Future in mind

Promoting, protecting and improving our children and young people’s mental health and wellbeing

East Riding of Yorkshire Transformation Plan
Executive Summary

*Future in mind* requires all Clinical Commissioning Groups to develop a local Transformation Plan for the mental health and wellbeing of children and young people in their population.

The East Riding of Yorkshire is a large rural area of around 1000 square miles and includes coastal and market towns, urban fringe and remote rural villages and hamlets. While it is largely affluent, there are pockets of significant deprivation.

The overall level of mental health need amongst children and young people in the East Riding of Yorkshire is low compared to other areas. However, in common with other parts of England and Wales, there has been an increase in the number of referrals for some conditions in the last two – three years and in particular for deliberate self-harm and eating disorders.

In April 2014 the CAMHS service underwent restructuring with the implementation of a new service specification. Developments included the introduction of Contact Point, a single point of access for CAMHS and establishment of an intensive intervention service providing more frequent planned support over extended hours to help keep children and young people at home rather than requiring inpatient care. These have led to improvements in the service which have been appreciated by children and young people and their families / carers.

The main areas of concern which they often raise are the length of time which they wait for a service and the support available for those in crisis. Another issue which is of concern to all stakeholders is that the very small number of children and young people requiring inpatient care frequently have to travel a hundred miles or more to access a bed as there is no inpatient CAMHS unit in the CCG area. Consequently we have identified crisis response and resolution, improving access and development of a dedicated eating disorder service, as the main priorities for investment through the additional funding.

East Riding of Yorkshire has also been fortunate in being accepted as one of the pilot sites for the national schools link project and will use this as an opportunity to develop a range of early intervention pathways both in and out of the school setting.

The East Riding of Yorkshire CCG Transformation Plan has been developed to address these local issues and the national key objectives by a multi-agency dedicated steering group, with sub-groups focussing on the key areas outlined in *Future in mind*. It has reported to the Children’s Trust Board, with updates to the CCG Service Redesign and Commissioning Committee and Governing Body and briefings to the Health and Wellbeing Board. Parents, carers and professionals working with children and young people have been informed and engaged in its development in a number of different ways including through focus groups and completing an online questionnaire. The steering group will become the *Future in mind* Strategy Group, responsible for monitoring progress and reporting to the CCG and Health and Wellbeing Board on the implementation of the plan.

Eleven key local priorities have been identified to enable the East Riding of Yorkshire CCG area to address the national themes set out in *Future in mind* and to meet local needs as follows:
<table>
<thead>
<tr>
<th>Local priority</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Development of a 24/7 crisis response and resolution service</td>
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<td>2.</td>
<td>Continued improvement programme for access to and outcomes from specialist CAMHS</td>
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<td>4.</td>
<td>Schools link pilot</td>
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<td>5.</td>
<td>Development of the perinatal mental health service</td>
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<td>6.</td>
<td>Continued participation in children and young people’s improving access to psychological therapies (CYP IAPT) programme</td>
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<tr>
<td>7.</td>
<td>Public mental health. Continued programme of health promotion, awareness raising, training and generic parenting programmes, to help deliver earlier identification and intervention, reduce stigma and improve resilience in our population.</td>
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<tr>
<td>8.</td>
<td>Work with NHS England to improve access to inpatient beds in the region, focusing on both number of beds and proximity of services to East Riding of Yorkshire.</td>
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<td>9.</td>
<td>Integration of CAMHS Contact Point and Children’s Early Help and Safeguarding Hub so referrals are actioned by the most appropriate service. Ultimately, as part of the Transformation Plan, it is planned that the services will share a single point of access and ensure easy referral to the most appropriate service.</td>
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<tr>
<td>10.</td>
<td>Development of a comprehensive targeted vulnerable children and young people’s service to cover:</td>
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<tr>
<td></td>
<td>a. Looked After Children and young people</td>
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<td></td>
<td>b. Learning disabilities</td>
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<td></td>
<td>c. Autism</td>
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<td></td>
<td>d. Children and young people in the Criminal Justice System</td>
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<td></td>
<td>e. Victims of Child Sexual Exploitation / Sexual abuse</td>
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<td></td>
<td>f. Young people who are Lesbian, Gay, Bisexual and Transgender</td>
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<td></td>
<td>g. Black and minority ethnic groups</td>
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<tr>
<td></td>
<td>h. Post adoption support (council can access national Adoption Support Fund for this and commission either directly or include in the personal budget)</td>
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<tr>
<td></td>
<td>i. Young carers</td>
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<tr>
<td></td>
<td>j. Children and young people whose parents misuse substances including alcohol, or have mental health problems or learning disabilities</td>
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<tr>
<td></td>
<td>k. Have chronic physical health problems</td>
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</tbody>
</table>

*It may be necessary to add new groups to this list based on changes to the local population.*
<table>
<thead>
<tr>
<th>Local priority</th>
<th>Description</th>
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<tbody>
<tr>
<td>11.</td>
<td>Expansion of existing early intervention services for mild to moderate need, such as primary mental health workers, counselling and brief cognitive behavioural therapy, to reduce need for higher level interventions. Some of these services could be school based.</td>
</tr>
</tbody>
</table>

The East Riding of Yorkshire CCG Transformation Plan will be published on the [CCG website](http://example.com) with updated activity figures for CAMHS and other mental health and wellbeing services along with regular updates of progress.
1 Introduction

1.1 Future in mind (Department of Health, 2014) sets out a national vision for promoting, protecting and improving our children and young people’s mental health and wellbeing. It identifies five key themes for local areas to focus on in developing their local transformation plans:

i. Promoting resilience, prevention and early intervention
ii. Improving access to effective support – a system without tiers
iii. Care for the most vulnerable
iv. Accountability and transparency
v. Developing the workforce

1.2 One in ten children and young people could benefit from support or treatment for mental health problems. Mental health problems in young people can result in lower attainment in school and are associated with risky behaviours such as smoking and substance misuse. There has been a noticeable increase in the incidence of self-harm in children and young people nationally, which is evident in East Riding of Yorkshire, along with an increase in the number of young people with eating disorders, in particular anorexia nervosa.

1.3 The taskforce that authored Future in mind identified a number of challenges for services to support children and young people’s mental health and wellbeing:

- Gaps in the provision and quality of data.
- Treatment gap – lower than expected numbers of children and young people accessing support and treatment.
- Access times.
- Complexity of commissioning arrangements and lack of coordination between NHS England, CCGs and Local Authorities who all have roles and responsibilities for commissioning these services.
- Variable availability of crisis services.
- Difficulties accessing services for vulnerable groups of children and young people, e.g. Looked After Children.

1.4 All of these challenges are relevant to East Riding of Yorkshire, although the past year has seen considerable work by all agencies which has resulted in some improvements in access and data quality. Work is ongoing on improving access times and crisis response, with substantial additional local investment already agreed to support the delivery of these improvements, ahead of the new funding announced by the Department of Health.

1.5 NHS England is now developing a major service transformation programme to significantly reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next 5 years in line with proposals put forward in Future in mind. These include prioritising investment in those areas that can demonstrate strong leadership and ownership at local level through robust action planning and the development of publicly available Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing.

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
Development of this Transformation Plan

1.6 A multi-agency dedicated steering group was established to lead the development of the East Riding of Yorkshire Transformation Plan, meeting regularly since publication of *Future in mind*. Subgroups were identified to look at key areas outlined in *Future in mind*, including Eating Disorders, Perinatal Mental Health, Children and Young People’s Improving Access to Psychological Therapies (IAPT), Universal / Public Health, Self-harm.

1.7 The steering group reported to the East Riding of Yorkshire Children’s Trust Board and in addition updates were provided for the CCG Service Redesign and Commissioning Committee and Governing Body and briefings were presented to the Health and Wellbeing Board.

1.8 Parents, carers and professionals working with children and young people were informed and engaged through existing parent/carer forum arrangements and an active Children and Young People’s Emotional Wellbeing Strategy Group, which includes parents and representatives from primary and secondary schools, Children’s Services and CAMHS. Additionally a special event was held to inform and involve schools with the development of the Transformation Plan. It is our intention to schedule similar events regularly, both as part of our CAMHS/Schools link pilot project and as part of our ongoing whole system work to improve access, experience and outcomes from services for the mental health and wellbeing of children and young people.

1.9 There was major targeted public engagement on Child and Adolescent Mental Health Services in 2012, including a series of focus groups, public engagement events and questionnaires. A full report of this engagement is published on the CCG website. The feedback from this exercise has also been used to inform development of the plan.

1.10 During the development of the new CAMHS service specification a clinical reference group was established, consisting of GPs, clinicians from CAMHS, Children’s Services and school representatives.

1.11 Engagement activities with children and young people were undertaken during September and early October 2015 to develop and refine the Transformation Plan and its priorities.

1.12 Feedback has been gathered from the Young Carers group, the East Riding of Yorkshire Children in Care Council, Youth Council, school staff, Lollipop (a support group for gay, bisexual, transgender and questioning young people in the area), a newly established CAMHS participation group, and feedback from those accessing autistic spectrum assessment through the East Riding of Yorkshire Social and Communication Disorder Panel. An online questionnaire has also been developed and responses gathered.

1.13 Key messages and themes from engagement have been summarised and listed in Appendix 2.

1.14 The East Riding of Yorkshire Transformation Plan will be a living document and similar involvement and engagement activities will continue in order to inform regular review and update of the plan.

1.15 East Riding of Yorkshire Council and East Riding Voices in Partnership (ERVIP), our local parent/carer engagement forum, have recently agreed a co-production charter, making a clear commitment to working in co-production with parents and carers at all levels of
decision making and outlining their intention to establish a Children and Young People Participation and Engagement Group to facilitate better co-production with children and young people. East Riding of Yorkshire. CCG will work closely with East Riding of Yorkshire Council and ERVIP to ensure that mental health and wellbeing services are included in the work of this group.

1.16 The multi-agency dedicated steering group which developed the Transformation Plan will become the Future in mind Strategy Group. It will be responsible for its ongoing monitoring and updating the Health and Well-being and CCG boards of progress towards implementation.

1.17 Below is the governance structure:

2 Current Position in East Riding of Yorkshire

2.1 Population and geography

2.1.1 East Riding of Yorkshire is a large rural area of around 1000 square miles, including coastal towns, urban fringe and remote rural towns and villages. It is largely affluent although there are pockets of significant deprivation in Bridlington, Goole, Withernsea and some parts of Beverley.

2.1.2 East Riding of Yorkshire CCG is not co-terminous with East Riding of Yorkshire Council. As at January 2015 East Riding of Yorkshire CCG has a population of 301,745 registered
with its GP practices, 313,386 resident in East Riding of Yorkshire CCG area and East Riding of Yorkshire Council is responsible for a larger resident population of 337,115 (2014 ONS projection).

2.1.3 A significant number of East Riding of Yorkshire residents are registered with GP practices in Hull CCG or Vale of York CCG.

2.1.4 There are 54,878 children and young people under the age of 18 registered with East Riding of Yorkshire CCG GP practices and 63,870 (2012 estimate) living in East Riding of Yorkshire.

**Figure 1 – East Riding of Yorkshire CCG Localities**
2.1.5 Assessment of local need - The East Riding Mental and Emotional Health of Children and Young People - strategic needs assessment was published in the Spring of 2014. Further needs analyses work on Parenting, Eating Disorders and Self-harm have taken place since 2014 and this work is currently ongoing. Needs analysis work relating to the commissioning of Children and Young Peoples Public Health Services is taking place; this will have a strong focus on promoting resilience, prevention and early intervention.

2.1.6 Published needs assessment data shows that mental health need in East Riding of Yorkshire is relatively low, but local intelligence from CAMHS and Children’s Services professionals suggests that there are growing numbers of young people presenting with eating disorders. Deliberate self-harm and suicide rates are low but there can be peaks in presentation to services.

2.1.7 East Riding of Yorkshire had significantly lower than national and regional average rates of hospital admission following self-harm between 2010/11 and 2012/13.

2.1.8 Compared to national rates East Riding of Yorkshire has:

- Significantly fewer than children living in poverty (12.6% East Riding of Yorkshire, 19.2% England)
• Significantly lower breastfeeding rates at 6-8 weeks (41.1% East Riding of Yorkshire, 47.2% England 2011/12)

• Fewer hospital admissions due to injury (0 – 14 years) (105.3 East Riding of Yorkshire, 112.2 England per 10,000 resident population)

• Significantly fewer over 16s not in education employment or training (NEET) (3.3% East Riding of Yorkshire, 5.3% England)

• Significantly fewer low weight babies (6.2% East Riding of Yorkshire, 7.4% England)

• Significantly lower proportion of population under 18 (19% East Riding of Yorkshire, 21.4% England)

• Significantly higher white population (96.7% East Riding of Yorkshire, 86% England and Wales, 2011)

• Significantly fewer children in care (49 East Riding of Yorkshire, 60 England per 10,000 population)

2.2 Looked After Children

2.2.1 On 31 March 2015 there were 241 East Riding children placed with foster carers or in residential care in the county with a further 49 placed out of area. Looked After Children registered with a Pocklington or Stamford Bridge GP are included in the Local Authority figures above but the Vale of York CCG is responsible for their health care.

2.2.2 279 children from out of area were placed in foster care or residential care in East Riding of Yorkshire. The largest number are from Hull (157), but many come from other parts of Yorkshire and Humberside and further afield. Currently they are unable to access specialist Looked After Children’s CAMHS due to lack of capacity and are referred to Core CAMHS if required. The East Riding of Yorkshire is looking to charge for the health care of out of area Looked After Children (where permitted by guidance). This will enable capacity building of Looked After Children’s CAMHS and other services.

2.2.3 Children’s Social Care

In September 2015 there were 1879 open cases for children and young people, broken down as follows:

Table 1 – Open cases in Children’s Social Care

<table>
<thead>
<tr>
<th>Safeguarding teams</th>
<th>1411</th>
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<tbody>
<tr>
<td>Looked After Children’s team</td>
<td>137</td>
</tr>
<tr>
<td>Pathway team</td>
<td>155</td>
</tr>
<tr>
<td>Children’s Disability team</td>
<td>176</td>
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</tbody>
</table>
2.3 Promoting resilience, prevention and early intervention

2.3.1 East Riding of Yorkshire Council is the public sector organisation with a lead responsibility for Public Health and Public Mental Health. However different interventions are delivered by different partners, organisations and local authority teams.

2.3.2 The work of the Health and Wellbeing Board (HWB) including the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy for the East Riding of Yorkshire, 2013-2016 have prioritised improving the mental and emotional health of children and young people.

2.3.3 The Public Health Team currently commission services which provide breastfeeding support, smoking in pregnancy, infant feeding programmes and part funding for the Family Nurse Partnership Programme.

2.3.4 The Public Health Team will commission the Healthy Child Programme for children and babies from conception to 5 years from 1 October 2015. This service is delivered by Humber Foundation Trust Health Visiting Team and the role of this service is to:

- Improve physical and mental health outcomes for all children and young people and reduce health inequalities.
- Support maternal mental health (perinatal depression) in line with NICE guidance and provide a listening programme.
- Support vulnerable families including where an adult within the family has mental health problems.
- Promote attachment, positive parental and infant mental health and parenting skills using evidence based approaches.

2.3.5 The Family Nurse Partnership Programme is aimed at first time teenage mothers (and fathers) under the age of 19 years and from 1st October 2015 is delivered by Humber Foundation Trust. The service is delivered intensively pre-birth to when the child is 2 years of age with a focus to:

- To improve pregnancy outcomes, so that the baby has the best start in life.
- To improve the child’s health and development by developing parenting knowledge and skills.
- To improve parents’ economic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education).

2.3.6 Developing Well

The Public Health Team commission the Healthy Child Programme for children and young people aged 5-19 years and delivered by Humber Foundation Trust School Nursing Team. The role of the service is to:

- Improve the physical and mental health outcomes for all children and young people and reduce health inequalities.
- Promote good mental health and wellbeing, support early intervention in mental ill health and identify and help children and young people and their families who need...
support with their emotional or mental health, including referring for primary care and/or specialist support where appropriate.

2.3.7 **Children’s Centres**

a. Children’s Centres offer support for babies, children and families from -9 months through identifying those who may need support at the early booking appointment with the midwife. Mothers-to-be with low self-esteem and/or who are dealing with issues that are or have the potential to affect her health and well-being are offered 1:1 support by an experienced worker to reduce stress in pregnancy, resulting in a healthier baby.

b. Antenatal parent education offered at the Children’s Centre provides parents to be with information about bonding with their bump, attachment, and early brain development to help them become responsive to their baby’s needs.

c. Post-natal support is offered in the early days alongside the midwife and health visitor. East Riding is part of the national NSPCC pilot for Coping with Crying, helping parents to cope with the early weeks and months and responding appropriately to their baby. It also facilitates a discussion with parents about their emotional wellbeing and how they are able to meet the baby’s needs.

d. Baby massage is offered to all babies and parents at around 6 weeks old. The session promotes attachment and responsive care as well as massage strokes and provide an opportunity for staff to identify parents who may be struggling or at not showing signs of secure attachment to their infants. This enables them to offer 1:1 support if required.

e. Children’s Centres offer support groups for mothers experiencing low mood and post-natal depression. Staff running them have received relevant training and groups are bespoke to the needs and wishes of those attending. Sessions address particular issues and activities are provided to encourage understanding their babies needs and how to nurture them.

f. All sessions in centres are planned to support children’s social and emotional development and parents are encouraged to learn about their child’s development and understand their learning and next steps.

g. Children’s Centre staff work through an early intervention model as well as with those who are Looked After Children, subject to Child Protection Plans and Child in Need plans. Work is undertaken with individual children to support their emotional health and signpost them to specialist services if required.

2.3.8 **School based Interventions and Support**

The ELSA (Emotional Literacy Support Assistants) programme started in 2012. 110 Teaching Assistants have been trained to support the emotional and social needs of pupils in groups or individually, with a particular focus on identifying and expressing emotions, developing effective social interactions and coping with bereavement and loss. ELSAs receive regular on-going supervision.

