

NHS Vale of York CCG

TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH 2015-2020

Refreshed Plan October 2017



Local Transformation Plan 2017 refresh

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Introduction and summary

'One of my main concerns in which I would like to see a change is people's views and the amount of help children and young adults get with mental health problems. I feel like this is still a very taboo topic but it is experienced in everyday life. I feel the family, relatives and carers also need support on how to deal and help someone who has a mental health problem.' A young person in Year 10.

When we published the Local Transformation Plan (LTP) in 2015, we made a joint commitment across health and local authorities that:

By 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:

- Grow up confident and resilient and able to achieve their goals and ambitions
- Can find help easily when they need it
- Receive help that meets their needs in a timely way
- Are fully involved in deciding on their support and are actively involved in deciding how services are developed and provided.

We will achieve this ambition through:

- Investment in prevention, promotion and early intervention
- Co-commissioning of support provision
- Integrated pathways and co-located multi-disciplinary teams
- Engagement and involvement of children and young people at all stages in the commissioning cycle and in monitoring services

There are principles that are shared across our partner organisations:

- Early help prevents problems escalating and causing more damaging problems
- The protective factors of family, friends and supportive schools are critical in developing emotional resilience and avoiding problems
- Organisations that work closely together, with shared vision, plans and delivery structures will offer the most successful support at any point in the journey of the child or young person
- Transparency and accountability: change must be demonstrable and resources spent effectively: the public has legitimate and high expectations that monies are spent where they will do most good

The key actions we committed to achieve this ambition were:

- Establish a community eating disorder service across North Yorkshire and York
- Establish Single Points of Access into specialist CAMHS services to reduce waiting times and achieve a consistent approach for managing referrals
- Establish Well-being Worker services in schools across the CCG area, working in partnership with colleagues in the City of York and North Yorkshire County Council.

- Review and develop more robust ways of working across all agencies and sectors to broaden the offer for children and young people and ensure that they receive the best possible and timely care.

The CCG is accountable for delivery of the LTP, however, the Plan is written to meet local needs across a wide partnership and is delivered and overseen collaboratively with providers, local authorities and the Health and Well-Being Boards. The LTP reflects the close working with other CCGs, particularly in North Yorkshire, with whom there is a shared specialist CAMHS provider and pan-North Yorkshire services for eating disorders and crisis support. We intend to work more closely with colleagues in East Riding of Yorkshire this coming year.

We are now nearly half way through the period of the LTP. We have achieved a lot in the time:

- Community eating disorder service is operational across North Yorkshire and York, and received over 90 referrals in 2016/17, of which 60 were from Vale of York.
- There is a Single Point of Access, managing 1930 referrals into CAMHS in 2016/17, and currently (September 2017) ensuring that 84% of referrals are through to assessment within 9 weeks. The Access Point signposts round 30% of referrals out of service and work will be undertaken this year to explore and improve the offer for these children and young people.
- Established Well-Being Worker Services in City of York: 6 workers, jointly funded by the CCG and schools worked with over 800 pupils in 2016/17 delivering evidence based therapies, advice and information, achieving high satisfaction ratings. Other local authority areas are interested in the service.
- Established Well-Being Worker Service (Compass Buzz) in North Yorkshire County Council, in partnership with North Yorkshire County Council, and 4 North Yorkshire CCGs. The service offers advice, support and training to school staff. One Well-Being Worker is based in Selby serving Selby, Tadcaster and Sherburn Schools, with other staff supporting Easingwold, Helmsley and Pickering Schools.
- York midwifery team have a mental health lead for training and pathway development
- Enhanced crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: many of these are already known to service and are able to access a telephone helpline, whilst others may be referred to crisis support workers via A&E, school or GP practices. The service will assess the individual and put emergency support in place until community services can start to offer longer term support.
- Strengthened collaborative working through revised strategic partnerships and mainstreaming of children and young people's emotional and mental health as common themes in strategic and delivery plans

There are challenges for the future:

- The numbers of children and young people being admitted to inpatient specialist CAMHS units remains high: inpatient stays are very disruptive of family life and education, especially when admission is a long way from home. The New Models of Care Programme model of time-limited support to stabilise and aid recovery has been shown to be effective in Teesside in reducing inpatient admissions.

- The specialist CAMHS provide, Tees Esk and Wear Valleys NHS Trust (TEWV) reports that numbers of referrals into specialist CAMHS services continue to increase
- There remains a gap in provision for those in need of less intensive support.
- Peri-natal support does not have the 'reach' to all women who need it
- Performance against waiting time standards needs to improve further, and trajectories are being discussed to achieve this
- The CCG has a significant financial deficit and other partners are finding the financial position challenging.

Despite these challenges, there is a lot that we plan to do with partners:

- Contribute to an All-age Mental Health Strategy for City of York
- Establish the effectiveness of services such as the Well-Being Service in reducing referrals to CAMHS: the evidence from the service shows a good reduction in SDQ scores following interventions.
- Work with partners on securing bid funding for a specialist peri-natal service
- Train schools staff and develop a workforce strategy across agencies
- Embed the crisis and home intervention services to reduce number of admissions and length of stay in inpatient units through New Models of Care, NHS England Specialist Commissioning Team and TEWV
- Ensure that communication and information for families is supportive
- Work with maternity services, health visitors and school nursing services, particularly with the newly re-structured service in York to ensure that all families receive advice and support for emotional and mental health
- Ensure support for vulnerable groups of children and young people offers the best possible support
- Improve CAMHS data flow to improve transparency and accountability and plan improvements
- Provider to continue to examine options for reprovision of community CAMHS facilities in Selby and York.
- Continued involvement in City of York FIRST project for intensive short breaks for children and young people to support the Transforming Care Partnership programme
- Explore more collaborative working with the third sector, initially around resilience to reduce referrals to specialist practitioners for generic emotional and well-being.
- Explore scope of services in future, to develop joint commissioning and service integration
- Developing online forms of support alongside face to face

We are responding to what children and young people and families tell us:

- Reduced waiting times to access support and see clinicians at CAMHS
- Improved communications about waiting times and how to contact clinics
- Rapid support at times of crisis
- More services like mentoring and counselling which can be accessed quickly and easily: themes that came across included managing emotions, life skills, and social skills
- Online forms of support, but face to face as well

Details of the plans for 2017/18 are grouped around the themes from the 2015 Plans:

- Community Eating Disorder Service
- Promotion, prevention and early intervention
- Easier access to support
- More children and young people receiving appropriate support
- Support for the most vulnerable
- Working better together: across agencies, promoting transparency and developing the workforce

A key strategic issue for the local area is how to ensure that at for every level of individual need there is an appropriate response. We know from feedback, and also from the data from the Single Point of Access that there are unmet needs for less intensive forms of support, and the CCG is committed with partners, to focus on meeting these needs. This demands fresh thinking about how we work across agencies; success comes from collaboration and offers a challenge to all those working with children and young people to achieve better, and so an additional theme of joint commissioning and partnership working has been added to the plan.

The rest of this plan sets out in detail how we are performing and intend to perform across the area to improve the emotional health and mental well-being of children and young people.

Strategy and Policy update

“My hope for the future is that young people’s mental health becomes a priority. Schools need to focus more on mental health and life skills and less about exams so that I learn to manage my finances and emotions to live a happy life”

The national agenda for mental health has progressed since 2015 in response to *No Health Without Mental Health* (2012), *Future in Mind* (2105), and now focuses on implementation of the vision expressed in those strategic documents:

- *5 Year Forward View for Mental Health* 2016 and the Year One review in 2017 set the framework for delivery of transformed services and key performance standards
- Access and Waiting Time Standards for Eating Disorders (2015), with accompanying revised NICE Guidance on treatment (2017)
- National Mental Health Dataset is now receiving data from providers that will inform national and local commissioning and performance monitoring
- National CQUIN (Commissioning for Quality and Innovation) standards for transition planning for 17 ½ year olds (2016-18)
- Children’s Commissioner briefing on access to emotional and mental health support. This highlights the disparities between physical and mental health, differences in sending on adult and children’s services and set a challenge to provide more support in schools.
- Green Paper on children and young people’s mental health (due late 2017) to inform further guidance on partnership and whole system working to improve the offer for children and young people. As part of the preliminary work on the Green Paper, the Care Quality Commission reviewed CAMHS services across the Health and Well Being Board area in North Yorkshire County Council, which includes the Vale of York CCG.

A crucial and very positive result of the national focus on mental health is the open national debate and conversation about children and young people’s mental health and regular media items about this. There is a better understanding of emotional and mental health needs and the drivers – both positive and negative - that affect emotional well-being and the dangers of failing to offer the right support for those facing difficulties. Advice is increasingly aimed at providing support in schools and community settings and moving away from medical models of care and support.

