


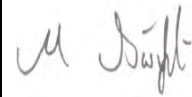



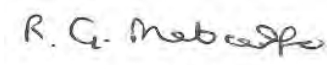
Transformation Plan for Children and Young People's Emotional Health and Wellbeing – Calderdale

2015 – 2020

Year 2 Refresh



Calderdale Health and Wellbeing Board (HWB) endorses the principles and recommendations as set out in the national 'Future in Mind' (FiM) Report and supports the development of emotional health and wellbeing for children and young people in Calderdale. The Local Transformation Plan (LTP) is Calderdale's response to the FiM Report and this is signed off by the Chair of the HWB, Lead Council Member for Children and Young People, Director of Adults and Children's Services, Chief Officer of Calderdale Clinical Commissioning Group and the Director of Public Health as below. This sign off procedure is in accordance with NHS England assurance processes and timelines. Full consideration, review and reporting of the LTP will continue to be overseen by the full HWB. The HWB has identified the emotional health and wellbeing of children and young people as a priority, in particular the need to improve access to quality services without tiers and reduce waiting times.

Cllr Tim Swift, Chair of Calderdale Health and Wellbeing Board,  Date: 27.10.16	Cllr Megan Swift, Lead Member for CYPS,  Date: 27.10.16
Stuart Smith, Director of Adults and Children's Services,  Date: 27.10.16	Dr Matt Walsh, Chief Officer, Calderdale CCG,  Date: 27.10.16
Paul Butcher, Director of Public Health,  Date: 27.10.16	Cllr Bob Metcalfe, Lead Member for AHSC,  Date: 27.10.16

This Plan will be made available on the relevant local websites to ensure access for all stakeholders including children, young people and families.

Contents

Section		Page
1.	<u>Introduction, Strategic Context and Governance</u>	4
2.	<u>Key Progress to Date since the Introduction of the LTP</u>	19
3.	<u>The Challenges and Priorities in Calderdale: Needs and Issues</u>	31
4	<u>Current Provision for Calderdale</u>	54
5	<u>Our Approach to Transformation</u>	63
6.	<u>Our Priorities - Outcomes to be Improved in Year Two with Additional Future in Mind Funding</u>	64

Section 1: Introduction, Strategic Context and Governance

Introduction

Over the last few years, partners in Calderdale have come together in different ways to improve emotional health and wellbeing for children and young people, identifying this as one of the key priorities for children and young people's health in our area. There is a strong local commitment to improving access to services, developing new and innovative ways to meet mental health needs whilst building up resilience in children, young people and their families in their schools and wider communities to improve outcomes.

The publication of the Future in Mind Report came at an opportune time in Calderdale, where there is already well established joint working around our Children and Adolescent Mental Health Service (CAMHS), including an innovative project working within schools and a strong developing voluntary sector offer. We see the implementation of the Future in Mind agenda as fitting in well with our overall strategic direction, at a partnership and operational level, working with key partners, whilst increasing the pace of change we aspire to and ensuring strategic buy-in from all partners involved in emotional health and wellbeing pathways for children and young people.

Our Transformation Plan builds upon our collaborative approach, ensuring the Future in Mind funding improves our shared outcomes for children and young people in Calderdale. The governance arrangements we have established under the Future in Mind plan and reporting to the HWB and other strategic Boards will help provide overall strategic direction for our emotional health and wellbeing work in Calderdale, including the delivery of the Future in Mind agenda, which positions Calderdale well to respond to emerging needs and opportunities for the future.



Strategic Context

Further information about all of the strategic documents referred to in this section is available in the Appendices document attached.

Calderdale Council

The Council's mission and priorities are set out below;

Our Mission	BE THE BEST BOROUGH IN THE NORTH		
Our Priorities	GROW THE ECONOMY	REDUCE INEQUALITIES	BUILD A SUSTAINABLE FUTURE
	<ul style="list-style-type: none"> • Jobs • Skills 	<ul style="list-style-type: none"> • Equality/ Social Cohesion • Financial Inclusion • Attainment Levels • Health Outcomes 	<ul style="list-style-type: none"> • Environment • Sustainability

More information about the Council's mission and priorities is available here:

<http://www.calderdale.gov.uk/council/performance/priorities/index.html>



Calderdale Clinical Commissioning Group (CCG)

There is a clear strategic fit between the approaches of the Future in Mind programme and the CCG's 5 Year Strategy, in particular:

- Outcomes of reduced health inequalities and improved quality of life; and
- Mental health identified as a key area of focus.

CCG Commissioning Development Forum has endorsed our approach to developing the plan along with our identified priorities. Please see the diagram below, taken from the CCG's 5 Year Strategy, available online here: <http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/CCCG-5-Year-Strat-V21-1.pdf>

Calderdale Health and Wellbeing Board

The Health and Wellbeing Board brings together all key partners with a role in the emotional health and wellbeing of the people of Calderdale. It includes public sector partners such as Calderdale Council (including Public Health) and Calderdale CCG, along with voluntary sector partners and user organisations such as Calderdale Healthwatch.

Our overarching strategy for wellbeing in our district is set out in the Calderdale Joint Wellbeing Strategy, owned by the Health and Wellbeing Board, which states 'Wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.'

Key strategic priorities within this Wellbeing Strategy are:

- People have good health
- Children and young people are ready for learning and ready for life.



The HWB have identified that the key priorities need to include:

- Reduction and improvement in waiting times
- Improved access to quality support and services.

These priorities are fundamental to the objectives and approach to improving outcomes as set out in this Transformation Plan.

Sustainability and Transformation plan for Calderdale

- Leadership for the local STP is provided by the Calderdale Health and Wellbeing Board
- The Calderdale STP is designed to deliver the Calderdale vision by addressing the Calderdale health gap, the care and quality gap, and the efficiency and finance gap.

The Calderdale STP vision:

- People must be empowered to take greater control over their own lives, to influence personalised services and to take greater responsibility for their health outcomes
- All resources and assets in places must be used to support wider determinants of health and wellbeing outcomes
- A system shift towards prevention and early intervention will require services to organise and professionals to behave in very different ways
- The focus in the STP is to keep people well for longer and, when they do become ill, support them to manage their conditions in the community, avoiding expensive institutional settings.

Children and Young People's Partnership Executive (CYPPE)

As part of the Health and Wellbeing Board, the CYPPE provides strategic leadership and oversight of the children and young people's agenda locally.



The CYPPE's strategic approach is set out in the CYPPE Strategic Planning Framework, whose vision is that all children in Calderdale are healthy, happy, safe and successful. The CYPPE brings together partners from the Council, the CCG, NHS England, the voluntary sector, schools and NHS providers.

The Strategic Planning Framework has six strategic priorities – which are to ensure that children and young people in Calderdale:

- Start healthy and stay healthy.
- Are safe at home, in school and in the community.
- Enjoy learning and achieving their best.
- Develop social skills and take part in activities.
- Have a voice in the decisions that affect their lives.
- Stay in education and get a job.

The Framework includes the following health related objectives which are associated to or are underpinned by strong emotional health and wellbeing goals:

- Increase the proportion of children and young people who are in good physical and mental health
- Increase the proportion of children and young people who lead healthy lives
- Increase the proportion of children and young people who avoid harmful health behaviours
- Increase the proportion of children and young people who are emotionally resilient
- Increase the proportion of children who have a healthy start in life.

The CYPPE brings together all partners with responsibility for and contribution to the children's agenda. Key partners within the group also have relevant strategies which will provide a framework for the overall delivery of the emotional wellbeing and mental health work described in this transformation plan.



As well as the strategic fit with the general strategies described above, the CYPPE produced an Emotional Wellbeing Strategy in 2014, which underpins the overall Calderdale approach as set out in this Local Transformation Plan. In future years, this Local Transformation Plan will be the key strategic driver, replacing the need for a separate refresh of the 2014 document.

Better Care Fund Board (BCF)

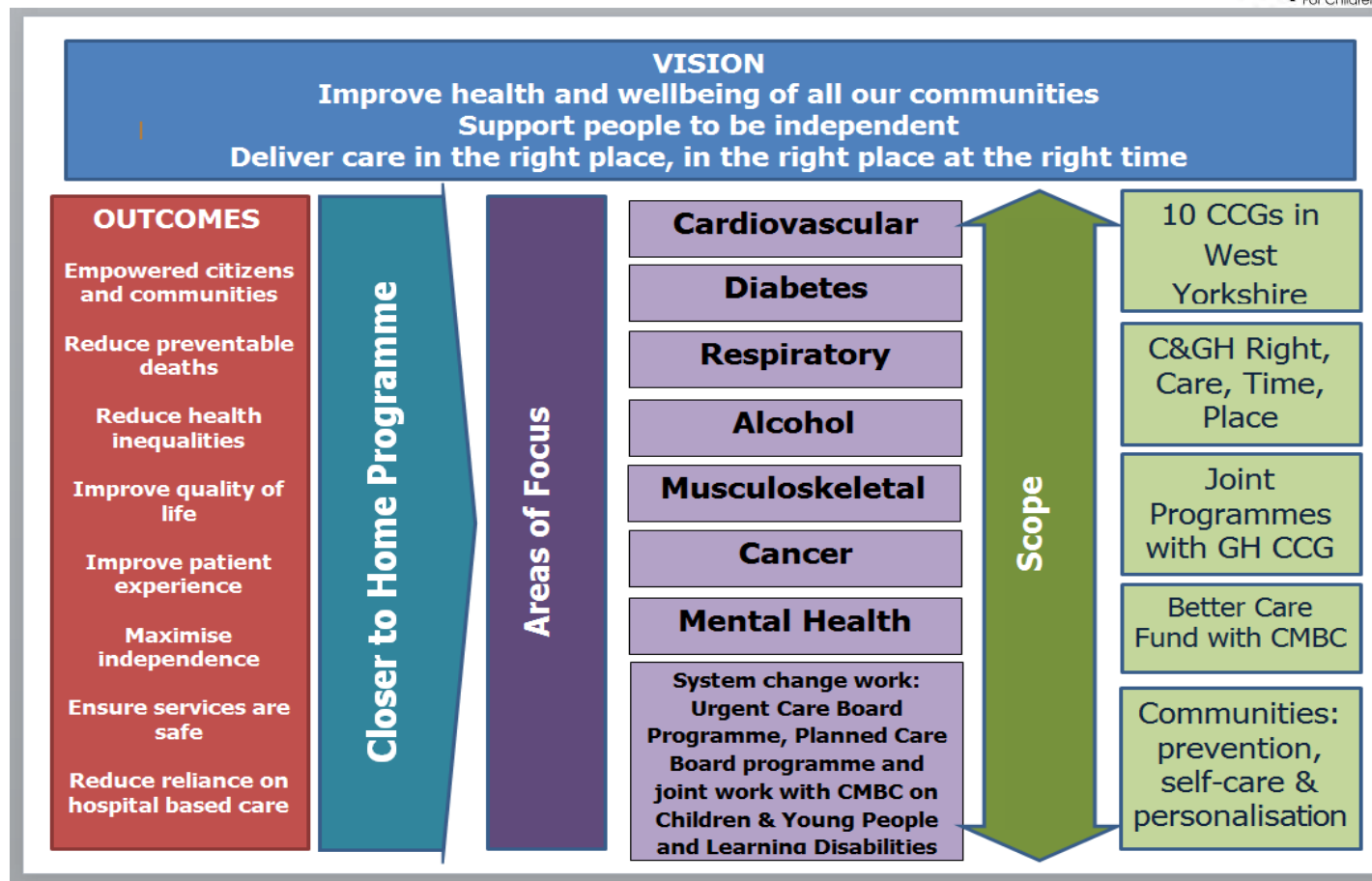
The prime purpose of the BCF Programme Board is to actively promote the development of Place Based Leadership and steer our joint approach to Person Centred Integrated Commissioning for Calderdale. The Board is the lead committee for ensuring the Better Care Fund spending plan for supporting people to be independent is managed effectively and is also the appropriate body locally which reports on children and young people's services and outcomes around joint health commissioning to the CCG.

