

Kirklees Future in Mind Transformation Plan

Children and Young People's Mental Health and Wellbeing

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Foreword

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

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

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

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

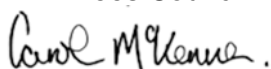
We acknowledge that there is still work to do, however. We are continuing to make increased investments in order to bring our waiting times for Autism Spectrum Conditions and Children's emotional Wellbeing Services in line with NICE guidance.

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

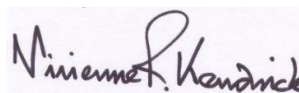
This refresh aims to reflect the progress from last year, and highlight the remaining challenges we have as a partnership, whilst demonstrating the integrated way in which we are addressing these challenges.



Mel Meggs
Director of Children's Services
Kirklees Council



Carol McKenna
Chief Officer - Greater Huddersfield
and North Kirklees CCG



Cllr Viv Kendrick, Cabinet member for
Children

1. Executive Summary

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

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

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

We will:

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

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

We will:

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

Theme 3 Caring for the most vulnerable.

We will:

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

Theme 4 To be accountable and transparent

We will:

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

Theme 5 Developing the workforce

We will:

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

2. Introduction

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

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

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

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

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

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

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

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

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

Appendix C describes the current risks to delivery in Kirklees.

West Yorkshire and Harrogate Sustainability and Transformation Plan

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

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

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

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

High level aims include:

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

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

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

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

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

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

3. Baseline Needs and Current Services

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

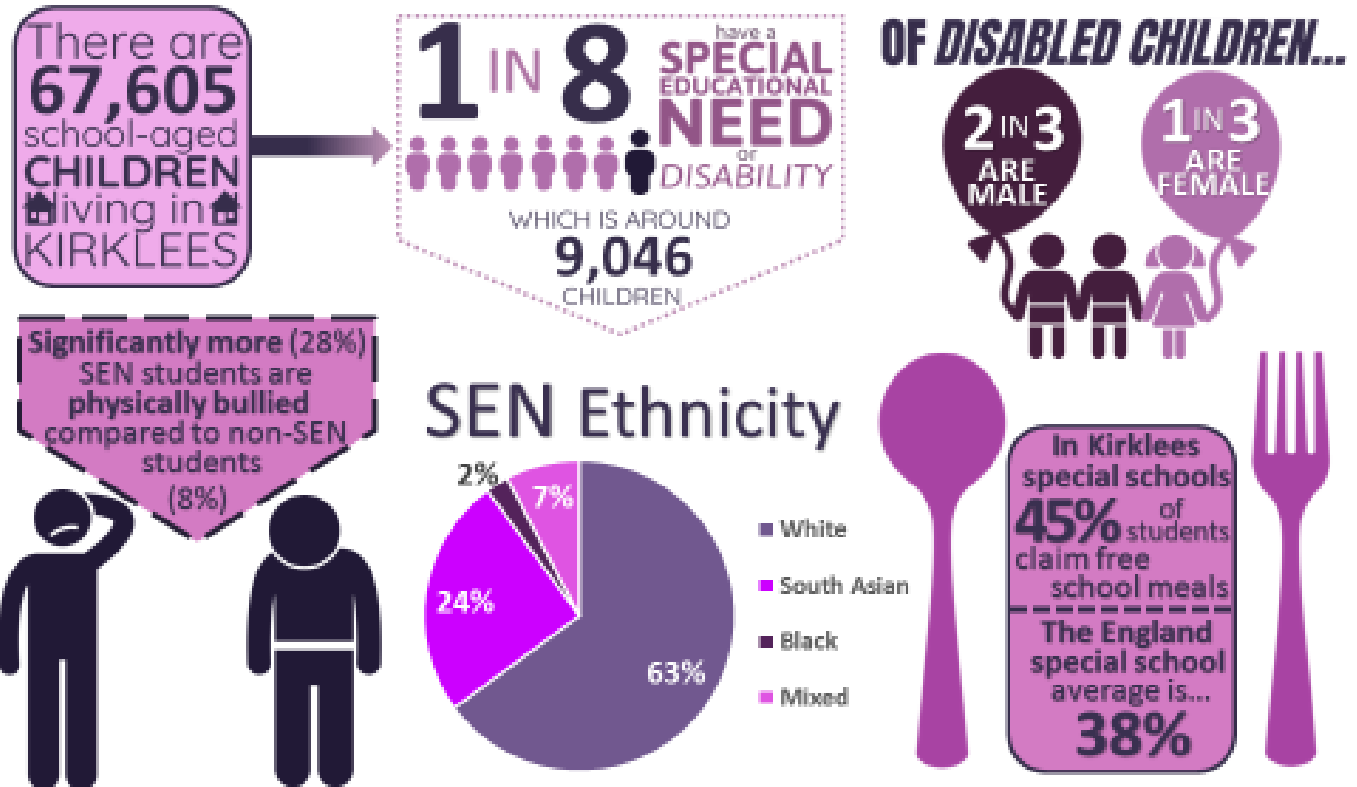
The content uses a life course approach to explain who is affected and where and outlines what actions commissioners and service planners can consider and reflects our ambition to balance information about health needs with information about available services and resources. We will continue to find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

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

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



Special Educational Needs and Disabilities (SEND)

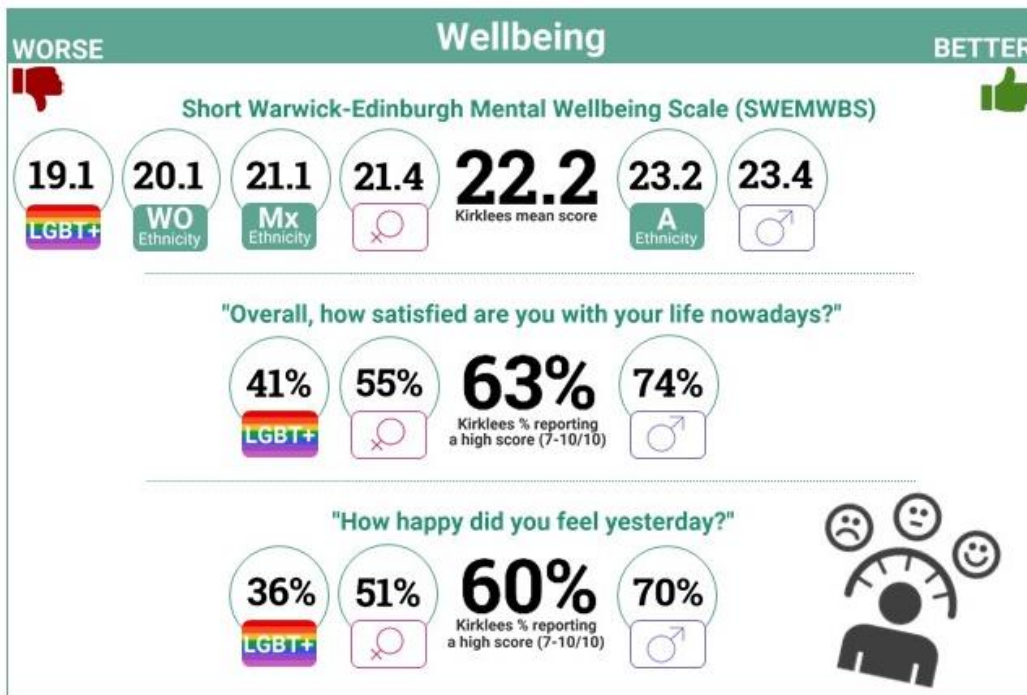


In July 2017, we updated the [vulnerable children section](#) of the JSA The vulnerable children content describes the wide range of problems this group faces which helps us think more broadly as commissioners about how we support vulnerable children and their families. The content also provides really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

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

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

Emotional Wellbeing Headlines Kirklees Young People's Survey 2019



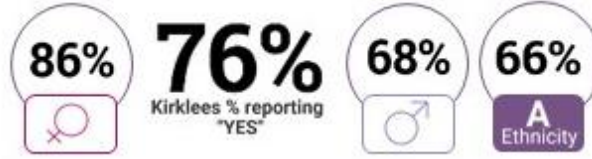
WORSE

Worrying

BETTER



"Do you ever feel anxious or worried?"

