Transformation Plan for Children and Young People’s Emotional Health and Wellbeing – Calderdale

2015 – 2020
Calderdale Health and Wellbeing Board (HWB) endorses the principles and recommendations as set out in the national „Future in Mind” (FiM) Report and supports the development of emotional health and wellbeing for children and young people in Calderdale. The Local Transformation Plan (LTP) is Calderdale’s response to the FiM Report and this is signed off by the Chair of the HWB, Lead Council Member for Children and Young People, Director of Children and Young People’s Services, Chief Officer of Calderdale Clinical Commissioning Group and the Director of Public Health as below. This sign off procedure is in accordance with NHS England assurance processes and timelines. Full consideration, review and reporting of the LTP will continue to be overseen by the full HWB. The HWB has identified the emotional health and wellbeing of children and young people as a priority, in particular the need to improve access to quality services without tiers and reduce waiting times.

Cllr Janet Battye, Chair of Calderdale Health and Wellbeing Board
Date 15.10.15

Cllr Megan Swift, Lead Member for CYPS, 15.10.2015

Stuart Smith, Director of Children and Young People’s Service
Date 15.10.15

Dr Matt Walsh, Chief Officer, Calderdale CCG, 15.10.15

This Plan will be made available on the relevant local websites to ensure access for all stakeholders including children, young people and families.
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Section 1: Introduction, Strategic Context and Governance

1.1 Introduction

Over the last few years, partners in Calderdale have come together in different ways to improve emotional health and wellbeing for children and young people, identifying this as one of the key priorities for children and young people’s health in our area. There is a strong local commitment to improving access to services, developing new and innovative ways to meet mental health needs whilst building up resilience in children, young people and their families in their schools and wider communities to improve outcomes.

The publication of the Future in Mind Report came at an opportune time in Calderdale, where there is already well established joint working around our Children and Adolescent Mental Health Service (CAMHS), including an innovative project working within schools and a strong developing voluntary sector offer. We see the implementation of the Future in Mind agenda as fitting in well with our overall strategic direction, at a partnership and operational level, working with key partners, whilst increasing the pace of change we aspire to and ensuring strategic buy-in from all partners involved in emotional health and wellbeing pathways for children and young people.

This Transformation Plan aims to build upon our collaborative approach, ensuring the Future in Mind funding improves our shared outcomes for children and young people in Calderdale. The governance arrangements we have established under the Future in Mind plan and reporting to the HWB will help provide overall strategic direction for our emotional health and wellbeing work in Calderdale, including the delivery of the Future in Mind agenda, which positions Calderdale well to respond to emerging needs and opportunities for the future.
1.2 Strategic context

NB: Further information about all of the strategic documents referred to in this section is available (see Link index at last page)

Calderdale Health and Wellbeing Board

The Health and Wellbeing Board brings together all key partners with a role in the emotional health and wellbeing of the people of Calderdale. It includes public sector partners such as Calderdale Council (including Public Health) and Calderdale CCG, along with voluntary sector partners and user organisations such as Calderdale Healthwatch.

Our overarching strategy for wellbeing in our district is set out in the Calderdale Joint Wellbeing Strategy, owned by the Health and Wellbeing Board, which states "Wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment."

Key strategic priorities within this Wellbeing Strategy are:
- People have good health
- Children and young people are ready for learning and ready for life.

The HWB have identified that the key priorities need to include:
- Reduction and improvement in waiting times
- Improved access to quality support and services.

These priorities are fundamental to the objectives and approach to improving outcomes as set out in this Transformation Plan.
Children and Young People’s Partnership Executive (CYPPE)

As part of the Health and Wellbeing Board, the CYPPE provides strategic leadership and oversight of the children and young people’s agenda locally.

The CYPPE’s strategic approach is set out in the CYPPE Strategic Planning Framework, whose vision is that all children in Calderdale are happy, safe and successful. The CYPPE brings together partners from the Council, the CCG, NHS England, the voluntary sector, schools and NHS providers.

The Strategic Planning Framework has five strategic priorities – which are to ensure that children and young people in Calderdale:

- Start healthy and stay healthy.
- Are safe at home, in school and in the community.
- Enjoy learning and achieving their best.
- Make friends and take part in activities.
- Stay in education and get a job.

The Framework includes the following health related objectives which are associated to or are underpinned by strong emotional health and wellbeing goals:

- Improving the health and wellbeing of the most vulnerable and deprived;
- Reduce teenage conceptions and the harm caused by alcohol;
- Reduce the number of children aged 5-10 who are obese;
- Reduce the number of children and young people who die; and
- Reduce the harm caused to children and young people through domestic violence, parental alcohol abuse or mental health issues.

The CYPPE brings together all partners with responsibility for and contribution to the children"s agenda. Key partners within the group also have relevant strategies which will provide a framework for the overall delivery of the emotional wellbeing and mental health work described in this transformation plan.

**Better Care Fund Board (BCF)**

The prime purpose of the BCF Programme Board is to actively promote the development of Place Based Leadership and steer our joint approach to Person Centred Integrated Commissioning for Calderdale. The Board is the lead committee for ensuring the Better Care Fund spending plan for supporting people to be independent is managed effectively and is also the appropriate body locally which reports on children and young people”s services and outcomes around joint health commissioning to the CCG.

**Calderdale Council**

Calderdale Council"s vision of the district is that Calderdale is an attractive place where people are prosperous, healthy and safe, supported by excellent services and a place where we value everyone being different and through our actions demonstrate that everyone matters.

Priorities in achieving this vision are:
- That children are ready for learning and ready for life;
- A strong focus on early intervention and prevention; and
• A commitment to reducing health inequalities between our communities.

**Calderdale Clinical Commissioning Group (CCG)**

There is a clear strategic fit between the approaches of the Future in Mind programme and the CCG’s 5 Year Strategy, in particular:

- Outcomes of reduced health inequalities and improved quality of life; and
- Mental health identified as a key area of focus.

CCG Commissioning Development Forum has endorsed our approach to developing the plan along with our identified priorities. Please see the diagram below, taken from the CCG’s 5 Year Strategy *(see Link index at last page)*.
**VISION**

Improve health and wellbeing of all our communities
Support people to be independent
Deliver care in the right place, in the right place at the right time

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**OUTCOMES**
- Empowered citizens and communities
- Reduce preventable deaths
- Reduce health inequalities
- Improve quality of life
- Improve patient experience
- Maximise independence
- Ensure services are safe
- Reduce reliance on hospital based care

**Areas of Focus**
- Cardiovascular
- Diabetes
- Respiratory
- Alcohol
- Musculoskeletal
- Cancer
- Mental Health
  
  System change work: Urgent Care Board Programme, Planned Care Board programme and joint work with CMBC on Children & Young People and Learning Disabilities

**Scope**
- 10 CCGs in West Yorkshire
- C&GH Right, Care, Time, Place
- Joint Programmes with GH CCG
- Better Care Fund with CMBC
- Communities: prevention, self-care & personalisation

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*Calderdale Council*
Public Health

For Public Health, the key strategic framework is the Health and Wellbeing Board’s Joint Wellbeing Strategy, as referred to at the start of this section. Public Health outcomes are also delivered through other partnership strategies, where the Public Health team work locally to ensure that public health and determinants of good health are embedded in wider work. Throughout the Transformation Plan where the Council is referred to, this includes Public Health.