Mental Health Innovation Hub

Calderdale's Mental Health Innovation Hub meets on a monthly basis and is attended by representatives across all Calderdale's adults and children and young people's services. It has a clear action plan formed from the Crisis Care Concordat guidance, disseminated amongst partner agencies and providers.

More information about the Calderdale CCC is available here: <http://www.crisiscareconcordat.org.uk/areas/calderdale/>





Public Health

Public Health's key strategic framework is the Health and Wellbeing Board's Joint Wellbeing Strategy, as referred to at the start of this section. Public Health outcomes are also delivered through other partnership strategies, where the Public Health team work locally to ensure that public health and determinants of good health are embedded in wider work. This includes, but is not limited to, the Calderdale Safeguarding Children Board, the Children and Young People's Partnership Executive and a range of formal and informal links with the NHS and local providers of clinical services. Throughout the Transformation Plan where the Council is referred to, this includes Public Health.

The Public Health team also lead the production of the Calderdale Joint Strategic Needs Assessment, which includes information from across the system on a range of issues pertinent to the health and wellbeing of the local population. This includes information on children and young people and their emotional health and wellbeing.

Public Health undertakes an annual survey (the electronic Health Needs Assessment (eHNA)) of children and young people in Years 5, 6, 7, 10 and 12. The results of the survey are used to inform the way health and wellbeing services for children and young people are commissioned and delivered in Calderdale. Schools are encouraged to use the results to inform the way they provide health and wellbeing support for their students and students, in line with OFSTED recommendations.

Calderdale Public Health Team, and in particular the Public Health in Schools Coordinator, work with schools to help them develop health and wellbeing plans based on their results and tailored to meet the needs of their students. A key theme within the eHNA is emotional health and wellbeing, which covers a range of issues from self-harm to bullying and body image to emotional wellbeing.



Calderdale Safeguarding Children Board (CSCB)

Calderdale Safeguarding Children Board is a partnership body that is independent of all the organisations that work with children, young people and their families in Calderdale. A Local Safeguarding Children Board (LSCB) is a statutory body, so every area has one and the Council has a special responsibility to ensure that it is effective in carrying out its duties. Members of the Board represent a range of organisations and stakeholders.

The CSCB leads the way to help prevent children from being harmed, neglected or abused. It promotes the ways in which people and organisations have agreed to achieve this. To accomplish this, Board members work together to look, listen, learn and advise on the basis of a wide range of information about needs, performance, quality and how effective they are in protecting our children and young people.

There is a strong safeguarding element in emotional health and wellbeing surrounding self harm and suicide particularly. The CSCB has a role in preventing Child Deaths through the Child Death Overview Panel, where self-harm and suicide is a priority due to two recent deaths of children in Calderdale by misadventure.

More information about the CSCB is available here: <http://www.calderdale-scb.org.uk/>

Young People's Strategic Influence

Calderdale Youth Parliament

This group aims to give the young people in Calderdale between the ages of 11 and 18 a voice, which will be heard and listened to by local, regional and national government, providers of services for young people and other agencies who have an interest in the views and needs of young people. Our Youth Parliament is very active in Calderdale and supports young people to have a say in



National issues, this year Members of Youth Parliament in Calderdale are supporting the national mental health campaign – ‘Time to Talk Campaign’

Right to Voice, Calderdale Children in Care Council

Right 2 voice is a forum for children looked after, to come together and work on issues that affect them and their peers. They work on specific projects, are consulted regularly, write newsletters, consult others, attend events and regularly meet with managers within the Council to express their views on things that are important to them as teenagers who are in care.

The chosen campaign for 2016 will start in early November and focuses on early intervention, at primary age, for children starting to display signs of deteriorating mental health and wellbeing. An awareness raising campaign will be organised with the potential of a march by young people through Halifax to raise awareness of this issue. Other suggestions may also be followed up e.g. self harm awareness- this being a real issue and not just a ‘fad’ or a ‘phase’ Transitions from children’s services to adult services were also an issue brought forward at the Youth Council residential. At a recent residential members of the Youth Council agreed their next priority commencing in November 2016 will be Early Intervention for Emotional Health and Wellbeing with a focus on primary schools.

UnO - Calderdale Care Leavers Council – age 16 – 21 years

Uno are a group of Care Leavers who meet on a fortnightly basis and work on issues that affect them and their peers. They work on specific topics and campaign on the importance of young people’s rights. They meet regularly with service managers and express their views and opinions.



Tough Times Reference Group

Tough times Reference group are a group of 8 young people who work to a clear work plan set by the Commissioning Team and themselves. They give their own opinions and gather others on emotional health and well-being topics; they often write reports which include recommendations from a young person's point of view. The group is also involved in regional work with NHS England in this area.

Calderdale Young Inspectors

Calderdale Young Inspectors are a group of trained young people who inspect Calderdale services, giving their opinions and making recommendations to help improve services. They are asked to undertake inspections by organisations such as Calderdale Commissioning Team. In October half-term 2016 they are booked in to undertake an inspection of CAMHS Tier 2.

Young Advisors for Calderdale Safeguarding Board

Calderdale Young Advisors for Calderdale Safeguarding Children Board are a group of 7 young people aged between 13 – 16 years. It's important that young people are part of Calderdale Safeguarding Children Board and able to have their say on issues that occur and are meaningful to children and young people.

Young Health Watchers

A pilot young health watchers scheme was implemented in Calderdale in 2014/15 in 2 high schools and has been expanded since to work in 8 High Schools, 4 Primary Schools and 4 youth work settings. Developing on from national, regional and local service improvement, children and young people are able to influence decisions on a range of health issues, this has a positive effect on



their feelings of self-esteem, being heard, being able to influence change, improving their personal self-confidence and esteem, leading on to emotional well being.

Strategic governance for the Emotional Health and Wellbeing agenda in Calderdale

Calderdale has established a robust governance structure for the Transformation Plan process which will also oversee a whole system approach covering all of the priorities identified locally and within the FiM document, bringing together key partners to provide ongoing leadership to this agenda.

The responsible operational group for monitoring and reporting the progress of the delivery of the LTP is the multi agency Health and Wellbeing task force. This group meets every six weeks and reports through the Chair to the Strategic CYPPE which in turn reports to the Health and Wellbeing Board. In addition, monitoring reports will be received and scrutinised by the Better Care Fund Board and other Strategic groups (please see the Governance structure below).

Our Partnership Vision: To move away from a system defined by services and organisations to one built around the needs of children, young people and their families offering choice and control intervening early and building long term resilience.

Our Strategic Principals

- **Early Intervention** – avoiding and preventing issues escalating
- **Choice and Control** – a wide variety of support available for children, young people and families
- **First Point of Contact** – integrated, simple to access, providing tools for self-care as well as recovery
- **Emotional Health and Wellbeing is everyone's business** – joined up services, working together to improve outcomes
- **Co-production** - input from children and young people and parent and carers influence service design and drive forward improvements



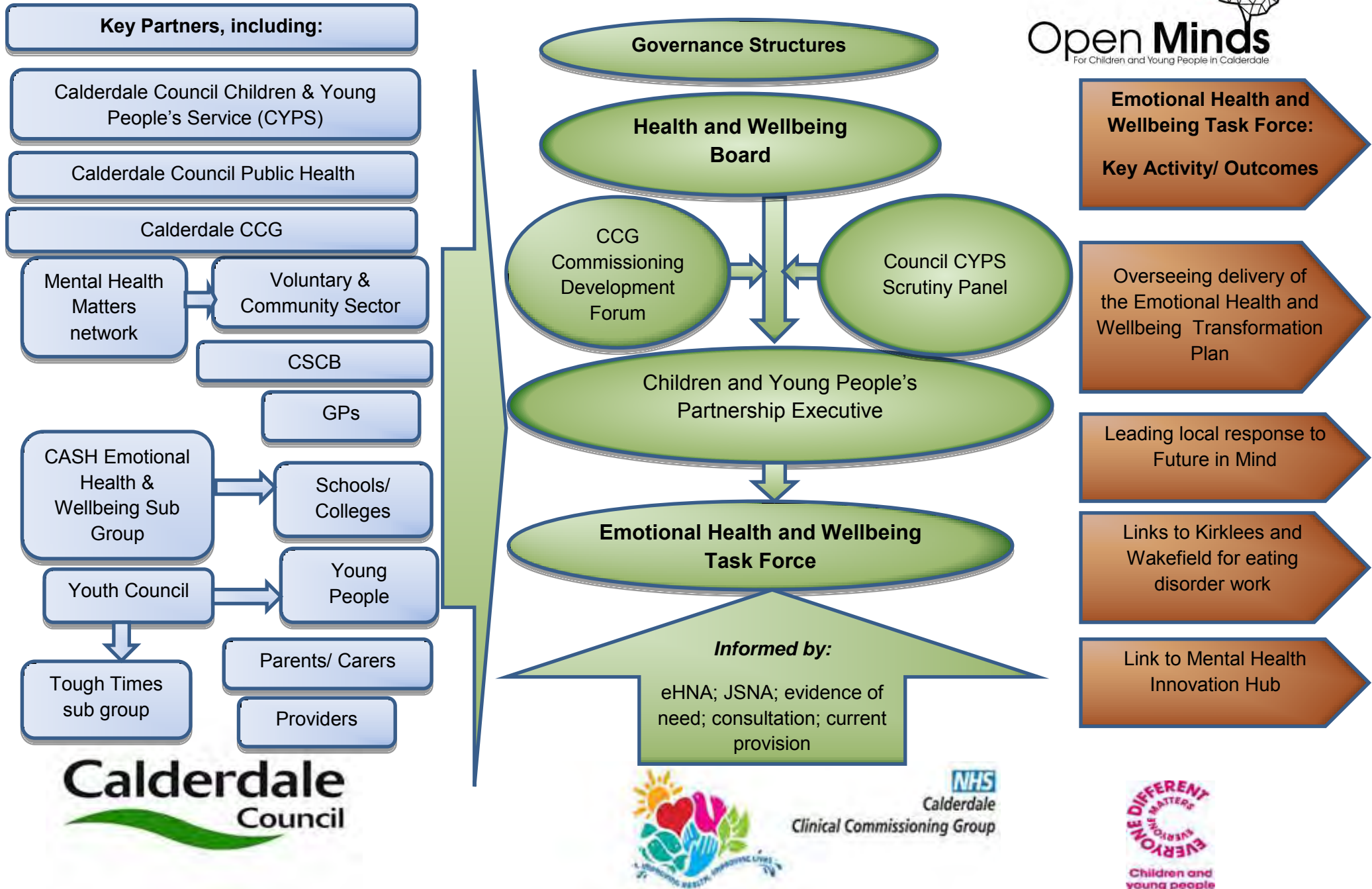
- **Innovative** - ensuring our services are innovative and we learn from best practice including making better use of technology

The diagram below provides an outline of our governance model in Calderdale. Further detail about the different elements of this model is available in the appendices document attached.