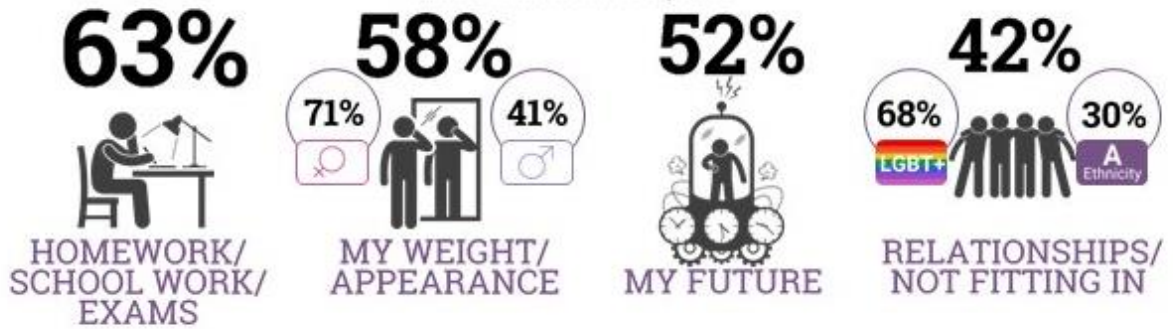


"How often do you worry about something?"



"What type of things do you sometimes worry about?"

Kirklees % most common responses



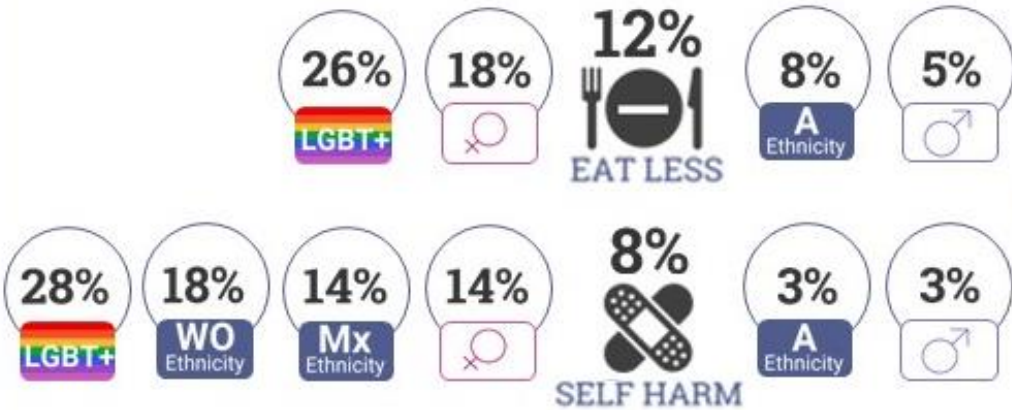
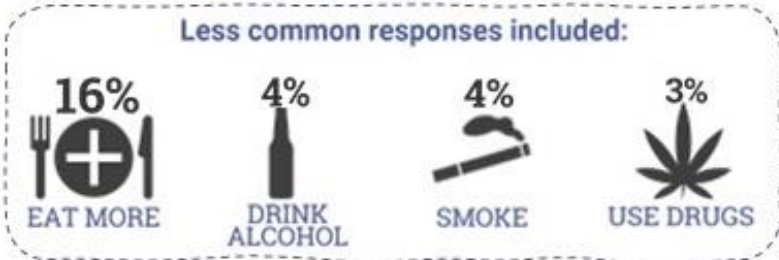
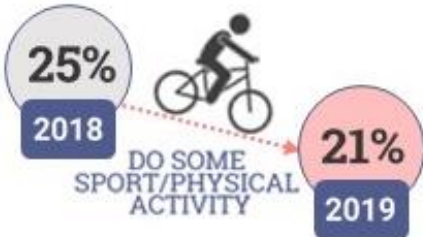
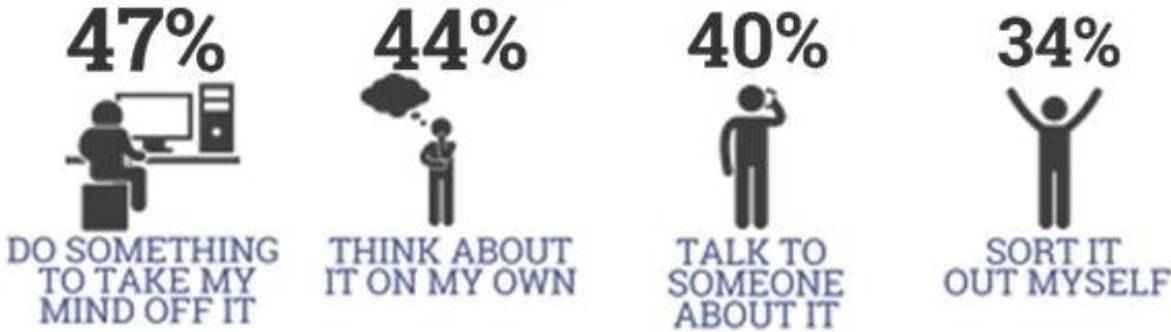
WORSE **Coping** **BETTER**

"I never have a problem or feel stressed"

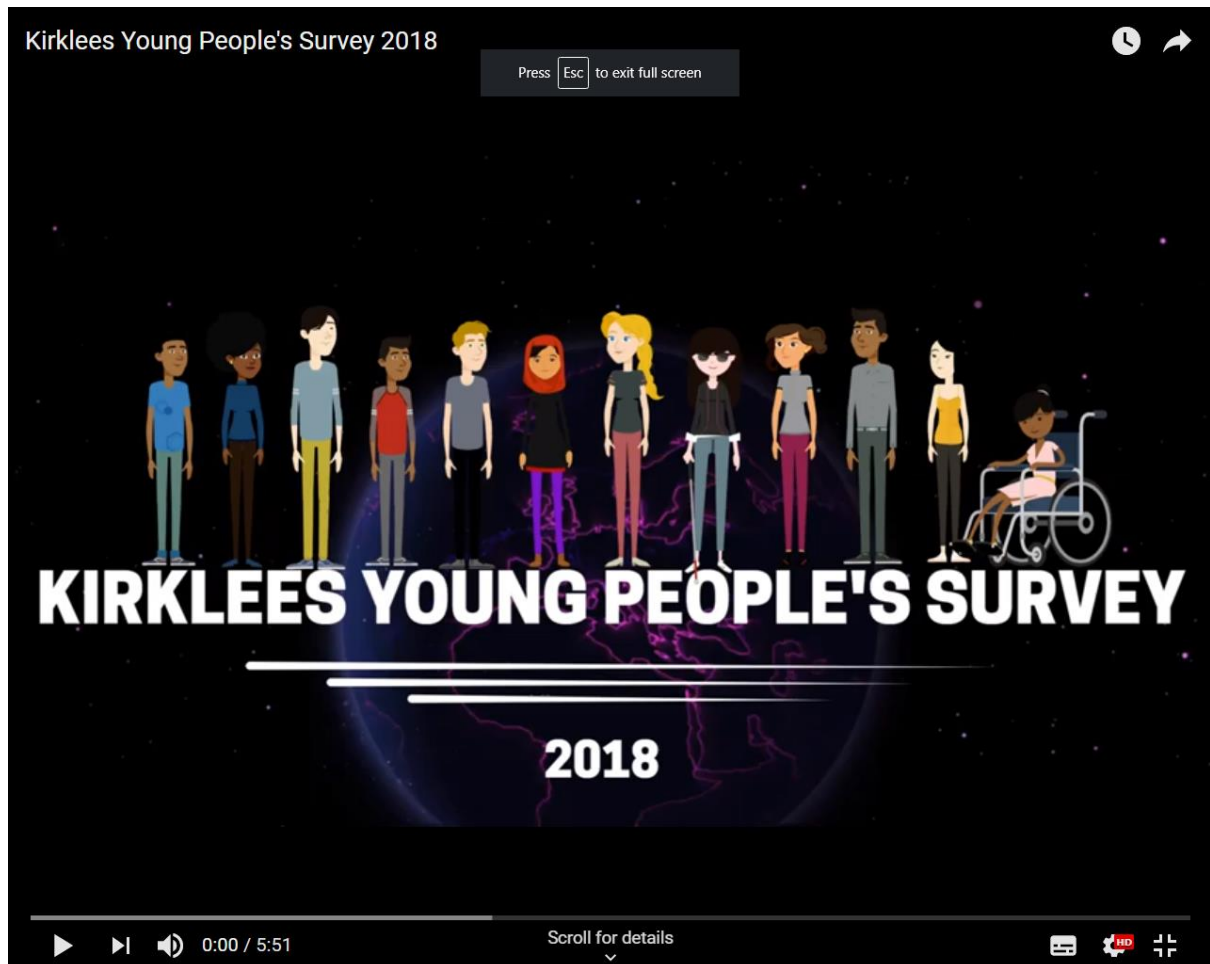


"If you have a problem or feel stressed, what do you do about it?"

