



**Name of meeting:** Children's Scrutiny Panel

**Date:** 20<sup>th</sup> March 2023

**Title of report:** Emotional Wellbeing and Mental Health provision for Children & Young People in Kirklees

**Purpose of report:** To provide an update on services available and current issues

<b>Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards? Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.</b>	<b>Not Applicable</b>
<b>Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u></b>	<b>Key Decision – No</b> <b>Private Report/Private Appendix – No</b>
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Not Applicable</b>
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>  <b>Is it also signed off by the Service Director for Finance?</b>  <b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Tom Brailsford  N/A  N/A
<b>Cabinet member <u>portfolio</u></b>	<b>Give name of Portfolio Holder/s</b>  <b>Cllr V Kendrick</b>

**Electoral wards affected:** All

**Ward councillors consulted:** None

**Public or private:** Public

**Has GDPR been considered?**

No personal information is included in this report.

## **1. Summary**

In Kirklees, our ambition is for children and young people to live happy, healthy lives and to aspire and achieve. Positive emotional wellbeing is a vital component for the fulfilment of this ambition. This report provides an update on the provision for the emotional wellbeing and mental health for Children and Young People in Kirklees. It will describe currently commissioned services, including recent developments, and will outline challenges currently being faced. The report will also introduce proposed developments for services. For each service area, the current waiting list is described. More detailed data can be found in Appendix 1

## **2. Information required to take a decision**

This report outlines each area of support that is commissioned by Kirklees Council and Kirklees NHS Integrated Care Board for children and young people with EHWB needs, in the context of a whole system of service provision. Emotional Health and Wellbeing (EHWB) needs are wide ranging and depend on a variety of services and provision across the health, care and education sectors. EHWB provision may also be commissioned independently by schools or provided by voluntary sector organisations. This is not within the scope of this report.

Following the Covid pandemic there have been effects on our Children's Emotional Health and Wellbeing. Early years provisions, education, schools, colleges and activities were disrupted, leaving them without their usual support networks and social contact. Some children thrived in the home learning environment, particularly where going to school contributed to anxiety, but many suffered from isolation and loneliness. The youngest children lived through the pandemic at a vital time in their development, missing out on important learning and social experiences, which for some have had a significant impact upon speech, language and communication skills, as well as socialisation and regulation. Schools and early years settings are reporting that some children are less well prepared for school than in previous years.

In common with other areas, in Kirklees there has been rising demand for all mental health, learning disability and autism services. This demand is extremely challenging to address, due to the current financial situation and workforce availability. Further detail will be provided for specific services in the body of the report.

## **Thriving Kirklees**

In Kirklees the Child & Adolescent Mental Health Service (CAMHS) and Children's Emotional Wellbeing Service (CHEWS) are jointly commissioned by Kirklees Council and Kirklees ICB via a contract called 'Thriving Kirklees'. This is a partnership made up of five local providers:

- Locala (Lead partner and contract holder)
- South West Yorkshire Foundation Trust (SWYFT)
- Northorpe Hall Child & Family Trust
- Yorkshire Children's Centre
- Homestart

The Thriving Kirklees approach is a long-term commitment to transform services and develop best practice approaches based on the Thrive Elaborated model. This replaces the traditional tiered approach to service provision with a whole system approach. The

emphasis is on early intervention and prevention, with support moving ‘upstream’. The partners have developed closer working relationships, leading to more joined up provision and seamless transfers between services.

The partnership covers a range of services including:

- Single point of access
- 0-19 Team (health visiting and school nursing)
- Child and Adolescent Mental Health Services (CAMHS)
- Children’s Emotional Health and Wellbeing Service
- Assessment and diagnosis of neurodevelopmental conditions
- Home-Start Family Support
- Healthy child vitamins
- Safety in the Home
- Safety Rangers

This report is concerned with the elements of Thriving Kirklees relating to Emotional Health and Wellbeing provision.

### **Single Point of Access**

Access to commissioned emotional wellbeing and mental health services for children and young people in Kirklees is primarily through the Thriving Kirklees Single Point of Access (SPA). The SPA is accessible via the website [Thriving Kirklees - health and wellbeing services for children and families](#) or by telephone. The phoneline is open 24 hours a day, seven days a week, for all enquiries, support requests and appointment information. The SPA can be contacted directly by parents/carers with concerns about their child.

The Thriving Kirklees website and the Kirklees Local Offer website [Home | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#) also provide information, advice and strategies for self-help for children and families, as well as signposting to local voluntary sector support.

By providing a single front door and triage approach, service users are directed to the relevant and appropriate professionals from the outset. If immediate risks are identified by the SPA, the call will be immediately escalated to CAMHS or Crisis service. Where appropriate, the SPA will deal with immediate requests for lower level advice and support for families. This process has been strengthened by the co-location of staff from partner organisations, including CAMHS clinicians and Early Support workers.

Between February 2022 and January 2023, 5020 support requests were received by the SPA. Historic support request data can be found in appendix 1.

### **ChEWS - Children’s Emotional Wellbeing Service**

Northorpe Hall Child and Family Trust provides the ChEWS short term direct interventions for those aged 5 to 19 years whose emotional needs are impacting on their day to day lives but do not require an immediate response service. This support includes the following range of interventions:

- Counselling and therapeutic group activities
- One-to-one support
- Telephone support
- Help accessing services

- Youth Mentoring

ChEWS works closely with CAMHS, nursing services, GPs and local authority services as well as many voluntary and community organisations so children and young people and their families can find the right support for them.

Whilst children and young people may be referred to CHEWS 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. ChEWS has developed close links and referral pathways with Kirklees Council's Early Support and Social Care services to enable swift referral to appropriate services.

Between February 2022 and January 2023, 1110 people were referred from the SPA to access ChEWS.

At the end of January 2023, 549 people are waiting for ChEWS. Waiting times are currently approximately 52 weeks from first referral.

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

Specialist CAMHS is a Thriving Kirklees partner service 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 the following services:

- Core CAMHS,
- Vulnerable Children service
- Crisis provision
- Learning disability provision
  - Autism Spectrum Condition (ASC) provision and Attention Deficit Hyperactivity Disorder (ADHD) provision.

### **Core CAMHS**

Core CAMHS offers assessment and evidence based interventions to children and young people who present with persistent and significant difficulties with the following:

- Depression where severe or not responded to earlier intervention
- Self-harm and suicide attempt
- Severe anxiety (including obsessive compulsive disorder)
- Psychosis (in those aged under 14)
- Somatoform disorders
- Prolonged adjustment difficulties e.g., abnormal grief reactions.
- Persistent post-traumatic disorder (PTSD)

### Demand and waiting times for core CAMHS

Waiting times for Core CAMHS reduced significantly from 14.3 weeks in August 2021 to 3.8 weeks in August 2022. This was due to a combination of service redesign, the impact of the Mental Health Support Teams in schools and improved triage in the Single Point of Access. The current waiting time is 7 weeks.

## **Mental Health Support Teams (MHST)**

Kirklees applied and was successful in being included in the first 'Trailblazer' wave of the Mental Health Support Team initiative. MHST forms part of the NHS Long Term Plan commitment and is jointly funded by NHS England and the Department for Education. The aim is for mental health professionals to work closely with schools, providing interventions for mild to moderate mental health, and to work with schools to improve the whole school approach to mental health. A further aim is to increase the pool of qualified mental health practitioners in the wider workforce by creating new Education Mental Health Practitioner roles (EMHP) and funding training places, in association with universities.

The Kirklees MHST approach is unique as we include Local Authority Education Psychologists within the team (EP). The EPs are able to bring their wide range of skills, as well as established contacts across Education settings and services to support the whole school approach to mental health with training and advice. Schools are supported by the Education Psychologists to carry out a self-assessment of their policies, procedures and training needs for their staff.

It is important to recognise that children do not exist in isolation, often there are circumstances within the family which need to be improved for the children to thrive. This could be anything from parental mental health issues, family conflict to debt and financial problems. To enable this, Kirklees MHST also includes Family and Community workers, who help the team to engage with families and communities to reduce the stigma of mental health, provide support and help to resolve problems. This can include referrals to appropriate services, such as the Mental Health in Families team.

The MHSTs develop strong relationships with each of its schools. Referrals for support for individual children are made directly by the school, from a teacher, SENDCO, or pastoral staff to their allocated MHST. A proforma is completed, which includes background information and support already in place. The clinicians will then arrange for the most appropriate support for that child, either group work or individual interventions, following the MHST guidance.

Kirklees now has five MHSTs, covering just over half of our schools. Participating schools were selected using an intelligence led process. One of the factors used in the selection was areas of deprivation, which is a strong indicators of need. Further waves of MHST funding from the NHS are not planned at present, so work is underway to re-model the resources available in the local mental health system to extend this type of area based support across the whole of Kirklees.

The MHST is currently operating with no significant waiting times to access services.

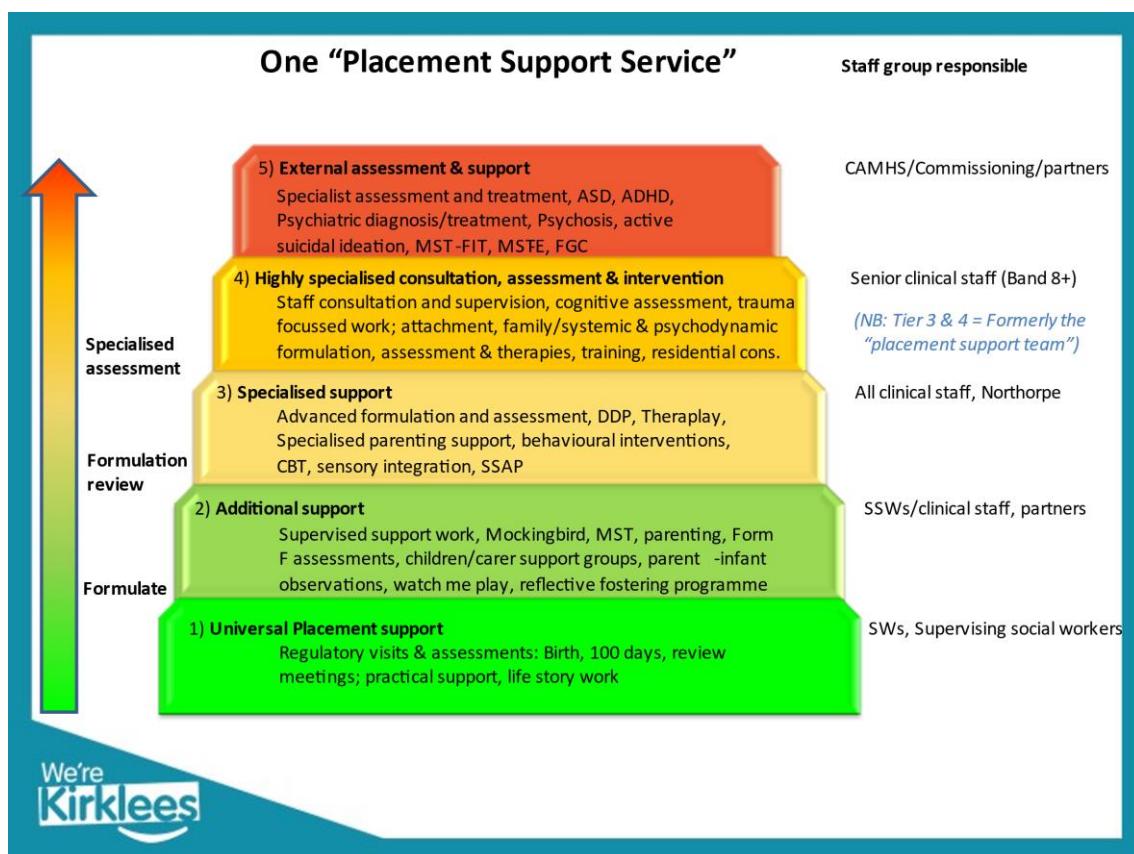
Additional mental health support for some schools has also been commissioned by local elected members, using their Place Partnership funding. Colne Valley Place Partnership funded additional counselling provision to support pupils in schools in Golcar, Colne Valley and Lindley. This additional provision enabled young people to access a face to face counsellor more quickly, which the school and individuals found beneficial.

