

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

Refreshed Plan October 2019



Local Transformation Plan 2019 refresh

Contents	Page
Introduction and Summary	3
Refreshing the Context: Policy Development	6
Refreshing the Context: Profile of Need	9
Progress Against Plans	17
Working in Partnership, Ensuring Transparency and a Well-Developed Workforce	25
<i>Appendix 1: Action Plans</i>	
<i>Appendix 2: Investment</i>	
<i>Appendix 3: Risks</i>	

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.

The LTP provides a framework to improve the emotional wellbeing and mental health of all Children and Young People. The aim of the plan is to make it easier for children, young people and parents to access help and support when needed and to improve mental health services for children and young people:

- An improvement in the emotional well-being and mental health of all children and young people;
- Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems;
- All children, young people and their families, with an identified need, will have access to mental health care based on the best evidence available and provided by staff with appropriate training, skills and competencies.

When we published the Local Transformation Plan (LTP) in 2015, we committed to develop:

- Early help to prevent problems escalating and causing more damaging problems
- The Thrive model of support. 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

Since 2015, the LTP has focused on clear co-ordinated change across the system to ensure better support for children and young people, focusing particularly on developing prevention, and early intervention approaches. Transformation takes time: in order to generate significant impact within this agenda we require change from organisations, and a new way of thinking about children and their families.

This plan reflects on the actions already undertaken in Vale of York and the local authorities we work with to embed the principles of *Future In Mind* and how we propose to take these forward over the next 12 months.

Mental health has been identified as a priority area to address within the Humber Coast and Vale STP based on the potential to improve outcomes of care. We maximise opportunities to collaborate across commissioners and providers to share approaches and resources across the area. The development of whole pathway working across North Yorkshire and York, and engaging health and local authority partners will increase the

pace of transformational change in the next five years.

This plan will be monitored to ensure that we deliver against the principles of *Future in Mind*:

- Promote resilience, prevention and early intervention.
- Improve access to effective support and review the tiers system.
- Ensure emotional health and wellbeing support is available and easily accessible for our most vulnerable children and young people.
- Improve accountability and transparency and ensure all partners are working towards the same outcomes in an integrated way.
- Develop the wider workforce and equip them with the skills to support children and young people with emotional health and wellbeing issues

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, as evidenced by an additional £470K in 2019/2020.
- Continued very high levels of referral for CAMHS and autism, which will require further effort across the whole system of support to address and manage.
- The growing tendency to medicalise emotional and mental well-being, and to seek specialist support: how communities are better equipped to be resilient will be central to our work in the next few years.
- Integration of services across agencies to ensure seamless provision especially some very complex groups.
- 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 school well-being service and the pilot MHST offer models future approaches

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 action plans for 2019/2020 are at Appendix 1 and the overall programme risks are at Appendix 2

Following the publication of the Five Year Forward View Mental Health (5YFVMH) goals, which align with the Future in Mind, MHSE has set standards to assure CCGs of progress towards achieving those goals: details are in the table below.

5YFVMH Goals		Progress
1	A community eating disorder service is provided achieving the access and waiting time standards set out nationally in the eating disorder guidance	North Yorkshire and York Community Eating Disorder Service has been set up, and complies with national guidance, ensuring that children and young people received a NICE complaint service close to home whenever possible.
2	Joint agency workforce plans aligned with the roll out of CYP-IAPT	York is a member of the YH collaborative for CYP IAPT. Providers actively develop services against the CYP IAPT framework, and
3	Ensuring there is crisis mental health support, especially outside normal working hours	The Crisis service operates 7 days weekly, provided by TEWV, and will be offered 24/7 from 2020. This means that children presenting at A&E, or contacting the service directly are seen within 4 hours by a mental health professional. Intensive support has helped to reduce demand for CAMHS beds.
4	Developing and refreshing a CYPMH Local Transformation Plan on an annual basis, ensuring that milestones are achieved, funding allocation is robust, and impact is monitored	Vale of York has worked across the system with partners, and children and young people to agree a develop the LTP, and monitor it through local joint agency forums.
5	Collaborative commissioning plans between the CCG and NHS England with regards Tier 3 and Tier 4 CAMHS.	The CCG is working with NHS England and TEWV on the New Models of Care agenda to develop collaborative commissioning plans around crisis care and inpatient pathways. Reinvestment by TEWV into an intensive home treatment service aligned to the Crisis Team has helped to reduce Tier 4 bed days, allowed CYP to be supported in their own homes thereby creating better outcomes.

The Local Transformation Plan achievements in 2018/2019

In the last year, there have been a number of key achievements:

1. Additional investment in generic CAMHS and autism by the CCG and TEWV to tackle waiting lists
2. Successful application for trailblazer pilot for schools mental health support teams
3. New models of care funding for crisis teams and eating disorders
4. Joint work across the CCG, local authority and health on future provision of the schools offer in North Yorkshire
5. Successful bid for Art Therapy service in York, provided by Mind
6. Successful bid for NHSE capital funding for the Centre of Excellence in York

The next five year planning period will be dominated by the NHS Long Term Plan (NHS Plan) ambitions and the continued development of integrated commissioning systems across pathways of response and care. The CCG expects to align mental health provision with North Yorkshire and develop whole pathway approaches with local authority and third sector partners.

Refreshing the Context: Policy Changes

“The strategies and development have been outstanding. The focus and individualised plan of care has been simply wonderful, we simply cannot thank you enough”

“Weekly sessions with children who have significant SEMH needs have made an obvious impact on their ability to cope in school and reducing their likely hook or being excluded. Children have strategies which they use to cope with their emotions”

The national and local policy context is set out in the LTP 2015. Since then a number of national policy initiatives have been published, and influence the direction and content of the LTP:

1. Five Year Forward View for Mental Health: The principles and goals are embedded within the LTP, including the ambition that

‘By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. To support this objective, all local areas should have expanded, refreshed and republished their Local Transformation Plans for children and young people’s mental health.’

2. Strategic Direction for health services in the justice system 2016-2020 is the Health & Justice strategic document which sets out the ambition of NHS England to improve health and care outcomes for those in secure and detained settings, support safer communities and social cohesion
3. The Operational Planning Guidance for 2020/2021 includes a number of areas for mental health service provision and some specifically for the improvement of services for Children and Young People to provide more high-quality mental health services for children and young people, so that at least 35% of children with a diagnosable condition are able to access evidence-based services by April 2020, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018, and access and waiting times for eating disorders to be 95% compliant with national standards by 2022.
4. ‘Better Births; A Five Year Forward View for maternity care’ was published by NHS England in 2016 and set out a clear vision for maternity services across England. Improving access to peri natal mental health services. The Better Births report explains that ‘mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go undetected. NHSE has commissioned through STPS peri natal support teams to support expectant and new mums.
5. Green Paper on Childrens Mental Health 2018: The paper set out plans to transform services in schools, universities and for families with extra mental health staff training. Vale of York CCG, in partnership with Scarborough and Ryedale CCG and

North Yorkshire County Council successfully bid for a pilot project in Wave 2 of pilots in 2019, for 2 mental health support teams, including Selby and North Ryedale.

6. Department for Education published a document entitled '*Supporting mental health in schools and colleges – Pen portraits of provision*' in May 2018. The document outlined areas of good practice with guidance as to how these might be implemented across schools and colleges. The good practice recommendations within this report closely mirror those stipulated within the aforementioned Green Paper, and include:
 - Incorporating mental health into the curriculum
 - Having a designated mental health lead
 - Engaging parents and care givers in supporting children's mental health
 - Early identification of mental health need
 - Having a plan or policy for mental health
7. NHS England published the '*Strategic direction for sexual assault and abuse services – lifelong care for victims and survivors: 2018-2023*' in April 2018. This strategy represents a shared focus for improvements to sexual assault and abuse crimes and outlines six core priorities. The local CSAC service is provided through York Hospital and works across the region 7 days a week.

Academic research in 2017/2018 concluded that evidence points to a rise over time in the prevalence of mental health difficulties, specifically common mental health disorders, among children and young people, particularly among girls. One provider in the Midlands noted a 'considerable rise in the number of urgent and complex self-harm cases, and increasing numbers of looked after children, a large proportion of whom will have an emotional and/or mental health disorder.'

8. NHS Long Term Plan to 2023/2024 (the NHS Plan) sets the direction of travel for NHS funded services. The NHS Plan makes a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by 2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation.

All mental health elements of plans should be developed and will be reviewed using the following common principles:

- Engagement and co-production with local communities, people with lived experience of mental ill health and mental health services, their families and carers, evidenced throughout the plan and included in continued governance structures. The NHS Involvement Hub and the nationally commissioned Healthwatch contract can assist with this.
- Genuine partnership with local public, VCSE and private sector organisations, demonstrated through sign-off of the plan and continued through governance, including through refreshed joint agency CYP Local Transformation Plans and alignment with Joint Strategic Needs Assessments.
- Mental health plans are fully embedded in the STP/ICS with a nominated lead mental health provider and Senior Responsible Officer.

