

Calderdale Implementation Plan for the 49 Principles/Recommendations in the ‘Future in Mind’ Document

October 2015



Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people. Reference: Future in Mind Chapter 4.	
1	Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.
1.1 Current	<p>The Early Years FIT was established in July 2014 to work with expectant mothers where there is a significant risk posed to the unborn child by the lifestyle or history of the mother. Where the family have been identified by Children's Social care as requiring a pre-birth or parenting assessment; where children have previously been removed for fostering or adoption and where the parents are care leavers.</p> <p>The Early Years FIT have developed a comprehensive programme that is designed to support parents through the pre-natal and post natal periods to ensure children have the best start in life.</p> <p>The programme is based on the latest research in child development and the development of the child's brain.</p> <p>Where families are not able to make the changes needed, where children are removed into care we have recently established a post (positive choices key worker) to work with mums immediately after the removal of the child.</p> <p>This programme has achieved very positive outcomes with over 75% of the children being maintained with their family or other family members.</p>
Year 1	1. Continue with the pilot and based on the outcomes explore ways in which the programme can be maintained. Explore options for additional funding.
Year 2	If funding not available close down the programme of work and deliver where possible through existing provision.
Year 3	Implement the decisions made in Year 2.

Year 4	Implement the decisions made in Year 2 and review the impact and outcomes.
Year 5	Implement the decisions made in Year 2 and review the impact and outcomes.
2	Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in school.
2.1 Current	<p>The Emotional Well Being (EWB) Project has engaged all secondary schools and developed programmes in partnership with the schools to improve the support to young people around emotional health and wellbeing. Schools have been encouraged to develop a whole school approach and also include individual themes. Funding of up to £10,000 per school was provided on completion of a school plan designed to explore the needs within the school and if appropriate to commission external suppliers who will be able to provide the additional support required. Sustainability has been a key priority for the project.</p> <p>A range of interventions are being actively pursued as part of the project. These include resilience training, peer mentoring, mindfulness, whole school programmes and a range of staff focused support and professional development interventions.</p> <p>Each school is building a profile of the needs of their student community, enhancing the work of the eHNA. Case studies based around the priorities set by the schools will add to understanding and learning from the project and give schools a stronger voice in shaping future services.</p> <p>Many schools still follow the Healthy Schools initiative and all schools have a format for delivering PSHCE. Calderdale PSHCE Teacher's Network has ceased to exist however The Drug, Alcohol and Substance services are delivering PSHE in Schools using evidence-based theory.</p> <p>Current counselling provision within schools is inconsistent across Calderdale. Some schools employ counsellors or similar; some schools employ social care/health trained staff for support roles.</p> <p>Use of tools such as Strength and Difficulty Questionnaires (SDQ), Equality Impact School Assessment (EISA) and Education Health Needs Assessment (EHNA) to support partnership assessment of need could be strengthened.</p>

	<p>Universal service provider Noah's Ark and Tier 2 CAMHS offer in-school resilience training and 1:1 counselling services, along with systemic family therapy work. However, the offer from Noah's Ark is not available to all schools and future years funding has not been agreed.</p> <p>Schools are working jointly with the LA, CCG and wider partners on improving this area and are well represented at meetings.</p>
Year 1	<ol style="list-style-type: none"> 1. The Tough Times reference group and the Youth Council will continue to shape and influence the type and quality of support for young people and can be funded out of existing budgets. Agreement has been reached that this work will continue for at least sixth months. Non-recurrent CCG funding has been earmarked to support this. The Strategic Commissioning Group (SCG) will need to approve. Feedback will be provided to schools. 2. Work within the schools has also provided an understanding of the scope and nature of the need facing universal services, a commitment has been made by our secondary schools to form a network group who will meet to review their plans and share best practice. This network group will require support to ensure it continues to develop and enables best practice to be shared – Public Health, CYPS and CCG have staff in place to ensure the group continues to develop. 3. Analyse the eHNA to identify which schools are making a positive impact and explore the reasons why in detail. Facilitate the sharing of best practice from this. 4. Amend the eHNA questionnaire in future years to enable tracking of progress on emotional health and wellbeing. Monitor the secondary school plans and analyse the impact of the different interventions tried. 5. Promote the offer of Tier 2 in schools and monitor take up and impact. 6. Develop the Public Health role working directly with schools and develop geographical Health Clusters. To work in partnership with CAMHS Commissioning Manager to engage Schools. Build upon existing work such as the Royal Society for Public Health Youth Health Champions, (FIM, 2015). 7. Explore the re-establishment of the PSHCE Network for teachers and ensure Emotional Health and Wellbeing related topics are covered in PSHCE programmes in all schools. Link to Ofsted framework. <p>Please also see Theme 5, Developing the Workforce.</p>
Year 2	<ol style="list-style-type: none"> 1. Analyse how successful the Noah's Ark project has been and if appropriate source funding to enable this type of support to continue. Also consider expanding across all Calderdale schools. This would assist with meeting the criteria of offering choice of

	<p>interventions to young people.</p> <ol style="list-style-type: none"> 2. Explore the possibility of part funding a schools 'Health and Wellbeing Programme' such as the Nuffield Health Scheme. Obtain best practice from our school which was successful with their bid. Work with schools to roll out the 'interventions that had the most impact in the EWB project'. 3. Explore possibility of schools funding aspects of support, possibly working within clusters. 4. Strengthen the use of tools such as Strength and Difficulty Questionnaires (SDQ), Equality Impact School Assessment (EISA) and Education Health Needs Assessment (EHNA) to support partnership assessment of need. 5. Prepare, in partnership with schools, a clear picture of what 'good' looks like in Calderdale and ensure good practice is shared. 6. Analyse impact of interventions and share good practice. 7. Assist schools to embed the national work being done around character and resilience, PSHE and counselling services in schools.
Year 3	<ol style="list-style-type: none"> 1. Work with school Governors to develop their understanding of this issue and their responsibilities around this area. 2. Examine the success of the transitional pilot funded jointly by non-reoccurring funding from CCG and the voluntary sector for vulnerable year 6 young people – if outcomes are improved considerably, source funding for future years. 3. Analyse impact of interventions and share good practice. 4. Assist schools to embed the national work being done around character and resilience, PSHE and counselling services in school. 5. Feedback results of eHNA and support schools to develop action plans.
Year 4	<ol style="list-style-type: none"> 1. Assist schools with reviewing their whole school approach. 2. Analyse impact of interventions and pilots and share good practice. 3. Feedback results of eHNA and support schools to develop action plans.
Year 5	<ol style="list-style-type: none"> 1. Assist schools with reviewing their whole school approach. 2. Analyse impact of interventions and pilots and share good practice. 3. Feedback results of eHNA and support schools to develop action plans.
3	Building on the success of the existing anti-stigma campaign by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young

	people.
3.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>The Time to Change anti-stigma campaign is the biggest national programme to target issues around discrimination and stigma that is attached to emotional health and wellbeing issues. The campaign was funded by the Department of Health and Comic Relief. Phase one of the campaign saw participation from charities Mind and Rethink Mental Illness from 2007 which have achieved significant improvements in public attitude and behaviour among adults. Phase two is now funded to extend The Time to Change programme to work with children and young people in order to improve the attitudes and behaviour of young people and families towards people with mental health problems. Calderdale Adult Mental Health services have adopted the 'Time to Change' anti-stigma campaign and embed some of the approaches that were piloted in 2014/2015 with success. We will take the following action:</p> <ul style="list-style-type: none"> • Research Calderdale Adult Services and neighbouring localities that have adopted the principles of The Time to Change Campaign and promote partnership working and learning. • Using the Children and Young People's development programme report provided from The Time to Change Campaign and generate focus groups to look at how children and young people's experiences of stigma and discrimination can be improved. • The Time to Change Framework aims to; improve attitudes and behaviours of young people and families around emotional health and wellbeing, reduce the amount of children and young people who experience negative impact of discrimination, improve the confidence and ability of children and young people to speak out and tackle with any negativity about their emotional health and

	wellbeing issues and by involving and engaging children and young people in the community and activities whilst improving their social capital.
4	Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.
4.1 Current	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>The 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':</p> <p>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.</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413127/2903110_Early_Years_Impact_GENERAL_V0_2W.pdf</p>

	<p>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.</p> <p>Possible identified gaps</p> <p>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.</p> <p>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.</p>
5	Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers.
5.1 Current	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>Locally explore developments around new apps and digital tools.</p>

Theme 2. Improving access to effective support – a system without tiers. Reference: Future in Mind Chapter 5.	
6	Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.
6.1 Current	<p>The following is a reflection of the current Tiers in Calderdale:</p> <p>Tier 1 – Universal services – a variety of support and services from a range of providers Tier 2 – Northpoint Wellbeing Ltd and Noah's Ark Tier 3 – SWYPT Tier's 4 plus – Specialist and Intensive Mental Health services.</p> <p>In Calderdale we have undertaken extensive work and consultation with young people. Our Tough Times Reference Group is formed from young people who have all had experiences of accessing services themselves so understand the issues first hand. We will continue to work very closely with children and young people to develop a service that reflects their local needs. Evidence shows us that it is essential that children and young people are given chance to choose the type of service that they think will work best for them eg. A 'menu' of offers. In order to implement this successfully we need a range of providers working together to provide support. Partnership agreements will need to be in place between providers and this work will link in closely to our plans for a SPA to create a safety net to prevent children and/or young people falling between gaps in provision.</p> <p>The CAMHS commissioning manager to develop this in future years, to look at best practice in other areas including national examples and to undertake extensive consultation with children, young people, parents and carers and wider stakeholders who will influence future delivery methods. 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 Local Authority 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</p>

Hands (The Children's Society). Development of all these services going forward will strengthen integrated service delivery in Calderdale. We have 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.