Huddersfield Rural place partnership have commissioned Northorpe Hall to assist schools with training and support for teaching and pastoral staff. Learning from these two schemes is being used to inform the future delivery model for place based and school based mental health provision.

## Vulnerable Children's Service

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 and the Youth Justice Service. 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, children's homes and foster cares as well as one-to-one interventions for children and young people.

During 2021/22 a service re-design was carried out to further improve the support for vulnerable young people by addressing the skills mix and pathways to create a combined Placement Support Service. The new service includes mental health clinicians, and social workers, all working to an agreed model (see below).



A new service specification has been co-designed with partners. This describes the implementation of the '6Ps' formulation model and how supervision will be provided to social workers and other professionals by senior clinicians. Formulation is a process which enables the team working with a child to clearly define the issues facing the child and to develop a clear plan to work towards the desired improvement in outcomes.

Additional resource has been secured to recruit new clinicians into the team, including a new Clinical Psychologist to oversee the therapeutic provision in Kirklees Children's Homes. This reflects the higher levels of need demonstrated in the children living in our homes.

As well as social work staff, the dedicated SWYFT clinicians in the team now consists of:

- 2 clinical psychologists
- 1 team manager/Mental Health practitioner,
- 2 assistant psychologists

The service is currently operating without a waiting list, i.e., children are able to access support immediately.

### **Crisis provision**

The crisis service is for young people presenting with an immediate high level of risk, including suicide risk and self-harm. Clinicians will visit patients at home, in the community, or in the hospital emergency department. A psychiatric liaison service and pathway has been introduced for young people aged 14 to adult, who need rapid access to psychiatric services in an emergency situation.

Despite pressures on the whole of the CAMHS service, the crisis service has been made a priority and has maintained an excellent level of performance and response times for young people. 97% of all emergency referrals met the 4 hour target time in January 2023. The service achieved 100% compliance in 6 of the previous 12 months.

The development of the 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. This approach is highly beneficial to both children and families.

### **Psychiatric Liaison Service**

The Psychiatric Liaison Team provides diagnosis, support and information to people who are in a general hospital (in accident and emergency or as an inpatient) and experiencing problems with their mental health. The service is available 24 hours per day, 7 days per week.

The team aims to reduce mental health distress as quickly as possible, so provides a rapid assessment. The assessment can help provide a diagnosis and support people during their stay in hospital as well as provide information about other organisations that can offer continued support. The service is available to all people over 14 years of age.

The service is subject to crisis response time targets and does not have a waiting list.

### **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. Clear service pathways documents have been developed and shared with GPs and other professionals.

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 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.

Outcome Monitoring 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

Demand for the Eating Disorder service has increased over recent years, and appears to have been exacerbated by the pandemic. When the service was commissioned in 2016, 29 young people were treated for an eating disorder. Between April 2022 and January 2023, 60 referrals were received by the service.

Currently, the service is achieving 100% compliance with both routine and urgent target response times, with treatment commencing within 7 and 28 days, respectively.

The service has recently received additional investment to increase capacity and to improve the early intervention offer and to develop a new provision for Avoidant restrictive food intake disorder (ARFID). ARFID is an eating disorder in which people do not get enough food or nutrition due to a disinterest in food or to concerns about the consequences of eating. These include certain sensory aversions, or fears about bodily reactions like choking or vomiting. The person is therefore unable to maintain a healthy weight and adequate nutrition needs. The difference between ARFID and anorexia is that those with ARFID don't avoid food due to concerns of weight, size, or body image.

### **Intensive Support Team**

The CAMHS Intensive Support Team (IST) provide a specialist, multidisciplinary service for children and young people in Kirklees who have a diagnosis of autism and who present with behaviours that increase the risk of:

- a specialist hospital admission;
- a breakdown of educational placement; or
- a breakdown of a home placement (that may be associated with the points above or may result in an out of area or specialist residential placement).

This specialist input is offered to young people, parents, carers and professionals by a multidisciplinary team using positive behaviour support framework. The Positive Behaviour Support (PBS) approach is used to understand the functions of behaviour that challenges and aims to improve the quality of life for the young person by finding out what works for them.

The Intensive Support Team works with children and young people who meet the following criteria:

- Are registered with a Kirklees GP
- Up to the age of 18
- Have a diagnosis of autism
- There must be evidence of current risks associated with one of the following areas:
- risk of going into a specialist hospital because of a mental health problem or behaviour which is seen as challenging.
- risk of a breakdown in care at home, education or other setting (which is likely to result in a 38/52 weeks residential/educational placement and/or an out of area placement).

The team works intensively with a small caseload of children and families with high levels of need. The current waiting time for the service is 4 weeks.

The IST provides the following interventions:

- Individual evidence-based interventions for young people dependent on clinical need
- Support to parents and carers either on a one-to-one basis or in a group
- Training and education for professionals and carers supporting the young people.

Case studies have demonstrated the vital role that the IST has played in supporting families of children with autism.

### **Learning Disability Service**

The CAMHS Learning Disability (LD) Nursing Service provide a dedicated service for children and young people in Kirklees who have an intellectual/learning disability at any level and co-existing mental health concerns that requires input from a specialist service, and their families. Children and young people do not need an LD diagnosis to access support from the service.

The service takes a proactive approach to providing emotional wellbeing and mental health support for children and young people with learning disabilities. The key outcomes that we want children with learning disabilities and their families to achieve are to:

- improve their mental wellbeing and physical wellbeing
- feel confident in the services and access it as and when needed
- improve their communication and interaction skills
- feel confident in the support to address and reduce challenging behaviour
- improve their performance and attendance in education
- improve their ability to cope with the mental health difficulties they are struggling with
- be satisfied with their experience of using the service
- reduce their need for prescribed medication and ensure any medication that is required is effective.

Young people can be offered individual evidence-based interventions which could be face-to-face, by telephone or online. The service also offers group work and indirect support to parents/carers either on a one-to-one basis or in a group. The service provides young people with the strategies to cope with the mental health difficulties they are struggling with. They also support families and carers by empowering them to further develop skills in caring for their child

The current waiting time to access the service is 7 weeks, with 15 young people waiting.

### **Youth Justice Service**

In Kirklees the Youth Justice Service operates as a multi-disciplinary team, including representation from the Local Authority, Police, Probation, Substance misuse service and Health providers. The Health provision is commissioned through the Integrated Care Board, who are members of the Youth Justice Board. The Health provision includes a Nursing team, who carry out holistic assessments, provide individual support and referral into appropriate services. A mental health practitioner is also commissioned from SWYFT to provide mental health and trauma support to young people engaged with the service.

A recent review of Health provision in the Youth Justice service identified a high level of need for dedicated Speech and Language support for young people engaged with the service.

### **Tier 4 and in-patient**

Where a young person is acutely mentally unwell, an in-patient hospital admission may be required. This was formerly known as 'tier 4 CAMHS provision. Although this terminology is no longer the official definition, the term remains in common use. In-patient provision is not within the control of local ICB commissioners, or the CAMHS service. NHS England commission in-patient beds from a range of NHS Trusts and private providers across the country. Demand for beds is very high nationally, and the clinical threshold for admissions is also high. Referrals for an in-patient bed can be made by local CAMHS clinicians but admissions are decided and allocated by NHS England.

In January 2022 a new 16 bed in-patient unit called Red Kite View opened in Leeds to meet the needs of children and young people across West Yorkshire. Demand for in-patient beds frequently exceeds the available provision, which has led to young people being admitted to inappropriate settings, including general paediatric and adult wards. As well as difficulties for these settings to meet needs for the young people, these situations have led to significant disruption for hospital staff and patients.

14 Children & Young people from Kirklees were admitted to tier 4 CAMHS beds between February 2022 and January 2023. The information we hold does not record where an admission was recommended but places were not available.

### **Online and virtual support**

Children and Young People spend a considerable amount of their time online and are comfortable both communicating and receiving information as 'digital natives'. The Covid pandemic has also accelerated the use and acceptance of video calls. To reflect this, we have developed a range of digital and online interventions to enable support to be accessed at times and in ways that suit young people.

Thriving Kirklees now has a new way for young people to get advice and support about health related issues direct from their mobile phones.

[ChatHealth](#) is a text messaging service which is available for Kirklees' young people aged 11 – 19 years. They can receive confidential advice from Thriving Kirklees nurses on subjects including sexual health, emotional health and wellbeing, bullying, healthy eating and any general health concerns.

The service is available Monday to Friday from 8am to 8pm. Automatic bounce-backs respond to incoming messages out of hours. All text messages are responded to within one working day.

In addition, parents/carers can contact the service too for advice and help on health and well-being issues relating to their children. A contact text number is provided for parents to contact Thriving Kirklees nurses.

### Kooth

Kooth.com is an anonymous, online counselling and support service for children and young people, accessible through mobile, tablet and desktop and free at the point of use and is available for 10-19 year olds in Kirklees. Kooth is a confidential and anonymous way for young people to gain advice, support and guidance from qualified counsellors. It is available up to 10pm, 365 days a year. In April 2022 Kirklees ICB increased this offer to provide support for young people up to the age of 25.