- Outcome-focused, data-driven strategic commissioning which demonstrates an understanding of local health inequalities and their impact on service delivery and transformation.
- Clear alignment with wider relevant NHS Long Term Plan workstreams such as Ageing Well, maternity, primary care transformation, children and young people, personalised care and learning disabilities.

Programme	Fixed requirements	Flexible	Targeted at specific groups
	Set national access or coverage with year-on-year trajectories	All systems to have in place by 2023/24 with flexibility in delivery approach and/or phasing to be agreed in 5-year plans	Targeted service expansion or establishment in select areas
Service delivery			
Children and Young People's (CYP) Mental Health	345,000 additional CYP aged 0-25 accessing NHS funded services by 2023/24 <ul style="list-style-type: none"> • Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter • 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 • Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place • CYP mental health plans align with those for children and young people with learning disability, autism, SEND, children and young people's services, and health and justice from 2022/23 	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24	Mental Health Support Teams (MHSTs) to cover between a quarter and a fifth of the country by 2023/24
Mental Health Crisis Care and Liaison	100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also CYP Mental Health] <ul style="list-style-type: none"> • 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice by 2020/21 and maintaining coverage to 2023/24 • All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages by 2020/21 	100% coverage of 24/7 age-appropriate crisis care via NHS 111 <ul style="list-style-type: none"> • Complementary crisis care alternatives in place in each STP/ICS by 2023/24 • 100% roll-out of mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators 	
Enablers			
Funding	100% of CCGs will achieve the Mental Health Investment Standard from 2019/20		
Provider Collaboratives		All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-led provider collaboratives which will become the vehicle for rolling-out specialist community care	
Digitisation		100% of mental health providers meet required levels of digitisation <ul style="list-style-type: none"> • Local systems offer a range of self-management apps, digital consultations and digitally-enabled models of therapy • Systems are utilising digital clinical decision-making tools 	

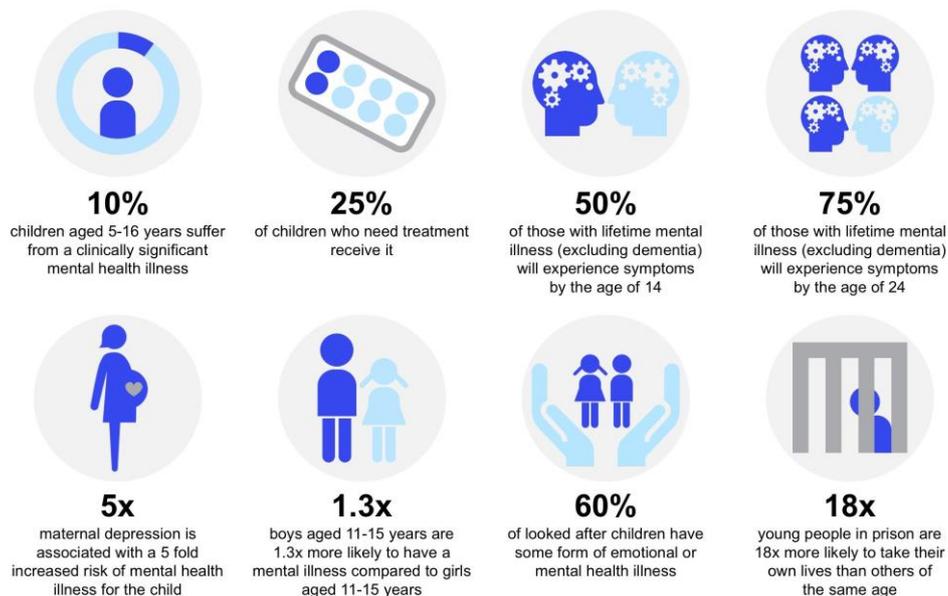
National and Local Profile of Need

“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’

Based on the collected data, the number of referrals to specialist CAMHS has increased by 26.3 per cent over the last five years: 39.4 per cent among providers in the North of England. By contrast, the proportion of children and young people aged 0 - 18 have increased by 3 per cent over that period, meaning the rate of referrals has increased significantly

Public health England has summarised the national position around children’s mental health



These figures demonstrate that 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.

Information in key policy documents suggests:

- 1 in 8 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder.
- Between 1 in every 12 and 1 in every 15 children and young people deliberately self-harm;
- Studies show that rates of anxiety in teenage years have increased by 70% since 1995.
- More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time;
- A number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s;
- Proportion of young people aged 15-16 with a conduct disorder more than

- doubled between 1974 and 1999;
- 72% of children in care have behavioural or emotional problems;
- About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care;
- 95% of imprisoned young offenders have a mental health disorder

Adverse childhood experiences (ACEs) have a known causative relationship to poorer health (including mental health) and social and life outcomes. Research shows that ACEs can damage early brain development and may encourage behaviours that reduce short term stress, but increase it long term. The CCG has undertaken training for primary care colleagues on the effect of ACEs on patients at all ages, and is also working with local authority colleagues who are developing trauma informed approaches in their response to working with children with complex needs.

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

The population of Vale of York as set out in the child health profile of need and census data indicates:

- 95% of the CCG population describe themselves as white: of the non white communities, Chinese, at 1.2% is the largest (2011 data).
- The health and well being of children and young people is generally better than the England average
- The level of child poverty is much better than the England average, but, there are areas of significant deprivation, including some wards in York, and in North Selby, which are among the 20% most deprived in England
- School readiness in York is high compared to the England average, but where children are not ready for school they are bottom percentile for England.
- High levels of academic attainment at age 16
- Percentage of 16-17 year olds not in education employment or training is low compared to the national average.

Key points from the three JSNAs that cover Vale of York are:

- The JSNAs identify the wards with the highest levels of deprivation, and we have been able to align some aspects of mental ill-health with those wards, eg self harm and SEMH needs. Local authority and school services target these areas.
- 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.
- 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 and diagnoses.
- 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.
- Children who self-harm, or experience mental health difficulties are more likely to live in areas of higher socio-economic deprivation, or in a single parent household or with a higher degree of worklessness.

The Public Health profile for Vale of York, published in 2018 provides the following information about children and young people.

	Local	Region	England
Teenage mothers 2017/18	0.7%	1.0%	0.7%
Admission episodes for alcohol specific conditions – under 18 2017/18	34.1/10,000 population	33.4/10,000 population	32.8/10,000 population
Hospital admissions for substance misuse 15-24 2017/18	76.7/10,000 population	-	85.2/10,000 population
Admissions for mental health conditions – under 18 2017/18	86.8/10,000 population	58.4/10,000 population	82.4/10,000 population
Admissions for self-harm age 10-24 2017/18	483.7/10,000 population	-	407/10,000 population

The figures across all indicators are monitored and have improved since 2014/2015, and with the exception of admissions for self harm are now in line with national averages.

The Child and Maternal Mental Health reports for Childrens' Mental Health (ChiMat), published in 2014 have been compared with the CCG's calculation following publication of the national prevalence survey in 2018:

	Estimated number of children aged 5-10 yrs with mental health disorder	Estimated number of children aged 11-16 yrs with mental health disorder	Total
ChiMat 2014	595	850	1,445
CCG based on 2018 prevalence survey	1443	2173	3607

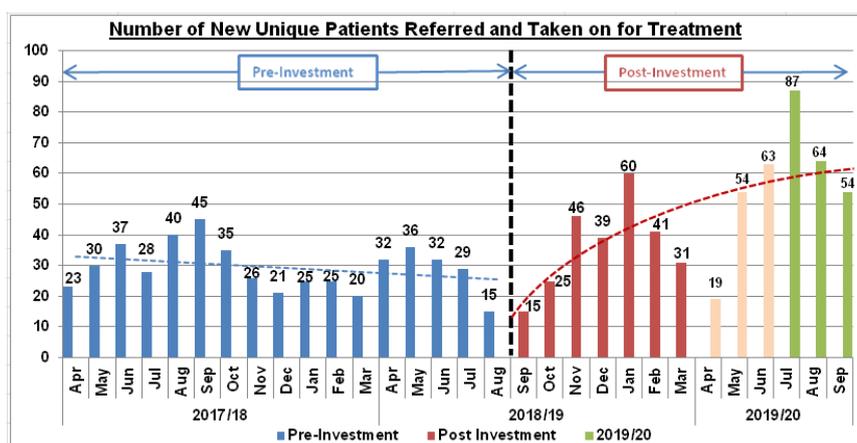
If the figures for 2018 are broken down by type of disorder, emotional, conduct based and hyperkinetic disorders, we see the following:

	Estimated number of children aged 5-10 yrs	Estimated number of children aged 11-16 yrs	Total
Emotional disorders	1443	2173	3616
Conduct disorders	927	1109	2036
Hyperkinetic disorders	312	272	584

The estimated prevalence of mental health disorders in Vale of York is around 9.8%, which is in line with the national average, although the area has seen an upsurge in emotional disorders since 2016.

