



*Harrogate and Rural District
Clinical Commissioning Group*

Harrogate and Rural District CCG

Transformation Plan for Children and Young People's Emotional and Mental Health 2015-2020

Action Plan



Part A: NHS priority themes

What we want to achieve	Outcomes	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead CCG	Lead LA
1. Community Eating Disorder Service:							
1.1 Design and implement a community eating disorder service across four North Yorkshire and York CCGs	Children and young people aged 8-18 with a diagnosed eating disorder will be supported by specialist staff providing effective, evidence based therapies	Recovery rates (to be determined against 2015/16 baseline)	Service to commence in early 2016	360,00 across 4 CCGs	384,833 across 4 CCGs	PCU	
	Treatment will commence in a timely way	Urgent cases: 95% commence treatment within 5 days after referral (National standard)		HaRD 95,720	HaRD 79,246		
		Routine cases: 95% commence treatment within 15 days of referral (National Standard)					

What we want to achieve	Outcomes	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead CCG	Lead LA
2. Children and Young Peoples IAPT							
2.1 The locality continues to be part of and benefit from the IAPT collaborative	IAPT principles and activity will inform treatment of children and young people and transform service provision	IAPT principles and practice are embedded in all specialised services for children and young people	N/A	From within Dept Health IAPT budgets (via backfill through MOU)	From within Dept Health IAPT budgets (via backfill through MOU)	PCU	
2.2 Support for backfill and equipment funding to release staff	Service provision continues whilst staff are released for study (review potential for further release of funds in 2017/18) Staff are able to study effectively	Specialised services are not disrupted	N/A	8,877 For support	N/A	PCU	
2.3 Set up a monitoring and supervisory group for IAPT, comprising Commissioners from the partner organisations and providers	IAPT is effectively monitored and is able to demonstrate improvements in care for children and young people	TBA: overall improvements in recovery rates, children and young people are fully involved in planning their care and service delivery is constantly improving	Group established by 31 March 2016	N/A: met from current budgets	N/A: met from current budgets	PCU	

What we want to achieve	Outcomes	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead CCG	Lead LA
3. Peri-natal mental health							
3.1 Look after maternal mental health during and after pregnancy	Ensure timely access to IAPT therapies for mothers with mental illness	Monitored through Adult IAPT KPIs	TBA	Await national guide	Await national guide	PCU	
	Integrated pathways across agencies including health, Health Visitors and primary care	TBA					
	Good awareness of peri-natal mental health	TBA					
3.2 Workforce with the right training and support to identify potential difficulties and organise the right support	Early identification and offer of appropriate support	TBA	TBA	Await national guide	Await national guide	PCU	
	Confident workforce able to use screening tools						
	Support networks for those women with low levels of depression/other mental health problems						
3.3 enhance parenting programmes	Good quality parenting programmes help strengthen family attachment, and improve behaviour	TBA	TBA	Await national guide	Await national guide	PCU	

PART B: locally determined priorities

There are three locally determined priority themes:

1. Prevention, promotion and early intervention
2. Easy access to services: right offer, right time, right place
3. Support for the most vulnerable

The actions set out below meet these themes, and are cross referenced to *Future in Mind*

What we want to achieve	Outcomes	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead	Cross ref to <i>Future in Mind</i>	
LP1/LP2. There will be dedicated mental health workers aligned to all school clusters, a named mental health lead in each school, and a named mental health worker link for each GP surgery	Staff will be supported through training and advice to recognise and respond to pupils with difficulties (advice/get help)	Survey: 90% staff feel better informed and better able to respond	Subject to procurement process: contract to 2018 with 2 year extension	N/A	111,604		P35: role of universal services P36: develop whole school approach	
	Resilience training and co-ordination of the resilience framework will be delivered (see LP6 below)							
	Pupils will be supported through interventions either individually or with groups and feel able to cope (advice/get help)	Survey: 90% pupils feel support was helpful						Service in place for end Q2 2016
		Survey: 90% children and young people feel were involved in agreeing support package						
Pupil surveys : 80% of pupils at KS4 feel resilient			Rec 1 Rec 2 Rec 3 Rec 8 Rec 9 P42: dedicated named point of					