Commissioning at regional and local level is changing with the inception of Sustainability and Transformation Partnerships (STP). The Vale of York CCG is part of the Humber Coast and Vale STP. The STP Plan is at high level across a wide geographic and demographic area, and prioritises supporting with their mental health with four workstreams:

- Improve the support to people to progress on their recovery journey
- Invest in best start and prevention strategies for under 5s
- Create new services to avoid unnecessary hospital stays
- Provide services which maintain independence.

The CCG's Strategic Plan 2014-19 includes the strategic priorities of transforming mental health and learning disability services and also improving children's and maternity services; the Operational Plan for 2017-19 places renewed emphasis on:

- Move to strategic commissioning with North Yorkshire County Council, City of York Council and East Riding of Yorkshire Council
- Goal of safe resilient services working 7 days a week to provide access for those with mental health needs
- For transformation of mental health services:
 - Access early intervention and avoidance of crisis management
 - Improved working on physical health for those with mental illness

Local authority strategy has developed since 2015, with a revised Health and Well-Being Strategy in City of York and East Riding of Yorkshire Councils, revised JSNA in North Yorkshire County and East Riding of Yorkshire Councils, and new strategy documents for children and young people for North Yorkshire County Council, East Riding of Yorkshire Council and City of York Council. There is now an all-age mental health strategy in North Yorkshire, *Hope, Control and Choice*, and a similar developing strategy in City of York. Links to the various policy documents is at [Appendix 2](#). Two crucial common themes in these local plans as they have been revised are ensuring early help and advice, and closer integration of emotional and mental health across all aspects of planning and delivery.

Strategic plans are underpinned by a wide network of partnership boards and meetings, involving commissioning staff, providers, parent representatives, children's services, public health, and Healthwatch. These include the key strategic partnerships for children's emotional and mental health for North Yorkshire and City of York Councils and the joint commissioning strategy group in East Riding of Yorkshire Council.

In 2016, North Yorkshire and City of York Councils revised their governance structures for children's services, with clearer reporting lines from Strategic Partnerships to Health and Well-Being Boards. Both have set up sub-groups to take responsibility for planning of eg workforce development, early intervention and improved access, which enables clear monitoring of planning and progress. The LTP will form the basis of monitoring across these sub-groups and the strategic partnerships.

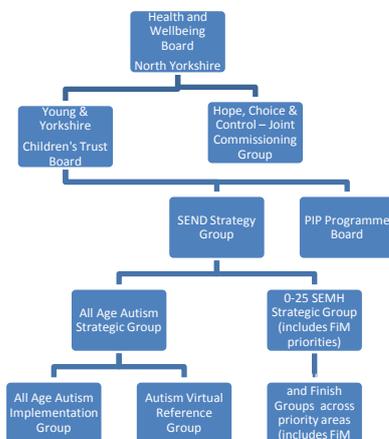


Table 1: North Yorkshire County Council governance structures

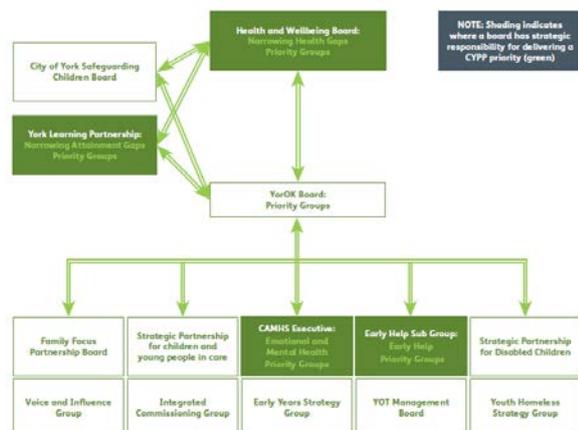
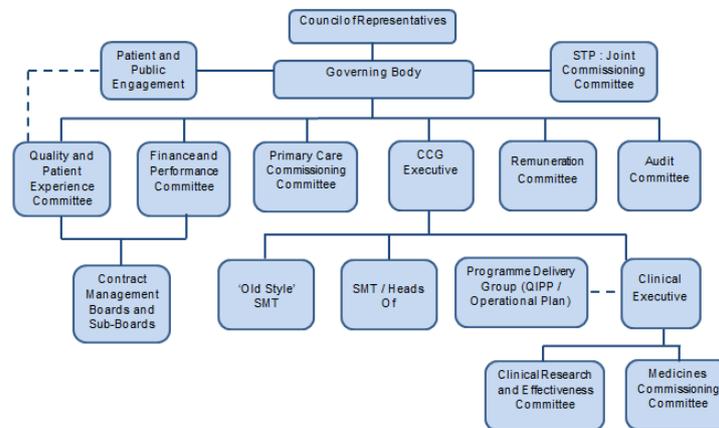


Table 2: City of York Council governance structures

Terms of reference for these groups set and partnerships clarify the roles and responsibilities of organisations in leading on and delivering identified projects.

Looking across the region, commissioners from health and local authority are part of the regional Yorkshire and Humber Children and Young People’s Mental Health Lead Commissioning Forum, and STP Commissioning Group. There is a recently formed regional SEND commissioner’s network which will help bridge planning and commissioning between mental health and support for children and young people with SEND, and the TCP is now developing regional monitoring arrangements to which the CCG belongs.

Within the CCG, the programme of work for children and young people’s mental health is overseen by the Director of Transformation: regular reporting to Finance and Performance Committee, Quality and Patient Experience Committee and Governing Body ensure that performance and service development are scrutinised and also that children’s emotional and mental health is fully incorporated into strategic and commissioning plans.



The CCG risk register includes CAMHS as a corporate risk, recognising that specialist CAMHS services do not meet targets for waiting time and assessment: mitigating actions involve a Service Development Improvement Plan overseen by Contract Monitoring Board, and actions included in this Plan as part of the key theme of ensuring easy access to support.

Demographics and performance

“I want someone to help me get sorted and to not feel like I’m being judged.”

In 2015 we had limited information about the emotional and mental health of children and young people: there has been improvement in the availability and use by local people of emotional and mental health services, but it is recognised that there is limited information regarding the emotional and mental health of children and young people. An issue for the CCG is the demographic and geographic split between City of York Council (46% of the population), North Yorkshire County Council (34% of the population) and East Riding of York Council (6% of the population); demographic data is often provided on a local authority footprint and we will be working with North Yorkshire and East Riding Councils to better understand the demographics for children in the CCG area

The demographic of the CCG remains broadly similar to 2015 with children and young people making up 22% of the population (approximately 74,405). We have refreshed the demographic data for the CCG:

2017	Population aged 0-4 years (2017)	Population aged 5-9 years (2017)	Population aged 10-14 years (2017)	Population aged 15-19 years (2017)
Male	8531	9363	8767	10514
Female	7946	8940	8717	11656
Total	16477	18303	17484	22170
Change	-561	487	486	382
%age Change	-3.4%	2.7%	2.8%	1.7%

The NHS 5 Year Mental Health Forward View and the Planning Guidance for 2017/19 have driven the approach to performance measurement and data capture for health based CAMHS provision. There is initial data from the National Mental Health Dashboard, details of which are included in [Appendix 3](#), and Yorkshire and Humber Regional Clinical Commissioning Group is also developing a CAMHS dashboard.

Attached at [Appendix 3](#) is a summary of performance information; significant points to note include:

- Specialist CAMHS services report an increase in numbers of referrals into service in the last 18 months
- The % of 17 ½ year olds with a transition plan has increased.
- Waiting times for assessment have improved, and as at September 2017 84% are now assessed within 9 weeks of referral, which in turn will ensure earlier access to treatment
- Low numbers of children and young people were detained under S136 Mental Health Act 1983 in 2016/17
- Numbers of admissions into inpatient units remain high.
- Around 20% of women require post natal support with mental health, whether because of pre-existing mental illness or becoming ill after their birth.

- The City of York School Well-being service provided 807 consultations, delivered direct support to 370 children and young people and over 90% stated they were satisfied with the service
- We do not have clear data on the length of wait for start of treatment
- Performance for access to EIP is currently at 60% within 2 weeks of referral, exceeding the national target of 50%, and all referrals are commencing treatment within 6 weeks
- The waiting time standards for eating disorders are not being met.

