



*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

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- 1. Result of gap analysis: RAG rating against Future in Mind**
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1. Introduction

Health services and local authorities have worked together to promote and protect the emotional and mental health of children and young people, and have achieved much in past years, even when funding has been challenging. *Future in Mind* gives us a once in a generation opportunity to make a real difference – to transform the landscape in outcomes for children and young people.

In deciding where to invest the funds that are being given, we have asked children and young people what emotional and mental health means to them, and how they want to access information to help them when things get difficult. Some comments are on this page: they tell us loud and clear that families and friends are important, that help should come from trusted people, that they want advice and information that is reliable and readily available when they want to use it. Those young people who have used specialist health services have told us the help they get is really good, but when it stops it can be frightening.



I'm frightened of losing support moving to adult services



I want to get to know the person I'm talking to - I want them to care about me

Parents who have experience of support services told us they want to have good information about available help, and not to be passed from one service to another.



Peer mentors, lived experience, and using Facebook

When we asked schools what they wanted, they all said they need resources that help them establish a strong culture of resilience and well-being within their schools, and that they want to see children and young people grow up confident and able to achieve to the best of their ability.

So, we have made a commitment to work together to make sure that children and young people grow up with a resilient attitude, but can easily get help when they need it, and that help is truly of value for them, and also that they have a role in deciding what help is right for them.



Improve organisation: a case co-ordinator to help us see through

This Plan describes a series of schemes that we intend will transform the emotional and mental well-being of children and young people in North Yorkshire and York: there is so much that is good about living and growing up in this region, our aim is to make it better.

2. Defining emotional and mental health for children and young people

The area of children and young people's emotional mental health has in recent years become clouded by changes in use of terms and phrases between organisations resulting in differing interpretations. The Transformation Plan uses the following definitions to ensure clarity.

The Plan will use the World Health Organisation's definition of good mental health:

'A state of well-being, in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'

NICE, the National Institute for Care and Excellence uses the following definition:

Emotional health: to include happiness, life satisfaction and the opposite of depression

Psychological well-being: to include resilience, mastery, confidence, autonomy, attentiveness, involvement, and the capacity for personal growth and development

Social well-being: to include good relationships with others, social skills, including conflict resolution and problem solving, emotional literacy and the opposite of conduct disorder, delinquency, interpersonal violence and bullying

What does this mean in practice? It means valuing the emotional and mental well-being of children and young people from before they are born through childhood and into early adulthood. This means:

- Supporting mothers during pregnancy and afterwards
- Building the principles of resilience and self-esteem into early years and school life
- Recognising and confronting the influences and causes of emotional and mental stress whilst not over-medicalising them
- Closing the gap between investment and support to build the early foundations

This Plan encompasses a very broad remit, both in age range from pre-natal to age 25 and range of support in advice, self-help tools to highly specialised therapeutic support short of admission to in patient care. Because of this broad agenda, the Plan does not confine itself to one particular age or target group, but interprets the phrase 'children and young people' according to the context.

3. The Commitment

4. The Harrogate and Rural district CCG, together with colleagues at North Yorkshire County Council, NHS England and Public Health have come together to think about, discuss and write a plan to change how we work together to support the emotional and mental health of children and young people.
5. Our joint commitment and ambition is that, by 2020, we will work together and share resources across North Yorkshire and York to make sure that children and young people:
 - Grow up confident and resilient and able to achieve their goals and ambitions
 - Can find help easily when they need it
 - Receive help that meets their needs in a timely way
 - Are fully involved in deciding on their support and are actively involved in deciding how services are developed and provided.
6. We will achieve this ambition through:
 - Investment in prevention, promotion and early intervention
 - Co-commissioning of support provision
 - Integrated pathways and co-located multi-disciplinary teams
 - Engagement and involvement of children and young people at all stages in the commissioning cycle and in monitoring services
7. There are principles that are shared across our partner organisations:
 - Early help prevents problems escalating and causing more damaging problems
 - The protective factors of family, friends and supportive schools are critical in developing emotional resilience and avoiding problems
 - Organisations that work closely together, with shared vision, plans and delivery structures will offer the most successful support at any point in the journey of the child or young person
 - Transparency and accountability: change must be demonstrable and resources spent effectively: the public has legitimate and high expectations that monies are spent where they will do most good

How will we know we have succeeded?

8. The critical success factors for this ambitious project will be:
 - Reduction in inappropriate referrals to specialist CAMHS services
 - Measurement through pupil surveys that show more pupils feel supported and able to cope with adversity
 - Measurement through staff surveys that show frontline staff are better informed and support and able to manage children and young people with emotional and mental health difficulties
 - Measurement that show the workforce generally is better aware of the issues surrounding emotional and mental well-being and able to respond appropriately to support children and young people

4. Demographics and service throughput

1. Harrogate and Rural District has a practice population of 160,611 people. It is a fairly rural district; Harrogate town, home to 74,720 people, Ripon (17,180 people) and Knaresborough (15,410 people).
2. The population of children and young people under 19 is 40,445. There are estimated to be 4645 children and young people between the ages of 5 and 19 with a mental disorder. Some 6,800 are estimated to need some support from a professional other than a trained mental health worker, e.g. school nurse, teacher, youth justice worker, whilst 580 are estimated to need support from specialist CAMHS and a further 25 require inpatient care.
3. Proxy data relating to local authority areas in North Yorkshire shows that Harrogate district has the highest number of children and young people likely to experience mental health issues or disorders, by virtue of having the highest population of children and young people relative to other districts. However, there is a lack of detailed data regarding the range of disorders treated. The Plan proposes gathering of this data, whether as part of the national CAMHS dataset or through the local monitoring framework.
4. CHIMAT data, using the mid-2014 population statistics, estimates the level of need, or prevalence, of need for emotional and mental health support. Within the CCG there are estimated to be 2685 children and young people between the ages of 5 and 19 with a disorder. Some 6860 are estimated to need some support from a professional other than a trained mental health worker, e.g. school nurse, teacher, youth justice worker.

Prevalence of mental disorders in under 19 age group		2685
Level of need for services	Need advice	4675
	Need help (targeted support)	2185
	Need more help (specialist CAMHS)	580
	High risk (inpatient)	25

5. There is some data for the numbers of children and young people in receipt of support at school or community environments, but much of this is at Local Authority level and cannot readily be disaggregated to CCG level and so has not been included here. The Plan commits to improving our collective understanding of the detail regarding need.
6. Pupil surveys offer some information regarding need: surveys from 2014/15 across North Yorkshire County Council show declining levels of resilience by age group. Between KS2 (age 11) and KS4 (age 16), resilience drops from 85% to 65%. Key reasons for anxiety and concern include exams, anxiety regarding the future, body image and relationships. Children and young people in vulnerable groups experience significantly lower levels of resilience, for example, LGBT groups can record resilience levels of below 10%, and the prevalence of low level aggression and bullying of black and ethnic minority groups is high. There are important roles for school, public health and health services in supporting the principles of well-being and good mental health, and thus the Plan focuses on investment in prevention, promotion and early intervention.

