

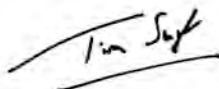
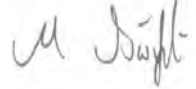




# Transformation Plan for Children and Young People's Emotional Health and Wellbeing – Calderdale

2015 – 2020

Year 3 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: 10.10.17	Cllr Megan Swift, Lead Member for CYPS,  Date: 09.10.17
Stuart Smith, Director of Adults and Children's Services,  Date: 09.10.17	Dr Matt Walsh, Chief Officer, Calderdale CCG,  Date: 23.10.17
Paul Butcher, Director of Public Health,  Date: 09.10.17	Cllr Bob Metcalfe, Lead Member for AHSC,  Date: 09.10.17

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

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## Section 1: Introduction

### 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 continuing to improve access to services, develop new and innovative ways to meet mental health needs, improve resilience in children, young people and families; with a strong focus on early intervention. Our partnership vision is 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. We will achieve this by working in partnership with children, young people and their families as our key stakeholders ensuring meeting their needs is our highest priority.

The publication of the Future in Mind Report came at an opportune time in Calderdale, as there was already a well-established joint working arrangement in place around our Children and Adolescent Mental Health Service (CAMHS), including an innovative project working within schools and a strong developing voluntary sector offer. The implementation of the Future in Mind agenda continues to align well with our overall strategic direction. We are working with providers and key partners who all remain committed to maintaining the pace of change we have established for this area and are passionate about improving emotional health and wellbeing for children and young people in Calderdale. Continuous improvement remains a high priority with strategic buy-in from all partners involved in emotional health and wellbeing for children and young people.

This Year 3 refresh of our Local Transformation Plan continues to build upon our collaborative approach, ensuring the Future in Mind funding progresses our shared goal to improve outcomes for children and young people in Calderdale. It also links well with Calderdale's Five Year Forward View for Emotional Wellbeing and Mental Health which is designed to support and empower the



individual to manage their own emotional wellbeing and mental health. The governance arrangements we have established under the Future in Mind plan and reporting to the Health and Wellbeing Board and other strategic boards provides overall 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.

## Section 2. Our Approach to Transformation

Partners and stakeholders are 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.

Children, young people and their families are at the heart of all our work and we ensure input from these key stakeholders is integral to our approach to transformation. Young people play a fundamental part in the implementation of our LTP priorities as well as being part of the decision making process each year regarding setting priorities on spending. We aim for children, young people and parents to be actively involved in all aspects of our work. To foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who are experiencing mental health and emotional wellbeing difficulties.

As part of our approach to transformation, we have gained an understanding of Calderdale's current needs, demands and delivery of CAMHS through the variety of engagement events and discussions with neighbouring localities, which has identified that our local population deserve an all-encompassing service framework which functions as a whole system using a person-centred approach.



Commissioners have identified the THRIVE framework as part of this transformation approach in meeting our criteria and evidence findings, with the Engagement Composite Report developed from our engagement work with stakeholders supporting this approach. The implementation of THRIVE supports the culture shift identified as needed in Calderdale. It will support the move away from our historic negative association of poor patient experiences and provide a dynamic and innovative approach moving towards a goal focussed and collaborative approach that is not delineated within tiers.

In order to successfully implement THRIVE in the area we have established a CAMHS/THRIVE Partners Steering Group; this involves new ways of working between commissioners and providers enabling us to collectively drive forward service improvement. Providers and partners are working in collaboration to improve emotional health and wellbeing services in Calderdale there is joint ownership of the issues and challenges we face and a collective approach to finding solutions.

Working in partnership helps us to have a much bigger impact on the lives of children and families than we would ever be able to achieve alone. We work with children, young people and families and organisations in the public, private and voluntary sector in order to achieve our vision.

The THRIVE framework is a new conceptual model for CAMHS. THRIVE framework is a way of conceptualising need amongst a community of children, young people and their families. Need is measured under the five categories; thriving, getting advice, getting help, getting more help and getting risk support.

The outcomes sought through this work are:

- Reducing inequalities and improving health outcomes for children and young people (including equality/social cohesion, financial inclusion, attainment levels)
- Building a sustainable future (environment and sustainability)
- Improving the quality of care and experience





- Improving value and efficiency

Our approach to service improvement also contains a focus on innovation, this can be demonstrated in our successful partnership bids for additional funding to increase support in a number of areas including perinatal mental health, transfer of Tier 4 CAMHS budget to West Yorkshire to reduce out of area bed placements and new care models and offer to Tier 3.5, in addition to our new offer of on line counselling support over extended hours and introduction of new digital tools. We are also taking advantage of the merger of the Adults and Children's Directorates into a joint Adults and Children's Services Directorate to improve transition arrangements and the development of joint projects for both children and adults.

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. This will enable the people of Calderdale to live healthy and independent lives secure in the knowledge that, if they need them, services will be there to keep them safe, supported and cared for.

#### 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



### Section 3. Strategic Context

**Our Local Transformation Plan refresh sits within a wider national, regional and local strategic context which is outlined below.**

#### **Single Plan for Calderdale**

Both the single plan for Calderdale and the LTP focus on the following key areas; empowerment, services influenced by clients, building resilience. Key priorities of both plans are a system shift towards prevention and early intervention. In addition both support assets and resources to support improving emotional health and wellbeing.

- 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 must be on keeping people well for longer and, when they do become ill, supporting them to manage their conditions in the community, avoiding expensive institutional settings.

We are reimagining a new health and wellbeing system which promotes personalisation, supports healthy decisions, enables physical activity and encourages responsibility. By integrating health, local government, housing and other services across a geographic area, we believe we can reengineer the system to secure better outcomes and become sustainable for the future





#### Action on

- Wider determinants of health social factors, variation & inequality
- Health improvement: for people, communities, workforce
- Health protection: protecting health of communities and safe care
- Avoidable premature mortality: prevention is central part of health care practice

#### Action through

- Contributing to place based services including sustainability and transformation plans
- Taking Life course approaches to holistic prevention and care
- Responding to local population needs and wider factors affecting health and people's ability to make health life choices
- Supporting resilience and independence

#### Action by

- Increasing the visibility of health and social care professionals in prevention and population health and measuring impact
- Being a vibrant force for change building a 'culture of health' in our society
- Working with people, families and communities to equip them to make informed choices and manage their own health
- Making every Contact Count

For adult and children social care, the priorities focus on evolution not revolution as we improve and target our approach, building on three key areas:

- Encourage improvement, innovation and sustainability in care and support, reframing risk from a public health and safeguarding perspective in recognition that some of the actions we take/recommend to keep people safe are the things which ultimately contribute to health inequalities.





- Mind the gap between our strategic ambitions for integrated personalised care and support which provides a framework for people to be in control of their lives and optimises health benefits and return on investment at a system level and the reality of the care and support market.
- Bridge the fair cost of care, stabilising the care market through working towards equalisation and equity of access for people regardless of funding source.
- Ensure parity of esteem between physical and mental health to ensure in Calderdale mental health is truly 'on a par' with physical health for our whole population.

### The Calderdale STP

This has a focus on empowering people to take greater control of their own lives, involves clients influencing services and improving emotional health and wellbeing outcomes all of which are key factors on our LTP. One of the West Yorkshire and Harrogate STP priorities is mental health therefore links directly into the LTP. One of the key objectives of the WY STP is to make sure that mental health services are integrated or combined with physical health services - to ensure we care and treat the 'whole' person. For example; supporting children and young people with long-term physical health conditions to cope with anxiety or depression.

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 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.

#### The Calderdale Gap:

Health – Life expectancy for both men and women in Calderdale has been increasing year on year for the past decade. However, it is still lower than the England average and 9.3 years lower for men and 9.2 years lower for women in the most deprived areas.

#### Care and quality – In Calderdale too many people:

- Are dying prematurely and that this is worst in areas of Calderdale with high deprivation
- Are dying in our hospitals. The hospital Standardised Mortality Rate is higher than the England average
- Are admitted to residential or nursing home care
- Stay longer in hospital than is clinically necessary
- Efficiency and finance – In Calderdale we forecast a combined health and social care finance gap of £100m by 2021/22

The Calderdale STP links with the West Yorkshire and Harrogate STP which can be accessed by the following link:

<http://www.wyhppartnership.co.uk/>

#### Mental Health 5 Year Forward View

Our mental health 5 year forward view has very strong links to the LTP from a national, regional and local level. The local priorities in the 5YFV relating to children and young people all are reflected in our LTP.

#### Overview of MH priorities and actions

- National – Five Year Forward View (5YFV)
- Regional – STP
- Locality – Calderdale/progress against 5YFV



#### National - Children and Young People's Health

- Improved community services
- Community eating disorder services
- Reduced hospital admissions

#### Perinatal Mental Health

- Access to specialist inpatient and community care

#### West Yorks and Humber Key Areas

- Urgent Care/crisis care
- Suicide reduction
- Acute beds- reduction of out of area placements
- CAMHs
- Forensic – Eating disorders
- ASD/ADHD
- Link with physical health - Medically unexplained symptoms (MUS)

#### Calderdale Adult, Children and Young People's Key Priorities

- Integrated IAPT - long term conditions
- Redesign rehab and recovery services across health and social care
- Psychology – review
- Pathway for ASD
- CAMHs
- Dementia strategy – link with SWYPFT older peoples redesign

- Accountable Care Organisation

### **Transforming Care Partnership**

Our local TCP partnership between Kirklees, Calderdale, Wakefield and Barnsley has recently established a Children and Young people's work stream to implement the recommendations from the Lenahan review, "building the right support" and the recent NHS England Guidance "Developing support and services for children and young people with a learning disability, autism or both". The 9 principles outlined in the guidance will be embedded across the CKWB led by the children and young people's workstream. The workstream comprises CAMHS, LTP commissioning leads and representation from local authorities including SEND leads across the region. The children and young people's programme will dovetail and complement our CAMHS LTP's priorities and reporting arrangements and augment our existing joint CF Act arrangements in each local area. Therefore it has been decided not to produce a separate stand-alone TCP strategy or plan, but to integrate the required actions into our existing plans.

Each local area has undertaken a self-assessment against TCP priorities and principles and the identified gaps form the basis of the action plan and milestone reporting in relation to TCP. NHS England is overseeing implementation of the TCP and regular highlight reporting is taking place in relation to the agreed actions of the work stream. We have made good progress in terms of needs assessment, planning and projection for the groups of children and young people affected and also in implementing the CETR process and reviews across the footprint. The most recent feedback from NHS England has also highlighted the following positive aspects in relation to our local TCP for children and young people:

- 1) We have an Identified a Children and Young People's Lead for Transforming Care and a comprehensive, multi-agency workstream to focus on the children's agenda across the foot print.
- 2) You have lower numbers of under 18 in-patient admissions than the national average
- 3) Discharges of children and young people is timely

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



- 1) To develop the Dynamic Support Register and At Risk of Admission register for children and young people.
- 2) The views of young people within the local area are should be represented at the TCP Board
- 3) The views of parent carers should be represented on the TCP Board

The areas for further focus will inform the priorities in the 2017 refresh of our CAMHS LTP and will be monitored through the work stream and through quarterly reporting to NHS England.

Our LTP recognises the challenges both locally and nationally regarding autism and additional resources have been allocated to this area for the past few years. Numbers of inpatient care for children and young with a learning disability remain low in Calderdale in line with our overall aim to provide care closer to home. Provision of short breaks in Calderdale for children and young people with complex needs around LD and autism further supports this work, members of the short breaks panel also link in to support from the LTP.

### **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"> <li>• Jobs</li> <li>• Skills</li> </ul>	<ul style="list-style-type: none"> <li>• Equality/ Social Cohesion</li> <li>• Financial Inclusion</li> <li>• Attainment Levels</li> <li>• Health Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Environment</li> <li>• Sustainability</li> </ul>
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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)**

The CCG is committed to reducing health inequalities along with improving the quality of life. Improving the population's mental health is a key focus and priority for the 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>

### **Crisis Care Concordat**

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. The LTP takes into account the crisis support we have available in Calderdale.



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. Updates against the Calderdale action plan are posted in the relevant part of the national Crisis Care Concordat website at [www.crisiscareconcordat.org.uk](http://www.crisiscareconcordat.org.uk)

### Equality and Diversity

The LTP 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.

## Section 4. Governance and accountability

Calderdale has established a robust governance structure for the Local Transformation Plan at all levels 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. Our Health and Wellbeing board provide strategic oversight of the Local Transformation Plan.

### 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 Health watch.

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 Local Transformation Plan.

### **The Integrated Commissioning Executive (ICE)**

Has been established by the Calderdale CCG and Calderdale MBC to ensure the:

- Development of place based leadership
- Adoption of a system wide approach to improving of population health outcomes across different organisations as a prime objective of health and social care commissioning.
- Delivery of the strategic intent as set out by the Health and Wellbeing Board in the Single Strategic Plan for Calderdale.
- Development of a person centred integrated approach to commissioning for the people of Calderdale.
- Alignment of its work with the Council and CCG transformation programmes including the Adult Health and Social Care Transformation programme (Calderdale Council) and the Vanguard/Care Closer to Homes/New Models of Care/Hospital Change Programme.
- Oversight of the Better Care Fund and Improved Better Care Fund

The purpose of the Integrated Commissioning Executive is to:

Oversee the achievement of the strategic outcomes as set out in the Single Strategic Plan for Calderdale detailed above, i.e.

People will:

- Have more years of a full and healthy life
- Live independently in their own homes for as long as possible



- Be able to access help and support as close to home as possible
- Have access to high quality hospital care when they need it
- Be enabled to leave hospital as soon as they are ready
- See organisations working together in the best interests of the population
- Oversee the development of integrated commissioning strategies
- Provide oversight of delivery of the Better Care Fund spending plan and related performance
- Provide clarity on; commissioning intentions, budget plans and assumptions and the management of potential unintended consequences
- Further developed the Section 75 Agreement in line with the work of the ICE
- Form the basis for the 'payer and assurance' function
- Maximise opportunities for joint commissioning, service improvement, system transformation and procurement
- Support the development of a Sustainable and Transformation Partnership/Single Strategic Plan for Calderdale
- Have an initial focus on; adult health and social care, children and young people, public health and housing, building in the future, towards a population health approach which includes a broader range of functions that impact on health and well-being
- To hold each other to account for the delivery of the joint strategic objectives
- This board will oversee joint commissioning arrangements for emotional health and wellbeing.

### Operational Commissioning Group

This group focus on Better Care Fund Schemes and also on joint strategic commissioning to support our joint strategic direction including:

- Learning Disabilities
- Mental Health
- Care Homes





- Children
- Continuing Care

### **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.

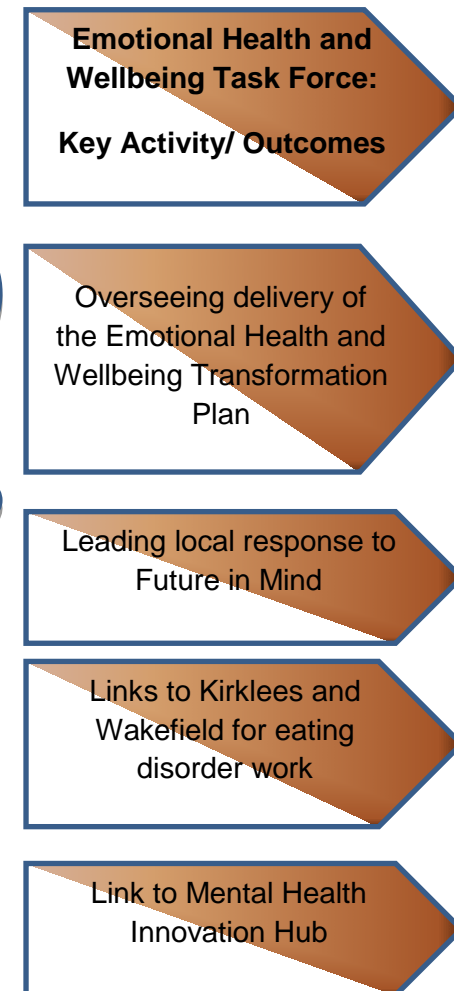
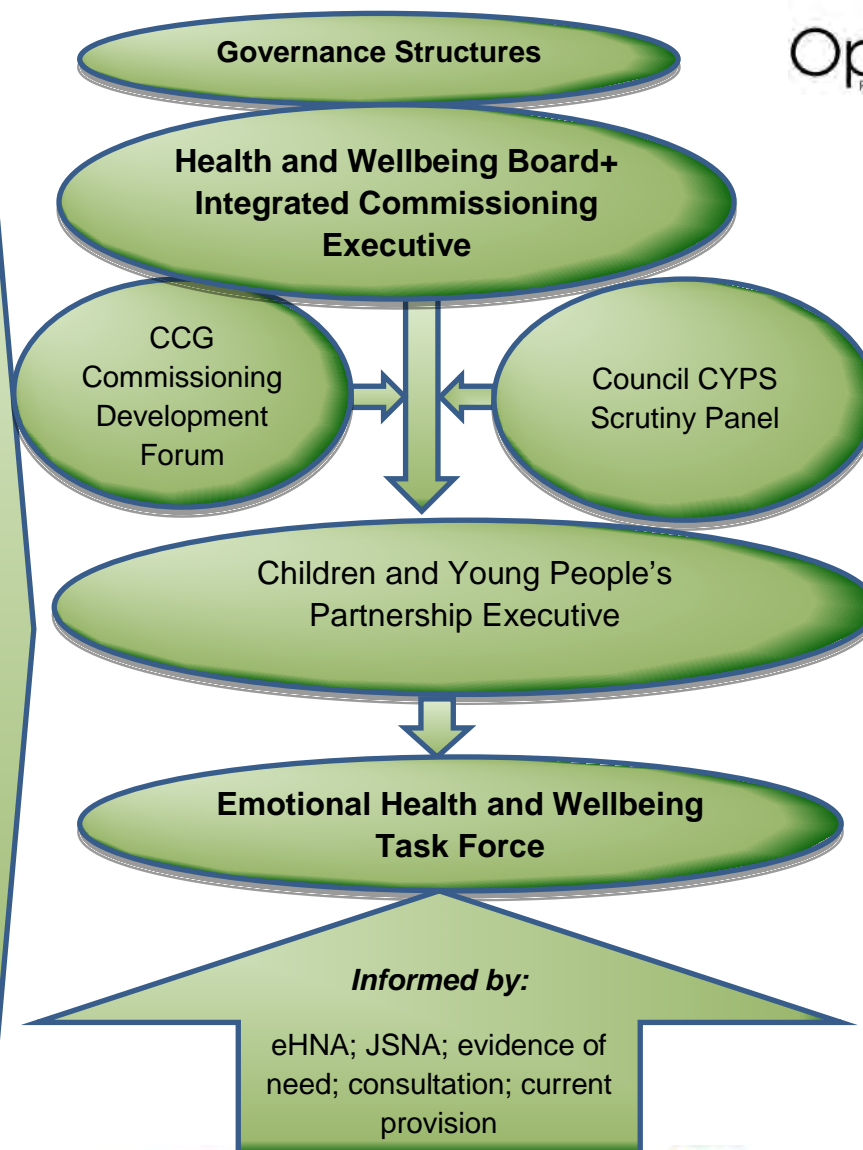
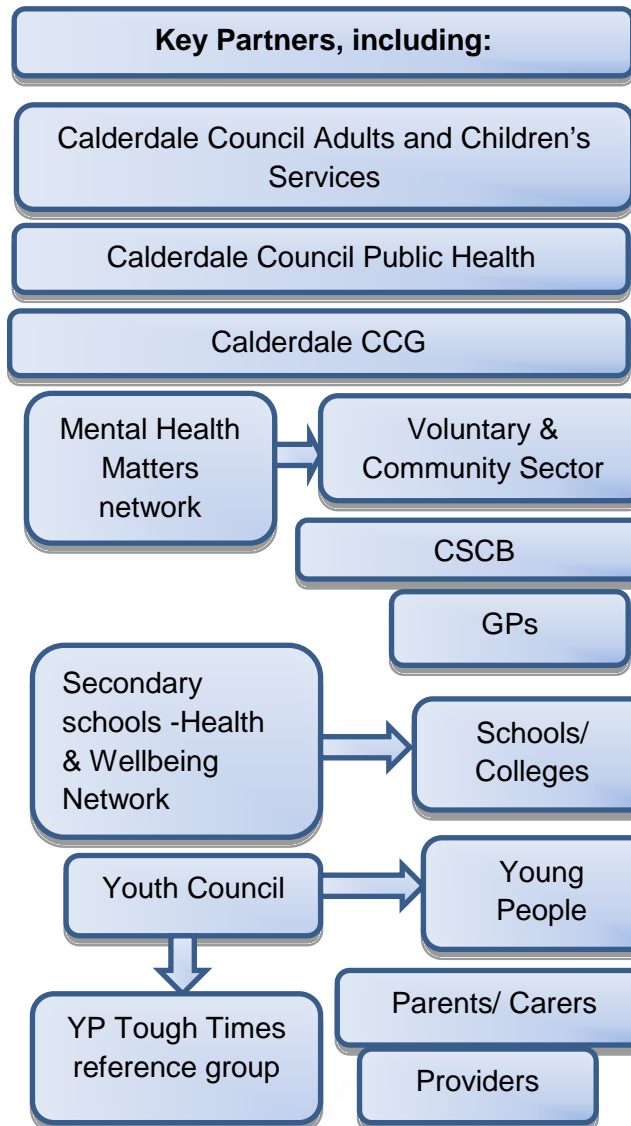
The CYPPE brings together all partners with responsibility for and contribution to the children's agenda. Key partners within the group also have relevant strategies which will provide a framework for the overall delivery of the emotional wellbeing and mental health work described in this transformation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

As well as the strategic fit with the general strategies described above, for CYPPE The Local Transformation Plan is now the key strategic driver to improve emotional health and wellbeing for our children and young people, replacing the need for a separate EHWP strategy.

### **Emotional Health and Wellbeing Taskforce**

The responsible operational group for monitoring and reporting the progress of the delivery of the LTP is the multi-agency Emotional Health and Wellbeing taskforce. This group meets every six weeks and reports through the Chair to the Strategic Children and Young People's Partnership Executive which in turn reports to the Health and Wellbeing Board. In addition, monitoring reports will be received and scrutinised by the Integrated Commissioning Executive (ICE), the Children's Safeguarding Board, Better Care Fund Board and other Strategic groups (please see the Governance structure below).





## Section 5. Stakeholders and key partners

We have an excellent relationship with our key stakeholders and partners in Calderdale and many are represented on our EHWP taskforce; some of these are described below. More information about our key partners is also included in the section on current provision.

### **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 recent deaths of children in Calderdale. The EHWP taskforce provides regular updates to the CSCB on the implementation of the LTP and is challenged by members on progress and impact.

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



## Public Health

Public Health's key strategic framework is the Health and Wellbeing Board's Joint Wellbeing Strategy, as referred to earlier in this plan. 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. A Public Health consultant sits as part of the EHWP taskforce ensuring a joined up approach to preventing mental ill-health. 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.





### **Mental Health Innovation Hub**

Calderdale's Mental Health Innovation Hub meets every two months and is attended by representatives from Calderdale Council, the local NHS and the independent and voluntary sectors. The Hub representatives work together to identify and make improvements to services and support for people with mental health problems, and to share information/ideas/experience. The Hub also oversees the implementation of the Calderdale Mental Health Crisis Care Concordat action plan, which is currently being refreshed.

### **Voluntary and Community Sector**

Calderdale has a committed and diverse voluntary and community sector which plays an important role in building resilience and creating environments that support good mental health, such as active lifestyles and peer support. This sector has strong representation on our taskforce in addition to contributing to the development of LTP priorities through involvement in stakeholder engagement groups and also direct delivery of some LTP projects.

### **Parents and carers**

Although currently we do not have representation from parents and carers on our taskforce, some members are Calderdale parents as well as professionals and are able to contribute accordingly. It is our ambition to extend our membership in 2018 to include representation from parents and carers. However we do engage with parents and carers in other ways and this is highlighted further in the plan.

### **GPs**

We are fortunate that the CCG, GP representative for mental health plays an active part in our taskforce and wider areas of LTP work. For example, Dr Taylor was able to attend a recent meeting of the secondary schools health and wellbeing network to talk to school emotional wellbeing leads about the issues for GPs in managing appointments for children and young people with mental health issues and making referrals to CAMHS. This meeting helped school staff to understand a GP perspective and strengthen





relationships between the two sectors. Dr Taylor also chairs the THRIVE/CAMHS Partners steering group which is leading on the implementation of the THRIVE framework in Calderdale.

### **Schools**

We have secondary and primary school representation on our taskforce and schools play an important part in the planning and development of many of our LTP priorities. We see schools as fundamental to the early intervention support available to our children and young people in Calderdale and the eHNA survey which is undertaken by students in schools key to ensuring we have a good understanding of the needs, thoughts and views of our young population.

### **Services**

We have number of services represented on our taskforce who contribute to the support and challenge of the LTP delivery and who can be involved directly in the planning and delivery of some projects. Young People's service, Youth Offending Team, adult's mental health lead, are among those who regularly attend taskforce meetings and engage in project work.

### **Providers**

The taskforce is attended by representatives from both our CAMHS providers in addition to other providers delivering early intervention mental health services in Calderdale. Provider expertise is utilised and supports the effective planning and delivery of LTP priorities.

### **Young People**

We are proud of the joint work we undertake with our young people in Calderdale supported by the Voice and Influence team. Our Tough Times young people's group regularly attend our EHWP taskforce and support us to engage with other groups if young people. We have a number of representative groups of young people who are involved either directly in the planning and delivery of the LTP or who are indirectly involved through feedback into consultation processes via a number of routes, these are outlined below.



### **Tough Times Reference Group**

Tough Times Reference group are a group of nine young people who have experienced their own tough time. They work to a clear work plan that derives from Calderdale's Local Transformation Plan. The work plan is written and agreed by the young people and the commissioning lead and then shared at the Emotional Health and Wellbeing Taskforce which representatives attend regularly. The Tough Times Reference group give their own opinions and gather other young people's views on emotional health and wellbeing topics. The group are involved in the co-production of many of the LTP projects e.g. the development of a website and they also report back on their work plan projects including future recommendations on how services/projects can improve. The group are currently working on creating a set of post cards on top tips for parents/carers to support parents whose children are going through a tough time. The members of this group link into other youth and children's groups mentioned here and aim to reach out to young people across Calderdale to ensure wider understanding of their agenda and work. The group is also involved in regional work with NHS England in this area.

### **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, we have a member of Youth Parliament and a Deputy Member of Youth Parliament. They both adhere to their manifestos and have their voice heard and listened to by Local, Regional and National government. The Youth Parliament representatives attend various meetings such as people's scrutiny acting as the young person's voice. The National campaigns that the MYP & DMYP are currently working on are, Curriculum 4 Life and Votes at 16. The Yorkshire and Humber Regional Campaign are Transport and the National Select Committee's campaign is Body Image.

### **Calderdale Youth Council**

Calderdale Youth Council is made up of representatives from secondary schools, colleges and youth organisations from across Calderdale. The main purpose of this group is to provide a formal meeting which captures the voice of young people between the





ages of 11-18 ensuring they are being represented on issues that affect them. Calderdale Youth Council are listened to and taken seriously by adults and officials on a local level, influencing services by giving their opinions and views. The Youth Council's chosen campaign for 2016/17 is 'Early Intervention, Mental Health' they have created a logo, poster and leaflet that they will be distributing to their peers and sharing amongst professionals ensuring their 'don't bottle it up' message generates awareness. Some members of the youth council are also part of the Tough Times reference group ensuring their work and messages are shared.

### **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. Right 2 Voice are currently working on the importance of contact with family members, sharing their views and opinions on how contact with their families could be made better. They attend the Corporate Parenting Panel where they have a set agenda item on voice and influence.

### **Younger Children in Care Council**

The younger CiCC is a group of children looked after who come together and work on issues that affect them and other children. They meet with managers from the Council and work on specific projects. Due to their age the sessions are very much play and arts and craft based. This group have currently worked on producing a set of 3 leaflets on what is a Social Worker, Foster Carer and Independent Reviewing officer. The leaflets are being sent out to all children looked after aged between 5 – 10 years.

### **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. This group are currently working on not being judged by their files which they have shared with their corporate parents.



### **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. They have inspected a number of services such as CAMHS, Domestic Abuse website and Calderdale's Local Offer. After 6 months the Young Inspectors arrange a re-inspection to discuss their report with the manager of the service and see if any of the recommendations have been implemented. Each re-inspection is also written up as a report.

### **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. They are taken seriously and valued by the Board and regularly consulted. This group have currently consulted over 200 young people on 'Extremism.' They have written a detailed report which has been presented at the Board which includes recommendations which the group will follow up in 6 months' time to discuss what happens next.

### **Youth Health Project**

The Youth Health Project are a group of 12 young people from Crossley Heath Grammar School. They create surveys on health related issues that they feel are important topics to young people. Some of the subjects they have worked on are; how young people deal with exam stress, eating disorders, cyber bullying and access to sexual health services. The surveys are distributed across Calderdale secondary schools; youth work settings and Calderdale College then collated by the Youth Health Project who write a report highlighting any recommendations. The responses to the questionnaires help influence service development as well as raise awareness amongst young people.



### **The Self-Harm Focus group**

The Self Harm Focus group are a group of young people who have participated in self harm behaviours or have been affected by someone who participates in these behaviours. The group are currently developing materials such as a self-care pack that are going to be distributed to young people who self harm. They are also creating posters and delivering informal education to professionals, the community and other young people.

## **Section 6. Key Progress and impact 2016-17**

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 Local Authority the merger of Adults and Children's Services directorates and closer working with the CCG particularly in relation to the 5YFV, 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.

Initial and on-going engagement feedback from stakeholders clearly states that the LTP should prioritise funding and actions around prevention and early intervention. This is reflected in our progress and impact to date, with a majority number of actions and



progress being undertaken around Theme 1 as detailed in this refresh. The table outlines details of progress in 2016-17 however it should be noted that other actions have been completed in 2015-16 and evidence of impact for this was recorded in the 2016 LTP Year 2 refresh.

Please note also that where services/actions are new there may not be any evidence of impact achieved to date however future impact will be recorded in quarterly updates to NHS England and then in the 2017/18 Year 4 LTP refresh.

**Details of progress against the 5 themes of Future in Mind are outlined below:**

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Improving perinatal mental health</b>	SWYFT working in partnership with commissioners and providers in Calderdale, Wakefield, Kirklees and Barnsley have been successful in their funding application to the Perinatal Mental Health Community Services Development Fund. This new service has gone live in September 2017 following the recruitment of staff and includes dedicated psychiatrist, practitioner and psychology support.	Our new perinatal mental health service was launched on Friday 1 September 2017. The new community PNMH team (PNMHT) in Calderdale comprises a midwife, health visitor, psychiatrist and community mental health practitioner and supported by IHBT, community mental health team, peer support and the voluntary sector. This is part of a wider SWYPFT perinatal service based in Dewsbury. There is a regional specialist team based in Leeds to support the local team. Most PNMH problems will still be dealt with in primary care but this new service will allow ready access to specialist advice and guidance for clinicians supporting women at this uniquely vulnerable time in terms of risk of developing mental health problems. Women can be referred to the service by any clinician working with them through the SWYPFT single point of access and the specialist midwife and health visitor are directly contactable by health professionals seeking advice. The aim is to raise awareness of perinatal mental health problems, detect



Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		<p>them early and therefore improve outcomes for mother and baby as well as the wider family. The service will be able to offer a range of different interventions depending on need and current involvement with our services. It will work with women to offer specialist perinatal support around care planning, contingency planning, medication, mother-infant interactions and coordinate with the wider multiagency team such as midwives and health visitors. Staff will assess and care coordinate people newly referred to secondary care services, either during pregnancy or up to the baby being one year old, referring them on to more appropriate teams if necessary. The consultant psychiatrist will provide pre-conceptual advice to women who have had previous perinatal illness. The team will also provide perinatal mental health training to colleagues and teams, primary care services and third sector organisations.</p> <p>This is an exciting, multiagency approach to helping women with problems that have not historically always been well managed and is a very valuable addition to mental health services in Calderdale.</p> <p>In addition we have arranged for two training sessions for frontline staff to take place in October, giving attendees an understanding of how to spot the signs of perinatal mental health, how to undertake routine enquiry and what to do if they think someone has or is affected by perinatal mental health.</p>

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Supporting emotional health and wellbeing in the early years</b>	Public Health has undertaken a needs assessment of early years services which has informed the development of the new specification for 0-5s Public Health Early Years Service.	<p>The new Public Health Early Years' Service (PHEYS) and the complementary Healthy Early Years Support service for those with additional support needs have specific performance indicators on perinatal mental health. The purpose here is to develop a whole system response to the condition, with all parts of the system able to respond appropriately to and engage professional support where appropriate in the management of those that are affected by perinatal mental health.</p> <p>The KPIs relating to maternal mental health which will be measured as part of this service are listed below</p> <ul style="list-style-type: none"> <li>% of women asked about their mental health/mood in line with NICE guidance at new birth visit, 6-8 week review and 9 month review</li> <li>% of mothers where concern for maternal mood are identified who report positive outcomes following the required support of the PHEYS</li> <li>% of mothers with mild maternal mental health issues referred into physical activity, friends group or social group.</li> </ul>

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
	An outline audit has been undertaken by the Local Authority early year's quality improvement service, who work with early years education and childcare providers services which has identified a number of areas for development around the support for emotional health and wellbeing of children under 5.	<p>The early years quality and improvement service audit for early years and childcare providers identified the key issues below:-</p> <ul style="list-style-type: none"> <li>• A lack of understanding of the term 'Emotional Health and Wellbeing' in relation to young children; lacking in the depth and breadth required to sufficiently support children's development.</li> <li>• Common misconceptions about the range of emotional health and wellbeing needs that a young child may have in a variety of contexts.</li> <li>• Low levels of understanding about universal strategies to support and nurture children's emotional resilience</li> <li>• A lack of knowledge of locally available support and ways to access this.</li> <li>• Data from the Domestic Abuse Hub (Feb 2017) gave a snapshot of reported incidents of DA, where children under 5 were present. In the three weeks surveyed 101 incidents were reported in homes where children under 5 years old lived and of these in 46 incidents children under 5 years old were present. In Feb 2017, Calderdale's Early Intervention panels received 31 requests to support families with 41 children under 5 years old. These children are those known to be living in families and environments which impact on their emotional resilience.</li> <li>• The support of children's Emotional Health and Wellbeing forms part of Ofsted Inspection criteria, and has been notably mentioned on 23 reports in the last year in Calderdale Early Years providers.</li> </ul>

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
<b>Supporting student emotional health and wellbeing through transition from primary to secondary school</b>	We have awarded grants to the majority of our primary schools clusters for our 'Supporting student EHWP in transition' – this accounts for a total of 64 Primary schools-linking with their feeder Secondary schools who will be undertaking projects which support improving student EHWP in the Summer term 2017 and 2018 with an emphasis on sustaining and embedding this work into future years.	The expected impact was to build resilience in the young people participating and to provide effective support to assist their transition into secondary schools. Projects were also designed to increase staff understanding of the issues for children during transition and enable them to better support these. Evidence of impact will be available when monitoring of these projects has been completed.
	Work is ongoing to develop and implement a Primary to Secondary Transition toolkit. Two project workers have been appointed and a project group established and funding has been awarded to support this work. Next steps include launching a number of questionnaires via survey monkey to ascertain the needs and views of all stakeholders.	A survey has been undertaken with school staff, parents and carers and Year 6 students (Year 7 survey will roll out in September). This has been collated and feedback is being incorporated into the development of the self-assessment and toolkit resources and training. The self-assessment will be piloted in some schools in 2018 and then rolled out following evaluation and feedback.