Features on Kooth.com include:

- Online counselling – Text-based one-to-one online counselling sessions with a fully trained counsellor, through either drop-in or pre-booked chats
- Self-help materials – Read useful self-help articles and resources on a range of topics
- Peer-to-peer forums – Join moderated online forums and discussions with other users in a safe, supportive environment

Kooth's British Association for Counselling and Psychotherapy (BACP) accredited counsellors 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. As the service does not have long waiting times and no minimum criteria, Kooth.com is an effective way for young people in Kirklees to get the help and support they need, when they need it.

From April 2022 to January 2023 Kooth digital self-help support was accessed by 1026 Children and Young People (CYP) in Kirklees. During the same period there were a total of 911 new registrations and CYP logged into Kooth over 10,408. CYP have returned to utilise the Kooth service on average 8 times.

### **Silver Cloud**

Thriving Kirklees has invested in the Silver Cloud digital therapeutic provision, which commenced in December 2021. This is a new online therapy treatment to address anxiety in young people, using cognitive behavioural therapy techniques. This enables young people to access clinical programmes at a time and pace that suits them. Silver Cloud has been approved as a clinical intervention by the National Institute for Health and Care Excellence.

Young people aged 14 and over can be referred to the Silver Cloud programme by the clinicians in the Thriving Kirklees Single Point of Access, if the triage assessment process identifies it as the most appropriate course of treatment. Once the clinical referral has been made, access to the provision is immediate.

### **Night Owls**

Night OWLS is a confidential support line, 8pm–8am every night for all children, young people, and parents/carers in West Yorkshire. The service has been jointly commissioned by all of the West Yorkshire Integrated Care Boards to provide a supportive listening ear to young people and families with concerns about their mental health overnight. Between 1<sup>st</sup> April 2022 and 31<sup>st</sup> December 2022, 445 children and young people from Kirklees accessed the service.

## **Neurodevelopmental Assessment**

In Kirklees, the Neurodevelopmental assessment pathway is provided by South West Yorkshire Foundation NHS Trust (SWYFT) as part of the Thriving Kirklees contract. The purpose of the neurodevelopment pathway is to provide assessment and diagnosis for all those with a potential neurodevelopmental disorder in line with The National Institute for Health and Care Excellence (NICE) guidance. The service is provided for 0-18 year olds and is a combined autism and ADHD assessment. This replaced the previous single assessment pathways. The assessment is carried out by a multi-disciplinary team, with input from parents and schools.

In common with most other areas, demand for neurodevelopmental assessment has increased in recent years. There has been an increased awareness of these conditions among the public and professionals working with children. This has led to a significant increase in waiting times for assessment. When the service was first commissioned in 2017, the specification required a neurodevelopmental assessment capacity of 35 per month, in line with demand at that time. Demand grew steadily and at its peak, with waiting times of over two years. Non-recurrent funding was invested to reduce waiting times and by September 2019 waiting times had reduced to approximately 26 weeks.

The assessment service was severely disrupted by the Covid 19 pandemic, as staff were redeployed and assessment clinics were suspended. As a result, the waiting list grew significantly and waiting times for assessment lengthened considerably. It reached 92 weeks by September 2021. Referrals for assessment have remained high since the end of pandemic restrictions

The current waiting time for Neurodevelopmental assessment is 68 weeks, with 1282 people waiting for assessment.

A business case was developed and approved by Kirklees CCG in May 2021. £300k was allocated as recurrent funding to SWYFT to increase capacity in the assessment team. £315k was allocated to the procurement of additional assessment capacity.

SWYFT have experienced difficulties in recruiting and retaining clinicians into the assessment team, in particular Clinical Psychologists, which has hampered the capacity of the team.

In April 2022 a task and finish group was set up to drive service improvements in the commissioned assessment service and wider support and information services in Kirklees. The group were to review the end to end pathway, including:

- Referrals, screening and triage process
- Training for schools and other practitioners
- Support for families – pre and post assessment

The group had active representation from across the Health, Social Care, Education and Voluntary sectors. Working groups were assigned, with resulting actions carried out.

Shortage of assessment space was identified as a barrier to increasing the number of assessment clinics. This has been addressed by creating a dedicated neurodevelopmental assessment centre at the Princess Royal Health centre in Huddersfield. Feedback from families and clinicians has been very positive.

A review of training for schools and professionals, and support to families was undertaken and a booklet produced for information (see appendix 1). A wide range of training and support for parents is provided through commissioned providers and Local Authority Early Support services. Support is also provided by voluntary groups and parent organisations.

### Right to Choose

Parents are being increasingly to request their right to choose an assessment provider. A local approach has been developed, and demand for choice in Kirklees is currently low. Discussions are taking place across West Yorkshire ICB about a consistent approach across the region, based on the experiences at Calderdale.

Some parents choose to fund private assessments for their children. This presents a number of issues. Firstly, it is not always clear if the assessments are NICE compliant and therefore provide a reliable diagnosis. Secondly, where ADHD has been diagnosed and medication is required, local commissioned psychiatrists are unable to provide repeat prescriptions. This causes frustration for parents.

### Summary

Across the complex system of services and provision for Children's emotional wellbeing and mental health, most services are performing well, with skilled staff teams, determined to make a positive difference for young people and their families. In particular, services which require a rapid response, such as those for crisis, eating disorders and Intensive Support Team for young people with autism are meeting targets and improving outcomes. Online and digital provision is growing in reach, popularity and effectiveness.

Significant challenges remain, however, particularly around resources, finance and workforce. The service areas with the highest demand and longest waiting lists are the CHEWS service and Neurodevelopmental assessment

### Current service challenges

#### Demand

As can be seen throughout this report, demands on all aspects of emotional wellbeing and mental health provision have increased significantly, whilst available resources have not increased at the same rate. There are a number of reasons for the increase, including the growing awareness, acceptance and understanding of mental health throughout the population. Children and Young People experience pressures from expectations of education and achievement. The growth of social media has increased opportunities for friendships and networks but can also bring unwelcome experiences and influences. We will no doubt continue to feel the effects of the pandemic on this generation for some time to come.

## **Workforce**

All parts of the mental health system are currently experiencing workforce difficulties, in terms of recruitment and retention of qualified clinical staff. This often means that vacancies are unfilled for some time, leading to a reduction in service capacity. Work is underway to look at an alternative skill/profession mix within services to increase flexibility of team composition to widen the scope for recruitment.

MHST is a training service, with a dedicated university course, but it is common for trainees, once qualified to move on to higher graded roles. SWYFT is exploring ways of increasing opportunities for career progression within the service to facilitate staff retention.

## **In-patient beds and step down facilities**

The lack of in-patient mental health beds poses a real challenge, causing significant distress for families and great difficulties for clinicians and other members of staff. If the young person does not meet the criteria for an in-patient admission, or is ready for discharge, there is a local shortage of specialist independent 'step down' residential provision. As such, choices are limited, with young people often being placed in out of area facilities.

## **Opportunities and Solutions**

Following a review of CAMHS services in 2020 and 2021, work has been taking place to implement the recommendations. This has included:

- Improvements have been made to the Single Point of Access following an analysis of the processes and flows through the system. Senior clinicians have strengthened the triage process, ensuring more people receive the right service first time. Colleagues from the Local Authority Early Support service are now co-located in the SPA to ease the transfer of cases where more support for the family is needed. This ensures that cases are swiftly evaluated and passed on to the most appropriate part of the service. This has enabled Core CAMHS to provide a more focussed response and improved waiting times.
- Increased use of community buildings for appointments. Strong working relationships with Local Authority Children's Services and Early Support has enabled the use of community venues, such as Children's Centres to be used by CAMHS as clinic spaces. This is beneficial both in terms of increasing the number of appointments that can be provided, but also appointments that are easier to access for children and young people.
- Using NHS 'winter pressure funding', Northorpe Hall have been commissioned to develop a series of 'safe space' creative workshops for young people engaged with mental health services, who are at risk of attending A&E, or are frequent callers to the service. Regular sessions are held, in partnership with local creative voluntary sector organisations, where young people can create art or music, and gain mental health support from experienced staff.
- Building on the success of the Mental Health Support Teams in schools, and the Place Partnership funded schemes, work is underway to replicate the offer in areas which are not part of the pilot phase. This will mean re-aligning existing teams to provide a locality based offer, working more directly with schools and communities. A task and finish group is currently developing the new service delivery model, which will be known as 'Kirklees in Mind'.

### **3. Implications for the Council**

#### **3.1 Working with People**

Services are co-produced with children and families, as well as professionals, schools and voluntary sector. Regular engagement is carried out, feedback and complaints are incorporated into service improvements.

#### **3.2 Working with Partners**

Partners in the health and voluntary sectors are vital in delivering a holistic provision for children and young people. Services are commissioned jointly with West Yorkshire Integrated Care Board. Services are jointly delivered by the Thriving Kirklees partnership.

#### **3.3 Place Based Working**

Services are currently being remodelled to incorporate a place based approach.

#### **3.4 Climate Change and Air Quality**

By adopting place based provision, journey times will be reduced, with a consequent impact on carbon emissions.

#### **3.5 Improving outcomes for children**

Good emotional wellbeing and mental health is vital for the health, development and learning of children. We are focussed on continuously improving services, with the focus on improving outcomes for children.

#### **3.6 Financial Implications for the people living or working in Kirklees**

N/A

#### **3.7 Other (eg Integrated Impact Assessment (IIA)/Legal/Financial or Human Resources)**

**Consultees and their opinions**

N/A

### **4 Consultation**

N/A

### **5 Engagement**

Regular engagement is carried out with families and children via the Our Voice team and PCAN, the parent carer forum, as well as other family and Voluntary groups. Service users have the opportunity to provide feedback and complaints to both the providers and commissioners of services. Feedback can also be communicated via the Local Offer website or through Healthwatch.

### **6 Next steps and timelines**

Scrutiny panel is asked to note the current service achievements but also the continuing pressures facing the services. Progress on service improvements to be reported back to scrutiny panel in 6 months,

**7 Officer recommendations and reasons**

To receive and note the information contained within this report.