Throughput

7. Data for referrals to specialist CAMHS services (Tees Esk and Wear Valley NHS Foundation Mental Health Trust/TEWV) in 2014/15 is as follows (subject to validation):

	2014/15	2015/16 to August
Referrals to T3 (TEWV):	848	228
Accepted referrals:	504	102
Average wait for assessment:	23	99% in 9 weeks
Average wait for treatment:	22	Not given
Number of active cases as at 31 March 2015:	1087	305
Admissions to T4 inpatient	16	6

8. There is lack of data regarding specific disorders treated. From October 2015 there will a detailed breakdown of referrals into the service in the Harrogate area, and in addition the national CAMHS dataset will record activity in greater detail.
9. Currently data is not available on types of disorder treated, again this information will start to be recorded in the current financial year and will inform future decisions regarding commissioning both of specialist services and also where to target early intervention support.
10. Throughput data as at March 2015 indicates that for North Yorkshire County Council (across the whole county area)

	Referral	Cases as at March 2015
Early intervention	803	391
Behaviour advisory	343	231
Outreach	320	489

Resources: in post as at June 2015

Organisation	WTE practitioners	WTE non-practitioners
CCG	Nil	Nil
Local authority (NYCC) whole county	11.9	53.9
Provider (TEWV)	12.56	3.9

Investment: note there are variations in accounting for corporate and overhead costs

Organisation	2014/15 £
CCG via block contract	977,513
CCG other (ongoing or non-recurrent)	Proportion of £60,000 funding to North Yorkshire County Council YOT service
Local Authority (NYCC) across whole county	762,000
Provider (TEWV)	1,073,513

11. **The CCG** estimates it spent 7.3% of its mental health budget on specialist CAMHS services in 2014/15.
12. **North Yorkshire County Council** funded £101,100 for schools based CAMHS services for looked after children across the whole county (services provided by TEWV).
13. Across North Yorkshire, the County Council estimates expenditure to be £705,000, but does not differentiate between specific localities.
14. The Transformation Plan includes a commitment to improving understanding of information regarding investment across sectors.
15. In addition to the locally commissioned services, there are a range of specialist services, commissioned by NHS England on a regional basis (Yorkshire and the Humber); NHS England also supports commissioning across the region through a network of commissioning teams and collaborative networks.

Specialist commissioning collaborative working

16. The Yorkshire and Humber (Y&H) Mental Health Specialised Commissioning Team works closely with identified lead commissioners in each of the 23 CCG areas across Y&H to ensure that specialised services feature in their local planning. This work is done collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders. There are a number of forums across Y&H where collaboration take place, these include for example, the Y&H CAMHS Steering Group, Specialist Mental Health Interface Group and also through individual meetings between NHS England and local commissioners. This way of working ensures that the whole pathway is considered when considering the development of services for children and adolescents.

Specialist Services

17. The National CAMHS Tier 4 Review identified Y&H as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.

Summary of current provision in Y&H

18. April 2015 – total beds in Y&H 90 (53 general adolescent and 37 other) – some of this capacity provides for population of East Midlands.

Services in Y&H

- a. Leeds & York NHS Partnership FT (York) - 16 gen adolescent beds, deaf out patient services
- b. Leeds Community NHS Healthcare Trust (Leeds) - 8 gen adolescent beds
- c. Riverdale Grange (Sheffield) – 9 CAMHS Eating Disorder beds
- d. Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield) – 15 gen adolescent beds, 12 PICU beds
- e. Sheffield Children’s Hospital NHS FT(Sheffield) – 14 beds 14-18yrs, 9 beds 10-14yrs, 7 beds LD none secure 8-18yrs, day-care 5-10yrs.

Provision required

19. Across Y&H, we have considered in some detail what provision is required, below is a summary position, modelling work regards bed numbers is ongoing and includes consideration of the natural patient pathways for young people from the East Midlands.

- Adequate capacity regarding general adolescent beds in appropriate geographical locations - current lack of provision in West, North and East of Yorkshire – over provision in the South
- Access assessment arrangements that reflect location of general adolescent services.
- Eating Disorders – North and South of the hub area
- PICU – North and South of the hub area, co-located with general adolescent service
- Children – Y&H central geographical location
- Low secure -mixed gender – Y&H central geographical location
- Low Secure and none secure learning disability/ASD – Y&H central geographical location
- Other services will continue to be provided on a regional basis, e.g. Medium secure or national basis, e.g., in patient deaf services

Other Issues Relating to In Patient Services

20. Since November 2014 access assessments arrangements have been formalised across Y&H to enable equity of access for all geographical areas and specialist provision required by ensuring that all access assessments are undertaken by tier 4 clinicians. These arrangements are underpinned by the National Referral and Access Assessment Process for Children & Young People into Inpatient Services (Specialised Mental Health Services Operating Handbook Protocol). In addition Care and Treatment Reviews (CTRs) were developed as part

of NHS E commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.

21. NHS England and local commissioners work collaboratively in Y&H to ensure work is consistently undertaken with local commissioners to understand and address local issues that influence admissions to and length of stay within CAMHs inpatient services. The variation of CAMHs service provision across Y&H is monitored through local and hub wide data to help identify trends/themes. Y&H MH Specialised Commissioning team have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need. Through the Transformation Plans all opportunities for collaborative commissioning have been explored. Good examples of these opportunities are in CAMHs Eating Disorder and Intensive Community Provision.

5 The strategic and policy framework

1. Transformation will be delivered within the existing framework of strategy and planning Mental health is everyone's business, and is as much a part of the work of children's services, the youth justice service, and public health as much as the NHS, thus the policy framework is broad.

National context

2. The Children Act 2004 enacted the framework articulated in *Every Child Matters*; an outcomes framework designed to improve outcomes for all children and young people, and includes their emotional and mental well-being. Local authorities have the statutory role of ensuring the co-ordination of services as between public sector agencies, including health, police and Youth Offending Teams (YOTs); and co-operative arrangements involving schools, GPs, and third sector. All need to be responsive to the diverse needs of children and young people.
3. *No Health Without Mental Health*, published in 2011 set out the outcomes expected for people suffering mental illness: these are meaningful to people of all ages, including children and young people and their families. The strategy included key areas for action which had been shown to need more careful analysis, which are reflected in this Transformation Plan, including a review of transition arrangements, provision of accessible information to children and young people and a focus on outcomes in joint commissioning.
4. The Children and Families Act 2014 has implemented transformational change in the provision of services to support children and young people with special educational needs and learning disabilities. These include greater influence for parents, integrated assessment and decision making and improved partnership working between agencies. The accompanying SEND Code of Practice emphasises emotional and mental health as an area of need.
5. Building on this, the Care Act 2014 ensures that the law focuses on the needs of people, rather than on the 'shape' of services and organisations that support those who need care. The Act establishes a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also enacts the first ever entitlement to support for carers, on a similar basis. The Act is important in considering transitions between children's and adult services, and especially for those with learning disabilities or severe illness.
6. The Equality Act 2010 enacted a unified framework for service delivery for those within the statutory protected groups: this Plan reflects the duties on the partner organisations, and, to ensure that equality is embedded in all programmes, includes an action to ensure that equality duties are actively addressed in all service specifications and commissioning arrangements. Likewise, the duty to address health inequalities is particularly relevant for child and adolescent mental health. 75% of all adult mental illness is evident or diagnosed by the age of 18; the effects of failure to access high quality care early have potentially devastating consequences for life chances. Children and young people who are vulnerable because of illness f family circumstances are particularly at risk of long term mental illness, but are often least able to access support: this Plan, by focusing on early universal work with all children, supported by targeted work with vulnerable and high risk groups, will ensure equity of access to support
7. *Transforming Care for People with Learning Disabilities – Next Steps* (January 2015), and the July 2015 progress report from the Transforming Care Delivery Board, set out a clear programme of work to improve services for people with learning disabilities, or autism, or challenging behaviours, to drive system wide change in approaches to care and support. The programme, supported by the

CCG, will enable more people to live in the community, closer to home, and with the right support. This has particular relevance for transition planning, and is sighted in the Transformation Plan as work stream for review and development.

Local context

8. The Harrogate and District CCG area covers a large area of North Yorkshire, comprising both the larger urban centres of Harrogate and Knaresborough and also many scattered villages. The CCG area is wholly within the North Yorkshire County council Boundary, but is close to the Bradford City Boundary and has close working links with the CCG. It is one of six CCGs within the boundary of North Yorkshire County Council. The Children & Young People's Commissioning is provided by the PCU, which is a NHS shared service arrangement across 4 North Yorkshire Clinical Commissioning groups (CCG's) – Hambleton, Richmondshire & Whitby CCG, Harrogate & Rural CCG, Scarborough & Ryedale CCG and Vale of York CCG. The PCU does not cover the Craven or Cumbria localities of the North Yorkshire boundary
9. The North Yorkshire Health and Well-Being Strategy, 2013-2018 sets the framework for improving health across all age groups, and commits to improving emotional and mental health and ensuring all children have the best start in life.
10. The North Yorkshire Children and Young People's Plan, *Young and Yorkshire 2014- 2017* includes as a priority a commitment that, 'more children and young people lead healthy lifestyles'. A supporting outcome is that children and young people enjoy good emotional and mental health. This outcome is supported by the Emotional and Mental Health Strategy 2014 -2017 (*Growing Up Happy in North Yorkshire*).
11. All strategies and plans commit to ensuring effective integrated support and targeted services that are delivered at the earliest opportunity in an accessible and sustainable way. The action plan appended to this Plan pledges to align the existing strategic framework to ensure consistent service transformation across the system.