The action plans set out how we will improve performance and develop performance data. In particular we are keen to bring in voluntary sector data, and expand local authority data that is shared. Key actions include:

- Improve performance against local contract KPIs, and monitor time from referral to commencement of treatment
- Develop clear measurement for monitoring outcomes
- Establish how to include data from local authority and third sector providers in the National Mental Health Dataset
- Establish accurate data around the need for paediatric mental health liaison with York Hospital
- Develop regional dashboard with colleagues

The plan looked at information regarding need from NHS and local authority data across North Yorkshire and City of York. NHS prevalence data extracted from the Public Health England Fingertips web site and compared with the ONS population data shows that 3,607 (8.3% population) children and young people aged 5-16 would be expected to have a mental health disorder:

	Estimated number of children aged 5-10 yrs (2017)	Estimated number of children aged 11-16 yrs (2017)	Estimated number of children aged 5-16 yrs (2017)
2017			
Male	957	1200	2155
Female	486	970	1449
Total	1443	2173	3607
Male	11172	10806	21978
Female	10749	10673	21422
Total	21921	21479	43400
Male	8.6%	11.1%	9.8%
Female	4.5%	9.1%	6.8%
Total	6.6%	10.1%	8.3%

In respect of peri-natal support, the prevalence data derived from Fingertips and ONS population data indicates that

Live births in Vale of York	3,600	
Prevalence of women in the population with:	10	Equivalent to 20% of births at higher end of incidence of depression or anxiety
Psychosis		
Chronic SIM	10	
Mild/moderate depression or anxiety	325-490	
PTSD	100	
Adjustment/distress	490 - 975	Equivalent to 27% of births at higher end of incidence of adjustment or distress

There are problems with current prevalence data for children and young people: it was last reviewed in around 2005, and is also reports on differing age bases according to disorder. These factors make it difficult to assess accurately the level of mental health disorder within the area. Numbers of referrals to specialist CAMHS appear to be increasing, and evidence of the well-being worker service indicates high level of demand. Further work is required to understand if the numbers currently diagnosed with mental health disorders within the CCG area are above or below prevalence.

Prevalence data also does not provide clear evidence of need for advice and support with emotional and mental well-being at the level of need below specialist CAMHS or other sources of support. This is seen in the York area: the school well-being service in City of York has been well received and had over 800 contacts with pupils, whilst the numbers of referrals for counselling at York College has increased by 23% in one year, and the Universities find there is strong demand for counselling and support services. At the same time, around 30% of referrals into Specialist CAMHS are signposted away. This indicates a level of need for lower intensity advice and support that is not fully met at present. We will be pursuing this in the coming year

North Yorkshire County Council republished its Child and Maternity Health JSNA in 2016, which found:

- Overall child health is better in North Yorkshire than the average for England, although there are significant inequalities in health between the richest and poorest parts of the County, which would include parts of Vale of York CCG area. There is some concentration of poor mental health in some parts of the county, which may be associated with poverty
- Older pupils did not find school lessons around mental health useful
- There has been a decrease in emotional resilience and mental well-being in the 14-16 age group

City of York Wellbeing Surveys of year 6 and year 10 pupils established:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10
- The three main causes of anxiety and concern in Year 10 are exams and their future, and body weight and appearance.
- In Year 6, concerns are moving to secondary school and exams. However, body shape and appearance together would be second to concerns about moving to secondary school.
- Notably the percentage of children reporting being bullied has dropped, but is still in the high 30% bracket.
- The Well-being service states that the main causes of referral and support across all age groups is anxiety

The North Yorkshire school survey, Growing Up in North Yorkshire 2016 shows that:

- A decline in reporting feeling happy at school between Year 6 and year 10 (47%-31%)
- At year 6 main concerns are school tests and family matters, whilst in Year 10 the main concerns are exams.
- Bullying remains static at around 21% between Years 6 and 10
- Of more concern was a statistic that around 20% of 7 year olds are worried about school work.

Young people tell us that:

- They are increasingly concerned about mental health and emotional wellbeing, and that there are issues around access and some bad experiences with specialist support services
- Drugs are readily available and cheap, and there are concerns about their unknown long term psychological effects.

The similarity of concerns as between the data sets clearly establishes the main causes of concern and anxiety for the majority of children and young people: in many respects these are the natural concerns of young people growing up rather than indications of mental illness, and important to acknowledge that for most young people those concerns will lessen with the right supportive environments at school and at home. Anxiety is the leading reason for involvement of the school well-being workers in City of York, and the evidence of the reduction in SDQ scores following intervention establishes the value of early advice and support. Equally, anecdotal evidence from Mind in York, who have been involved in mentoring and counselling schemes for young people aged over 13, indicates that early and rapid support enables young people to re-acquire resilience and be self-supporting.

I put one of my saying as 'I can do this' because in a lot of situations I think I can't do this and I would like to make myself believe that I can

I think this has really changed how I think about myself

York Mind

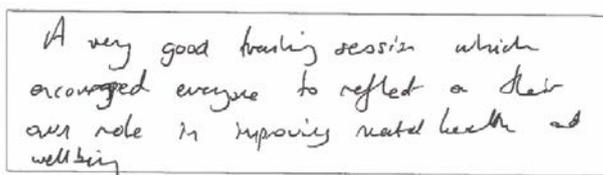
Achievements and challenges

'The service has provided another layer of support, given us a better understanding of services available which has prevented cases from progressing more quickly to CAMHS'

'Thank you for giving me back my little girl'

In the LTP and the refresh in 2016 we set out a clear statement of what we wanted to achieve by 2020 to fulfil the ambition in *Future in Mind*. We have achieved a lot in the time

- Community eating disorder service is operational across North Yorkshire and York, and received over 90 referrals in 2016/17, of which 55 were from Vale of York.
- There is a Single Point of Access, managing 1,930 referrals into CAMHS in 2016/17, and currently ensuring that at September 2017 84% of accepted referrals are now through to assessment within 9 weeks (67% year to date).
- Established Well-Being Worker service in City of York: 6 workers, jointly funded by the CCG and schools worked with 807 pupils in 2016/17 delivering evidence based therapies, advice and information, and achieving high satisfaction ratings, including reductions in SDQ scores from an average of 17.5 to 15. Other local authority areas are interested in the service. The Year 1 service report is at [Appendix 3A](#)
- Training through the School Well-Being Service in York for 423 staff in 25 schools with over 70% of school staff reporting an increase in knowledge and confidence.
- Funding secured (£100,000) over 2 years to train mental health peer supporters in City of York in 2017-19
- Established Well-Being Worker Service (Compass Buzz) in North Yorkshire County Council, in partnership with North Yorkshire County Council, and 4 North Yorkshire CCGs. The service commenced in September 2017 and offers advice, support and training to school staff, with one Well-Being Worker is based in Selby serving Selby, Tadcaster and Sherburn Schools, with other staff supporting Easingwold, Helmsley and Pickering Schools. The service has provided awareness training for 98 staff at Selby High School, with further training scheduled up to March 2017.
- Decision to transfer the CAMHS contract from Humber Trust to TEWV in respect of the children and young people in the Pocklington area.
- Thrive model of support in Selby for children with low-esteem
- Enhanced crisis support team in York as part of New Models of Care, working 10am-10pm seven days a week to support children and young people in crisis: many of these are already known to service and are able to access a telephone helpline, whilst others may be referred to crisis support workers via A&E, school or GP practices. The service will assess the individual and put emergency support in place until community services can start to offer longer term support.
- Revised S136 Mental Health Act 1983 Protocol and low numbers of detentions in 2016/17 within Vale of York: 3 children and young people were assessed, and 1 admitted for care.



A very good training session which encouraged everyone to reflect on their own role in improving mental health and wellbeing

- Think First Programme run by City of York Youth Offending Team, to work with young people with lower level offending history to raise their self-esteem and manage their emotional responses: the feedback from participants has been very positive
- Contract between NHSE and York Hospital to provide child sexual assault assessment services. There is additional out of hours support across 3 centres. There were 26 referrals from North Yorkshire in Q1 2017/18, and an additional 3 referrals to the out of hours service; although there is currently no breakdown to CCG level.
- Improved transition planning for 17 ½ year olds in response to the national CQUIN for CAMHS transitions: for 2016/17 the figure rose from 8% to 44% and is currently 67%
- Agreement for provision of psychiatric and psychological liaison support for children and young people with diabetes at York Hospital, and also provides advice for specialist nursing teams caring for children and young people with long term or life-limiting conditions.
- Feasibility study by York City Council for extending the FIRST project to include enhanced provision for families with children at the edge of care or outward placement, together with an improved short breaks offer for children and young people with autism or physical disabilities.
- Improved offer for students at York College: with 3,500 students age 16-19 the College twice the number of 6th form students than schools in York combined and has worked to reduce referrals into its counselling service through training 150 tutors as Emotional Literacy Support Advisors (ELSAs), together with ASSIST training for staff.
- A student health JSNA for 16-21 in City of York and a strategy for student mental health at York and York St John Universities and Askham Bryan College: although these are for over 18s, the local area should be assured that young adults have access to appropriate support and advice and supports smooth transition between services. York University has also restructured its student mental health services to improve the offer for advice and counselling.
- York Healthwatch *Guide for Mental Health Services* detailing statutory and third sector services and support groups and published in January 2017, which has been well received
- Establishment of SEND health network, bringing together health, deaf CAMHS service, parent groups and commissioners to discuss best practice and improve communications for a group which frequently crosses physical and mental health services
- Mental health nurse in Police Force Control Room to advise frontline staff and support decision making. The service is planning to extend its hours of operation.
- Establishment of a children and young people's sub-group for the Transforming Care Partnership to review how agencies work together for this group with complex needs.