NHS England and Specialist Commissioners – NHS CCG are working closely with The Yorkshire and Humber (Y&H) Emotional Health and Wellbeing Specialised Commissioning Team to ensure our new service model incorporates specialised services into Calderdale's Local Transformation Plans. Working collaboratively with the Children and Maternity Strategic Clinical Network and stakeholders by accessing a number of forums across Y&H, such as the Y&H CAMHS Steering Group, Specialist Mental Health Interface Groups and individual meetings via webinar, face to face and conference calls with the Head of Children and Young Peoples Service, Calderdale Council.

This way of working ensures that the whole pathway is considered when considering the development of services for children and adolescents, (FIM, 2015).

Considering the Tier 4 Specialist Services, reference to the recent National CAMHS Tier 4 review highlights Y&H experiencing significant capacity issues. These findings are discussed and reviewed locally and regionally. *The national pre-procurement project reported in July, recommendations in relation to procurement of Tier 4 services are due to be announced imminently.*

Summary of current provision in Y&H:

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

Services in Y&H

- Leeds & York NHS Partnership FT (York) - 16 gen adolescent beds, deaf outpatient services
- Leeds Community NHS Healthcare Trust (Leeds) - 8 gen adolescent beds
- Riverdale Grange (Sheffield) – 9 CAMHS Eating Disorder beds
- Alpha Hospitals (now part of Cygnet Hospitals) (Sheffield) – 15 gen adolescent beds, 12 PICU beds



- Sheffield Children's Hospital NHS FT(Sheffield) – 14 beds 14-18yrs, 9 beds 10-14yrs, 7 beds LD none secure 8-18yrs, day-care 5-10yrs.

Provision required

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

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

Other Issues Relating to In Patient Services

Since November 2014 access assessments arrangements have been formalised across Y&H to enable equity of access for all geographical areas and specialist provision required by ensuring that all access assessments are undertaken by tier 4 clinicians. These arrangements are underpinned by the National Referral and Access Assessment Process for Children & Young People into Inpatient Services (Specialised Mental Health Services Operating Handbook Protocol). In addition Care and Treatment Reviews (CTRs) were developed as part of NHS E commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Y&H have had access to CTRs whilst in hospital and often prior to referral to inpatient services.

In Summary

NHS England and local commissioners work collaboratively in Y&H to ensure work is consistently undertaken with local commissioners to understand and address local issues that influence admissions to and length of stay within CAMHs inpatient

	<p>services. The variation of CAMHS service provision across Y&H is monitored through local and hub wide data to help identify trends/themes. Y&H MH Specialised Commissioning team have positive relationships with local commissioners and this is a significant determinant to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local population need. Through the transformation plans all opportunities for collaborative commissioning have been explored. Good examples of these opportunities are in CAMHS Eating Disorder and Intensive Community Provision.</p>
Year 1	<ol style="list-style-type: none"> 1. Work with Yorkshire and Humber Specialist Commissioning Teams, other Local Authorities and their Emotional Health and Wellbeing teams, NHS CCG, Clinicians, Stakeholders, Service Providers in Police, School, Health, Social, Community and Voluntary sectors to design a service model that holds the Child or Young Person at the centre of all services. Work on a pro-active delivery model that ensures that T2 services actively work within an outreach framework, which complements the EI strategy. 2. Use the consultation we have undertaken to map out along with exploring best practice what future arrangements could look like with different options for consideration involve young people in this work. 3. Obtain case studies from young people identifying issues and work with providers to drive up customer satisfaction. 4. Begin process for better integration of current services Tier 2 and Tier 3 service providers Referrals, literature, sharing of best practice; pathways are to be revisited by Tier 2, Tier 3, NHS CCG and Calderdale Council commissioners and adapted to ensure patient journey is smooth when accessing services. Trial for one Tier 2 and one Tier 3 worker to work together from November 2015 to begin the integration process. Evaluation and review by all parties of this trial will highlight any issues that may need to be addressed prior to going live with SPA. 5. Support the voluntary sector and wider internal and community partners to work together collaboratively to strengthen the local offer available in Calderdale. 6. Develop partnership agreements between all providers. 7. Promotion and development of use of SDQ across all services. 8. Look at the possibility of linking into Vanguard work regarding 'single point of access/contact' regarding an emotional health and wellbeing SPA.
Year 2	<ol style="list-style-type: none"> 1. Implement and monitor partnership agreements. 2. Explore ongoing links to Vanguard work. 3. Prepare an options paper for wider consultation. 3. Commence work on future specifications.

Year 3	<ol style="list-style-type: none"> 1. Review and amend partnership agreements between providers. 2. Consider the re-commissioning the emotional health and wellbeing service for Children and young people taking into account the guidance from the Future in Mind document and feedback from local consultation.
Year 4	Implement the new contract and ensure robust contract monitoring processes are in place to improve outcomes.
Year 5	Review and consult with stakeholders.
7	Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.
7.1 Current	<p>Tier 2 and Tier 3 service providers are not fully integrated. Providers are not based in shared offices. A Single Point of Access (SPA) was previously introduced and removed as it was unsuccessful at the time.</p> <p>Tier 2 Leeds Counselling provide a Contact Point telephone number and email address for Parents, Carers and Professionals however this isn't being fully utilised and work is currently ongoing to raise awareness of this service more.</p> <p>There are ongoing issues with service focus on criteria rather than the young person's needs. Inappropriate referrals are an issue for both Tier 2 and 3. This type of working is impacting on the crisis services and bottlenecking waiting lists with referrals that are deemed inappropriate.</p> <p>Tier 2 and 3 do meet on a weekly basis although some discrepancies reported with inappropriate referrals for both service providers which are difficult to signpost and be accepted. This is causing delays to children and young people being assessed and treated which is further impacting on the child or young person's emotional health and wellbeing. Further joint working has been agreed from November 2015.</p> <p>This has been identified as a priority for action following consultation with wider partners and continued gathering of views from children and young people and their families.</p>
Year 1	<ol style="list-style-type: none"> 1. Explore the different options of a SPA including possible links into the Vanguard work and consider in further detail: <ul style="list-style-type: none"> - SPA staffed by Tier 2 and 3 providers.

	<ul style="list-style-type: none"> – SPA staffed by independent 'Non Provider' e.g. LA/CCG employed staff, all referrals come via this route then get matched to the most appropriate provider taking into account the child or young person's wishes regarding the type of support they want. – A multi-agency 'Hub' meeting daily or a few times a week to allocate referrals. <ol style="list-style-type: none"> 2. Use the electronic EWB guide, and other e-platforms eg the YoYo. 3. Involve stakeholders in the design of the SPA – hold additional events to explore options and 'obtain buy in' 4. Build in robust data control/recording into the SPA so all cases can be tracked and monitored effectively. Along with the effect on outcomes different providers/interventions have. 5. Ensure any new systems include robust risk assessments to ensure 'high priority cases are fast tracked' Also 'fast tracking' for agreed priority groups. 6. Roll out the use of mental health assessment tools to early intervention services.
Year 2	<ol style="list-style-type: none"> 1. Obtain authorisation for an agreed approach. 2. Implement the agreed SPA. 3. Use data from year 1 to inform commissioning arrangements/funding decisions. 4. Involve stakeholders and provide training. 5. Monitor impact on service users and professionals who refer in.
Year 3	<ol style="list-style-type: none"> 1. Implement the agreed SPA. 2. Use data from year 1 to inform commissioning arrangements/funding decisions. 3. Involve stakeholders and provide training. 4. Monitor impact on service users and professionals who refer in.
Year 4	Review arrangements and amend from lessons learnt and any new national recommendations.
Year 5	Implement and monitor revised SPA.
8	Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point 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.
8.1	
Current	We currently have a named person in CCG for children and young people's mental health services, along with a named GP. A

	number of our schools have a named lead for Emotional Health and Wellbeing Issues. Providers for tier 2 and 3 have regular meetings. Some providers have named staff for schools at tier 1 and 2. Work is taking place to analyse referrals in order to improve the quality of these, for example information regarding the criteria and level of information required was shared at a schools SENCO conference recently. Schools have now got a contact point where they can ring and seek advice. An Emotional Health and Wellbeing Update is being trialled to improve communications across all partners and stakeholders
Year 1	<ol style="list-style-type: none"> 1. Develop a communications plan following further consultation with stakeholders. 2. Embed the Emotional Health and Wellbeing Update – including a section for young people. 3. Develop, produce and distribute a resource pack for GPs, schools, settings and service providers working in partnership with a range of stakeholders. 4. Work with schools to ensure all schools across Calderdale have a named lead. 5. Work with GPs to improve the quality of referrals and promote the signposting/use of services other than CAMHS for helping children and young people with emotional health and wellbeing problems. 6. Develop better links and communication between schools and GPs about children and young people with emotional health and wellbeing problems. 7. Work with schools regarding producing a leaflet identifying support for children, young people and parents – made available at open evenings, new parent evening, events etc and all the webpage.
Year 2	<ol style="list-style-type: none"> 1. Provide additional support and training for schools/colleges/GP practices where inappropriate referrals and incomplete referrals are identified as an issue. 2. Review and improve the Emotional Health and Wellbeing Update. 3. Bench mark inappropriate/incomplete referrals and set targets to improve over the next three years. 4. Implement the communication plan. 5. Continue work with GPs to improve the quality of referrals and promote the signposting/use of services other than CAMHS for helping children and young people with emotional health and wellbeing problems. 6. Strengthen new links developed and communication between schools and GPs about children and young people with emotional health and wellbeing problems. 7. Continue to work with GPs to promote the use of the contact point for advice prior to referring.