Open Minds
For Children and Young People in Calderdale



Equality and Diversity

This Transformation Plan is a plan for all communities in Calderdale, and all of its work will be underpinned by a robust approach to equality and diversity.

Partners involved in this plan are committed to promoting equality and diversity and reducing health inequalities.

To ensure that Calderdale CCG and the Local Authority is meeting its equality duties, improving health and reducing health inequalities we will adhere to the 'Brown principles' outlined in case law to demonstrate that 'due regard' has been given as follows:

- The organisation must be aware of their duty;
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind;
- The duty cannot be satisfied by justifying a decision after it has been taken;
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision;
- The duty is a non-delegable one; and
- The duty is a continuing one.

We will ensure any changes to services will include local engagement with children, young people, parents and carers and wider stakeholders and ensure that this includes involvement of protected characteristic groups and that equality monitoring is undertaken for all engagement activity.

All service reviews undertaken as part of this Transformation Plan, will undertake an equality impact assessment.

Service contracts and service specifications will reflect the need for equality monitoring and ensure that providers demonstrate and report on how they are meeting their public sector equality duty.



Any decision making resulting from this Transformation Plan will give consideration to any identified 'impact' on protected characteristic groups and where appropriate identify and implement mitigating actions.

For more detailed information about our strategic aims and context, please see the appendices document attached.

Section 2. Key Progress to Date since the Introduction of the LTP

(For details of areas of work against the 49 Recommendations in Future in Mind please see attached document)



Strategic
Implementation Plan I

In Calderdale it is acknowledged that Emotional Health and Wellbeing is everybody's business and stakeholders and partners are committed to continuing to work together to improve and transform services for children and young people.

We do, however, recognise the fact we still have more work to do in order to improve services, offer support early, meet increasing needs, reduce waiting times to national standards and deliver support closer to home. We will take advantage of any new opportunities which are emerging from the national and local focus on this area.

Locally within the LA the merger of children and adult services directorates and closer working with the CCG particularly in relation to the STP and commissioning will create additional opportunities and enable any remaining barriers to change to be addressed at pace particularly around transition. Our third sector partners will be supported to develop their services to meet local gaps.

Progress Headlines:

- First Point of Contact introduced for all referrals into Tier 2 and 3 CAMHS.
- A New Eating Disorder Service is now in place enabling care to be delivered locally.
- Communications improved with all stakeholders and a new visual image for EHWB launched.



- Involvement of young people at a strategic level to shape services and drive forward service improvements.
- Reduction in waiting times for CAMHS Tier 2 and Tier 3.
- Provided additional capacity for ASD assessments.
- New services offering support parents and carers are being introduced.
- Introduced a Youth Mental Health Train the Trainer – a local team of 12 trainers will soon be skilled up to deliver the training to professionals in schools and others services.
- New and Improved Peer Support Schemes are being introduced across Secondary schools.
- Work has taken place to reduce DNA.
- Engaged with stakeholders regarding a whole system change to how CAMH Services are delivered locally, our future service is based on feedback from stakeholders including young people. Development of a CAMHS model without Tiers for re-commissioning.
- An increase in the number of SDQs being carried out with children and young people.
- Support for Vulnerable Groups Improved - A new Health and wellbeing team has been established as part of the Medical needs team, Complex Needs Service to provide support to children and young people with mental health difficulties in schools and improve joint working with CAMHS.

Further details of progress against the 5 themes of Future in Mind are outlined below:

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

Progress and Impact in Year 1- 2015/16

Work with schools

- All Secondary schools developed action plans to test and improve their approaches to emotional health and wellbeing based on internal audits and results of the student survey eHNA. In-house capacity and resource has been improved in schools enabling staff to better support and signpost children and young people experiencing difficulties.
- Small grants were awarded to Secondary schools to develop peer support programmes using recommendations from a local survey undertaken by the Young People's Tough Times reference group and national guidance and best practice.
- Counselling Services have been funded across all Secondary schools. We have increased the number of children and young people supported at lower levels. Noah's Ark Counselling support for schools has assisted 998 children and young people from May 2015 to May 2016 across Secondary and Primary schools.
- A Secondary Schools Health and Wellbeing Network has been established to share ideas and best practice, with leads from the majority of the schools attending regularly. Each secondary school has a named lead for emotional health and wellbeing that attends the H and WB network and is able to disseminate information and best practice within their school.
- The Youth Health Champions programme has been piloted in a number of Secondary schools and 37 young people have undertaken this accredited training. Plans are in place to extend this programme across all Secondary schools.
- The third sector organisation Healthy Minds has been successfully delivering Anti-stigma training across Secondary schools and has delivered 25 workshops to date to 625 children and young people.
- The CAMHS Tier 2 Service has delivered bespoke mental health awareness and other specialised training in some Secondary schools. To date a number of bespoke courses have been delivered in Secondary schools with 55 members of staff attending.

- All school staff are able to access the training available through CMBC Workforce development Early Intervention programme, 85 professionals from schools have attended this year.
- Both Secondary and Primary Schools are represented on the multi-agency taskforce that oversees the implementation of the LTP ensuring that schools receive updates and information directly about the work of the taskforce.
- Telephone support offered via Tier 2 CAMHS services to enable schools to discuss concerns and cases is available to all school staff. Calls from schools to the Tier 2 Contact point have increased by 10% from June 2015 to end March 2016.
- More schools are using the SDQ assessment tool to support them to identify and address where students are experiencing mental health issues. To date there are 7 Secondary and 30 Primary schools using this assessment tool with more schools expressing interest.

Work with Communities

- A small grants scheme has been rolled out to encourage organisations to develop programmes of support for parents and carers where their children are experiencing emotional health and wellbeing issues; including a specialist programme for parents and carers of SEND children. Work is still on-going in this area and an evaluation will take place in year 2. The target reach for these combined projects is in excess of 2,000 parents and carers, which include a telephone helpline for parents and carers.
Quotes from parents and carers of children and young people with SEND who attended a training course:
“*listening and sharing views and getting ideas from others*”
“*Chance to discuss issues and given information during session to take home and use*”
“*feeling understood and answered questions I had*”
- Tier 2 CAMHS has offered bespoke training and development to a number of organisations across Calderdale To date a total of 8 bespoke training programmes have been delivered to a total of 153 participants by Tier 2 CAMHS training.
- Working with the voluntary sector invitations were issued to a range of organisations to come together to devise solutions to reducing the incidence of self-harm in young people. Partners worked together to identify gaps and develop proposals. Innovative approaches have been explored with an expectation for implementation to begin in Year 2.

- A local community organisation Healthy Minds has been funded to introduce a community training programme to educate people about mental health, emotional resilience and the effects of stigma using appropriate training resources and train-the-trainer programmes. This community anti-stigma programme has to date delivered: 12 workshops to 144 people.

Work with Children and Young People

- A reference group of young people who have experienced emotional health difficulties was established as a sub-group of the Youth Council and adopted the name Tough Times group. This group organised a conference for children and young people and professionals early in 2015 which helped inform the development of our LTP priorities.
- The Tough Times group also completed a work plan for year 1 which supported the delivery of the LTP actions. Ensuring that our work continued to be informed and driven by young people.
- The group have followed up the pledges made by individuals and organisations at the Tough Times conference held last year.
- The group have completed two surveys and reports; one on what makes a good Peer Mentoring scheme and the other on Missing Counselling appointments and what solutions could be put in place to reduce the number of missed appointments.
- They have also shared their thoughts on the Therapeutic Services Directory and young people's version of the Local Transformation Plan.
- Feedback from children and young people has influenced the specification for the future CAMHS services to be introduced in 2017.
- Young people helped design and approved our new emotional health and wellbeing visual image and they feel that this will help reduce the stigma associated with mental health.
- Feedback from young people has been used to design the outcomes framework within the new specification for mental health services.
- Representatives from our Tough Times group also presented their work plan achievements at our Children and Young People's Scrutiny panel meeting.

Theme 2: Improving access to effective support - a system without tiers

Progress and impact in Year 1 2015/16

Improving access to Tier 2 CAMHS

- Additional non-recurrent funding was allocated to enable the service to reduce the backlog of children and young people who had been referred into the service and therefore reduce overall waiting times. An overall reduction in waiting times has been achieved for referral to treatment from an average of 132 days wait at the end of March 2015 to an average of 80 days wait at the end March 2016.
- Promotional work to raise awareness of the service and the referral process was undertaken across all schools and school networks which improved the accessibility and visibility of CAMHS.
- Promotional work was also undertaken with other stakeholders and partners which has also improved relationships between CAMHS and other agencies and services. This has led to an improvement in the quality of referrals and a reduction in the number of inappropriate referrals.

Improving access to Tier 3 CAMHS

- A specialist crisis team has been established which can prioritise support for children and young people in crisis ensuring that more children and young people are supported in their local communities reducing the need for out of authority specialist places.
- A specialist community eating disorder service has been established for children and young people in partnership with neighbouring CCG areas. The model is broadly equivalent to the Access and Waiting Time Standard for Children with an Eating Disorder with a team that operates via a network of smaller teams of eating disorder clinicians in neighbouring areas, via a hub and spoke model'. It builds on existing eating disorder pathways and multi-disciplinary team arrangements within the three local teams/areas (Barnsley, Calderdale/Kirklees and Wakefield) and is being integrated within the generic Child and Adolescent Mental Health Service (CAMHS) management arrangements.

- Care pathways have been established and embedded for all specialist treatment areas in preparation for the implementation of a First Point of Contract between Tiers 2 and 3 providers.

Planning the development of a CAMHS model without Tiers for re-commissioning based on the THRIVE framework

Calderdale CAMHS Vision and Aim:

- Children and Young People's Mental Health service will provide care, support and guidance for all levels of mental health need, using a whole system and person-centred approach. Services for children and young people should place them and their parents/carers at the heart of everything they do. Calderdale's future CAMHS service will use a whole system rather than a tiered approach. The new services will fit around children and young people's needs and described outcomes rather than service tiers, ensuring children, young people and families are active decision makers in the process of choosing the right approach. The focus of this specification will be through the management of the outcome measures which will be included in the contract. The service will be for children and young people up to age 0-18 (or 25 years for those with special educational needs).
- An acknowledged radical culture shift is required and is seen as an opportunity to revolutionise how children and young people access CAMHS and receive evidence based interventions as close to home as possible. The new service will align with NHS CCG Calderdale's Five Year Forward View - Right Care Right Time Right Place philosophy, Care Closer to Home and affiliates with Calderdale Council's, Children and Young People's Service Strategic Vision, Joint Strategic Needs Assessment and Local Transformation Plans.

Our aims for a Calderdale CAMHS are to:

- Adopt a whole system, person-centred approach.
- Develop resilience in children/young people to prevent the need of escalation into core specialist services.
- Strengthen partnership working.

- Provide earlier intervention and prevention.
- Improve service delivery and demand.
- Ensure local and timely access to services through reducing waiting times by using a range of technology.
- Ensure value for money.

Theme 3: Caring for the most vulnerable

Progress and impact in Year 1- 2015/16

Exploring barriers and solutions to Do not attends

- A research project was funded to explore why some children and young people do not attend their CAMHS appointments and also to seek solutions to this, through the development of an action plan. Recommendations highlighted in the report are in the process of being addressed or are due to be incorporated into the new service to be commissioned in 2017.