School Well-Being Service: Case Study

A child was struggling with identity and with a history of anxiety. School requested a consultation as the child had been unhappy and some of their anxious behaviour had escalated significantly and parents considering a referral to CAMHS. A parent consultation was followed by 6 sessions utilising a CBT approach around anxiety focusing on feeling associated with family and change. Feedback was provided to the family with advice and strategies. School were able to continue to provide support. SDQ score was reduced and the family felt more able to manage.

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However, there remain some significant challenges:

- The numbers of children and young people being admitted to inpatient specialist CAMHS units needs to come down further: inpatient stays are very disruptive of family life and education, especially when admission is a long way from home.
- Numbers of referrals into specialist CAMHS and the Community Eating Disorder Service are stated to be increasing, and there is still a gap in provision for those in need of less intensive support.
- Peri-natal support does not reach all women who need it.
- York College (16-19) reports a 23% increase in referrals for its counselling service and complexity of cases is increasing.
- Concerns that emotional and mental health are seen as being medical issues rather than about well-being
- Lack of specialist peri-natal and neo-natal mental health services
- Performance against waiting time standards needs to improve further, causing anxiety and distress for families.
- Transition planning needs strengthening particularly for children and young people with SEND
- We haven't worked closely enough with the third sector, despite some very good projects including Healthwatch's *Guide to Mental Health Services* and work York Mind has done with peer mentoring and counselling
- We still lack data regarding needs of vulnerable groups, such as looked after children, children and young people with child protection plans, young carers and unaccompanied asylum seekers who have very complex and specific needs
- We need to understand more about the needs of the BAME communities for whom there may be cultural barriers to seeking help
- The CCG has a significant financial deficit and other partners are finding the financial position challenging: this affects the ability to invest at present.

In planning for 2017/18, having looked at performance and need, we also looked at what the voices of children and young people, families, third sector, health providers, schools and other professionals have told us.

The CCG's Big Conversation between July and September 2017 included sessions at York College. The comments made by students included:



- Many of the students were concerned about their mental health, and concerned around how to raise issues, and who to go to for support.
 - Students talked about how useful it is to receive information from tutors. It is cascaded at tutor groups and is really useful.
 - Pressure and stress of exams and work was a key theme
 - Being bounced between services

- Waiting times for appointments

City of York Youth Council participates in a national Youth Parliament ballot of young people aged 11-18 to inform the national campaigns for the coming year. In York 872 votes were

cast for a campaign around mental health, the second highest number of votes. The Youth Council is now planning its activities, and we are seeking a workshop with them around the subject.

York Parent Carer Forum provide regular feedback reports from parents setting out their experience of CAMHS and autism diagnostic services: these provide good evidence to discuss with the provider, TEWV how to improve performance and have influenced plans to work better on communications with parents waiting appointments.

York Healthwatch published a report in October 2017 detailing feedback from a small sample of families regarding their experience of CAMHS services: the key issues raised were:

- Waiting times leading to delays in commencing treatment
- Communications
- Crisis support



The report has been discussed with TEWV, and reflects discussion around plans to improve communications with families, and the work we are undertaking with TEWV to improve waiting times for treatment. The concerns regarding the crisis support are being addressed through the enhanced crisis support service (New Models of Care).

York Mind worked with young people (age 13-19) to develop a framework for support for mental health. This very useful work identified that young people wanted:

- Managing emotions: 121 but not through school
- Life skills: as part of the curriculum and in clubs and after school activities
- 'Safe place' in schools to go and be quiet, and access to peer mentoring support
- More physical health through sport, but less emphasis on competition
- Developing social skills, and especially through online media

We plan to work more with the third sector this year to see how we can do more to support young people in more informal frameworks. Also, the funding for school peer mentors through City of York Public Health service should help address some of these issues.

Compass Buzz, the North Yorkshire County Council school well-being service, has discussed with pupils in Selby what they want from the service and are seeking input from the North Yorkshire Youth Voice Conference about the development of the Chathealth contact service.

TEWV established a service user group in February 2017, comprising three young people who use CAMHS services. The outcomes of discussions have been:

- The theme they wanted to explore was stigma and breaking down barriers to talking about mental health.
- The group also felt parents needed more support in understanding young people's issues, and suggested a group to help this. The service would struggle to organise

this currently, but was also raised in the Healthwatch report; the crisis team, in working with families will be able to offer some support to parents, and we will discuss with TEWV some suggestions around a parents group

- The group is also helping TEWV access feedback from the wider service users,
- Made suggestions for making the waiting area more welcoming.
- Volunteered for interview panels and are happy to help us set up a parent participation group.

The North Yorkshire Police and Crime Commissioner's Big Conversation involved discussion with young people on emotional and mental health in relation to contact with the police force. Young people stated they wanted:

- Police training in how to react more calmly and compassionately
- Training for young people to spot signs of distress and support friends and peers
- Section rights (reference to S136 Mental Health Act 1983) to make it clear that young people can never be put into an adult unit. There is no evidence of this occurring in the York area, and more information is needed about this.

We plan to discuss these issues with the Police and Crime Commissioner during 2017/18 to explore the possibility of extending I4R mental health training to cover contact with young people.

In summary, the key messages from engagement are:

- More early help
- Informal approaches to help, particularly young people want peer mentoring and have mentioned online information
- Good communications from CAMHS about assessment, treatment and waiting times

Working better together: plans for 2017/18

‘A clear joined up approach so care pathways are easier to navigate for all children and young people, so people do not fall between gaps’

Now that the projects for schools and the community eating disorder service are established, the focus of the work has moved to working more effectively across the whole area on joining up services to improve the experience for children and young people and their families.

The various strategies and plans, JSNAs and consultation have been brought together in the refreshed Plan. The Plan has been reviewed by Health and Well-Being Boards for City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council. The Strategic Partnerships in City of York and North Yorkshire County Councils have discussed the plan proposals to ensure that local priorities are reflected.

The plans for the year are grouped around the same themes as in the 2015 Plan:

- Community Eating Disorder Service
- Promotion, prevention and early intervention
- Easy access to support
- Vulnerable Groups of children and young people
- Developing the workforce

We have added an additional theme of joint commissioning and partnership working to reflect the strategic direction for future service delivery across the public and third sectors.

For those children and young people who need highly specialist in patient care, NHS England commissions care and treatment. The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016 that a single national procurement for inpatient provision 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.

All the improvement plans in the LTP depend on there being a workforce able to both understand the issues around emotional and mental health and also to respond appropriately and positively to children and young people. *Future in Mind* stressed the need for a trained workforce. The Department of Health proposes there be an additional 10,000 mental health professionals by 2020, and whilst this will, if achieved, enable those children and young people who need it to access more specialist support, there is equally a need for all those whose work entails contact with children and young people to be able to respond and help effectively.

Attention has increasingly turned to schools to provide the core, lower intensity support for children and young people, without making emotional well-being appear as a medical issue. In the CCG area, much has been achieved through training of ELSAs in schools and at York College, through the well-being worker schemes, and the support frameworks in individual schools. There is in City of York a school emotional and mental health training and workforce development plan, and similar plans are being developed by North Yorkshire County Council. We intend that the workforce development plan will reference the plans across sectors whilst seeking a common format (level 1/universal staff training; level 2/targeted training and level 3/specialist training). In the next year, we will extend this planning across services using both the NHS workforce development strategy and the analysis of local needs across sectors. There is increasing interest in IAPT Collaborative-led training, particularly in courses for school based staff and social care staff: the local authorities are members of the IAPT Partnership, with applications for 1 CBT place and 2 transformational leaders and a CBT Supervisor training place in Vale of York. However, the challenges of very limited funding for either training or backfill remain and the workforce plan will consider this.