**8 Cabinet Portfolio Holder's recommendations**

Not applicable

**9 Contact officer**

Stewart Horn, Head of Children's Integrated Commissioning [stewart.horn@kirklees.gov.uk](mailto:stewart.horn@kirklees.gov.uk)

**10 Background Papers and History of Decisions**

N/A

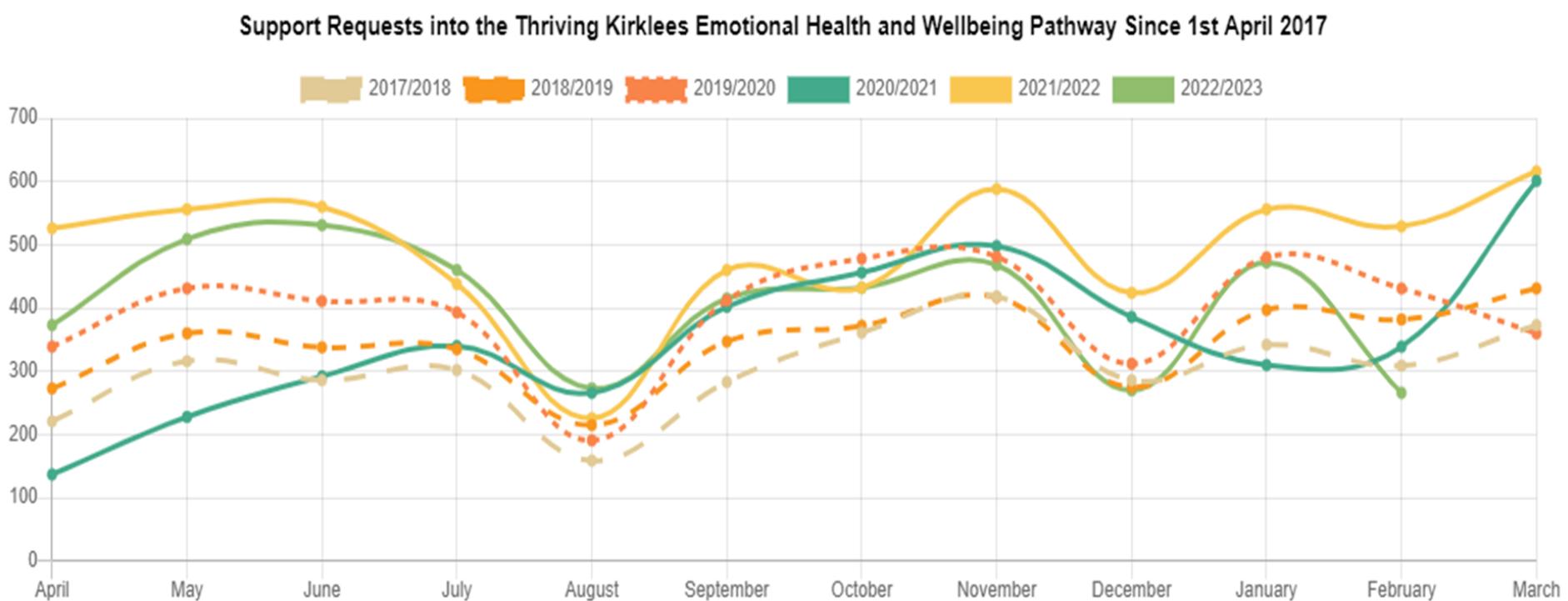
**11 Service Director responsible**

Tom Brailsford, Service Director, Resources, Improvements & Partnerships

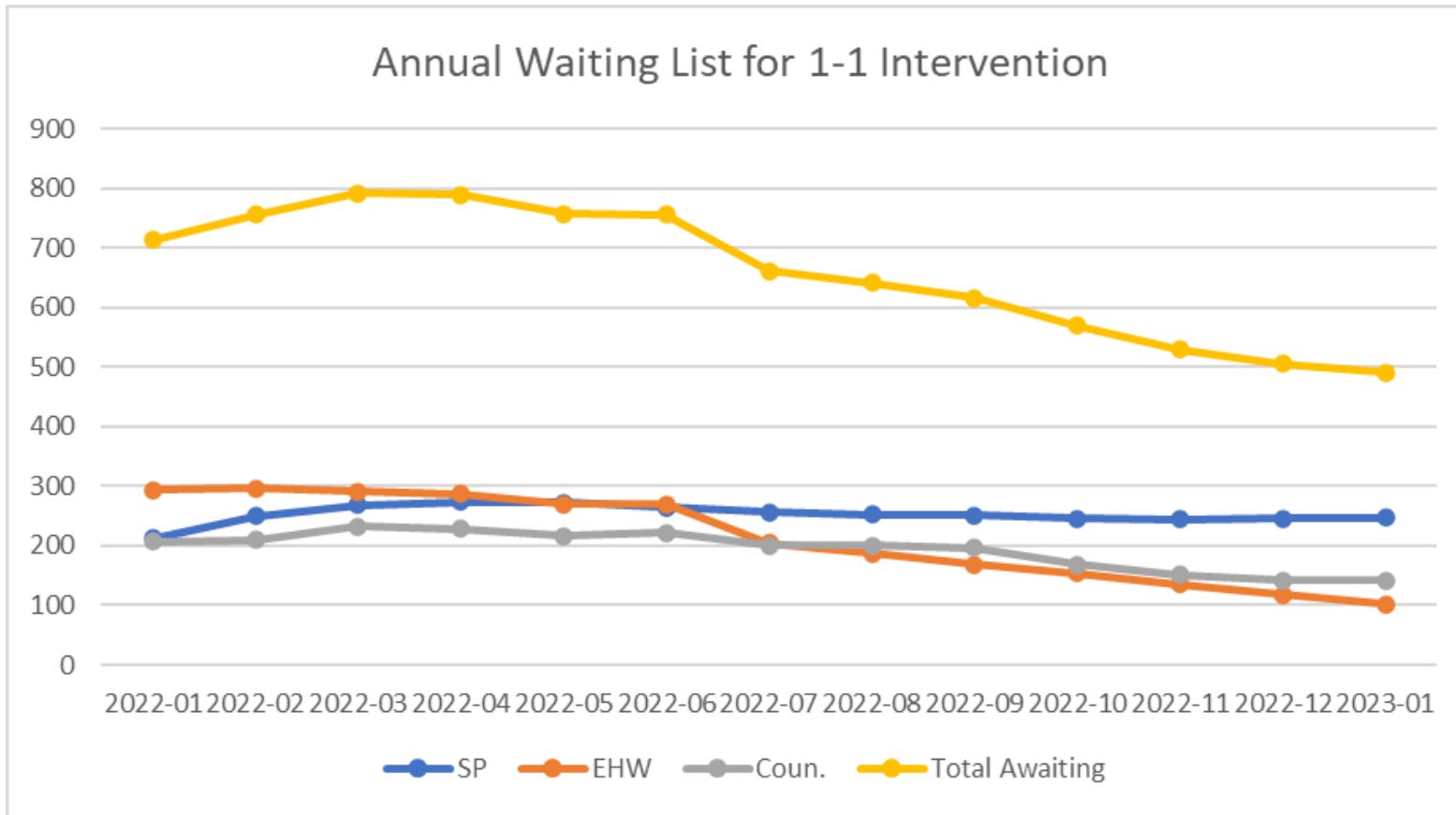
## Appendix 1

### Children & Young People Emotional Wellbeing & Mental Health services waiting times

#### Single Point of Access



## Children's Emotional Wellbeing Service



SP = Direct Support

EHW = Emotional Health & Wellbeing worker

Coun. = Counsellig

## Core CAMHS

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Core CAMHS	Referral	Number of Referrals	25	25	26	20	19	16	22	32	18	21	Number of referrals to Core CAMHS received in month
Core CAMHS	Contacts	Number of first contacts	26	22	27	16	16	13	23	22	16	16	Number having first contact in month
Core CAMHS	Waiting	Average waiting time for first contact (weeks)	12	7	10	4	3	10	9	11	5	7	Average time in weeks from referral to first contact for those having first contact in month
Core CAMHS	Waiting	Number of CYP waiting for first contact	56	47	32	35	36	39	40	53	52	42	Number on core waiting lists at month end
Core CAMHS	LoS	Average Length of time in service	31	49	64	46	32	52	79	92	34	47	Average weeks between referral and discharge for those discharged in month



## Crisis Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Crisis	Referral	Number of Referrals	43	70	62	57	36	42	52	52	38	62	Number of referrals to crisis team received in month, all urgencies
Crisis	Referral	Number of Emergency Referrals	16	24	24	19	17	16	21	22	14	29	Number of emergency referrals received by crisis team
Crisis	Waiting	Average length of stay in service in weeks	6	5	6	5	3	9	3	4	2	5	Average time in weeks from referral to discharge for those discharged in month
Crisis	Waiting	Number of CYP referred in as emergency seen within	16	24	24	18	17	15	21	18	14	28	Emergency referrals received in month having first contact within 4 hours
Crisis	%	% having contact within target time	100%	100%	100%	95%	100%	94%	100%	82%	100%	97%	Percentage emergency referrals having contact within 4 hour target

## Eating Disorder Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Eating Disorder	Referral	Number of Referrals	2	11	8	8	11	5	6	2	3	4	Number of eating disorder referrals received in month
<i>Eating Disorder</i>	%	<i>% commencing treatment within target - Routine</i>	80%	86%	100%	67%	67%	57%	33%	60%		100%	<i>% commencing treatment within target timeframe (Routine)</i>
<i>Eating Disorder</i>	%	<i>% commencing treatment within target - Urgent</i>		100%	100%		100%	100%	100%	100%		0%	<i>% commencing treatment within target timeframe (Urgent)</i>
Eating Disorder	Waiting	Number of CYP waiting for treatment	1	1	4	6	10	6	5	0	3	2	Number with an open referral at month end who have not yet commenced NICE defined treatment

## Learning Disability Service

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Leaming Disability	Referral	Number of Referrals	8	4	7	3	6	3	10	11	17	10	Number of referrals received to LD Team in month
Leaming Disability	Waiting	Average waiting time for treatment	14	10	15	17	15	18	7	14	9	7	Average time in weeks from referral to second contact
Leaming Disability	Waiting	Number of CYP waiting for treatment	13	9	16	18	19	20	19	17	17	15	Number on LD awaiting allocation waiting list at month end

## Intensive Support Team

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Intensive Support Team	Referral	Number of Referrals	0	1	1	1	3	1	2	3	1	0	Number of IST referrals received in month
Intensive Support Team	Contacts	Number starting treatment - second contact	3	0	1	1	3	1	0	2	0	2	Number having second contact in month
Intensive Support Team	Waiting	Average waiting time for treatment (Weeks)	4	N/A	5	1	3	3	N/A	1	N/A	4	Average time in weeks from referral to second contact for those having second contact in month

## Neurodevelopmental Assessment

Pathway	Metric Type	Metric	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Definition
Neuro	Referral	Number of Referrals	91	115	78	115	93	146	246	369	201	261	Number of referrals to Neuro received in month
Neuro	Referral	Number screened out	30	24	21	27	21	42	76	41	19	4	Number of referrals to Neuro received in month that are discharged without contact
Neuro	Waiting	Number accepted on to the waiting list	61	91	57	88	72	104	170	328	182	257	Number of Neuro referrals received in month that are not discharged without contact
Neuro	Waiting	Average waiting time for assessment (weeks)	81	85	77	68	74	67	60	62	67	68	Average time in weeks from referral to first contact for those having first contact in month
Neuro	Contacts	Number of assessments	59	74	65	57	48	52	36	49	25	38	Number having first contact in month
Neuro	Waiting	Number of CYP waiting for assessment (waiting list)	1113	1096	951	1007	1045	1099	1171	1291	1341	1282	Number on neuro assessment waiting list at month end

## Appendix 2

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# Neurodevelopmental support for children, young people, families and professionals

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## **1. Introduction**

In Kirklees, we want children, young people, and their families to receive the right support at the right time in the right place. This support should not be dependent on having a diagnosis or an education, health and care plan in place.