Support for children and young people with SEND

- A new Health and wellbeing team has been established as part of the Medical needs team, Special Inclusion Service to provide support to SEND children with mental health difficulties in schools and improve joint working with CAMHS. The team have already successfully supported some young people to return to school and manage their emotional wellbeing. The team are linking closely with the CAMHS team.
- The partnership working between the SEN team and CAMHS has been strengthened and regular meetings now take place between the teams enabling the input into EHC plans to be strengthened.
- Additional external capacity was purchased to address long waiting times for ASD assessments. Additional capacity enabled 44 ASD assessments to be undertaken for a mix of pre-school and school age children and young people.
- A specific course for parents/carers to support their children and young people with SEND has been delivered and feedback is very positive.

Theme 4: Accountability and Transparency

Progress and impact in Year 1- 2015/16

Governance

- The Local Transformation Plan was approved and signed off by the Health and Wellbeing board.
- The implementation of the plan is directed by the multi-agency Emotional health and wellbeing taskforce which meets 6 weekly.
- Progress updates on the LTP are provided at key strategic meetings and Boards including:
 - Children and Young People's Partnership Executive (CYPPE)
 - Calderdale Children's Safeguarding Board
 - Integrated Commissioning Board
 - Strategic Commissioning Group
 - Joint Department Leadership Team (with Heads and Health)
 - Lead Member updates
 - Member working group
 - Scrutiny Meetings
 - Children and Young People Strategic Development Group meeting
 - CCG Clinical Development Forum
 - Young People Groups
- Each of these groups provides scrutiny and challenge to the delivery of the LTP and the wide distribution of updates also ensures all partners and stakeholders are informed of progress.

Communication Plan

- A communication plan has been developed and is being implemented to ensure key stakeholders and providers are kept informed and updated about the delivery aspects of the LTP and other key local and national developments.

- A new visual image for all emotional health and wellbeing key services and communications has been designed by young people and is now being rolled out.
- Each month 5 key emotional health and wellbeing messages are circulated to stakeholders.
- Officers attend the Tough Times group to feedback on how the work they have done has influenced planning and delivery.
- A termly more detailed update is also produced and distributed across all stakeholders
- Updates are also provided on Headteacher and Governors bulletins.
- Verbal briefings and presentations have also taken place including:
 - Select committee
 - SENCO Network
 - Primary Heads Conference
 - Mental Health Innovation Hub
 - Full Service Events
 - Extended Leadership Teams
 - GPs Penpal events

Theme 5: Developing the workforce

Progress and impact in Year 1- 2015/16

CAMHS Workforce

- A partnership approach has been undertaken by Calderdale and Kirklees CCG's as part of a workforce audit of CAMHS services to inform CYP IAPT development, as part of a CYP IAPT 'light' approach. This has enabled us to develop a clearer picture of the skills and qualifications in the CAMHS workforce which will inform the progression of the CYP IAPT implementation for Calderdale in 2016/17.

Early Intervention Training

- Training and development opportunities have been promoted through our communications plan updates and bulletins.
- A range of emotional health and wellbeing training opportunities is available for all professionals who work with children and young people across the breadth of age ranges from early years to young adults. These training packages are delivered by a number of partner organisations including Tier 2 CAMHS and are free to access through the Local Authority Early Intervention Workforce Learning and Development Programme. The breadth of training ranges from mental health awareness raising to working with children and young people who self-harm. 851 professionals accessed the training between 1st April 2015 and 31st March 2016. This is additional to the bespoke training provided by Northpoint wellbeing (Tier 2 CAMHS) and also the anti-stigma training delivered by Healthy Minds.
- A multi agency conference for professionals was delivered by the Local Safeguarding board titled 'One Wrong Turn: A conference for practitioners to help children and young people make positive life choices and promote emotional health and well-being' this was attended by 110 people.
- A pilot train the trainer for Youth Mental Health First Aiders was successfully delivered and will be rolled out across Primary and Secondary school and other services in Year 2.

Section 3. The Challenges Remaining in Calderdale: Needs and Issues

Needs

Calderdale has a mix of both rural and urban communities, made up of 17 wards. The total population of Calderdale is 206,335 (ONS mid-est 2013), which includes an under 18 population of 45,679. There is also a diverse population with 12% of the population made up of Black and Minority Ethnic (BME) groups and this is growing, particularly in the under 18 population. The main ethnic groups are of Pakistani and Indian origin, but there is also an increasing migrant Eastern European community. The main areas of deprivation are in Halifax West Central and North and East Halifax, with particularly high levels of deprivation in Park (Halifax West central) and Ovenden (North and East Halifax) wards. There are also smaller pockets of deprivation across the borough, including parts of Elland and Todmorden. Within Calderdale 20.6% of children and young people (aged 0-19) live in low income families (DWP 2011) which is slightly higher than the 20.1% for England.

Locally, Calderdale carries out a yearly electronic Health Needs Assessment with our schools, which adds to the data from resources such as the Joint Strategic Needs Assessment (JSNA) and CHiMAT health data to inform our understanding of need. In addition, we consult regularly with stakeholders, including children, young people, parents and carers, to understand their experience.

What does the data tell us?

A fuller summary of the needs data in Calderdale is available in the appendices document attached.



- Extrapolation from the most recent national figures (from an ONS report Mental Health of Children and Young People in Great Britain 2004) would suggest that there would be 2,867 children aged 5 – 16 years in Calderdale with a mental disorder with conduct disorders (60%) being the most prevalent. Local data suggests that the current numbers are higher.
- The 2015 Primary School Electronic Health Needs Assessment survey reports on a number of emotional health and wellbeing statistics for years 5/6 pupils:
 - Emotional wellbeing: 96% reported that they have at least moderate self-esteem, 43.4% have at least moderate levels of aggression.
 - Self image: 4 in 5 pupils (81.1%) are happy with the way they look.
 - Bullying and harm: over half of pupils (56.4%) report ever having been bullied.
 - Self harm and safety: almost 1 in 4 pupils (22.8%) report that they have ever cut or hurt themselves on purpose. A small proportion of children experience harm at home. 4.6% feel physically threatened by someone at home and 5.5% are “pushed, hit or punched so it really hurts”. 4.5% are being forced to keep secrets about bad things being done to them but this significantly reduced since 2013.
- The 2015 Secondary School Electronic Health Needs Assessment survey reports on a number of emotional health and wellbeing statistics for years 7/10 pupils:
 - Emotional wellbeing: 97.2% have at least moderate self-esteem. 2.1% reported low/fairly low self-esteem. 17.6% are upset all the time/quite often because someone close to them died and because they lost contact with someone close to them (17.2%).
 - Self-image: 57.7% think they are “just right”. Dissatisfaction is highest in year 10 girls at 56.8%. 32.4% think they are too fat and almost half wanted to lose weight.
 - Aggression: 49% have at least moderate aggression.
 - Bullying: 4.6% report ever having been bullied. Year 10 girls are showing the highest level of bullying.

- Self-harm: 19.9% of young people have ever self-harmed. The range by school is 13.3% to 26.4% so twice as high in some schools than others. 35.7% of girls in year 10 report ever self-harming.
 - Sexual harm: 2.9% report being held or touched sexually “quite often/all the time” school range 1% to 12%).
 - Physical harm or threats: 5% experience being pushed, hit, choked, punched or harmed “quite often/all the time” at home with 5.4% observing this happening to others.
 - Home, school and community: 6.7% feel unsafe in the community “quite often/all the time” which is often down to gangs, crime and drug dealing.
- There is a close association between socio-economic disadvantage and mental disorder, particularly for conduct disorders. In 2012, 16.3% of households in Calderdale had an income of less than £10,000 p.a.
 - There is also a close association between mental health and emotional wellbeing issues and involvement in the youth justice system. Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

Children in care and children with child protection plans

- It has been found among children aged 5 to 17 looked after by local authorities in England that:
 - 45% had a mental health disorder
 - 37% had clinically significant conduct disorders
 - 12% had emotional disorders, such as anxiety or depression
 - 7% were hyperkinetic (e.g. ADHD)

- Children in care are more likely to experience mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care.
- In Calderdale the current demand is based around the following data:
 - For the year to the 31st March 2016 8001 contacts were received by children's social care teams; a reduction of 1661 on the previous year
 - There are 1396 children open to social care, 287 of which are Children in Needs (Sept 16)
 - The rate of CIN was 271.4 per 10,000 children as of 14/15 this compares to 337.4 national average and 324.7 statistical neighbour average
 - There are presently 236 (51.7 per 10k U18 pop) subject to child protection plans (as of Sept 16) compared to 42.9 nationally and 44.8 in our statistical neighbours
 - 114 of Children Looked After are placed out of Calderdale
 - Children Looked After has decreased in the past few years from 327 in May 15 To 297

Early Intervention Panels

Referral

Partner agency	Central Halifax	North & East Halifax	Lower Valley	Upper Valley	Total
Children's Social Care	119	92	130	57	398
School & college	97	40	72	52	261
Family Support	14	9	18	10	51
Health	40	18	42	16	116
FIT	36	19	36	11	102
Early Intervention DV Notification	30	22	33	10	95
Other	21	6	9	7	43
CYPS	3	1	14	3	21
DCT	8	2	3	2	15

YOT		4	2	3	9
Young Carers	4	4	1		9
EWO	4	1	2	1	8
Police		6	1		7
CAMHS	2		2	2	6
Other LA CSC	2	1	2	0	5
Adult Social Care	2	1	1	0	4
DV Hub	2	2		0	4
Probation	1	1	2		4
PRU		1	2	1	4
Pennine Housing	1		1	1	3
Total	386	230	373	176	1165

Number of closed EI Panel referrals by tier at closure (2015/16):

Tier Journey	Central	Lower Valley	North & East	Upper Valley	Total
5 to 5	11	4	25	12	52
5 to 4	1	6	12	0	19
5 to 3	2	0	9	6	17
5 to 2	2	4	9	1	16
5 to 1	1	2	1	0	4
4 to 5	0	0	4	0	4
4 to 4	17	14	11	7	49
4 to 3	14	10	11	3	38
4 to 2	3	13	14	5	35
4 to 1	8	3	19	1	31
3 to 5	4	0	10	0	14

3 to 4	10	17	14	4	45
3 to 3	91	59	28	22	200
3 to 2	24	33	68	30	155
3 to 1	18	10	59	10	97
2 to 3	1	0	3	0	4
2 to 2	9	0	3	0	12
2 to 1	1	3	11	5	20
TOTAL	217	178	311	106	812

Feedback from engagement with key stakeholders

Prior to developing this plan we considered what have we learnt so far locally from children, young people, parents, carers and stakeholders. Our consultation methods included focus groups, stakeholder events and online surveys. We collated this consultation and developed our Year 1 priorities from the key themes which emerged.

(More information about stakeholder engagement carried out to date is available in the appendices document attached.)

From our initial consultation with children and young people which was supported by the Local Authority Voice and Influence team, they told us that:-

Emotional health and wellbeing is an important issue for our young people. Our Youth Council identified this area as their key focus and a working sub group of young people, The Tough Times group was formed to support action. All of the young people in this group have personal experience of accessing emotional health and wellbeing services was formed to help work on this issue. All the young people in the sub group have personal experiences of accessing emotional health and wellbeing services. One of the tasks they undertook was to carry out surveys with young people and schools. Many students who took part in the survey led by young people said they would rather approach a friend or other student first for support. They also highlighted support from teacher/head of year and a family member was useful.

