

# Future in mind

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

**East Riding of Yorkshire Transformation Plan  
Refresh 2018-2020**



Version	3
Last Updated	31 October 2018

## Contents

<b>Executive Summary</b>	<b>4</b>
<b>1. Vision and ambition – looking forward</b>	<b>6</b>
<b>2. Progress on priorities and next steps</b>	<b>9</b>
<b>3. Activity and waiting times</b>	<b>63</b>
<b>4. Collaborative commissioning</b>	<b>72</b>
<b>5. Governance</b>	<b>73</b>
<b>6. Trajectories</b>	<b>76</b>
<b>7. Key performance indicators</b>	<b>76</b>
<b>8. Local needs assessment – separate document</b>	
<b>9. Finance – separate document</b>	
<b>10. Consultation and engagement – separate document</b>	

## Executive Summary

It is now the third year since the original East Riding of Yorkshire Transformation Plan was published, setting out eleven priorities for development and investment to improve the emotional and mental health of our children and young people.

The 2018 update of the plan summarises progress to date and outlines our ambitions for the next three years, including investment. It also highlights changes to underlying mental health and wellbeing need, demand for services and local response to these.

During 2017-2018 early intervention has again been forefront in our development. The introduction of the innovative SMASH programme in 2016 – 2017 has gone from strength to strength working with small groups of young people in eight secondary schools and two primary schools with individual and group outcomes continuing to be very positive, with the majority of schools reporting significant improvements in attitude, attendance and attainment. A sub-contract with MIND has been commissioned again which enables many children and young people with mild to moderate mental health needs to access counselling and cognitive behaviour therapy quickly. Also the Prevention and Education team have been providing support to many under 18s in a school setting. Training has also been accessed by many teachers and others working with children and young people to enable an early response to those in need.

Other important developments have been the establishment of the East Riding and Hull specialist eating disorders service in January and the launch of the Single Point of Access between CAMHS and East Riding Local Authority Early Help and Safeguarding Hub in September 2017 for referrals for early years and primary aged children. The extension of the specialist perinatal mental health service has also continued to develop and expand, leading to the introduction of outreach clinics to enable easier access.

As in previous years, demand for CAMHS intervention has continued to increase, with a corresponding increase in the proportion of urgent or complex referrals. There has been a reduction in average waiting times; however we have not yet achieved our ambition for 95% of referral to treatment times to be 18 weeks or less. However, the combined early intervention efforts are having a clear impact as there has been a sustained reduction in those accepted for specialist treatment.


Full details of the progress and achievements of all eleven priorities which address the national themes set out in *Future in Mind* are set out in the following pages, along with action plans, challenges and key deliverables to 2020.

CAMHS waiting times and waiting list have reduced significantly and the ADHD and conduct disorder pathways are now almost completely compliant within the 18 week ambition.

The Council's new parenting strategy was approved by the Children's Trust Board In June 2017 and a part time parenting officer was appointed in August 2017 to oversee its implementation. This will further support the delivery of both priority 10 and priority 11.

All work-streams are in place and working to deliver the identified outcomes. Partners were working together through the multi-agency Future in Mind Programme Board. This Board has been transformed into a broader children's joint commissioning governance group (Children and Young People Health & Wellbeing Board) focusing on all children and young people's health services where there are significant areas of joint working with East Riding of Yorkshire Council. The intention is that this new group will have a more holistic and whole system view of the support that is offered to children and young people with both physical and learning disabilities as well as mental health and wellbeing needs

We have seen further reduction in both waiting times and the overall waiting lists in 2018 and this improvement has extended to the ADHD and conduct disorder pathways that were previously the main areas requiring attention. These areas are now fully 18 week compliant.

1	<b>Vision and ambition - Looking Forward</b>
	<b>Vision</b>
	<p>Our vision is that by 2020, by building resilience, promoting good emotional and mental health and wellbeing, prevention and early intervention, fewer children and young people will require specialist services. Those that do will have easy access to the right support from the right service at the right time in the most appropriate setting.</p> 
	<b>Ambition - Looking Forward</b>
	<p>We want children and young people in the East Riding of Yorkshire CCG (ERYCCG) area to have the best possible emotional health and well-being and to build social and emotional resilience. We also want to promote good parenting skills and to identify problems early and respond to them quickly.</p>
	<p>In order to achieve this we need services to be outcomes focused, simple and easy to access, based on the best evidence and built around the needs of children, young people and families rather than defined by organisational boundaries, which would align us with the aspiration of Future in Mind. In order to deliver this significant shift we intend to redesign the service around the principles of the iThrive model illustrated below. Humber NHS Foundation Trust is now in formal consultation with staff about this.</p>



Within the East Riding we also have the Local Authority Education Inclusion Service service and Prevention and Education Team which contribute towards the emotional health and wellbeing of children and young people.



	<p>The supporting principles of this way of working are:</p> <ul style="list-style-type: none"> <li>• Creating a whole system approach to improvement which focuses on needs and preferences and is co-created with children, young people and families, clinicians, practitioners and the voluntary and community sector</li> <li>• Focusing on early intervention through a range of targeted and universal parenting programmes, effective outreach to schools, primary care and vulnerable groups</li> <li>• Ensuring that shared decision making is core</li> <li>• Focusing on community assets and self-care</li> <li>• Supporting measurable better integration across health, public health, social care, education</li> <li>• Being digitally enabled</li> </ul>
	<p>Over the next two years we aim to focus more on working with our children and young people and their families to create a truly co-produced system of support for mental health and well-being, from prevention through early intervention to the most intensive specialist support.</p> <p>Following our work with NHS England to improve access to inpatient beds in the region, focussing on both the number of beds and proximity of services to East Riding of Yorkshire CCG area. NHS England has confirmed funding to develop a 13 bedded general adolescent unit in Hull for the four Humber Clinical Commissioning Group (CCG) areas. Services are to be provided by Humber Teaching NHS Foundation Trust. The unit is expected to be operational early September 2019.</p>
	<p>Our priorities remain the same overall; however there are some more specific ambitions and objectives within each priority that are set out below in the table beginning on the next page.</p>
	<p>The table on the following pages sets out in detail the progress made in the last year, the actions that we plan to take to deliver our eleven priorities for development over the next two years through this Transformation Plan and, potential risks and mitigating actions.</p>



## 2 East Riding of Yorkshire Transformation Plan 2018 – 2019 priorities updates

### Priority 1

Development of a 24/7 crisis response and resolution service	
<p><b>Progress and achievements 2017 / 2018</b></p> <ul style="list-style-type: none"> <li>• Our 24/7 Crisis team continues to operate across East Riding of Yorkshire and Hull CCG areas with those referred able to be supported for up to seven days. The service key performance indicators require emergency crisis referrals to be seen within 4 hours.</li> <li>• All young people have a planned discharge from the crisis service. This is often to a community based health intervention team for longer term work.</li> <li>• To ensure the crisis service was meeting the needs of young people and families and is in line with proposed new Emergency and Urgent national standards, an internal review of the service was undertaken during October 2017 to January 2018. Recommendations from the review incorporated into the service implementation plan are as follows: <ul style="list-style-type: none"> <li>○ Continuing to provide a 24/7 service and introducing a new evening/twilight shift to focus resources at peak referral times (6pm-midnight).</li> <li>○ The CAMHS Crisis team to be co-located with the Adult Mental Health Response Service at the end of October 2018.</li> <li>○ Change in the skill-mix by introducing four new Assistant Practitioner roles.</li> </ul> </li> </ul>	<p><b>Impact and Outcomes</b> <i>(for more detail on performance see activity and waiting times section)</i></p> <ul style="list-style-type: none"> <li>• By having a dedicated CAMHS Crisis service a rapid response is able to be provided to those in crisis. This positively impacts on patient experience, access times and outcomes.</li> <li>• Evaluation of review of the Children and young People crisis service identified the following impact and outcomes. <ul style="list-style-type: none"> <li>• 337 children and young people from ERYCCG area were referred to the crisis team between April 2017 and March 2018.</li> <li>• Feedback gathered through Experience of Service Questionnaires (ESQs) and Friends and Family Test was very positive.</li> <li>• Co-locating the team will allow for efficiencies, promote closer working, share experiences, learning and support transition from CAMHS to adult services</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Team will consist of: <ul style="list-style-type: none"> <li>○ WTE Band 7 Clinical Team Leader</li> <li>○ 6.8 WTE Band 6 Specialist Nurses</li> <li>○ WTE Band 4 Assistant Practitioners</li> </ul> </li> <li>○ The team across Hull &amp; East Riding now operates an up to 72 hour response with an option to offer support up to 7 days following an agreed process which involves a wider CAMHS MDT discussion</li> <li>○ Explore the wider CAMHS intervention team's input into the Getting risk support quadrant of the Thrive Conceptual Framework model. This will ensure the system works together to support the growing cohort of young people who are struggling to engage in evidence based interventions and who frequently use risk to communicate their distress.</li> <li>● A 24/7 liaison mental health service is available for all ages at Hull and East Yorkshire NHS Hospitals Trust providing a rapid response to mental health needs for those attending A&amp;E or who have been admitted for whatever reason. Children and young people who require an emergency community follow up to help prevent further hospital admission are then referred to the crisis team.</li> <li>● Young people aged 16+ are able to access a similar service at York and Scarborough Hospitals.</li> </ul>	
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>● The service has identified that there are an increasing number of young people who do not engage with traditional CAMHS interventions but frequently present in crisis. These need to be explored further, using a whole system approach with social care and education to determine</li> </ul>	

<p>why and how to overcome this to ensure that the service fits them to encourage them to access support more appropriately and at an earlier stage.</p> <ul style="list-style-type: none"> <li>The service has been successful at keeping young people in their own homes and avoiding an in-patient admission. However, for a few cases when it is not possible, the process of bed finding can be challenging and remains unpredictable, time consuming and inconsistent.</li> </ul>		
<b>Action Plan – 2018 – 2019</b> <ul style="list-style-type: none"> <li>Once the new team structure and model is in place the service will review and plan for the pilot of the 24/7 direct line to CAMHS Crisis Team</li> <li>Evaluate why young people do not engage with traditional CAMHS interventions but frequently present in crisis</li> <li>To pilot all crisis calls going directly to the Crisis Team 24/7 instead of within 9-5 Monday to Friday hours being triaged through the Hull and East Riding Contact Points (single point of access services)</li> </ul>	<b>By whom?</b>  Humber Teaching NHS FT  Humber Teaching NHS FT  Humber Teaching NHS FTFT	<b>By when?</b>  January 2019  April 2019  Autumn 2019
<b>Workforce development – 2018/19</b> <ul style="list-style-type: none"> <li>Change in the skill-mix by introducing four new Assistant Practitioner roles.</li> <li>Team will consist of: <ul style="list-style-type: none"> <li>1.0 WTE Band 7 Clinical Team Leader</li> <li>6.8 WTE Band 6 Specialist Nurses</li> <li>3.0 WTE Band 4 Assistant Practitioners</li> </ul> </li> </ul>		
<b>Safe Space service February 2018 - October 2018</b>		
<b>Progress and achievements 2017 / 2018</b>	<b>Impact and Outcomes</b>  The evaluation of the young people's safe space has drawn	

<ul style="list-style-type: none"> <li>• Following receipt of capital funding from NHS England, a safe space for 14 to 18 year olds from Hull &amp; East Riding Yorkshire suffering severe emotional distress has been developed at St Andrew's Place, in St George's Road, Hull.</li> <li>• The safe space offers people experiencing crisis or distress access to a calm, safe, environment providing support/therapeutic interventions and where necessary, rapid access to a suitably qualified practitioner who can assess their needs.</li> </ul> <p>The safe space is a pilot which is due to end October 2018 and has:</p> <ul style="list-style-type: none"> <li>• Introduced effective alternative models of care that offer access to support before crisis point, at the right time, in the right place and by the right person</li> <li>• Prevented acute mental health inpatient admissions or re-admissions</li> <li>• Reduced reliance on other emergency services including Accident &amp; Emergency (A&amp;E), police and ambulance</li> <li>• Supported people to recover and stay well by making sure they are referred to appropriate services that will prevent future crisis</li> <li>• Improved overall user and family/supporter satisfaction and experience</li> <li>• The service has:</li> <li>• Been operational and fully staffed between the hours of 10pm and 10am, seven days a week.</li> <li>• Offered safe space for two young people</li> <li>• Accepted referrals to the safe space from the existing CAMHS 24 hour Crisis Service following triage. The crisis team provided an up to date risk assessment and a discharge plan agreed by the young person, their family safe space clinicians and the wider support system.</li> <li>• Offered a range of age appropriate activities that will be used to develop</li> </ul>	<p>the following conclusions:</p> <ul style="list-style-type: none"> <li>• The service was highly valued by the young people who have accessed it with excellent feedback provided through experience of service forms and individual testimony.</li> <li>• The space has been accessed on 23 occasions by 19 different young people.</li> <li>• The space was used more by females (70%)</li> <li>• During the first six months the space was used on 6 occasions by young people from the East Riding</li> <li>• In total 12 referrals to the space occurred within the first hour of opening- between 8-9pm, 2 referrals between 10-11pm, 1 between 11-12md and 8 after midnight</li> <li>• Referrals to the safe space occurred evenly across the week, Sunday representing the highest usage</li> <li>• On 12 occasions Young people were transported to the safe space by CAMHS Crisis Workers, 4 by the police, 5 by parents, 1 by ambulance and 1 young person made their own way there</li> <li>• All young people have been supported to leave the safe space by 10 am either in the care of their parents or via transport arranged by the Local Authority</li> <li>• The primary reason young people accessed the safe space was due to reacting to crisis in their social system by presenting with risks associated with a mental health presentation.</li> <li>• Increasing the options of support available to young people as part of a whole system coordinated approach to care will, in time, lead to a reduction in the numbers of young people presenting in crisis</li> <li>• For some young people who have accessed inpatient services on more than one occasion the safe space has been instrumental in reducing the frequency of admissions and has facilitated shorter admissions as the</li> </ul>
--	---

<p>resilience and will focus upon:</p> <ul style="list-style-type: none"> <li>○ emotional and psychological wellbeing,</li> <li>○ reduction of anxiety,</li> <li>○ Improving coping strategies and increasing a young person's perception of their own self-worth.</li> </ul> <ul style="list-style-type: none"> <li>• Included the offer of a bed for the night, allowing day services to develop more sustainable plan</li> <li>• Monitored NHS England inpatient data to determine the impact of the crisis service in reducing admittance</li> </ul>	<p>safe space has been used as part of the discharge plan of care</p> <p>Feedback from the young people who used the safe space when asked: <i>'Where would you have gone if the crisis pad was not available?'</i></p> <ul style="list-style-type: none"> <li>➤ "Somewhere not as safe"</li> <li>➤ "Nowhere! I would have ruminated over my thoughts and contemplated suicide"</li> <li>➤ "Walked around an area that I don't know"</li> <li>➤ "I might of self-harmed"</li> <li>➤ "Probably stayed at home and self-harmed"</li> </ul> <p>Other comments received:</p> <ul style="list-style-type: none"> <li>➤ "Staff are all fantastic"</li> <li>➤ "I was happy leaving the safe space, it really helped me"</li> </ul>
<p><b>Key deliverables regarding a 24/7 crisis response and resolution service including safe space</b></p> <p><u>2018 / 19</u></p> <ul style="list-style-type: none"> <li>• Continue to ensure there is appropriate intensive outreach to help bridge the gap for young people and families between crisis services and planned core interventions.</li> <li>• Explore why some young people only engage with services at the point of crisis and implement strategies to encourage and enable them to access and accept support and help at an earlier stage.</li> <li>• Improve awareness of the crisis service to reduce the numbers of young people attending A&amp;E where there is no medical need.</li> <li>• Work with the new inpatient unit being developed in the area to ensure seamless transfers of care through a fully integrated pathway. This</li> </ul>	

