



NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

**TRANSFORMATION PLAN FOR
CHILDREN AND YOUNG PEOPLE'S
EMOTIONAL AND MENTAL HEALTH
October 2016**



Contents

1. Vision

2. Introduction

3. Sustainability and Transformation Plans and partners

4. What's happened so far?

5. Governance

6. What does the data tell us

7. Engagement

8. What next – gaps and priorities

9. Summary

Appendix 1: core data workforce

Appendix 2: core data investment

Appendix 3: core data activity

1. Vision

Our joint commitment and ambition as stated in our Transformation Plans last year is 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 have made a start in achieving some of the above, although commitment to transformation and improvement is a journey we are dedicated to completing by 2020.

We will achieve the vision through:

- Continued investment in prevention, promotion and early intervention
- Co-commissioning of support for children and young people
- Integrated pathways
- Engagement and involvement of children and young people at all stages in the commissioning cycle and in service improvement.

2. Introduction and background

In 2015, Future in Mind, the report of the Children and Young People's Mental Health Taskforce was published. This report established a clear direction and set key principles about improving access to high quality mental health care for children and young people. In March 2016, the independent Mental Health Taskforce published the Five Year Forward View for Mental Health which endorsed the vision of Future in Mind, but extended the focus to include improvements to crisis care, seven-day care and the development of new models to improve outcomes through integrated services.

The following plan is an update and 'refresh' of the four North Yorkshire CCGs Transformation Plans, which is required as part of the ongoing assurance process. The requirement for a refresh was formalised in the Implementation Plan for the Mental Health Five Year Forward View which stated '...all local areas should have expanded, refreshed and republished their Local Transformation Plans for children and young people's mental health by 31 October 2016. Refreshed plans should detail how local areas will use the extra funds committed to support their ambitions across the whole local system. Plans should be accessible and include clear numeric targets for improved access to

services in each year to 2020/21. These plans will continue to be refreshed annually in line with business planning cycles.'

The following Transformation Plan will review the progress over the last year on children and young people's emotional and mental health, and will clearly outline the plan for improvement over the next year in line with CCGs business and operational plans. The plan is a live document and updates will be added over the year to ensure the plan remains relevant. The plan is not intended to be a repeat of the original Local Transformation Plans or a review of the national policies on children's mental health, but a plan which describes the opportunities and challenges over the next year, and how we will ensure children and young people's emotional and mental health will remain a priority.

It is important to identify that the priorities for local transformation were originally informed by a detailed gap analysis and these will continue to be the priorities for investment going forwards, these are

- Prevention and early intervention
- Easier access to support at all levels
- Improved approaches in support for the most vulnerable

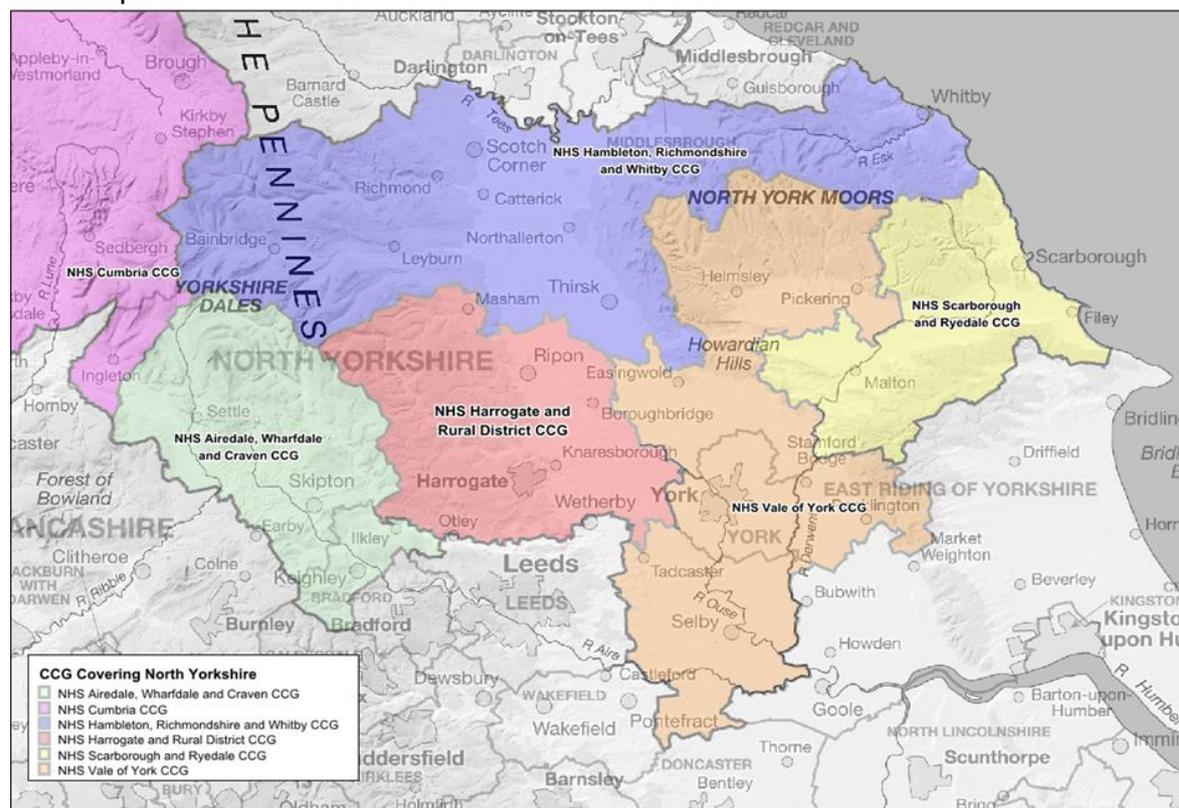
Throughout the plan we have included '***So what does this mean for you?***' sections which is aimed for young people who may be reading the plan.