Key Themes from our initial consultation with CYP:

- Having named members of staff who are approachable and who respond quickly to student concerns:
- Ensuring all students know what support is available in school, especially those new to the school or in Year 7 (importance of the transition from primary to high school):
- Having a well organised and a well supported peer mentor system which is widely advertised. Many students who took part in the survey said they would rather go to a friend or other student first:
- Making sure that time is given to deal with emotional well being issues promptly and in a non-judgemental way:
- Having a private area in school where there are not likely to be any interruptions: and
- All students knowing what to do and who to talk to if a friend is having a tough time.

Consultation by our Local Safeguarding Children Board Young Advisors:



Consulted with 267 young people in Calderdale who recommended to the Board that they would like to: 'Have an appointment system in schools for one-to-one chats for every student 3 times a year. One appointment at the start of the year, one part way through the year and one at the end of the year. At this one-to-one appointment you will answer confidential questions. The person who does this could be someone who doesn't know anyone in the school or who doesn't work at the school, E.G a Youth Worker'. To tackle emotional and mental health issues as well as others such as CSE etc.

We continue to engage and consult with children and young people to inform service delivery and transformation some recent key pieces of work include:

- Our Tough Times group undertook a survey with young people in schools and other services to help us understand and find solutions to why children and young people might miss their appointments. The report the group produced led to a wider piece of research being commissioned across Calderdale. Missing appointments report by the Tough Times Group.
- Young People also influenced and helped design our new Visual Identity to represent and support the on-going culture shift for our Children and Adolescents Mental Health Services (CAMHS) in Calderdale.
- Our Tough Times group undertook a survey across a range of young people to find out what they felt was needed in an effective peer support programme. The report produced has influenced the development of the grant criteria for Secondary schools to develop their own peer support programmes.
- The Voice and Influence team support a group of Young Health watchers in Secondary schools who have undertaken a survey with their peers to identify how well schools support students with exam stress. The survey was then developed in to a detailed report which has been circulated to schools to develop good practice. Report into exam stress by our young health watchers.
- The Tough Times group have supported the development of the Outcome measures which have been included in the Outcomes framework of the redesigned CAMH service to be implemented in 2017. Influenced the design of the new CAMHS Service.
- The Tough Times group also shaped the design of our easy read LTP published alongside this on the website.
- The Tough Times group have also been consulted on the LTP Year 2 Funding Priorities.

- Children and Young People who are service users are routinely asked for their feedback about their experiences and this is utilised by Providers and Commissioners to shape future planning and delivery.
- Young people have been key partners in scoping the initial development of the Recovery college model including visits to neighbouring Authorities.
- A number of our Young People's groups, Young Health Watchers, the Tough Times Reference Group and the School Health Champions have worked together to organise an event To share good practice involving children and young people in consultation, action and improvement in emotional wellbeing service. To work in partnership to develop and improve these services.



Key themes from our initial consultation with Schools:

Staff from schools have contributed to the development of this plan in a variety of ways, including membership of the taskforce, participation in consultation events and completion of surveys.

Key Themes:

- Key member/s of staff for each school;
- Single Point of Access;
- Peer Support;
- Whole school approach;



- Work with parents;
- Workforce development;
- Flexible support;
- Pen portraits shared; and
- Support for Post 16 Students.

Our work in Year 1 outlined in Section 2 has made some clear progress to address many of these concerns and our work in Year 2 continues this progress.

We continue to engage and consult with schools to inform service delivery and transformation, some recent key pieces of work include:

- School colleagues were asked to support the design of the new CAMH service by highlighting what works well and what could be improved in the current service.
- Secondary schools Emotional Health and Wellbeing leads meet every half term to discuss and comment on the progress of LTP work and also related work in Public Health. This group also share ideas and good practice around health and wellbeing in schools.
- Representatives from Primary and Secondary schools attend our Emotional Health and Wellbeing Taskforce and influence the planning and delivery of our LTP.
- Primary schools have recently been responding to a consultation undertaken by the EHWP task force to gather their views on which approaches might be most effective in supporting the positive emotional health and wellbeing of their pupils.

Key themes from our initial consultation with Parents and Carers:

We had over 280 responses through various consultation routes identifying key areas where we can improve.



Key Themes

- Awareness raising/advertising where to go for help was identified as an area to be improved by 40% of the parents who responded to this question compared with 5.5% who identified reducing waiting times;
- Awareness raising of who to go to for information, help and support (advertise it);
- Peer support schemes;
- Further support for parents and carers;
- Independent Support;
- Counselling; and
- Reducing waiting times.

Our work in Year 1 outlined in Section 2 has made some clear progress to address many of these concerns and our work in Year 2 continues this progress.

We continue to engage and consult with parents and carers to inform service delivery and transformation, some recent key pieces of work include:

- A focus group of parents and carers of disabled children were consulted about their experiences of CAMHS and feedback helped to inform our new specification.
- An online survey was undertaken with all our Calderdale parents asking what works well and what could be improved in current CAMHS services to inform future planning.

Key themes from our initial consultation with Wider Stakeholders:

A Discovery Day was held to engage and consult with wider stakeholders 67 stakeholders from 32 separate organisations/services attended; all members of our taskforce including Healthwatch and Voluntary Sector were invited along with a range of stakeholders. A full Discovery Day report can be found in the appendices document attached. At our Discovery Day, partners were asked to



consider how they would want to see funding monies split against four key areas of the FiM report: resilience, prevention and early intervention; access to effective support; care for the most vulnerable; and developing the workforce.

Overall, partners identified they would spend the largest percentage (just under 40% of any additional funding) on resilience, prevention and early intervention, next was developing the workforce, followed closely by access to effective support.

Key themes:

- Improved communication/awareness;
- Single Point of Access;
- Parent/Family Support;
- Reducing waiting times;
- Universal services;
- Training; and
- Drop in service

We continue to engage and consult with stakeholders to inform service delivery and transformation, some recent key pieces of work include:

Ongoing consultation takes place at our EHWP taskforce meetings with a range of partners including the Children and Young Peoples Service, Adults Health and Social Care, Public Health, CCG, GP's, Calderdale Healthwatch, The Voluntary Sector and Police, all these groups had impact into the development of our plan and continue to support decisions around priorities and actions. For example a number of potential proposals were highlighted for Year 2 LTP funding support and these were discussed and prioritised by the taskforce with four being earmarked for receiving additional funding.



The Challenges and Priorities in Calderdale

In order to determine our key challenges in Calderdale we have listened carefully to what children, young people, parents, carers providers, the voluntary sector and wider partners have told us. We have analysed key themes from our data including eHNA, JSNA and 2015 CHiMAT report along with information from our monitoring reports. However, we also recognise the importance of all the 49 principles within the five themes identified in the Future in Mind document. Partners are committed to achieving improvements on all these areas in order to sustain wide reaching improvements for our children and young people.

The challenges that were identified locally in 2015 are listed below and it is clear from our refresh of this plan that we have started to address many of them in Year 1 and Year 2 of our LTP implementation and by 2020 we expect to have achieved all:

- In Calderdale there has been under developed provision of universal services. Children and young people do not receive support early enough;
- Not enough focus on early intervention and building resilience of the children and young people themselves, parents and carers and professionals;
- Not all pathways are clear and suitable;
- Lack of flexibility in the current provision restricts choices for children and young people;
- Services have too strong a focus on criteria rather than individual children and young people's needs, need to be more responsive to children and young people's needs;
- No single point of access, leading to confusion and inappropriate referrals to services;
- Waiting lists to access services are too long; the HWB has identified this as one of the key priorities to be addressed;
- Still some issues with the validity of data, this is improving but requires further development;
- Data sharing needs to be improved;
- Better communication/signposting is required for all stakeholders;
- More support for parents and carers is required;



- Lack of persistence by some organisations if a child or young person doesn't engage at first attempt;
- Sustainability - non-recurrent funding, short term projects ending with no transition to alternative;
- Self Help support;
- Increase in self-harm; and
- There have been increases in acute and / or crisis demand and difficulties in young people accessing Tier 4 beds.
- Improved support for children and young people with eating disorders.

Challenges in Tier 4

Mental Health Specialised Commissioning Team

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire. The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.



NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers selected as the first-wave sites, working towards a go-live date in October 2016 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- improve access to community support
- prevent avoidable admissions
- reduce the length of in-patient stays and,
- eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area; it is envisaged that the development of the LTP is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce the need for admission.

In order to improve the quality and outcomes for children and young people we will work closely with identified lead commissioners in Y&H to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding the variation that currently exists across YH to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients.

The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness.

This work will continue to carry out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

Please see the Data Collection Template in the set of appendices attached for more details.

In addition, there are a number of areas of high need that have been identified jointly in collaboration with NHS England Specialist Commissioners and Health and Justice Commissioning teams, which are summarised below:

Health and Justice

A fuller summary of the challenge around health and justice is available in the appendices document attached.

High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing, (NHS England, 2015).

Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

Over April and May 2016 NHS England Health and Justice commissioned a Pathway Analysis to look at the mental health and wellbeing pathway for children and young people in contact with Health and Justice commissioned services in Yorkshire and Humber and the North West. Information was gathered from a variety of perspectives including commissioners and service providers and we identified a wide range of issues and ideas about key elements of the system (such as Sexual Assault Referral Centres, Liaison and Diversion, Youth Offending Teams) and the routes into, out of and between them. These findings were used to develop a number of recommendations, some of which relate to specific services along the pathway and others that are relevant to the pathway as a whole. The full report containing all the recommendations can be found in the appendices.

Key Recommendations: improving the mental health and wellbeing pathway for children and young people in contact with Health and Justice commissioned services in Yorkshire and Humber and the North West

CAMHS Priority: The case for CAMHS to prioritise children and young people in criminal justice system is particularly strong for:

- Those identified with early behavioural problems and ADHD;
- Those who have suffered previous maltreatment;
- Young females;
- Young people from BME communities; and
- Those with mild to moderate learning disabilities and communication difficulties, who currently fail to access community services.

Youth Offending Services (YOS):

The success of the Youth Offending Team model has been widely acknowledged as an effective way of providing children and young people who offend with the right mix of care, supervision and rehabilitation.

Local commissioners and partners in Calderdale YOT are working together to develop pathways into the range of necessary specialist and follow on services, including CAMHS, family support, adult mental health services, learning disability, Speech and Language Therapy and neurodevelopmental disorder services.

Thresholds for acceptance into CAMHS can exclude some children and young people with lower level and multiple needs. Children and young people under the supervision of youth justice services and those identified as being at risk of offending receive specialist practitioner support and case management oversight from the current CAMHS provision. This ensure that young people are not be marginalised and have equal access to comprehensive CAMH services.

A Specialist YOT (Vulnerability) EHWP post is being funded to enhance delivery and pathways into CAMHs, a specific focus will be to support children with a community sentence and will be available for those on release from secure accommodation. This post will also allow specialist skills to be built within the existing teams.