<p>could be by providing a valuable and local step up and down to facilitate early discharge and smooth transition through services.</p> <ul style="list-style-type: none"> <li>Support the development of a more open pathway to the safe space through: Meeting with the Hospital Mental Health Liaison Team to build a profile as to the young people who access A&amp;E in crisis, including identifying frequent attenders and understanding how using the safe space could divert young people from the acute trust at an earlier point, meeting with Emergency Duty Teams/EHASH/Local Authority to gain an understanding of the cohort of young people who present to services in crisis where the risk is not with their mental health but if left unsupported may escalate as such.</li> </ul> <p><u>2019 / 20</u></p> <ul style="list-style-type: none"> <li>Develop a multi-agency team / network that identifies, holds and works with the highest risk young people in the East Riding (E.g. Health, Social Care, Education, Voluntary, Youth Justice and Police)</li> <li>Reduce the number of young people attending A&amp;E where their need is for mental rather than physical health</li> <li>Deliver higher levels of user engagement in the review and development of crisis services, acknowledging that young people presenting in crisis are a difficult client group to engage in co-production activities</li> </ul>	
<p><b>Workforce development – 2019-20</b></p> <ul style="list-style-type: none"> <li>Develop a multi-agency team / network that identifies, holds and works with the highest risk young people in the East Riding (E.g. Health, Social Care, Education, Voluntary, Youth Justice and Police)</li> </ul>	
<p><b>Children and young people's, parent / carer and others' voices</b></p> <ul style="list-style-type: none"> <li>Through Experience of Service Questionnaire (ESQ) and Friends and Family Test following the last session.</li> </ul> <p><i>For additional information see below for priority 2 on gathering children and young people's, parent carer and other voices and the separate document on: Engagement, Consultation and Co-production</i></p>	<p><b>Source</b></p> <p>CAMHS Crisis team</p> <p><i>See below for priority 2</i></p>
<p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>The geography of the East Riding (930sq miles) can be challenging if referrals are received from different areas due to the time it can take to travel.</li> </ul>	<p><b>Mitigating factors</b></p> <ul style="list-style-type: none"> <li>Support via telephone until staff are able to attend. Advise parent / carers to call emergency services if required.</li> </ul>

## Priority 2

Continued improvement programme for access to and outcomes from specialist CAMHS	
<p><b>Progress and achievements 2017 / 2018</b></p> <ul style="list-style-type: none"> <li>• There is continued focus on measuring service quality to assure the effectiveness of the care packages delivered.</li> <li>• The waiting list for ADHD assessment has been reduced from 18 months to zero</li> <li>• Referrals transferred to Hull &amp; East Yorkshire MIND to ensure quicker access to appropriate care for mild to moderate anxiety and depression.</li> <li>• Assessment clinics have been set up in different parts of the East Riding of Yorkshire CCG area to reduce unnecessary home visits have been streamlined so that appointments are booked with the patient via contact point thus giving patients choice of appointments</li> <li>• The part time CAMHS participation worker continues to increase participation of service users in the development of the service has taken place including: <ul style="list-style-type: none"> <li>○ Young people, supported by the participation worker have been involved in interviewing for new staff in the CAMHS service.</li> <li>○ Ongoing work with the “feedback tree” in the waiting room for children and young people and their families to easily give their views on the service received.</li> <li>○ “Fidget toys / tangle toys” have been bought for the waiting room using a donation to the service in response to a suggestion by a Young person. Further additions are Lego that was requested. The service now has a ‘You said, we did’ board in the waiting</li> </ul> </li> </ul>	<p><b>Impact and Outcomes</b></p> <ul style="list-style-type: none"> <li>• Non-recurrent funding to increase capacity of the ADHD and conduct disorder pathways has seen a further reduction in both waiting times so that both are now almost fully 18 week compliant</li> <li>• Between April 2017 – March 2018 Hull &amp; East Yorkshire MIND received 423 referrals from East Riding CAMHS and the number of individuals who attended two or more treatment sessions between April 2017-March 2018 was 327 (77%)</li> <li>• Having assessment clinics set up in different parts of East Yorkshire has enabled many children, young people and their families to access them and reduced travelling for clinical staff.</li> </ul> <p><b>Feedback taken from the Feedback Tree (Rivendell House)– June 2018</b></p> <p>“Helped me learn to get out of bed in the morning. The staff are amazing!! The only reason I even wake up now”</p> <p>“I liked everything”</p> <p>“They really understand me. And they let me take my time”</p> <p>“I had excellent help”</p> <p>“Thank you very much for all that you have done for me so far”</p> <p><b>Feedback from family and friends – June 2018</b></p>



room so users can see that the service have responded to suggestions made.

- A “question of the week” in the waiting room enables children / young people and their families to give their views on particular issues regarding the service. Different ways of collecting this information is being tried to establish a way of getting a greater response from young people and families. Currently using counters and jars for this.

#### Early intervention in psychosis

An early intervention specialist service (PSYPHER) has long been established and now cares for those aged 14 – 65 who are experiencing new onset psychosis in the East Riding of Yorkshire and Hull with the emphasis on providing evidence based psychological input and support and the most appropriate medication.

- Access is through the adult mental health single point of access or CAMHS Contact Point.
- When a child or young person suspected of suffering from psychosis is referred to CAMHS, that service will undertake the assessment. For those aged 14+ for whom diagnosis is confirmed, they will then transfer to PSYPHER for specialist care, although they will continue to have a CAMHS consultant psychiatrist.
- Children and young people under the age of 14 with a diagnosis of psychosis will be cared for through the CAMHS service in the first place with liaison and advice and support from PSYPHER as required. If it is thought that they would benefit from transitioning to the specialist service early, this will be actioned as appropriate.

“Excellent service from the initial referral to completion, worked well with my child and given her strategies”

“My concerns are taken seriously and I received a lot of methods to stop my OCD”

“They listened to me and my needs; they respected me with all of the I would prefer with freedom, time and privacy”

“The CAMHS worker who works with my child is very helpful and has given some useful tips”

“My daughter has found the service very helpful and the therapy has definitely helped her cope with her anxieties better”

“I have received amazing treatment here. That has helped me a lot”

#### Early intervention in psychosis

- In the last 12 months 74 out of 79 (94%) of new referrals for children and adults commenced treatment within two weeks of referral, exceeding the national target of 50%.

<p><b>Transitions CQUIN:</b></p> <p>In the East Riding we have a transition CQUIN (Commissioning for Quality and Innovation) in place to improve joint working across service boundaries and promote best practice for all young people who are approaching transition. The CQUIN aims to ensure that every young person must have a transition or discharge plan in place by 17 years and 6 months. For young people who are referred to CAMHS less than 6 months from their 18th birthday planning should start on referral and a meeting should take place at least one month before transition/discharge</p> <ul style="list-style-type: none"> <li>• Clinicians from Adult Mental Health Services (AMHS) and Children and Young Peoples Mental Health Services (CYP) continue to meet to review progress and build working relationships</li> <li>• A workshop was held on the 16 July 2018 to review progress, identify learning opportunities and to review the Transitions Guidance</li> <li>• For some young people starting transition at 16 years may be more appropriate to align thinking and support the young person in preparing for adulthood. Work is ongoing between AMHS and CYPMHS regarding this small cohort of young people. The work has recognised training undertaken in AMHS and how this can be made available to CYPMHS clinicians.</li> <li>• With the work being undertaken around transitions 18 is becoming a less fixed point where young people make the shift from CAMHS to AMHS. There is much more flexibility to when and where the support will come from.</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledged difficulties in getting young people to complete the questionnaires</li> <li>• Positive experiences described by both services</li> <li>• Commencing the process at 17 years and 6 months supports AMHS in identifying capacity early to support</li> <li>• For those coming into CAMHS after their 17 years and 6 month birthday there is noticeably more evidence of joint working with more young people being supported by AMHS before their 18<sup>th</sup> birthday where it is in the best interests of the young person</li> <li>• A case note audit identified that the large majority of young people have a clear transition plan that has been co-produced with the young person. There are a small number of young people where the planning has started but not completed, we are currently collating the narrative to understand this, anecdotally this seems to be due to the specific needs of the young person these are likely to be young people who are transitioning out of the service</li> <li>• It has been identified that a mentalisation approach may be more useful and have arranged for CAMHS staff to receive mentalisation awareness training.</li> <li>• Quarterly case discussions to be held with senior clinicians from AMHS and CAMHS to develop and test different approaches to support this cohort and share elements of good practice to create a more seamless approach to transitions.</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Over the last 18 months there has been a slight downward turn in the number of referrals accepted into core CAMHS. Over the same period</li> </ul>	

referrals into contact point have been static. See chart in Section 3 – Activity and Waiting Times.		
<b>Action Plan – 2018 – 2019</b>	<b>By whom?</b>	<b>By when?</b>
• Treatment clinics to include CBT and group sessions	CAMHS	Sept 2019
• Review and update the CAMHS service specification	CCG	December 2018
• Develop and deliver a specific programme for young people presenting with high risk and/or individuals who display behaviour that challenges	CAMHS	Sept 2019
• Outcomes and experience reported and all relevant data uploaded to MHSDS for Hull & East Yorkshire MIND (service which offers a maximum of six weeks interventions for mild to moderate anxiety and depression)	CAMHS / MIND	November 2018
• CAMHS staff to receive mentalisation awareness training.	CAMHS	March 2019
• Quarterly case discussions to be held with senior clinicians from AMHS and CAMHS to develop and test different approaches	AMHS/CAMHS	Quarterly
• Implement CYP and adult autism strategy	CAMHS	2019 - 2024
• Continue the development of the engagement of service users and their parents / carers to ensure that their voice is heard in service development, interviews etc.	CAMHS participation worker	Ongoing
<b>Key deliverables</b> <u>2019 /20</u>		
• Continue to reduce waiting times for assessment and treatment to achieve our ambition that at least 95% of referrals enter treatment within 18 weeks while ensuring that all children and young people receive high quality care packages. Monitor average referral to treatment times.		

<ul style="list-style-type: none"> <li>Continue to develop the engagement of service users and their families.</li> </ul>		
<b>Workforce Development</b> <ul style="list-style-type: none"> <li>CAMHS staff to receive mentalisation awareness training.</li> </ul>		
<b>Children and young people's, parent / carer and others voices</b> <ul style="list-style-type: none"> <li>Feedback on the service and ideas for its development are now gathered in the refurbished waiting room at Rivendell House through:               <ul style="list-style-type: none"> <li>a "feedback tree",</li> <li>"You said / we did",</li> <li>"question of the week"</li> </ul> </li> <li>Young people involved in interviewing staff</li> <li>Parents group established</li> <li>Friends and Family questionnaires</li> </ul>		<b>Source</b> CAMHS       CAMHS CAMHS Humber Teaching NHS Foundation Trust
<b>Risks</b> <ul style="list-style-type: none"> <li>Unable to introduce additional treatment clinics due to unavailability of rooms in suitable venues.</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>Work with colleagues from other services and providers to identify suitable rooms.</li> </ul>	

### Priority 3

#### **Eating Disorder service compliant with NICE guidelines and Waiting Times and Access Standards.**

*Continued awareness raising and training programme to improve understanding and promote early identification and intervention*

##### **Progress and achievements 2017 / 2018**

- From being launched in March 2017 the specialist Community Children and Young People's Eating Disorders Service for East Riding of Yorkshire and Hull CCG populations has continued to develop excellent relationships with acute paediatrics at Hull and East Yorkshire Hospitals which have led to:
  - Consultant paediatrician making urgent appointments available for acute eating disorders referrals
  - Ward staff working to the agreed protocol in the inpatient care of those with eating disorders following admission for stabilisation and re-feeding.
  - The service continuing to work closely with paediatric colleagues and maintaining high standards of care with young people that require paediatric input for physical needs.
- In partnership with Hull and East Riding of Yorkshire CCGs, Hull and East Yorkshire NHS Hospitals Trust and the Local Medical Committee, the service is developing new whole system pathways to ensure that the physical health needs of these young people are appropriately monitored and managed. A whole system workshop has been held to review the roles of primary care, the specialist eating disorder service and acute paediatric services
- Require a Nurse or Health Care Assistant within the Eating Disorder Service to monitor physical health
- A clear pathway being established between the Eating Disorders team and Hull & East Yorkshire hospitals

##### **Impact and Outcomes**

There has been significant improvement in accuracy of reporting and delivery of access times over the past twelve months since the launch of the specialist community children and young people's eating disorder service as shown below:

An outcome from the whole system workshop held in June 2018 indicated the requirement for the team to look at how they can support colleagues in general practice including providing a summary of MARSIPAN guidelines

Feedback from service users:

"Staff are friendly and genuinely care about helping you"

"Made me understand why I was feeling and acting like I was. Made me feel good about myself"

"The staff are patient, understanding and very empathetic to our situation. Very knowledgeable and experienced about what patients are experiencing"

"The help and encouragement was inspiring and aspiring!"