Calderdale Safeguarding Children Board (CSCB)

Calderdale Safeguarding Children Board is a partnership body that is independent of all the organisations that work with children, young people and their families in Calderdale. A Local Safeguarding Children Board (LSCB) is a statutory body, so every area has one and the Council has a special responsibility to ensure that it is effective in carrying out its duties. Members of the Board represent a range of organisations and stakeholders.

The CSCB leads the way to help prevent children from being harmed, neglected or abused. It promotes the ways in which people and organisations have agreed to achieve this. To accomplish this, Board members work together to look, listen, learn and advise on the basis of a wide range of information about needs, performance, quality and how effective they are in protecting our children and young people.

There is a strong safeguarding element in emotional health and wellbeing surrounding self harm and suicide particularly. The CSCB has a role in preventing Child Deaths through the Child Death Overview Panel, where self-harm and suicide is a priority due to two recent deaths of children in Calderdale by misadventure.

More information about the CSCB is available here: [http://www.calderdale-scb.org.uk/](http://www.calderdale-scb.org.uk/)
As well as the strategic fit with the general strategies described above, the CYPPE produced an Emotional Wellbeing Strategy in 2014, which underpins the overall Calderdale approach as set out in this Local Transformation Plan. In future years, this Local Transformation Plan will be the key strategic driver, replacing the need for a separate refresh of the 2014 document.

**CYPPE Emotional Wellbeing Strategy**

Prior to the Future in Mind report, strategic governance for this emotional wellbeing and mental health agenda sat with the CYPPE, who developed a shared Emotional Wellbeing Strategy (see Link index at last page). This strategy recognises the role of emotional wellbeing and good mental health in underpinning all of the CYPPE Strategic Planning Framework key priorities and identified key strategic objectives for partners:

- Improve emotional resilience and support for children and young people;
- Reduce alcohol-related harm;
- Ensure support available to those at risk of suicide;
- Reduce demand on more intensive interventions through the provision of early support;
- Increasing safety within schools;
- Increase support available to children at risk or experiencing domestic abuse;
- Reduce the emotional harm caused by alcohol use in the family;
- Reduce the prevalence of self-harm;
- Improved behaviour and/or wellbeing amongst students and increased attainment;
- Reduction in pupil absence;
- Improved support available to schools for the delivery of their health plan, including emotional wellbeing and mental health;
- Train and support peer mentors to encourage support for children and young people at early/low level of emotional need;
- Ensure the voice of the child is included in all CAMHS services;
- Support the development of child-focused Tier 4 services in response to the national review; and
- Improved support to schools around their emotional wellbeing offer to students.

**Current strategic governance for the Emotional Health and Wellbeing agenda in Calderdale**

Calderdale has established a robust governance structure for the Transformation Plan process which will also oversee a whole system approach covering all of the priorities identified locally and within the FiM document, bringing together key partners to provide ongoing leadership to this agenda.

The responsible body for monitoring and reporting progress of the delivery of the plan is the multi-agency CYPPE. In addition, monitoring reports will be received and scrutinised by the Better Care Fund Board.

The diagram below provides an outline of our governance model in Calderdale. Further detail about the different elements of this model is available (see Link index at last page).
Calderdale Council Children & Young People's Service (CYPS)
Calderdale Council Public Health
Calderdale CCG
Mental Health Matters network
Voluntary & Community Sector
CSCB
CASH Emotional Health & Wellbeing Sub Group
Youth Council
Tough Times sub group

Key Partners, including:

Governance Structures
Health and Wellbeing Board
CCG Commissioning Development
Council CYPS Scrutiny Panel
Children and Young People’s Partnership Executive

Emotional Health and Wellbeing Task Force

Informed by:
eHNA; JSNA; evidence of need; consultation; current provision

Overseeing delivery of the Emotional Health and Wellbeing Transformation Plan
Leading local response to Future in Mind
Links to Kirklees and Wakefield for eating disorder work
Link to Mental Health Innovation Hub

GPs
Schools/ Colleges
Young People
Parents/ Carers
Providers

Children and Young People’s Partnership Executive

CCG
Commissioning
Development

Council CYPS Scrutiny Panel

Emotional Health and Wellbeing Task Force

Informed by:
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Overseeing delivery of the Emotional Health and Wellbeing Transformation Plan
Leading local response to Future in Mind
Links to Kirklees and Wakefield for eating disorder work
Link to Mental Health Innovation Hub

GPs
Schools/ Colleges
Young People
Parents/ Carers
Providers
1.3 Equality and diversity

This Transformation Plan is a plan for all communities in Calderdale, and so all of its work will be underpinned by a robust approach to equality and diversity.

Partners involved in this plan are committed to promoting equality and diversity and reducing health inequalities.

To ensure that Calderdale CCG and the Local Authority is meeting its equality duties, improving health and reducing health inequalities we will adhere to the „Brown principles“ outlined in case law to demonstrate that „due regard“ has been given as follows:

- The organisation must be aware of their duty;
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind;
- The duty cannot be satisfied by justifying a decision after it has been taken;
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision;
- The duty is a non-delegable one; and
- The duty is a continuing one.

We will ensure any changes to services will include local engagement with children, young people, parents and carers and wider stakeholders and ensure that this includes involvement of protected characteristic groups and that equality monitoring is undertaken for all engagement activity.

All service reviews undertaken as part of this Transformation Plan, will undertake an equality impact assessment.

Service contracts and service specifications will reflect the need for equality monitoring and ensure that providers demonstrate and report on how they are meeting their public sector equality duty.
Any decision making resulting from this Transformation Plan will give consideration to any identified “impact” on protected characteristic groups and where appropriate identify and implement mitigating actions.

For more detailed information about our strategic aims and context, please see Link index at last page for access to appropriate documents.
Section 2. The Challenge in Calderdale: Needs and Issues

2.1 Needs

Calderdale has a mix of both rural and urban communities, made up of 17 wards. The total population of Calderdale is 206,335 (ONS mid-est 2013), which includes an under 18 population of 45,679. There is also a diverse population with 12% of the population made up of Black and Minority Ethnic (BME) groups and this is growing, particularly in the under 18 population. The main ethnic groups are of Pakistani and Indian origin, but there is also an increasing migrant Eastern European community. The main areas of deprivation are in Halifax West Central and North and East Halifax, with particularly high levels of deprivation in Park (Halifax West central) and Ovenden (North and East Halifax) wards. There are also smaller pockets of deprivation across the borough, including parts of Elland and Todmorden. Within Calderdale 20.6% of children and young people (aged 0-19) live in low income families (DWP 2011) which is slightly higher than the 20.1% for England.

