

Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG, Scarborough and Ryedale CCG

Local Transformation Plan for Children and Young People's
Emotional and Mental Health 2015-2020
(October 2018 Refresh)*
Action Plan, Updated October 2018

 *Hambleton, Richmondshire and Whitby*  *Harrogate and Rural District*  *Scarborough and Ryedale*
Clinical Commissioning Group Clinical Commissioning Group Clinical Commissioning Group



Priority 1: Promoting resilience, prevention and early intervention

What we want to achieve	Outcomes	Update Oct 2018
Look after maternal mental health during and after pregnancy	Ensure timely access to IAPT therapies for mothers with mental illness	An interim health system pathway is in draft with the intention of an integrated pathway to be launched in Q4, 17/18.
	Integrated pathways across agencies including health, Health Visitors and primary care	In addition in 2016 NYCC commissioned a piece of research into the impact of poor maternal mental health in rural areas to inform and improve current practice and future commissioning. The outcomes of the Maternal Mental Health research were shared at a stakeholder workshop in April 2018. The key learning points across commissioning, prevention and treatment were shared with the NYY PNMH Group. Social Support was highlighted and in particular the benefit of peer support gaps will be considered when building the integrated PNMH pathway.
	Good awareness of peri-natal mental health	
		<p><u>Perinatal Mental Health Service</u></p> <ul style="list-style-type: none"> ✓ In Q1 18/19 the three North Yorkshire CCGs were successful in securing funding for perinatal mental health as part of a £23 million national scheme announced by NHS England on 8 May (wave 2). This money will enable enhanced specialist community mental health services for new and expectant mums within North Yorkshire. ✓ The bid includes the development of a single service to cover the large & diverse county of North Yorkshire & City of York (NY&Y) an area of over 3000 square miles and 7648 live births in 2016 using a multi-hub model with 4 hubs (Harrogate, York, Northallerton, Scarborough). ✓ The Service will be delivered by Tees Esk Wear Valley NHS Foundation Trust (TEWV) and funding flows have been agreed. TEWV are currently recruiting into post, and a Consultant Psychiatrist and Service Manager are already in place. ✓ National key performance indicators exist against the national service specification, and the Service will be monitored using an integrated commissioning approach, including a commissioning presence on TEWV's Mobilisation Group ✓ The role of the voluntary sector is key to the development of the service to ensure it builds on the local third sector services and systems already established. <p>Priority for 18/19</p> <ul style="list-style-type: none"> ✓ Embed the Perinatal Mental Health integrated pathway and service

<p>Workforce with the right training and support to identify potential difficulties and organise the right support</p>	<p>Early identification and offer of appropriate support</p> <hr/> <p>Confident workforce able to use screening tools</p> <hr/> <p>Support networks for those women with low levels of depression/other mental health problems</p>	<p>Early identification and the offer of appropriate support</p> <ul style="list-style-type: none"> ✓ The NY Health Visiting Service work with prevention services and midwifery to offer a range of groups for parents with low level depression and confidence. This is part of the universal service offer with the aim of improving confidence and mood and developing social networks and have contact with the HV team where they can discuss mental health issues. ✓ All parents across NY are offered ante-natal sessions (minimum of 3) by Midwifery, Prevention and the Health Visiting service. This is an early opportunity for parents to meet together to develop new networks of support. ✓ Child Health Clinics use a Weigh stay and play model usually offered jointly with Children’s Centre staff to encourage the development of support networks. ✓ In Hambleton a postnatal support group offer called ‘baby and me’ is available jointly delivered by prevention and the HV team. Wider rollout is being considered dependent on resources. ✓ Parents may also be signposted to parenting groups. ✓ Younger parents (under 25), are offered a weekly Children’s Centre Group with prevention services and Health Visitor input. This is offered in both the ante-natal and postnatal period. ✓ For those identified at risk or with an identified mental health problem Mums in Mind is offered in Harrogate as a joint approach with input from mental health professionals. <p>Workforce Training:</p> <ul style="list-style-type: none"> ✓ An additional £25,000 has been provided to HDFT (18/19 & 19/20) to train 10 Perinatal and Infant Mental Health (Champions) staff. This training will then cascade the training to Health Visiting staff and Prevention Team staff. ✓ The training will develop key skills in assessment, care and referral for peri-natal mental health concerns with mothers and detection of infant mental health and attachment issues. Refresher training will be provided annually in parallel with the successful breastfeeding training model.
<p>Enhance parenting programmes</p>	<p>Good quality parenting programmes help strengthen family attachment, and improve</p>	<p>The North Yorkshire Parenting Strategy 2016-19 aligns with Future in Mind and outlines ‘the provision of support for parents who have children with emotional and wellbeing concerns’ as a priority.</p>

	behaviour	<p>https://www.northyorks.gov.uk/sites/default/files/fileroot/About%20the%20council/Strategies%2C%20plans%20and%20policies/Parenting_strategy.pdf</p> <p>This includes monitoring the number of parents reporting increasing confidence with their parenting skills 6 months after attending courses delivered by the NYCC prevention services. (KPI from North Yorkshire parenting strategy)</p> <p>A key action for the next year is to audit the antenatal parenting programmes to ensure mental health is embedded.</p>
<p>There will be dedicated mental health teams aligned to all school clusters, a named mental health lead in each school and a named mental health worker for each GP surgery</p>	<p>Staff will be supported through training and advice to recognise and respond to pupils with difficulties (advice/get help)</p> <p>Resilience training and co-ordination of the resilience framework will be delivered</p> <p>Pupils will be supported through interventions either individually or with groups and feel able to cope (advice/get help)</p> <p>Potential referrals to CAMHS or other specialist services will be assessed to reduce unnecessary and premature referrals (get more help)</p>	<p>School Mental Health and Wellbeing Project – Compass BUZZ & BUZZ US</p> <p>In 2016 Compass BUZZ were awarded the contract to deliver the North Yorkshire School Mental Health and Wellbeing Project. This innovative project works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns. The project went live in April 2017 and was launched in schools in September 2017. All schools across North Yorkshire (393) have been offered the following Compass BUZZ training:</p> <ul style="list-style-type: none">  'Level 1' Prevention and Promotion  'Level 2' Early Identification of Need  'Level 3' Early help & Intervention <p>Key Outcomes of the programme are included below:</p> <p>Training</p> <ul style="list-style-type: none"> ✓ 352 schools (90%) across NY have received the Compass BUZZ Level 1 training ✓ 8070 staff across NY had been trained in total ✓ 57 schools (15%) across NY have received the Compass BUZZ Level 2 training and 159 staff had been trained.