Year 3	<ol style="list-style-type: none"> 1. Consultation regarding communications and referrals carried out and an action plan implemented to deliver any required improvements. 2. Monitor improvements in referrals. 3. Update the contact lists and republish. 4. Marketing campaign regarding available support for children, young people and schools. 5. Review and update the communications plan.
Year 4	<ol style="list-style-type: none"> 1. Monitor improvements in referrals. 2. Update the contact lists and republish. 3. Marketing campaign regarding available support for children, young people and schools. 4. Review and update the communications plan.
Year 5	<ol style="list-style-type: none"> 1. Monitor improvements in referrals. 2. Update the contact lists and republish. 3. Marketing campaign regarding available support for children, young people and schools. 4. Review and update the communications plan.
9	Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.
9.1 Current	Currently a range of training is available; however it isn't co-ordinated into a holistic Training and Partner Development Plan and is offered by a range of providers/trainers. One of our providers is commissioned to provide some training in schools and for wider partners. Tier 2 provider also employs a Training Consultant to deliver this training. There is no central record of all the available training or who has undertaken the training or an audit of who has undertaken the training. Consultation has identified a need to develop a more joined up and consistent training programme to meet need. In addition, it was felt training should be provided for parents and carers. We have worked with the CCG to ensure staff within our CTS service access specialist training. A number of our secondary schools have provided training for staff as part of our EHW project.
Year 1	<ol style="list-style-type: none"> 1. Commission the provision of training courses for parents to be delivered in partnership in schools and community settings. 2. Introduce these on a trial basis in some schools and community settings. 3. Evaluate and review for future years. 4. Commission a specific course for parent and carers of children and young people with SEND.

	<ol style="list-style-type: none"> 5. Map out all the current training provided and consult to identify gaps. 6. Explore Mental First Aid Training. 7. Tier 2 to deliver training in all secondary schools. 8. Explore viability of offering the 'Calderdale version of the schools CAMHS pilot with the £50K funding identified to match fund if we had been successful in the national CAMHS school pilot. 9. Include a training section on our Emotional Health and Wellbeing Update to help publicise.
Year 2	<ol style="list-style-type: none"> 1. Produce and publish a holistic training programme to support lead contacts in specialist children and young people's mental health services in schools. Include training for parents and children and young people within the plan. 2. Market the offer and monitor the implementation and impact. 3. Consider training requirements for young people who offer peer support. 4. Encourage wider partners to log and publish their training offer on the plan. 5. Develop a process to keep a record of training attended. 6. Allocate the co-ordination of this to a team/person.
Year 3	<ol style="list-style-type: none"> 1. Monitor the impact of training provided. 2. Consult with stakeholders and amend programme to reflect current needs building in refresher training. 3. Explore opportunities for free training.
Year 4	<ol style="list-style-type: none"> 1. Monitor the impact of training provided. 2. Consult with stakeholders and amend programme to reflect current needs building in refresher training. 3. Explore opportunities for free training.
Year 5	<ol style="list-style-type: none"> 1. Monitor the impact of training provided. 2. Consult with stakeholders and amend programme to reflect current needs building in refresher training. 3. Explore opportunities for free training.
10	Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).

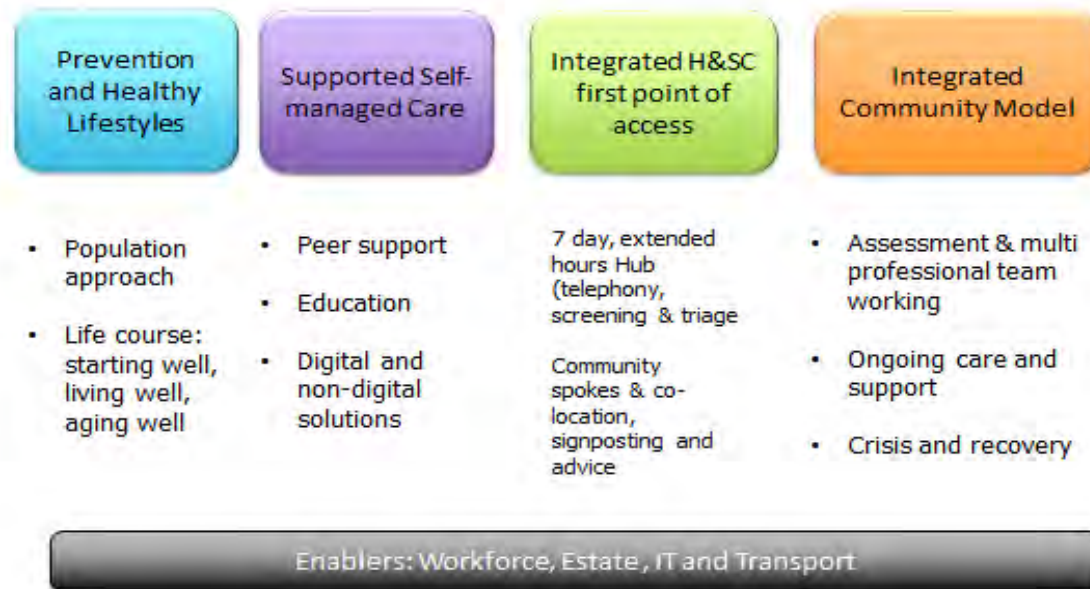
10.1 Current	The local authority SEN Team report having difficulties contacting and linking with current Tier 2 and Tier 3 services. Whilst suggested alterations to be incorporated into the specification were made the provider hadn't agreed to an amended specification. This area requires strengthening, attempts have been made but insufficient progress has been made. Information presentations have been delivered at SENCO network meetings. A much better working knowledge and coherent arrangements are required between providers and the SEN team.
Year 1	<ol style="list-style-type: none"> 1. Consider the implications of the Positive Practice Guide for children and young people with SEND and develop an action plan. 2. Named link worker in Tier 2, 3 and above liaising with the SEN team. 3. Training for staff working in Tiers 2 and 3 on Special Educational Needs Reforms. 4. Develop information sharing agreements. 5. Make arrangements for staff to attend staff meetings to develop understanding in each area. 6. Use the SEND Reference group of young people to map out changes required. 7. Include SEND support on contract monitoring. 8. Jointly review the ASD assessment structure. 9. Additional funding has been agreed to deal with the backload of cases waiting assessment.
Year 2	<ol style="list-style-type: none"> 1. Implement any actions required in respect of the Positive Practice Guide. 2. Explore co-location for 2 to 4 days a month. 3. Develop a partnership agreement between the SEN Team and main providers and embed. 4. Provide information sharing sessions for SENCOs. 5. Work to make the necessary changes to specifications to meet the requirements of the SEND code of practice. 6. CAMHS need to be brought more into joint working.
Year 3	<ol style="list-style-type: none"> 1. Monitor impact of partnership agreements 2. Monitor level of CAMHS input into EHC plans
Year 4	<ol style="list-style-type: none"> 1. Monitor impact of partnership agreements 2. Monitor level of CAMHS input into EHC plans
Year 5	Review and amend partnership agreement
11	Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works,

	when and how.
11.1 Current	<p>Following consultation with young people, parents and carers, schools and wider stakeholders, this has been identified as an area that is both effective in improving outcomes however peer support schemes in Calderdale are variable and therefore this area requires further development. Our young people highlighted this area in their 'Top Tips' for schools and in our recent parent and carer survey it comes out high in how we can improve the current services.</p> <p>Calderdale Youth Council has done work in this area and work is ongoing to support with digital solutions.</p> <p>Work with parents is identified as a gap locally and further work will take place with the voluntary sector to develop a holistic and joined up approach to address this issue.</p> <p>Whilst many of our schools have peer support schemes in place – many are aimed at the young age group year 7s – however young people of all ages have identified that often they would rather go to friends for support than professionals which suggest whole school approaches need to be developed.</p> <p>More detailed local research is needed to establish how to take this forward in particular joint work needs to take place with young people, parents and schools prior to any 'new Calderdale approach' being developed.</p>
Year 1	<ol style="list-style-type: none"> 1. Map out and evaluate 'Peer Support' provision in Calderdale for children, young people and parents. 2. Explore best practice from other areas. 3. Work with children, young people, parents, schools, settings and stakeholders to prepare a menu of suggested schemes based on the research. 4. Provide funding and support for settings/organisations to improve schemes or introduce new schemes.
Year 2	<ol style="list-style-type: none"> 1. Carry out evaluations to identify if outcomes have been improved. 2. Look at lessons learnt and amend 'menu of schemes' as appropriate. 3. Continue to monitor via network groups (school). 4. Targeted work with settings with no robust peer support scheme in place.

	Ensure parent schemes are linked to all appropriate services and communication plans.
Year 3	1. Review and monitor. Involve young inspectors to quality assure schemes.
Year 4	Review, amend and monitor.
Year 5	Review, amend and monitor.
12	Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.
12.1 Current	<p>In December 2014, 22 Service providers including Police, Health, Social, Community and Voluntary sectors across Calderdale signed up to 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.</p> <p>The CCC agreement encourages children and young people agencies and services to consider the following four areas:</p> <ol style="list-style-type: none"> 1. Access to support before crisis point 2. Urgent and emergency access to crisis care 3. Quality of treatment and care when in crisis 4. Recovery and staying well <p>Calderdale's Mental Health Innovation Hub (MHI) meets on a monthly basis and is attended by representatives across all Calderdale's children and young people's services. The MHI have implemented a clear action plan formed from the CCC's guidance disseminated amongst children and young people agencies and services, outlining the required outcomes, named lead and date to be completed by.</p> <p>Please see the full Plan in the attached appendices.</p>
Year 1	1. Promote, embed and develop effective partnership working via the Mental Health Innovation Hub.