3. Sustainability and Transformation Plans and partners

The Partnership Commissioning Unit (PCU) on behalf of the four North Yorkshire CCGs commissions CAMHS and leads on the development of the Local Transformation Plans. CCGs are the lead organisations for delivery against the plan, however it is driven, governed and delivered in collaboration with North Yorkshire County Council, City of York Council, and Tees, Esk and Wear Valley NHS Foundation Trust.

Since submission of the CCGs original Transformation Plans a Project Manager has been in post to implement the actions described in the original Transformation Plans across the four CCGs. The four CCGs commission the same provider for CAMHS and all have the same vision and transformation priorities, therefore it was agreed that the update and refresh would be one document covering the four North Yorkshire CCGs. It is recognised that the large geographical area is a challenge and this will be covered in more detail in section 6.

The map below indicates the location of the CCGs.



The breadth of the partnership to deliver transformation and improvements to children and young people's emotional and mental health is wide. CCGs work closely with North Yorkshire County Council and City of York Council, the two key Local Authorities, as well as East Riding of Yorkshire Council. In addition we work closely with Tees, Esk and Wear NHS Foundation Trust who is the CAMHS provider, as well as NHS England, schools, voluntary sector organisations, families and young people.

The Sustainability and Transformation Plans (STPs) have been developed on a different footprint to the existing PCU – CCG footprint. The four North Yorkshire CCGs are covered by three STP's.

- Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP
- Humber, Coast and Vale STP
- West Yorkshire STP

We are working closely with CCGs to ensure transformation of Children and Young People's emotional and mental health is included and aligned in the individual STPs. The challenge is that STPs are relatively new. We are working with CCGs operational and planning process to identify commissioning intentions for 2017/18 and 2018/19 for children and young people's mental health.

We will ensure that as part of transformation our commissioning intentions and key deliverables are:

- Access to high quality evidence based mental health care increases - at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases, and provider joins quality improvement and accreditation network
- Commission effective 24/7 crisis response and home treatment teams as an alternative to acute admissions.

4. What's happened so far

Over the last year we have worked closely with CAMHS and other stakeholders to inform implementation over the year. In this section we will review actions taken so far in line with our priorities for transformation. We cannot ignore the barriers our CCGs have faced and as part of transparency we held a stakeholder meeting in which we reviewed the original actions stated in the Transformation Plan. Stakeholders were asked to review whether original actions were still relevant and how we could deliver some priorities differently to meet the same outcomes for children and young people.

Following the original submission of the local Transformation Plans in October 2015 CCGs have committed and supported the implementation of the two main projects – Enhanced Community Eating Disorders Team and School Wellbeing Project. Other areas of effective provision are also outlined in this section, which contribute to improvements in children and young people's emotional and mental health.

As this plan is finalised, the four CCGs expect to receive additional funding to help further reduce waiting times for treatment for mental health problems. Whilst waiting lists across North Yorkshire are not high, there are children and young people waiting over 12 weeks between referral and treatment; over £300,000 one-off funding is available across the area for initiatives to reduce waiting times, to support IAPT for children and young people, and support crisis intervention. The CCGs propose to support assessment clinics in GP surgeries, telemedicine to support and divert young people who would otherwise access emergency departments, together with additional funding for IAPT training and administrative support for the Single Point of Access.

We continue to work with CCGs to ensure a high commitment to partnership working. By developing the Local Transformation Plan this offers a template for

further joint working for example with schools and NHS England specialist commissioning teams to review and establish more efficient and effective pathways. The local Transformation Plans and the refresh continue to raise the profile of children and young people's mental health and the need to improve outcomes locally.