	<p>More children and young people are referred to appropriate support for their needs</p>	<ul style="list-style-type: none"> ✓ 33 schools (8%) across NY have received the Compass BUZZ Level 3 training and 92 staff had been trained. ✓ All Preventions Teams and Healthy Child Teams across North Yorkshire have been offered Compass BUZZ training and the majority of teams have taken up this offer. <p>Requests for Support From September 2017 to the end of September 2018 Compass BUZZ have received a total of 283 Requests for Support. Q2 18/19 data illustrates key outcomes achieved:</p> <ul style="list-style-type: none"> ✓ Achieving Goals - 87% of young people receiving support from Compass BUZZ achieved some or all their goals ✓ Increased Wellbeing - 100% of young people who attended co-facilitated one-to-one sessions reported increased wellbeing. ✓ Increased Knowledge - 100% of young people who attended a co-facilitated one-to-one session reported increased knowledge. ✓ Increased Resilience - 90% of young people who attended a co-facilitated one-to-one session reported increased resilience. ✓ Satisfaction with the service - 100% of young people who attended a co-facilitated one-to-one session reported satisfaction with the service.
	<p>GPs and surgery staff have direct access to advice regarding individual patients</p>	<p>Emotional Health and Wellbeing Offer Leaflets for GPs and Professionals – in Q1 18/19 the delivery group launched locality leaflets (example embedded below) outlining the EHWB service offer to GPs and other professionals to assist with appropriate referrals. This is in response to feedback from GPs who have said that they feel unclear about the services that are available. The leaflets have been shared through a number of forums including delivery at Safeguarding Master classes reaching 60 local managers as well as GP training events. The information has also been shared in CCG GP newsletters and on CCG and NYCC webpages.</p> <div style="text-align: center;">  <p>72190 HARRIPON District EWB Offer.pdf</p> </div> <p>In addition, Compass BUZZ have made contact with all GP surgeries in NY to make them aware of the Compass BUZZ programme and a number of GP surgeries have requested that Compass BUZZ deliver an information session at the surgery.</p>

	Reduction in numbers of unnecessary or premature referrals to CAMHS	A collaborative approach across key partners is key to ensuring that CAMHS receive appropriate referrals. The Single Point of Access (SPA) provide feedback to referrers and professionals who refer into service to ensure that YP get the appropriate support.
	More children and young people are referred to appropriate support for their needs	To improve integrated pathways a workshop has been arranged in Q3 18/19 between key stakeholders (CAMHS, Healthy Child Programme, Prevention, Compass and GPs) to discuss the current pathways and identify any areas of strength and areas for development. Priority 18/19 ✓ Improve integrated pathways
Single point of access to multi-disciplinary hub (Customer Resolution Centre in North Yorkshire)	<p>CAMHS worker located in Local Authority children's services contact centres to offer advice and contribute to multi-disciplinary assessments:</p> <ul style="list-style-type: none"> • Liaison between children's services and CAMHS • ensure children and young people receive the appropriate support for their needs • fewer referrals into CAMHS fewer unnecessary or premature referrals into CAMHS • vulnerable children (such as looked after children) receive effective and timely support 	<p>North Yorkshire CAMHS have a Single Point of Access (SPoA) which accepts self-referrals from young people and parents as well as referrals from professionals. The SPoA works closely with the NYCC Multi Agency Screening Team (MAST) and this became even more embedded as the SPoA moved from a virtual access point to a hub in Northallerton and a spoke in Scarborough and Harrogate.</p> <ul style="list-style-type: none"> • Referrals are accepted from GPs, health, social care and educational professionals, early intervention and prevention workers, voluntary sector workers, parents and young people (self-referral in line with CYP-IAPT principles). • Referrals can be made via telephone or email with guidance and a referral form available. • Consultation offered to professionals which supports children and young people getting access to the most appropriate service and support professionals to develop skills and confidence • All referrals receive multi-disciplinary triage and a standard approach to the access to service assessment

<p>Support for Children and young people to access self-help and advice online</p>	<p>Secondary school age young people are able to access good quality online advice and support</p>	<p>BUZZ US Digital Innovation</p> <p>The October 2017 LTP refresh made a commitment to increase the use of digital technology through the launch of Chat Health (a new instant messaging service now named 'BUZZ US').</p> <ul style="list-style-type: none"> ✓ 'BUZZ US' was launched on 25th January 2018. It is a confidential texting service for young people across North Yorkshire ✓ By texting the free service young people (aged 11-18 years) can receive confidential advice, support and signposting from a wellbeing worker within one day via text. The service is open Monday – Thursday 9am-5pm and Friday 9am-4.30pm (excluding Bank Holidays). ✓ The service continues to be exceptionally well used by young people across North Yorkshire, as can be seen by the figures below: ✓ 3784 messages have been received since the launch of the service in January 2018 ✓ 4894 messages have been sent since the launch of the service in January 2018 <p>The GUNY 2016 survey, illustrated: -46% of primary and 35% of secondary pupils responded that they have found school lessons about emotional health and wellbeing (SEAL) 'quite' or 'very' useful,</p>
<p>Building academic resilience – schools will implement The Academic Resilience Framework as a whole school approach</p>	<p>Children will build skills and resilience</p> <p>Families and carers will feel included and empowered to support their children</p> <p>Teaching staff will feel more confident and competent to deal with disruptive and challenging behaviour</p>	<p>Academic Resilience Training</p> <ul style="list-style-type: none"> ✓ The academic resilience approach (cohort 1) was initially piloted in partnership with the Esk Valley TSA and evaluated by the University of York. The evaluation has shown an increase in the resilience levels within the pupils and the case studies from the schools show the positive impact of a whole school approach. The cohort 1 schools are continuing to meet and use the academic resilience approach to focus on identified areas of: engaging with parents and families, transition, high aspirations and pupil voice. ✓ Academic resilience approach (cohort 2) - following the success of this project, NYCC were successful in submitting a funding application to the North Yorkshire Coast Opportunity partnership board to widen up the academic resilience project (cohort 2) to schools in the locality and to build on the wider work with partners including Compass BUZZ. Cohort two schools are presently being recruited with approximately 20 schools initially being targeted for a September 2018 start. Cohort 3 and 4 schools have been identified and a project timeframe has been agreed starting from October 2018. The project is overseen by a