Kirkles % most common responses



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



Health Inequalities

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

This means working together to:

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

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

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

4. Service Provision Update

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

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

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

4.1 Single Point of Contact

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

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

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

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

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

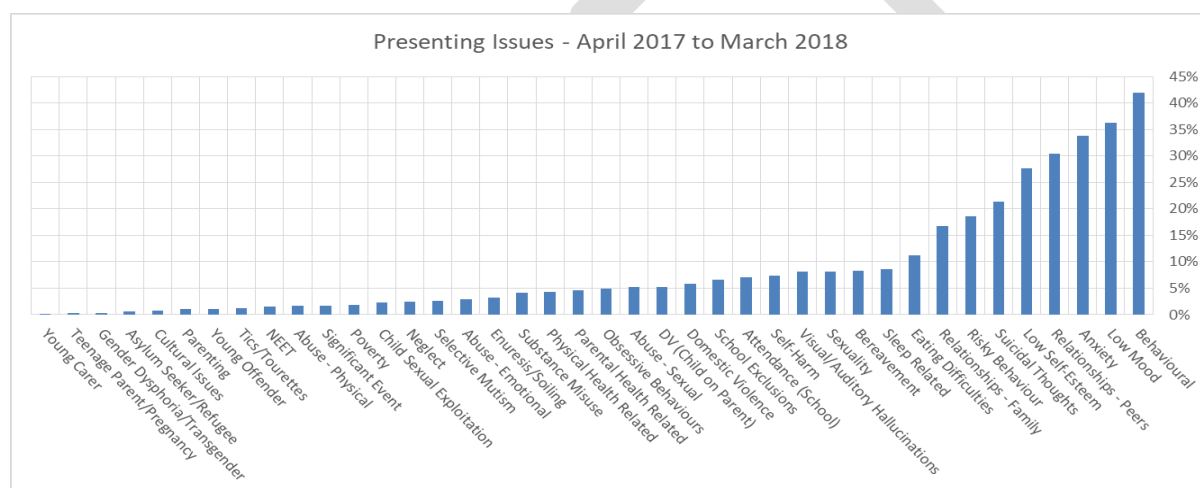
A new survey has been commissioned for 2019 from PCAN, which will be published before the end of the year. The aim is to find out more about the outcomes young people experience, having engaged with services. We also wish to find out about ways in which people would like to engage with services and preventative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

2.2 ChEWS - Children's Emotional Wellbeing Service

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

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

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



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

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

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

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

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

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

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

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

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

4.3 Specialist Child and Adolescent Mental Health Service (CAMHS)

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

Generic CAMHS.

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

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

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

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

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

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

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

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

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

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

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

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

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

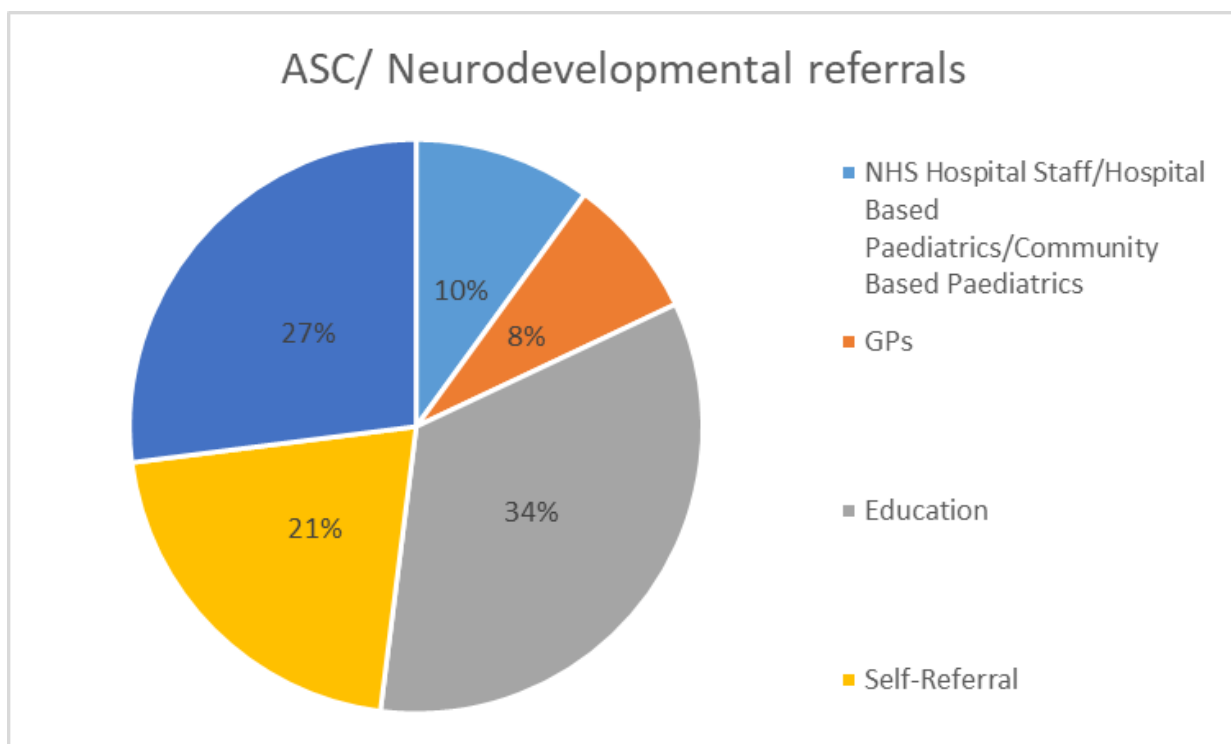
In addition to the new pathway, further investment has been made to increase capacity in order to continue to reduce overall waiting times. Waiting times at the beginning of September were around 7 months and are forecast to reduce to below 6 months by the end of October 2019, however, a recent increase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

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

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

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

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



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

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

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

4.5 Community Eating Disorder Service

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

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

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

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

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

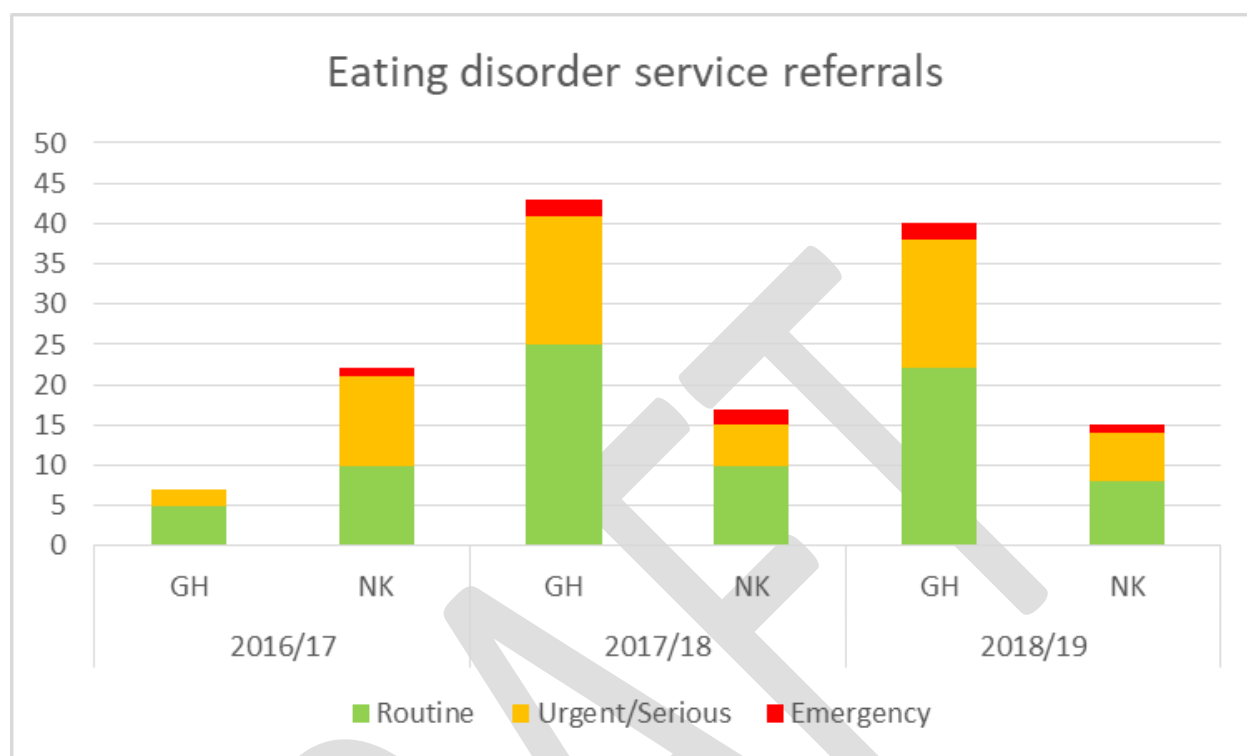
Outcome monitoring aims to inform, quantify and demonstrate how treatment interventions impact on the lives of the children and young people using the services. Routine Outcome Monitoring (ROM) is embedded across clinical pathways being established in accordance with Access and Waiting Time Standard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