There are many reasons why a child may present with difficulties that look like a neurodevelopmental condition and it helps if these can be explored first to ensure the child can access support as soon as possible but it will also assist with a neurodevelopmental assessment if this is required later.

The national strategy for autistic children, young people and adults: 2021 to 2026 sets a vision for the next 5 years across 6 themes that would have a significant impact on autistic people's lives. The 6 themes are:

- Improving understanding and acceptance of autism within society
- Improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- Supporting more autistic people into employment
- Tackling health and care inequalities for autistic people
- Building the right support in the community and supporting people in inpatient care
- Improving support within the criminal and youth justice systems

The national autism strategy shows a growing number of children and young people are being diagnosed as autistic with data suggesting that 1.8% of all pupils in England now have an autism diagnosis. It also highlighted that less than 5 in 10 education staff were confident about supporting autistic children and young people, and this can result in missed opportunities to help children reach their potential or prevent children's needs or distressed behaviour from escalating.

### **Tackling health and care inequalities**

- We want to reduce the health and care inequalities that people with neurodevelopmental conditions face throughout their lives.
- We know that people with neurodevelopmental conditions can experience poor health outcomes because signs of illness can be overlooked, or they delay seeking medical attention until their needs have escalated.
- Autistica's Happier, Healthier, Longer Lives briefings have identified that autistic people have poorer physical health outcomes and lower life expectancy than the general population. The available evidence indicates that autistic people die on average 16 years earlier than the general population. There are many possible reasons for this gap, including poor professional understanding of autism amongst health and care staff, which can result in autistic people having signs of illness or their needs overlooked. Without the right understanding autistic people can miss out on adjustments needed for them to engage in medical appointments, which often leads to distressing experiences, avoiding seeking medical attention or losing out on support.
- The national strategy for autistic children, young people and adults: 2021 to 2026 states that to enable autistic children and young people to get support they need earlier in life and prevent needs from escalating there will be a significant expansion of a pilot developed in Bradford which involves healthcare and education staff working together to assess children who may be autistic in schools.

- To improve autistic people's health outcomes, the national autism strategy will also move forward with our NHS Long Term Plan commitments and develop a better understanding of autistic people's experience of healthcare.
- The national autism strategy also shows additional investment to enable local systems to begin proactively identifying children and young people on waiting lists (as well as those on waiting lists for mental health support) who might be at risk of crisis so they can get the support they need.
- Social workers play an important role in identifying the support that people with neurodevelopmental conditions need through their lives.

The principles for neurodevelopmental pre and post diagnosis support, which have been developed with local stakeholders, including children and young people and families/carers, are:

- To deliver the right care, in the right place, at the right time, by the right people.
- A single point of contact for accessing all available services, operating as one service, from a patient/children and young people/family perspective.
- Person-centred, multi-disciplinary, seamless care.
- A service that is reactive and capable of providing appropriate input and treatment whenever necessary.
- A service that builds strong links with multi professional community services.
- Streamlined support services.

Critical success factors include:

- The whole person rather than a single problem should become embedded in every stage of service delivery, from intervention to aftercare.
- Needs based intervention adopting a recovery approach means interventions and service provision will be relevant, timely and purposeful that is as close to home as possible.
- Ease and swiftness of access supported by clear and readily available information. Good information on diagnosis, prognosis, treatment options. This based upon integrated working and partnership with other agencies.
- Services that support a socially inclusive model, that supports the empowerment of individuals and their families to use mainstream services and facilities, within local communities.
- A model of care that actively supports principles of non-discriminatory practice and service delivery.

The neurodevelopmental pre and post diagnosis support should:

- improve the health outcomes for children and young people who have a neuro developmental presentation.
- consider and recognise the wider needs and provide appropriate signposting
- work with other professionals across organisational boundaries to meet the needs of children and young people accessing the service.
- be carried out through early engagement with children and young people.

## **2. Objectives of support**

The objectives of the support for children, young people and their families, which have been developed with local stakeholders, including children and young people and families/carers, and are fully aligned with Thriving Kirklees, are:

- to provide the appropriate information relating to specific children and young people at multidisciplinary and multi-agency team meetings (with appropriate consent).
- to provide support to parents/carers (and siblings) so they are equipped to cope effectively with the child's complex health and emotional needs.
- to support the training strategy through the delivery of training and consultation to professionals in relation to neurodevelopmental conditions across the Kirklees workforce and those who interact with it.
- to enable research that will provide the evidence base for future care.
- to contribute to the collection of data pertinent to children and young people, including measures of outcomes.
- ensure there are clear processes for safeguarding which is applied in line with a national and local safeguarding policy.
- ensure that all training delivered is evaluated and is of high quality.

### **3. Outcomes for children, young people and their families**

The key outcomes that we want children and young people with suspected and diagnosed neurodevelopmental conditions and their families to achieve are to:

- understand what support is available
- understand what support they need
- feel supported

### **4. Support for professionals**

Support is provided so that all professionals who work with children, young people and families can identify the need for support as early as possible and feel confident to provide this.

#### **4.1 Inclusive support offer**

The inclusion support offer is available for education settings, to improve outcomes for children and young people with additional educational needs. It operates on a test and learn basis, which allows the team to understand and meet the needs of different settings. The team also collects queries and feedback to understand any gaps in support and information and identify how to provide it.

##### **What is it?**

The team provides:

- the opportunity to talk through a child or young person's situation to explore outcomes and options for providing support at the earliest opportunity.
- early advice, guidance, support and confidence to individuals working with children and young people with SEND using a strengths-based approach.
- a space to talk and reflect, navigate options, locate the right resources and community assets, identify appropriate next steps or link in with a network of other services for support.

##### **How to access it?**

Contact the Inclusion Advice & Support Team by:

- telephone 01484 416440 between the hours of 8.30-4.30, or

- submit a webform anytime where you can request a call back at a specific time during opening hours that fits in with your other commitments.
- For more information visit [Help for SENCO's and education professionals - The Inclusion Support Offer | ISO | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](https://www.kirkleeslocaloffer.org.uk/)

## **4.2 Making sense of autism training**

The education psychology service provide training for education settings, set for age and stage, every term for early years, primary and secondary settings.

### **What is it?**

Making sense of autism training provides a better understanding and awareness of autism and the way it affects children in schools. The training is for anyone working in schools, including teaching and support staff, office and ancillary staff, caterers, caretakers, transport staff and governors

It helps staff to know the importance of understanding the individual child and their profile of strengths and needs. Identify potential barriers to learning for autistic children. Begin to make reasonable adjustments to support autistic children, reflect on the information needed for creating a one-page profile.

### **How to access it?**

The training is 2 hours, delivered virtually over MS Teams. Details are advertised on the local offer website, and anyone can book via the Business Solutions website. A morning, afternoon and evening session are offered over the course of the term. Training is also offered to individual settings or groups of people on request. This offer can be face to face training depending on the setting.

## **4.3 Sensory OT service**

### **What is it?**

The Sensory Occupational Therapy Service deliver training to settings on a monthly basis. This training is on 'Managing Sensory Needs in the Classroom' and includes the Kirklees Sensory Toolkit.

### **How to access it?**

Any setting can book onto this training which is 3 hours, delivered virtually, by contacting the sensory OT service. Some settings have requested whole school training, which can also deliver.

## **4.4 Neurodevelopmental assessment service**

### **What is it?**

The neurodevelopmental assessment service offers diagnostic assessments where there are concerns regarding possible autism spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD).

If a professional is unsure if an assessment is required they can contact the service for advice. The service will provide advice and guidance regarding ways to support the child and if anything needs to take place before a referral is made.

The service accepts referrals from a professional who knows the child well, ideally this would be a professional who sees the child on a daily or weekly basis, who can provide the information required by the service.

## **How to access it?**

Contact the neurodevelopmental assessment service on 01484 343184 to book a referral appointment / ask for advice and guidance.

When a referral appointment is made, the referrer will telephone the neurodevelopmental assessment service at their agreed appointment time to discuss the referral. The appointment should take no longer than 30 minutes. The neurodevelopmental assessment service will ask a set of questions and will record the information required. The referrer is informed if the referral is accepted or declined for assessment either at that time or within 2 days if there is complexity that requires a team discussion. If accepted the clinician will advise the referrer of the current waiting time for a full assessment. If declined the reasons will be explained with information about what needs to happen next.

A letter is sent to parents / carers and copied to the referrer confirming the outcome of the referral and accepted referrals are added to the waiting list.

Parents cannot refer for a diagnostic assessment. However, if the child is home-schooled and has no other professional support then they can contact the assessment team for further advice.

## **4.5 Potential areas to explore**

### **Elklan**

Elklan are national leaders in training education practitioners, other professionals and parents, to help children and young people develop the skills they need to succeed in life. Elklan offer a choice of local accredited face to face and online courses tailored for different professional roles and child age groups.

Elklan offers a comprehensive range of speech, language and community training for practitioners, schools and other settings, parents and carers and as CPD for speech and language therapists (SaLTs).

SaLTs and other professionals can also train to become an Elklan Tutor and deliver courses in their locality

### **Empowering parents empowering communities (EPEC)**

EPEC is for disadvantaged families experiencing behavioural difficulties with a child between the ages of two and 11.

Parents attend eight weekly 2 hour sessions facilitated by pairs of trained and supervised peer facilitators. During these sessions, parents learn strategies for improving the quality of their interactions with their child, reducing negative child behaviour and increasing their efficacy and confidence in parenting. The sessions involve group discussions, demonstrations, role play and homework assignments.

## **5. Support for families**

If a family member is worried that their child is finding day to day life challenging and that this might be due to difficulties associated with ASC, ADHD or ADD, they should discuss their concerns with a professional who knows the child well to see if they have the same concerns and discuss if a referral for an assessment is appropriate.

## **5.1 Thriving Kirklees**

Families can also discuss their concerns by telephoning Thriving Kirklees Single Point of Access (SPA) on 0300 304 5555, 8am-8pm Monday to Friday and 10am-1pm on Saturdays, or by completing the online form on the Thriving Kirklees website.

Someone from the SPA team will then contact them to discuss their concerns. They will ask some questions to help the family get the right help and support and may ask for permission to speak to the child's nursery/school/college or other appropriate professional to gather further information. This is to create a full picture of the child's needs and to make sure that the child and family have access to support as soon as possible.