2.3.9 The Mental Health First Aid Schools Training is a one-day event for staff in schools and colleges who support young people aged 8 to 18. Training will begin in Autumn 2015 and initially focus on secondary school staff. The programme promotes staff awareness of how to support pupils with specific mental health needs, e.g. those who are self-harming. Between 2011 and September 2015, 350 multi agency professionals have been trained in the two day Youth Mental Health First Aid Training Course.
2.3.10 Schools provide support for pupils using class-based nurturing approaches and principles which are based on an understanding of the theory of attachment. Some have established in-school nurture groups. The Education Inclusion Service provides advice and support to help them to develop their nurturing approaches.

2.3.11 Schools can access a range of interventions from the Education Inclusion Service to enhance quality first teaching. Examples include: person-centred approach and thinking tools, psychological therapy-based approaches using sand, play and puppets, the ‘working on what works’ approach, training opportunities for conflict resolution through peacemakers, attachment and management of challenging emotions, Circle of Friends, PIKAS Shared Concern method for reducing bullying and Social and Emotional Aspects of Learning (SEAL) small group work.

2.3.12 Primary SEAL was introduced and implemented across 95% of Primary schools within the East Riding during the period 2004-2009. It focuses on developing pupil resilience, understanding and managing difficult emotions, friendship development and coping with bereavement and loss. Many primary schools continue to include this in their curriculum.

2.3.13 Many schools provide counselling in addition to other pastoral care and support. However this is done at individual school level and there is currently no consistent approach to delivery of this type of support. It is planned to consult and develop a standard for schools counselling which they can adopt if they wish to ensure high quality provision is provided.

2.3.14 Targeted interventions to address pupils with specific needs are provided by the Education Inclusion Service and include the Friends for Life group-based programme for pupils with anxiety aged 5 – 16, Nurturing programme for Teenagers and support for pupils with selective mutism.

2.3.15 From September 2015 Youth and Family support have created an Education and Prevention Team to work in schools. The core purpose is to promote resilience within young people and support them to make positive behaviour change. The team will offer universal information, advice and guidance in relation to risk taking behaviour, self-esteem and confidence building, positive relationships, bullying and e-safety. It will also lead targeted group sessions with vulnerable young people and offer 1:1 early help support in partnership with schools. In the future practitioners will be trained to lead teen parenting workshops for parents / carers using the Teen Links programme.

2.3.16 Prevention Programmes – Suicide Prevention

In line with the All Party Parliamentary Group on Suicide and Self-harm recommendations the Public Health Team have in place:

- A local suicide audit in order to understand local suicide risk.
- A suicide prevention action plan in order to identify the initiatives required to address local suicide risk.
- A local multi-agency suicide prevention group which involves statutory agencies and voluntary sector organisations.
- This work covers all age groups.

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
2.3.17 Bullying

a) Bullying is defined as the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. A risk factor for mental health problems is being bullied.

b) East Riding of Yorkshire Council has developed a multi-agency anti-bullying strategy and group which is accountable to the Children’s Trust Board.

c) The group raises awareness of bullying, encouraging organisations to take to bullying seriously, and offering training opportunities to the wider children and young people’s workforce.

d) Group membership includes a young person who is an Anti-Bullying Ambassador for the Diana Award.

e) In recent years cyber bullying has added a new dimension to bullying and may include threats and intimidation directed at pupils while also potentially removing the home as a safe haven. Staff can also be victims to this. The East Riding of Yorkshire Council lead for this area is a member of the group.

2.3.18 Building Capacity within the wider workforce

Capacity Building involves enabling individuals and organisations to strengthen their capacities to perform effectively in solving problems around a particular issue. The Public Health Team has commissioned a number of international recognized and local training courses and workshops. These include:

Table 2 – Training Courses and workshops

<table>
<thead>
<tr>
<th>Youth Mental Health First Aid (YMHFA)</th>
<th>2 day training for those working with 8 – 18 year olds</th>
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<tbody>
<tr>
<td>Mental Health First Aid Schools (MHFAS)</td>
<td>1 day training for those working in schools and colleges</td>
</tr>
<tr>
<td>Applied Suicide Intervention Skills Training (ASIST)</td>
<td>2 day training for those in regular contact with people who are expressing thoughts of suicide</td>
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<tr>
<td>Suicide Alertness for Everyone (Safe Talk)</td>
<td>3.5 hour workshop aimed at anyone working with the general public</td>
</tr>
<tr>
<td>Anti-Bullying</td>
<td>1 day training and a 1 day conference aimed at those working with children and young people</td>
</tr>
<tr>
<td>Eating Disorders Awareness</td>
<td>1 day training aimed at those working with children and young people. 2 hour workshops aimed at professionals, carers and those with an Eating Disorder</td>
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<tr>
<td>Self-Harm Awareness</td>
<td>3 hour workshop aimed at those working with children and young people</td>
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East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
2.3.19 **Youth and Family Support**

In addition to school based provision Youth and Family Support currently employ a team of counsellors (3 fte) who work with young people aged 11 to 19 who do not meet the threshold for CAMHS. Currently this team offer purely face to face counselling appointments, however the service is considering opportunities to increase access to 24 hours using online counselling packages.

Intensive support is provided to families deemed as “troubled” within the East Riding under the banner of the Supporting Families programme. This aims to promote resilience and independence in families with phase 2 (2015 – 2020) specifically targeting those where there are concerns in relation to emotional / mental health. It delivers practical support to whole families through a “one family – one worker” model. Phase 2 has created an opportunity for wider service areas to consider the whole-family approach to working, with pilot areas within anti-social behaviour, education welfare, early years and family support currently being explored.

2.3.20 **Parenting Programmes**

There is strong evidence that investment in promoting the mental health and well-being of parents and children notably in the pre-school years, can avoid health and social problems later in life. A number of different programmes and courses are available provided by a number of different providers and agencies. These include Youth and Family Support, Education Inclusion Service and Children’s Centres. The review is due to report in December 2015.

Current parenting courses and interventions include:

- **Triple P Parenting programme** to help parents support their children,
- **Nurturing programme for Teenagers**
- **Courses and 1-1 parenting support** offered at Children’s Centres including:
  - Antenatal parent education (1200 parents attended 2014-15)
  - Baby massage (2124 parents attended 2013-14 – reaching 51% of the new born child population)
  - Post natal information, advice and guidance sessions (460 parents attended 2013-14)
  - Parent education including the Family Links Nurturing Programme (1793 parents attended 2013-14)

Children’s Centres particularly target working with fathers and young parents and are becoming increasingly successful at reaching this group. All courses offered include some element of evidence based practice.

- **Family Nurse Partnership** which is currently working with vulnerable first time parents aged under twenty in Goole and Bridlington. This is due to be expanded to those who meet the criteria across the East Riding of Yorkshire in 2016.

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
• Parenting programmes for the parent / carers of children and young people who have been diagnosed with autism:
  o “Exploring autism” for those with children up to the age of 7
  o Barnardo’s Cygnet Programme for families with children aged 7 to 16
  o Cygnet puberty course looking at puberty, sexual health and relationships for families who have attended the core courses above.

In addition, three courses are available for parents / carers whose children may be waiting for diagnosis or undergoing assessment as well as those who have autism:
  o Introducing autistic spectrum conditions
  o Managing anger
  o Sensory needs

2.4 Improving access to effective support – a system without tiers

2.4.1 Following a period of review and targeted clinical and stakeholder engagement, East Riding of Yorkshire CCG, East Riding of Yorkshire Council and Humber NHS Foundation Trust implemented a new service specification for CAMHS in April 2014, driving a number of significant improvements. These include:

• The introduction of new local access targets - in particular a local target for 95% of referrals to result in intervention, where appropriate, within 18 weeks of referral, to achieve parity of esteem with physical health services.
• Introduction of a CAMHS single point of access (Contact Point), operating Monday to Friday 8am to 6pm, accepting referrals from young people themselves, parents or carers, as well as health, education and other professionals.
• Contact Point which also provides advice, support and information.
• A consultation service providing specialist mental health and wellbeing advice and support to professionals working with children and young people.
• Introduction of an intensive intervention service providing planned interventions over extended hours seven days per week for those who are at risk of admission to inpatient CAMHS. This service also facilitates regular contact between young people admitted to inpatient units and local CAMHS making discharge planning more effective. This is particularly important in East Riding of Yorkshire as the nearest CAMHS inpatient services are in York and Leeds, up to 70 miles from parts of the CCG area.
• Improvement in the data provided by the service to commissioners to accurately reflect activity and waiting times for assessment and intervention.
• Participation in the national children and young people’s IAPT programme.
• Crisis assessment both in and out of normal working hours.
• Targeted services providing support to vulnerable groups, including Looked After Children, children and young people with learning disabilities and young offenders.
• 6 specialist pathways –
  o mood (anxiety and depression)
  o conduct disorders
  o ADHD

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
2.4.2 The current service specification already includes two of NHS England’s key objectives for the first year of the transformation programme:

- Self-referral
- Access and waiting time targets.

2.4.3 East Riding of Yorkshire CCG and East Riding of Yorkshire Council hold regular performance monitoring and integration meetings with Humber NHS Foundation Trust, our local CAMHS provider. These meetings are intended to deliver our local ambitions for improving access times for CAMHS and to support greater integration of CAMHS with other children’s services. The increased investment and work done on this agenda to date provides a good baseline for our transformation plan.

2.4.4 Inpatient Child and Adolescent Mental Health Services are nationally designated as specialist services, which are commissioned by NHS England. Commissioners from East Riding of Yorkshire CCG and East Riding of Yorkshire and CAMHS professionals from Humber NHS Foundation Trust are working increasingly closely with NHS England and inpatient CAMHS providers to ensure transfer to and from inpatient CAMHS is as seamless as possible.

2.4.5 NHS England’s Yorkshire and Humber Mental Health Specialised Commissioning Team works closely with identified lead commissioners in each of the 23 CCG areas across Yorkshire and Humber 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 Yorkshire and Humber where collaboration take place, these include for example, the Yorkshire and Humber 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.

2.4.6 The nearest CAMHS inpatient units to East Riding of Yorkshire are Mill Lodge (formerly Lime Trees) in York and Little Woodhouse Hall in Leeds.

2.4.7 The National CAMHS Tier 4 Review identified Yorkshire & Humber 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 and recommendations in relation to procurement of Tier 4 services are due to be announced imminently.

2.4.8 Within Yorkshire and Humber, East Riding of Yorkshire has some of the largest travelling times and distances to the nearest inpatient CAMHS units. For some families the nearest unit is more than 70 miles away and often the nearest units either have no available beds or cannot meet the needs of the young person requiring admission, therefore the distances can be much greater.

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
2.4.9 The lack of inpatient CAMHS beds within a reasonable distance to many parts of the East Riding of Yorkshire has led to a small number of children and young people being placed up to 150 miles away from home. This has caused considerable distress, anxiety and disruption in the lives of the children and young people concerned and their families. Considerable media interest has been engendered, with the Hull Daily Mail launching its “Kids in Crisis” Campaign calling for inpatient beds to be made available in the local area for children and young people who need them. There has also been interest and involvement from a local Member of Parliament, a meeting with a coalition minister for health in 2013 and a short debate in Parliament.

2.4.10 There has been a national increase in self-harming and high risk behaviours amongst young people between the ages of 12 and 18yrs, which has led to an increase in national demand for CAMHS inpatient services and has inevitably exacerbated the pressures upon the local services when an admission to hospital is required.

2.4.11 Summary of current inpatient CAMHS provision in Yorkshire and Humberside:

As at April 2015 there were 90 beds in Yorkshire and Humberside, of which 53 were general adolescent and 37 other, however some of this capacity provides for population of East Midlands. These are broken down as follows:

- Leeds and York NHS Partnership Foundation Trust (York) - 16 general adolescent beds, deaf outpatient services
- Leeds Community NHS Healthcare Trust (Leeds) - 8 general adolescent beds
- Riverdale Grange (Sheffield) – 9 CAMHS Eating Disorder beds
- Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield) – 15 general adolescent beds, 12 PICU beds
- Sheffield Children’s Hospital NHS FT (Sheffield) – 14 beds 14-18yrs, 9 beds 10-14yrs, 7 beds LD non-secure 8-18yrs, day-care 5-10yrs.

2.5 Care for the most vulnerable

2.5.1 There are targeted CAMHS services in place in East Riding of Yorkshire CCG area for children and young people with learning disabilities, Looked After Children and children in the criminal justice system. These provide a range of interventions and support appropriate to the targeted group both where the need would not meet access criteria for core CAMHS intervention and in place of core CAMHS interventions in many cases where the criteria are met.

2.5.2 East Riding CAMHS has a specialist nurse based in the Youth Offending Service to work with young people aged 10 – 18 years who come in to the Criminal Justice System. Her caseload is mainly of those with complex emotional / social needs and she delivers a range of psycho-social interventions, including with those with a Court Order which compels them to have CAMHS interventions. If a young person is remanded into the secure estate, the role includes monthly meetings with them to assist them in engaging with the service on release.
2.5.3 The number of children and young people in the youth justice system in the East Riding of Yorkshire is low compared to other parts of the county and this is reflected in the number who are in secure accommodation.

**Table 3 - Number of East Riding of Yorkshire young people in SCHs, STCs and YOIs***

<table>
<thead>
<tr>
<th>July 2015</th>
<th>Accommodation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YOT</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>0</td>
</tr>
</tbody>
</table>

*The above data has been collected by the Youth Justice Board and supplied by NHS England Specialist Commissioning Team for Yorkshire and Humber.*

2.5.4 There are currently not always similar services for Looked After Children and young people available in other areas or, where they are available, capacity may be limited because they are commissioned based on local needs. It can therefore sometimes be difficult to access similar targeted services for Looked After Children placed outside of East Riding of Yorkshire.

2.5.5 Post-adoption support is generally commissioned by East Riding of Yorkshire Council Children’s Services on an individual basis, depending on the nature of the support or intervention required and on the location.

2.5.6 Children and young people with autistic spectrum conditions are diagnosed by a multi-disciplinary panel made up of a speech and language therapist, educational psychologist, community paediatrician clinical psychologist, Portage worker, as required.

2.5.7 Post autistic spectrum diagnosis support is provided through accredited targeted parenting programmes, inclusion support workers linked to school localities and a small number of specialist units within mainstream schools.

2.5.8 A specialist Young Offenders Team nurse is available to work with local support services, liaising with criminal justice provision as required to meet mental health and wellbeing needs.

2.5.9 Critical Incident Response is provided by Educational Psychologists to support children and young people, staff and parents to cope in situations which are unexpected, acute, stressful and exceed the normal coping capacities of individuals.

2.5.10 Primary-aged pupils whose emotional needs require specialist enhanced nurturing support can access the local authority’s nurture unit provision based within Driffield Primary. There is also alternative education provision available for young people whose social and emotional needs are best addressed through small group learning provision.

2.5.11 Schools and other educational settings can seek advice and support for individual pupils following consultation with their link Educational Psychologists and/or Advisory teachers.

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
2.6 Equality

An equality impact analysis has been undertaken and this will be reviewed throughout the life of the East Riding of Yorkshire transformation plan for promoting, protecting and improving our children and young people’s mental health and wellbeing. This has identified no negative impact on protected groups and some positive impact on those vulnerable groups identified in the East Riding of Yorkshire service specification for CAMHS:

- With learning difficulties and disabilities
- On the autistic spectrum
- With chronic physical health problems
- Lesbian, gay, bisexual and transgender (LGBT)
- Affected by child sexual exploitation or sexual abuse
- In the care system ie Looked After Children including pre- and post-adoption
- In the criminal justice system
- Black and minority ethnic groups
- Young carers
- Those affected by domestic violence, parental substance misuse, parental learning disabilities or severe and enduring mental health problems.

The following specific equality related actions have been identified and form part of this Plan:

- Consult and develop a consistent standard for schools counselling which schools can adopt should they so wish.
- Development, in 2016/17, of a comprehensive targeted vulnerable children and young people’s service, to cover listed diverse groups (priority 10).
- Make perinatal mental health support accessible to all women who are in need.

2.7 Accountability and transparency

2.7.1 Finance

Investment in the mental health and wellbeing of children and young people in East Riding of Yorkshire is summarised in Appendix 4.

It has not been possible to identify all East Riding of Yorkshire Council and school spending on mental health and wellbeing at the time of publication of the transformation plan. The action plan includes further work to capture and regularly update this additional resource.

For those services where finance data are available we have identified a total of £5.24 million was spent on mental health and wellbeing services for children and young people in 2014/15, broken down as follows:

**East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing**
2.7.2 **Activity**

Whilst awaiting the introduction of the new national mental health and learning disability minimum data set, East Riding of Yorkshire CCG has agreed with Humber NHS Foundation Trust a local data set to improve commissioner and provider understanding of CAMHS activity and waiting times.

Updated activity figures for CAMHS and other mental health and wellbeing services will be posted regularly with the published Transformation Plan on the CCG website: [Community Child & Adolescent Mental Health Services — East Riding of Yorkshire Clinical Commissioning Group](https://www.eastridingofyorkshireccg.nhs.uk/)

The tables and charts below outline local community (September 2014 – August 2015) and specialist inpatient CAMHS activity (2014/15).