	<p>2. Ensure all Children and Young People services have access to the Crisis Care Concordat and required outcomes.</p> <p>3. Implement the agreed crisis care concordat plan for Calderdale.</p>
Year 2	Implement and monitor the agreed crisis care concordat plan for Calderdale.
Year 3	Implement and monitor the agreed crisis care concordat plan for Calderdale.
Year 4	Implement and monitor the agreed crisis care concordat plan for Calderdale.
Year 5	Implement and monitor the agreed crisis care concordat plan for Calderdale.
13	Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.
13.1 Current	<p>Partners within Calderdale have been engaged in a system reform agenda for 3 years. This has resulted in the development of an ambitious hospital change programme and the commissioning of a new integrated health and social care integration programme – Care Closer to Home. This programme sits within a backdrop of extensive public engagement, and significant stakeholder engagement. We have already fully specified the new model Phase 1), which sits within the contract for our current community and acute provider. The system has started the change programme and has been successful in becoming a Vanguard New Model of Care site. We believe the Vanguard activities provide an accelerant which will deliver benefit at greater pace and scale.</p> <p>Our aims are to:</p> <ol style="list-style-type: none"> 1. Shift the balance from avoidable hospital admissions to integrated health and social care models delivered in community and primary care settings. 2. Transform the way our system currently operates so there is a greater focus on the prevention of ill health and the empowerment of citizens who will be able to manage their health and wellbeing, and reduce their dependency. <p>This forms the basis for our Care Closer to Home Programme. For the Vanguard element of the programme we are testing out implementation of CC2H for three discrete population cohorts – starting in the Upper Valley, rolling-out learning at pace to the other 2 localities.</p> <p>The Care Closer to Home work and our Vanguard work we are piloting in Calderdale in the Upper Valley.</p>

	<p>The Care Closer to Home model will:</p> <ul style="list-style-type: none"> • Prevent ill health and enable people to stay and independent for as long as possible • Prevent premature death, with people living as long as possible. • Support people to recover from episode of ill health and injury • Build resilience in individuals and communities • Ensure High level of satisfaction with access and service provision <p>From the point of view of the programme - there are four key functions plus enablers:</p>
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Each workstream is developing a view of future models of care. Vanguard provides an opportunity to test out and accelerate implementation of CC2H with three patient cohorts, beginning in one of the 3 localities (Upper Calder Valley).

The focus is on 3 patient cohorts:

1. People with a Long Term Condition(s):
 - o Prevention, early intervention and self-care for those at risk
 - o Integrated working (MDT/care planning) for those with complex needs

2. People who are at risk of harm as a consequence of their frailty (co-production of new care offers – with staff and patients).
3. Children with complex health and care needs.

Our definition of children and young people with complex health needs includes severe emotional health and wellbeing issues.

We are awaiting the outcome of new proposals detailed below which would impact very positively in this area:

1. Resilience College

Children with complex health and care needs are more likely to require support with their emotional health and wellbeing. This support should be provided as prevention and early intervention to prevent issues escalating. This model will provide young people with a choice of provision without the stigma of providing assistance to deal with mental health issues. Would be trialled in one locality (Upper Valley) and extended to other localities. This would be aimed at young people with complex needs from 14 to 18 years. Based on the 'Recovery College' model in place for young people 18 plus. Implemented in locality areas in partnership with providers such as schools and the voluntary sector and offer a choice of support after school, weekends and holidays. Following initial set up costs – costs would be managed by using existing settings such as a school to host the 'resilience colleges' to reduce accommodation costs, the Voluntary Sector would be used to offer the courses and provide the group support. Volunteers would also be used. Also links to integrated community services.

2. Specialist Children's Health Team

Increased demand for specialist out of area placements – due to complex needs of some children and Young People. Evidenced by the increase demand for specialist placements. This incorporates young people up to age 25yrs whose placements costs can be very expensive for CCG. Develop a specialist health team to work in mainstream settings pre and post 16 to provide the addition health support that is provided at specialist residential provision. Areas of support would include therapies, Emotional Health and Wellbeing, specialist nursing staff.

Year 1	<ol style="list-style-type: none"> 1. Work with our Vanguard and care closer to home proposal to design and strengthen pathways for community base care which include intensive home treatment. 2. Programme of work to be incorporated into the Care Closer to Home Vanguard work.
Year 2	Continue to work with partners in expanding and enhancing community services - moving services currently provided in hospital into more appropriate communities in line with the Vanguard and Care Closer to Home Programme.
Year 3	Programme of work and monitoring to be incorporated into the Care Closer to Home Vanguard work.
Year 4	Programme of work and monitoring to be incorporated into the Care Closer to Home Vanguard work along with a full review of impact.
Year 5	Programme of work and monitoring to be incorporated into the Care Closer to Home Vanguard work.
14	Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.
14.1 Current	<p>The numbers for this cohort remain very low in Calderdale, operationally we have systems in place a lead nurse in CAMHS works closely with the Disabled Children's Team and the SEN Team for any young people with a Statement of Special Educational Need or a Education Health and Care Plan.</p> <p>However, it could be possible that some, young people are 'not known' to the SEN Team or the Disabled Children Team therefore we need a more robust system in place.</p>
Year 1	<ol style="list-style-type: none"> 1. Multi-agency review of current procedures also including adult services. 2. Compare to the national guidelines and best practice. 3. Develop a protocol for Calderdale. 4. Ensure any future cases have agreement of a discharge plan on admission. 5. Check any current cases have a discharge plan, action as required.
Year 2	<ol style="list-style-type: none"> 1. Get sign off from all parties and implement protocol. 2. Review following any cases and amend following any lessons learnt.
Year 3	<ol style="list-style-type: none"> 1. Get sign off from all parties and implement protocol.

	2. Review following any cases and amend following any lessons learnt.
Year 4	1. Get sign off from all parties and implement protocol. 2. Review following any cases and amend following any lessons learnt.
Year 5	1. Get sign off from all parties and implement protocol. 2. Review following any cases and amend following any lessons learnt.
15	Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.
15.1 Current	<p>Consultation with stakeholders and service users has identified this area as an issue and a barrier to accessing timely support in some cases. Current specifications do place an emphasis on this area for example Tier 3 states:</p> <p><i>'Transition will be negotiated on an individual basis for those requiring continuing care. For young people less than 18 years of age with diagnoses more suited to intervention within an adult service (e.g. mothers with postnatal depression), negotiation with adult mental health service providers will ensure appropriate provision of care. Similarly if it is determined that young people over 18 years of age will have their needs more appropriately met by specialist CAMHS, this should also be arranged on an individual basis.'</i></p> <p>However, we are aware from case studies and feedback that the above approach is not working for some of our young people and needs to be developed further. Our taskforce includes colleagues from Adults to ensure this aspect of work can be progressed. In addition, support for post 16 students has been identified as an area that requires further investigation and may require adapted services.</p>
Year 1	1. If existing contracts are extended – strengthen support around transition and for post 16 students. 2. Analyse eHNA survey results for the year 12 cohort to establish any specific issues for post 16 students. 3. Undertake consultation with post 16 cohort. 4. Arrange joint meetings between children and adult services and develop a protocol involving children and young people. 5. Hold some targeted consultation to explore this area in detail. 6. Link to existing work around transition that is taking place in health and the LA. 7. Consider the transfer of budgets so a 0 to 25 service can be considered for either all young people and/or vulnerable groups.
Year 2	1. Determine and implement any actions arising from the consultation.

	<ol style="list-style-type: none"> 2. Ensure protocol is approved through appropriate channels. 3. Take into account any good practice and/or national guidance. 4. Implement and monitor protocol. 5. Map young people's transitions through the system and reflect on lessons learnt. 6. Develop a much more flexible process ending arbitrary cut off dates and include this requirement in future specifications. <p>Ensure young people and families re supported and prepared for transition.</p>
Year 3	<ol style="list-style-type: none"> 1. Review and amend protocol. 2. New contract to start – include transition in monitoring reports. 3. Consult with stakeholders to ensure changes introduced are impacting on outcomes for children and young people.
Year 4	Monitor impact of outcomes and satisfaction levels of new processes involving young people and young inspectors.
Year 5	Monitor impact of outcomes and satisfaction levels of new processes involving young people and young inspectors.
16	Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as part of any universal local offer.
16.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>

Year 1	1. Designate Mental Health champions in all CYP services.
17	Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.
17.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications and any grant funding agreements will refer to locally agreed waiting time standards. New specifications and grant agreements will also refer to the need to meet national guidelines once they are established.</p> <p>Additional funding has been provided for Tier 3 and Tier 2 to enable waiting times to be addressed.</p>
18	Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.
18.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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</p>

	<p>the implementation 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>
19	Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety.
19.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>Calderdale's Youth Offending Team (YOT) and the local West Yorkshire Police Authority have formed a joint working protocol regarding appropriate accommodation for young people post charge. The protocol is reviewed and evaluated regularly by the YOT team and Local Police Authority with the intention of revisiting young people that are detained due to mitigating circumstances such as further questioning is required or a victim resides within the young person's home.</p> <p>Education in YOIs holding young people is commissioned by local authorities from outside contractors, such as local colleges. Young people may also engage in vocational training. If they have demonstrated a sufficient level of trust and development, young people</p>

	may apply for temporary release. Temporary release can be granted so that young people can undertake activities in the community linked to education, training or employment opportunities, as well as to generally assist with resettlement. Training in the Juvenile Staff Awareness Programme (JASP) is offered to all staff working in direct and regular contact with young people. JASP is a two part, seven day training programme, which provides staff with a comprehensive understanding of the issues that young people face in custody. JASP includes modules on safeguarding, mental health, and substance misuse and behaviour management.
Year 1	<ol style="list-style-type: none">1. Calderdale will follow closely the national developments in this area. Changes are taking place which it is hoped will result in specialist workers being available to support this cohort of young people.2. If developments do not proceed as anticipated, Calderdale will consider addressing this area in year 2 with new LTP funding on a pilot basis.

Theme 3 - Caring for the most vulnerable. Reference: Future in Mind Chapter 6.

