

Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	2018 Refresh Comments	Projection October 2019
1	1.1	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings.	Year 1			Archived	Remains Archived	G
2	1.2	Implement clear joint working arrangements and clear pathways between schools and emotional health and wellbeing provision. The provision will be based on presenting need and linked to the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work that is being developed.	Year 1			Revised wording - merged with LPS 8 (2.4) and LPS 9 (2.5)	Revised Wording	A
3	1.3	Have emotional health and wellbeing provision collaboratively commissioned with educational settings	Year 1			Unchanged Long Term achievement by 2020	Reworded 2018	A
4	1.4	We will collaboratively design with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.	Year 1			Unchanged Long Term achievement by 2020	Unchanged	A
	1.5	We will integrate our currently commissioned services for "risky" behaviours through our learning and community hubs, to help deliver a common set of outcomes improving emotional health and wellbeing		Year 2		Revised wording.	Archived	A
	1.6	The nurturing parent programme approach will be delivered throughout early help services, children's centres and voluntary sector provision, to improve the maternal bond		Year 2		Revised wording merged with LPS 1.7	Unchanged	G
	1.7	To redesign and implement the healthy child programme 0 - 5, with increased focus on supporting the development of improved perinatal mental health provision, and improving attachment.		Year 2		Revised wording merged with LPS 1.6	Archived	G
	1.8	We will implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. We will embed this within the Personal, Social, Health, Citizenship and Economic education (PSHCE ed) curriculum.		Year 2		Revised wording re PSHE	Archived	R
	1.9	There will be a range of social media based interventions to provide support to children and young people and help build resilience.		Year 2		Revised wording - merged with LPS 1.10	Reworded 2018	A
	1.10	We will increase the range of innovative interventions available to children and young people to improve health and wellbeing		Year 2		Revised wording - merged with LPS 1.9	Archived	A
	1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.		Year 2		Archived	Archived	R
	1.12	To ensure our 0-19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.				New Priority	Archived	G

Theme 2. Improving access to effective support – a system without tiers

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	2018 Refresh Comments	Projection October 2019
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5	2.1	Redesign the specification for Tier 2 and Tier 3 CAMHS provision transforming services to provide a "tier free" new service model that is based on the "thrive" approach	Year 1			Revised wording - long term achievement by 2020	Revised Wording	G
6	2.2	Increase front line capacity within Tier 2 and Tier 3 provisions in order to reduce waiting times and improve access for children and young people.	Year 1			Revised wording - medium term achievement by September 2018	Revised Wording	A
7	2.3	Provide a comprehensive eating disorder service across Kirklees, Calderdale and Wakefield in line with best practice and guidance issued	Year 1			Archived	Archived	G
8	2.4	Implement Tier 2 and Tier 3 CAMHS Link workers to directly liaise with and support Schools, primary care and other universal provision. This will be developed in line with SEMHD continuum of support	Year 1			Revised wording - merged with LPS 2 (1.2) and LPS 9 (2.5)	Archived	G
9	2.5	Implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 CAMHS provision and to support joined up working across services. This will be developed in line with SEMHD continuum of support	Year 1			Revised wording - merged with LPS 2 (1.2) and LPS 8 (2.4)	Archived	A
10	2.6	Have in place a single point of access model for advice, consultation and assessment and coordination of provision	Year 1			Revised wording - merged with LPS 11 (2.7)	Archived	G
11	2.7	Provide a one stop shop approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector.	Year 1			Revised wording - merged with LPS 10 (2.6)	Archived	G
12	2.8	Provide a local crisis model that ensures assessment within 4 hours and is in line with the Crisis Care Concordat, and utilises our redesigned psychiatric liaison service.	Year 1			Revised wording - merged with LPS 2.9	Revised Wording	G
29	2.9	Work with local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the "Core 24" service specification. Where appropriate work on a regional basis across acute footprints to develop collaborative approaches	Year 1			Revised wording - merged with LPS 2.8	Revised Wording	A
	2.10	Implement an Intensive Home Treatment model, preventing admission to Tier 4, assisting with transition back to community setting and with clear comprehensive pathways.		Year 2		Revised wording - merged with LPS 3.7	Revised Wording	A
	2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.		Year 2		Archived	Archived	R
	2.12	Provide a case management function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a "step down" placement.		Year 2		Revised wording - merged with LPS 4.9	Archived	A
	2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process		Year 2		Archived	Archived	G
	2.14	Establish an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.		Year 2		Revised wording	Archived	G
LPS 30		To increase access to prevention and treatment services for underrepresented groups particularly LGBT Children and Young People					new priority	A