4.1 Single point of access

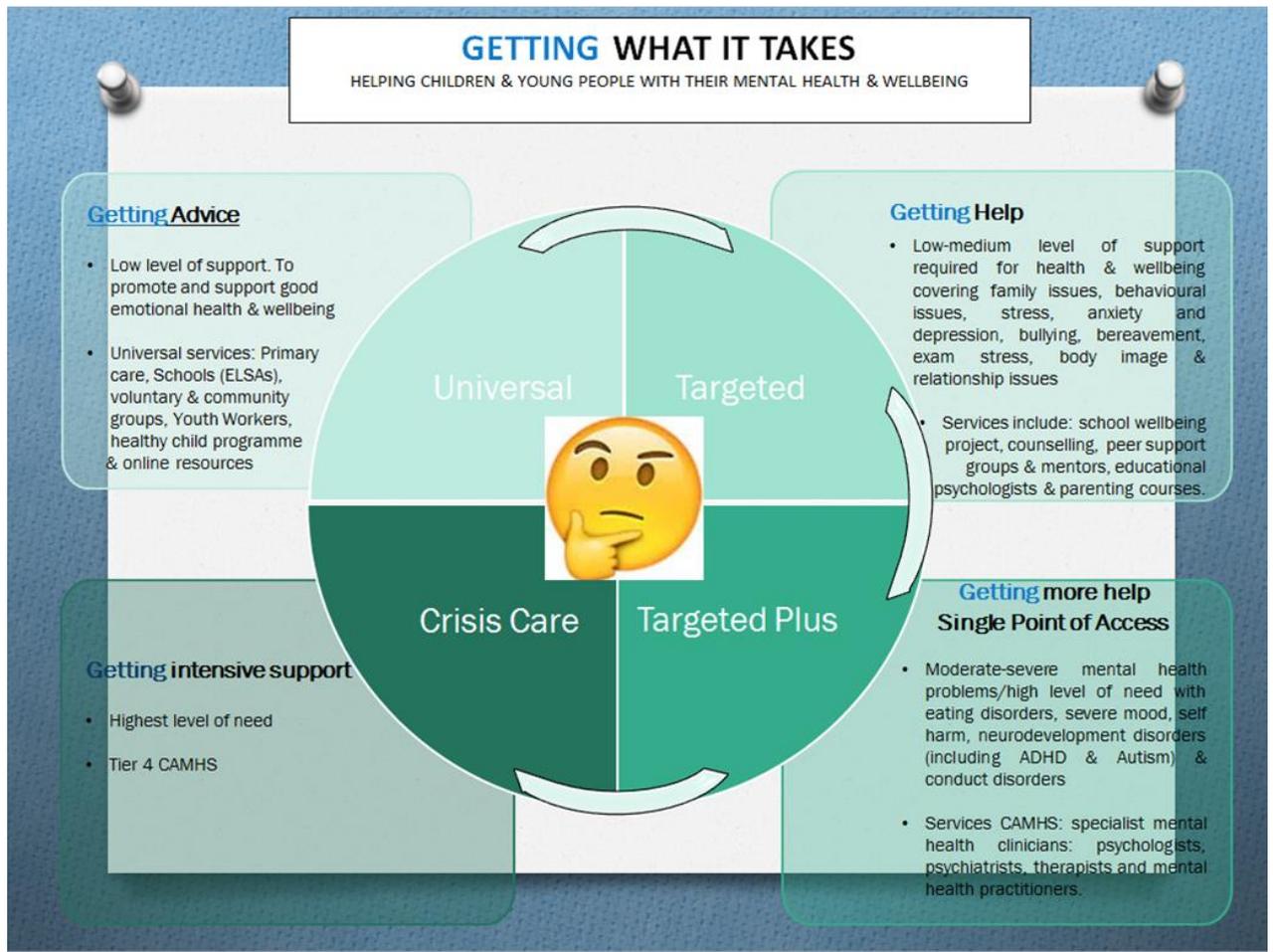
An area of effective provision which supports referrers, families, children and young people receiving help when they need it is the Single Point of Access for CAMHS in North Yorkshire. CAMHS had recently implemented this to improve access to effective support. The Single Point of Access was introduced to:

- Simplify access for referrers and service users
- Allow the service to work to a single operating model
- Make best use of our expertise at the first point of contact.

The single point of access ensures that referrers or family receive a phone call within 24 hours of referral to discuss problems, and can advise on next steps or signpost those families who are not in need of CAMHS support to other services. This helps to provide early advice for families whilst diverting from CAMHS cases that do not require further assessment. In North Yorkshire the CAMHS Single Point of Access is working closely with the Children and Families Multi-agency Screening Team and have commenced a pilot to implement a telephone link between the services. This will allow CAMHS to contribute daily to the multi-agency discussions to provide clinical expertise and consultation. Advice, liaison, and support for other disciplines is an essential element of a single point of access.

As part of service improvement plans the CAMHS team in York are also implementing a Single Point of Access, which will be operational in January 2017. Discussions have been held with City of York Council to explore how the Single Point of Access can work alongside the new early help locality area hubs. Earlier help and intervention is a principle we are supporting as part of the overall transformation plan. It is essential and a priority moving forwards for CAMHS to work jointly with the Local Authority on any plans for co-locating single points of access and models for doing this.

So what does this mean for me? *If you feel you need to talk to someone about your mental health and you are over 16 you can phone CAMHS direct, if you are under 16 years of age your youth worker, support worker, school or parent can contact CAMHS direct for advice. You should receive a call within 24 hours to talk about your concerns .*



4.2 Local Innovation

Young people in Scarborough have taken the initiative in organising training for themselves and local professionals to help them recognise the early signs of mental health issues. Young people attended the Mental Health First Aid training and hope to visit schools and youth clubs to promote what they have learned. We will support similar projects in future, as we believe strongly in the value of peer support and self-developed approaches to finding out about emotional and mental health. We are working with NSPCC on a pilot project for bespoke online counselling: this is a new venture for NSPCC and could deliver significant benefits by offering young people choice of access and at times to suit them.

4.3 Whole school approach

In North Yorkshire there was a recognised need to consider and implement an integrated approach to emotional and social development that will support children and young people engaged with learning. There is a growing concern about the number of children and young people being excluded from school, including those at an earlier age and those with social, emotional and mental

health needs. The whole school training will consist of training on the concept of social, emotional and mental health and early identification, and using an online tool to support development towards outcomes. CCGs have supported North Yorkshire County Council in commissioning a pilot for a school based assessment and intervention tool to increase emotional resilience of vulnerable children and young people. The evaluation from the pilot will be shared in Autumn 2017 to inform any future commissioning intentions.