20	Making sure that children, young people or their parents who do not attend appointments are not discharged from services. 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.
20.1 Current	<p>A range of providers support the most vulnerable children and young people in early stages of recognising signs of emotional ill health and refer them for further support as appropriate. Different providers have different procedures in place to deal with this. Some providers have fairly robust processes in place and employ assertive outreach/engagement techniques to ensure follow up with children.</p> <p>Tier 1 – Noah’s Ark (VS Provider) if clients do not attend a session reminder letters are sent and appointment times are offered which are convenient.</p> <p>Tier 2 – Northpoint Wellbeing Ltd. If a client doesn’t attend a Choice appointment and there are no known risk issues the client would be discharged back to the referrer. This is made clear in the appointment letter. The Discharge Letter is sent to referrer, GP and client/family. Clients are able to re-refer in the future. In cases of non-attendance of assessment appointments where there is a known risk and/or safeguarding issue then the service manager would normally review the case file before a decision is made about discharge. Depending on the circumstances of the particular case, we will consider contacting the referrer and/or social worker to let them know that the client has not attended. We would then discuss the possibility of offering another appointment.</p> <p>Tier 3 – SWYPFT. A risk assessment (RANE) is used for each patient that does not attend an appointment which looks at whether the young person is a looked after child, child protection, child in need, homeless and financial difficulty, self-harm, suicidal or risk to others, severe mental illness, parental mental health issues or substance misuse, sexual exploitation, moderate – severe learning difficulties. From this risk assessment a RAG rating is issued. SWYPFT have a clear CAMHS Trust Wide protocol that is followed</p>

	<p>which outlines if patients continue to DNA. All communication and actions are logged onto the RIO electronic system.</p> <p>In addition a number of specialist teams e.g. YOT will support young people to access and attend appointments.</p>
Year 1	<ol style="list-style-type: none"> 1. Map out processes for dealing with non-attendance across the area with all providers 2. Look at national best practice. 3. Commission an external organisation to undertake research to establish main reasons for non-attendance with young people and parents/carers – analyse the results and develop an action plan. 4. Organise an event to agree a protocol for the area, include staff from specialist teams such as SEN, CLA and care leaver who have detailed knowledge around these groups of children and young people. Consult with young people on this. 5. Introduce a KPI to monitor numbers of missed appointments.
Year 2	<ol style="list-style-type: none"> 1. Build the protocol into any new contracts/grants. 2. Implement and embed the new protocol. 3. Include a focus on this area as part of monitoring contracts. 4. Amend existing contracts to include the protocol. 5. Implement the action plan including meeting the required training need.
Year 3	<ol style="list-style-type: none"> 1. Continue to amend contracts. 2. Review the protocol with partners and develop as appropriate. 3. Continue to implement action plan and training. 4. Monitor progress.
Year 4	Review plans and protocol, if required carry out further consultation regarding how barriers can be removed.
Year 5	Review plans and protocol, if required carry out further consultation regarding how barriers can be removed.
21	Commissioners and providers across education, health, social care and youth justice and other CYP services sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based

	interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.
21.1 Current	Some vulnerable groups have bespoke care pathways and additional support is available from a variety of sources; however our current approach is not working effectively across all the vulnerable groups. Work is taking place to transforming care pathways for children with Learning Difficulties to ensure early support and intervention but this isn't yet complete and needs to be widened to cover other vulnerable groups as we haven't got an appropriate and bespoke pathway for all areas. Further links are required between adults and children's. We are aware from the SEND Reform work that this areas needs improving for children and young people with SEND.
Year 1	<ol style="list-style-type: none"> 1. Review current contracts/provision around vulnerable groups and establish which groups this includes. 2. Clarify existing pathways for ASD and share with SENCOs. 3. Key worker element to be developed in conjunction with EI and VYPP. 4. Determine which vulnerable groups require bespoke pathways. Working with partners, establish which vulnerable groups can use the normal pathways but outline the additional support available to them to ensure they can access effectively e.g. Key workers. 5. Finalise the work around pathways for young people with SEND working with specialist teams, parents and carers and SENCOs We are clear that broader recognition of emotional health and wellbeing needs for this group needs improving as insufficient progress has taken place to embed the required cultural change. This is an area we have identified for change – to ensure outcomes for our children and young people are improved along with the pathways to obtain support. Without successfully dealing with the emotional health of this group we will be unable to meet their and our aspirations for the future regardless of how good the rest of our services are. This would also include support around transition from children to adulthood. In Calderdale we have an extremely strong Inclusion (SENCO) network which engages all schools. We know our SENCOs would be committed to working with us as they have expressed concerns around CAMHS. 6. Working jointly with our SEN Team, our Specialist Inclusion Team, Disabled Children's Team, Education Psychology and Calderdale Parents and Carers along with Voluntary Sector organisations to ensure all relevant staff undertake training. We would develop an emotional health and wellbeing assessment for all children and young people as part of Education health and Care Plans improve services to provide the identified support in a timely manner. This would impact on progress from both an education and health perspective. Monitoring qualitative and quantitative data would be included in our evaluation processes we are

	developing.
Year 2	<ol style="list-style-type: none"> 1. Embed the SEND pathways, monitor progress and obtain feedback from stakeholders including children and young people and parents and carers. Ensure new processes are effectively communicated. 2. Review and develop as appropriate care pathways for the other vulnerable groups identified in year one exploring in more detail the special models of provision the national taskforce found particularly helpful and that are described in the 'Future in Mind' document. Prepare a detailed plan costing out these options for Calderdale.
Year 3	<ol style="list-style-type: none"> 1. Embed the vulnerable group pathways and monitor progress. 2. Review the SEND care pathway and improve and amends as necessary. Review impact on outcomes in Education, Health and Care Plans.
Year 4	<ol style="list-style-type: none"> 1. Review and further develop vulnerable group pathways following feedback from stakeholders. 2. Monitor progress.
Year 5	<ol style="list-style-type: none"> 1. Review and further develop vulnerable group pathways following feedback from stakeholders. 2. Monitor progress.
22	Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.
22.1 Current	<p>A number of current teams within the Local Authority have flexible criteria concerning vulnerable children and young people for example YOT and Locality Panels accepts referrals from individual organisations where concerns are expressed. In addition the multi-agency early intervention panels support this approach as do the specific multi-agency hubs for example around CSE and DA.</p> <p>In Calderdale we are committed to providing children and young people (and parents) with a choice which will need flexible acceptance criteria from our providers. We can look at the lessons learnt from similar models we have implemented and consider how</p>

	this approach could work to support children and young people who need support with emotional health and wellbeing including links with the Troubled Families/ Early Intervention Panels work.
Year 1	<ol style="list-style-type: none"> 1. Develop a proposal of how future commissioning of emotional health and wellbeing support could link to Early Intervention Panels/Troubled Families etc in order to ensure children, young people and families get multi-agency support. This would clearly link to the level of family and professional concern rather than a clinical diagnosis. 2. Support the reorganisation of Calderdale Therapeutic Service (local authority).
Year 2	<ol style="list-style-type: none"> 1. Trial the approach recommended from year one and source appropriate funding. 2. Monitor impact on outcomes. 3. Amend future specifications depending on the outcome of the trial.
Year 3	Review and amend processes as necessary.
Year 4	Review and amend processes as necessary.
Year 5	Review and amend processes as necessary.
23	Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.
23.1 Current	<p>Currently mental health assessments are undertaken by a range of providers and service leads, across several organisations, including statutory and voluntary organisations.</p> <p>The involvement of the range of organisations and professionals is good and provides options and choice for children and young people as well as wider coverage to help with access. There needs to be greater coherence and consistency however and a commitment to ensure all assessments related to emotional wellbeing and mental health also take account of any safeguarding or neglect concerns.</p>
Year 1	<ol style="list-style-type: none"> 1. Review the current range of assessments and share the learning and good practice. Whilst many are not specifically just mental

	<p>health assessments they do take this into account. Develop a minimum standards approach.</p> <ol style="list-style-type: none"> 2. Involve stakeholders in development. 3. Develop training and support for professionals across the early intervention teams and organisations and all involved in undertaking these assessments.
Year 2	<ol style="list-style-type: none"> 1. Review the assessments. 2. Share learning from training and from completing assessments. 3. Embed joint training programmes. <p>Evaluate training to assess that staff feel confident in using assessments and are appropriately skilled and trained.</p>
Year 3	<ol style="list-style-type: none"> 1. Review the assessments. 2. Share learning from training and from completing assessments. 3. Embed joint training programmes. <p>Evaluate training to assess that staff feel confident in using assessments and are appropriately skilled and trained.</p>
24	<p>Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.</p>
24.1 Current	<p>Children and young people at risk of or/are vulnerable to Child Sexual Exploitation (CSE) have access to Calderdale's Safe Hands Project. This project works with young people up to the age of 21 and aims to reduce the harm and incidence of CSE across Calderdale whilst providing support and safety for those affected. CSE awareness is raised across Calderdale by developing and implementing preventative strategies for children and young people along with parents, carers and professionals, whilst creating opportunities for young people to successfully exit and recover from CSE.</p> <p>Within our local authority services we have dedicated CSE Social Workers who are based at the local Halifax Police Station and work very closely with the CSE Police detectives and other partner agencies. The CSE Social Workers also attend the MACSE (Multi-Agency Child Sexual Exploitation) meetings three times a week to discuss any intelligence/concerns for children at risk of CSE and agree as a multi-agency team what action is needed. Each agency will bring any information, new or old, concerns, protective factors</p>