		<p>partnership steering group.</p> <p>Back on Track The North Yorkshire Back on Track project provides therapeutic support for 53 children identified as having SEMH needs but no mental health disorder. The project is aimed at building the capacity of mainstream schools to meet the SEMH needs of children, reduce exclusions and increase attendance through integrated multi-disciplinary support.</p> <p>Youth Mental Health First Aid (YMHFA) YMHFA training has been delivered to staff within mainstream secondary schools across North Yorkshire.</p>
Schools will adopt evidence based frameworks to support children and young people with SEMH	Families and carers will feel included and empowered to support their children	<p>Thrive</p> <ul style="list-style-type: none"> ✓ The Thrive Network is now established and has been embedded within 24 schools across North Yorkshire to support early identification of SEMH needs and provide early intervention within school. A survey was sent out to all participating schools for information which is in the process of being collated and developed into an evaluation. The evaluation report for this project is still in development. In addition, SEMH intervention guidance for schools has been developed.
	Teaching staff will feel more confident and competent to deal with SEMH	<p>Compass BUZZ</p> <p>The Compass BUZZ school project works with the whole school workforce and other key partners to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns. To date 8070 staff across NY had been trained in total.</p>
The Life Coach model will be extended to	Increased access for children and staff to a mental health resource	The No Wrong Door (NWD) approach has embedded the Life Coach roles in the NWD hubs. This leads to increased engagement between young people and health professionals – leading to a greater identification of mental health and well-being needs.

vulnerable groups not ready to engage	Reduced the stigma associated with accessing mental health support	<p>Delivering the anti-stigma campaign continues to be a key priority of the emotional Health and wellbeing delivery group.</p> <p>A key element of the Compass BUZZ training is based around reducing stigma associated with accessing mental health support.</p>
Strong inter-agency pathways to hold children and young people	Clear care and referral pathways across all agencies	<p>NYCC have a Multi-Agency Screening Team which has a common referral across the Healthy Child Programme, Prevention services and Children’s services. The NY TEWV CAMHS team has a regular dial in session to the team to support multi-agency decision making in relation to appropriate service support to families</p> <p>The SEMH Cross Service Implementation plan includes the review of integrated care pathways for vulnerable CYP – Youth Justice, attachment, challenging behaviour & transition (21). This will take place in 18/19.</p> <p>Self-Harm Pathway - the Emotional Health and Wellbeing Delivery Group have worked in partnership with the NYCC suicide prevention group to refresh the self-harm pathway. The draft pathway was shared with partners for consultation in Q1 18/19 to consult on structure and content and in Q2 the results were analysed in. A parent group has also been initiated to begin co-production of parent support information and the pathway is currently being finalised ready for launch.</p>
Leadership in Crisis Care work	<p>Children and young people in crisis will receive high quality care and support:</p> <ul style="list-style-type: none"> • response from qualified professionals • access to safe and supported crisis accommodation (whether at home, in hospital or S136) 	<p><u>New Models of Care/T4 Pilot - Crisis Support and Intensive Home Treatment</u></p> <p>In 2016 TEWV were appointed by NHSE to be a New Models of Care Pilot scheme which enables secondary mental health providers to take responsibility for tertiary commissioning budgets. As part of the pilot scheme TEWV has committed funding to establish a Crisis and Intensive Home Treatment Service for North Yorkshire and York. The aim of this service is to reduce wherever possible the dependence on Tier 4 beds by delivering more in the community and closer to home.</p> <p>The service is in operation across the region and an update on each locality is detailed below:</p> <ul style="list-style-type: none"> - Scarborough & Whitby – a 10am- 10pm service is in operation 7 days a week. - Hambleton and Richmondshire – A 24/7 service is in operation, provided from the Tees base

	<ul style="list-style-type: none"> high quality step down support from T4 	<ul style="list-style-type: none"> Harrogate and Rural District –a 10am-10pm service is in operation 7 days a week. York – a 10am-10pm service is in operation 7 days a week. TEWV are working towards a 24/7 service across all localities. An example leaflet is embedded below: <div style="text-align: center;">  <p>Harrogate Crisis leaflet.doc</p> </div> <p>Priority 18/19</p> <p>✓ Work towards a 24/7 Crisis service across all of NY</p> <p><u>Crisis Support and Intensive Home Treatment Service Referrals</u></p> <p>The table below illustrates the number of referrals into the Crisis and IHT service in Q3, Q4 17/18 and Q1 18/19. It is expected that referrals will increase throughout the first 18 months of the service and then most likely slow, plateau or even decrease as the service gets established (particularly face to face contacts).</p> <table border="1" data-bbox="846 786 1982 965"> <thead> <tr> <th>Locality</th> <th>Number of Referrals Q3 17/18</th> <th>Number of Referrals Q4 17/18</th> <th>Number of Referrals Q1 18/19</th> </tr> </thead> <tbody> <tr> <td>North Yorkshire</td> <td>229</td> <td>258</td> <td>242</td> </tr> <tr> <td>York</td> <td>136</td> <td>139</td> <td>205</td> </tr> </tbody> </table> <p>In addition, the Trust is beginning to monitor the 4 hour response for the Crisis and IHT service. Initial data shows that all young people requiring crisis assessment were seen within the 4 hour target.</p>	Locality	Number of Referrals Q3 17/18	Number of Referrals Q4 17/18	Number of Referrals Q1 18/19	North Yorkshire	229	258	242	York	136	139	205
Locality	Number of Referrals Q3 17/18	Number of Referrals Q4 17/18	Number of Referrals Q1 18/19											
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Priority 2: Improving Access to effective support – a system without tiers