4.4 Community Eating Disorders Team

In August 2015, NHS England published a Commissioning Guide for the Access and Waiting Time Standards for Children and Young People with an Eating Disorder. The Commissioning Guide outlined new targets for access to treatment and the care 'pathway' professionals should follow when providing care to children and young people with eating disorders and models for delivering dedicated Community Eating Disorder (CED) services for children, young people, families and carers. Because of the population requirements of 500,000 for the service the four North Yorkshire and York CCGs supported the current CAMHS provider to develop their eating disorders team.

CAMHS have implemented a hub and spoke model supported by a single multi-disciplinary team across North Yorkshire to meet the needs of children and young people with eating disorders. This will work through two teams based in Harrogate and York, providing specialist support to the CAMHS teams in Harrogate, Northallerton, York and Scarborough. CAMHS has invested in teleconferencing facilities to support case conferences and communications between teams. The additional staffing for CEDs includes consultant psychiatrist, consultant paediatrician, specialist CAMHS nurses and dietetics support. A service specification for the new team was developed with agreed with the provider and from October 2016 the team will be reporting against the new access and waiting time standards of one week for urgent cases and 4 weeks for routine cases. We are working with data team to understand how we can monitor reductions in acute hospitals admissions for eating disorders as one of the outcomes for additional investment.

So what does this mean for me? If you have an eating disorder you will be able to access help quicker and will wait no longer than four weeks for treatment.

4.5 School Wellbeing Project – City of York Council

Vale of York CCG have supported the continuation of the School Wellbeing project for the next four years. An evaluation of the pilot over the previous academic year highlighted the need for schools to have access to training and consultation from a specific wellbeing worker on emotional and mental health. As

well as excellent qualitative feedback from schools the evaluation indicated a reduction of approx. 24 per cent of referrals to CAMHS. The Vale of York CCG have supported this project and with investment from Schools this has allowed full implementation of this project. Recruitment of one wellbeing worker for each of the six school clusters in York has been implemented and a Project Board has been established to monitor progress. CAMHS are providing the clinical supervision and throughout this year we will be working closely to develop a seamless model of support for children and young people between the project and single point of access.

4.6 School Mental Health Project - North Yorkshire

CCGs have commissioned and supported the development of a School Mental Health Project across North Yorkshire. This project aims to work closely with North Yorkshire County Council locality prevention areas to improve and strengthen the support to children and young people emotional and mental health issues in schools. This is a new service and a procurement process for this is in place. Implementation for the project is expected to be in January 2017. It is expected and described in the service specification implementation of the Young Minds academic resilience approach. North Yorkshire County Council have tested the academic resilience approach training in partnership with Young Minds, and schools have found this very positive. The outcomes of this service are;

- Staff in schools to have increased knowledge and confidence in supporting children and young people with emotional and mental health issues
- A reduction in the requirement for specialist interventions and prevention of increasing of increasing need through earlier intervention and identification
- To build resilience and ensure primary care are aware of support offered

The evaluation of the academic resilience approach will be shared with the successful provider of the School Mental Health Project.

4.7 A&E liaison service

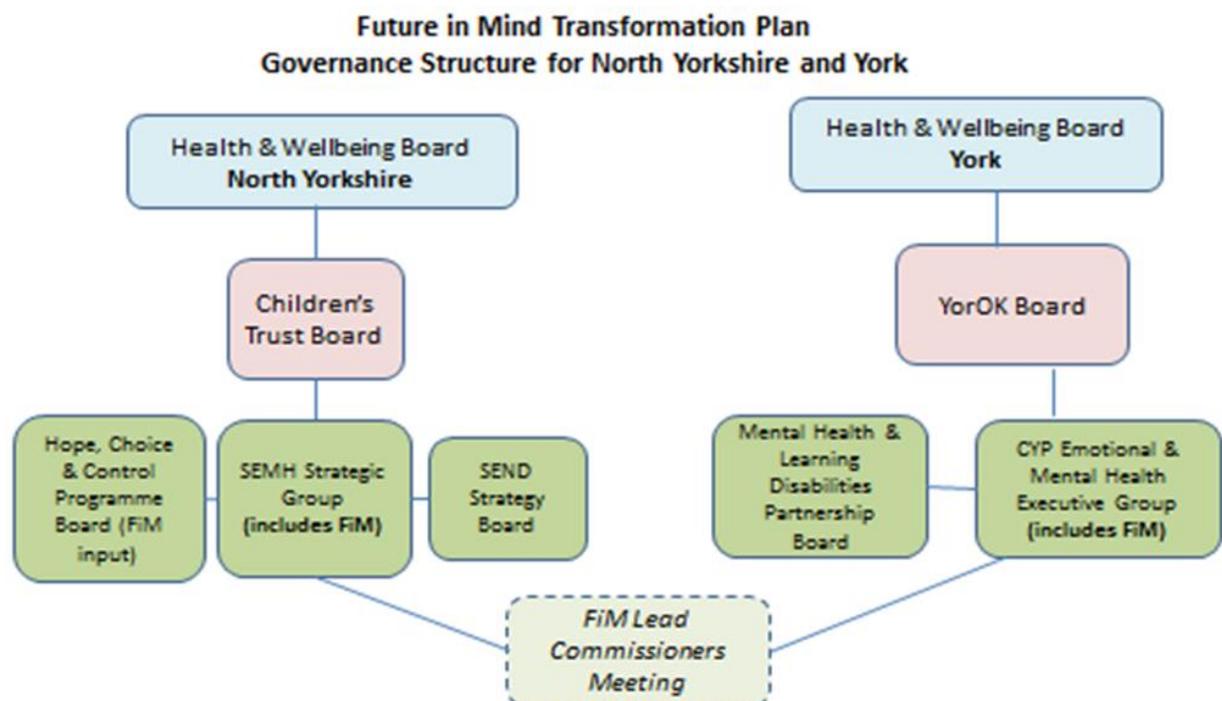
Within A&E at York Hospital a mental health nurse has been funded to offer support to young people in crisis and advice to hospital staff who respond to children and young people in crisis, particularly where they have to be admitted as inpatients for treatment or observation. This is a pilot scheme and evaluation of the pilot is expected to be shared with the CCG in November 2016.