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

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

- Adult mental health

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



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

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

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

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

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

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

4.6 Crisis Provision and Home Treatment Provision

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

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

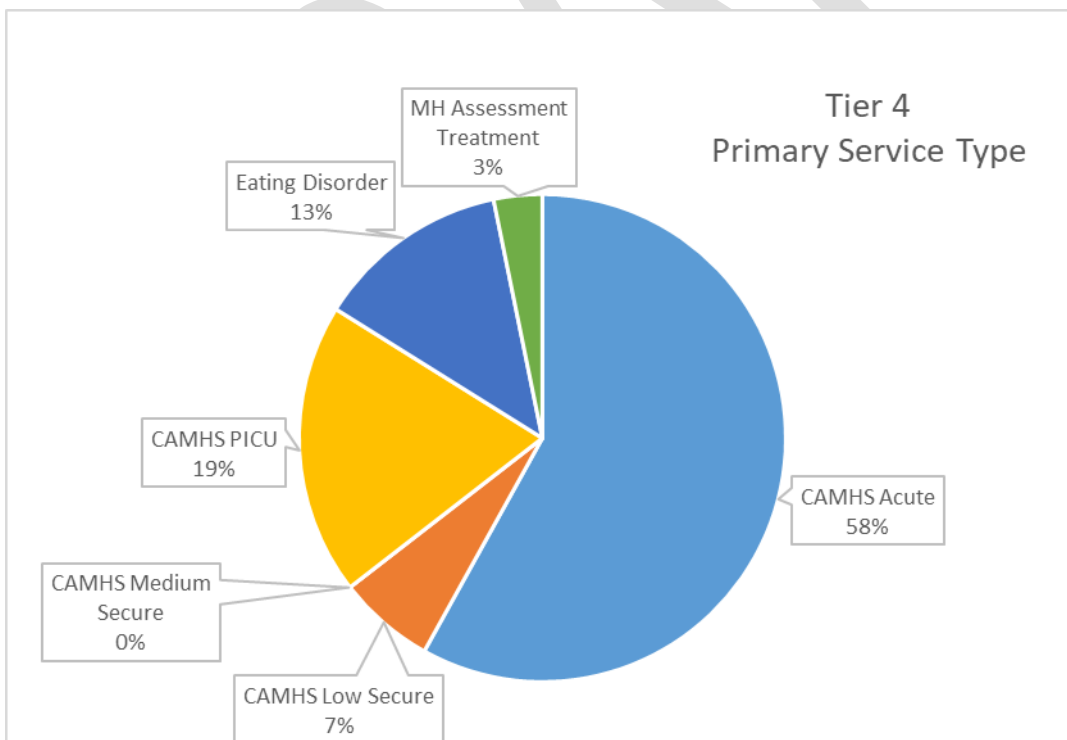
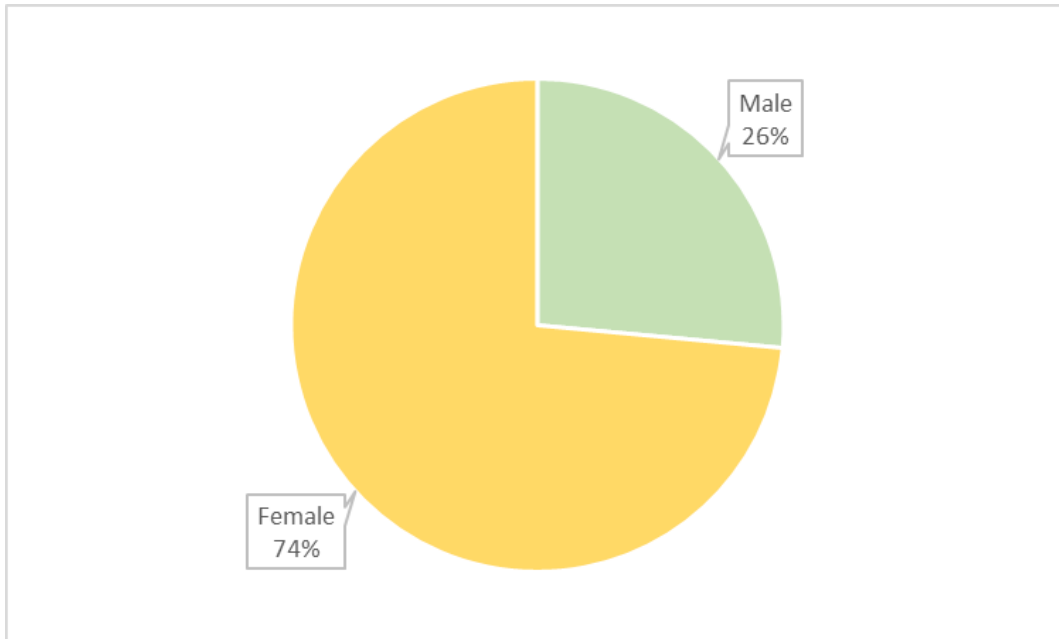
It has been agreed to invest the savings from the New Care Models to enhance crisis provision. The extended service will commence from November 2019 offering a 9-5 service 7 days a week.

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

4.7 Tier 4

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

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



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

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

4.8 Vulnerable Children

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

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

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

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

Care Leavers provision.

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

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

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

DRAFT

5. Key Engagement Messages

Feedback received from people who have used the services.

Counselling

Parent/carer

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

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

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

Young person

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

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

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

Direct Support

Parent/carer

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

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

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

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

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

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

Young Person

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

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

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

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

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

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

Group Work

Parent/carer

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

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

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

Young Person

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

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

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

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

Chapter 4 Future in Mind

What will our transformed provision look like?

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

Kirklees CAMHS Transformation Plan 2015

6.1 What have we achieved so far in 2019

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

Work with Schools

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Work undertaken so far includes.

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

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

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

Social Media.

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

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

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

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

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

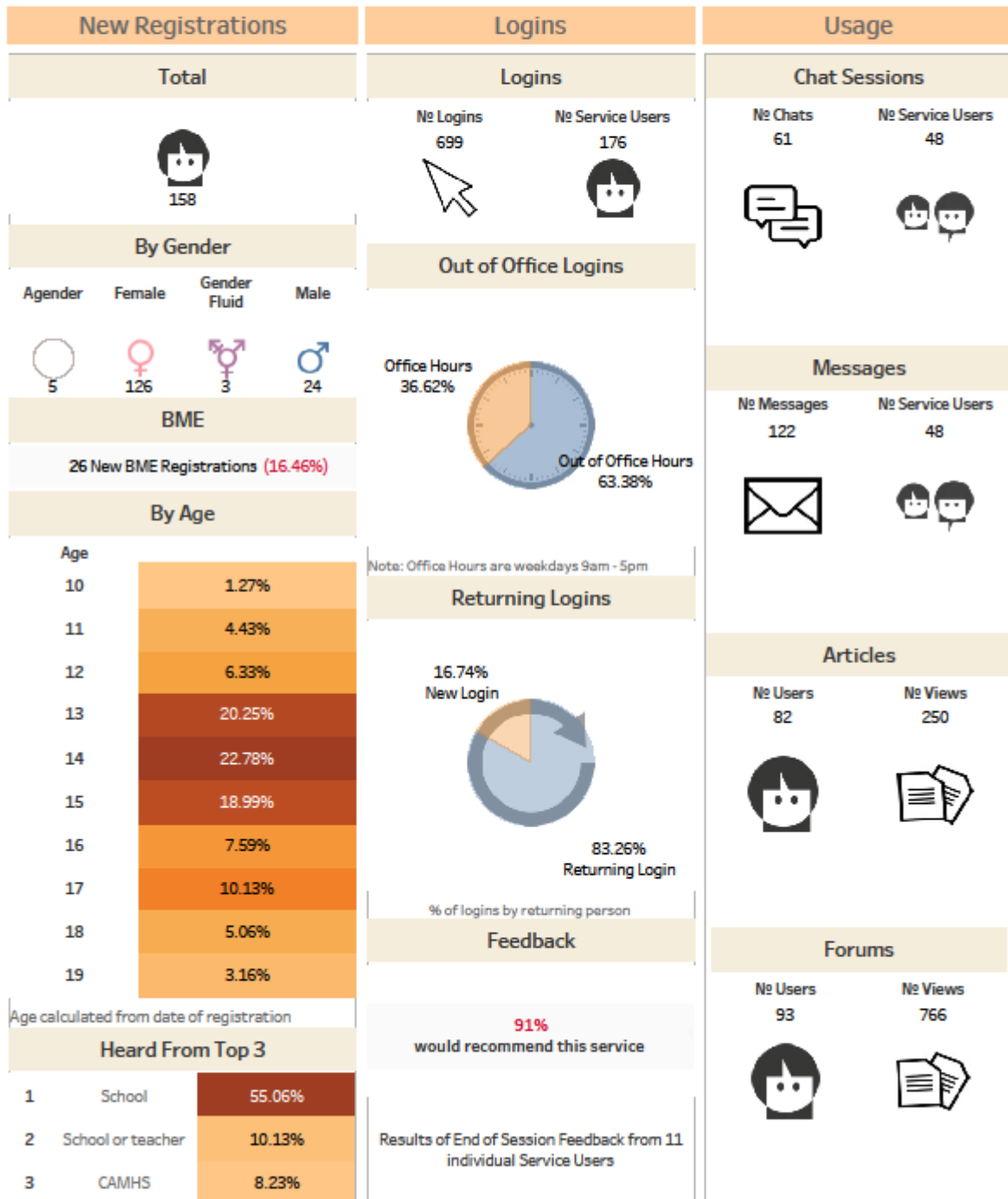
Early feedback shows that young people, especially those for 13 to 15 years of age are engaging with the service outside of normal working hours, often before school or into the evening (example infographic shown below).