Forensic CAMHs (FCAMHs): Children referred to FCAMHs may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. Challenges include:

- Highest risk during transition between different parts of the pathway, particular for the transition from secure accommodation to increased independence and responsibility in the community;
- Need for children on release from the secure estate to be referred to a community forensic CAMHs if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention; and
- The 3 secure establishments for children in Yorkshire and the Humber (HMYOI Wetherby, Aldine House and Adel Beck Secure Children's Homes) all have access to FCAMHs but there is often no community service to provide treatment or follow up available.
- Locally numbers are extremely low currently we have one young person sentenced to a Detention and Training Order.

Liaison and Diversion Services (L&D): Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. Challenges in service delivery include;

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YOS, and voluntary health and social care services to meet their mental health needs. Clear care pathways need to be established into comprehensive CAMHs for children who are on the fringes of early criminal activity right up until their resettlement after custody and

- Pathways from L&D services will need to include services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.

Perinatal and Maternal Mental Health

Current national guidelines and recommendations (including NICE guidance and Prevention in Mind) and future guidelines once published will be referred to and followed. On the publication of any guidance or information nationally, our multi agency taskforce will consider the implications for Calderdale fully. The taskforce will be responsible for agreeing specific action plans and ensuring effective implementation within the timeframe provided by central government. Regular monitoring of progress will be built into our work plan. Regular reporting of progress against the Implementation Plan of actions to meet national guidance will also be incorporated into the reporting of all aspects of the Local Transformation Plan to the Calderdale Health and Wellbeing Board.

In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.

In addition, Health Visitors are expected to work to the 'High Impact Area Documents which are explained here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413127/2903110_Early_Years_Impact_GENERAL_V0_2W.pdf

There is a specialist perinatal mental health midwife, who works closely with the local mental health trust and other relevant services. The Family Nurse Partnership FNP programme, commissioned by NHS England until 30th September 2015 and by Public Health from that point, is an approach that is based on attachment with intensive support for first time young mothers. The decision has been made not to recommission this service from April 2017 due to recent research that demonstrates lack of efficacy

when measuring primary outcomes in the UK healthcare system. However resource removed from this service will be reinvested in an extended Family Intervention Team (FIT) model.

This document articulates the contribution of health visitors to the 0-5 agenda and describes areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

The Early Years FIT (Theme 1.1.1) also applies. Use of mellow parenting resources across the perinatal period; learn from evidence from the Early Years FIT team and embed.

Possible identified gaps: As part of public health taking over the commissioning responsibility of 0-5 and FNP from 1st October 2015, CMBC public health will be undertaking a needs assessment as they are not in a position to understand in detail the provision and outcomes in health visitors and FNP as we move to a more integrated service across 0-5. However, discussions are ongoing with the provider and top level activity is understood with regards to the six High Impact Areas which relate to mental health. In relation to maternal and perinatal mental health, we have undertaken a rapid literature review and in the 2016 JSNA there will be a section around maternal and perinatal health.

NEW FOR 2016

Public Health has undertaken a needs assessment of early years services. Amongst other things, the public and stakeholders have identified unmet needs in perinatal mental health. As a result, when the health visiting service is re-procured this year it will contain stipulation for a specialist health visitor role in perinatal mental health, to link in with existing services.

In addition, a bid has been submitted in partnership with Kirklees, Wakefield and Barnsley Councils and led by South West Yorkshire Partnership NHS Trust to be a first wave Perinatal Mental Health Community Services Development Fund. The fundamentals of this bid are around development of a specialist service in Calderdale (with specialist psychiatrist and nurse/OT



support), development of an enhanced peer support network and improved primary care pathways. If the bid is unsuccessful, much of this is still achievable within existing resource and will happen anyway.

Mental Health Liaison Teams

Calderdale CCG and Greater Huddersfield CCG each fund a 24/7 Mental Health Liaison Team at Calderdale Royal Hospital and Huddersfield Royal Infirmary with A & E attenders and inpatients with suspected or confirmed mental health conditions. The teams also support and train mainstream hospital staff and link with community provision and local authority teams. The teams currently deal with young people aged 16+ years.

The number of young people accessing this service is:

14-16 years old	11
17-18 years old	37

Eating Disorders

The guidance for 'Access and Waiting Time Standard for Children and Young People with an Eating Disorder' has now been received, to detail the requirements for the eating disorder service.

The current offer in Calderdale is through the CAMHS service who provide an eating disorder pathway (cases which receive a diagnosis of anorexia and bulimia). In addition CAMHS also provide services for those young people who do not meet criteria for diagnosis but present with difficulties with eating, which are supported through the core and specialist interventions. The T3 provision currently has a caseload of 16 C&YP. Our estimation, based on the 2009 prevalence figures shows 18 C&YP (14 females and 4 males between the ages of 10 and 19) to require services for eating disorders. Our current investment for this service is £261,012 across Calderdale and Kirklees

The guidance is specific that the eating disorder service developed should support an area with a population of 500k as a minimum. Calderdale has a population of c. 200k so has established a collaborative approach to developing the service, working in partnership with Kirklees (c.430k) Barnsley (c. 240k) and Wakefield (c.330k).

Whilst there is a geographical convenience to the model the four CCG areas also commission CAMHS services from the same provider and so already have effectively collaborative working arrangements, and contracting and commissioning processes are aligned for this service. We have agreed the lead CCG for the provision of this service will be held by Greater Huddersfield CCG and a shared agreement will be created on this basis across Calderdale, North Kirklees, Barnsley and Wakefield CCG's.

The four CCG areas intend to combine their allocation for eating disorder services and jointly commission a service for these areas. This will have the advantage of aligning with the regional commission for the CAMHS service, and also achieve significant economies of scale through commissioning a service to cover a population of 1,186,800 and deal with a minimum of 110 referrals per year.

The commissioners will work collaboratively with the provider to develop the new model and an outcome based specification for eating disorders in accordance with the guidance provided supporting the principles of early intervention, care closer to home and choice. The redesign of our provision will allow us to be compliant with the waiting time standards set out in the guidance. We will develop an outcome based specification for the redesigned service, based on the guidance issued and support the principles of early intervention, care closer to home and choice. The allocated funding will give an overall budget of £646,379 for the new eating disorder provision. The proposed staffing and skill mix of the provision is attached in the appendices and further information can be found in the Tracker.

As part of the alignment with the national model in redesigning this pathway, preference would be to undertake a whole pathway review for eating disorders with the management and responsibility of Tier 4 services becoming the commissioning responsibility of the CCG's.



Section 4. Current Provision for Calderdale

More information about current provision in Calderdale is available in the appendices document attached. In addition the data spreadsheet, also attached, provides information regarding investment data, workforce data and activity data.

There are a range of services delivered across Calderdale which support the positive emotional health and wellbeing of children and young people. Some of the key services are listed below but this is not an exhaustive list:

Children's Centres

Calderdale has 16 children's centres across 21 sites, with 11 of the centres also offering nursery provision. These are managed by 2 externally commissioned providers, covering two separate geographical areas. Children's Centres deliver a range of services and activities which promote positive mental health and wellbeing in parents and children and refer and support those children and families who may require input from targeted or specialist services. The Family Support teams based in our Children's Centres deliver evidence based parenting programmes Strengthening Families Strengthening Communities which support parents to develop effective strategies to manage their children's social, emotional and behavioural problems and to help them understand their child's behaviour and how they can help them to improve.

Schools

There are 86 schools for primary aged pupils (including two special schools), with 20,155 pupils on roll (January 2015). 21 (24%) of the 86 schools for primary aged pupils are now academies. Calderdale also has 14 secondary schools (including one special secondary school) serving 16,652 pupils. 9 (64%) of secondary schools are now academies. 12 of our secondary schools offer



post 16 courses, in addition we have one Further Education College, one Free School offering post 16 courses and an Adult Learning Provision.

All Secondary schools have a named lead for emotional health and wellbeing and have implemented a range of services which support the positive mental health of their students, these range from in-house counsellors to whole staff training on related areas e.g. mindfulness, peer support.

Young Peoples' Service

This service offers a range of support opportunities for young people struggling with emotional health and wellbeing issues. The universal services include Youth Centres, Detached (Street Based) Youth Workers and mobile youth work vehicles all of which provide access to youth workers who can offer 1-1 or group work sessions around emotional health and wellbeing. These could be opportunities to discuss worries or concerns that affect individuals or groups accessing these services – usually in the evenings in localities across Calderdale.

The targeted services consist of locality based key workers and Youth Works which has recently incorporated the CSE service who offer mainly regular 1-1 sessions with young people across a range of issues – all of which would have an impact on emotional health and wellbeing. These workers offer an individualised package of support through regular contact, discussion and occasional activities. At times they will pull together groups of key worked young people to cover wider or shared issues/topics. This work takes place through the day and in the evenings and operates from anywhere in Calderdale including within schools. Both of the above aspects of the service would refer through to more specialist services should the need arise. YPS also maintain the YOYO website which provides information and contact details for support around a range of issues including emotional health and wellbeing.

Voluntary and Community sector

Calderdale also has a committed and diverse voluntary sector, offering a range of universal and targeted services that improve emotional wellbeing and mental health for children and young people. The voluntary sector plays a particularly important role in building resilience and creating environments that support good mental health, such as active lifestyles and peer support. Some examples of the voluntary and community sector service are listed below but this is not an exhaustive list please see the therapeutic guide.

- **Noah's Ark-** offer young people's counselling services, family counsellors and Rainbows support groups for 4-10 year olds, as part of their approach of recognising the need to deal with all areas of a patient's life: their feeling of wellbeing, how they manage day-to-day, any money worries they might have or problems that can arise in any family.
- **Healthy Minds – Open Minds: Mental Health Education Project**
The project will educate people about mental health, emotional resilience and the effects of stigma, enabling them to adopt positive approaches which will help them manage their mental health and wellbeing more effectively, recognising how wellbeing is affected by multiple life factors. The project will deliver workshops in primary and secondary schools, community groups and workplaces through a flexible training package. In addition a train the trainer package and a network of trainers will be established which will extend the reach of the project.
- **New for 2016: Northpoint Counselling – Emotional Wellbeing Outreach in Schools**
The project will particularly focus on parents of primary school age children, but extend into the transitioning year groups. It will benefit from the strong relationship which generally exists between parents and school staff in the primary age range, therefore enabling a holistic approach to supporting children's mental health.
The focus is on helping parents to improve their own mental health and wellbeing, and build the skills which will enable them to better support their children at an early age to maintain positive emotional wellbeing later in life.

Tier 2 CAMHS: A targeted service supporting emotional wellbeing and mental health

Tier 2 CAMHS service is provided by Northpoint Wellbeing Limited, an independent voluntary sector organisation and offers advice and support to professionals working with children & young people where emotional, behavioural or mental health problems are not responding to preventative or universal services interventions. Tier 2 practitioners may also offer initial face-to-face brief treatments for children & young people and/or families/carers where appropriate. Tier 2 interventions are often provided in community settings such as children's centres, schools and health centres. A range of short term interventions can be offered depending on the needs of the young person/family. This service is jointly commissioned by the CCG and CYPS Calderdale Council on a service specification which reflected consultation with users. The Council is the lead commissioner but the contract is jointly monitored.

Tier 3 CAMHS: A generic specialist service for those children and young people experiencing mental health difficulties of a severe nature

Tier 3 CAMHS works with more severe, complex, and enduring difficulties. Tier 3 CAMHS can also help where there is a reasonable indication that the child may have complex neurodevelopmental difficulties e.g. autistic spectrum continuum, ADHD or other difficulties that may require a multi-disciplinary assessment. This service is jointly commissioned by the CCG and CYPS Calderdale Council. The CCG is the lead commissioner but the contract is jointly monitored. This service is provided by South West Yorkshire Trust (SWYPFT).

