

Quarter 1 – 2017/2018

Progress Update

**Kirklees Future in Mind
Transformation Plan**

**Children and Young
People's Mental Health
and Wellbeing**

Index

Page

1. Progress and activity update – Quarter 1 2017/2018
2. Key outcomes and achievements
3. Crisis Home Treatment
4. Eating Disorder Service
5. Partnership working
6. Areas of most challenge in implementation
7. Brief overview of spend and activity
8. Appendix A - Integrated Commissioning Group minutes
9. Appendix B - KIHCP Governance minutes
10. Appendix C - Risk Plan

Additional submission

- Finance Assurance Template – separate attachment

1 Progress for Quarter 1 - 2017/2018

The Kirklees Transformation Plan and supporting information remains available to the public at www.kirklees.gov.uk/futureinmind. *Local Priority 19 (4.2)*.

Included in this report are key achievements for Quarter 1 of 2017/2018. This report also responds to a request for more detail from NHS England following the Quarter 4 2016/2017 submission.

1.1 What we have achieved?

Implementation of the 0 - 19 Healthy Child Programme “Thriving Kirklees” was achieved within agreed timescales and has already begun to respond to local Transformation Plan priorities of transforming services over the 5-years of the contract. Nurse practitioners will be 0 - 19 qualified, offering fluidity between health visiting and school nursing to enable early interventions to be accomplished.

The contract is a partnership approach including emotional health and wellbeing services where care pathways will work to avoid the tiered approach to working practices. Wider partnerships with schools as community hubs will support a working together approach and multi-skilling of professionals.

Work is already developing on emotional health and wellbeing care pathway for Tier 1 intervention which will be monitored against targeted measures.

Systems and approaches have been implemented during this quarter to maintain a seamless transition of the new contract, this included:

- Setting up a Kirklees Integrated Healthy Child Programme Partnership Board.
- A mobilisation plan which identified opportunities and threats has been produced including identifying risks and mitigation against the risks.
- Delivering an approach which avoids any disruption of existing provision to children, young people and their families.
- Key Performance Indicators agreed and the partnership in place. *Local Priority 22 (4.5)*.
- Initial data flow and reporting lines have been established. Assurance work continues around information sharing between CAMHS, Locala and Commissioners. *Local Priorities 22 (4.5), 23 (4.6) and 24 (4.7)*.

Progress against Year 1 and Year 2 priorities was included in our previous progress update. It is our intention to revisit these priorities within the October 2017 refreshed plan and realign them with new developments following implementation of Thriving Kirklees.

1.2 Priorities which need continuing development

Progress continues, however immediate risks to delivery are included in Appendix C

LPS 4.8 Forward planning of the budget through the Section 75 agreement.

LPS 6 (2.2) Reduction in waiting times across CAMHS and trajectory timescales.

LPS 25 (5.1) Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT.

1.3 Thriving Kirklees

As previously highlighted, long-term local transformation is heavily reliant on the Healthy Child Programme which from 1st April 2017 has been delivered under the operational title of Thriving Kirklees.

Implementation

Appendix B of our Quarter 4 report included a Thriving Kirklees implementation timetable which continues to be delivered as proposed.

During Quarter 1 the following has been reported:

- a. Established joint safeguarding supervision processes for practitioners across the partnership for family's they work jointly with.
- b. Appointed a Learning and Development lead to begin responding to learning and workforce development requirements across the partnership. *LPS 28 (5.4)*
- c. Use of the Calderdale Framework to upskill staff to provide a systematic, objective method of reviewing skills, roles and service design, ensuring safe, effective and productive patient centred care. *LPS 28 (5.4)*.
- d. Put in place 9 Public Health Intelligence Leads (PHILs) Team Leaders. PHILs work with communities, analysing data and understanding local intelligence to identify community health needs and available assets to meet need. This includes PHILs working with young people's substance misuse services and community practitioners to further develop multi-skilled hub based approaches. These will look to begin to develop an early intervention function across all education settings. *LPS 1 (1.1), 3 (1.3), 1.5 and 5 (2.1)*.
- e. Creation of 9 new skill mix 0 - 19s teams, comprising of health visitors, school nurses, nursery nurses and assistant practitioners, coordinating with eight schools as community hub areas and CAMHS workers. *LPS 1 (1.1) and 1.5*.
- f. Providing dual-qualified practitioners to support training the 0 - 19 workforce to be skilled across those age ranges. Some health visitors are already carrying out a school nursing portfolio and vice versa. Once current training has been completed a programme will be rolled out to upskill all specialist community public health nurses. *LPS 1 (1.1), 3 (1.3) and 5 (2.1)*.
- g. Exploring opportunities to adapt the existing universal needs assessment tool and use SystemOne patient care processes to support health and wellbeing check-ins. *LPS 1 (1.1)*.
- h. Developing a Safeguarding Hub Model to provide a rapid response to assess the needs of families at first assessments and meet the clinical administration tasks for safeguarding children. *LPS 3.6*
- i. Continuing development of a new 24/7 single point of contact for all services within Thriving Kirklees. This will ensure requests for support are directed to the most appropriate partner which will include the existing ASK CAMHS single

point of access. *LPS 10 (2.6)*.

- j. Health Visitors and School Nurses are undertaking dual role training to support continuing development of a 0 - 19 Thrive Elaborated Function. *LPS 1 (1.1)*.
- k. Considering new pathways offering a seamless approach which meets the needs of vulnerable groups within the Youth Offending Team, Looked after Children's Health Services, Pupil Referral Service and Family Nurse Partnership. *LPS 14 (3.2)*.

During this quarter and to begin responding to Local Priority 1.7, Locala has started perinatal mental health training for all its 0 - 19 practitioners. This training will be widened to other services as the partnership matures.

Setting up robust links with GPs Locala will ensure seamless communication around the GP Newborn and Infant Physical Examination Programme 6 - 8 week assessments as well as any concerns regarding perinatal mental health. The programme incorporates a 6 - 8 week post birth contact by a 0 - 19 practitioner. Nurturing parenting principles will be disseminated throughout the workforce coordinated by the Learning and Development lead.

Kirklees Integrated Healthy Child Programme Partnership Board

The Partnership Board takes responsibility for strategic decisions of the Thriving Kirklees programme and arrangements which support responses to Theme 4 of our Transformation Plan. The Partnership Board includes officers responsible for strategic direction of the programme, assures financial governance and quality of the programme.

Membership also includes co-opted Officers with decision making authority for Early Help and Learning, Child Protection and Family Support. Meetings are planned for the year.

Mobilisation Plan

Locala Community Partnerships have produced a Thriving Kirklees mobilisation report. The report details structures and potential risks with mitigations. These include:

1. Single Point of Access. (SPA) *LPS 10 (2.6)*
2. 0 - 19 Nurses *LPS 1 (1.1) 3 (1.3), 1.7 and 5 (2.1)*
3. ASC revised pathways *LPS 6 (2.2)*
4. Safeguarding Hub *LPS 13 (3.1) and 17 (3.5)*
5. Partnership Working *LPS 4.10*
6. Learning and Community Hubs *LPS 1.5*
7. Multi-skilled workforce *LPS 28 (5.4)*
8. Emotional Health and Wellbeing practitioner training. *LPS 5.5, 5.6, 5.7*

1.4 Integrated Commissioning Group

The Integrated Commissioning Group has representation from senior strategic leads and together with the Children's Partnership Board and Health and Wellbeing Board

oversee progress of the Transformation Plan. Appendix A relates to the minutes from Integrated Commissioning Group meetings in May and June 2017.

Since June 2017, the Integrated Commissioning Group meetings now include five representatives from schools as community hubs. Their involvement will support work towards integrating school commissioning as a coordinated response to Local Priorities 2 (1.2), 1.5 and 3 (1.3).

Work has already begun in developing the October 2107 Transformation Plan refresh. This incorporates feedback from the North of England Commissioning Support Unit who in March 2017 undertook a desktop review of our October 2016 Transformation Plan against the national Transformation Plan key lines of enquiry. This work responds to Local Priority 4.10.

Overview and Scrutiny Management Committee

In April 2017 commissioners provided an annual review to the Overview and Scrutiny Management Committee. This included an update against their recommendations within the CAMHS Task Group report and initial responses following implementation of Thriving Kirklees.

