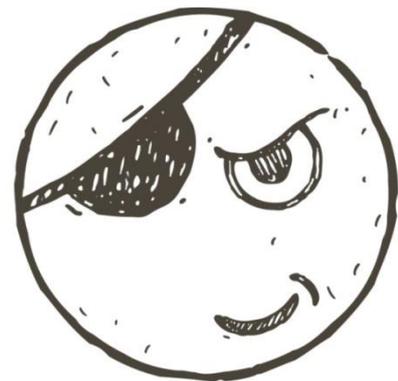




**A Refresh of Hull's Local Children and  
Young People's Transformation Plan for  
emotional wellbeing and mental health -  
one year on  
October 2016**



<b>Contents</b>	<b>Page</b>
Summary	3
Introduction	5
Sustainability and Transformation Plans	6
Hull’s profile	6
Priorities and Progress	6
• Earlier Help and Intervention – workforce	7
• Improved Access to Effective Support	7
• Children and Young People’s IAPT	13
• Autistic Spectrum Disorder	14
• Earlier Help and Prevention	14
• Young People and Families – Voice and Influence	17
• Enhance Existing Contact Point	20
• Eating Disorders	23
• CAMHS Crisis Team	24
• Transition	25
• Children and Young People with Learning Disabilities	25
National Priorities	25
• Mental Health Specialised Commissioning Team	25
• Out of Area Data	26
• Transforming Care	27
• Youth Justice	27
• Early Intervention in psychosis	28

## Summary Page

Priority	Achieved to date	Next Steps	Funding 2016/17	Funding 2017/18
1. Earlier Help & Intervention – The Workforce.	<ul style="list-style-type: none"> <li>Joint workforce plan written by Hull CCG &amp; Hull City Council.</li> <li>Training such as Youth Mental Health First Aid is currently being offered and delivered to the workforce</li> </ul>	<ul style="list-style-type: none"> <li>Self-harm training to be delivered in schools in 2016/17.</li> <li>An analysis of workforce needs to be undertaken during January – March 2017 to inform training plans from April 2017.</li> </ul>	£10,000 committed to self-harm training	£10,000 committed to the workforce plan
2. Improved Access to Effective Support – a system without tiers	<ul style="list-style-type: none"> <li>Improved waiting times and access.</li> <li>Review of ASD service and investment made to reduce waiting times</li> <li>A number of additional interventions &amp; therapies on offer for children and young people.</li> <li>Collaborative working with the Third Sector.</li> <li>Online referral form launched for professionals referring a young person to CAMHS.</li> </ul>	<ul style="list-style-type: none"> <li>Additional staff to be trained in IAPT</li> <li>Further reductions in waiting times.</li> <li>Additional therapies / interventions to be piloted such as online CBT</li> <li>Online referral form to be developed for use by young people to support self-referral</li> <li>Development of a post diagnosis service for ASD</li> </ul>	<p>£46,000 committed to IAPT training</p> <p>£90,000 non-recurrent funding to ASD pathway, plus £229,000 recurrent funding in addition to existing funding for ASD.</p> <p>£50,000 committed to third sector interventions / therapies recurrently</p> <p>£112,000 recurrent funding to waiting list initiatives</p>	<p>£229,000 recurrent funding for ASD in addition to existing funding</p> <p>£50,000 recurrent funding to third sector</p> <p>£112,000 recurrent funding to waiting list initiatives</p>
3. Young People & Families – Voice & Influence	<ul style="list-style-type: none"> <li>A children and young people’s emotional and mental health website launched in co-production with young people: <a href="http://www.howareyoufeeling.org.uk">www.howareyoufeeling.org.uk</a></li> <li>A self-harm campaign has been designed by young people</li> <li>A young person’s film is being developed discussing mental health in young people</li> </ul>	<ul style="list-style-type: none"> <li>Self-harm campaign to be launched November 2016</li> <li>Continued engagement with young people to ensure website remains relevant</li> <li>Hull CCG &amp; Hull City Council to join up communication and engagement plans</li> <li>Continued engagement and consultation with young people with be undertaken throughout the course of this plan</li> </ul>	£17,000 committed	£5,000 committed
4. Enhance the Existing Contact Point – Creating a Single Point of Access	<ul style="list-style-type: none"> <li>Model proposed and developed with stakeholders for an ‘Emotional Vulnerability Service’ with a single point of access and multi-disciplinary approach to triage. Ensuring prompt assessment and</li> </ul>	<ul style="list-style-type: none"> <li>A number of actions to take place including engagement and consultation with young people on the model and running a competition with young people to decide on a new name for the service.</li> <li>Service aiming to be</li> </ul>	Through existing funding channels.	Through existing funding channels.

	appropriate treatment with a range of organisations.	operational in February 2017.		
5. Eating Disorders	<ul style="list-style-type: none"> <li>Community eating disorder team developed jointly with East Riding of Yorkshire CCG.</li> <li>Hub and spoke model adopted to ensure both geographical areas and need of young people can be met</li> </ul>	<ul style="list-style-type: none"> <li>The specialist team will be fully operational by December 2016.</li> <li>The service will be monitored to ensure it meets the national access and waiting times and meets the needs of young people and their families</li> </ul>	£159,000 recurrently	£159,000 recurrently
6. CAMHS Crisis Team	<ul style="list-style-type: none"> <li>A Joint Hull and East Riding CAMHS Crisis Team has been developed and fully operational 24/7 since January 2016.</li> </ul>	<ul style="list-style-type: none"> <li>The service will continue to be monitored to ensure it meets the needs of children, young people and their families.</li> </ul>	£270,000 recurrently	£270,000 recurrently
7. *New Priority: Transition	<ul style="list-style-type: none"> <li>Transition for young people in learning disability and mental health services has been identified as a priority for Hull's transformation of services which is also a priority under the Transforming Care Partnership.</li> </ul>	<ul style="list-style-type: none"> <li>The national tool 'Stepping Stones' will be utilised to ensure effective transition between children's and adult's services and will be implemented in 2017.</li> </ul>	Funded under existing contracts.	Funded under existing contracts.
8. *New Priority: Children and Young People with Learning Disabilities	<ul style="list-style-type: none"> <li>Children and young people with a learning disability have been identified as a priority for Hull as waiting times are too high and transition arrangements should be strengthened. This work will be completed in line with the Transforming Care Agenda.</li> </ul>	<ul style="list-style-type: none"> <li>A local review of services will be undertaken and plans put in place to reduce the length of time children and young people are waiting for a service and to strengthen transition into adult services.</li> </ul>	NHS England has made available an additional £133,000 non recurrent funding which should be spent by the end of the financial year. £66,500 will be available in November 2016. The remaining £66,500 will be subject to successful bids. The bid submitted 25/10/16 will be evaluated by NHS England and if successful the funding will be made available. The plan sets out a set of actions to reduce waiting times.	

## 1. Introduction

This plan is a refresh of the Local Transformation Plan for children and young people's emotional wellbeing and mental health which was written in September 2015, in response to the recommendations set out in the Future In Mind report.

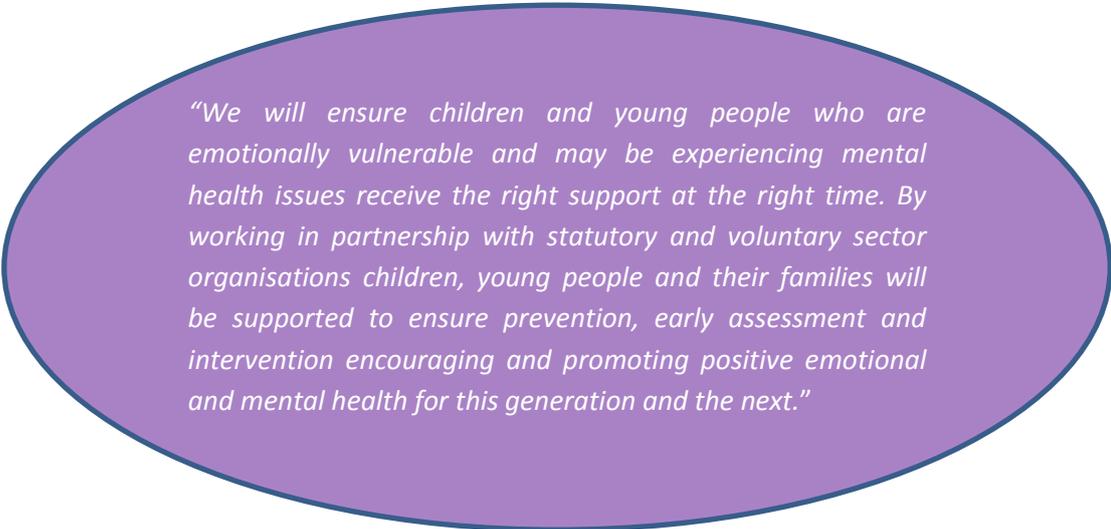
The plan is owned and driven by the Children and Young People's Transformation Steering Group which is comprised of health, social care, public health and voluntary sector organisations, with NHS Hull CCG as the lead for the plan. The terms of reference for this group can be found in appendix one.

Hull's vision in 2015 stated:



*"Children and young people in Hull that experience mental health issues have access to timely, integrated, multi-disciplinary mental health services which will ensure effective assessment, treatment and support for them and their families."*

After further consultation and learning over the last year, we believe the vision for Hull has evolved to:



*"We will ensure children and young people who are emotionally vulnerable and may be experiencing mental health issues receive the right support at the right time. By working in partnership with statutory and voluntary sector organisations children, young people and their families will be supported to ensure prevention, early assessment and intervention encouraging and promoting positive emotional and mental health for this generation and the next."*

This is the vision that drives Hull's transformation of children and young people's emotional and mental health services, and one that is shared across the Transformation Steering Group Partnership. This plan will describe how we aim to achieve this vision.

Hull has been fortunate to be one of the twelve areas in the country to pilot HeadStart, which is a Big Lottery funded programme with the aim of increasing children and young people's emotional resilience. In July 2016, Hull was one of six areas to be successful in the next phase of funding over

five years. This programme is led by Hull City Council, however has a well- established Partnership which includes a strong health commitment.

The model for the HeadStart programme can be found in appendix two. NHS Hull CCG, Hull City Council and the wider partnership are all committed to ensuring the HeadStart programme and the Local Transformation Plan are aligned to enable better outcomes for children, young people and their families. This will be demonstrated throughout this plan, which will include a joint workforce development plan and plans to develop a joint communications plan.

## **2. Sustainability and Transformation Plans (STP)**

Hull CCG is part of Humber Coast and Vale STP. There is a dedicated mental health lead for the STP and each CCG has a senior commissioning manager assigned to the STP. Hull CCG's Vulnerable People's team commission mental health and learning disability services for all life ages and therefore, we are able to ensure consideration of all life ages of mental health within the projects led by the STP. One of the STP key priorities is prevention of mental illness, which is a key component of our Transformation Plan and this Refresh. We are also working across the STP footprint on options for future joint commissioning of Place of Safety for children and young people.

## **3. Hull's Profile**

The full profile for Hull can be found in appendix three; however some key notes from the information and data are included below:

- The number of school children in Hull from minority ethnic groups has increased in recent years, but is still lower than the Yorkshire and Humber region.
- The percentage of children living in poverty in Hull has been decreasing, however it has not decreased as much as it has for the rest of England; which means the national inequalities gap has widened slightly.
- Out of the total number of children and young people aged 0-19 in Hull, 59,000 of these are dependent. Out of these 59,000 there are 18,000 living in poverty and therefore are more vulnerable to emotional and mental health issues.
- In 14/15 Hull had 41 hospital admissions for mental health conditions.
- In 14/15 Hull had 210 emergency hospital admissions as a result of self-harm in young people aged 10-24
- Hull has a higher estimated prevalence of any mental health disorder in young people aged 5-16; this is significant taking Hull's high poverty rates in to consideration.
- Hull's prevalence for emotional disorder, conduct disorder and hyperkinetic disorders is higher than the rest of the Yorkshire and Humber Region.
- In 2013, Hull had an estimated 4,800 young people aged 16-24 with potential eating disorders
- It is estimated that 5,100 young people have ADHD in Hull
- It is estimated that there are 1,020 young people requiring tier 3 CAMHS
- It is estimated that there are 45 young people requiring tier 4 CAMHS

## **4. Priorities and Progress**

In October 2015, Hull CCG published the children and young people's Local Transformation Plan (LTP) in response to the Future in Mind report and NHS England. The LTP was developed in consultation with key stakeholders and children and young people. Within the LTP we outlined six main priorities that would transform children and young people's emotional and mental health in Hull. The next section will demonstrate our progress against these six actions, and will describe our next steps. Hull CCG continues to strengthen our positive working relationship with the local CAMHS service, which is delivered by Humber NHS Foundation Trust.