Community eating disorder service (across Vale of York CCG; Hambleton, Richmondshire and Whitby CCG; Harrogate and Rural District CCG, and Scarborough and Ryedale CCG)

The key actions will be:

- Work with TEWV to set clearer trajectories for the service.
- Measure the patient experience of the service
- Measure changes in admissions to inpatient services

Promotion prevention and early intervention

The key actions will be

- Work with City of York Healthy Child Programme on support for families by Health Visitors and School Nurses
- Pursue peri-natal bid for a specialist service
- Support roll-out of peer mentoring scheme in City of York
- Continue to monitor the York School Well-Being service and Compass Buzz

Easy access to support

The key actions will be

- Work with TEWV on how to reach and sustain national and local targets for aces and waiting times
- Improve waiting times for referral to commencement of treatment
- Improve advice and information for GPs
- Measure effectiveness of crisis support
- Ensure smooth transfer of services when the CAMHS contract transfers from Humber Trust to TEWV
- Work on multi-disciplinary pathways to ensure all options are explored before admission to inpatient units, and full inter agency planning for care following discharge
- Work with young people and third sectors to develop more advice and support that is easily accessed

There are individual plans for the schools well-being services in City of York and North Yorkshire County Council

Vulnerable groups of children and young people

The key actions will be:

- Ensure pathways and communications across agencies enable vulnerable groups to receive early advice and support
- Progress City of York FIRST extension project
- Develop dynamic risk register for those at risk of out of area placements
- Work with York Race Equality Network to better understand and respond to the needs of the BAME community

Joint Commissioning and partnership working

The key actions will be

- Co-production of all-age mental health strategy with City of York Council and local partners
- Consider with partners the long term needs of services to frame future commissioning
- Continue to work with the Strategic Partnerships and Health and Well-Being Boards to understand, monitor and develop services
- Commitment to joint commissioning arrangements with City of York
- Pursue further engagement opportunities with children and young people and families
- Work with NHS England and local partners to ensure clear pathways around admission and discharge from inpatient care.

Developing the workforce

The key actions will be

- Implement the schools training programme in City of York
- Continue to train schools staff as part of the well-being worker projects
- Discussions with the office of the Police and Crime Commissioner regarding S136 detentions.
- Use the NHS England workforce development strategy as the basis of inter-agency planning for a workforce strategy across the area. The strategy will be structured to deliver universal awareness training, targeted training and specialist training in accordance with CYP-IAPT principles

The detailed plans are at [Appendix 1](#)

Appendix 1

Action Plans 2017/18

Community Eating Disorder Service
<p>Scope: The service covers North Yorkshire and York covering a population of 750,000. It is an enhanced service provided by TEWV and working with the general CAMHS service within a hub and spoke model: there is a hub in York, with staff supporting patients for Vale of York and the service extension 'spoke' in Scarborough. There are national access and waiting time standards for commencement of treatment which specify the types of treatment that may be provided.</p>
<p>Service performance in 2016/17: Referrals: 60 from Vale of York Patients commencing treatment: 29 (source: Unify) % urgent referrals commencing defined treatment within 5 days of referral (target 95%): 0% % non-urgent referrals commencing defined treatment within 20 days of referral (target 95%): 0%</p>
<p>Summary of service achievements to date</p> <ol style="list-style-type: none">1. Service in place from 1 April 2016, deploying a hub and spoke model to enhance the general CAMHS model of provision for eating disorders.2. Patients treated for eating disorders: TBA3. Performance has improved: to Q2: Urgent: 50% Non-urgent: 13%4. Staff being trained in accordance with NICE Guidance on eating disorders
<p>Future challenges</p> <ol style="list-style-type: none">1. Differences in training requirements between access and waiting time standard and NICE Guidance has delayed staff training, and affected compliance with national targets2. Consultant psychiatric and paediatric posts not recruited to.3. Referrals into service within Vale of York are higher than anticipated when the service was planned in 2015.

Action planning 2017/18					
No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Discuss and agree across North Yorkshire and York trajectories with TEWV for national access and waiting time standards:	<p><i>March 2018:</i> 70% urgent 20% non-urgent</p> <p><i>March 2019:</i> 75% urgent 25% non-urgent</p> <p><i>March 2020:</i> 80% urgent 35% non-urgent</p> <p><i>Local standards of longest waiting time for treatment:</i> 95% urgent cases <15 days and non-urgent cases <8 weeks from date of referral by March 2020</p>	TEWV	<p>Q3</p> <p>Q4</p> <p>Q1</p> <p>Q2</p>	
3	Measure patient experience of eating disorder service: <ul style="list-style-type: none"> • High level of positive comments regarding service • Service use patient feedback in improving service • Service representative groups 	<ul style="list-style-type: none"> • 80% satisfaction rating • Proven relationship between patient feedback and improvements in service delivery 	TEWV		
4	Reduction in numbers of admissions for eating disorders	<i>25% reduction from baseline by March 2020</i>	TEWV		

	to Tier 4 inpatient wards under New Models of Care project.	Establish baseline as number of inpatient admissions for eating disorder in 2016/17			
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Note: items in italics for discussion and agreement with provider

Promotion, Prevention and Early Intervention

Scope:

An important yet challenging area is the quality of care for children and families from a very early age, to ensure that those with greater need are identified and able to develop a nurturing family environment for babies and young children.

Summary of achievements to date:

1. Access to support for women in the peri-natal period with mental illness is through the fast track adult IAPT pathway
2. Midwifery service has lead mental health midwife and training, and pathway development
3. Interim pathway in place through the North Yorkshire Maternity Network
4. Low numbers of women require admission to specialist inpatient units.
5. Local authority services support families through parenting groups, and children's social care services.
6. North Yorkshire County Council Parenting Strategy 2016/19
7. School well-being services established (see Easy Access to Support)

Service challenges:

1. Lack of specialist peri-natal community support service
2. Equity of access for children young people and families in East Riding of Yorkshire
3. Need for detailed understanding of need for less intensive support than specialist CAMHS
4. Need for clearer data regarding women's' access to available health services
5. Need more detailed pathways across agencies for identification and intervention

Action planning 2017/18

No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Support the joint bid across North Yorkshire and York for a specialist community clinical peri-natal support team	Successful bid, enabling support for women with complex mental health needs	CCG with the North Yorkshire Maternity Network	Q3 Q4 Q1 Q2	
2	Work with York Healthy Child Programme on support for families by health visitors and school nurses	Clear working pathways including use of screening tools Evidence of effective engagement with mothers, families and young	COY/CCG		

		children regarding their emotional and mental health			
3	Clear pathways of support across sectors, health and local authority support	Evidence that families are identified at an early stage as needing support and signposted appropriately. Develop KPIs for measurement by Q3 2018/19	NYCC/COY/E RYC/ Providers		
4	IAPT pathway for mothers with mental illness: monitor numbers accessing care	<i>Numbers of mothers accessing IAPT through fast track and routine referrals</i>	CCG/TEWV		
5	Ensure access to parenting programmes that strengthen emotional well-being of families	Good quality parenting programmes delivered through the local authority teams as determined through attendance and feedback	NYCC/COY/E RYC		
6	Explore with York Hospital the level of need for and scope of available care and support for neo-natal and paediatric emotional and mental health	Statement of understanding of need and plan to address by Q3 2018/19	CCG/York Hospital/TEWV		
7	Ensure GPs are well-informed about sources of support for pregnant women during the peri-natal period and during early years.	Survey GPs and develop a guidance note by Q3 2018/19	CCG		
8	Monitor admissions to specialist in-patient units	Shared data with NHS England	CCG		

Items in italics to be discussed and agree with provider

Easy Access to Support

Scope:

The LTP adopted the Thrive model of care, with gradations of support through advice, help, getting more help and highly specialised support, but always structured around the needs of each child or young person. The model helped break down barriers between services, fosters collaboration and places expertise at the front end of service delivery. For this reason, TEWV has adopted the Thrive model for service delivery.

The investment from Future in Mind in early intervention in schools has expanded the range of services, bridging the gap between advice from school based staff and specialist CAMHS.

There are three action plans: for specialist CAMHS, for the City of York school well-being service, and for Compass Buzz, the North Yorkshire schools service.

Service performance in 2016/17:

Number of referrals to specialist CAMHS: 1930

% with 2nd appointment in under 9 weeks: 68%

% of 17 ½ year olds with transition plan: 44%

Admissions to inpatient units (Q2 2016/17-Q4 2016/17): 17

Service achievements to date

- Single Point of Access commenced January 2017 with effect on reducing waiting times
- One-off waiting list additional monies enabled 23 ADHD assessments to be brought forward
- Enhanced crisis team started work (June 2017) with expected effect in reducing waiting times and also inpatient admissions

Future challenges

- Capacity and demand gap analysis showed areas of under-staffing within the service
- Increased number of referrals year on year (as at Q2 2017)
- Accurate data on waiting times for autism assessment not available until year end
- Data on waiting times from referral to start of treatment not available.
- Relationships with TEWV and York Hospital and capacity and competencies to meet NICE guidance, both assessment and treatment and after care.