Yorkshire and Humber CYPMH Local Transformation Plan Lead Commissioner Forum

In May 2017 commissioner representation attended a Yorkshire and Humber lead commissioner forum event in Wakefield where several items were covered, these included a briefing from the NHS England Regional Assurance and Delivery Manager, local and regional updates, Wave 7 CYP IAPT proposals and area focused Sustainability Transformation Plan (STP) discussion workshops.

1.5 Children and Young People's Mental Health Waiting Times

Kirklees recognises the emphasis placed nationally and locally on reducing waiting times which ensure children and young people access appropriate care and treatment correctly. Such approaches support our Local Transformation Priorities 6 (2.2), 2 (1.2) and 11 (2.7).

Mental Health Service Dataset

Kirklees CAMHS submit referral data to the NHS England Mental Health Service Dataset. Clarification is needed from NHS England on how this data is analysed against differentials between waiting times for ASC assessment, Tier 2 and Specialist CAMHS provisions.

Providers and commissioners do not currently receive sufficient data submission feedback to enable appropriate responses between what is submitted and locally recorded data. Local dashboard and KPIs will ensure we have a full understanding of local needs and how they relate to our local population. For example combining all the waiting times for different types of provision gives an overall wait time through Kirklees, but breaking this down between generic CAMHS and provision such as ASC will give us a more accurate picture.

The following reports on local CAMHS data for Quarter 1 2017/2018:

	ChEWS*	Specialist CAMHS
1. Total number of CYP waiting for treatment*	194	19
2. Average waiting times from referral to treatment*	18.6 weeks	85 days or 12.5 weeks

* Children's Emotional Wellbeing Service (ChEWS) data relates to "appointment" not "treatment"

Actions being taken to improve waiting lists and average waiting times

The Quarter 4 progress report and waiting times funding report provided updates for ChEWS and Specialist CAMHS for the week ending 31st March 2017.

Average waiting times from referral to treatment with Specialist CAMHS was being reported by the provider as 60 days or 8.5 weeks, against their target to reduce referral to treatment times for Generic Tier 3 CAMHS to 3 months by January 2017 and to 10 weeks by 31st March 2017. The times shown above are an increase of 4 weeks which have resulted because of increased referrals during this quarter.

ChEWS Tier 2 weekly waiting times from referral to accessing the service were reported as having been reduced to 16.9 weeks against their original estimated 16 week target for the week ending 31st March 2017.

However a subsequent re-assessment suggests a truer picture was of a 20 week average waiting time. It should be noted that the services maintains contact with children, young people, families and other referrers who can also ring ChEWS whilst waiting for their planned intervention.

Clarification is still awaited from NHS England around national waiting time standards and associated descriptors, but local CAMHS provisions have been directed to work towards progressive decreases with immediate effect.

Referral processes under Thriving Kirklees remain unchanged since the programme started on 1st April 2017. Proposed changes to a new 24/7 Single Point of Contact and existing ASK CAMHS provision are outlined elsewhere in this report.

Following the ending of additional waiting time funding, commissioners and providers are working together towards achieving progressive reductions in waiting times **by August 2018**. The following trajectories have been agreed with Locala and providers:

- a. ChEWS waiting times - **from referral to first appointment 10 weeks**
- b. Special CAMHS waiting times - **from referral to treatment 6 weeks**
- c. ASC waiting times - **12 months**

These trajectories involve changes in existing delivery practices and have been included as a risk in Appendix C.

Early actions to improve waiting lists and average waiting times include:

- a. Oversight and strategic management by Locala Management as part of their leadership of the partnership.

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- b. CAMHS provisions providing monthly waiting times data to Locala and commissioners.
 - c. Locala working with providers to develop a rigid cancellation policy (for example - three failed attempts to contact and then sent back to the referral source).
 - d. Exploring opportunities for Specialist CAMHS to make resources available to support the additional referral demands on ChEWS.
 - e. Use of data analysis and intelligence to identify opportunities to reduce average waiting times. For example the current waiting list to focus on those waiting the longest.
 - f. Review resource requirements within SPoC, ChEWS and specialist CAMHS to meet expected future demand.
 - g. Revisit workforce planning for Thriving Kirklees to up-skill the wider workforce to support families and prevent escalation to CAMHS support.

1.6 Children and Young People's IAPT

The service manager from ChEWS will complete their IAPT leadership qualification in September 2017. The Tier 3 provision have one person on the Leadership Course, a clinician on a Cognitive Behavioural Therapy course and two other clinicians on the Enhanced Evidence based practice course. Work is continuing to embed outcome measures into practice.

Regional collaborative working and consultation continues with commissioners and CAMHS representatives, a meeting took place in May 2017 and explored an area wide approach to future applications for Wave 7 applications. Increased participation in IAPT is included in the Thriving Kirklees specification.

A submission in this quarter seeks allocation of 9 new staff onto Wave 7 as follows:

Two staff members from Tier 2 ChEWS for the Postgraduate Diploma - Evidence Based Psychological Therapies for Children and Young People: Cognitive Behaviour Therapy. With three staff members applying for the Enhanced Evidence Based Practice Programme for Children and Young People.

1 specialist CAMHS staff member for the Postgraduate Certificate - Evidence Based Psychological Therapies for Children and Young People: Interpersonal Therapy for Adolescents with Depression.

Expressions of interest have been submitted for two ChEWS staff members for a potential new course about Learning Disability and Autistic Spectrum Disorders.

Expressions of interest have also been submitted for one ChEWS staff member for a proposed Children and Young People's Well-Being Practitioner Programme.

Evaluation of effectiveness and financial value of local participation in CYP IAPT is not yet possible as staff have yet to successfully complete their courses. The programmes respond to offering evidence based intervention to transform care outlined in [Implementing the Five-Year Forward View for Mental Health](#).

However increased future participation in CYP IAPT programmes may be restricted by

oversubscription of applicants against the availability of courses being offered nationally. This restriction combined with uncertain budgetary commitments will impact on our local priority intention to enable participation in the programme to staff from CAMHS and other agencies.

These approaches are intended to respond to Local Priorities 25 (5.1), 26 (5.2) together with LPS 22 (4.5) and 23 (4.6).

1.7 Nurturing parent programmes were identified as a year 2 priority and have been embedded within all related services of the Thriving Kirklees specification. From October 2017 managing the Nurturing Parent Programme will transfer to Locala. Plans are in place to gradually extend reach and delivery to bases across all localities. LPS 1.6

Case management function – this priority was incorporated into Thriving Kirklees from April 2017. South West Yorkshire NHS Foundation Trust report that new models of care are looking to introduce a care-navigation role to support case management and timely discharge. Using the CPA model all young people have a care coordinator who will remain in contact with them during their stay within a Tier 4 unit and integrate them back into local services when appropriate. LPS 2.12

Learning Disability, SEND and EHC - this priority was incorporated into Thriving Kirklees from April 2017. The learning disability nursing services have been incorporated into the mainstream CAMHS service from the end of June 2017. LPS 2.13 and 2.14

Theme 4 Accountability and Transparency - our commissioning processes are now embedded into the strategic governance, oversight and long-term transformation plan delivery. With this in mind we do not propose to repeatedly update the following local priorities: 18 (4.1), 19 (4.2), 20 (4.3), 21 (4.4) and 22 (4.5). This will be addressed by an informing narrative in our October 2017 transformation plan refresh.

2 Key outcomes and achievements

2.1 Following submission of the last progress report NHS England asked for future reports to include more detail on the outcomes and impact of work across all of our 49 priority areas. It is too early to determine outcomes and impact against all priorities because 37 of them are reliant on new developments under Thriving Kirklees. Any priorities not covered in this report will be updated in future progress reports and considered in the October 2017 Transformation Plan Refresh.

This progress report summarises activities against relevant priority areas addressed during Quarter 1, covering April to June 2017.

2.2 A Child's Journey - CAMHS and Emotional Wellbeing Services in Kirklees

As described in previous progress updates the report entitled "A Child's Journey" provided independent views of emotional health and wellbeing and Child and Adolescent Mental Health Services in Kirklees.

In May 2017 the Safeguarding Children Board formally agreed an action plan which will evidence scrutiny and strategic challenge which reinforces many of the local Transformation Plan priorities.