		Other groups TBA 20% increase in LGBT pupils feeling resilient (from baseline 2014 survey) NOTE: other groups TBA					contact Rec 16 Rec 22 P64/65: right skills mix within the workforce
	Potential referrals to CAMHS or other specialist services will be assessed to reduce unnecessary and premature referrals (get more help)	80% reduction in numbers of premature or inappropriate referrals (from baseline September 2015)					
	More children and young people are referred to appropriate support for their needs	Outcome assessment (e.g. SDQ) show increase in recovery					
		Survey: 90% feel support was helpful					
	GPs and surgery staff have direct access to advice regarding individual patients and strengthened links to schools	Survey: 70% feel they have appropriate information to support children and young people (baseline GP survey 2014)	Subject to procurement process: contract to 2018 with 2 year extension Service in place for end Q2 2016	Within funding for LP1	Within funding for LP1		P35: role of GPs P42: dedicated named point of contact Rec 16
		Survey: 70% feel CAMHS staff offer positive liaison and communication					
	Reduction in numbers of unnecessary or	Reduction in referral					

	premature referrals to CAMHS	rate per 000 population (baseline April 2015)					
		80% reduction in numbers of CAMHS referrals rejected (from baseline September 2015)					
	More children and young people are referred to appropriate support for their needs	Analysis of data on support					
	GPs are supported with referrals to specialist services						
LP3. 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>80% Reduction in premature or unnecessary referrals to CAMHS</p>	End Q4 2015/16	Nil	26,281		<p>P42: right time offer single point of access</p> <p>Rec 6 Rec 7 Rec 8 Rec 10 Rec 13 Rec 16 Rec 22 Rec 25</p>
LP4. Support for Children and young people to access	Secondary school age young people are able to access good quality online advice and support from confidential sources that are closely	Pupil surveys shows a measured improvement in numbers of young	Q4 2018/19	129,732	8,449		P38: digital technology

self-help and advice online in a place and at the time of their choosing	monitored	people who feel well-informed about emotional and mental health (baseline: survey 2014/15) Measured increase in the number of young people who find information and support valuable (baseline 2016 to be measured)					Rec 5 P44: peer support Rec 11 Rec 18
LP5. Building resilience – schools will implement resilience frameworks as a whole school approach (see LP1 above)	Children will build skills and resilience	By end of 2017 - 6 target schools and their clusters will adopt the Academic Resilience Framework	End of Q4 2016/2017 By 2020 All schools will have been offered the opportunity to adopt the resilience	N/A	2,032		P35/36: whole school approaches Rec 1 Rec 6 Rec 7 Rec 16
	Families and carers will feel included and empowered to support their children						
	Teaching staff will feel more confident and competent to deal with disruptive and challenging behaviour						

	Raised awareness of the importance of good emotional and mental health for the whole school community		framework				Rec 40 Rec 45 P51: care for the most vulnerable Rec 21 Rec 22
LP6. Schools will adopt evidence based frameworks to support vulnerable children and young people	Families and carers will feel included and empowered to support their children	By end of 2017 - 6 target schools and three clusters will adopt the framework By the end of 2017 each target school will achieve a 20% increase in pupils reaching age appropriate emotional and social development from initial baseline measure	End of Q4 2016/17	24,711	N/A		P35/36: whole school approaches P51 care for the most vulnerable Rec 1 Rec 6 Rec 7
	Teaching staff will feel more confident and competent to deal with disruptive and challenging behaviour	90% staff feel able to respond appropriately	End of Q4 2017/18				Rec 16 Rec 40 Rec 45
LP7. The Life Coach model will be	Increased access for children and staff to a mental health resource	20% increase in numbers of children and	End Q4 2016/17	N/A	37,639		P51: care for the

extended to vulnerable groups not ready to engage	Supported development of an integrated service for the complex needs of troubled young people within a single team	young people within the scheme reaching the appropriate age of emotional and developmental development (2015/16 baseline) and annual increases					most vulnerable Rec 20 Rec 21 Rec 22 Rec 29
	Reduced the stigma associated with accessing mental health support						

Part C: Non-recurrent funding in 2015/16

There is an opportunity to utilise monies in this financial year to pump prime and invest in some development work to underpin the other initiatives.