Locally, Calderdale carries out a yearly electronic Health Needs Assessment with our schools, which adds to the data from resources such as the Joint Strategic Needs Assessment (JSNA) and CHiMAT health data to inform our understanding of need. In addition, we consult regularly with stakeholders, including children, young people, parents and carers, to understand their experience.

In reviewing the strategy the HWB and Corporate Parenting Group have identified improving emotional health and wellbeing as a key priority for children and young people. In particular the need to improve access to quality services and to remove barriers which prevent easy referral, such as separate tiers. In addition a key focus in years 1 and 2 of the plan is to reduce waiting times.

What does the data tell us?
A fuller summary of the needs data in Calderdale is available (see Link index at last page)

- Extrapolation from the most recent national figures (from an ONS report Mental Health of Children and Young People in Great Britain 2004) would suggest that there would be 2,867 children aged 5 – 16 years in Calderdale with a mental disorder with conduct disorders (60%) being the most prevalent. Local data suggests that the current numbers are higher.

- Our electronic health needs assessment (eHNA) of children aged 11-12, 14-15 and 17-18 asks them about different aspects of emotional wellbeing. The 2014 eHNA survey found that 1 in 5 pupils report that they have ever self-harmed which is unchanged since 2013, although there had been a steady increase 2010- 2013. Around a third of girls aged 14-15 report ever self-harming.

- There is a close association between socio-economic disadvantage and mental disorder, particularly for conduct disorders. In 2012, 16.3% of households in Calderdale had an income of less than £10,000 p.a.

- There is also a close association between mental health and emotional wellbeing issues and involvement in the youth justice system. Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

- In the last two years there have been 2 deaths of young people by misadventure.

What have we learnt so far locally from children, young people, parents, carers and stakeholders?
More information about stakeholder engagement carried out to date is available (see Link index at last page)

From Consultation with Young People
Emotional health and wellbeing is an important issue for our young people. Our Youth Council identified this area as their key focus and a working sub group of young people was formed to help work on this issue. All the young people in the sub group have personal experiences of accessing emotional health and wellbeing services. One of the tasks they undertook was to carry out surveys with young people and schools. Many students who took part in the survey led by young people said they would rather approach a friend or other student first for support. They also highlighted support from teacher/head of year and family members proved useful.

Key Themes:
- Having named members of staff who are approachable and who respond quickly to student concerns:
- Ensuring all students know what support is available in school, especially those new to the school or in Year 7 (importance of the transition from primary to high school):
- Having a well organised and a well supported peer mentor system which is widely advertised. Many students who took part in the survey said they would rather go to a friend or other student first:
- Making sure that time is given to deal with emotional well being issues promptly and in a non-judgemental way:
- Having a private area in school where there are not likely to be any interruptions: and
- All students knowing what to do and who to talk to if a friend is having a tough time.
From Consultation with Schools:
Staff from schools have contributed to the development of this plan in a variety of ways, including membership of the taskforce, participation in consultation events and completion of surveys.

Key Themes:
- Key member/s of staff for each school;
- Single Point of Access;
- Peer Support;
- Whole school approach;
- Work with parents;
- Workforce development;
- Flexible support;
- Pen portraits shared; and
- Support for Post 16 Students.

From Consultation with Parents and Carers:
We had over 280 responses through various consultation routes identifying key areas where we can improve.

Key Themes
- Awareness raising/advertising where to go for help was identified as an area to be improved by 40% of the parents who responded to this question compared with 5.5% who identified reducing waiting times;
- Awareness raising of who to go to for information, help and support (advertise it);
- Peer support schemes;
• Further support for parents and carers;
• Independent Support;
• Counselling; and
• Reducing waiting times.

From Local Safeguarding Children Board Young Advisors:
Consulted with 267 young people in Calderdale who recommended to the Board that they would like to:

• "Have an appointment system in schools for one-to-one chats for every student 3 times a year. One appointment at the start of the year, one part way through the year and one at the end of the year. At this one-to-one appointment you will answer confidential questions. The person who does this could be someone who doesn't know anyone in the school or who doesn't work at the school, E.G a Youth Worker'. To tackle emotional and mental health issues as well as others such as CSE etc.

From Wider Stakeholders:
Ongoing consultation has taken place at our taskforce meetings with a range of partners including the Children and Young Peoples Service, Adults Health and Social Care, Public Health, CCG, GP”s, Calderdale Healthwatch, The Voluntary Sector and Police, all these groups have had impact into the development of our plan.

• A Discovery Day was held to engage and consult with wider stakeholders 67 stakeholders from 32 separate organisations/services attended. All members of our taskforce including Healthwatch and Voluntary Sector were invited along with a range of stakeholders. A full Discovery Day report is available (see Link index at last page).
Key themes from Wider Emotional Wellbeing and Universal Partners:

- Improved communication/awareness;
- Single Point of Access;
- Parent/Family Support;
- Reducing waiting times;
- Universal services;
- Training; and
- Drop in service

At our recent Discovery Day, partners were asked to consider how they would want to see funding monies split against four key areas of the FiM report: resilience, prevention and early intervention; access to effective support; care for the most vulnerable; and developing the workforce. Overall, partners identified they would spend the largest percentage (just under 40% of any additional funding) on resilience, prevention and early intervention, next was developing the workforce, followed closely by access to effective support.

2.2 The Challenges and Priorities in Calderdale

In order to determine our key challenges in Calderdale we have listened carefully to what children, young people, parents, carers, providers, the voluntary sector and wider partners have told us. We have analysed key themes from our data including eHNA, JSNA and 2015 CHiMAT report along with information from our monitoring reports. However, we also recognise the importance of all the 49 principles within the five themes identified in the Future in Mind document. Partners are committed to achieving improvements on all these areas in order to sustain wide reaching improvements for our children and young people. The challenges that have been identified locally include:
• In Calderdale there has been under developed provision of universal services. Children and young people do not receive support early enough;

• Not enough focus on early intervention and building resilience of the children and young people themselves, parents and carers and professionals;

• Not all pathways are clear and suitable;

• Lack of flexibility in the current provision restricts choices for children and young people;

• Services have too strong a focus on criteria rather than individual children and young people’s needs, need to be more responsive to children and young people’s needs;

• No single point of access, leading to confusion and inappropriate referrals to services;

• Waiting lists to access services are too long; the HWB has identified this as one of the key priorities to be addressed;

• Still some issues with the validity of data, this is improving but requires further development;

• Data sharing needs to be improved;

• Better communication/signposting is required for all stakeholders;

• More support for parents and carers is required;

• Lack of persistence by some organisations if a child or young person doesn’t engage at first attempt;
Sustainability - non-recurrent funding, short term projects ending with no transition to alternative;

Self Help support;

Increase in self harm; and

There have been increases in acute and / or crisis demand and difficulties in young people accessing Tier 4 beds.