The report has now been published on the [Kirklees Safeguarding Children Board website](#). The report has also been shared with the local parent group and Thriving Kirklees to consider responses as part of continuing implementation.

While the report provided detailed feedback it was difficult to separate some of the concerns between the CAMHS Tiers. However, through Thriving Kirklees relationships between ChEWS and Specialist CAMHS have strengthened to now offer a more seamless support experience. This is seen as beginning to develop concepts of a tierless service.

Increased joint working is in place and tasks such as duty cover are now co-located across services. This will also include Locala in the near future.

ChEWS continue to work in a child-centred way using a social model to support children and young people's emotional and mental health. The majority of support continues to be provided in the child's community where they have choice and control over where and when appointments take place. Other therapeutic appointments are offered on evenings and weekends to facilitate parental involvement.

Specific pathways are being reviewed and developed to ensure these are more streamlined and accessed in the same way and to avoid confusion through a single point of contact.

The CAMHS school pilot has demonstrated positive outcomes including developing early intervention and prevention support opportunities. These will be built upon as part of Thriving Kirklees, strengthening relationships between education services, schools as community hubs and all CAMHS provisions.

The reduction in Tier 3 waiting times has resulted in their clients being seen sooner. The service now has a duty member of staff located in the ASK CAMHS and ChEWS service taking calls from parents or professionals where there may be increased risk. This helps prevent people being passed from one service to another and people are receiving the right support in a timelier manner.

Safeguarding

The Thriving Kirklees mobilisation plan recognises the importance of setting up robust safeguarding processes. Safeguarding supervision has been established in Locala, with a recruitment model for new supervisors being in place in by July 2017 across all Thriving Kirklees teams.

Further work is being developed on data collected to inform the design around Safeguarding Hub models to report on data beyond the key performance indicators required by Kirklees Safeguarding Children Board. The long-term aim is for the Safeguarding Hub to reduce the complexity of calls handled by the duty role in the Single Point of Access and remodelling of the new Single Point of Contact.

2.4 Local Provisions

2.4.a Single Point of Access - From the 1st April 2017, the Single Point of Access, ASK CAMHS, was amalgamated into the Thriving Kirklees Healthy Child Programme.

Ongoing work to develop a new Single Point of Contact (SPoC) and revised ASK CAMHS

will be incorporated into Thriving Kirklees from October 2017. This change will influence progressive transformation approaches working towards reducing waiting times. Providing a single front door triage approach, will aim to directed service users to relevant and suitable support from the outset.

This provision which will begin to support achievement of a tier free model and respond to Local Priorities 5 (2.1), 6 (2.2), 2 (1.2), 5 (2.1), 10 (2.6) and 11 (2.7).

Work is underway to reduce waiting times within Specialist CAMHS provision. Additional funds have been allocated to the Autism Spectrum Disorder provision to provide additional clinics for a 12-month period and reduce the existing backlog. Trajectory decreases are explained in sections 1.5, 2.4.e and Appendix C of this report.

The Thriving Kirklees mobilisation plan reports risks and mitigations around delivering the proposed model of a 24/7 Locala Single Point of Contact (SPoC). This will act as the front door access point for onward referrals including to the existing ASK CAMHS Single Point of Access at Northorpe Hall Child and Family Trust.

The original implementation plan was for the SPoC to be in place by 1st August 2017. However risks were identified of 'not getting the new model right' for the August go live date and commissioners agreed to a revised 'go live' date of the 2nd October 2017.

Existing ASK CAMHS referral pathways continue to ensure there is no impact for anyone contacting and referring into CAMHS. Implementation of the new model to the new go live date is shown as a risk in Appendix C of this report.

This delayed start will allow for:

- Discussions about available physical space for Locala's 24/7 Single Point of Contact to be negotiated with the council.
- Provision of council feedback on a business case produced by Locala.
- Adaptations to existing telephone call IT handling systems which ensure efficient onward referrals to relevant pathways.

During Q1 ASK CAMHS received 837 support requests. 665 of these requests were received by telephone; this was an increase of 64 calls compared to the same period in 2016/2017. 36.2% of calls were from a parent or carer and 24% from GP Practices.

57.6% of the new support requests were for children and young people aged between 11 and 19 years.

Of these, after gathering further information, 100 were escalated to Specialist CAMHS at referral stage. 34 were accepted into Specialist CAMHS with 41 being de-escalated to ChEWS.

- 53 were routine escalations of which 15 were for ADHD assessments.
- 32 were urgent escalations.
- There were no crisis escalations during this period.

724 telephone assessments were completed during this quarter with an average waiting time of 30.4 days between the support request date and telephone assessment. Support decisions were made for 243 of these referrals. Primary presenting issues included behavioural, low mood, anxiety and family relationships.

The ASK CAMHS duty team has now extended their opening hours to now offer

support between 8am to 8pm Monday to Friday and 10am to 2pm Saturday and Sunday. This helps ensure quicker responses to telephone assessments and enhances previous limited access to out of hours support and advice.

2.4.b Tier 2 CAMHS Children's Emotional Wellbeing Service (ChEWS) - From the 1st April 2017, ChEWS was incorporated into the new Thriving Kirklees model.

Average weekly waiting times for the last week of March 2017 were reported as being 16.9 weeks. However calculated as a monthly average a truer reflection means the average waiting time for March 2017 was actually 20 weeks. At the end of this quarter average waiting times had reduced to 18.6 weeks, with 194 children and young people on a waiting list.

Of the 281 referrals who had their first appointment in this quarter, 21 had their first appointments within 10 weeks. Based on case closures during this quarter the length of interventions slightly increased from 9.9 weeks to 10.7 weeks.

Decreases of waiting times and associated risks have been outlined in section 1.5 and Appendix C of this report in response to Local Priority 6 (2.2).

During this quarter, ChEWS provided new support to 786 children and young people through:

- One-to-one counselling (312)
- Direct support with a Senior Practitioner (128)
- Direct support with an Emotional Health Worker (106)
- Focused Group Work (14)
- Preventive Group Work (226).

2,035 hours of one-to-one support and 224 hours of group work were delivered during this quarter.

Service user feedback from 227 young people gave an average score for the service of 9.2 out of 10, and 168 parents or carers gave the service an average score of 8.8 out of 10. 57 professionals gave the service a score of 8.1 out of 10.

2.4.c Vulnerable Children's Service

The Vulnerable Children's Service offers a discrete provision supporting the most vulnerable children and young people. This includes Looked after Children, those at risk of child sexual exploitation and young offenders. The starting point for this model is an advice, support and consultation model with the team carrying a small caseload. Consultation advice and support is also provided to social workers and foster carers.

During this quarter 3 young people received on to one direct support from ChEWS. The Child Psychotherapist within Specialist CAMHS carried out 25 consultations, 9 children were seen face to face, and they also worked with 21 carers. 38 people attended Psychologist consultations for the Emotional Well Being Clinic, and 6 for Specialist CAMHS.

The average waiting time for an intervention from the Tier 2 provision at the end of March 2017 was 3.9 weeks and 4 weeks for Specialist CAMHS. The service responds to Local Priorities 2.14 and 13 (3.1).

2.4.d Kirklees School Link Pilot

The Kirklees school link pilot involving seven schools ended on 31 March 2017. More schools will be involved through Thriving Kirklees with additional support being provided by a new CAMHS-education link worker who will work towards improving connections between schools and CAMHS provisions. Local Priority 2 (1.2)

The schools pilot did not involve parents and only selected staff in the small number of schools. Future Thriving Kirklees priorities will include lifelong learning for parents.

Colleagues within Locala have received maximising independence training. This training will be progressively developed across the Thriving Kirklees partnership.

Engagement and briefings has taken place with the 4 Kirklees colleges to identify key CAMHS staff and identify further support needs. Letters are being sent to all educational provisions asking them to identify their named CAMHS contacts.

The school links approach responds to Local Priority 2 (1.2) and overlapping priorities 1.5, 6 (2.2), 8 (2.4), 9 (2.5), 14 (3.2) and 27 (5.3). This approach also overlay the Kirklees schools as community hubs programme which supports achievements for Local Priority 3 (1.3) and 1.5.

2.4.e Autism Spectrum Disorder (ASD) Assessments

Commissioners have agreed a waiting time trajectory to reduce Autism Spectrum Disorder assessments to 12 months by August 2018. Performance data will oversee this target. Once the waiting list backlog is addressed a review will revisit expected waiting times. This responds to Local Priority 6. The waiting times trajectory is included as a risk in Appendix C.