	<p>and weekly updates and together decide the current risk level and any actions needed to help keep the child/young person safe.</p> <p>Further support is offered through Calderdale's Family Intervention Teams (FIT) for children and systemic families in need and can visit up to 3 times per week. This service offers Family Group Conferences for all children on the CSE Matrix. FIT also attend the MACSE (Multi-Agency Child Sexual Exploitation) meetings three times a week at the Police Station and play an active role in completing CSE risk assessments and completing joint visits with other professionals to the Young People and their families. They also offer intensive and sometimes immediate support for families that have a Young Person who is at risk of Child Sexual Exploitation. From June 2015, FIT present CSE Awareness sessions for all Parents within schools.</p> <p>For vulnerable young people aged 15 ½ to 18 years old or Care Leavers aged 18 – 21 years old, Calderdale offer a Pathway Service to support this cohort of young people if they are a victim or perpetrator of CSE.</p> <p>A welcomed expansion of the Virtual School to include Vulnerable Children Education Team (VCET) provides support for children and young people who require additional support whilst focusing on their education when dealing with CSE. VCET are able to track, monitor progress, provide 1:1 support, transition support and deliver in school interventions.</p> <p>Limited links exist between the local hospital Calderdale and Huddersfield Foundation NHS Trust (CHFT) with a weekly attendance at a CSE operational group by a member of the Safeguarding team. Systems are updated and shared with relevant health professionals, including a flag on the Accident & Emergency systems should a young person involved in CSE attend A&E departments. The links between CHFT, professionals and young people would benefit from becoming stronger.</p> <p>Specialist Emotional Health and Wellbeing services do exist however they are under resourced and inconsistent, with Tier 4 in-patient care delivered and supported at CHFT, which is not ideal and is impacting on the wider organisation. CSE referrals are reported to be poor quality with an identified need to re-educate and support referrers along with addressing lengthy waiting lists.</p>
Year 1	<ol style="list-style-type: none"> 1. Children and young people to receive a comprehensive assessment in a timely fashion, from an early help single assessment to a social work led assessment. 2. The West Yorkshire CSE risk assessment will be launched. This is a specific assessment tool that all agencies can complete. 3. Further training aimed at this specialist provision is required.

	4. Explore developments for specific pathways for this group of children and young people for Primary Care.
Year 2	<ol style="list-style-type: none"> 1. Review and consult on the training programme. 2. Monitor the number of health checks of children and young people with mental health problems who are referred by GPs for physical health checks. 3. Take account of mental assessments and those who have been sexually abused. 4. Two social workers will be AMP trained from the Children's Assessment Team (CAT). They will undertake mental health assessments on children under the age of 18 and signpost to relevant support agencies.
Year 3	Evaluate current processes and strengthen as appropriate.
Year 4	Evaluate current processes and strengthen as appropriate.
Year 5	Evaluate current processes and strengthen as appropriate.
25	Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.
25.1 Current	<p>A health representative currently sits within the Children's Social Care MAST (Multi Agency Assessment Team) who has access to all health records.</p> <p>Health and CAMHS representative attends the CSE monthly operations group.</p> <p>Early Intervention Panels for the four locality areas meet on a fortnightly basis where services to children are discussed and allocated. The representative of mental health services at Panels is however inconsistent.</p>
Year 1	<ol style="list-style-type: none"> 1. Increase engagement of children, young people, parents, carers and families in commissioning and evaluating service experience in relation to specialist services. 2. Review feedback and identify improvement requirements including the development of young people's panels.

	<ol style="list-style-type: none"> 3. A representative for children's mental health attends all Early Intervention Panels to identify support services at an early stage. 4. Review the role specialist services have within the MAST.
Year 2	<ol style="list-style-type: none"> 1. Develop a comprehensive engagement strategy to facilitate coproduction of services, involving stakeholders. 2. Consider and review the multi agency arrangements within MAST to determine whether specialist health services need to be represented in the team and how frequently.
Year 3	Monitor and review
Year 4	Monitor and review
Year 5	Monitor and review
26	For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.
26.1 Current	<p>The key worker/lead professional role is well embedded within many services within the Local Authority and settings. For example YOT case managers undertake the lead professional role liaising with other colleagues and children and young people with an Education Health and Care plan are allocated key workers.</p> <p>The implementation of the SEND Reforms in Calderdale included the role out of the key worker approach and Local Authority and partner staff have been trained to implement this approach, in addition, 'train the trainer' training has been provided to help ensure sustainability. Therefore a number of colleagues can provide ongoing/refresher training.</p> <p>As part of the Calderdale Vanguard Value Proposition, one of the cohorts we are focusing on is Children with Complex Needs. The proposition will support and strengthen this work across partners.</p>
Year 1	<ol style="list-style-type: none"> 1. Consider the options for providing therapist support to work on complex pieces of Life Story work for children looked after where risk assessment has identified this level of support is required. 2. Track the Vanguard Value Proposition if successful ensure the 'flexible team' are trained in this approach.

	<ul style="list-style-type: none"> 3. Raise awareness of this approach with the VS and providers providing emotional health and wellbeing services in Calderdale. 4. Offer key working training to providers of emotional health and wellbeing.
Year 2	<ul style="list-style-type: none"> 1. Trial the key worker approach for children and young people who would not have one appointed through existing systems and link to the extended outreach. 2. Brief all key workers on the full range of support for emotional health and wellbeing in Calderdale along with criteria for accessing the service. 3. Implement any successful schemes from the Vanguard bid.
Year 3	<ul style="list-style-type: none"> 1. Review impact of the trial of key working in year two and prepare a report for consideration of extending and funding the scheme in future years. 2. Implement any recommendations agreed from the above report.
Year 4	Implement any recommendations agreed from the above report.
Year 5	Implement any recommendations agreed from the above report.
27	Improving the skills of staff working with children and young people with mental health problems by working with professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.
27.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>

28	Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful.
28.1 Current	<p>General Practice and the primary care team play an important part in supporting families, children and young people to develop resilience and in identifying and referring problems early. GPs take a holistic approach to the whole family registered with them and are responsible for primary physical and mental health.</p> <p>The strong link between parental (particularly maternal) mental health and children's mental health is addressed with the multi-agency guidance for adult and children's services led by the two safeguarding boards. Maternal mental health during and following pregnancy a key component of the maternity services programme.</p> <p>The MAPLAG (Multi-Agency Pregnancy Liaison Group) in Calderdale have recently added maternal mental ill health as a pre-cursor to referral to the group for discussion to create equality with SWANS in Kirklees.</p>
Year 1	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.
Year 2	Consider links to the Edge of Care work including exploring funding sources for psychotherapy support.
Year 3	Implement any recommendations arising from the joint working.
Year 4	Implement any recommendations arising from the joint working.
Year 5	Implement any recommendations arising from the joint working.
29	Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.
29.1 Current	Calderdale's Youth Offending Team (YOT) work with a variety of sub groups that support cohorts of young people that are vulnerable and most excluded from society. Alongside these sub groups the YOT team are able to track young people that are missing from

	<p>School or Place of residence using 'The Net' service. Gang culture is not prevalent in Calderdale in comparison to neighbouring localities however the YOT team constantly review and evaluate this issue and communicate with other local authorities and local police teams to ensure young people profiles are kept up to date.</p> <p>Supplementing the work the specialist teams offer is the work carried out by the Vulnerable Young People Panel (VYPP). The VYPP works across directorates and considers all Children and young people at risk/vulnerable. In addition the Child Sexual Exploitation (CSE) Social Workers work with CSE police detectives to strengthen partnership working and support young people who are in contact with the youth justice systems.</p> <p>The local authority Housing & Environment Services and Children and Young People's Services have produced a Joint Housing and Children and Young People's Protocol for dealing with homeless 16 and 17 year olds and keeping them safe. This protocol aims to support 16-17 year olds in need of accommodation and assessed by the Housing Options Team and Children's Services under the Children Act and Homelessness legislation.</p> <p>Currently the YOT team do house specialist professionals however these are not exclusive Emotional Health and Wellbeing Practitioners and haven't undertaken specialists training in this area. The design of the Joint Youth Justice Protocol created by multi-agencies has suggested that this is an area the teams wish to improve upon. The YOT team aspire to work towards mirroring Wakefield local authority approach which places a specialist Emotional Health and Wellbeing Clinician/Practitioner at the Police cells to support and work with young people that are dealing with exclusion from society.</p> <p>Children looked after receive support from Health, Social, Community and Voluntary Sectors with Calderdale's Therapeutic Services providing systemic practice support to the locality pods.</p> <p>Staff in the Emergency Duty Team are Approved Mental Health Practitioner (AMHP) trained and there has been recent agreement to train two social workers from the Children's Assessment Team as AMHP. They are about to start their training soon and should be available as a resource for children within the next 18 months.</p>
Year 1	<ol style="list-style-type: none"> 1. Provide specialist training for existing health staff embedded in specialist teams. 2. Support appropriate agencies/services to bid for any available funding to support this type of initiative.

	<ol style="list-style-type: none"> 3. Continue the support to systemic practice training in the locality social work pods. 4. Build on existing quality practice eg Health professional in YOT.
Year 2	<ol style="list-style-type: none"> 1. Provide additional funding to trial embedding mental health practitioners in teams part time in one or two specialist teams and analyse impact on outcomes. Ensure that any such professionals are able to strengthen the expertise available to the early intervention agenda coordinated through the Early Intervention Panels. 2. Continue to build capacity through the third sector through commissions. 3. Explore if this work could link into Care Closer to Home and support be provided for these groups in localities rather than specific teams. 4. Consider embedding in future specifications emotional health and wellbeing workers are allocated to specialist teams on a one day a week or similar approach. 5. Further strengthen Calderdale Therapeutic Services preventative function through enhanced support to the social work pods.
Year 3	<ol style="list-style-type: none"> 1. Consider the outcomes of the trial and make decisions regarding future arrangements and funding. 2. Continue to up skill existing staff within teams. 3. Support from the Vanguard work for children with complex needs.
Year 4	Implement decisions made in year 3 and monitor results
Year 5	Implement decisions made in year 3 and monitor results

Theme 4. Accountability and Transparency. Reference: Future in Mind Chapter 7.