Improved support for children and young people with eating disorders.

**Challenges in Tier 4**

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

The National CAMHs Tier 4 Review identified Y&H as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.
Provision required
Across Y&H, we have considered in some detail what provision is required, below is a summary position, modelling work regards bed numbers is ongoing and includes consideration of the natural patient pathways used 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
- Paediatric Intensive Care Unit (PICU) – North and South of the hub area, co-located with general adolescent service;
- Children – Y&H central geographical location;
- Low secure -mixed gender – Y&H central geographical location;
- Low Secure and none secure learning disability/ASD – Y&H central geographical location;
- Other services will continue to be provided on a regional basis, e.g. Medium secure or national basis, e.g., in patient deaf services.

Based on available service data for Calderdale the general trend over the past three years has been a gradual reduction to admissions to specialist services.

In addition, there are a number of areas of high need that have been identified jointly in collaboration with NHS England Specialist Commissioners and Health and Justice Commissioning teams, which are summarised below:

Health and Justice
A fuller summary of the challenge around health and justice is available (see Link index at last page).
High numbers of children who offend have health, education and social care needs, which, if not met at an early age, can lead to a lifetime of declining health and worsening offending behaviour, with significant long term costs to the taxpayer and to the victims of these crimes. In recent years the national policy on sentencing for children who offend has changed, with around 97% now subject to community supervision as opposed to custodial sentencing, (NHS England, 2015).

Evidence suggests that between a third and a half of children in custody have a diagnosable mental health disorder and 43% of children on community orders have emotional and mental health needs. Research studies consistently show high numbers of children in the youth justice system have a learning disability, while more than three-quarters have serious difficulties with literacy and over half of children and young people who offend have themselves been victims of crime.

CAMHS Priority: The case for CAMHS to prioritise children and young people in criminal justice system is particularly strong for:

- those identified with early behavioural problems and ADHD;
- those who have suffered previous maltreatment;
- young females;
- young people from BME communities;
- those with mild to moderate learning disabilities and communication difficulties, who currently fail to access community services.

Youth Offending Services (YOS): The success of the Youth Offending Team model has been widely acknowledged as an effective way of providing children who offend with the right mix of care, supervision and rehabilitation. Challenges to an integrated service include:
• Threshold for acceptance into CAMHS is high and can exclude children with lower level, multiple and often complex mental health needs. Children under the supervision of youth justice services and those identified as being at risk of offending must not be marginalised and they should have equal access to comprehensive CAMH services; and

• Specialist YOT CAMHs workers, or clear pathways into CAMHs, are needed to support children with a community sentence and should be available for those on release from secure accommodation.

Forensic CAMHs (FCAMHs): Children referred to FCAMHs may be involved with the youth justice system or be at high risk of being so in the future. They are likely to present with behavioural problems like violence and aggression towards others, harming themselves, fire setting or engaging in sexually inappropriate behaviour. Challenges include:

• Highest risk during transition between different parts of the pathway, particular for the transition from secure accommodation to increased independence and responsibility in the community;

• Need for children on release from the secure estate to be referred to a community forensic CAMHs if they have been assessed within the estate as needing a service, but the sentence has been too short to start or complete an intervention; and

• The 3 secure establishments for children in Yorkshire and the Humber (HMYOI Wetherby, Aldine House and Adel Beck Secure Children’s Homes) all have access to FCAMHs but there is often no community service to provide treatment or follow up available.

Locally numbers are extremely low and indeed, at the point of the Transformation Plan and the data being produced Calderdale did not have a young person in custody. Although a young person was sentenced in July to a Detention and Training Order to be served in an adult establishment as the offence was linked to when he was a young person but had turned 18 by sentencing and therefore serving this in Doncaster.
Liaison and Diversion Services (L&D): Liaison and Diversion (L&D) services operate by referring offenders who are identified with having mental health, learning disabilities, substance misuse or other vulnerabilities to an appropriate treatment or support service. Challenges in service delivery include:

- Following assessment by the L&D practitioner the child is referred to the most appropriate mainstream, YOS, and voluntary health and social care services to meet their mental health needs. Clear care pathways need to be established into comprehensive CAMHs for children who are on the fringes of early criminal activity right up until their resettlement after custody, and

- Pathways from L&D services will need to include services for those with mental health and behavioural difficulties as well as care pathways for those comorbid mental health and learning disabilities.

Perinatal and Maternal Health

National guidelines and recommendations once published will be referred to and followed. On the publication of any guidance or information nationally, our multi agency taskforce will consider the implications for Calderdale fully. The taskforce will be responsible for agreeing specific action plans and ensuring effective implementation within the timeframe provided by central government. Regular monitoring of progress will be built into our work plan.

Regular reporting of progress against the Implementation Plan of actions to meet national guidance will also be incorporated into the reporting of all aspects of the Local Transformation Plan to the Calderdale Health and Wellbeing Board.

In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to the “Future in Mind” document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.

The Family Nurse Partnership FNP programme, commissioned by NHS England until 30th September, is an evidence-based approach that is based on attachment with intensive support for first time young mothers. In addition, Health Visitors are expected to work to the High Impact Area Documents which are explained here:
The Early Years FIT (Theme 1.1.1) also applies. Use of mellow parenting resources across the perinatal period; learn from evidence from the Early Years FIT team and embed.


This document articulates the contribution of health visitors to the 0-5 agenda and describes areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

Possible identified gaps: As part of public health taking over the commissioning responsibility of 0-5 and FNP from 1st October 2015, CMBC public health will be undertaking a needs assessment as they are not in a position to understand in detail the provision and outcomes in health visitors and FNP as we move to a more integrated service across 0-5. However, discussions are ongoing with the provider and top level activity is understood with regards to the six High Impact Areas which relate to mental health. In relation to maternal and perinatal mental health, we have undertaken a rapid literature review and in the 2016 JSNA there will be a section around maternal and perinatal health.

**Impact of Accessing Psychological (IAPT)**

After careful consideration and discussion between relevant commissioners, providers in Calderdale and Service Transformation Programme Lead from CYP IAPT Manchester Collaborative, and NHS England it was agreed the right approach for Calderdale was for Tier 3 CAMHS providers to join the North West Collaborative „light touch” Impact of Accessing Psychological Therapies (IAPT) in 2015/16. The curriculum will provide an excellent resource for our service provider to access by covering the Children and Young People IAPT principles such as Cognitive Behaviour Therapy, Parenting Training for 3-10 year olds, Systemic Family Practice, Interpersonal Psychotherapy for Adolescents and Supervision for Transformational Leadership. Part of the light touch approach will involve setting up a steering group for implementing CYP IAPT. This steering group will help prepare and engage with the process in advance of implementing CYP IAPT the following year which will pave the way for Calderdale Tier 2 and Tier 3 providers to fully participate with the IAPT Programme in 2016/17.
The NHS Calderdale CCG and Calderdale Local Council are committed to ensuring IAPT becomes entrenched with all service providers which are further supported with monies released from NHS England to backfill posts whilst training is attended in 2016/17. This will guarantee front line workers are adopting the IAPT principles, benefiting the children and young people of Calderdale.