Recruitment to key roles in specialist CAMHS is proving difficult. To mitigate this agency staff is currently being used, however this could impact on clearing the waiting list backlog within 12 months. Work is ongoing to develop a business case around Invest to Save approaches for Autism Spectrum Conditions and therapies.

2.4.f Tier 3 CAMHS and ASD assessments

From the 1st April 2017, Tier 3 CAMHS was incorporated into Thriving Kirklees and responds to Local Priority 6.

During this quarter Specialist CAMHS have experienced an increase in referrals averaging at around 116 per month, compared to February 2017 when it involved 80 referrals a month. Inappropriate referrals remain low at an average of 8 a month compared to 16 inappropriate referrals in February 2017.

Average waits to first contact with the CAMHS team was 47 days in June, compared to 22 days in the last report. However this figure does not take account of those who bypassed a choice assessment and went directly to treatment so not all will be assessments. As this increase in waiting times is against the current trajectory and trend over the last 12 months, commissioners will be undertaking an in depth review with providers to investigate further.

The average wait from referral to treatment for generic CAMHS for those starting treatment between April and June was 85 days. There were 19 young people waiting

for treatment in generic CAMHS at the end of June 2017.

However, there were 350 young people waiting for ASD assessment at the end of June with an average current wait of 432 days.

In total 484 young people were waiting for treatment across generic CAMHS: at the end of June.

2.4.g Development of Kirklees Schools as Community Hubs Programme

The continuing development of Schools as Community Hubs (SaCHs) is a systems leadership approach and responds to the Department for Education Strategy 2015 - 2020: world-class education about care principles. The Councils Target Operating Model (TOM) also underpins development of this programme and supports responses to Local Priority 3 (1.3) 1.5 and the school link pilot systems 8 (2.4).

At the last audit within the 8 hub partnerships, 154 schools were in committed partnerships. 21 schools are agreeing details of their membership before joining a hub leaving 6 schools yet to engage in the programme.

In June 2017, forty-eight partner representatives from Kirklees Council, School Hub Leaders, Thriving Kirklees and other services, came together to agree 8 geographical areas. These closely reflect the emerging Community Hubs boundaries and enable clear coterminous area working in Kirklees which closely align with the developing Thriving Kirklees programme.

Five SaCHs commissioners have been elected and now represent all SaCHs at the Integrated Commissioning Group meetings. These are covered in sections 1.3 and 1.4 of this report.

All schools within the Hub are now networked on Secure Office 365. Locala and Kirklees Neighbourhood Housing are early adopters and will join the network through a data sharing agreement. Information Governance leads are being identified, Hub Privacy Impact assessment will further inform the prototype and approach will be rolled out by the SaCHs programme over the next 12 – 18 months. All Hubs will be able to work as local secure data sharing networks.

Several schools have agreed to try out the management of 15 Children's Centre buildings to offer a sustainable, vibrant and accessible community resource.

2.4.h Pupil Premium

The Vulnerable Children's Team supports Looked after Children; however the emotional health and therapy support they offer is not available through that team to the wider CAMHS services.

With this in mind extra funding through a Pupil Premium+ Pilot Project has enabled delivery of 188 hours of support to an additional 43 children and young people by Northorpe Hall Child and Family Trust. The service offered various interventions to ensure prioritisation into service and quicker longer term support for Looked after Children.

Under the Thriving Kirklees Healthy Child Programme the service continues providing specified numbers of additional counselling and therapy sessions to agreed waiting

times for Looked after Children in 2017/18 from additional Pupil Premium funding.

2.5 Workforce development

The following summarises workforce development and community training during this quarter. These support activities looking to expand, develop and improve delivery including responding to several Local Priorities including: 2 (1.2), 3 (1.3), 1.8, 1.9, 1.10, 6 (2.2), 8 (2.4), 9 (2.5), 27 (5.3) and 28 (5.4).

It is essential a workforce strategy forms part of our integrated commissioning arrangements covering staff groups across our priority areas. Development and implementation of the workforce is a longer term priority which needs wider support through governance for all services including strategic senior leadership. Workforce development priorities are to be revised in the October 2017 refresh to take account of changes since the original Transformation Plan was published.

A Thriving Kirklees learning and development lead has been appointed to work towards meeting the training needs across the Thriving Kirklees partnership. *LPS 9 (2.5), 5.5 and 5.6.*

2.5.a Thriving Kirklees

The Thriving Kirklees mobilisation plan reports that ten Integrated Locality Teams are now in place, each having a 0 - 19 Team Leader managing a skill mix team of '0 - 19 practitioners' – which continue to be developed.

The Team Leaders and the Learning and Development Lead have been appointed and joint Health Visitor and School Nurse processes including supervision are being developed and embedded into their roles.

Consultations around weekend working are progressing well. Key points noted for the mobilisation are to review working patterns in 6 – 12 months to establish effectiveness and responsiveness to demand.

Joint processes around case reviews and supervision are being developed with Northorpe Hall.

New ways of working and cultural changes on focused approaches are already being seen within services. However a large scale piece of strategic work still needs initiating to identify how the partnership workforce can become more integrated to support delivery more effectively.

2.5.b Schools and Colleges - For the last two years Kirklees schools have been given free membership by the local authority to access PSHE curriculum resources published by The PSHE Association. During this quarter the council has funded continuing membership for all schools until June 2018. This responds to Local priority 1.8.

In May 2017, fourteen Primary, Junior, Middle and High schools successfully completed an award with The PSHE Association to become Charter Schools for PSHE. The awards recognised their commitment to developing PSHE programmes that prepare students future opportunities and responsibilities of life. These schools will act as local PSHE champions and beacon schools of good practice around PHSE programmes of study.

Thriving Kirklees have been commissioned to provide "wellbeing check ins" in Years 6,

8 and 11, which will be implemented as the contract progresses.

A web based conversational presentation is being developed to provide information, signposting and self-help strategies aimed at all year 6 pupils (or year 5 where there is a middle school) with a focus on promoting emotional health, wellbeing and emotional resilience. There are plans to roll this out to years 8 and 11 and colleges in subsequent years with specific age-appropriate content. This also supports responses to Local priority 1.8.

2.5.c Tier 2 CAMHS (ChEWS)

During Q1, the service provided 458 hours of training and information support sessions in 8 schools to school staff, parents and carers on a range of topics including: self-harm, transition, risk and resilience, anxiety, sleep information, self-esteem and managing emotions.

Group work has included delivery of preventive work on transition and exam anxiety to students in nine secondary and primary schools.

The service also facilitates a Children's Emotional Wellbeing Network (ChEWN) which takes place four times a year. The network is open to anyone in Kirklees working to improve children and young people's emotional wellbeing. The network aims to bring professionals and parents together to share information about what they are doing, what works and identify future improvement opportunities.

2.5.d Dialectical Behaviour Therapy (DBT)

The specialist CAMHS provider has successfully completed the pilot DBT (Dialectical Behaviour Therapy) skills training group sessions for adolescents and parents. The pilot involved a number of selected middle to late teen adolescent service users.

There was 100% attendance at each session and feedback from parents and young people was very positive. Feedback is being collated during Quarter 2 and will be presented to commissioners as an evaluation report.

Next step proposals are to deliver a similar group with the Tier 2 ChEWS provider at Northorpe Hall in conjunction with their staff and develop their skills to be able to offer more groups to young people in the future.

This approach responds to Local Priority 9 (2.5) and overlapping Local Priorities 2 (1.2) and 8 (2.4).

2.5.e Community – Northorpe Hall Children and Family Trust deliver a series of training sessions for any adult, including parents, carers and professionals. As part of the Thriving Kirklees partnership their website is currently being updated with future training dates awaiting confirmation for basic introductory sessions on, Understanding Self-Harm, Introduction to Anxiety, Child and Adolescent Mental Health Risk and Resilience and Sleep and Sleep Cycles. The training is promoted on their [service website](#).

2.5.f New technology

Kirklees Transformation Plan Local Priorities 1.9 and 1.10 look to develop interventions

which allow children, young people and families to access more innovative approaches through the use of social media. These look to enable users to improve their own mental health and wellbeing and over time will support responses for Local Priority 6 and also help towards reducing inappropriate referrals and waiting times.