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
<b>Developing peer support in secondary schools</b>	<p>In 2015/16 we funded 9 Secondary schools to enable them to develop peer-support programmes. This project continues to develop as some schools have only recently begun to implement the schemes. Schools are using a variety of different in house and external providers to implement the schemes according to their different needs. The majority of schools report that they intend to continue the schemes beyond the life of the funding.</p> <p>An additional school has recently been awarded peer support funding and will begin planning the implementation of their scheme in September 2017</p>	<p>In total 148 young people from various age ranges have been trained as peer mentors in the academic year 2016/17.</p> <p>Schools who have implemented their mentee schemes are reporting successes such as 11 students per week accessing mentor led drop ins</p> <p>Below are some examples of feedback from schools:-</p> <p>In Year 11, 21 students were identified as having Learning Attitude grades of less than 2.09 in their Autumn progress updates. In the Summer assessment, the list of students had reduced to 11.</p> <p>Other benefits in one school include:</p> <p>There is a reduction in the number of exclusions in Year 11 from 2 in the Autumn term (5 days and 3 days) to 0</p> <p>In addition, Year 7 + 8 students have been able to access peer support following the very recent child death in school.</p> <p>Below are some examples of feedback from mentors:-</p> <p><i>'Training to be a peer mentor is the best part of the year I've had at school. I feel less lonely and have made friends with people I'd never have thought to have spoken with before – I feel I'm giving something back'</i></p> <p>Below are some examples of feedback from mentees:-</p> <p><i>'I loved speaking to my mentor, it was good to speak about things I know she went through when she was in year 7'</i></p>
<b>Supporting the reduction of children and young people who self-harm and to provide support to</b>	<p>Self –harm research project identifying</p> <p>'What would have worked for me?'</p> <p>The research collated the views of children, young people, parents and</p>	<p>A full report and summary have been published following a piece of research undertaken by the Women's Centre in partnership with Social Justice Solution. The report contains a series of recommendation which will be taken forward by a sub-group of the EHWP taskforce and will influence future planning around self-harm prevention and support</p>



Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
those young people who are self-harming	professionals in Calderdale to learn how to build emotional resilience and prevent self-harm among the young in Calderdale.	
	Developments of self-harm support groups. The group work started on May 30th 2017, it is a 12 week programme for both males and females aged between 13-19 years old who may be at risk of self-harm or who may have attempted to self-harm. An additional group meets as part of a developing self-harm peer support focus group.	The young people have taken part in a range of activities so far including making some self-care boxes where they have included positive affirmations, positive memories, colouring books etc., taken part in a drama and theatre workshop around body image and self-esteem, taken part in an art session where we discussed how therapeutic art can be and how relaxing it made us all feel. When the 12 week programme has finished the group will all meet up for a meal to celebrate their achievements. Young people's thoughts and feelings about the group so far: A young person said that the group has made her <i>'happier than she has ever been'</i> and most of them have said <i>they don't want the group to end.</i> <i>'I've met different types of people'</i> <i>'I like it more than CAMHS'</i> <i>'This group is very kind and friendly'</i> <i>'Everyone's equal'</i>
	Delivery of self-harm training package for schools Self-harm training packages have been developed for delivery with staff and students in schools. The content has been created in consultation with Self-harm UK and co-produced with	Workshop delivery commenced in April 2017: 13 sessions have been delivered with 463 participants <ul style="list-style-type: none"> <li>• 99% participants reported increased understanding of self-harm;</li> <li>• 98% reported increased empathy for people who are affected by self-harm.</li> </ul> Feedback includes: <i>"I learned how to tell someone if you feel like self-harming"; "It was easy to</i>



Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people			
Priority area	Actions delivered	Progress and Impact achieved 2016-17	
	volunteers who have lived experience.	<i>understand and friendly”; “I learned that people don’t self-harm for attention... EVER”; “I enjoyed hearing [the volunteer’s] story”; “I learned to listen, be supportive and give support”; “I learned how to deal with self-harm and strategies to stop it”; “I learned to support people who self-harm and to find other ways to get rid of the pain”; “The subject was a bit uncomfortable but I guess that is kind of the point”; “I enjoyed the game where we organised how self-harm and self-nurture were on a scale”; “I learned that it is possible to come back from self-harm”; “I enjoyed discussing a serious matter in a safe environment.”</i>  Sessions specifically aimed at students in Primary schools have now been planned and co-produced and are ready to start in September.	
Improving support for parents and carers whose children are experiencing difficulties with their emotional health	Northpoint Wellbeing were funded to deliver an EHWB parents and carer outreach project 2015-2017 in Primary schools. The project aims were to provide support, guidance and signposting information to parents, while also delivering training and capacity building support to school based staff who support parents with mental health issues.	<b>Parental Mental Health Schools Outreach Project:</b>	
		<b>Parents:</b>	
		Total number of parents referred	74
		Total number of parents offered support	69
		<b>School staff:</b>	
		Total number of schools worked with	22
		Total number of consultation sessions for staff	18
		Total number of training sessions for staff	11
		Total number of staff attending training	120
		<b>Additional interventions:</b>	
eHNA conference presentation	Approx. 70 staff		

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people			
Priority area	Actions delivered	Progress and Impact achieved 2016-17	
		School Transition Event	48 parents & 13 C&YP
		Parents Evenings	6 events
		<p><b>Outcomes:</b>            42 parents were signposted/referred to other services including Insight (adult mental health), Healthy Minds, Adult SPA, parenting groups, family support, domestic abuse groups, perinatal mental health services, and many others.            23 parents were provided with details of self-help resources around adult mental and emotional health            32 parents were provided with details of resources around children and young people's mental health to improve their awareness and understanding            92% of parents supported felt they were clearer about how to access support for themselves and their family            84% of parents felt their emotional health had improved as a result of the support received by the service</p> <p><b>Some samples of user feedback:</b>  <i>"I have been able to be more open with my family as I am now receiving support for my own difficulties, which I hadn't felt able to do before"</i>  <i>"I can now talk to my daughter's school about my own issues as well as hers"</i>  <i>"I feel he [son] will grow up better able to express his emotions as I am better equipped to model and teach those behaviours."</i>  <i>"I have realised I need to put myself first and concentrate on my children in</i></p>	

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		<p>order for our family to be happier and healthier. It has helped me to make some difficult decisions that needed to be made”</p> <p>“Made me more aware of my son’s needs.”</p> <p>“Helped me make choices that benefit me and my son.”</p> <p>“I have learnt to communicate better with my children and I have been more relaxed which has made a more positive environment for my children.”</p> <p>“It has helped me to be more positive in parenting and become a happier parent and person.”</p> <p>“I have become a more ‘relaxed’ parent. I feel it has helped me to take on a different mindset and focus on the bigger issues”</p>
	Noah’s Ark counselling was funded to pilot a parent and carers helpline as part of their voluntary sector provision offer in one area of Calderdale.	<p>The helpline has received 165 calls over 5 months. The principle areas of support requested are advice around:</p> <ul style="list-style-type: none"> <li>• Behaviour issues / anxiety - 51%</li> <li>• Bereavement / loss - 24%</li> <li>• Divorce / family issues - 19%</li> <li>• Domestic violence 6%</li> </ul> <p>80% of calls resulted in additional action and 2/3rds of these led to a referral into an alternative service e.g. CAMHS</p> <p>The learning from the pilot will be applied to the development of future support for parents and carers</p>
	Invictus wellbeing was funded to pilot a programme of support for parent and carers including a helpline via a number of Secondary schools. 5 secondary schools were funded	<p>Awareness raising and workshops continue in the schools which have been awarded funding to deliver support for work with their parents and carers whose children are experiencing EHWP difficulties. Where appropriate workshops have included students and their parents and carers e.g. managing stress.</p>

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people						
Priority area	Actions delivered	Progress and Impact achieved 2016-17				
	through a small grants programme to develop programmes of support for parents and carers whose children are experiencing emotional wellbeing issues	Over a 100 parents and carers and 120 students have attended sessions in the schools working with Invictus on a range of topics such as managing exam stress, anti-stigma, self-esteem/body image, online safety and transition. Focussed workshops have been delivered in another school to 36 hard to reach parents around specific issues with positive feedback from parents and school staff. A further 2 secondary schools held open days with a health and wellbeing theme with in excess of 1,000 parents and carers attending.				
	Unique Ways were funded to develop and deliver training sessions for parents and carers of children with SEND who are also experiencing mental health issues.	The Parenting for Healthy Emotional Wellbeing (PHEW) course has been piloted with a small group of parents with positive feedback. The majority of parents who attended said that they; <ul style="list-style-type: none"><li>• Felt more able to recognise their child's emotional wellbeing issues.</li><li>• That they felt more able to cope with their child's emotional issues</li><li>• That they were able to recognise when and how to seek professional support</li></ul> This course is now embedded in ongoing delivery as part of the support offered to parents of children with SEND who are experiencing mental health issues.				
Improving access to digital support for children and young people	KOOOTH.com is an online counselling service which is now available in Calderdale for young people aged 11-25 years. Offering free, safe, confidential and non-stigmatised way for young people to receive	The service commenced at the beginning of June 2017. An interim report to the end August 2017 shows good uptake of the service by young people.				
			JUNE	JULY	AUGUST	TOTAL
		New Registrations	24	47	31	102

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people						
Priority area	Actions delivered	Progress and Impact achieved 2016-17				
	counselling, advice and support on-line. Staffed by fully trained and qualified counsellors and available from 12 pm until 10pm, 365 days per year, it provides a much needed out of hours service for advice and support.					
		Log Ins	104	213	141	458
		Chat Sessions	11	17	18	46
		# CYP	7	12	9	28
		Messages	60	111	91	262
		#CYP	16	28	17	61
		Log ins out of hours	63%	69%	70%	67%
		Returning CYP	77%	78%	78%	78%
	The Service has made contact with 12 of the 14 secondary schools in Calderdale delivering information session to student and staff. The service has also met with a number of other teams working with children and young people in Calderdale and has also made links with 6 GP practices to date.					
An emotional health and wellbeing website is in production specifically for children and young people in Calderdale.	A co-production approach has been taken to develop this website. The project lead has met regularly with different groups of YP in Calderdale including members of the Young Inspectors, Tough Times and The Youth Parliament at all stages of the design and development. An iterative approach is being used to ensure Calderdale gets the most					



Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		suitable website for young people. Once further work is done by the web designers more meetings will take place with young people to test out the product and fine tune it, before the final version is agreed. The current plan is to have a finalised website in place in the Autumn 2017.
	Purchasing, testing and embedding the use of electronic software and hard ware to enable the electronic transfer of data from referral to case management systems and to support clinicians to access resources and Apps in sessions that can then be used in-between sessions by the children and young people.	The process has included a review of the referral form in line with good practice e.g. enabling young people to self-define values such as gender and disability. One test Android tablet has been bought and set up. Currently going through a structured testing process with practitioners and clients during sessions with a view to expanding and embedding. This was brought about from feedback from the Youth Inspectors regarding how support can be improved.
<b>Mental health education project</b>	<p>Healthy Minds delivers mental health awareness workshops, including some on specific issues like exam stress, to schools and community groups across Calderdale.</p> <p>The CCG commissioned the education project from February 2016 – January 2017. However Healthy Minds considers mental health education a foundation programme for the organisation's mission and as</p>	<p>Since Feb 2016, Healthy Minds, Open Minds education programme has delivered 101 workshops with 2149 participants, of which:</p> <ul style="list-style-type: none"> <li>• 92% say they have better understanding of mental health issues and prevalence;</li> <li>• 96% say they have better understanding of how to look after their own MH;</li> <li>• 96% say they have more empathy for people affected by poor MH</li> </ul> <p>Overall, 95% participants reported that their knowledge and understanding of MH has improved. It's worth noting that, as we ask for reported improvement, many who answered "no" say they already have good</p>



Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
	such has been able to maintain some delivery beyond this period. Healthy Minds will continue to deliver MH education under the auspices of the <b>Time Out recovery college</b> .	knowledge.  Feedback from participants: <i>"The activities were fun"; "It was Awesome!"; "I loved everything about the workshop"; "It was good to hear a real-life story to help you understand more"; "It was a good experience and [I learned] ways to help"; "I enjoyed the enthusiastic teaching!"; "The children loved your session – well done! The feedback is brilliant!"; "It helped me learn and understand about mental health"; "We learned a lot and someone who experienced this helped me understand mental health"; "It was fun to learn"; "I learned that 10% of kids and 25% of adults have bad mental health"; "I think the lesson couldn't have been improved. It was brilliant"; "I learned that mental health can be sorted."</i>
<b>Time Out (Recovery college for CYP)</b>	Time Out: children and young people's recovery college offers a range of activities, giving people aged 13-19 opportunities to do things that can help them feel good and stay well. Harnessing the collective power of lots of providers across Calderdale, Time Out promotes positive activity for emotional health and wellbeing. For those who wish to explore emotional wellbeing in more depth, Time Out also offers courses and workshops on such issues as self-esteem, self-harm,	Two part-time project workers have been recruited and have been busy developing the provider network and speaking with young people about how Time Out can best support them. A website - <a href="http://www.timeoutcalderdale.co.uk">www.timeoutcalderdale.co.uk</a> - is live, and will grow as more providers come on board. An ever-increasing menu of activities is being built, with the first batch launching around October half-term.

Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
	managing anxiety, and has the flexibility to respond to what young people raise as concerns.	

Theme 2: Improving access to effective support - a system without tiers		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
<b>Implementation of a First Point of Contact for CAMHS</b>	<p>A First Point of Contact (FPoC) into all CAMH Services, except crisis care was launched in August 2016. This service has been reviewed and revised in 2017 and will be enhanced by input from a SWYFT CAMHS duty worker from August 2017. The FPoC provides a triage process which has significantly improved the experience for referrers and families. It works;</p> <ul style="list-style-type: none"> <li>To determine whether a CYP meets the criteria for assessment in CAMHS and will benefit from a CAMHS assessment and possibly intervention.</li> </ul>	<p>The impact of the FPoC has been immensely positive with an increase in referrals overall and also an increase in referrals and telephone advice calls from schools and GPs</p> <p>Some examples of feedback are:-</p> <p><i>Really pleased to have had access and advice about the issues my patient was describing -being able to access swiftly enables me to take appropriate next steps too. Calderdale GP</i></p> <p><i>I was given good advice and support to make a referral for one of my pupils. The initial phone contact is helpful and I was phoned back quickly. Thank you. Teacher, Calderdale Primary School</i></p> <p>Currently only professionals can refer into the service, however once a referral has been made families can and do (approximately 30% of calls are from parents) contact the FPoC for advice and updates. Some examples of feedback are captured below</p> <p><b>Mother with a 7 year old child</b></p> <p>Once she had been referred to the FPoC she experienced a swift response</p>

Theme 2: Improving access to effective support - a system without tiers																				
Priority area	Actions delivered	Progress and Impact achieved 2016-17																		
	<ul style="list-style-type: none"> <li>For those CYP who do not require CAMHS assessment, to signpost to a more appropriate service or provide advice that the family can use at home.</li> </ul>	<p>and began to feel more confident. Things moved quickly for her and her child is now on a specialist waiting list with Tier 3. This parent felt that the member of staff she spoke to should be awarded a <i>“Blue Peter Badge”</i>. She described a helpful series of conversations lasting up to 90 minutes. During those conversations she was asked to complete some “checklists”. Her phone calls were always returned very quickly and she felt that the FPoC staff members were always available to answer her questions. She described this as a <i>“much better”</i> experience than her initial referral the first time around</p> <p><b>Mother with a fifteen year old young person</b></p> <p>She described this recent referral as <i>“much better, really helpful”</i> and felt the service was <i>“accessible”</i>. FPoC staff did ask to speak to her young person and the Mum did arrange for this but the young person did not feel able to. The Mum was <i>“impressed and pleased that they had tried”</i>.</p>																		
Children and Young People’s Mental Health Waiting Times	Both CAMH Services are working closely with commissioners to reduce waiting times. The introduction of the First point of Contact has increased demand overall, however the FPoC ensures that children and young people are triaged quickly and then are seen by the most appropriate clinician as soon as possible and receive	<table border="1"> <thead> <tr> <th>Number of children and young people waiting for treatment (as at the year-end)</th><th>Tier 3- Generic</th><th>Tier 3- ADHD</th><th>Tier 3- ASD</th><th>Tier 3- CTS</th><th>Tier 3- LD</th><th>Tier 2</th></tr> </thead> <tbody> <tr> <td>2016/17</td><td>33</td><td>30</td><td>121</td><td>0</td><td>4</td><td>57</td></tr> </tbody> </table>					Number of children and young people waiting for treatment (as at the year-end)	Tier 3- Generic	Tier 3- ADHD	Tier 3- ASD	Tier 3- CTS	Tier 3- LD	Tier 2	2016/17	33	30	121	0	4	57
Number of children and young people waiting for treatment (as at the year-end)	Tier 3- Generic	Tier 3- ADHD	Tier 3- ASD	Tier 3- CTS	Tier 3- LD	Tier 2														
2016/17	33	30	121	0	4	57														