CCG strategies

12. The CCG strategic plan, 2014-19 States
13. We will work in partnership with local authority colleagues and co-commissioners to enable children and their families to have the best start in life and achieve improved health outcomes, and reduced health inequalities. This includes commissioning integrated maternity services for the local population which are safe, effective and high quality. In adopting a life course approach there will be a strong focus on early intervention, especially for our most vulnerable groups, so that all children are able to achieve positive lives and receive appropriate health care, at the right time and in the right setting. By developing and commissioning modern models of integrated care, including jointly with partners where this will add value, we will ensure that children and young people with complex and additional health needs, including Special Educational Needs, receive high quality services which support them, and their families.
14. Emotional health and well-being is a prerequisite for good general health and well-being and essential for ensuring children have a good start in life and achieve their optimum potential. In line with "No Health without Mental Health", emotional health and wellbeing will be a cross cutting theme for inclusion within all children's partnership commissioning and care pathways development.

Particular care will be taken to identify vulnerable groups to ensure there is timely access to preventative, early interventions and treatment services across all ages.

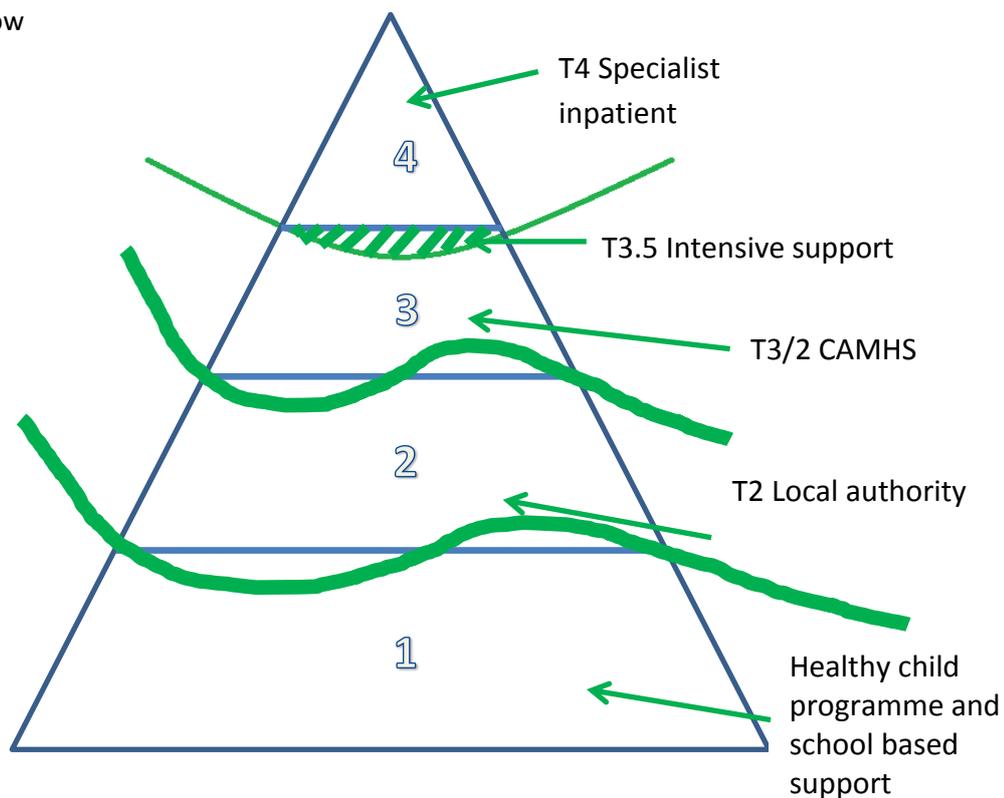
15. The relevant priorities for improving mental wellbeing & moving towards parity of esteem are:
- Provide consistently high quality and safe care, seven days a week.
 - Deliver the best outcomes and is clinically and financially sustainable.
 - Reduced health inequality.
 - No health without mental health - parity of esteem.
 - Improved outcomes for people with Learning Disabilities
 - Joint commissioning and pooled budgets
 - Improved access to psychological therapies.

6 About this Plan

1. *Future in Mind* recommended the production of a Transformation Plan, as a single 'integrated plan for child mental health services, agreed by all relevant agencies and with a strong input from children, young people and parents/carers'.
2. This Plan is written to meet the CCG's and Health and Well-Being Board's strategic aims, and also reflects the programme of conversations held with partner organisations, voluntary sector, and children and young people about their views of existing services for emotional and mental health and the gaps that should be filled. We believe our approach will transform services, bringing them closer to children and young people, their families and those in school and community who support them.
3. Our preparatory work reflects the collaboration between health commissioners and providers and local authorities, including Public Health and the YOT. It sets out priorities for actions that can be delivered only through co-commissioning, aligning existing strategies, joint delivery structures and integrated systems and process.

7 Background to this Plan: where we are now

1. The CCG works closely with the other three 'North Yorkshire' Clinical Commissioning Groups and all the CCGs across North Yorkshire and Humber through two strategic collaborative commissioning groups. Through these arrangements we set out lead commissioners and risk-share arrangements to commission services for our local populations
2. Historically there has been limited detailed information across agencies about the services provided to support children and young people's emotional and mental health. The work between local authorities and health have not been well co-ordinated and there has been a lack of information and understanding regarding the work that differing sectors do. This lack of knowledge and understanding has not served children and young people well, and work in preparing this Plan echoes the comments in *Future in Mind* regarding the inter-agency barriers to effective help.
3. The historical position that providers were not required to provide details of referrals, disorders treated or caseload information changed from October 2015, and the CCG is now building a local and comprehensive understanding of service use and throughput to inform future commissioning.
4. Locally the model for support reflects the traditional health Tier structure, as illustrated below



