose
- Any funding will be in addition to current investment in emotional, behavioural and psychological wellbeing or interventions by any party within the relevant settings

In April 2017 the local authority and CCG's took an innovative approach to CAMHS transformation. Joint commissioning existing tier 2 and tier 3 CAMHS, ASD, learning disability provision, school nursing and health visiting services, ([for further detail see our local CAMHS LTP](#)) creating a 'tier free' joined up, accessible, family centred health provision with a focus on early intervention and prevention based on the Thrive Elaborated approach. The programme is called Thriving Kirklees.

The Kirklees Future in Mind plan 2015-2020 highlights key areas of improvements in relation to our school based prevention and early intervention offer. Progress has been made in our ambitions for school based support but challenges remain. Rapid access to evidence based intervention in our educational settings is essential to improving the emotional health and wellbeing of our children and young people.

The Kirklees proposal builds on our innovative, system-wide commissioning approach to ensure education providers play a full and leading role in addressing local challenges around mental and emotional health support.

Thriving Kirklees has developed strong links with education providers through the local CAMHS Link work. Many schools, Colleges and alternative education providers have taken up opportunities for additional school nursing services, senior management or whole school training, consultancy and mental health awareness training for staff. Over a hundred schools and colleges have a named Designated Mental Health Lead and over 70 have attended the new network meetings. (See 1.2.1). Schools have been encouraged to collaborate and create the Kirklees Community Hubs which enable schools to share resources and plans, with a focus on early intervention and prevention. Hubs vary in size and resources, responding to local opportunities and needs. Thriving Kirklees support is aligned to this infrastructure and model, reducing duplication, joining up services and ensuring children and young people and families receive the right support at the earliest possible opportunity.

We have made improvements across our whole CAMHS system in relation to access and waiting times; the multi- agency single point of access, (see 1.2.2), has had a positive impact on clinical CAMHS waiting times, reducing many assessments and services from 12 months to 3 months. Significant challenges still remain, many young people need a face to face mental health intervention for common conditions such as anxiety and depression are waiting longer than 28 weeks, on average.

The Kirklees Trailblazer Model aims to; ( See Appendix 1)

- Support a **whole school approach** to promoting children and young people's emotional health and wellbeing
- Ensure that where required children and young people have rapid access to evidence based interventions
- Based on **co-production** – building on strengths and respectful of pre-existing capabilities of schools, parents/carers and pupils as experts in their own circumstances,
- Pull together the 3 key areas of support within schools; **mental health, SEND and safeguarding**
- Place Leadership and Management at the centre, ensuring social and emotional wellbeing feature strongly in **plans, policies and systems**
- Support schools to develop a community vision (**PATH**) with development is informed by **audit**
- Cover key area of focus: ethos and environment, curriculum teaching and learning, staff development and wellbeing, student voice and working with parents/carers.
- Deliver interventions are evidence based and underpinned by a knowledge of child development, promoting well-being and resilience, emotional and social skills, adverse childhood experiences, and mental health.
- Enable a bespoke programme of support for schools which enhances the existing whole school offer.

Our model is a collaboration between two CCGs covered by a single delivery consortium, Thriving Kirklees. Two MHST's will cover hub footprints identified and prioritised through a needs analysis, (see Appendix 2). The first MHST covers 3 High

schools, 17 Primary schools, 1 College base, 1 Special school, 1 PRU. The second MHST covers 4 high schools, 13 Primary schools, 1 Special school and 1 PRU.

Teams will co-locate within hubs, providing fast and responsive mental and emotional health interventions to young people who need them. Data will be in the same system, ensuring high levels of data security, care coordination across the system and effective reporting to the MHSDS. MHST's will be multidisciplinary teams comprising educational psychology, emotional health and wellbeing workers, family mental health workers, with clinical oversight from specialist CAMHS.

Education providers will have access to whole school development resources, training and senior leadership team support, enabling them to more effectively manage and support children's emotional wellbeing and create a culture of wellbeing and early intervention. School staff will be supported to identify who needs help and enabled to respond appropriately. This may include joint delivery and facilitation of appropriate interventions, e.g. group work and ensure sustainability.

Our aim is to pilot the provision of mental health support in partnership with schools, learn from schools about what they need and what will help them create positive environments which sustain and improve all children's mental health.

The local authority and CCG will support system change with our schools and voluntary organisations in key delivery leadership roles. The MHST's in each community will ensure we are responding to place based needs and sharing learning across the system.