Theme 2: Improving access to effective support - a system without tiers																				
Priority area	Actions delivered	Progress and Impact achieved 2016-17																		
	ongoing support whilst awaiting treatment. An increase in early intervention services ensures that children and young people are able to access ongoing support whilst they are waiting for treatment. Additional pressures in the system due to providers being in the early stage of moving to a new delivery model (Thrive) have had an impact on waiting times but it is anticipated this will change as the model is successfully implemented.	<table border="1"> <thead> <tr> <th>Average Waiting Times (in days as at the year-end)</th><th>Tier 3- Generic</th><th>Tier 3- ADHD</th><th>Tier 3- ASD</th><th>Tier 3- CTS</th><th>Tier 3- LD</th><th>Tier 2</th></tr> </thead> <tbody> <tr> <td>2016/17</td><td>118</td><td>131</td><td>188</td><td>53</td><td>38</td><td>93</td></tr> </tbody> </table> <p><b>Northpoint Wellbeing (Tier 2)</b> CAPA (choice &amp; partnership approach) has successfully been introduced at Tier 2. This development resulted in a significant reduction in waiting times to within targets pre-FPoC. However post-FPoC demand has increased – a recent review of the FPoC by commissioners highlighted a 77% increase in demand for Tier 2 since the FPoC was launched.</p> <p><b>SWYFT (Tier 3)</b> This service continues to follow the action plan used for waiting times. There has been an increase in the number of children and young people waiting for treatment hence impacting on the average waiting times at the end of 2016/17. Some of the increase has been seen since agency staff left the organisation during changes made to the model of CAMHS. The provider is in the process of looking at staff skills and capacity to offer a functional and effective service by job planning and utilising resources in</p>					Average Waiting Times (in days as at the year-end)	Tier 3- Generic	Tier 3- ADHD	Tier 3- ASD	Tier 3- CTS	Tier 3- LD	Tier 2	2016/17	118	131	188	53	38	93
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Theme 2: Improving access to effective support - a system without tiers		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		the most efficient way. The service aims to keep waiting times at a maximum of 3 months and less if possible.
<b>Implementation of the THRIVE framework developed by the Anna Freud Centre in collaboration with The Tavistock and Portman NHS Foundation Trust.</b>	<p>A CAMHS/THRIVE Partners Steering Group with commissioners and providers has been established to implement the THRIVE framework in Calderdale.</p> <p>A collaborative approach is being developed, whilst existing CAMHS providers continue to deliver services without disruption to services offered to children and young people.</p>	<p>The group has agreed terms of reference and devised a number of sub-groups.</p> <ul style="list-style-type: none"> <li>• Implementation of THRIVE 'getting advice' strategies &amp; interventions</li> <li>• Implementation of THRIVE 'getting risk support' strategies and interventions</li> <li>• Development of a data dashboard to measure impact and interventions in line with MHSDS</li> <li>• The two CAMHS providers are meeting regularly to develop and embed collaborative working relationships.</li> </ul> <p>The CCG mental health GP representative said about THRIVE</p> <p><i>"The decision to work towards the THRIVE framework for CAMHS in Calderdale is a bold innovative one. It is a radically different way of approaching mental health service provision for children and young people. It is a much more patient centred approach and through multiagency working it allows us to focus resources much better on what will actually help individuals to address their specific problems. There is a big focus on prevention, especially in schools and, at the other end of clinical need, a flexible approach to working with those children and young people with the most challenging problems to meet their needs in a way that is accessible to them and realistic in terms of outcomes.</i></p> <p><i>As a GP I have confidence that the service that we are now seeing start to come together is going to allow me and other health professionals to help these vulnerable young people in a much more responsive way."</i></p>



<b>Theme 2: Improving access to effective support - a system without tiers</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Development of a CAMHS/School link pilot</b>	An experienced mental health practitioner with a school based background has been appointed to this role. The project was launched in September with two clusters of schools including both primary and secondary provision.	Meetings took place to identify delivery schools/clusters in advance of the school holidays so that work could begin immediately in the new academic year. Impact questionnaires and data monitoring systems have been developed in order to evidence impact and identify learning points from the pilot. The project will link with and complement the work of other schools based emotional health developments locally and nationally.

<b>Theme 3: Caring for the most vulnerable</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Reducing the numbers of children and young people who do not attend appointments. (DNA)</b>	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. An action plan has been developed which addresses the recommendations in the report.	<ul style="list-style-type: none"> <li>• An on-line counselling service has been commissioned for young people and young adults aged 11-25.</li> <li>• We are developing a project around the direct delivery of therapeutic interventions in schools.</li> <li>• Providers have introduced a text message reminder service and SWYFT CAMHS have appointed a support worker whose role covers service user participation.</li> <li>• CAMHS staff are piloting the use of electronic software and hard ware to enable the electronic</li> </ul>



<b>Theme 3: Caring for the most vulnerable</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
		transfer of data from referral to case management systems and to support clinicians to access resources and Apps in sessions that can then be used in-between sessions by the children and young people.
<b>Explore and implement solutions to improve waiting times and the support for children and young people on the ASD pathway and their parents.</b>	<p>A multi - agency steering group is meeting bi-monthly to address key issues relating to ASD pathways and waiting times.</p> <p>An action plan has been developed in response to a survey undertaken in partnership with the Calderdale branch of the National Autistic Society.</p> <p>As part of the action plan implementation an allocation of funding has been agreed to SWYFT to appoint a temporary Assistant Psychologist post to reduce waiting times for ASD screening for school age children.</p>	<p>Wait time to ASD screening have been reduced ensuring that 85% of children and young people who are waiting for an ASD assessment will receive a diagnosis.</p> <p>The NAS survey has highlighted key themes in areas of concern for parents/ carers and their children waiting on the ASD assessment pathway as follows;</p> <ul style="list-style-type: none"> <li>• Information for parents/carers and young people</li> <li>• Strengthen professional support for parents pre diagnosis</li> <li>• Strengthen peer support for parents and CYP</li> <li>• Enhance awareness raising/training and development for all professionals</li> <li>• Reduce waiting times</li> </ul> <p>Actions are taking place on all key priorities highlighted by parents.</p>
<b>Drive down waiting times for ADHD</b>	<p>Online technology has been tested for assessment/screening to replace psychometric testing</p> <p>Establish a parents/carers support group for</p>	<p>An ADHD tool was purchased from the funding received in 2016/17. There was a delay in purchasing the tool due to the tool being developed for adults initially. This required testing for the appropriateness</p>

Theme 3: Caring for the most vulnerable		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
	teenagers with ADHD waiting for assessment	<p>of its use for young people and took longer than anticipated.</p> <p>Staff have been trained in the use of the ADHD and the QB Test which is now being used as part of the ADHD pathway as part of the assessment. (This tool was set out to improve and 'speed' up the process of assessment and screening by replacing psychometric testing).</p> <p>Approximately 6 new assessments have been undertaken and 6 reviews for young people who are on medication (as part of medication reviews). From August 4 QB tests a month will be undertaken as part of the ADHD clinic. This will increase from October when the new psychologist is in post.</p> <p>It is also being used as part of the review and monitoring process of children with ADHD on medication to evidence whether the medication is effective or not. For example, a parent was unsure whether the medication was working and wanted to discuss an increase in medication. By repeating the QB Test following the start of medication, the service were able to evidence to the parent that the medication had improved the concentration of the young person, therefore there was no need to change the medication.</p>

Theme 3: Caring for the most vulnerable		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		<p>Attached is a link to the website for QBtech Transforming Healthcare which provides further information on the ADHD tool: <a href="https://www.qbtech.com">https://www.qbtech.com</a></p> <p>ADHD supporting parents group is to help support parents/carers with children aged 5-11. This is an 8 week programme and covers many elements related to ADHD. The outcomes and key messages will give parents/carers a broad understanding about ADHD, connecting with ADHD, managing behaviour, working with schools, supporting each other, sleep management and building concentration. There are currently approximately 15 Parents/carers on the course, with some on a waiting list for the next programme.</p> <p>Some feedback from parents is below;</p> <p><i>"Great to meet up with other parents of children with the same issues including ADHD".</i></p> <p><i>"Found session 6 helpful to teach my child his responsibilities around money and home i.e. choices and consequences".</i></p> <p><i>"Role play helped me in session 6 to see how the other person felt and how not to let emotions get in the way".</i></p> <p><i>"Thank you I am a more positive parent from attending</i></p>

<b>Theme 3: Caring for the most vulnerable</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
		<i>this course”.</i>
<b>Continue to develop an Eating Disorder service</b>	The Calderdale Eating Disorder service is a specialist clinical team based at Laura Mitchell Health Centre in Halifax. It provides assessment and treatment for children and young people experiencing or at risk of experiencing an eating disorder in the form of Anorexia nervosa, Bulimia Nervosa, Binge eating disorder and other atypical presentations. All referrals are received via the Calderdale First Point Of Contact (FPoC)	This service is on track to meet national waiting times and access standards. A qualified and skilled staff team have been appointed and as a specialist team they are now able to focus solely on this client group and are able to respond in a timely manner to meet individual and medical needs, This ensures all clients referred and accepted on to the eating disorder pathway are individually assessed rapidly with a specialist clinician trained to manage the disorder and associated risks these present.
<b>Placement of a specialist Mental health practitioner into the Youth Offending Team</b>	An experienced CAMHS practitioner has been seconded to the YOT service from early August (another practitioner has been appointed to backfill the post).	Meetings have taken place with the YOT service to agree the remit of the role. Impact questionnaires and data monitoring systems are being developed in order to evidence impact and to sustain learning. Once the practitioner is established within the YOT team their work will expand and link more closely with the SEN team.
<b>Pilot implementation of the Brain in Hand app</b>	The Brain in Hand package of support has been purchased in Calderdale. Brain in Hand gives easy access to personalised support from your phone. Used by people with autism or mental health problems, the software is packed with features to help young people remember activities, reduce	Calderdale Council's Commissioning Team is working in partnership with their SEND Team, their ASD Team, CAMHS, College and Ravenscliffe School (Special school) on a 1 year trial of this system and has 30 licences for this initial trial. Training of the 9 multi-agency staff across these 3

<b>Theme 3: Caring for the most vulnerable</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
	anxiety and feel supported. It's accompanied by a telephone mentor service to help them at times when they need extra support.	sites has been completed, and over the next 6 weeks the 30 young people chosen to take part of this trial will be assessed for their needs of the App and it will be tailored to meet their individual needs. Dates have been agreed to set up the young people on the system in Autumn 2017.
<b>Strengths and Difficulties questionnaire</b>	<p>The SDQ is undertaken as part of the Children Looked after and Care leavers' health assessment and results are shared appropriately and used to inform intervention and support.</p> <p>The SDQ process is being rolled out across Calderdale and is being used by a wide range of service and schools</p>	<p>In the twelve months from 1 April 2016 to 31 March 2017:-</p> <p>A total of 1596 SDQs were assigned and 1448 were completed (91%)</p> <p>27.71% used the self- assessment SDQ, 39.69% used the teacher/professional SDQ and 32.60% used the parent/carer SDQ</p> <p>There has been a 40% increase in annual usage compared to the twelve months ending 30th September 2016</p> <p>Currently there are 11 Secondary and 43 Primary schools using the SDQ assessment process.</p>



<b>Theme 4: Accountability and Transparency</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Ensuring effective governance and accountability</b>	The LTP is approved and signed off by the Health and Wellbeing board who are responsible at a strategic level for the delivery of the plan.	Regular reports are submitted to Children and Young People's Partnership Executive, Children's Safeguarding Board, and other key strategic groups. Where appropriate and relevant reports contain data about waiting times and prevalence to ensure transparency.
	There is an Emotional Health and Wellbeing taskforce which oversees the operational development and implementation of the LTP.	The multi-agency taskforce meets 6 weekly and is well attended by colleagues from all sectors. The taskforce has agreed the LTP priorities for funding and also provided support and challenge around the implementation of year 1-3 LTP priorities. Young people regularly attend the group to provide direct feedback and input.
<b>Improving Integrated commissioning</b>	<p>The Integrated Commissioning Executive (ICE) Has been established by the Calderdale CCG and Calderdale MBC to ensure the:</p> <ul style="list-style-type: none"> <li>• Development of place based leadership</li> <li>• Adoption of a system wide approach to improving of population health outcomes across different organisations as a prime objective of health and social care commissioning.</li> <li>• Delivery of the strategic intent as set out by the Health and Wellbeing Board in the Single Strategic Plan for Calderdale.</li> </ul>	<p>ICE has provided the opportunity for wider integrated work with a focus on key priorities. Their remit goes around the age range so enables innovative work to be done across age ranges.</p> <p>ICE has provided strategic approval to continue joint work between the CCG, LA and a range of partners to improve EHWP for the population of Calderdale. Ensures improving emotional health and wellbeing for children and young people remains a key priority in Calderdale for all partners.</p>



<b>Theme 4: Accountability and Transparency</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
	<ul style="list-style-type: none"> <li>Development of a person centred integrated approach to commissioning for the people of Calderdale.</li> <li>Alignment of its work with the Council and CCG transformation programmes including the Adult Health and Social Care Transformation programme (Calderdale Council) and the Vanguard/Care Closer to Homes/New Models of Care/Hospital Change Programme.</li> </ul>	
<b>Implementation of the Mental Health dataset</b>	Providers of NHS commissioned services are required under the NHS standard contract to flow data for key national metrics in the MHSDS.	The current NHS provider of CAMHS submits all mandatory fields and has a process in place to ensure data quality. At this stage there is no requirement for a data quality improvement plan. Further advice has been sought from NHS England in relation to the requirement to submit data for services that are commissioned by the Local Authority but work jointly with the NHS commissioned services. The current LA commissioned CAMHS provider has the IT functionality to enable submission of data if required; however this is not a contractual requirement at present. Local monthly and quarterly reports are submitted in line with contract requirements for all elements of CAMHS services.
<b>Developing a CYP MH outcomes framework</b>	A data dashboard for the CAMHS/THRIVE partners is in development to ensure service delivery is effectively	Good progress has been made to develop an outcomes framework for the CAMHS providers implementing

<b>Theme 4: Accountability and Transparency</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
	monitored and challenged. We are also part of the regional NHS England task group which is developing an outcomes framework for monitoring and measuring improvements in CYP mental health	THRIVE. The framework builds on what young people said was important to them at different stages of their involvement with the services. The KPIs have been shaped around these four key outcomes in addition to ensuring they also encompass the 5 year forward view KPIs and those required by Ofsted.
<b>Engagement and co-production with children and young people</b>	Children and young people's voice and influence are considered a priority for our work around emotional health and wellbeing. A substantial amount of actions have taken place to ensure effective communication with and involve children and young people directly in the planning and implementation of the LTP priorities	<p>Children and young people have been involved in the planning and development of the majority of our LTP priorities as follows</p> <ul style="list-style-type: none"> <li>• Agreeing Year 2 proposed funding priorities</li> <li>• Plan and agree a design for EHWP visual image</li> <li>• Develop 10 top tips for parents on what supports positive mental health in young people</li> <li>• Supported CAMHS re- commissioning</li> <li>• Co-production of a Recovery college model for young people.</li> <li>• Support the use of technology to improve young people's wellbeing</li> <li>• Undertake a survey of young people to support the development of a project to deliver therapeutic interventions in schools</li> <li>• Work with NHS England Yorkshire and Humber regional group</li> <li>• Information leaflet for young people to support with emotional health issues</li> </ul>

<b>Theme 4: Accountability and Transparency</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
		<ul style="list-style-type: none"> <li>• Raising the profile of eating disorders</li> <li>• Developing a self-harm focus group</li> </ul>
<b>Engagement and communication with parents and carers</b>	A number of actions have taken place to ensure effective communication with and involve parents and carers directly in the planning and implementation of the LTP priorities.	<ul style="list-style-type: none"> <li>• Termly EHWP bulletin and monthly 5 key updates included on Local Offer website</li> <li>• Survey of parents and carers whose children are on or have been on the ASD assessment pathway</li> <li>• Targeted survey of parents and carers of our most vulnerable children including children looked after and care leavers</li> </ul>
<b>Engagement and communication with other stakeholders and wider partners</b>	A range of activities has taken place to ensure effective communication with and involve stakeholders and partners directly in the planning and implementation of the LTP priorities	<ul style="list-style-type: none"> <li>• Active involvement in the EHWP taskforce and decision making around priorities</li> <li>• Involvement as experts in the planning and design of new LTP projects</li> <li>• Termly EHWP bulletin and monthly 5 key updates distributed to all partners and stakeholders.</li> </ul>

<b>Theme 5: Developing the workforce</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Children and young people improving access to psychological therapies (CYPIAPT)</b>	A CYP IAPT steering group is in place with key partners across C&K with an implementation plan being developed to ensure a continued joined up approach. Some staff has already commenced relevant IAPT training and 15 new placements have	The partnership have completed and submitted the quarter 1 IAPT partnership monitoring report to the North West Collaborative which will enable the partnership to benefit and embed the principles of the CYP IAPT programme.

