



NHS Vale of York CCG

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

Refreshed Plan October 2018

WORKING DRAFT 3 October 2018



Local Transformation Plan 2018 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.

We have acted in response 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

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 have worked in the last year to improve outcomes across the local area: some significant successes were:

- **Additional funding and investment in services:**
 - £120K recurrent CCG funding and £50K recurrent TEWV funding into specialist CAMHS services to support the emotional treatment pathway, and aligned to the priorities jointly identified by the CCG and TEWV.
 - non-recurrent CCG funding of £90K to increase the number of autism assessments
 - A specialist local peri-natal service has been funded and in development, which will provide support for 220 mums, and signposting advice for a further 1200.
 - Additional recurrent funding for a psychiatric liaison service which will support over 16's in A&E out of hours
- **Easier access to early support:**
 - The Well-Being Worker Service in City of York is now well-embedded: 6 workers, jointly funded by the CCG and schools worked with over 300 pupils in 2017/2018 delivering evidence based therapies, advice and information, achieving high satisfaction ratings: Over 80% of children stated they achieved their goals, and SDQ scores fell from 16.5 to 11.8. There was also a reduction in onward referrals on to CAMHS indicating that the earlier support received prevented difficulties escalating. The service also worked closely with CAMHSD to ensure assessments and interventions for any primary school aged child on the emotional pathway.
 - Buzz Us texting service was set up for pupils in North Yorkshire: it has initiated 200 texting conversations to advise and signpost young people, meeting secondary school pupil's aspirations for 'instant access'.

- Mental Health Champions in York: 10 secondary schools and colleges have been trained to provide peer support and roll out school based mental health campaigns so that pupils have rapid access to advice and information
- Strengthened Family Early Help Assessments developing support plans with families, schools and other agencies
- Mental health workers in the Unity practice, which serves the university student population.
- Compass Buzz school well-being service in North Yorkshire County Council provided training for ##### staff in the CCG area and worked on co-facilitation of support for ##### pupils. Schools stated the training helped them support pupils more effectively.
- **Improved access to specialist support**
 - Community eating disorder service improved performance against trajectories to meet national targets and received parent and patient feedback describing the support received as excellent.
 - Group work offered by TEWV has become the norm for children and young people on the emotional pathway, offering earlier support and reducing the numbers requiring individual one to one interventions.
 - The Single Point of Access managed over 1900 referrals in the year, and offered every family a 30 minute phone call to discuss concerns and facilitate a decision on whether the child or young person needs a full face to face assessment.
 - Crisis support team in York, working 10am-10pm seven days a week to support children and young people in crisis: in the first 6 months, over 600 children and young people accessed the service. We have seen a fall in presentations at A&E, and a significant drop in admissions to inpatient units, as young people can access intensive support for up to eight weeks.
 - 40% of children and young people received support against the national target of 32%
 - The Transforming Care Partnership for children and young people has set new approaches to CETRs and inter-agency support arrangements are now in place: fewer than 5 CETRs were undertaken for Vale of York, and all were able to be supported in the community.
 - Extension to No Wrong Door in North Yorkshire has provided intensive support for more looked after children who are not engaged in services.
 - Extension of the City of York FIRST project through the commitment of funding for a new centre of excellence to offer intensive short breaks to those children who at risk within the Transforming Care Partnership group, and also increase the number of overnight short breaks for children and young people with autism or physical disabilities. Supported by the CCG, the project has applied for over £900K of capital funding to NHS England.

These developments have and will make a difference to the outcomes for children and young people: shown in reduced SDQ scores, feedback around the effects on young people and their families, and early access to advice and support.

Case study

CAMHS notified SWW of a child who had been referred to them via Relate, as the child was seeing ghosts and suffering with regular panic attacks. Consultation with the school identified that child was presenting with extreme anxiety in class which was affecting her peers. Parent consultation and six sessions with SWW took place using emotional literacy techniques and a 'how to tame your Meerkat' intervention – child engaged well, panic attacks ceased and she was able to become an emotional ambassador for class. SDQ demonstrated a significant reduction: SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8.