5. The CCG recognised the problems inherent in the service structure, and during 2014:

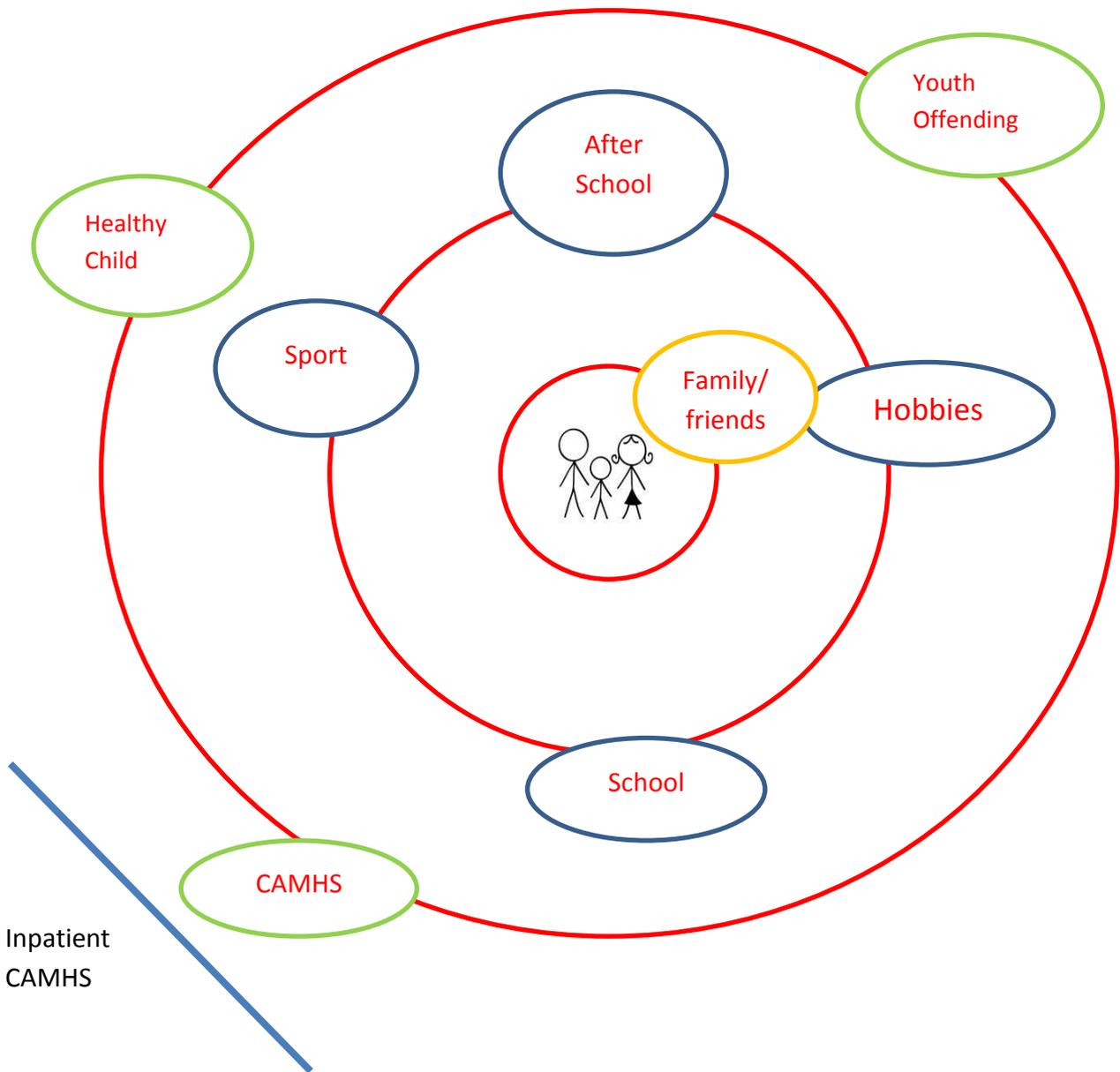
- a. Undertook a retendering of the whole mental health contract for the CCG area including CAMHS based on the national specification, including specialist CAMHS services. This enabled new initiatives to improve service delivery within an outcome based specification. It includes a focus on outcome based therapies, implements a single point of access and multi- disciplinary triage for referrals in, a crisis intervention service and, to be negotiated and commissioned, a Tier 3.5 intensive home and community support service to reduce admissions to T4 and provide step down care.
 - b. Approved a specification to develop targeted intervention, advice and support in schools to be rolled out once funding became available.
6. To prepare for this Plan, there was undertaken a **detailed review of preparedness** for implementing the recommendations in the Taskforce Report. This involved conversations with:
 - Children's services
 - Education services: specialist and school liaison and SENCOs
 - Public Health
 - Youth Offending Teams
 - Police
 - Providers: TEWV, Compass Reach,
7. There were **public engagement** DISCOVER! events: these use an appreciative inquiry approach to ask two questions:
 - What works well
 - How could we do more of that
8. These events involved :
 - Families of children and young people with mental illness
 - Voluntary sector organisations in the local area such as WHISH, Samaritans, playgroups,
 - Statutory agencies such as DWP
 - Army welfare staff
 - Teaching staff and SENCOs
 - Head Teachers Forum
9. There were rich discussions at all Discover! events, but the key messages were clear:
 - More must be done at school to build resilience
 - There must be better communications between agencies
 - There must be integrated pathways between agencies
 - There must be support from CAMHS for schools
 - There must be clear and safe transitions to adult services, and between services
10. There was discussion with **children and young people**:
 - North Yorkshire Youth Council about the ways teenagers like to receive information
 - Rock Challenge: organised by North Yorkshire Police, it brings pupils together and gave the opportunity to run a discussion forum about the sort of support pupils want to receive
 - North Yorkshire Youth Council Summit: brings pupils together to discuss a wide range of issues

11. The messages were that
 - Technology is favoured by secondary school pupils both as a means of finding information and also managing stigma in secondary school
 - All age groups wanted information from parents, families and friends
 - Pupils want to speak to people they can trust who will take them seriously

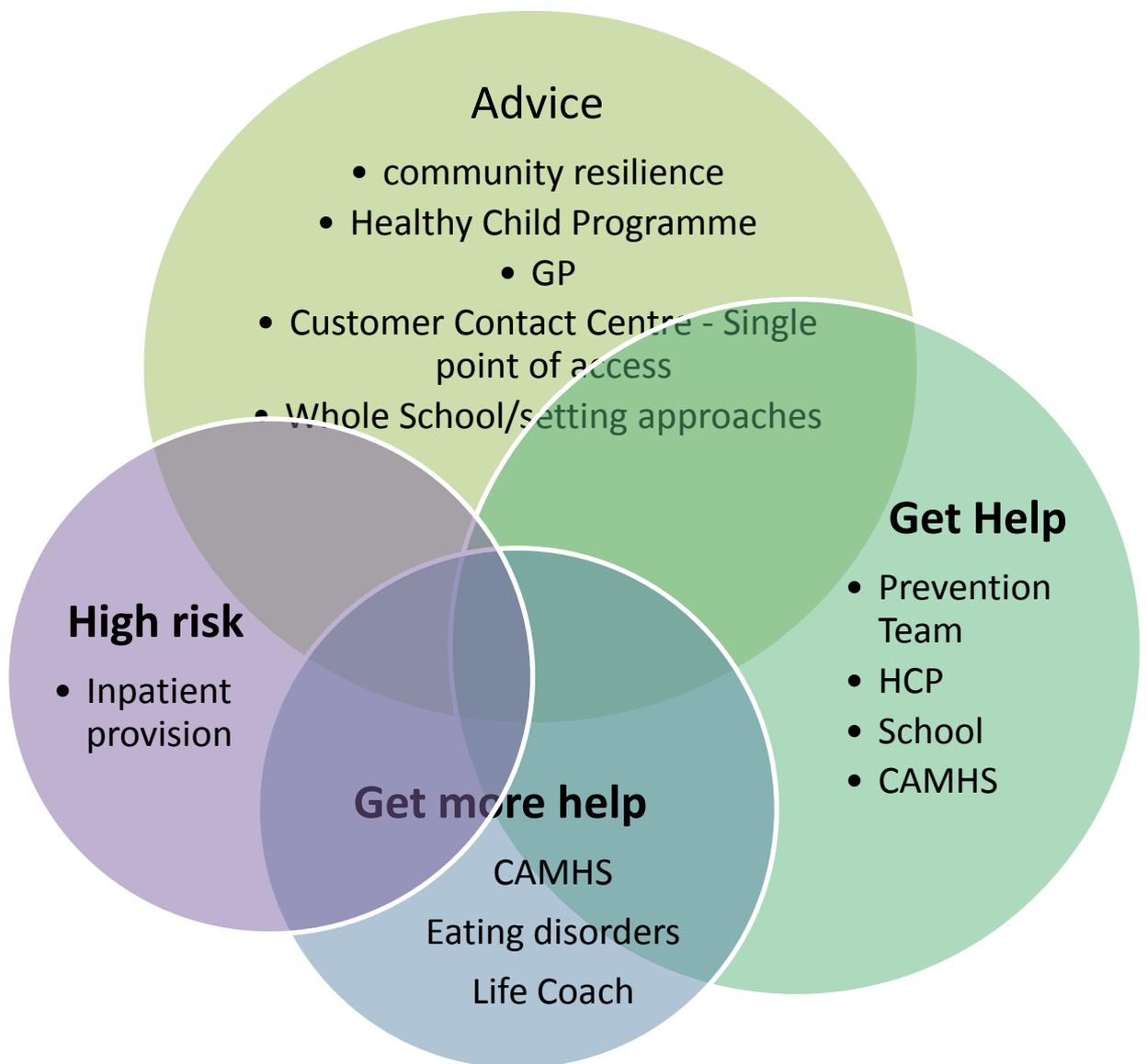
12. There was a review of pupil surveys from North Yorkshire County Council from 2014 and 2015. The key messages from these are that increasing anxiety and loss of confidence is evident from year 8 onwards, exacerbated by concerns about exams. In this age group there is an increasing prevalence of self-harm, and concerns regarding depression. Additionally there was a review of the North Yorkshire GP survey undertaken in 2014, which revealed high levels of concern regarding access to and communication with CAMHS services for clinicians and professionals.