Thriving Kirklees have a Facebook and Twitter account for Local Health Services and Children's Emotional Wellbeing Services (ChEWS). As the partnership matures these will be incorporated in a Thriving Kirklees account, whilst maintaining separate accounts for alternate contracts.

Work is underway with Youth Services to address wider health and wellbeing. This includes creating a Thriving Kirklees website resource to potentially include online access to services, live chat and online resources including YouTube videos. Following engagement with young people YouTube has been identified as young people's preferred method of social media communication.

Brain in Hand – is an assistive cloud-based solution. The app is designed to help adults and young people diagnosis with autism, or have traits of Autism without a diagnosis. The app can also support those with neurodevelopmental disorders, common mental health problems, learning disabilities or acquired brain injury.

The Brain in Hand app enables users to access detailed personalised support when and where they need it from a mobile phone. The aim is to build user confidence to do more things independently, opening up new horizons in daily life, education and work.

The app is based on well-established therapeutic principles such as CBT, solution focussed therapy, and recovery based rehabilitation allowing the learning from these approaches to be turned into a set of patient centred strategies.

Ten students from Kirklees College are to be selected to participate in a pilot programme when the college resumes from the summer holidays in September 2017. College Staff have received initial training during this quarter in readiness for September.

The September start date enables the college to select new students who will be with them for at least twelve months. Students will be chosen from those with an ability to use the mobile app and meet the eligibility criteria requirements which will help prepare their transition into adulthood.

The young adult's pilot is being delivered in conjunction with a parallel adult's pilot commenced in April 2017. Bi-monthly data reports and evaluation will be provided to commissioners as both of the pilot's progress.

SilverCloud.

SilverCloud is an online programme mainly at Low Intensity. It consists of a range of modules which are recommended dependent on a person's needs. A Long term conditions module has also been added.

SilverCloud is available to anyone who has been referred to our IAPT services, as they need to have a link clinician who makes regular contact with them to discuss their progress.

CCGs are working with SilverCloud to ensure the modules offer appropriate content

and are re-created with children's reading ages in mind and are appropriate for CAMHS provisions to work on with children and young people.

The additional funding from NHS England supplemented contributions from adult services budget to maximise the benefit and enable the purchase of 500 licences. Confirmation of revised modules is awaited, whereupon a delivery programme will be implemented and promoted through Thriving Kirklees, the Kirklees Local Offer and various partnership communication approaches.

Commissioners are considering how SilverCloud can also be used with people who are waiting for treatment. Evidence has shown that the programme reduces episodes and offers opportunities for early preparatory work, which should help waiting list initiatives. Reducing the need to contact a CAMHS provision and early engagement at a suitable level of need should over time support delivery of Local Priority 6. Evaluation of overall effectiveness will take place over the next 9 months.

3 Crisis Home Treatment

Over the past 12 months we have been focusing on further developing and integrating our crisis response, and home treatment provision to bring it in line with Core 24. It is fair to say progress has been made in relation to this, including having a well-established crisis team that are able to provide some aspects of home treatment and support. However we need to further develop provision including:

- Working with new care models to develop what is referred to as Tier 3.5 provision in Kirklees.
- Further developing the all age psychiatric liaison provision across our acute footprint.
- Working regionally across Kirklees, Calderdale, Barnsley and Wakefield to where appropriate provide regional solutions and provision.

Local Crisis Model – Pump prime funding and increased awareness has enabled the provision of a local crisis model. The lead provider South West Yorkshire NHS Foundation Trust consistently meets the standards to ensure assessments within 4 hours. The psychiatric liaison service supports over 16-year olds attending at accident and emergency out of hours. LPS 12 (2.8).

Core 24 - Development work is still required to provide a regional basis across acute footprints and collaborative approaches. A liaison provision was in place by May 2016. The psychiatric liaison service supports over 16-year olds attending at local accident and emergency out of hours. LPS 29 (2.9).

Home treatment - Although we have an established Crisis and Home Treatment provision, we need to further strengthen our focus and approach to reduce Tier 4 admissions. This year has seen an increase in admissions so need to focus on activity of the provision. This is now part of the West Yorkshire STP collaborative. Developing new models of care to prevent admission to Tier 4 and facilitate timely discharge LPS 2.10.

Assertive Outreach - Incorporated into Thriving Kirklees from April 2017. Specialist CAMHS has an intensive home based team working with clients to keep them in the

community and not into hospital LPS 3.7

4 Eating Disorder Service

The multi-disciplinary Regional Eating Disorder service continues to deliver support across Kirklees, Calderdale, Wakefield and Barnsley. The service works as a team as a hub and spoke model for children and young people with a suspected eating disorder.

All teams have successfully recruited to posts and have a clinical pathway lead nurse. Staff from across the service are attending the NHS England all team eating disorder training which commenced in May 2017.

The service has submitted required data for all Quarters of 2016/17. Automated reporting submissions against national access standards for urgent and routine cases to Clinical Commissioning Groups continue against agreed key performance reporting needs.

A service Eating Disorder Pathway review and consultation process ended in June 2017. This included the newly developed GP and Paediatric protocols developed in partnership with GP and Paediatric representatives.

The operational and clinical service wide leads and Wakefield clinical nurse lead took part in Quality Network for Community CAMHS (QNCC), Eating Disorder Peer Reviews during March. They will share their learning to further develop the service.

The service is completing a service user evaluation, collating information gathered from their Experience of Service Questionnaire (ESQ). Questionnaires have been sent to over 100 families across the hub and spoke; analysis will take place in August 2017.

During Quarter 1 referrals for NHS North Kirklees Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group catchment areas included completion of 7 urgent pathways. This includes emergency, urgent and serious referrals) with 1 case ongoing. The service also completed 12 routine pathways with 2 cases ongoing.

Commissioners and provider representatives from Barnsley, Wakefield, Calderdale and Kirklees met in May 2017 to agree Community Eating Disorder Pathways, these will be presented for sign off by Quarter 2.

The service delivery has been extended by 2 years to enable continuance for the next 2 years and enable a competitive tender process to take place. Provision of this service responds to Local Priority 7 (2.3).

5 Partnership working

Following the first forum in March 2017 a second Thriving Kirklees event took place in June 2017. This included progress updates and workshops to identify integrated working opportunities, increase volunteer recruitment, engagement with hard to reach communities and co-production approaches between providers, third sector groups and communities across Kirklees.

A strategy and communications plan is being developed to respond to concerns raised by GPs.

Development of communication approaches continue and include preparing information for the new 24/7 Single Point of Contact. This will respond to the Overview and Scrutiny action plan outlined in section 1.4.

The first meeting of the Calderdale, Kirklees, Wakefield and Barnsley Transforming Care Partnership Children and Young People Workstream took place in June 2017. The role of the workstream is to provide support, resource and leadership in the overall delivery of the Transforming Care Partnership Plan. This covers children and young people aged from 0 – 25 who have a primary diagnosis of Learning Disability, Autism or both. This workstream has direct relationships with delivery of Local Transformation Plan Priorities.

6 Areas of most challenge in implementation

Two of the three areas identified in the appendices of the Quarter 4 2016/17 report risk have been removed:

Local priority 3 (1.3) linked to 1 (1.1) and 5 (2.1) - related to establishing an emotional health and well-being provision with educational settings. The continuing CAMHS schools pilot within Thriving Kirklees and schools as community hubs are felt to be working towards consolidating an appropriate response to these priorities.

Local priority 17 (3.5) and 13 (3.1) – related to responding to the Kirklees Safeguarding Children Board action plan. The action plan offers longer term strategic challenge which will respond to these priorities.

Appendix C of this report identifies continuing risks for Local Priority 6 (2.2) and 4.8 and new challenges for priorities 5 (2.1), 6 (2.2), 10 (2.6), 11 (2.7) and 22 (4.5), 23 (4.6), 25 (5.1) and 26 (5.2). The document includes challenges and mitigating actions to support continuing delivery of our Transformation Plan.

7 Brief overview of spend and activity

The spending profile for both Clinical Commissioning Groups is detailed in the Finance Assurance Template submitted with this document.

As stated in previous progress reports, funding relating to Thriving Kirklees is contractually bound for the next 5 years through a Section 75 agreement which was finalised in April 2016. This concludes Local Priority 4.8 but associated risks are included in Appendix C.