City of York has an overall affluent population with average school attainment beyond the national average. However, these figures disguise both pockets of high levels of deprivation and also the lack of real alternatives to academic work for young people that is of equal value. We know that 72 children are currently (October 2019) out of school with SEMHG problems, and that the pupil referral unit has a roll of 40 above its capacity. It is considered that the broader cultural issues around high numbers of children and young people with anxiety have to be addressed. These include the perhaps natural approach to look for a label to describe concerns, a tendency to medicalise difficulties that are natural and manageable, and how to develop communities that are confident in their resilience.

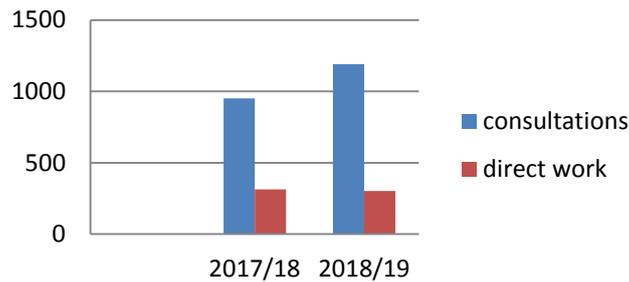
Specialist services have seen significant increases in numbers of referrals since 2017/18.



TEVV data on referrals to Q2 2019/20

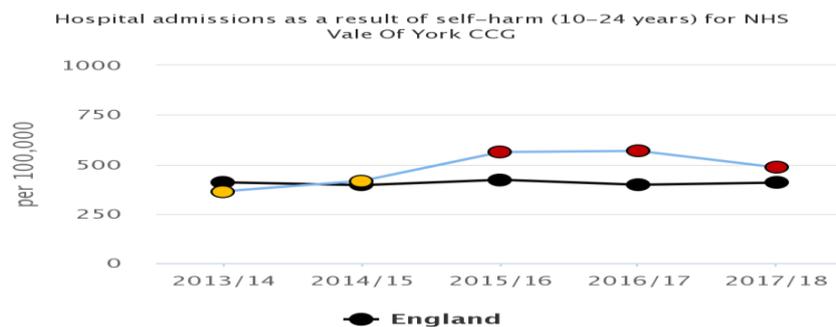
In addition, the school well being service in City of York, which is commissioned to provide direct 121 and consultation work has seen an increase in activity

School well-being service



The increase in consultations compared with a static level of direct work indicates the success of the service in its aim of improving the capacity and capability of schools to respond to emerging mental health difficulties

There are also historically high levels of self harm admissions for Vale of York among the 10-24 age group, with the 14-18 age group presenting the highest numbers. The two universities and the high number of independent schools in the CCG area are thought to be contributing factors. A recent local study concluded that these levels are linked to socio economic factors, so further work is being undertaken to consider the causative factors and review the range of responses to self harm.



The number of admissions of children and young people to inpatient units is reducing, following the development of the crisis response team under NMC. However, those being admitted often have complex needs, requiring treatment in more than one unit.

Case study

CAMHS notified SWW of a child who had been referred to them via Relate, as the child was hallucinating and suffering panic attacks. Consultation with the school identified that child was presenting with extreme anxiety in class. Parent consultation and six sessions with SWW took place using emotional literacy techniques and ‘how to tame your Meerkat’ intervention – child engaged well, panic attacks ceased and was able to become an emotional ambassador for their class. SDQ demonstrated a significant reduction: SDQ scores -Teacher from 12 to 0, child from 18 to 9, parent 14 to 8. Without the early intervention, panic attacks could have affected ability to be at school, and eventually need a referral to CAMHS.

Consultation with Children and Young People

The feedback from children and young people across the national, regional and local level has highlighted consistent and recurrent themes: they want to

- Be involved in their own care through the shaping of services to meet their needs – they want a voice.
- Have easy access to advice and support – they want to be able to help themselves.
- Be able to access flexible services which don't have eligibility criteria – they want to be able to access support when they feel they have a need.
- Have more support in schools, with teachers trained to meet basic wellbeing needs – they want the stigma of mental health to be reduced.
- Have Mindfulness rolled out in all schools – they want universal support to be available.
- Be assured that there are good communication links between specialist providers and schools – they want to be able to have multi-agency support when they need it.
- Only tell their story once – they want effective information sharing

School surveys have shown:

- The percentage of pupils stating they are emotionally resilient drops between Year 6 and Year 10: whole school approaches via 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. We have seen a sharp drop in SDQ scores with these approaches.
- In Year 10 the main concerns are exams. School Well-Being Service approaches and Buzz Us have supported Year 10 and above pupils, whilst Mental Health Champions offer a peer led service. The annual report of the School Well-being Survey has shown the effectiveness of interventions with the year group as the level of anxieties recorded has dropped.

The Office of the Police and Crime Commissioner Youth Commission report, 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 group

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

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

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. The review of the autism pathway in 2019 has been undertaken with the Forum and has resulted in:

- Clear diagrams to show the assessment process
- Leaflet for parents and children about the assessment
- Leaflets for parents around the whole pathway of autism support
- Manual for professionals to ensure consistency of approach and advice.



TEWV runs a monthly service user group which has:

- Interviewed panels for staff appointments
- Designed the forms for outcome measures, and how outcome measures are used and useful
- Is developing ‘user by experience’ to offer insight for staff, and may develop into a peer mentoring role for young people starting out on a course of treatment.
- Updated the staff photo board so they ‘see’ the clinician before the appointment
- Discussed recognising the vulnerability of young people when having to see different members of staff
- Advised about breaking down barriers to talking about mental health.

Though about how to offer parents more support in understanding young people’s issues, and suggested a group to help this.

TEWV reports on the results of the Friends and Families Test, which consistently shows satisfaction levels of around 90% for the service: the use of electronic touchscreens at Lime Tress clinic has ensured a high response rate, with around 30 responses every month, offering a high level of confidence in service.

The North Yorkshire, PFCC, and City of York Youth Councils have come together to work on emotional and mental well-being, and held a joint workshop with commissioners and providers to discuss mental health provisions. The key messages from this very insightful event were:

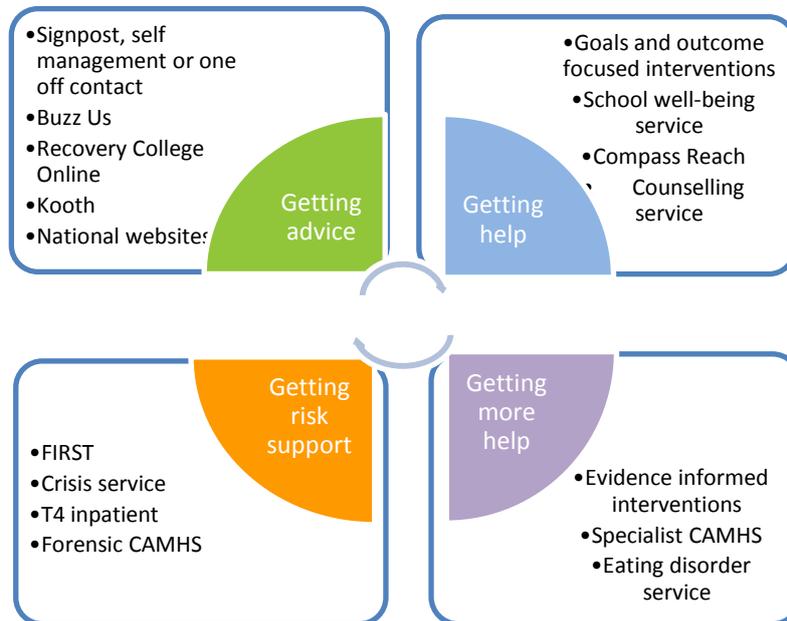
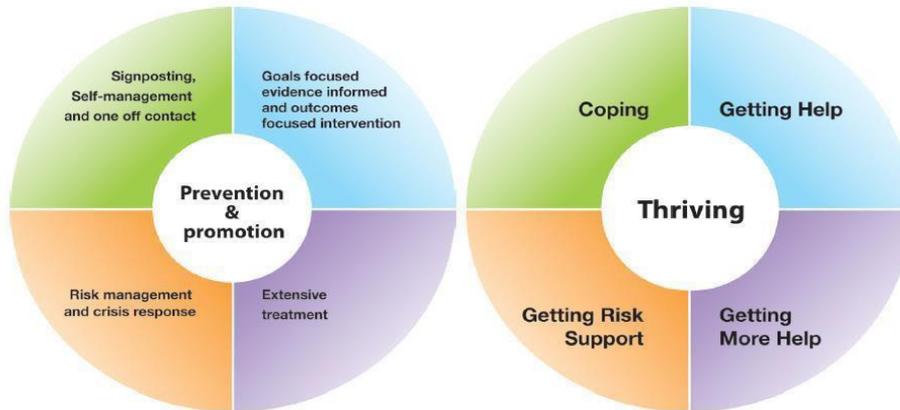
	Statements from event	Responses
1	Remove the inconsistency of provision in different parts of the area: eg School well-being service in York, but not in North Yorkshire	Bringing commissioning together is always challenging. The Mental Health Support Teams in schools will help establish the best approach for a consistent service across the North Yorkshire and York areas
2	Mental Health Support Champions across the whole area	The scheme is available in City of York funded by PHE, but now absorbed into the SWS. We will discuss how to extend the offer into North Yorkshire
3	Online access to trusted websites	Kooth is now available across north Yorkshire and York. Recovery College online offers access to trusted and evidenced informed support.