What we want to achieve	Outcomes	Update Oct 2018
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<p>The locality continues to be part of and benefit from the IAPT collaborative</p>	<p>IAPT principles and activity will inform treatment of children and young people and transform service provision</p>	<p>IAPT principles and practice are embedded in all specialised services for children and young people across NY. TEWV staff in localities have received the following training: <u>Scarborough</u> - 1 Incredible Years, 2 EEBP, 1 Supervisor <u>Harrogate</u> - 1 Incredible Years, 2 CBT, 1 Systemic Practice, 1 Supervisor, 1 Supervisor (completing training), 3 Leadership (2 in service wide posts) <u>Northallerton</u> - 1 Incredible Years, 2 Leadership (1 completing training), 1 Systemic Practice, 2 CBT <u>York and Selby</u> - 2 systemic trained staff – 1 trained whilst in our service and 1 trained in their previous job, 1 CBT, 5 Transformational Leaders, 3 clinical supervisor training courses attended, 2 CBT trainees due to finish in November, 1 EEBP trainee, 2 clinical supervisor training courses</p> <p>TEWV have also commenced the CWP programme this year and currently have 6 practitioners in the service. TEWV are keen to look at the wider services joining with CYPS IAPT.</p> <p>In Oct 2018 an IAPT Support and Challenge Meeting (NY &Y) was held. It was agreed at this group that a North Yorkshire and York Children’s and Young People Emotional Mental Health (NYY CYP EMH) Workforce Development Group would be established where the group could implement the 5 key principles (participation, accountability, accessibility, evidence based practice and awareness). More details of this group are outlined in the Workforce section of this action plan.</p>
<p>Support for backfill and equipment funding to release staff</p>	<p>Service provision continues whilst staff are released for study</p> <p>Staff are able to study effectively</p>	<p>In 18/19 TEWV has applications for 2 CBT anxiety and depression therapist, 1 systemic family practice for eating disorder therapist, 2 transformational leaders and a CBT Supervisor training place. Attendance will be dependent on backfill support. It is also hoped that TEWV will be successful with its application to participate in CYP Well Being Practitioner Wave 2 cohort .</p>
<p>Set up a monitoring and supervisory group for IAPT, comprising Commissioners from the partner</p>	<p>IAPT is effectively monitored and is able to demonstrate improvements in care for children and young people</p>	<p>This will be incorporated into regular monthly commissioning/provider meetings. In addition in Oct 2018 an IAPT Support and Challenge Meeting (NY &Y) was held. It was agreed at this group that a North Yorkshire and York Children’s and Young People Emotional Mental Health (NYY CYP EMH) Workforce Development Group would be established where the group could implement the 5 key principles (participation, accountability, accessibility, evidence based practice and awareness). More details of this group are outlined in the Workforce section of this action plan.</p>

organisations and providers		
Collaborative working with Local authorities on directory of services	Children and young people and their families will have high quality and up to date signposting to services and support across statutory agencies ad voluntary sector	<p>Work continues to take place in North Yorkshire to ensure the directory of services is up to date.</p> <p>In addition NYCC host a webpage called CYPs info, which holds information for early years, schools and children's services professionals in North Yorkshire. This site is written and managed by the Children and Young People's Service within North Yorkshire County Council. This includes a section on SEMH.</p> <p>CCG webpages also hold information on children and young people's services commissioned across NY.</p> <p>https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/children-and-young-people http://www.scarboroughryedaleccg.nhs.uk/your-health/children-and-young-people/ http://www.harrogateandruraldistrictccg.nhs.uk/reports-and-publications/transformation-plan-for-children-and-young-peoplere-emotional-and-mental-health-2015-2020/</p>
CAMHS waiting Lists <i>Priority added oct 17</i>	Reduced CAMHS waiting lists so that children and young people access services in a more timely way.	<p>In 2016 CAMHS services received some one off additional funding from NHSE to reduce waiting lists. This money was used to provide group support to Children and young people who are waiting for a CAMHS assessment as well as group training for children and young people with low end depression and anxiety to help reduce waiting times for treatment and release clinician times for more complex cases.</p> <p>A number of other actions have been taken to address waiting times.</p> <ul style="list-style-type: none"> - There has been a review of the Single Point of Access approach and CAMHS moved towards a dedicated cell with a hub and spoke approach in all Localities. This will support further engagement with the Multi-Agency Screening Team (MAST) in North Yorkshire County Council. - TEWV offers self-referrals and all referrals are offered a telephone assessment within 24 hours on receipt of referral. The Service is now promoting electronic referrals which also include sign posting information. - The Service held an RPIW which looked at a range of group programmes across the Locality; this now supports quicker access to those groups where appropriate.

<p>Equality and equity are embedded in all specifications and commissioning activity</p>	<p>All children and young people have equity of access to high quality support and care</p> <p>Protected groups receive the support and care they need</p>	<p>This is embedded in all CCG service specifications.</p>
<p>Collaborative commissioning <i>Priority added Oct 2017</i></p>	<p>Include joint place based plans (between CCGs and specialised commissioning)</p>	<p>CCG and NHSE have collaborative commissioning plan in place to support seamless services for children and young people. The plan outlines actions and interventions that support the development of a local integrated pathway for CYP requiring beds that include plans to support, admission prevention and support appropriate and safe discharge.</p> <p>West Yorkshire STP is a Wave 2 New Care Model (NCM) site for CAMHS T4 and as such we have a shared system ambition and plan for the region with regard to crisis and intensive home treatment services. The aim of the West Yorkshire NCM is to develop streamlined pathways across the region for community intensive services both to reduce the need for, and the length of, an inpatient stay, and/or as an alternative, ensuring CYP are cared for in WY and do not need to travel out of area unnecessarily.</p> <p><u>Development of Integrated Pathways– Children and Young People’s Services</u></p> <p>In Q1, discussions continued between North Yorkshire County Council (NYCC) and CCGs to develop a shared ambition for joint commissioning of children and young people services across North Yorkshire. Regular Systems Leaders Meetings continue to take place to help move this work forward.</p> <p>The Children and Young People’s commissioning team have worked closely with NYCC to carry out a review of autism services in North Yorkshire through stakeholder workshops and customer journey mapping exercises in 2018. Stakeholder Autism workshops have been held to discuss referrals and services for autism and to start discussions on the development of a integrated pathways between CCGs and NYCC.</p> <p>Updates are outlined below:</p>