<b>Theme 5: Developing the workforce</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
	been submitted across Calderdale and Kirklees for the wave 7 CYP IAPT.	<p>A collaborative summary of the information provided will be shared with HEE and NHSE.</p> <p>A workforce audit is being discussed as part of the CYP IAPT meeting.</p> <p>The group has also sourced tools and resources that have been developed re: workforce design and will be reviewing these and considering how they might be implemented in Calderdale over the coming months.</p> <p>As part of the CYP IAPT implementation SWYFT CAMH service have undertaken a participation audit to ensure that children , young people and their families are engaged and involved in all aspects of the design and delivery of services including staff training , recruitment, staff appraisals, session monitoring and complaints and advocacy. The service has appointed a participation worker to ensure effective engagement with service users and their families.</p>
<b>First Point of Contact professional advice and support</b>	The FPoC offers the children and young people's workforce the opportunity to phone to talk through any concerns about young people. Many of these calls involve the provision of support, consultation, guidance, professional advice and signposting – the aim being that the workforce are provided with the skills, confidence and resources to support children and families.	<p>This element of the service involves around 1750 calls per year. Consultation covers various themes including support with day to day difficulties, strategies on managing anxiety and mood, managing parent/carer anxiety, and safeguarding.</p> <p>An example of feedback from a professional who accessed the helpline is below</p> <p><i>During and after the phone conversation I felt much more</i></p>

Theme 5: Developing the workforce		
Priority area	Actions delivered	Progress and Impact achieved 2016-17
		<i>confident that this was something I was able to do and also got some ideas of how to help the whole family as well as the child. Thank you very much. Calderdale Young Carers</i>
<b>Youth Mental Health First Aid training</b>	The train the trainers course for Youth Mental Health First Aid training was funded through Vanguard in 2016 and a cohort of 11 trainers, 5 from primary schools, 5 from secondary schools and 1 Calderdale Council employee have been trained as YMHFA trainers	<p>To date 10 YMHFA course have been delivered to a total of 144 participants.  38% of primary schools have at least one trained YMHFA.  71% of secondary schools have at least one trained YMHFA.</p> <p>Other organisations working with children and young people who now have YMHFA qualified staff include, CK Careers, Calderdale College, CMBC, Horton Housing, Project Challenge, CHFT, Locala, Newground, a parent, a school governor and a Guide Leader.</p> <p>Feedback from YMHFA course participants:-</p> <ul style="list-style-type: none"> <li>• <i>I can't recommend it enough, we really need all those working with children to attend this course and from a parent view and especially those with teenagers will find the information so useful.</i></li> <li>• <i>Great course, increased confidence and will benefit the children and adults I work with.</i></li> <li>• <i>Very useful tools I can use with young people.</i></li> <li>• <i>My confidence has really grown; I look forward to putting new strategies in place.</i></li> </ul>



Theme 5: Developing the workforce			
Priority area	Actions delivered	Progress and Impact achieved 2016-17	
<b>Northpoint Wellbeing training package for the children and young people's workforce</b>	The core training program delivered by the Tier 2 CAMHS Training Consultant comprises of 6 core courses – Introduction to child mental health, understanding & responding to anger in children & young people, young people and self-harm, young people & anxiety, young people & depression, developing therapeutic relationships with children and young people. In addition a bespoke training offer, with on-going consultation is provided via the emotional Wellbeing Leads Group. A range of professionals from across the children's workforce attend these courses. In addition, training on mental health issues was offered to all secondary schools in Calderdale, plus a number of primary schools.	Total number of training courses delivered	50
		Total number attending training	664
		<p>Examples of evaluation comments from training participants:</p> <p><i>Clear delivery, opportunity for opinions, questions, tutor excellent, friendly and approachable</i></p> <p><i>I will use the recommended resources in my role in school</i></p> <p><i>I have a clearer understanding of the subject and how to help young people with emotional health issues</i></p> <p><i>Good to have recommended websites and resources</i></p> <p><i>A good opportunity to work and network with other professionals</i></p> <p><i>I am now more aware of Child Mental Health issues and will follow up with further training.</i></p> <p><i>Great opportunity for networking with other disciplines and organisations.</i></p> <p><i>Excellent delivery, real and allowing all participants to speak openly and share experiences.</i></p> <p><i>Thank You! It was also great to work collaboratively with our High School</i></p> <p><i>Enjoyed the Listening and Understanding Exercise, it really made me think about my own communication</i></p>	



<b>Theme 5: Developing the workforce</b>		
<b>Priority area</b>	<b>Actions delivered</b>	<b>Progress and Impact achieved 2016-17</b>
<b>Healthy Minds train the trainers in mental health education programme</b>	Alongside their mental health education workshops, Healthy Minds have also developed a train-the-trainer programme in order to increase the capacity and reach of the programme.	18 people have completed the training for trainer's programme, mainly people who have been volunteers with Open Minds; 6 have become sessional workers with Healthy Minds. 4 trainees were teaching or pastoral staff from Calderdale schools; 2 from Staying Well; and 2 from other community organisations. Having become Approved Trainers, people have continued to deliver workshops in their own organisations, schools and communities.
<b>Mapping of EHWP training available for professionals, parents and children and young people</b>	An audit of training programmes for professionals, parents and children and young people was undertaken locally and added to the national programmes available for professionals	A useful list of local training provision has been identified and this has been incorporated into the revised EHWP Directory of Services which will be re- launched in October 2017.
<b>Healthy Relationships and EHWP resources packs</b>	A list of resources for Primary and Secondary schools relating to Healthy Relationships was made available to schools earlier in the year. This resource includes materials on CSE, Domestic Abuse and emotional health and wellbeing and also specific resources for SEND pupils. A more focussed resource pack for the wider workforce is also available specifically focussed on EHWP.	Schools have welcomed both these documents as useful resources ensuring that staff know where to access information and support around difficult issues. A survey has been undertaken to identify how schools have used the resources which is informing further developments and will ensure these resources are fit for purpose moving forward.

## Section 7. Current Provision in Calderdale

**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:**

### **Perinatal and Maternal Mental Health**

Our new perinatal mental health service was launched on Friday 1 September 2017. The new community PNMH team (PNMHT) in Calderdale comprises a midwife, health visitor, psychiatrist and community mental health practitioner and supported by IHBT, community mental health team, peer support and the voluntary sector. This is part of a wider SWYPFT perinatal service based in Dewsbury. There is also a regional specialist team based in Leeds to support the local team. Most PNMH problems will still be dealt with in primary care but this new service will allow ready access to specialist advice and guidance for clinicians supporting women at this uniquely vulnerable time in terms of risk of developing mental health problems. Women can be referred to the service by any clinician working with them through the SWYPFT single point of access and the specialist midwife and health visitor are directly contactable by health professionals seeking advice.

The aim is to raise awareness of perinatal mental health problems, detect them early and therefore improve outcomes for mother and baby as well as the wider family. The service will be able to offer a range of different interventions depending on need and current involvement with our services. It will work with women to offer specialist perinatal support around care planning, contingency planning, medication, mother-infant interactions and coordinate with the wider multiagency team such as midwives and health visitors. Staff will assess and care coordinate people newly referred to secondary care services, either during pregnancy or up to the baby being one year old, referring them on to more appropriate teams if necessary. The consultant psychiatrist will



provide pre-conceptual advice to women who have had previous perinatal illness. The team will also provide perinatal mental health training to colleagues and teams, primary care services and third sector organisations.

This is an exciting, multiagency approach to helping women with problems that have not historically always been well managed and is a very valuable addition to mental health services in Calderdale.

“Pregnancy and childbirth is a uniquely vulnerable time for women where there is a substantially increased risk of developing an episode of mental illness – the most likely time in a woman’s life.” Claire Lowe; perinatal mental health team leader said “There’s a need to raise the awareness of perinatal illness within mental health services to improve access for women to appropriate specialist interventions from specially trained staff. It is possible to predict some high risk pregnancies and to improve the outcome for the woman and baby with careful planning of the care they receive. Early detection of symptoms of mental illness, clear understanding of risks, their implications and subsequent effective management is improved with specialist input and intervention – that’s what this new service will do.”

Claire said: “Women will be able to receive the right care at the right time to allow them to manage their mental health in the best way possible and to succeed as parents. A good outcome for the mum and baby means that mothers are helped to manage their problems in a way that enables them to continue to care for their baby and that they get better quickly. Perinatal mental health problems come in many shapes and forms, ranging from common mental illnesses that are easy to treat but can have a disproportionate impact on the baby – to really serious and unexpected mental illnesses, sometimes in people with no previous history of mental ill health. Serious incidents and long-term disability are a risk, but recovery is possible for all and specialist perinatal mental healthcare can effectively manage these risks and ensure the best possible outcomes.”

We have arranged for two training sessions for frontline staff to take place in October, giving attendees an understanding of how to spot the signs of perinatal mental health, how to undertake routine enquiry and what to do if they think someone has or is affected by perinatal mental health.

In addition, the new Public Health Early Years' Service and the complementary Healthy Early Years Support service for those with additional support needs have specific performance indicators on perinatal mental health. The purpose here is to develop a whole system response to the condition, with all parts of the system able to respond appropriately to and engage professional support where appropriate in the management of those that are affected by perinatal mental health.

### **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 People's Service**

This service offers a range of support opportunities for young people struggling with emotional health and wellbeing issues. The universal services includes 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 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 support an individualised package of intervention 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. . The service offers more targeted support for young people who at risk of or who have been victims of CSE and also have a support group for young people who have or are self-harming.

### **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.







- **Healthy Minds** – this organisation leads on a number of mental health initiatives in Calderdale for adults and children. All their work is underpinned by co-production particularly involvement of volunteers with lived experience. Their current projects for children and young people include a package of training for schools around anti-stigma and self-harm. They are also developing a Time Out (Recovery College) for young people aged 13-19.
- **Noah's Ark**- offer individual counselling services for adults and young people, as well as family therapy. For children they offer the Rainbows peer support programme for those experiencing loss, from a number of sites, as well as providing 1:1 therapeutic play. They also offer outreach work from a number of sites and schools within the Calderdale area. They also offer a parents' helpline.
- **Calderdale Women's Centre**-This organisation deliver a number of projects in Calderdale relating to domestic abuse and supports the work of the LTP through close links with the emotional health and wellbeing taskforce. The organisation led on a recent mixed methods key piece of research around self-harm and what would have worked for children and young people and is working closely with our early years team to develop a project to support children who experience emotional health issues in their early years.
- **Northpoint Wellbeing Limited**- this organisation delivers part of the CAMH service in Calderdale and has also delivered and is developing other emotional health and wellbeing projects in partnership with stakeholders. In 2016-17 Northpoint led on a pilot project providing emotional wellbeing support to parents and carers in schools. Currently a member of staff has been seconded into the YOT team and the organisation is leading on the CAMHS/School link pilot. Northpoint have also leading on the project to introduce a website co-produced with young people to support emotional health and wellbeing.
- **Invictus Wellbeing**- are a Community Interest Company who aim to deliver wellbeing and support services to students of all ages. They offer a network of professionally qualified wellbeing advisors, who have experience and expertise to offer a range of solutions to meet individual needs. They will support young people at a challenging time of their lives and assist in





overcoming a range of issues such as bullying, depression, anxiety, exam stress and anger issues. They also offer a parents' helpline.

### **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 two geographical areas: Halifax Central/Upper Valley; Halifax North and East/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' Service**

Calderdale 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.



### **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 (Mental Health) EHWP post has been 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 and identify any possible gaps.

### **Child Sexual Exploitation (CSE) Services**

From 1<sup>st</sup> September 2017 our commissioning approach for CSE support services are as follows;

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

These combined approaches alongside existing preventions, community and universal support services 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 people's 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. In the year to July 2017 the Staying Safe Service has engaged with 108 new children and young people (aged 5 to 19) who have experienced domestic abuse (made up of 64 who have accessed 1:1 support from the Children & Young People's workers, 34 who have accessed 1:1 Young People's Violence Advocate) YPVA support and 10 who have received initial telephone advice and guidance from the YPVA). The service is working with the Schools Safeguarding Training Officer and the Council's Early Years' Service to build capacity amongst the workforce in order to help give the right support to children and young people.

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, and 6 young people have completed the programme to date with improved SDQ scores. 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 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. Where children are present or linked to a DA incident it will result in the Police sending either a notification to the Council's Early Intervention (EI) Team or a contact to MAST. Notifications to Early Intervention are shared with schools and others, as well as the child's key worker if relevant in order for them



to support. When a contact is made to MAST there is a response within 1 working day. For notifications, schools are updated usually the same day as the information is received by the EI Team. Recent changes have been made to improve the quality of information sent from Police with notifications, in line with the West Yorkshire standard, to give a fuller understanding of the background issues.

### **Calderdale Therapeutic Service**

The Calderdale Therapeutic Service (CTS) provides support to Calderdale Children who are Looked After and their carers. The Vulnerable Young people workers provide support around emotional health and wellbeing to children on the edge of care. The team provides advice and guidance to the professional network either directly or through training, they also provide reflective supervision for social work pods systemic pods. A recent review of service delivery has led to a refocusing of the work to ensure that placement stability is a priority. The team will be moving location to be co-located with the children looked after social workers in Autumn 2017. A review of service has led to a number of changes and proposals. The adoption support fund has enabled the team to prioritise children who are looked after. Although there has been a reduction in staffing due to grant funding ending, we have been able to create another post sited within the fostering team. The retirement of the psychotherapist has led to the post being reviewed and we are currently in the process recruiting an advanced mental health practitioner with our colleagues in CAMHS. We are working closely with our health colleagues to embed the Thrive model in CTS and are looking at what synergies can be achieved by CAHMS, the First Point of Contact and CTS as a result.

### **Emotional Wellbeing Support Service**

This innovative project offers a traded service to schools through the provision of early help support in order to remove the barriers to learning, achieving and provide support to the family. The emotional wellbeing practitioner will deliver high quality, comprehensive mental health and wellbeing services for children and young people with social, emotional and mental health needs within schools working with other agencies and services in order to tackle delays and ensure young people maintain their access to education and remain in their learning environment.





### **CAMHS First Point of Contact**

The First Point of Contact is a single point of access for all CAMHS referrals in Calderdale. All referrals come through this central point (including referrals for Tier 2 and Tier 3 CAMHS). The service operates Monday to Friday from 9.00 a.m. to 4.30 p.m. and is staffed by 2 mental health practitioners. Recently the CAMHS Duty function has been placed as part of the First Point of Contact.

The First Point of Contact acts as a triage

- To determine whether a CYP meets the criteria for assessment in CAMHS and will benefit from a CAMHS assessment and possibly intervention.
- For those CYP who do not require CAMHS assessment, to signpost to a more appropriate service or provide advice that the family can use at home.

Referrers are encouraged to phone the First Point of Contact to discuss potential referrals before submitting a referral. The service provides consultation, support, and advice and referral guidance to professionals in the Calderdale locality who have questions or concerns around the mental health/emotional wellbeing of children and young people.

The First Point of Contact is not solely for young people who are already known to CAMHS or who have been referred to CAMHS. Professionals can use the First Point of Contact when they:

- have concerns regarding a young person's mental health/emotional wellbeing
- are considering referring into CAMHS (Tier 2 or Tier 3) to discuss the case and its suitability for a referral
- are seeking general advice on supporting a young person's mental health/wellbeing
- are requiring update regarding a referral or partnership work (this is consent dependent)
- would like guidance on resources or signposting



**Calderdale CAMHS**

CAMHS in Calderdale provides an evidence-based, comprehensive service to children and young people aged up to 18 years who are experiencing emotional and mental health problems.

The service is provided by Northpoint Wellbeing Limited (Tier 2 CAMHS) and South West Yorkshire Partnership Foundation Trust (Tier 3 CAMHS) and the two organisations work closely together. Currently the two organisations are working together with commissioners to develop and implement the THRIVE framework in Calderdale.

The CAMHS service offers direct work to children and young people and their families, both on an individual and group basis, and offers mental health expertise across children's services, providing consultation, training and advice to carers/families and other professionals.

The services are based in offices at Clare Road and Laura Mitchell Health Centre in Halifax. Appointments are offered in these bases and in a wide range of community venues across Calderdale, including children's centres, colleges, schools and GP surgeries.

**Specialist pathways**

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



### **Specialist CAMHS Duty and Crisis Team**

The specialist CAMH service in Calderdale operates a daily Duty response for telephone calls from its service users and professionals. This operates Monday to Friday, 9.00am – 5.00pm. The Duty worker can offer advice, support and guidance and also has the option of arranging a direct face to face assessment where this is required. Duty assessments tend to be used for circumstances where risk has been identified and a prompt response is necessary. Typically, these assessments are made within the same week, often on the following day. Since August, the Duty function has sat alongside the First Point of Contact (FPoC) office in the Northpoint offices.

The CAMH service also offers a separate Crisis team response during office hours for any child or young person who presents at hospital Accident and Emergency services having self-harmed. The primary purpose of this response is to assess risk of further self-harm and construct a plan of care to minimise risk. Following the Crisis team risk assessment, children and young people are offered a follow up appointment, again by the Crisis team, where the original assessment is reviewed. At this point, longer term intervention by the specialist service can be considered and planned where this is indicated.

Out of hours a similar assessment of risk is available to A and E departments for children and young people who have self-harmed. This On Call rota is staffed by the all members of the specialist service (including a second On Call Consultant Psychiatrist) though follow up reviews are planned with, and remain the responsibility of, the Crisis team.

### **Eating Disorder Service**

The Calderdale Eating Disorder service is a specialist clinical team based at Laura Mitchell Health Centre in Halifax. It provides assessment and treatment for children and young people experiencing or at risk of experiencing an eating disorder in the form of Anorexia nervosa, Bulimia Nervosa, Binge eating disorder and other atypical presentations. All referrals are received via the Calderdale First Point of Contact (FPoC). Assessments are prioritised according to risks presented and the team aim to see young people in 24 hours for emergency presentations. 5-7 days for urgent/serious presentations and 28 days for routine referrals.



At the moment assessment slots are provided in a multitude of settings including health centres, paediatric wards, Accident and Emergency departments and in the client and family home and are flexible to meet the client's needs where possible. Where ever possible routine clients will be provided with a "Trio" assessment as an initial appointment, where the family and referred child meet with three members of the ED team for a holistic assessment of needs.

A Trio assessment is undertaken by a psychiatrist or senior mental health practitioner, a psychological therapist and a dietician. Where a referral is deemed urgent/serious and emergency an assessment will be provided by a senior mental health practitioner and will be offered in the time scales as stated above.

As a specialist team they are now able to focus solely on this client group and are able to respond in a timely manner to meet individual and medical needs, This ensures all clients referred and accepted on to the eating disorder pathway are individually assessed rapidly with a specialist clinician trained to manage the disorder and associated risks these present.

### **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:

Urgent/Serious – 119

Routine – 16

Emergency – 121

(Data period July 2016-July 2017)



### Early Intervention in Psychosis

The Insight service provided by SWYPFT is our EIP service. It offers services to children and young people aged 14 up to the age of 65 and there is a joint working protocol in place between the EIP and CAMHS services (Tier 2 and 3) to ensure access to treatment within 2 weeks if someone is referred to FPOC, and also to ensure there is joint working with the person who has been referred - the guidance suggests that both EIP and CAMHS should work together as both sets of expertise are required. Funding for NICE compliant treatment has been provided and staff are now in post. Access to service is monitored on a monthly basis for all service users receiving EIP services and a “deep dive” is carried out twice yearly to look at the NICE compliant elements and progress towards achieving outcomes.