**a) Summary of CAMHS activity**

*Table 4 – Summary of CAMHS activity*

<table>
<thead>
<tr>
<th>Month</th>
<th>Referrals to Contact Point</th>
<th>Current Caseload</th>
<th>Contacts</th>
<th>Did not attend</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-2014</td>
<td>155</td>
<td>581</td>
<td>588</td>
<td>53</td>
<td>136</td>
</tr>
<tr>
<td>Nov-2014</td>
<td>122</td>
<td>601</td>
<td>522</td>
<td>47</td>
<td>145</td>
</tr>
<tr>
<td>Dec-2014</td>
<td>119</td>
<td>598</td>
<td>475</td>
<td>46</td>
<td>135</td>
</tr>
<tr>
<td>Jan-2015</td>
<td>134</td>
<td>582</td>
<td>526</td>
<td>51</td>
<td>71</td>
</tr>
<tr>
<td>Feb-2015</td>
<td>153</td>
<td>673</td>
<td>430</td>
<td>39</td>
<td>100</td>
</tr>
<tr>
<td>Mar-2015</td>
<td>175</td>
<td>765</td>
<td>445</td>
<td>35</td>
<td>85</td>
</tr>
<tr>
<td>Apr-2015</td>
<td>134</td>
<td>782</td>
<td>529</td>
<td>52</td>
<td>157</td>
</tr>
<tr>
<td>May-2015</td>
<td>143</td>
<td>784</td>
<td>514</td>
<td>53</td>
<td>79</td>
</tr>
<tr>
<td>Jun-2015</td>
<td>135</td>
<td>761</td>
<td>638</td>
<td>61</td>
<td>210</td>
</tr>
<tr>
<td>Jul-2015</td>
<td>134</td>
<td>762</td>
<td>665</td>
<td>65</td>
<td>133</td>
</tr>
<tr>
<td>Aug-2015</td>
<td>87</td>
<td>710</td>
<td>506</td>
<td>56</td>
<td>118</td>
</tr>
<tr>
<td>Total</td>
<td><strong>1608</strong></td>
<td><strong>6425</strong></td>
<td><strong>632</strong></td>
<td><strong>1504</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Telephone contacts are not currently included in the data being collected.*
b) CAMHS current caseloads by pathway

Table 5 – CAMHS current caseloads by pathway

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Condition</td>
<td>17</td>
<td>26</td>
<td>25</td>
<td>16</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>22</td>
<td>24</td>
<td>24</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Attention Difficulties (ADHD)</td>
<td>144</td>
<td>157</td>
<td>159</td>
<td>173</td>
<td>174</td>
<td>174</td>
<td>176</td>
<td>174</td>
<td>177</td>
<td>183</td>
<td>184</td>
<td>187</td>
</tr>
<tr>
<td>Conduct</td>
<td>38</td>
<td>42</td>
<td>44</td>
<td>41</td>
<td>40</td>
<td>41</td>
<td>38</td>
<td>40</td>
<td>37</td>
<td>39</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>Contact Point</td>
<td>33</td>
<td>44</td>
<td>60</td>
<td>66</td>
<td>35</td>
<td>111</td>
<td>169</td>
<td>175</td>
<td>160</td>
<td>118</td>
<td>119</td>
<td>60</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>42</td>
<td>39</td>
<td>39</td>
<td>45</td>
<td>44</td>
<td>42</td>
<td>43</td>
<td>43</td>
<td>43</td>
<td>41</td>
<td>43</td>
<td>45</td>
</tr>
<tr>
<td>IAPT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>28</td>
<td>27</td>
<td>26</td>
<td>14</td>
<td>12</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood</td>
<td>190</td>
<td>209</td>
<td>213</td>
<td>204</td>
<td>214</td>
<td>219</td>
<td>224</td>
<td>238</td>
<td>244</td>
<td>265</td>
<td>268</td>
<td>267</td>
</tr>
<tr>
<td>Primary Mental Health (Early Intervention)</td>
<td>36</td>
<td>23</td>
<td>21</td>
<td>15</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>17</td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Psychosis</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Self-harm</td>
<td>33</td>
<td>38</td>
<td>37</td>
<td>33</td>
<td>35</td>
<td>43</td>
<td>44</td>
<td>41</td>
<td>52</td>
<td>54</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Youth Justice Service</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>536</td>
<td>581</td>
<td>601</td>
<td>598</td>
<td>582</td>
<td>673</td>
<td>765</td>
<td>782</td>
<td>784</td>
<td>761</td>
<td>762</td>
<td>710</td>
</tr>
</tbody>
</table>

c) CAMHS referrals to Contact Point and numbers closed after triage

A significant number of referrals to Contact Point do not proceed to full assessment and intervention. Between September 2014 and August 2015, 1608 referrals were received, with 549 being accepted for full assessment and intervention. 1059 were closed after triage because they had received information, advice and support, signposted to another agency or given a brief intervention. This equated to 66% of referrals.

d) Inpatient CAMHS activity 2014/15*

In 2014/15 there were 1,489 occupied bed days in inpatient CAMHS units for children and young people from East Riding of Yorkshire CCG. These were split as follows:

Table 6 – Occupied bed days in inpatient CAMHS 2014/15

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Bed Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adolescent</td>
<td>824</td>
</tr>
<tr>
<td>Child</td>
<td>191</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>474</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1489</td>
</tr>
</tbody>
</table>

*The above data has been supplied by NHS England Specialist Commissioning Team for Yorkshire and Humber.
2.8 Waiting Times

The chart below outlines waiting times for local community CAMHS (April 2014 – August 2015). It includes children and young people whose referral is currently being triaged at Contact Point, are undergoing assessment for ADHD or who have been offered appointments but declined and requested another at a different time, location or have not attended and are awaiting another.

Figure 3 - Total waiting list and numbers waiting over 18 weeks

2.9 Developing the workforce

2.9.1 Details of the whole system mental health and wellbeing workforce are included in Appendix 4. It has not been possible to identify all Local Authority and School workforce figures for mental health and wellbeing at the time of publication of the transformation plan. The action plan includes further work to capture and regularly update this.

2.9.2 Updated workforce information can be found on the CCG website: Community Child & Adolescent Mental Health Services — East Riding of Yorkshire Clinical Commissioning Group

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
3 East Riding of Yorkshire Transformation Plan

3.1 Priority Areas for the Transformation Plan in years 1 and 2

3.1.1 The five year plan covers the whole spectrum of services for mental health and wellbeing of children and young people, however based on the national priorities and our local needs assessment the following have been identified for inclusion in the transformation plan as local priority areas for development in 2015/16 and 2016/17:

<table>
<thead>
<tr>
<th>Local Priority for Transformation Funding</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FiM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Development of 24/7 crisis response and resolution service</td>
<td>1</td>
<td>ii</td>
<td>FiM</td>
<td>46</td>
</tr>
<tr>
<td>2.</td>
<td>Continued improvement programme for access to and outcomes from specialist CAMHS</td>
<td>1</td>
<td>ii</td>
<td>FiM</td>
<td>47</td>
</tr>
</tbody>
</table>

**National Priority – Eating Disorders**

<table>
<thead>
<tr>
<th>Local Priority for Transformation Funding</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FiM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Eating disorder service compliant with NICE guidelines and Waiting Times and Access Standards published with the national Transformation Plan guidance. Continued awareness raising and training programme to improve understanding and promote early identification and intervention</td>
<td>1,3</td>
<td>ii,v</td>
<td>FiM ED</td>
<td>48</td>
</tr>
</tbody>
</table>

**Other developments in 2015/16**

<table>
<thead>
<tr>
<th>Local Priority for Transformation Funding</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FiM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Schools link pilot</td>
<td>5</td>
<td>v</td>
<td>DH Pilot Project Funding</td>
<td>51</td>
</tr>
<tr>
<td>5.</td>
<td>Perinatal service development</td>
<td>4</td>
<td>iii</td>
<td>ERYCCG or national funding tbc</td>
<td>52</td>
</tr>
</tbody>
</table>

**Existing Priorities for ongoing service development**

<table>
<thead>
<tr>
<th>Local Priority for Transformation Funding</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FiM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Continued participation in children and young people's improving access to psychological therapies (CYP IAPT) programme</td>
<td>2</td>
<td>i,ii,v</td>
<td>National IAPT</td>
<td>50</td>
</tr>
<tr>
<td>7.</td>
<td>Public mental health. Continued programme of health promotion, awareness raising, training, and generic parenting programmes, to help deliver earlier identification and intervention, reduce stigma and improve resilience in our population,</td>
<td>1</td>
<td>i,v</td>
<td>ERYC</td>
<td>N/A</td>
</tr>
<tr>
<td>8.</td>
<td>Work with NHS England to improve access to inpatient beds in the region, focusing on both numbers of beds and proximity of services to East Riding of Yorkshire</td>
<td>1</td>
<td>ii</td>
<td>NHSE Specialist Services</td>
<td>N/A</td>
</tr>
<tr>
<td>9.</td>
<td>Integration of the CAMHS Contact Point and Children's Services Early Help and Safeguarding</td>
<td>1</td>
<td>i,ii,v</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing

<table>
<thead>
<tr>
<th>Local Priority</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FIM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hub so referrals are actioned by the most appropriate service. Ultimately, as part of the Transformation Plan it is planned that the services will share a single point of access and ensure easy referral to the most appropriate service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Priorities for development in 2016/17**

10. Development of a comprehensive targeted vulnerable children and young people’s service, to cover:
   - Looked After Children and young people
   - Learning disabilities
   - Autism
   - Children and young people in the Criminal Justice system
   - Victims of Child Sexual Exploitation/Sexual abuse
   - Young people who are Lesbian, Gay, Bisexual and Transgender
   - Black and minority ethnic groups
   - Post adoption support (Council can access national Adoption Support Fund for this and commission either directly or include in personal budget)
   - Young carers
   - Children and Young People whose parents misuse substances, including alcohol, or have mental health problems or learning disabilities
   - Have chronic physical health problems (e.g. diabetes, epilepsy, life-limiting conditions, degenerative illness)

   It may be necessary to add new groups to this list based on changes to the local population, e.g. if significant numbers of asylum seekers settle in East Riding of Yorkshire.

11. Expansion of existing early intervention services for mild to moderate need, such as primary mental health workers, counselling and brief Cognitive Behavioural Therapy, to reduce need for higher level interventions. Some of these services could be school-based.

<table>
<thead>
<tr>
<th>Local Priority</th>
<th>Description</th>
<th>National Key Objective</th>
<th>FIM Key Theme</th>
<th>Funding Source</th>
<th>Row on tracker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>iii</td>
<td>tbc</td>
<td>49</td>
</tr>
</tbody>
</table>

Key:
- i. Promoting resilience, prevention and early intervention
- ii. Improving access to effective support – a system without tiers
- iii. Care for the most vulnerable
- iv. Accountability and transparency
- v. Developing the workforce
Five key objectives included in the August 2015 guidance:

1. Build capacity and capability across the system.
2. Roll out the children and young people’s improving access to psychological therapies programmes (CYP IAPT).
3. Develop evidence based community eating disorder services for children and young people.
4. Improve perinatal care.
5. Bring education and local children and young people’s mental health services together around the needs of the individual child through a joint mental health training programme, testing it over 15 CCGs.

3.1.2 Based on the announcement of additional resource in the Autumn Statement and Future in mind, and given the previously identified gaps in services for the mental health and wellbeing of children and young people, East Riding of Yorkshire CCG included in its financial planning for 2015/16 investment of this additional resource in community CAMHS to enhance the crisis service and expand core services, including targeted services for learning disabilities and long-term conditions, to improve access and outcomes to meet or exceed our local target of 95% referral to treatment within 18 weeks.

3.1.3 High level action plans and associated key performance indicators are provided below and in the tracker spreadsheet. Detailed plans for each priority will be developed and monitored through the governance arrangements outlined in 1.13.

3.2 Priorities for Transformation Funding

3.2.1 Local Priority 1 – Crisis Response and Resolution Service

Given the distance to the nearest inpatient CAMHS units and the ambitions outlined in local and national Crisis Care Concordats, the highest priority for East Riding of Yorkshire CCG in 2015/16 is the development of a robust 24/7 crisis response and resolution service.

This development is intended to provide a safe, high quality response to mental health crises, prevent the need for temporary admission to a place of safety, reduce impact on emergency departments and acute paediatric wards and reduce the need for specialist CAMHS inpatient admission.

The crisis response and resolution service will have strong links to existing adult crisis services and to hospital mental health liaison services, which will be enhanced through use of national resilience/parity of esteem funding in 2015/16. This funding is not included in the tracker, as it covers all ages and not just children and young people.

This will also reduce the adverse impact of crisis management on staff working with routine cases and the Intensive Intervention service, thus improving overall waiting times, access and outcomes.

For more information see Appendix 1.a

Evidence base:

Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing NHS England, March 2015

Mental health crisis concordat – improving outcomes for people experiencing mental health crisis Department of Health, 2014

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
3.2.2 Local Priority 2 - Improvement programme for access to and outcomes from specialist CAMHS

CAMHS in East Riding of Yorkshire is already working towards locally agreed targets for access and a local data set has been negotiated in advance of the introduction of the national Mental Health and Learning Disabilities Data Set to support and monitor progress.

Humber NHS Foundation Trust have completed capacity and demand work based on the existing workforce together with the planned increase in commissioned services and have produced a trajectory for the delivery of the local access target by the end of 2015.

Figure 4 - shows the trajectory from July 2015 based on year to date referral patterns*

*Data is for the Core Team only and reflects the number of patients referred to a treatment plan. It does not include Contact Point.

Additional core CAMHS capacity has been commissioned based on this local capacity and demand analysis to support the performance ambitions outlined here.

Between October 2015 and March 2017 further improvement is planned, to ensure that:

- referral to treatment time is below 18 weeks for at least 95% of all referrals to CAMHS
- mental health crises are assessed within 4 hours of request and where required ongoing support to manage the crisis is available 24/7
- eating disorder assessment and treatment are provided within the newly introduced national access targets of 1 week for urgent referral and 4 weeks for routine referral
- outcomes measures are developed, piloted and introduced to measure the effectiveness of CAMHS interventions

For more information see Appendix 1.b

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
3.3 National Priority – Eating Disorders

3.3.1 Local Priority 3 – Eating Disorders
East Riding and Hull CCGs have a joint population of 594,963 (East Riding – 302,703, Hull – 292,260) and are working together on the Eating Disorders priority.

East Riding has a high level of identified need, with forty-five young people on the eating disorders pathway on 24th August 2015. This number has remained fairly consistent over the previous 12 months with an average of 42 on the caseload at any one time (September 2014 – August 2015). In October 2014 Eating Disorder patients accounted for 7.9% of the Core CAMHS caseload but required 26% of the team’s capacity.

Currently young people diagnosed with an eating disorder are treated in core CAMHS, with those with the most severe problems receiving support from the Intensive Intervention Team. A minority require inpatient care but this is not available locally, with some needing to travel a minimum of 60 miles due to the geography of the East Riding and the lack of local beds, and often upward of 120 miles to access this.

The East Riding of Yorkshire Eating Disorders Team is currently being developed and now consists of three nurses with interest and expertise in eating disorders. One nurse transferred from core CAMHS and has considerable experience in this field and is about to underpin this by starting formal specialist training. In addition two CAMHS specialist eating disorders nurses are currently on long term secondment to the team. All referrals to Contact Point for those suspected of suffering from an eating disorder are immediately forwarded to them for triage. If this is confirmed, they become part of their caseload. If required the Intensive Intervention Team also become involved in their care.

In 2014 – 15 there was a sudden rise in the number of young people, mostly previously unknown to services, who were admitted to acute local hospitals requiring re-feeding and physical stabilisation for a number of days from East Riding CCG area. They were aged between 9 and 18 years and 11 patients were female and 5 were male.

There is currently no specialist Eating Disorder service within adult Community Mental Health services, which causes difficulties with transition for those reaching the age of 18. It is intended to explore options for extending the service to enable access up to age 25 or to

Evidence base:
Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing NHS England, March 2015

Guidance for commissioning of child and adolescent mental health services Joint Commissioning Panel for Mental Health, October 2013


Personalised health and care 2020: using data and technology to transform outcomes for patients and citizens National Information Board and Department of Health (2014)
create an all age service as part of the Transformation Plan.

In partnership with Hull CCG, we wish to ensure that children and young people from the area suffering from an eating disorder are able to benefit from:

- Early identification and intervention within the timescales set out in the Access and Waiting Time Standard.
- Easy access to services via Contact Point. This will include through self-referral where appropriate.
- The provision of a range of evidence based, NICE compliant, treatment options, including family interventions.
- Intensive Intervention will be available for those who require it for a period of time, with the aim of keeping young people at home rather than needing to access inpatient care where possible.
- Training for GPs and Practice Nurses to improve early identification and support for young people with eating disorders.
- Training for acute hospital staff involved in the care of those needing hospitalisation for physical health risk, to improve confidence in managing the holistic needs of these children and young people whilst they are in an acute setting.
- Wider understanding of physical risk with improved access to support services including dietetics, phlebotomy, weight measurement and others as required.
- Robust, compassionate support for families and carers.
- Educational resources and training on prevention and early identification for schools and others working with children and young people eg leisure staff, social care, voluntary sector etc.
- Improved information for young people, parents / carers etc.
- Improved transition to adult services or an increase in the age for attending the Specialist Eating Disorder Service to 25 or all age.

**Proposed model**

<table>
<thead>
<tr>
<th>CAMHS Contact Point – single point of access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early identification, intervention and prevention to include:</strong></td>
</tr>
<tr>
<td>Training offered to GPs and other primary care staff</td>
</tr>
<tr>
<td>Training offered to school staff and the wider children and young people workforce</td>
</tr>
<tr>
<td>Explore mentoring</td>
</tr>
<tr>
<td>Information, advice and support</td>
</tr>
<tr>
<td>Explore digital support – apps, you tube</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community eating disorder service</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with providers to develop community eating disorders service which meets the needs of children and young people across Hull and East Riding.</td>
</tr>
</tbody>
</table>
Specialist pathway for children and young people with co-morbidities

Current service (CAMHS)

Intensive Intervention for children and young people – high risk and urgent

Current Intensive Intervention Service (CAMHS with specialist nurses and crisis team)

Inpatient care if risk becomes too high to manage safely in the community.

For more information see Appendix 1.c

Evidence base:

Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing NHS England, March 2015


Eating Disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders NICE guidelines CG9, 2004


3.4 Other developments in 2015/16

3.4.1 Local Priority 4 – Schools Links Pilot

East Riding of Yorkshire CCG was successful in being selected as one of fifteen areas to pilot the Child and Adolescent Mental Health Service and Schools Link Pilot Scheme for 2015/16. Ten schools will take part from across the area, including secondary and primary / junior schools from rural villages as well as towns and coastal areas. The pilot includes two days of training for school and CAMHS representatives and aims to:

- Raise awareness and improve knowledge of mental health issues amongst school staff.
- Improve CAMHS understanding of specific mental health and well-being issues within schools.
- Support more effective joint working between schools and CAMHS.