"Very supportive, get the care you need"

<ul style="list-style-type: none"> <li>• A new clinical system has been introduced for assessments which has ensured a consistent timely approach to meeting the waiting time standard</li> <li>• Four members of staff will be completing the C&amp;YP IAPT training in November 2018 – (one member of staff CBT, one member of staff eating disorder systemic, two members of staff system self-harm)</li> <li>• Community Eating Disorders Service undertook an eight day national training course in November 2017</li> <li>• Community Eating Disorders Service is signed up to the Quality Network for Community Eating Disorder services for children and young people (<i>QNCC-ED</i>) and are awaiting their first review.</li> <li>• Parent group established</li> </ul>	<p>The national training has assisted the team to embed the family based approach into its work with families and ensures consistency across cases. It focussed the team on what they do well including the multi-disciplinary assessment process, our focus on systemic psychological intervention, and interagency working. The training also identified priority areas for development, including the need to formalise the relationship with paediatrics, reviewing the parent group that is already on offer, and find ways of increasing the focus on participation.</p> <p><b><u>2018/19</u></b></p> <ul style="list-style-type: none"> <li>• <b>Q1</b> <ul style="list-style-type: none"> <li>○ 5/6 routine referrals seen within four weeks</li> <li>○ 0/1 urgent referrals seen within one week</li> </ul> </li> <li>• <b>Q2</b> <ul style="list-style-type: none"> <li>○ 9/9 routine referrals seen within four weeks</li> <li>○ 2/2 urgent referrals seen within one week</li> </ul> </li> </ul> <p><b><u>2017/18</u></b></p> <ul style="list-style-type: none"> <li>• <b>Q1</b> <ul style="list-style-type: none"> <li>○ 5/6 routine referrals seen within four weeks</li> <li>○ 2/2 urgent referrals seen within one week</li> </ul> </li> <li>• <b>Q2</b> <ul style="list-style-type: none"> <li>○ 5/6 routine referrals seen within four weeks</li> <li>○ 2/2 urgent referrals seen within one week</li> </ul> </li> </ul>
--	--

<b>Challenges</b>		
<ul style="list-style-type: none"> <li>The access time targets remain challenging, particularly for urgent referrals which must be seen within one week. All urgent patients are offered appointments within a week of referral; however some patients and their families turn down appointments or do not attend, leading to their being seen outside this time. New appointments are offered; repeated non-attendance can lead to safeguarding referrals.</li> </ul>		
<b>Action Plan – 2018 – 2019</b>	<b>By whom?</b>	<b>By when?</b>
<ul style="list-style-type: none"> <li>Develop information to be provided to families on referral outlining the risks of delaying assessment and intervention for these potentially life-threatening conditions</li> </ul>	CAMHS/CCG/Public Health/SEED	April 2019
<ul style="list-style-type: none"> <li>Continue to develop the service to ensure that it is responsive to children and young people's needs.</li> </ul>	CAMHS	On-going
<ul style="list-style-type: none"> <li>Present information to all general practice at protected time for learning events to be held in November 2018 and January 2019</li> </ul>	CAMHS	Nov 2018 & Jan 2019
<ul style="list-style-type: none"> <li>Develop EMIS and Systmone referral form templates for general practice</li> </ul>	CAMHS/CCG	April 2019
<ul style="list-style-type: none"> <li>Work with stakeholders to ensure that robust systems are in place for the physical monitoring of all children and young people with an eating disorder.</li> </ul>	CAMHS / CCG	April 2019
<ul style="list-style-type: none"> <li>Develop a support group for young people with eating disorders as appropriate. This will include:               <ul style="list-style-type: none"> <li>Consultation with service users and their families regarding their views on a group</li> <li>Researching into other groups in other areas</li> <li>Developing and starting the group</li> </ul> </li> </ul>	CAMHS Participation Worker	Sept 2019
<ul style="list-style-type: none"> <li>Subject to resource being secured develop an all age service</li> </ul>	CCG	Dec 2019
<b>Workforce Development</b>		



<ul style="list-style-type: none"> <li>Four members of staff will be completing the C&amp;YP IAPT training in November 2018 in the following areas: cognitive behavioural therapy (CBT), eating disorder systemic, and self-harm.</li> </ul>		
<b>Key deliverables</b> <u>2019 / 20</u> <ul style="list-style-type: none"> <li>Continue to ensure that the service is robust and in line with the recommendations of the Eating Disorders access and waiting time standards and is responsive to the needs of service users and their families.</li> </ul> <u>2020 / 21</u> <ul style="list-style-type: none"> <li>Continue to ensure that the service is robust and in line with the recommendations of the Eating Disorders access and waiting time standards and is responsive to the needs of service users and their families.</li> </ul>		
<b>Children and young people's, parent / carer and others voices</b> <i>For additional information see above for priority 2 on gathering children and young people's, parent carer and other voices and the separate document on: Engagement, Consultation and Co-production.</i>		<b>Source</b> <i>See above for priority 2</i>
<b>Risks and issues</b> <ul style="list-style-type: none"> <li>Continued high proportion of urgent referrals</li> <li>No specialist service available for eating disorder patients to transition to at 18.</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>Encourage good awareness raising of the need for eating disorders to be identified and referred early including through Public Health's commissioning of the Youth Mental Health First Aid training etc</li> <li>Adult mental health strategy sets out ambitions to extend this to an all age community eating disorder service</li> </ul>	

## Priority 4

### Emotional Wellbeing in Schools

#### Social Mediation and Self-Help in Schools (SMASH)

The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools for young people aged 10-16 years who may be at risk of developing mental health problems. The aim of SMASH is to build self-esteem and resilience and provide young people with strategies to cope with every-day stresses, negative feelings and issues that young people may be faced with at school, home or online.



Co-produced recruitment process undertaken led by 10 young people who have completed the SMASH programme who designed and delivered the recruitment process resulted in a new practitioner being recruited. The new practitioner commenced at the Withernsea and South Holderness Technology College in September 2018.

#### Progress and achievements 2017 / 2018

- The Hull and East Riding programme has been nominated and shortlisted for national innovation in mental health at the national HSJ Awards to be held on the 21 November 2018 and won an award at the local Health Expo held on the 5 July 2018

#### Impact and Outcomes

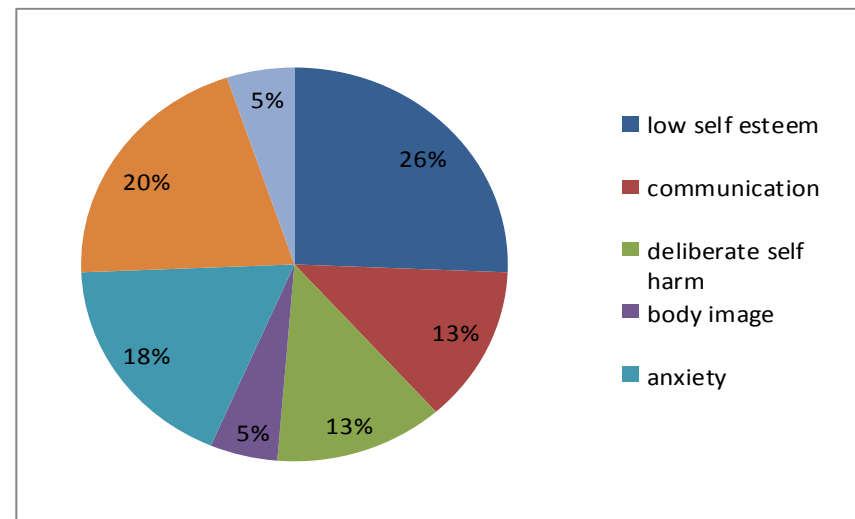
The data below summarises project outcomes and outputs from April 2018 to July 2018 across Beverley Grammar, South Hunsley, Hessle High, Cottingham High, Driffield High and Headlands Bridlington.

##### Referral data

In total 39 new referrals for the SMASH programme across the East Riding have been received during this programme. All of the 39 new referrals were accepted on this 12 week programme and in addition 43 young people were carried over from previous programmes due to requiring a more intensive piece of work to prevent their need from escalating and to enable sustainability with their emotional and mental health. All 39 new referrals came directly from the schools.

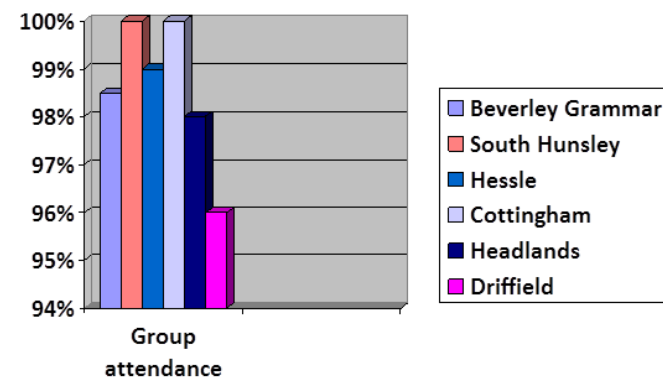
The chart below details April 2018 to July 2018 main reason for referral; however young people usually present with one or more needs:

- SMASH is being delivered in eight secondary schools and two primary schools.  
The referral pathway has been altered so all primary age school children go through EHASH and secondary age school children into contact point.
- Young people with Autism, support for pupils with selective mutism.



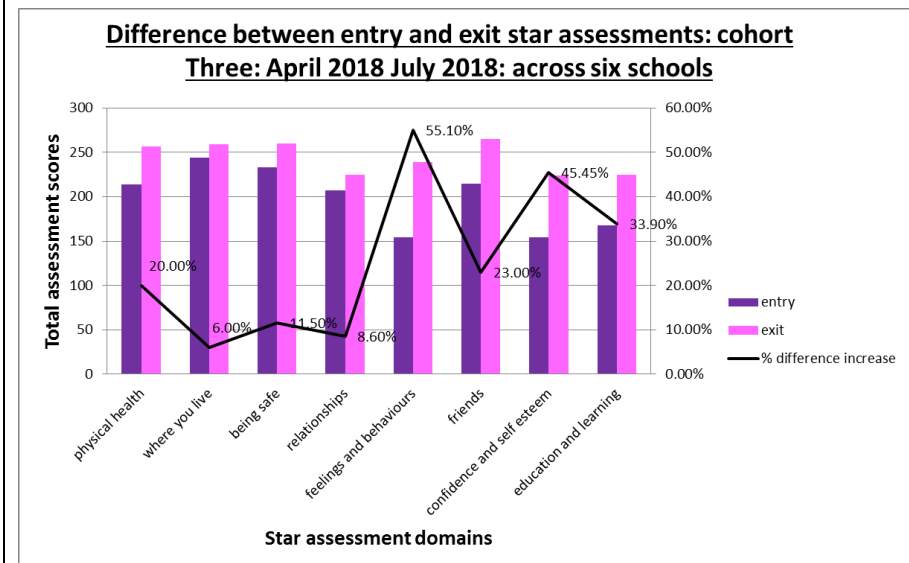
The chart below details average attendance for each of the 6 schools that we have successfully worked in partnership with:

Chart 1: attendance data across the 6 identified schools.



• The 'MY STAR' emotional resilience tool was used as the evaluation tool for the east riding from January to September 2018. All of the children and young people who participated in the SMASH programme, showed signs of significant improvement on some or all of the outcome star. The charts below details star data for 82 young people across all 6 of the secondary schools.

Chart 1: Is the star data average entry and exit data for this cohort.



The chart highlights the primary areas of significant improvement in;

- Feelings and behaviour
- Confidence and self-esteem
- Education and learning

The chart also highlights the secondary benefits of the programme in areas such as:

	<ul style="list-style-type: none"> <li>• Friends</li> <li>• Physical health</li> <li>• Being safe</li> </ul> <p><b>Benefits of programme to date</b></p> <ul style="list-style-type: none"> <li>• We continue to see improved outcomes across the programme for Children, Young People and their Families</li> <li>• Young people continuously give fantastic feedback about their value of experience and their self-reported development around their emotional and mental wellbeing and their increased confidence and self-esteem socially and educationally.</li> <li>• Attendance is excellent and group attendance during this programme has averaged between 96% and 100%.</li> <li>• The programme achieves outstanding results and significant increases can be seen around this programmes primary outcomes of confidence and self-esteem, feelings and behaviours, education and learning. The Secondary outcomes of this programme were friends, Physical health and being safe.</li> <li>• Young people and their families continue to be an integral part to developing the intervention to ensure the programme is fit for purpose to meet the current level of need. It is evident that families feel a part of the programme design and delivery as attendance is excellent at the celebration events.</li> <li>• We continue to see improved outcomes across the programme for Children, Young People and their Families.</li> <li>• Young people continuously give fantastic feedback about their value of experience and their self-reported development around their emotional and mental wellbeing and their increased</li> </ul>
--	--

<p><b>Wellbeing Workers in schools (Green Paper)</b></p> <ul style="list-style-type: none"> <li>• Following the publication of ‘Transforming child and young people’s mental health provision: a green paper’. Schools have been asked to identify a mental health lead who can oversee, rather than deal, with every mental health issue/query, similar to the role of a Special Educational Needs Co-ordinator (SENCO)</li> <li>• The Wellbeing Workers in Schools Project is piloting wellbeing workers in three schools through utilising existing PET Practitioners, and clinical supervision from CAMHS. The pilot is due to commence in January 2019 in three secondary schools in the East Riding</li> </ul>	<p>confidence and self-esteem socially and educationally.</p> <p>“SMASH helped me with my confidence. It was a good break from the week. I am scared to feel how I would be if I never went to SMASH”</p> <p>“SMASH is a place where you can share your thoughts and feelings about things. It teaches you how to stay calm. An excellent program”</p> <p>“(name) has absolutely loved SMASH, he always seems so happy. I had no idea he would stand up and talk. Very proud”</p> <p>“I just wanted to thank you and your team for all the help with the smash program and involving us, (name) has loved it and gained so much more confidence”</p> <p>“I loved it and thought you were excellent. The whole thing is brilliant, the way you and our staff member work together to deliver the programme is excellent”.</p>
--	--

<ul style="list-style-type: none"> <li>Schools and parents and carers have been consulted with via a survey to scope out what is already available in terms of support</li> </ul> <p><b>Trailblazer funding</b></p> <ul style="list-style-type: none"> <li>In our joint expression of interest with Hull CCG for trailblazer funding to pilot initiatives to reach an average waiting time of 4 weeks, the East Riding of Yorkshire CCG CAMHS waiting time at the end of August 2018 was reported as 11.1 weeks, with 85 children and young people waiting more than 4 weeks, compared to 19.9 weeks and 364 waiting over 4 weeks in Hull. Modelling work identified that to bring this down to an average of 4 weeks would require 2.5 whole time equivalent additional staff for a twelve month period.</li> <li>A second expression of interest was submitted with the one outlined above, for two teams of emotional wellbeing workers in schools for a two year period, to test the proposals outlined in the recent Green Paper. The outcome of these bids is expected in October.</li> </ul> <p><b>East Riding of Yorkshire Council Education Inclusion Service (EIS)</b></p> <ul style="list-style-type: none"> <li>Inclusion Practitioners (IPS) delivered six seminars on: 'Introduction to autism spectrum conditions (ASC), Managing Anger and autism spectrum conditions and sensory issues and ASC at various locations to a total of 107 people (mixture of practitioners and parents).</li> <li>Emotional coaching training has been developed and delivered to primary and secondary school staff by Educational Psychologists (Eps)</li> </ul>	<ul style="list-style-type: none"> <li>Staff skills and knowledge has increased which has led to them feeling more confident and competent in identifying and supporting children's emotional well being</li> </ul>
--	---



<ul style="list-style-type: none"> <li>• EIS contributes to the wider workforce in the East Riding local authority who work with children and young people e.g social services</li> <li>• EIS works with a range of education settings to support children and young people with social emotional and mental health needs as part of the SEND reforms</li> <li>• EIS provides a range of training to education settings, parents/carers, local authority and local area workforce. This includes: Mindfulness, nurture training, motivational interviewing, bereavement training, anxiety, mental health first aid, emotional coaching</li> <li>• EIS provides the Emotional Literacy Support Assistant (ELSA) training for teaching assistants and provides ongoing supervision and support needed in order for staff to maintain their ELSA status in schools</li> <li>• Video Interaction Guidance is being introduced to schools this year</li> <li>• Advisory Teachers (ATs) delivery training and ongoing support for pupils with challenging behaviour. A key part of this is to help schools develop whole-school nurturing approaches and nurture groups (which aligns to the Nurture Group Network)</li> <li>• EIS is supporting the authority's development of enhanced provision for children and young people with special education needs on account of significant social emotional and mental health needs.</li> </ul>	
--	--