### **4.1 Priority One: Earlier Help & Intervention – Workforce**

#### What we said we would do

*We will ensure that people working with children and young people are able to access enhanced advice, support and training on emotional health and wellbeing. This will include an additional offer of training on self-harm.*

#### What we did

A joint workforce development plan has been co-produced with Hull City Council, which can be found in appendix four, and includes an offer of training at different tiers depending on the role being undertaken. The CCG has committed to commissioning self-harm training and is currently researching potential providers and priority workforce groups who will undertake the training in this financial year. The aim of the training is to increase staff's knowledge, awareness and skills to be able to identify young people who may be self-harming, to have the confidence and skills to support young people in their setting and to know when a young person requires specialist support and therefore, requires an onward referral.

Hull City Council will recruit a Training Officer post by January 2017, which will form part of the HeadStart Core Team. Once in post, they will undertake a needs analysis with the workforce which will inform the continued development of the joint plan. The post holder will deliver bespoke training and ensure learning across the workforce is sustained.

Hull CCG has committed £10,000 to workforce training in 2016/17.

#### What will we do next

Self-harm training will be delivered in 2016/17.

The Training Officer will undertake a workforce analysis during January to March 2017, which will inform training plans from 1<sup>st</sup> April 2017.

£10,000 will be committed to the workforce plan in 2017/18.

## **4.2 Priority Two: Improved Access to Effective Support – A system without tiers**

### What we said we would do

*Improve access to early help and effective support for emotional health and wellbeing, built around the needs of children, young people and their families. Services will ensure minimal waiting times, and support to children and young people will be delivered through integration of services.*

In 2015, CAMHS were experiencing more than 100% increase in referrals compared with the previous year and 67% of the total referrals received by CAMHS did not require a specialist CAMHS intervention.

As a result, the CAMHS service was under pressure to deal with the increase in referrals and waiting lists increased both for those young people requiring interventions and therapy, but also to try to support families who were in distress. Unfortunately, at the time within the city there were limited alternative services to CAMHS, and so the service was often unable to respond and signpost onto alternative appropriate services. This created a negative perception of CAMHS who were seen to 'reject' referrals. It also highlighted gaps in provision for support for young people and their families.

### What we did

The CCG invested £250,000 non- recurrent funding to the waiting list initiative in 2015/16. Funding allocated to CAMHS from the transformation fund recurrently has allowed the service to pilot and deliver a number of initiatives:

#### **4.2.1 Initiative 1 Cognitive Behaviour Therapy (CBT) Clinics**

One of the waiting list initiatives was the continuation of the CBT clinics, which are delivered on a Saturday and on weekday evenings; enabling young people to attend therapy appointments outside of school hours. These clinics have continued to be incredibly successful.

Young person quote *"I was given lots of different strategies to deal with stress and anxiety so that I could figure out which worked best for me and which didn't"*

Parent quote *"I feel it resolved my daughter's anxiety"*

Money invested into CAMHS from the Transformation fund has enabled these clinics to continue as part of the core CAMHS offer.

#### **4.2.2 Initiative 2 - BOOST**

In response to the high number of young people waiting to be seen on the anxiety and low mood pathway, the CAMHS service explored and developed a number of innovative ideas. The service devised the BOOST 10 week group programme for young people aged 12-18 years in response this age group experiencing similar issues.

The group programme encourages young people to manage their anxiety, worry and avoidance behaviours, as well as promoting self-esteem and assertiveness using CBT techniques. Overall the group aims to help young people develop healthier coping strategies with its strength in sharing experiences in a supportive environment.

7 young people were involved in the pilot; all aged between 13 and 17 years and were all female. The group was delivered at 6pm every week. Each session lasted 1 hour and was structured as follows:

Week 1 - Introductions and goal setting	Week 6 - Problem solving
Week 2 - What is CBT, Anxiety and Depression	Week 7 - Ways to reduce avoidance by using graded exposure
Week 3 - Exploring Thoughts, feeling and behaviours	Week 8 - Confidence, self-esteem and Assertiveness
Week 4 - Challenging unhelpful thoughts	Week 9 - Anger Management
Week 5 - Mindfulness	Week 10 - Feedback from group participants and their families. Group picnic to end the programme.

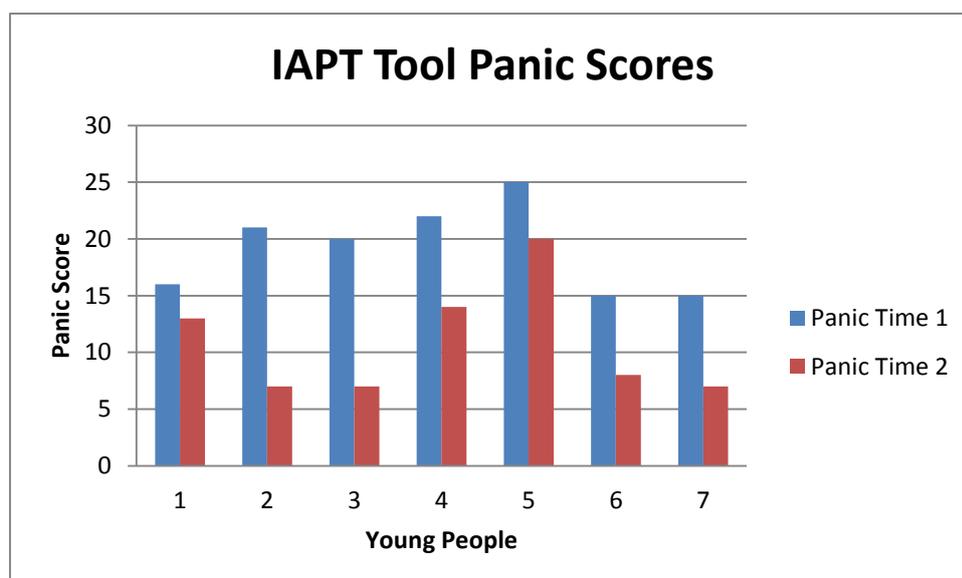
During the programme a member of the Hull and East Yorkshire Mind team attended to provide information regarding their service. This was an opportunity for participants to access further support in the future post discharge from CAMHS, if required.

As an outcome measure, the service used the Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) session by session – Symptom Tracking Tool to measure panic, anxiety and depression in the young people at the beginning and end of the programme. The tool is a self-report measure and is scored out of a maximum of 30 – the higher the score, the higher the level of symptoms.

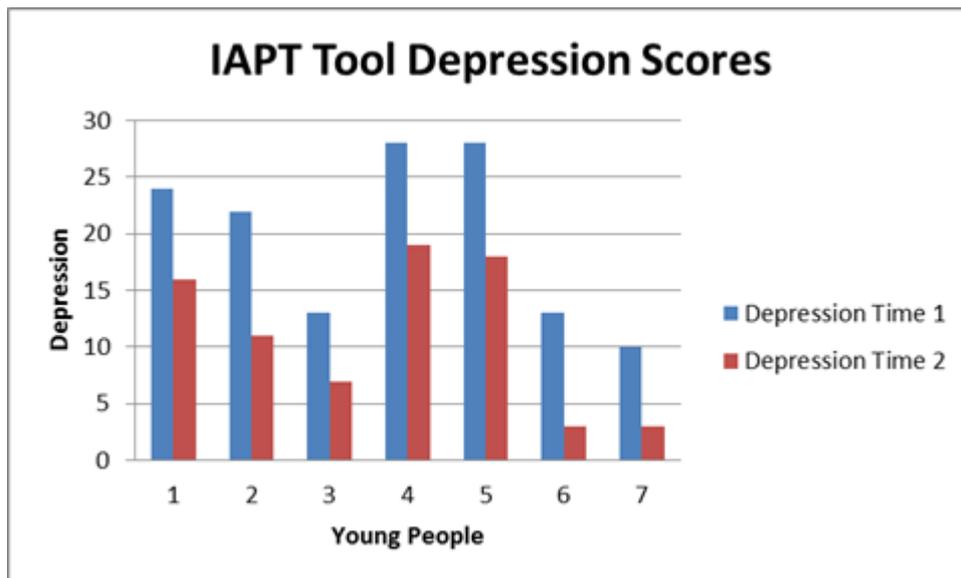
‘Panic Time 1’ – sets out how the young person feels at the beginning of the programme

‘Panic Time 2’ – sets out how the young person feels at the end of the programme

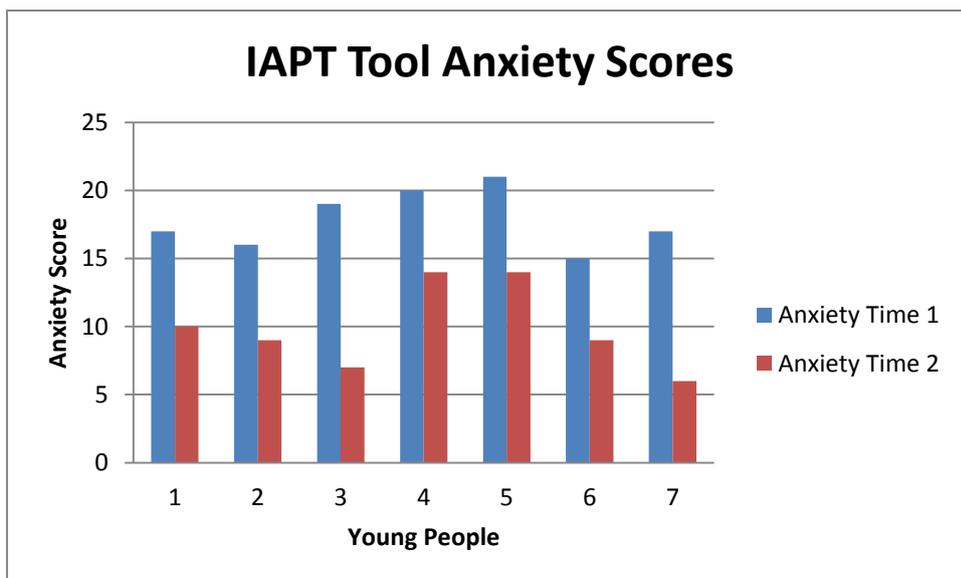
Graph 1 shows panic scores at the beginning and end of the programme



Graph 2 shows depression scores at the beginning and end of the programme



Graph 3 shows anxiety scores at the beginning and end of the programme



*“I’ve learnt how to manage my anxiety in a variety of situations”*

*“It’s good to share your problems with other people, I didn’t feel alone”*

*“I’ve learnt to control my thoughts, and I do not feed my anxiety anymore”*

Please see appendix five for feedback letter from a parent.

#### 4.2.3 Initiative 3 – Voluntary Sector

To address the gap in provision for young people requiring support but who did not require specialist CAMHS interventions, the CCG worked with voluntary sector organisations in the city and in particular commissioned Hull and East Yorkshire Mind to develop a programme of support for young people who were on the CAMHS waiting list. The initiative was named the Hull Young People’s (HYP) project. £50,000 of the 15/16 Transformation money was used to pilot this approach, which ran

from October 2015 to March 2016. The project aimed to improve mental health and well-being, reduce reliance on statutory services, reduce social isolation and improve relationships. Young people were offered 1:1 sessions, group sessions or peer mentors who could enable them to continue to achieve their goals in the wider community. Group sessions included social activities such as rock climbing and photography workshops which gave young people a chance to take part in an activity which they may have otherwise been unable to.

Service outcomes and feedback has been overwhelmingly positive during the pilot. Out of 42 young people supported by the project, 92% avoided returning to statutory services, 74% of young people reported on their recovery star having improved mental health. Young people reported the following:

*“I don’t need my mum to come to school with me anymore; I can do it on my own. Before she used to have to come with me or I wouldn’t go.”*

*“For the first time ever I have made friends. We are even meeting up outside of the group and going to Leeds together to see our favourite Youtuber.”*

*“I feel more confident in myself but I also know how to cope and what to do when things go wrong.”*

From April 2016 £50,000 has been allocated to continue this project and in response to feedback from young people Mind will deliver more 1:1 counselling. During April to June 2016 Mind have received 109 referrals, all of which were seen within 4 weeks. Referrals are co-ordinated via CAMHS, which enables young people to have a choice of intervention.

100% of young people seen have reported a positive outcome in their mental wellbeing. Mind use the Core 10 Scale.