There remain challenges for the future:

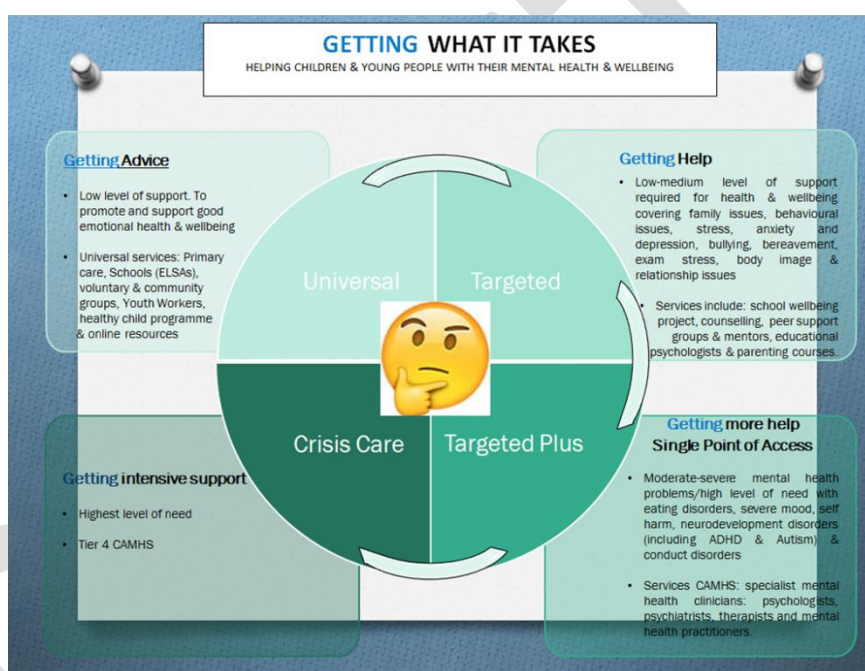
- Health and local authority budgets remain challenged, with strongly competing calls for funding. The CCG has prioritised mental health funding, in particular children's mental health funding for further investment, and has confirmed that it will continue to invest in school based projects and eating disorders, in addition to increasing investment in core mental health services for children when funds allow.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- Overstretched specialist services. There remain delays in accessing treatment, and although we expect the school well-being services and other community services such as Healthy Child programme and counselling services to reduce demand in the longer term, these projects will take some time to work through. In the meantime, TEWV is developing its range of approaches such as group therapeutic work with young people with emotional difficulties and online offer.
- Need to develop further the capacity of schools and community settings to encourage children and young people's resilience, and provide an environment of support: the area was unable to bid for trailblazer status as proposed by the Department for Health in its response to the Green Paper, and we will follow the training elements of the trailblazer bids to learn how the local area can develop leadership skills still further.

Despite these challenges, there is a lot that **the area plans** to do:

- Train schools staff to spot and respond to early signs of difficulty
- 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
- Explore more collaborative working with the third sector
- Explore scope of services in future, to develop joint commissioning and service integration
- Developing online forms of support alongside face to face

This refreshed plan sets out how we intend to improve still further in supporting children, young people and families. The plans have been driven by:

- Engagement with service users, Youth Councils, parent groups
- Needs analysis based on the JSNA and monitoring and performance data for the locality
- National policy drivers and guidance through the Five Year Mental health Forward View
- The local health and well being strategy, mental health strategies, autism strategies
- Thrive Model of support, which maps sources of advice and support to the domains of Advice, Getting Help, Getting More Help and High Levels of Need. The Thrive Model helps ensure there are no gaps in sources of support, and agencies work well together



<http://www.implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf>

The **action plans** for 2018/219 are at **Appendix ###**

These reflect the key themes from *Future in Mind*:

- Promotion, prevention and early intervention
- Specialist support
- Transparency/joint working

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 needs for less intensive forms of support and the CCG is committed with partners, to focus on meeting these needs. This entails 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 remainder of this document sets out the narrative plan and the **assurance statement** both for NHS England and the local area, detailing how we are performing and plan to improve the emotional health and mental well-being of children and young people.

DRAFT

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”

“ Many referrals to CAMHS reflect failure in the local system of support”

The national agenda for mental health has progressed since 2015 in response to *No Health Without Mental Health* (2012), *Future in Mind* (2105) and the *Five Year Forward View for Mental Health* (2015).

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; this can be seen in the Green Paper published in 2017 which set out proposals for schools based mental health support pilot projects. The CCG is unable to apply for funding under the proposals, as it is too distant from the universities delivering training courses for staff to provide schools based services.