Specialist pathways

There are clear pathways within Tier 3 CAMHS for referrals for adopted & Looked After children (LAC), children with Learning Disabilities, young people with eating disorders, young people with ADHD, and young people with ASD (autistic spectrum disorders).



New for 2016: CAMHS First point of Contact

The FPoC has been established in Calderdale as single entry point for all referrals to Tier 2 and Tier 3 CAMHS services for all professionals. Referrers are encouraged to phone the First Point of Contact before making a referral. This is to ensure that young people receive the right support at the earliest point. The First Point of Contact can be used by anyone who works with a child or young person – ideally a professional who knows the young person and/or family well. Qualified mental health practitioners are available to provide telephone support, consultation, signposting information, and referral advice.

Early Intervention in Calderdale

Calderdale is delivering robust early intervention services which are driven by the Early Intervention Strategy. Calderdale's Early Intervention Strategy (EIS) has been developed to deliver a co-ordinated approach to multi agency locality working. This provides Calderdale Council and its partners a robust framework to ensure the delivery of efficient and effective services to families. The priority is to deliver intervention which is early and focused for children, young people (aged 0 to 19) and their families who have been identified as being most at risk of needing support from a specialist service.

Early Intervention is delivered through the four geographical areas: Halifax Central, Halifax North and East, Upper Valley and Lower Valley. Each locality is led by a Service Manager, who has a strategic responsibility in co-ordinating services within the locality to meet the needs of children, young people and families within that area. Multi agency partners across all sectors form Early Intervention panels in each locality. Emotional Health and Wellbeing Services work closely with the Early Intervention Panels and provide information on individual cases and receive referrals direct from the panels.



Vulnerable Young People

Calderdale also holds a weekly panel meeting to address the needs of our most at risk and vulnerable young people, the purpose of the Vulnerable Young People's Panel is to develop and manage packages of support and diversion for our most vulnerable young people. The Panel will work to offer alternatives to care for adolescents, and to create innovative alternative interventions. A representative from Tier 3 CAMHS attends this meeting to ensure the mental health needs of young people referred to the panel are appropriately supported.

CSE Services

From 1st September 2016 CYPS 12 month commissioning approach for CSE service are as follows, these add to the

- Direct and targeted support for young people who are victims of/at risk of CSE
- Targeted specialist support services project for parents/carers
- Healthy Relationships support for schools

These combined approaches alongside existing prevention, community and universal support for victims/those at risk of CSE in Calderdale enable us to target areas of need. This includes emotional health and wellbeing through direct, family, community and professional support and building children and young's peoples self resilience and recognition of healthy relationships.

Domestic Abuse Services

The specialist domestic abuse support service (Staying Safe) started in July 2016 and includes specific strands of work directly with children and young people. The Children and Young Peoples Support Service provides an evidence based package of support to increase resilience and emotional wellbeing. It is for girls and boys aged between 5 and 19 who have experienced domestic abuse



either in the household or in their own relationships. There will be a strong preventative element of this work with consistent messages about healthy relationships. Outcomes are measured using the SDQ.

Alongside this bespoke programmes of work with adolescents who are violent to parents and other family members are being delivered by the FIT team, YOT and Youth Service. The Respect programme started Sept 2016. This is a structured programme of work delivered one to one with young people (male and female) and their parents to address abusive behaviour. Outcomes are measured using the SDQ, school attendance and police call outs. The PACT programme delivered by the YOT works with older adolescents to address family violence using group work with teenage boys and mothers.

The above are specialist DA services. Universal services such as the FIT Team, YOT and Youth Service work closely with young people and their families to address domestic abuse as part of their day to day work.

Calderdale Therapeutic Service

The Children's Therapeutic Service (CTS) team provide systemic practices to vulnerable children across Calderdale. A recent restructure and employment of a new Manager within the local CTS team has presented an opportunity for the CTS team to implement a new project called Safe, Successful Families in June 2015. The project aims to strengthen inter-agency and multi-agency partnerships along with redesigning and transforming Social Care services. Although the project is in its infancy, similar themes have been identified between the Safe, Successful Families project and the Future In Mind guidance. On-going discussions with the new Manager are to be continued and developed whilst promoting effective partnership working.

A Right Home Launch event focused on adolescents on the edge of care who can be offered a range of accommodation and support arrangements that can be flexible. Emphasis on matching the needs of the young person rather than matching a service model flows throughout the process and compares well with the Future In Mind guidance. Strong links are to be developed with the Right Home Team along with identification of areas that can be supported with multi-agencies across Calderdale.



New for 2016: Health and Wellbeing Team

This new and innovative team has been created within Complex Needs to work across the whole Service including Visual Impairment, Hearing impairment, Multisensory, ASD, and DCT.

We have appointed a highly qualified Mental Health Nurse and three Specialist Outreach Workers. The team will deliver high quality, comprehensive mental health and wellbeing services for children and young people with social, emotional and mental health needs within schools. The Team will focus on referrals from Schools and ensure that early help is provided in order to remove the barriers to learning, achieving and provide support to the family. The team will work with schools, other agencies and services in order to tackle delays and ensure young people maintain their access to education and remain in their learning environment. The team in consultation with a wide range of professionals, will provide assessment, evidence based interventions using a collaborative, recovery approach and will be skilled at risk management and building resilience. The Health and Wellbeing Team will also participate in whole Service development and provide support and advice to colleagues and schools.

In addition there are a range of other services both in house and commissioned which support the emotional health and wellbeing of children and young people in Calderdale, including but not exclusive to the, Families Intervention Team, Young People's Service, SENDIASS, School Nursing service, Substance Misuse Service, Domestic Abuse Service, PACE and BLAST. Please see our Directory of Therapeutic and Counselling Services for Children and Young People for more detailed information in the appendices document attached.

Tier 4: Specialist services

- Commissioned by NHS England through the Yorkshire and Humber Mental Health Specialised Commissioning Team, working collaboratively with identified lead commissioners in the relevant CCGs. The overall vision is for children to be treated as close



to home as possible, in community-based services wherever safe and appropriate but with access to specialist services where possible.

- In April 2015: there were 90 beds in total in Yorkshire and Humber (53 general adolescent and 37 other)
- In Calderdale two providers offer an Early Intervention in Psychosis Service. The teams support the early identification of mental illness (psychosis) from the ages of 14 -35, and supports their treatment and recovery to help them maintain their wellbeing.

Crisis Care

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people of all ages in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health issues can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on commissioning for prevention and early intervention.

Partner agencies in Calderdale signed the local Crisis Care Concordat Declaration to work together in December 2014. The work they are doing to improve crisis care is managed through an action plan by Calderdale Mental Health Innovation Hub, a forum of organisations providing care and support for people in mental distress. Quarterly updates against the Calderdale action plan are posted in the relevant part of the national Crisis Care Concordat website at www.crisiscareconcordat.org.uk

For more detailed information about current provision in terms of activity, workforce and investment in Calderdale, please see the Data Collection Template in the appendices document attached.

Section 5. Our Approach to Transformation

Calderdale stakeholders are already committed to improving the emotional health and wellbeing of children and young people in Calderdale, through building resilience, providing early intervention and ensuring appropriate treatment for more complex emotional health and wellbeing needs.

Calderdale's aim is to implement successful transformational change, and so a decision has been made to bring together all of the work throughout the system, whether existing improvement aims with local drivers, or extended ambitions in response to the national Future in Mind agenda. Seeing both kinds of improvement work together will help us to identify scope for joint working, establish critical mass and ensure strategic oversight to this whole area of work, allowing system thinking and clear coordinated pathways.

The Emotional Health and Wellbeing Taskforce has developed a Strategic Implementation Plan (see section 2) which will include details of all of the work being carried out by the multiagency partnership across all principles in the Future in Mind Document under the five themes. **This Strategic Implementation Plan will continue to be developed to include outcomes and performance measures, reflecting evidence based approach wherever possible but also ensuring that patient and user voice is central**



to our understanding of success locally. There will be a range of appropriate Key Performance Indicators developed under the strategic oversight of the Emotional Health and Wellbeing Taskforce, enabling them to report back to both the Health and Wellbeing Board and to children, young people, parents and carers. The voice of the child will be a key element in this 360° reporting.

The detailed Strategic Implementation Plan also contains plans for Year 1 to 5 through existing funding streams, and should be read alongside this Transformation Plan for the full picture of system change planned in Calderdale. This includes progress to date and is regularly updated.

Section 6: Our Priorities - Outcomes to be Improved in Year Two

In Calderdale the Local Authority, Clinical Commissioning Group, Public Health and other partners and stakeholders are committed to improving the emotional health and wellbeing of our children and young people at pace. Therefore, whilst the additional funding for our Transformation Plan is very welcome, it is acknowledged it is only sufficient to address a few key priority areas each year.

Our detailed Strategic Implementation Plan provides a self assessment of our current progress against all 49 areas under the five themes detailed in the 'Future in Mind' Document along with some bullet points detailing some of our plans for the next five years in order to ensure progress is made in each of the 49 areas. The task force oversees this implementation plan which is updated quarterly and highlights progress against all 49 FiM recommendations.



The tables below summarise our priorities and intended impact for Year 2 and also our overall goals to be achieved by 2020. Our detailed Strategic Implementation plan is embedded earlier in Section 2 of this document.

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people	
Priority areas for Year 2- 2016/17	Impact to be achieved in Year 2- 2016/17
Map emotional health and wellbeing work in early years services and develop an action plan to address gaps identified.	Develop a clearer understanding of any gaps in early years and develop strategies to address.
Support Primary schools to implement good practice in early intervention in emotional health and wellbeing by developing and implementing a range of projects which build staff knowledge and skills to support their students.	Secure engagement of 50% of the Primary schools clusters (43 schools). Increase uptake of eHNA and SDQ in Primary schools. Improve workforce knowledge and skills around emotional health to improve support for children at a younger age.
Build capacity, resourcefulness and resilience in Secondary schools through a range of approaches Monitor and evaluate projects which commenced in Year 1.	Increase engagement of Secondary schools by 10% and continue to share best practice to ensure students receive early intervention support at the right time reducing the need for targeted and specialist services.
Develop a Recovery college model to support young people experiencing emotional health difficulties pre and post CAMHS.	This will offer more choice and control for children and young people and support the successful implementation of the THRIVE framework. Successful engagement and impact on over 500 young people, the offer to be available during term-time and in school holidays. The college will be co-designed with young people.

Consult with our children and young people to identify what digital tools could be implemented to support children and young people's resilience and ability to self help.	Identify e-learning and other on-line and digital self help tools which children and young people would use to self support to inform planning and delivery.
Monitor and evaluate all Year 1 programmes funded by LTP.	Increase and share understanding of what works most effectively to improve children and young people's emotional health. Gather evidence of impact and effectiveness of different projects to inform future planning.
Continue the roll out of the anti-stigma work.	The stigma of mental health will be reduced across Calderdale through delivery of further anti-stigma workshops. Round 2 workshop programme: Schools: 51 workshops attended by approximately 1275 students and staff and Community: 24 workshops attended by approximately 288 people.
Implement 3 new schemes to provide additional support for self-harm. Alongside some practical schemes we are investing in a research project which will identify key triggers and solutions to self harm nationally and locally and help inform the development of further projects. Our locally based Women's centre is leading on this research. Our Young Peoples' Service have been granted funding to develop support groups and use peer mentoring (carried out by young people who have previously self-harmed) to work with	Increased understanding of self harm triggers and solutions across the workforce. It is expected that in excess of 100 professionals will access the training and development aspect of these projects Young people are supported to develop self- help strategies. It is anticipated that around 1,000 young people, will receive additional support, advice and guidance through both the projects.

and support some of those young people. This project will also invest in some 'self-care packages' for young people who are self-harming, which contain distractions e.g. stress balls, elastic bands, tattoo pens, and first-aid items such as antiseptic wipes, bandages etc.