30	Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.
30.1 Current	<p>Calderdale has developed the Joint Strategic Needs Assessment (JSNA) and its use within Calderdale in terms of identifying need across the population including specific groups such as children and young people is well embedded. Currently the JSNA has a specific section referring to mental health issues across the population. There is also a section specifically focussing on vulnerable children and young people. Vulnerable young people are those "who experience multiple and complex problems" (JSNA) and clearly young people with emotional and mental health issues are included. In particular there is also specific reference in the JSNA to those vulnerable groups of young people who are also Children Looked After (CLA), Young Offenders, young carers and those children and young people with disabilities. It is recognised that there is overlap between vulnerable groups and many of these children and young people often also experience emotional health problems.</p> <p>In addition to the JSNA in Calderdale an electronic health needs assessment (eHNA) is very well embedded. The eHNA is used with school pupils in primary and secondary schools across Calderdale. The pupils complete the survey which includes questions around emotional health and wellbeing and the analysis is provided to schools to be able to identify and address specific concerns for their school as well as a Calderdale wide return with the focus of an annual event including schools, education and partners across the LA area. This significantly strengthens the identification of need and involves children and young people in this exercise. It is very well embedded across our schools in Calderdale and has been extended to post 16. From this survey together with the JSNA we have a good understanding of need across our children and young people population. This supports our planning and composing of services together with the identification and allocation of budgets.</p>



	The CCG and Local Authority are working collaboratively to jointly commission services for example the LA are currently the lead commissioners for Tier 2 and the CCG for Tier 3, however we jointly monitor both contracts and work very closely to drive up service improvements. We have a Strategic Commissioning Group (SCG) which includes members from the CCG, Local Authority (Children and Young People's Services) and Public Health to ensure collaborative working and joint commissioning.
Year 1	<ol style="list-style-type: none"> 1. Strengthen the focus in the JSNA around children and young people with mental health issues to ensure clear themes and issues are identified, linked to the LTP. 2. Continue the eHNA and focus particularly on vulnerable groups with emotional health needs. 3. The development of the LTP for Calderdale is being undertaken very much on a multi agency basis, involving all stakeholders, especially children and young people, their families and carers. 4. The lead commissioner is CYPS in the LA on behalf of the CCG and the HWBB, but a multi agency task group has already been established and will continue to operate to develop, undertake the actions and monitor and report the LTP progress. 5. Develop an approach to align budgets more closely. 6. Ensure commissioning of services for children and young people are also aligned to Better Care Fund (BCF) and the vanguard approach across Calderdale.
Year 2	<ol style="list-style-type: none"> 1. The development of the LTP for Calderdale is being undertaken very much on a multi agency basis, involving all stakeholders, especially children and young people, their families and carers. 2. The lead commissioner is CYPS in the LA on behalf of the CCG and the HWBB, but a multi agency task group has already been established and will continue to operate to develop, undertake the actions and monitor and report the LTP progress. 3. Develop an approach to align budgets more closely. 4. Ensure commissioning of services for children and young people are also aligned to the Better Care Fund (BCF) and the vanguard approach across Calderdale. 5. Explore pooling of budgets across all elements of emotional health and wellbeing. 6. Review the JSNA and eHNA.
Year 3	<ol style="list-style-type: none"> 1. The development of the LTP for Calderdale is being undertaken very much on a multi agency basis, involving all stakeholders, especially children and young people, their families and carers. 2. The lead commissioner is CYPS in the LA on behalf of the CCG and the HWBB, but a multi agency task group has already been

	<p>established and will continue to operate to develop, undertake the actions and monitor and report the LTP progress.</p> <ol style="list-style-type: none"> 3. Develop an approach to align budgets more closely. 4. Ensure commissioning of services for children and young people are also aligned to BCF and the vanguard approach across Calderdale. 5. Explore pooling of budgets across all elements of emotional health and wellbeing. 6. Review the JSNA and eHNA.
Year 4	Review the JSNA and eHNA.
Year 5	Review the JSNA and eHNA.
31	Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.
31.1 Current	<p>Calderdale has a strong HWBB in place with the appropriate representation across partnerships. The board meets regularly and focuses on the needs of children and young people as part of its strategy. The board is well informed by the JSNA and also in Calderdale takes account of the eHNA which is a very strong additional survey used with children and young people across our schools and the analysis is used extensively in the planning and commissioning of services (see q30 above as well). The eHNA proves added value in enabling commissioners in the LA CYPS directorate and with CCG and PH to identify and address the needs of young people.</p> <p>The HWBB on Calderdale has continued to relieve reports on the local current provision of services for children and young people in relation to CAMHS and has raised concerns and scrutinised the current provision.</p> <p>The HWBB in Calderdale has fully embraced the future in mind research and resulting report, has considered and supported the proposals from the task group and received updates. The Board has signed off the approaches to the LTP and will continue to monitor and scrutinise the progress of the LTP over the five year plan.</p> <p>The 'Calderdale Family Strategy' (that is reference in the HWB strategy) - talks about developing resilience. Direct quote: "Our Early</p>

	Intervention Family Support Strategy refers to a way of working that means providing interventions early to support and build resilience amongst children, young people and their families - particularly those that may be vulnerable. In doing this, we aim to promote good outcomes and prevent the unnecessary development of complex needs in the future."
Year 1	<ol style="list-style-type: none"> 1. Continue with the eHNA. 2. Strengthen the JSNA the 2016 is currently being drafted and there is a specific section on CYP emotional health and wellbeing. Will also ensure parity of esteem is picked up in other areas e.g. SEND, LAC, Maternal health and wellbeing. Children and young people's emotional health needs and including specific vulnerable groups with multiple and Complex needs. 3. Further develop the KPIs to monitor emotional health and wellbeing and develop the scorecard approach to report progress, reporting to HWBB. 4. Regular reports will be received by the HWBB to monitor and scrutinise the progress towards achieving the LTP five year plan.
Year 2	<ol style="list-style-type: none"> 1. Continue with the eHNA. 2. Strengthen the JSNA, the 2016 is currently being drafted and there is a specific section on CYP emotional health and wellbeing. Will also ensure parity of esteem is picked up in other areas e.g. SEND, LAC, Maternal health and wellbeing. Children and young people's emotional health needs and including specific vulnerable groups with multiple and Complex needs. 3. Further develop the KPIs to monitor emotional health and wellbeing and develop the scorecard approach to report progress, reporting to HWBB. 4. Regular reports will be received by the HWBB to monitor and scrutinise the progress towards achieving the LTP five year plan.
Year 3	<ol style="list-style-type: none"> 1. Continue with the eHNA. 2. Strengthen the JSNA around Children and young people's emotional health needs and including specific vulnerable groups with multiple and Complex needs. 3. Further develop the KPIs to monitor emotional health and wellbeing and develop the scorecard approach to report progress, reporting to HWBB. 4. Regular reports will be received by the HWBB to monitor and scrutinise the progress towards achieving the LTP five year plan.
Year 4	<ol style="list-style-type: none"> 1. Continue with the eHNA. 2. Strengthen the JSNA. Children and young people's emotional health needs and including specific vulnerable groups with multiple

	<p>and Complex needs.</p> <p>3. Further develop the KPIs to monitor emotional health and wellbeing and develop the scorecard approach to report progress, reporting to HWBB</p> <p>4. Regular reports will be received by the HWBB to monitor and scrutinise the progress towards achieving the LTP five year plan.</p>
Year 5	<p>1. Continue with the eHNA.</p> <p>2. Strengthen the JSNA. Children and young people's emotional health needs and including specific vulnerable groups with multiple and Complex needs.</p> <p>3. Further develop the KPIs to monitor emotional health and wellbeing and develop the scorecard approach to report progress, reporting to HWBB</p> <p>4. Regular reports will be received by the HWBB to monitor and scrutinise the progress towards achieving the LTP five year plan.</p>
32	By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.
32.1 Current	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.
33	Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions.
33.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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</p>

	<p>the implementation 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>
34	By Ofsted and CQC working together to consider how to monitor the implementation of the proposals from this report for the future.
34.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>
35	The Department of Health fulfilling its commitment to complete a prevalence survey for children and young people's mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.
35.1	National guidelines and recommendations once published will be referred to and followed.

	<p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>The recent Future in Mind document highlights the previous prevalence survey was completed in 2004. Calderdale's CAMHS Minimum Dataset identifies these figures have increased significantly since 2004 with a high increase in children and young people requiring and accessing Emotional Health and Wellbeing services in Calderdale.</p>
36	Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.
36.1 Current	<p>Calderdale CMBC and CCG hold quarterly Tier 2 contract meetings with the Tier 2 provider. The meeting is chaired by Calderdale CMBC Children and Young People's Manager (as the lead commissioner for Tier 2 services). Quarterly monitoring reports are shared with all representatives of this group and are reviewed and discussed to provide organisations with assurance that the local measurements are being met. The NHS CCG Service Improvement Manager, Clinical Lead for Mental Health and CAMHS Commissioning Manager attend regular meetings with Tier 2 and Tier 3 providers individually and collectively. These meetings provide opportunities for all parties to review pathways and processes along with identifying agreed plans for future partnership working.</p> <p>A Calderdale and Kirklees Tier 3 contract meeting is held with the Tier 3 provider on a monthly basis. This meeting is chaired by Greater Huddersfield CCG Contract Manager (as the lead commissioner for Tier 3 services on behalf of Calderdale and Kirklees) and is represented by both Calderdale and Kirklees CCG key representatives, Council representatives and the Provider</p>