Budget planning will continue to be reviewed by the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board. It has been raised with NHS England; however it is worth noting that the lack of any formal budget allocation letter from the central team informing CCGs of their allocations for 2017/2018 is less than helpful given the current financial pressures across the system.

Submitted by

Tom Brailsford

Head of Children's Joint Commissioning and CAMHS Transformation Lead Officer
27 July 2017

**Integrated Commissioning Group
Children and Families Wellbeing
Monday 15 May 2017 at 1:30pm
Room A, Ground Floor Civic Centre 3**

Present:

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
Clare Mulgan	Head of Stronger Families Programme, Kirklees Council
Mandy Cameron	Specialist Learning Support, Kirklees Council
Alan Laurie	Commissioning Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Karen Poole	Head of Children’s Commissioning and Continuing Care, North Kirklees CCG
Alison Millbourn	Health Improvement Practitioner (HIPA), Public Health, Kirklees Council
Clair Ashurst-Bagshaw	Public Health Manager, Kirklees Council
Julie Walker	Operations Development Manager, Kirklees Council
Carol Lancaster	
Tracy Bodle	Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council
Chris Porter	Health Development Officer, Commissioning and Health Partnerships, Kirklees Council
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council

Apologies:

Kathryn Loftus	Head of Change (EIP), Commissioning, Public Health and Adult Social Care, Kirklees Council
Merlin Joseph	Improvement Director - Family Support & Child Protection, Family Support and Child Protection, Kirklees Council
Helen Severns	Head of Transformation, North Kirklees CCG
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Anne Coyle	Service Director - Family Support & Child Protection, Family Support and Child Protection, Kirklees Council

CHILDREN AND FAMILIES WELLBEING		Action
1.	<p>Apologies received, minutes of last meeting and matters arising:- Clair Ashurst-Bagshaw was welcomed to the group. Clair has been appointed Public Health manager for Kirklees Council.</p> <p>Notes from the last meeting were agreed no matters arising. (13.3.17)</p>	
2.	<p>KJSA – Vulnerable Children Needs Assessment, Scope & Overview – Chris Porter</p> <p>This document is still in development in a draft form. Following on from the last meeting Chris and Mandy worked together to produce the SEND document (included with agenda). Mandy will forward to Chris a diagram showing where disabilities meet special needs by Richard Reiser, a leading advocate for inclusive education, to be included in the document.</p>	Mandy Cameron

	<p>Next Steps: Chris will pull together all the JSA children's information relevant to this ICG in a Children's Commissioning Digest. This will be an important document to drive the group forward.</p>	Chris Porter
3.	<p>Strategic Update:- Healthy Child Programme – Tom Brailsford Clair is now in post and HCP is one of the contracts she will be looking at. The HCP went live on 1st April. Bi-weekly meetings are still taking place. At present all positive.</p> <p>Transformation Plan – Tom Brailsford Alan has completed NHS England annual review return which includes 49 priorities. The transformation plan may oversee priorities in this group and feed to HWB, making the transformation plan group redundant.</p> <p>ACTION: Alan to send out return submitted to NHS England 28.1.17 - attached</p> <p>School Hubs – Tracy Bodle</p> <ul style="list-style-type: none"> • At the last community hub network meeting 5 reps were appointed to attend future integrated commissioning group meetings; 3 reps from the South hubs and 2 for the North Kirklees hubs. • 2 members from the ICG will continue to attend the hub network meetings on a bi-monthly basis. Graham and Tracy will help in getting consistency between North and South hubs. • Basic activity audit is being carried out across the hubs. • We are piloting an approach for EHWP with the hubs using NHS England money identified last year; Graham is working with them to produce a proposal which will be brought to the ICG. • 4 hubs have volunteered to take part in an in depth asset mapping project. • Tracy will discuss with Chris inclusion of information from the hubs in Children Needs Assessment. <p>Workforce Development – Phil Longworth There is a challenge to who has got this agenda; needs to be someone looking at growing workforce not just training.</p> <p>ACTION: Phil to escalate to COG.</p>	<p>Alan Laurie ✓</p> <p>Phil Longworth</p>
4.	<p>Ofsted Improvement Plan – Kathryn Loftus was unable to attend meeting to give update. Tom informed the group that Leeds Council will be working as improvement partners until Secretary of State says otherwise.</p>	
5.	<p>Safeguarding and updating commissioning strategies report – Tom Brailsford A formal reminder had been received from Sarah Carlisle to be mindful of adult and children safeguarding. Adult safeguarding policy is being republished soon.</p>	
6	<p>Action for Children Contract – Carol Lancaster The current contract with Action for Children is 1.1 million which covers staff and premises; 950k on staff the rest on premises. This is a rolling contract on a 3 month basis. The group discussed how it might consider review of this contract. A draft of the model will be completed by end of May to go to appropriate board and take back to Action for Children in June. Carol had brought to ICG because part of her job includes implementing early help for families.</p> <p>ACTION: Cabinet paper put on next agenda of appropriate board. Log fact if</p>	Carol Lancaster

	commission comes here report it to relevant board.	
7.	YOT Board – Tom Brailsford Tom brought paper to group for information and to keep in view.	
8.	Current Services and Spend Alan is waiting for input; he is having discussions with Carl Sheard, senior finance officer. This is a massive task and needs a plan how best to map. ACTION: Tom and Alan will discuss how best to map.	Tom Brailsford/ Alan Laurie
9.	Any Other Business	
(a)	<u>Post 16 and post 19 provision moving forward</u> – Mandy Cameron Upper age limit varies and depends on which group. The age limit for SEND is now 25; this is the first year starting post 19. IPSEA (Independent Parental Special Education Advice) is arguing that provision post 19 can be deemed as education outcome, including such things as personal care, therefore putting a statutory obligation on the LEA to keep EHC (Educational Health and Care) plans in place. ACTION: Mandy to seek clarity and bring back to group.	Mandy Cameron
(b)	Karen Poole – The person appointed to commissioned post from PCT to train staff, looking at competencies including transport, is on long term sick. There is someone available who needs to be based somewhere else e.g. Locala but fully funded by council.	
(c)	Karen Poole – “Better Births” is a national programme to improve the outcomes of maternity services in England. This is in its very early stages; Yorkshire and Humberside are to provide workers. Carol McKenna is the SRO (senior responsible officer).	
(d)	The format of the meetings is evolving to include Ann Coyle Service Director – children protection and family support and representatives from the school hubs. With this in mind Tom suggests we need to reset dates and differing venues from June onwards, as a number of people won’t be able to make the existing Monday afternoon slot. Tom thinks we need bigger spaces and to move around venues and schools to have differing environments and to see different parts of the system.	
(e)	What do we mean by <i>Early Intervention</i> ? – include as an agenda item.	
(f)	12 June there is a half day learning summit led by Jacqui Gedman.	
	Date of next meeting: Tuesday, 20 June 2017, 10:00 to 12:00 Luck Lane Primary building, Royds Hall Community School	

**Integrated Commissioning Group
Children and Families Wellbeing
Tuesday, 20 June 2017, 10:00-12:00
Luck Lane Primary Building, Royds Hall Community School**

Present:

Tom Brailsford (Chair)	Head of Joint Commissioning- Children, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
Clare Mulgan	Head of Stronger Families Programme, Kirklees Council
Mandy Cameron	Deputy Assistant Director – Learning and Skills, Kirklees Council
Helen Severns	Head of Transformation, North Kirklees CCG
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children’s Trust Management, Kirklees Council
Karen Poole	Head of Children’s Commissioning and Continuing Care, North Kirklees CCG
Alison Millbourn	Health Improvement Practitioner (HIPA), Public Health, Kirklees Council
Julie Walker	Operations Development Manager, Kirklees Council
Tracy Bodle	Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council
Melanie Williams	Hub Leader (South) – Royds Hall Community School – Aspire Hub
Jackie Wood	Hub Leader (South) – Denby Dale First and Nursery School – Shelly Hub
Kathy Coates-Mohammed	Hub Leader (North) – Pentland I & N School – Thrive Hub
Mandy Williamson	Hub Leader (North) – Field Lane J I & N School – BBEST Hub
Donald Cumming	Hub Leader (South) – Holmfirth High School – Holmfirth Family Hub
Val Glazzard (Notes)	Business Support, Commissioning and Health Partnerships, Kirklees Council