Where professionals aren't involved in the child's life, each case is considered on an individual basis

## **5.2 Workshops for children and families**

### **What is it?**

Both Northorpe Hall Child and Family Trust and Kirklees Families Together provide useful workshops, group sessions and courses for children, young people and families.

Workshops are provided both in person and online. The sessions are interactive, giving people an opportunity to share and engage in activities.

### **How to access it?**

Contact Thriving Kirklees SPA by:

- Telephone on 0300 304 5555 or
- Completing the online form on the website at [Thriving Kirklees - health and wellbeing services for children and families](#)

## **5.3 Kirklees local offer website**

### **What is it?**

The Kirklees SEND Local Offer is a website that includes information, support, services, and activities for young people with special educational needs and disabilities in Kirklees.

### **How to access it?**

- Visit the website at [Home | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#) or
- Email LocalOffer@kirklees.gov.uk or
- Telephone on 01484 416919

## **5.4 Healthier Together**

### **What is it?**

West Yorkshire Healthier Together is a website, developed by local healthcare professionals, that gives consistent, accurate and trustworthy healthcare advice to parents, carers, young people and professionals.

The website provides information on common childhood illnesses and where to go for help, whether a child should go to nursery or school if unwell and for general advice on keeping children safe and healthy.

### **How to access it?**

Visit the website at [Home :: West Yorkshire Healthier Together \(wyhealthiertogether.nhs.uk\)](http://Home :: West Yorkshire Healthier Together (wyhealthiertogether.nhs.uk))

## 5.5 Local support groups

In Kirklees there are a number of local support groups who provide support for families, with or without a diagnosis, as well as regional and national groups.

**PCAN** - An independent, parent-led forum in Kirklees for all parents and carers of children and young people with additional needs aged from birth to 25 years. Contact: 07754 102336 or [info@pcankirklees.org](mailto:info@pcankirklees.org) or visit [www.pcankirklees.org](http://www.pcankirklees.org)

**The whole autism family** - A voluntary support group formed by parents, with all money they raise going directly into supporting families affected by autism. Contact: 07564 256626 or [info@thewholeautismfamily.co.uk](mailto:info@thewholeautismfamily.co.uk)

**The Huddersfield Support Group for Autism (HSGA)** - Aims to offer help and advice to families living with autism, including Asperger's syndrome and pathological demand avoidance syndrome (PDA). A confirmed diagnosis of ASD is not needed to join the group. [www.hsga.org.uk](http://www.hsga.org.uk)

**West Yorkshire ADHD support group** - a peer-led voluntary support group offering a wide range of support to both adults with ADHD and parents/carers of children with ADHD. A diagnosis is not needed to join the group. The support they offer is tailored to the individuals needs and includes listening to concerns and providing moral support, providing information on ADHD and co-morbid conditions and giving practical advice on coping strategies as well as advocacy where required. For more information, send a message via [their Facebook page](#) (opens in new window). Or email them at [westyorksadhd@gmail.com](mailto:westyorksadhd@gmail.com)

**Cerebra UK** - Provide sleep support to any family who have a child aged 0-16 with autism or other neurological conditions, development delays or learning difficulties – or who are awaiting an assessment. Telephone – 01267 244200 or 0800328 1159 – [enquiries@cerebra.org.uk](mailto:enquiries@cerebra.org.uk)

**The National Autistic Society Autism Helpline** – provide information and advice for young people who are autistic, or family members or carers of someone on the autism spectrum – telephone: 0808 800 4104.

## 5.6 School

Schools follow the graduated approach and quality first teaching. This guidance is designed to assist schools in developing their arrangements for identifying, assessing and supporting children and young people with special educational needs (SEND), setting out local expectations for Kirklees mainstream schools, in accordance with the Children and Families Act 2014 and the SEND Code of Practice. For more information see [The Graduated Approach and Quality First Teaching | Graduated Approach \(Inc SEN Support and MSP\) | Kirklees SEND Local Offer \(kirkleeslocaloffer.org.uk\)](#)

## 5.7 Mental health support teams (MHST)

Some schools in Kirklees have access to a mental health support team. Both families and schools can refer directly into this service.

The core functions of mental health support teams are:

- Delivering evidence-based interventions for mild to moderate mental health issues
- Supporting the designated Senior Mental Health Lead in each education setting to introduce or develop their whole school or college approach

- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education

These functions in Kirklees are delivered through a partnership collaboration to ensure children, young people and their families receive timely support, along with the opportunity for schools to develop sustainable skills in improving emotional wellbeing.

## **5.8 Cygnet training**

The Cygnet Parent Support Programme aims to support parents and carers of children or young people aged 5-18 who have a diagnosis of autism.

The Cygnet Programme runs throughout the year, the programme is delivered over 6 sessions, and it is essential to attend all of them to get the most from the programme. Each sessions lasts approximately 2-3 hours.

In Kirklees, the Cygnet training sessions are delivered by professionals from different services depending on their expertise. This shared delivery has been reported as good practice.

Parents can access the programme by making a support request through Thriving Kirklees Single Point of Access on 0300 304 5555 or [online](#).

## **5.9 Neurodevelopmental assessment service**

If families still feel that there is an issue, if the child is home-schooled and/or has no other professional support involved who can make a referral then they can contact the assessment team for further advice.

## **5.10 Potential areas to explore**

### **Expand the Cygnet training offer**

The Cygnet Parent Support Programme is currently only available for parents and carers of children or young people aged 5-18 who have a diagnosis of autism. This training could be expanded and offered to families pre-assessment / diagnosis.

A review would be needed to identify members of staff who are trained and available to deliver the training as well as identifying additional members of staff as required

### **Personalised care planning**

The neurodevelopmental service will initiate care co-ordination/case management including:

- Providing co-ordinated, personalised care and intervention management.
- Provide individual information and care navigation to health and care services, according to the family's needs. This may include:
  - contact details for:
    - local and national support organisations (who may provide, for example, an opportunity to meet other families with experience of the condition, or information about specific courses for parents and carers and/or young people)
    - organisations that can provide advice on welfare benefits
    - organisations that can provide information on educational support and social care
  - support to navigate services providing referrals as appropriate
  - health information and support to access appropriate health services with effective liaison with GP services to ensure children and young people are accessing their annual health check.

- information to help prepare for the future
- Developing co-ordinated, personalised care planning for children and young people with complex needs and their families/carers to include self-management and appropriate support plans designed to help people maintain their independence and avoid a crisis. Making sure children and young people who have the most complex needs have a designated key worker and are referred to the appropriate specialist team for support, interventions and ongoing care management, in line with the NHS long-term plan.
- Individuals with neurodevelopmental conditions and their families/carers will receive timely and relevant information about both their diagnosis and support and treatment options.
- Children and young people with neurodevelopmental conditions and their families/carers will be involved at an individual care planning level.
- Children and young people will have a written care plan and may be treated according to their individual needs.
- Services will actively work with children and young people and families/carers as key stakeholders to develop children and young people/carer experience measures to ensure that the service continually reflects children and young people and carer views; the commissioner will agree to the proposed methods of collecting and collating views and feedback. The resulting information will be fed back to commissioners to enable proactive, responsive user-focused commissioning and continuous service improvement.

### **Interventions**

- Coordinated access to good quality mainstream preventative services, promoting levels of meaningful participation in society, and reducing the deleterious effects of chronic social exclusion will have a positive effect on the prevalence of associated mental and physical health problems experienced by this group.
- To ascertain if increased skills/knowledge are required in adapting brief interventions/other interventions for CYP with neurodevelopmental conditions and if services are making reasonable adjustments to support people with neurodevelopmental conditions.
- Provide brief psychological interventions for CYP with neurodevelopmental conditions, if required.
- Provide psychosocial interventions for children and young people and families in line with evidence-based practice and NICE guidance, if required.
- Provide 1-1 and group sessions as appropriate.
- Clinicians need to ensure the STOMP and STAMP agenda is underpinning their practice with children and young people who require medication.
- Clinicians need to be skilled and knowledgeable about the NHS England CTR Policy Framework and local guidance with the Integrated Care Board and the Dynamic Children and Families Support Register, ensure that these families are screened for referral to the DSR.
- Effective liaison with GP Services to ensure that children and young people who are diagnosed with autism are accessing their annual Autism Specific Health Check, when available.

### **NICE guidance**

The neurodevelopmental post diagnostic support service will offer group behavioural programmes in line with NICE guidelines.

This will be aimed at:

- parents or carers of children and young people over 5 years with ADHD, other neurodevelopment conditions, and symptoms of oppositional defiant disorder or conduct disorder;
- young people.

These provide parents or carers with coping strategies and techniques for managing the behaviour of their children with suspected ADHD/ASD and other neurodevelopment conditions. These programmes can help improve the relationship between parents or carers and their children and provide support and techniques to manage child's behaviour.

These also provide benefits such as preventing family breakdown, young people going into care, reduced youth offending, and reducing the need and/or time spent receiving therapeutic support.

The neurodevelopmental post diagnostic support service will agree the format of this training with Commissioners.

The neurodevelopmental post diagnostic support service would look to reach out to CYP, their families and carers on the waiting list and post diagnosis to identify families who could benefit from the service including those potentially at risk of escalation.

The neurodevelopmental post diagnostic support service will agree with the Commissioner a programme of support designed to enhance referrers' skills and competencies regarding the referral process, which could include the following:

- Training
- Case discussion events
- Opportunities for shadowing
- Provision of information
- Co-designed referral form
- Methods of direct access for queries before referral

## **6. Transition to adult services**

The national strategy for autistic children, young people and adults: 2021 to 2026 shows that many autistic young people find transitions into adulthood difficult because this is a period of heightened uncertainty and can result in changing access to services and support.

Young people aged 17-25 who have been receiving support should transition to an adult service when it is appropriate to do so.

Where possible this will include a:

- Referral to the appropriate adult service and provide a supported handover
- Provide continued support until young people have transitioned and have the support they need in place
- Develop clear pathways to other services such as adult's services

## **7. Training**

Services will ensure that members of staff receive appropriate training and development to deliver the service.

Training will be ongoing and in line with current best practices

Members of staff will keep up to date with any relevant training, NICE guidance, national standards and strategies

## 8. Monitoring and evaluation

A clear quality assurance system will be established based on the NICE quality standards. This will include:

- **Statement 3.** People with autism / ADHD / ADD have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the neuro developmental service.
- **Statement 4.** People with autism / ADHD / ADD are offered a named key worker to coordinate the care and support detailed in their personalised plan.
- **Statement 5.** People with autism / ADHD / ADD have a documented discussion with a member of the neurodevelopmental service about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of their condition.
- **Statement 6.** People with autism are not prescribed medication to address the core features of autism.