Action planning 2017/18					
No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	KPI: 95% with 2 nd appointment in under 9 weeks from referral. Q2 performance 67%	<i>Targets met by Q2 2018/19 and sustained.</i> Children and young people will have an early assessment to enable therapeutic treatment to commence as early as possible	TEWV	Q3 Q4 Q1 Q2	
2	KPI: 95% 17 ½ year olds with a transition plan (National CQUIN standard)	2017/18: 80% 2018/19: 90% 2019/20: 90% <i>Numbers with a plan and numbers in need of a plan</i>	TEWV		
3	Establish and monitor the length of time from referral to commencement of evidence based treatment	Improved information to support commissioning decisions and provide evidence on performance	TEWV		
4	Discuss with TEWV and incorporate into the mental health contract KPI for referral to commencement of therapeutic treatment such as CBT. <i>Ambition is to commence treatment in under 9 weeks from referral by 2021 in 90% of cases</i>	Children and young people commence an evidence based course of treatment as early as possible	CCG		
5	Monitor increase in numbers of children and young people receiving interventions for a diagnosable mental health condition receiving support	NHSE target is 7% increase in numbers: 2018/19: 32% 2019/20: 34% 2020/21: 35%	CCG		

	from an NHS community funded service				
7	<p>Participate in crisis support project under New Models of care:</p> <ul style="list-style-type: none"> • Reductions in T4 admissions • Improvement in response times for children and young people in crisis • Monitor numbers of detentions under S136, including multiple detentions • Feedback from York Hospital: ED and Ward 17 • Feedback from children and young people 		NHSE/TEWV		
8	Work with local authority colleagues, CAMHS, Paediatrics and Mill Lodge inpatient unit on developing an MDT approach for children and young people at risk of admission to inpatient units		MDT		
9	Discuss and agree with TEWV quality/experience feedback for inclusion in KPIs to monitor effectiveness of interventions	Target to be agreed and trajectory	CCG/TEWV		
10	Improve referrals processes through RSS and training and advice for GPs and others	Consistent provision of information required for rapid assessment	CCG/TEWV/GPs		

		Less than 10% referrals rejected for lack of information.			
11	Explore implementation of choice and booking systems to as part of implementation of parity of esteem. If able to be implemented there would be wider choice over appointments	Decision on use of procedures in 2019/20 and beyond.	CCG		
12	Explore options for diversionary support from specialist CAMHS, particularly for those children and young people with less urgent mental health needs, following evaluation of pilot scheme in 2018	Options for future provision	CCG/TE WV		
13	Monitor the effects of transfer of CAMHS services from Humber Trust in 2018	Children in East Yorkshire have a smooth transfer to TEWV services	TEWV		
14	Explore the extension of schools well-being services to the Pocklington area.	Options paper for Executive Committee regarding parity of provision and possible opportunities, costs and benefits for extension of existing models into East Riding			

Note: items in italics for discussion and agreement with provider

Schools Well-Being Service in City of York

Scope:

The CCG invested in two schools based services. In City of York, the CCG, in partnership with schools funded 6 well-being worker posts, one in each school cluster in the City: the CCG funds 4 staff, and schools the other 2. The service is a schools based early intervention service, with three outcomes:

- School staff have increased knowledge and confidence in supporting children and young people with emotional and mental health issues
- Children and young people are identified early and supported effectively within school to prevent needs increasing and the requirement for specialist intervention where appropriate
- Increasing numbers of children and young people are more able to cope with mental health issues within a school setting

A service evaluation by the University of York concluded that the model is appropriate for improving emotional and mental well-being, with outcomes and KPIs that drive improved service delivery.

The service is recognised as a good practice exemplar for early identification and intervention

Service achievements to date 2016/17 academic year

- Referrals/consultations: 807
- Pupils receiving support: 307
- Impact measured in average SDQ scores from 17.5 to 15
- Referrals on to CAMHS: 36
- Feedback from pupils and parents show that: 90% children and young people reported satisfaction with the service. Case studies set out details of the effectiveness of the service and are included in the annual report
- Feedback from school staff rated 8/10 for support, 70% increase in knowledge and confidence

Future challenges

- Establish the effects of the service on referrals to CAMHS
- Establish long term sustainability beyond 2020
- Inclusion of independent schools within the scope of the programme

Action planning 2017/18					
No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Undertake audit to establish relationship of well-being service to specialist CAMHS	Show effectiveness of service as part of overall offer for emotional and mental health		Q3 Q4 Q1 Q2	
2	Training programme delivered (universal, targeted and specialist training)	<ul style="list-style-type: none"> Staff surveys show staff are better informed and able to support pupils Pupil survey shows more pupils feel supported in school 			
3	Continued monitoring of service through Strategic Partnership to ensure outcomes continue to be met	<ul style="list-style-type: none"> Report to Strategic Partnership each quarter Maintenance and improvement against performance measures 			

Schools well-being service: North Yorkshire County Council

Scope:

Within North Yorkshire County Council area, the CCG part funds a well-being worker service, Compass Buzz, which works with whole school workforce and other partners to increase skills confidence and competence of staff dealing with emotional and mental health concerns. There is one well-being worker based in Selby across the Selby/Tadcaster/Sherburn area, and other workers in Scarborough and Northallerton support schools in the Easingwold and Helmsley/Pickering areas. The service commenced in September 2017, following five months of training and awareness raising within schools.

Compass Reach is provider for targeted emotional and mental health support through the Healthy Child programme in North Yorkshire and York

Service achievements to date

- 98 staff trained at Level 1 at Selby High School
- 46% analysed feedback forms indicate an increase in confidence among staff
- 3 further schools in the Vale of York Area have booked Level 1 training
- Compass Buzz sits on the North Yorkshire SEMH Intervention Group

Future challenges

- Developing engagement with schools in Vale of York area not yet accessing training
- Establish through KPI monitoring the effectiveness of service in preventing referrals to specialist CAMHS
- Extension of programme to independent schools

Action planning 2017/18

No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Monitoring of contract KPIs and targets (attached)	Targets are met	Compass Buzz	Q3 Q4 Q1 Q2	

Compass Buzz Key Performance Indicators to be reported quarterly

Outcome no.	KPI
1.	For a range of staff in schools to have increased knowledge and confidence in supporting children and young people with emotional and mental health issues
1.1	Number and type of training courses offered
1.2	Number of schools and staff offered training
1.3	Number of schools and staff accessed training
1.4	Number of school staff reporting increased confidence and knowledge following training
1.5	Number of schools provided with consultation without receiving direct training
2.	A reduction in the requirement for specialist interventions for children and young people with emotional and mental health issues, and prevention of increasing need through earlier identification and provision of appropriate support within school
2.1	Total number of children and young people accessing co-facilitated 1:1 sessions, broken down into school year groups
2.2	Number of initial consultations resulting in signposting to a more appropriate service
2.3	Time of wait from Compass receiving the consent form to Compass offering the first co-facilitated 1:1/group work session
2.4	Total number of children and young people accessing co-facilitated group work sessions, broken down into school year groups
2.5	Number of children and young people accessing co-facilitated 1:1/group work sessions who are defined as vulnerable
2.6	Number of co-facilitated 1:1 sessions delivered with children and young people broken down by predominant issue, e.g anxiety
2.7	Number of co-facilitated group work sessions delivered with children and young people broken down by predominant issue, e.g anxiety
2.8	Number of children and young people reporting increased wellbeing
2.9	Number of children and young people reporting that 90% of goals achieved
2.10	Number of children and young people signposted to CAMHS deemed suitable Number of children and young people signposted to CAMHS deemed unsuitable (KPI for 18/19)
2.11	Number of children and young people signposted to universal services, e.g., Healthy Child Programme
2.12	Source of initial consultation request which resulted in co-facilitated 1:1/ group work sessions
3.	Building resilience - increasing number of children and young people more able to cope with emotional difficulties arising from life events and challenges
3.1	Number of children reporting increased knowledge how to access support
3.2	Number of children reporting increased resilience

3.3	Number of schools undertaking whole school approach to emotional health
3.4	Number of representations (with consent) to the project
3.5	% of young people reporting satisfaction with service
4.	Increased primary care awareness for the project to support for children and young people earlier
4.1	Number of initial consultation phone calls received directly from primary care

Vulnerable Groups of Children and Young People

Scope:

Some groups of children and young people are particularly vulnerable, because of life history or home circumstances, illness or disability, being looked after, or in contact with youth justice service. The Local Offer, Youth Justice support, No Wrong Door (North Yorkshire County Council), the FIRST (City of York) project for those on the edge of care or placement, or the Transforming Care Partnership ensure specialised care and support.