		<ul style="list-style-type: none"> ✓ Waiting times for autism assessments continue to be closely monitored and we are working closely with providers and partners to ensure children’s needs are met whilst waiting for an autism assessment. ✓ One of the key finding which came out of the workshops was the need to have a clearer understanding across health, education and social services about which services are available for CYP with autism and how these are accessed. A flyer is in the process of being developed which will assist primary care in signposting CYP & their families to the right service and outlining the service offer. ✓ A Customer Journey project took place in May 2018 and the recent feedback will influence the next steps. Key messages from the Customer Journey feedback are outlined below: <ul style="list-style-type: none"> ○ Improving the information offer to families who are beginning to feel that their child might be ‘different’, or who feel they need help with some aspect of their child’s life. ○ Improving the information offer at the post-diagnosis stage. ○ Understanding why there is a delay in accessing various services, for instance diagnosis. Our customer journey work has shown that once someone gets a service they are happy with it, but getting the service is painful and there is a lot of delay. ○ Considering differences in geographic responsibility – the initial pathway mapping took place in the east of the county. The offers might be different in other parts of North Yorkshire, so a decision is needed on where to focus effort. ○ A need to reconsider how schools might be better prepared and supported to respond positively to families whose children display autistic traits. ○ An ambition to have services set up for need, not for autism diagnosis. ○ A need to ensure we are meeting the needs of the Autism Act and to understand where it touches children’s services, and what the implications are. ○ The adult diagnostic contract is going out to procurement – is there an opportunity to influence what is required of the provider in the new contract? ○ What are the training needs in our workforce, both those who provide medical or social care support to people who have autism, and those who work in frontline roles who will come into contact with them? ○ How might services manage the increasing demand on them for support for autism?
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<p><i>Priority added Oct 2018</i></p>	<p>Work towards the national access and waiting times for eating disorders services.</p>	<p>A Task and Finish group has been established across NY and York to continue to improve the outcomes of the service. Key outcomes of this group are outlined below:</p> <ul style="list-style-type: none"> ✓ TEWV have established a committee to ensure the accuracy of CEDS data. ✓ A meeting has been organised with TEWV, GP leads and Commissioners to gain clarity on the processes for monitoring & management of physical/medical functioning of CYP in the CED service. ✓ CEDs Focus Groups have taken place in August 2018 with children, young people and parents/carers. Feedback is currently being collated and will be reviewed in the Task and Finish Group. ✓ TEWV are planning to undertake an internal CED service evaluation. ✓ A Parents Programme has been developed in York. This is a 6 week psycho education programmes. Feedback on the programme will be shared at the Task and Finish Group and if successful roll out across NY will be considered in the future. ✓ TEWV are not signed up to national quality programme but are undertaking an internal benchmarking exercise against the national quality programme standards. ✓ Conversations are underway between TEWV and Compass BUZZ to consider how they might deliver some awareness raising sessions to parents and carers. <p>Eating Disorders Waiting Times Trajectories for 18/19</p> <table border="1" data-bbox="846 874 1615 1284"> <thead> <tr> <th>CCG</th> <th>2018/19 target Waiting Times for routine referrals (4wks)</th> <th>2018/19 target Waiting Times for urgent referrals (1wk)</th> </tr> </thead> <tbody> <tr> <td>HRW</td> <td>33.3% target</td> <td>Q1,2 = 0% target Q3,4 = 100% target</td> </tr> <tr> <td>HaRD</td> <td>25% target</td> <td>Q1,2,3 = 50% target Q4 = 100% target</td> </tr> <tr> <td>SR</td> <td>Q1/2 = 0% Q3 = 50% Q4 = 33%</td> <td>Q1,2,3 = 0% Q4 = 100%</td> </tr> </tbody> </table> <p>Priority 18/19 Continue to work towards achieving the national access and waiting times for the enhanced eating disorder service</p>	CCG	2018/19 target Waiting Times for routine referrals (4wks)	2018/19 target Waiting Times for urgent referrals (1wk)	HRW	33.3% target	Q1,2 = 0% target Q3,4 = 100% target	HaRD	25% target	Q1,2,3 = 50% target Q4 = 100% target	SR	Q1/2 = 0% Q3 = 50% Q4 = 33%	Q1,2,3 = 0% Q4 = 100%
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	<p>Implement national standards for early intervention into psychosis (EIP)</p>	<p>Early Intervention Psychosis (EIP)</p> <p>The national standards for early intervention into psychosis were implemented in April 2016. The *standard is monitored monthly against a 50% target. Latest data from TEWV (Aug 2018) illustrates that Hambleton, Richmondshire and Whitby and Harrogate and Rural District CCG are meeting the 50% target.</p> <p>Scarborough and Ryedale CCG have not achieved the target and the providers have taken action to address this. The team are expected to achieve the target by the end of September 2018.</p> <p>TEWV are planning a trust wide event to look at the EIP pathway with a focus on the implementation of standards of care in EIP pathway for 14-18 year olds.</p> <p>*Standard requires that any person aged 14 and over experiencing their first episode of psychosis to commence treatment within two weeks of referral.</p> <p>Priority 18/19</p> <p>✓ Continue to implement national standards for early intervention into psychosis (EIP)</p>																
	<p>Continue to increase access to high quality evidence based mental health care – by April 2019 at least 32% of children with a diagnosable condition will be able to access evidence-based services (national standard)</p>	<p>In 17/18 all 3 NY CCGs exceeded the national target of increasing access to high quality evidence based mental health care by 30%. CCGs are on track to achieve the targets set for 18/19 (32%)</p> <p>Improve Access Rates to CYPMH (EH9)</p> <table border="1" data-bbox="846 943 1787 1145"> <thead> <tr> <th>CCG</th> <th>Trajectories 17/18</th> <th>Actual 17/18</th> <th>Trajectories 18/19</th> </tr> </thead> <tbody> <tr> <td>HRW</td> <td>30%</td> <td>35.7%</td> <td>32.6% target</td> </tr> <tr> <td>HaRD</td> <td>30%</td> <td>30.4%</td> <td>32% target</td> </tr> <tr> <td>SR</td> <td>30%</td> <td>37.3%</td> <td>32.1%</td> </tr> </tbody> </table> <p>Source: NHSE</p> <p>Data for this outcome is currently flowing well through CAMJS providers TEWV. Commissioners are working with Compass BUZZ to establish systems to ensure that their data can flow through the MHSDS. In Q1 18/19 Compass BUZZ were able to submit data via a one off data pull by NHS Digital and in October 2018 NHS Digital and NHSE Yorkshire and Humber have planned to provide some</p>	CCG	Trajectories 17/18	Actual 17/18	Trajectories 18/19	HRW	30%	35.7%	32.6% target	HaRD	30%	30.4%	32% target	SR	30%	37.3%	32.1%
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SR	30%	37.3%	32.1%															