Our success criteria includes;

- Establishing the MHST and clear working relationships across all parties, including other local services
- Schools have a 'whole school development plan for mental and emotional health'
- School staff know how to identify young people in need of mental health support
- School staff know how to help young people access advice and support
- Young people know how to seek help when they need it
- The MHST responds rapidly and appropriately to every request for support
- The MHST starts the required intervention quickly
- 4 week waiting times average across Kirklees (waiting times pilot).
- Feedback from young people, families and school staff accessing advice and services is highly positive and evidences impact
- Assessments and feedback demonstrate improved mental health of those accessing the service
- Improved levels of emotional wellbeing across the target population
- Length of intervention is scaled and responsive
- Monitored through six monthly interim evaluation and progress reports, sharing learning with key stakeholders.

## Timetable

Please provide a high level timeline for the delivery of MHST. Please indicate any key milestones. This could be in the form of a slide or table

### Kirklees key timeline for the delivery of MHST

Key Milestones	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Successful bid	█									
MHST consultation with schools & colleges, finalise	█	█								
Local recruitment										
Further consultation with schools & colleges agree		█	█							
Develop and on- going review governance		█	█							
Finalise trainee recruitment with HEI		█								
Trainees commence training			█							
Communication briefing to wider stakeholders including; cabinet members, primary care, parents /			█							
Waiting time piolt commences			█							
Full MHST service operational						█				
Ongoing evaluation and learning - key milestones to				█		█		█		█

## Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest – **please highlight sections relevant to this EOI**

### Appendix 1: Kirklees Trailblazer Model

### Appendix 2: Hubs Needs mapping

### Appendix 3: Kirklees Future in Mind Transformation plan, Q1 18-19 progress update.

#### 1.2.1

The schools and colleges Emotional Health and Wellbeing Network meetings have been established by Thriving Kirklees. Representatives include; Education Provisions, Council and Educational Psychology Team. It provides an opportunity for identified leads to share best practice, resources, and training opportunities. Identifying support needs and solutions is also a key feature.

#### 1.2.2

Single Point of Contact (SPoC) This is the initial point of contact to access Thriving Kirklees services. CHAMS, Chews and health are co-located to provide timely, holistic approach to calls including seamless transfer of care between services where needed

## Key criteria

The guidance document lists several criteria which have been identified as essential in the delivery mental health support teams into schools and/or 4 week waiting time pilots.

In submitting this expression of interest you must indicate that you have read these criteria and undertake to deliver them. If you are successful you will need to demonstrate your plan to deliver within your plans which will monitored regionally.

		Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	X	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment. The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools	X	
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	X	
	a. Do you have a clinical lead for data	X	
	b. Are your services routinely using data to influence quality improvement	X	
	c. Do you have a digital patient record system in place	X	
	d. Does your system/s allow you to flow Snomed codes	X	
	e. Do you regularly collect % report paired outcome scores	X	
	f. Are outcome measures routinely used in the clinical consultation	X	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	X	
	h. If there are any cost implications if there funding in place		
4	You have locally made an assessment of mild to moderate mental health need for children and young people	X	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	X	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	X	











7	Services in your area currently have an identified schools lead from mental health	X	
8	You agree to take part in the national evaluation for the duration of the agreed period	X	

## 4 Week waiting time pilot

**Yes** we would like to take part in the waiting times pilot (please see completed part C word document and the relevant sections of part B excel spreadsheet)

## Signatories

Signatories should include the Chief Executive Office or Chief Operating Officer of CCG(s), the Director(s) of Children's Services, the Director(s) of Public Health and an appropriate representative from the Health and Wellbeing Board, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
NHS Greater Huddersfield CCG/NHS North Kirklees CCG	Head of Joint Commissioning-Children	
Kirklees Council	Chief Executive	
Kirklees Council	Strategic Director - Corporate Strategy and Public Health	
Kirklees Council	Service Director, Family Support and Child Protection - Targeted Support -	
Northorpe Hall Children and Family Trust	Director	
Kirklees Council	Service Director-Learning and Early Support, Learning and Skills	
South West Yorkshire partnership NHS Trust	Director of Finance	
Locala Community partnership (CIC);	Cliff Dunbavin	

# **PART C - Children and Young Peoples 4 Week Wait Pilot Expression of Interest Form**

**Use this form to express interest in being selected to be a trailblazers site to deliver a waiting time pilot**

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, largely for the collection of financial and analytical Information for both Mental health supports teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