Summary of achievements to date

5. FIRST extension feasibility project in COY to develop intensive short breaks
6. No Wrong Door project in NYCC secured additional psychology support for young people in care
7. Sexual assault assessment service across North Yorkshire and York run by York Hospital
8. Think First Programme in City of York to develop self-esteem and decision making among young offenders
9. Dedicated CAMHS LAC service in North Yorkshire

Future challenges

1. Improve understanding of needs of less visible groups so that services can be provided
2. The highly complex needs of some children and young people require closer working across agencies so that support is more easily provided.

Action planning 2017/18

No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	COY FIRST extension project: for intensive short breaks provision for those with challenging behaviours and autism or SEND	Feasibility study completed by Q3 Decision on funding Q4 2017/18 Delivery of enhanced support centre by 2020	COY	Q3 Q4 Q1 Q2	
2	Develop dynamic risk registers for those at risk of out of area placements to meet requirements of TCP	Develop risk register for Transforming Care Partnership to facilitate monitoring of all children and young people in out of area placements, or at risk of placement.	CCG/LA		

		Register complete by December 2017 and monitored at TCP Board			
	Work on safeguarding to ensure parity of arrangements across City of York, North Yorkshire County Council and East Riding of York	Safeguarding across the CCG area is reflected in all work with vulnerable groups	CCG		
3	<p>Ensure pathways and communications across all agencies regarding vulnerable groups enable them to receive early support and treatment. Particular focus will be on:</p> <ul style="list-style-type: none"> • Children looked after • Those with child protection plans • Those in the youth justice system • Unaccompanied asylum seekers 	Robust pathways of care between LA, acute services and mental health support	CCG/LA		
4	Work with children's services and providers to ensure that health assessments for all children looked after are undertaken in a timely way as recorded on monitoring data	<p>90% appointments offered are within 20 working days of child becoming looked after</p> <p>90% review health assessments offered appointments within 20 days of the agreed review date</p>	HDFT/safeguarding		
5	Monitor effectiveness of additional investment in No Wrong Door	Improvement in outcomes for young people in care	NYCC		

6	Work with York Hospital to assess need for psychiatric and psychological liaison support for children and young people with long term or life limiting conditions	Clear understanding of need and resources and way forward for meeting need by Q2 2018/19	CCG/YHFT		
7	Work with York Race Equality Network to understand needs of BAME community	Engagement with BAME community to aid commissioning decisions and service improvement by Q3 2017/18	CCG		

Workforce Development

Scope

Production of workforce development plan across sectors engaged with children and young people and their emotional and mental well-being. We will use the NHS workforce development strategy for CAMHS, whilst extending the scope of the plan beyond those services normally identified with health to include schools and education settings, and local authority teams. The purpose of the plan will be to implement a Thrive approach to workforce development and planning to align with the principles in the LTP.

Workforce development underpins many other specific initiatives in the LTP, and thus significant levels of workforce development are embedded in other plans

Summary of service achievements to date

- Additional workforce in school well-being services
- Additional ELSAs at York College
- City of York school development plan: academic year 2017/18, offering three levels of training and support to schools structured around the Thrive model of care.
- TEWV plan IAPT training in 2017/18 1 CBT therapist, 1 CBT Supervisor, and 2 Transformation and Leadership staff members
- Capacity and demand analysis by TEWV for CAMHS services in Vale of York
- Staff training is embedded in the schools well-being services in City of York and North Yorkshire County Council
- TEWV staff completing training for eating disorders

Service challenges

- CYP-IAPT training will not be back funded after 2018 with consequences for course funding and supporting service delivery whilst staff are seconded to courses.
- The very challenging financial position for both health services and local authorities will make investment in further staffing or training difficult.
- There is a shortage of experienced and/or qualified staff in some disciplines.
- Maintain levels of training and knowledge for new staff and through refresher training

Action planning 2017/18

No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Implement and monitor the City of York schools training programme	By Q2. Measure effectiveness of training programme, reporting to Strategic Partnership	COY	Q3 Q4 Q1 Q2	

2	Map with partners the workforce development issues and training needs to deliver the LTP.	BY Q4 2017/18 have a clear understanding of the workforce needs of the area	CCG/COY/NYCC		
3	Develop a plan to 2020 for the key staff and skills required and based on the Thrive model for workforce training: <ul style="list-style-type: none"> • Level 1: universal awareness • Level 2: targeted training • Level 3: specialist training 	By Q1 a plan that clearly sets out the staffing required and the training needs	CCG/COY/NYCC/ERYC		
4	Re-map investment to improve accuracy of data	By Q4 2017/18 have a clear understanding across agencies and sectors of the investment in emotional and mental well-being	CCG/COY/NYCC/ERYC		

Joint Commissioning and Partnership Working

Scope:

The 2015 LTP commits the CCG and partners in local authority to working together to improve children and young people’s emotional and mental health. Increasingly the approach is for joint commissioning structures to deliver change against a backdrop of limited resources.

Summary of achievements to date

1. Membership of and participation in Health and Well-Being Boards for all local authorities
2. Membership and contribution to Integrated Commissioning Board, Strategic Partnership for Emotional and Mental Health for COY/NYCC, and Children’s Trust Board and YorOK Board for COY/NYCC
3. Co produced All-age autism strategy for City of York
4. Co-production of All-age Mental Health Strategy for City of York
5. Co-production of SEND Strategy for North Yorkshire County Council
6. Membership of Local Transforming Care Partnership Board
7. Membership of New Models of Care Programme Board with NHSE and TEWV
8. Jointly funded with COY Interim Head of Joint Commissioning
9. Co – commissioning of school well-being worker services in City of York and North Yorkshire County Council

Future challenges

1. Establish an integrated commissioning framework for Vale of York across partners from three local authorities
2. Ensuring equity of access across all local authority areas
3. Development of Sustainability and Transformation Partnerships may change commissioning focus
4. Challenging financial environments restrict scope for investment across sectors.

Action planning 2017/18

No	Action	Outcomes	Lead	Action update at Q end 2017/18	RAG at Q end
1	Co-production of all age mental health strategy (City of York) and action plan	Strategy reflects contribution across City to emotional and mental health of children and young people	CCG/COY	Q3 Q4 Q1 Q2	
2	Implementation of North Yorkshire County Council All-Age Mental Health Strategy	Implementation of action plans	CCG/NYCC		

4	Consider with partners the long term approach to service delivery for emotional and mental well-being to ensure integrated services to meet all levels of need	Workshop in Q1 2018/19 to scope the desired outcomes and approach for future service delivery and set a planning framework	CCG		
5	Explore scope for enhanced primary care services through New Models of Care	Scope service offer Q4 2018/19	CCG		
6	Joint bid across North Yorkshire and York for specialist peri-natal support	Successful funding bid, service established	NYCC/York Hospital		
7	Engagement with local authority youth councils	Increased involvement of children and young people in strategic planning and service improvement	CCG		
8	Engagement through strategic partnerships and health and well-being boards	Dialogue to monitor and improve services	CCG		
9	Work with NHS England, providers and local authorities on policies and pathways for admission to and discharge from inpatient care	Q3 2018/19 clear policies and pathways of care and support across agencies	CCG/NHSE		

Appendix 2

Links to local strategy documents

Strategy	Link
Humber Coast and Vale Sustainability and Transformation Plan 2016-21	http://humbercoastandvale.org.uk/wp-content/uploads/2017/08/HCV-October-Submission_FINAL-VERSION-PUBLISHED.pdf
Vale of York CCG Strategic Plan 2014-2019	http://www.valeofyorkccg.nhs.uk/publications-plans-and-policies-1/five-year-integrated-operational-plan-2014-19/
Vale of York CCG Operational Plan 2017	http://www.valeofyorkccg.nhs.uk/our-plans-and-strategic-initiatives/
City of York Health and Well-Being Strategy 2017-22	https://www.york.gov.uk/downloads/file/12806/joint_health_and_wellbeing_strategy_2017_to_2022
North Yorkshire County Council Health and Well-Being Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/jhwbs.pdf
East Riding of Yorkshire Health and Well-Being Strategy 2016-19	file:///P:/Users/susan.deval/Downloads/Joint%20Health%20and%20Wellbeing%20Strategy%202016%20-%202019%20(July%202016)%20(3).pdf
<i>Hope Control and Choice</i> : North Yorkshire County Council Mental Health Strategy 2015-2020	http://www.nypartnerships.org.uk/sites/default/files/Partnership%20files/Health%20and%20wellbeing/Public%20health/Mental%20health%20strategy.pdf
<i>Dream Again</i> : City of York Children and Young People's Plan 2016-2020	http://www.york.org.uk/2014%20YorkOK%20Website/workforce2014/Dream%20again%20and%20YorkOK%20Board/Children%20and%20Young%20Peoples%20Plan%202016-2020.pdf
<i>Young and Yorkshire 2</i> : North Yorkshire County Council Children and Young People's Plan	https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20council/Strategies%2C%20plans%20and%20policies/Young_and_Yorkshire_-_happy_healthy_achieving.pdf