**Mental Health Liaison Team**

Calderdale CCG funds a Mental Health Liaison Team working in both Accident and Emergency (A&E) departments in Calderdale Royal Hospital and Huddersfield Royal Infirmary. This team was previously called the RAID team. This team operates a 24/7 psychiatric liaison service. The service provides a rapid response to A&E attenders with suspected mental health conditions in addition to providing support on wards. There is a focus on drug and alcohol with mental conditions in the A&E department. The team also supports and trains mainstream hospital staff and links with community provision and local authority teams. The service currently deals with young people aged 16+ years.

**Eating Disorders**

The guidance for „Access and Waiting Time Standard for Children and Young People with an Eating Disorder“ has now been received, to detail the requirements for the eating disorder service.

The current offer in Calderdale is through the CAMHS service who provide an eating disorder pathway (cases which receive a diagnosis of anorexia and bulimia). In addition CAMHS also provide services for those young people who do not meet criteria for diagnosis but present with difficulties with eating, which are supported through the core and specialist interventions. The T3 provision currently has a caseload of 16 children and young people. Our estimation, based on the 2009 prevalence figures shows 18 children and young people (14 females and 4 males between the ages of 10 and 19) to require services for eating disorders. Our current investment for this service is £261,012 across Calderdale and Kirklees.
The guidance is specific that the eating disorder service developed should support an area with a population of 500k as a minimum. Calderdale has a population of c.200k so has established a collaborate approach to developing the service, working in partnership with Kirklees (c.430k) Barnsley (c.240k) and Wakefield (c.330k).

Whilst there is a geographical convenience to the model the four CCG areas also commission CAMHS services from the same provider and so already have effective collaborative working arrangements, and contracting and commissioning processes are aligned for this service. We have agreed the lead CCG for the provision of this service will be held by Greater Huddersfield CCG and a shared agreement will be created on this basis across Calderdale, North Kirklees, Barnsley and Wakefield CCGs.

The four CCG areas intend to combine their allocation for eating disorder services and jointly commission a service for these areas.

This will have the advantage of aligning with the regional commission for the CAMHS service, and also achieve significant economies of scale through commissioning a service to cover a population of 1,186,800 and deal with a minimum of 110 referrals per year.

The commissioners will work collaboratively with the provider to develop the new model and an outcome based specification for eating disorders in accordance with the guidance provided supporting the principles of early intervention, care closer to home and choice. The redesign of our provision will allow us to be compliant with the waiting time standards set out in the guidance. We will develop an outcome based specification for the redesigned service, based on the guidance issued and support the principles of early intervention, care closer to home and choice. The allocated funding will give an overall budget of £646,379 for the new eating disorder provision. Further information around the proposed staffing and skill mix of the provision is available (see Link index at last page).

As part of the alignment with the national model in redesigning this pathway, preference would be to undertake a whole pathway review for eating disorders with the management and responsibility of Tier 4 services becoming the commissioning responsibility of the CCGs.
Section 3. Current Provision for Calderdale

More information about current provision in Calderdale is available (see Link index at last page)

Universal children and young people’s services

Calderdale has 16 children’s centres across 21 sites, with 11 of the centres also offering nursery provision. These are managed by 2 externally commissioned providers, covering two separate geographical areas.

There are 86 schools for primary aged pupils (including two special schools), with 20,155 pupils on roll (January 2015). 21 (24%) of the 86 schools for primary aged pupils are now academies. Calderdale also has 14 secondary schools (including one special secondary school) serving 16,652 pupils. 9 (64%) of secondary schools are now academies. 12 of our secondary schools offer post 16 courses, in addition we have one Further Education College and one Free School offering post 16 courses. The Local Authority have a number of internal providers who support improving emotional health and wellbeing of children and young people including the Calderdale Therapeutic Services, Family Intervention Team, Calderdale Educational Psychology Service, SENIASS, School Nurses and the Young Peoples Service. In addition both the Council and the CCG commission a range of services to offer support such as Tier 2, Tier 3, Branching Out, Noah’s Ark, Women Centre and Safe Hands (The Children’s Society).

Calderdale also has a committed and diverse voluntary sector, offering a range of universal and targeted services that improve emotional wellbeing and mental health for children and young people. The voluntary sector plays a particularly important role in building resilience and creating environments that support good mental health, such as active lifestyles and peer support.

There are also a number of more specialist services that deliver targeted and early intervention services that form part of the overall emotional wellbeing and mental health landscape in Calderdale, for example:
Noah’s Ark offer young people’s counselling services, family counsellors and Rainbows support groups for 4-10 year olds, as part of their approach of recognising the need to deal with all areas of a patient’s life: their feeling of wellbeing, how they manage day-to-day, any money worries they might have or problems that can arise in any family.

Home-Start support emotional wellbeing in families with a child under the age of 5, by promoting self esteem and positive social development in babies and young people. They help parents develop routines for sleep, exercise and hygiene and encourage positive reinforcement to reduce emotional, behavioural and conduct problems.

Turning Point offers help to those who need someone to talk to, someone to listen and understand, someone specially trained, someone they can trust support is offered via counselling.

A Directory of Therapeutic and Counselling Services for Children and Young People is available (see Link index at last page).

Public Health

- Public Health in Schools Coordinator – funded by Public Health, Calderdale Council, working in partnership with schools on three key areas, one of which is Emotional Health and Wellbeing.

- Public Health also commission a number of services which are key to supporting early intervention, such as school nurses.
Emotional Wellbeing Project (EWB)

- The EWB Project was funded by the CCG and overseen by the CYPS Commissioning Team. The aim of the project was to address the increasing concerns around the emotional health and wellbeing of young people, working in partnership with our secondary schools.
- Action plans were developed in participation with schools, funded by the project and being implemented in 2015/16.

Calderdale Therapeutic Service

The Children’s Therapy Service (CTS) team provide systemic practices to vulnerable children across Calderdale. A recent restructure and employment of a new Manager within the local CTS team has presented an opportunity for the CTS team to implement a new project called Safe, Successful Families in June 2015. The project aims to strengthen inter-agency and multi-agency partnerships along with redesigning and transforming Social Care services. Although the project is in its infancy, similar themes have been identified between the Safe, Successful Families project and the Future In Mind guidance. On-going discussions with the new Manager are to be continued and developed whilst promoting effective partnership working.