Initiative	Description	Outcomes	Methodology/structure	Funding in 2015/16 £	Lead CCG	Lead LA
NR1 Transformation Innovation Fund	For children and young people, schools and voluntary sector to apply for support with small projects to develop good emotional and mental health, for example, peer mentoring, school art or theatre work, community based support. Projects must show they support the outcomes and recommendations in Future in Mind and the Transformation plan	Children and young people have better outcomes, feel better supported and more confident	Grant scheme	20,592		P 4 promote resilience/early intervention P41: improving access to help Rec Rec 5 Rec 9 Rec 11 Rec 18

PART D: Working better together

The partners recognise the importance of improving the ways in which we work together across agencies to improve the offer to children and young people. There is much that can be achieved in reviewing working methods, pathways and communications

What we want to achieve	Outcomes	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead CCG	Lead LA
WB1. Employ a programme officer to project manage delivery of the Plan across agencies (12 month short term contract)	The vision and outcomes will be delivered within the LTP	Implementation will be to target	In post by 31 March 2015	15,000 across 4 CCGs topslice	60,000 across 4 CCGs topslice		
	Improve and promote joint working across partners			3,089	12,355		
WB2. Strong inter-agency pathways to hold children and young people Future in Mind: Recs: 4/6/10/14/15/17/20/22/23/25/26/	Clear care and referral pathways across all agencies	Survey: professionals and children and young people will have clear, understandable and consistent pathways of referral and care	Rolling programme of pathway review to be completed by 2018/19	N/A	N/A		
WB3. Effective transition arrangements in line with NICE, Transforming Care	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 behaviours.	Fewer children and young people experience poor transition (baseline details to be measured	Transition arrangements reviewed by Q4 2017	N/A	N/A		

guidance and other relevant professional standards Future in Mind: Rec 15		in 2015/16					
		Transition arrangements will be to age 25 where it is in the interests of the young person					
WB4. Leadership in Crisis Care work Future in Mind: 12/19	Children and young people in crisis will receive high quality care and support: <ul style="list-style-type: none"> • response from qualified professionals • access to safe and supported crisis accommodation (whether at home, in hospital or S136) • high quality step down support from T4 	Care pathways meet professional guidance and relevant legal standards	Comprehensive structure of support in place by 2018/19 within budgets	N/A	N/A		
WB5: Review pathways and care for children and young people in the youth justice system Future in Mind: 20/21/22/29	Children and young people at risk will receive high quality and appropriate support.	Reduction in proportion of children and young people in the youth justice system with previously untreated mental health condition (baseline 2015/16)	Pathway review and integrated pathways of care in place by 2018/19 within budgets	N/A	N/A		
WB6. 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 and voluntary sector (£10K in 2017/18)	90% Children, young people and families feel able to access appropriate support	Directory in place by Q4 2016/17	N/A	N/A		
WB7. Equality and equity are	All children and young people have equity of access to high quality support and care	EIA undertaken for all programmes and	Ongoing from January 2016	N/A	N/A		

embedded in all specifications and commissioning activity	Protected groups receive the support and care they need	monitored against delivery Monitoring of equalities data					
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Part E: Ensuring transparency and accountability

What we want to achieve	Actions	KPIs: by 2020	Timescale	Funding in 2015/16 £	Funding in 2016/17 £	Lead	Lead LA
TA1. Effective monitoring and oversight of Transformation Plan Future in Mind: Recs 30/31/32/33/36/	Governance structure with Lead Commissioning Forum and delivery boards, accountable to HWBB	Effective management of Transformation plan	January 2016	N/A	N/A		
TA2. Transformation Plan is published on CCG and LA websites	Plan and updates are published	Public engagement with the Plan and its implementation	January 2016	N/A	N/A		
TA3. Future alignment of Transformation Plan and existing strategies and budgets for emotional and mental health for children and young people Future in Mind: 36	Review of strategies to ensure alignment of strategy and simple planning and delivery structures	Simplified structure of plans	End Q2 2016	N/A	N/A		
	Review of budgets and resources across organisations	Understanding of budgets and resources Aligned budgets					

TA4. Engagement with children and young people to move to develop principle of co-production in services and delivery Future in Mind: Rec 6/38	Engagement Plan for children and young people within framework of co-production	Children and young people are involved in planning services and delivery of their care	March 2016 and ongoing	N/A	N/A		
TA5. Strong performance framework across organisations Future in Mind: Recs 32/33/36/37/38	Quality and performance monitoring of providers through existing health and local authority scrutiny structures	Delivery against specifications and contracts	April 2016 and ongoing	N/A	N/A		
TA6. Develop multi-agency information sharing arrangements across YOT, Children's Services and CAMHS Future in Mind: Recs 36/37	Children and young people in difficulty are readily identified, and can be offered appropriate support quickly	Measured decrease in numbers of children demonstrating potentially risky behaviours (based on 2015/16 figures) Measured increase in response times and appropriateness of response	March 2017	N/A	N/A		
TA7. Develop a clear	Clear evidence base for transformation	Demonstrate	March 2016	N/A	N/A		

baseline and dataset for performance measurement		improvements						