‘I put one of my sayings is ‘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’

In responding to need, the local area adopted the Thrive model, which now underlies the approach to commissioning for both the CCG and local authority partners, and also for providers, including TEWV and the school well being services. It reflects what we want to achieve collectively across the CCG as it brings services together collectively to focus on the needs of children and young people.

THRIVE model



Year 7 pupil presenting with anxiety, previously seen by CAMHS, and now not attending school. After discussion with Educational Psychology Service and CAMHS, SWS offered direct work of 6 sessions around anxiety management for the young person in partnership with schools to offer a consistent approach with a mutually agreeable timetable. The SWS gave frequent support and feedback to parents to encourage consistency and systemic working.

The outcome: The YP started attending school more regularly; parents were positive about the intervention and no longer felt they needed CAMHS involvement. SDQ scores demonstrated significant difference and service evaluation and feedback was very positive.

Progress Against Plans

'The Well-being 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 we set out clear actions to enable us to achieve our aim of fulfilling the ambition in *Future in Mind*.

Easier access to early support: promotion prevention and early intervention

Working with schools and colleges

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Established the school well-being service in City of York: work with all City schools providing consultation and 121 interventions.	Pilot for school well-being service to develop model close to MHST in two school clusters in 2019/20
Training through school well-being service for 423 staff in schools with over 70% reporting an increase in knowledge and confidence	Co commissioning of new or replacement Compass Buzz service, with development of MHST approach in future.
Implementation of peer mental health champions in all City of York secondary schools	School Well-Being service is piloting a model to shadow the structure for mental health support teams
Training for additional ELSA staff in City of York schools	School Well- Being Service will train CPWP workers. Two places applied for in 2019/20.
In partnership with North Yorkshire CCGs, commissioned Compass Buzz to provide staff training in all schools in the North Yorkshire Area, including Selby, Tadcaster, Easingwold and Pickering	Review of provision as Compass Buzz contract finishes in 2020: anticipate implementation of MHST models.
Improved offer for students at York College: has worked to reduce referrals into its counselling serve 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.	
North Yorkshire Voice Group produced a flowchart for school pupils as a quick guide to mental health support.	Continue engagement with young people and development of peer led approaches for advice and support.
Successful Wave 2 bid for Mental Health Support Team (jointly with North Yorkshire CCG) for Selby and Pickering areas to start in January 2020. Focus will be on secondary schools and 15-19 age group.	Implementation of project: training commences in January 202 across schools and colleges in Selby and Ryedale

Working with Universities

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Unity GP practice serving University of York has dedicated MH workers and counselling offer, linking in to adult mental health services and IAPT	
York St John developed Converge, a scheme designed to support students, and largely staffed by trained students	
York University has developed on its mental health offer in student services, with reduced demand for crisis and suicide support	

Working with Primary Care

The inceptions of primary care networks in 2019/2020 means that we will work at local level on establishing needs and how primary care will develop the local offer for mental health support across all age ranges.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Mental health for children and young people is featured at all protected learning time events for primary care: sessions on access to CAMHS and school based services, eating disorders, adverse childhood experiences: workshops attended by over 300 primary care workers with over 80% feedback stating that their understanding has improved.	Improved infographics and pathways for GPs on CCG webpages
Work in City of York with primary Care, TEWV and Specialist support Team around children out of school with mental health difficulties: GPs now have a pathway for signing off pending SPA assessment. Early feedback is that GPs are more confident in responding to children and young people	Working with PCNs on local reporting arrangements: will include tailored referral information and feedback details.
Work with LMC and TEWV on access protocols for eating disorders: agreement around responsibility and pathways for physical health checks for young people with eating disorders.	Work with City of York and TEWV on service mapping as part of Right Place Right Care programme: to identify gaps in provision and consider how best to organise community support.

Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. It relies on organisations working together effectively within an environment in which vulnerable individuals are identified and engage at the earliest point, so that they and their families' needs do not escalate to requiring a statutory and costly intervention.

The early help offer comprises a graduated response from universal to specialist support, including: midwifery, health visiting and the local area teams within early help services offering FEHAs, parenting support and links in to social care support. Early help services in both City of York



I do feel a little better after talking to the two people that I spoke to, talking today has helped me a lot. Thank you to you for giving me the confidence to actually bring up issues I am dealing with. Thank you for helping me out.

and North Yorkshire County Council are under review, with planned changes in both areas in 2019/20 and 2020/2021.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Mental health lead in midwifery service at York Hospital	Early Help strategy for City of York with Early Help Partnership to develop action plan and embed multi agency approach.
Support for parents with babies in the care of SCUBU at York Hospital to help to develop attachment at a stressful time when parents often feel separated from their baby.	New area hubs in North Yorkshire bringing together all local authority based early help services, including health visitors, SLT and educational psychology.
Health visitors complete over 90% of pre-natal, initial and two year checks to target.	SLCN project in West area of York City to trial intensive approach with 2-5 age group
City of York has introduced a MASH as a single point of referral for any concern regarding a child, and is a multi agency response.	Monitor and evaluate effectiveness
Supported TEWV to apply NHSE funding for and roll out the peri-natal service across York and North Yorkshire.	Further monitor the effectiveness of the service, and ensure it is embedded in pathways.
Embedded the single point of access into CAMHS service in York and Selby	Continue to monitor the SPA and how effective it is as part of a whole pathway of support
TEWV has received NMC funding for whole pathway development across North Yorkshire and York	Develop the partnership for whole pathway commissioning with TEWV and local authority partners.

The digital platform

Children and young people have repeatedly told us that they want access to high quality and safe digital information and support. This year, significant progress has been made on development of the digital offer for emotional and mental health. The NHS Plan emphasises the development of digital support, and the local area is now well-positioned to develop the digital offer further.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Pathways set out on the CCG website referral support service pages	Improve and develop informatics and pathway information for primary care and other professionals Review of Local Offer information for mental health
York Healthwatch Guide for Mental health published on the Healthwatch website (now in 3 rd edition): comprehensive guide to statutory and voluntary sector support in the York area	Continue to promote
Roll out of Kooth, commissioned by TEWV from NMC monies	TEWV offers Kooth as part of whole pathway commissioning to provide advice and support at the sub CAMHS level of need. The support will be available to all.
Co produced Compass BUZZ website across North Yorkshire and York to complement Compass Buzz and Buzz Us offer: signposts to high quality websites such as Beat and Young Minds as well as providing information and advice	Monitor the implementation of the Go To website in north Yorkshire to assess value of extension to Vale of York.
BUZZ Us: text based advice and signposting aligned to Compass BUZZ in North Yorkshire: had text conversations with 362 young people in 2018/19 and 201 in 2019/20 to Q2	Consider future of service as part of re commissioning of schools based support in NYCC
Recovery College Online launched by TEWV: open to all children and young people and offering information, advice and signposting to high quality advice and information, as well as into CAMHS.	Continue to monitor

Easier access to support: a system without tiers, especially access for vulnerable groups

TEWV is commissioned across a range of specialist services, for eating disorders, health and justice and new models of care in addition to generic specialist CAMHS services.

TEWV is the provider lead for New Care Models, under which secondary mental health providers assume responsibility for tertiary commissioning budgets and ensure transformation in the best interests of service users and their families across CAMHS Tier 4, Adult Secure and Adult Eating Disorders services. The actions undertaken by TEWV to date for Vale of York area are:

- Enhance community resource, enabling young people to be supported close to home in times of crisis
- Reduce the number of young people who need to be admitted, and for it to be as close to home as possible
- Reduce lengths of stay
- Increase community resources with equity across the Trust area for access to CAMHS Crisis and home treatment

Vale of York has seen a significant reduction in inpatient use since 2017/2018 following inception of the crisis team: from 40 admissions in 2017/18 to just 2 in the first quarter of 2019/20. The associated savings made will enable reinvestment into the crisis service, with additional support to the generic CAMHS team, and we expect to further reduce the reliance on in-patient admissions. The Crisis Service enables intensive work to be done with the young person in the community to avoid a hospital inpatient stay, support leave from hospital and promote planned discharge at the earliest point. NCM is confirmed as being mainstream.