Appendix 3

Performance data

1. Mental Health 5 Year Forward View Dashboard

Code	Indicator - Please see the Metadata tab for further details on the indicators	Reporting period	Change *	Indicator value **	Trend ***	Better is...	Range / Value	
Perinatal Mental Health								
PMH(i)	Additional number of women receiving specialist perinatal care compared to baseline							Placeholder
Children and Young people (CYP) Mental Health								
CYP(i)	CCG IAF mental health transformation milestones- Total CYPMH score	Q4 2016/17	▼	25.0%		▲		
CYP(ii)	Number of CYP receiving at least two contacts in NHS funded community services in the reporting period †	Q4 2016/17	▼	335	N/A	▲		
CYP(iii_a)	Proportion of CYP with eating disorders seen within 1 week (urgent)							National and regional measure only
CYP(iii_b)	Proportion of CYP with eating disorders seen within 4 weeks (routine)							National and regional measure only
CYP(iv)	a. Total number of bed days for CYP under 18 in CAMHS tier 4 wards	Q4 2016/17	▲	1,188		▼		
	b. Total number of admissions of CYP under 18 in CAMHS tier 4 wards	Q4 2016/17	▼	17		▼		
CYP(v)	a. Total bed days of CYP under 18 in adult in-patient wards							National and regional measure only
	b. Total number of CYP under 18 in adult in-patient wards							National and regional measure only
CYP(vi)	CCG IAF mental health transformation milestones- Crisis Q1b answer	Q4 2016/17		Fully compliant	N/A	▲		Chart available at STP level only
CYP(vii)	a. CYP MH actual spend - excluding learning disabilities and eating disorders (Ek)	2016/17	N/A	3,337	N/A	N/A	N/A	N/A
	b. CYP MH actual spend: eating disorders (Ek)	2016/17	N/A	68	N/A	N/A	N/A	N/A

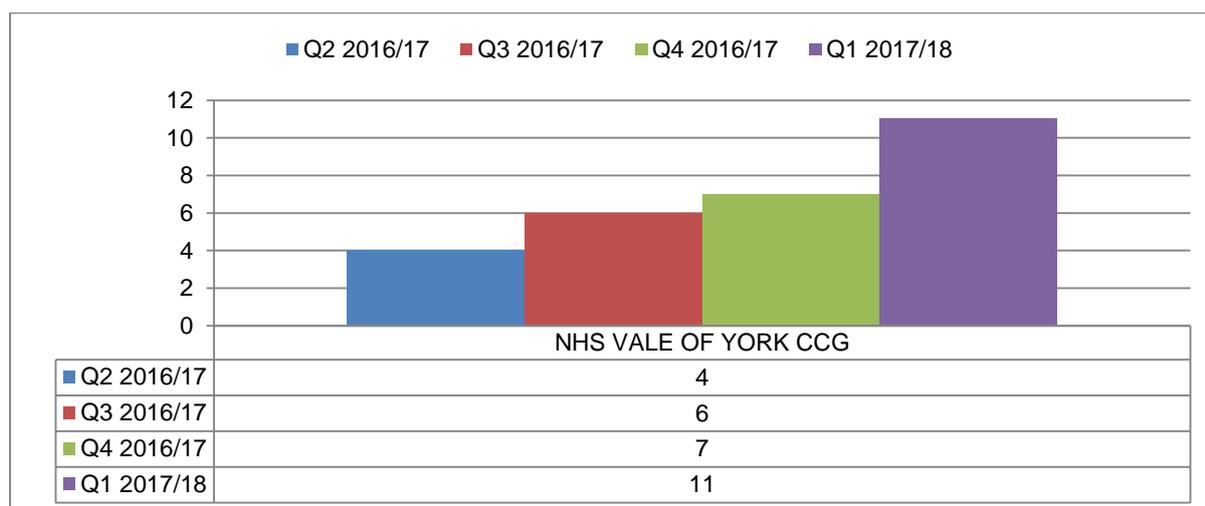
2. Specialist CAMHS dashboard to March 2017

SPECIALIST CAMHS				
	2014/15	2015/16	2016/17	2017/18 Q2
Referrals to LYPFT to 30 September 2015 (note these figures are not validated)	3772	Not given	N/A	N/A
Referrals to Limetrees	N/A	Not given	1930	860
% assessments in under 9 weeks (2 nd appointment): target 90%	Not given	Not given	68%	67%
Average wait for treatment:	Not given	Not given	Not given	Not given
Number of active cases as at 31 March:	Not given	Not given	1309	Not given
% 17 ½ year olds with transition plan for adult services (CQUIN 2016/17 and 2017/18): target 95%	Not given	Not given	44%	66%
Admissions to T4 inpatient	56	26	17 (Q2 – 4 2016/17)	Not provided
EIP (monitored through adult services). % cases of first episode receiving treatment in 2 weeks: target 50%	N/A	N/A	53%	60%

3. Referrals to Community Eating Disorder Service

COMMUNITY EATING DISORDER SERVICE				
	2014/15	2015/16	2016/17	2017/18 Q2
Referrals to Limetrees	N/A	N/A	60	38
% commencing NICE approved treatment within 5 days (urgent cases). Target 95%	N/A	N/A	0%	50%
Completed pathways of care urgent	N/A	N/A	4	N/A
Incomplete pathways of care urgent	N/A	N/A	4	N/A
% commencing NICE approved treatment within 20 days (non-urgent cases). Target 95%	N/A	N/A	0%	13%
Completed pathways of care routine	N/A	N/A	10	N/A
Incomplete pathways of care routine	N/A	N/A	120 (Unify data subject to confirmation)	N/A

4. Admissions into T4 inpatient units July 2016 - June 2017 (NHSE)



Figures for 2014-15: 56 admissions from Vale of York

Figures for 2015-16: 26 admissions from Vale of York

5. S136 Mental Health Act 1983 detentions

	2014/15	2015/16	2016/17 Q2
Number	N/A	3	5

6. City of York School Well-being Service 2016/17 (academic year)

Outcome one: School staff will have increased knowledge and confidence in supporting children and young people with emotional and mental health issues.			
	Key performance indicator	Management Information	Results
a	Number of school staff reporting increased confidence and knowledge	<ul style="list-style-type: none"> – Mental health training delivered – Number of school staff accessed training – Number of school staff reporting increased confidence and knowledge following training – – Number of school staff reporting increased confidence and knowledge following working alongside SWW in schools 	<p>423 staff in 25 schools</p> <p>20% increase in knowledge and 10% in confidence</p> <p>70% increase in knowledge and confidence</p>

Outcome two Children and young people are identified early and supported effectively within school to prevent needs increasing and the requirement for specialist intervention where appropriate			
#	Key performance indicator	Management Information	Results
b	Number of consultations taken place	<ul style="list-style-type: none"> – Number of consultations – Staff member (s) involved with consultation – Number of consultations in each year group – Number of consultations with children and young people subject to plans – Predominant presenting issue / need for consultations – Outcome of consultation ie direct work / signposting / referral to CAMHS 	<p>807 consultations Mainly pastoral lead</p> <p>20%</p> <p>Anxiety Mainly advice to staff on strategies</p>
c	Number of children and young people accessing support	<ul style="list-style-type: none"> – Number of children and young people accessing direct work – Number of children and young people accessing 1:1 support in each year group – Number of SWW direct / non direct 1:1 support 	<p>370 children and young people</p> <p>Mainly Yrs 4/5/6</p> <p>220 received individual support, 150 in group work</p>

Outcome three			
Increasing number of children and young people feel more able to cope with emotional and mental health issues within a school setting			
#	Key performance indicator	Management Information	Results
d	Number of children and young people reporting increased wellbeing and resilience	<ul style="list-style-type: none"> – % of children and young people where goals have been achieved – % of children and young people with measurement tool increase – % of children and young people reporting satisfaction with the service 	82% cases 66% 90%

The full year report from the service is at **Appendix 3A** (attached)

Appendix 4 is investment and workforce data (attached)