<ul style="list-style-type: none"> <li>• ELSA provided training across the East Riding schools and to provide supervision to schools staff</li> </ul>		
<b>Challenges</b> <ul style="list-style-type: none"> <li>• Training requires input from a significant number of professionals from different agencies to ensure maximum effectiveness: this requires a considerable commitment which on occasion may be difficult to sustain.</li> </ul>		
Action Plan – 2018 – 2019	By whom?	By when?
<p>The Emotional Wellbeing Board will continue to meet with a focus on:</p> <ul style="list-style-type: none"> <li>○ Spreading the learning through offering other training opportunities</li> <li>○ Encouraging and enabling schools to support children and young people with low level emotional and mental health distress and to know when, how and who to refer on to if required.</li> <li>○ The Education Inclusion Service to continue to contribute to training the wider workforce in the East Riding local authority who work with children and young people</li> <li>○ The Education Inclusion Service to continue working with education settings to support children with social emotional and mental health needs as part of embedding the SEND reforms</li> <li>○ The Education Inclusion Service to continue delivering training to education settings/parents/carers</li> <li>○ ELSA provided training across the East Riding schools and to provide supervision to school staff.</li> <li>○ Video Interaction Guidance to be developed as an approach to support the emotional wellbeing of children and young people</li> </ul>	<p>Multi-agency steering group</p>     <p>EIS</p>  <p>EIS</p>  <p>EIS</p>	<p>Quarterly</p>     <p>Ongoing</p>  <p>Ongoing</p>  <p>Ongoing</p>

<ul style="list-style-type: none"><li>Deliver additional youth mental health first aid courses</li></ul>	Public Health	Ongoing
<b>Key deliverables</b> <u>2018 / 19</u> <ul style="list-style-type: none"><li>Develop and re-launch courses similar to “If not CAMHS, what?”. By March 2019 align courses with the work being generated by the Emotional and Wellbeing multi-agency group</li><li>East Riding Education Inclusion Service. The Education Psychology Team to continue to deliver the ELSA training across the East Riding schools and to provide supervision to school staff.</li></ul>		
<b>Workforce development 2018-19</b> <ul style="list-style-type: none"><li>The Wellbeing Workers in Schools Project is piloting wellbeing workers in three schools through utilising existing PET Practitioners, specialist training from Humber Teaching NHS Foundation Trust and clinical supervision from CAMHS. The pilot commenced in September 2018 in three secondary schools in the East Riding.</li></ul>		
<b>Risks</b> <ul style="list-style-type: none"><li>Colleagues from different agencies are unable to commit to assisting with planning and inputting in to the courses</li><li>School staff do not book places on the courses</li><li>Demand exceeds places available</li></ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"><li>Ascertain any difficulties at steering group meetings and work with colleagues and service managers to overcome any difficulties</li><li>Reduce the number of courses to meet need.</li></ul>	
<b>Workforce Development</b> <ul style="list-style-type: none"><li>ERY have been successfully allocated 6 Children’s Psychological Wellbeing Practitioner training places for the courses beginning in early 2019. This will further support our ambition to increase the numbers in our workforce who are trained in Evidence Based Practice via CYP-IAPT and also enables us to accelerate plans to better integrate provision between CAMHS and East Riding Yorkshire Council Prevention and Education Team.</li></ul>		

## Priority 5

Development of the perinatal mental health service	
<p>More than one in 10 women develop a mental health problem during pregnancy or within the first year following birth; if left untreated, it can have a long lasting effect on women, families and a child's emotional, social and cognitive development.</p> <p>NHS England has signalled its commitment to improving access to Perinatal Mental Health (PNMH) services across the country as outlined in both 'Better Births' and 'The Five Year Forward View' so that by 2020/21 there will be increased access to specialist perinatal mental health support in all areas of England, allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. This includes access to the right range of specialist community and inpatient care.</p> <p>To achieve this ambition, a Five Year phased transformation programme was launched, backed by significant additional funding, to improve women's access and experience of care, early diagnosis and intervention. Allocation of the funding was split over WAVE 1 and WAVE 2 funding phases, with a commitment that the funding would be mainstreamed into CCG allocations from 2019/20 to further support the development of perinatal mental health services.</p> <p>NHS England released an additional £23m for WAVE 2 in February 2018 for bid submission in March 2018, with the criteria that each Sustainability and Transformation Partnership (STP) could only submit and support one</p>	

<p>investment proposal for their area. Humber, Coast and Vale submitted a bid which was successful in July 2018.</p> <p>The bid included multi-disciplinary teams with a critical mass of patients in line with the Royal College of Psychiatry guidance (<a href="#">CR197</a>) and included the development of an expanded service covering Hull, East Riding Yorkshire, North Lincs and North East Lincs.</p> <p>Humber NHS Teaching Foundation Trust (HTFT) will extend their existing service in Hull and the East Riding, whilst providing a new service in the North Lincolnshire and North East Lincolnshire areas, in collaboration with local mental health trusts NAViGO and Rotherham, Doncaster and South Humber Foundation Trust (RDaSH), with sub-contracts in place outlining the areas of service for which they are responsible.</p> <p><b><u>Current position:</u></b></p> <p>In line with NHS England requirements the service went live on 1<sup>st</sup> October 2018.</p> <p>The mobilisation plan includes a number of key activities to ensure successful implementation with a number of joint activities to ensure effective use of time,</p> <p><b>Progress and achievements 2017 / 2018</b></p> <ul style="list-style-type: none"> <li>• Working closely with midwives and health visitors the Perinatal Mental Health Team continues to receive increased numbers of referrals for East Riding of Yorkshire CCG women who require a multidisciplinary service to help women who experience mental health problems in the antenatal, labour and postnatal period.</li> <li>• The Perinatal Mental Health Team won the British Journal of Midwifery</li> </ul>	<p><b>Impact and Outcomes</b></p> <ul style="list-style-type: none"> <li>• As a result of perinatal mental health difficulties, long term emotional and mental health difficulties can impact on the entire family. Women across the East Riding of Yorkshire CCG area are able to continue to access a specialist perinatal mental health service, which may reduce these and / or the possibility of admission to a mother and baby unit</li> <li>• The setting up of a regular clinic in Bridlington has enabled more women to be seen without the need either for staff to travel to individual appointments or patients to travel to Hull.</li> </ul>
--	--

Award for national team of the year and two local awards, one for Humber Teaching Foundation Mental Health Team of the year and one for Humber Teaching Foundation outstanding team of the year.



- A regular clinic has been set up in Bridlington, enabling easier access
- A clinic has been established in Goole
- The team continues to offer and provide raising awareness. Training of the extended service has been delivered by the team to primary care, midwifery services, health visiting, children's centres, social care etc
- The Institute of Health Visiting training is being delivered in the East Riding

The Perinatal Mental Health online perinatal mental health module accredited by Hull University which ran in March 2018 evaluated well and is being rolled out in September 2018 and March 2019. Perinatal team members continue to offer sessions on the module.

- Up until now there has been a low amount of referrals received for the Goole clinics. However, the implementation of the Humber Coast & Vale Wave 2 work will raise awareness and should lead to higher take up.
- For women who have been inpatients in a mother and baby unit or adult mental health unit, the specialist service provides access to high quality step down care.



#### Service User engagement:

- Assisting and supporting the development of a tokophobia (fear of childbirth) pathway
- Contributing to a publication regarding tokophobia
- Supported and continues to support recruitment
- Member of the STP perinatal mental health mobilisation meetings hosted by Humber Teaching Foundation Trust

#### Challenges

Continuing to meet need with a rise in the number of referrals, many of which are of increasing complexity.

Action Plan – 2018 – 2019	By whom?	By when?
• Continue to run the service to the highest standard	Specialist PNMH service	Ongoing
• Continue to raise awareness of the clinic at Goole	Specialist PNMH service	April 2019
• Continue awareness raising and promotion of the specialist perinatal mental health services available in the ERYCCG area including to colleagues working in adult mental health services eg. consultant and nurse to offer and deliver the Institute of Health Visiting Perinatal Mental Health	Specialist PNMH service	Ongoing



module		
<ul style="list-style-type: none"> <li>Continue considering alternative ways to recruit women and their families to support service development moving forward.</li> </ul>	Specialist PNMH service	Ongoing
<ul style="list-style-type: none"> <li>Continue to support participants undertaking the online perinatal mental health module.</li> </ul>	Specialist PNMH service / Hull University	March 2019
<ul style="list-style-type: none"> <li>Tokophobia (fear of childbirth) pathway to be launched in 2019</li> </ul>	Specialist PNMH service	2019
<ul style="list-style-type: none"> <li>Training induction programmes for new staff and specific mother infant interaction training to be delivered</li> </ul>	Specialist PNMH service	Ongoing
<ul style="list-style-type: none"> <li>Offer iHV training to colleagues across the patch</li> </ul>	Specialist PNMH service	Ongoing
<ul style="list-style-type: none"> <li>Continue to attend and contribute to local and regional networks and meetings to ensure quality standards, evidence based practice and the latest learning are implemented.</li> </ul>	Specialist PNMH service	Ongoing
<b>Key deliverables</b> <u>2018 to 2020</u> <ul style="list-style-type: none"> <li>Contribute to the learning and work collaboratively across the STP in setting up and implementing the extended perinatal mental health service across the Humberside area.</li> <li>Learn from and implement the findings from the Hull University research into women not attending appointments to increase take up rate.</li> <li>Continue to contribute to local and national research into perinatal mental health services and encourage former services to participate and share their experiences where appropriate,</li> </ul>		

<ul style="list-style-type: none"> <li>• Continue to ensure that all women requiring a perinatal mental health service are able to access it.</li> <li>• Continue to strive to achieve meaningful co-production to support the service development</li> </ul>		
<p><b>Workforce development 2018-19</b></p> <p><u>Training available to other organisations:</u></p> <ul style="list-style-type: none"> <li>• Institute of Health Visiting training</li> <li>• Perinatal Mental Health Module run in collaboration with the University of Hull</li> <li>• Bespoke training packages can be developed and delivered dependent upon the audience</li> </ul> <p><u>Training to specialist service:</u></p> <ul style="list-style-type: none"> <li>• Mother infant interaction training</li> <li>• Perinatal Mental Health Module run in collaboration with the University of Hull</li> <li>• Institute of Health Visiting training</li> </ul>		
<p><b>Children and young people's, parent / carer and others voices</b></p> <p>Friends and Family Test</p>		<p><b>Source</b></p> <p>Humber FT</p>
<p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• Referrals increasing and of increasing complexity</li> <li>• Unable to introduce treatment clinics due to unavailability of rooms in suitable venues.</li> <li>• Large geographical footprint</li> </ul>	<p><b>Mitigating factors</b></p> <ul style="list-style-type: none"> <li>• Work with colleagues from other services and providers to identify suitable rooms</li> <li>• Manage caseload and consider location on allocation</li> </ul>	



## Priority 6

Continued participation in children and young people's improving access to psychological therapies (CYP IAPT)			
<b>Progress and achievements 2017 / 2018</b> <ul style="list-style-type: none"> <li>Full membership and participation of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) and its principles has continued.</li> <li>Four members of staff completed the CYP IAPT training which commenced in November 2017 - one in Cognitive Behavioural Therapy (CBT), one in systemic eating disorders, two systemic self-harm/conduct trainees. One member of staff has completed a part-time leadership course. All training to be completed by end of November 2018.</li> <li>In conjunction with the local authority the service was successful in gaining six places on the Children's Wellbeing Practitioners Programme</li> <li>CAMHS staff are using goal based outcomes during assessment and some consultations.</li> </ul>		<b>Impact and Outcomes</b> <ul style="list-style-type: none"> <li>CYP IAPT training has allowed children and young people to benefit from receiving treatment from suitably qualified staff who deliver an evidence based programme.</li> <li>The part time participation worker has been employed as a result of the learning gained through CYP IAPT training. She is developing and enabling the voice of children, young people and their parent / carers to be heard in a meaningful way which is benefiting both the service and service users.</li> <li>Introduction of goal based outcomes during assessment and some consultations across the service enables the service user to see the progress they are making towards a goal they have set themselves, bringing many positive benefits.</li> </ul>	
Action Plan – 2018 – 2019		By whom?	By when?
<ul style="list-style-type: none"> <li>Continue to use contractual levers to ensure full implementation of learning from previous waves, including both evidence based practice and the increased routine use and reporting of clinical outcome measures.</li> </ul>		CAMHS / ERYCCG	Ongoing
<ul style="list-style-type: none"> <li>Continue to use learning from CYP IAPT training to transform CAMHS service</li> </ul>		CAMHS	Quarterly
Challenges			

<ul style="list-style-type: none"> <li>We want as many CAMHS professionals to train in CYP IAPT as possible but as NHS England no longer supports CCGs and providers to backfill CYP IAPT training, numbers of staff benefitting from this will, going forward be lower</li> </ul>	
<b>Key deliverables</b> <u>2018 to 2020</u> <ul style="list-style-type: none"> <li>To mitigate the impact on service delivery continue to embed the learning from previous waves of CYP IAPT training and ensure that all staff are using Goal Based Outcomes at all appropriate consultations, including those who have not participated in IAPT training</li> </ul>	
<b>Workforce development – 2018-2019</b> <ul style="list-style-type: none"> <li>Continue to use learning from CYP IAPT training to transform CAMHS service</li> </ul>	
<b>Risks and issues</b> <ul style="list-style-type: none"> <li>Fewer staff able to undertake the training once national funding ends in 2018</li> <li>CAMHS staff who have undertaken the IAPT training leave the service</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>Explore options for funding</li> <li>Ensure that all staff are training in Goal Based Outcomes and other techniques where possible to reduce impact</li> </ul>

## Priority 7

### Public Mental Health

*Continued programme of health promotion, awareness raising, training and generic parenting programmes to help deliver earlier identification and intervention, reduce stigma and improve resilience in our population*

#### Progress and achievements 2017/18

- ERY parenting strategy. A part time Project Officer (Parenting) was recruited to support partners in the delivery of the Parenting Strategy
- Action Plan. Terms of Reference signed off by the age of children 0-8 sub Board of the Children's Trust
- In September 2017 a multi-agency parenting strategy project management group was established and meets regularly to oversee the implementation of the parenting strategy action plan.
- Parenting strategy action plan progress reviews carried out and outcomes reported to the age 0-8 sub Board and CYP Health & Wellbeing Group
- Audit of evidence based parenting programmes completed
- Planning and coordination activity undertaken to support the co-delivery of parent education – antenatal parent education, Family Links and Talking Teens
- Parent education training commissioned.
- Planning and delivery of parenting forums undertaken for front line practitioners involved in the delivery of evidence based parent education
- The East Riding FISH (Family information Service Hub) and Local Offer websites continues to provide information about support for emotional

#### Impact and Outcomes

- Parents / Carers / children and young people are able to swiftly access appropriate advice and access local services as required.
- In the financial year 271 families were supported to meet their outcomes