		<p>support to Compass BUZZ to help them begin to regularly flow data.</p> <p>Priority for 18/19</p> <ul style="list-style-type: none"> ✓ Continue to increase access to high quality evidence based mental health care – by April 2019 at least 32% of children with a diagnosable condition will be able to access evidence-based services (national standard)
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Priority 3: Care for the most Vulnerable

What we want to achieve	Outcomes	Update Oct 18
<p>Priority added Oct 2017</p> <p>Identify and prioritise vulnerable groups</p>	<p>Children and young people recognised as vulnerable, will be identified and prioritised.</p>	<p>NYCC has invested in and expanded the No Wrong Door approach to supporting vulnerable young people who are within or on the edge of the care system. This has been extended to children and young people with SEMH needs, offering therapeutic support to help access education</p> <p>In North Yorkshire there are two hubs: one in Scarborough to serve the east of the county, whilst one in Harrogate serves the west. Each hub has a dedicated team which includes:</p> <ul style="list-style-type: none"> • A life coach who is a clinical psychologist; • A speech therapist; • Two community foster families who work out of the hub and are part of the professional team; and • Community supported lodging places for 16 and 17-year-olds, again staffed by people who are specially trained and are part of the professional team. <p>http://www.northyorks.gov.uk/article/33274/About-No-Wrong-Door</p> <p>LGBT delivery partnership group has CAMHS and Compass Buzz representatives and LGBT champions have been identified in both services.</p> <p>Growing Up in North Yorkshire survey 2018 has been completed by schools. The county and district data is due December / January 2019 which will be widely shared amongst partners and continues</p>