Healthy Minds have been awarded funding to deliver a range of self harm training packages in schools for staff and students raising awareness about self harm and the support available. This programme will also incorporate training for trainer programme.

By 2020 we will have achieved: robust and sustainable approaches to early intervention across a range of services including schools which are able to provide advice, guidance and support to children and young people reducing the need for them to access targeted and specialist services.

Theme 2: Improving access to effective support - a system without tiers	
Priority areas for Year 2- 2016/17	Impact to be achieved in Year 2- 2016/17
Implementation, mobilisation and evaluation of the First Point of Contact for CAMHS.	A single point of entry for the majority of emotional/mental health referrals for children and young people. Early evaluation to date confirms improvements for those referring and those being referred. One aspect of the evaluation will involve our young inspectors who will inspect the service and provide recommendations for improvements.
Enhancing perinatal mental health support in line with national guidance.	A stronger and more comprehensive offer will be in place locally ensuring better anti natal and post natal identification and support for mental health.
Complete the re-commissioning of CAMHS introducing a whole system change and a service without tiers.	The new services will fit around children and young people's needs and described outcomes rather than service tiers, ensuring children, young people and families are active decision makers in the process of choosing the right approach.
By 2020 we will have achieved: A system built around the needs of children, young people and their families offering choice and control intervening early and building long term resilience.	

Theme 3: Caring for the most vulnerable	
Priority areas for Year 2 2016/17	Impact to be achieved in Year 2 2016/17
Embed the learning points from the DNA research project.	An overall reduction in DNA and better engagement of vulnerable children and young people and families in mental health services.
Pilot specialist mental health practitioner role in YOT and SEN team.	Provide additional support and therapeutic interventions for vulnerable children and young people. A reduction in the number of vulnerable children and young people presenting in crisis and requiring urgent mental health care. Evidence of CAMHS and EHWP input into Education Health and Care Plans. Up skilling of local authority staff within teams to support and signpost to appropriate help.
Explore and implement solutions to improve waiting times and the support for children and young people on the ASD pathway and their parents and support for those who do not receive a diagnosis.	Overall waiting times on the ASD pathway will be improved. ASD pathway and processes will be more robust and transparent Support for children and parents waiting will be more effective. Potential reduction in challenges where children do not receive a diagnosis may be reduced as support will still be available.

	Parents and carers will be involved in developing a local solution which works for them and better communication will reduce frustrations.
Undertaking work to develop appropriate information sharing between services and professionals about families who have experienced 4 or more ACEs. Support health services/schools to collect information on ACEs to inform their work with children and young people and their families.	<p>Closer working relationship between health professionals and other services.</p> <p>Increased understanding across all stakeholders of the impact of ACEs.</p> <p>Children and young people who have experienced 4 or more ACE's are identified and better supported.</p>
By 2020 we will have achieved: Our most vulnerable children and young people will receive effective and timely support and staff within teams supporting the groups will be equipped with new skills and work seamlessly with our CAMHS providers to effectively support these groups. Waiting times will be in line with national guidelines, with clear pathways in place and effective transition to adult services.	

Theme 4: Accountability and Transparency	
Priority areas for Year 2- 2016/17	Impact to be achieved in Year 2- 2016/17
Multi-agency taskforce will continue to meet every six weeks maintaining full engagement of all partners, meeting times will be adjusted to enable involvement of young people.	Children and young people benefit from a multi-agency approach of partners committed to improving outcomes. Young people will have the opportunity to give feedback directly to the taskforce.
Continue to consult with children and young people through our reference groups and involve the Tough Times group directly in the planning and delivery of our priority actions.	Children and young people continue to have a real voice and influence and are clear how their voice and views have been used to drive up service improvements
Strengthen our consultation processes with parents and carers and find more ways to engage and communicate effectively.	Parents and carers feel more supported and listened to. Communications with parents will be improved – parents will be kept up to date about service improvements.
Regular updates will be provided to key strategic Boards/Groups including Health and Wellbeing Board ensuring this area remains a key local priority.	Wider partners are better informed. Senior Leaders remain committed to prioritising this area.
Commitment from senior leaders to fund at appropriate levels.	Funding is available to improve outcomes for children and young people.
Use the combining of Children's and Adult Services in the Local Authority to strengthen transition arrangements.	Transition arrangements are strengthened and work effectively for young people.
By 2020 we will have achieved: Agreed approaches to integrated commissioning and aligned budgets across health and social care for mental health services for children and young people.	

Theme 5: Developing the workforce	
Priority areas for Year 2- 2016/17	Impact to be achieved in Year 2-2016-17
Training numbers have been submitted as part of the wave 6 CYP IAPT training programme identifying possible new staff and additional resources required to release staff. A collaborative approach has been developed between Calderdale and Kirklees for CYP IAPT. However, funding has not yet been allocated to enable staff identified to be released.	Staff in targeted and specialist services are trained in evidence based programmes which enable them to offer a range of therapeutic interventions which achieve improved outcomes for children and young people.
Map training provision in emotional health and wellbeing for professionals, parents and children and young people and develop an action plan where gaps are identified.	Develop a comprehensive map of training available and ensure duplication and gaps are addressed to ensure there is differentiated support and training available to the workforce.
Fully implement training the trainers' model for Youth mental health first aid and roll out the training programme across Calderdale.	Increase the numbers of professionals trained as mental health first aiders especially in schools ensuring that staff are equipped to identify and support emotional health and wellbeing issues in students.
A toolkit of resources developed for schools on healthy relationships.	To monitor the feedback from schools to confirm resources enable schools to improve outcomes for children and young people and evaluation demonstrates a positive impact on behaviours and attitudes.
By 2020 we will have achieved: the implementation of a comprehensive workforce development strategy in line with CYP IAPT.	

Identifying Priorities for New Future in Mind Funding

To establish how the additional LTP funding should be spent the following was considered:

- Reflection on what our data evidence indicates we need to improve: eHNA, JSNA and CHiMAT child health profiles
- Key themes which were prioritised by a number of different groups/stakeholders from our local consultation e.g. Peer Support was highlighted in separately by all the following consultation groups:
 - Young People
 - Schools
 - Parents
 - Professionals
- Actions already agreed to address some of our identified key priorities e.g. we have already identified non-recurrent CCG funding to develop a pilot aimed at reducing the incidents of self-harm;
- Which priorities we could work on that would demonstrate effectively and quickly to stakeholders we had listened and acted on their suggestions for improvement;
- Impact on outcomes for children and young people;
- Timescales to implement;
- Feedback from stakeholder regarding how any additional money should be spent – approximately 37% resilience, early intervention and prevention, 26% improving access, 25% workforce development (locally it was agreed that our workforce should include parents and carers) and 12% Vulnerable Groups; and
- Other potential funding available e.g. included in our Vanguard proposal is a ‘single point of access/contact’ it may be possible to link our emotional health and wellbeing SPA to this.

For year two the multi-agency taskforce also considered:

- Our overall priorities against our 5 year plan,



- Our progress and impact in year one,
- Other opportunities we are already exploring.

Eight were identified as areas we wanted to prioritise for further exploration, members of the taskforce along with children and young people were then asked place these in order of priority.

Following this exercise funding has been agreed for the first four following areas outlined in the table below:

Year Two – Additional Resource/Funding Priorities

Below is an outline of our plans for additional funding in year two . These can all be found in our strategic implementation plan.

Future in Mind Theme	Priority	Outcome	Cost	Actions
Theme 1 Promoting resilience, prevention and early intervention	Calderdale version of the Schools and CAMHS link pilot	Building a shared understanding between schools and specialist CAHMS providers Increasing the professional understanding and confidence with mental health issues among staff in all schools. Improve CAMHS	£50,000	To develop a project based on the ideas from the NHS England programme to:- -raise awareness and improve knowledge of mental health issues amongst school staff; -improve CAMHS understanding of specific mental health and well-being issues within schools; and

		understanding of specific mental health and well-being issues within schools		-support more effective joint working between schools and CAMHS.
Theme 1 Promoting resilience, prevention and early intervention	Roll out of good practice around emotional health and wellbeing for Primary schools	Building resilience in children from an earlier age. Increasing the professional understanding and confidence with mental health issues among staff in all schools.	£70,000	To work with Primary schools to identify, develop and implement projects which will most effectively support the improvement of emotional health and wellbeing of students.
Theme 1 Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people	Three projects have been agreed and funding allocated to improve support for children and young people who are at risk of or who self-harm	Increasing the professional understanding and confidence with self harm issues among professionals. Increasing the support for children and young people who self harm.	£55,126	-To undertake a research project to identify emerging good practice and reviews evidence of innovative approaches in other parts of England & Wales. To link this with findings from a local ethnographic study and to use the findings to inform future planning. To develop and implement a training offer for schools and other organisations which support professionals to understand why children and



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				<p>young people self harm and how they can provide effective support.</p> <ul style="list-style-type: none"> - Linked with this will be a training programme for children and young people to build self esteem and confidence and resilience. -To implement a peer and group support programme for young people who self harm involving young people with lived experience.
Theme 2 Improving access to effective support	Developing a Recovery College model for Young people based on the adult model in place.	<p>Increased flexibility and control for young people</p> <p>Wide choice of activities designed to improve EHWP delivered in a way that appeals to young people.</p> <p>Reduced demand for more intensive support</p> <p>Supports Care Closer to Home.</p> <p>Supports feedback from Young people.</p>	£85,000	To work with young people and other key stakeholders and partners to develop a plan for the implementation of a virtual college which offers support for young people to manage their emotional health and wellbeing issues.

Theme 3 Caring for the most vulnerable	Pilot the appointment of an emotional health and wellbeing practitioner to support the Youth Offending and Special Educational Needs team	Would strengthen Early Intervention May reduce referrals into CAMHS Would strengthen mental health support and case oversight / supervision for the most vulnerable groups of young people	£40,000	To develop a role profile and recruit a fixed term post ensuring long term sustainability is achieved through embedding learning and good practice across the teams.
Theme 3 Caring for the most vulnerable	Work to define next steps to train SENCO's to provide support to partners for ASD pathway Jointly review the ASD assessment structure.	Reduction in waiting times for assessment. Parents, children and young people are better supported throughout the process.	£100,000	A multi-agency group is in place to explore pre-school and school age support, referral and waiting times for ASD. Priorities agreed by the group in conjunction with information from parents and young people will be implemented to make sustainable improvements in this area.
Funding to support Eating Disorder service	On-going priority following on from year one.	Children and Young people supported with Eating Disorders, reducing the need for admittance to specialist out of area provision	£107,000	To continue to fund a provision locally and close to home to ensure appropriate support is provided for children and young people in Calderdale.
		Total funding	£507,126	

Key Performance Measures:

Please see the Tracker for reference to Key Performance Indicators.