Commissioning at regional and local level continues to develop following the inception of Sustainability and Transformation Partnerships (STP). The Humber Coast and Vale STP Plan is at high level across a wide geographic and demographic area. A lead priority is ‘ensuring mental health is seen to be equally important as physical health and that the services we offer promote the best mental health for our local population. The Plan sets out 6 workstreams, of which the following are relevant to children and young people, and are reflected in the LTP:

1. Eliminating out of area placements for patients: the crisis care team has reduced numbers of inpatient admissions and with it the number of out of area placements.
2. Implementing a 24/7 Mental Health Crisis Care and Liaison Services: currently there is specialist support 10-10 , and a bespoke children and young people’s out of hours crisis team will be in place by April 2019.
3. Increasing access to locally based Specialist Perinatal mental health community services: funding is secured for the local service and it is now being developed

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 partner local authorities. There are jointly commissioned universal and targeted services, and bespoke commissioning for individuals with highly complex needs
- Goal of safe resilient services working 7 days a week to provide access for those with mental health needs: the local crisis team is in place, and will extend to 24/7 working by April 2019
- For mental health services:

- Access early intervention and avoidance of crisis management
- Improved working on physical health for those with mental illness: the community eating disorders service is reviewing the approach to ensuring a robust system of physical health checks. Those children and young people over 14 will receive an annual health check via primary care services.

Local authority strategy has developed in the last year with a new all-age mental health strategy in City of York; this adopts the Trieste community approach as the foundation for care and support. Particularly relevant to this plan are the themes around:

- **Getting better at spotting the early signs of mental ill health and intervening early.** Priorities are: technology; positive workplaces; mental health first aid training; information and advice; increase community resilience; increase timeliness of diagnosis; encourage the uptake of support; Crisis Care Concordat; signposting and support for carers
- **Improve services for mothers, children and young people.** Priorities are: *Future in Mind*; resilience and good mental wellbeing; access to support in schools; support for those who are vulnerable or in crisis; transitions; support during and after pregnancy; alignment with student mental health strategy; links to families and carers.

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.

The governance structures for children’s services are clearly set out, ensuring lines of accountability to strategic partnerships and the Health and Well-Being Boards. The LTP will form the basis of monitoring across these sub- groups and the strategic partnerships.



Table 1: North Yorkshire County Council governance structures

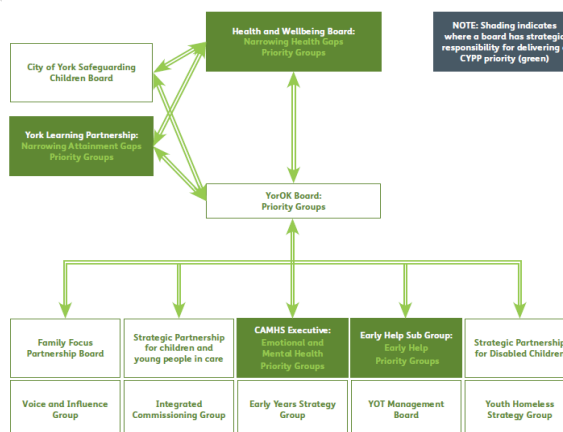
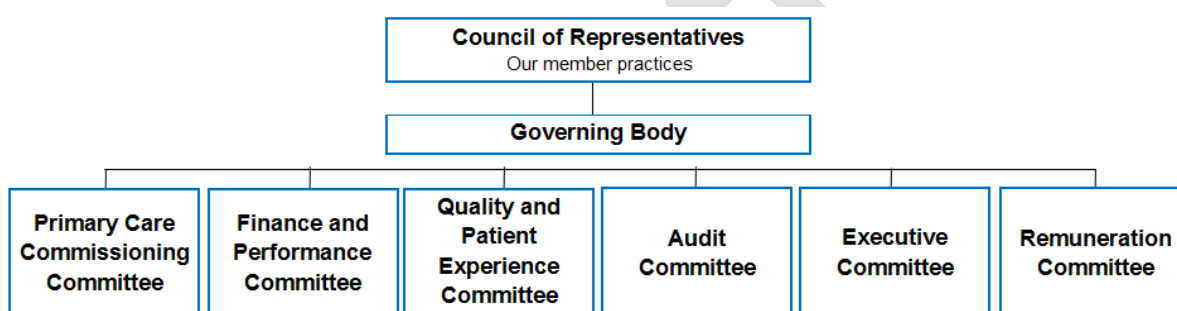


Table 2: City of York Council governance structures

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

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 are also the SEND regional health commissioner's forum, and the North Yorkshire and York Transforming Care Partnership group for children and young people which all enable engagement at strategic level across areas of specialist needs.