### 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. West Yorkshire (of which includes Calderdale) have been successful in their wave 2 application for New Models of Care for CAMHS T4.
- The vision is for children to be treated in the least restrictive environment as possible as close to home as possible, in community-based services wherever safe and appropriate but with access to specialist services where possible with as few admissions to in patient to beds.
- The reported figures for Calderdale T4 services are shown in the table below:

	Qtr 2 2016/17	Qtr 3 2016/17	Qtr 4 2016/17	Qtr 1 2017/18	Overall
Admission Numbers					
CAMHS Acute	1 (M)	1 (M)	2 (F)	4 (F)	n/a



CAMHS LD	1 (M)				
Current Patients	6 - 4 (F) 2 (M)	6 – 4 (F) 2 (M)	4 – 2(F) 2 (M)	7 – 5 (F) 2(M)	n/a
Admission Nos per population	2.1	2.1	4.1	8.3	n/a
Distance	110	130	151	151	130
Average Length of Stay	97	407	-	90	201
Occupied Bed Days - Total	555				

## Section 8. Needs assessment (data and engagement feedback) and Issues identified

### Needs

Calderdale comprises of the towns of Halifax, Elland, Brighouse, Sowerby Bridge, Hebden Bridge and Todmorden as well as a number of villages. It is one of the smallest metropolitan districts in of population, but one of the largest in terms of area, with very strong rural elements. 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. Estimates show that Calderdale's population is likely to continue to grow with an expected to be a 7.6% increase in children aged 0-15 by 2024.

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?**

- 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.

**This data tells us the emotional health and wellbeing of children and young people needs to remain both a national and local priority.**



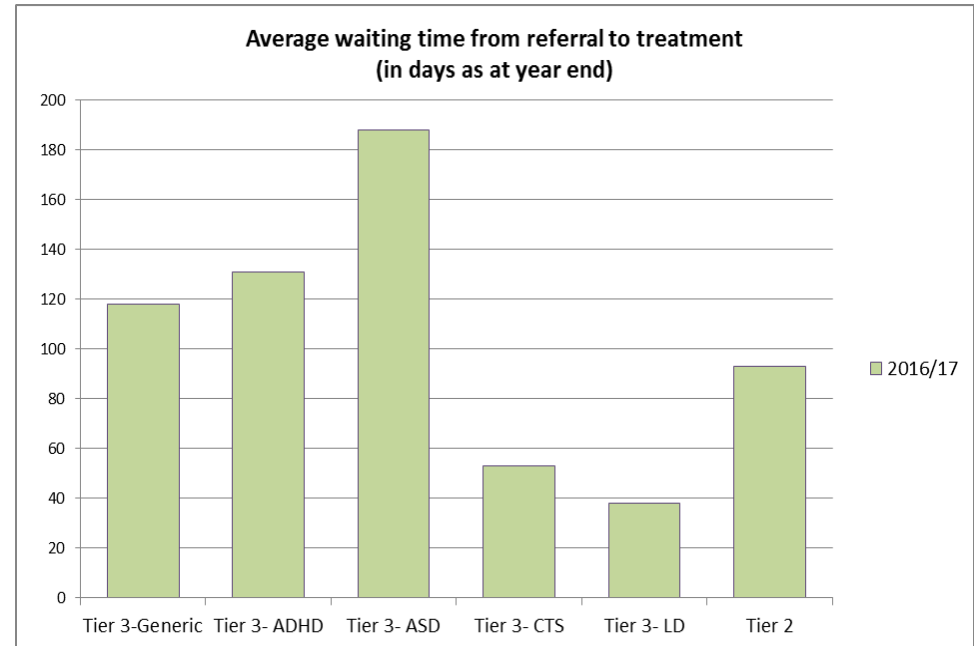
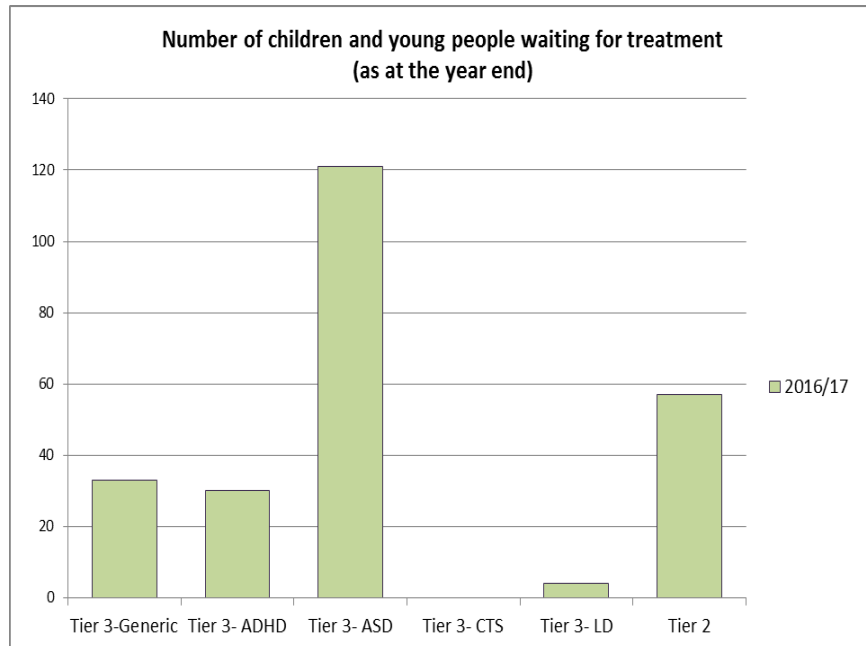
### **CAMHS data –numbers waiting and average length of wait**

The introduction of the First Point of Contact has led to an increase in demand overall as confidence in the referral process into CAMHS has grown. This has had an impact on numbers waiting and average length of wait, however the FPoC ensures that children and young people are triaged and seen by the most appropriate clinician as soon as possible and receive ongoing support whilst awaiting treatment. An increase in early intervention services ensures that children and young people are able to access ongoing support whilst they are waiting. e.g. KOOTH online counselling and Time Out College for young people.

There are also additional pressures in the system due to CAMHS providers being in the early stages of moving to a new delivery model (THRIVE) which has had an impact on current delivery, however it is anticipated this will change and further progress will be made as THRIVE is successfully implemented in Calderdale. Both CAMHS providers and commissioners are committed to reducing waiting times and numbers waiting and this is reflected throughout this plan.

In addition we anticipate that targeted work with universal services will start to see a reduction in the referrals to CAMHS, although this work requires changes in culture and increased capacity and infrastructure at a universal level which takes time to embed and achieve an impact.

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### Electronic Health Needs Assessment

In 2016 the eHNA was completed by all 14 secondary schools in Calderdale and 74 of our 86 primary schools.

The 2015 and 2016 Primary School Electronic Health Needs Assessment survey reports on a number of emotional health and wellbeing statistics for years 5/6 pupils:

- 2015 Emotional wellbeing: 96% reported that they have at least moderate self-esteem, 43.4% have at least moderate levels of aggression.
- 2016 Emotional wellbeing: 91.4% reported that they have at least moderate self-esteem, 60.4% have at least moderate levels of aggression.
- 2015 Self-image: 4 in 5 pupils (81.1%) are happy with the way they look.
- Self-image: over three quarters (80.1%) of pupils in years 5 and 6 are happy with how they look.
- 2015 Bullying and harm: over half of pupils (56.4%) report ever having been bullied.
- 2016 Bullying and harm: Nearly two thirds (60.1%) of pupils report ever having been bullied, significantly higher than last year.
- 2015 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.



- 2016 Self harm and safety: Almost a quarter of pupils (24.4%) report that they have ever cut or hurt themselves on purpose, which is similar to last year. A small proportion of children experience harm at home. 5.39 % feel physically threatened by someone at home and 8.29 % are “pushed, hit or punched so it really hurts”. 3.72% are being forced to keep secrets about bad things being done to them, this has continually reduced since 2013.

This data tells us that primary pupils in Calderdale are reporting increased levels of moderate aggression this is a significant increase from the year before, pupils self-esteem has reduced by approximately 5% in 2016, self-image has maintained at a similar level. Primary pupils reporting ever having been bullied in 2016 is significantly higher than 2015. Self-harm and safety has remained at about a quarter of the pupils responding. Primary schools are supported by pupil health to address actions identified in their own school surveys bullying will remain a key priority in individual actions plans.

The 2015 and 2016 Secondary School Electronic Health Needs Assessment survey reports on a number of emotional health and wellbeing statistics for years 7/10 pupils:

- 2015 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%).
- 2016 Emotional wellbeing: 94.29% have at least moderate self-esteem. (*Can't compare this stat as changed how we calculate EW. 46.02% reported low/fairly low positive feelings now.*) 14.78 % are upset all the time/quite often because someone close to them died and because they lost contact with someone close to them (14.16%).
- 2015 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.

- 2016 Self-image: 56.87 % think they are “just right”. Dissatisfaction is highest in year 10 girls at 59.32%. 32.97% think they are too fat and almost half wanted to lose weight.
- 2015 Aggression: 49% have at least moderate aggression.
- 2016 Aggression: 47.9% have at least moderate aggression.
- 2015 Bullying: 48.6% report ever having been bullied. Year 10 girls are showing the highest level of bullying.
- 2016 Bullying: 50.06% report ever having been bullied. Reports of ever having been bullied have decreased significantly in Year 10 girls compared to last year.
- 2015 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.
- 2016 Self-harm: 18.8% of young people have ever self-harmed. The range by school is 10% to 31.5%, so more than three times as high in some schools than others. 32.7% of girls in year 10 report ever self-harming.
- 2015 Sexual harm: 2.9% report being held or touched sexually “quite often/all the time” school range 1% to 12%).
- 2016 (*Changed the way we asked this question so % reduced dramatically.*) Sexual harm: 0.9% report being held or touched sexually “quite often/all the time”.
- 2015 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 this to others.

- 2016 Physical harm or threats: 8.29% experience being pushed, hit, choked, punched or harmed “quite often/all the time” at home with 2.05% observing this happening this to others.
- 2015 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.
- 2016 Home, school and community: 6.5% feel unsafe in the community “quite often/all the time” which is often down to gangs, crime and drug dealing, but there has been no significant change since 2013.

The data from the 2016 secondary school survey tells us slightly less young people report having moderate self-esteem in 2016 to 2015 although there have been changes in how data is collected. Self-esteem is once again lowest in year 10 girls with almost 33% of this cohort wanting to lose weight. Aggression has slightly reduced but is still fairly high at almost 50%. Numbers of young people reporting bullying has increased slightly although has significantly decreased for year 10 girls.

Self-harm continues to cause concern although has decreased very slightly, the differences between schools is substantial so there is a need to share good practice which can be achieved through the schools network meetings and the eHNA conference.

Sexual harm figures have reduced however the questions are now different which could account for the change.

Physical threats are increasing; however numbers feeling unsafe in the community are broadly the same. This would imply the decision of the taskforce to continue to have a focus on self-harm is a correct decision. We are exploring with our online counselling service regarding how we can target the key areas young people have identified and provide the appropriate support, this would then be communicated via the schools. Individual work will also take place with schools particularly those whose data points to particular issues.

The key themes from the surveys are shared to inform planning and service delivery including via the voluntary sector. The data shows girls in year 10 can be particularly vulnerable.

The Public Health in Schools coordinator works with individual schools and school clusters to develop and implement action plans which address the issues highlighted by the eHNA survey results.

- 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.

We are aware of these statistics in Calderdale and this is a cohort who causes us concern, we have used this data/information to support the case of employing a worker to work across YOT and CAMHS, we will be evaluating the impact of this work.

### **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. We are pleased to note that in a recent review of LTP plans by NSPCC published in September

2017, Calderdale's LTP was detailed as an example of very good plan premised on good analyses of the needs of children and young people who have been maltreated. The report stated our plan present an ambition to transform local mental health services over the coming years, and set out clearly how they intend to achieve this.

In Calderdale the current demand is based around the following data:

- For the year to the 31<sup>st</sup> March 2017 6407 contacts were received by children's social care teams; a reduction of 1594 on the previous year
- There are 1178 children open to social care, 297 of which are Children in Needs (Aug 17)
- The rate of CIN was 301.2 per 10,000 children as of 15/16 this compares to 337.7 national average and 356.35 statistical neighbour average
- There are presently 269 (58.7 per 10k U18 pop) subject to child protection plans (as of Aug 17) compared to 43.1 nationally and 49.74 in our statistical neighbours
- 123 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 294 in August 17.

The data shows this cohort is particularly vulnerable to having emotional health and wellbeing issues which is in line with national research. In Calderdale we ensure this cohort of children are able to receive additional support through our Therapeutic Services team. An SDQ is completed for every child as part of their health assessment and results are appropriately shared to ensure the right support and intervention is put in place. The service works closely with CAMHS and members of CAMHS staff are located within the team to ensure children are not placed on a waiting list wherever possible.



## Early Intervention Panels (2016/17)

### Referrals

Partner agency	Central Halifax	North & East Halifax	Lower Valley	Upper Valley	Total
Children's Social Care	80	71	66	47	264
School & college	94	74	80	56	304
Family Support	17	26	10	24	77
Health	53	45	45	23	166
FIT	26	25	19	10	80
Early Intervention DV Notification	8	7	2	3	20
Other	31	9	9	13	62
CYPS	3	2	3	1	9
DCT	1	1	1	2	5

YOT	1	1	4	3	9
Young Carers	1	5	3	0	9
EWO	1	3	2	0	6
Police	0	1	1	0	2
CAMHS	2	3	1	3	9
Other LA CSC	2	1	1	0	4
Adult Social Care	1	0	0	0	1
DV Hub	0	1	0	0	1
Home Start	2	2	3	0	7
Probation	1	1	0	0	2
Women's Centre	0	2	1	0	3
<b>Total</b>	<b>324</b>	<b>280</b>	<b>251</b>	<b>185</b>	<b>1040</b>

**Number of closed EI Panel referrals by tier at closure (2016/17):**

Tier Journey	Central	Lower Valley	North & East	Upper Valley	Total
5 to 5	28	5	30	10	73
5 to 4	4	0	4	3	11
5 to 3	7	0	0	1	8
5 to 2	3	5	9	5	22
5 to 1	0	1	4	0	5
4 to 5	9	2	2	1	14
4 to 4	10	5	20	20	55
4 to 3	12	9	9	1	31
4 to 2	14	7	7	4	32
4 to 1	8	3	21	2	34
3 to 5	2	0	9	4	15

3 to 4	12	0	20	9	41
3 to 3	67	55	21	28	171
3 to 2	35	22	81	37	175
3 to 1	83	38	75	21	217
2 to 5	1	0	0	0	1
2 to 3	0	0	0	0	0
2 to 2	2	2	7	3	14
2 to 1	5	4	1	1	11
<b>TOTAL</b>	<b>302</b>	<b>158</b>	<b>320</b>	<b>150</b>	<b>930</b>

Data collected from the early intervention panels – assist with our planning for service and helps us ensure we provide access to appropriate services in areas of high demand.

We also use data from the JSNA for Calderdale, the Disabled Children and Young People Census and information from our commissioned services e.g. on line counselling to plan services. For example from the census we know the number of children and young people referred onto the ASD pathway is increasing and therefore we have allocated additional resources from the LTP to address this.

### **Engagement with key stakeholders**

As a key part of the development of this plan in 2015 we considered what we had heard in feedback 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 priorities from the key themes which emerged. Through 2016- 17 we have continued to engage with key stakeholders ensuring the LTP continues to develop to meet their needs and also that they are involved in the planning and development of services.

### **Key Themes and outline responses from our initial engagement with children and young people 2015:**

From our initial consultation in 2015 with children and young people which was supported by the Local Authority Voice and Influence team, they told us that:-

- **Having named members of staff who are approachable and who respond quickly to student concerns:-** *all secondary schools now have a named lead for wellbeing issues who meet regularly to network, share learning and good practice*
- **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):-** *we are working with primary and secondary colleagues to develop a transition toolkit*
- **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:-** *10 out of 14 secondary schools have been awarded funding to develop peer support schemes.*
- **Making sure that time is given to deal with emotional well being issues promptly and in a non-judgemental way:** *training of professionals ensures a much better understanding of the best way they can offer support.*
- **Having a private area in school where there are not likely to be any interruptions:-** *many schools have established safe spaces for students*



- **All students knowing what to do and who to talk to if a friend is having a tough time:** -Over 100 students have been trained as peer mentors. The Youth Council have produced a leaflet with key information and contacts (*Don't bottle it up*). We are developing a website to support young people.

### **Consultation by our Local Safeguarding Children Board Young Advisors:**

In 2015 our 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. :- *a range of organisations have come together to pilot healthy relationship and wellbeing drop-ins at some secondary schools and we will also address this ambition through our plans to develop a project to deliver therapeutic interventions in secondary schools.*

### **Young People's Tough Times Reference group**

In 2016-17 our young people's reference group, Tough Times, supported by the young people's Voice and Influence team has led on further engagement, consultation and co-production with their peers to inform service delivery and transformation including. Their work plan is informed by the local transformation plan priorities and they provide regular update through the Emotional health and wellbeing bulletin and attendance at the taskforce meetings;

LTP Area	Young people's involvement
Year 2 proposed funding priorities	The group discussed and agreed which proposals they felt were most important and should receive additional funding and fed this back to the EHWPB taskforce. Their views were given the same if not higher consideration than adult member's views. Of the four

	proposal allocated funding in Year 2, the group had prioritised 3 of these.
Plan and agree a design for EHWP visual image	The TT group supported the LA communications team to develop a number of images. The group then consulted with their peers through various young people groups and also the taskforce, to agree eventually the name Open Minds and 'brain image' with supporting strapline.
Develop 10 top tips for parents on what supports positive mental health in young people	This has been a longer term piece of work for the group. They consulted with their peers to define the scope of the project and the top tips in the form of reusable postcards are soon to be published.
Support CAMHS re- commissioning	TT group gave feedback on 'What's important to me'. This was incorporated into the measures for the new service specification and the service user questionnaire. The group were also part of the evaluation process for the CAMHS tender. Although the contract was not awarded the feedback from young people has been incorporated into the measures for implementing THRIVE.
Co-production of a Recovery college model for young people.	The TT group visited an adults Recovery college and also did some research online. They developed and disseminated a questionnaire to young people and professionals seeking their views about what a recovery college should look like. They gave input into the development of a grant process and were then also part of the evaluation process. The group also led on the decision process to name the service, consulting with their peers and also the EHWP taskforce and our legal services before a final decision was made to name the service Time Out. Some members of the group were also part of the staff recruitment panel for Healthy Minds who were the successful provider.
Support the use of technology to improve young people's wellbeing	Northpoint Wellbeing have led on the project to develop a website to support young people's wellbeing and they have done this working closely with a range of young people. A co-production approach has been taken to develop this website. The project

	lead has met regularly with different groups of young people in Calderdale including members of the Young Inspectors, Tough Times and The Youth Parliament at all stages of the design and development.
Undertake a survey of young people to support the development of a project to deliver therapeutic interventions in schools	The Tough Times group were given information about the proposal and devised a survey which was distributed through youth groups in Calderdale due to time of year and the short timescales for return. The group distributed 100 surveys and received 69 responses which they collated into a report with some key recommendations. The recommendations will be used by the stakeholder group to inform the scope of the project and will also influence other future planning.
Work with NHS England Yorkshire and Humber regional group	Members of Tough Times have been involved in working with NHSE clinical network to be part of a regional young people's voice group.
Information leaflet for young people to support with emotional health issues	Calderdale's Youth Council who have close links with the Tough Times group through mutual members have developed an information leaflet for young people which is part of their 'Don't bottle it up campaign'.
Raising the profile of eating disorders	The Youth health project has undertaken a survey in Calderdale schools about Eating Disorders. The group had recognised that for some young people eating can become a problem and they wanted to explore young people's perceptions and understanding in more detail. The group will be part of a task and finish group to address the recommendations.
Self-harm focus group	This group of young people have used their own lived experience to develop a self-care pack to support other young people in Calderdale.