13. All results informed the gap analysis: the RAG rating is set out at Appendix 1 and established that the priorities for investment are:
 - a. Promotion, prevention and early intervention
 - b. Easier access to support at all levels
 - c. Improved approaches in support for the most vulnerable

14. The analysis has led to the development of a model that emphasises protective factors (see diagram below), which illustrates that building resilience improves a person's ability to 'bounce back' in difficult circumstances and 'closing the gap' for the most



15. Services such as CAMHS are not primarily protective factors, but intervene when emotional & mental health concerns have reached a point when specialist's help is required for assessments and/or interventions. Equally, help should not be regarded solely in terms of CAMHS, or support through YOT for those within the Youth Justice System. The Tavistock model of care, based on gradations of help for the individual, complements the approach of a team centred on the child, and is reflected in the Transformation Plan approach, for example, dedicated mental health teams in schools, or support through schools, or evidence based approaches to managing challenging behaviours. The approach is illustrated in the diagram below; the circles of levels of advice and support show how services inter-relate and work together.



8 Actions and priorities

1. Preparatory work established five local strands to transformation:
 - NHS priority themes for community eating disorder services; CYP IAPT; and peri-natal mental health
 - Locally determined priority themes for investment
 - Non-recurring investment priorities
 - Working better together
 - Ensuring transparency and accountability

NHS priority theme: community eating disorder service

2. This section of text applies across the four North Yorkshire and York CCGs, to reflect that the community eating disorder service will be a single service across all.
3. The service will be governed by the Access and Waiting Time Standard issued by NHS England on 3 August 2015. Its specification was written in response to increasing levels of concern about the provision of services for children and young people with mental health problems. A specialist whole area team will support:
 - Early recognition and intervention
 - Reduced impact on families and carers
 - Improved outcomes if cases are picked up before they become severe
4. The Community Eating Disorder Service is based on the footprint of four CCGs (750,000 population): This covers the PCU responsibility
 - Harrogate and Rural District CCG
 - Hambleton, Richmondshire and Whitby CCG
 - Scarborough and Ryedale CCG
 - Vale of York CCG
5. There is a small specialist eating disorder team based in Harrogate operated by TEWV, and an eating disorder clinic run at Limetrees in York. The specialist service at Harrogate was established in response to an increased level of concern in the Harrogate area concerning eating disorders. It is noted that, according to NHS England data, the CCG has had the same number of admittances to Tier 4 as Scarborough and Ryedale CCG (2 admittances for eating disorders) since 2013, although the overall rate of admission was second highest to Vale of York. This may in part reflect a successful service keeping young people in community care.
6. There is also an eating disorder clinic at Limetrees (Vale of York CCG). Vale of York has the highest overall rate of admissions to Tier 4 of the four CCGs (105 since 2013), presumably reflecting the larger population, but noting that only one admission has been recorded as being for eating disorder, which seems unduly low. However, it is still too early to be able to establish a more detailed understanding of the causes of the differing levels of referrals as between individual CCGs

and more generally across the region and beyond) does not allow for a comparative analysis of actual need. The data monitoring within the new specialist CAMHS contract, coupled with the community eating disorder service and the information flow from the national CAMHS dataset will provide the base information to support performance management and regional comparison. The data will be start to be available from 1 April 2016

7. Throughput across both clinics is currently estimated at 45-50 referrals annually, with a caseload of around 30 at any one time. Cases are split evenly between anorexia nervosa, bulimia nervosa and Eating Disorder Not Otherwise Specified (EDNOS). The team at Limetrees further estimate that 15%-20% of cases will be referred to the inpatient unit at Mill Lodge in York, although the admissions rate for Tier 4 does not immediately appear to support this estimate. There were 4 admissions to Tier 4 beds across the four CCGs in 2014/15 for eating disorders, with a total of 7 from 2013/14 to date. This data may not reflect the full incidence of eating disorders in T4 especially if referrals have been coded to adolescent or general CAMHS, depending on the primary presenting disorder. The overall number of admissions to Tier 4 inpatient services from the four CCGs for all reasons from 2013/14 to date is 170. The table below sets out the details across the CCGs.

CCG	ED admissions 2014/15	Total ED admissions 2013/14 to date	Total admissions 2013/14 to date
Harrogate and Rural District	2	2	28
Hambleton Richmondshire and Whitby	1	1	24
Scarborough and Ryedale	1	2	13
Vale of York	Nil	1	105
Total	4	7	170

8. Historically, the lack of detailed reporting data from providers has made it difficult to establish accurately the number of referrals and the Transformation Plan commits to improving our collective understanding in the future.
9. However, service costs are included in the block CAMHS contracts, and the cost of the Harrogate Team is estimated to be in the order of £120,000 pa, based on the current staffing profile set out in the TEWV proposal. This is set out below

Post	WTE
Consultant Psychiatry	0.2
Clinical nurse specialist	0.6
Nurses	0.8
Dietetics	0.3
Clinical Psychology	0.8
Therapists	0.4

10. There is no early intervention or support in other settings such as schools, and schools have not raised eating disorders as a significant area of concern locally during the work preparing for the Plan. The eating disorder proposal recognises this and will support capacity building to address

inadequate understanding of eating disorders, raise awareness of local pathways and encourage collaboration with schools and educational environments for that receiving specialist support.

11. The four CCGs have jointly decided, through the Transformation Plan Lead Commissioning Forum to fund the community eating disorder service based on the NHS allocation (August 2015)
12. TEWV has submitted a business case for service, which is under review: a specification is being drafted for the service, based on 80 referrals a year. Subject to discussions with TEWV and a final decision on the most effective procurement route, the service is expected to be operational early in 2016: it is not currently expected that generic staff will be redeployed to other work.
13. Considerable work has been undertaken in 2014/15 within the framework of current generic CAMHS contracts, which will benefit the community eating disorder service:
 - Single point of access for all referrals into specialist CAMHS (the Transformation Plan builds on this to establish a single point of access in collaboration with local authority children's services)
 - Multiple models of referral including self and parental referral
 - Multi-disciplinary triage
 - Age appropriate treatments/clinics
 - NICE concordant therapies
 - Crisis support service (4 hour response for urgent assessment when the patient is in A&E or on an acute ward)
 - Intensive home treatment service (T3.5) in Vale of York
 - Involvement of patients in deciding about their care
 - Measurement of success of treatment
 - Liaison and collaborative working with other agencies
14. The funded community eating disorder service will be expected to build on the current service structure and will:
 - Be established and providing services by end Q2 2016/17
 - Offer NICE concordant therapies by Q2 2016/17
 - Meet the timelines for assessment and treatment by Q2 2016/17
 - Ensure robust transition arrangements into adult care, with transition pathways for up to age 25 where appropriate to meet the needs of the young person
 - Plan for a 7 day service as appropriate, following a more detailed review and mapping of need: the CCG expects that a 7 day service will be available by 2020.

NHS priority theme: Children and Young People's IAPT (CYP IAPT)

15. A key element of the Transformation Plan is to ensure that children and young people have access to, timely evidence based interventions delivered by a competent and confident workforce. To achieve this we commit to commissioning for outcomes and expect that services that operate across the statutory and voluntary sector will embed the '*Delivering with, Delivering Well - service values and standards*' (2014) and will include individual session by session monitoring alongside wider service involvement and evaluation practices. In addition we will make available to the workforce a training offer that will promote prevention, build capacity to identify issues at the earliest opportunity and ensure access to interventions that can make a difference.
16. The CCG is a member of the North Eastern IAPT Collaborative, and CYP IAPT is embedded in the approach of the provider, TEWV. In 2016/17, two service leads will be trained; there will be no financial implications for the CCG arising from this, but noting that changes in the funding structure

for CYP IAPT means that from 2016 funding for backfill posts released for training will be given to the local CCGs, under a memorandum of understanding (MOU).