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. This focus has enabled the additional investment in the last year along with joint discussions regarding risk between the CCG and providers.

The context for Planning: Need for Support

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

‘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’

The majority of adult mental health disorders have their beginnings in childhood; 50% of adult mental health disorders (excluding dementia) start before the age of 14, and 75% (excluding dementia) start before the mid-twenties, so tackling problems when they first emerge is both morally right and cost effective. Studies show that rates of anxiety in teenage years have increased by 70% since 1995.

Vale of York CCG covers a complex 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 continue to work with North Yorkshire and East Riding Councils to better understand the demographics for children in the CCG area

The demographic of the CCG has children and young people making up 22% of the population (approximately 74,405).

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%

Vale of York has a comparatively healthy population, reflecting the general socio-economic position; we know that for our population of children and young people that:

- Our population is mainly white British or Eastern European. However, since the 2011 Census, our population of black and ethnic minority groups has increased and now accounts for around ##### of the population.
- The estimated prevalence of mental health disorders in children aged 5-16 in Vale of York is 8.3%. This is lower than the national (9.2%) and regional (9.6%) position
- There are an estimated 133 young people under 19 with anorexia nervosa, and around 221 young people with bulimia nervosa based on NICE guidance prevalence data issued in 2017. Overall, around 1730 have an eating disorder.
- There are an estimated ##### young people under 19 in Vale of York who have ADHD.
- Around 60% of those assessed are found to have autism
- Around 80% of children and young people accessing the crisis team are aged 14-16
- There are significantly higher rates of hospital admissions for intentional self-harm in those aged 10-24, although regional figures are closing the gap and the numbers are also falling locally following the inception of the crisis team in 2017.

- Between 20% and 30% of students state their mental health is poor: loneliness was highlighted as a particular problem alongside work related stress and concerns around image and self-esteem.

The JSNA tells us that:

- In Vale of York it is estimated that there are around 3,600 children and young people aged 5-16 with clinically diagnosable mental health disorders.
- In addition to the 8.3% of children with diagnosable disorders there are a further 15% - 20% that are likely to be experiencing emotional or mental health difficulties at any time. This would equate to a further 3,570 to 7,150 children in Vale of York in the 5-16 age group.
- Since 2012 there has been an increase in numbers of children of school age with a diagnosis of autism, and now is around 1% of the population. The numbers of girls having a positive diagnosis has increased 117% over the period, and continues to rise, although boys still account for the majority of referrals.
- The student well-being survey found that 24% students had a diagnosed mental health condition, and a further 29% thought they had an undiagnosed mental health condition.
- Some children are struggling to cope with the effects of family breakdown, illness or bereavement, or they may be experiencing bullying. They may not go on to be diagnosed with a mental health problem, but their emotional wellbeing, functioning and ultimately adult mental health is likely to be impaired if they aren't offered timely support
- Children who self-harm are more likely to live in areas of higher socio-economic deprivation
- Children and young people experiencing mental health difficulties are more likely to live in a single parent household or a household where there is a higher degree of worklessness, or the family lives on low income.
- Children in care and those in the Youth Justice system are more likely to suffer from a mental health disorder (40% and 70% respectively)
- There has been a decrease in emotional resilience and mental well-being in the 14-16 age group
- It is estimated that between 490-975 women will suffer adjustment or stress disorders after giving birth, and around 100 will have PTSD.

What Young People Tell Us

“A lot of people my age are dealing with depression but nobody knows because they don’t want to talk to anyone.”

“ Make sure everyone has a place to chill out”

“For schools to teach about work stress nad how to cope”

The LTP draws for a range of sources to tell us the views of children and young people: local authority, Office of Police and Crime Commissioner Youth Commission, Provider feedback and Youth Councils all offer views and opinions about services and needs to influence service development and strategic direction.

School surveys have emphasised:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10: whole school approaches via Compass Buzz and the School Well-Being and Thrive programme help schools and colleges foster a resilient culture and approach. Counselling and mentoring support via Mind has enabled young people to re-acquire resilience and be self-supporting
- 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. One to one and group approaches help here, for example Tame Your Meerkat presentations for pupils. We have seen a sharp drop in SDQ scores with these approaches.
- In Year 10 the main concerns are exams. School approaches and Buzz Us have supported Year 10 and above pupils, whilst Mental Health Champions offer a peer led service.