Eating Disorders

The eating disorder service for North Yorkshire and York managed by TEWV offers NICE approved treatment in accordance with the National Standard. The York service has high levels of demand, well beyond those anticipated when the service was established. As part of future planning for 18-25 services we are now looking at referral rates across the 0-25 age group. We know that a significant number of referrals for those over 18 are from the two universities in York, and will be talking with the universities about support for this group.

Good, friendly, supportive service helped my daughter strengthen her skills in recovery from severe anorexia

Numbers referred	2016/17	2017/18	2018/19	2019/20 to Q2	
				<18	18-25
Anticipated number	10	35	35	35	N/K
Urgent	56	79	25	7	8
Routine			65	22	22
% commencing treatment: 1 week	N/A	50%	71%\$	100%*	
% commencing treatment: 4 week	N/A	13%	66%\$	100%*	
Caseload at 31 March	N/K	N/K	<18: 54 18-25: 26	52	37
Admitted to T4 <18				0	

\$...including those patients who opted to defer assessment or treatment

*...discounting those patients who opted to defer assessment or treatment.

The service is on trajectory to meet national access standards by March 2021.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Service providing NICE approved therapies	Continue to monitor performance and set trajectories for 2020/21 Consider NHS Plan approach to ARFD against current service offer for this disorder Discuss approaches with Universities for over 18 group.
New Models of Care monies across North Yorkshire and York to bring in additional psychiatric support	Embed new approaches with new models of care funding
Agreement over development of consistent pathway for physical health checks using new models of care monies	Implement approach and monitor Develop effective approach for the over 18 age group.
TEWV now has paediatric support to offer a more holistic service	Develop advice and information for schools on identification of early signs of distress that might result in eating disorders
Training and information for local schools, particularly the independent sector	Offer further training and advice.

Early Intervention in psychosis

The CCG has invested into the psychosis service in 2019/20, which has enabled the CAMHS service to assume greater responsibility for the care of young people referred following a first episode of psychosis and respond to an increase in referrals. The number waiting over 2 weeks has reduced, and the service will continue to improve performance.

Detail	Targets	2016/ 17	2017/ 18	2018/ 19	2019/20 Q2
Number referrals under 18				36	13
Number waiting over 2 weeks				50	25
EIP within standard (monitored through adult services).	55%	53%	45%	45%	65%
Number on caseload (at 31 March in 2018/19)				14	15

Crisis support

TEWV established the local crisis service in 2018/19, using investment from New Models of Care. In York there are 6 staff, working 7 days a week, between 10am-10pm. The service expects to extend to 24/7 operation from the end of 2019/2020.

Detail	Targets	2018/ 19	2019/20 Q2
Referrals to service (all sources)		<18: 739 18-25: 403	<18: 346 18-25: 171
Face to face contacts in 4 hours	100%	100%	89%
% seen at York Hospital		<18: 0.14%	<18: 2.8% 18-25: 2.5%

Health and Justice

Both City of York and North Yorkshire County Council have comparatively low levels of entry into the youth justice serve: the services both adopt the 'child first' approach and have moved away from labelling young people as offenders: the service has evolved from being a

predominantly statutory service to concentrating on early intervention and prevention alongside statutory requirements.

The YJS works closely with CAMHS in York and benefit from a CAMHS inreach practitioner with a responsibility for addressing concerns around the mental health and wellbeing of young people working with the YJS: they offer health assessments and interventions in the areas of emotional and mental health including autism, Serious Violence and Harmful Sexual Behaviour. They have a lead role on the NHS forensic panel, to ensure that high risk cases are discussed and appropriate pathways identified.



There is access to both a Speech and Language Therapist and Clinical Psychologist, helping ensure staff are able to concentrate on the individual communication and learning style of the young person: elements such as Trauma Informed Practice, case formulation and a greater understanding of learning styles.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
City of York YJS and NY Police have developed Youth Outcomes Panel: this reviews any young person coming into contact with the police or court system to seek to find diversion support. The Panel has been very successful in reducing need for formal disposal orders	Continue to monitor
NHSE funding for clinical psychology and SLT to March 2020 across North Yorkshire and York has offered training for staff, and 121 support for young people.	Embed psychology and SLT service into YJS
CAMHS mental health worker embedded in YJS offering training, consultation and 121 work and screening with young people, including preliminary autism assessments	Continue to monitor
Alignment with the FCAMHS service in North Yorkshire and York provided by TEWV: includes regular panel meeting around young people who are at high risk, eg sexually harmful behaviour, to ensure a multi-disciplinary approach	Continue to monitor

Children who are looked after or vulnerable

North Yorkshire County Council funds through TEWV a bespoke CAMHS service for children who are care experienced or at risk. The service works on issues around adverse childhood experiences, developing approaches to overcoming anxiety, feelings of rejection and developing self-regulation and emotional maturity.

Generic CAMHS service

The work undertaken through New Care Models, *Future in Mind* and specialist commissioning approaches has enabled TEWV to perform well against national access standards, and we are now working closely with TEWV on the development of local waiting time standards for generic CAMHS, including referrals for autism assessments. The roll out

of Kooth is seen as key to delivery of shorter waiting times, and broadening the offer for those with lower levels of need.

Autism referrals remain extremely high, having doubled since 2016. The additional investment in 2018/2019 has reduced waiting times, and commissioners, local authority partners and TEWV are now keen to address the broader issues underlying the increase, and will be reviewing the approach to referrals and support in schools and community prior to referrals being made.

Detail	Targets	2016/ 17	2017/ 18	2018/ 19	2019/ 20 Q2
Referrals to Specialist CYPMH services		1930	1904	2129	1007
% assessments in under 9 weeks (2 nd appointment)	90%	68%	70%	52%	N/A
% referrals commencing treatment in 6 weeks (2019/20)					62%
No on caseload at 31 March		1309		1040	1157
Friends and Family Test/feedback					
• Crisis Team			97%	95%	95%
• CAMHS			50%	95%	95%
			-		
EH92: % CYP with a diagnosable mental health disorder receiving treatment	35% by 2021	38%	42%	45%	57%
% 17 ½ year olds with transition plan for adult services	90%	44%	80%	74%	73%
EIP within standard (monitored through adult services).	55%	53%	55%	45%	63%
ASD referrals		142	261	299	160
ASD average wait in weeks		39	37	48	45
ASD conversion rate %		58%	50%	52%	56%
Admissions to T4 inpatient		58	23		
Mental Health Act S136 detentions		3	5	6	2

Excellent support and staff went the extra mile to support the family

Fantastic support when needed. Thank you for everything.

The speed of attention was great, with really understanding and compassionate staff

The people I have spoken to at CAMHS have been extremely kind and understanding, and I have felt completely at ease and comfortable talking freely.

Thank you for being so understanding and supportive, it really helps. Thanks I don't feel as shamed of myself anymore, you are amazing at your job.

There are a number of actions to take forward in the next year

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Autism pathway reviewed to improve effectiveness at initial assessment and faster clinic time at full assessment.	Further review of the pathway and the approach to support in schools and the community
Transitions pathway reviewed.	Monitor new pathway against CQIN standard
Good performance against national access standard	Set trajectory for 2020/2021
Development of granular reporting on waiting times for autism assessment	Developing waiting times data for generic CAMHS
Improvements in waiting times to start treatment following additional investment	Monitor and embed improvements
Joint approach to identifying and developing investment plans to meet MHIS, through investment in areas of greatest need	Planning round for 2020/2021
New Transformation funding for TEWV for whole pathway commissioning.	Implementation of whole pathway commissioning in North Yorkshire and York.

Working in Partnership, and Ensuring Transparency and a Well-Developed Workforce

‘Getting the view from someone else on what to do is really helpful. I have my own vision in my head, but the advice and input from someone else is so useful. The resources are great too, and when you get them they actually explain how to do it and talk you through’.(Senco)

“The training provided was fabulous and very informative. Teaching assistants have been able to use this training easily”

The Local Transformation Plan sets out an area-wide approach, which depends on system wide working and collaboration. Local teams work collaboratively within multi-agency frameworks:

- MASH in City of York
- MAST in North Yorkshire
- Strategic partnerships to implement all age mental health, autism and learning disability strategies into which the *Future in Mind* framework is embedded.
- Multi agency delivery groups, bringing education, social care, public health and specialist services together
- Funding panels for complex cases, eg continuing care, S117, TCP
- SEND health network across North Yorkshire and York.

Commissioners are active in regional networks, including the Strategic Clinical Network Lead Commissioner Forum, Humber Coast and Vale STP Mental Health Steering Group, the Autism Working Group and the Regional SEND network

The CCG works closely with Healthwatch, who are represented on Quality and Performance Committee, and Finance and Performance Committees, which have oversight of the CCG’s work on mental health.