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



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

Kirklees



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

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

Development of Early Support

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

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

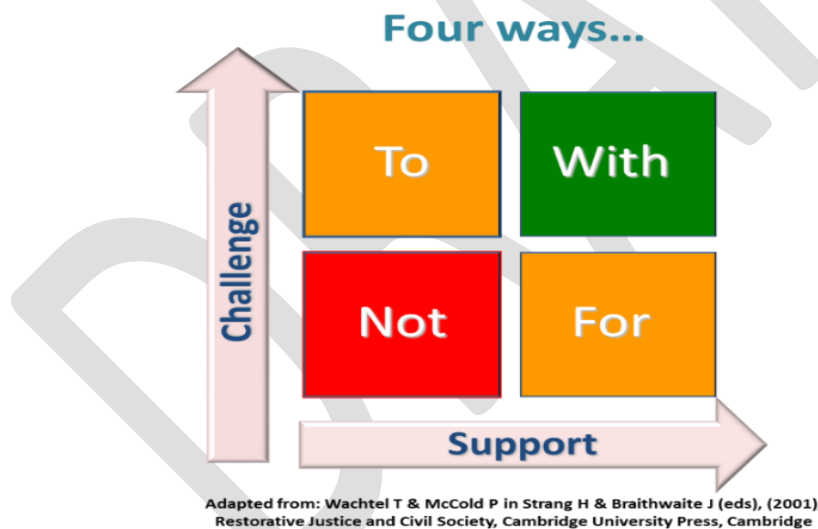
We have worked collaboratively across the partnership to ensure the strategy is cohesive across all partners and as such have agreed to use the Thrive Elaborated quadrants as a framework for delivery. This approach supports a shift of focus away from short-term crises and towards effective support for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

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

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

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

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



The Early Support Service approach in Kirklees Council encompasses

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

- Children's Centres
 - Early Years
- Youth Offer

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

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

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

Nurturing Parent Programme

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

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

Improving Perinatal Mental Health (PnMH)

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

The Network functions to terms of reference to:

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

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

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

Peer Education

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

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

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

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

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

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

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

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

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

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



HOME-START PEER EDUCATOR CELEBRATION

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

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

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

Educator & she enrolled onto an access course at college.



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

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

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

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

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



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

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

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

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

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

We will:

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

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

6.4 What outcomes will this impact on?

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

6.5 Theme 1 - Measurement of Impact

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

1	<p>% of children and young people who feel that they are supported by:</p> <ol style="list-style-type: none"> a. Thriving Kirklees Partnership b. Family c. School d. Community and wider networks
	<p>to have good emotional wellbeing and can easily get help and support whenever they may have worries or concerns, by life course stage.</p>
2	<p>% of children, young people and families reporting they feel included in community life, by life course stage.</p> <p>% of Thriving Kirklees users who report feeling they were supported in a timely and appropriate manner.</p>
	<p>% of children and young people who are receiving the following groups of the Thrive Elaborate Model:</p> <ol style="list-style-type: none"> 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	<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> <ul style="list-style-type: none"> a. They have appropriate access to resources, information and materials to support them with their identified issue. b. Feeling they were supported in a timely and appropriate manner. <p>% of children, young people or families:</p> <ul style="list-style-type: none"> a. Using Self-Help resources for support to be able to help themselves without needing specialist support. b. Who access support via approaches based on use of technology and assistive technology. c. Reporting that they receive appropriate, supportive and a timely response to their needs. by life course stage.
5	<p>% of Thriving Kirklees workforce:</p> <ul style="list-style-type: none"> 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). 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. c. Able to demonstrate awareness of and understand of the importance of the parent-infant relationship. d. Who report they have the appropriate knowledge, skills and expertise to carry out their role. 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. 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.

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

Chapter 5 Future in Mind

What our transformed provision will look like?

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

Kirklees CAMHS Transformation Plan 2015

7.1 What have we achieved so far in 2019

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

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

Implementing Thrive Elaborated

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

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

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

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

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

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

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

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

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

Transforming Care for Children and Young People

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

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

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

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

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

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

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

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

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

Overall, we feel that your support requirement is: GREEN

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

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

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

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

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

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

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

Development our of Learning Disability Service.

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

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

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

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

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

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

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

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

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

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

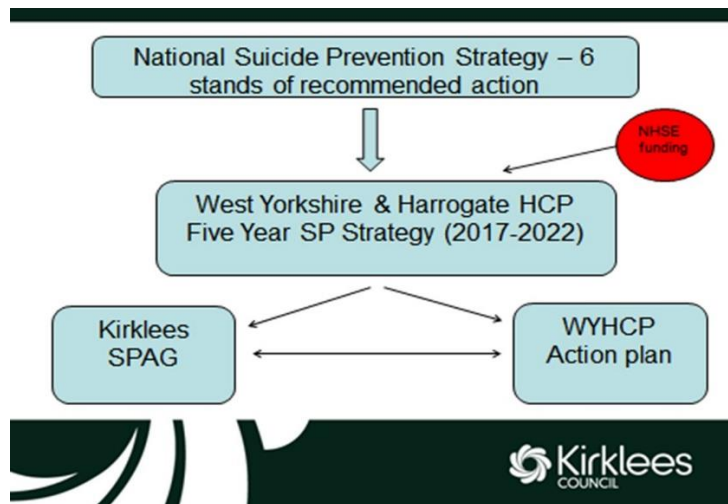
The CCGs lead for the Children and Families Act is a joint post with the local authority and as such strategy and practice is decided jointly and agreed through our local integrated commissioning board. We have a number of integrated commissioning arrangements which underpins the provision for children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

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

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

Suicide Prevention.