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

The Office of the Police and Crime Commissioner Youth Commission report, published in August following discussions with over 3,000 children and young people highlighted issues around the relationship between young people and Police and made recommendations around the priority theme of mental health:

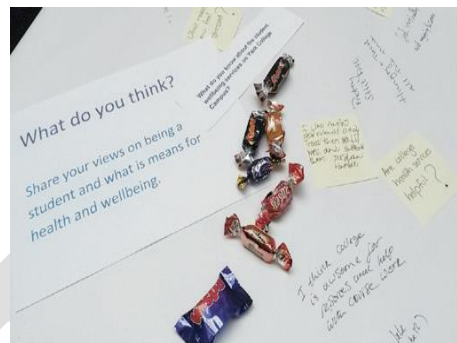
- Awareness campaigns
- More work with education institutions and youth groups
- Improved accessibility of support services
- Support and peer groups

84% of young people felt Mental Health and Vulnerable Young people was important or very important

45% of young people said that Mental Health and Vulnerable Young People was the most important priority to them

- Police and community engagement
- More advertisement of the 101 number (for police)

These recommendations are being taken forward by the OPCC, but are also reflected in the area approach, through school staff training, mental health peer champions, local crisis service and increased investment targeted at reducing waiting lists.



York Parent Carer Forum provide regular feedback reports from parents setting out their experience of CAMHS and autism diagnostic services and the support within the local system. There will be a review of the pathway for autism support across the area to help bring transparency for parents and provide the basis for information packs for parents, schools and primary care



York Youth Council talked with us about the protective factors that young people use to keep safe when feeling down: these are very simple things such as reading, taking a nap, walking, exercise, watching a film. The Youth Council also talked about how to improve these simple protective factors:

- Better and more sport in schools
- Calming places in school
- Letting people know its ok to be feeling like

this and it's ok to cry

- Youth groups
- Places to practise calming activities, eg cooking

TEWV set up a service user group which highlighted:

- 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 group is also helping TEWV access feedback from the wider service users,
- Volunteered for interview panels

TEWV ran a focus group with parents of young people in the eating disorder service. This established that the support received is excellent.....#####

In summary, engagement with young people and families tells us the following are important:

- **Easy access to advice:** we've linked to the Healthwatch online guide, commissioned Buzz Us texting service in North Yorkshire, all schools and colleges have access to well-being workers to advise on emotional and mental well-being, and school mental health champions in York are providing peer group advice and information.
- **Information for families:** we have looked again at the Local Offer and the CCG Referral Support System, and reviewing with TEV what information is provided for families
- **Reduced waiting times for CAMHS:** additional investment in 2018/19 and ongoing will reduce waiting times.
- **Emergency support:** the Crisis Team is now operational 7 days a week, and has had real impact on how families access emergency support. We have seen a significant reduction in admissions to inpatient units, and reductions also in ward admissions for self-harm

CASE STUDIES INSERT

TEVV feedback

Achievements, Performance and Challenges

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

'Thank you for giving me back my little girl'

'Thank you for coming in and helping us all to deal with our problems! I really appreciate everything you've done and all the time you've put in!'

'I wish we had more sessions. I loved all the sessions and I feel a lot calmer.'

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 120 referrals in 2017/18, of which 77 were from Vale of York.
- There is a Single Point of Access, managing 1,900 referrals into CAMHS in 2017/18.
- Self referral into CAMHS: parents state the ability to contact CAMHS directly is very helpful in clarifying how to care for their children.
- 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. *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 champions 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, providing 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. The service has provided awareness training for **98 staff at Selby High School, with further training scheduled up to March 2017.**
- Successful transfer of 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 schools 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:

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

- 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.
- Buzz Us texting service in North Yorkshire to offer information and signposting advice. Although not the intention when the service was set up, it was involved in preventing a suicide by texting with a young person whilst medical aid was on the way.
- 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.
- Funding for psychology and SLT support for YOT in York and North Yorkshire from NHS England and OPCC
- 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 currently around 90% have plans agreed on time, after deducting exceptional reasons for delay.
- 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 and the CSAC team.
- Additional clinical psychologist support for FIRST: there are now 1.8 WTE working with this small but high group.
- Extension of the FIRST project by York City Council for to include therapeutic short breaks 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. **NHS England is providing over £900K of capital funding for the project #####**
- 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 and now have access to Well being worker support.
- 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 which has been well received
- Establishment of SEND health network, bringing together health, CAMHS service, parent groups and commissioners to discuss best practice and improve communications for a group which frequently crosses physical and mental health services
- Significant reduction in T4 inpatient admissions and reduced costs of placements in 2017/18 now that the crisis team is in place

- 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.
- Work on the Dynamic Support Register for children and young people at high risk of admission to inpatient unit and revised management of CETRs means that no child or young person assessed has required admission in the last year.
- Forensic CAMHS service is working with York YOT at risk case panel to work across agencies to improve diversion from custody or other placement.