17. CYP IAPT will be supported in the Transformation Plan:
 - a. Establish a supervisory board to oversee both implementation and effectiveness of IAPT: this will be in place by end Q4 2015/16, and will include commissioners and providers
 - b. Funding to support staff released for training, including laptops and other equipment
 - c. Commitment through the MOU to backfill funding.

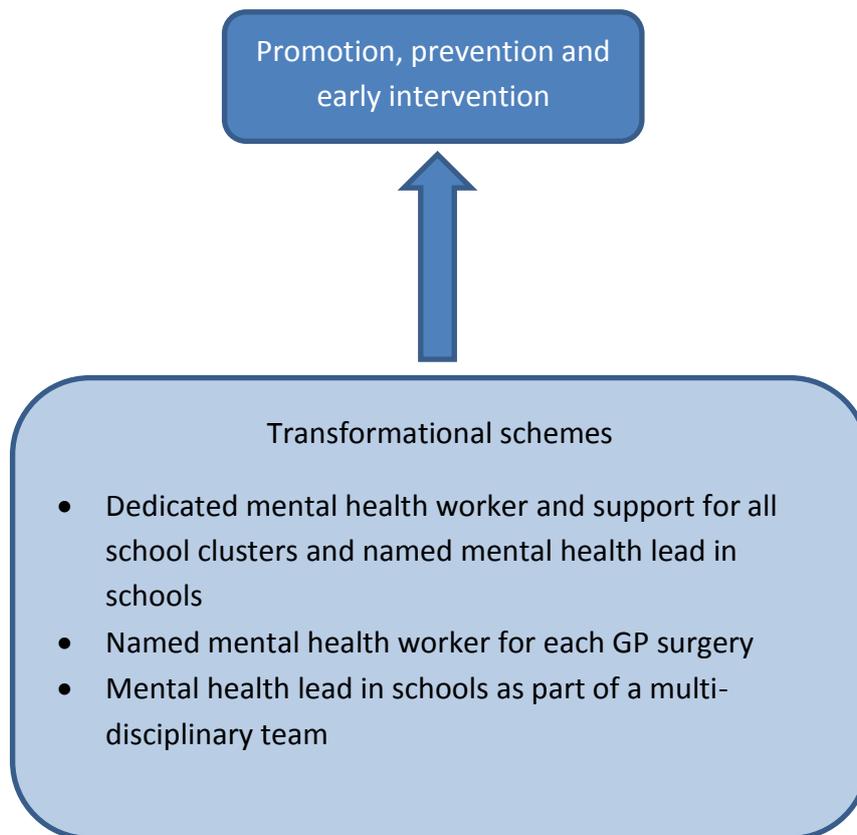
NHS priority theme: peri-natal mental health

18. *Future in Mind* identifies good maternal mental health as a protective factor for babies and young children. This is a complex area of service provision, crossing ante-natal and peri-natal care, health visiting, and primary care services. These are delivered across agencies, and there is currently little understanding of how they work together.
- 19 The Strategic Clinical Network (SCN) Peri-natal Mental Health working group, supported by the Maternity Clinical Advisory Group, exists to develop guidance for health professionals with regard to promoting women's mental health and wellbeing during the peri-natal period. The working group has developed a service specification and aims to gather simplistic data which will further identify need. The network brings together this steering group of multidisciplinary professionals, which aims to develop a unified pathway of care across the region. The CCG is linked into the Strategic Clinical Network's Peri-natal Mental Health Working Group for guidance to develop services to provide seamless support, and to ensure women receive co-ordinated and continuous care.
- 20 Locally, the North Yorkshire and York maternity network is commencing a review of maternity services, including peri-natal mental health, commencing with a series of engagement events in Autumn 2015.
- 21 There are no funded proposals in the Transformation Plan to improve services for peri-natal mental health; guidance and funding are yet to be announced. However, the Plan sets out key outcomes, and separate plans will be developed to achieve these outcomes by 2019/20.

Local priorities and how we will deliver

22. The Plan sets out three priority themes for investment
 - Promotion, prevention and early intervention
 - Easier access to support at all levels
 - Improved approaches in support for the most vulnerable

1. Promotion prevention and early intervention



23. *Future in Mind* emphasises the need to 'value the importance of recognising and promoting good mental health and well-being'. Emotional well-being and resilience in children and young people underpins good mental health and provides skills for managing throughout life. This thread runs through Health Visiting, the Healthy Child Programme (HCP) and early years support for families to the school/college environment and other settings.
24. The data now becoming available in 2015/16 indicates that around 30% of all referrals to specialist CAMHS are declined: this indicates a level of unmet need for advice support and interventions below the level of specialism within the clinic setting. There are currently very limited avenues of support to this group. The CCG has resolved to invest substantially in early intervention and prevention work in collaboration with local authority colleagues, in order to improve overall resilience (measured in the pupil survey), and provide early help for those children and young people who are in difficulty or at increased risk by reason of ill-health or background factors. Investing in this work will reduce unnecessary and premature referrals to CAMHS.
25. These schemes will be linked into a single service specification to develop the synergies between primary care, children's services and the broader health remit. The service will be procured in collaboration with local authorities with the intention of the service commencing in mid-2016: the benefits of a single procurement include:
- Unified service provision, ensuring equality and equity of access
 - Economy of scale and easier and robust monitoring and performance management

- Resolution of cross border arrangements where schools and GPs are in different CCG areas
- Ability to align more closely with children's services, including Customer Resolution Centres

Dedicated mental health worker for all school clusters, named mental health lead in schools and GP surgeries (LP1 and LP2)

26. School staff, parents, and local authority colleagues all strongly believe that a named local link to CAMHS and other support services would support training, awareness and promotion of anti-stigma approaches, as well as provide a link for advice from more specialist services and enable early work with individual pupils or groups.
27. There will be named emotional and mental health leads in schools, working alongside the CAMHS worker, HCP, pastoral team, ELSAs and SENCOs; this multi-disciplinary team will provide leadership to deliver whole school well-being and support to individuals or groups of pupils effectively. It is expected that rates of reported pupil resilience will be 80% at KS4, a significant increase from the current reducing rates.
28. The initiative will:
- Assign a professional mental health support worker to all school clusters or groups
 - Support whole school approaches towards resilience and improved emotional well-being
 - Advise, train and support staff in managing individual pupils or groups, and be aligned to the pastoral support team
 - Designate a mental health lead in the school, whether a member of the pastoral team, SENCO, or school leadership team
 - Offer low-level, limited interventions with individuals or groups
 - Liaise closely with GP practises within the area serving the school cluster as named mental health support worker
 - Target specific groups, including vulnerable children who may be looked after, young carers, suffering bereavement, bullying or other trauma and work with them to manage the challenges life is offering them.
 - Support and liaise regarding transitions between services, for example adult mental health services, involving planning for up to age 25 where appropriate for the needs of the individual young person.
 - Work closely and collaboratively with other school based professional staff including teaching support staff, school nurses, SENCOs and Compass Reach
29. The CCG supported a bid for match funding for a pilot to develop support for school clusters, based on an existing pilot with two school clusters. Unfortunately the bid was unsuccessful, but demonstrated the strong commitment among schools, local authority and CCGs to developing a school based service.