A recent Right Home Launch event focused on adolescents on the edge of care who can be offered a range of accommodation and support arrangements that can be flexible. Emphasis on matching the needs of the young person rather than matching a service model flows throughout the process and compares well with the Future In Mind guidance. Strong links are to be developed with the Right Home Team along with identification of areas that can be supported with multi-agencies across Calderdale.
Tier 2: early intervention, emotional wellbeing and mental health

- Jointly commissioned by the CCG and CYPS Calderdale Council on a service specification which reflected consultation with users.
- Calderdale Council is the lead commissioner but the contract is jointly monitored.
- Service currently provided by Northpoint Wellbeing Limited, an independent voluntary sector organisation.

Tier 3: generic specialist service for those children and young people experiencing mental health difficulties of a severe nature

- Jointly commissioned by the CCG and CYPS Calderdale Council.
- CCG is the lead commissioner but the contract is jointly monitored.
- Service currently provided by South West Yorkshire Trust (SWYPFT)

Tier 4: Specialist services

- Commissioned by NHS England through the Yorkshire and Humber Mental Health Specialised Commissioning Team, working collaboratively with identified lead commissioners in the relevant CCGs. The overall vision is for children to be treated as close to home as possible, in community-based services wherever safe and appropriate but with access to specialist services where possible.
• In April 2015: there were 90 beds in total in Yorkshire and Humber (53 general adolescent and 37 other)

Crisis Care

In December 2014, 22 service providers including West Yorkshire Police, Calderdale CCG, Calderdale Council, voluntary sector and independent sector providers across Calderdale signed up the national Crisis Care Concordat (CCC) to work together better to ensure children and young people receive appropriate support and help when in emotional health and wellbeing crisis.

The CCC agreement encourages agencies and providers working with children and young people to consider the following four areas:
• Access to support before crisis point;
• Urgent and emergency access to crisis care;
• Quality of treatment and care when in crisis; and
• Recovery and staying well.

Calderdale"s Mental Health Innovation Hub meets on a monthly basis and is attended by representatives across all Calderdale"s children and young people"s services. It has a clear action plan formed from the CCC”s guidance, disseminated amongst partner agencies and providers.

More information about the Calderdale CCC is available (see Link index at last page)
Section 4. Our Approach to Transformation

Calderdale stakeholders are already committed to improving the emotional health and wellbeing of children and young people in Calderdale, through building resilience, providing early intervention and ensuring appropriate treatment for more complex emotional health and wellbeing needs.

Calderdale’s aim is to implement successful transformational change, and so a decision has been made to bring together all of the work throughout the system, whether existing improvement aims with local drivers, or extended ambitions in response to the national Future in Mind agenda. Seeing both kinds of improvement work together will help us to identify scope for joint working, establish critical mass and ensure strategic oversight to this whole area of work, allowing system thinking and clear coordinated pathways.

The Emotional Health and Wellbeing Taskforce has developed a Strategic Implementation Plan (see Link index at last page) which includes details of all of the work being carried out by the multiagency partnership across all principles in the Future in Mind Document under the five themes. This Strategic Implementation Plan will continue to be developed to include outcomes and performance measures, reflecting evidence based approach wherever possible but also ensuring that patient and user voice is central to our understanding of success locally. There will be a range of appropriate Key Performance Indicators developed under the strategic oversight of the Emotional Health and Wellbeing Taskforce, enabling them to report back to both the Health and Wellbeing Board and to children, young people, parents and carers. The voice of the child will be a key element in this 360° reporting.

The summary below shows:
Firstly those areas of improvement that have been driven by local identification of need and the Future in Mind document and which are already underway or planned for in Year 1.

Secondly there are those opportunities that have been identified for using the additional Future in Mind funding to address in Year 1.

Thirdly, there is a list of those opportunities against those priorities where national emerging policy and changing practice is expected. We believe the governance and performance structures we are establishing for current work will also position Calderdale well to respond to these future opportunities.

The detailed Strategic Implementation Plan also contains plans for Year 1 to 5 through existing funding streams, and should be read alongside this Transformation Plan for the full picture of system change planned in Calderdale.