		<p>to identify vulnerable groups.</p> <p><u>Health & Justice</u></p> <p>NHS England 's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as <i>Secure Stairs</i> and 2) establishing collaborative commissioning networks. The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community F:CAMHS) across Yorkshire and the Humber.</p> <p>One of the key objectives of these three work programmes includes identifying and addressing <i>gaps in mental health provision</i> for children and young people held within, and transitioning into or out of, the CYPSE either on youth justice or welfare grounds, Child Sexual Assault Assessment Services (CSAAS) and Liaison and Diversion services across Yorkshire and the Humber. Another objective involves focussing on those children and young people whose mental health needs may not meet <i>traditional service thresholds</i>, but for whom the aggregated impact of multiple health and social issues presents not only an immediate risk, but also one which may escalate to the point of crisis if left unaddressed.</p> <p>We are working with providers and partners to ensure that commissioning for the most vulnerable involves supporting those CYP who are transitioning out of Secure Children Homes back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition. See below for the details of 2 successful bids to support this work.</p> <p>Youth Justice Services Psychologically Informed Practice – Clinical Psychologist Post</p> <p>Funding has been agreed from NHSE to support a 2-year project, embedding a Clinical Psychologist in front-line Youth Justice Service teams (covering NYCC and CYC). These teams have a combined annual caseload of over 500 young people, most of whom are multiply-disadvantaged and likely to have trauma, abuse or neglect experiences. The specialist post will work closely with young people,</p>
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		<p>families and professionals to ensure that care assessments, plans and service activity are informed by continuing psychological formulation. This individualised understanding of need may lead to bespoke psychological assessment and direct intervention work, including Life Coaching, or the Clinical Psychologist may provide training, supervision and support to other workers, enhancing their practice.</p> <p>Youth Justice Services Speech and Language and Communication Needs (SLCN) Therapist Post Funding has also been agreed from NHSE to embed a SLCN Therapist within NYCC and CYC Youth Justice. This role will include training and advising the multi-disciplinary team, and also providing direct clinical services for young people. This focused, specialist model will enable decisively important interventions at key points in the child’s journey, for example influencing judicial sentencing or re-integration to education.</p> <p>Priority 18/19 <input checked="" type="checkbox"/> Embed integrated care pathways for vulnerable children and young people (for example Youth Justice, attachment, challenging behaviour & transition)</p> <p><u>TEWV CAMHS</u> North Yorkshire CAMHS identify and prioritise vulnerable groups. Referrals are made to other specialist services regarding children and young people in different circumstances where appropriate and Vulnerable Exploited Missing Trafficked (VEMT) protocols and guidance are followed.</p> <p>There is also a dedicated CAMHS Looked After Children (LAC) Specialist Consultation and Assessment Service. CAMHS offer support to local youth justice team as part of CCG statutory duties outlined in the Crime and Disorder Act. NY CAMHS also recruit volunteers who have been service users to be involved in support programmes in a way that suits the young person’s skills and experience. A CAMHS worker is located within Youth Offending Service (NY&YCAMHS).</p> <p>The jointly funded Child Sexual Assault Assessment Service is based at York Hospital and provides a service for CYP 0-16 who have disclosed sexual abuse or assault or where it is suspected it may have happened. Young People must be referred by a Social Worker or the police. Older young people can choose to be seen at the adult Sexual Assault Referral Centre, if it is believed it is more appropriate to meet their needs. Onward referral can be made to both ISVAs and counselling services as</p>
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		<p>appropriate</p> <p><u>Compass BUZZ</u> Compass BUZZ continue to identify and prioritise vulnerable groups and have in place established referral routes to VEMT (Vulnerable, Exploited, Missing, Trafficked) and SARC (Sexually Assault Referral Centre).</p> <p><u>NHS Provider services</u> – since the health needs of children at risk or victims of CSE, and adults who were victims as children, are many and varied, there is not one single access pathway to services. Access is dependent on the presenting issue(s) and assessment. However, some services will have a specific role in responding to these health needs. For example: CSAAC, SCOT, IAPT, CAMHS, Adult mental health services, Maternity Services, Primary Care, Urgent Care Services, Healthy Child Service.</p> <p>All commissioned NHS provider services are monitored in terms of effectiveness and performance via contract monitoring processes, annual reports, internal audit and regulatory inspections. Designated Nurses for Safeguarding Children sit on provider governance groups to provide expert oversight and challenge of arrangements.</p> <p><u>Liaison and Diversion (L&D)</u> Liaison and Diversion (L&D) services are an all age service which aims to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. They provide a prompt response to concerns raised by the police, probation service, youth offending teams and the courts and provide critical information to decision makers in the justice system in real time, when it comes to charging and sentencing. It also acts as a point of referral and assertive follow up. The service has been commissioned via NHS England and it is hoped to in place by April 2019 (led by the Police and Crime Commissioners). The service will be based in police custody and magistrates courts across North Yorkshire. It is a 7 day a week service. The hours in which they work are yet to be confirmed but will be dependent on local need. Further information can be found at: https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/about/</p> <p>Strategic plan for SEND education provision 0-25, 2018 to 2023 NYCC are responsible for reviewing how special education is provided in North Yorkshire, and for making sure there are enough places in education for children and young people with SEND. NYCC</p>
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		<p>work closely with parents, carers, young people, local groups, education providers and professionals so we can meet this responsibility in the best possible way.</p> <p>During 2017 and 2018 NYCC heard from parents, carers, children and young people and professionals about their views on how special education is provided. This helped develop an overarching strategic plan for how to best provide educational support for young people with SEND in North Yorkshire in the future. The final plan has been approved and can be found here: www.northyorks.gov.uk/send-specialist-support-and-provision</p> <p>As set out in the final plan NYCC are reviewing and reshaping the SEND 'high needs' budget. This will be an ongoing process as NYCC implement the. More details can be found here: https://www.northyorks.gov.uk/changes-high-needs-budget</p> <p>Priority 18/19</p> <ul style="list-style-type: none"> ✓ Embed the new strategic SEND plan for SEMH across North Yorkshire which specifies the continuum of educational provision. <p>Third Sector services – these are externally commissioned and primarily provided by:</p> <ul style="list-style-type: none"> - Hand in Hand (project from The Children’s Society which helps young people recognise themselves as victims, increase resilience and make informed choices to lower risk and prevent escalation); - Time 2 (support to children who are vulnerable to/known to have experienced CSE); - IDAS (provides Independent Sexual Violence Advisors who offer support to women, men, children, young people and their families during the immediate period following disclosure and through any subsequent criminal justice processes). - PACE (Parents Against Child Exploitation) – this voluntary organisation supports parents whose children have experienced CSE. - Evaluations of third sector organisations differ according to the organisation. The CCGs would seek assurance of effectiveness via partnership arrangements (e.g. Section 11 audits, reports to LSCB). - Supporting Victims is the route to support for any victim (of any age) of any crime in North Yorkshire. Trained staff are able to provide practical advice and support and referral, as
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		appropriate, into specialist support services, including counselling and restorative justice.
	Embed the Transforming Care Partnership (TCP) sub group for children and young people	<p>Priority in LTP Refresh October 2017: Further develop the Transforming Care Partnership (TCP) sub group for children and young people including a dynamic risk register of children and young people at risk of inpatient admissions and monitoring of Care and Treatment Reviews (CTR) to ensure that 90% are community base</p> <ul style="list-style-type: none"> ✓ In April 2018 the TCP Board approved the attached Risk Stratification and Governance Structure. ✓ The dynamic risk register of children and young people at risk of inpatient admissions and monitoring of Care Education and Treatment Reviews (CETR) has been developed is in development to ensure that 90% are community based. The Governance arrangements around the register are currently being finalised. ✓ The TCP sub group for children and young people has been established as a virtual reference group. ✓ The sub group undertook a 3rd benchmarking exercise about the TCP's work with children and young people. This was submitted in Q1 18/19 and NHSE shared their feedback on this submission. The CYP TCP in NYY remains at Amber/Red. NHSE suggested that it would be helpful to focus on the following 3 points to progress the transformation of services for children and young people. <ol style="list-style-type: none"> 1. A functional, embedded Dynamic Support & At Risk of Admission Register for Children & Young people across the whole of the TCP footprint. 2. Evidence of clear mechanisms in place for tracking and reporting community CETR and robust quality measures across the TCP to follow through on agreed recommendations and actions. 3. Ensuring that all local areas within the TCP can demonstrate that they are aligning the CETR process to other multi-agency processes: EHCPs, LAC, CIN and CPA in a joined up way. ✓ These recommendations have been taken on board by TCP CYP Task and Finish group. The 4th benchmarking exercise is scheduled for submission at the end October 2018. The date is yet to be confirmed. ✓ 6 parents of young adults are members of the CYP reference sub-group and provide feedback on CYP TCP developments. The children's lead for cross-agency TCP is a member of the TCP co-production and engagement group as well as the TCP Housing task & finish group.

		<ul style="list-style-type: none"> ✓ Plans are starting to develop with NHSE on a housing project for a small group of high risk young people who require bespoke packages of care in order to bring them closer to home. This work will be joined up with adult's services to ensure smooth transitions from child to adult services. <p>Priority 18/19</p> <ul style="list-style-type: none"> ✓ Embed the Transforming Care Partnership (TCP) sub group for children and young people
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Priority 4: Accountability and Transparency