There are strong working relationships between the CCG, TEWV and local authority colleagues.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
Joint strategic partnerships for emotional and mental health with local authority, commissioners TEWV, Public Health and third sector	Partnerships in NYCC and COY will be refreshed in 2019/20. Continue to monitor LTP at strategic partnerships, and develop into the locality plan with the Whole Pathway Commissioning Group
Co produced all age strategies for children’s mental health, autism and learning disability across agencies	New children’s plan for City of York which will include emotional and mental well-being
Whole pathway commissioning project evolving involves local authority and third sector	Develop project with joint agency workshop to identify priorities for 2020 and beyond
Successful joint expression of interest for MHST involving NYCC	Roll out MHSTs, with multi agency project steering group reporting to strategic partnerships in each organisation and NHSE
Successful joint bid with COY for PHE Arts Award funding with York Mind	Roll out and evaluate project to determine potential for future funding
CCG facilitated successful funding bid to NHSE for £1M capital funds to develop new and innovative therapeutic short breaks service in York	New build under way: service expects to go live summer 2020.
Joint funding and oversight for school well-being service in York	Continue to monitor and develop alignment to MHST model
Joint funding with NY CCG of Compass Buzz service in North Yorkshire	Bring into jointly funded model with NYCC to align with MHST model in 2020/21

Facilitation of funding bid for psychologist and SLT into YJS	Continue to monitor and evaluate, and develop focus on supporting emotional and mental health in YJS
High level of flow to MHDS: CCG performance is at 42% against 34% national target.	Continue to monitor and improve performance
Strong joint working around specific projects: <ul style="list-style-type: none"> • TCP and DSR group • Children out of school with emotional difficulties • Autism pathway re-mapping • Development of offer for looked after children • SLCN project: development of improved SLCN offer for under 5s in York 	Continue to work jointly, monitor and evaluate.

Engagement with children, young people and parents is strong, driving change.

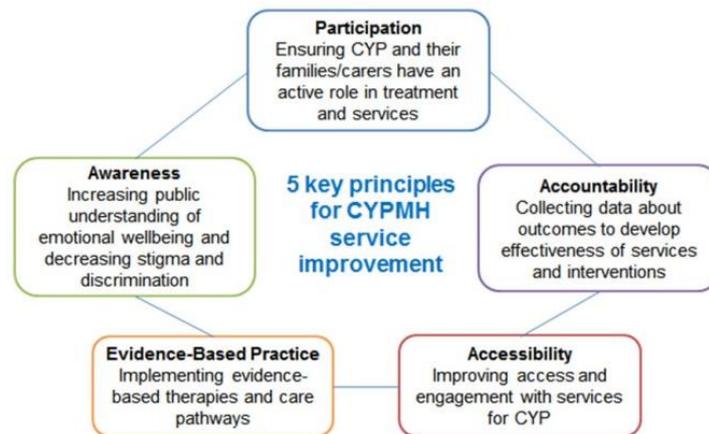
Achievements and Commitments	
Achievements to date	Commitments for 2019/20
High level of positive feedback through Friends and Family test	Continue to monitor through CMB
High level of positive engagement with group work at lime Trees Clinic: the group work course evolves dynamically as the course progresses to meet needs of the specific group	Continue to monitor through quality visits in 20120/2021
Positive relationship with parent carer forums, including co produced review of autism pathways which also involves York Ausome Kids.	Co production of a guide for autism across all agencies, and leaflets for parents to set out the pathways of support.
TEWV has a service user group, and had has run parent briefings on specific issues such as eating disorders and ADHD	Continue to monitor.
Involvement of children and young people on interview panels for clinical and management staff	Continue to engage.
Good engagement with Youth Councils: North Yorkshire and York now has a joint Youth Council for emotional and mental health, who contributed to bid for mental health support teams.	Continue with programme of engagement: involvement of youth councils in MHST planning and whole pathway commissioning project.
Co production with Compass BUZZ around introduction of BUZZ Us	

Workforce

Ensuring a robust workforce that is able to engage with and deliver the ambitions in Future in Mind, the Five Year Forward View and the NHS Plan is essential for system wide transformation.

The area has both increased the numbers of staff offering advice and support, and developed strong training offers.

The area has embraced CYP-IAPT principles



The IAPT principles are evidenced through:

- **Accountability:** oversight by NHSE, HWBB and Overview and Scrutiny Committees, publication of performance and finance data with the LTP, involvement of families in strategic decision making
- **Accessibility:** new services in schools that are easy to access, self-referral into specialist support, Buzz Us texting service, additional investment to reduce waiting times, monitoring of targets for access
- **Evidence based practice:** all staff working with children and young people have professional training on appropriate evidence based and/or NICE concordant therapies, and training plans are framed around evidence based approaches to ensure best possible care and consistency of approach.
- **Awareness:** school mental health champions, school well-being workers all raise awareness and offer approaches to ensuring good emotional health and well-being, leaflets for families and primary care help signpost

The CYP-IAPT partnership in York needs further development: changes in staff in the last two years have weakened the connections between organisations and reduced its effectiveness.

Future in Mind envisaged an additional 1700 therapy staff across England by 2021. Since 2016, the funding has facilitated additional staff in the Vale of York area (figures are approximate):

- Generic CAMHS: 10 WTE
- Mental health support team pilot: 7 WTE
- Crisis team: 6 WTE
- Health and Justice: 1WTE SLT and 1WTE clinical psychologist to YJS
- FIRST: 0.6 clinical psychologist
- Counselling: 2 WTE
- Arts Award: 1 WTE
- No Wrong Door: 2 WTE Clinical Psychologists
- Unity practice: 1WTE co-ordinator for York University students

There are barriers to recruitment and retention: some medical disciplines, especially psychiatry are difficult to recruit to, and the economy in York means it can be difficult to retain staff because of housing and living costs.

Achievements and Commitments	
Achievements to date	Commitments for 2019/20
School Well being service: core part of service <ul style="list-style-type: none"> • Training for all Sendco and pastoral leads • 40% primary schools received Calm Your Meerkat Training • School mental health champions training • Mental Health First Aid training to 20% settings • Co-working alongside school staff: 94% stated their confidence has improved. • 90% plus of staff trained stated they felt the training had increased knowledge and confidence 	Complete roll out of Meerkat training Roll out basic awareness training for teaching and support staff. Application for 2 CPWP placements
ELSA training: <ul style="list-style-type: none"> • Additional 260 ELSAs trained, and working with pupils on emotional well-being 	Continue annual training courses and monitor effectiveness
Compass BUZZ: core service <ul style="list-style-type: none"> • Training delivered to all staff in 77 of the 80 schools in the NY area • Training courses for pastoral leads and sendcos: 90% staff stated their confidence had improved in responding to well-being concerns. • Consultation for school staff on responding to well being concerns 	Continue training offer for all schools Develop traded training offer as Compass BUZZ refocuses into MHST at end of contract
CPWP staff trained by TEVV and NYCC	Continue to develop opportunities for CPWP

A key workstream for 2019/2020 is an area wide workforce plan to ensure training and staff development support transformation. The likely scope will be:

- A needs analysis across the area
- Understanding the training offer for all staff, and particularly frontline staff
- Identify gaps and consider how these can be addressed
- Establish links with the regional workforce strategy
- Planning for developing the training offer across the local area.

Governance and oversight

The principle of the LTP's governance and oversight frameworks is to ensure that all stakeholders are engaged in and able to challenge and question the LTP and its progress.

- The CCG monitors the LTP through its Executive Committee, Quality and Patient Experience and Finance and Performance Committees. Mental health, and particularly children's mental health is a strategic priority for the CCG: regular reports to committees show how the health sector is working across local authority partners and third sector to ensure that the support for emotional and mental well-being is effective and offers value for money for the CCG's investment.

- In City of York, the multi-agency Mental Health Partnership is tasked by the health and Well-Being Board with ensuring that all agencies are taking forward their responsibilities for emotional and mental well-being. The LTP is monitored through the Strategic Partnership for children which reports to the Mental Health Partnership: the action plan is reviewed at every meeting, and operational delivery is delegated to the early intervention and specialist support sub groups.
- In North Yorkshire the Joint Executive leads on children's mental health with the SEMH group responsible for monitoring and delivery of the LTP.

The LTP is reviewed by Health and Well-Being Boards and Directors of Children's Services prior to submission.

The CCG links to the Humber Coast and Vale STP group for children's mental health: the CCG supported a bid for transformation funding across the TEWV footprint to develop whole pathway commissioning across the whole range of children's services as it would enable better linkage between the local authority areas served by the CCG. The group leading on whole pathway commissioning across the North Yorkshire and Vale of York CCGs is now working on terms of reference and engagement to develop its priorities for the coming 3-5 years: it reports into the CCG's contract monitoring board and the committee structure.