It is anticipated that participating in the pilot will lead to:

- The forging of stronger relationships between CAMHS and schools leading to greater support for issues arising within schools, particularly where there are signs of emerging eating disorders and deliberate self-harm.
• Earlier identification and intervention to prevent conditions deteriorating and provide a better experience and outcomes for children and young people.
• School staff who are trained through the project being better empowered to offer appropriate brief interventions or refer to relevant services, including but not limited to CAMHS.
• The mental health and wellbeing needs of young people being better understood and supported at school, reducing the need for referral to CAMHS.
• Referrals to CAMHS which are still required being of a higher quality and contain all the necessary information for triage and risk assessment, reducing the time spent on these and improve access by shortening waiting times.
• The increased links and knowledge ensuring appropriate help and support is accessed elsewhere where CAMHS is not considered the most appropriate service.
• The schools lead also acting as a champion within their school, raising the profile of emotional and mental health issues, supporting other members of staff and enabling earlier identification, help and support to be provided.
• Improved patient experience, both for those children and young people whose needs can be met within the school or other universal settings and for those who do need to access specialist CAMHS.

For more information see Appendix1.d

Evidence base:
Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing NHS England, March 2015


3.4.2 Local Priority 5 – Improvements to perinatal mental health services

Currently women who plan to give birth at Hull Women and Children’s Hospital who experience moderate to severe mental health problems during the perinatal period or who are at significant risk of doing so are able to access a specialist perinatal service. However the third of East Riding of Yorkshire CCG women who plan to give birth at York & Scarborough Hospital NHS Trusts, North Lincolnshire and Goole NHS Foundation Trust or elsewhere have been unable to do so and have been referred to the Community Mental Health Service.

It is intended to enable all women who require a specialist service to access one regardless of where they plan to give birth. This will not only provide increased equity of access but also help to improve outcomes for the mother, baby and wider family and community. It should also help to reduce further the need for unnecessary admissions to specialist mother and baby inpatient units, of which the nearest is in Leeds, over 70 miles from some parts of the CCG area. However for those who do require an out of area admission, there will be a need to work with the outreach service and local specialist service on discharge to ensure a good outcome. Any national planning for investment in additional resources to the

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing

32
Inpatient and/or outreach services should consider how to ensure that there is equality of access and that it is easily accessible to those women who live in the East Riding of Yorkshire, some distance from some of the central conurbations of the Yorkshire and Humberside.

During 2015-16 it is planned to:

- Recruit staff to the existing service to enable it to be extended across the area as appropriate
- Clinics will be set up in the identified areas to enable easy access
- Awareness raising training will be undertaken in areas where women cannot currently access the service with midwifery and primary care colleagues of what will be available and how to get advice and support and refer in
- Training will be offered to a range of colleagues across the statutory and voluntary sectors to enable them to raise awareness with women who may require the service
- Develop an awareness raising campaign to reduce stigma and encourage those needing help to come forward.

**Evidence base:**

*Falling through the gaps: perinatal mental health and general practice* by Lorraine Khan, Centre for Mental Health, March 2015

*The costs of perinatal mental health problems report summary* by Annette Bauer, Michael Parsonage, Martin Knapp, Vaelnitan Lemmi and Bayo Adelaja, LSE PSSRU / Centre for Mental Health 2014

*Guidance for commissioners of perinatal mental health services*: Joint Commissioning Panel for Mental Health, 2012

*Antenatal and postnatal mental health: clinical management and service guidance*, NICE guidelines CG192, 2014

*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015

For more information see Appendix 1.

3.5 **Priorities for ongoing service development**

3.5.1 **Local Priority 6 – participation in children and young people’s improving access to psychological therapies (CYP IAPT) programme**

East Riding of Yorkshire CAMHS provider, Humber NHS Foundation Trust began to take part in Wave 4 of the children and young people’s improving access to psychological therapies programme, with the first trainees currently completing their courses in supervision, Cognitive Behavioural Therapy and Webster Stratton Parenting (Incredible years up to 11 years). The service manager has undertaken the study programme to lead
transformation work. The learning from this first year is being introduced to the service including routine outcome measures.

In 2016 a new cohort of East Riding of Yorkshire CAMHS staff will be undertaking training modules in Eating Disorders systemic practice, Cognitive Behavioural Therapy, Webster Stratton Parenting and Systematic Family Practice.

Discussion has already begun with the managers of Children’s Social Care Services and it is planned that members of their teams will be offered the opportunity to undertake children and young people’s IAPT training in 2017, alongside CAMHS staff. This will help promote early intervention and closer working relationships.

The opportunity to participate in the roll out of children and young people’s IAPT is greatly valued, but the challenges of releasing experienced members of staff for up to twelve months to undertake the training and finding suitable backfill has been considerable and remains a risk for 2016 and onwards.

*For more information see Appendix 1.f*

**Evidence base:**
*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015

*CYP IAPT principles in child and adolescent mental health services values and standards – delivering with and delivering well* Press CAMHS

### 3.5.2 Local Priority 7 – Public Health Programmes

The East Riding of Yorkshire Public Health Service will continue to commission and deliver a programme of health promotion regarding children and young people’s emotional and mental health. This will include awareness raising and training to help deliver earlier identification and intervention for those requiring further help and support, reducing stigma and improving resilience in the population.

To this end, the Joint Strategic Needs Assessment of 2014 identified mental and emotional health of children and young people as a key priority. Two areas within this were considered to be of particular importance:

- Parenting (ie promoting and enabling good parenting skills).
- Promoting good emotional and mental health across the life course.

**a) Parenting Programmes**

There is a need to develop a more joined up approach to the delivery of parenting programmes in East Riding of Yorkshire and ensure that any gaps are identified and met with high quality evidence based provision. During 2015 – 16 it is planned to:

- Review the current literature in relation to parenting and the current guidance, including evidence on neuro-scientific development, different influences on long term outcomes and the content and effectiveness of programmes
• Clarify current service provision, across agencies within the East Riding and identify gaps and opportunities for improvement
• Obtain the views of parents and local service providers
• Identify gaps and opportunities for improvement in local service provision and how to meet them with partners and providers.

b) Improving emotional and mental health across the life course, beginning with children and young people:

There are two particular emphases on improving the emotional and mental health of children and young people – from conception to 5 years and for school age children. During 2015-16 it is planned to:

• Ensure that health visitors are able to offer up to 6 “listening visits” to perinatal women identified with mild mental health issues.
• Explore with schools and partners the possibility of re-introducing a Healthy Schools Programme across the local authority which will include an emphasis on promoting confidence and strong emotional health and well-being.
• Provide training on anti-bullying interventions.
• Commission school nurse pop-ins – issues raised by pupils will include those concerned with emotional health and well-being etc.
• Offer the Youth Mental Health First Aid course to foster carers, social workers and others working with children and young people and Mental Health First Aid Schools course to school staff.

For more information see Appendix 1.g

Evidence base:
Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing NHS England, March 2015

East Riding of Yorkshire mental and emotional health of children and young people – strategic needs assessment 2014

www.fph.org.uk/parenting
www.fph.org.uk/parenting_programmes
www.fph.org.uk/school_mental_health_promotion

3.5.3 Local Priority 8 – Access to inpatient CAMHS

The Yorkshire & Humber NHS England Specialist Commissioning Team has considered in some detail what provision is required in the region, which is summarised below. Modelling work to determine bed numbers is ongoing and includes consideration of the natural patient pathways for young people from the East Midlands as well as Yorkshire and Humberside.

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
- 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 the location of general adolescent services.
- Eating Disorders – north and south of the hub area.
- Psychiatric Intensive Care Units (PICU) – north and south of the hub area, co-located with general adolescent service.
- Children – Yorkshire and Humberside central geographical location.
- Low secure - mixed gender Yorkshire and Humberside central geographical location.
- Low secure and non-secure learning disability/autistic spectrum disorder – Yorkshire and Humberside central geographical location.
- Other services will continue to be provided either on a regional basis, e.g. medium secure or national basis, e.g. inpatient deaf services.

Because of the distance from parts of East Riding of Yorkshire CCG to the nearest current inpatient CAMHS provision, it is a priority within the East Riding of Yorkshire Transformation Plan to improve access to these services. We will be working closely with NHS England to identify an appropriate location for a new generic adolescent inpatient service with sufficient beds for our population and for our near neighbours, principally Hull, North Lincolnshire and North East Lincolnshire, to improve access to these services when required and to reduce travelling distance from East Riding of Yorkshire. We need to work with NHS England to ensure:

- that NHS England commissions the right services in the right place at the right time, based on our population’s needs
- that services are sustainable and meet the service and quality levels set out in national specifications

We share NHS England’s aspiration for a maximum distance of 50 miles to the nearest generic adolescent inpatient service, which would suggest that a location central to East Riding of Yorkshire or Hull would be required.

*For more information see Appendix 1.*

**Evidence base:**

*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015

*Child and adolescent mental health services (CAMHS) Tier 4 Report* NHS England, July 2014

*Mental health crisis concordat – improving outcomes for people experiencing mental health crisis* Department of Health, 2014

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*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
3.5.4 **Local Priority 9 – Integrated Single Point of Access**

A single point of access for the East Riding CAMHS service was introduced in May 2014 as part of the introduction of a new service specification. Known as Contact Point, it accepts referrals from any professional working with a child or young person including from primary and secondary care, schools, social care etc and parents / carers, Young people aged 16+ can self-refer. A triage process is then undertaken, prior to assessment and intervention if appropriate. Contact Point is also available to provide advice and support to professionals working with children and young people. It is manned mainly by Primary Mental Health Workers on a rota. Approximately 70% of referrals are not accepted in to the service as they do not meet the criteria and threshold for CAMHS.

East Riding Council operates a single point of access, Early Help and Safeguarding Hub (EHASH), for anyone to contact who is worried about a child or young person who might be at risk of harm, abuse or neglect. This includes concerns about their behaviour, emotional well-being or mental health.

There are frequent overlaps between referrals to Contact Point and EHASH with those which don’t reach the threshold for the former being advised to contact the latter and vice versa. This can lead to a considerable replication of work and time with both services undertaking a triage etc.

Early work has begun to explore bringing the single point of access for the two services together with the managers meeting and looking at anonymised referrals to each and where they might have been better served by the other. Staff from CAMHS have also spent time with the EHASH service.

It is planned to bring the two single points of access in to one to be fully operational by 2016-17 with the benefits of:

- Children and young people being referred to the correct services more quickly.
- Parents / carers and professionals getting advice and support from the most appropriate service more rapidly
- The introduction of a multi-agency triage approach will lead to less time being spent gathering information possibly twice and the referral being signposted to the correct service quicker
- Ultimately the cost of the two single points of access should be reduced or eliminated as fewer referrals need to be triaged more than once.

The challenges of introducing an integrated Single Point of Access cannot be underestimated and include ensuring that data sharing and joint working protocols are in place and staff training is undertaken to ensure referrals are dealt with rapidly and appropriately.

*For more information see Appendix 1.i*

**Evidence base:**

*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015
3.6 Priorities for development in 2016/17

3.6.1 Local Priority 10 - Vulnerable Children and Young People

Some children and young people have particular vulnerabilities to mental health difficulties but may find it more difficult to access help when they need it. In the East Riding there are specific services for some of these groups if required as follows:

<table>
<thead>
<tr>
<th>Vulnerable Group</th>
<th>Specific service provided through CAMHS</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looked After Children and young people</td>
<td>Yes</td>
<td>Lower threshold – only currently available for East Riding Looked After Children; out of area Looked After Children placed in the ER access Core CAMHS.</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Children and young people in the Criminal Justice system</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Victims of Child Sexual Exploitation/Sexual abuse</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Young people who are Lesbian, Gay, Bisexual and Transexual</td>
<td>No</td>
<td>While there is not currently a specialist service for these young people, they are generally referred to a nurse with a particular interest and some training in this area.</td>
</tr>
<tr>
<td>Black and minority ethnic groups</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Post adoption support</td>
<td>No</td>
<td>Council can access national Adoption Support Fund for this and commission either directly or include in personal budget</td>
</tr>
<tr>
<td>Young carers</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Vulnerable Group</td>
<td>Specific service provided through CAMHS</td>
<td>Additional comments</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children and Young People whose parents misuse substances, including alcohol, or have mental health problems or learning disabilities</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Have chronic physical health problems (e.g. diabetes, epilepsy, life-limiting conditions, degenerative illness)</td>
<td>About to begin</td>
<td>A psychologist has been appointed three days a week to see young people from this group who require a service.</td>
</tr>
</tbody>
</table>

NB. This list may need to be added to in future depending on circumstances eg if significant numbers of refugees come to live in the East Riding area.

There is a need to join the provision of CAMHS services for vulnerable groups to enable it to be more effective and efficient, especially as some young people may have comorbidities eg be looked after and have a learning disability. In addition, work needs to be undertaken to look at the gaps in specialist provision and determine if the needs of the young people are being met through core CAMHS or if a specific service needs to be provided and the best way of doing this.

During 2016/17 it is planned to bring the existing practitioners providing CAMHS to vulnerable groups together in a Vulnerable Children’s Team with the benefits of:

- Promoting closer and more effective working to meet the needs of vulnerable children and young people.
- Promoting closer communication and more effective working with other services eg Looked After Children’s Health, enabling staff to utilise and build on existing opportunities to work with vulnerable children and young people, leading to a reduction in DNAs.
- Identifying gaps in existing provision for vulnerable groups with the opportunity to determine how to fill them.
- Ensuring that appropriate and bespoke care pathways can be developed as appropriate
- Enable more East Riding Looked After Children to access the Looked After Children CAMHS service as required.

For more information see Appendix 1.j

**Evidence base:**

*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015

*Guidance for commissioners of child and adolescent mental health services* Joint Commissioning Panel for Mental Health, October 2015

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
3.6.2 **Local Priority 11 – Early Intervention**
Currently the East Riding CAMHS service includes 4.95 whole time equivalent Primary Mental Health Workers and a team leader who provide early support for those with mild to moderate need. They are also rotated to staff the CAMHS Contact Point. Early interventions include counselling and brief cognitive behavioural therapy to reduce the need for higher level interventions.

During 2016 – 17 it is planned to provide more opportunities for children and young people to access early interventions via Primary Mental Health Workers but also through schools etc. This will include:

- Working with schools, Public Health and CAMHS to develop an advisory standard for counselling provided in schools to ensure that children and young people can access high quality counselling or other mental wellbeing early interventions and that those providing it are appropriately qualified, accessing supervision and know how to refer on to other services if required.
- The CAMHS / Schools Link Pilot Project will provide school staff with greater links to CAMHS and also provide training for them to identify potential emotional and mental health difficulties earlier. They will also be able to offer early interventions and support if required, as well as access support and advice from CAMHS. The learning from the pilot will be extended to other schools in the East Riding at the earliest opportunity.
- Develop the Primary Mental Health Worker service further, including piloting the web based BRAVE computer-based Cognitive Behavioural Therapy programme for young people who are assessed as needing short interventions for mild to moderate mental health and wellbeing problems such as anxiety or depression.

For more information see Appendix 1.k

**Evidence base:**

*Future in mind: promoting, protecting and improving our children and young people’s mental health and wellbeing* NHS England, March 2015

*Guidance for commissioners of child and adolescent mental health services* Joint Commissioning Panel for Mental Health, October 2015


*Personalised health and care 2020: using data and technology to transform outcomes for patients and citizens* National Information Board and Department of Health (2014)


*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
1. Local priority narrative plans

1.a Local Priority 1 – 24/7 Crisis response and resolution Project Plan

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

and in particular ensuring that there is improved care for children and young people in crisis so that they are treated in the right place at the right time and as close to home as possible.

Background

The majority of children and young people within CAMHS do not need to access a crisis response. However for a minority, there is a need for crisis help and support. It is our aim never to use police cells but they have sometimes been taken to the Accident and Emergency Department and / or admitted to a paediatric ward and nursed by CAMHS staff while an assessment is carried out and a suitable inpatient bed secured. This not only diverts core CAMHS staff from their usual caseload, leading to appointments being cancelled and impacting on the waiting list, but unless there is a physical need alongside the mental health need is inappropriate.

The local daily newspaper has been running a campaign in recent months “Kids in Crisis” which has highlighted this issue.

The CAMHS Intensive Intervention service was set up as part of the 2014 service transformation with the introduction of the new service specification. It provides planned intensive support to children and young people in crisis in their own homes (or at another appropriate setting) for a limited period of time. It operates between 8am and 8pm seven days a week and aims to help prevent children and young people from needing to access inpatient care. It also provides support to those who are stepping down and returning to the area.

The Intensive Intervention service has been successful in supporting many young people at home. However it has become evident that there is still an additional need for a crisis service which is able to provide a rapid response to those in need undertaking assessments and delivering expert support and nursing care twenty four hours a day, seven days a week. Due to the relatively low numbers of children and young people requiring the service it is more cost effective and efficient for it to be shared across Hull and East Riding CCG areas, despite the challenges of the geography covered.
Underlying Assumptions

- Staff with the relevant training and experience are recruited to the team
- Children and young people in crisis are able to be cared for in an appropriate place of safety.

Vision and Objectives

The vision is to provide a service which is able to respond rapidly to children and young people in crisis across the East Riding of Yorkshire and Hull CCG areas twenty four hours a day, seven days a week. The service will be provided by band 5 and 6 nurses.

- Provide additional support to deliver the Contact Point Service daily (when not required to support a young person in crisis)
- Respond to crisis referrals
- Offer bookable slots each week for urgent assessments
- Provide clinical on call out of hours to support children, young people and families in crisis when required. The weekend on call service will be accessed via the on-call CAMHS manager. Following assessment by medical staff (trainee doctors or CAMHS on-call consultants) or colleagues in the hospital mental health team a crisis care plan will be established to manage the situation. This could be to support a child/ young person in an acute bed, at home or in an appropriate safe place by offering telephone support or daily visits.