One parent said: *“My son never had ‘good’ days at school. Some days he was in trouble every single lesson. After two sessions I have seen such a difference.”*

#### **4.2.4 Initiative 4 Incredible Years**

Incredible Years is an evidenced based parenting intervention recognised by NICE guidance (2013), which helps to develop and foster positive parent-child relationships and build upon effective parental involvement. It is well substantiated in helping parents in the management of behavioural difficulties, including conduct difficulties.

The programme is 18 weeks for children aged between 5 and 12 who present with moderate to severe behaviour difficulties and meet the threshold for a CAMHS referral. As there is a requirement for parents to have accessed a parenting course before undertaking Incredible Years, there is a joint arrangement in place with Hull City Council to enable parents to access a course first.

Since March 2015 there have been 3 completed cohorts of Incredible Years in the Hull area. Total CAMHS referrals represented = 20 children, 21 Parents. Retention rates of parent’s across 3 Cohorts is approximately 75%.

All cohorts indicated improvements around behaviour management and parental involvement, although behaviour shifts varied depending on complexity. Parental self-esteem, self-awareness and ability to problem solve was also observed to be improved.

3 Parents re-entered full-time education/ adult training following attendance at the group.

2 children required further input from CAMHS. This involved 1 referral to the ASD panel and 1 referral to ADHD pathway. Following home coaching sessions however, the child referred to ADHD pathway was withdrawn from assessment as parent felt confident in dealing and managing her daughter's behaviour. All other referrals discharged following completion of group. 1 child was removed from further social care involvement due to improved parental confidence and competency.

Interest in the group is widening and the service is currently running 2 further groups in September and October 2016.

Parental comments following completion of programme included:

*"I found all the Incredible Years strategies useful to me "*

*"It was great, knowing that it wasn't only me in this situation"*

*"Helped with daughter's behaviour, attitude and social skills"*

*"Ideas for giving both attention and understanding feelings"*

*"Wished I had this help years ago"*

#### Where we are now

In 2016/17 over £500,000 new recurrent investment has been allocated to CAMHS in the City, to increase service capacity and increase the range of services available to meet the demand over seven days per week. This has resulted in no children or young people waiting over 18 weeks for a CAMHS intervention in Hull; this target was reached in July 2016 and continues to reduce.

The CAMHS service has developed an online referral form for use by professionals currently, to enable quicker and more appropriate referrals into the service.

Appendix six provides a concise description of the positive journey CAMHS has undertaken over the last two years.

#### What we will do next

The initiatives described above will continue to be offered as part of the core CAMHS offer as a range of options for young people and families. Further work is being undertaken to also pilot online CBT therapy, which is hoped to become part of the range of interventions and therapies offered from the service.

We will continue to improve access to services and we plan to remodel the service to ensure it is future proof, as described in the 'Emotional Vulnerability Service' – see below.

This will include exploring lower thresholds and flexible age restrictions; working more closely with adult services, not only for transition, but to ensure the most appropriate service supports, which should be decided jointly with the young person.

The online referral form will be extended for use by young people for self-referral.

The use of Stress Control groups will be explored as a first intervention for children and young people.

The way in which vulnerable groups of young people are engaged will be explored, for example Hull has a high BME population, and there may be a need to offer interventions in a different way.

Following the announcement of additional funding from NHS England to further reduce waiting times and improve access, plans have been submitted to support Hull's waiting list for children and young people's learning disabilities.

#### **4.2.5 Children and Young People's Improving Access to Psychological Therapies (IAPT)**

The IAPT service for children and young people in Hull is delivered as part of the CAMHS service in Humber NHS Foundation Trust. The programme works to transform existing services provided by the NHS (and Local Authority and Voluntary Sector services). The programme aims to create, across staff and services, a culture of full collaboration between child, young person and/or their parent or carer by:

- using regular feedback and IAPT's trademark session-by-session outcome monitoring to guide therapy in the room, but using a mixture of goals and symptom measures suitable for all those presenting to community CAMHS, not just anxiety and depression.
- improving user participation in treatment, service design and delivery
- improving access to evidence-based therapies by training existing CAMHS staff in targeted and specialist services in an agreed, standardised curriculum of NICE approved and best evidence-based therapies
- training managers and service leads in change, demand and capacity management
- improving access through self-referral.

By December 2016, Hull will have the following staff trained to deliver different areas of IAPT:

- Systemic practice – 2
- CBT - 1
- Interpersonal Therapy for Adolescents (IPT- A) – 1
- Supervisor – 2 trained
- Service Lead – 1

### What we will do next

We will continue to implement the IAPT model in 2017/18 as a longer term plan to ensure there is sustainability in the system, with four additional staff being supported to undertake the training.

#### **4.2.6 Autistic Spectrum Disorder (ASD)**

### Where we were

The demand for the service increased rapidly, rising from 114 referrals in 2013 to 301 in 2014. Referral rates continue to increase – up by 21% for the period April 2015 to August 2015 compared to the same period in the previous year. At end of November 2015 there were 244 accepted referrals waiting for the start of assessment, of which 157 (64%) had waited longer than 20 weeks.

### What we did

The CCG undertook a review of the local children and young people's ASD service in December 2015. The review resulted in the CCG investing £90,000 non-recurrently in 2016/17 and £236,000 recurrently going forward. This funding is in addition to the historical funding for children and young people's ASD and has been invested in separately to the Transformation Fund allocation.

This additional investment has provided a significant improvement in the waiting times; average waiting time in June 2015 was 35.4 weeks, the average waiting time in July 2016 was 19.9 weeks. The service will be 18 week compliant by the end of October 2016.

To ensure we are able to support the young person and their family, the CCG has invested over £40,000 per annum with KIDS Charity who provide a sleep service and sleep training. 30 practitioners delivered sleep support during 2015 providing a total of 1915.5 hours sleep support. In addition, during 2015 a total of 18 workshops were delivered by sleep counsellors to a total of 88 families. This included a full day workshop for Foster Carers in the city. The CCG has also identified a reduction in the prescribing and reduction in melatonin use since the introduction of the Sleep Service.

### What we will do next

Further work is planned to be undertaken to further reduce the waiting list and develop a non-medical post diagnostic support service for children and young people who have received a diagnosis of ASD. CCG Commissioners are working closely with a local GP Champion who has expert knowledge in ASD.

#### **4.2.7 Looked After Children**

There are currently no looked after children waiting more than 12 weeks, with improvements in this waiting time planned. At the end of August 2016, there were 66 looked after children on the CAMHS caseload.

#### **4.2.8 Early Intervention and Prevention**

Hull's Early Help and Priority Families Strategy (2015-2020) sets out a city wide delivery model which aims to identify children, young people and families that may be at risk of running into difficulties

and providing timely and effective support. A delivery model which brings together different services and agencies to collectively look at what support is needed for families and creates the environment to work together to deliver the required support in a coordinated way – thus improving outcomes for families and reducing demand in the system for more costly, acute and specialist services.

Hull City Council, NHS Hull CCG along with partner members of the Hull Children, Young People and Families Board are committed to a combined focus on providing effective early help through an approach which is one of collaboration and alignment of services which deliver early help ‘early in life or at the earliest opportunity’.

The provision of early help in relation to emotional well-being and mental health is an integral part of the early help delivery model, bringing services together to address the causes of poor emotional and mental health and putting in place services and actions to provide support for those in need at the earliest opportunity.

Over the past 2 years Hull has been piloting the HeadStart Hull Programme, funded by the Big Lottery Fund, aimed at developing a whole system approach to improving the emotional well-being and resilience of children and young people in Hull. The HeadStart Partnership have recently been successful in securing £7.8 million over 5 years for the continued delivery of HeadStart Hull and the HeadStart Delivery Model focuses on the development of a system wide approach to prevention and early intervention for 10-16 year olds across the city. Whilst focused on 10-16yr olds HeadStart provides Hull with an exciting opportunity to ensure that emotional and mental health and well-being becomes ‘everybody’s business’.

#### What we are doing?

**The Early Years** - Prevention and early intervention in the early years is a crucial phase to secure strong emotional well-being and mental health. The link between parental mental health and children’s mental health is strong and a key part of the early help provision is support for parents and children through an integrated approach, for example:

- Midwifery, Health Visiting, GPs and Children’s Centre services – focused on the early identification and support for maternal perinatal mental health issues in pregnancy and post pregnancy
- Parenting support in the early years provided through both 1-1 support via midwives, health visitors and other early years practitioners and via evidence based parenting programmes which provide targeted support for those identified with needs, for example Triple P; HENRY and Incredible Years programmes
- An Integrated Review at 2-2.5yrs, bringing together early years education and health visiting, both of whom are required to carry out an assessment of children at 2-2.5yrs, which usually happens separately. In Hull partners are coming together to integrate these reviews and provide a vital opportunity to see how children are developing from both a health and early learning development perspective, a vital opportunity for the early identification of any problems in areas such as personal, social and emotional development; communication and language; learning and cognitive development; physical health and physical development and self-care.

The assessment tool being utilised across the early help delivery model is the Family Outcomes Star which supports parents to focus on ten areas of their family life, examine how they are feeling, if they are coping and what they need to do to address any difficulties – taking the family through a ‘journey of change’. This tool is a very effective way of taking a holistic look at the family circumstances and developing a proactive plan of action to move families towards more effective parenting. It includes examination of many of the areas which can contribute towards poor emotional and mental health such as progress to work; home and money; family routine; boundaries and behaviour; social networks and also meeting emotional needs.

**Universal and Targeted Services** – Hull has a wealth of high quality universal services which provide support for children, young people and their families and are critical in respect of the role they play in promoting good emotional well-being and preventing emotional and mental health problems. Here are some examples of the work being carried out:

- 0-19 Public Health Nursing Services – the council has invested in a new 0-19 service which includes health visiting, school nursing and the family nurse partnership, all of whom have an important role to play in supporting improved emotional well-being and mental health.
  - The health visiting service: has a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support; ensures delivery of the Healthy Child Programme to all children and families starting in the antenatal period; and promotes secure attachment, positive parental and infant mental health and parenting skills using evidence based approaches.
  - The school nursing service: works to prevent ill health, promote and protect good health and wellbeing of children aged 5-19 years of age and their families; supports parents to develop and sustain a strong bond with children (5-19); identifies health issues early, so support can be provided in a timely manner; assesses the health needs of individual children and young people and their families, and offer/co-ordinate appropriate packages of support.
- Schools – primary, secondary, special schools and pupil referral units all provide significant resources for pastoral care. Through HeadStart Hull, schools are being supported to develop whole school approaches to promoting resilience and improving emotional well-being. As part of HeadStart Hull they are embedding new, mindful approaches to the delivery of PSHE and all secondary schools in the city have much closer working relationships with CAMHS to support those students in greater need. School staff teams have accessed a range of training to support their understanding and practice, such as Youth Mental First Aid and Mindfulness Training.
- Midwifery Services – Hull Maternity Services Strategy has a key priority to develop ‘Better Postnatal and Perinatal Mental Health Care’ including a new clinical pathway and guidance for practitioners and increased investment in workforce development, including specialist training.
- Early years services – integrated approaches to supporting families and strengthening attachment between parent and child, avoiding early trauma as outlined previously, with

midwives, health visitors, early years education providers and children's centres working together to target support to those most in need.

- HeadStart Hull – a range of universal and targeted services including: drop-ins for young people in school and community settings; young people and parents peer mentoring programmes; family play sessions; PSHE development; training and support for the local workforce; local campaigns; parenting programmes; targeted group work in schools and the community; young people's counselling services and resilience coaching. All of which is designed to improve the emotional well-being of children and young people and reduce demand on more specialist services such as CAMHS. The HeadStart Hull Delivery Model is attached at appendix two.
- Parenting Support – a developing Parenting Support Plan, which will coordinate provision in a more cohesive and integrated manner across the city, ensuring parents have access to evidence based programmes of intervention and support and that the right support is available at the right time, in the right style.

## **5. Priority Three: Young People and Families – Voice and Influence**

### What we said we would do

*We will continue to listen to and talk to young people to gain their views and understand their experiences to better inform future commissioning.*

Listening to the voices of children and young people is always a priority for the Children and Young People's Transformation Steering Group. Engagement and consultation with children and young people is part of our joint health and social care communications plan, which is owned and driven by the children and young people's transformation steering group. Future engagement is planned with young people regarding the proposed Emotional Vulnerability Service which is described later in this plan. Engagement has also been and continues to be a big part of the HeadStart programme. The next section will describe some of the ways engagement has been achieved throughout the year.

### **5.1 Website**

A children and young people emotional and mental health website has been designed in consultation and engagement with young people, with the primary purpose being to help children and young people to understand emotional and mental health issues, to promote self-help tips and techniques, and to help to make the 'system' easier to navigate within local services. The website also includes quizzes and a section to share stories.