4.8 Early Intervention in Psychosis

The national standards for early intervention in psychosis were implemented in April 2016. The standard requires that any person aged 14 and over experiencing their first episode of psychosis to commence treatment within two weeks of referral. The standard is monitored monthly, and current performance is that in each locality the standard is being met and exceeded.

5. Governance

Accountability and transparency is a principle we believe in and continue to review. During the last year we have relooked at and revised the governance structure for the Transformation Plan and how we report on implementation. By working closely with North Yorkshire County Council and City of York Council we now feel assured that the current process of reporting allows transparency and monitoring of progress. The revised structure has meant development of new meetings and executive groups in both local authority areas, we believe this will lead to improvements. Under each executive group sub groups will be formed, for example on workforce development or waiting list initiatives – to allow agencies to work together quickly on actions required. The Future in Mind lead commissioners meeting brings together CCG representatives and Local Authority leads to ensure a joint approach.



6. What does the data tell us?

The local Joint Strategic Needs Assessments and data from ChiMat states that children and young people make up approximately 22% of the population in York and North Yorkshire. In North Yorkshire in 2014 estimates suggest that 8.6% of the population aged 5 to 16 years have had a mental health disorder. This was lower than the England average of 9.3%. At district level Scarborough (9.7%) had the highest percentage of any mental health disorder. 3.3% of children in North Yorkshire aged 5 to 16 were estimated to have an emotional disorder which includes anxiety and depression.

The Plan published in 2015 set out details of numbers of children and young people accessing CAMHS services and how quickly they were treated. We have continued to collect this data, and set out the changes between 2015/16 and the current financial year to the end of December 2016. We now have baseline data from Vale of York, following transfer of the contract to Tees Esk and Wear Valley Mental Health Foundation Trust (TEWV) in October 2015. Despite the pressures on clinic time, it is pleasing to note that staff in clinics are able to assess an average of around 98% within 9 weeks. Details of the activity within the service, workforce and funding framework are set out in the Appendices.

2015/16 data indicated that around 30% of all referrals to CAMHS are not requiring specialist intervention: this indicates a level of unmet need for advice, support and interventions below the level of CAMHS. The CCGs continue the commitment to invest in early intervention and prevention work in collaboration with local authority colleagues, in order to improve overall resilience and provide early help. Investing in this work will reduce inappropriate and premature referrals to CAMHS, and has been the focus of the Transformation Plan.

In relation to Eating Disorders numbers of children and young people are increasing in relation to presentation and admissions. CAMHS currently report approximately 100 children and young people with eating disorders or atypical eating disorder a year across York and North Yorkshire; the Tier 4 data for Eating Disorder admissions illustrate minimal numbers accessing specialist eating disorder beds.

An area of concern since 2014 has been the approach towards management of children and young people in crisis out of clinic hours: this group frequently attend at Accident and Emergency departments, and whilst the in-hours service is able to respond, there have been raised concerns regarding access to assessment at evenings and weekends.

Across the four CCG areas there were 108 admissions to inpatient units over 2015-16, with Vale of York CCG population being the highest rate of admission, which indicates higher use of the Tier 4 beds in York. Children, young people

Future in Mind described a mental health system where children, young people, families and carers are involved in the local transformation of their community services, and in decisions about their own treatment plans. It also stressed the importance of a positive attitude and culture within services that promotes effective participation. We will continue to work closely with CAMHS to ensure they are engaging with young people in service development.

We have engaged with young people in youth clubs on the refresh of the transformation plan and discussed what matters to them in relation to mental health. As part of the procurement panel for the North Yorkshire School Mental Health project young people were involved in developing the interview questions and were an active part of the panel, their feedback was valuable. In addition we received parent feedback in developing the service description for this project and parents were key partners in the procurement.

We will continue to go out and engage with young people as part of the implementation of this year's plan to ensure we are staying on track. Similar to previous years we will identify events and use opportunities such as the local Rock Challenge events to talk with young people. As part of a review of crisis care and intensive intervention we also plan to engage more with parents and carers to understand need and what support they would like in times of crisis.

The infographic below summarises findings from our recent young people engagement.

So what does this mean for me? If you would like to input into this plan going forward please look out for opportunities in school or youth clubs, or through the youth councils.

Children & Young People

EMOTIONAL HEALTH INDEX

What you have told us....

This is Awesome

You loved your youth centres, the staff and the activities. You felt you could get with the staff and that they understood you.

All want CAMHS to be more relaxing, chilled, friendly and the setting to be more young person focused



You want Mental Health to be taken as seriously as Physical Health including having TV adverts



Numbers Don't Lie

- * 1 in 4 people have a Mental Health difficulty
- * 80% said they would not tell someone straight away
- * 20% would wait up to a month before telling anyone
- * 100% were unsure on other services available

Recognised signs of needing to get advice and knew one person they could talk to.