Benefits

- Children and young people experiencing an acute mental health crisis will be able to receive care and support from CAMHS nurses as required in an appropriate setting (which could be the young person’s home).
- Fewer children and young people in crisis will need to attend accident and emergency or be admitted to a paediatric bed unless there is a physical need.
- Slots will be available to book for urgent assessments.
- The team will be able to support the work of Contact Point when not required to work with a child or young person in crisis, providing additional capacity for triage etc.
- Core CAMHS staff will not be required to cancel appointments etc if a child in crisis presents as the team will be able to respond.
- There should be a positive impact on the CAMHS waiting lists, assessments and outcomes for routine referrals.
- There should be a positive impact on children and young people and their families who require the service.
- The plan is in line with and links to the East Riding of Yorkshire and Hull Crisis Care Concordat

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing

42
Action Plan for Implementation

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Who</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Recruit staff for the crisis team with the relevant training and experience.</td>
<td>Provider</td>
<td>October 2015</td>
<td></td>
</tr>
<tr>
<td>2  A comprehensive induction process is undertaken to ensure that staff are aware of the processes and support services available.</td>
<td>Provider</td>
<td>October 2015 – January 2016</td>
<td></td>
</tr>
<tr>
<td>3  Relevant services are made aware of the Crisis Service</td>
<td>Provider</td>
<td>December 2016</td>
<td></td>
</tr>
<tr>
<td>4  The crisis service becomes operational.</td>
<td>Provider</td>
<td>January 2016</td>
<td></td>
</tr>
<tr>
<td>5  Monitoring and evaluation of the service is undertaken to show its impact.</td>
<td>Provider</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

1.b Local Priority 2 - Continued improvement programme for access to and outcomes from specialist CAMHS Project Plan

Values

This project plan is based the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background

Since the introduction of the new service specification in April 2014, considerable work has been undertaken to improve access and outcomes to CAMHS, including reducing waiting times. As part of this, data sets have been improved and regular monitoring and challenge is now in place. However despite this, long waiting times remain an issue and are one of the main concerns raised during engagement with children and young people, their families and other professionals working with them. Therefore a significant percentage of the *Future in mind* funding is being allocated to this priority to enable them to be reduced.

CAMHS in East Riding of Yorkshire is already working towards locally agreed targets for access and a local data set has been negotiated in advance of the introduction of the national Mental Health and Learning Disabilities Data Set to support and monitor progress. Humber NHS Foundation Trust have completed capacity and demand work based on the existing workforce together with the planned increase in commissioned services and have

East Riding of Yorkshire Transformation Plan: *promoting, protecting and improving our children and young people’s mental health and wellbeing*
produced a trajectory for the delivery of the local access target by the end of 2015. It is based on a 2% increase in demand annually.

**Figure 1 - shows the trajectory from July 2015 based on year to date referral patterns**

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>173</td>
<td>152</td>
<td>196</td>
<td>189</td>
<td>169</td>
<td>163</td>
<td>146</td>
<td>128</td>
<td>88</td>
<td>71</td>
<td>43</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Estimated</td>
<td>173</td>
<td>152</td>
<td>196</td>
<td>197</td>
<td>161</td>
<td>154</td>
<td>138</td>
<td>121</td>
<td>80</td>
<td>63</td>
<td>35</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Data is for the Core Team only and reflects the number of patients referred to a treatment plan. It does not include Contact Point.

Additional core CAMHS capacity has been commissioned based on the local capacity and demand analysis to support this.

**Underlying Assumptions**

- Increase in referrals is in line with 2% year on year projected by CAMHS
- Agreements on data sharing / joint ways of working etc are reached allowing the integration of CAMHS Contact Point and Early Help and Safeguarding Hub (EHASH) Single Point of Access
- Introduction of Primary Mental Health Worker anxiety and mood clinics meet the needs of children and young people referred to them
- Backfill is procured in a timely fashion for those who attend Wave 5 Improving Access to Psychological Therapies (IAPT) training in 2015-16.

**Vision and Objectives**

The vision is that between October 2015 and March 2017 further improvement is planned, to ensure that the following targets are met:

- referral to treatment time is below 18 weeks for at least 95% of all referrals to CAMHS
- mental health crises are assessed within 4 hours of request and where required ongoing support to manage the crisis is available 24/7
• eating disorder assessment and treatment are provided within the newly introduced national access targets of 24 hours for emergency referrals, 1 week for urgent referral and 4 weeks for routine referral
• outcomes measures are developed, piloted and introduced to measure the effectiveness of CAMHS interventions

The objectives to meet the targets are to:

• Increase in core capacity used to best effect to ensure that referral to treatment time is below 95% for all referrals to CAMHS.
• Implement Primary Mental Health Worker led clinics with children and young people with mild to moderate anxiety offered six weekly thirty minute appointments using evidence-based therapeutic approaches.
• Explore and pilot Primary Mental Health Worker led clinics with children and young people experiencing mild to moderate difficulties on the mood pathway and implement as part of the routine offer if successful.
• Introduce online web based therapy BRAVE, supported by Primary Mental Health Workers
• Introduce the crisis team, reducing the number of cancelled appointments due to core CAMHS staff being required to nurse those in crisis
• Ensure that referrals for those suspected of suffering from eating disorders are forwarded to the Eating Disorder team immediately, allowing rapid specialist triage and assessment.
• Integration of CAMHS Contact Point and Local Authority Early Help and Safeguarding Hub single point of access to ensure that children and young people receive help and support from the most appropriate service, reducing inappropriate referrals and triage
• Implement the therapeutic approaches and techniques learned by staff who have completed Wave 4 children and young people’s IAPT training, including the session by session outcome measures
• Using the learning from children and young people’s IAPT etc, develop, pilot and implement outcome measures across the service.

Benefits

• 95% of children and young people requiring a service from CAMHS will receive treatment within a maximum of 18 weeks from referral
• The Eating Disorders eating disorder assessment and treatment are provided within the newly introduced national access targets of 24 hours (emergency) 1 week (urgent) and 4 weeks for routine referrals
• The introduction of a Crisis team will reduce / prevent appointments being cancelled due to CAMHS staff being required to support a young person in crisis. It will also provide additional resource for Contact Point when they are not required elsewhere and enable the introduction of bookable emergency assessment slots.
• New more flexible ways of working with children and young people will be available through the introduction of online BRAVE and Primary Mental Health Worker led anxiety clinics.
- Learning from children and young people’s IAPT will assist with the introduction of session by session outcome measures to improve outcomes.
- The integration of Contact Point and the Early Help and Safeguarding Hub will enable referrals to be seen more rapidly by the most appropriate service, improving outcomes for children and young people. It will also reduce the number of referrals which do not lead to treatment.

**Action Plan for Implementation**

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Who</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Funding increase is used to best effect to increase core capacity and ensure referral to treatment time is below 95% for all referrals to CAMHS</td>
<td>CAMHS</td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td>2 Implement Primary Mental Health Worker led clinics for mild - moderate anxiety.</td>
<td>CAMHS</td>
<td>December 2015</td>
<td>Successful pilot already carried out</td>
</tr>
<tr>
<td>3 Pilot Primary Mental Health Worker led clinics for mood and implement fully if successful</td>
<td>CAMHS</td>
<td>June 2016</td>
<td></td>
</tr>
<tr>
<td>4 Introduce online BRAVE therapy programme</td>
<td>CAMHS</td>
<td>December 2015</td>
<td></td>
</tr>
<tr>
<td>5 Implement the Crisis service</td>
<td>Hull and East Riding CAMHS</td>
<td>January 2016</td>
<td>Joint service across Hull and East Riding</td>
</tr>
<tr>
<td>6 Continue the development of the Eating Disorders team and ensure that all referrals are immediately passed on from Contact Point</td>
<td>Contact Point and Eating Disorders team</td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td>7 Integration of Contact Point and EHASH</td>
<td>CAMHS team and EHASH</td>
<td>April 2016</td>
<td></td>
</tr>
<tr>
<td>8 Implement session by session outcomes measures for those receiving IAPT</td>
<td>Graduates of Wave 4 IAPT</td>
<td>January 2016</td>
<td></td>
</tr>
<tr>
<td>9 Develop, pilot and implement outcome measures across the service.</td>
<td>All CAMHS staff</td>
<td>March 2016</td>
<td></td>
</tr>
</tbody>
</table>
1.c Local Priority 3 - Eating Disorders Project Plan

Values
This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background
Hull and East Riding CCGs have a joint population of 594,963 (Hull – 292,260, East Riding – 302, 703) and are working together on the Eating Disorders Project

- East Riding has a high level of referrals with forty-five young people on the eating disorders pathway on 24th August 2015. This number has remained fairly consistent over the previous 12 months with an average of 42 on the caseload at any one time (September 2014 – August 2015).
  - Those on the Eating Disorders pathway make up 7% of referrals but require 26% of core CAMHS team’s time, including the Intensive Intervention team
  - Currently young people diagnosed with an eating disorder are treated in core CAMHS by the specialist eating disorders team, with those with the most severe problems also receiving support from the Intensive Intervention Team. A minority require inpatient care.
  - The East Riding Eating Disorders Team is currently being developed and consists of a member of core CAMHS with a special interest in these conditions. She has considerable experience in this field and is about to underpin this by starting formal training. In addition two CAMHS specialist eating disorders nurses are currently on long term secondment to the team.
  - All referrals to Contact Point for those suspected of suffering from an eating disorder are immediately forwarded to the Eating Disorders team for triage. If this is confirmed, they become part of their caseload. If required, the Intensive Intervention Team also become involved in their care.
  - In 2014 – 15 there was a sudden rise in the number of young people, most of whom were previously unknown to services who were admitted to acute local hospitals requiring re-feeding and physical stabilisation from East Riding CCG area. Eleven patients were female and five male. They were aged between 9 and 18 years.
### Number of admissions

<table>
<thead>
<tr>
<th></th>
<th>Number of admissions</th>
<th>Female</th>
<th>Male</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 - 2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2012 - 2013</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>13 (x2), 14, 16, 17</td>
</tr>
<tr>
<td>2013 – 2014</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>15, 17</td>
</tr>
<tr>
<td>April – August 2014</td>
<td>16</td>
<td>11</td>
<td>5</td>
<td>9, 13 (x2), 14 (x3), 15 (x8), 18 (x2)</td>
</tr>
</tbody>
</table>

- School nurses offer a drop-in service in the majority of secondary schools in the East Riding. In the recorded reason given for individuals attending, 87 discussed eating concerns or disorders in 2014/15, constituting 1.5% of the total using the service.
- In East Riding CCG area there is currently no specialist Eating Disorder service within adult Community Mental Health services which causes difficulties with transition for those reaching the age of 18. It is intended to explore options for extending the service to enable access up to age 25 or to create an all age service linked to the Transformation Plan.
- In Hull there is a community based eating disorder service working with people aged 18 and over. Young people below this age are seen by Core CAMHS.
- In the East Riding CCG area, the wider Children and Young People services staff have been offered training on understanding eating disorders with two one day courses led by the Eating Disorders charity B-EAT being organised. Both were over-subscribed. Those attending included staff from schools, leisure services, youth and family support services and school nursing etc.
- The different population needs between the two CCGs covered by the proposed service could present a challenge, with the incidence of eating disorders without associated depression or anxiety appearing to be significantly higher in the East Riding of Yorkshire than in Hull.

### Underlying Assumptions

- There will be a continued high rate of referrals for eating disorders in the East Riding CCG area.
- A significant number of young people supported by the Intensive Intervention Service will be suffering from eating disorders.
- The specialist eating disorders nurses, seconded from Navigo will continue to work in the East Riding.

### Vision and Objectives

We wish to ensure that children and young people from across East Riding of Yorkshire CCG suffering from an eating disorder are able to benefit from the following:

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
• Early identification and intervention within the timescales set out in “Access and Waiting Time Standard for Children and Young People with an Eating Disorder”.

• Easy access to services via Contact Point. This will include through self-referral where this is appropriate.

• The provision of a range of treatment options will be explored, dependent on medical risk. These will include through primary care, community specialist eating disorder services and family interventions. Intensive Intervention will be available for those who require it for a period of time, with the aim of keeping young people at home to prevent them needing to access inpatient care where possible. For a limited period of time it will offer:
  o Planned 7 day a week service, 365 days a year, operating at least 8am –8pm with the same amount of support available over the weekend / bank holidays as on week days as required
  o Planned intensive support provided at home including daily or up to a maximum of 2-3 visits daily for a limited period of time if necessary and then 3-5 contacts a week as part of a step down approach in accordance with their care plan
  o Flexible approach including evening visits by arrangement
  o Work with partner agencies to ensure a holistic approach is adopted
  o Provision of support and advice to parents / carers and other relevant family members where appropriate to enable them to manage and support their young person
  o It will also be available to support young people who have been discharged from specialist CAMHS in-patient care as part of a step-down approach.

• Training for GPs and Practice Nurses to improve early identification and support for young people with eating disorders.

• Training for acute hospital staff involved in the care of those needing hospitalisation for physical health risk, to improve confidence in managing the holistic needs of these children and young people whilst they are in an acute setting.

• Wider understanding of physical risk with improved access to support services including dietetics, phlebotomy, weight measurement and others as required.

• Robust, compassionate support for families and carers.

• A protocol for shared care across primary and secondary care services.

• Educational resources and training on prevention and early identification for schools and others working with children and young people e.g. leisure staff, social care, voluntary sector etc.

• Improved information for young people, parents / carers etc.

• Improved transition to adult services or an increase in the age for attending the Specialist Eating Disorder Service to 25 or all age.

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing

49
**Proposed model**

<table>
<thead>
<tr>
<th>CAMHS Contact Point – single point of access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early identification, intervention and prevention to include:</strong></td>
</tr>
<tr>
<td>Training offered to GPs and other primary care staff</td>
</tr>
<tr>
<td>Training offered to school staff and the wider children and young people workforce</td>
</tr>
<tr>
<td>Explore mentoring</td>
</tr>
<tr>
<td>Information, advice and support</td>
</tr>
<tr>
<td>Explore digital support – apps, you tube</td>
</tr>
<tr>
<td><strong>Community eating disorder service</strong></td>
</tr>
<tr>
<td>Work with providers to develop community eating disorders service which meets the needs of children and young people across Hull and East Riding.</td>
</tr>
<tr>
<td><strong>Specialist pathway for children and young people with co-morbidities</strong></td>
</tr>
<tr>
<td>Current service (CAMHS)</td>
</tr>
<tr>
<td><strong>Intensive Intervention for children and young people – high risk and urgent</strong></td>
</tr>
<tr>
<td>Current Intensive Intervention Service (CAMHS with specialist nurses and crisis team)</td>
</tr>
<tr>
<td>Inpatient care if risk becomes too high to manage safely in the community.</td>
</tr>
</tbody>
</table>

**Benefits**

By 2020 those needing the service will be able to benefit from a specialist Eating Disorder service across Hull and East Riding CCG areas which will:

- Provide a dedicated community eating disorder service (CEDS-CYP) for ages 8-18 with the ambition to have a 7 day service. This will begin by ensuring that robust arrangements are in place to provide Intensive Intervention and crisis support as required.
- Have improved consistency and quality of services
- Ensure staff are adequately trained
- Have clear online referral form
- Have improved access to care, including through direct access and rapid triage
- Provide new enhanced community and day treatment with different options available where appropriate
- Ensure the service offers cognitive behavioural therapy and IAPT.

_East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing_
• Ensure that those needing a service will be able to access it within 24 hours (emergency cases), within 1 week (urgent care) and within 4 weeks for those requiring routine care in line with “Access and waiting time standard for children and young people with an eating disorder”. Services will be monitored to meet this.

• Work with the family / carers and provide advice on additional support services

• Commission support for family / carers including psycho-educational programmes and computerised cognitive behavioural therapy

• Provide improved information on eating disorders, self-help for bulimia and where to access help

• Provide training on awareness, early identification, sources of help and clinical care as appropriate for a wide range of staff, including those from schools, wider children and young people’s workforce, primary care staff, relevant voluntary sector colleagues etc

• Work in partnership to improve outcomes and support transition between services

• Commission a service to develop a campaign targeting parents and young people on prevention and early identification.

Action Plan for Implementation

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Whom</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review the current services for Eating Disorder patients in the light of “Access and Waiting Time Standard for children and young people with an Eating Disorder” to identify gaps etc</td>
<td>Hull / ER CCGs</td>
<td>January 2016</td>
</tr>
<tr>
<td>2</td>
<td>Undertake an options appraisal to meet the gaps and transform the current provision in to a Specialist Eating Disorder Service for young people aged 18 and under in Hull and East Riding in line with “Access and Waiting Time Standard for children and young people with an Eating Disorder”</td>
<td>Hull / ER CCGs</td>
<td>December 2015</td>
</tr>
<tr>
<td>3</td>
<td>Implement the recommendations of the options appraisal.</td>
<td>Hull / ER CCGs / providers</td>
<td>April 2016 – March 2017</td>
</tr>
</tbody>
</table>
1.d  Local Priority 4 – Child and Adolescent Mental Health Service and Schools Link Pilot

Project Plan

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

and in particular:

- Promoting good emotional and mental health amongst children and young people
- Enabling early identification of mental health issues and support to those who require it
- Ensuring that staff are aware of and trained in mental health
- Enabling easy access to appropriate services to support and enable good mental health

Background

In July 2015 East Riding of Yorkshire CCG applied to be one of fifteen CCGs to take part in the Child and Adolescent Mental Health Service and Schools Link Pilot Scheme funded by

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**East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing**

52
the Department for Education and NHS England. Although the term was about to end, twenty schools signed up to be considered for a place to take part if successful.

The pilot proposal was particularly pertinent to the East Riding of Yorkshire CCG area as it would address a number of issues including:

- Enabling relationships between school and CAMHS staff to be forged and strengthened leading to earlier and greater support for pupils as emotional / mental health issues arise. This should particularly be of benefit if there are signs of emerging eating disorders or self-harm.

- Enabling school staff to have the opportunity to participate in training to raise their awareness and improve knowledge of mental health issues. By undertaking joint training, CAMHS staff will also have a greater understanding of the issues they face.

- Schools having a CAMHS link, will support issues faced by pupils being addressed earlier, preventing mental health difficulties becoming worse.

- School staff will be given the skills to identify and address problems at an earlier stage and offer appropriate brief interventions if required. This could be instead of a referral to CAMHS or another agency if appropriate or while a young person is waiting for assessment and treatment to reduce it becoming more severe.

- Referrals to CAMHS from participating schools will be appropriate and contain all the information required for triage and risk assessment, with those requiring lower level interventions being signposted to other more appropriate agencies.

- Learning from the pilot being used to assist other schools.

- Referrals to CAMHS may be reduced in the longer term.