The design and content has been completed in full collaboration with many groups of young people at different ages. The website was launched on the 3rd October 2016 and can be found at the following address [www.howareyoufeeling.org.uk](http://www.howareyoufeeling.org.uk). A comprehensive launch was undertaken which can be found in appendix seven. The launch was undertaken as much as possible in conjunction with young people; offering young people an opportunity to learn new skills along the way. Hull City Council and local voluntary sector organisations have also jointly developed this piece of work. Full

evaluation of the website is being undertaken and will inform any necessary amendments and updates to the website. There are on-going plans to ensure the information remains up to date and relevant. The website will also be used as the catalyst to promoting future planned campaigns.

Within the launch plan, a group of young people aged between 16 and 18 volunteered to be involved, which included giving up their own time to attend a training session in which Hull and East Yorkshire Mind delivered some mental health awareness training and skills and techniques were shared to enable the young people to market the website on their own social media accounts to their friends and family. It is hoped that a peer to peer conversation on social media will increase awareness of young people's mental health and the website. This group of young people also volunteered to be a part of a Street Team promoting the website at Hull Fair where thousands of young people attended every day, giving out wristbands and taking selfies using a specially designed snap chat filter promoting the website using the hashtag #howareyouHull The young people have also volunteered to promote the website across assemblies in schools.

One young person who attended the training said *"it was better than I was expecting"* and another said *"it's really exciting to be a part of an important project, and one which will help to tackle stigma"*

The young people involved will receive a reference for their involvement to help with their university applications or job interviews. They were also signed up as Hull CCG champions, which provides them with work experience opportunities at the CCG and support with other projects they may wish to be involved in. Each young person was given a jumper with the website branding, certificates, and cinema tickets.

The total cost to design and build the website was £12,000. An additional £9,000 was also allocated to launch the website and to create videos to be included on the website, which will include video blogs (vlogs), encouraging young people to share their stories safely. The total cost of the website has been shared by Hull CCG and Hull City Council.

A video documenting the launch of the website was also commissioned, capturing the importance of young people's co-production in this project which will be ready mid-November. Our champions below!



## 5.2 Self-Harm Campaign

A young person led campaign has been developed and designed, which focuses on self-harm awareness. This has been coordinated by a local voluntary sector organisation called Corner House, which works with vulnerable young people. The campaign will have a strong positive message with the strapline #FindYourOutlet which supports young people to use different ways of coping with their feelings. The campaign is planned to be launched in November 2016, in the main on social media platforms such as Facebook and Instagram by young people themselves and posters will be distributed across young people settings such as schools and youth settings. The launch date of the website is later than originally planned due to differences of opinion amongst the young people involved, and more time was used to allow the campaign to be truly young person led and allow them to decide how it should look. The total cost: £5,000.

### What we will do next

Additional engagement and consultation with young people and their families will be described throughout this plan under individual priorities and initiatives.

Young people will be encouraged to continue to feedback on the content of the website, offering ideas to improve how it is used.

Hull CCG and Hull City Council also plan to join up local communication and engagement plans to ensure effective engagement, consultation and communication is sustained.

Individual projects will be delivered in response to issues raised by consultation and we will continue to listen to the voices of children and young people.

£5,000 will be allocated in 2017/18 to the continued development of the website.

## **6. Priority 4: Enhance existing Contact Point**

### What we said we would do

*Develop an integrated Single Point of Access for advice, guidance and referral.*

### Where we were

As stated earlier in this report, Contact Point at CAMHS received a 100% increase in referrals between 2014 and 2015. Although Contact Point were commissioned to provide a signposting service for families and referrers who didn't meet the specialist CAMHS threshold, both commissioner and provider didn't expect that 67% of referrals would require this service. It was also evident from this figure, that there were a high number of young people who needed support in a different way to specialist CAMHS.

### What we did

#### **6.1 Emotional Vulnerability Service:**

We highlighted the potential to re-design contact point with the local CAMHS provider and other key stakeholders and proposed the idea of a new Emotional Vulnerability Service.

The vision for this service is to have a single point of access and a multi-agency MDT approach to triage of all referrals and we will continue to promote self-referral. This will ensure prompt assessment, diagnosis, interventions and post diagnostic support for children and young people who are emotionally vulnerable and may be experiencing mental health issues, which put their overall health and wellbeing at risk.

The service will be delivered in true partnership between health, social care and voluntary sector organisations.

The Principles and Aims of the new service are consistent with Future in Mind guidance, the Five Year Forward view for mental health, local demographic need, service user feedback and consultation with GP's.

The aims of the service are:

- To adopt the iThrive Model which operates without tiers and is based on need
- To work collaboratively with key partners: health, social care and voluntary sector to ensure coordinated support to both the young person and their family
- To have integrated pathways that work seamlessly across services
- Reduce the need for families to 'navigate' the system themselves

- To ensure children, young people and their families views are acknowledged, considered and applied to the on-going planning and development
- To reduce the stigma associated with having a ‘mental health’ need
- To increase the range of services available and improve access times to support more children and young people who have emotional needs and do not require specialist mental health interventions.

The iThrive model found below which is based on need and shared decision making with the young person will be the ethos of the Emotional Vulnerability Service.



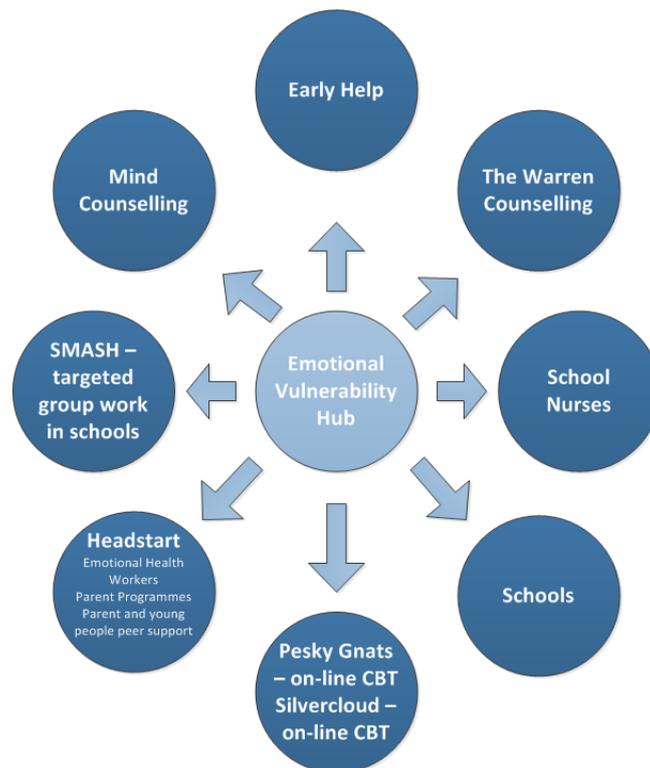
A full stakeholder event was held on the 7<sup>th</sup> October 2016, which described the vision and aims of the service in more detail and allowed key stakeholders to share their thoughts, ideas and concerns on the proposed service. The service is aiming to be operational by February 2017.

Feedback on the proposed model was very positive and there was a lot of enthusiasm to develop it further. Some of the feedback gathered from the workshop can be found below:

<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Develop a greater understanding of services</li> <li>• Young people and families are fully supported in accessing the right help</li> <li>• Less duplication</li> <li>• Get it right first time</li> <li>• Utilising organisation’s skills; Voluntary &amp; Community Sector</li> <li>• Spending more time listening and taking on board young people and families views</li> </ul>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Workforce development plan</li> <li>• Service integration</li> <li>• Scope existing services / delivery of a hub in other areas</li> <li>• Empowerment of parents</li> <li>• Shared decision making</li> <li>• Children, young people and families at heart of influence</li> <li>• Better co-ordination of care</li> </ul>
<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Some duplication in access points</li> <li>• Skill sets – right staff with right skills</li> <li>• No service mapping to date</li> <li>• The perception of the public of CAMHS</li> <li>• Transition</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Resources</li> <li>• Lack of understanding</li> <li>• Differing KPI’s / priorities / commissioning requirements</li> <li>• EV Hub could be miss-interpreted –</li> </ul>

<ul style="list-style-type: none"> <li>• LAC placed out of area</li> <li>• Some people do not like change so how is this going to be supported</li> <li>• Having all partners on board</li> </ul>	<p>could be new CAMHS</p> <ul style="list-style-type: none"> <li>• Epidemic of self-harm – confirming some sort of status for young people</li> <li>• Increase in need / reduction in capacity</li> <li>• No agreement between partners due to potential difference of priorities, values etc</li> <li>• Central government</li> </ul>
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The diagram below demonstrates how the Emotional Vulnerability Service will interface with other services in the city.



### What we will do next

There are a number of actions that will take place to further develop this model following the Stakeholder Event, these include:

- Mapping exercise of current services, highlighting gaps in provision and plotting the services on the iThrive model – to ensure service interface is right and services meet our population need
- Learning from individual cases, following a patient journey to understand why that young person was referred to a particular journey and where lessons can be learned to inform better planning
- Engagement with young people and families on the proposed model
- Competition to be run with young people to decide a name for the service

- A further workshop to be held with stakeholders to ensure the practicalities of the model are in place

## **7 Priority 5: Eating Disorders**

### What we said we would do

*Improve the delivery of care for children and young people with eating disorders.*

### What we did

The development of a community eating disorder service was a requirement of the Future in Mind funding and money was allocated for this service to each CCG.

The Community Eating Disorder Service has been developed jointly with NHS East Riding of Yorkshire CCG in order to meet the population footprint required. A specification has been developed which sets out a hub and spoke model and describes the key requirements for both CCG areas as our demographic need is very different. Hull has a lower demand for this service compared with the East Riding with an average of 16 young people on active caseloads each month, in comparison with an average of 42 each month in the East Riding.

Recruitment of nursing staff has taken place, with training courses and induction underway. The service is expected to be fully compliant by December 2016. The service specification outlines clear key performance indicators, which ensures the waiting time standard is met.

The national access standard has not been met locally in the last quarter, which requires children and young people referred for an eating disorder to enter treatment within 1 week of referral for urgent cases and 4 weeks for routine cases. However, this will be resolved with the establishment of the new Eating Disorder Team, which will be co-located and will receive all eating disorder referrals via a dedicated telephone number and address and will ensure the team directly pick up referrals in a timely way. This will be fully implemented mid-November 2016. Interim plans have been put in place to ensure that eating disorder referrals are triaged by the eating disorder team promptly to ensure the waiting time standard is met going forward.

The full allocation of £159,000 has been committed recurrently from 16/17.

Performance and outcome information is currently being collated.

### What we will do next

We will continue to monitor the service against the required standards.

A further development during 2016/17 is to ensure that the specialist eating disorders service is able to provide phlebotomy and other physical health checks, reducing the need for young people and their families to seek further appointments with primary care and ensuring a consistency of approach.

## 8. Priority 6: Development of a CAMHS Crisis Team

### What we said we would do

*To ensure children and young people receive timely and effective support when in crisis and to avoid unnecessary hospital admissions.*

### What we did

In January 2016 the joint Hull and East Riding CAMHS Crisis team went live 24/7 and Humber NHS FT officially launched the service with the direct line open to everyone. During the day (Mon-Fri, 9am-5pm), referrals to the Crisis Team can be made through the existing CAMHS service (contact point) and at night through a new single point of contact by calling the Crisis Team directly. The team is made up of twelve registered mental health nurses with significant experience in crisis work and CAMHS. They will support children and young people suffering severe emotional distress in appropriate settings that meet the need of the young person; this may include in their home, school or GP Practice. £270,000 invested recurrently.