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



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

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

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

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

Local issues of consideration include:

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

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

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

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

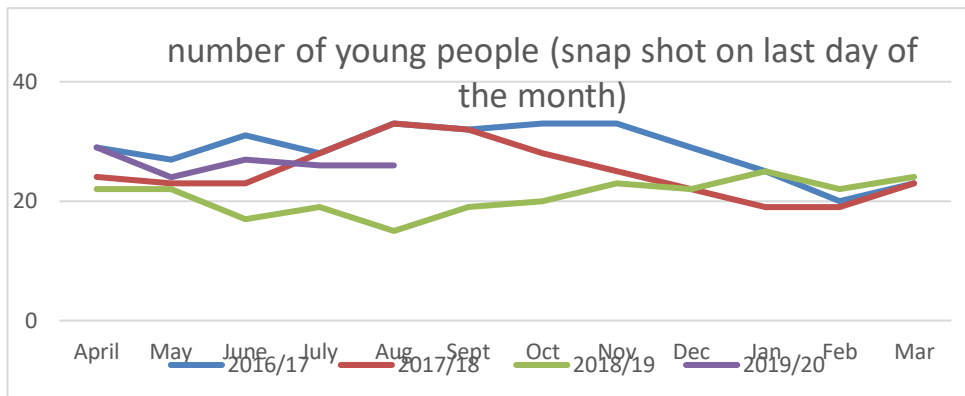
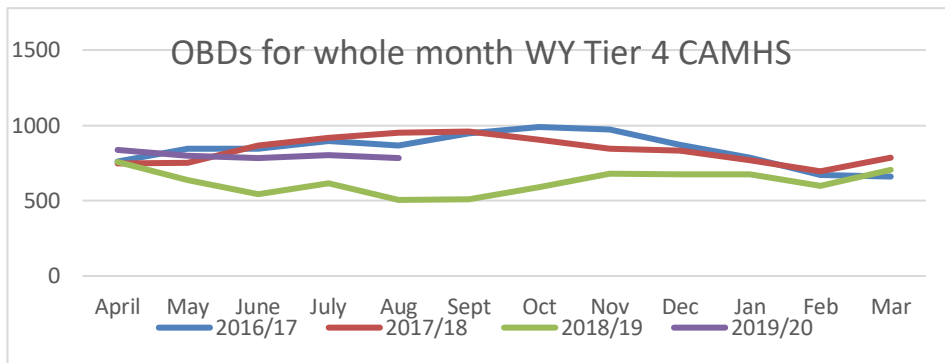
West Yorkshire CAMHS New Care Model

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

What the NCM has achieved:

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

Against previous years we are performing well as shown below:



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

Next steps

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

Locally

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

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

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

Provision for LGBT Young People

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

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

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

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

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

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

Crisis Provision and All Age Psychiatric Liaison

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

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

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

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

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

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

Key elements of the proposal include;

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

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

If agreed, the new service is expected to begin 1st January 2020.

Early Intervention in Psychosis

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

The service aims to:

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

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

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

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

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

We will:

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

7.4 What outcomes will this impact on?

The above will work towards achievement of the following:

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

7.5 Theme 2 - Measurement of Impact

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

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

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

8. Theme 3 - Caring for the most vulnerable.

Chapter 6 Future in Mind

Vulnerable children and young people

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

Kirklees CAMHS Transformation Plan 2015

8.1 What have we achieved so far in 2019

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

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

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

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

Family Group Conference Team

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

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

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

Multi-Systemic Therapy Team

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

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

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

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

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

Mental Health in Families team

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

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

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

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

Risk and Vulnerability Team

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

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

Health & Justice

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

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

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

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

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

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

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

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

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

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

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

Forensic CAMHs (FCAMHs):

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

These Trusts are:

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

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

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

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

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

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

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

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

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

We will:

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

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

8.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

8.5 Theme 3 - Measurement of Impact

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

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

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

9. Theme 4. To be accountable and transparent.

Chapter 7 Future in Mind

Kirklees Governance

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

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

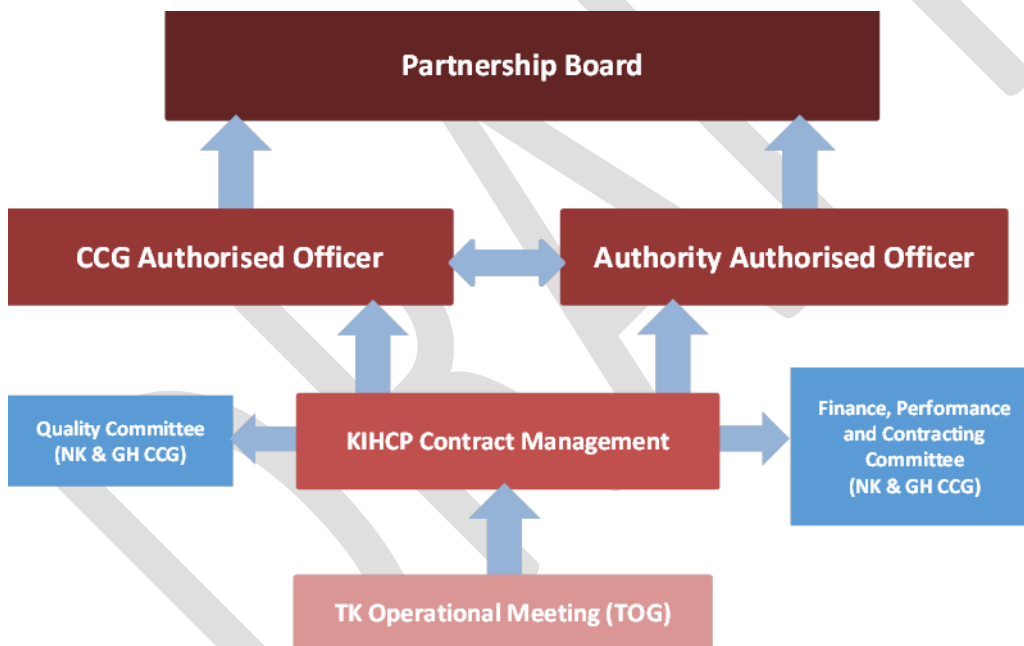
Having challenge and representation from individuals and groups who experience our services on an individual and case by case basis, gives rich insight into service experience. This is enabling us to triangulate the contract monitoring information we receive from the provider with peoples lived experience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

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



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

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



Mental Health Service Dataset

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

9.1 What have we achieved so far in 2019

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

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

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

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

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

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

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

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

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

We will:

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

9.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

9.5 Theme 4- Measurement of Impact

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

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

	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.

DRAFT

10 Theme 5. Developing the workforce.

Chapter 8 Future in Mind

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

Kirklees Integrated Workforce Strategy

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

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

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

10.1 What have we achieved so far in 2019

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

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

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

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

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

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

Children and Young People Improving Access to Psychological Therapies.

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

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

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

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

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

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

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

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

Thriving Kirklees Workforce development

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

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

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

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

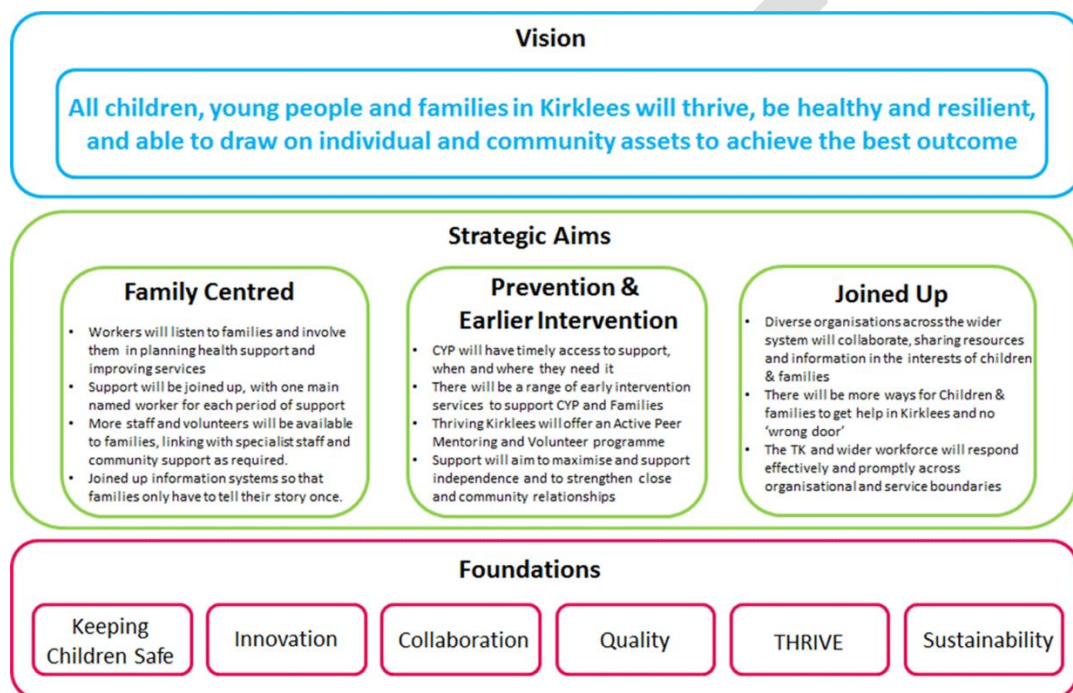
The Thriving Kirklees workforce strategy has now been produced and clearly articulated and implementation is underway. This vision and the 6 foundation of the strategy are outlined below and the full workforce development plan is outlined in appendix H

The overall aims are:

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

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

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



Mental Health in Schools Trailblazer

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

Training and support for the community

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We will:

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

10.4 What outcomes will this impact on?

The above priorities will achieve the following:

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

10.5 Theme 5 - Measurement of Impact

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

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

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

2018 – 2019 Priority descriptions, reporting processes and progress			Year 1 or year 2 Priority
LPS 3 (1.3)	Implement the Mental Health Support Teams Trailblazer	Themes 1 and 2 Transformation Plan Refresh 18/19 <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	Achievement by 2020
LPS 5 (2.1)	Transforming CAMHS provisions, to provide a “tier free” service model based on the “Thrive Elaborated” approaches.	Themes 1 and 2. Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala and commissioners. <i>Priority also inter-relates with: LPS 1 (1.1) and 3 (1.3)</i>	A Year 1 priority Long term achievement by March 2020
LPS 2 (1.2) LPS 8 (2.4) LPS 9 (2.5)	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"> • 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. 	Themes 1, 2 and 5 Transformation Plan Refresh 2018/19 priority 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
LPS 6 (2.2)	To consider the required resources and implement the required system change in order to reduce Tier 2 waiting times and further reduce Autism Assessment waiting times aim to be in line with NICE guidance LPS 6 (2.2)	Themes 1 and 2 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, ChEWS, SWYFT, Voluntary Community Sector, Autism Spectrum Disorders and Pupil Premium Plus. Thriving Kirklees Performance Measure 76. Reworded in 2018 <i>Priority inter-relates with: LPS 2 (1.2) and 11 (2.7)</i>	Year 1 priority Short term achievement by October 2020

<p>LPS 13 (3.1)</p> <p>LPS 14 (3.2)</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>Theme 3</p> <p>Transformation Plan Refresh 2018/19 priority</p> <p>Progress updates provided by Locala, SWYFT and Northorpe Hall.</p> <p><i>Priority inter-relates with: LPS 17 (3.5)</i></p>	<p>Year 1 priority</p> <p>Progressive changes from March 2017</p>
<p>LPS 4 (1.4)</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>Theme 1</p> <p>Transformation Plan Refresh 2018/19 priority</p> <p>Progress updates provided by Home-Start, Northorpe Hall and Commissioners.</p>	<p>Year 1 priority</p> <p>Long term achievement by March 2020</p>
<p>1.5</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>Theme 1</p> <p>Transformation Plan Refresh 2018/19 priority</p> <p>Progress updates provided by Locala., priority reworded 2018</p>	<p>Year 2 priority</p> <p>Long term achievement by 2020</p>
<p>1.6</p> <p>1.7</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>Theme 1</p> <p>Transformation Plan Refresh 2018/19priority</p> <p>Progress updates provided by Locala, SWYFT, Community Hubs and Early Intervention and Prevention.</p>	<p>Year 2 priority</p> <p>Long term achievement by 2020</p>
<p>1.8</p>	<p>Implement a comprehensive training programme to develop children and young people’s resilience, and raise their awareness of emotional health and wellbeing issues MHST and Northoprpe workshops</p>	<p>Theme 1</p> <p>Transformation Plan Refresh 2018/19 priority</p> <p>Progress updates provided by Locala, ChEWS and Commissioners</p>	<p>Year 2 priority</p> <p>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	Theme 1 Transformation Plan Refresh 2018/19 priority 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)	Theme 2 Transformation Plan Refresh 2018/19 priority Reworded 2018 Progress updates provided by Commissioners, Locala and ChEWS.	Year 1 priority Long term achieve, meyand March 2020.
2.10 3.7	Further strengthen the assertive outreach Intensive Home Treatment model in partnership with West Yorkshire New Care Models. Preventing admission to Tier 4, assisting transition back to a community setting and developing safe spaces in Kirklees	Themes 2 and 3 Transformation Plan Refresh 2018/19 priority Reworded 2018 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	Themes 2 and 4 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, SWYFT and Commissioners. Children & Young People plan priority	Priority for 2019/20
LPS 31	Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including SPA and the ASC services	Themes 2 and 1 Transformation Plan 2018/19 priority	Priority for 2019/20
LPS 32	Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community, those CYP attending Child Sexual Assault	Theme 3 Transformation Plan Refresh 2018/19 priority Progress updates provided by Locala, SWYFT and Commissioners	Priority for 19/20

	Assessment Services (CSAAS) and those CYP attending Liaison and Diversion provision.		
LPS 33	Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system new priority	Theme 3 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Locala, SWYFT and Commissioners	Priority for 18/19
LPS 25 (5.1)	Ensure CAMHS providers are fully participating in CYP IAPT core curriculum in 2016/17.	Theme 5 Transformation Plan Refresh 2017/18 priority and risk reporting 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
LPS 28 (5.4)	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)	Theme 5 Transformation Plan Refresh 2018/19 priority reworded 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
5.6	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.	Theme 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Workforce Development Manager, Community Hubs and Commissioners.	Long term priority achievement by 2020

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

		Relevant updates provided by Community Hubs.	
LPS 7 (2.3)	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.	Theme 2 The Regional Commissioning Group co-produced a service model providing a service for 2016/17 with the contract with existing CAMHS provision being extended by 2 years to enable continuance and for a competitive tender process to take place. Relevant updates provided by SWYFT.	G Year 1 priority In place by April 2017
2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.	Theme 2 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. Relevant updates provided by Lead Commissioners.	G Year 2 priority
2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	Theme 2 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. Relevant updates provided by Locala and SWYFT.	G Year 2 priority
LPS 16 (3.4)	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.	Theme 3 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. Relevant as necessary by commissioners and relevant links.	G Year 1 priority
LPS 17 (3.5)	To work with Kirklees Safeguarding Child Board to undertake a “deep dive” into the way in which vulnerable children and young people experience the	Theme 3	G Year 1 priority

	CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children.	Independent report subject to Safeguarding Action Plan to evidence oversight and appropriate responses to recommendations within CAMHS provisions of Thriving Kirklees, from April 2017. Relevant updates provided by Local, ChEWS and SWYFT. <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.	Theme 3 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. Relevant updates provided by Locala.	G Year 2 priority
3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	Theme 3 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. Relevant updates provided by Locala and SWYFT	G Year 2 priority
3.9	Ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	Theme 3 Included Thriving Kirklees specification top provide initial forensic assessment, more complex forensic assessment are spot purchased as required. Relevant updates provided by Commissioners.	G 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.	Theme 4 Lead commissioning arrangements established which will also ensure continuing robust monitoring and scrutiny to 2020. Relevant updates as necessary by Commissioners and relevant links. <i>Priority inter-relates with: LPS 19 (4.2), 20 (4.3) and 21 (4.4)</i>	G Year 1 priority
LPS 19 (4.2)	Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years.	Theme 4 Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure	G Year 1

		<p>robust and appropriate responses by 2020.</p> <p>Relevant updates as necessary by commissioners and relevant links.</p> <p><i>Priority inter-relates with: LPS 18 (4.1), 20 (4.3) and 21 (4.4)</i></p>	
LPS 20 (4.3)	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.	<p>Theme 4</p> <p>Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority.</p> <p>Relevant updates as necessary by commissioners and relevant links.</p> <p><i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i></p>	<p>G</p> <p>Year 1 priority</p>
LPS 21 (4.4)	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>Theme 4</p> <p>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.</p> <p>Relevant updates as necessary by Commissioners and relevant links.</p> <p><i>Priority inter-relates with: LPS 18 (4.1), 19 (4.2) and 21 (4.4)</i></p>	<p>G</p> <p>Year 1 priority</p>
LPS 22 (4.5)	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>Theme 4</p> <p>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.</p> <p>Relevant updates provided by Locala Data Team and SWYFT.</p> <p>Priority inter-relates with: LPS 23 (4.6)</p>	<p>G</p> <p>Year 1 priority Achievement by April 2017</p>
LPS 23 (4.6)	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>Theme 4</p> <p>Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports to agreed timescales.</p> <p>Relevant updates provided by Locala Data Team and SWYFT.</p> <p>Priority inter-relates with: LPS 22 (4.5)</p>	<p>G</p> <p>Year 1 priority achievement by April 2017</p>

LPS 24 (4.7)	Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group. LPS 24	<p>Theme 4 Incorporated into Thriving Kirklees from April 2017. Existing CAMHS services will provide quarterly outcome monitoring reports Relevant updates provided by Locala Data Team.</p>	<p>G 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>Theme 4 Section 75 funding arrangements have been formally agreed and incorporated into Thriving Kirklees from April 2017. Relevant updates as necessary by commissioners and relevant links.</p>	<p>G - A 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>Theme 4 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. Relevant updates as necessary by commissioners and relevant links.</p>	<p>G 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>Theme 5 All provider managers have been trained. Incorporated into specification of Thriving Kirklees CAMHS for continuing participation. Response cross refers with LPS 25 (5.1) Relevant updates as necessary by commissioners and relevant links.</p>	<p>G 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>Theme 5 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. Relevant updates provided by Locala.</p>	<p>G Year 2 priority</p>