Apologies:

Kathryn Loftus	Head of Change (EIP), Commissioning, Public Health and Adult Social Care, Kirklees Council
Carol Lancaster	Head of Programme – Schools as Community Hubs, Kirklees Council
Anne Coyle	Service Director - Family Support & Child Protection, Kirklees Council

CHILDREN AND FAMILIES WELLBEING		Action
1.	<p>Apologies received, minutes of last meeting and matters arising: New members from the school hubs were welcomed to the group and introductions made. Thanks to Mel for accommodating the meeting at Royds Hall Community School.</p> <p>Matters arising from last meeting (15.5.17) <u>Item 2 – KJSA Vulnerable Children Needs Assessment, Scope & Overview</u> A finding from the recent Ofsted inspection was a requirement for a detailed assessment of the needs of vulnerable children in Kirklees. Chris Porter is working on pulling together all the JSA children’s information to give a ‘one view’ for children in Kirklees. Tom will meet with Chris this week and update at next meeting on 1st August.</p> <p>Item 6 – Action for Children Contract Starting point is to look at the budget. It was suggested a template used for Children’s Trust may be useful. Deloitte may look at this contract as part of their work on commissioning. School hubs could be used as a framework for monitoring; need to get the balance right so information is not interrogated unnecessarily. Mandy and Tracy are working on this.</p>	Tom Brailsford

	<p>Item 7 – YOT Board No more information at this time. Will keep an eye on resources and ensure Kirklees gets a fair share.</p> <p>AOB (a) Post 16 and post 19 provision moving forward - Take off agenda, Mandy will keep an eye on this.</p> <p>(b) Nursing advisor who has been on sick leave will return to work in August.</p> <p>The notes of the last meeting were agreed.</p>	
2.	<p>Strategic Update:-</p> <p>Ofsted Improvement Plan – In Kathryn’s absence Tom gave an update. No formal response as yet from the Government. Our commissioner Eleanor Brazil is doing an interim report ready to give to the appropriate person. We are moving ahead with Leeds as an approved partner in practice. When Gill Ellis retires at the end of June it is expected that Steve Walker, Leeds Director of Children’s Services, will take over DCS responsibilities in Kirklees holding the role with both authorities. The Improvement Plan has 27/28 recommendations. Improvement Board will make sure these are embedded not just green rated. Updates will be brought here to the Children and Families Wellbeing ICG.</p> <p>Healthy Child Programme – Tom Brailsford The programme is now well into mobilisation. Going well but now starting to hit transformation problems in a few areas e.g. communication. Joint CSG primary care - negative feedback from some GPs.</p> <p>Agreed trajectory for Autism now 3 year waiting list will be cleared in 12 months; 296 cases to be cleared this year, budget £450k. HCP ties in better than the previous Socrates provision, getting right support from wider programme. Generally acknowledged that schools do well. Woodleigh is ASD specialist school for the most complex cases. Other schools deal with ASD, regionally commissioning partnership approach for the most severe cases.</p> <p>CAMHS waiting time down to 10 weeks, some as little as 28 days. Tier 2 needs remodelling. Single point of access has helped reduce referrals to specialist CAMHS but impacted on Tier 2 waiting times. Financial modelling 2 years ago 13-15 now 17-21 a month, diagnostic rate 60/70%. Providers look at what is going on not just backlog. This group is important touch point for updates and to share points of view.</p> <p>Tom and Alan Laurie are working on NHS England Transformation Plan refresh which has to be completed by the end of October 2017 there are 49 points to be addressed, some of these will be tied in together.</p> <p>Transformation plan quarterly report was distributed with last minutes, please let Tom know if there are any queries.</p> <p>School Hubs – Tracy Bodle/Hub Leaders Leaders from the school hubs described the process they had gone through preparing their specification proposals for NHS England monies. Head teachers had been very supportive in providing information. Consultation had taken place not only with schools but also the wider community. It is important that the process is sustainable – needs to be carried forward. There had been a shift and it was important to embrace this. More organised as having support, talking to more</p>	

	<p>people, unravelling blocks from the past, there was an openness to share ideas. Operational level needs the same approach of schools and families being heard. Hubs provided a touchstone for seeing people on the front line to give them support even if not seen by GPs. Schools are in contact with children and families on a daily basis unlike GPs and other health professionals. Good relationships with Health Visitors assist with early prevention.</p> <p>Other points raised:-</p> <ul style="list-style-type: none"> • Early Years found it helpful working with hubs. • It is a platform for providers to have better relationships with schools. • Equity allocation of funding hubs opportunity for Sport England lottery money; as a collective can make application as a whole. • More systematic, Office 365 – hubs talk/share/store via data share agreement. KNH and Locala agreed to come into system. Liquid logic partners are able to access it. <p>The next Hub Leaders Network meeting is on 29 June. Daniel Voyce from IT, who has children and families under his portfolio, will be at the meeting to answer queries.</p> <p>Children and Young Persons Plan – Phil Longworth Discussions have been taking place over last few months Jacqui Gedman has arranged a Partnership Engagement Event at the Stadium on 21 June.</p> <p>Phil and Tom are to write new plan, the starting point will link to the Council's 7 overarching priorities. There will be a clearer link down to planning in this group; will crystalize and get feedback.</p>	
3.	<p>Specification for NHS EHWB monies – School Hub Leaders Representatives from both North and South Kirklees gave a presentation of their specifications for the NHS England monies.</p> <p>South Kirklees Objectives were to link language and speech with behaviour and create a systematic way of dealing with communication. Some of the points discussed:-</p> <ul style="list-style-type: none"> • Hubs work with families – early intervention. • Thrive model – language around attachment, how a child feels. • Address deficit of people coming into profession at all levels. • Work within all schools in South Kirklees. • Monitor over 12 months – less referrals. • Track other issues – evaluate value after 12 months. • Cost implications of Thrive, is it the best option? • Train trainers then cascade. • How it links in so everything only done once. • Need for everyone in schools to use same language for training. <p>North Kirklees Investment in early intervention and prevention programmes for children at risk or experiencing mental health problems. Some of the points discussed:-</p> <ul style="list-style-type: none"> • Broad brief to deal with low level mental health issues. • Proposal available to 80 schools within North Kirklees • Problems identified by schools included; bullying, drugs and alcohol, 	

	<p>domestic violence and gangs.</p> <ul style="list-style-type: none"> • Buy in or internal trainer to deliver to wider school. • Ensure everyone speaks the same language. • Initial discussions with Place2Be, Thrive may be an alternative. • Use hubs as network, individuals can get support from each other. • Early Years and Locala support. • Up-skilling parents. • Monitor impacts. <p>Graham highlighted the fact that there was a £35k cap. TB to confirm invoicing details to lead schools.</p>	
4.	New Priority Plan – not discussed	
5.	<p>Early Intervention – all</p> <p>A group discussion took place about the meaning of early intervention. Some of the points raised:-</p> <ul style="list-style-type: none"> • There is a need for a common understanding within the group; formulate definition or broad discussion. • Schools' implement <i>real</i> early intervention, the Council step in last minute to stop crisis. • Good projects available for vulnerable children e.g. Physical Play and Happy Museums. • Social Services <i>Edge of Care</i> has blurred boundaries. Focus on keeping children safe, systems in place for safeguarding. • Community Hubs are a big opportunity for local partnership work e.g. children's centres. • Steve Walker's appointment seen as a positive move; Leeds is a child friendly city – all children get life they need – beyond services. • 12 June Learning Summit led by Jacqui Gedman. • Children and Young People's Plan – early intervention, look at Leeds Plan. • Clare mentioned targeted early help service model; 11 teams, 80+ key workers organising 4 areas. Intervention by key workers working with families with complex needs for up to 12 months. <p>In conclusion, it was agreed it would be useful to have a workshop to map where we are and identify gaps.</p>	
6.	<p>Transforming Care Partnerships – Children and Young People – Tom Brailsford</p> <p>Since Winterbourne the issue of learning disability residential placement became part of transforming care. The plan is to prevent learning disability admissions to hospitals and get back to Kirklees out of area placements. NHS England also applies criteria to over 18's; they are bringing out some information focussed on ASD out of area residential places. We need to have a plan with lead person (Tom will lead). How will plan be implemented?</p> <ul style="list-style-type: none"> • Keeping register of children • Bureaucracy around it – link with SEND process • Regional group – Tom will sit on this and keep in view, will bring back to this group • Mandy Cameron is the education representative. 	
	Any Other Business – not discussed	
	<p>Date of next meeting: Tuesday, 1 August 2017, 10:00 to 12:00 The Boardroom, Broad Lea House Dyson Wood Way, Bradley, Huddersfield HD2 1GZ</p>	