### Key themes and outline responses from our initial engagement with Schools in 2015:

From our initial consultation in 2015 school colleagues told us that:-

- **Key member/s of staff for each school:-** *all secondary schools have a named lead for wellbeing issues who meet regularly to network, share learning and good practice. This will be rolled out to Primary schools in 2017*
- **Single Point of Access:-** *we have established a First point of contact for all CAMHS referrals*
- **Peer Support:-** *10 out of 14 secondary schools have been awarded funding to develop peer support schemes*
- **Whole school approach:-** *this will be a priority for 2018/19*
- **Work with parents:-** *a pilot project working with parents and carers in Primary schools through Northpoint wellbeing and a small grants programme was launched to encourage organisations to develop projects which supported parents and carers. These projects are being evaluated and will be rolled out where successful*
- **Workforce development:-** *a range of relevant training has been delivered directly in Secondary and Primary schools and as part of CMBC multi-agency training package*
- **Flexible support:-** *the First point of contact offers direct telephone support, consultation and signposting*
- **Pen portraits shared:-** *this has been discussed and promoted as good practice at the SENCO network attended by 80% of our schools*
- **Support for Post 16 Students:-** *We have commissioned Kooth to cover the age range from 11 to 25 years to enable support for post 16 students and throughout their transition to adult services. For students with SEND we have introduced the Flexible 5 day offer which in addition to supporting their aspirations around learning also encourages participation in activities to support the emotional health and wellbeing e.g. gym membership, joining social clubs etc.*

We continued to engage and consult with schools in 2016/17 to inform service delivery and transformation, schools have contributed to the development of this plan and the delivery of the LTP priorities in a variety of ways, including membership of the taskforce, participation in consultation events and completion of surveys.

- 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 the LTP.
- School colleagues have been involved in consultation and stakeholder group meetings to shape the future commissioning of services including the development of a CAMHS/schools link pilot, a Primary to Secondary transition toolkit, delivery of therapeutic interventions in schools and 5-19 public health services.
- Representatives from primary schools are members of our ASD group and help influence how additional funding is allocated.

We know that we need to undertake some further work to engage with our local college and post 16 providers in Calderdale and this will be one of our key priorities moving forward.

**In 2015 we consulted with parents and carers through a range of approaches including survey monkey and focus groups;**

**Key themes and outline responses from our initial consultation with Parents and Carers:**

- **Awareness raising of who to go to for information, help and support:** - *the Tough Times group have developed some top tips for parents, teams and services working directly with parents. Advice and signposting is available through our Local Offer, training for professionals has enabled ongoing support for parents and carers*
- **Peer support schemes:** - *parent carer support including peer support is a priority for 2017/18 and is also part of our ASD action plan in partnership with NAS.*
- **Further support for parents and carers:** - *we launched a small grants scheme for organisations to develop projects to support parents and carers, feedback from parents and carers show the value of the support this has included.*



- **Independent Support:** - *The voluntary sector is embedded in providing support, introduction of THRIVE will further promote these options. Independent support for parents/ carers of children and young people with complex special educational needs is currently in place.*
- **Counselling:-** *we have introduced an online counselling service for children and young people, parents who need it can access free counselling and other therapeutic support through the voluntary sector service Insight*
- **Reducing waiting times:** - *the Health and Wellbeing Board has identified this as one of the key priorities to be addressed; some progress has been made in this area; however it remains a key priority particularly for areas such as ASD. The ASD group is working to improve the support available for parents and carers whose children are waiting for an assessment*

**In 2016 /17 we have undertaken a small scale targeted consultation with parents and carers of our most vulnerable children and young people including children looked after and care leavers.** The feedback from this small cohort of parents and carers has given some indication that parents feel more confident to talk to their children and feel they have the knowledge and information to do this comfortably, parents also said they know how to access support when needed as compared to similar surveys in 2015. We have also learnt that this group of parents and carers are more likely to look for information on the internet than elsewhere. We will test out these findings by undertaking a wider survey with a larger population of parents and carers later in 2017 which will inform our plans for 2018 onwards.

We have also worked in partnership with the Calderdale branch of the National Autistic Society to identify the key issues for parents and carers whose children are on the ASD assessment pathway or have been diagnosed with ASD. The results of this survey have informed our ASD action plan which we are now starting to implement. The action plan is focussed around the key themes which emerged from the survey as follows, reducing waiting times, improving communication and information for parents and young people while they are waiting, improving professional support for parents and children pre diagnosis and also increasing the availability of other service pre diagnosis such as training and peer support. Parents also felt that we could improve understanding and awareness in the wider workforce around ASD.



We want to do more to continue to engage and consult with parents and carers to inform service delivery and transformation. One of our key priorities from Year 3 onwards is to improve our communication and engagement with parents and carers and we have started work on this to ensure that their feedback is able to influence further planning for Year 4/ 5 and onwards of the LTP delivery. Discussions have taken place around how we can link with schools and settings regarding signposting from websites and providing updates via the schools text messaging systems.

### **Key themes and outline responses from our initial consultation with wider stakeholders in 2015:**

In 2015 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.

- **Improved communication/awareness:** - *we publish a monthly 5 key updates and also a termly bulletin for stakeholder at all levels. Regular reports are also submitted to various boards and groups, including Calderdale Safeguarding Children's board.*
- **Single Point of Access:-** *we have established a First Point of Contact for CAMHS*
- **Parent/Family Support:-** *we launched a small grants scheme for organisations to develop projects to support parents and carers*
- **Reducing waiting times:** - *the Health and wellbeing board has identified this as one of the key priorities to be addressed; some progress has been made in this area; however it remains a key priority particularly for areas such as ASD. The ASD group is working to improve the support available for parents and carers whose children are waiting for an assessment*

- **Universal services:** - *Many of the schemes introduced have a key focus on providing universal access to support e.g. Time Out College and on-line counselling.*
- **Training:-** *a range of relevant training has been available for professionals through the LA multi agency training programme*
- **Drop in service:-** the First point of Contact offers a telephone advice service to all professionals

**In 2016-17 we have continued to engage and consult with stakeholders to inform service delivery and transformation, including:**

- 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.
- A number of potential proposal were highlighted for Year 3 LTP funding support and these were discussed and prioritised by the taskforce.
- Multi –agency stakeholders have helped shape delivery of the LTP priorities through their input into specific project/working groups e.g. ASD, Self- harm etc.
- We ensure stakeholders are kept informed and up to date by ensuring a wide promotion of our termly EHWP bulletin and 5 key updates, in addition to providing regular reports and updates at key meetings.

## Section 9. The Challenges 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 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 made good progress on addressing many of them in Year 1 and Year 2 of our LTP implementation and by 2020 we expect to have addressed all areas fully. Alongside the original challenges we identified we have given an outline overview of the improvements made against each area although details are included in other sections of the refresh. Refreshed data and consultation has not led to any significant changes in our challenges and priorities for action; please see section 9 for details of our priorities and outcomes to be achieved.

- **In Calderdale there has been under developed provision of universal services. Children and young people do not receive support early enough:-** *Many of the schemes introduced have a key focus on providing universal access to support e.g. Time Out College and on line counselling service.*
- **Not enough focus on early intervention and building resilience of the children and young people themselves, parents and carers and professionals :-** *Better support is now available for parents and carers and professionals and support around early intervention has been increased, example transition work from primary to secondary.*
- **Not all pathways are clear and suitable:-** *We have simplified the referral process via the First Point of Contact and further work is ongoing and planned around specialist pathways*

- **Lack of flexibility in the current provision restricts choices for children and young people:**-choice for children and young people has increased with the introduction of additional services and support; full implementation of THRIVE will further increase choice.
- **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:-** A number of new services have been introduced without the need to meet criteria e.g. Kooth on line counselling, Time Out College, new website for young people.
- **No single point of access, leading to confusion and inappropriate referrals to services:** - A First point of contact has been introduced embedded and impact evaluated and an action plan is in place for continuous improvement.
- **Waiting lists to access services are too long:** - the Health and Wellbeing Board has identified this as one of the key priorities to be addressed; some progress has been made in this area; however it remains a key priority particularly for areas such as ASD.
- **Still some issues with the validity of data:** - this has improved significantly but requires further development; FPoC has robust arrangements in place to collect data.
- **Data sharing needs to be improved:-**Key providers are now working in partnership to introduce the THRIVE framework in Calderdale and collaboration has improved significantly.
- **Better communication/signposting is required for all stakeholders:-**The introduction of THRIVE along with the FPoC has improved this area. A Communications plan in place.
- **More support for parents and carers is required:-**Funding has been allocated and used to address this area, specific courses are available but more needs to be done.
- **Lack of persistence by some organisations if a child or young person doesn't engage at first attempt:** - DNA research has been completed and shared with providers. Actions include the introduction of text reminders and providing more choice for the families.
- **Sustainability - non-recurrent funding, short term projects ending with no transition to alternative:-**Sustainability is considered for all new provision; however this area continues to be a challenge.

- **Self Help support:-***Signposting has been improved and a range of options are now available some excellent feedback on impact received.*
- **There have been increases in acute and / or crisis demand and difficulties in young people accessing Tier 4 beds:-***West Yorks have successfully bid for Tier 4 CAMHS £10m budget transfer to Leeds Community Trust to reduce out of area bed placements and new care models. Offer to Tier 3.5. Anticipate 8 beds at this stage. Work on-going re delivery, management and learning.*
- **Improved support for children and young people with eating disorders:-***Additional services are now in place providing care closer to home.*

#### **CAMHS Tier 4**

National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should “consume its own smoke”. As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.



The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

### **New Care Models (NCM) for CAMHS Tier 4**

The NHS Planning Guidance 2016/17-2020/21 identified the opportunity for areas to express an interest in 'secondary mental health providers managing care budgets for tertiary mental health services'

The first wave sites have taken responsibility for more than £350m of expenditure on tertiary mental health services. The six sites plan to save more than £50m over the next two years through admission avoidance, shorter lengths of stay, and repatriating patients from out of area placements. These savings will be reinvested in new local services including crisis and home treatment teams; supported housing; other community services; and additional beds.

In April 2017 providers of secondary mental health services were contacted to submit formal applications to become part of the second wave of the programme, with the Mental Health Taskforce report setting out the rationale for developing new models of care for mental health:

- Promoting innovation in service commissioning, design and provision that joins up care across in-patient and community pathways (reaching across and beyond the NHS);
- Making measureable improvements to the outcomes for people of all ages and delivering efficiencies on the basis of good quality data;
- Eliminating costly and avoidable out of area placements and providing high quality treatment and care, in the least restrictive setting, close to home.





West Yorkshire is a Wave 2 New Care Model (NCM) site for CAMHS T4 and as such we have a shared system ambition and plan for the region with regard to crisis and intensive home treatment services. The aim of the West Yorkshire NCM is to develop streamlined pathways across the region for community intensive services both to reduce the need for, and the length of, an inpatient stay, and/or as an alternative, ensuring CYP are cared for in WY and do not need to travel out of area unnecessarily.

In West Yorkshire, commissioners and providers alike passionately believe that our CYP with serious mental health problems should be looked after at home or as close to home as possible. Our ambition is that no matter where you live in West Yorkshire you should receive the same standard of care with the same outcomes.

We have undertaken detailed work to help us understand the current services, including variation across the STP and also the improvements that we would like to make in services across West Yorkshire for children and young people (CYP). Analysis of historic inpatient data has allowed us to identify the quality and financial opportunities by avoiding or shortening in-patient stays.

Using the clinical expertise and insight from the data developed the following components that will drive the transformation for children and young people in West Yorkshire:

- a) Development of a consistent intensive community service model for children and young people in West Yorkshire that;
  - i) Provides 24/7 crisis care across West Yorkshire, a flexible service that responds to the needs of children and young people.
  - ii) Provides an Intensive Home Treatment (IHT)/Outreach offer for those children and young people who require a more intensive approach.





- iii) Includes alternative 'safer spaces' in the region, building on the service already operating in Bradford we will look to widen the safer space model to provide alternatives for children and young people living in West Yorkshire who are in crisis.
- b) Care Navigation Function– establish in each local area a function/role that drives a proactive approach to the management and coordination of the care being provided to children and young people in crisis and/or at risk of admission. This function will support the integrated commissioning approach that will be operating and will be fully integrated as part of the service offer.
- c) Development of a clear pathway for the patient cohort that have significant complexities and vulnerabilities. This group cut across all sectors and at the moment are the group who are admitted for long periods of time but yet we are not meeting their needs and they do not do well in a T4 in patient unit.

This programme provides an opportunity for mental health providers and specialised commissioners to work together to share their talent for innovation and transform local tertiary services for the benefit of service users and their families.

**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:**

The Health and Justice Children and Young People's Mental Health Transformation Workstream aims to promote a greater level of collaboration between the various commissioners of services for children and young people who are;

- In the Youth Justice System (or at risk of entering it);
- Presenting at Sexual Assault Referral Centres;
- Welfare children and young people who are being looked after;
- Being seen by Liaison and Diversion services.



Many of these children and young people are already known to service providers and it is important that mental health services for this cohort are not seen as being in a separate silo from other services. Rather, they should be viewed as part of an integrated, continuous pathway in which children and young people are able to receive the care they need on an uninterrupted basis.

The Health and Justice commissioners will work collaboratively with their commissioning counterparts in the CCGs and Local Authorities to co-commission services, where appropriate, to improve mental health outcomes for this group.

### **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. This is currently not directly on offer in Calderdale but access can be sourced, further development is underway to establish a regional approach which will include Calderdale within the next 12 months. Current 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 as yet 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. This is currently not directly on offer in Calderdale although robust partnership working with the YOT tracks and identifies thematic trends within the pre criminal / criminal space and interventions can be offered via the local early intervention.

Challenges in service delivery can 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
- 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.

## **Section 10: Our Priorities - Outcomes to be Improved by 2020**

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.

Our Strategic Implementation Plan below highlights our planned priorities for 2017-2020 which address the Future in Mind themes and 49 recommendations. The task force oversees this implementation plan and agrees on an annual basis which specific priorities will be progressed that year and allocated additional funding. An annual action plan is agreed from the Strategic Implementation Plan which is updated quarterly and reports are submitted to the taskforce and NHS England as part of their assurance process



## Strategic Implementation Plan to 2020

The plan below summarise our priorities, intended outcomes and outline actions in the remaining years of LTP delivery and our overall ambitions to be achieved by 2020. These priorities have been identified through consideration of the challenges highlighted through analysis of our data and feedback from children and young people, parents and carers and wider stakeholders and partners. Although we intend to achieve all our priorities we have placed a greater emphasis on those linked to Theme 1 as we firmly believe this area is the foundation for the success and sustainability of our transformation journey.

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Continue to develop and embed good quality perinatal mental health services</b>	Promote and embed the service ensuring appropriate pathways are in place; it is widely accessible and continues to develop to meets service user needs and national standards.
	Deliver workshop training to wider staff to help to build professionals' knowledge and confidence in working with parents who are experiencing mild to moderate perinatal mental illness
<b>Further develop and embed emotional health and wellbeing support for children in the early years</b>	Promote and embed the new public health early years' service( PHEYS) ensuring appropriate pathways are in place, it is widely accessible and continues to develop to meets service user needs and national standards.
	Implement and embed the early years quality improvement service project building on good practice established.
	Implement and embed the EHWB audit for early years learning and childcare providers.
	Develop an EHWB training package for early years professionals linking with CAMHS and workforce development
	To recruit (and train) an initial cohort of early years-EHWB Champions, cascading to a second or subsequent cohort in the future in order to develop a long term cascade and peer support model.