LPS 31		Ensure that Parents and Carers are co-producing service developments with Thriving Kirklees including SPA and the ASC services						new priority	G	
	2.15	Implement the recommendations from the Lenahan review, "building the right support" and the recent NHS England Guidance "Developing support and services for children and young people with a learning disability, autism or both".						New Priority	Unchanged	G

Theme 3. Caring for the most vulnerable

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	2018 Refresh Comments	Projection October 2019
13	3.1	Invest in and implement a flexible multiagency team to address the emotional health and wellbeing needs looked after children, children in the youth offending team, children experiencing CSE and children on child protection plans.	Year 1			Revised wording - merged with LPS 14 (3.2)	Revised Wording	G
14	3.2	Provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.	Year 1			Revised wording - merged with LPS 13 (3.1)	Revised Wording	G
15	3.3	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme	Year 1			Unchanged	Archived	A
16	3.4	Provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprint	Year 1			Archived	Archived	G
17	3.5	Work with Kirklees Safeguarding Child Board to undertake a "deep dive" into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children	Year 1	Year 2		Archived	Archived	G
	3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.		Year 2		Archived	Archived	G
	3.7	To provide an assertive community outreach model through our CAMHS provision that actively engages children, young people and families.		Year 2		Revised wording - merged with LPS 2.10	Archived	A
	3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.		Year 2		Archived	Archived	G
LSP 32		Ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes/YOIs back into the community					New Priority	A
LSP 33		Ensure Forensic CAMHS, Family Group Conferencing, Multisystem Therapy and the Family Mental Health Team provision is integrated within our local treatment system					New Priority	A
	3.9	To ensure that local provision is available for those children and young people requiring forensic CAMHS provision.		Year 2		Archived	Archived	G

	3.10	Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and to ensure that the Looked after Children CAMHS provision meets locally identified needs.					New Priority	Revised Wording	G
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Theme 4. To be accountable and transparent

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	2018 Refresh Comments	Projection October 2019
18	4.1	Implement the lead commissioning arrangement for all CAMHS provision covered within the transformation plan, discharged through the joint commissioning manager jointly funded by North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council	Year 1			Archived	Archived	G
19	4.2	Use the Transformation plan as the basis for our commissioning priorities over the next 5 years.	Year 1			Archived	Archived	G
20	4.3	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function.	Year 1			Archived	Archived	G
21	4.4	Ensure the integrated commissioning group is overseeing the implementation of the future in mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and that NICE guidelines are implemented throughout the service provision.	Year 1			Archived	Archived	G
22	4.5	Ensure the integrated commissioning group closely monitor the CAMHS minimum dataset and waiting times standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the system	Year 1			Archived	Archived	G
23	4.6	Implement clear and transparent outcome monitoring supported by membership of CORC, and the implementation of session by session outcome monitoring across CAMHS provision	Year 1			Archived	Archived	G
24	4.7	Receive quarterly service feedback from children, young people and families in all performance reporting to the integrated commissioning group.	Year 1			Archived	Archived	G
	4.8	Have a single pooled budget for CAMHS provision across Kirklees, and to publish the investment figures on local offer website along with referral rates and waiting times.				Archived	Archived	G
	4.9	Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.				Revised wording - merged with LPS 2.12	Archived	A
LSP 34		Undertake a focused review of the reporting of the Mental Health Service Dataset to ensure access target is increased.					New Priority	G

	<p>4.10 Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.</p>				<p>Archived</p>	<p>Archived</p>	<p>G</p>
	<p>4.11 Continue to provide single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including the local Health and Wellbeing Board.</p>				<p>New Priority</p>	<p>Unchanged</p>	<p>G</p>

Theme 5. Developing the workforce

LPS ref	Theme x-ref	Priority Summary	Priority Oct 15	Priority Oct 16	Priority Oct 17	2017 Refresh Comments	2018 Refresh Comments	Projection October 2019
25	5.1	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17	Year 1			Unchanged	Unchanged	A
26	5.2	Ensure that Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/16.	Year 1			Archived	Archived	G
27	5.3	Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions	Year 1			Unchanged	Unchanged	A
28	5.4	Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported, and implemented	Year 1			Revised wording	Revised wording	G
	5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions		Year 2		Archived	Archived	G
	5.6	To support school based staff, parents and Tier 1 providers to deliver interventions at a universal level to increase resilience in children and young people and families.		Year 2		Unchanged	Archived	A
	5.7	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.		Year 2		Unchanged	Archived	A

Ratings Key:



Fully confident: Objective clearly identified and delivered. All requirements in place.

Partially confident: Objective not clearly identified, some requirements in place or plans/actions require strengthening.

Not confident: Objective not identified or no confidence that actions will result in requirements being achieved.

See 2015 and 2016 plans for more detail of each priority