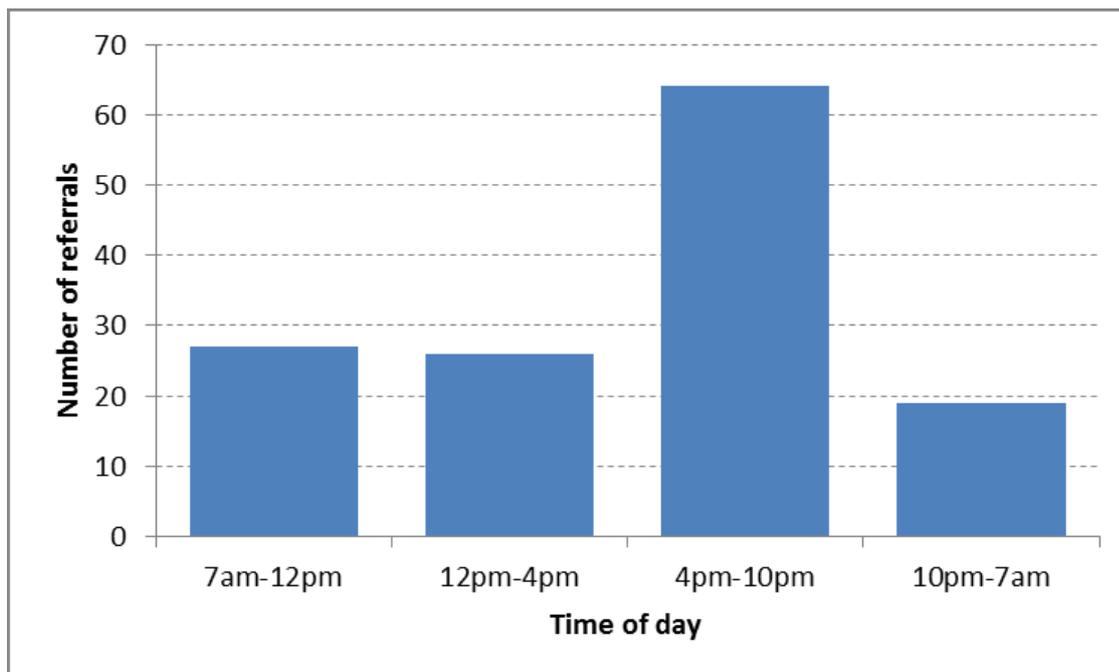
### **Referrals to the service:**

The team received 136 referrals in Q1 16/17 (73 regarding young people with a Hull GP, 63 regarding young people with an East Riding GP).

- Emergency (required to be seen within four hours) = 24
- Urgent = 48
- Telephone Support only = 64

Out of the 24 Emergency referrals, 19 were seen for a face to face assessment within 4 hours.

### Time of referrals:



Referrals are received from a range of sources from GP, adult crisis team, liaison, schools, paramedics etc, however the highest sources of referrals are from young people themselves, or from a parent/carer.

Young person quote: *"They listened and understood my issues but also helped me a lot to understand why I feel this way."*

The team works with young people in the community and are in close contact with the police when there are identified risks to self or others in order to determine if a police presence is required and if it safe to assess and provide interventions in a safe way at home. This takes into account young persons, families and staff safety. A joint visit to establish this safety is occasionally arranged.

#### What we will do next

Continue to monitor the service to ensure it meet children, young peoples and family's needs.

### **9. Further identified priorities**

#### **9.1 Priority 7: Transition**

A national tool has been developed called 'Stepping Stones', which provides both commissioners and providers of both adult and children's services with the tools and techniques needed to successfully transition young people from children's services into adult services.

A baseline exercise will be undertaken with provider organisations, which will inform an action plan to improve transition for children and young people across all mental health and learning disability services.

#### **9.2 Priority 8: Children and Young People with Learning Disabilities**

A local review of services will be undertaken and plans put in place to reduce the length of time children and young people are waiting for a service and to strengthen transition into adult services, which will support the additional waiting times funding to be as effective as possible and ensure longer term plans are in place.

### **10. National Priorities**

#### **10.1 Mental Health Specialised Commissioning Team**

NHS England has commenced a national Mental Health Service Review and now has an established national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so that the services meet the needs of local populations. Yorkshire and Humber commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales. The way that the procurement is organised will mean that the Yorkshire and Humber area will be divided into three geographical Lots; the first Lot to be procured will be services for Hull, East Riding of Yorkshire, North and North East Lincolnshire. The remaining two Lots are Lot 2; West Yorkshire, North Yorkshire and York, and Lot 3; South Yorkshire. Timescales for these areas are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations. Lot 1 bed requirements are 11 in total which incorporates General Adolescent beds with psychiatric intensive care beds. This service will provide for the populations of Hull Clinical Commissioning Group, East Riding of Yorkshire Clinical Commissioning Group, North Lincolnshire Clinical Commissioning Group and North East Lincolnshire Clinical Commissioning Group.

NHS England is leading a new programme, announced in the Planning Guidance 16/17, that aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services. Tees, Esk and Wear Valley Foundation Trust was selected as one of the providers selected as the first-wave sites, working towards a go-live date in October 2016 to cover the North East and North Yorkshire. This will provide the incentive and responsibility to put in place new approaches which will strengthen care pathways to:

- improve access to community support
- prevent avoidable admissions
- reduce the length of in-patient stays and,
- eliminate clinically inappropriate out of area placements.

It is clear from the CAMHS benchmarking that has taken place that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. The data shows that there is a link between this utilisation and lack of Intensive Community CAMHS services available in a CCG area; it is envisaged that the development of the LTP is a significant opportunity to develop Intensive Home Treatment and Crisis Services to reduce the need for admission. In order to improve the quality and outcomes for children and young people we will work closely with identified lead commissioners in Yorkshire and Humber to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding the variation that currently exists across Yorkshire and Humber to help identify opportunities to challenge this in order to ensure equity of access, outcomes and experience for all patients. The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and providing services, in order to improve quality and cost effectiveness. This work will continue to carry out collaboratively through the Children and Maternity Strategic Clinical Network which includes all relevant stakeholders.

## **10.2 Out of area data**

£409,716 was spent on tier 4 placements for children and young people in 2015/16. The average distance travelled to these placements in the last from home was 43.51 miles. The overall activity for tier 4 placements has significantly increased between 2014/15 to 2015/16, as detail below in the tables.

2014-2015	Adolescent	Child	Eating Disorder	Learning Disability	Low Secure	Medium Secure	PICU	Grand Total
Admissions	7	0	0	1	0	0	6	14
Service Category	8	0	0	1	0	1	6	16
Occupied bed days	358	0	0	176	0	365	281	1180

2015-2016	Adolescent	Child	Eating Disorder	Learning Disability	Low Secure	Medium Secure	PICU	Grand Total
Admissions	12	0	0			2	1	15
Service Category	12	0	0	2	1	3	1	19
Occupied bed days	683	0	0	69	366	341	4	1463

When a young person is at risk of an admission to a tier 4 hospital placement, a Care and Treatment Review (CTR) is required to take place. These reviews shape an individual's care and the information gathered will also shape the local tier 4 service. CAMHS Commissioners and the local Case Manager from Hull CCG have embedded the required Care and Treatment Review (CTR) guidelines and are in the process of developing a local policy for use of a CTR.

### 10.3 Transforming Care – children and young people with Learning Disabilities (LD)

The Transforming Care Partnership (TCP) includes Hull CCG, North East Lincolnshire CCG and East Riding of Yorkshire CCG. The vision is underpinned by the nine principles of 'Building the Right Support'. The Transforming Care Partnership is committed to improving safe care and treatment to make sure that Children, Young People and Adults with a learning disability and/or autism have the same opportunities as anyone else to live satisfying and valued lives and are treated with dignity and respect.

The major focus of the first years' work of the Transforming Care Plan has been the repatriation of adults who are currently in hospital placements.

In future years the plan will address the issue of preventing admissions for those at risk, particularly focussed on personalised transition planning for young people.

As this has also been identified as a priority within the children and young people's plan, this piece of work will be undertaken jointly.

The TCP will also be consulted on to ensure that post diagnosis support for children and young people with autism is commissioned in line with Building the Right Support.

### 10.4 Youth Justice

Hull CCG commissions support for vulnerable children and young people who are in emotional distress from HFT and there is a separate service specification for CAMHS and Youth Justice in the City.

Working within the Youth Justice System (YJS) legal framework, the role of the CAMHS service is primarily to provide direct support to young people and families involved with the YJS who are assessed as experiencing mental and emotional health problems.

Mental health practitioners; including psychology, psychiatry and nursing support the YJS in delivering their statutory responsibilities with regard to meeting the health needs of children and young people who are involved with the youth and criminal justice systems. This includes supporting young people in secure settings and those within liaison and diversion service. The service offers targeted support to children, young people, families and key services working with identified groups, who are deemed to be at an increased risk of developing mental health problems, and experiencing poor outcomes. This includes children and young people who are identified as vulnerable in relation to their mental health and wellbeing which can include those within the youth justice system and children with long-term and life-limiting conditions.

The service is monitored via the formal contractual mechanism in place with Humber NHS Foundation Trust and reviewed and monitored by the Hull City Youth Justice Board.

#### **10.5 Early Intervention Psychosis (EIP)**

Hull CCG commissions EIP services from Humber NHS Foundation Trust for people aged between 14 and 65. The service has evolved during the last 9 months to meet the new EIP national requirements for waiting times and age profile for people accessing the service. The Hull service is a 'stand-alone' service and works independently from other more generic community mental health teams (CMHTs). This model has a clear evidence base for effective delivery of EIP services. National research has found that 'stand-alone' teams are more clinically and cost-effective and better enabled to implement NICE recommended interventions.

Since June 2016, the service has commenced treatment with 100% of referrals within the 14 day target. The service continues to receive consistent positive service user satisfaction feedback. As part of the adult mental health transformation plan within the City, we are working with Humber NHS Foundation Trust to ensure that the staff working within the EIP service are trained and are delivering services in line with the refreshed NICE guidelines.

Children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment within two weeks.

#### **11. Versions of this plan**

A young person's version of this plan will be developed, as well as an easy read version by the end of December 2016.

## Appendix one

# Children & Young People's Emotional Well-being and Mental Health Transformation Steering Group

## Terms of Reference

Updated September 2016

### 1. Purpose

The overarching purpose of this group is to work in partnership across organisations to transform children and young people's emotional and mental health services within Hull in order to improve outcomes for children, young people and their families.

The group will develop, oversee and steer the priorities set in the children and young people's transformation plan in line with the Future in Mind recommendations.

### 2. Membership

The membership has been agreed as follows:

#### Hull Clinical Commissioning Group:

- Melanie Bradbury, Head of Services for Vulnerable People (Chair)
- Georgie Thrippleton, Commissioning Manager
- Dr Lucy Chiddick, GP Lead for Vulnerable People

#### Hull City Council:

- Rachel Roberts, Assistant City Manager Early Help & Commissioning
- Gail Teasdale, Integrated Services Manager for Children & Young People
- Michele Priest, Assistant Head of Service Integrated Localities, CYP Services
- Niki Heferman, Assistant City Children's Safeguarding Manager, Children & Families Services
- Lesley White, Public Health

#### NHS Humber Foundation Trust:

- Peter Flanagan, Care Group Director
- Karen Warwick, CAMHS Service Manager
- Patrick O'Connor, Team Leader, CAMHS

#### CHCP School Nursing:

- Carolyn Rabaud, Senior Operations Manager

#### Voluntary/Community Sector:

- Tish Lamb, Chief Executive, Corner House
- Jane Stafford, Chief Executive, Child Dynamics
- Vicky Anderson, Hull and East Yorkshire Mind

### **3. Accountability and Reporting Arrangements**

The governance structure is attached as appendix A. Reporting outside of these Boards will also be required at Hull CCG's Planning and Commissioning Committee, Hull CCG's Programme Delivery Board, Overview and Scrutiny and via NHS England's assurance reporting.

### **4. Responsibilities**

The overall responsibilities of this group are:

- to ensure delivery of the transformation plan
- to oversee the delivery of a joint CCG/LA workforce development plan
- to oversee the delivery of a joint CCG/LA communications plan
- ensure priorities and opportunities are maximised with statutory and voluntary sector organisations
- ensure joint working is developed as much as possible to ensure effective services are available to support children, young people and their families to support their emotional and mental health needs
- ensure any risks are understood and mitigated

### **5. Meeting frequency and Quorum**

Meetings will take place monthly. Organisation and coordination of meetings/agendas/papers will be the responsibility of Hull CCG.

For quorum to be reached, representation from Hull CCG, Hull City Council and Humber Foundation Trust must be present.