100%



Parents, teachers, GP, family members, workers (from youth centres) & friends are who you would speak with

"Just want us all to be normal"

How you want your services delivered

Support Services

100%

Want services to dress in casual clothes, arrive in normal cars (not marked) & look like everyone else when helping



Want to be seen quickly 100

Want to feel valued 100

Want triage with treatment 100

"Be part of how & what help you get"

100% want an environment that reflects children and young people

8. What next – gaps and priorities

The journey of local transformation and improvement requires ongoing commitment. We will continue to have a joined-up approach to the commissioning and delivery of accessible support for children and young people and recognise this can only be delivered in partnership with children, young people, and families. We will continue to place emphasis on prevention and early intervention as well as evidence-based treatment when it is required.

We recognise the need for improvement – there is an increasing number of referrals and schools report lack of clarity on thresholds and when it is appropriate to refer. We welcome the additional investment received by CCGs to address CAMHS waiting lists and are working closely with the provider to prioritise reducing the waiting list and improve access. We are closely working with the CAMHS provider to provide an analysis of the waiting list, and how children and young people's needs can be met differently and innovatively. The aim is for children, young people and their families to receive appropriate support and interventions at the right time in the right place. The model across North Yorkshire and York needs to be changed and delivered in true partnership between health, social care and voluntary sector organisations. Emphasis will be placed on integrated pathways that work seamlessly across services.

We recognise for the School Wellbeing Project in York we need commitment to the existing investment to ensure the project continues across the six school clusters. In addition in York as part of the development described in section 4.1 on Single point of access a priority is to ensure the CAMHS single point of access works closely with local area teams implementation planned for January 2017.

The Centre For Research (April 2016) found that CAMHS on average turn away 23% of children referred to them for treatment by concerned parents, GP's, teachers and others. This was often because their condition was not considered serious enough, or not considered suitable for specialist mental health treatment. From our engagement all young people said they were unsure what other help was available to them. As a priority we need to ensure that children and young people receive the support they need and if this is not CAMHS they are directed to an alternative, whether this is online, peer support, or counselling.

The following priorities describe the plan for the next year and are in line with our commissioning intentions.

8.1 Workforce development

A workforce development plan will be developed and implemented for all agencies to access training to support children and young people's emotional and mental health. The workforce development plan will include training for universal services to encourage prevention and early intervention, for example this will be

delivered partly through the School Wellbeing Projects. Workforce development will be led by the relevant executive group for City of York Council and North Yorkshire County Council. The workforce development plan will be a joint plan with the Local Authority.

The whole of the children's workforce needs to be trained and we want to make sure that every contact made with a child or young person counts. MECC (make every contact count) aims to empower everyone that works in health, social care and early help and prevention services (public or voluntary sector) to inform and enable others to make positive changes to their lifestyles. Training will ensure knowledge regarding lifestyle issues and mental health is evidence based and in line with current good practice, and increase confidence and skills to provide brief, opportunistic advice and signposting to the appropriate services.

Feedback from professionals showed that on occasions it was hard to spot the difference between teenage behaviour affected by hormones and teenage behaviour affected by emotional and wellbeing difficulties. Professionals would also like further knowledge to be able to confidently talk to children and young people about mental health. We will look at including subject specific training such as self-harm awareness training so schools have the confidence and skills to support young people in their setting.



A key barrier for transformation is the wider workforce, the wider workforce must have the right skill mix to achieve better prevention and early intervention. In addition we need to ensure staff have the digital skills to support children and young people who use online channels to access help and support and ensure staff are aware of the nationally provided training and support such as MindEd website.

So what does this mean for me? We want young people to feel better supported by people who work with you and therefore offering training.

8.2 Children and Young People IAPT

The CYP IAPT programme includes training and support to enable CAMHS and other relevant services to monitor outcomes. The CAMHS provider in North Yorkshire is part of the North East Collaborative. CCGs are continuing this year to support CAMHS in ensuring attendance at IAPT training by and when appropriate covering cost of backfill posts. CYP IAPT is an embedded approach of the provider.

8.3 Digital support

Children and young people are digital natives, and digital technology plays a key role in their lives. Using digital tools presents an opportunity to make information and services more accessible and engage children and young people in new ways. We recognise that we need to promote the use of digital technology to young people widely to ensure young people know about all the websites and apps available to support their emotional health and wellbeing. We plan to do this by working closely with schools and will explore and engage with young people how we do this. This could include form a YouTube film produced and promoted by young people. We will also explore how we can develop local online advice and support for young people in the form of a website, along the lines of current websites developed by neighbouring CCGs in Leeds and Hull. Access to support and advice for young people needs to be accessible and clear, and information online enables young people to access support at a time and place of their choosing. There are also groups of children and young people who are outside mainstream school settings: home-schooled, excluded pupils, and those who are too ill for a variety of reasons to be in school. These pupils could benefit from access to online information. In addition online support helps make the systems easier to navigate for young people.

So what does this mean for me? Information will be coming on all the different websites and apps available to support your wellbeing, and a good website to begin with is Young Minds website (www.youngminds.org.uk).

8.4 Self harm

Nationally hospital admissions for self-harm have increased in recent years with admission rates for girls being higher than for boys. In North Yorkshire the rate of hospital admissions for self-harm among children and young people was 383.4 per 100,000 aged 10-24 years. This rate conforms to the national rate of 398.8.