[List of quality statements | Autism | Quality standards | NICE](#)

The national strategy for autistic children, young people and adults: 2021 to 2026 shows a commitment, over the next 5 years, to improve the collection and quality of data on autism used across public services to better support the needs of autistic people and their families.

### **Appendix 3**

#### **Neuro task and finish group evaluation report**

##### **Kirklees children and young people's neurodevelopmental assessment pathway**

The purpose of the neurodevelopment pathway is to provide assessment and diagnosis for all those with a potential neurodevelopmental disorder in line with The National Institute for Health and Care Excellence (NICE) guidance.

Undiagnosed and untreated neurodevelopmental conditions (ND) can pose a tremendous amount of psychological, financial, academic, and social burden on the individual child or young person, and family and carers.

The pathway aims to:

- reduce the time from referral to diagnostic assessment,
- prevent young people having to wait on separate waiting lists or undergo multiple repetitive assessments,
- consider co-existing conditions in one assessment,
- be a child centred assessment,
- provide timely and multi-disciplinary discussion of those involved in the assessment.

Our neurodevelopmental assessment team works with children and young with neurodevelopmental difficulties, which require a multi-agency assessment to gain a better understanding of their needs. This process can lead to a diagnosis of autism spectrum disorder, attention deficit hyperactivity disorder, or attention deficit disorder.

#### **Challenges**

From July 2019 the neurodevelopmental assessment service saw the referral rates double. Initially it was thought to be a blip, but since then they have not gone down. These referrals pre-date any impact of Covid 19.

2019/20	Apr -19	May -19	Jun -19	Jul -19	Aug -19	Sep -19	Oct -19	Nov -19	Dec -19	Jan -20	Feb -20	Mar -20	Avg Per Month
	79	77	46	99	42	36	104	55	67	84	71	58	68

An average of 68 referrals per month was used based on the average number of referrals in the year 19/20. It is expected that 25% of referrals are screened out as not requiring assessments with the expected number of referrals going on to require assessments as 51 per month.

The service reviewed the referrals entering the service over the year 20/21. There is some potential rise using this data as the impact of Covid on referrals into the service was unclear but to mitigate some of the risk staffing was modelled on 43 assessments instead of 51 per month.

In response to this, Kirklees Integrated Care Board invested additional funding in the neurodevelopmental assessment service to increase capacity in the service as well as to provide additional assessments carried out by an external provider to reduce the waiting list.

The neurodevelopmental assessment service has moved premises to Princess Royal to provide more rooms for clinics/assessments and has had a huge impact on the service. In addition to this the service has reviewed the time taken for administrative duties and report writing to free up more time for assessments.

Despite all of the above the service still can't meet demand and continues to see high numbers of children and young people waiting for an assessment with an average waiting time of approximately 18 months.

The referrals that the service is now seeing from the beginning of the first Lockdown are more complex cases, to tease out what's going on. The service recommend that this is done first by the people who know the child well and ensure that support is provided as early as possible. A referral for assessment should only be made when there is likely to be neurodevelopmental condition.

### **Task and finish group**

The commissioning team contacted all services with an interest, who refer into, and/or work with the neurodevelopmental assessment service.

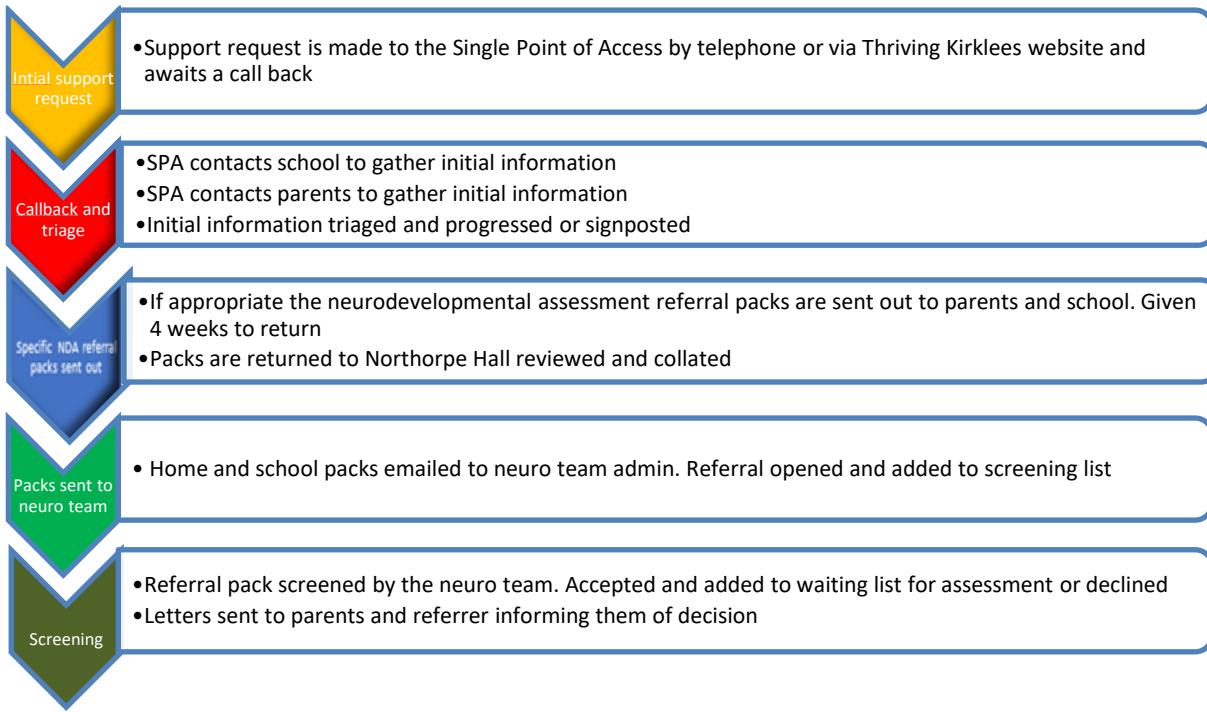
An initial meeting was held on 26 May 2022 to share the challenges experienced by the neurodevelopmental assessment service. The group agreed that this was reflected in their areas of work, discussed these challenges and set the focus for 3 virtual workshops:

- Screening and triage
- Training for professionals
- Support for children, young people and families

An action log was developed and reviewed throughout the course of the task and finish group.

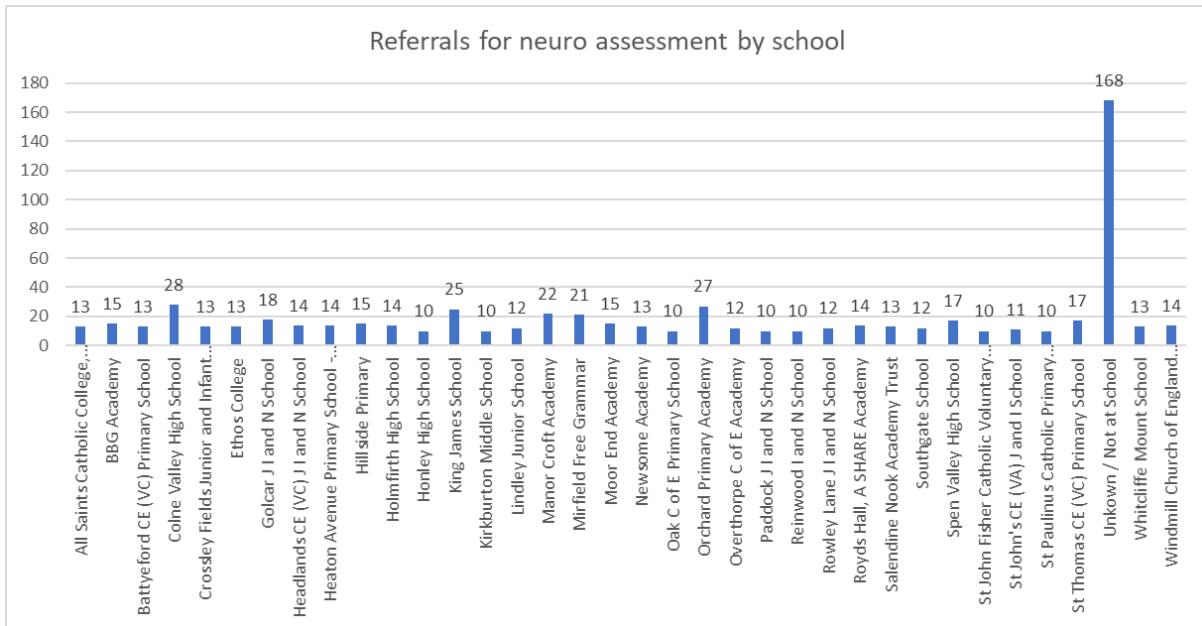
### **Workshop 1, 22 June 2022 – screening and triage,**

### **Current referral pathway**

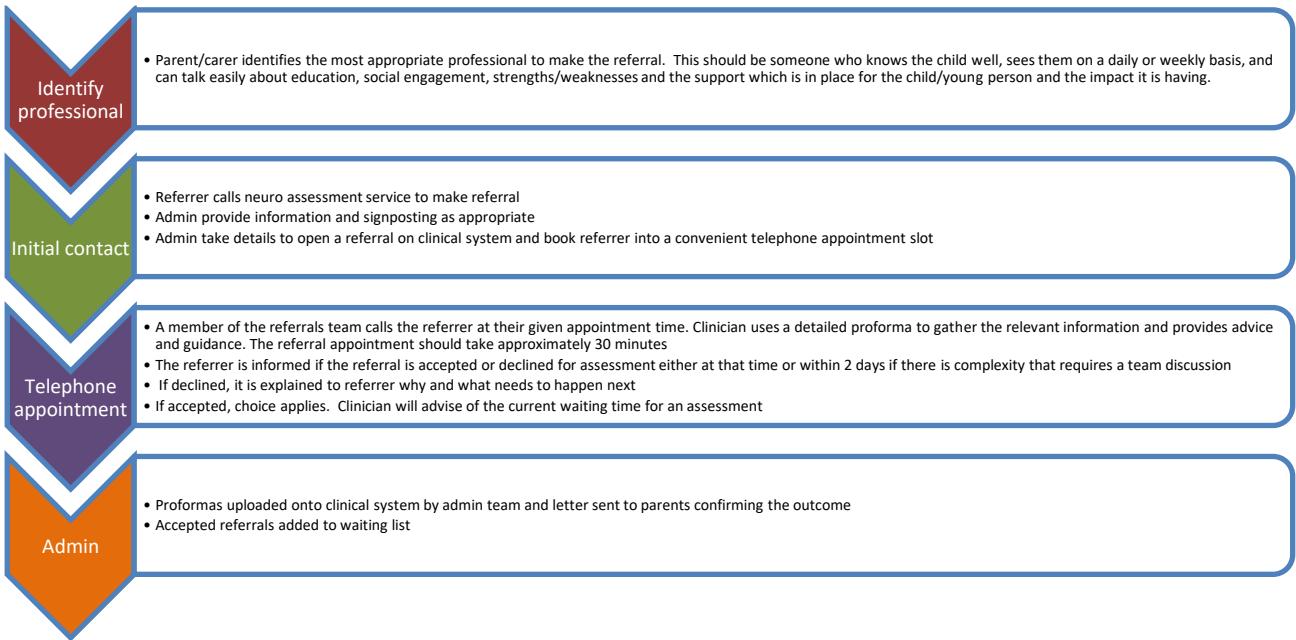


The group reviewed the referral information presented by the Single Point of Access. The graph below shows:

- 35 schools (out of 184 schools) had referred 10 or more children between June 21 and May 22
- 168 referrals were identified as ‘unknown/not at school’ at the point of referral
- In total the referrals shown in the graph account for approximately 50% the referrals (678 out of 1378 referrals) in the period June 21 and May 22



## Proposed referral pathway



## **Why it is being proposed?**

There are a number of challenges with the current pathway:

**Efficiency** – information is repeated a number of times through the referral process and takes far longer than is necessary

- Referrer gives information for initial support request and awaits a call back. As professional schedules are busy it can take considerable time and repeated attempt by the SPA to be able to speak with the referrer.
- Packs are then sent out to home and school and more detailed written information is given again – they are given 4 weeks to send it back adding more time to the process. Once returned the packs have to be collated by SPA and sent to the assessment team.
- The packs need to be screened again by the assessment team as up to 50% of referrals can be declined/signposted at this point. The current number of referrals coming in means that the assessment team spend at least one day a week of clinical time screening these referrals.
- The whole process can take up to 6 months before the young person is accepted onto the waiting list.

## **Quality of referrals**

- Some referrers make a support request to the SPA with extremely limited information
- Many referrers are not following the guidance and criteria for making a referral – e.g they have not put support in place first or referred to more appropriate services. By the time this is picked up through the screening process it can be a number of months since the initial referral, delaying the child accessing the appropriate intervention and support.
- Screening written information can be challenging as referrers can give enough information on traits of ASC/ADHD but this can be with no context i.e “x has poor concentration”. The team do not have the capacity to go back to referrers again to clarify the information and so have to accept this information on face value. This results in many children not receiving a diagnosis having waited months for assessment and expectations being raised

## **Clarity of process**

- Parents can contact Northorpe Hall for support but referrals for a neurodevelopmental assessment must come from a professional, however, this has become blurred.
- As Northorpe Hall respond to parental support requests by contacting home and school there are several instances where the school have then said they support a neurodevelopmental assessment, although they may never have made the referral themselves.
- As they have then accessed an assessment this way this has led to some schools telling parents they need to make the referral themselves or sending them to the GP.

## **Expected outcomes and benefits for patients**

- Referral is over the phone so correct information can be gathered with the appropriate context
- Live decision can be made and outcome discussed with referrer there and then
- If a parent calls to make the referral they can immediately be directed appropriately.
- The information gathered is what is needed to understand the child’s needs which will mean the assessment team do not need to screen the referral, freeing up a day a week of clinical time
- Responsibility is not on the assessment team to make contact with the referrer which improves efficiency

- Admin time is greatly reduced as paperwork is kept to a minimum
- Time from referral to decision is significantly reduced
- Moving the referral process to be part of the specialist team ensures that all aspects of the assessment from referral to discharge are held within the same specialist team.

The task and finish group agreed that the proposed pathway should be piloted for 6 months with a full evaluation at the end of the period.

### **Concise impact assessment**

A concise impact assessment was completed to consider each factor of the proposal in terms of quality, equality and engagement to assess the impact that the change would have on the people involved. The impact assessment was sent to and approved by the ICB.

### **Pilot**

To successfully implement the new system there needed to be a transition period:

- SPA stopped accepting referrals for neurodevelopmental assessments on 22 July 2022 and communications sent to schools and other referrers to inform them of the new referral process.
- Letters were sent to referrers of those awaiting an initial call back to explain the new process and inviting them to call the service from 20th September to arrange a telephone referral slot.
- The new system started on 20th September 2022 to allow the teams to clear existing referrals in the system and start the new process with no backlog. This ensured that no referrals got missed in the transition.

### **Service descriptor**

The information has been used to update and develop the service descriptor for the neurodevelopmental assessment service and new key performance indicators agreed so that we can understand the effectiveness of the pilot and the ongoing service.

### **Workshop 2, 28 June and 26 July 2022 – communication and training for professionals**

**Communication** - The group discussed the messages required for the pilot and compiled a list of services and organisation who refer to the service. The communication was agreed and sent out on 21 July through the agreed channels as soon as possible following the decision to proceed. Schools closed for the summer on 22 July.

**Support and training** - The group shared details of their information, guidance and training offers for professionals, how to access these.

The inclusion support offer is available for education settings, to improve outcomes for children and young people with additional educational needs. It operates on a test and learn basis, which allows the team to understand and meet the needs of different settings. The team also collects queries and feedback to understand any gaps in support and information and identify how to provide it.

The education psychology service delivers Autism Education Trust (AET) making sense of autism training for education settings, set for age and stage, every term for early years, primary and secondary settings. Details of these training sessions were shared with the task and finish group to

observe the training and provide feedback and identify any messages that need changing or clarifying.

The Sensory Occupational Therapy Service deliver training to settings on a monthly basis. This training is on 'Managing Sensory Needs in the Classroom' and includes the Kirklees Sensory Toolkit.

If a professional is unsure if an assessment is required, they can contact the Neurodevelopmental assessment service for advice. The service will provide advice and guidance regarding ways to support the child and if anything needs to take place before a referral is made.

The following possible gaps were identified. These included:

- Elklan training
- Empowering parents empowering communities EPEC training
- Small grants scheme for schools and organisations to apply for to make reasonable adjustments.

### **Workshop 3, 23 August 2022 – support for children, young people and families**

The group shared details regarding their information, guidance and support for children, young people and families, how to access these.

- Thriving Kirklees
- Workshops for children and families
- Kirklees local offer website
- West Yorkshire healthier together website
- Local support groups
- Schools
- Mental health support teams (MHST)
- Cygnet training
- Neurodevelopmental assessment service

The following possible gaps were identified. These included:

- Expanding the Cygnet training offer
- Personalised support following diagnosis
- Help to navigate and access support
- Interventions
- Health care

The information from workshop 2 and 3 has been collated into a separate document to highlight the current offer and the identified gaps to inform areas for partnership working and future commissioning.

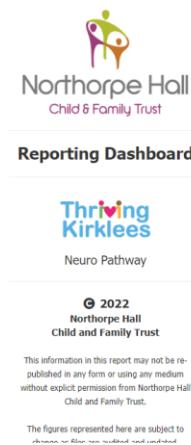
### **Neuro pilot evaluation report**

#### **Baseline data as of 19 September 2022**

*Single point of access* - There are currently 191 files where the neuro has been started and we are awaiting paperwork.

There are 113 new support requests with a neuro indicator on that still need to be contacted.

There maybe others on people's caseloads that they are having conversations with but we don't have a marker for these so we can't account for them until we know there is enough evidence to warrant starting the pathway then they will be put onto the pathway.



At 9:02pm on Thursday, 22nd September 2022, there were 126 support requests waiting for a call with issues POSSIBLY presenting as Neuro.													
62 of these have been assessed and accepted as suitable for the pathway. 26 of these have been assessed and NOT accepted as suitable for the pathway.													
Neuro Starts	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	
Started Neuro	18	141	91	151	173	380	118	79	101	120	139	42	
Outcome of those Started this Month													
Closed - Information Not Provided	3	22	28	18	15	17	15	5	2		2		
Closed by Partner													
Information Pending				1				3	20	45	95	38	
No Longer Required								1					
No Role	2	1	1	4	6	3	2	1	3	3	2		
Not Indicated					2	1	1	1					
Transferred	13	118	62	128	150	357	99	69	76	72	40	4	
Outcome of those Closed this Month													
Closed - Information Not Provided					4	46	1	7	22	23	14	7	2
Closed by Partner										2			
No Longer Required								1					
No Role				1	1	6	3	3	4	2	5	1	2
Not Indicated						3	1	1					
Transferred	1	19	60	84	106	316	168	123	74	109	104	24	

Kirklees CAMHS Neuro – Awaiting Assessment: **862 CYP on waiting list (as at 19<sup>th</sup> September 2022)**

**Average wait to assessment (for those having a Neuro assessment in August 2022):  
524 days = 75 weeks / 17 months**

### Issue – pushback from GPs and Paediatrician Services

Both service areas had declined our invitation to be involved in the task and finish group but made contact after receiving information about the pilot. We have worked with relevant colleagues to develop a letter that they can give to parents regarding identifying appropriate professional involved with the child who would be able to provide the level of information needed to make a referral.

### Issue – level of demand

The service is seeing a high demand for referral appointment and had taken 17 referrals in one day. There are 15 appointments per week. Discussed and agreed with Helen Walsh on 30 September to recruit additional administrative support using some underspend.

### Feedback

The feedback that service is receiving is very positive:

*A SENCO wanted to let us know how much better he found having a conversation with someone as the back and forth conversation meant he could give better information. He thanked us for changing from the paper*

### As of November 2022

An early review of the new process shows that it is going extremely well with positive feedback coming from referrers and families as decision as to whether they will go on waiting list for assessment is happening very quick, usually within a week.

The level of demand is still an issue. The service are offering 20 referral appointment slots a week. But appointments are booked up until January. The service received over 200 referrals in October!

We believe this is mainly because the service are still receiving referrals from the backlog at Northorpe Hall. Northorpe Hall have been advised that they need to have cleared this list by Christmas so going forward we should have a clear picture of what the demand is.

It's important to really understand our demand, capacity and waiting list position:

- managing long waits is a resource intensive, demoralising, non-value-adding activity
- people who are seen quicker have better outcomes
- feels less chaotic, frantic and stressful for staff and people waiting
- sometimes this can mean people can be seen quicker without additional resources (do more with less)
- are better positioned to make the case for additional investment where this is needed

We need a clear picture of demand so that we can calculate a sustainable waiting list for the service.

#### **NHSE Waiting list and backlog tool**

Capacity should be set above average demand

The new pathway / telephone referrals also provide advice and guidance for professionals making referrals, which will hopefully help to build skills and knowledge in the system regarding identifying children and young people who need an assessment. Moving the screening and triage to the assessment service will help to ensure that only children and young people who need an assessment join the waiting list.

**As of 31 March 2023**

**As of 30 June 2023**