	We will have emotional health and wellbeing provisions that are collaboratively commissioned with educational settings	Themes 1 and 2. Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala, Schools as community hubs and commissioners. <i>Priority also inter-relates with: LPS 1 (1.1) and 5 (2.1)</i>	Year 1 priority Long term achievement by 2020
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.	Themes 1, 2 and 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Northorpe Hall and any associated schools as community Hub activities. <i>Priority inter-relates with: LPS 2 (1.2), 6 (2.2), 8 (2.4) and 9 (2.5)</i>	
	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.	Theme 3 Transformation Plan Refresh 2017/18 priority 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.	Theme 2 Transformation Plan Refresh 2017/18 priority 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.	Theme 1 Transformation Plan Refresh 2017/18 priority Progress updates provided by Commissioners and Locala.	Long term priority achievement by 2020
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.	Theme 5 Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala and Commissioners.	Long term priority achievement by 2020
LPS 10 (2.6)	Deliver a 24/7 Single Point of Contact model, one stop shop approach for advice, support, signposting,	Themes 1 and 2. Transformation Plan Refresh 2017/18 priority Progress updates provided by Locala, SPoC and ASK CAMHS.	G Year 1 priority

LPS 11 (2.7)	consultation and assessment and co-ordination of Thriving Kirklees provision delivery.	<i>Priority also inter-relates with: LPS 1 (1.1), 2 (1.2) and 6 (2.2)</i>	Short term achievement by October 2017
2.15	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.”	Theme 2 Transformation Plan Refresh 2017/18 priority Progress updates provided by chair of Children and Young People TCP Workstream. Head of Children’s Joint Commissioning	2018/19 priority
LPS 34	Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is increased.	Theme 4 Transformation Plan Refresh 2018/19 new priority Progress updates provided by Head of Children’s Joint Commissioning	20/19 Priority

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Appendix B – Baseline Data Tables.

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

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

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

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.														
CORE SERVICES - 2015/16 and 2016/17														
Service type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	LA Funded 18/19	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	CCG Funded 18/19	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Other Funding Source 18/19	Specify Funding Source(s)	Comments
School Based Early Intervention Services														
MHST												116,000	MHST trailblazer	
Sub-Total	0	0	0	0	0	0	0	0	0	0	0	0		
Early Intervention Services - Other Bases														
School nursing & Health Visiting	7,602,437	7,352,437	7,352,437	7,352,437	43,500	43,500	43,500	0						Included in Allied Services as below
Sub-Total	7,602,437	7,352,437	7,352,437	7,352,437	43,500	43,500	43,500	0	0	0	0	0		
Services Targeted at Specific Vulnerable Groups														
Vulnerable Childrens Team					50,000	170,000	222,000	58,500						YOT, LAC. CSE. LPS 14 (links LPS13 & LPS 17)
YOT Services					140,000	140,000	140,000							Young Offenders
LAC Services	65,800				120,000	170,000	170,000	170,000						Looked after Children
PRS Services					29,397	29,397	29,397	29,397	29,397	29,297	29,397	29,397	School Clusters	Pupil Referral Units
Sub-Total	65,800	0	0	0	339,397	509,397	561,397	257,897	29,397	29,397	29,397	29,397		
Specialist CAMH Services														
Regional ED Team					217,000	211,000	211,000	211,000						LPS 7
CAMHS wait times					340,500	420,000	420,000	150,000						LPS 6 (links with LPS 2 and LPS11)
Single Point of Access					55,000	145,000	145,000	145,000						LPS 10 (links with LPS1, LPS2, LPS6 & LPS11)
ChEWS Tier 2	360,000		360,000		96,000	96,000	96,000	96,000						
CAMHS services in schools									339,561	339,561	339,561			Estimated spend
CAMHS Tier 3					2,164,190	2,164,190	2,164,190	2,164,190						
Sub-Total	360,000		360,000		2,872,690	3,036,190	3,036,190	2,766,190	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 E funding for 18/19 to be supplied by NHS E and entered here		
Total	8,028,237	7,352,437	7,712,437	7,352,437	3,255,587	3,589,087	3,641,087	3,024,087	368,958	368,958				
ALLIED SERVICES - 2015/16														
Service Type	LA Funded 15/16	LA Funded 16/17	LA Funded 17/18	LA Funded 18/19	CCG Funded 15/16	CCG Funded 16/17	CCG Funded 17/18	CCG Funded 18/19	Other Funding Source 15/16	Other Funding Source 16/17	Other Funding Source 17/18	Other Funding Source 18/19	Specify Funding Source(s)	Comments
School Based Early Intervention Services														
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		
Early Intervention Services - Other Bases														
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		
Services Targeted at Specific Vulnerable Groups														
Band 7 Clinical Post							70,000	70,000						
MST/FCG/ FMH	N/A	N/A	728,000											
Sensory Post							17,000							
Sub-Total	0		0		0		87,000	70,000	0			0		
Specialist CAMH Services														
Sub-Total	0		0		0		0		0			0		
Total	8,022,437		1,148,000		40,000		127,000		0			0		

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

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

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

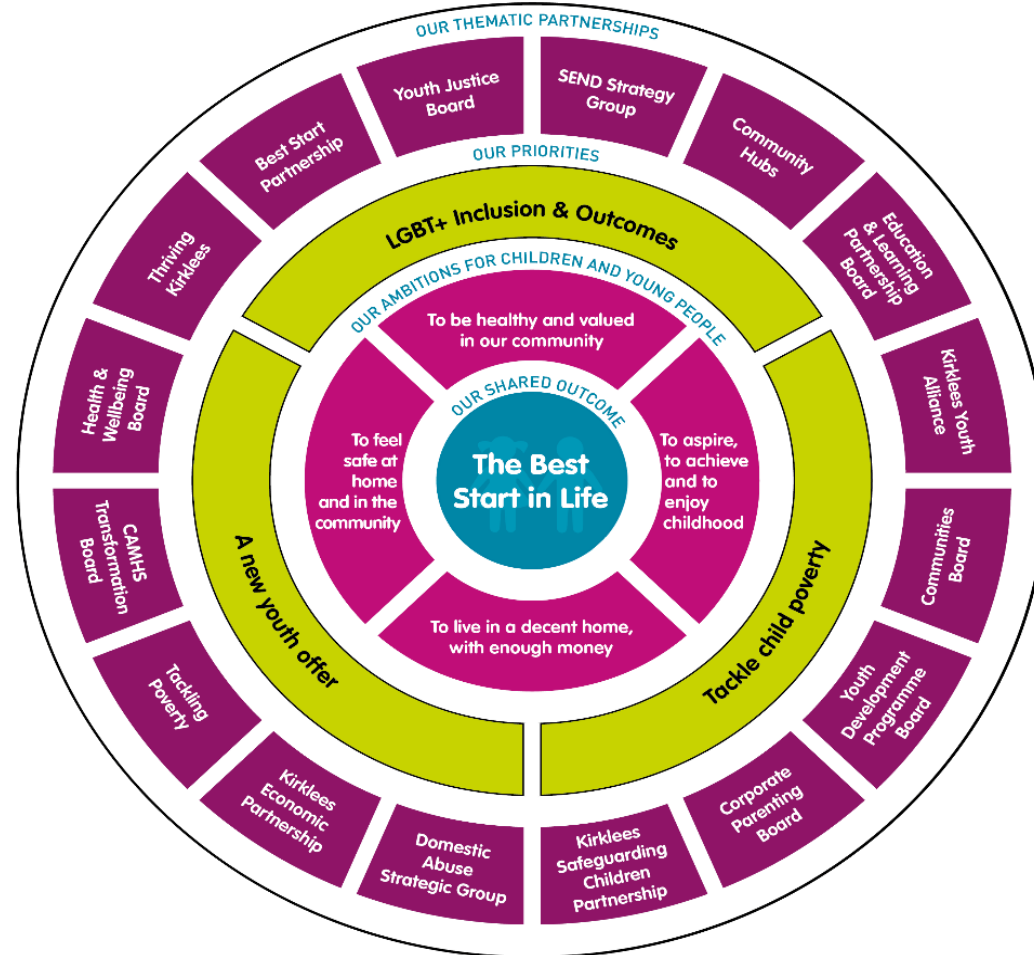
Our vision:

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

Our ambitions for Kirklees children:

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

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



Appendix F Thriving Kirklees Pathway Review Recommendations



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

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

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

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

11 References

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

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

Additional information sources

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

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

12. Glossary and Acronyms

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

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