## **2 Introduction**

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead by 17<sup>th</sup> September

**This form should be read alongside the guidance document.**

### 3 Organisation Details

<b>Lead CCG</b>	Lead CCG NHS North Kirklees CCG  This is joint proposal between NHS Greater Huddersfield CCG/ NHS North Kirklees
<b>CCG lead contact name, organisation, position</b>	Tom Brailsford Head of Joint Commissioning - Children
<b>Other CCG's involved in the application</b>	This is joint proposal between NHS Greater Huddersfield CCG/ NHS North Kirklees CCG
<b>Other organisations involved in the application and named lead for each organisation</b>  <b>This should include:</b> <ul style="list-style-type: none"> <li>• Providers of CYP MH services</li> <li>• Other key partners</li> </ul>	<ul style="list-style-type: none"> <li>• Northorpe Hall Children and Family Trust; Tom Taylor, Director</li> <li>• South West Yorkshire partnership NHS Trust; Linda Moon, General Manager CAMHS</li> <li>• Locala Community partnership (CIC); Cliff Dunbavin, Strategic Operations Manager, Children's</li> <li>• Kirklees Council, Public Health; Clair Ashurst-Bagshaw, Transformation lead</li> <li>• Kirklees Council, Learning and Skills; Jayne Whitton, Principal Educational Psychologist</li> <li>• Kirklees Council, Learning and Development; Tracy Bodle, Community Hubs Manager</li> </ul>
<b>Region</b>	North Region
<b>STP Footprint</b>	West Yorkshire
<b>VSM approval</b>	Jacqui Gedman Chief Executive Kirklees Council  <i>J. Gedman</i>
	Penny Woodhead Chief Quality and Nursing Officer Greater Huddersfield and North Kirklees CCG  <i>Penny woodhead.</i>


## 4 The proposal

### Proposal – 1,000 words max

Please provide a brief description of your proposal to achieve and maintain waiting times from referral to evidence based intervention of 4 weeks, including details of your proposed service model, why it should be funded and your success criteria, and proposals for how you would use extra resources

We would welcome information on:

- the proposed starting average waiting time and
- the expected proportion of CYP that will be seen within the waiting time

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a waiting time pilot within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for the purposes it is intended for
- Any funding will be in addition to current investment

Most referrals into our mental health services single point of access, (See 3.1), come from young people and families directly, from GP's or from education provision, by telephone. We listen, understand their concerns and challenges, helping them to reflect and explore the factors impacting on the young person's mental health. With consent, we contact other services and professionals involved and gather information to make a holistic assessment.

Our experienced, trained telephone support workers provide reassurance, information about other services, and advice about managing and improving mental health. If required, our shared duty with CAMHS and Health enables quick consultation to occur and the most appropriate professional to respond further.

This works well and provides a number of supportive, responsive contacts with young people and carers in just a few weeks. By this standard, our waiting times are around 8 weeks.

Our waiting times challenge is for those whose mental health needs are such that they need more than information and advice and telephone support. Following case consultation, where a face to face mental health intervention is required, current

waiting times average around 28 weeks.

The challenge is to reduce our 'access standard' waiting time to four weeks, while also reducing the waiting time for face to face support significantly.

How will we do it? We will;

1. Implement MHST's, as described in Part A of this application. Ensuring the help that children and young people need is accessible to them in schools and colleges.
2. Education providers, as identified in Part A, will have access to whole school development resources, training and senior leadership team support, Enabling them to more effectively manage and support children's emotional wellbeing and create a culture of wellbeing and early intervention. School staff will be supported to identify who needs help and enabled to respond appropriately
  - Increase the service's capacity to provide telephone support. For many young people and families, telephone support is easy to access, flexible and responsive and enables them to understand their needs better and find their own ways to improve their health. Even if they later need more support, they find the telephone support helps them be ready to make the best of those sessions.
  - Increase the number of staff able to offer face to face evidence based interventions with young people and families. We will ensure that staff are properly supported with good case supervision, administrative support and data/IT support to make good use of their time and ensure high quality recording and reporting.
  - Provide more evidence based group support activities for young people. Groups can enable young people to feel less isolated and supported by their peers, as well as making good use of staff time. We will train and support staff to use evidence-based group work tools and resources.
  - Support parents and carers better, enabling them to work with their young people to understand and improve their mental health. Our workshops and awareness raising sessions have received positive feedback, increasing resilience and skills in families. Our senior practitioner will provide family interventions, support, coaching and advice.
  - Integrate the voice and influence of young people into the learning and development of our services, driving improvement from their perspective.