Investment

The LTP records the annual statement of expenditure on children's emotional and mental well-being, which shows year on year increases against a backdrop for the CCG of extremely constrained finances: the CCG has committed to investing to the level of the mental health investment standards across all age ranges, but is currently prevented from investing beyond that. There is an agreed trajectory for investment over the next four years which is shared with TEWV and will influence the whole pathway commissioning approach. Investment details are at Appendix 2.

Vale of York Local Transformation Plan 2015/2020 Action Plan 2019/2020 Update

1. Easier Access to Early Support					
Actions					
No	Outcomes	Actions	Lead	Update and next steps	RAG at Q end
1	Pupils and staff in schools can access high quality have access Mental health support based in schools	<ol style="list-style-type: none"> 1. School well-Being Service set up in 2016 in York 2. Compass Buzz commissioned across NYCC in 2017 3. Mental Health Champions in York on 2017 4. Thrive model in Selby schools targeted at children with low esteem 	COY/NYCC	<p>City of York: School Well-Being Service offers effective 121 work and consultations: 1190 consultations, 302 children receiving direct interventions, demonstrating decreases in SDQ scores. Decrease in referrals onward to CAMHS. 25% increase in consultations from primary schools. Service co-ordinates School Mental Health Champions in secondary schools. Piloting graduated response in 2019/20 with an assistant well being worker to test model closer to MHST.</p> <p>North Yorkshire: Compass BUZZ delivered training sessions to 77 schools in NY area. Buzz Us across NYCC had 74 text conversations with young people over 12 and launched advice website. Service is being reviewed prior to decisions around future provision of school support in NYCC area when contract ends in 2020.</p>	
2	Pilot mental health support teams in schools	<ol style="list-style-type: none"> 1. Successful bid for pilot MHST in Selby/Ryedale area to commence in January 2020 	TEWV	<p>Out to recruit for EMHW posts, B7 posts and Band 8a. Project team established, meeting monthly and working with NHSE on project plan and tracker. Schools are recruited.</p>	
3	Children and young people can access high quality online support	<ol style="list-style-type: none"> 1. Recovery College Online in 2019 hosted by TEWV 2. Kooth roll-out in 2019 across North Yorkshire and York commissioned by TEWV as part of whole pathway offer to meet Transformation Programme. 	TEWV	<p>Recovery College Online across whole area from April 2029 with high levels of access. Kooth live from 1st October 2019 at sub-specialist level as part of whole pathway of support: Briefings for GPs and schools in October/November 2019 onwards to develop awareness and encourage access. Local Offer reviewed to improve quality of information provided</p>	
4	Single point of access for referrals, and provides rapid triage	<ol style="list-style-type: none"> 1. SPA commissioned from 2016 for all CAMHS referrals: offers telephone triage and 	TEWV	<p>SPA received 2129 referrals in 2018/19, increase of 11% over previous year, and 1107 to Q2, increased slightly from previous year. Average time to assess through SPA improved from 2 to 1</p>	

		signposting		week in 2019/20 (Q2)	
5	School nurses working effectively with children and young people and other agencies to promote and respond to early signs of emotional distress.	<ol style="list-style-type: none"> 0-19 service in place, working with midwifery specialist lead, school well-being service, A&E and specialist peri-natal mental health service. Mandated health visitor visits for signposting and direct work, making every contact count Easily accessible and confidential support to all pupils aged 5-19, including confidential mobile number for texts and calls. Signposting, holistic health assessment, early intervention work and referral and signposting on Safeguarding roll, including follow-ups for all referrals from A&E for self harm 	Public Health	<ol style="list-style-type: none"> Successful Mums in Mind pilot through health visiting service, seeking extension in 2020 Developing an emotional and mental health well-being pathway within the service in 2020 Increase offer of health promotion in schools, tailored to individual school needs, to include emotional and mental health Explore scope for improved liaison role in A&E with psychiatric liaison service. 	
6	Re-commissioned counselling offer	<ol style="list-style-type: none"> City of York re-commissioned counselling service for 16-23 age group 	York Mind/ Early Help Service	Service re-commissioned from January 2019	

Section Summary early help

Q2		1	3	2
Q4				

2. Specialist Support for Those Who Need It

Actions					
No	Outcome	Actions	Lead	Update	RAG at Q end
1	Eating disorder service across North Yorkshire and York meeting national access targets by 2021	1. Service for North Yorkshire and York live in April 2016: operating hub and spoke model in York.	TEWV	Service well-established. 2018/19: 79 referrals in and caseload of 60 at 31 March 2019. From August 2018, all breaches in national access times due to patient choice. Additional funding 0.6 clinical psychologist for York service in 2018/19 increased numbers of clinics. Service also recruited paediatric support. TEWV has funds committed via NMC to develop a consistent approach to physical health checks in 2019/20 and beyond.	
2	Transforming Care Board, overseeing dynamic support register for children and young people across North Yorkshire and York ensuring reducing the number of children in long term placements/hospital	1. North Yorkshire and York Board. DSR group chaired by CETR manager, comprising reps from all agencies to undertake monthly review of CYP meeting levels 3 and 4 of need	TCP Board (lead if NY CCG) NYCC/COY	Well established DSR group assurance statement rated green by NHSE in April 2019. Clear protocols for pathway for referral to DSR Meets monthly to review T3 and T4 cases. At Q2, CCG has 2 T4 young people and 6 T3 young people. COY: FIRST service and proposed enhanced residential short breaks critical in supporting families to enable children to remain in the local community (see below).	
3	Improve the offer into the Youth Justice Service to ensure that young people have access to mental health assessments and support	1. CAMHS inreach worker to YJS in York 2. SLT and Clinical Psychologist working across North Yorkshire and York, with staff and 121 with young people 3. Joint panel for high risk young people with FCAMHS	YJS/ TEWV	YJS works successfully to divert young people from YJ system. Outcomes Referral Panel reviews all young people coming into contact with police service to evaluate appropriate course of action and prevent formal orders. Service has CAMHS in reach worker, working 121, advising staff, and early screening for ASC. Clinical psychologist and SLT advise staff and work with young people. Service plans to extend psychology and SLT support into 2020 after NHSE funding ends.	
4	Develop the FIRST offer for children and young people with very complex needs to hold more children at home or in their local community	1. 1.6 clinical psychology staff working with highly complex children and young people. 2. Reduce numbers requiring long term residential placements	COY/ TEWV	FIRST works successfully with small number of children and families where highly challenging behaviours mean there is high risk of breakdown. Success evidenced that currently no children within this service are in long term residential placements. Service works closely with TCP/DSR group. The Centre of Excellence has been part funded by NHSE under the national accommodation programme for those in the TCP cohort: avoiding admission.	

5	Ensure effective CAMHS support for children looked after or at the edge of care	<ol style="list-style-type: none"> 1. CAMHS service in North Yorkshire commissioned by NYCC 2. No Wrong Door commissioned by NYCC for older teenagers in care not engaging 	NYCC/TEWV	Well-established commissioned service working with children in care or at edge of care resident in NYCC.	
6	Effective transition at age 18 into adult AMH services or to GP for at least 85% of young people	<ol style="list-style-type: none"> 1. Transition pathway between CAMHS/AMH from 17 ¼, develops care plan in collaboration with young person 2. Meet target of 85% with plan by age 17 ½. 	TEWV	<p>Performance in 2018/19 74% against target. Performance 73% against target at Q2: most breaches are due to rescheduled appointments, or young people disengaging from service, action plan in place. Action plan to improve internal process and pathway to meet target by March 2020.</p> <p>Proposals to develop transition pathway with support into AMH: improved offer for young people and development of integrated 0-25 pathway.</p> <p>Joint planning group to improve transparency around those who may require CGC assessment at age 18.</p>	
7	Design and implement a 24/7 crisis response service for children and young people, meeting target to see all referrals within 4 hours	<ol style="list-style-type: none"> 1. Crisis team in place in 2017. Crisis response and model of 6-8 weeks interventions to plan for transfer to community team. 2. Crisis and home intervention service 24/7 by March 2020 	TEWV	<p>Crisis service established 2017: works 7 days, 10am-10pm. TEWV has funding to extend to 24/7. Implementation of 24/7 working currently delayed due to temporary closure of West Lane Hospital: will be monitored at CMB.</p> <p>TEWV meet target to see patients referred in 4 hours.</p> <p>Safe Haven well established in York at 30 Clarence St: open 7-11 every day as a walk in for age group 16+. Will extend to Selby in 2019/20 and extend weekend opening hours.</p>	
8	Reduce incidence of inpatient admissions	<ol style="list-style-type: none"> 1. New Models of Care funding for permanent programme to manage inpatient referrals and community care from 2018 	TEWV	Inpatient admissions reduced from 29 in 2018/19 to 2 in Q2. NMC funding has enabled crisis and home intervention teams to develop. In 2018/19 had 403 referrals in under 18 age group, and 346 to Q2.	
9	Look after maternal mental health during pregnancy and the peri-natal period	<ol style="list-style-type: none"> 1. Specialist peri natal team established 2018 	TEWV	Peri-natal team in place from 2018/19 with funding stream from NHSE through STP. #####	

				CCG considering proposals to fund expansion to include preconception counselling and broaden access for women and their partners. Planning to meet NHS Plan standards by 2023.	
10	Arts Award project extension	1. Successful national bid by York Mind with match funding to 2022 to extend the Arts Award programme to age 12+ for children on edge of care. Edge of exclusion	York Mind	Roll out in November 2019. Will be monitored through project group and evaluated nationally and locally to determine success in diverting from specialist services.	