In September 2015, East Riding of Yorkshire CCG was informed that it had been awarded one of the fifteen places available in England on the pilot scheme.

**Underlying Assumptions**

- The ten schools selected from those who expressed an interest are all able to participate in the training and the full year of the programme.
- The identified school leads are able to promote the programme to all staff making it a whole school initiative.
- CAMHS are able to identify and release a member of staff (or several members of staff) to attend the training and to link with the schools, building firm relationships.

**Vision and Objectives**

The vision of being a pilot area for the CAMHS and Schools Link Pilot Scheme is that children and young people attending participating schools will benefit from:

- better trained staff who are able to identify emerging emotional and mental health problems earlier and offer early interventions if appropriate
- stronger links between CAMHS and schools
- high quality referrals to CAMHS or other agencies if more appropriate to their needs and ultimately with shorter waiting times

The objectives of the pilot project are to:

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
• raise awareness and improve knowledge of mental health issues amongst school staff
• improve CAMHS understanding of specific mental health and well-being issues within schools
• support more effective joint working between schools and CAMHS
• promote and enable earlier identification and intervention for emerging emotional / mental health difficulties
• improve the quality and appropriateness of referrals to CAMHS and other agencies

Benefits
Participating schools, CAMHS and the CCG will benefit from:
• being part of a pilot initiative, which will test new ways of working with the aim of improving outcomes for children and young people;
• having the opportunity to help to develop and influence a joint training programme which will support improvements in outcomes for children and young people adapted to local circumstances and need;
• receiving mental health training, which will include core information about mental health and well-being, identification tools and potential interventions;
• receiving specific training to support effective joint working between CAMHS and schools;
• receiving support in developing and agreeing locally determined approaches; and
• support with local transformation - participation in the pilot should be included in Local Transformation Plans as an indicator of robust local planning across agencies.

Action Plan for Implementation

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Who</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify schools who wish to take part in the pilot and complete the application.</td>
<td>CCG</td>
<td>31.7.15</td>
<td>Application was successful with ten schools selected to participate.</td>
</tr>
<tr>
<td>2. Work with the trainer, schools and CAMHS to arrange and participate in the two training days and to test the programme.</td>
<td>CCG</td>
<td>April 2016</td>
<td>One in the autumn term and the other a few months later</td>
</tr>
<tr>
<td>3. Offer support to schools and CAMHS as required.</td>
<td>CCG</td>
<td>July 2016</td>
<td></td>
</tr>
<tr>
<td>4. Ensure any required monitoring information and reports are completed.</td>
<td>CCG</td>
<td>December 2016</td>
<td></td>
</tr>
</tbody>
</table>

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
1.e Local priority 5 - Perinatal Mental Health Project Plan

Values

This project plan is based on the values of the promoting and implementing the values of Future in mind:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background

Perinatal mental health problems are very common, affecting up to 20% of women at some point during pregnancy and during the first year postpartum. These range in severity from mild to very severe and may be the result of a pre-existing condition or the development or sudden onset of illness. Either way they can have a significant and lasting impact on the mother, her baby and the wider family if she does not receive the help she requires.

A recent report, The costs of perinatal mental health problems by Annette Bauer et al, LSE PSSSRU / Centre for Mental Health 2014 estimates that “taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1billion for each one-year cohort of births”. Of this, £1.2billion are to the NHS and social care.

Rates of perinatal psychiatric disorder per thousand maternities

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Rate per thousand maternities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum psychosis</td>
<td>2/1000</td>
</tr>
<tr>
<td>Chronic serious mental illness</td>
<td>2/1000</td>
</tr>
<tr>
<td>Mild-moderate depressive illness and anxiety states</td>
<td>100-150/1000</td>
</tr>
<tr>
<td>Post traumatic stress disorder</td>
<td>30/1000</td>
</tr>
<tr>
<td>Adjustment disorders and distress</td>
<td>150-300/1000</td>
</tr>
</tbody>
</table>

All figures quoted in: Guidance for commissioners of perinatal mental health services

Joint Commissioning Panel for Mental Health, 2012
Currently in East Riding of Yorkshire CCG area only women who plan to give birth at Hull Women and Children’s Hospital can access the specialist perinatal mental health service, with the remainder being referred to the adult community mental health teams. This equates to approximately 30% of births based on 2013-14 figures.

The aim of the perinatal mental health project for East Riding of Yorkshire CCG area is to extend access to a specialist service to all women who require it, regardless of where they plan to give birth. This will not only provide increased equity of access but will improve outcomes for the mother, baby and wider family and community. It should also help to reduce further the need for admission to specialist mother and baby inpatient units, of which the nearest is in Leeds, 70 miles from some parts of the CCG area.

Underlying Assumptions

- The maternity services where East Riding of Yorkshire CCG women currently cannot access specialist services will undertake awareness raising training with midwifery staff to enable them to know how and when to access the service.
- Primary care colleagues will be made aware of the service and how to refer in to it.
- Staff will be recruited to the service to enable them to offer it across the area.
- Clinics will be set up in identified area to enable easy access.
- Training will be offered to a range of colleagues across the statutory and voluntary sectors to enable them to raise awareness with those who may be suffering from perinatal mental health issues and how to sign post to help and support.
- An awareness raising campaign will be developed to reduce stigma and encourage those needing help to come forward.

Vision and Objectives

The aim of the project is to extend the current full Perinatal Mental Health Service which is available to women who plan to give birth at Hull Women and Children’s Hospital to all pregnant and postnatal women who require a service in the East Riding of Yorkshire CCG area. This would:
- Ensure equality of access for all East Riding of Yorkshire CCG women regardless of where they plan to give birth
- Ensure that all those requiring a service can access high quality specialist care as recommended in NICE guidance
- Provide high quality specialist care to support a quicker recovery and less suffering for the women and their families
- Facilitate healthier emotional, cognitive and physical outcomes for the child
- Facilitate long term savings to the NHS, other parts of the public sector and wider society
- Facilitate an awareness raising campaign regarding perinatal mental health problems to reduce the stigma sometimes perceived by women suffering from these conditions.
- Facilitate an awareness raising training programme for those who may come in to contact with those suffering from perinatal mental health problems eg those working in
children’s centre, primary care, housing and benefits offices, voluntary sector etc to enable them to offer support and provide information on how to access support.

**Benefits**

By extending the access to a specialist perinatal mental health service to all women who require it across the East Riding of Yorkshire CCG area, regardless of where they plan to give birth, significant benefits will be realised including:

- Women with existing mental health conditions such as bipolar disorder or schizophrenia have a significant risk of their condition being exacerbated by pregnancy and postpartum. Specialist services have specific knowledge of the risks and benefits of medication in pregnancy, an understanding of the emotional and physical changes associated with childbirth, the ability to respond to any often sudden changes in mental health following the birth and an understanding of the different organisation of maternity services and so are well placed to secure the best outcome for the mother, child and her family.
- For those with no previous history who develop serious mental health disorders which include severe ante and post-natal depression, anxiety, obsessive compulsive disorder, post-partum psychosis, post-traumatic stress disorder and other conditions.
- Women who develop perinatal mental health disorders very suddenly (within a few hours) and range from mild to extremely severe, require different specialist types of care and / or treatment.
- Fewer mothers and babies will need to access out of area mother and baby units.
- Over the last two decades, perinatal psychiatric disorders have been a leading cause of maternal mortality nationally contributing to 15% of all maternal deaths during pregnancy and up to six months following the birth. Accessing specialist services can help reduce this.
- NICE guidelines CG192 “Antenatal and postnatal mental health: clinical management and service guidance” (Dec. 2014) recommends “a specialist multi-disciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services” which the extended service will provide.
- Guidance for Commissioners of perinatal mental health services states that “women with serious mental illnesses complicating childbirth need specialist knowledge and skills on the part of professionals who care for them” including specialist knowledge of the risks and benefits of medication in pregnancy which the extended service will provide.
- It also states that services for women experiencing mental health problems during or after pregnancy need to be organised differently from general adult mental health services. They need to be able to respond to the maternity context, differing thresholds and response times to present problems and relate to different professions. These include maternity services and children’s social services. The extended service will provide this.
- In addition there is a need for specialist knowledge and skills to advise on the risks and benefits of medication in pregnancy, manage and nurse seriously mentally ill women.

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
while enabling them to meet the physical and emotional needs of their baby, as well as understanding the emotional and physical changes associated with childbirth.

- With the right kind of help, women can recover from these illnesses with the subsequent benefits to their baby, partner and wider family (including her other children).
- Poorly managed perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships.
- In addition research has shown that there can be compromise to the healthy emotional, cognitive and physical development of the child.
- The known costs in the UK of perinatal mental health problems per year’s births are approximately £8.1 billion, of which approximately £1.2 billion are to the NHS. It is estimated that the cost to public services of perinatal mental health problems is five times the cost of providing a specialist service.

### Action Plan for Implementation

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<thead>
<tr>
<th>Task/Action</th>
<th>By Whom</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extension of the specialist perinatal mental health service to the rest of the East Riding of Yorkshire CCG area to be mapped out and planned with the service provider including staffing requirements, training, awareness raising.</td>
<td>CCG / provider</td>
<td>Nov 2015</td>
</tr>
<tr>
<td>2</td>
<td>Extension of the specialist perinatal mental health services with the maternity services in areas currently unable to access them to be disseminated to heads of midwifery. Plan developed with heads of midwifery of the requirements for staff training, awareness raising etc</td>
<td>CCG / Provider</td>
<td>Dec 2015</td>
</tr>
<tr>
<td>3</td>
<td>Training and awareness raising of the extended service to be planned and delivered to midwifery staff. Awareness raising of the service to undertaken with primary care staff etc</td>
<td>CCG / provider</td>
<td>Feb 2016</td>
</tr>
<tr>
<td>4</td>
<td>Full introduction of extended service to begin.</td>
<td>Provider</td>
<td>Jan 2016</td>
</tr>
</tbody>
</table>
Local priority 6 – Continued participating in children and young people’s improving access to psychological therapies programme (CYP IAPT)

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background

Improving Access to Psychological Therapies (IAPT) is well established in adult community mental health services but only began to be available in children and young people’s mental health services in 2011. In 2014 Hull and East Riding of Yorkshire CAMHS services, backed by the CCG commissioners were successful in applying to take part in Wave 4 training which began in January 2015. It is very intensive for practitioners and takes twelve months full time, including training, assignments, implementation of the techniques taught, supervision etc. Supervisors and managers are also expected to undertake separate modules to enable them to fulfil the roles set out in the children and young people’s IAPT national curriculum.

Unlike adult IAPT, children and young people’s IAPT is not a standalone service but is delivered as part of the CAMHS service and aims to help transform it. It is centred around the principles for offering effective and efficient evidence-based treatments within a therapeutic relationship. It is based on evidence based practice and session by session routine outcome monitoring is central.

In phase 4 children and young people’s IAPT, two practitioners from East Riding of Yorkshire CAMHS have undertaken the CBT and parenting modules. The service manager has followed the leadership module and two other members of staff, the supervisor’s module. They are due to complete in December 2015. Feedback to date from young people

<table>
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<tr>
<th>Task/Action</th>
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<th>By When</th>
<th>Comments</th>
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<tbody>
<tr>
<td>5 Awareness training for those coming in to contact with ante and postnatal women and families to be developed and delivered.</td>
<td>Provider / Institute of Health Visitors etc</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>6 Awareness raising campaign to reduce stigma of perinatal mental health issues to be developed and delivered.</td>
<td>Lead by Public Health</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
and their families who have benefited from children and young people’s IAPT while the training has been undertaken has been very positive and encouraging.

Underlying Assumptions

- Sufficient staff from CAMHS with the right level of qualifications will be available and willing to undertake modules in 2016 and beyond.
- Modules which do not require staff to be graduates prior to commencing the training will be available from 2017 on.
- Sufficient places will be available to enable colleagues from the Local Authority Social Care Team to also undertake some modules from 2017 on. This will help them with their practice and also support the building of closer relationships with CAMHS.
- Learning will be shared across the whole service and incorporated in to practice, including routine outcome monitoring.

Vision and Objectives

The vision of children and young people’s IAPT is for participants to be offered:

- Meaningful service user participation, including within the local service
- High quality treatments delivered by staff trained in different modules
- Greater accessibility to interventions by children and young people
- Session by session outcome monitoring which is embedded within routine practice and used to guide and evaluate interventions.

The objectives are to:

- Ensure that staff currently undertaking wave 4 of children and young people’s IAPT training complete and implement their learning
- Submit applications for phase 5 and successful candidates undertake the training and implement.
- Evaluate the impact of the training and its implementation on the service, including waiting times, monitoring and delivery of IAPT, impact and evaluation of interventions.
- Share learning with the CCG and CAMHS service and implement any recommended changes.
- Liaise with colleagues in social care to enable them to be able to apply for and undertake children and young people’s IAPT training in phase 6, alongside CAMHS colleagues.
- Continue the development of the young people’s IAPT participation group to continue to gather their views of its impact on the service.
- Develop and introduce a parent / carers IAPT participation group to gather their views on the service.

Benefits

By further developing the introduction and implementation of children and young people’s IAPT in to East Riding CAMHS the following benefits will be gained:

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East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing

60
• Greater participation in treatment by children, young people and their families
• Introduction of session by session outcomes measures
• Closer working with social care if they are able to participate in phase 6 training
• Positive impact on waiting times for children and young people and outcomes
• Greater understanding of the views of children, young people and their parents / carers through the development of regular group meetings.

### Action Plan for Implementation

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<tr>
<th>Task/Action</th>
<th>By Whom</th>
<th>By When</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>1 CAMHS staff undertaking the phase 4 children and young people’s IAPT training to complete and implement.</td>
<td>CAMHS staff</td>
<td>Dec. 2015</td>
<td></td>
</tr>
<tr>
<td>2 Applications to undertake phase 5 to be submitted: training to be undertaken and implemented.</td>
<td>CAMHS staff</td>
<td>Dec. 2016</td>
<td></td>
</tr>
<tr>
<td>3 Evaluation of the impact of children and young people’s IAPT training and implementation on the service including waiting times, monitoring and delivery of IAPT, impact and evaluation of interventions. Learning to be shared with the CCG and CAMHS service and any recommended changed implemented.</td>
<td>Humber</td>
<td>March 2016 for phase 4, March 2017 for phase 5.</td>
<td></td>
</tr>
<tr>
<td>4 Colleagues from Social Care to be given the opportunity to apply for and undertaken children and young people’s IAPT training as appropriate in wave 6, alongside CAMHS staff.</td>
<td>Humber / Social Care</td>
<td>December 2017</td>
<td></td>
</tr>
<tr>
<td>5 Development of the young people’s IAPT participation group to continue to gather their views on the impact of the service; review of impact of this group.</td>
<td>Humber</td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td>6 Development and introduction of a parents IAPT participation group to gather their views on the impact of the programme.</td>
<td>Humber</td>
<td>Jan. 2017</td>
<td></td>
</tr>
</tbody>
</table>
Local priority 7 – Public mental health

Values
This project plan is based on the values of the promoting and implementing the values of Future in mind:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In the context of Public Mental Health this includes:

- Intervening early using a life course approach should be made a high priority
- Recognising that public health and reducing health inequalities is everyone’s business
- Focusing interventions on strengthening protective factors and reducing risk factors
- Placing building resilience, promoting good mental health, prevention and early intervention at the centre of all interventions
- Building emotional resilience is vital to improving life chances.
- Ensuring that evidenced based interventions are commissioned and provided
- Enabling universal services to identify and fulfil their role in mental health promotion, prevention and early intervention
- Recognising the vital role of partner agencies to collaborate in the commissioning and delivery of services.

Background
Both No Health Without Mental Health (2011) and Future in mind (2015) place a high priority on public mental health. Improving children and young people’s mental health and wellbeing is one of the government’s key priorities as part of the drive to put it on an equal footing with physical health.

Locally East Riding Health and Wellbeing Board, East Riding JSNA and the Joint Health and Wellbeing Strategy have identified the need to address children and young people’s mental health needs as a priority. East Riding of Yorkshire Public Health Team will continue to develop, commission and deliver a programme of Public Health interventions regarding children and young people’s emotional and mental health. This includes awareness raising and training to help deliver earlier identification and intervention for those requiring further help and support and reducing stigma and improving resilience in the population.

The Joint Strategic Needs Assessment of 2014 identified the following as key in meeting this priority:
Parenting

There is strong evidence that investment in promoting the mental health and well-being of parents and children notably in the pre-school years, can avoid health and social problems later in life.

There is a need to develop a more joined up approach to the delivery of parenting programmes in East Riding of Yorkshire and ensure that any gaps are identified and met with high quality evidence based provision.

Promoting the mental and emotional health of children as part of improving mental and emotional health across the life course

There are two particular emphases on improving the emotional and mental health of children and young people i.e. from conception to 5 years and for school age children.

From 1st October 2015, East Riding of Yorkshire Council Public Health will commission the Health Visiting Service and Family Nurse Partnership, providing a key opportunity to promote the mental health and well-being of babies and pre-school children and their families, including during the perinatal period. Services are also commissioned from Children’s Centres and other providers.

It has long been recognised that schools are key settings for promoting the emotional and mental health of children and young people. School nurses lead and deliver the Healthy Child Programme 5-19 and are equipped to work at community, family and individual levels.

They can play a crucial role in supporting the emotional and mental health needs of school-aged children and are seen as non-stigmatising. In addition Public Health is exploring whether to re-introduce the Healthy Schools Programme across the East Riding of Yorkshire. A number of training opportunities are provided for school staff regarding mental and emotional health and wellbeing including the Youth Mental Health First Aid course, Anti Bullying Alliance Training and Understanding Eating Disorders.

Underlying Assumptions

- The CCG, CAMHS and Schools will implement the CAMHS/School Link Project Pilot
- Public Health and the Children, Families and Schools Directorate will continue to offer the Youth Mental Health First Aid and Mental Health First Aid Schools courses
- The Local Authorities Public Health Team retender for the provision of a service to deliver the Healthy Child Programme (HCP) early intervention around emotional health is included in the service specification
- Public Health and the Children, Families and Schools Directorate will continue to facilitate the multi-agency anti bullying group.