Named mental health worker for each GP surgery (LP2)

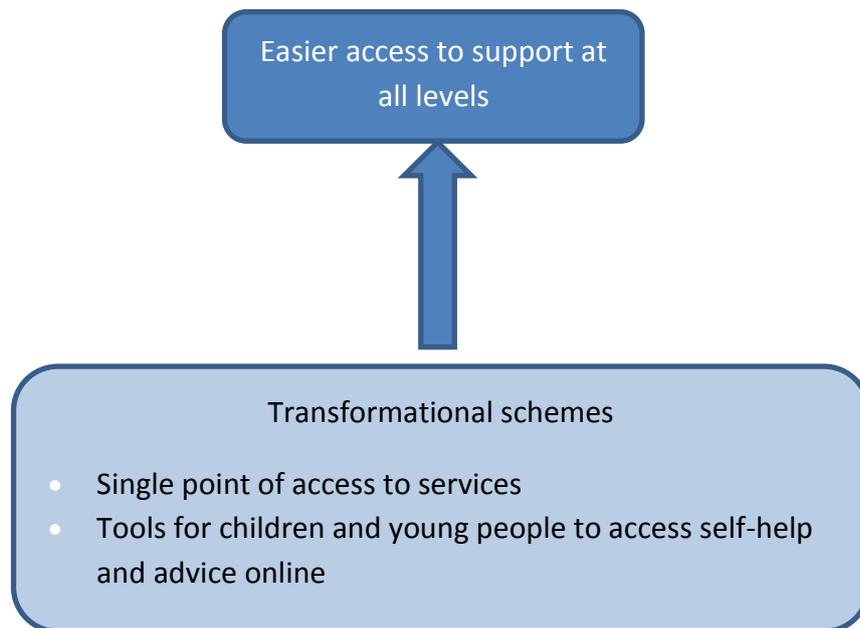
30. Most CAMHS referrals are from primary care: DISCOVER! engagement in 2014 with GPs elicited comments that GPs found it difficult to make referrals into CAMHS, and felt they had

few choices of other services to make referrals. Although the numbers of referrals to CAMHS is increasing, most GPs will see only a very small number of children and young people with possible mental illness or disorder. Patients with learning or physical disability have a higher prevalence of mental disorder, and for this group, the named link will allow a closer working relationship with specialist services.

31. A named link with each GP surgery will:

- Enable the co-ordination of referrals and transitions to adult or other services
- Support GPs with immediate advice on how to manage or sign post individual children and young people
- Offer low-level, limited interventions with individual children and young people
- Support GPs in managing complex cases of learning and physical disability

2.Easier access to support



32 A strong theme arising from consultation and conversations has been the difficulties in accessing the right kind of help and support. The CCG intends to develop a model based on the Tavistock model of support, which is a needs based triage model structured around ensuring the most appropriate support and help. The model closely aligns with current work on CAMHS groups and the potential for implementation of Payment by Results.

Single point of access (LP3)

33 The CAMHS provider operates a single point of access for all referrals, which receive initial triage in 24 hours. North Yorkshire County Council operates Customer Resolution Centres, which provide a similar assessment for any queries and concerns regarding children/children's services. The scheme will link these referral hubs, by locating a CAMHS worker in each local authority hub. The scheme will be commissioned by the CCG in collaboration with the local authorities and will deliver:

- Multi-disciplinary assessment of any referral ensuring that emotional and mental health problems are identified. This is of particular importance for vulnerable groups, including looked after children, those with learning or physical disability and those with behavioural problems, all of whom are more likely to fall between services.
- Facilitated referral to CAMHS or to other specific services
- Advice, liaison, training and support for other disciplines
- It is intended that the service is operational by the end of Q2 in 2016.

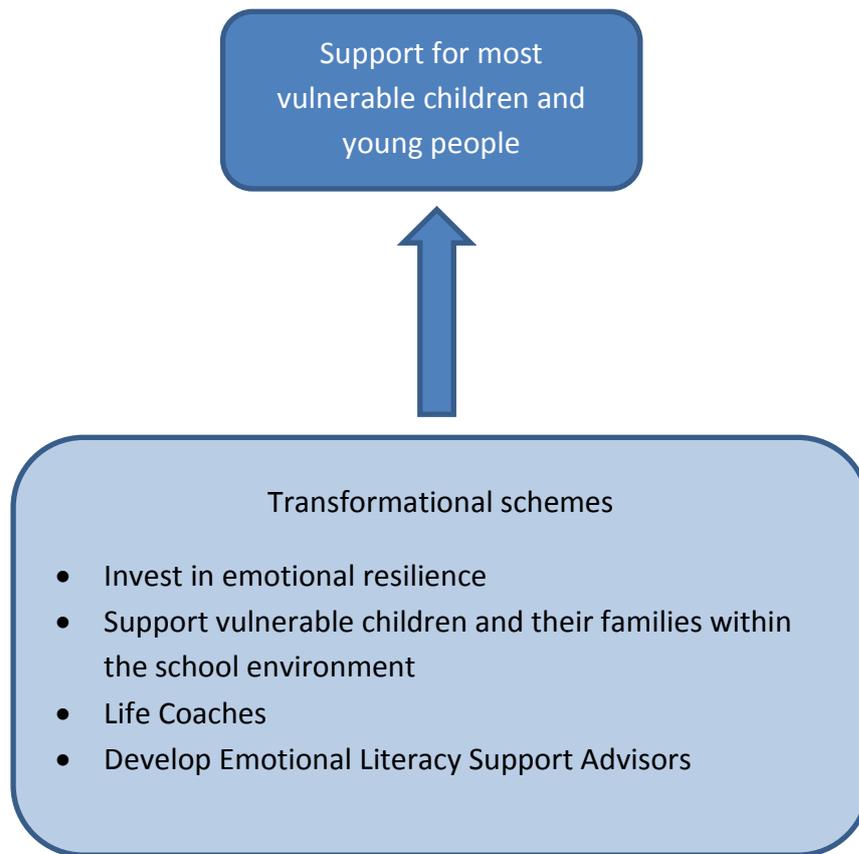
Online tools and access to help and advice for children and young people (LP4)

34 *Future in Mind* concluded that children and young people want access to web tools so they can access information and some support at the time and place of their choosing. This is echoed in comments made locally: it was explained to us by teenagers that children and young people do not find lesson based information sessions about emotional and mental

health very helpful, and would prefer to find out information about mental well-being online, partly to avoid possible stigma, but also to give them control of when and what to look at. They can then decide who and how they want to talk to someone.

- 35 There are also groups of children and young people who are outside mainstream school settings: home-schooled, excluded pupils, and those who are too ill for a variety of reasons to be in school. These pupils could benefit from access to online information and support, supporting equity of access, and also the legal duty under the Equality Act.
- 36 There are bespoke packages offering web based advice and online one to one support and counselling. The programme will commission resources, initially for three years, with the intention that the programme be jointly funded through schools thereafter. This scheme will be led by the local authorities jointly commissioning online packages.

1. Support for the most vulnerable



37 The CCG and local authorities will collaborate on programmes directed at support for the most vulnerable children and young people, in a continuum from whole population awareness to identify early signs of problems through to support for children and young people within the care and youth justice systems who are at high risk.

Invest in emotional resilience (LP 5)

38 This programme will roll out emotional resilience support models in schools and will be led by North Yorkshire County Council. By 2017 there will be 6 school clusters across North Yorkshire using appropriate models as part of a whole school approach. Resilience approaches benefit all pupils, but are particularly important for vulnerable children, whose educational attainment often lags behind; resilience training is shown to improve academic outcomes and, as a result, life outcomes. By 2020 all North Yorkshire schools will be offered the Framework.

39 The Framework will deliver:

- Skills to become more resilient
- Families and carers will feel empowered to support their children
- Teaching staff will feel more confident and competent to deal with disruptive and challenging behaviour

Support vulnerable children and their families within the school environment (LP 6)

40 Schools and educational settings will be supported to implement an evidence based approach aimed at building capacity and improving front line delivery. The framework will target children and their families who need further intervention in relation to issues around social, emotional and mental health, and in particular, attachment. The objectives are:

- Based in situ to develop front line practice
- The approach will provide comprehensive training around child development, attachment and mental health which will lead to consistently available intervention becoming integral to schools/settings
- Better skill sets within schools and educational settings will lead to improved universal and targeted provision and preventative working
- Provision is developed on a whole school/educational setting basis ensuring better identification, assessment, and implementation of support plans
- Families are an integral part of the approach
- Whilst targeted outcomes are focused on social, emotional and mental health, it is strongly linked to academic progress which is a particularly important aspect as we know that attainment will be a good indicator of future life chances
- Online assessments and plans can clearly show areas for development, strategies/resources to target these and next steps

Life Coaches for children and young people in care or at risk (LP 7)

41 Young people in residential care, or on the edge of care constitute a particularly vulnerable group, with poor life outcomes. The Life Coach model (Clinical Psychologist) to provide intensive support has been shown to significantly improve life chances for these young people, by building self-esteem and resilience, and learning how to build relationships in ways that reduce high risk behaviours. The extension of the Life Coach model supports the No Wrong Door policy in North Yorkshire, which seeks to provide a single umbrella service for looked after children and young people in the Youth Justice System and those with very complex needs.