KIHCP Governance Meeting

13 June 2017

14:30 – 17:00

Civic Centre 3, Huddersfield

Action Minutes

Attendees: Helen Severns (Chair), Matthew Bardon, Alan Laurie, Tom Brailsford, Mohammed Sidat, Alison Milbourn, Emma Bownas, Ruth Aseervatham, Richard Palfreeman, Jane O’Donnell, Keith Henshall

Minutes: Matthew Bardon

1	<p>Implementation Overview</p> <p>RA & RP discussed the implementation update slides.</p> <p>Mobilisation - Operations group to be set up to support mobilisation structure. Thriving discussing the working group changes in line with the mobilisation plan.</p> <p>Action – Membership of working groups to be shared.</p> <p>Action – Clair Ashurst-Bagshaw (CAB) to be invited to join the operation group.</p> <p>SPA - Ask CAMHS to continue to until SPoC is up and running. Space limited in Council building to accommodate new staff. SPoC to manage/triage calls and live hand-off to SPA (Ask CAMHS) if appropriate.</p> <p>Action - detailed report of SPoC pathway to be shared for further discussion.</p> <p>Weekend hours 9am – 1pm agreed as a trial period to be evaluated. To be added into contract management and fed to governance.</p> <p>Workforce - Work underway with SaCH. Positive feedback from Schools on interactions with Thriving. Calderdale Framework being used with staff and enabling transformation.</p> <p>Action – Thriving to capture and feedback the impact of the use of the Calderdale Framework.</p> <p>ASC - Agreement for waiting time reduction to 12 months by Aug 18. Locala to manage relationships to ensure trajectories are met.</p> <p>NH and SWYT to continue to deliver data until Thriving data process in place.</p> <p>Safeguarding - RA and CAB to produce formal report on impact of Safeguarding process. Safeguarding Hub still in developing, with aim being to allow team to</p>	<p>MB RA</p> <p>RA</p> <p>RA</p>
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	<p>focus solely on issues freeing up wider workforce. Thriving working with partners to discuss rationalisation of the reporting processes. Thriving to continue to attend C4V.</p> <p>Action - specific details of issues with GP to be raised with EB.</p> <p>Healthy Start - Issue raised with vitamin availability which has been addressed.</p> <p>Sub-contracting - contracts to be signed no later than 1st Jul 2017.</p> <p>Risks</p> <p>NPP; to be looked at over the 5 years to reflect the support of the most at risk.</p> <p>Home-Start; recruitment now underway and supported by Thriving.</p> <p>Workforce; plan in place for transformation of workforce but Thriving mindful of unexpected changes to the workforce. Thriving exploring alternative employment routes to maintain workforce.</p>	RA
2	<p>Safeguarding processes Discussed as part of implementation update</p>	
3	<p>Vision screening</p> <p>Greater Huddersfield contract with CHFT was ended 31st Mar 2017. 5 schools still outstanding.</p> <p>Thriving propose 3 Options;</p> <ul style="list-style-type: none"> • CHFT commissioned to continue to deliver to the outstanding • All outstanding pupils are re-screened by the Thriving workforce to identify any issues • Thriving undertake targeted screen, as North Kirklees. <p>Board proposed to leave outstanding pupils till next school year to allow for engagement. Cohort of 246 to all be screened within school.</p> <p>Action - Thriving outline proposal to be shared with EB</p> <p>Action - Proposed recommendation to be taken to CCG for agreement.</p> <p>Current process for screening undertaken PHN trained by Ophthalmologist. Issues can be raised via parent, teacher, GP or HV/SN handover. HS believes the current process signed off.</p> <p>Action – Sign off for the current process to be confirmed in line with current guidance.</p> <p>Action - Once process agreed Thriving will outline and agree the impact to the wider workforce with the commissioner.</p>	RA EB HS TK/PFM

4	<p>Engagement and Co-Production; with focus on GP's</p> <p>Engagement events next week. Following events working group with GP will be arranged to look at what needs to occur going forward to build relationship.</p> <p>EB suggest using CCG GP newsletters to GP for communicating messages and address concerns.</p> <p>Action – information on TK changes to be emailed to Siobhan Jones (Siobhan.Jones@northkirkleescg.nhs.uk) for inclusion.</p> <p>Action – The full detail of the comms and engagement plan to be shared with the commissioner.</p>	TK TK
5	<p>AOB</p> <p>RP raised the issue of questions coming from many sources.</p> <p>Agreed MB will co-ordinate for commissioner, RP to be contact for Thriving.</p> <p>Action – all commissioner queries to be sent to MB, all Thriving Responses to include RP.</p>	ALL
Actions		
	<ul style="list-style-type: none"> • Membership of working groups to be shared. • Clair Ashurst-Bagshaw (CAB) to be invited to join the operation group. • Detailed report of SPoC pathway to be shared for further discussion. • Thriving to capture and feedback the impact of the use of the Calderdale Framework. • Specific details of issues with GP to be raised with EB. • Thriving outline proposal to be shared with EB. • Proposed recommendation to be taken to CCG for agreement. • Sign off for the current process to be confirmed in line with current guidance. • Once process agreed Thriving will outline and agree the impact to the wider workforce with the commissioner. • Information on TK changes to be emailed to Siobhan Jones (Siobhan.Jones@northkirkleescg.nhs.uk) for inclusion. • The full detail of the comms and engagement plan to be shared with the commissioner. • All commissioner queries to be sent to MB, all Thriving Responses to include RP. 	MB RA RA RA RA EB HS TK/PFM TK TK ALL

Date of Next Meeting – 31st August 2017 at 10:00 - 13:00, Civic Centre 3

CAMHS Transformation Plans – Issues and risks to delivery Q4 2016/17

NHS North Kirklees CCG and NHS Greater Huddersfield CCG.				
LPS Number	Description of Local Priority Scheme	Description of issue of risk to delivery of 2017/18 plan	Mitigating Actions	*Date expected to deliver
4.8	Have a single pooled budget for CAMHS provision across Kirklees <i>Overlaps with Theme 4 priorities</i>	Formal confirmation of actual budgets from NHS England for current financial year has not been confirmed. This restricts the long term strategic planning against any eventual budget allocation for this financial year.	E-Mail clarification request made to NHS England, awaiting confirmation response. Early year planning is based on assumption of standstill allocations.	Not known
6 (2.2) 5 (2.1) 10 (2.6) 11 (2.7) and 1.1, 1.2, 1.3, 2.1, and 2.2	Increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. <i>Overlaps with 1.2 and 2.7</i>	Implementation of Thriving Kirklees should see a new Single Point of Contact (SPoC) in place by October 2017, risk of SPoC not being in place by October 2017. Adaptations to meet combined national waiting times for ASD, Tiers 2 and 3 may not initially sufficiently reflect NHS England delivery expectations if assessed as a single component and trajectory targets are considered stretch targets against existing budgets and service capacity.	In event of non-implementation of SPoC, CAMHS referral pathways could continue under existing ASK CAMHS referral pathways. Waiting time trajectories have been agreed to begin working towards reducing waiting times for ASD, Tiers 2 and 3 CAMHS provisions. Independent waiting times reports will be submitted to commissioners independently to National dataset submissions to NHS England	Ongoing from October 2018
25 (5.1) 26 (5.2) 22 (4.5) 23 (4.6)	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17.	Additional staff have been identified for Wave 7 CYP IAPT which commence in early 2018. However applications nationally are oversubscribed, Non-allocation of any Kirklees nominations to Wave 7 will prevent effective progress in IAPT qualifications for CAMHS and other services.	Existing CAMHS services are engaging in a 'Light touch' CYP IAPT qualification. Work will continue to embed IAPT outcome measures into practice. The Calderdale and Kirklees IAPT Steering Group works together to progress this priority.	Ongoing from January 2018