4.1 Locally driven existing areas of improvement

<table>
<thead>
<tr>
<th>Detail</th>
<th>Principle/requirement in Future in Mind</th>
<th>Funding Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing and reviewing the Early Years Family Intervention Pilot</td>
<td>1</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Emotional Wellbeing in Schools Project: delivering actions in schools’ plans, establishing networks, analysing what works</td>
<td>2</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Reviewing maternal and perinatal emotional wellbeing and mental health as part of the transfer of 0-5 Healthy Child programme commissioning to Public Health, and the resulting review of Family Nurse Partnership services, fitting in with the concurrent refresh of the Calderdale JSNA</td>
<td>4</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Work of the CAMHS Commissioning Officer developing a jointly-funded integrated approach to CAMHS commissioning allowing for coordinated pathways through and across tiers</td>
<td>6</td>
<td>New LTP / Existing Funding</td>
</tr>
<tr>
<td>Exploring innovative options for the delivery of a Single Point of Access to Tier2 and Tier3 CAMHS services</td>
<td>7</td>
<td>Existing Funding and possible Vanguard</td>
</tr>
<tr>
<td>Mapping out and better coordinating the local training offer across different providers</td>
<td>9</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Identify named staff and deliver training to establish stronger links between the SEND workforce and emotional wellbeing and mental health services, particularly at Tier 2 and 3</td>
<td>10</td>
<td>Existing Funding and use SEND Reform Grant if required to pilot</td>
</tr>
<tr>
<td>Promote and embed the Crisis Care Concordat through the Calderdale Mental Health Innovation Hub</td>
<td>12</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Children and young people with complex needs, including complex mental health needs, are including as one of the three focus patient cohorts in the Calderdale Care Closer to Home and Vanguard programme</td>
<td>13</td>
<td>New TP Funding for Eating Disorders. Possible Vanguard Funding</td>
</tr>
<tr>
<td>Multi agency review of current procedures for mental health and behavioural assessments for inpatient care for young people with learning disabilities and/or challenging behaviour, with a view to developing a local protocol if needed</td>
<td>14</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Ensure emotion wellbeing and mental health included in the wider work developing a transition protocol for Calderdale’s young people, including SEND, leaving care and other issues affecting successful transition</td>
<td>15</td>
<td>Existing Budgets</td>
</tr>
<tr>
<td>Review current pathways for vulnerable children and young people, with a particular focus on embedding the work to improve pathways for children and young people with SEND</td>
<td>21</td>
<td>Existing Funding/SEN Grant Funding</td>
</tr>
<tr>
<td>Explore options for linking emotional and wellbeing support into the multi-agency approach of the Early Intervention Panels</td>
<td>22</td>
<td>Funding to be Sourced/redirected possible trial in area via Vanguard</td>
</tr>
<tr>
<td>Review the way that assessments identify safeguarding issues including neglect, violence and abuse, and develop a minimum standards approach</td>
<td>23</td>
<td>Existing Budgets</td>
</tr>
<tr>
<td>Explore the development of specific pathways and training needs to ensure those who have been sexually abused and/or exploited access appropriate services</td>
<td>24</td>
<td>Existing Budget &amp; incorporate into re-commissioning</td>
</tr>
<tr>
<td>Review current arrangements for represented on Multi-Agency Safeguarding Hubs, review the role specialist services have in the MAST, increase service user feedback</td>
<td>25</td>
<td>Existing funding and future commissioning arrangements</td>
</tr>
<tr>
<td>Track the introduction of a „key worker/lead professional“ approach in the Vanguard proposition, as well as extend the offer of Key Worker training and support to others beyond the SEND sector and Early Intervention where it is already established</td>
<td>26</td>
<td>Exiting Funding and/or Vanguard</td>
</tr>
<tr>
<td><strong>Explore with colleagues from other local authorities, with support from the regional team, the possibility of developing a sub regional team to support vulnerable children and young people who are looked after and adopted. Consider links to the Edge of Care work including exploring funding sources for psychotherapy support.</strong></td>
<td><strong>28</strong></td>
<td><strong>No additional funding required for year 1</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>Embedding mental health skills in specialist services, through e.g. Calderdale Therapeutic Services, the systemic practice approach in locality social working and trained Approved Mental Health Practitioners in Emergency Duty Team</strong></td>
<td><strong>29</strong></td>
<td><strong>Existing funding for year 1 work funding to be identified for future years</strong></td>
</tr>
<tr>
<td><strong>Local Transformation Plan being developed with the multi-agency partnership approach of the Emotional Wellbeing Taskforce</strong></td>
<td><strong>30</strong></td>
<td><strong>Existing Funding</strong></td>
</tr>
<tr>
<td><strong>Calderdale JSNA to include a specific chapter on children and young people’s emotional wellbeing and mental health needs, developed by Public Health with multiagency input and specialist team knowledge</strong></td>
<td><strong>31</strong></td>
<td><strong>Existing Funding</strong></td>
</tr>
<tr>
<td><strong>Continue the collaborative approach in West Yorkshire for the commissioning of community and inpatient mental health services with strong partnership arrangements between CCGs, local authorities and NHS England</strong></td>
<td><strong>32</strong></td>
<td><strong>Existing Funding</strong></td>
</tr>
<tr>
<td><strong>Use the multiagency accountability of the Emotional Wellbeing Taskforce and its governance structure to share details of expenditure and performance, including details of investment and this Transformation Plan</strong></td>
<td><strong>38</strong></td>
<td><strong>Existing Funding</strong></td>
</tr>
<tr>
<td><strong>Assessment of local offer of training for health and social care professionals identifying gaps</strong></td>
<td><strong>40</strong></td>
<td><strong>Existing Funding</strong></td>
</tr>
<tr>
<td><strong>Identify development needs in the commissioning workforce to ensure as an area we are sharing in the learning from the national mental health commissioning capability development programme (Priority 42)</strong></td>
<td><strong>42</strong></td>
<td><strong>National Funding</strong></td>
</tr>
<tr>
<td>Tier 2 and Tier 3 providers to join the North West Collaborative „light touch” Impact of Accessing Psychological Therapies (IAPT) in 2015/16</td>
<td>43</td>
<td>Existing &amp; National Funding</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Map and review current training, with the view to developing a local workforce development strategy, to link into the national comprehensive strategy if/when this is published (Priority 45)</td>
<td>45</td>
<td>Existing Funding and national opportunities</td>
</tr>
<tr>
<td>Review the development and implementation of Calderdale’s Transformation Plan; actions and outcomes from the Transformation Plan will be included in the detailed Strategic Implementation Plan overseen by the Emotional Wellbeing Taskforce</td>
<td>46</td>
<td>New TP Funding and Existing Funding</td>
</tr>
</tbody>
</table>
### 4.2 Extended improvement work identified as Future in Mind Funding Priorities for Year 1

<table>
<thead>
<tr>
<th>Detail</th>
<th>Principle/requirement from Future in Mind/Local Priority</th>
<th>Funding Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving communications between the emotional wellbeing and mental</td>
<td>8</td>
<td>New LTP Funding</td>
</tr>
<tr>
<td>health system and universal providers such as GPs, schools and other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop the peer support offer in Calderdale, including sharing best</td>
<td>11</td>
<td>New LTP Funding</td>
</tr>
<tr>
<td>practice, promoting different options etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewing support net in place around “Do Not Attends” to ensure</td>
<td>20</td>
<td>New LTP Funding</td>
</tr>
<tr>
<td>families supported to engage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for Parents and Carers</td>
<td>9 &amp; 45</td>
<td>New LTP Funding</td>
</tr>
<tr>
<td>Improving access to services and reducing waiting lists</td>
<td>Local Priority &amp; LTP 17</td>
<td>New LTP Funding / Existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funding</td>
</tr>
</tbody>
</table>
### 4.3 Future opportunities

<table>
<thead>
<tr>
<th>Detail</th>
<th>Principle/Requirement Future in Mind</th>
<th>Funding Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building on the Time to Change campaign</td>
<td>3</td>
<td>National Funding and Existing Funding</td>
</tr>
<tr>
<td>Explore developments around new apps and digital tools</td>
<td>5</td>
<td>National Funding and/or Vanguard/</td>
</tr>
<tr>
<td>Developing access and waiting times standards</td>
<td>16</td>
<td>Awaiting clarification</td>
</tr>
<tr>
<td>Improving access to support through named contacts, single points of access and one-stop-shop services</td>
<td>17</td>
<td>Vanguard bid includes could support</td>
</tr>
<tr>
<td>Improve access to information and online support including through national web-based resources</td>
<td>18</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>Future legislation to ensure police cells are not used as a place of safety</td>
<td>19</td>
<td>National Funding</td>
</tr>
<tr>
<td>Working with national bodies to improve skills and awareness in the wider children&quot;s workforce</td>
<td>27</td>
<td>Awaiting clarification</td>
</tr>
<tr>
<td>Embed relevant Quality Standards from NICE across all commissioners as a key quality assurance tool</td>
<td>33</td>
<td>Existing Resources</td>
</tr>
<tr>
<td>Respond to developments from Ofsted and CQC working together on Future in Mind recommendations</td>
<td>34</td>
<td>Awaiting Clarification</td>
</tr>
<tr>
<td>Contribute where necessary and consider the results of the Department of Health’s planned prevalence survey and Child and Adolescent Mental Health Services dataset</td>
<td>35 &amp; 39</td>
<td>Not clear if required in year 1</td>
</tr>
<tr>
<td>Task</td>
<td>Code</td>
<td>Funding Source</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Make appropriate local use of the measures covering access, waiting</td>
<td>36</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>and outcomes as set out in the Achieving Better Access to Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services by 2020, and in the meantime, continue to implement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvements to local data collection and analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embed and monitor appropriate measures against nationally set pathway</td>
<td>37</td>
<td>Awaiting clarification</td>
</tr>
<tr>
<td>standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support the local implementation of any changes to core content for</td>
<td>41</td>
<td>National or School Budgets</td>
</tr>
<tr>
<td>Initial Teacher Training as a result of the Carter Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respond to the rollout of the national CYPS IAPT transformation</td>
<td>44</td>
<td>Apply for National Funding</td>
</tr>
<tr>
<td>programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring arrangements to be set up in line with national guidance</td>
<td>47</td>
<td>Existing Funding</td>
</tr>
<tr>
<td>once issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Link into national and regional networks to ensure access to national</td>
<td>48</td>
<td>Apply for any national grants</td>
</tr>
<tr>
<td>developments around accelerated service transformation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to and consider where relevant the national evidence base</td>
<td>49</td>
<td>Awaiting clarification</td>
</tr>
</tbody>
</table>