Vision and Objectives

The vision of the Public Mental Health Project Plan is to commission and deliver a full programme of health promotion regarding children and young people’s emotional and mental health. This will include awareness raising and training to help deliver earlier identification and intervention for those requiring further help and support and reducing stigma and improving resilience. This will include a particular focus on parenting and
promoting the mental and emotional health of children and young people as identified in the 2014 Joint Strategic Needs Assessment

**Parenting:**

The objectives during 2015 – 16 are to:

- review the current literature in relation to parenting and the current guidance, including evidence on neuro-scientific development, different influences on long term outcomes and the content and effectiveness of programmes
- clarify current service provision, across agencies within the East Riding and identify gaps and opportunities for improvement
- obtain the views of parents and local service providers
- identify gaps and opportunities for improvement in local service provision and how to meet them with partners and providers.

**Promoting the mental and emotional health of children as part of improving mental and emotional health across the life course**

The objectives during 2015-16 are to:

- Ensure that health visitors are able to offer up to 6 “listening visits” to perinatal women identified with mild mental health issues
- Explore with schools and partners the possibility of re-introducing a Healthy Schools Programme across the local authority which will include an emphasis on promoting confidence and strong emotional health and well-being
- Provide training on anti-bullying interventions
- Continue to commission school nurse pop-ins – issues raised by pupils will include those concerned with emotional health and well-being etc
- Offer the Youth Mental Health First Aid course to foster carers, social workers and others working with children and young people and the Mental Health First Aid Schools courses to school staff
- Consider undertaking an audit of school based emotional health and wellbeing interventions to inform needs analysis
- Support the implementation of the CAMHS and Schools project pilot

**Benefits**

Mental health, wellbeing and resilience are crucial to a host of social care and economic benefits and include:

- Improved mental health literacy in children and young people
- Improved resilience for children, young people and families
- Improved children, young peoples and families emotional and mental health
- Improved early identification and access to therapeutic interventions and universal support
- Improved confidence and skills of the children and young people’s workforce.

Public Health Interventions can:

- Prevent and reduce the risk of some mental health problems
- Assist recovery
- Improve services and the quality of life for people experiencing problems
- Strengthen the capacity of communities
- Increase the ‘mental health literacy of individuals, organisations and communities

### Action Plan for Implementation

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<thead>
<tr>
<th>Task/Action</th>
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<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Parenting</strong>&lt;br&gt;Final report and recommendations drafted from the Parenting Needs Assessment.</td>
<td>CFS Directorate ERYC and Public Health</td>
<td>End November 2015</td>
<td>The report and key findings need to be presented to a number of boards including the Health and Wellbeing Board Review action plan and funding allocation based on the recommendations</td>
</tr>
<tr>
<td><strong>2.</strong> Strategy developed, gaps and ways of meeting identified</td>
<td>CFS Directorate ERYC and Public Health</td>
<td>March 2016</td>
<td>Review action plan and funding allocation based on the recommendations</td>
</tr>
<tr>
<td><strong>3. Schools based interventions</strong>&lt;br&gt;Deliver CAMHS/School link pilot in line with the successful application</td>
<td>CCG/CAMHS</td>
<td>As application timescale</td>
<td>Needs to link to Public Health/ ERYC CFS YMHFA Programme</td>
</tr>
<tr>
<td><strong>4.</strong> Youth Mental Health First Aid and Mental Health First Aid Schools courses (Community and Schools intervention)</td>
<td>Public Health/ ERYC CFS</td>
<td>On going</td>
<td>Link to the above to avoid duplication</td>
</tr>
<tr>
<td><strong>5.</strong> Anti-Bullying&lt;br&gt;Continue to support Schools with the Anti-Bullying agenda.</td>
<td>Public Health/ERVAS</td>
<td>On going</td>
<td></td>
</tr>
</tbody>
</table>
1.h  Local priority 8 – Access to inpatient CAMHS

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In particular it is based on the ambition of ensuring that children and young people requiring inpatient care can access it wherever possible within fifty miles of their home.

Background

NHS England Specialist Commissioning is responsible for commissioning inpatient CAMHS beds for children and young people who require them. There is currently no provision in the East Riding CCG area, with the nearest being York, Leeds or Sheffield. However due to its geography and rural nature, these can be in excess of 65 miles and can take a significant amount of time to travel to. Due to the national shortage of beds, young people are regularly placed 150 miles or more from their homes. This has caused considerable distress, anxiety and disruption in the lives of the children and young people concerned and their families.

Considerable media interest has been engendered, with the locally widely read Hull Daily Mail launching its “Kids in Crisis” Campaign calling for inpatient beds to be made available in the local area for children and young people who need them. There has also been
interest and involvement from a local MP, a meeting with a coalition minister for Health in 2013 and a short debate in Parliament.

In addition, there is an ongoing impact on Accident and Emergency departments serving the area, acute paediatric wards while beds are found and the Intensive Intervention service. A joint crisis service is being commissioned by East Riding and Hull CCGs to help compensate for and alleviate the pressures caused by the lack of local access to beds. A national review in 2014 identified the gap in provision in the Yorkshire and Humberside area and led to some additional beds being commissioned in the short term in Sheffield and York.

Across Yorkshire & Humber, NHS England Specialist Services have considered in some detail what provision is required, which is summarised below. Modelling work to determine 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 – Yorkshire and Humberside central geographical location
- Low secure - mixed gender – Yorkshire and Humberside central geographical location
- Low Secure and none secure learning disability/ASD – Yorkshire and Humberside 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

Underlying Assumptions

- The current modelling work to determine the bed numbers and locations required leads to additional provision being commissioned and easier access for children and young people requiring the service from the East Riding of Yorkshire CCG area.

Vision and Objectives

The vision of this project plan is ensure that access to inpatient services are improved for children and young people from across the East Riding of Yorkshire CCG.

The objectives are to work with NHS England to:

- Identify an appropriate location for sufficient beds for our population and for our near neighbours, principally Hull, North Lincolnshire and North East Lincolnshire to improve access to these services when required and to reduce travelling distance from East Riding of Yorkshire
In order to ensure the nearest general adolescent unit is no more than 50 miles away we believe a central location in Hull or East Riding of Yorkshire will be required.

- Ensure that NHS England commissions the right services in the right place at the right time, based on the population needs.
- Ensure that services are sustainable and meet the service and quality levels set out in national specifications.
- Ensure the commissioning and contracting arrangements for these services are improved with nationally aligned contract terms and conditions.

**Benefits**

- Children and young people requiring inpatient CAMHS will be able to access beds nearer to their home, reducing some of the additional considerable distress, anxiety and disruption caused by the distance to them and their families.
- The distance travelled and the time required to visit inpatient units by CAMHS staff who keep in touch with East Riding CCG young people placed there will be reduced which will have a positive impact on the core CAMHS waiting lists.

**Action Plan for Implementation**

Work with NHS England Specialised Commissioning to:

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<th>Task/Action</th>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify an appropriate location for sufficient beds for our population to improve access and reduce travelling times</td>
<td>ER CCG / NHS England</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>2. Ensure that NHS England commissions the right services in the right place at the right time, based on the population needs</td>
<td>ER CCG / NHS England</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>3. Ensure that services are sustainable and meet the quality levels set out in national specifications</td>
<td>ER CCG / NHS England</td>
<td>ongoing</td>
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</tbody>
</table>

1.i Local priority 9 – Integration of CAMHS Contact Point and Children's services Early Help and Safeguarding Hub

East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing
Values
This project plan is based on promoting and implementing the values of *Future in mind*:
- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background
A single point of access for the East Riding CAMHS service was introduced in May 2014 as part of the introduction of a new service specification. Known as Contact Point, it accepts referrals from any professional working with a child or young person including from primary and secondary care, schools, social care etc and parents / carers. Young people aged 16+ can self-refer. A triage process is then undertaken, prior to assessment and intervention if appropriate. Contact Point is also available to provide advice and support to professionals working with children and young people they are concerned about. It is manned mainly by Primary Mental Health Workers on a rota. Approximately two thirds of referrals are not accepted in to the service as they do not meet the criteria and threshold for CAMHS.

East Riding Council operates a single point of access, Early Help and Safeguarding Hub (EHASH) for anyone to contact who is worried about a child or young person who might be at risk of harm, abuse or neglect. This includes concerns about their behaviour, emotional well-being or mental health.

There are frequent overlaps between referrals to Contact Point and EHASH with those which don’t reach the threshold or are not appropriate for the former being advised to contact the latter and vice versa. This can lead to a considerable replication of work and time with both services undertaking a triage etc.

Early work has begun to explore bringing the single point of access for the two services together with the managers meeting and looking at anonymised referrals to each and where they might have been better served by the other. Staff from CAMHS have also spent time with the EHASH service.

Underlying Assumptions
- Agreement can be reached on joint working, data and information sharing and other protocols as required
- Staff from both CAMHS and EHASH adapt to and embrace the benefits of the single point of access for both services.
- Referrers understand the benefits of a single point of access and use it.

Vision and Objectives
The vision is to have a single point of access for both CAMHS and EHASH. A band 6 member of staff for CAMHS will sit within EHASH each day (on a rota) to review cases referred in. Those which are clearly for CAMHS will then be sent to Contact Point for triage while those for EHASH will be forwarded to begin their processes. For those which are less clear cut, managers will be able to decide together which pathway is more appropriate.

The objectives are to:

*East Riding of Yorkshire Transformation Plan: promoting, protecting and improving our children and young people’s mental health and wellbeing*
• Agree and implement joint working, data and information sharing and other protocols as required.
• Ensure staff working in Contact Point and EHASH are aware of the new processes, are trained on the new protocols and are confident to implement them.
• Roster a CAMHS band 6 member of staff to be based within the EHASH Single Point of Access office during operating hours.
• Publicise the new arrangements, including using the EHASH telephone number for all referrals to either service to the public, primary care, social care, schools and other agencies etc. This needs to include steps to mitigate any potential concerns, particularly amongst parents / carers and children and young people about the referral phone number traditionally being viewed as being for safeguarding issues.
• Identify and implement monitoring and evaluation processes as agreed with commissioners.
• Implement the new joint single point of access.

Benefits
The benefits of a single point of access include:

• Children and young people will be referred to the correct services more quickly.
• Parents / carers and professionals will get advice and support from the most appropriate service more rapidly.
• Less time will be spent gathering information possibly twice and the referral being signposted to the correct service quicker.
• Costs should be reduced for both CAMHS and the Local Authority as fewer referrals need to be triaged more than once.
• Waiting times for access to a CAMHS service will be reduced as less time will be required for inappropriate triage, having a positive impact on children, young people and their families.

Action Plan for Implementation

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<tr>
<th>Task/Action</th>
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<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agree and implement joint working, data and information sharing and other protocols as required.</td>
<td>CAMHS / EHASH</td>
<td>Dec. 2015</td>
<td></td>
</tr>
<tr>
<td>2. Ensure staff working in Contact Point and EHASH are aware of the new processes, are trained on the new protocols and are confident to implement them.</td>
<td>CAMHS / EHASH</td>
<td>Jan. 2016</td>
<td></td>
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<tr>
<td>Task/Action</td>
<td>By Who</td>
<td>By When</td>
<td>Comments</td>
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</tr>
<tr>
<td>3. Publicise the new arrangements, including using the EHASH telephone number for all referrals to either service to the public, primary care, social care, schools and other agencies etc.</td>
<td>CAMHS / EHASH</td>
<td>March 2016 - ongoing</td>
<td></td>
</tr>
<tr>
<td>4. Identify and implement monitoring and evaluation processes as agreed with commissioners</td>
<td>CAMHS / EHASH</td>
<td>March 2016</td>
<td></td>
</tr>
<tr>
<td>5. Rota a CAMHS band 6 member of staff to be based within the EHASH Single Point of Access office during operating hours</td>
<td>CAMHS</td>
<td>April 2016</td>
<td></td>
</tr>
<tr>
<td>6. Implement the new joint single point of access</td>
<td>CAMHS / EHASH</td>
<td>April 2016</td>
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</table>

1.j Local priority 10 – Development of a comprehensive targeted vulnerable children and young people’s service

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background

The East Riding of Yorkshire recognises that some children and young people have particular vulnerabilities to mental health difficulties but may find it more difficult to access help when they need it. They may require specialist services from CAMHS or to be treated by staff with a specialist interest / training to enable them to work with them most effectively.

These have been identified as:

a. Looked After Children and young people
b. Learning disabilities
c. Autism
d. Children and young people in the Criminal Justice System

e. Victims of Child Sexual Exploitation / Sexual Abuse

f. Young people who are Lesbian, Gay, Bisexual and Transgender

g. Black and minority ethnic groups

h. Post adoption support

i. Young Carers

j. Children and young people whose parents misuse substances, including alcohol, or have mental health problems or learning disabilities

k. Have chronic physical health problems (eg diabetes, epilepsy, life-limiting conditions, degenerative illness)

NB it may be necessary to add new groups to this list based on changes to the local population eg if significant numbers of asylum seekers settle in East Riding of Yorkshire.

For some of these listed above there is a specific service to meet their needs eg Learning Disabilities, Looked After Children (although this is not currently available for out of area LAC placed in the East Riding who are referred in to Core CAMHS), children and young people in the Criminal Justice System. For others where there is not a specific service, a member of CAMHS staff has a particular interest in a group and they are generally referred to them eg young people who are lesbian, gay, bisexual and transgender. Others are referred to Core CAMHS.

There is a need to join the provision of CAMHS services for vulnerable groups to enable them to be more effective and efficient, especially as some young people may have co-morbidities eg are looked after and have a learning disability. In addition, work needs to be undertaken to look at the gaps in specialist provision and determine if the needs of the young people are being met through core CAMHS or if a specific service needs to be provided and the best way of doing this. For many of the groups listed above, there are also specific services provided by health and / or children and family support eg Looked After Children Health Team. However links between them may be tenuous or need strengthening.

**Underlying Assumptions**

- Currently some children and young people are unable to access the support they need from CAMHS due to their vulnerabilities and particular need for specialist help.
- Some Looked After Children with mild to moderate difficulties would be unable to access Core CAMHS services due to their level of need not meeting the threshold, but require specialist support.
- The support available for those with specific vulnerabilities and needs may be available through CAMHS but without a vulnerable children and young people’s team, it is fragmented.
- Links with other services working with children and young people eg health, family and social care services may need strengthening.
Vision and Objectives

Through the *Future in mind* Transformation Plan the vision is that during 2016/17 it is planned to bring the existing practitioners providing CAMHS to vulnerable groups together in a comprehensive targeted Vulnerable Children and Young People’s Service. This will allow greater joined up working and enable those who need it to receive the service that they require, while maintaining specialisms within the staff groups.

- Review the working of specific services for vulnerable children and young people and how they relate to Core CAMHS.
- Identify gaps in CAMHS services for vulnerable children and young people and consider how to fill them.
- Develop a vulnerable Children and Young People’s Service for those requiring CAMHS.
- Develop closer links with other health and family and social care services where required eg Looked After Children’s health team, Children’s Disability team

Benefits

The benefits include:

- Promoting closer and more effective working to meet the needs of vulnerable children and young people.
- Promoting closer communication and more effective working with other services eg Looked After Children’s Health, enabling staff to utilise and build on existing opportunities to work with vulnerable children and young people, leading to a reduction in DNAs
- Identifying gaps in existing provision for vulnerable groups with the opportunity to determine how to fill them
- Ensuring that appropriate and bespoke care pathways can be developed as appropriate
- Meeting the objectives of *Transforming care* for people with learning disabilities

Action Plan for Implementation

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Who</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review the working of specific services within CAMHS for vulnerable children and young people and how they relate to Core CAMHS.</td>
<td>Provider / CCG / ERYCC</td>
<td>June 2016</td>
<td></td>
</tr>
<tr>
<td>2. Identify gaps in CAMHS services for vulnerable children and young people and consider how to fill them.</td>
<td>Provider / CCG / ERYCC</td>
<td>Sept. 2016</td>
<td></td>
</tr>
</tbody>
</table>
3. Develop a vulnerable children and young people’s service for those requiring CAMHS.

|----------|-----------|

4. Develop closer links with other health and family and social care services where required eg Looked After Children’s health team, Children’s Disability team

<table>
<thead>
<tr>
<th>Provider / ERYCC</th>
<th>March 2017</th>
</tr>
</thead>
</table>

1.k Local priority 11 – Expansion of existing early intervention services for mild – moderate need

Values

This project plan is based on promoting and implementing the values of *Future in mind*:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

Background

It is recognised that by intervening earlier when the mental health difficulties of a child and young person are milder and less entrenched, they are more likely to make a quicker, full recovery. Therefore the East Riding CAMHS service currently includes 4.95 whole time equivalent Primary Mental Health Workers and a Team Leader who provide early support for those with mild to moderate need. They are also rotated to staff the CAMHS Contact Point. Through early interventions they can also reduce waiting times for Core CAMHS.

Early interventions include counselling and brief Cognitive Behavioural Therapy to reduce the need for higher level interventions. However it is recognised children and young people could benefit from an expansion of this service through the Transformation Plan.

The introduction of the CAMHS Crisis service will provide more staff to support Contact Point when not required to work with children and young people in crisis. This will in time enable Primary Mental Health Workers to offer more early interventions.

Underlying Assumptions

- Minor issues regarding the implementation of the BRAVE treatment programme are resolved quickly, allowing for rapid implementation.
- Children and young people and their families offered the BRAVE programme participate fully.
- Children and young people offered the anxiety and mood clinics attend and participate fully in all six sessions

**Vision and Objectives**

The vision for early intervention is to provide more opportunities for children and young people to access early interventions via Primary Care Workers but also through schools etc.

The objectives to implement this are to:

- Develop the Primary Mental Health Worker service further to offer additional support through:
  - Piloting the web based BRAVE treatment programme for appropriate young people suffering from mild to moderate anxiety
  - Pilot short intervention anxiety clinics offering 6 x 30 minute appointments over six weeks for mild-moderate anxiety.
  - Pilot short intervention clinics for those on the mood pathway as above
  - Following pilots of anxiety and mood clinics, explore options for other pathways
  - Work with schools and Public Health to develop an advisory standard for counselling provided in schools to ensure that children and young people can access a high quality standard, delivered by appropriately qualified counsellors who are accessing supervision and know how to refer on to other services if required.
  - Participate in the CAMHS / Schools Link Pilot Project to provide school staff with greater links to CAMHS and also enable them to identify potential emotional and mental health difficulties earlier. The Primary Mental Health Worker links will be available to offer support and advice to the schools involved who will also be enabled to offer early interventions where appropriate.