As part of the North Yorkshire and York executive groups we will explore how we can support schools and further education colleges with the increasing presenting needs of young people who self-harm.

8.5 Engagement with voluntary sector

It is recognised that because of the large geographical area we have only started the journey with the voluntary sector and how we can work more closely and integrated with them to ensure seamless support for children and young people. We have attended the forum for children and young people's emotional and mental health at Harrogate & Ripon Centre for Voluntary Services and we plan to engage more with this group. We would like to ensure that any examples of good practice are promoted, for example group work support. We will explore as part of reducing CAMHS waiting lists utilising the voluntary sector to offer young people support in the form of counselling and group work. We will also explore a pilot project with the NSPCC in York to offer children and young people an online counselling tool 'Listen to Yourself'.

8.6 Joint Crisis pathway

We plan over the next year to review CAMHS crisis pathway, which includes in-hours care, out of hours support and access within four hours, and the S136 suites located in Harrogate, Scarborough, Northallerton and York. We plan to develop an increase the capacity of crisis teams to offer better out-of-hours provision and incorporate an Intensive Home Treatment team to reduce the need for acute or Tier 4 admission. Our CAMHS provider has received NHSE England funding to develop a community based intensive home support service, and the North Yorkshire and York Crisis Care Concordat is establishing an all-age single point of access for those in crisis, to be piloted in Scarborough from November 2016.

In order to improve the quality and outcomes for children and young people we will work closely with NHS England to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. In North Yorkshire there is variation, and we plan to identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for young people.

We will develop engagement and collaborative working between specialised NHS England mental health commissioners, Local Authority Social Care and CCG commissioners to ensure we commission whole systems pathways of care for children and young people in crises. Mental health crises are not only experienced by children and young people in vulnerable groups, but certain vulnerable groups may be more likely to experience a crisis. We plan to improve integrated working across different services and professions and provide alternatives to A&E and in-patient services by closely working with our CAMHS provider and Adult Mental Health commissioners.

8.7 Mental Health Specialised Commissioning Team

Implementing the Five Year Forward View for Mental Health includes a commitment from NHS England to transform the model of commissioning so that general in-patient units are commissioned by localities on a place basis. CCGs are expected to develop collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services.

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

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

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots. A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

8.8 Peri-natal mental health

A recent mapping exercise of specialist perinatal mental health services in North Yorkshire and York identified clear gaps in service, specifically this highlighted the absence of local dedicated specialist peri-natal mental health teams. CCGs

have submitted an application for funding to develop specialist PNMH services, and at the time of writing the outcome is unknown. CCGs are committed to develop this further and plans to set up a task and finish group to identify actions required for improvement.

8.9 Vulnerable young people

Any child or young person with a mental health problem is vulnerable. However, there are some specific groups who have a greater likelihood of difficulties requiring extra support. There is evidence from services which suggests there is increasing demand for support from children and young people in these groups, but the same groups often find it more difficult to access help. Future in Mind detailed how they are less likely to attend appointments, and so less likely to have mental health issues identified, diagnosed and treated. They are also likely to have a range of complex needs involving a number of services and organisations. These factors combine to create an overall health inequality for many vulnerable groups of children and young people. Specific groups of children and young people identified who may have extra vulnerability to mental health problems include but are not limited to:

- looked after and adopted children and care leavers
- those who have experienced trauma such as child sexual abuse or domestic violence
- children and young people in contact with the youth justice system; and
- children and young people living with issues such as learning disability or neurodevelopmental problems.

Life Coaches for children and young people in care or at risk is an initiative North Yorkshire County Council are piloting. Young people in residential care, or on the edge of care constitute a particularly vulnerable group, with poor life outcomes. The Life Coach model (Clinical Psychologist) to provide intensive support has been shown to significantly improve life chances for these young people, by building self-esteem and resilience, and learning how to build relationships in ways that reduce high risk behaviours. The extension of the Life Coach model supports the No Wrong Door policy in North Yorkshire, which seeks to provide a single umbrella service for looked after children and young people in the Youth Justice System and those with very complex needs.

There are a small number of children and young people with highly complex needs, falling within the scope of the Transforming Care Plan: Building the Right Support, which plans care for those with autism or learning disabilities and challenging behaviours. This group is at high risk of admission into inpatient units, and a key focus of the Plan is to provide support in the community to prevent such admissions. Whilst the greatest risk is for the adult group, there is a need to plan for young people approaching adulthood, and we are working with

local authority partners on ensuring structured and supportive transition from children's to adult support Services.

Our work on autism and SEND strategies with local authority partners will ensure there are clear and structured pathways of support for these potentially very vulnerable groups. We are working on improving the turn round and consistency of health advice into education health and care plans, and taking steps to ensure that that mental health providers are able to effectively treat children and young people with autism who also have a mental health problem

9. Summary

The annual refresh offers the opportunity for continuous joint planning, strategic reflection and development, improving partnership and visible accountability. Future in Mind is a five-year programme of change that requires continued focus and energy to deliver the goal of improved access, outcomes and experience for children, young people and their families. This plan will be published on CCG websites.

There is a requirement as part of the assurance process this plan is signed off by local Health and Wellbeing Boards. The final version will be signed off and prior to submission delegated representation for both the North Yorkshire County Council Health and Wellbeing Board and City of York Council Health and Wellbeing Board has been agreed. It should be noted again that this plan is a live document and elements of the plan will be updated to reflect change. We will track progress through the agreed governance structure and aim to develop a clear action plan jointly within each executive group in York and North Yorkshire.