For more information about the detail of the work outlined here please refer to the detailed Strategic Implementation Plan (see Link index at last page)
Section 5: Our Priorities - Outcomes to be Improved in Year One with Additional Future in Mind Funding

5.1 Identifying Priorities for New Future in Mind Funding

In Calderdale the Local Authority, Clinical Commissioning Group, Public Health and partners are committed to improving the emotional health and well-being of our children and young people at pace. Therefore, whilst the additional funding for our Transformation Plan is very welcome, it is acknowledged it is only sufficient to address a few key priority areas each year.

Our detailed Strategic Implementation Plan provides a self-assessment of our current progress against all 49 areas under the five themes detailed in the „Future in Mind“ Document along with some bullet points detailing some of our plans for next five years in order to ensure progress is made in each of the 49 areas. Our taskforce will ensure the bullet points are turned into detailed implementation plans and will be responsible for monitoring the identified outcomes in these.

To establish how the additional LTP funding should be spent in year one the following was considered:

- Reflection on what our data evidence indicates we need to improve: eHNA, JSNA and CHiMAT 2015 child health profiles

- Key themes which were prioritised by a number of different groups/stakeholders from our local consultation e.g. Peer Support was highlighted in separately by all the following consultation groups:
  - Young People
  - Schools
  - Parents
  - Professionals

- Actions already agreed to address some of our identified key priorities e.g. we have already identified non-recurrent CCG funding to develop a pilot aimed at reducing the incidents of self-harm;
Which priorities we could work on that would demonstrate effectively and quickly to stakeholders we had listened and acted on their suggestions for improvement;

Impact on outcomes for children and young people;

Timescales to implement;

Feedback from stakeholder regarding how any additional money should be spent – approximately 37% resilience, early intervention and prevention, 26% improving access, 25% workforce development (locally it was agreed that our workforce should include parents and carers) and 12% Vulnerable Groups; and

Other potential funding available e.g. included in our Vanguard proposal is a “single point of access/contact” it may be possible to link our emotional health and wellbeing SPA to this.
### 5.2 Year One – Additional LTP Funding Priorities

Below is an outline of our plans for additional LTP funding in year one. These can all be found in year one of our strategic implementation plan.

<table>
<thead>
<tr>
<th>Total Funding 2015/16</th>
<th>£389,755</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorders „Ring Fenced“</td>
<td>£100,000 (CCG lead on funding distribution)</td>
</tr>
<tr>
<td>Available Amount</td>
<td>£289,755 (CYPS lead on funding distribution)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme</th>
<th>Priority and Identified Core Principle/requirement in the Future in Mind Document</th>
<th>Outcome</th>
<th>Cost</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Promoting resilience, prevention and early intervention | Core Principle 8 Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point | Children, young people, parents, carers and professionals are clear where / how to seek support | 82,500 | 1. Develop a communication plan following further consultation with stakeholders 2. Improve and embed the „Emotional Health and Wellbeing}
of contact in specialist children and young people’s mental health services for schools and GP practices and schools should consider assigning a named lead on mental health issues

3. Develop, produce and distribute a resource pack for GPs, schools and settings working in partnership with a range of stakeholders including GPs, young people, schools and parents

4. Provide staffing resources required to undertake and roll out the work.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Priority and Identified Core Principle in the Future in Mind/Local Priority Document</th>
<th>Outcome</th>
<th>Cost</th>
<th>Actions</th>
</tr>
</thead>
</table>
|       | Core Principle 11 Extending use of peer support networks for young people and parents based on comprehensive | Ensure effective peer support is available | 72,500 | 1. Map out current availability across Calderdale
<p>|       |                                                                                   |         |      | 2. Work with children, young people, schools and settings to develop a |</p>
<table>
<thead>
<tr>
<th>Theme</th>
<th>Priority and Identified Core Principle in the Future in Mind Document</th>
<th>Outcome</th>
<th>Cost</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving access to effective support</td>
<td>Local Priority</td>
<td>Reduction in waiting times for Tier 2 service</td>
<td>50,000</td>
<td>1. Provide additional funding so additional staff can be secured in order to remove the backlog of cases.</td>
</tr>
<tr>
<td>Caring for the most vulnerable</td>
<td>Core Principle 20 Making sure that children, young people or their parents who do not attend appointment are not discharged from services.</td>
<td>Reduced level of Did Not Attend across providers</td>
<td>20,000</td>
<td>1. Commission detailed research to establish reasons for non-attendance and how this can be reduced</td>
</tr>
<tr>
<td></td>
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<td>2. Research best practice</td>
</tr>
</tbody>
</table>
Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people.

3. Map out current processes for dealing with non-attendance and develop a protocol designed with young people and agreed with partners.

<table>
<thead>
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<tbody>
<tr>
<td>Developing the workforce</td>
<td>Core Principles 9 and 45 Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills,</td>
<td>Improve support for parents and carers</td>
<td>65,000</td>
<td></td>
</tr>
<tr>
<td>(locally, we have expanded this to consider skills across the spectrum of support for children)</td>
<td></td>
<td></td>
<td></td>
<td>1. Commission the provision of training courses for parents to be delivered in partnership in schools and community settings</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Introduce these on a trial basis in some schools and community settings</td>
</tr>
</tbody>
</table>
and young people, including parents and carers.
And Improving access to effective support

<table>
<thead>
<tr>
<th>Knowledge and values to deliver the full range of evidence-based treatments</th>
<th>3. Evaluation and review for future years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4. Commission a specific course for parents and carers of children and young people with Special Educational Needs and/or Disabilities (SEND)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total funding</th>
<th>290,000</th>
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</thead>
</table>

**Key Performance Measures:**
Please see the Tracker for reference to Key Performance Indicators.