<p>and mental health needs.</p> <ul style="list-style-type: none"> <li>• East Riding of Yorkshire Council Healthy Schools Awards scheme.<sup>77</sup> infants, junior, primary, secondary and special schools across the East Riding registered for the East Riding of Yorkshire Council's Healthy Schools Awards self-assessment scheme. Three schools have been awarded a Healthy Schools Awards certificate and many schools are working their way through the self-assessment criteria and will be submitting their self-assessments for approval.</li> <li>• Five Youth Mental Health First Aid Courses (Youth MHFA) will have been delivered by the end of 2018. Planning in place to look at training provision for 2019, including provision of SafeTALK and Applied Suicide Intervention Skills Training (ASIST)</li> <li>• Shelf-Help. Take up of books on prescription continues to be good for young people Shelf-Help</li> <li>• Developed and regionally implemented prevention of self-harm campaign to which raises awareness; ensured consistent messages were given</li> <li>• Suicide Prevention Strategy and Action Plan launched; this included self-harm as a key theme.</li> <li>• Mind commissioned to deliver mental health campaign in November 2018 (all age campaign)</li> </ul>	<ul style="list-style-type: none"> <li>○ Mental Health issues are picked up earlier by staff who can support children and young people and signpost onto relevant professionals for appropriate treatment / further support. There is a reduction in stigma in schools and organisations working with children and young people.</li> </ul>		
<b>Action Plan – 2018 – 2019</b>	<b>By whom?</b>	<b>By when?</b>	
Implement year 2 of the Parenting Strategy Action Plan	ERYC CFAS	September 2019	
Continue to identify need and offer training courses to those working with children and young people	Public Health	Oct 2018	

and their families.		
To develop a partnership approach to the delivery of antenatal parent education in order to prepare parents for a realistic expectation of parenting, encourage healthy lifestyles in pregnancy and beyond and equip families with the emotional well-being to meet the challenging demands of parenting and so give babies the best start in life. In 2019/20 building on the good practice at HRI we will focus on improving the early booking process for ER families and identify the resources and develop the capacity to enable us to provide 'Baby Carousels' (Baby Carousel is a new and innovative parenting offer coordinated by the midwifery service. The aim of the session is to provide information to expectant parents at around 20 weeks gestation to enable them to personalise their care by accessing information relevant to them at this time) in other localities in East Riding - Beverley, Goole and Bridlington.	Children's Centres	September 2019
Emotional wellbeing has a pivotal impact in enabling children and young people to flourish and maximise their life chances. Our strategic parenting needs assessment identified young parents and Children Looked After as the priority vulnerable groups most at risk of these emotional wellbeing needs not being met. In 2019/20 we will ensure therefore that key strategies and programmes relating to emotional wellbeing relating to these vulnerable groups are aligned across East Riding	Children's Centres	September 2019
Implement the anti-bullying strategy and action plan.	Public Health	Ongoing – 2017-2020
Evaluate the impact of the "No harm done" Theatre in Education production delivered in March 2017	Public Health	April 2019
Suicide Prevention Action Plan to be delivered – ongoing	Public Health	2020
Undertake targeted consultation work with children and young people through existing consultation routes e.g Healthwatch, TYLER as and when required to creatively engage with them to gather feedback on what issues matter most to them. This will be used to inform future training and	Public Health	Ongoing



campaigns.		
Continue to monitor the school nurse contract which is commissioned to deliver the Healthy Child Programme, including an emphasis on promoting and improving mental health outcomes for children and young people and offering a drop in service in secondary schools where they can drop in to discuss any issues and receive 1:1 support or an appropriate referral. More than half of 'drop ins' relate to Mental Health	Public Health	Ongoing
<b>Workforce Development 2018-19</b> <ul style="list-style-type: none"> <li>Five Youth Mental Health First Aid Courses (Youth MHFA) will have been delivered by the end of 2018. We are planning to look at training provision for 2019, including provision of SafeTALK and Applied Suicide Intervention Skills Training (ASIST)</li> </ul>		
<b>Key deliverables</b> <u>2018 / 19</u> <ul style="list-style-type: none"> <li>Implement Year 2 of the Parenting Strategy Action plan</li> <li>Continue to implement anti-bullying strategy</li> <li>Continue to deliver Suicide Prevention Plan</li> <li>Engagement with children and young people to determine local issues</li> <li>Pilot Healthy Schools Pilot</li> </ul> <u>2019 / 20</u> To be discussed at the multi-agency workstream meeting in November in consultation with children and young people		
<b>Children and young people's, parent / carer and others voices</b> Undertake targeted consultation work with children and young people to creatively engage with them to gather feedback on what issues matter most to them. This will be used to inform future training and campaigns.	<b>Source</b> Public Health	

<b>Risks</b> <ul style="list-style-type: none"> <li>• Not recruiting to vacant Parenting Project Officer post</li> <li>• Funding</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>• Interim arrangements to be identified</li> <li>• Consider options for funding</li> </ul>
---	---

## Priority 8

### Improved access to inpatient beds

*Work with NHS England to improve access to inpatient beds in the region, focussing on both the number of beds and proximity of services to East Riding of Yorkshire CCG area.*

National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should “consume its own smoke”. As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.

Earlier in 2018 NHS England published revised specifications for General Adolescent and Intensive Care beds. The required approach is very much to support co location and avoid unnecessary “moves” to new units. The specifications are a significant change from previously and place a premium on safety and clinical quality. There are no lower limits on Intensive Care User beds but a suggestion of no more than 10. The new unit is now required to provide nine general CAMHS and four PICU beds a high dependency area in the General Adolescent ward.

NHS England have confirmed that there will be a 13 bedded general adolescent unit in Hull for the four Humber Clinical Commissioning Group (CCG) areas. Services to be provided by Humber Teaching NHS Foundation Trust.

***Progress and achievements 2017 / 2018***

***Impact and Outcomes***

- Contractor appointed and commenced on site with a 50 week build programme
- Unit due for handover late August 2019 and expected to be operational early September 2019
- Formal partnership developed with Cornwall FT who are opening a 14 bedded unit three months prior to us which are nearly identical in size and bed configuration. Cornwall FT and HTFT have an agreed joint work plan incorporating eating disorders, intensive care, service model and ethos, workforce competencies and recruitment.
- Partnership with Anna Freud Centre (Thrive). Agreed to develop three case studies on the unit showcasing how we have responded to the young person's voice, unit design, and model of service. First one completed and ready to go live on national web site.
- Engaging with the Academic Health Science Network to provide support in embedding the new model and may focus on eating disorders.



**CYP Voices: Commissioned mHabitat to engage young people on how they want the unit to look.**

- It will be part of a system of care that puts young peoples' needs at the centre of all decisions about them.
- Working closely with our voluntary operational partners The Goodwin Trust, MIND, SMASH and The Warren, the new service will keep young people close to the systems that support their recovery, reducing lengths of stay and improving outcomes.
- Further support local services to adopt a Thrive like way of working which focuses on young people's needs

<https://www.thriveapproach.com/>

- Inpatient CAMHS occupied bed days April 2017 – March 2018 broken down per quarter:

Q1 2017/18	905
Q2 2017/18	705
Q3 2017/18	672
Q4 2017/18	754

<b>Challenges</b> <ul style="list-style-type: none"> <li>Currently the community CAMHS service is usually successful at keeping young people in their own homes and avoiding an in-patient admission. However, for a few cases when it is not possible, the process of bed finding can be challenging and remains unpredictable, time consuming and inconsistent.</li> <li>Once the new unit is operational it is anticipated there will be high local expectations that children and young people requiring an inpatient bed will no longer need to go out of area to access one, which may not always be the case.</li> </ul>		
<b>Action Plan – 2018 – 2019</b>	<b>By whom?</b>	<b>By when?</b>
<ul style="list-style-type: none"> <li>Support the development and mobilisation of the unit as required.</li> </ul>	ERYCCG	Sept 2019
<ul style="list-style-type: none"> <li>Develop premises, recruit staff and commence service provision</li> </ul>	Humber NHS FT	Sept 2019
<b>Key deliverables</b> <u>2018 to 2020</u> <ul style="list-style-type: none"> <li>Ensure full integration of community crisis and intensive intervention services with the new inpatient service to minimise lengths of stay and provide seamless transfers of care when needed</li> </ul>		
<b>Risks</b> <ul style="list-style-type: none"> <li>Some ERYCCG children and young people requiring an inpatient bed may still need to go out of area due to the specialism they require or availability.</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>NHS England, families and service providers to work with children, young people and their families to understand possible reasons for this.</li> </ul>	

## Priority 9

### Integration of CAMHS Contact Point and Children's Early Help and Safeguarding Hub so referrals are actioned by the most appropriate service.

#### Progress and achievements 2017 / 2018

- An integrated Single Point of Access for primary age referrals began on 4<sup>th</sup> September 2017 for children and young people with emotional and mental health difficulties in the ERYCCG area.
- On referral, consent is gained from the parent to share information between CAMHS and EHASH as required.
- Risk factors are determined on referral to Early Help and Safeguarding Hub (EHASH).
- Referrals for early years and primary aged children with emotional / mental health difficulties being received by EHASH are assessed and referred to the most appropriate service. Those requiring a CAMHS referral are transferred without needing re-referral through the "no wrong door" approach.
- Young people of secondary school age (up to 18 years) where there are concerns about a moderate – severe mental health difficulty are referred directly to CAMHS or transferred from EHASH if they had received it first.
- Referrals for eating disorders for children and young people of any age should be referred directly to the Eating Disorders Team unless there are overriding mental health risk factors such as suicidal ideation, suicidal intent or psychosis. In cases such as this the referral goes to Contact Point in the first instance

#### Impact and Outcomes

- Referrals to CAMHS for primary aged children appear to have decreased
- Following implementation there have been no conduct disorders referrals
- Parents are being offered other early help services via EHASH such as Children's Centre involvement, parenting courses and Team Around the Family meetings prior to any involvement with CAMHS
- A feedback loop following a referral being sent to CAMHS from EHASH has been implemented. This can be seen as good practice as the outcome is being shared
- Consent to share information is gained from parent/carers at the initial contact which allows the child to be referred to the right service for help and support quickly

<ul style="list-style-type: none"><li>• Referrals for mental health crisis for any age up to 18 years should be made directly to CAMHS.</li><li>• Closer working relationships between EHASH and CAMHS Contact Point staff have grown through regular meetings to develop the model and its implementation.</li><li>• Training has begun to be undertaken with EHASH staff to further develop understanding of issues such as self-harm and eating disorders</li><li>• The Prevention and Education Team (PET) is now linked in within EHASH which allows timely access for young people needing early help for mild emotional / mental health difficulties.</li></ul>		
<b>Challenges</b> <ul style="list-style-type: none"><li>• Ensuring that all referrers are not only aware of the Single Point of Access but understand why it has been introduced and its benefits so they are confident to use it.</li><li>• All the required information is available to CAMHS where referral for a primary aged child needs their service.</li></ul>		
<ul style="list-style-type: none"><li>• <b>Action Plan – 2018 – 2019</b></li></ul>	<b>By whom?</b>	<b>When?</b>
<ul style="list-style-type: none"><li>• Continue to monitor the implementation, impact and user experience of the Single Point of Access and feedback to the CYP Health and Wellbeing Board</li></ul>	CAMHS / EHASH / CCG	Ongoing
<ul style="list-style-type: none"><li>• CAMHS staff to provide short training sessions to EHASH colleagues regarding specific mental health issues eg self-harm, eating disorders.</li></ul>	CAMHS / EHASH	Ongoing
<ul style="list-style-type: none"><li>• Explore the potential benefits and challenges of further developing the Single Point of Access for referrals for secondary aged pupils. Report to the CYP and Health and Wellbeing Board with recommendations.</li></ul>	CAMHS / EHASH / CCG	March 2019

<ul style="list-style-type: none"> <li>The future of this integration will be shaped by the development of an open single front door for all local authority services</li> </ul>			
<b>Key deliverables</b> <u>2018 / 19</u> <ul style="list-style-type: none"> <li>Continue to monitor and evaluate the impact of the Single Point of Access.</li> </ul> <u>2019 / 20</u> <ul style="list-style-type: none"> <li>Ensure that the arrangements for the Single Point of Access are embedded and all stakeholders are aware of how to refer children and young people where there are concerns about their emotional and mental health.</li> <li>Continue to ensure that regular staff training is undertaken</li> </ul>			
<b>Workforce development 2018-19</b> <ul style="list-style-type: none"> <li>CAMHS staff to provide short training sessions to EHASH colleagues regarding specific mental health issues e.g. self-harm, eating disorders.</li> </ul>			
<b>Risks and issues</b> <ul style="list-style-type: none"> <li>Some referrers may remain resistant to using the SPA pathway.</li> </ul>		<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>Ensure that information on the pathways and benefits are shared with all referrers on a regular basis, ensuring that they have up to date and accurate information.</li> <li>Attend forums to discuss any concerns when required.</li> <li>Ensure referrers are aware that they can discuss any concerns with CAMHS re where to refer</li> </ul>	



## Priority 10

### Development of a comprehensive targeted vulnerable children and young people's network to cover:

*Looked after children and young people; learning disabilities; autism; children and young people in the criminal justice system; victims of CSE / sexual abuse; and all other physical and emotional forms of abuse and neglect, young people who are LGBT; black and minority ethnic groups; post adoption support; young carers; children and young people whose parents misuse substances including alcohol or have mental health problems or learning disabilities; children and young people with chronic health problems.*

#### Progress and achievements 2017 / 2018

- Work-stream group is meeting regularly to increase buy in and more joined up discussions between services and agencies regarding the emotional and mental health needs of vulnerable groups.
- Referral pathways providing support around emotional health and wellbeing for vulnerable children and young people are now publicised through the Families Information Service Hub (FISH)

#### Impact and Outcomes

- Pathways for support around emotional health and wellbeing are available to children, young people, parents/carers and professionals, particularly in relation to early help services to reduce the number of children and young people going into crisis

#### Autism

- A multi-agency group including parent / carer representation has met regularly to draft an updated autism strategy and action plan which is for adults and children and young people
- Sub-groups have been set up to:
  - Publishing an all age whole system strategy and action plan to reflect and meet the needs of the East Riding population with autism and complex needs
  - New pathway to be implemented with a view to improving waiting times for the above patients

- Updated draft autism strategy and workplan drafted to ensure that they better meet the needs of adults, children and young people and their families.
- Proposed changes to the diagnostic pathway will bring about shorter waiting times for diagnosis.

<p><b><u>Looked After Children (LAC)</u></b></p> <ul style="list-style-type: none"> <li>• The East Riding Yorkshire Council is currently exploring different models of intervention for children looked after and others who may have been affected by abuse and/or neglect</li> <li>• It is expected that the existing LAC CAMHS service will be integrated into these new service models. A post in the LAC CAMHS team became vacant and was not immediately filled because of the development plans. Consequently the targeted LAC CAMHS team has been working with reduced staffing but continues to provide therapeutic interventions largely linked to attachment disorder</li> </ul>	<ul style="list-style-type: none"> <li>• No looked after child waited more than 18 weeks during the year for a CAMHS intervention</li> </ul>
<p><b><u>Health and Justice</u></b></p> <ul style="list-style-type: none"> <li>• NHS England 's Health and Justice specialised commissioning team in Yorkshire and the Humber are currently involved with two of the three work programmes that are focussing on improving collaboration between various commissioners of services for those children and young people who come into the NHS England Health and Justice pathway. Commissioners of such services include NHS England, Office of Police and Crime Commissioners, Local Authorities and Public Health England. The two programmes are 1) the development of a framework for integrated care for Children and Young People's Secure Estate (CYPSE) known as Secure Stairs and 2) establishing collaborative commissioning networks. The third work programme involves establishing a Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs (Community Forensic CAMHS) across Yorkshire and the Humber.</li> </ul>	

- Humber NHS Foundation Trust is one of four local NHS Trusts working together to provide a Community Forensic CAMHS Service for children and young people across the Yorkshire and Humber region. They provide a service to anyone under the age of 18 whose behaviour/presentation may be of concern to professionals, their families and/or their communities. Referrals are made through a Single Point of Access telephone number and are accepted from all professionals working with children and young people who originate from the Yorkshire and Humber region.