### **6. Review**

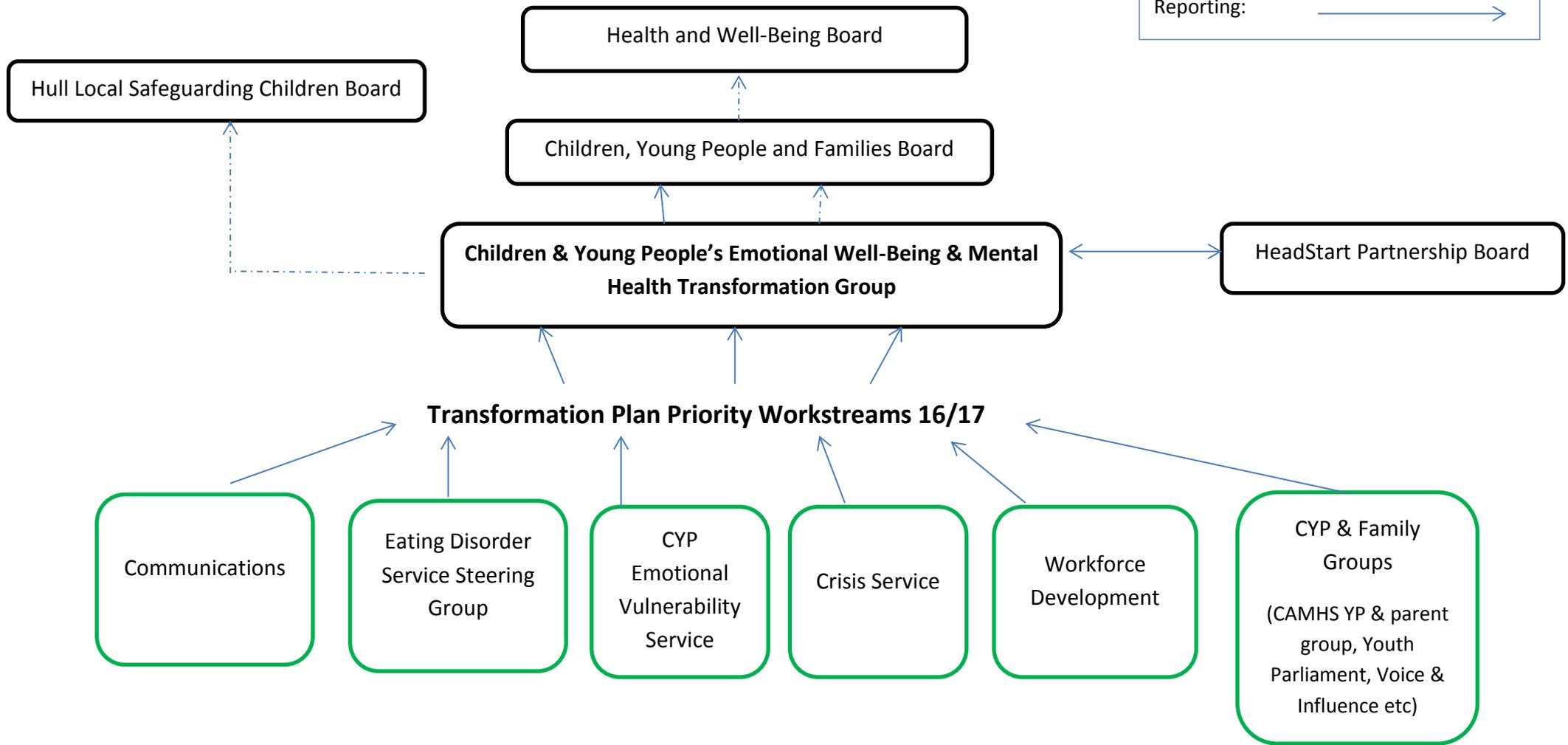
The Terms of Reference will next be reviewed in August 2017.

Appendix A

**Children & Young People’s Emotional Well-being and Mental Health Transformation Group**

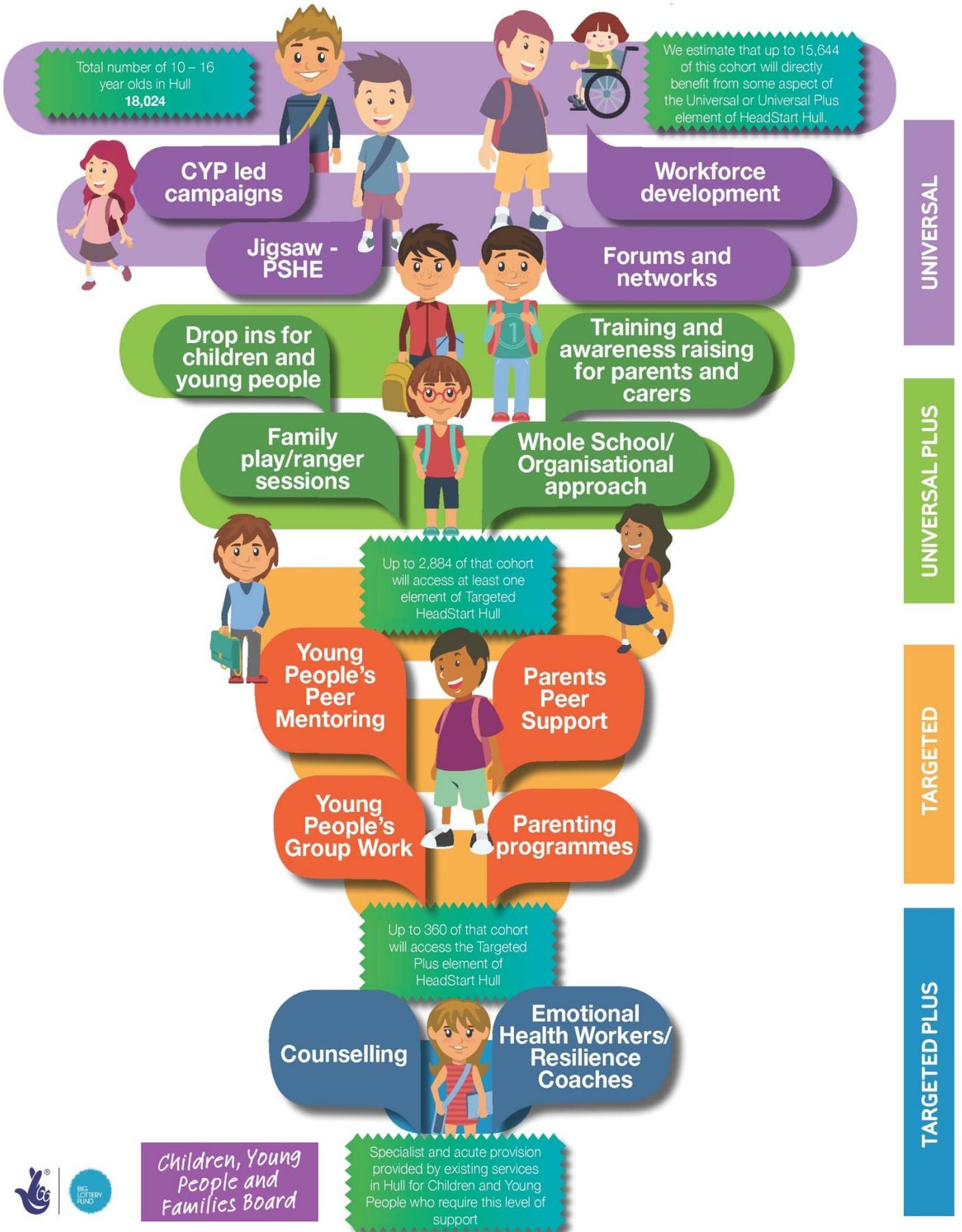
**Governance Arrangements – September 2016**

The governance arrangements for the above group are outlined below:



# HeadStart Hull Delivery Model

"Enabling young people to have positive mental health and wellbeing, thrive in 'their communities' and to be able to 'bounce back' from life's challenges"



## Appendix three

### Hull's Children and Young People's Profile

#### Population

In April 2014, there were a total of 293,598 persons registered with Hull GPs and 69,571 of these patients were aged 0-19 years.

**Table 1** gives the age distribution of the registered population.

Table 1

Age	Patients registered with Hull GPs, April 2016		
	Males	Females	Persons
0 to 4	9,721	9,205	18,926
5 to 9	9,408	8,974	18,382
10 to 14	8,010	7,480	15,490
15 to 19	8,556	8,217	16,773
<b>All 0-19s</b>	<b>35,695</b>	<b>33,876</b>	<b>69,571</b>
<b>All ages</b>	<b>148,422</b>	<b>145,176</b>	<b>293,598</b>

Of the 293,598 patients registered with Hull GPs, 265,675 live in Hull and 27,866 live in East Riding of Yorkshire (with very small numbers living elsewhere). Overall, from this GP registration file, it is estimated that 269,650 people live in Hull (265,675 registered with Hull GPs and 3,944 registered with East Riding of Yorkshire GPs and small numbers registered with GPs in local authorities).

The estimate from the GP registration file is slightly higher than the estimates produced by the Office for National Statistics (ONS) which produce annual estimates of the people living in each local authority. The total resident population in Hull is estimated by ONS to be 258,995 as at 30<sup>th</sup> June 2015 (**Table 2**).

Table 2

Age	ONS resident population estimates 2015		
	Males	Females	Persons
0 to 4	9,222	8,676	17,898
5 to 9	8,321	7,926	16,247
10 to 14	6,875	6,445	13,320

15 to 19	7,672	7,235	14,907
<b>All 0-19s</b>	<b>32,090</b>	<b>30,282</b>	<b>62,372</b>
<b>All ages</b>	<b>130,159</b>	<b>128,836</b>	<b>258,995</b>

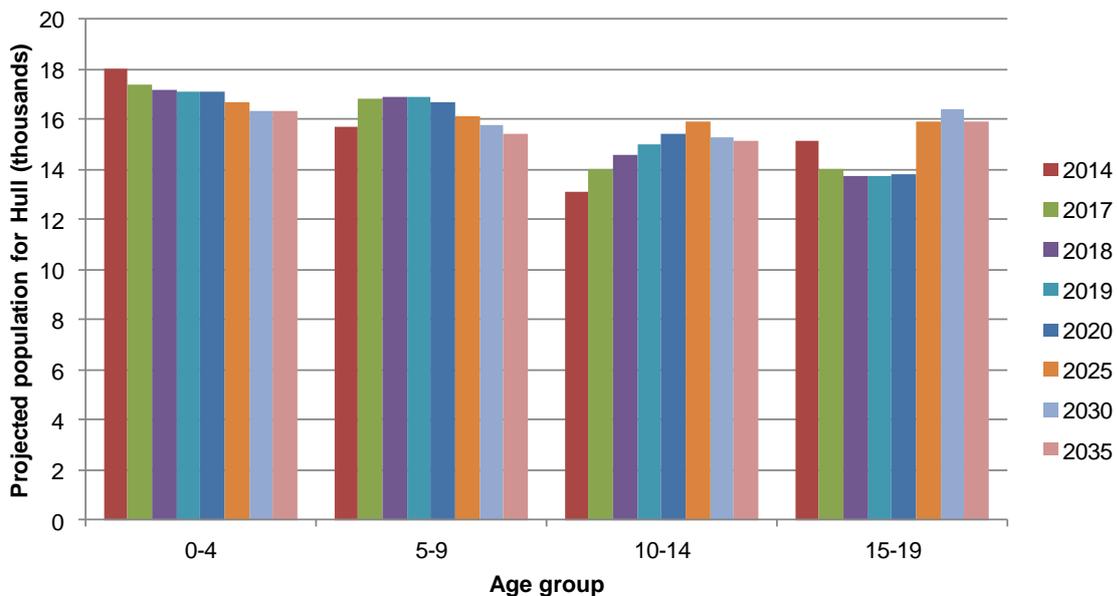
### Ethnicity

From the Child Health Profile 2016, it is estimated that in 2015, 4,811 (16.0%) of school children in Hull are from minority ethnic groups. This has increased in Hull in recent years, but is still considerably lower than the Yorkshire and Humber region (23.4%) and England (28.9%).

### Population projections

ONS have produced population projections based on the mid-year 2014 population for each local authority by five year age group and gender. **Figure 1** shows the population estimate for 2014, and the projected population for each year from 2017 to 2020 and over the longer term to 2035 for children and young people in Hull aged 0-19 years. The birth rate has been increasing but has recently decreased slightly so it is anticipated that the total number of children aged 0-4 years will decrease from around 18,000 to around 16,000. It is projected that the number of children aged 5-9 years will remain relatively unchanged at just over 16,000 between 2017 and 2020 and then decrease in the longer term. ONS project that the population in Hull aged 10-14 years will increase from around 14,000 in 2017 to 16,000 in 2025 before falling slightly in 2030 and 2035. They project that the population aged 15-19 years will be around 14,000 between 2017 and 2020 and increase to around 16,000 in the longer term.

Figure 1



## Poverty

The percentage of children living in poverty in Hull has been decreasing, although between 2006 and 2013 the national inequalities gap has widened slightly (**Figure 2**). This means that whilst the percentage in Hull has decreased, it has not decreased as much as it has in England. For 2013, it is estimated that 29.9% of dependent children aged under 20 years are living in poverty compared to 18.0% in England.

The definition is based on the percentage of dependent children aged under 20 in relative poverty (living in households where income is less than 60% of median household income before housing costs). The data is snapshot as at 31st August of that year.