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.

City of York

NHSE statement check ##### 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.

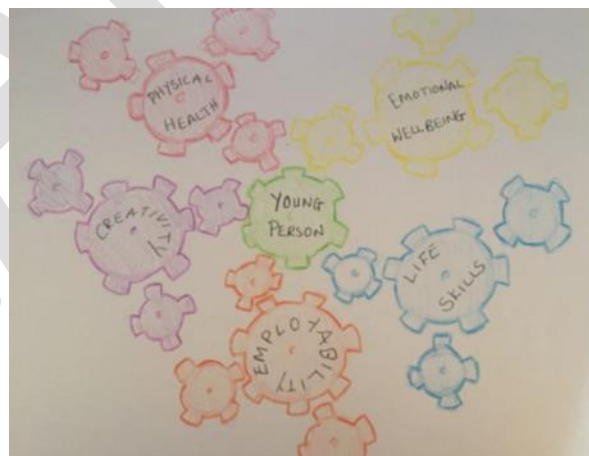
Local performance data is set out at **Appendix #####**

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. Within the local area, as a result of *Future in Mind*, aligned local authority and NHS England led projects, there are additional:

- 6 WTE staff working on eating disorders across disciplines including psychiatry, nursing and dietetics
- 6 WTE additional clinical psychologists
- 4 WTE additional generic CAMHS staff
- 7.5 school well-being workers
- 6 crisis team staff
- Funded contributions from SLT, psychiatry and paediatrics.

The local area has seen a focus on early intervention through Future in Mind and the remit of the Healthy Child Programme has seen development and/or increase in training for staff and families, including:

- Whole school training approach around universal/targeted/specialist training offer
- Implementation of Thrive approach to build self-esteem
- Directed training for over ##### school staff on emotional and mental health, including Mental Health First Aid, basic CBT and 'Tame Your Meerkat'
- 175 College staff trained in ELSAs Over 200 school staff trained as ELSAs
- TEWV training including PTW#####
- Improved offer in parenting programmes for baby and child development, attachment and speech and language
- Training into schools on Early Help



'Excellent training - insightful and workable strategies which makes me feel confident'

'Useful techniques and skills to develop for myself and to use in sessions'

'Very recently Introducing the Little Meerkat's Big Panic this summer term will hopefully reap benefits in school terms and years to come'

School Well-Being Service staff training feedback

York College training in 2017/2018

COLLEGE TRAINING 2017/18	
Safetalk	36
Asist	12
Basic Suicide Awareness	4
Basic Mental Health support	116
ELSA (one day event for York College)	175

In terms of specialist training through the CYP IAPT collaborative, the area has seen:

- CBT:
- Transformational Leaders:
- CBT Supervisor:
- Family Systemic Therapy training for eating disorders:

There remain some challenges, reflected in the plans for 2018/2019:

- Numbers of referrals into specialist CAMHS and the Community Eating Disorder Service are still high and performance against waiting time standards needs to improve further
- There is work to be done across the local area and with primary care to better explain and understand the the range of provision available through early intervention as alternatives to referral to CAMHS
- How to address emotional and mental well-being without medicalising the issue.
- Addressing attachment and neuro-developmental issues through early help approaches via LATS, Prevention and Health Visitors, as well as exploring the scope for psychology services at York Hospital
- Transition planning needs strengthening particularly for children and young people with SEND
- Extending the crisis service to 24 hours, development of an offer for eating disorders and reducing length of inpatient stay.
- Ensuring clear pathways of support for a small number of groups of children and young people with the most complex needs.
- Financial challenges across all partners.

The detailed action plans are at [Appendix #### SEE ATTACHED](#)

Appendix

Links to local strategy documents **CHECK LINKS**

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%20York%20Website/workforce2014/Dream%20again%20and%20York%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

To include:

COY mental health strategy

SEND strategies

Appendix 3 Performance data TO BE FINALISED

School well being reports at **Appendix ### To be finalised**

Appendix #### investment and workforce data to be finalised

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