	representatives. Monthly monitoring reports and quality assurances are requested and reviewed. There have been some difficulties with the collection of Tier 3 data and commissioners are in the early stage of receiving data that they are confident and assured is accurate.
Year 1	<ol style="list-style-type: none"> 1. Commissioners must ensure that all contracts include requirements for data collection (which is rigorously validated) and monitoring. 2. Develop and implement a data reporting framework which includes reference to the Access and Waiting times standards. 3. Continue to work with current providers to enhance and quality assure the data collected. 4. Continue to work regionally and with NHS England Specialist Commissioner Network to develop a suite of KPIs that can be benchmarked at least cross boundary/regionally. 5. Further develop QA of services - very small pilot is being undertaken in Calderdale based on quality assuring a small sample of cases which have been referred. This QA audit has been developed by the LA CYPS team with full engagement and agreement with the CCG commissioners and the current providers. Further evaluation from the audit will help inform further QA development in future years.
Year 2	<ol style="list-style-type: none"> 1. All contracts must have embedded in them the requirement to monitor outcomes and to collect validated data on access, referrals, waiting times and children and young people's experience of the service. 2. CAMHS Minimum Data Set to be in place for the start of year 2 (2016). 3. Feed in to quality assurance and performance management the ongoing feedback from children and young people accessing services. 4. As part of the IAPT development a specific IAPT dataset to be developed and implemented.
Year 3	<ol style="list-style-type: none"> 1. Embed the data collection and reporting. 2. Strengthen the qualitative monitoring and reporting to HWB. 3. Feed in to quality assurance and performance management the ongoing feedback from children and young people accessing services. 4. Continue to enhance and capture the IAPT data reporting.
Year 4	<ol style="list-style-type: none"> 1. Embed the data collection and reporting. 2. Strengthen the qualitative monitoring and reporting to HWB. 3. Feed in to quality assurance and performance management the ongoing feedback from children and young people accessing

	services.
Year 5	<ol style="list-style-type: none"> 1. Embed the data collection and reporting. 2. Strengthen the qualitative monitoring and reporting to HWB. 3. Feed in to quality assurance and performance management the ongoing feedback from children and young people accessing services.
37	Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step.
37.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>
38	Making the investment of those who commission children and young people's mental health services fully transparent.
38.1 Current	Commissioning of services is currently fragmented, with funding streams sitting within different budgets and organisations. The lines of accountability for these budgets is also in different organisations and whilst there is strong collaboration across the partnerships in Calderdale and already joint commissioning of some services. Please refer to the investment workforce spreadsheet for further details. This could clearly be further improved to enable clear whole system information particularly in relation to access to services,

	<p>waiting times etc, with funding streams and clear alignment with outcomes for children and young people. Currently there is an accountability and governance framework for EHW which has been jointly developed between the LA CYPS and CCG, see page 11 of the plan. This needs to be strengthened, extended and adopted across all organisations involved to aid transparency and accountability.</p> <p>Currently accurate information related to current levels of spend on children's mental health across organisations is a gap. Through the task group in Calderdale and with the support of NHS England there is an intention to understand and map the mental health funding for children and young people across health, education, children's social care, youth justice and the third sector.</p>
Year 1	<ol style="list-style-type: none"> 1. Publish the transformational plan in young people/parent friendly language including details of expenditure. 2. In Calderdale a task group has already been established Chaired by the LA as Lead Commissioner with membership including key partners who commission and deliver services. This to be developed further to become a local lead accountable body. 3. Reports from the task group will be taken to existing accountable bodies such as the HWBB – please refer to the diagram on page 11 of the plan. 4. Through the LTP and the Calderdale EHW task group review all commissioning of EHW services and enhance the mapping of services, investment and the organisations, building on the Investment and Workforce Development toolkit used for the LTP, attached as an appendix. 5. Further develop the Accountability Governance Flowchart and related Terms of Reference and extend to include other partner organisations involved in the commissioning of services. 6. Ensure accountability includes the decision making processes for EHW. 7. Repeat the September 2015 Discovery Day to consult and capture some of the key information.
Year 2	<ol style="list-style-type: none"> 1. Review services commissioned and develop a local offer which children, young people and their families and professionals can access. This would include details of expenditure. 2. Develop website where this information can be hosted and shared. 3. Continue to involve key stakeholders, especially children, young people and their families to inform needs and planning of services.
Year 3	<ol style="list-style-type: none"> 1. Explore opportunities to develop approaches to personal budgets for children, young people and their families. 2. Consult with children and young people, families and professionals – include this as a theme in 2017/18 Discovery Day.
Year 4	Review, monitor and report the progress made in identifying the funding streams and the progress towards single identifiable budget.
Year 5	Review, monitor and report the progress made in identifying the funding streams and the progress towards single identifiable budget.

39	Committing to a prevalence survey being repeated every five years.
39.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>

Theme 5. Developing the workforce. Reference: Future in Mind Chapter 8.

40	Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments.
40.1 Current	<p>Staff within the CAT team are accessing training along with staff within the CTS team.</p> <p>YOT case managers attend training to understand and respond to mental health concerns of staff they supervise. YOT case managers also attend a surgery held at the YOT with Dr Helen Walsh and the YOT nurse to seek guidance on the best way to respond to concerns. One member of staff trained in NLP is also offering bespoke interventions for young people not able or ready to</p>



	engage with CAMHS. Courses are available for health and social care staff and our wider workforce to attend.
Year 1	<ol style="list-style-type: none"> 1. Develop a clear understanding of the training offer available for health and social care staff along with our wider workforce – consider having a central record. 2. Identify any gaps in the current offer.
Year 2	<ol style="list-style-type: none"> 1. Explore having a joint training and development plan for emotional health and wellbeing accessible to both health and social care staff 2. Ensure professional are trained to: <ul style="list-style-type: none"> • Recognise the value and impact of mental health in children and young people including the relevance to their particular professional responsibilities and building resilience. • Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing. • Identify mental health problems early • Offer appropriate support to those with mental health problems and their families and carers. • How to effectively refer to more targeted and specialist approach. • Use feedback gathered meaningfully on a regular basis from children and young people to guide treatment interventions. 3. Link with national development and offers.
Year 3	Refresh the plan and ensure appropriate level of take up.
Year 4	Refresh the plan and ensure appropriate level of take up.
Year 5	Refresh the plan and ensure appropriate level of take up.
41	Implementing the recommendations of the Carter Review of Initial teacher training (ITT) to commission a sector body to produce a framework of core content for ITT which would include child and adolescent development.
41.1	National guidelines and recommendations once published will be referred to and followed.

	<p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>Explore piloting a programme on Child and Adolescent Development with SCITT/School Direct teacher training clusters.</p>
42	By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.
42.1 Current	<p>Nationally there is wide variation in the commissioning knowledge ability around mental health commissioning.</p> <p>In Calderdale we are committed to identify development programmes that provide programmes that commissioners of mental health would benefit from.</p> <p>As part of the acceleration of CAMHS locally and nationally, Calderdale would be keen to ensure relevant staff are provided with the opportunity to undertaken such programme development in order for them to improve outcomes for children and young people</p>
Year 1	Identify and commit relevant staff to attend training and development programme in year 1
Year 2	Commitment from all partners for staff to attend training and development programme in years 2 and beyond.
43	Extending the CYP IAPT curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes.

43.1 Current	<p>After careful consideration and discussion between relevant commissioners and providers in Calderdale and NHS England it was agreed the right approach for Calderdale was for our Tier 2 and Tier 3 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 providers 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.</p> <p>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. This will guarantee front line workers are adopting the IAPT principles, benefiting the children and young people of Calderdale.</p>
Year 1	<ol style="list-style-type: none"> 1. We have agreed with our Tier 2 and Tier 3 providers that they will fully participate with the IAPT Programme in 2016/17. 2. Implement the IAPT programme.
Year 2	<ol style="list-style-type: none"> 1. Continue to implement the IAPT programme following national guidance. 2. Build in relevant monitoring and evaluation systems.
44	Building on the success of the CYP IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.
44.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p>

	In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.
45	Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.
45.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p> <p>It is proposed in the future in mind document that the Department of Health and Department of Education should work together with HEE, the Chief Social worker and others to design and commission a census and needs assessment of the current workforce working across the NHS, Local authorities, voluntary sectors and independent sector as the first stage in determining a comprehensive cross-sector workforce and training strategy which we would welcome.</p> <p>However, if this isn't forthcoming the following action will be put in place locally, working closely with the CSCB, as the development of the workforce has been identified as a key priority.</p>

	In Calderdale it has been agreed to extend training provision to include parents and carers.
Year 1	<ol style="list-style-type: none"> 1. Map out the existing training offer for all partners. 2. Analyse evaluations of the current training offers. 3. Carry out a skill and capability audit to review competencies and capabilities of current workforce. 4. Ensure age and gender issues are addressed. 5. Consult with all stakeholders to develop a workforce and partner development plan. <p>Link in with any regional and national initiatives and opportunities.</p>
Year 2	Implement and monitor the local training plan.
Year 3	Implement and monitor the local training plan.
Year 4	Refresh and review plan amend as appropriate.
Year 5	Implement updated plan.
Theme 6. Making Change Happen. Reference: Future in Mind Chapter 9.	
46	Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.
46.1 Current	Calderdale is committed to developing a local transformation plan (LTP) to be implemented 2015 onwards, which will deliver a local offer in line with the national ambition. A wide range of stakeholders have been involved in the development of our plan including children, young people, parents and carers, schools, GPs, Police, health professionals, voluntary sector and colleagues from CCG, CYPS and wider local authority partners and public health.
47	Establishing clear national governance to oversee the transformation of children's mental health and wellbeing provision country-wide over the next five years.

47.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>
48	Enabling more areas to accelerate service transformation
48.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>

49	The development of an improved evidence base, on the safety and efficacy of different interventions and service approaches, supported by a world class research programme.
49.1	<p>National guidelines and recommendations once published will be referred to and followed.</p> <p>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 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.</p> <p>In preparation for future national developments amendments to specifications, future specifications and any grant funding agreements will refer to those refer to in the 'Future in Mind' document as appropriate in order to ensure Calderdale can implement any recommendations swiftly.</p>