Appendix 1 – core services workforce

CORE SERVICES - Workforce		
	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16
School Based Services – (Source: City of York Council)		
School Wellbeing Service	0	2
Sub-Total	0	2
LA Based Services – (Source: North Yorkshire County Council) (Whole Time Equivalent)		
No Wrong Door	0.2 WTE	0.2 WTE
MST	KN	KN
Sub-Total	0	0
NHS Based Services		
LAC Service	TEWV	TEWV
CAMHS Tier 3 Scarborough, Ryedale & Whitby	14.92	14.67
CAMHS Tier 3 Harrogate	17.52	18.02
CAMHS Tier 3 Hambleton & Richmondshire	16.25	16.40
CAMHS Tier 3 York & Selby	0	30.59
Sub-Total	48.69	79.68
Total	48.69	79.68

Appendix 2 – Core services investment

CORE SERVICES - Investment 2015/16							
Service type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)
School Based Early Intervention Services - City of York Council							
School Wellbeing Service	N/A	£119,575	N/A				
Sub-Total	0	119575	0	0	0	0	
Services Targeted at Specific Vulnerable Groups - North Yorkshire County Council							
LAC Service/No Wrong Door	400,000	400000					
MST	305000	305000					
Sub-Total	705000	705000	0	0	0	0	
Specialist CAMH Services							
CAMHS Tier 3 Scarborough, Ryedale & Whitby			£1,042,000	£1,093,000			
CAMHS Tier 3 Harrogate			£1,067,000	£1,148,000			
CAMHS Tier 3 Hambleton & Richmondshire			£1,058,000	£1,147,000			
Looked After Children (LAC)	£300,000	£320,000					North Yorkshire County Council contribution (Looked After Children)
CAMHS Tier 3 - York & Selby				£2,356,503			Tender Award
Sub-Total	300,000	320,000	3,167,000	£5,744,503	0	0	
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	Awaiting Data				NHS E funding for 14/15 to be supplied by NHS E and entered here	NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS England
Total	1,005,000	1,144,575	3,167,000	5,744,503	0	0	

Appendix 3 – Core services activity

Harrogate and Rural District CCG

	2014/15	2015/16	2016/17 (to December)
Referrals to T3 (TEWV):	848	653	527
Accepted referrals:	504	314	386
Numbers of referrals discharged following assessment	Not recorded	46	45
Average wait for assessment:	23 days 90% in less than 9 weeks of referral	Not recorded 99% less than 9 weeks	25 days 94% in less than 9 weeks 42% in 4 weeks or less
Average wait for treatment:	22 days	N/A	N/A 71% within 9 weeks of referral
Numbers referred for suspected eating disorder	N/A	N/A	13
Number of active cases as at 31 March	1087	395	393 as at December 2016
Admissions to T4 inpatient	16	To be provided	To be provided
% with transition plan age 17 ½	N/A	N/A	N/A

Hambleton Richmondshire and Whitby CCG

	2014/15	2015/16	2016/17 (to December)
Referrals to T3 (TEWV):	712	672	511
Accepted referrals:	610	294	365
Numbers of referrals discharged following assessment	Not recorded	140	37
Average wait for assessment:	27 days 90% within 9 weeks of referral	98% within 9 weeks of referral	Average waiting time 24 days 100% within 9 weeks of referral
Average wait for treatment:	26	Not recorded	To be provided by TEWV 85% commence treatment within 9 weeks of referral
Numbers referred for suspected eating disorder	N/A	N/A	8
Number of active cases as at 31 March	614	355	347
Admissions to T4 inpatient	15	To be provided	To be provided
% with transition plan age 17 ½	N/A	N/A	80%

Scarborough and Ryedale CCG

	2014/15	2015/16	2016/17 (to December)
Referrals to T3 (TEWV):	923	709	518
Accepted referrals:	676 (73%)	286 (40%)	335 (64%)
Numbers of referrals discharged following assessment	Not recorded	423	137
Average wait for assessment:	33 days 90% within 9 weeks	98% within 9 weeks of referral	29 days 77% within 9 weeks of referral 40% within 4 weeks of referral
Average wait for treatment:	24 days	Not recorded	To be provided by TEWV 58% within 9 weeks of referral
Numbers referred for suspected eating disorder	N/A	N/A	8
Number of active cases as at 31 March	N/A	283	286
Admissions to T4 inpatient	8	To be provided	To be provided
% with transition plan age 17 ½	N/A	N/A	N/A

Vale of York CCG (note that the service did not record data prior to transfer to TEWV in October 2015)

	2014/15	2015/16	2016/17 (to December)
Referrals to T3 (TEWV):	3722	Not recorded	1463
Accepted referrals:	3635	Not recorded	868
Numbers of referrals discharged following assessment	Not recorded	Not recorded	595
Average wait for assessment:	Not recorded	Not recorded	Not recorded 69% within 9 weeks 38% within 4 weeks
Average wait for treatment:	Not recorded	Not recorded	To be provided by TEWV
Numbers referred for suspected eating disorder	N/A	N/A	42
Number of active cases as at 31 March	Not recorded	Not recorded	1,137
Admissions to T4 inpatient	56	To be provided	To be provided
% with transition plan age 17 ½	N/A	N/A	18%