Non-recurring investment priorities

42 In 2015/16 the CCG has taken the opportunity to invest in laying a strong foundation for delivery in 2016 and beyond. To ensure the maximum benefits for children and young people, it is proposed to pursue the following funding line:

43 An innovation fund to administer grants: these may be accessed by children and young people, schools and voluntary organisations to develop local schemes or initiatives in support of emotional well-being. Examples might include a drama workshop in school, or to run a sports scheme for children and young people who are unable to be in school because of illness. Grants will be subject to an assurance structure to ensure they deliver the aims and outcomes of the Transformation Plan.

44 The Transformation Plan has been costed, and set out below is the summary of full year investment in the transformational schemes.

			Q4 2015/16	Total 2015/16	Total 2016/17
	Eating Disorders		£79,246	£79,246	£79,247
	Other		£198,360	£198,360	£198,360
	TOTAL ALLOCATION	20.6%	£277,606	£277,606	£277,607
1.1	Eating Disorder Service		£95,720	£95,720	£79,246
2.2	Childrens IAPT: support for backfill		£8,877	£8,877	£0
LP1 LP2	Dedicated mental health teams for schools and GP surgeries		£0	£0	£111,604
LP3	Single Point of Access		£0	£0	£26,280
LP4	On-line advice and self help		£129,732	£129,732	£8,448
LP5	Resilience training and support		£0	£0	£2,032
LP6	Support for vulnerable		£24,711	£24,711	£0
LP7	Life Coaches (2 posts)		£0	£0	£37,640
NR1	Innovation fund		£20,592	£20,592	£0
WB1	Programme Manager		£3,089	£3,089	£12,355
	TOTAL EXPENDITURE		£277,607	£277,607	£277,606

9 Working better together

- 1 *Future in Mind* states that most of its recommendations may be implemented without significant additional investment. The Transformation Plan includes a number of projects to both review current pathways and systems and the positioning of emotional and mental health within other themes of activity such as crisis care.
- 2 Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder, and 43% of children on community orders have emotional and mental health needs. Local engagement with NHSE specialist Health Justice Commissioners has identified some areas of priority for young people at risk of and who offend. As a vulnerable group we would want to ensure that measures are taking to ensure that local pathways from a community level through to secure settings are clearly defined and access to services is offered at the earliest opportunity. Where engagement is identified as an issue the workforce will be able to respond in a positive way safeguarding against young people falling between gaps in service provision. As the Local Transformation Plan develops we will be cognisant of these priorities and look to develop approaches to address them.
- 3 A recurring theme in consultation and discussion was the problem of hand-off between services: lack of understanding between organisations and poor communications were repeated problems, for example, one young woman about to transition from CAMHS to adult services described as ‘frightening’ the lack of support at this critical time, whilst a parent comments that they felt left alone to work out how to access support for their seriously ill child. Some work has been undertaken to review pathways, an example is an agreed referral pathway for eating disorders involving local authorities, commissioners and providers; similar approaches will be taken for self-harm, transitions up to age 25 and transfers to other services, for example in other areas of the country. The proposals to bring services together in a single point of access will greatly improve communications and support children and young people and their families in being directed to and receiving the most appropriate form of help.
- 4 The CCG is committed to ensuring that children and young people’s emotional and mental health is included in plans, strategies and action plans across all partner agencies. An excellent current example is the North Yorkshire and York Crisis Care Concordat. The CCG is represented at the strategic and implementation groups. The Concordat builds on existing guidance and focuses on:
 - Access to support before crisis: including access to prevention and early intervention services, and which is strongly promoted in the Transformation Plan
 - Urgent and emergency access to crisis care: 24/7 response within 4 hours to any child or young person in crisis
 - Quality of treatment and care in crisis: access to a purpose built Section 136 suite
 - Recovery and staying well: CAMHS assessment or re-assessment in 5 days
- 5 The CCG is also represented on a wide range of inter-agency bodies, including the Youth Justice Board, CAMHS Executive, Children’s Trust and Health and Well-Being Board and contributes towards and influences these plans and strategies. The Transformation Plan offers the opportunity to bring some plans and strategies together into a single set of documents: the CCG will be working with partners to develop a single integrated emotional and mental health strategy and plan by 2017.

- 6 The local transformation schemes all involve working closely with and maximising workforce resources in responding to and developing services for children and young people. Looking beyond the immediate workforce, the development of better awareness of emotional and mental well-being will bring benefits across all partnership staff. We will develop, in collaboration with local authority colleagues a core emotional health awareness module to increase awareness of emotional and mental health. Working in this way across agencies will ensure children are helped in settings other than school as awareness improves, and early help can be offered
- 7 The Plan includes actions to:
 - Map pathways across agencies to ensure clarity, consistency of approach and effective communications and enable partners to maximise opportunities for joint commissioning of services
 - Participate in multi-agency teams to ensure that emotional and mental well-being is integrated into strategies and plans
 - Develop the workforce's awareness of emotional and mental health issues for children and young people
- 8 The outcomes will be the:
 - Services work and communicate better
 - Patients and families understand the options for advice, care and support
 - Children and young people are directed to the most appropriate services for their needs
 - The principles of joint working across agencies are reinforced and developed

10 Ensuring transparency and accountability

- 1 The Transformation Plan demands close working between agencies, particularly health and local authorities. Organisational and accounting structures can cause funding streams to appear opaque, with the consequence that clarity of purpose and even outcomes can be difficult to establish. To be sure that public money is spent appropriately; the Plan includes measures to ensure effective management and oversight of the programmes.
 - a. Oversight and management/governance of the Plan will be through the Health and Well-Being Boards and the Lead Commissioning Forum established to oversee the development of the Plan and the programme for delivery. The Forum comprises commissioners from health, local authorities, public health and NHS England. The governance framework is attached at appendix 2
 - b. Multi-agency delivery and implementation group: this has started meeting (September 2015), and comprises commissioners, local authority and providers, and is chaired by the Partnership Commissioning Unit on behalf of the CCG. It reports to the Lead Commissioning Forum. It will manage the implementation of the Transformation Plan, and also undertake the regular updates of the Plan to ensure that the actions, investment levels and data are accurate and up to date.
 - c. Reference Group: this is a group of services users, parents, voluntary sector colleagues, and school representatives who offer critique and feedback to the Forum about the Transformation Plan and the delivery programme.
 - d. Engagement Plan for children and young people
 - e. Publication in open websites by the CCG, and local authorities: this means the Plan is available to all, and its progress will be reported on. The Plan includes details of resources and costs, and acknowledges further work is needed to understand these.
 - f. Development of a single inter-agency plan for emotional and mental well-being, under the umbrella of the local children and young people's strategy.
 - g. Development of single reporting baseline and performance monitoring framework.
 - h. Production of an engagement Plan for children and young people to develop principles of co-production
 - i. A robust performance management framework across all agencies: monitoring through Health and Well-Being Boards, Quality and Performance Boards for health contracts, and Health Overview and Scrutiny Committees.
- 2 This is an ambitious programme. Transformation Plans are based on a single CCG footprint; in North Yorkshire and York, the four large CCGs collaborate in the commissioning of services, often in partnership with local authorities. Several collaborative commissioning projects will be undertaken as part of the Plan delivery. The complexities of the structure of the Transformation Plan means a programme manager, funded through topslicing of budgets will be deployed to ensure delivery across agencies.
- 3 **Our commitment to all children and young people of North Yorkshire & York, is by working together we want to make a real difference to improving the emotional & mental health services and their emotional & mental health outcomes. By promoting wellbeing and resilience of all children & young people, and tackling head on the issue of stigma. This plan has been shaped by listening to the needs and wishes of children, young people and their families**