These Kirklees wide services will increase the service offer to all young people and families in Kirklees, ensuring a fast and effective response to mental health needs.

### 3. How many extra staff are required?

The following full time equivalents:

- 2 x Emotional Health Worker, delivering group work and workshops
- 2 x Telephone support workers, taking support requests, gathering information, signposting and providing ongoing telephone support and facilitating use of self-help materials
- 1 x Senior Practitioner to support above staff and deal with transfers and escalations, and a caseload of those with more complex needs
- 0.5 Young people's voice worker – ensuring the voice of young people shapes

and develops services and support offered

- 0.7 x Administration support
- 0.3 x Data/IT management

These are additional to the current staff team.

#### 4. How do we know it will work?

Our information system enables us to analyse the demand and capacity of our service and the performance of staff. Our projection is that this staff team will support an additional 300 young people a year. Along with two mental health support teams in Kirklees, this will add significant capacity to the wider mental health system in Kirklees.

Three staff providing evidence based face to face interventions and two staff providing telephone interventions - responsive, evidence-based interventions that for 9 out of 10 young people will make a real difference to their mental and emotional health.

Through our telephone assessment and support process ensure that emotional health workers are allocated only to those who need the face to face support and whose needs cannot be met by guided self-help or other local support services.

We recently participated in the Local Government Association peer challenge programme and this helped us understand the importance of young people's voice and participation in developing mental health services and we will integrate this into the drive to reduce waiting times.

#### 5. Impact on waiting times

Piloting of telephone support calls has shown that two substantial contacts, providing valuable listening, information, advice and enabling self-understanding and self-help, can be provided within just two weeks of a request for support.

The target will be for 25% of those requesting support to receive two supportive phone calls within 2 weeks. This will bring the average wait down to under 4 weeks.

While high demand and a backlog of cases will mean that some will continue to wait longer, this quick response will have a significant effect on average waiting times.

Over the next year, as the MHST's establish and the new waiting times staff reach capacity, waiting times will reduce gradually.

We will change young people and families expectations of what 'getting help' means. We will help them understand that help can be effective online, over the phone and in groups as well as one to one sessions with a support worker.

## Timetable

Please provide a high level timeline for the delivery of waiting time pilot. Please indicate any key milestones. This could be in the form of a slide or table.

Key Milestones	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Successful bid notification	█									
Formalise and detail project plans	█	█								
Local recruitment and induction	█	█								
Review and improvement of data and recording processes to support waiting times initiative	█	█					█			
Increase telephone support capacity to reducing waiting list in preparation for pilot		█								
Develop detailed progress indicators, timeline and governance and reporting arrangements		█				█				
Finalise trainee recruitment with HEE		█								
Training of key staff on HEE funded training		█	█	█	█	█				
Develop communication plan and materials and review effectiveness	█	█				█				█
Communication briefing to wider stakeholders including; cabinet members, primary care, parents / carers, wider schools & colleges network			█		█			█		
Reporting and accountability key events						█		█		█

## Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest - **please highlight sections relevant to this EOI**

### 3.1

Single Point of Contact (SPoC) This is the initial point of contact to access Thriving Kirklees services. CHAMS, Chews and health are co-located to provide timely, holistic approach to calls including seamless transfer of care between services where needed

## 5 Signatories

Signatories should include the CEO or COO of the CCG, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up



Organisation	Role	Signature
NHS Greater Huddersfield CCG/NHS North Kirklees CCG	Head of Joint Commissioning-Children	
Kirklees Council	Chief Executive	
Kirklees Council	Strategic Director - Corporate Strategy and Public Health	
Kirklees Council	Service Director, Family Support and Child Protection - Targeted Support	
Northorpe Hall Children and Family Trust	Director	
Kirklees Council	Service Director- Learning and Early Support, Learning and Skills	
South West Yorkshire partnership NHS Trust	Director of Finance	
Locala Community partnership (CIC);	Cliff Dunbavin	

## 11 References

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

1. Kirklees Transformation Plan Refresh – 2017
2. Kirklees Transformation Plan Refresh – 2016
3. Kirklees Future in Mind Transformation Plan 2015 to 2020
4. 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>	<b>Historical description for practitioners who are CAMHS specialists working in community and primary care settings</b>