What we want to achieve	Actions	Update Oct 18
Effective monitoring and oversight of Transformation Plan	Governance structure with Lead Commissioning Forum and delivery boards, accountable to HWBB	See governance structures diagram in section 5 of main LTP report. Priority 18/19 <ul style="list-style-type: none"> ✓ Monitor the cross-agency Social and Emotional Health (SEMH) Cross Service Implementation Plan (attached in Appendix 2)
Transformation Plan is published on CCG and LA websites	Plan and updates are published	Complete.
Future alignment of Transformation Plan and existing strategies and	Review of strategies to ensure alignment of strategy and simple planning and delivery structures	See SEMH cross implementation plan APPENDIX 2

budgets for emotional and mental health for children and young people	Review of budgets and resources across organisations	<p>See Investment and Workforce APPENDIX 5</p> <p>Priority 18/19</p> <p>✓ Plan services for the future (post 2019/20)</p>
Engagement with children and young people to move to develop principle of co-production in services and delivery	Engagement Plan for children and young people within framework of co-production	<p>See APPENDIX 4: Partner Engagement</p> <p>Priority 18/19</p> <p>✓ Continue to establish communication and engagement routes with Children, young people, families and the 3rd sector including the involvement of experts by experience in key strategy groups (SEMH, Health SEND Network, All age Autism strategy groups).</p>
Strong performance framework across organisations	Quality and performance monitoring of providers through existing health and local authority scrutiny structures	<p>-The CAMHS contract is monitored through TEWV Quality and Performance meetings.</p> <p>- The Compass BUZZ contract is monitored through the Contract Management Meetings.</p> <p>- Streams of work undertaken by the jointly led SEMH Steering Group (including Future in Mind) are fed up into the Children’s Trust Board</p> <p>- North Yorkshire County Council’s Children’s Services had a recently ILACS inspection and were judged ‘Outstanding’ across all areas in their recent inspection (ILACS).</p> <p>The following link will take you to the news article https://www.northyorks.gov.uk/news/article/north-yorkshire-first-social-care-outstanding-ofsted-all-areas and a link to the Ofsted Report can be found here: https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/north_yorkshire/070_%20North_Yorkshire_Inspection%20of%20local%20authority%20childrens%20services.pdf</p> <p>Priority October 2018/19</p> <p>✓ Commissioners will continue to work with the Yorkshire and Humber Clinical Network to</p>

		establish a regional dashboard so that providers and commissioners can understand the data within a regional picture
Develop multi-agency information sharing arrangements across YOT, Children's Services and CAMH	Children and young people in difficulty are readily identified, and can be offered appropriate support quickly	<p>NYCC have a Multi-Agency Screening Team which has a common referral across the Healthy Child Programme, Prevention services and Children's services. The NY TEWV CAMHS team has a regular dial in session to the team to support multi-agency decision making in relation to appropriate service support to families</p> <p>The Emotional Health and Wellbeing delivery group provides an opportunity for providers to share information and discuss delivery.</p>
Develop a clear baseline and dataset for performance measurement	Clear evidence base for transformation	See Section 9: Impacts and Outcomes of main report
Effective transition arrangements in line with NICE, Transforming Care guidance and other	Children and young people will have consistent and supportive care in transitions between services: this includes transitions to adult services, work with young people with LD, autism or challenging	<p>Improving the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services is a priority for 17/18 and 18/19 as outlined in the Commissioning for Quality and Innovation (CQUIN). Transition forums are in place and CAMHS staff attend these. There is also a regular meeting with CAMHS and AMP to look at good practice and any local issues. PIPA workers support children across the transitions and care leavers up to 25. Transition Plans are developed with YP and parents and Multi agency where possible.</p> <p>The latest CQUIN update report from TEWV (Q1 18/19) shows the following updates from providers (sending</p>

<p>relevant professional standards</p>	<p>behaviours.</p>	<p>and receiving):</p> <ul style="list-style-type: none"> • Developed an implementation plan to address identified needs and agree with approach with commissioners • In Q2 sending and receiving providers will undertake case note Audits and assessment of discharge questionnaires for those who transitioned out of CYPMHS. These results will be presented to commissioners. <p>Latest performance data from TEWV (July 2018) shows the percentage of CAMHS patients aged 17.5 with a transition plan (snapshot) is as below:</p> <ul style="list-style-type: none"> • HRWCCG 88.89% (slight decrease from 95.24% in July 2017) • HaRD CCG 100% (increase from 76.47% in July 2017) • SRCCG 70.37% (increase from 60.87% in July 2017) <p>Commissioners are working with providers to understand this reporting in more detail.</p>
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Priority 5: Developing the Workforce

What we want to achieve	Outcomes	October 2018 Update
<p>Priority added Oct 2017 Publish a joint workforce plan detailing how we will build capacity and capability.</p>	<p>Publish a joint workforce plan which includes a detailed action plan to build capacity and capability.</p>	<ul style="list-style-type: none"> - A NY Workforce Development sub group was established as part of the Social and Emotional Mental Health (SEMH) . - The Workforce Development plan has been developed and approved by the SEMH steering group (see Appendix 1: SEMH Workforce Plan). - The key priorities of this plan are: <ol style="list-style-type: none"> 1. Map the current offer of local SEMH workforce training activities designed to support children and young people’s social and emotional mental health 2. Identify any local SEMH workforce training needs and strengths and propose a number of solutions to meet local needs 3. Increase cross service and inter-agency training 4. Review local SEMH workforce recruitment and retention – identify achievements, challenges and risks

		<p>5. Scope the implementation of a competency framework across NY to cover all those working with children and young people in mental health</p> <p>The group have completed the mapping exercise (priority 1) and have identified a number of strengths and areas for development (priority 2). This will be presented at the next SEMH steering group.</p> <p>In October 2018 it was agreed that a North Yorkshire and York Children’s and Young People Emotional Mental Health (NYCYP EMH) Workforce Development Group would be established.</p> <p><u>Those services/agencies who would be invited include:</u></p> <ul style="list-style-type: none"> • CCG commissioners • NYCC, YCC, ERY • Compass • School Well Being Service • Mind • TEWV • Primary Care • Education • Healthy Child Programme • HEE Workforce Planner • Workforce planners across all organisations • CYP/family/carer voice <p><u>Within this meeting the key aims/functions of the group would be:</u></p> <ul style="list-style-type: none"> • Implement 5 key principles (participation, accountability, accessibility, evidence based practice and awareness) • Ensure competent children’s workforce across the system • Collaborative learning • Consistency and Equity • ‘Effective Safe Compassionate and Sustainable Staffing’ (ESCASS) guidance embedded • Planning for future development opportunities <p><u>The areas that would need to be discussed at the first meeting would include</u></p> <ul style="list-style-type: none"> • A communications strategy • How to work with the York and Humber Clinical Network • To confirm who will chair/vice chair the meetings <p>The next meeting is scheduled is scheduled for Q3/4 18/19</p>
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		Priority for 18/19 ✓ Continue to implement the Children and Young People SEMH Workforce Development Plan