**Benefits**

- Children and young people experiencing mild to moderate mental health difficulties will be able to access a variety of short early interventions as appropriate to treat their symptoms and prevent them from deteriorating and requiring a service from Core CAMHS.
- With the introduction of the BRAVE treatment programme, children and young people will be access online support, linking in with the preferences of many for electronic communication etc.
- Waiting lists should reduce with the expansion of the availability of rapid short early interventions eg anxiety clinics
- More Primary Mental Health Worker time should become available to support early intervention when the Crisis Team are in post and available to provide some support to Contact Point.
### Action Plan for Implementation

<table>
<thead>
<tr>
<th>Task/Action</th>
<th>By Who</th>
<th>By When</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Undertake training and then implement the BRAVE online treatment programme.</td>
<td>Provider PMHW</td>
<td>Dec. 2015</td>
<td>Minor technical problems to be addressed before training and implementation.</td>
</tr>
<tr>
<td>2. Continue the pilot of short intervention anxiety clinics and evaluate impact, effectiveness and outcomes. Continue if evaluation is positive and time effective.</td>
<td>Provider PMHW &amp; manager</td>
<td>March 2016, then ongoing</td>
<td></td>
</tr>
<tr>
<td>3. Introduce pilot short intervention clinics for those on the mood pathway and evaluate impact, effectiveness and outcomes. Continue if evaluation is positive and time effective.</td>
<td>Provider PMHW &amp; manager</td>
<td>March 2016, then ongoing</td>
<td></td>
</tr>
<tr>
<td>5. Participate in the development of an advisory standard for counselling in schools</td>
<td>Provider PMHW manager</td>
<td>March 2016</td>
<td>Led by Public Health</td>
</tr>
<tr>
<td>6. Participate in the CAMHS / Schools Links pilot scheme, developing good links with schools and advice and support etc. Share learning and extend links where appropriate.</td>
<td>Provider PMHW</td>
<td>July 2016</td>
<td></td>
</tr>
<tr>
<td>7. Explore the potential for development of links with relevant third sector organisations to increase the range of options for early intervention available</td>
<td>CCG</td>
<td>July 2016</td>
<td></td>
</tr>
</tbody>
</table>
## Engagement on Emotional Health and Well-being needs of children and young people

<table>
<thead>
<tr>
<th>Title</th>
<th>Engagement by / for</th>
<th>Date</th>
<th>Main themes</th>
<th>How addressed in Transformation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS review public engagement (including with children and young people, parent / carers, professionals etc)</td>
<td>Hull &amp; East Riding of Yorkshire CCGs, Hull City Council and East Riding of Yorkshire Council - Used in redesigning CAMHS services, implemented 2014</td>
<td>Dec. 2012 – Mar. 2013</td>
<td>Waiting times, Flexibility of the service, Some level of service required 24/7, Closure of West End (parents of users)</td>
<td>Local priority 1 – 24/7 crisis response, Local priority 2 – improvement in access, Local priority 3 – Eating Disorder service, Local priority 6 – CYP IAPT, Local priority 8 – work with NHS England to improve access to inpatient beds, Local priority 11 – expansion of early intervention service</td>
</tr>
<tr>
<td>Children and Adolescent Mental Health Services Review final report</td>
<td></td>
<td>July 2013</td>
<td>Bullying, Studying pressures</td>
<td>Local priority 4 – CAMHS / Schools link project pilot, Local priority 7 – public mental health, Local priority 8 – integration of Contact Point and EHASH to create SPA, Local priority 11 - expansion of early intervention service</td>
</tr>
<tr>
<td>East Riding Schools Student Voice survey</td>
<td>Inform strategies and documents</td>
<td>2014</td>
<td>Bullying</td>
<td>Local priority 4 – CAMHS / Schools link project pilot, Local priority 7 – public mental health, Local priority 8 – integration of Contact Point and EHASH to create SPA, Local priority 11 - expansion of early intervention service</td>
</tr>
<tr>
<td>Mental and Emotional Health of Children and Young People joint strategic needs assessment</td>
<td>East Riding of Yorkshire Public Health – inform strategy development and commissioning</td>
<td>Spring 2014</td>
<td>Bullying, Training including suicide prevention, self-harm, Youth Mental Health First Aid</td>
<td>Local priority 4 – CAMHS / Schools link project pilot, Local priority 7 – public mental health, Local priority 8 – integration of Contact Point and EHASH to create SPA, Local priority 11 - expansion of early intervention service</td>
</tr>
<tr>
<td>Title</td>
<td>Engagement by / for</td>
<td>Date</td>
<td>Main themes</td>
<td>How addressed in Transformation Plan</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Review of users experience of services for people with Eating</td>
<td>East Riding of Yorkshire Healthwatch – review of adult and young people’s experiences</td>
<td>March 2015</td>
<td>Inconsistent services, Lack of beds, Poor hospital handovers, GPs struggling to diagnose early, More</td>
<td>Local priority 1 – 24/7 crisis response, Local priority 2 – improvement in access, Local priority 3</td>
</tr>
<tr>
<td>Disorders in East Riding of Yorkshire</td>
<td></td>
<td></td>
<td>training needed for public sector staff</td>
<td>– Eating Disorder service, Local priority 6 – CYP IAPT, Local priority 7 – public mental health,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local priority 8 – work with NHS England to improve access to inpatient beds</td>
</tr>
<tr>
<td>Emotional Health and Well-being Strategy Group engagement event</td>
<td>East Riding of Yorkshire CCG / East Riding of Yorkshire Local Authority</td>
<td>May 2015</td>
<td>Wide range including: Training, Parenting</td>
<td>Local priority 4 – CAMHS / Schools link project pilot, Local priority 7 – public mental health,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local priority 8 – integration of Contact Point and EHASH to create SPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local priority 11 - expansion of early intervention service</td>
</tr>
<tr>
<td>Schools engagement</td>
<td>Engagement with school staff on Transformation Plan</td>
<td>September 2015</td>
<td>Training for staff (especially infant school staff), Waiting times after referral, Lack of feedback</td>
<td>Local priority 2 – improvement in access, Local priority 4 – CAMHS / Schools link project pilot,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>after referral, Bereavement support, Clarify route for receiving CAMHS treatment - if not CAMHS, sign</td>
<td>Local priority 7 – public mental health, Local priority 8 – integration of Contact Point and EHASH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>post to other sources of help</td>
<td>to create SPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local priority 11 - expansion of early intervention service</td>
</tr>
<tr>
<td>Title</td>
<td>Engagement by / for</td>
<td>Date</td>
<td>Main themes</td>
<td>How addressed in Transformation Plan</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Engagement targeting children and young people | Via survey and face to face group    | September/ October 2015 | Waiting times need to be shorter  
Additional resource is needed to appropriately meet needs  
Support and include other family members and carers  
Support people that work with children so that they can spot difficulties early and know how to refer  
Ensure CAMHS service is delivered in a place where the child/young person feels happy with  
Ensure whole spectrum of those needing support can access a service appropriate to their needs  
Involve the service user in care and treatment decisions  
Improve co-ordination across all agencies | Local priority 2 – improvement in access  
Local priority 4 – CAMHS / Schools link project pilot  
Local priority 7 – public mental health  
Local priority 10 – development of a comprehensive targeted vulnerable children and young people’s service  
Local priority 11 - expansion of early intervention service |
Our existing plans for 2015/16 include expansion of core CAMHS workforce to deliver better access and outcomes, as well as increased capacity for specialist services. In addition, we have requested £35,250 as new transformation funding, which will enable local CAMHS provision to meet the requirements of the commissioning guidance.

<table>
<thead>
<tr>
<th>Funding Scheme</th>
<th>Description</th>
<th>Target</th>
<th>Achieved</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/16 Transformation</td>
<td>Referral to intervention time</td>
<td>Mar-20</td>
<td>Q3 Oct - Dec 15/16</td>
<td>N/A</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Q2 Jul - Sep 15/16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Q3 Oct - Dec 15/16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Q4 Jan - Mar 15/16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Mar-17</td>
<td>10,000</td>
<td>7,500</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Mar-17</td>
<td>10,000</td>
<td>7,500</td>
</tr>
<tr>
<td>15/16 Transformation</td>
<td>Initial assessment</td>
<td>Mar-17</td>
<td>10,000</td>
<td>7,500</td>
</tr>
</tbody>
</table>

Please select yes or no:
- **Is your current Eating Disorder service for under 18s compliant with the NICE guidelines for self-harm**
- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
- **Is your Eating Disorder service for under 18s up to national standards and benchmark**
- **What is the evidence base for this intervention?**
- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
- **Is your Eating Disorder service for under 18s up to national standards and benchmark**
- **What is the evidence base for this intervention?**
- **Do you feel your service is evidence compliant**
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- **What is the evidence base for this intervention?**
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- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
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- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
- **Is your Eating Disorder service for under 18s up to national standards and benchmark**
- **What is the evidence base for this intervention?**
- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
- **Is your Eating Disorder service for under 18s up to national standards and benchmark**
- **What is the evidence base for this intervention?**
- **Do you feel your service is evidence compliant**
- **What is the evidence base for this intervention?**
CAMHS Transformation Plan – Y&H Data Collection template

Introduction

This Spreadsheet provides areas across Y&H with a method for collating activity, workforce and investment data which covers the whole spectrum of emotional health and wellbeing activity (from all providers and funders), in a way that is standardised across the Region. Whilst it will not iron out all differences of interpretation, it should allow some basis for comparison across areas. It also provides some guidance as to the level of detail that could be included (in the absence of specific Guidance included within the Transformation Plan Guidance).

It may also help provide an overall structure within which this information will be published locally.

Areas might not have information for some types of activity, workforce or investment. In this case include ‘NK’ in the appropriate cell. This will provide areas with an indication as to where more information will need to be gathered in the future.

If some cells of information are not relevant to your area, because such provision does not exist, then insert ‘NA’ in that cell.

The time period for investment and activity is the financial year 2014/15. The snapshot for workforce data is June 2015.

Table Completion Notes

Only include consultation activity if this is in relation to a named patient/client and your service is commissioned for this activity and would normally report it.

Activity Data

- Do not include activity twice - allocate it to the most appropriate row.
- If activity is provided within school settings: include within the ‘school’ row - whoever funds it.
- If activity is provided by the third sector: include in third sector rows - whoever funds it.
- If activity is not with individual children/families but with whole populations - this will be picked up in the investment section. Do not include it in this Table.
- Only include activity that is in the form of face to face services, do not attempt to include ‘consultation’ activity.
- Include all agencies, or aspects of agencies activity, that are predominantly providing emotional health services to CYP and their families.

Workforce Data

- Include only staff whose predominant function is around emotional health and wellbeing. Do not include staff (e.g. schools nurses) who may have this as one of their many functions.
- Only include any group of staff once. (e.g. if a member of a LA LAC team is funded by the CCG and seconded from the NHS provider into the LAC team - only record this member of staff in one row - not both rows).

Note re managers: “where 50% or more of their time is dedicated to MH&WB”

Note re practitioners: “Include clinical managers where clinical practice accounts for at least 40% of time”

Investment Data

This table captures funding from a number of sources - allocated by a range of different types of activity. It includes both services provided to individual children/families, as well as services provided to whole groups (e.g. healthy schools) as well as to whole populations (e.g. health promotion activity).

- Some expenditure types might have amounts in more than one column. (e.g. schools based counselling services might have funding from school clusters themselves, from the LA and from the CCG. In this example the different sources of funding will all appear on the one row).
- Do not include any investment in more than one column/row (i.e. do not double count).
- All amounts should be in £000 units.
- This spreadsheet should be used for ongoing expenditure, except for the final row which should be used for one-off expenditure during 14/15.
- The final column may require multiple entries.

Where appropriate, there should be equivalent lines in each of the three tabs unless the activity/staffing/investment is aggregated or, for example, an investment or work-force do not produce any of the activity requested in the return (e.g training, CYP participation, MH health surveillance/promotion, out-of-area placements/spot purchasing).
<table>
<thead>
<tr>
<th>School based/ education cluster based services</th>
<th>Number of referrals into service between April 14 and March 15</th>
<th>Number of CYP accepted into service during 14/15</th>
<th>Average waiting time to assessment/ first contact - days</th>
<th>Average waiting time between assessment and intervention - (if appropriate) - days</th>
<th>Number of active cases as at March 31st 2015</th>
<th>Total number of face to face appointments offered during 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Support Team</td>
<td>91</td>
<td>90</td>
<td>see below</td>
<td>see below</td>
<td>116</td>
<td>685</td>
</tr>
<tr>
<td>Re assessment and intervention, BST provide some resources and strategies sometimes at triage information gathering session or even prior to this following an initial phonecall, prior to further assessment. Once the paperwork is received, it is usually between 3 days and 2 weeks to the first triage visit (but many are within one week.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locally authority based services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looked after children CAMH service</td>
<td>107</td>
<td>107</td>
<td>63.3</td>
<td>49.3</td>
<td>37</td>
<td>401</td>
</tr>
<tr>
<td>Early intervention emotional health service</td>
<td>11,370 (all referrals - not just mental health and wellbeing)</td>
<td>1,553</td>
<td>Do not maintain separate waiting lists for assessment and intervention</td>
<td>No longer than 3 weeks for cases workflowed to YFS</td>
<td>Do not record interventions in this way</td>
<td></td>
</tr>
<tr>
<td>Early Help and Safeguarding Hub (EHASH) and Youth and Family Support (YSF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MST services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other LA services - use as many rows as necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational Psychology</td>
<td>278</td>
<td>278</td>
<td>Needs led service - waiting time based on length of time to gather information</td>
<td>Consultation model of service delivery where the meeting provides advice rather than direct intervention</td>
<td>420</td>
<td>3363</td>
</tr>
<tr>
<td>(These are the number of CYP who have had, as a minimum, a consultation meeting with the school, parents and the CYP where appropriate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health based services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community (T2/3) team</td>
<td>1527</td>
<td>626</td>
<td>62.9</td>
<td>46.8</td>
<td>765</td>
<td>6889</td>
</tr>
<tr>
<td>Tier 2 CAMH Team</td>
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<td>Forensic</td>
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<td>Looked after children CAMH service</td>
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<td>401</td>
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<td>Self-harm / crisis intervention</td>
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<tr>
<td>Intensive home intervention service / T3.5</td>
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<tr>
<td>Other NHS based services - use as many rows as necessary</td>
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<td>Youth Justice &amp; CAMHS</td>
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<tr>
<td>Third sector provided services (use as many rows as necessary for individual third sector agencies (Include name of agency in 1st column)</td>
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Appendix 4 Page 2
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total number (WTE) of practitioner/clinical staff on establishment as at April 15</th>
<th>Total number (WTE) of practitioner/clinical staff in post as at April 15</th>
<th>Total number (WTE) of non practitioner/clinical staff supporting clinical staff on establishment as at April 15 (include admin staff and managers etc.)</th>
<th>Use this column to provide more detail or to signpost to other documents that provide more detail</th>
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<tbody>
<tr>
<td><strong>School based/ education cluster based services</strong></td>
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<td>Behaviour Support Team</td>
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<td>Inclusion support workers (autism)</td>
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<td><strong>Locally authority based services</strong></td>
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<td>MST services</td>
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<td>Counsellors for 11-19 year olds</td>
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<td>Other LA services - use as many rows as necessary</td>
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<td><strong>Education Psychology</strong></td>
<td>11.2 fte Education Psychologists, 3 fte Assistant Education Psychologists</td>
<td>11.2 fte Education Psychologists, 3 fte Assistant Education Psychologists</td>
<td>Support from East Riding Corporate administration team (EIS Support Services)</td>
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<td><strong>Health based services</strong></td>
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<td>NHS Provider CAMHS service</td>
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<td>Intensive intervention</td>
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<td>Looked after children CAMH service</td>
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<tr>
<td>Early intervention emotional health service</td>
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<td>LD</td>
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<td>YOT</td>
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<td>Hospital liaison</td>
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<tr>
<td><strong>Third sector provided services</strong></td>
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<td>(use as many rows as necessary for individual vol. orgs.)</td>
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<td>Expenditure type</td>
<td>LA funding spend ‘in house’</td>
<td>LA funding allocated to third sector or private agencies</td>
<td>CCG funding allocated to NHS agencies</td>
<td>CCG funding allocated to other providers</td>
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<td>------------------</td>
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<tr>
<td>Services directly at individual children/families</td>
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<td>Emotional health/CAMH Services based in school settings</td>
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<td>Services targeted at Looked after children</td>
<td>97</td>
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<td>Services targeted at other vulnerable children (e.g. in SILCs, YOS etc)</td>
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<td>Emotional health services targeted towards LD children</td>
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<td>Youth counselling services</td>
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<tr>
<td>‘Crisis response’ services</td>
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<td>MST (Multi Systemic Therapy) services</td>
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<td>Early intervention emotional health services (non school based) - working with individual children/families (used to be referred to as Tier 2 services)</td>
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<td>175</td>
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<td>NHS provided specialist CAMHS service - area based (used to be referred to as ‘Tier 3’ services) if there is a merged Tier 2/3 service - include it within this row</td>
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<td>NHS provided intensive home treatment/crisis response service</td>
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<tr>
<td>NHS England funded Tier 4 activity in area (Further Guidance to be produced on how to calculate this figure) Use final column for this amount</td>
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<td>Spot purchased ‘mental health’ out of area placements funded by the local area</td>
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<tr>
<td>Any other areas of services directed at individual children/families - not included above</td>
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<td>Services directed at whole populations/vulnerable groups</td>
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<tr>
<td>Health promotion activities focused on emotional resilience/emotional health provided by public health function (e.g. DPH activity)</td>
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<tr>
<td>Emotional resilience activities provided in school settings (e.g. Healthy Schools)</td>
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<td>Any ‘one-off’ expenditure during 14/15 on emotional health activities/services/materials</td>
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