<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Develop and embed a whole school approach to emotional health and wellbeing</b>	Use the learning from the project to further develop the early years website support for parents and carers
	Improve the support available for early years children who experience the impact of domestic abuse
	Support the pilot of the NHS England early years workforce EHWP competency framework
	Pilot, then roll out and embed the primary to secondary transition toolkit to support student EHWP
	Evaluate and roll out the good practice learning from the primary supporting EHWP through transition grants
	Support secondary schools to embed their peer support programmes
	Develop a programme of support/resources/training which promotes a whole school approach to EHWP
	Pilot and develop a sustainable model for the delivery of therapeutic interventions in secondary schools
	Support schools to implement the NHS England schools EHWP workforce competency framework
<b>Supporting the reduction of children and young people who self-harm and also providing support to those young people who are self-harming</b>	Increase the number of schools effectively using the Strengths and Difficulties Questionnaire to assess and support student emotional health
	Increase the number of schools undertaking the electronic health needs assessment (eHNA) and implementing action plans to address needs
	Develop and implement an action plan from the self-harm research recommendations
	Improve the accessibility and availability of self-harm support groups for all children and young people who need them
	Continue the delivery of self-harm awareness workshops for young people and professionals



<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Improving support for parents and carers whose children are experiencing difficulties with their emotional health</b>	Roll out the ten top tips postcards developed by the Tough Times group to parents and carers whose children are accessing service and more widely where feasible
	Evaluate the pilot projects to support parents and carers funded through small grants in 2016 and identify opportunities to make these sustainable where impact is demonstrated
	Use the feedback from the survey monkey questionnaire (2017) and focus groups to inform the further development of support for parents and carers
<b>Improving access to digital support for children and young people</b>	Launch and promote the new co-produced website for young people and continue to develop and improve on feedback from users. Explore how this can be linked to school and other websites to maximise usage. <a href="http://www.openmindscalderdale.org.uk">www.openmindscalderdale.org.uk</a>
	Continue to promote and offer an on-line counselling service to children and young people
	To continue to support CAMHS providers to further develop the use of digital technology to improve their effectiveness and service user experience
<b>Time Out (Recovery college for children and young people)</b>	To promote and embed this service linking with all relevant organisations and ensuring accessibility by all children and young people. <a href="http://www.timeoutcalderdale.co.uk">http://www.timeoutcalderdale.co.uk</a>
	To continue to support the development of this provision as a sustainable model to 2020 and beyond
<b>5-19 Public Health services commissioning</b>	To agree and pursue a shared vision for the public health (including prevention of mental ill health) offer for children and young people in Calderdale
	To ensure a joined up, partnership approach to the commissioning of 5-19 public health services enabling children and young people to have access to a comprehensive and holistic range of services which meets their physical and mental health needs.
<b>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</b>	

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
targeted and specialist services.	
<b>Theme 2: Improving access to effective support - a system without tiers</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Embedding and enhancing the First point of Contact</b>	Continue to promote the FPoC to all potential referrers; increasing referrals from schools and other services which know the child best.
	Explore opportunities to enhance and improve the FPoC based on feedback from users, e.g. extended opening hours and implement where feasible
	Explore opportunities to extend the remit of the FPoC to include for example referrals from parents and carers and self-referral and implement where feasible
<b>Implementation of the THRIVE framework</b>	Implementation of the THRIVE 'getting advice' strategies and interventions ensuring the involvement of key stakeholders and partners including children and young people.
	Implementation of the THRIVE 'getting help' strategies and interventions ensuring the involvement of key stakeholders and partners including children and young people.
	Implementation of the THRIVE 'getting more help' strategies and interventions ensuring the involvement of key stakeholders and partners including children and young people.
	Implementation of THRIVE 'Getting risk support' strategies and interventions working together with key stakeholders and partners including children and young people.
	Ensuring the development of a data dashboard to measure impact and interventions in line with the mental health data set and also utilising the feedback from young people on 'what's important to me'
<b>Children and Young People's Mental Health Waiting Times</b>	Commissioners and providers to continue to develop and implement innovative action plans to address demand across all areas of CAMHS

<b>Theme 2: Improving access to effective support - a system without tiers</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
	Support the implementation of the reducing waiting times project following award of contract and ensure the provider is able to deliver and embed a sustainable approach To respond proactively to the new mental health prevalence data due to be published in 2018
<b>Improving transition for young people into adult services</b>	Support the implementation of the requirements of the transition CQUIN and promote best practice across children's and adults services Ensure that no young person under the age of 18 is detained in a police cell as a place of safety.
<b>Implementation of a CAMHS-FPoC/School link pilot</b>	Roll out, evaluate and embed learning and good practice from this pilot exploring opportunities for the implementation of sustainable delivery models e.g. through a traded service with schools
<b>Develop a new care model for tier 4 CAMHS services, including children and young people's secure care.</b>	Support the implementation of the transformation components as described in the West Yorkshire Wave 2 new care model site for CAMHS Tier 4.
<b>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. Waiting times will be in line with national guidelines, with clear pathways in place and effective transition to adult services.</b>	

<b>Theme 3: Caring for the most vulnerable</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Explore and implement solutions to improve waiting times and the support for children and young</b>	Implement the ASD multi- agency action plan developed from consultation undertaken with parents and carers. Improving support for parents, carers and

<b>Theme 3: Caring for the most vulnerable</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>people on the ASD pathway and their parents.</b>	children awaiting diagnosis.
	Commission an investigation which will assess the effectiveness of the current delivery model, pathways, systems and processes. The study will also explore effective practice in other areas and will propose recommendations for improvement.
	Use the recommendations from the ASD report to make improvements to systems and processes to reduce waiting time and improve service user and family experience
	Ensure increasing waiting times continue to be flagged as a risk area at strategic levels locally and nationally.
<b>Drive down waiting times and improve support for families whose children are on the ADHD pathway</b>	Continue to roll out and embed the use of the online technology tool ADHD and the QB Test as part of the ADHD pathway assessment.
	Continue to offer a parents/carers support group for teenagers with ADHD waiting for assessment
<b>Continue to develop and embed a specialist Eating Disorder service</b>	Promote and embed the service ensuring appropriate pathways are in place; it is widely accessible and continues to develop to meet service user needs and national standards.
<b>Piloting placement of specialist mental health practitioner into teams</b>	Ensure the impact of the placement of a specialist worker into the Youth offending team is monitored and evaluated effectively and that the opportunities for long term impact and embedding of learning are maximised.
	Use learning from this pilot to explore further opportunities to enhance knowledge and good practice within teams around mental health issues
<b>Continue to build on and embed effective partnerships between CAMHS and other services for vulnerable children and young people</b>	Strengthen partnerships between CAMHS and other targeted services through relationship building, improving pathways and referral processes and offering specialist advice and support through the FPoC and workforce training and

<b>Theme 3: Caring for the most vulnerable</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
	development.
<b>Continue the pilot implementation of the Brain in Hand app</b>	Pilot implementation of this app through key teams, evaluating the effectiveness and impact. Continue the roll out of this offer if appropriate.
<b>Supporting children and young people who do not attend their mental health appointments</b>	Continue to embed the learning points from the Do Not Attend research project and support providers to implement the recommendations. Use learning from the approach in our local health service which is addressing some DNAs as 'Was not brought' and apply best practice into mental health services.
<b>Supporting the implementation of the Suicide Prevention Strategy</b>	Proactively support the delivery of the actions within Calderdale's suicide prevention strategy.
<b>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.</b>	

<b>Theme 4: Accountability and Transparency</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Ensuring effective governance and accountability</b>	The Health and Wellbeing Board will continue to oversee the strategic delivery of the Local Transformation Plan and operational implementation will be overseen and challenged through the multi-agency Emotional Health and Wellbeing taskforce.
<b>Improving/embedding Integrated Commissioning</b>	We will continue to embed the strategic influence of ICE and build on the strong leadership forum to maximise the benefits to the Calderdale population. ICE has instructed the Operations Commissioning Group to focus on joint strategic commissioning to support our joint strategic direction this includes the following areas:



	<ul style="list-style-type: none"> <li>• Learning Disabilities</li> <li>• Mental Health</li> <li>• Care Homes</li> <li>• Children</li> <li>• Continuing Care</li> </ul> <p>We will continue to work in partnership with other areas on transforming care, perinatal mental health, eating disorders and commissioning tier 3.5 services.</p>
<b>Implementation of an outcomes framework to measure the impact of service transformation</b>	Continue to implement the Mental health services data set in line with the requirement of the Five Year forward View measures
	Continue to develop the KPIs to measure the impact of the THRIVE framework linked to the outcomes designed by young people
	Continue to link with NHSE clinical network in the development of an outcomes based framework and KPIs and work with partners to implement this in Calderdale
<b>Engagement, communication and co-production with children and young people</b>	Support the Tough Times reference group to plan a celebration of achievements and communication event for children and young people, providers and organisations in Calderdale
	Support the Tough Times reference group to promote the work it undertakes to the wider population of children and young people and to recruit new members to ensure its continuation
	Continue to facilitate the Tough Times group meetings and to ensure the group can successfully complete its LTP work plan actions
	Continue to develop the work and remit of the Self harm peer support focus group enabling them to support more young people in Calderdale
	We will continue to work closely with wider groups of children and young people across Calderdale including student councils and other youth forums ensuring everyone has a voice
	CAMHS providers will continue to engage with children and young people through their participation work ensuring they are engaged in service design and delivery
<b>Engagement, communication and co-production with parents and carers</b>	Undertake a survey and focus groups to ensure feedback is updated and continues to inform future planning



	Develop effective and sustainable processes for communication and engagement with parents and carers in line with feedback from the wider survey undertaken in 2017
	CAMHS providers will continue to engage with parents and carers through their participation work ensuring families are engaged in service design and delivery
<b>Engagement, communication and co-production with other stakeholders and wider partners</b>	Undertake a survey to update our consultation feedback and identify what are the current views on support for children and young people's mental health, identifying key themes which will inform future planning.
	Continue to facilitate and develop the secondary schools health and wellbeing network and roll out the offer to primary schools. Use the networks to inform learning, good practice and future developments.
	Continue to utilise stakeholder expertise to inform the planning, development and delivery of LTP projects
	We will work more closely with our partners in children 's and adults services to ensure we can build on and improve the joined up approaches to supporting vulnerable children and young people who are at risk of neglect, CSE and the impact of parental mental health and substance misuse etc.
<b>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.</b>	

<b>Theme 5: Developing the workforce</b>	
<b>Priority areas 2017/20</b>	<b>Outline actions 2017/20</b>
<b>Children and young people improving access to psychological therapies (CYPIAPT)</b>	The Calderdale and Kirklees CYP IAPT partnership will continue to implement the roll out of the partnership plan in Calderdale.
	As part of the CYPIAPT implementation, a CAMHS Workforce audit will be undertaken to identify and address skills and knowledge gaps utilising the best practice promoted by Health Education England in workforce planning processes.

	We will work with Health Education England and NHS England to support the development of a workforce plan across the STP footprint in line with the national workforce strategy 'Stepping Forward' to ensure we have a workforce in place which will enable us to meet the targets within the Mental Health Five Year Forward View.
<b>Children and Young People's workforce audit</b>	To undertake a wider children and young people's workforce audit, including schools to identify skills and knowledge gaps and develop a plan to address these.
	To work with NHS England clinical network to support the roll out of the workforce competency framework for early year's providers, schools and post 16 providers.
<b>CYP workforce training</b>	To work with CAMHS providers, CMBC Workforce development and Children's Safeguarding Board to revise the multi- agency workforce training package including a bespoke package for school based staff based on the feedback from audits and the competency frameworks.
	To ensure the delivery of workforce training to increase awareness and understanding of ASD to ensure children, young people and their families are appropriately supported
<b>Healthy Relationships and EHWP resources packs</b>	To continue to develop and improve these resource packages with the long term aim for them to be available as a website resource for all professionals working with children and young people and schools.
<b>By 2020 we will have achieved: the implementation of a comprehensive workforce development strategy in line with CYP IAPT.</b>	

### Identifying Priorities for Local Transformation Plan 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 ongoing consultation with all stakeholders
- Actions already agreed to address some of our identified key priorities



- 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

For year three the multi-agency taskforce also considered:

- Our overall priorities against our 5 year plan,
- Our progress and impact in year one and two,
- National and regional priorities,
- Other opportunities we are already exploring.

A number of proposals 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 which resulted in an agreement to allocate funding to the areas below.

Following this exercise funding has been agreed for the following areas outlined in the tables below:

### **Year Three – Additional Resource/Funding Priorities**

**Total LTP funding allocations in Year 3 is £554,000**



Below is an outline of our plans for additional funding in year three.

<b>Theme 1: Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people</b>			
<b>Priority areas for Year 3- 2017/18</b>		<b>Impact to be achieved in Year 3 2017/8 +</b>	<b>LTP Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Supporting EHWP in the early years.</b>	Following the audit of the knowledge, understanding and support available for EHWP in the early years undertaken in 2016, a project proposal has been developed by the Local Authority early year's teams working in partnership with Calderdale Women's Centre, Domestic Abuse service. (Staying Safe)	<ul style="list-style-type: none"> <li>• Increased resilience, confidence and self-esteem for children.</li> <li>• Improved interpersonal and social skills for children</li> <li>• Raised awareness of children's emotional health and wellbeing in parents, practitioners and professionals and increased confidence in how to support this.</li> <li>• Increased awareness of the impact of Domestic abuse on young children and the skills and ability to address this.</li> </ul>	<b>£35,000</b>
<b>Direct delivery of therapeutic interventions in schools/ cluster settings</b>	To develop and deliver an agreed model of interventions in Secondary schools in Calderdale in order to support the emotional wellbeing of students to equip them with resilience and to help them reach their full potential	<ul style="list-style-type: none"> <li>• Improved EHWP for students in KS3 accessing the service</li> <li>• Improved behaviour and attendance for students accessing the service</li> <li>• Further outcomes tbc when the project is more defined</li> </ul>	<b>£80,000</b>

<b>Theme 2: Improving access to effective support - a system without tiers</b>			
<b>Priority areas for Year 3- 2017/18</b>		<b>Impact to be achieved in Year 3 2017/18 +</b>	<b>LTP Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Introduction of the THRIVE model</b>	<p>A CAMHS/THRIVE Partners Steering Group has been established to implement the THRIVE framework in Calderdale.</p> <p>A collaborative approach is being developed, whilst existing CAMHS providers continue to deliver services without disruption to services offered to children and young people</p>	<ul style="list-style-type: none"> <li>• Implementation of THRIVE 'getting advice' strategies &amp; interventions</li> <li>• Implementation of Getting risk support strategies and interventions</li> <li>• Development of a data dashboard to measure impact and interventions in line with MHSDS</li> </ul>	<b>£20,000</b>
<b>Embed First point of Contact</b>	Calderdale now has one referral point the First Point of Contact (FPoC) into all CAMH Services, except crisis care. The FPoC provides a triage process for all, this has significantly improved the experience for referrers and families	<ul style="list-style-type: none"> <li>• To determine whether a CYP meets the criteria for assessment in CAMHS and will benefit from a CAMHS assessment and possibly intervention.</li> <li>• For those CYP who do not require CAMHS assessment, to signpost to a more appropriate service or provide advice that the family can use at home.</li> </ul>	<b>£160,000</b>
<b>Children and Young People's Mental Health</b>	We are looking to commission a short term, innovative service to help reduce the waiting times and improve access to CAMHS. This will be a short term project focused on immediate	<ul style="list-style-type: none"> <li>• Reduction in the waiting times for access to CAMHS services (to bring inline or perform better than</li> </ul>	<b>£70,000</b>



<b>Theme 2: Improving access to effective support - a system without tiers</b>			
<b>Priority areas for Year 3- 2017/18</b>		<b>Impact to be achieved in Year 3 2017/18 +</b>	<b>LTP Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Waiting Times</b>	impact on the waiting times within the system, but must have mechanisms to ensure that learning from the project will be embedded within the system for the future.	national goals) <ul style="list-style-type: none"> <li>Improvement in the quality of service for children and young people and their families/carers</li> </ul>	

<b>Theme 3: Caring for the most vulnerable</b>			
<b>Priority areas for Year 3 2017/18</b>		<b>Impact to be achieved in Year 3 2017/18 +</b>	<b>LTP Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Improving waiting times and support for children and their families who are on the ASD pathway</b>	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.	<ul style="list-style-type: none"> <li>Overall waiting times on the ASD pathway will be improved.</li> <li>ASD pathway and processes will be more robust and transparent</li> <li>Support for children and parents waiting will be more effective.</li> <li>Parents and carers will be involved in developing a local solution which works for them and better communication will reduce frustrations.</li> </ul>	<b>£50,000</b>

<b>Theme 3: Caring for the most vulnerable</b>			
<b>Priority areas for Year 3 2017/18</b>		<b>Impact to be achieved in Year 3 2017/18 +</b>	<b>LTP Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Continue to develop an Eating Disorder service</b>	Calderdale is working collaboratively with Kirklees, Barnsley and Wakefield. The four CCG areas have combined their allocation for eating disorder services and jointly commissioned a service for these areas	<ul style="list-style-type: none"> <li>Children and Young people supported with Eating Disorders, reducing the need for admittance to specialist out of area provision</li> </ul>	<b>£114,000</b>

<b>Theme 4: Accountability and Transparency</b>			
<b>Priority areas for Year 3- 2017/18</b>		<b>Impact to be achieved in Year 3 2016/17</b>	<b>Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
<b>Engagement and co-production with children and young people</b>	This proposal would seek to enhance the work of the Tough Times reference group by increasing its capacity to make links with other groups of children and young people e.g. Youth Council, UnO, School Peer mentor groups, schools councils etc. to ensure the planning and work of the EHWP task force is more widely understood and engaged with by more children and young people.	<ul style="list-style-type: none"> <li>Children and young people continue to have a real voice and influence</li> <li>Children and young people are involved in co-producing projects</li> <li>Children and young people plan and coordinate a celebration and information event.</li> </ul>	<b>£5,000</b>
<b>Support and engagement with parents and carers</b>	Work with current providers and key stakeholders to take up further opportunities to engage and consult with parents and carers of children/young people who are experiencing mental	<ul style="list-style-type: none"> <li>Parents and carers feel more supported and listened to.</li> <li>Communications with parents</li> </ul>	<b>£20,000</b>

<b>Theme 4: Accountability and Transparency</b>			
<b>Priority areas for Year 3- 2017/18</b>		<b>Impact to be achieved in Year 3 2016/17</b>	<b>Funding allocation</b>
<b>Area</b>	<b>Detail</b>		
	health issues to identify and address areas for further support. This proposal would identify the needs of all parents and carers but would also aim to address the specific needs of parents and carers of CYP with SEND and mental health issues.	<p>will be improved and parents will be kept up to date about service improvements.</p> <ul style="list-style-type: none"> <li>Parents and carers are engaged in shaping services</li> </ul>	

### Appendices

Appendix 1:-Risk Register

Appendix 2:-Finance spread sheet

Appendix 3:-Data spread sheet