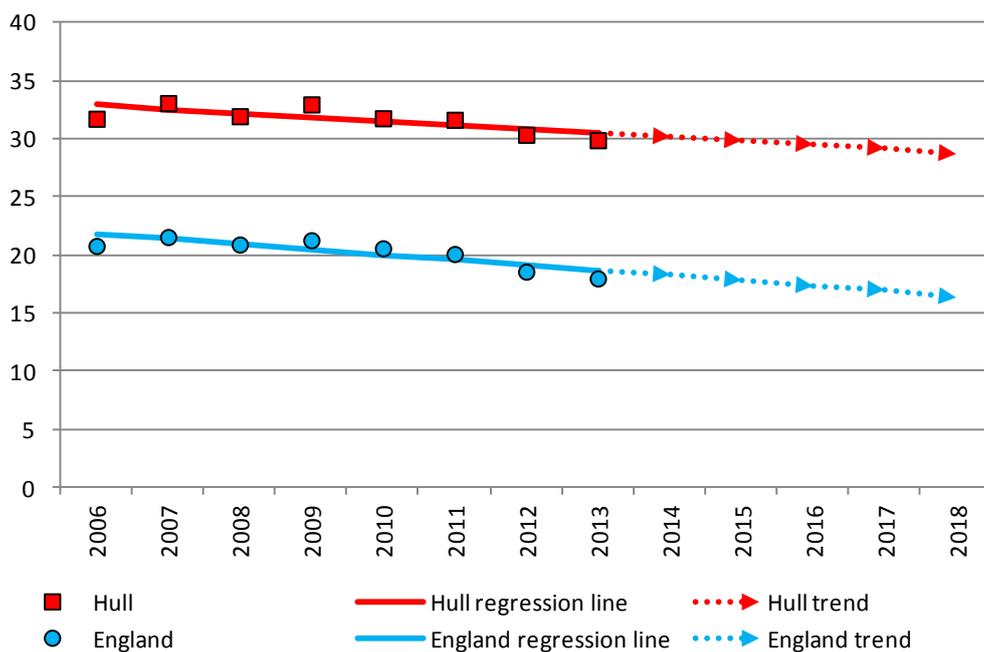
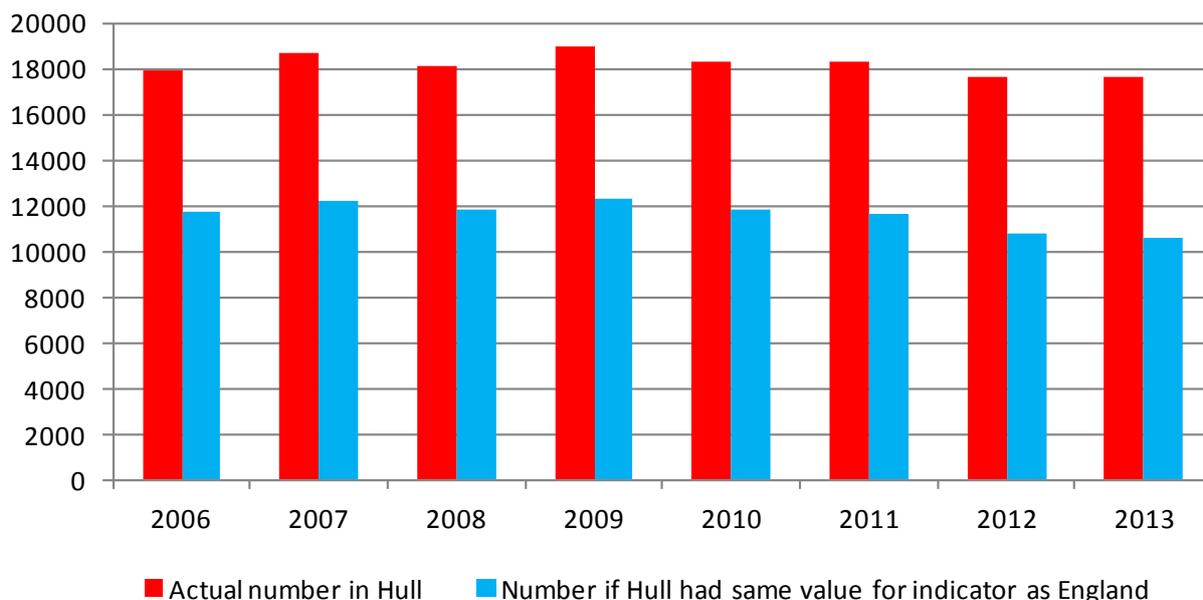


Figure 2

There are around 59,000 dependent children aged 0-19 years (note that this is fewer than the 62,372 0-19s estimated to live in Hull as some of the 0-19s will not be dependent, for example, they are working). **Figure 3** shows that around 18,000 of these children are living in poverty, but this would only be just over 10,000 children if Hull had the same poverty levels as England.

Figure 3



### Looked after children

At the 31<sup>st</sup> March 2014 there were 640 children and young people living in care in Hull, which is significantly higher than England’s average. A total of 476 looked after children and young people were accepted for intervention in CAMHS during 2015/16, this number has increased significantly from 2014/15, where 289 children and young people were accepted for intervention in CAMHS. This confirms that the number of children and young people requiring support was significantly increasing. The number of referrals accepted by the Hull CAMHS LAC team between 01/04/16 and 31/08/16 was 101 and the numbers of referrals open on the Hull CAMHS LAC caseload as at 31/08/16 was 40.

### Mental health disorders

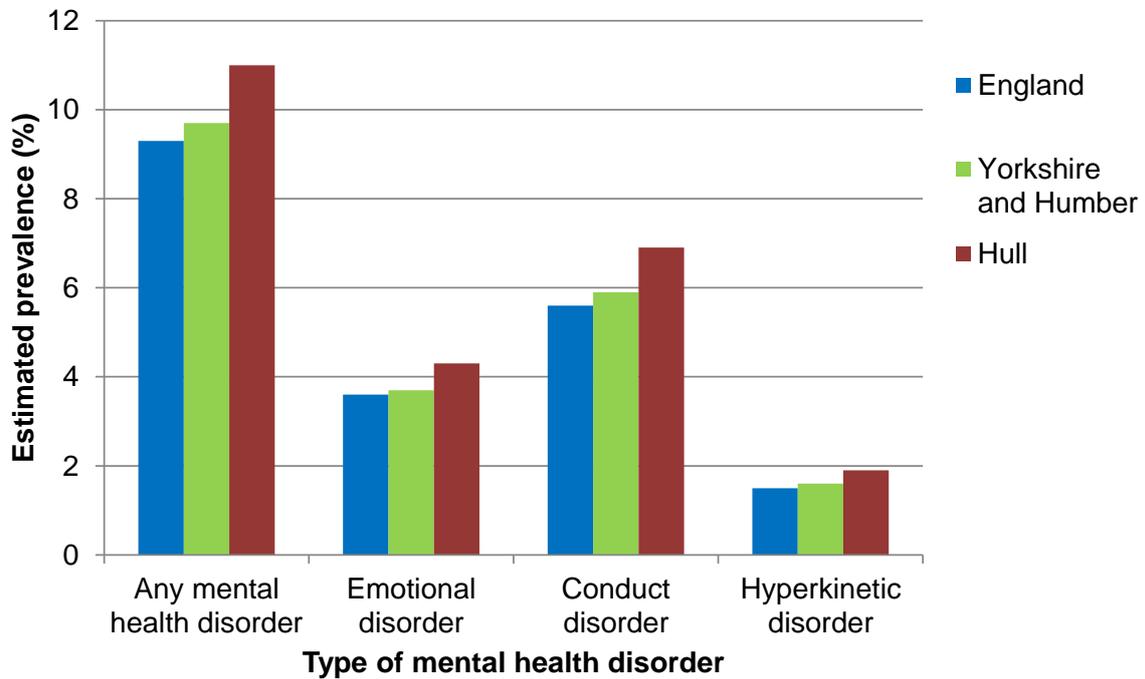
From the Child Health Profiles 2016, there were 41 hospital admissions for mental health conditions among Hull children and young people aged 0-17 years in 2014/15. This gives a rate of 74.0 admissions per 100,000 population which is slightly lower than England at 87.4 admissions per 100,000 population. However, most children and young people with mental health conditions will not be admitted to hospital, and if referral and pathways of care differ between different geographical areas this could influence the admission rates significantly.

From the Child Health Profiles 2016, there were 210 emergency hospital admissions as a result of self-harm among Hull children and young people aged 10-24 years in 2014/15. The age-standardised rate is virtually identical for Hull (400 admissions per 100,000 population) and England (399 admissions per 100,000 population). The admission rate has decreased slightly in Hull over the last four years from almost 600 admissions per 100,000 population in 2009/10-2011/12 to just over 400 admissions per 100,000 population in 2012/13-2014/15.

From the Public Health England’s Children’s and Young People’s Mental Health and Wellbeing Profile 2016, the estimated prevalence of any mental health disorder among those aged 5-16 years is higher in Hull compared to England (**Figure 4**), for any mental health disorder the prevalence in Hull is

11.0% compared to a range of 8.6% to 10.2% for the other local authorities in the region, and 9.3% for England.

Figure 4



From the profiles among those aged 16-24 years, it is estimated in 2013 that there are around 4,800 young people with potential eating disorders, and around 5,100 young people with attention deficit hyperactivity disorder (ADHD). From the profiles, it is estimated that there are 1,020 children who require Tier 3 CAMHS and 45 children who require Tier 4 CAMHS.

## **Appendix four**

### **Emotional Wellbeing and Mental Health**

#### **Workforce Training and Development Plan 2016-2017**

##### **Introduction**

Hull is committed to the ongoing improvement of Children and Young People's emotional and mental health. As part of the delivery of the Children and Young People's Mental Health and Wellbeing Strategy and action plan, a workforce development plan has been developed. This plan is evidence based and will build on previous successes in addressing other health issues through effective training and workforce development e.g. sexual health and substance misuse as part of the MECC (make every contact count) programme. It will also respond to issues raised in staff consultation exercises which identified that there is a necessity to build capacity, capability and confidence in addressing young people's emotional wellbeing and mental health. This plan is for the frontline workforce across all services working with Children, Young People and Families ensuring good mental health is 'everybody's business'. The plan includes training offered by CAMHS, Hull City Council, and the HeadStart Project (BIG lottery) and other relevant providers.

##### **Aims and Objectives**

The aim of this plan is to increase the awareness and knowledge of issues affecting children and young people's emotional wellbeing, resilience and mental health and to ensure that staff working in Universal and Targeted / Early Help services feel supported, competent and able to meet the needs of children, young people and their families/carers appropriately.

The Workforce Training and Development Plan will:

- Provide staff with information on evidence based approaches which promote protective factors and support children and young people's emotional health in Universal & Targeted/Early Help settings.
- Enable skills development and capacity building in Universal and Targeted/Early Help services that support children, young people and their families/carers.
- Increase the numbers of brief interventions undertaken in Universal and Targeted/Early Help services to initiate and support behaviour change or improvement.
- Improve partnerships working through shared and consistent training, knowledge and practice.

The workforce plan has been based on the national 'Making Every Contact Count' model and the training is mapped against the Yorkshire and Humber Regional Public Health training competencies framework for prevention and lifestyle behaviour change. By undertaking the training staff will be able to deliver MECC brief interventions to the Children, Young People and Families they work with. This prevention work will also reduce

pressure on clinical/specialist services by ensuring that referrals are appropriate and timely. Additional training will also be provided for selected services to improve triage for specialist services and improve targeted interventions, where required e.g. young people's substance misuse service and school nursing. This will help to ensure waiting times for specialist services are lower as those needing low level support can access it through generic, non health services with whom they are already engaged.

Evaluation in the Midlands and East NHS cluster showed that if every member of frontline staff delivered brief advice 10 times a year (a total of 30 -150 minutes of a staff members time each year) it would result in 2.88 million opportunities to change lifestyle behaviour every year. If 1 in 20 of these made a positive lifestyle behaviour change 144,000 people would have healthier lifestyles.

In addition there is initial evidence of improved workplace health outcomes for staff members who have received the training as it raises their own awareness of issues and the changes which could deliver improvement in their own health and wellbeing.

This document is to provide a common point of reference for services. It aims to support service provision to ensure the 'right person, with the right skills to be in the right place' to support individuals, families and communities to address emotional wellbeing and mental health. Consultation with young people and parents has told us they often turn to the worker they trust on issues such as emotional health and so it is vital that those workers are confident, informed and able to provide support and referral, where needed. The framework has been designed to be simple, flexible and add value to the current good practice.