We have good links with the youth offending service and support those children and young people who are transitioning out of Secure Children Homes/YOIs back into the community and that they have access to appropriate mental health/emotional wellbeing support following that transition.

#### Youth Offending Service (YOS)

- Youth Offending Service CAMHS Nurse sits on a weekly Out of Court Disposal Panel which looks at every young person who comes to the attention of the Youth Offending Service
- Youth Offending Service now has close links with the Forensic CAMHS Service
- Offered consultation to the YOS case workers and have worked with young people referred by the YOS with emotional health difficulties around trauma, attachment and self-harm
- Undertaken joint work with Youth and Family support working with carers and families looking at psycho-education and parenting issues
- Offered physical health assessments and support young people to access mainstream services i.e sexual health services

- YOS CAMHS Nurse involvement at Out of Court stage enables young people to be diverted away from the Criminal Justice System and receive help at the earliest opportunity. This also prevents young people getting criminalised due to mental health issues
- Links with the Forensic CAMHS team is vital for the Youth Offending Service and provides specialist consultation for the most high risk offenders
- Positive feedback has been received from young people, parents and carers, teaching staff and colleagues in relation to

<ul style="list-style-type: none"> <li>• Liaised and enabled smooth transition for young people through to specialist CAMHS when a more complex and/or more enduring mental health problem is identified</li> <li>• Joint working with the Youth Offending Staff in the prevention of reoffending by engaging young people in looking at emotional regulation, peer pressure and self-esteem work</li> <li>• Liaised with young people who are transitioning into the adult mental health team including perinatal mental health</li> </ul>	<p>the engagement with complex young people to support them in achieving their goals and aspirations</p>
<p><u>LGBT</u></p> <ul style="list-style-type: none"> <li>• Youth and Family Support (YFS) has continued to support and resource Lollipop Group for young people who identify as LGBT and is committed to doing so until alternative delivery mechanism can be identified</li> <li>• The Lollipop group is constantly growing and we continue to support young people with issues around hate crime, anxiety, self-harm, depression and issues around gender identify. The group is really beneficial for young people and is often the only support network that they have in the local area.</li> <li>• YFS is hoping to work in partnership with Barnardo's as part of the Right to Be Agenda, to apply for funding to ensure the group continues to be sustainable in the future.</li> </ul>	<ul style="list-style-type: none"> <li>• The group supports LGBT young people with a range of issues. Predominantly these are in relation to each young person's emotional and mental health</li> </ul>
<p><u>Young Carers service</u></p> <ul style="list-style-type: none"> <li>• The future delivery of the Young Carers Service is currently under review, led by the authorities Transformation Team.</li> </ul>	<ul style="list-style-type: none"> <li>• The Children's Participation and Rights Team offer a range of support including home visits, one to one support with the child or young person, attendance at groups and telephone support. The Team runs support groups for ages 4 to 8 years,</li> </ul>

	<p>9 to 13 years and 14 years to 18 years. They take place in Bridlington, Withernsea, Beverley, Anlaby and various venues for the 14 to 18 year age group.</p> <ul style="list-style-type: none"> <li>There had been a significant increase in the number of young people accessing the service, however 2018 saw a reduction in numbers.</li> </ul> <table border="1"> <thead> <tr> <th>Year</th><th>Numbers</th></tr> </thead> <tbody> <tr> <td>1 April 2013</td><td>38</td></tr> <tr> <td>1 April 2014</td><td>75</td></tr> <tr> <td>1 April 2015</td><td>100</td></tr> <tr> <td>1 April 2016</td><td>137</td></tr> <tr> <td>1 April 2017</td><td>162</td></tr> <tr> <td>1 April 2018</td><td>121</td></tr> </tbody> </table>	Year	Numbers	1 April 2013	38	1 April 2014	75	1 April 2015	100	1 April 2016	137	1 April 2017	162	1 April 2018	121
Year	Numbers														
1 April 2013	38														
1 April 2014	75														
1 April 2015	100														
1 April 2016	137														
1 April 2017	162														
1 April 2018	121														
<p><u>Children and young people with chronic physical health problems</u></p> <ul style="list-style-type: none"> <li>CAMHS psychologist for children and young people with long term conditions has been in post working two days a week for twelve months.</li> <li>Referrals are mainly received from the diabetes and neurology teams/paediatricians/specialist nurses</li> </ul>	<ul style="list-style-type: none"> <li>The support offered by this service enabled children and young people with long term conditions to understand their anxieties, live with their condition and to self-manage more effectively</li> </ul>														
<p><u>Children and young people whose parents misuse substances, including alcohol or have mental health problems or learning disabilities</u></p> <ul style="list-style-type: none"> <li>A review of the East Riding Hidden Harm Strategy has indicated that good progress has been made. Areas still to be scoped out are kinship care and young carers.</li> </ul> <p>ERSCB offer the following training for Hidden Harm:</p>															

<ul style="list-style-type: none"> <li>• Substance Misuse, Mental Health Awareness, Hidden Harm, DASH, GCP2</li> </ul>			
<p><u>Troubled families programme</u></p> <ul style="list-style-type: none"> <li>• East Riding Local Authority Children's services staff have continued to deliver the Troubled Families Initiative which, for phase 2 has an increased focus on emotional and mental health in families.</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing the impact of poor parental mental health on their children and families is turning around families in as identified by Troubled Family Outcomes. This includes enabling parents to move into employment or progress to work preparation, reducing the number of children and young people going into care, improving school attendance, reducing crime and antisocial behaviour.</li> <li>• East Riding Council has been recognised as being a successful delivery partner of the programme both regionally and nationally. The council is targeted to turn around the lives of 1670 families by 2020. To date the council has claimed for 734 turned around families, supporting over 3000 families in the county.</li> </ul>		
<p><u>Hidden Harm</u></p> <ul style="list-style-type: none"> <li>• Good progress has been achieved. The kinship care and young carers elements of the plan still require exploring.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress and outcomes were significantly better in those cases where specialist services such as community mental health teams were involved. Concerns were identified and multi-agency plans and co-ordination effectively delivered</li> </ul>		
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Ensure that support is available to support and promote the emotional and mental health of all identified vulnerable children and young people.</li> </ul>			
<p><b>Action Plan – 2018 – 2019</b></p>	<table border="1"> <tr> <td data-bbox="1552 1273 1812 1347"><b>By whom?</b></td> <td data-bbox="1812 1273 2067 1347"><b>By when?</b></td> </tr> </table>	<b>By whom?</b>	<b>By when?</b>
<b>By whom?</b>	<b>By when?</b>		

<p><u>LGBT</u></p> <ul style="list-style-type: none"> <li>• Undertake a needs assessment to ensure that local need is known and met</li> <li>• Identify and implement new delivery mechanism to provide support to the young people currently accessing the Lollipop group</li> </ul>	<p>Local Authority LA</p> <p>Youth and family support Barnardo's</p>	<p>Dec 2018</p> <p>Dec 2018</p>
<p><u>Young Carers</u></p> <ul style="list-style-type: none"> <li>• Publicise referral pathways providing support for vulnerable children and young people to all professionals including in health, education, social care, voluntary sector etc.</li> </ul>	<p>Local Authority Children's Services / Health Providers</p>	<p>Ongoing</p>
<p><u>Children and young people with chronic physical health problems</u></p> <ul style="list-style-type: none"> <li>• Identify other services available for children and young people with long term conditions to increase the capacity of the service and ensure that needs are met</li> </ul>	<p>Local Authority Children's Services / CCG/ Humber FT</p>	<p>Ongoing</p>
<p><u>Victims of Child Sexual Abuse and Exploitation</u></p> <ul style="list-style-type: none"> <li>• Identify the forms of sexual abuse and related vulnerability factors within adolescents in the ERYCCG area to enable the provision of a needs led multi-agency response in terms of wrap around services for assessment, identification, and investigation.</li> <li>• Make access to support as easy as possible for parents including through self-referral, to address their emotional needs through universal services.</li> </ul>	<p>Local Authority Children's Services</p>	<p>Ongoing</p>

<u>Looked after children</u> <ul style="list-style-type: none"> <li>Implement a new model of service delivery which has been based on current research evidence. Stake holders such as children and young people, foster carers, residential staff, education and health professionals and East Riding corporate parents have been consulted with to assist in creating a forward thinking, innovative service that improves outcomes for children and young people and will include explicit mention of abuse/neglect.</li> <li>This new model should re-establish strategic priorities, for example improving placement stability, reducing fixed term exclusions, improving individual outcomes, as well as operational daily priorities, for example responding to placement disruption.</li> </ul>	Children's Services / CCG	January 2019
<u>Children and young people whose parents misuse substances including alcohol, or have mental health problems or learning disabilities</u>  <u>Hidden Harm Action Plan</u> <ul style="list-style-type: none"> <li>Good progress has been achieved. The kinship care and young carer's elements of the plan still require exploring.</li> <li>Implement recommendations of the Hidden Harm training review.</li> </ul>	Local Authority	March 2019
<u>Troubled Families</u> <ul style="list-style-type: none"> <li>Continue to work with approximately 600 families across the East Riding of Yorkshire including addressing the emotional and mental health needs of parents and children and young people to enable them to turn around.</li> </ul>	Troubled Families Team	Ongoing
<u>Additional vulnerability to added to the work stream</u> <ul style="list-style-type: none"> <li>Add the emotional and mental health of those being home-schooled or who are not in education, employment or training (NEET) to the work stream and undertake needs assessment. Develop action plan as required.</li> </ul>	Humber FT / Local Authority Children's Services	December 2018



<b>Key deliverables</b>  <u>2018 / 19</u> <ul style="list-style-type: none"> <li>Undertake more needs assessment needed to be completed to understand local need and ensure that no vulnerable young person slips through the gaps. Implement strategies to reduce and eliminate identified gaps.</li> <li>Ensure a consistent offer is available to support all vulnerable children and young people's emotional and mental health needs</li> <li>Continue to reduce the waiting times for autism diagnosis</li> </ul> <u>2019 / 20</u> <ul style="list-style-type: none"> <li>Ensure a consistent offer is available to support all vulnerable children and young people's emotional and mental health needs</li> </ul>	
<b>Key performance indicators</b>  Each service under the broader umbrella of the Vulnerable Children's workstream remit will have key performance indicators contained within their service specification.	
<b>Children and young people's, parent / carer and others voices</b>  <ul style="list-style-type: none"> <li>Consultation currently underway with young people and parent / carers regarding the support they need when their family is affected by Child Sexual Exploitation</li> </ul>	<b>Source</b>  East Riding Local Authority
<b>Risks</b> <ul style="list-style-type: none"> <li>Reductions in resource including staff could leave some groups vulnerable</li> <li>Troubled families service is unable to offer family therapy</li> </ul>	<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>Needs assessments to identify most need and what's available</li> </ul>

## Priority 11

<b>Expansion of existing early intervention services for mild to moderate need</b> <i>E.g. primary mental health workers, counselling and brief CBT to reduce the need for higher interventions.</i>	
<b>Progress and achievements 2016 / 2017</b>  <u>ERY Local Authority Prevention and Education Team (PET)</u> <ul style="list-style-type: none"> <li>• The team was launched in September 2015 to support children and young people with mild need to develop resilience, anxiety / depression, self-harm.</li> <li>• Pathways for targeted group work have been set up in majority of schools and are now being used as first option to support early emotional health within school, including for resilience, confidence, self-harm and low mood. The pathways are outcome based and evidence the child's progression.</li> <li>• Youth Counselling has been integrated into the Prevention and Education Team which extends the emotional health offer to young people</li> <li>• Increased social media presence to offer young people, families and professionals more information, advice and guidance in a place and way they feel most comfortable.</li> <li>• Youth Star Outcomes tool has been incorporated into the PET team interventions with young people to measure the direct impact of work.</li> <li>• Local Authority counselling service – reduction in no. of counsellors by 1/3 – 3 to 2 but committed to maintaining good level of service</li> <li>• The PET Team resource has increased over the past 12 months to 20 practitioners providing support to young people with mild to moderate</li> </ul>	<b>Impact and Outcomes</b> <ul style="list-style-type: none"> <li>• Resources increased in each of the 18 secondary schools following realignment of youth and Family Support core budget. Using youth star now incorporated into the PET team interventions with young people to measure direct impact of work.</li> </ul>

emotional health and wellbeing issues.			
<p><b><u>MIND</u></b></p> <ul style="list-style-type: none"><li>• Since August 2016 CAMHS capacity has been augmented by MIND, which picks up many of the referrals for anxiety, low mood / depression and self-harm.</li><li>• Referrals come from East Riding Core CAMHS service waiting lists as well as referrals directly from Contact Point triage.</li></ul>		<p><b>JULIE TO UPDATE</b></p> <ul style="list-style-type: none"><li>• 423 referrals received between April 2017 and March 2018.</li><li>• 3332 counselling sessions attended</li><li>• 99% of young people reported they were extremely likely or likely to recommend the service to their family and friends.</li><li>• 100% were contacted within 7 days</li><li>• 327 people attended 2 or more sessions</li><li>• 22 individuals returned to statutory services</li><li>• 85% of those who completed treatment had positive outcomes.</li></ul>	
<p><b>Challenges</b></p> <ul style="list-style-type: none"><li>• Ensuring the early intervention services are not lost due to cost pressures</li><li>• Increasing the capacity available for all three early interventions to meet demand</li></ul>			
<b>Action Plan – 2018 – 2019</b>		<b>By whom?</b>	<b>By when?</b>
<u>Prevention and Education Team (PET)</u>			
<ul style="list-style-type: none"><li>• Training to be offered to PET staff to deliver more evidence based interventions around emotional and mental health</li></ul>		ERY Council	Ongoing
<ul style="list-style-type: none"><li>• Reduce waiting lists for young people to access support for mild emotional / mental health in schools</li></ul>		PET team	Ongoing