Section Summary Specialist help

Q2		2	4	4
Q4				

3. Ensuring Transparency and Joint Working

Actions					
No	Outcomes	Actions	Lead	Update	RAG at Q end
1	Publish and refresh Local Transformation Plan annually	LTP published on CCG website together with annual refresh. Includes performance and investment details	CCG/SPEMH/ SEMH group	Continue to monitor LTP	
2	Governance frameworks for children's mental health that enable partnership scrutiny and challenge across the local system	In NYCC: via SEMH to HWBB IN COY via SPEMH to Mental Health Partnership and HWBB	CCG/SPEMH/ SEMH group	Governance framework in place: LTP works through mental health partnerships to HWBB.	
3	Joint working across agencies on specific projects to improve delivery and local response	Ensure all agencies are engaged and working together	All	TCP exemplar of inter agency working through DSR group CEDS service working with primary care and PCNs on physical health checks for eating disorders Whole pathway commissioning: joint health and local authority project group to work on priorities for joint work and pathway development School Well- being Service overseen by inter agency Early Intervention Group. Reprovision of schools based support in NYCC area, jointly with TEWV, NYCCG and NYCC MHST teams work through inter agency project board. Task and finish group across COY and NYCC for transitions Task and finish group across COY for self harm Task and finish group for children not attending school	
4	Development of role of Primary Care Networks across CCG	1. Working across localities to identify local approaches and needs for provision of support	CCG/Primary Care/ TEWV	CCG working with three localities of PCNs: North, South and Central. Clinical Directors engaged with CYP mental health: engagement with work around of ASC/CAMHS care, and physical health checks for eating disorders. Will use Right Care Right Place programme to work through most effective approaches to provision of support for children and young people. Explore scope for direct delivery at primary care locations.	

5	Engagement with children, young people and service users to develop and monitor services	<ol style="list-style-type: none"> 1. Co production embedded across Compass BUZZ 2. TEWV patient feedback group 3. TEWV user group drives development of group based work 4. NYY youth councils joint mental health voice group 5. ASC pathway review in City of York 2019 with York Parent Carer Forum and York Ausome Kids 6. Review of Local Offer content in 2019, involving children and young people and parents. 	All	Continue with positive engagement to influence service provision.	
6	Re-provision of schools based support in NYCC area	Develop framework aligned to MHST models	CCG/NYCC/TEWV	Agreement to co-commission across health and NYCC for Compass Reach and development of CCG funded schools support, aligned to MHST models.	
7	Integrated pathways under Transformation Programme	Project group to develop and recommend joint commissioning approaches and integrated pathways.	All	Whole pathway commissioning project group established across NYY to implement transformation funding stream	
8	Joint approach with TEWV and partners to decision making around CCG investment in mental health	Developed an joint approach with TEWV	CCG	Agreed understanding of investment for 2020 and beyond.	

Section Summary Transparency and joint working

Q2		4	1	3
Q4				

4. Workforce Development

Actions					
No	Outcomes	Actions	Lead	Update	RAG at Q end
1	School staff can access high quality training and be more confident in responding to emotional and mental health needs	1. Whole school training, 2. ELSA training.	COY/ NYCC	Roll out of emotional and mental health curriculum for PHSE from 2020	
2	Improve understanding of pathways and sources of support	Agreement and publication of pathway and supporting information for professionals and families and young people.	CCG	Publication of autism pathways. Local Offer in York: revised in 2019/20 to clearly describe offer for emotional and mental well-being and autism and signpost. Currently at Q2, developing parent guide in York for autism across all agencies and for assessment process. Working on development of improved handbook for professionals Produce pathway info graphics for GPs on autism, mental health and eating disorders.	
3	Primary Care: ensure that primary care is able to support, signpost and refer appropriately to further support	Comprehensive information about pathway and thresholds.	CCG	NYCC: leaflets for GPs outlining signposting for young people and families CCG: RSS has pathway for access to CAMHS, setting out thresholds. Complete work on pathway for those children out of school with emotional difficulties Protected Learning Time events have focused on children's mental health with sessions on access, ACEs and trauma informed practice.	
4	Workforce Development Plan across North Yorkshire and York	Develop a robust plan setting out workforce development in accordance with CYP-IAPOT principles	All	Workforce development group to be re-established	
5	Increase access to CYP-IAPT training places	2 training places for COY in 2019/20	COY	Application made for training places	

Summary section on workforce development

Q2	1	3	1	
Q4				

Appendix 2 Investment

CORE SERVICES												
Service type	LA spend 2017/18	LA spend 2018/19		CCG Funded 16/17	CCG funded 2017/18	CCG spend 2017/18	CCG spend 2018/19	CCG spend 2019/20 planned	CCG spend 2019/20 Q2		NHSE/other funding 2018/19	Specify Funding Source(s)
School Based Early Intervention Services												
City of York Well-Being Service	237,863	155,000		84,369	139,878	140,111	138,878	143,515	35,877			Vale of York CCG/City of York Council
NYCC Compass Buzz				46,195	93,250	93,250	93,250	95,675	23,313			Vale of York CCG
Support staff funding COY	33,800											City of York Council
Sub-Total	271,663	155,000		130,564	233,128	233,361	233,128	239,190	59,190			
Early Intervention Services - Other Bases												
Compass Reach	574,866	576,000										North Yorkshire County Council: targeted support through HCP for SEMH
Sub-Total	574,866	576,000										
Services Targeted at Specific Vulnerable Groups												
No Wrong Door	120,000	122,000										North Yorkshire CC

Multi Systemic therapies NYCC	278,762	280,000									North Yorkshire CC
FIRST COY	63,312	65,000									City of York Council and TEWV
YOT COY	314,193	314,193	36,000	36,000	36,000	36,000	37,279	9,318	30,000		City of York Council and Vale of York CCG
Sub-Total	776,267	781,193	36,000	36,000	36,000	36,000	37,279	9,318	30,000		
Specialist CAMH Services [Use/insert as many rows as necessary]											
Looked After Children (LAC) NYCC (TEWV)	360,000	400,000									North Yorkshire County Council CAMHS Grant (Looked After Children)
CMAHS Tier 3 - York & Selby (TEWV)			2,874,302	2,726,243	2,877,176	3,500,740	4,079,328	1,019,832			Vale of York CCG
Community Eating Disorder Service York hub (TEWV)			165,536	165,702	165,702	170,014	178,644	44,661			Vale of York CCG
Inpatient costs											NHSE

Forensic CAMHS service										
Sub-Total	360,000	400,000	3,039,838	2,891,945	3,042,878	3,670,754	4,257,972	1,064,493	30,000	
TOTAL	1,982,796	1,912,193	3,206,402	3,161,073	3,312,239	3,939,882	4,534,441	1,133,001	30,000	

NOTE: for local authority services eg children's services, it is not possible to disaggregate costings related to emotional and mental health. Therefore they cannot be included in the spreadsheet.

NOTE: CCG commissioning support costs are not included in the spreadsheet

Appendix 3 Risk

The organisations contributing to the LTP have their own approaches to risk including appetite for risk and n risk management. The LTP risk analysis is based around the high level risks of resources and capacity.

No	Risk	Mitigation	Score
1	MHST pilot: Unable to recruit to posts Schools reluctant to engage	Internal and then external advertisement of posts Strong marketing and personal approaches to schools to engage	8
2	Increasing demand on specialist services generating long waiting times and increasing clinical risks	Additional investment where appropriate Pathway review Whole pathway commissioning approach to inform targeted investment Focus on schools based work and PHSE	12
3	Lack of investment to increase capacity for earlier interventions	Focus on building whole school approaches Improve joint working and commissioning across whole pathway of need SWS and MHST pilots contribute to early help offer Strong counselling offer at Mind	12
4	Increasing call on crisis services and high levels of self harm	Task and finish group to review self harm incidence and understand causative factors Crisis service significantly reducing inpatient admissions Crisis service extending to 24/7	8
5	Project risks not understood and managed	Projects hold individual risk registers and manage through project steering groups and governance oversight	6

Risk matrix

		Likelihood			
		1	2	3	4
Impact	1	2	4	6	8
	2	3	6	9	12
	3	4	8	12	16
	4	5	10	15	20