### **The framework is based on four levels:**

#### **Level 1: Advice and signposting**

The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to introduce the idea of lifestyle behaviour change and to motivate individuals to consider/think about making changes.

#### **Level 2: Behaviour change intervention**

The worker is able to select and use brief lifestyle behaviour change techniques that help individuals take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.

#### **Level 3: Behaviour change intervention with programme**

The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they change their lifestyle behaviours and facilitate the individuals to maintain these changes over the longer term.

#### **Level 4: Specialist practice and advance**

Level 4 training is not in scope for this strategy and is addressed by individual organisations, where appropriate.

The worker uses specialist/advanced or lifestyle and behaviour change approaches to support individuals. Workers at this level will also act as a resource for the support, training and education of others. Level 4 training would include counselling or Cognitive Behaviour Therapy.

Training will be offered across the partnership with services accessing course information and bookings via the HCC partnership training diary.

#### **Evaluation of impact**

All training will include feedback from participants both immediately after the course and also 3 months later to enable evidence of impact on practice to be evaluated. This will also help identify if additional training requires developing to meet need.

## Workforce Development Framework for Emotional Wellbeing and Mental Health

Level 1

- YMHFA/AMHFA lite
- MindEd (online training)
- Half termly school cluster forums
- Bi-monthly resilience network meetings for VCS organisations
- Annual events to promote best practice and share emerging research and evidence across the partnership e.g. whole school approach to improving emotional health, building resilience through community projects.

Level 2

- Youth Mental Health First Aid for schools and people working with children and young people
- Adult Mental Health First Aid (to support staff to identify mental health issues in parents and support appropriately especially in early years).

Level 3

- Building resilience training for trainers (to be developed)
- Bespoke training based on identified need through annual training needs analysis
- Bespoke training for 16/17
- Self Harm in Children and Young People
  - Attachment in Children and Young People
  - Supporting Children with Bereavement and Loss
  - Training to support key agencies to undertake emotional health assessments and triage before CAMHS referral e.g. Refresh and HYJS, School nursing

## **Appendix five**

To whom it may concern

My daughter (A) 16 was referred to CAMHS due to her increasing anxiety and panic attacks, after an initial assessment the BOOST group was recommended. My daughter attended the 10 week course and what an amazing transformation, the women who run this course were fantastic, patient, attentive and intuitive. (A) is more confident and her anxiety has dropped immensely – week one was full of tears and wanting to run for the hills – week ten – full of smiles. This course should be available to all teenagers who feel like ‘they’re the only one’ and the different things and ideas they tried every week really helped. After two years of feeling desperately anxious and isolated this ‘BOOST group’ had a profound effect on (A) who is now turning into a confident young lady who will take what she learnt in this group into her adult life.

With heartfelt thanks.

## Appendix Six – CAMHS Journey

CQC 2014	CQC 2016
“100% “listened to and heard”....but no way of helping as no resources”	Commissioners for Hull had provided additional resources to ensure 18 week compliance.
“Very difficult to access the service”	Parents told us that once they were referred into the service it was “outstanding”.
“Service not fit for purpose, not 24 hour, appointment only, can’t ring out of hours”	A 24/7 crisis team had been introduced and there were no serious incidents in the 12 months to inspection.
“Lack of communication between agencies...they just work on their own”	Staff were empathetic, listened and included the whole family in the work and communicated effectively with other agencies to ensure this was well understood.
CBT & FT not routinely offered	CBT, IAPT, Pesky Gnats & Timid To Tiger were all examples of evidence based practice.
High levels of stress due to workload.	Staff were positive about working in the service and passionate about their roles.

Access	
Before	Now
Over 400 Young People waiting	Less than 150 young people waiting for assessment or treatment
Over 200 waiting over 18 weeks	No young person waiting over 18 weeks (LAC – 12 weeks)

GP's not able to gain access so referred to A/E	Self- referrals rising fast (25%)
Poor access to 24/7 care	Referrals going up every year
Kids in crisis media campaign	"Absolutely brilliant support at a very traumatic time" (Crisis Team)
	"I like the way you made me feel I was a person and you would listen to what I wanted to say (on how I felt)" (Crisis Team)

<b>Workforce</b>	
<b>Before</b>	<b>Now</b>
Young people and families wanted extended hours into evening and during the day on Saturday	Capacity and demand
Parents were of the view that there were skills gaps in staff	Self- Assessed Audit Tool (SASAT)
Improve access and greater flexibility from staff were high priorities	Increased staffing
Wanted the service to be more child centred	Weekend and evening capacity
	Evidence based training
	Children and Young Peoples – Improving access to psychological therapies (CYP IAPT)

## How are you feeling website launch

The “How are you feeling?” website is aimed at children and young people in Hull and will hold all of the localised information around mental health and wellbeing to those living and attending school in the city.

The website is due to be launched week commencing Monday 3 October, with specific activity planned around Hull Fair. The launch of the website will be supported through traditional and digital communications, engagement with local schools and by linking in with the Hull 2020 Champions to create a ‘promotions team’ for the website.

### Communications techniques

The launch of the website will be supported through the following traditional and digital communication techniques;

- **Press release/s** to local media including some of the other progress made against the wider mental health transformation plan and around recruitment of new Hull 2020 Champions – the ‘How are you feeling? Street team’.
- **Posters** designed and printed to be distributed to all schools in Hull
- **Training event** aimed at educating a group of people re: mental health and wellbeing and recruiting a number of people to be Hull 2020 Champions – with the specific task of promoting the website – to be scheduled for Saturday 24 September 2016. The recruited Hull 2020 Champions will be known as the ‘How are you feeling? Street team’. All involved will be encouraged to share info about the website with their peers, family & friends.
- **Viking FM airtime** scheduled for two weeks, starting week commencing Monday 3 October 2016, to run in line with Hull Fair – a total of 68 spots, reaching approximately 200,000 listeners over the two weeks. This means each listener should hear the message around 4 times.
- **Internal and external newsletter copy** drafted and shared with stakeholders and partner organisations to promote the new website; this will also be included in our staff and GP newsletters, People’s Panel and shared with our database of contacts
- **NHS Hull CCG website** updated with this resource added as one of the homepage projects and on the main banner
- **In house social media** promotion through the NHS Hull CCG Facebook and Twitter, Hull 2020 Champions Facebook and Twitter, the Hull 2020 Twitter and the People’s Panel Twitter.
- **Viking FM Boosted Facebook posts** scheduled for the first night of Hull Fair (Thurs 6 Oct) and for the following Saturday evening (Sat 15 Oct) promoting the How are you feeling? Street team at the fair giving away the wristbands and promoting the website in general
- **Geotag Snapchat filter** developed as part of the How are you feeling? Street team training event, which will be available at Hull Fair during peak times.

### How are you feeling? Street team

In order to promote the website we will offer training to a group of young people around mental health awareness and wellbeing and social media, the trainees will also be involved in developing the geotag Snapchat filter which will be used to promote the website during peak times at Hull Fair. Following from this training, attendees will be offered the chance of signing up as a Hull 2020 Champion, with the specific task of promoting the website as part of the "How are you feeling? Street Team". Although all young people in attendance at the training will be encouraged to spread the word about the website with their peers, friends and family, the Street Team will specifically work to promote the website, supported by NHS Hull CCG staff.

## Training event

Saturday 24 September

2 - 4pm

Venue tbc.

Maximum 30 attendees

The event will be pitched as an opportunity for young people from across Hull to receive mental health awareness and myth buster training, plus advice on online safety and social media and the chance to design the website snapchat filter.

Weaved into this will be information about the new website and how this can help young people in Hull.

All attendees will receive a certificate of completion and be given the opportunity to sign up as a Hull 2020 Champion and become a member of the 'How are you feeling? Street Team'.

## Sign up as Hull 2020 Champions

Ideally around 10/15 young people who have completed the training will sign up to be a Hull 2020 Champion and take their place as one of the Street Team.

They must be available for evenings at Hull Fair to promote the website.

These young people will be provided with an in depth briefing about the website and how they will promote this at Hull Fair (i.e. handing out wrist bands and providing info)

The work of the team will be used to promote the Hull 2020 Champions, with the opportunity will be there for those involved to continue with the promotion of the website by working with the Champions.

## 'Street team' at Hull Fair

Those who have signed up to be part of the Street Team Champions project will attend for further training.

Between the team they will need to be able to cover peak times at Hull Fair to promote the website - with a minimum of three members of the Street Team at each event, accompanied by 1/2 members of CCG staff.

The Street Team will be provided with equipment to promote the website, t-shirts and a thank you gift/gesture for their involvement.

## Action Plan

Action	Lead	Comments	Date/s	Complete
Press release/s	MT	<ul style="list-style-type: none"> <li>Initial launch PR with info re: wider MH progress &amp; EL comment</li> <li>Retrospective recruitment/achievements of new Hull 2020 Champions PR</li> </ul>	w/c 03.10.16 w/c 17.10.16	Complete
Newsletter articles	MT / GT	Copy drafted from above PR and circulated to partner organisations, stakeholders and wider networks including headstart schools newsletter	w/c 03.10.16	Complete
Wristband production	GT	10,000 wristbands to be developed with Eskimosoup	ASAP	Complete
Posters for schools	Eskimo Soup	250 A3 posters to be designed, printed and distributed to all schools. Contact Hull CC Comms team re: distribution through networks	w/c 03.10.16	Complete
Viking FM airtime and boosted Facebook posts	MT	2 weeks of airtime scheduled. Creative to be agreed for script and boosted Facebook posts. MT to confirm with Viking re: reach report for Facebook	w/c 03.10.16	Complete
Training event logistics/content: <ul style="list-style-type: none"> <li>Book venue</li> <li>Approach training providers</li> <li>Event agenda/content</li> <li>Certificates</li> </ul>	MT/GT	<ul style="list-style-type: none"> <li>MIND session re: mental health awareness and myth busting</li> <li>Bloggers approached re: online safety/experience 'surgery'</li> <li>Snapchat filter to be developed at session – <i>do we need a designer present?</i></li> </ul>	w/c 05.09.16	Complete
Training event promotion <ul style="list-style-type: none"> <li>Promote training opportunity/collate attendees</li> </ul>	MT	<ul style="list-style-type: none"> <li>Set up on survey monkey to collate attendees</li> <li>Send through networks – contact SM6 (registration 9th – 18th Sept)</li> <li>Maximum 30 attendees</li> </ul>	w/c 12.09.16	Complete
Street Team: <ul style="list-style-type: none"> <li>Organise enhanced briefing</li> <li>Order/design T-shirts</li> <li>Schedule/timetable</li> <li>Thank you gift</li> </ul>	MT/GT – wider CCG staff?	<p>Ensure those signed up to be champions/street team are given enhanced briefing re: website and have all the required equipment for promoting at Hull Fair and consent received.</p> <p>Ensure at least 3 of the street team &amp; 2 members of CCG staff are able to attend street team sessions.</p> <ul style="list-style-type: none"> <li>MT to approach other members of staff</li> </ul>	w/c 26.09.16	Complete
Action	Lead	Comments	Date/s	Complete

Contact Hull Fair re: team promo	SL	SL to contact Hull City Council to ask about Street Team at Hull Fair	ASAP	Complete
Website analytics	GT/Eskimosoup	<ul style="list-style-type: none"> <li>GT to ensure Eskimosoup are briefed to provide analytics relating to web hits during the launch fortnight including; number of visitors, search terms, popular pages and visit referral</li> </ul>	w/c 26.09.16	Complete
Social media	MT/KD	<ul style="list-style-type: none"> <li>MT to draft social media pack; this well be shared on all of NHS Hull CCG controlled social media and will be used to request partner organisation support</li> </ul>	w/c 26.09.16	Complete
Snapchat filter	MT/Trainees	Trainees will help to design filter, MT to organise geotag, upload	w/c 03.10.16	Complete
'Say it' social media	GT/Eskimosoup	GT to liaise with Eskimosoup re: key messages and analytics/reporting mechanism to ensure reach is recorded and spend justified	w/c 26.09.16	Complete
Filming at Hull Fair ...	GT/Cut It	Consider using some of the filming budget to document launch; training young people, the street team at Hull fair, people using the website etc.	w/c 26.09.16	Complete

	Action completed or part of routine work		Action overdue
SS	Action in progress / not completed		To be actioned but date not due

KEY TO STAFF		
SL	Sue Lee	Head of Communications and Engagement
GT	Georgie Thrippleton	Commissioning Manager
MT	Melissa Timmins	Senior Communications Officer
KD	Kelvin Dixon	Communications and Engagement Support Officer