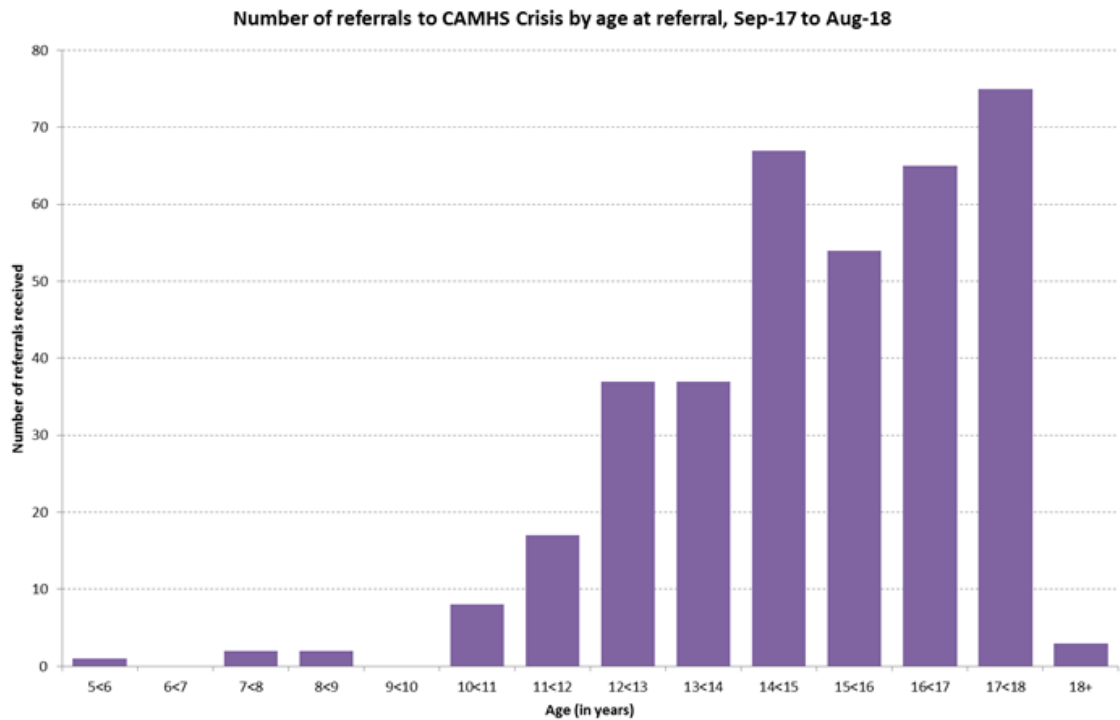
<ul style="list-style-type: none"> <li>• Increase awareness of signs of poor emotional mental health by schools staff by offering training</li> </ul>		PET Team	Ongoing
<u>MIND</u> <ul style="list-style-type: none"> <li>• Continue to take referrals from CAMHS for young people with mild – moderate needs for anxiety, low mood / depression and self-harm</li> </ul>		MIND	ongoing
<b>Key deliverables</b> <u>2018 to 2020</u> <u>Prevention and Education Team</u> <ul style="list-style-type: none"> <li>• Continue to reduce waiting lists for young people to enable them to access support for mild emotional / mental health difficulties in schools</li> <li>• Continue and expand the campaign around emotional and mental health of young people including risk taking behaviours associated with poor mental health to include roadshows in communities and schools across the area</li> </ul> <u>MIND</u> <ul style="list-style-type: none"> <li>• Continue to take referrals from CAMHS for young people with mild – moderate needs for anxiety, low mood / depression and self-harm.</li> <li>• Develop workforce to be able to provide Cognitive Behavioural Therapy where possible and appropriate.</li> </ul>			
<b>Children and young people's, parent / carer and others voices</b> Feedback from those seeing PET team Mind – Friends and Family Test			<b>Source</b> PET team MIND
<b>Risks</b> <ul style="list-style-type: none"> <li>• Cost of funding different interventions</li> <li>• Demand outstrips capacity</li> </ul>		<b>Mitigating factors</b> <ul style="list-style-type: none"> <li>• Prevention and early intervention financial costs are lower than treatment by CAMHS.</li> <li>• Seek joined up working with other agencies</li> </ul>	

### Additional actions for 2018 – 2019

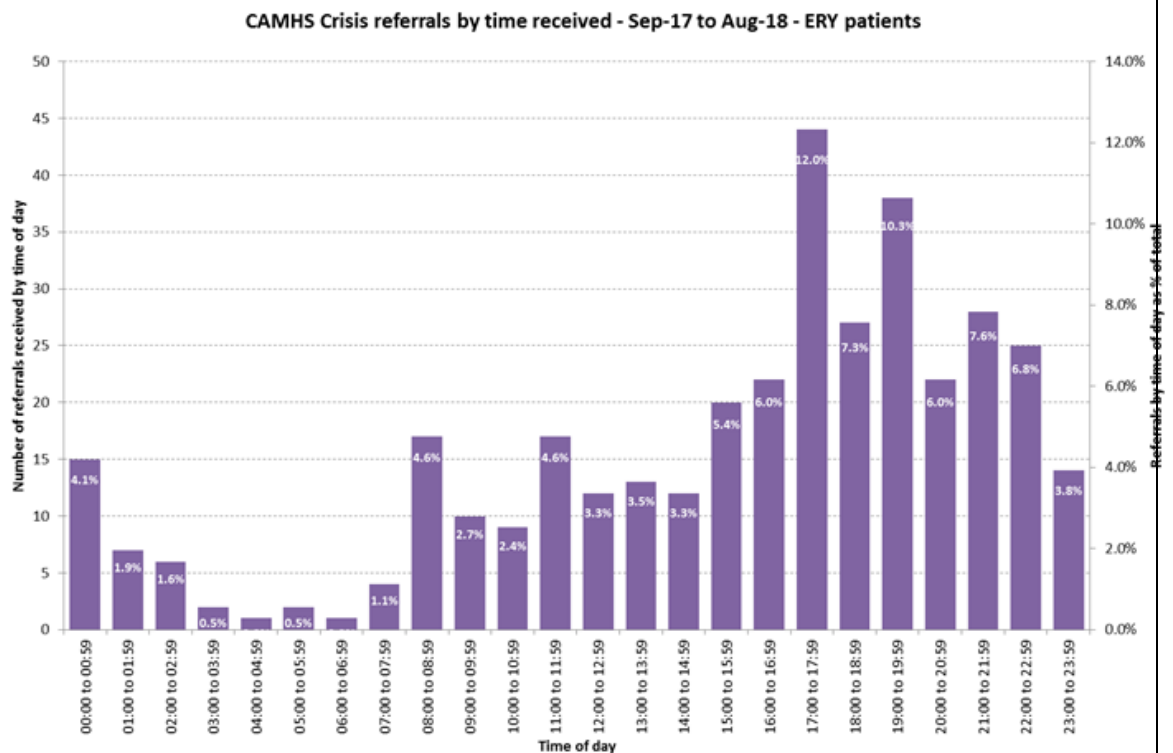
Action Plan – 2018 – 2019	By whom?	By when?
<ul style="list-style-type: none"> <li>Future in Mind Transformation Plan to be signed off by the Children's Trust Board on behalf of the Health and Well-being Board on 14 November 2018</li> </ul>	Children's Trust Board	14 November 2018
<ul style="list-style-type: none"> <li>Develop and publish an easy read format version of the 2017 Future in Mind Transformation Plan</li> </ul>	ERYCCG	December 2018
<ul style="list-style-type: none"> <li>Develop a multi-agency workforce plan and publish on ERYCCG website alongside the Transformation Plan</li> </ul>	ERYCCG	January 2019

3	<p><b>Activity and Waiting Times</b></p> <p>The Education Policy Institute has published Access to children and young people’s mental health services – 2018, <a href="https://epi.org.uk/publications-and-research/access-to-camhs-2018/">https://epi.org.uk/publications-and-research/access-to-camhs-2018/</a></p> <p>This report assesses the state of children’s mental health services in England. It examines access to specialist services, waiting times for treatment, and provision for those children that are not able to receive treatment.</p> <p>In addition, the National Audit Office has also produce a report on Improving children and young people’s mental health services.</p> <p><a href="https://www.nao.org.uk/report/improving-children-and-young-peoples-mental-health-services/?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=">https://www.nao.org.uk/report/improving-children-and-young-peoples-mental-health-services/?utm_content=&amp;utm_medium=email&amp;utm_name=&amp;utm_source=govdelivery&amp;utm_term=</a></p> <p>This report forms part of a wider programme of work on mental health, following the NAO’s 2016 report <i>Mental health services: preparations for access</i> and the 2017 report <i>Mental health in prisons</i>.</p>
3.1	<p><b><u>Priority 1</u></b></p> <p><b>24/7 crisis response and resolution service</b></p> <p>Referrals</p> <p>From September 2017 to August 2018 there were 313 referrals of East Riding of Yorkshire children and young people to the crisis service, of which 21 were screened as emergency and 271 as urgent, 21 were received as urgent or emergency but have were re-prioritised to routine when accepted following triage.</p> <ul style="list-style-type: none"> <li>• The average age for referrals for the period September 2017 – August 2018 was <ul style="list-style-type: none"> <li>○ Males – 14.5 years (14 years 6 months)</li> <li>○ Females – 14.5 years (14 years 6 months)</li> <li>○ Overall average 14.5 Years (14 years 6 months)</li> </ul> </li> </ul> <p>63% of referrals were girls, 37% boys (noticeably different to the overall CAMHS figure, far higher proportion of girls).</p> <p>The ERY age profile is noticeably different to the overall CAMHS profile with a</p>

noticeable increase from 14 years old.



- 53.8% of Crisis referrals are received between 5pm and midnight.
- 9.2% of Crisis referrals are received between midnight and 7am.
- The quietest time is between 3am and 7am, 1.6%.



85% of the emergency referrals resulted in a face to face assessment within four hours. Exception reports are available for those not seen with four hours which were due to young person or family choice, clinically appropriate decisions or were delayed due to the travel or clinical capacity.



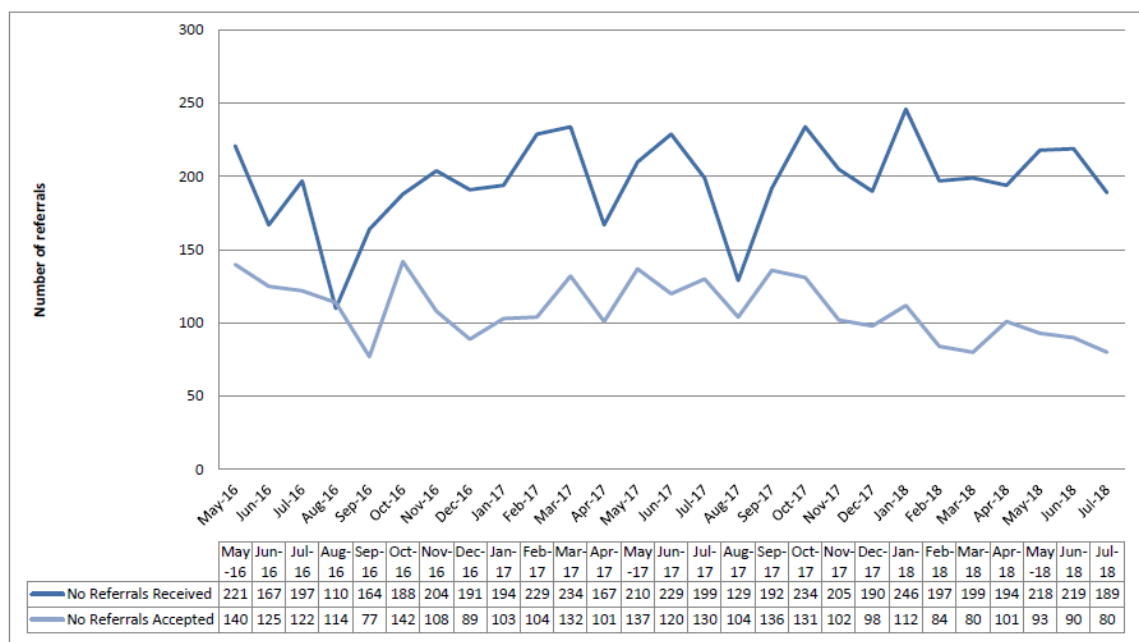
3.2

## Priority 2

### Continued improvement programme for access to and outcomes from specialist CAMHS

According to data provided by Humber Teaching NHS Foundation Trust, referrals to CAMHS Contact Point have decreased over the last years as shown in the table below.	No. Refs. 14/15	No. Refs. 15/16	No. Refs. 16/17	No. Refs. 17/18
CAMHS REFERRALS	1733	1976	2227	1822
Year on year increase		14.02%	12.70%	-18.19%

The chart below shows the month by month referrals and includes the numbers accepted by core CAMHS.



Humber NHS Foundation Trust's data also show that a decreasing proportion of referrals are accepted and offered CAMHS intervention but this is offset by referrals through HEY Mind and SMASH.

Accepted into CAMHS	2014/15	2015/16	2016/17	2017/18
Looked After Children CAMHS Service	80	68	84	61
Core CAMHS	540	683	821	657
CAMHS Intensive Intervention service	31	39	28	0
CAMHS Eating Disorders Service (commenced January 2017)	0	0	70	64
CAMHS Crisis service	0	47	254	337
Long Term Conditions Psychology Service	3	9	45	47
Youth Justice and CAMHS	19	14	15	14
	<b>673</b>	<b>860</b>	<b>1317</b>	<b>1180</b>
Year on year increase		27.79%	53.14%	-10.40%

It should be noted that in addition to the numbers offered CAMHS intervention above, between April 2017 and March 2018 a significant number of children and young people have been offered counselling or Cognitive Behavioural Therapy provided by Hull & East Yorkshire MIND. During this period the service has taken 423 referrals and the number of individuals attending two or more treatment sessions was 327 (77%).

For the first time in 2017/18 NHS England collected data on the number of children and young people receiving NHS funded mental health support and/or interventions. For East Riding of Yorkshire the MIND activity described above was not submitted to the national mental health service dataset (MHSDS). In 2017/18 29.74% of the estimated number of children and young people with a mental health condition had at least two contacts with NHS funded mental health services.

### 3.3 Priority 3

## Eating disorder service compliant with NICE guidelines and waiting times and access standards.

2016/17 Q1: 01-Apr-16 to 30-Jun-16

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band														0	0 0.0%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0 0.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	0	1	0	0	0	0	0	0	0	0	1	1	0	3	0 0.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	1	1	2	1	1	2	1	0	0	0	2	11	0 0.0%

2016/17 Q2: 01-Jul-16 to 30-Sep-16

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0.0%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1 100.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	0	1	1	2	1	4	2	0	0	0	0	0	1	12	0 0.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	2	2	1	0	0	0	0	0	0	0	0	0	0	5	2 40.0%

2016/17 Q3: 01-Oct-16 to 31-Dec-16

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	1	5	5	2	1	1	1	0	0	0	0	0	0	16	13 81.3%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0 0.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	1	2	1	0	1	0	0	0	0	0	0	0	0	5	1 20.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0 0.0%

2016/17 Q4: 01-Jan-17 to 31-Mar-17

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	2	2	0	0	0	0	0	0	0	0	0	0	0	4	4 100.0%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	0	2	2	0	0	0	0	0	0	0	0	0	4	4 100.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	5	1	0	0	0	0	0	0	0	0	0	0	0	6	5 83.3%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	4	0	0	0	0	0	0	0	0	0	0	0	0	4	4 100.0%

2017/18 Q1: 01-Mar-17 to 30-Jun-17

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	0	0	3	2	1	0	0	0	0	0	0	0	0	6	5 83.3%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1 100.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	6	2	0	0	1	0	0	0	0	0	0	0	0	9	6 66.7%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 -

2017/18 Q2: 01-Jul-17 to 30-Sep-17

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	1	0	4	0	0	0	1	0	0	0	0	0	0	6	5 83.3%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	1	2	0	1	0	0	0	0	0	0	0	0	0	4	4 100.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2 100.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1 100.0%

2017/18 Q3: 01-Oct-17 to 31-Dec-17

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	2	5	1	1	1	0	0	0	0	0	0	0	0	10	9 90.0%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	1	2	1	0	0	0	0	0	0	0	1	0	1	6	4 66.7%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 -
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1 100.0%

2017/18 Q4: 01-Jan-18 to 31-Mar-18

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	1	0	7	4	0	0	0	0	0	0	0	0	1	13	12 92.3%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	0	0	2	1	0	0	0	0	0	0	1	0	4	2 50.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	2	1	0	0	0	0	0	1	0	0	0	0	0	4	2 50.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 -

2018/19 Q1: 01-Mar-18 to 30-Jun-18

Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	0	2	2	1	0	0	0	0	0	0	0	0	1	6	5 83.3%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	1	1	1	1	0	1	0	0	0	0	0	0	0	5	4 80.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0 0.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 -

2018/19 Q2: 01-Jul-18 to 30-Sep-18

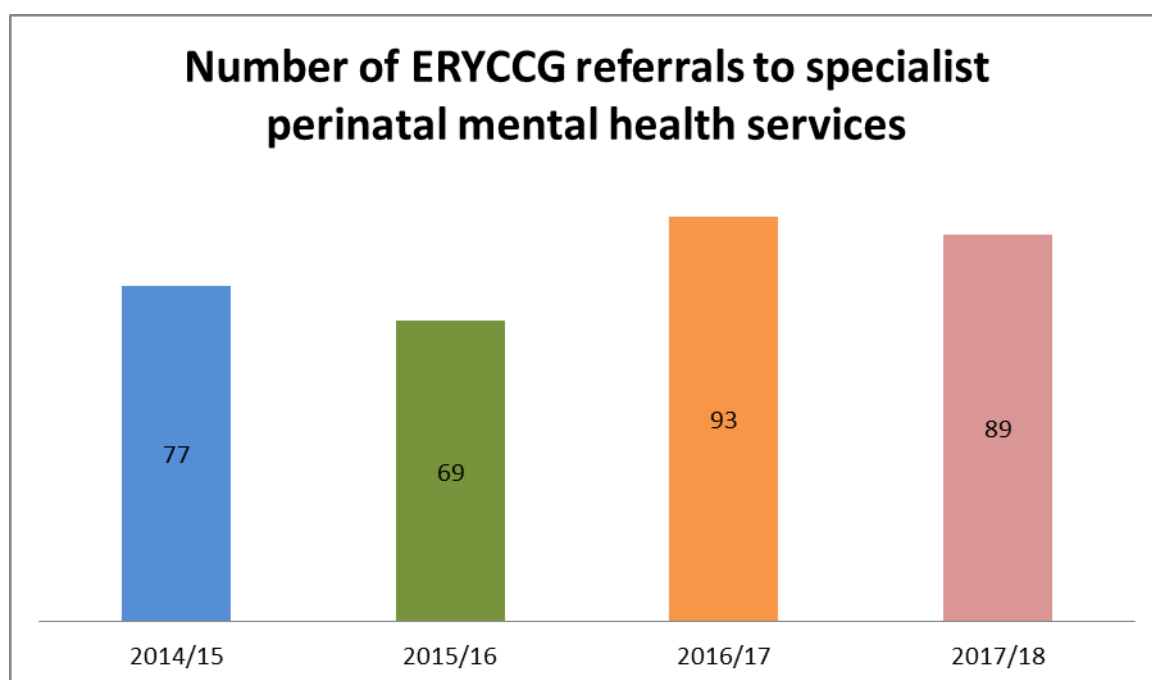
Weeks:	>0≤1	>1≤2	>2≤3	>3≤4	>4≤5	>5≤6	>6≤7	>7≤8	>8≤9	>9≤10	>10≤11	>11≤12	>12 plus	Total	within target
Length of completed CYP ED care pathways (routine cases) broken down by time band	1	3	4	1	0	0	0	0	0	0	0	0	0	9	9 100.0%
Length of incomplete CYP ED care pathways (routine cases) broken down by time band	0	1	0	2	0	0	0	0	0	0	0	0	0	3	3 100.0%
Length of completed CYP ED care pathways (urgent cases) broken down by time band	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2 100.0%
Length of incomplete CYP ED care pathways (urgent cases) broken down by time band	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 -

3.4

**Priority 5**

**Development of the perinatal mental health service**

- Access to the specialist perinatal mental health service for women who require it and are registered with an ERYCCG GP was extended in January 2016.



3.5	<p><b><u>Priority 8</u></b></p> <p><b>Improved access to inpatient beds</b></p> <p>The use of inpatient beds by children and young people from ERYCCG area has reduced in 2016 / 17 from the 2015 /16 high as shown below:</p> <table><tr><th><b>Bed Days<sup>1</sup></b></th><th><b>Child / Adolescent</b></th><th><b>Eating Disorder</b></th><th><b>PICU</b></th><th><b>UKNC / other</b></th><th><b>Total</b></th><th><b>Cost £</b></th></tr><tr><td>2014/15</td><td>886</td><td>458</td><td></td><td></td><td>1344</td><td>£793,009</td></tr><tr><td>2015/16</td><td>1580</td><td>364</td><td>128</td><td>149</td><td>2221</td><td>£1,310,977</td></tr><tr><td>2016/17</td><td>1177</td><td>236</td><td>418</td><td>127</td><td>1958</td><td>£1,022,369</td></tr><tr><td>2017/18</td><td>1251</td><td>765</td><td>520</td><td>500</td><td>3036</td><td>£2,030,876</td></tr></table>	<b>Bed Days<sup>1</sup></b>	<b>Child / Adolescent</b>	<b>Eating Disorder</b>	<b>PICU</b>	<b>UKNC / other</b>	<b>Total</b>	<b>Cost £</b>	2014/15	886	458			1344	£793,009	2015/16	1580	364	128	149	2221	£1,310,977	2016/17	1177	236	418	127	1958	£1,022,369	2017/18	1251	765	520	500	3036	£2,030,876
<b>Bed Days<sup>1</sup></b>	<b>Child / Adolescent</b>	<b>Eating Disorder</b>	<b>PICU</b>	<b>UKNC / other</b>	<b>Total</b>	<b>Cost £</b>																														
2014/15	886	458			1344	£793,009																														
2015/16	1580	364	128	149	2221	£1,310,977																														
2016/17	1177	236	418	127	1958	£1,022,369																														
2017/18	1251	765	520	500	3036	£2,030,876																														

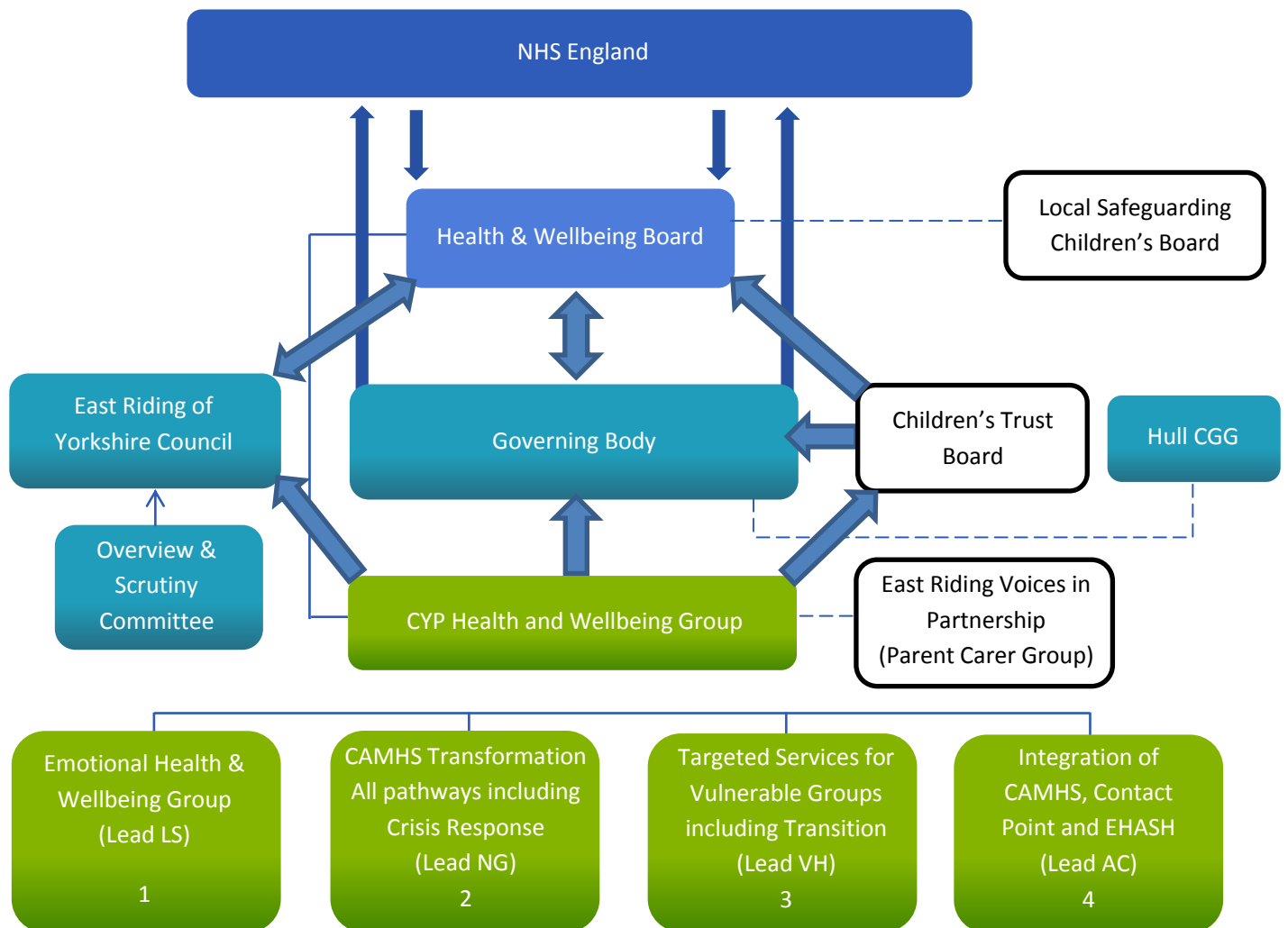
<sup>1</sup> Data provided by NHS England Yorkshire and Humber specialist commissioning

4	<b>Collaborative Commissioning</b>
	<p>ERYCCG commissions collaboratively with ERYC, neighbouring CCGs and Councils and NHS England.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• The specialist eating disorders service and 24/7 crisis service are both commissioned collaboratively with Hull CCG.</li> <li>• CAMHS inpatient care is commissioned collaboratively with NHS England</li> <li>• Supporting collaborative commissioning with NHS England by commissioning a full time specialist nurse practitioner with the East Riding of Yorkshire Local Authority Youth Offending Team (YOT) who works with young people with mental health needs who are involved in the youth justice system or are in danger of becoming so. This includes liaising during transition in or out of secure settings and other services.</li> </ul> <p>Future collaborative commissioning is expected to also be on an STP footprint or with some STP neighbours and clinical network participation.</p>
	<p><b>Humber, Coast and Vale Sustainability and Transformation Plan (STP)</b></p> <p>We will continue to work with the neighbouring CCGs and Councils to meet our vision of care.</p> <p>The ambitions of the ERYCCG Transformation Plan Refresh are consistent with its ambitions and plans of Priority 4 of the STP Sustainability and Transformation plan 2016 – 2021: “Supporting people with mental health problems”, including children and young people. This includes through:</p> <ul style="list-style-type: none"> <li>• Investing in best start and prevention strategies</li> <li>• Increased capacity in CAMHS services</li> <li>• A community perinatal service</li> </ul> <p>It is also consistent with NHS Five Year Forward Mental Health recommendations on Future in Mind as outlined in this Transformation Plan refresh.</p>

<b>5</b>	<b>Governance arrangements</b>
	The multi-agency Children and Young People Health and Wellbeing Board was developed to provide system-wide leadership and accountability for the delivery of the Transformation Plan and to monitor its implementation.
	It meets monthly and is jointly chaired by the Director of Integrated Commissioning and Transformation (ERYCCG) and Head of Children and Young People, Specialist Services (ERY Council).
	Membership includes representatives from East Riding of Yorkshire CCG, East Riding of Yorkshire Council, Voluntary Sector, Provider Trust and the East Yorkshire Parent Carer Forum (formally East Yorkshire Parent Carer forum).
	Terms of reference have been drawn up and agreed by the group and are reviewed annually.
	The Programme Board reports to the Children's Trust Board (quarterly), East Riding of Yorkshire CCG Board (six monthly), and the Health and Well-being Board (annual).



The governance structure was updated in 2018 and is outlined below:



	<b>Programme Board management</b>
	The delivery plan is updated quarterly. It includes details of the action required, person responsible, how it aligns to the Transformation Plan, RAG rating, start and completion date and its status.
	An action tracker is completed prior to each meeting containing high level information on key areas.
	Highlight reports for each priority are received by the Programme Board and give more detail including outlining achievements against agreed deliverables during the reporting period, key actions for the next, progress against milestones / key deliverables, exception reporting and risks and issues.
	A risk register for the whole programme is updated quarterly
	A finance tracker is completed quarterly outlining spend and its source against each priority.
	<b>Priorities</b>
	Each of the eleven local priorities identified in the Future in Mind Transformation Plan includes an action plan for implementation which has been updated in the 2018 plan to show the progress achieved during 2017/18.
	Each of the eleven local priorities has a lead with responsibility for co-ordinating activity to achieve the action plan.
	Where appropriate, they also have a multi-agency steering group which meets regularly to assist with this process.
	Progress, planned activity and risks are fed in to the Programme Strategy Board via the highlight plans.

<b>6</b>	<b>Trajectories</b>
	<p>Timescales for actions to meet our ambitions and objectives for each priority are set out in the table in Section 2 of this plan. A detailed delivery plan will be published. However further updates will be required following each meeting of the CYP &amp; HB Board to ensure it reflects the latest position.</p> <p>The local Transformation Plan itself may also be updated as it progresses. The version number and date of latest update will be clearly shown on page 2.</p>
<b>7</b>	<b>Key Performance Indicators</b>
	<p>A separate document is published as Appendix C with this plan outlining initial proposed key performance indicators, which currently focus on improvements to access and link to both local ambitions and national standards set out in Future in mind and Five year forward view for mental health.</p> <p>This performance dashboard will be update at least annually throughout the life of the plan and the date of the latest update will be clearly indicated at the top.</p>
<b>8</b>	<b>Needs Assessment</b>
	A summary of the information used to assess local mental health need for children and young people in preparing this plan is published separately as Appendix A.
<b>9</b>	<b>Finance</b>
	We have gathered information on activity, workforce and both new and total investment in services to support children and young people's mental health and wellbeing and this is summarised in the tables below.
	A full activity, finance and workforce data collection covering the whole system including targeted and universal services outside CAMHS is still in progress and will be published separately in November 2016.
	The total investment in CAMHS over the last two financial years and the planned expenditure for the current financial year is outlined in Appendix B. This includes

	£262k in each year from East Riding of Yorkshire Council within the recurrent funding for targeted CAMHS.
--	---